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OFFICIAL RENTENAL DATES: OFFICIAL RENTENAL DATES: OFFICIAL RENTENAL OCT. 31 Official Publication of the KENTUCKY BOARD OF NURSING



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# KBN CONNECTION

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The Kentucky Board of Nursing protects the public by development and enforcement of state laws governing the safe practice of nurses, dialysis technicians, and licensed certified professional midwives.

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Articles from guest authors may be submitted for publication in the KBN Connection. Priority will be given to subject matter regarding Kentucky nurses, dialysis technicians, and licensed certified professional midwives. Articles should not exceed 1,000 words in length unless approved by the Editor. **Contact KBN Connection Editor for more detailed instructions.** 

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*KBN Connection* circulation includes 90,000 licensed nurses, nursing students, certified professional midwives and dialysis technicians in Kentucky.

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### STATISTICS CORNER As of JULY 7, 2021 KBN records show:

### **RN ACTIVE: 74,971**

LPN ACTIVE: 13,521

### ADVANCED PRACTICE REGISTERED NURSES (APRN) LICENSES: 10,861

DIALYSIS TECHNICIAN (DT) CREDENTIALS: 705

**SANE ACTIVE: 324** 

LICENSED CERTIFIED PROFESSIONAL MIDWIVES (LCPM) ACTIVE LICENSES: 25

### Meet Your Kentucky Board of Nursing Board Members



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# President's Message

The most difficult job of board members is determining discipline when a licensee's actions put a member of the public in danger. The board's duty is first to protect the public. The board must review any complaints made against a licensee by anyone — patients, coworkers, employers — and must take measures to prevent further danger to the public. Sometimes the discipline involves a fine, continuing education, continuous monitoring, regular random drug testing, restrictions on practice, a combination

of these, and even surrender of the license in some circumstances (temporary or permanent). Depending on the nature of the licensee's actions, the license can be immediately suspended preventing the licensee from practicing.

Every licensee should be mindful of ways to protect their license and should always be thinking about whether they are taking every measure to safeguard their license. Today, events can unfold very quickly in any healthcare setting and licensees must think about how they compose themselves and what actions they need to take that will result in the best possible outcome for everyone involved and not jeopardize their license. Open and honest communication and following the professional code of ethics are vital. When communicating with others always avoid intimidation, bullying, or any type of communication that does not convey respect for others. Never falsify information verbally or in writing. Do not discuss your work on any social media outlet that others can see. Do not discuss patient cases, share photos of patients or events in your workplace, do not post test results or even your identification badge that identifies you as a nurse at a certain place of employment. Do not write negative or derogatory comments about your profession, workplace, specific patient or vulnerable population. Adopt a zero tolerance policy related to social media for yourself and your friends/colleagues that could lead to breach of confidentiality. Also, stop to think about how your social media posts could portray you professionally. Even if your photos or comments are during your personal time but indicate alcohol or other substance use, violence, or are sexually explicit you should stop to consider what an employer or potential employer might think if they see it. Take care of yourself so you are able to take care of others. Speak up about unsafe practices or systems at your workplace that may not create a safe environment for patients. Follow the chain of command at your institution and advocate for your patients related to these issues. Know your scope of practice based on your education and experience and do not practice outside the law. Follow your employer's policies and protocols. Stay current in your clinical knowledge. If you are a student continuing your nursing education be careful to continue to practice within your current scope and do not overstep that scope based on being a student in an advanced degree program. Have clarity when following medical orders. For example, do not change the route of medication delivery without an order. Do not take prescription medications that were prescribed to someone else, share your prescription medications with someone else, or use your employer's supply of a medication because you have access to it. Do not go to work under any circumstances if you are impaired in any way whether it is because you are taking a prescribed medicine or not. If there is any reason your judgement is impaired, you should not work. Reach out for help if you feel overwhelming sadness, have lost interest in your usual activities, or have thoughts about harming yourself. For nurses who have a substance use disorder I encourage you to please reach out to the Kentucky Alternative Recovery Effort (KARE) for Nurses program at the KBN. KARE is designed to assist nurses whose abilities to practice are potentially compromised by a substance use disorder and to assist these nurses so they can return to competent and safe practice.

You have worked hard to earn your license and professional reputation. Please be mindful of how your actions can impact these and work hard to safeguard them.

(The Kentucky Board of Nursing protects the well-being of the public by development and enforcement of state laws governing the safe practice of nurses, dialysis technicians, and licensed certified professional midwives. References to licensee or license in this message refer to all professions regulated by the KBN.)

Jenica Wilson

Jessica Wilson, PhD, APRN, ANP-C President, Kentucky Board of Nursing

Greetings -

As we transition into the fall, I hope you all enjoy the refreshing cooler weather and the beautiful landscape across our Commonwealth. This fall also includes a transition for the KBN staff as our workflow continues to provide a virtual environment.

While the office has officially opened to the public, we have begun offering both Zoom and in-person appointments to help serve you better. We have transitioned many of our functions to a paperless process. This change provides enhanced access and ultimately improves the staff's ability to respond in a timelier manner.

Nursing is an ever-changing profession. As the baby-boom generation continues to age and overall population numbers increase, the demand for nurses continues to grow -- especially in times of crisis like 2020's COVID-19 outbreak.

Just as our seasons change in our Commonwealth, nursing is experiencing a critical change in our current workforce. The KBN is committed to work with all healthcare entities to ensure we grow and maintain all of our licensees and technicians in order to provide safe care to our constituents.

I recently received a text from a former employee stating he had just passed his Psychiatric Mental Health Nurse Practitioner boards. This reminded me of how important it is for nurses, who are all leaders, to encourage others to become nurses and/or advance their degrees.

"If your actions inspire others to dream more, learn more, do more and become more, you are a leader." – President John Quincy Adams

Sincerely,

Kelz Jenkins

Kelly Jenkins, MSN, RN, NE-BC Executive Director, Kentucky Board of Nursing

### Upcoming 2021 KBN Board Meeting and Committee Meeting Schedule

**Board Meetings:** 

August 19 October 14 December 16 \*Meetings start at 10:00am

### **Governance Committee Meetings:** September 23

November 18 \*Meetings start at 10:00am

### Consumer Protection Committee Meetings:

September 23 November 18 \*Meetings start at 11:00am

### Education Committee Meetings: September 23 November 18 \*Meetings start at 1:00pm

### Practice Committee Meetings:

September 24 November 19 \*Meetings start at 9:00am

\*Check the **KBN** website **www.kbn.ky.gov** for schedule updates and information about how to access the meeting virtually, when offered.





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### **LICENSURE CORNER** THE OFFICIAL NURSE LICENSE AND CREDENTIAL RENEWAL NOTIFICATION



### **BEGINS:**

September 15, 2021 at 12:01 a.m. EST ENDS: Midnight October 31, 2021, EST RENEWAL WEB ADDRESS: <u>kbn.ky.gov</u>

### **RENEWAL FEES**

- RN: \$65 (includes \$10 for the Nursing Incentive Scholarship and the KARE Program)
- LPN: \$65 (includes \$10 for the Nursing Incentive Scholarship and the KARE Program)
- APRN: \$55 for each role designation (NP, CNM, CRNA, CNS (plus \$65 for the RN license) = \$120

SANE: \$50

Clicking on the "submit" button at the end of the renewal process is an attestation that you have or will have met the continuing competency requirements by midnight, October 31.

Print the confirmation page for your record of payment for your license renewal.

### **NOTIFICATION OF RENEWAL**

Clicking on the submit button at the end of the renewal application does not renew your license. You have only applied for renewal of your license. When your license has been renewed, you will receive an email notification to the email address you provided to KBN. You can also validate that your license was renewed and check the expiration date at: https://secure.kentucky.gov/kbn/ bulkvalidation/basic.aspx.

### LAPSE OF LICENSE

A license that is not renewed before 4:30 p.m. on October 31 will lapse at midnight on that date. Working on a lapsed license is a violation of Kentucky Nursing Law and subjects the individual to disciplinary action.

If an application is received before midnight on October 31 and an individual answers "No" to the disciplinary and conviction questions, a license MAY be renewed by the next business day. If your license has not been renewed before midnight, Eastern Time, October 31, your license will lapse. You cannot practice as a nurse in Kentucky if your license has lapsed. Thus, it is highly recommended that you apply for renewal early in the renewal period to ensure that your license is renewed and does not lapse.

### **REQUIRED RENEWAL DOCUMENTATION**

If you answered "yes" to the discipline, criminal, and/or the APRN national certification revocation questions, your license will not be renewed until KBN receives and reviews the required documents.

Required documentation includes:

- Certified court records and letters of explanation, if you answer "yes" to the criminal convictions question
- Board certified orders and letters of explanation, if you answer "yes" to the disciplinary question
- Documentation from your APRN national certification organization if you answer "yes," that your national certification was revoked or issued on a provisional or conditional status
- Other documentation requested by KBN staff.

# NURSE LICENSURE COMPACT AND KENTUCKY LICENSE RENEWAL

If your primary state of residence (PSOR) is another compact state, you will not be able to renew your Kentucky RN or LPN license. You will have to obtain licensure in the state where you legally reside.

Your primary state of residence is "the state of a person's declared fixed permanent and principal home for legal purposes; domicile."

The only exceptions to this are if you ONLY practice in a military or federal facility or if you do not qualify for a multistate license. To determine whether you qualify for a multistate license, visit https://www.ncsbn.org/NLC\_ULRs. pdf for a list of the uniform licensure requirements for a multistate license.

### **APRN RENEWAL**

If you do not intend to practice as an APRN and want to relinquish your APRN license (allow it to expire) but you do want to renew your RN license, access the RN/APRN renewal application. There will be a drop down selection for you to renew only your RN license.

If your national certification has expired, you will not be able to renew your APRN license(s). You cannot practice as an APRN in Kentucky with an expired national certification.

To renew your APRN license in only one role designation (NP, CRNA, CNM, CNS) and your Kentucky RN license, you MUST use the RN/APRN link on the renewal web page (kbn. ky.gov). You will renew your RN and APRN licenses simultaneously for the combined fee of \$120 (RN-\$65 and APRN-\$55).

To renew your APRN license in more than one designation and your Kentucky RN license, select each designation that you want to renew. The fee for renewing each APRN designation is \$55 per designation, plus the \$65 RN renewal fee. You must maintain current national certification in each designation.

If your primary residence is in a compact state and you hold a current RN multistate license in that state, you must use the "APRN Renewal Only (with RN license in another compact state)" link. You must provide the name of the state and the expiration date of your multistate RN license before you will be able to renew your Kentucky APRN license. You must keep your multistate RN license active in the state of your primary residence while you are practicing as an APRN in Kentucky. If your multistate RN license and/or your national certification lapse, you may not practice as an APRN in Kentucky.

### APRN POPULATION FOCI OF ONCOLOGY, CRITICAL CARE, AND COMMUNITY HEALTH

APRNs holding a current license with a population focus in oncology, critical care, or community health who fail to renew their APRN license in those foci will be unable to reinstate with these population foci.

### SEXUAL ASSAULT NURSE EXAMINER (SANE) RENEWAL

Before you will be able to renew your SANE credential, you must renew your RN license. When you have completed that process, proceed to the SANE link to renew your SANE credential. If you are a SANE and an APRN,



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### Continued from page <<8

renew your RN-APRN first (see previous information) and then renew your SANE credential from the SANE link.

If your primary state of residence is in a compact state, you must provide the state name and the expiration date of the multistate RN license you hold before you will be able to renew your Kentucky SANE credential. You must keep your multistate RN license active in the state of your primary residence during the period of time that you practice as a SANE in Kentucky. If your multistate RN license lapses, you may not practice as a SANE in Kentucky, even though your Kentucky SANE credential is current.

