

# KBN CONNECTION

Spring 2022  
Vol 13, Issue 2, Edition 71



## SELF-CARE FOR NURSES: THOUGHTS ON REFUELING ENERGY

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## NEW CE REQUIREMENTS

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312 Whittington Pkwy., Ste 300  
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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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[dbrown@pcipublishing.com](mailto:dbrown@pcipublishing.com)  
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## STATISTICS CORNER

As of APRIL 18, 2022  
KBN records show:

**RN ACTIVE: 73,745**

**LPN ACTIVE: 13,030**

**ADVANCED PRACTICE  
REGISTERED NURSES (APRN): 11,768**

**DIALYSIS TECHNICIAN (DT)  
CREDENTIALS: 705**

**SANE ACTIVE: 350**

**LICENSED CERTIFIED PROFESSIONAL  
MIDWIVES (LCPM) ACTIVE: 29**

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

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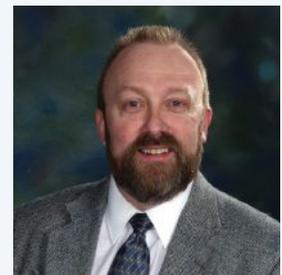
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# President's Message

Greetings fellow licensees! I'd like to give a shout out to all of you who are continuing to go to work every day and stay focused on doing all you can to produce the best patient outcomes despite everything that is going on in the world that could weigh you down. There is so much negative talk out there that we must actively push it away and seek and create the positive! Even as the prevalence of COVID continues to decrease, nurses and healthcare workers are exhausted and still dealing with the long haul effects of working through a pandemic and the toll it has taken on them. Self-care has never been more important. We must recognize the

impact of the physical and emotional toll of the pandemic and nursing shortage, take extra measures to take care of ourselves, and forge forward with new ideas and new beginnings. We must find the silver linings and seize the opportunities we have to strengthen our voice as a profession, be more united, take better care of ourselves and each other, create new cultures in our work environments where bullying and lateral violence does not exist, work environments where nurses are not expected to be perfect and are comfortable admitting errors or near misses and the systems they work in protect the patients first and also the nurses.

In addressing the nursing shortage, I anticipate some nursing programs will increase their enrollment to help meet the demand for more nurses. We must stay focused on maintaining the quality of teaching and learning and produce graduates who are ready for the practice environments in which they are going to work. The Board has been reviewing all regulations to identify barriers related to nurses being able to practice or nursing program expansions. To that end, the Board collaborated with KHA on a regulation which revokes the provisional license after one failed NCLEX attempt. KBN filed an emergency regulatory amendment that will allow licensure applicants to maintain a provisional license for six months but allows the applicant to take the NCLEX a second time within that six month period without having the provisional license revoked. The Board recognizes that students did not all have the usual clinical experiences during the pandemic and that being allowed to continue in their job could afford them with much needed experiences that will contribute to their knowledge and could help them be more successful on the second NCLEX attempt. Employers want to keep and invest in these applicants as well.

The Executive Order the Governor signed in December 2021 to address the nursing shortage included formation of a Team Kentucky Nursing Advisory Board composed of 12 members from urban and rural health systems in KY, academia, and the Board of Nursing. KBN Vice President, Audria Denker, and I had the opportunity to participate in these meetings which resulted in a report with recommended priorities for addressing the nursing shortage presented to the Governor in March. Among these priorities were assistance for nurses such as childcare, transportation, and tax breaks. Also funding for scholarships and loan forgiveness was recommended. Interventions to retain the current workforce and recruit more younger people into the profession were addressed. There were implications to be addressed by KBN about processes and regulations and most have already been addressed by the Board but we are committed to continue to work diligently on those items. One of those ongoing goals is to use a statewide clinical site scheduling system to provide transparency on open clinical sites and provide more opportunities for collaboration between nursing programs and healthcare organizations.

KBN will continue to keep you updated as SB 10 has been delivered to the Governor this legislative session, and will make multiple changes to procedures for licensing nurses from out-of-state and from foreign countries, to policies regarding nursing education programs and to the composition of the Board. Please see the article in this issue of the Connection and monitor updates on the KBN website.

Take care of yourselves, try to set aside some time to relax and recharge, and support each other so that we can have a stronger collective voice in the future of our profession. Happy Nurses' Month!