### **FAILURE TO RENEW**

If you fail to renew by midnight, Eastern Time, October 31, or you fail to submit all requirements for renewal, you will be required to reinstate your license. Before a license will be reinstated, the applicant for reinstatement must:

- Complete the reinstatement application and submit the fee
- Complete the state and federal criminal background check through IdentoGO©
- Meet the continuing competency requirements, which are determined by how long your license has lapsed
- Provide proof of current national certification (if applying for APRN reinstatement)

### **ACTIVE DUTY MILITARY NURSES**

KRS 36.450 and KRS 12.355 require KBN, upon request of an active duty military licensee and with the appropriate military documentation, to renew the license without the required renewal fee and continuing competency requirement.

The waiving of the renewal fee and continuing competency requirement does not restrict the license from the KBN standpoint. It is still considered full licensure in Kentucky, however, you should be aware of any policies your branch of service has toward waived fees. During online renewal, an option is available for active duty military licensees who wish to voluntary pay a renewal fee, even though such payments are not required.

Active duty military includes those nurses who are based stateside or deployed overseas. Not included in these groups are individuals working for the Federal government, such as civilian VA nurses, public health nurses employed by the federal government, or National Guard nurses who are not on full, active duty. KBN must receive one of the following before the license of active duty military nurses will be renewed:

- PCS Orders
- AF Form 899
- Mobilization Orders

You must complete the online renewal application in addition to providing copies of one of the above documents. Copies of the above may be faxed to 502-429-3336 or emailed to **Ruby.King@ky.gov** or **KBN.** Credentials@ky.gov.

If you are a military nurse and are stationed stateside, you must renew your license during the renewal period and provide the documentation listed above. If you fail to provide the documentation and/or fail to submit the renewal application prior to October 31, Eastern Time, you will have to meet all the requirements for reinstatement of a license(s). If you are a military nurse and will be deployed overseas during the renewal period, you have two options:

- Submit a copy to KBN of the official overseas deployment orders showing a return date. Your license will be renewed to reflect an expiration date through the renewal period that corresponds with your deployment orders. You are not required to submit a fee, and you are exempt from meeting the continuing competency requirement.
- Do nothing until you are reassigned to the USA. You will have 90 days after your return to request the renewal of your license. You must submit a copy of the orders you receive for your reassignment to the United States. You will not be required to pay the renewal fee, and you will be exempt from meeting the continuing competency requirement.

### **INVALIDATING AN APRN LICENSE**

If KBN records reflect that an APRN's national certification has expired and the APRN fails to provide evidence of current certification/ recertification prior to the expiration date on file with the KBN, the KBN will invalidate the APRN license. When an APRN license is invalidated, the APRN may not practice in the advanced practice role. This does not affect the RN license. An APRN whose license is invalidated for failure to provide evidence of current certification may reinstate the APRN license by meeting all of the requirements for reinstatement. If an APRN continues to work in an APRN role in Kentucky after the invalidation of the Kentucky APRN license, that will result in a disciplinary complaint, which may delay reinstatement. Billing insurance companies for services performed after the APRN license has been invalidated may necessitate the refunding of any billings collected during this time period. Failure to do so may be insurance fraud and the APRN is encouraged to contact each insurance company billed to determine what, if anything, needs to be refunded.

### NATIONAL CERTIFICATION IN DUAL POPULATION FOCI

KBN is able to record the national certification information for those APRNs holding certification in two population foci. The national certification of each population foci must be current if the APRN wishes to practice in both focus areas. If the national certification of one population focus expires, the APRN may only practice in the focus area of the unexpired certification. If the certification of both foci expires, the APRN license will be invalidated and the APRN must reinstate one or both foci.

### REQUIRED APRN DOCUMENTATION

Pursuant to KRS 314.042 and 201 KAR 20:057, each APRN is required to have the following documentation on file with the KBN, if applicable:

- National Certification/Recertification (required for all APRNs)
- Notification of a Collaborative Agreement for Prescriptive Authority (CAPA) for Non-Scheduled Legend Drugs (CAPA-NS)<sup>†</sup>
- Notification of a CAPA for Controlled Substances (CAPA-CS)<sup>†</sup>
- DEA registration
- A master KASPER account

† During the COVID-19 State of Emergency, all collaborative agreement requirements have been suspended by Executive Memorandum and SB 150 (2020RS). Collaborative agreement requirements will reactivate at the end of a thirty-day grace period following the lifting of the COVID-19 State of Emergency or unless otherwise ordered.

If you hold a current Kentucky APRN license that has not lapsed or been voided you will need to upload your proof of certification/recertification to the APRN



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Portal/APRN Update. The APRN Portal is the only way this documentation will be accepted by the KBN if you have a current, active APRN license.

A CAPA may be rescinded by either the APRN or the physician. When a CAPA is rescinded, KBN must be notified.

### **ATTESTATION OF KBN DOCUMENTS**

Attestation statements appear at the end of all KBN applications for licensure and other KBN forms. The attestation statement is a confirmation that the information provided is truthful and accurate. Be sure to read the attestation carefully. The individual whose name is on the application or form is accountable for all information the document contains and for understanding the additional information contained within the attestation statement itself. Accountability extends not only for the purpose of filing the form but may also be compared to information provided on other forms filed with KBN. Allowing another party to complete and submit a KBN form does not relieve the nurse or applicant of the accountability for incorrect or inadequate information provided and may be the basis for disciplinary action for falsification of a Board of Nursing form. Each individual nurse or applicant should complete all forms and applications submitted to KBN.

### **CURRENT MAILING ADDRESS**

Kentucky nursing laws require nurses to notify the Board of a change of address immediately. Address changes made from the KBN website update the Board's database in real time. A change of address may also be mailed or emailed (**KBN.Credentials@ky.gov**) to the Board office, through the use of the form provided on the KBN website.

### **CURRENT EMAIL ADDRESS**

On March 25, 2021 the Kentucky Board of Nursing housekeeping legislation, House Bill 202, was signed into law. It took effect on June 29, 2021. KBN licensees must now maintain an email address of record with KBN.

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### EMAIL ADDRESS: REQUIRED TO BE ON FILE WITH THE KBN

On March 25, 2021, the Kentucky Board of Nursing (KBN) housekeeping legislation, House Bill 202, was signed into law. It took effect on June 29, 2021. The most significant change for KBN licensees is the new requirement that all licensees maintain an email address of record with KBN. To provide or update your email address, please visit the following applicable portion of the KBN website:

### https://kbn.ky.gov/General/ Pages/Name-Change-and-Address-Change.aspx

See the article "Summary of 2021 Changes to Kentucky Revised Statutes Chapter 314" in the Spring 2021 editionof the KBN Connection for additional information about House Bill 202.



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# Breaking the Nurse Suicide Silence in Academic and Clinical Settings

### Janie Heath PhD, APRN-BC, FAAN, FNAP, FAANP Dean of University of Kentucky College of Nursing KNA Board Member and President of Kentucky Nurses Action Coalition Marc Woods DNP (c), MSN, RN Chief Nursing Officer, University of Kentucky HealthCare and Eastern State Hospital Member of KNA and Kentucky Nurses Action Coalition

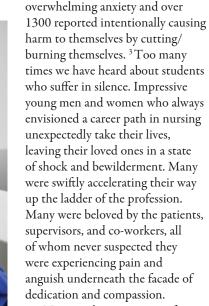
What a difference a year makes for Kentucky nursing educators, researchers, clinicians and students; as we all learned how to adapt and adjust our working and learning environments. For many of us, our health systems were constructing field hospitals to prepare for a potential surge in COVID-19 patients, classrooms were converted to online learning, and clinical rotations and services became virtual. While at the same time countless Kentucky nurses and health care workers began training up on how to manage frontlines battling a

pandemic the likes of which most of us had never seen.

We are at a better place now. Throughout Kentucky, academic settings are preparing for a safe return to more normal on-campus operations in the fall. Together, academic and clinical partners in Kentucky have administered over 2 million COVID-19 vaccine doses at various settings including football stadiums, drive-by clinics, churches, and mobile clinics in underserved communities.<sup>1</sup>

We cannot take victory laps yet. Kentucky is home to 90,000 nurses—making nursing the largest segment of our state's health care workforce. The presence of nurses over the past year impacted the lives of every Kentuckian. Whether it was in critical frontline care, community testing, research, public Americans. Pre-COVID, the prevalence of nurse suicide was higher than the U.S. general population with 12/100,000 female nurses per year and 40/100,000 male nurses per year taking their lives compared to 6.3 and 2.9 per 100,000/year.<sup>2</sup> A national research survey organized by the American College

A national research survey organized by the American College Health Association (ACHA) in Spring 2019 included 67,972 campus students that reported in the past 2 weeks, over 11,000 were so depressed they could not function, almost 20,000 felt



Now with compassion fatigue escalating from the pandemic's impact on the mental health of nurses and the American Nurses

health education and policy, or vaccine administration—nurses made a difference.

In the middle of one crisis after another, Kentucky nurses provided comfort and care to patients as well as their own families and friends some of whom faced hardships due to lack of childcare, job loss, active COVID symptoms, and a divided country. Then there were the additional stressors of trying to meet the supply and demand challenges to vaccinate millions of Kentuckians while providing care delivery, teaching students, conducting research, and offering community/ professional service.

For well over a year, nurses have felt the stress of their circumstances, on the job and at home. The pandemic has brought a toll on the mental health of Kentucky nurses including stress, anxiety, depression, and burnout. Many have forgotten that nurses are human too and experience the same worries and anxieties from the pandemic as all Association (ANA) "Healthy Nurse, Healthy Nation" campaign reporting 77% of nurses report stress as the leading health hazard in their work environment and 70% of nurses report they put their patients' health and safety before theirs, the urgency is greater for evidence-based interventions so another life is not lost to suicide.<sup>4</sup>

National research polls only corroborate the consequences of neglecting our mental and emotional wellbeing. While Gallup Polls consistently rate nursing as the "most trusted" profession, <sup>5</sup> that trust comes at the cost of a vulnerability to stress, burnout and depression. At 4.2 million strong, the nursing profession is the largest healthcare workforce. Yet, the unaddressed psychological distress in our profession leads to a revolving door of nurses. Across the nation, the nursing profession is experiencing a 9.9% vacancy in registered nursing positions and 19.5% turnover rate in registered nurses. <sup>6</sup> Kentucky Board of Nursing President, Dr. Jessica Wilson, observed,

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### Continued from page <<14

"our Kentucky nursing workforce is being impacted by turnover as nurses leave the profession due to stress and burnout just as new graduates are entering the workforce." <sup>7</sup>

Leaders of the Kentucky Nurses Action Coalition (KNAC) and the Kentucky Nurses Association (KNA) have been actively engaged to boldly address "the silence of nurse suicide". Leveraging the recently passed KNA and the Kentucky Nursing Deans and Directors (KNDD) resolution (October, 2020), "A Call to Action for Kentucky Nurse Leaders to Promote Practices for Optimal Resilience and Suicide Prevention in Schools of Nursing", multiple venues unfolded in Kentucky to "break the silence". In collaboration with the KNA Governmental Affairs Cabinet and the Professional Practice and Advocacy Cabinet, Governor Andy Beshear signed a proclamation declaring May 2021 Kentucky Nurse Suicide Prevention month. In addition, to further honor an extended year of the ANA and World Health Organization Year of the Nurse and Midwife, KNA and KNAC partnered for a month of free continuing education programs to include evidencebased strategies to build resiliency in nurses and QPR training (question, persuade, refer) to shift the paradigm from mental health crisis intervention to prevention.<sup>8</sup>

Kentucky is home to 90,000 nurses making nursing the largest segment of our state's health care workforce. The presence of nurses over the past year impacted the lives of every Kentuckian. Whether it was in critical frontline care, community testing, research, public health education and policy, or vaccine administration nurses made a difference. Now is the time for us to help one another and help ourselves make a difference with our own self-care.

This past year proved the vital role nurses play in all our lives. We witnessed that whether it is a national health emergency or routine daily care, nurses are always there. Let us now step up and take care of ourselves and prioritize our own health and wellness.

Crisis management research has repeatedly demonstrated that adversity such as a pandemic in the middle of a country needing to unite and heal does not have to hold back Kentucky nurses from reaching our greatest potential. By working together, committing time and resources to implement intentional strategies, such as listed, we will emerge stronger and healthier.

 Staying focused on what we can control – stopping non-believers of the importance of COVID -19 vaccination administration is out of our hands but we can control how we react to CDC recommendations for safe practices such as masking, hand washing, and physical distancing.

- Taking time to breathe and reflect

   thinking about how our new world with COVID-19 brought opportunities for creative adjustments and family connections by returning to simpler times in our lives with walking outdoors, eating dinners together and playing board games.
- 3. Practicing gratitude finding something positive every day and being grateful for simple things like beautiful days of sunshine or spending more time with pets is vital to health and mental wellness.
- 4. Taking care of ourselves prioritizing "me time" in the middle of hectic work days/family days is challenging but critical if we are going to come out healthy on the other side. We must get adequate sleep, exercise and eat healthy so we can take better care of others and our communities.
- 5. Embracing helpful resources- accessing a plethora of ANA/KNA tools and resources for well-being such as "a nursing state of mind podcast series", "confidential 24/7 calls to talk about wellness, recovery and resilience, and the "national suicide prevention lifeline" 1-800-273-TALK (8255).

https://www.nursingworld.org/practicepolicy/work-environment/health-safety/ disaster-preparedness/coronavirus/ what-you-need-to-know/the-well-beinginitiative/

We as Kentucky nurses can stop the silence of nurse suicide. As the #1 most trusted profession, our public expects and needs us to be healthy so that we can take better care of others. We all have a role to play in preventing unnecessary tragedy in our close-knit professional communities. **BELIEVE** the health of nurses is a critical link for sustainable quality nursing care; **BEGIN** to challenge the belief that nurses are super heroes and can do everything; **BECOME** the authentic voice for raising mental health awareness and preventing nurse suicide.

#TogetherKY #KYNursingStrong. #STOPnurseSuicide

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National Suicide Prevention Lifeline 1-800-273-8255 Free and confidential support 24 hours a day, 7 days a week.



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# Human Trafficking: The Other Global Pandemic

Sarah E. Lester, DNP, APRN, FNP-C, CCRN-K, CENP, CPHQ Enterprise Director of Nursing Professional Practice and Excellence UK HealthCare

As most of the world recoils from the greatest public health emergency in over a century, another, perhaps more insidious global public health crisis continues to threaten victims of all ages, races, genders, and social classes: human trafficking. In 2019, 22,326 human trafficking victims and survivors were identified in the United States. Given the staggering statistic that 88% of interviewed trafficking victims received health care at least once during their period of captivity, health care providers, especially nurses, are uniquely poised to detect and intervene in healthcare encounters when human trafficking is suspected.

### What is Human Trafficking?

### Source: United Nations Office on Drugs and Crime (UNODC)

Human trafficking, also known as modern-day slavery, is the recruitment, transportation, transfer, harboring or receipt of people through force, fraud or deception, with the aim of exploiting them for profit. The United States has been identified as a source (origin), transit, and destination country for human trafficking. While different organizations have a slightly variable definition of human trafficking, there are three common and essential elements which always apply to a trafficking event: the Act, the Means, and the Purpose (AMP). The Act refers to the acquisition or procurement of the human victim(s). The Means refers to the method in which the human(s) is acquired or controlled. The Purpose refers to the motivation or intent for the other 35% (20% and 15%, respectively). Traffickers most often target individuals who are vulnerable, desperate or marginalized in some way. Individuals with unmet economic needs, substance use and/or mental health concerns, unstable living conditions (especially when combined with a history of domestic or sexual abuse), runaway homeless youth, individuals who have recently migrated or relocated, and individuals who have criminal records are more likely to become victims of trafficking. Additionally, persons of color and LGBTQ+ individuals are also more likely to be targeted by traffickers than those within other demographic groups.

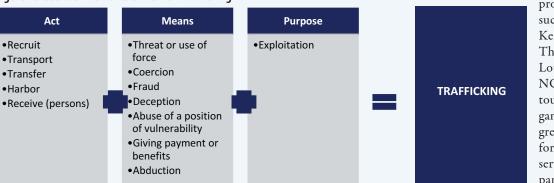
### **Factors Affecting Human Trafficking in Kentucky**

Kentucky ranks 47th in overall poverty rate in the United States at 18.3%, and is home to over a million children, 41% of whom live in high-poverty communities. Kentucky has the highest rate of student homelessness in the U.S., and over 12,700 Kentucky children were in the foster care system due to abuse or neglect in 2013. In addition to Kentucky's high rates of abuse, poverty and homelessness, the state ranks 44th in opioid-related deaths, further perpetuating economic hardships, desperation, and the overall human trafficking enterprise, including trafficking by victims' own family members. In addition to the aforementioned socioeconomic hardships, Kentucky's vast interstate system (I-64, I-65, I-71, I-75) potentiates the import, transfer, and export of victims across the state. Many of



trafficking (see





the state's high profile events, such as the Kentucky Derby, Thunder Over Louisville, and NCAA regional tournament games attract greater demand for trafficking services, particularly sex trafficking, as

of human trafficking: sexual exploitation, forced labor, organ trafficking, child soldier, child marriage, and debt bondage, with sexual exploitation (50%) and forced labor (38%) comprising the majority of global trafficking encounters (see Table 1).

### Who is at Risk for Human Trafficking?

While men, women, and children of all ages can fall victim to human trafficking, evidence suggests there are specific subsets of individuals who are at higher risk. Women and girls comprise 65% of trafficking victims (46% and 19%, respectively), while men and boys comprise the

observed by an increase in the number of sex-related or escort service ads during those event timeframes.

Since 2007, a total of 1,734 victims of human trafficking have been identified in Kentucky, with over 2,829 total contacts to the National Human Trafficking Hotline referencing Kentucky cases since that time. In 2019, a total of 310 human trafficking victims were identified in Kentucky, and were associated with 107 identified traffickers. Kentucky ranks 9th in the United States for the number of new criminal human trafficking cases identified (Polaris, 2019).

Table 1	1
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Characterization of Sexual Exploitation and Forced Labor Trafficking Source: Polaris

Sexual exploitation	<ul> <li>Escort services or residential commercial sex</li> <li>Illicit massage, health &amp; beauty</li> <li>Outdoor sexual solicitation</li> <li>Bars, strip clubs, &amp; cantinas</li> <li>Pornography</li> <li>Personal sexual servitude</li> </ul>
Forced labor	<ul> <li>Domestic work (housekeepers, nannies, cooks, etc.)</li> <li>Restaurants, hotels, bars</li> <li>Traveling sales (magazines, candy/cookies, cleaning products, other)</li> <li>Peddling &amp; begging</li> <li>Farming, landscaping, &amp; construction</li> <li>Nail/ hair salons, acupuncture businesses</li> <li>Illicit activities (drug dealing/smuggling, gang activity)</li> </ul>

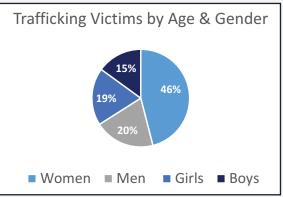
### **Human Trafficking and Health Care Best Practices**

Nurses and other healthcare providers must develop a keen eye and sharp intuition for any red flags of human trafficking they may encounter with patients in various health care settings. While emergency departments comprise the majority of trafficking victim encounters (~63%), urgent care centers, pediatric primary care clinics, mental health services, reproductive health services, and substance use disorder clinics are other common health care settings which commonly encounter victims of trafficking. Nurses, no matter the clinical setting, bear a tripartite responsibility to victims of human trafficking, including screening and identification, acute medical management, and trauma-informed intervention and connection to services. Screening & Identification

Navigating a potential trafficking encounter in any healthcare setting requires a high degree of clinician discretion, teamwork, and technical skill. For a variety of reasons, patients may not be forthcoming with details surrounding their trafficking situations. Many victims are preconditioned by their captors to distrust healthcare professionals and law enforcement individuals for fear of legal repercussions (i.e. prostitution, illegal migration status, etc.) or threats of harm to themselves or their family members if they disclose their captivity. Some victims have become financially, psychologically (i.e. romantic involvement), or physiologically (i.e. captor-induced substance use disorder) dependent upon their traffickers. Others have been manipulated in such a way as to not even realize they are being exploited.

There are a number of human trafficking screening tools available for healthcare providers in adult and pediatric populations and in several different languages. The decision to routinely screen all patients for symptoms of human trafficking should be weighed against an

### Figure 2: Trafficking Victims by Age and Gender



organization's available resources, however, when red flags for trafficking exist (see Table 2), a standardized screening tool should be utilized by nurses or other clinicians who have been trained on the use of the tool. Nurses must take care to develop a trusting relationship with their patients when navigating potential trafficking situations, as often patients may not report on their first visit or even subsequent visits to a healthcare provider. When a trafficking encounter is suspected, nurses must find a way to separate the victim from the suspected captor, if accompanied, and conduct a screening interview privately. If the victim is a child, it is imperative to include a social services specialist skilled in child interviewing. A healthcare interpreter is essential to ensure relevant details of the patient history are accurately captured if a language barrier exists.

### Acute Medical Management

Victims of human trafficking may seek medical care for a myriad of reasons. Common presenting factors to healthcare settings include malnourishment and complications, fractures, contusions, and other signs of physical assault, signs of sexual assault such as pelvic pain or vaginal and/ or anal trauma, sexually transmitted infections, unwanted pregnancies, sleep deprivation, and mental health issues such as anxiety, depression, posttraumatic stress disorder, substance use disorders, and suicidal ideation. Forensic nurses play a vital role in ensuring victims of trafficking receive medical forensic examinations, regardless of the potential to obtain biological or trace evidence. Nurses and all health care providers must take care to conduct a thorough history and physical and adopt a compassionate and methodical approach to addressing victims' acute medical needs.

### Trauma-informed intervention and connection to resources

Hospitals and healthcare systems should provide culturally sensitive, trauma informed training to all staff to ensure evidence-based procedures are followed for identification and intervention for potential trafficking victims. Nurses and other health care providers should adopt a non-judgmental and unbiased approach to interviewing trafficking victims, with a goal of developing a therapeutic relationship, not solely geared only toward patient disclosure. To enhance rapport, nurses should always disclose their legal obligation for reporting suspected abuse or neglect encounters, so victims can make an informed decision about whether or not to disclose the details of their current situation. Upon discovery of a suspected trafficking situation, nurses should never directly confront a suspected perpetrator, but ensure the victim's safety and the safety of the entire health care team.

Nurses in collaboration with the appropriate members of the healthcare

### Continued from page <<19

team should conduct a needs assessment for trafficked victims to ensure their immediate safety, physical, mental, spiritual, and social/emotional needs can be determined and addressed. Social services should assist the nurse in referring patients to community programs to assist with any social, legal, or ongoing health needs.