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

## HAPPY NURSES MONTH

## MAY 1-31, 2022

*Nurses Make a Difference. . . YOU Make a Difference*

Imagine a world without nurses. Think of a world without persons who know what nurses know; who believe as nurses believe; who do what nurses do; who have the effect nurses have on the health of individuals, families, and the nation; who enjoy the trust that nurses enjoy" (2003) [Dr. Margretta Styles, former ANA President, former ICN President, and former ANCC President, Nursing Legend, 1930-2005].



# Executive Director's Message



The first 3 months of 2022 have been very busy at the Kentucky Board of Nursing with Senate and House Bills introduced, withdrawn, passed, and not heard during this Legislative session. COVID-19 emergency regulations have ended and new Statute and Administrative Regulations have been developed to maintain some of those activities that were in place. Updates are available on the KBN social media platforms, <https://www.facebook.com/Kentucky-Board-of-Nursing-122729194450947/>. You may also access regulatory updates on our website under the Legal tab <https://kbn.ky.gov/conpro/Pages/Laws-and-Regulations.aspx>

In light of the recent news regarding the nurse from Vanderbilt who made a medication error I wanted to remind all licensees of the importance of high-reliability organizations (HRO). This model was adapted from research conducted with the air traffic control system, naval aircraft carriers, and nuclear power operations to improve outcomes in health-care.

There are five characteristics of HROs that have been identified as responsible for the “mindfulness” that keep them working well when facing unexpected situations.

## Preoccupation with failure

HROs treat anomalies as symptoms of a problem with the system. The latent organizational weaknesses that contribute to small errors can also contribute to larger problems, so errors are reported promptly so problems can be found and fixed.

## Reluctance to simplify interpretations

HROs take deliberate steps to comprehensively understand the work environment as well as a specific situation. They are cognizant that the operating environment is very complex, so they look across system boundaries to determine the path of problems (where they started, where they may end up) and value a diversity of experience and opinions.

## Sensitivity to operations

HROs are continuously sensitive to unexpected changed conditions. They monitor the systems’ safety and security barriers and controls to ensure they remain in place and operate as intended.

## Commitment to resilience

HROs develop the capability to detect, contain, and recover from errors. Errors will happen, but HROs are not paralyzed by them.

## Deference to expertise

HROs follow typical communication hierarchy during routine operations, but defer to the person with the expertise to solve the problem during upset conditions. During a crisis, decisions are made at the front line and authority migrates to the person who can solve the problem, regardless of their hierarchical rank.

A safety culture is key to a high reliability organization by assuring core attributes of trust, report, and improve. Just Culture is a concept related to systems thinking which emphasizes that mistakes are generally a product of faulty organizational cultures, rather than solely brought about by the person or persons directly involved. In a just culture, after an incident, the question asked is, “What went wrong?”

Two Unsafe Behaviors	Behaviors	Inadvertent Behavior
Reckless Behavior	At-Risk Behavior	Human Error
Intended	Intended	Unintended
Is the conscious disregard of a substantial and unjustifiable risk	Is the choice, but where the risk is not seen, or mistakenly believed to be justified	Is the unintended, inadvertent action, the slip, lapse, or mistake
Think of choosing to drive XX mph over the speed limit despite thinking this is unsafe	Think of choosing to set the cruise at XX mph over the speed limit without seeing the increased risk	Think of driving XX mph over the speed limit without realizing it....without intending to
Discipline	Coach	Console

## Just Culture: Draw Clear Lines

I will close with this quote from Lucian Leape, The Father of Patient Safety:

“Perfection Myth- if people try hard enough, they will not make errors.

Punishment Myth- if we punish people when they make errors, they will make fewer of them.”

Adapted from: Reckless Homicide at Vanderbilt? A Just Culture Analysis.

Outcome Engenuity. Outcome-eng.com <http://bit.ly/sTfzBbVanderbilt>.

Adapted from: The Joint Commission Sentinel Event Alert. Issue 60, Dec. 11, 2018 Developing a reporting culture: Learning from close calls and hazardous conditions .

<https://www.jointcommission.org/resources/patient-safety-topics/sentinel-event/sentinel-event-alert-newsletters/sentinel-event-alert-60-developing-a-reporting-culture-learning-from-close-calls-and-hazardous-condi/#.Yk4GtcjMI2w>.

Adapted from: The Joint Commission Sentinel Event Alert. Issue 57. March 1, 2017. The essential role of leadership in developing a safety culture.

<https://www.jointcommission.org/resources/patient-safety-topics/sentinel-event/sentinel-event-alert-newsletters/sentinel-event-alert-57-the-essential-role-of-leadership-in-developing-a-safety-culture/#.Yk4HlsjMI2w>.