> STOP HUMAN TRAFFICKING Diplay posters or information cards in multiple languages in health care restrooms and waiting rooms directing trafficking victims how to seek assistance.

### Impact of COVID-19 on Human Trafficking

A study by Polaris revealed a greater than 40% increase in the number of crisis human trafficking situations reported to the National Human Trafficking Hotline from the pre-COVID-19 shelter in place baseline period. Factors including increased unemployment, housing insecurity, school closures precluding access to shelter and nourishment for at-risk children, and increased susceptibility of children to online predators may explain the sharp increase observed in crisis trafficking reports.

### Conclusion

Human trafficking is an abominable crime and a public health crisis exploiting victims of all ages, backgrounds, genders, and nationalities. Health care organizations must educate nurses and other health care providers to identify red flags for human trafficking, and to adopt a trauma-informed approach to intervention and support for victims.

"Dare to enter the darkness to bring another into the light."

- –Tony Kirwan, Destiny Rescue Founder and
  - International President

### Resources

National Human Trafficking Hotline (toll-free): 1-888-373-7888 National Human Trafficking Hotline (BeFree SMS text): 233733 National Human Trafficking Hotline (website): https://

### humantraffickinghotline.org/

Polaris: https://polarisproject.org/recognizing-human-trafficking/ Your Eyes Save Lives: https://youreyessavelives.ky.gov/Pages/index.aspx

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### Table 2

### Human Trafficking Red Flags for Nurses and Other Health Care Providers

- Patient does not have possession of identification documents such as driver's license, passport, insurance card, etc.
- Patient appears not to have control of his/her own finances
- Family member/friend hesitant to separate from patient or speaks/interprets on behalf of patient
- Patient disoriented, especially to place and time, cannot state home address
- Numerous inconsistencies in patient history
- Unpaid, underpaid, or paid only through tips
- Works excessively long or unusual hours
- Inappropriately dressed for the weather, especially during winter season
- Appears malnourished
- Patient not free to come and go as he or she wishes
- Signs of physical abuse, including sexual abuse, restraint, confinement or torture
- Signs of deteriorating mental health such as anxiety, paranoia, depression, post-traumatic stress disorder, suicidal ideation
- Pregnancy and/or sexually-transmitted infections, especially in minors
- Patient has branding marks or other insignia indicative of ownership

resource-library/practice-resources/position- statements/ humantraffickingpatientawareness.pdf?sfvrsn=cd0ad835\_14

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# Human Trafficking: Training in Action — A Patient Saved

This past spring, a patient was identified as a human trafficking victim due to the quick thinking of the medical professionals at the Emergency Department at UofL Hospital, Louisville. Nurse Ashley Huskey was one of the nurses involved in the victim's care and rescue. Ashley told Board staff during an interview about her experience. She had general suspicions throughout the night when the victim was treated. Ashley had feeling in her a gut that something was not right. While Ashley completed the questionnaire with the patient, she kneeled down beside her bed and provided compassionate care. Ashley explained that the hospital was a safe space. When Ashley received the patient's responses, she noted that the answers were consistent with those indicating that the patient may be a victim of human trafficking. Ashley went immediately to her charge nurse regarding her suspicions. Her gut feeling was confirmed when she conducted a quick Google search. As soon as she began typing the last letter of the patient's last name, the search identified the patient as a missing person who had disappeared half a year earlier from Georgia.

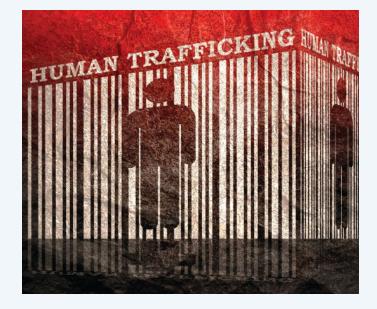
Ashley stated, "once I saw that the patient was a missing persons, my heart literally sank to the floor." Nevertheless, because of this medical team's alertness and swift actions, the patient was able to be reunited with her family.

The team was honored with a Daisy award. During the award presentation, the family appeared via Zoom. The patient and her mother were able to thank her care team. Nurse Kalyn Scheidler noted that this experience highlighted "what I can do as a nurse to change people's lives." Ashley shared that sentiment and noted that "knowing that my coworkers and I got this patient reunited back with her family, and that this patient is still safe with her family, is very rewarding, and it just makes you emotional."

Sexual Assault Nurse Examiner Amanda Corzine shared potential red flags to watch for, which include:

- Someone who appears younger than their reported age;
- Someone with a controlling guest in their room;
- Unexplained injuries; or
- Someone who is not able to identify the city or state they are currently in.

UofL Hospital has a screening tool that is contained in the electronic record. If signs of possible human trafficking are identified, a longer questionnaire is triggered. In addition, all new ER staff are educated on human trafficking as part of their onboarding process and additional training is conducted throughout the year. Ashley noted that



at times it may be uncomfortable to ask the questions on the questionnaire but that it is important that nurses step outside of their comfort zone and realize that it is important to both treat the patient physically and to advocate for them mentally.

Being educated about the signs of human trafficking and having the awareness to take appropriate action saved this Georgia patient's life and ultimately reunited her with her family. In closing, Ashley encouraged other healthcare professionals to trust their gut and do what is right.



# **KENTUCKY BOARD OF NURSING SUMMARY OF MAJOR ACTIONS**

Board Meeting • June 17, 2021

### **STAFF RECOGNITION**

The following KBN staff members were recognized:

- Lisa Dunsmore was recognized for 5 years of service at KBN
- Sandi Clark was recognized for her retirement from KBN
- Morgan Ransdell was recognized for his retirement from KBN
- Jessica Estes was recognized for her service as KBN Executive Director

### **BOARD MEMBER RECOGNITIONS**

The following Board Members with terms expiring on June 30, 2021 were recognized by Dr. Wilson:

- Michele Dickens
- Kristi Hilbert
- Christina Perkins
- Robyn Wilcher

### **ELECTION OF VICE PRESIDENT**

Audria Denker was elected Board Vice President.

### **PRESIDENT'S REPORT**

Dr. Wilson presented the President's Report.

### **FINANCIAL OFFICER'S REPORT**

• IT WAS MOVED AND SECONDED TO ACCEPT THE FINANCIAL OFFICER'S REPORT (JUNE FINANCIAL SUMMARY), WHICH WAS APPROVED BY ACCLAMATION.

### **EXECUTIVE DIRECTOR'S REPORT**

Kelly Jenkins, Executive Director, presented the Executive Director's Report and included information on the following: Building; Operations [Telecommuting, Social Media, Out-of-State Registry]; Personnel; Training; NLC/NCSBN; Upcoming Meetings; Legal Update.

• IT WAS MOVED AND SECONDED TO ACCEPT THE EXECUTIVE DIRECTOR'S REPORT, WHICH WAS APPROVED BY ACCLAMATION.

### NOMINATIONS FOR COUNCIL MEMBERSHIP

### Dialysis Technician Advisory Council

 IT WAS MOVED AND SECONDED TO ACCEPT ROBYN WILCHER'S NOMINATION TO THE DIALYSIS TECHNICIAN ADVISORY COUNCIL.

### Advanced Practice Registered Nurse Council

• IT WAS MOVED AND SECONDED TO ACCEPT KYANA'S NOMINATION OF JENNIFER WISEMAN, AND KNA'S NOMINATIONS OF JESSICA WILSON AND MISTY ELLIS TO THE ADVANCED PRACTICE REGISTERED NURSE COUNCIL, WHICH WAS APPROVED BY ACCLAMATION.

It was noted that a third nominee will come from CNS at a later date and will be presented for Board approval.

(Jessica Wilson recused herself from the vote)

### **GENERAL COUNSEL'S REPORT**

• IT WAS MOVED AND SECONDED TO ACCEPT THE ADMINISTRATIVE REGULATION STATUS REPORT, WHICH WAS APPROVED BY ACCLAMATION.

### **CREDENTIALS REVIEW PANEL**

• IT WAS MOVED AND SECONDED TO ACCEPT THE REPORT OF

### THE APRIL 15, 2021 CREDENTIALS REVIEW PANEL MEETING, WHICH WAS APPROVED BY ACCLAMATION.

### **EDUCATION COMMITTEE**

### Amended Meeting Calendar

All committees that met in May voted to move the September committee meetings to avoid conflicting with a religious holiday.

• IT WAS MOVED AND SECONDED TO ACCEPT THE REVISED MEETING CALENDAR TO MOVE THE SEPTEMBER COMMITTEE MEETINGS TO SEPTEMBER 23 AND 24, WHICH WAS APPROVED BY ACCLAMATION.

### **Education Committee Report**

• IT WAS MOVED AND SECONDED TO ACCEPT THE MAY 20, 2021 EDUCATION COMMITTEE MEETING REPORT, WHICH WAS APPROVED BY ACCLAMATION.

The following committee recommendations were moved and seconded and were approved

Continued on page 24>>



Undergraduate: BSN: Traditional BSN: Accelerated Graduate: MSN-FNP: Traditional Fully Online: RN-to-BSN MSN: Nursing and Health Care Leadership MSN: Nursing Education DNP: Doctorate of Nursing Practice

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by acclamation after discussion and presentation of background materials:

### 201 KAR 20:320 – KBN Staff Report: Impact of Remediation on Student Outcomes

- A SUBCOMMITTEE OF THE EDUCATION COMMITTEE BE ASSIGNED TO PROPOSE REVISIONS TO 201 KAR 20:320 IN PREPARATION FOR THE BOARD MEETING IN JUNE;
- THAT THE AMENDMENTS TO 201 KAR 20:320 RECOMMENDED BY THE SUBCOMMITTEE AND REVIEWED BY THE EDUCATION COMMITTEE BE APPROVED BY THE BOARD.

### Medical Career and Technical College

- THAT MEDICAL CAREER AND TECHNICAL COLLEGE FURNISH DOCUMENTATION SHOWING THAT ALL SCHOOLS WITHIN THE FIFTY-MILE RADIUS HAVE BEEN NOTIFIED PER 201 KAR 20:280 SECTION 3 (3)(C).
- THAT MEDICAL CAREER AND TECHNICAL COLLEGE PROVIDE DATA CONCERNING THEIR CURRENT PROGRAMS' OUTCOMES AND BENCHMARKS.

### University of the Cumberlands

• THE REQUESTED CHANGES IN THE ADN CURRICULUM AT THE UNIVERSITY OF CUMBERLAND BE GRANTED.

### Somerset Community College,

### McCreary Center

- THE PROPOSAL, DATED APRIL 29, 2021, ESTABLISH AN ADN PROGRAM AT SOMERSET COMMUNITY COLLEGE – MCCREARY CENTER BE ACCEPTED; AND
- THAT THE PROPOSED SOMERSET COMMUNITY COLLEGE ADN PROGRAM AT MCCREARY CENTER IN WHITLEY CITY, KY BE GRANTED DEVELOPMENTAL APPROVAL STATUS.

### Somerset Community College, Manchester Campus

- THE PROPOSAL DATED APRIL 29, 2021 TO ESTABLISH AN ASSOCIATE DEGREE NURSING PROGRAM FOR SOMERSET COMMUNITY COLLEGE AT EKU MANCHESTER CAMPUS IN MANCHESTER, KY, BE ACCEPTED.
- THE SOMERSET COMMUNITY COLLEGE'S PROPOSED ASSOCIATE DEGREE OF NURSING PROGRAM AT EKU MANCHESTER CAMPUS IN MANCHESTER, KY BE GRANTED PROGRAM DEVELOPMENTAL APPROVAL STATUS.

### Beckfield College

 THE REQUEST TO INCREASE ENROLLMENT IN BECKFIELD COLLEGE'S ASSOCIATE DEGREE NURSING PROGRAM'S ENROLLMENT BASELINE FROM ONE HUNDRED AND SIXTY (160) STUDENTS TO TWO HUNDRED (200) STUDENTS BE GRANTED.

### Eastern Kentucky University

• THE BENCHMARK ANALYSIS REPORT FOR EASTERN KENTUCKY UNIVERSITY'S ADN PROGRAM, SUBMITTED ON MAY 6, 2021, BE ACCEPTED.

### West Kentucky Community and Technical College

• THE BENCHMARK ANALYSIS REPORT FOR THE PRACTICAL NURSING PROGRAM AT WEST KENTUCKY COMMUNITY COLLEGE, SUBMITTED ON MAY 5, 2021 BE ACCEPTED.

### <u>American National University Pikeville – Site</u> <u>Visit Report</u>

- THE SITE VISIT REPORT FOR THE AMERICAN NATIONAL UNIVERSITY (ADN PROGRAM) IN PIKEVILLE, KY CONDUCTED OCTOBER 26-28, 2020 BE ACCEPTED;
- THAT THE REQUIREMENTS TO BE MET AS STATED IN THE OCTOBER 26-28, 2020 SITE VISIT REPORT OF AMERICAN NATIONAL UNIVERSITY ADN PROGRAM IN PIKEVILLE, KY BE APPROVED AS WRITTEN;
- THAT A FOCUSED FOLLOW-UP SITE VISIT BE CONDUCTED IN ONE (1) YEAR TO DETERMINE THE PROGRESSION AND IMPLEMENTATION OF THE REQUIREMENTS TO BE MET.

### <u>Campbellsville University – Undergraduate and</u> <u>Graduate Site Visit Report</u>

- THE MARCH 1-4, 2021 SITE VISIT REPORT BE ACCEPTED FOR THE FOLLOWING PRE-LICENSURE CAMPBELLSVILLE UNIVERSITY PROGRAMS:
  - ASSOCIATE DEGREE
     NURSING PROGRAM IN
     HARRODSBURG, KY;
  - o PRACTICAL NURSING PROGRAM IN HARRODSBURG, KY;
  - o PRACTICAL NURSING PROGRAM IN CAMPBELLSVILLE, KY; AND
- THAT THE AFOREMENTIONED PRE-LICENSURE PROGRAMS OF CAMPBELLSVILLE UNIVERSITY BE

### GRANTED APPROVAL STATUS. Following discussion of the Campbellsville University MSN-FNP track, it was the recommendation of the committee that:

• PER 201 KAR 20:062 SECTION 3(17)(A), CAMPBELLSVILLE UNIVERSITY'S MSN-FNP TRACK, HAVING OBTAINED INITIAL ACCREDITATION STATUS THROUGH ACEN, BE GRANTED KBN APPROVAL STATUS THROUGH MAY 31, 2026 TO ALLOW FOR THE COMPLETION OF THE ACEN ACCREDITATION PROCESS SCHEDULED TO OCCUR IN THE FALL OF 2025.

(Michele Dickens recused herself from the vote)

### Kentucky State University – Site Visit Report

- THE JANUARY 26-28, 2021 SITE VISIT REPORT OF THE KENTUCKY STATE UNIVERSITY ASSOCIATE DEGREE NURSING PROGRAM, FRANKFORT, KY, BE ACCEPTED;
- THE REQUIREMENTS TO BE MET AS STATED IN THE JANUARY 26-28, 2021 SITE VISIT REPORT OF KENTUCKY STATE UNIVERSITY ASSOCIATE DEGREE NURSING PROGRAM, FRANKFORT, KY, BE APPROVED;
- THE PROGRAM OF NURSING IS TO SUBMIT QUARTERLY PROGRESS REPORTS WITH SUPPORTIVE EVIDENCE CONCERNING THE PROGRESS IN THE IMPLEMENTATION OF THE REQUIREMENTS TO BE MET BEGINNING AUGUST 31, 2021.

### <u>CE and Curriculum Requirements for Suicide</u> <u>Prevention Education</u>

- A SUBCOMMITTEE BE FORMED TO PREPARE A DRAFT OF PROPOSED REGULATIONS FOR BOTH 201 KAR 20: 215 AND 201 KAR 20:320;
- THAT THE AMENDMENTS TO 201 KAR 20:320 RECOMMENDED BY THE SUBCOMMITTEE AND REVIEWED BY THE EDUCATION COMMITTEE BE APPROVED BY THE BOARD.

### <u>CE and Curriculum Requirements for Implicit</u> <u>Bias Education</u>

- A SUBCOMMITTEE BE FORMED TO PREPARE A DRAFT OF PROPOSED REGULATION AMENDMENTS FOR BOTH 201 KAR 20: 215 AND 201 KAR 20:320;
- THAT THE AMENDMENTS TO 201 KAR 20:201 AND KAR

20:320 RECOMMENDED BY THE SUBCOMMITTEE AND REVIEWED BY THE EDUCATION COMMITTEE BE APPROVED BY THE BOARD.

### Nursing Incentive Scholarship Fund (NISF) Recipient Selection

• NISF DISCUSSIONS WERE TABLED UNTIL THE AUGUST BOARD MEETING.

### **PRACTICE COMMITTEE**

• IT WAS MOVED AND SECONDED TO ACCEPT THE REPORT OF THE MAY 21, 2021 PRACTICE COMMITTEE MEETING, WHICH WAS APPROVED BY ACCLAMATION.

The following committee recommendations were moved and seconded and were approved by acclamation after discussion and presentation of background materials:

### AOS #35 – Cosmetics and Dermatological Practices

- THE BOARD REAFFIRMS THE **OPINION ISSUED IN JUNE OF 2019:** o IT IS NOT WITHIN THE SCOPE OF PRACTICE OF A
  - REGISTERED NURSE TO INSERT HORMONE PELLETS INTO THE SUBCUTANEOUS TISSUE UNDER THE SUPERVISION OF A DOCTOR; AND
- THE BOARD REAFFIRMS ITS OPINION ISSUED IN THE DECEMBER 2013 AND APRIL 2021 VERSIONS OF AOS #35:
  - **o** IT IS WITHIN THE SCOPE OF LICENSED PRACTICAL NURSING (LPN) PRACTICE, FOR THE LPN WHO IS EDUCATIONALLY PREPARED AND CLINICALLY COMPETENT TO PERFORM COSMETIC AND DERMATOLOGICAL PROCEDURES (EXCEPT SCLEROTHERAPHY) UNDER DIRECT SUPERVISION OF A PHYSICIAN OR ADVANCED PRACTICE REGISTERED NURSE (APRN) (DESIGNATED NURSE PRACTITIONER OR CLINICAL NURSE SPECIALIST PERFORMING WITHIN SCOPE OF CERTIFICATION/PRACTICE). THE LPN WHO PERFORMS THESE ACTS SHOULD MEET THE CRITERIA DESCRIBED IN SECTIONS II AND III OF THIS STATEMENT.
- IT IS WITHIN THE SCOPE OF PRACTICE FOR AN LPN TO ADMINISTER THE FOLLOWING COSMETIC INJECTABLES CLASSES OF NEUROMODULATORS

(BOTULINUM EXOTOXINS, E.G. BOTOX <sup>®</sup>) OR TISSUE/DERMAL FILLERS/TISSUE VOLUMIZERS (E.G. JUVEDERM®, RESTYLANE®, OR SCULPTRA®) AS AUTHORIZED BY A PHYSICIAN, PHYSICIAN ASSISTANT, DENTIST, OR ADVANCED PRACTICE REGISTERED NURSE AND AS FURTHER AUTHORIZED OR LIMITED BY THE BOARD PURSUANT TO KRS 314.011.

 ADVISORY OPINION STATEMENT (AOS) #35 ROLE OF NURSES IN COSMETIC AND

### DERMATOLOGICAL PROCEDURES, AS REVISED, BE APPROVED. The April 21, 2021 LPN Workgroup Report and the Quarterly Practice Inquiries Report - January-March 2021, were provided for information only.

**CONSUMER PROTECTION** COMMITTEE No Report

Continued on page 26>>

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### ADVANCED PRACTICE REGISTERED NURSE (APRN) COUNCIL

• IT WAS MOVED AND SECONDED TO ACCEPT THE REPORT OF THE MAY 21, 2021 ADVANCED PRACTICE REGISTERED NURSE COUNCIL MEETING, WHICH WAS APPROVED BY ACCLAMATION.

The following committee recommendations were moved and seconded and were approved by acclamation after discussion and presentation of background materials:

### 201 KAR 20:057 PROPOSED REVISION

• 201 KAR 20:057 SCOPE AND STANDARDS OF PRACTICE OF ADVANCED PRACTICE REGISTERED NURSES, AS PROPOSED, BE AMENDED.

### DIALYSIS TECHNICIAN ADVISORY COUNCIL

### No Report

### **GOVERNANCE COMMITTEE**

 IT WAS MOVED AND SECONDED TO ACCEPT THE REPORT OF THE MAY 21, 2021 GOVERNANCE COMMITTEE MEETING WHICH WAS APPROVED BY ACCLAMATION.

The following committee recommendations were moved and seconded and were approved by acclamation after discussion and presentation of background materials:

### Revised Mission Statement

• THE KBN MISSION STATEMENT BE REVISED TO INCLUDE ALL REGULATED LICENSE AND CREDENTIAL TYPES, AS FOLLOWS: "THE KENTUCKY BOARD OF NURSING PROTECTS THE PUBLIC BY DEVELOPMENT AND ENFORCEMENT OF STATE LAWS GOVERNING THE SAFE PRACTICE OF NURSES, DIALYSIS TECHNICIANS, AND LICENSED CERTIFIED PROFESSIONAL MIDWIVES."

The Committee directed staff to propose amendments to the Core Values, Vision, and Goals, one at a time, and to include the suggested revisions as topics on future Governance Committee meeting agendas.

### Per Diem Guidelines

• THE PER DIEM POLICY REVISIONS SUGGESTED BY KBN GENERAL COUNSEL TO CLARIFY THE POLICY AND TO ENSURE BOARD MEMBERS ARE BEING COMPENSATED FOR TIME APPROPRIATELY BE APPROVED.

### Volunteers for DEI Training – November 18-19, 2021

The DEI training on November 18-19, 2021

should be made available to any board members who wish to attend, as an agency-related activity, with those board members to provide a summary of the information obtained during the December Board Meeting.

Dr. Wilson noted that an email will be sent to seek volunteers to attend the DEI training on November 18 and 19, and provide a summary at the December Board meeting.

### Board Member Retreat Planning Committee

• THE RETREAT PLANNING COMMITTEE FORMED BY THE GOVERNANCE COMMITTEE TO INCLUDE THE FOLLOWING PERSONS: JESSICA WILSON, AUDRIA DENKER, ASHLEY ADKINS, JANA BAILEY, AND KELLY JENKINS BE APPROVED.

### CERTIFIED PROFESSIONAL MIDWIVES ADVISORY COUNCIL

• IT WAS MOVED AND SECONDED TO ACCEPT THE REPORT OF THE MAY 10, 2021 CERTIFIED PROFESSIONAL MIDWIVES ADVISORY COUNCIL MEETING WHICH WAS APPROVED BY ACCLAMATION.

The following committee recommendations were moved and seconded and were approved by acclamation after discussion and presentation of background materials:

### LCPM Formulary

 AMEND 201 KAR 20:650 LICENSED CERTIFIED PROFESSIONAL MIDWIVES PERMITTED MEDICAL TESTS AND FORMULARY SECTION 1 TO INCLUDE LACTATED RINGERS IN THE FORMULARY LIST AN LCPM MAY ORDER, TRANSPORT AND ADMINISTER.

### Ordering of Screenings in Clients and Newborns

 AMEND 201 KAR 20:650 LICENSED CERTIFIED PROFESSIONAL MIDWIVES PERMITTED MEDICAL TESTS AND FORMULARY SECTION 3, TO INCLUDE NEO-BILIRUBIN OR TOTAL-BILIRUBIN, COOMBS, AND BLOOD TYPE TESTS OF THE NEWBORN, AND THE FETAL SCREEN AND RHOGAM TESTS OF THE CLIENT AN LCPM MAY ORDER.

### Amendment to 201 KAR 20:650

 AMEND 201 KAR 20:650 LICENSED CERTIFIED PROFESSIONAL MIDWIVES PERMITTED MEDICAL TESTS AND FORMULARY SECTION 3(2)(A) TO STATE: AN LCPM SHALL OBTAIN AND HAVE IMMEDIATELY AVAILABLE FOR EMERGENCIES OXYTOCIN (PITOCIN) FOR MANAGEMENT OF POSTPARTUM HEMORRHAGE, INCLUDING LACTATED RINGERS OR NORMAL SALINE AND EQUIPMENT NEEDED FOR IV INFUSION IF NEEDED.

The status of amendments made to 201 KAR 20:660 was provided for information only.

### **STRATEGIC PLAN**

The strategic plan was presented for informational purposes as it expires in 2021.

### **ACTION ON LICENSES**

- IT WAS MOVED AND SECONDED THAT FOUR ORDERS DISCUSSED IN CLOSED SESSION BE ADOPTED, WHICH WERE APPROVED BY ACCLAMATION.
- IT WAS MOVED AND SECONDED THAT ONE ORDER DISCUSSED IN CLOSED SESSION WITH EXCEPTIONS FILED BY THE RESPONDENT'S ATTORNEY BE ADOPTED, WHICH WAS APPROVED BY ACCLAMATION.
- IT WAS MOVED AND SECONDED THAT ONE ORDER DISCUSSED IN CLOSED SESSION WITH EXCEPTIONS FILED BY THE RESPONDENT'S ATTORNEY AND KBN PETITIONER BE ADOPTED, WHICH WAS APPROVED BY ACCLAMATION.

### **PERSONNEL ACTIONS**

• IT WAS MOVED AND SECONDED THAT THE BOARD ACCEPT THE STAFF CHANGES THAT WERE DISCUSSED IN CLOSED SESSION, WHICH WERE ACCEPTED BY ACCLAMATION.

### PERSONAL CARE ATTENDANTS (PCA)

HB276 was passed during the 2021 Regular Session which allows PCAs that are on the PCA Registry to transition to an SRNA certification upon completion of the requirements outlined

in HB276 which are incorporated into the Cabinet for Health and Family Services Memorandum issued on May 24, 2021. To learn more information about PCAs or how to assist PCAs at your facility transition to an

SRNA certification visit the KBN website at https://kbn.ky.gov/Pages/personal-care-attendants.aspx.

### NURSE LICENSE HOLDERS WITH A PRIMARY STATE OF RESIDENCE (PSOR) OUTSIDE KENTUCKY

The RN/LPN/APRN/SANE renewal period will be open from September 15-October 31, 2021. If Kentucky is not your primary state of residence and you declare another compact state as your primary state of residence, please check your license now to see if you have a single state license or a compact, multi-state license. If you hold a single state license from a compact state other than Kentucky during the renewal period, you will not be able to renew your LPN or RN in Kentucky. You need to begin the process now to convert it to a compact multi-state license.

For example, Indiana is a compact state. If you declare Indiana as a your primary state of residence you will need to obtain your compact license before October 31 to work in Kentucky as an LPN or RN on November 1.

An exception will be granted for licensees who wish to renew in Kentucky and who hold a single state license in a compact state because they are ineligible for a compact multi-state license. To determine if you meet the eligibility requirements for a compact multi-state license visit https://www. ncsbn.org/NLC\_ULRs.pdf. For a current list of compact states or for additional information about the NLC visit https://www.ncsbn.org/nurselicensure-compact.htm.

Please note there is not an APRN or SANE Compact; therefore, all APRNs or SANEs licensed in Kentucky will need to renew their APRN license or SANE credential even if they declare a primary state of residence outside Kentucky.



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# RN / LPN Frequently Asked Questions

**Kim Richmond, DNP, RNC-OB** RN / LPN Nursing Practice Consultant



## Q: Where can I find information on scope of practice for RNs and LPNs?

**A:** Kentucky Nursing Practice is determined by Kentucky Nursing Laws https://kbn.ky.gov

- Kentucky Revised Statutes (KRS) 314
  - Body of laws that govern the Commonwealth of Kentucky created by the Kentucky Legislature
  - o Provides the structure or framework for nursing practice
- Kentucky Administrative Regulations (KAR) 201 KAR 20:056 520
  - Detailed directions developed by the Kentucky Board of Nursing to operationalize and implement statutes
  - o Provide specific language and construction

### Q: I have read the information about scope of practice from the statutes and regulations. Is there more specific guidance on what is within my nursing scope of practice?

A: In addition to Kentucky Nursing Laws, the Kentucky Board of Nursing issues Advisory Opinions and Advisory Opinion Statements (AOS) as guidelines to assist nurses in the safe practice of nursing. Visit the KBN website for more information www.kbn.ky.gov

### Q: I have reviewed the Advisory Opinions and Advisory Opinion Statements, but the question(s) I have are not addressed in these. How do I determine if something is within my scope of practice? Can I talk to someone about this or make a formal request for a practice opinion?

**A:** When the performance of a specific act is not definitively addressed in the Kentucky Nursing Laws or in an advisory opinion of the Board, the nurse must exercise professional judgment in determining whether the performance of the act is within the scope of practice for which the nurse is licensed. You may also review AOS #41 RN/LPN Scope of Practice Determination Guidelines including the KBN Decision-Making Model for Determining Scope of Practice for RNs-LPNs **www.kbn.ky.gov.** 

For further guidance, you may contact Kim Richmond, Nursing Practice Consultant at Kim.Richmond@ky.gov. If you wish to request a formal opinion of the Kentucky Board of Nursing, please see information on the website: www.kbn.ky.gov.

### Q: According to the Kentucky Nursing Laws, there are things within my scope of practice to perform, but my facility says I cannot do them. Why?

A: The Kentucky Board of Nursing does not include specific guidelines on the various tasks that can be performed or medications and treatments that may be administered by nurses. Rather, nursing laws guide general nursing practice and hold the nurse responsible for ensuring they are educationally prepared and clinically competent to perform any delegated task. The Kentucky Board of Nursing has no jurisdiction over healthcare facility policies or job descriptions, and these policies and procedures may limit the nurses' scope of practice.

# Q: I am a new graduate nurse with a provisional license. What can I do with a provisional license?

**A:** The registered nurse or licensed practical nurse applicant (RNA or LPNA) may perform tasks that are within the scope of registered nursing or licensed practical nursing practice as long as they are working under the direct supervision of a nurse (as listed below). There is no list of procedures or tasks that may be performed, rather the nurse and nurse applicant are to follow AOS #41 RN/LPN Scope of Practice Determination Guidelines to determine if a task should be performed based upon Kentucky Nursing Laws, facility policies and procedures, and individual nursing educational preparation and clinical competence. **www.kbn.ky.gov** 

KRS 314.021(2) holds all nurses individually responsible and accountable for the individual's acts based upon the nurse's education and experience. Each nurse must exercise professional and prudent judgment in determining whether the performance of a given act is within the scope of practice for which the nurse is both licensed and clinically competent to perform. https:// apps.legislature.ky.gov/law/statutes/statute. aspx?id=30882

An individual who holds a provisional license shall only work under the direct supervision of a registered nurse and shall not engage in independent nursing practice. To qualify as direct supervision pursuant to KRS 314.041(5) and KRS 314.051(6), the nurse responsible for the applicant shall be physically present in the facility and immediately available to the applicant during work hours while the applicant holds a provisional license

https://apps.legislature.ky.gov/law/ statutes/statute.aspx?id=44650

https://apps.legislature.ky.gov/law/ statutes/statute.aspx?id=44618 Q: Where can I find information about nurse-patient staffing ratios?

**A:** Kentucky Board of Nursing does not establish a ratio for the given number of patients for which a nurse may be assigned.

However, there are other agency regulations in the state that mandate safe staffing ratios. Pursuant to KRS Chapter 216B – https:// apps.legislature.ky.gov/law/statutes/chapter. aspx?id=38238 - the Cabinet for Health and Family Services promulgated administrative regulations requiring that health care facilities employ a sufficient number of qualified personnel to meet the needs of the patients -https://apps. legislature.ky.gov/Law/kar/TITLE902.HTM [902 KAR 20:16; 026; 048; 051]. For more information, you may want to contact the Cabinet for Health and Family Services, Office of the Inspector General, Division of Health Care Facilities and Services at (502-564-7963). Q: I am being pulled to work on other units that I have never worked on and feel unsafe caring for different patient populations. Can you provide me some guidance on what to do?

A: When a nurse is temporarily assigned to an unfamiliar, specialized, or "high-tech"

patient care area, the nurse is expected to utilize core knowledge and competence to provide patient care. The duties expected of the nurse should be outlined, and the nurse should have the ability to perform those duties. Further, the nurse in such a situation should be under the on-site supervision of a registered nurse who is prepared by virtue of education and experience to practice competently in the specific area.

A nurse who doubts his/her competence to perform a requested act has an affirmative obligation to:

- Collaborate with the appropriate supervisory nursing personnel to assist in the performance of the act; and
- 2) Request the educational preparation and supervised clinical practice necessary to perform the act. If the appropriate training or supervision is not provided then the nurse is obligated to refuse to perform the act and to inform the supervisory nursing personnel, and/or the prescribing physician/provider, as applicable.

AOS #19 Responsibility and Accountability of Nurses for Patient Care Assignments and Nursing Care Delivery **www.kbn.ky.gov**.

### Q: I feel my patient assignment is unsafe. Can I refuse an assignment?

A: If a nurse judges that he or she is unable to provide safe and competent care related to the number of patients or the types of patients to be assigned to that nurse, then the nurse is obligated to refuse to accept the assignment and to inform the supervisory nursing personnel, and/or the prescribing physician/provider, as applicable. If a nurse accepts an assignment believed to be unsafe, or for which the nurse is not educationally prepared, the nurse assumes the potential liability that may occur as the result of the assignment. Others may equally or concurrently be held responsible, accountable, and liable for the nurse's actions.

AOS #19 Responsibility and Accountability of Nurses for Patient Care Assignments and Nursing Care Delivery https://kbn.ky.gov/practice/ Documents/aos19.pdf



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# Summary of COVID-19 Emergency Measures and Recent or Pending Regulatory Changes

The following information is being provided as a summary of KBN COVID-19 emergency measures and recent or pending regulatory changes, as of July 6, 2021. The status of the statutory and regulatory provisions cited below may be verified on the Kentucky Legislative Research Commission website. https://apps.legislature.ky.gov/law/statutes/chapter.aspx?id=38813 (statutes), https://apps.legislature.ky.gov/law/kar/TITLE201.HTM (regulations)

### Changes Implemented Through Active Emergency Memoranda

CAPA-CS & CAPA-NS Requirements / One Year Waiting Period for Newly Licensed APRNs to Prescribe Controlled Substances Suspended - On March 31, 2020, CAPA-CS and CAPA-NS collaborative agreement requirements related to APRN prescribing of controlled and non-controlled substances were suspended for the duration of the COVID-19 state of emergency, unless and until otherwise rescinded by the Board or Governor. This change to KRS 314.042(8, 10) and 201 KAR 20:057 §7 was necessary to ensure patient access to care, expansion of telehealth, and recognition of out-of-state APRN practice authority during the global pandemic. The Board also temporarily suspended the one-year waiting period during which newly licensed APRNs were previously required to refrain from prescribing controlled substances. It is not known when the COVID-19 state of emergency will end. The Board has indicated that, to avoid confusion and disruption that would be caused by an unexpected and abrupt end to emergency measures, there will be a thirty-day grace period as to KBN enforcement of reinstated legal requirements. It is anticipated that, when the moratorium on controlled substance prescribing during an APRN's first year of practice resumes effectiveness, the APRNs who have previously been issued DEA registration numbers but who have not yet completed their first year of practice as an APRN will no longer be authorized to prescribe controlled substances. These APRNs will be eligible to reapply for a DEA registration after the reinstated one-year requirement has been met; however, it is anticipated that this will result in an interruption of controlled substance prescribing authority and an additional application fee of \$888.00. See, https://www.deadiversion.usdoj.gov/fed\_regs/ rules/2020/2020-16169.pdf#page=9. The DEA does not give refunds or pro-rate the registration fee. A newly licensed APRN should consider these factors before deciding to obtain a DEA registration at this time. Questions regarding the foregoing may be directed to Board staff via the contact form on the Board website: https://kbn.ky.gov/ Pages/Contact%20Forms/legal\_contact.aspx.

**Integrated Practicum Modified for Students in RN and LPN Prelicensure Education Programs** – On March 31, 2020, During the state of emergency, the 120 hour integrated practicum is not confined to a concentrated period of seven (7) consecutive weeks. In addition, the fifty percent (50%) simulation cap has been suspended, and the practicum may be up to 100% simulation. These changes to 201 KAR 20:320 became effective on March 27, 2020, and will last for the duration of the COVID-19 state of emergency, and for thirty (30) days thereafter, unless rescinded by the Board or Governor. In other words, the requirements of the regulation will take effect for all semesters or quarters that begin after the end of the grace period. All academic periods that began prior to the end of the grace period may operate under the emergency provisions.

### Emergency Measures That Have Been Rescinded

**Fingerprint-driven criminal background checks, NCLEX, and continuing education requirements for reinstatement applicants** – Regulations were modified through memorandum to temporarily suspend the requirement for fingerprint-driven criminal background checks prior to licensure: 201 KAR 20:056 (APRN licensure); 201 KAR 20:070 (provisional licensure for RN and LPN exam applicants); 201 KAR 20:110 (temporary work permit for RN and LPN endorsement applicants); 201 KAR 20:225 (RN, LPN, and APRN reinstatement applicants); 201 KAR 20:470 (DT reinstatement applicants); 201 KAR 20:620 (LCPM applicants). Further, 201 KAR 20:225 was temporarily suspended as to the continuing competency requirements that were applicable to reinstatement applicants who were not subject to a disciplinary action.

On March 5, 2021, COVID-19 emergency measures related to fingerprint-driven criminal background checks, NCLEX, and continuing education requirements for reinstatement applicants were lifted by the Kentucky Board of Nursing, as approved by the Secretary of the Governor's Executive Cabinet.

No new applications for initial licensure, endorsement, or reinstatement are being processed under the emergency procedures. In addition, applicants who had applications filed and pending on March 5, 2021, but which had not yet processed, were notified by email of the requirements to be met. In addition, Board staff notified all provisional or temporary license holders by email of the withdrawal of the emergency modifications to 201 KAR 20:056, 201 KAR 20:070, 201 KAR 20:110, 201 KAR 20:225, 201 KAR 20:470, and 201 KAR 20:620, the corresponding reinstatement of NCLEX and fingerprintdriven criminal background check requirements, and the date that their license, provisional license, or temporary work permit will expire if those requirements are not met. It is noted that provisional and temporary licenses expire on varying dates; more specifically, a date six (6) months after the provisional license/temporary work permit was issued or renewed, whichever occurred later. As of April 5, 2021, all provisional license and temporary work permit expiration dates are binding, and those licenses and permits will lapse if the licensee fails to satisfy fingerprinting or NCLEX requirements prior to the expiration date. In contrast with RNs and LPNs, APRNs who obtained licensure during the state of emergency without satisfying fingerprinting requirements were issued full licensure. All such APRNs have been notified by email of the October 29, 2021 deadline for completion of the required criminal background check, and Board staff will open cases as to any of these APRNs who fail to comply with the fingerprinting requirement on or before that date.

### Administrative Regulations

**201KAR 20:065** – Professional standards for prescribing Buprenorphine-MonoProduct or Buprenorphine-Combinedwith-Naloxone by APRNs for medication assisted treatment ("MAT") for opioid use disorder. Amendments to this administrative regulation became effective on June 16, 2021. The changes are as follows:

- abolishes the mental health evaluation requirement, which brings the regulation into greater harmony with 201 KAR 9:270;
- relaxes the regulation requirement as to who may serve as a mental health counselor for an APRN's opioid use disorder patients, which will bring the regulation into greater harmony with 201 KAR 9:270, and which will allow other licensed professionals such as LCADCs and CADCs to participate in the implementation of objective behavioral modification;
- provides a definition of consultation which clarifies the APRNs regulatory obligations when prescribing buprenorphine in three (3) contexts: (i) in conjunction with other sedative hypnotics, stimulants or other opioids; (ii) when prescribing buprenorphine to pregnant/breastfeeding patients; (iii) when prescribing a daily dose of greater than sixteen (16) mg daily dose of buprenorphine on an ongoing basis;
- requires that laboratory test results be completed and reviewed within thirty (30) days of induction, instead of prior to induction;
- requires patient consent for the release of prior medical records to be obtained within thirty (30) days of induction;
- requires a pregnancy test recommendation, but only as to female patients of child bearing age and ability, which brings the regulation into greater harmony with 201 KAR 9:270;
- relaxes the obstetrical consult requirement for pregnant or breastfeeding patients by, among other things, allowing the patient to decline the consult;
- reduces the number of drug/alcohol screens that specifically test for gabapentin and alcohol from eight (8) each year to two (2) each year;
- brings the regulation into conformity with 201 KAR 20:057 §9(5) by requiring a review of patient KASPER data every 90 days, instead of at every visit;
- modifies the objective behavioral modification requirement to bring the regulation into greater harmony with 201 KAR 9:270; and
- provides instructions on what a

buprenorphine prescriber should do when the prescriber determines that is necessary and appropriate to deviate from the requirements of the regulation in the treatment of an opioid use disorder patient.

**201 KAR 20:085** – Licensure periods and miscellaneous requirements. The Board approved amendments to this administrative regulation took effect on December 15, 2020. The amendments: (1) require all KBN licensees to notify KBN of an email address; and (2) specify that the email address will be exempt from disclosure under the Kentucky Open Records Act. This regulation is being reviewed by staff for further amendments to specify a one-year expiration date for applications.

**201 KAR 20:110** – Licensure by endorsement. The Board approved amendments to this administrative regulation became effective on September 23, 2020. This regulation is being reviewed by staff for further amendments to specify a one-year expiration date for applications.

201 KAR 20:370 - Applications for Licensure. Amendments to the renewal applications within the material incorporated by reference in this administrative regulation became effective on June 16, 2021. The renewal application changes are as follows: "Verification of primary state of residence may be required" where the primary state of residence ("PSOR") question is present; "Traffic misdemeanors, other than DUI, should not be reported;" remove KHEAA sentence from attestation; added "branch of active duty service" inquiry where military service is reported; require entry of current mailing address each year; and change date to 2/2021

201 KAR 20:390 - Nursing Incentive Scholarship Fund (NISF). This regulation was amended effective February 3, 2021. The amendments: (1) change the scholarship criteria to heighten the emphasis on financial need, as established by the estimated Federal Expected Family Contribution (EFC) as calculated by the annual FAFSA; (2) remove healthcare experience from being a factor in award determinations; (3) allow for collection of amounts owed by a third party collector in cases of breach or default; and (4) to specify that deferment or method of curing default shall not be available after referral of the debt to a third party collector. Revisions to NISF application forms and other material incorporated by reference are currently being reviewed by staff, and the regulation will be Continued on page 32>>

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### Continued from page <<31

refiled in 2021 to promulgate the amended material incorporated by reference.

**201 KAR 20:411**– Sexual Assault Nurse Examiner Program standards and credential requirements. Amendments to the renewal applications within the material incorporated by reference in this administrative regulation became effective on June 16, 2021. The changes are as follows: "Verification of primary state of residence may be required" where PSOR question is present; "Traffic misdemeanors, other than DUI, should not be reported;" remove KHEAA sentence from attestation; and change date to 2/2021.

201 KAR 20:471, 201 KAR 20:472, 201 KAR 20:474, 201 KAR 20:476, and 201 KAR 20:478 - Dialysis technician credentialing requirements and training program standards. On November 5, 2020, the Dialysis Technician Council began reviewing 201 KAR 20:470, with the goal of repealing it and replacing it with four new regulations: 201 KAR 20:472 (Initial approval for dialysis technician training programs); 201 KAR 20:474 (Continuing approval and periodic evaluation of dialysis technician training programs); 201 KAR 20:476 (Dialysis technician credentialing requirements for initial, renewal, and reinstatement); and 201 KAR 20:478 (Dialysis technician scope of practice, discipline, and miscellaneous requirements). The repealer regulations is 201 KAR 20:471, which will abolish 201 KAR 20:470. These regulations were filed on May 18, 2021, and can be viewed at https://apps. legislature.ky.gov/law/kar/TITLE201.HTM. There are numerous revisions, which are summarized in the Regulatory Impact Analysis on the foregoing webpage. The deadline for receipt of written comments is August 31, 2021. The KBN is communicating with stakeholders, and it is anticipated that a special Board meeting will be convened in September to consider written comments.

**201 KAR 20:506** – Nurse Licensure Compact. While no substantive changes to this regulation are proposed, modified material incorporated by reference was filed with the LRC Regulations Compiler. The changes pertain to The Interstate Commission of Nurse Licensure Compact Administrators, Final Rules as of January 1, 2021. This regulation was reviewed by the Administrative Regulations Review Subcommittee on June 8, 2021, and it is anticipated that the amendment to material incorporated by reference in this regulation will take effect in July, 2021. **201 KAR 20:660** – Licensed certified professional midwives duty to report. Amendments to this administrative regulation became effective on June 16, 2021. The changes are as follows: (1) remove the requirement for reporting the outcome of all referrals; (2) provide for the confidentiality of LCPM incident reports and annual reports; (3) require the reporting of aggregate incident and annual report data that does not disclose confidential information; and (4) incorporate the new annual report form by reference. These revisions were approved by the Board on December 17, 2020.

### VISIT THE KBN'S NEWLY REDESIGNED WEBSITE

The KBN's website has been redesigned. Check it out at **https://kbn.ky.gov.** 

### CONTINUING COMPETENCY REQUIREMENTS

Continuing competency requirements must be completed by midnight, October 31 for nurse licensure and SANE credentials. Submitting a renewal application is a verification that you have completed all requirements or will complete the requirements by midnight, October 31. See the Spring 2021 edition of the *KBN Connection* for additional information about continuing competency earnings. https:// epubs.democratprinting.com/ publication/?m=9492&ci=709660

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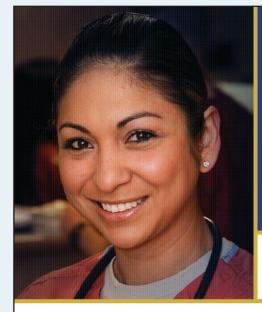
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# **Disciplinary** Actions Copies of individual nurse's disciplinary orders can be viewed or obtained at the website: <u>www.Nursys.com</u>

Since the publication of the last edition of the KBN Connection, the Board has taken the following actions related to disciplinary matters as authorized by KRS 314. A report that contains a more extensive list of disciplinary actions is available on the KBN website https://kbn.ky.gov/FTP/discipline.pdf. Licensure status of licensees against whom temporary action has been taken may have changed since data collection and publication. Please visit the Online Validation section of the Board's website https://secure.kentucky.gov/kbn/bulkvalidation/basic.aspx to confirm current licensure status of individual nurses. (As of 6/17/2021)

### COPIES OF INDIVIDUAL NURSE'S DISCIPLINARY ORDERS CAN BE VIEWED OR OBTAINED AT THE WEBSITE: nursys.com

IMMEDIATE TEMPORARY SUSPENSION OF LICER			
Bowling, Ginger Christina Nantz	LPN License 2033750	Busy, KY	Eff5/10/21
Decker, Regina A. Strong	LPN License 2038684	Louisville, KY	Eff5/10/21
Emge, Katherine Marie Blanford	RN License 1129222	Loretto, KY	Eff4/27/21
McNally, Janell	LPN License 2047718	Independence, KY	Eff5/10/21
Mowery, Heather Lynn	LPN License 2040905	Russell, KY	Eff5/10/21
Zutt, Susan Lynne Woolfolk	RN License 1046501	Louisville, KY	Eff4/22/21
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Rawlings, Stephanie D.	RN License 1100803	Harrodsburg, KY	Eff4/15/21
Wilson, Randi	RN License 1163950	Ashland, KY	Eff6/1/21
			01121
LICENSE/CREDENTIAL CONTINUED ON SUSPEN			
Boudreau, Jennifer Ann Young	RN License 1150276	Elizabethtown, KY	Eff4/15/21
LICENSE/CREDENTIAL DENIED OR DENIED REIN	STATEMENT		
Campbell, Polly Anne Matthews	RN License 1100485	Frankfort, KY	Eff5/5/21
Gartrell, Pamela	RN Applicant by Endorsement	Cincinnati, OH	Eff4/27/21
Goff, Kelly C. Crouch	RN License 1108872	Winchester, KY	Eff6/17/21
Harbour, Tyler Cheyan	RN Applicant by Examination	Georgetown, KY	Eff5/13/21
Hartlage, Ronda Marie	RN License 1041866	Louisville, KY	Eff
Hoffman, Jennifer Lea	RN License 1106612	Alexandria, KY	Eff6/17/21
Johnson, Amy J. Ford	RN License 1101884	Williamson, WV	Eff6/17/21
Kaelin, Marissa Donell	LPN Applicant by Examination	Vine Grove, KY	Eff4/15/21
Love, Elyshia	RN Applicant by Endorsement	Cincinnati, OH	Eff5/12/21
Reed, Christa	DT Applicant	Maysville, KY	Eff4/27/21
Smith, Tamatha Fisk	LPN License 2044916	Florence, KY	Eff4/19/21
LICENSE/CREDENTIAL VOLUNTARILY SURRENDI			
Howard, Kimberly Jane	RN License 1053399	Bowling Green, KY	Eff4/27/21
Ingram, Levonda Lynn	RN License 1077250	Clearfield, KY	Eff5/26/21
Matthews, Lynn Moore	RN License 1119454	Bowling Green, KY	Eff
Rose, Shawna Leann	RN License 1114239	Olive Hill, KY	Eff6/9/21
Winder, Rebecca Sue Adams	RN License 1087990	Louisville, KY	Eff5/6/21
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Robinson, Tricia Jean	TN RN License 191454	Tazwell, TN	Eff6/17/21
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Carpenter, Tiffany	RN License 1122854	Hoskinstons, KY	
Carter, Brittany	LPN License 2052417	Glasgow, KY	Eff
Evans, Sherry Lynn Greenup	RN License 1083600; APRN License 3009745	New Albany, IN	Eff6/10/21
Fusco, Edward J.	LPN License 2050123	Louisville, KY	Eff5/18/21
		Jeffersonville, IN	Eff6/17/21
Haler-Mora, Stephanie	RN License 1141956; APRN License 3009060	Jenersonville, IIN	ЕП0/1//21
Henson, Shannon Dawn Walton	RN License 1097943;	Harrodsburg, KY	Eff5/17/21
rienson, Shannon Dawn walton	LPN License 2030936	Hallousburg, KI	L11
Hertl, Stacy Leigh	RN License 1119792	Columbia, KY	Eff4/27/21
King, Cassie Danielle	RN License 1086139	Nicholasville, KY	Eff6/14/21
Mardis, Becky Lynn	LPN License 2038278	Cecilia, KY	Eff6/10/21
Mardis, Becky Lynn Massie, Karalee Nelson	RN License 1118093;	Alexandria, KY	Eff6/14/21
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Moss, India J'Mia	RN License 1159676	Paducah, KY	Eff 5/19/21
Redmon, Katherine Anne Wathen	RN License 1107478;	Louisville, KY	Eff6/7/21
Actinon, Natherine Anne wählen	APRN License 3009403	Louisviile, ixi	
Sears, Dana Lynn	RN License 1081845;	Buckner, KY	Eff6/14/21
,			

	APRN License 3004056		
Shirel, Jill Elizabeth	RN License 1103005	Sturgis, KY	Eff5/19/21
Spalding, Dangella	RN License 1141340;	Louisville, KY	Eff4/15/21
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Vernon, Stephanie Elizabeth Burczyk	RN License 1085689;	Lexington, KY	Eff5/6/21
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	APRN License 3010265		
Alsadiq, Ali	RN License 1150771	Louisville, KY	Eff6/17/21
Bailey, Melissa G.	RN License 1109217	Letcher, KY	Eff4/15/21
Brosick, Darlene Daugherty	RN License 1039631;	Shepherdsville, KY	Eff6/4/21
	APRN License 3002445		
Claunch, Shelbe Cathryn	LPN Applicant by Examination	Harrodsburg, KY	Eff5/10/21
Carpenter, Linda Sue Byrd-Brewer	RN License 1051099	Morehead, KY	Eff5/5/21
Hamm, Janice Renee Cundiff	RN License 1093147	Elizabethtown, KY	Eff
Harris, Robin L. Smith	RN License 1103941	London, KY	Eff5/26/21
Hayden, Jaclyn Armistead	RN License 1153986	Louisville, KY	Eff6/14/21
Kaminski, Jeanette Rae McAdams	RN License 1085024	Bowling Green, KY	Eff5/17/21
Masden, Nataya	LPN Applicant by Examination	Louisville, KY	Eff4/15/21
Meeks, Maranda Delphine Reynolds	LPN License 2036359	Newport, NC	Eff
Raybourne, Jerri Katherine Martin	RN License 1115078	Louisville, KY	Eff
Tate, Jamee Juchau	TX RN License 688537;	Lantana, TX	Eff4/15/21
	RN License 1148352;		
	APRN License 3010252		
Walker, Ashley Brooked Glover	LPN License 2044104	Shelbyville, KY	Eff6/3/21
Whitehead, Bradford Nathanial	RN License 1113869;	Louisville, KY	Eff5/17/21
	APRN License 3014272		
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Wright, Crystal Dawn Daniels	RN License 1148758	Springfield, KY	Eff5/5/21
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Arnold, Irona	RN License 1121630	Booneville, KY	Eff4/19/21
Arnold, Tracy Wilson	RN License 1121633	Booneville, KY	Eff
Beagle, Mary Elizabeth Green	RN License 1101030	Berry, KY	Eff
Booker, Angela Marie	LPN License 2034857	Louisville, KY	Eff
Carpenter, Linda Sue	RN License 1051099	Morehead, KY	Eff
Kaminski, Jeanette Rae	RN License 1085024	Bowling Green, KY	Eff
Meriweather, Michelle Leguan	RN License 1122825;	Louisville, KY	Eff
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Moore, Maurissa Boley	LPN License 2034966	New Albany, IN	Eff4/28/21
Parr, Michelle Renee	LPN License 2047596	Louisville, KY	Eff
Patton, Laurice Renee	LPN License 2048567	Crestwood, KY	Eff6/11/21
Szukis, Beverly Ann	RN License 1042110;	Jamestown, KY	Eff4/26/21
Szakis, Devery Mill	APRN License 3002293	Janiestown, Kr	Lii 1/20/21
Vanzandt, Anna K.	LPN License 2052374	Henderson, KY	Eff5/12/21
Walker, Wanda Kay	LPN License 2039722	Grand Rivers, KY	Eff
Walls, Denice McGirr	LPN License 2024791	Lexington, KY	Eff6/10/21
Williams, Brenda B.	RN Applicant by Examination	Buckner, KY	Eff6/2/21
Wilson, Amy Michelle	RN License 1107309	Horse Cave, KY	Eff6/1/21
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Imposition of civil penalty for failure to meet mandatory co-	ntinuing education requirement	140	
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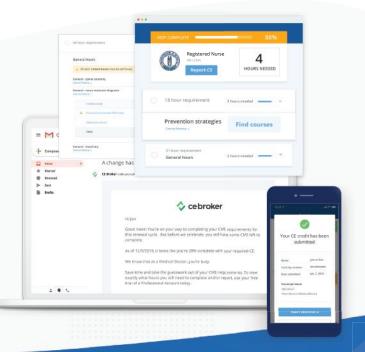
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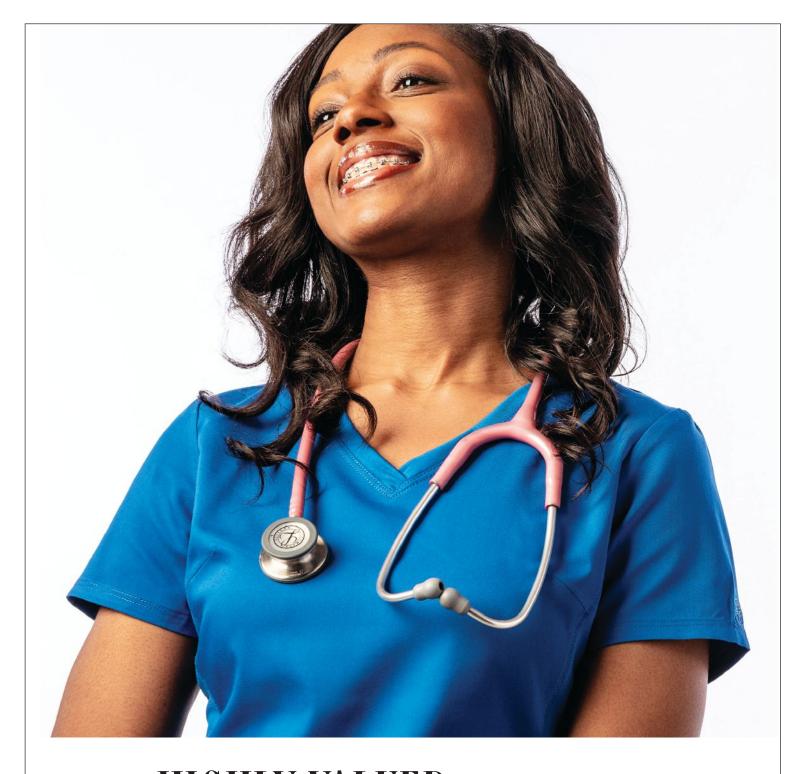
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