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



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# ON A PERSONAL NOTE...KBN BOARD MEMBERS



**AUDRIA DENKER, RN, LOUISVILLE, 2018-2022**

Tell us some information about your background, experience, how you were influenced to enter the nursing profession (or your interest in the nursing profession) or in health care.

*I was born and raised in an impoverished area of Eastern Kentucky and I'm a first generation college graduate. My family always encouraged me to do what I love and to continue my education. When I was 12 years old, my dad broke his back. I was his nurse aide, physical therapist, medication giver, and meal preparer because my mom worked and I was the only one available to manage his care. That is when my nursing career started. Being a single mom at the age of 17 and a high school dropout, I faced many challenges to become a nurse. I tore down the barriers by surrounding myself with support and obtained my nursing degree which changed my life and that of my family. I was able, through nursing, to fulfill my purpose "to help others achieve their highest potential". My two most rewarding roles were as a pediatric oncology nurse and as a nursing educator. Nursing is a calling, a career, a passion, and a blessing. I am proud to be a nurse!*

**Why did you seek to be appointed as a member of the KBN?**

*I have a passion for nursing and chose to apply for a KBN seat to represent my colleagues and influence decisions that impact the nurses of our Commonwealth. Now I am able to be a voice for constituents who reach out to me with questions or suggestions regarding regulations governing nurses in our state.*

**What is something about the Board of Nursing or the practice of nursing in the state of KY that you have learned since your appointment to your position as a Board member?**

*Wow!! I am learning a lot. Mostly about the legislative process and*

*how our decisions influence the regulations and statutes of our state. I serve or have served on several committees including Consumer Protection, Education, Practice, and Governance. Each committee has a different focus. Recommendations of each committee go to the full board for final approval. It helps with decision making to divide and conquer the issues into these different committees. I encourage everyone to attend a board or committee meeting.*

**What are some leisure activities you do outside of your regular job and the Board of Nursing responsibilities?**

*I love to travel. I try to do one vacation with my adult children each year. The pandemic threw a wrench into our plans a time or two. I am also a huge fan of the Cincinnati Bengals. At the time I am writing this, the Bengals are headed to Kansas City for the AFC Championship game. I am hopeful the Bengals can make it to the Super Bowl. My family and I attend games together and it is always a great time.*



**JANE SMITH, CITIZEN AT LARGE, BOWLING GREEN 2021-2025**

Tell us some information about your background, experience, how you were influenced to enter the nursing profession (or your interest in the nursing profession) or in health care.

*I feel so honored to have been appointed to the KBN by our Governor. I am actually the Citizen at Large representative. I am a retired RN since 2014. Healthcare is near to my heart. My grandmother was a LPN as I was growing up. She loved her patients. I did not go to nursing school until I was in my 30s and I enjoyed it. My favorite area of practice was mother/child and I ended up working as a labor and delivery nurse. It will always be my favorite. I had a fabulous instructor in that area.*

**Why did you seek to be appointed as a member of the KBN?**

*I was at a function with Lt. Governor Coleman and we had a conversation regarding nursing and I told her any area I could help in I would be glad to. I feel like this led to my appointment. I feel so honored and want to do my very best to help in any way.*

**What is something about the Board of Nursing or the practice of nursing in the state of KY that you have learned since your appointment to your position as a Board member?**

*Oh my! I am the newest member on the Board and was sworn in on January 7. The KBN has a huge job and there are a lot of very dedicated people working very hard just to help the profession of nursing stay on track. The business of license renewal is but a tiny part of all the things that must keep going. This is not to even mention the shortage of nurses due to many things, including the pandemic.*

**What are some leisure activities you do outside of your regular job and the Board of Nursing responsibilities?**

*I am in a blended family, and we are very busy with our children, all grown, with children of their own. Together my husband and I have twenty two grandchildren. We both lost our spouses around eleven years ago. We're married eight plus years now. We like to travel, but not lately. I am involved with*

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lots of church work. I needlepoint extensively when time permits. We attend lots of family things...ballgames, horseshows, school programs, babysitting. I know that I will enjoy working with all the people I have met.



#### ANNE VENNO, RN, CRESTWOOD, 2021-2025

Tell us some information about your background, experience, how you were influenced to enter the nursing profession (or your interest in the nursing profession) or in health care.

I seem to only remember wanting to be a nurse. Originally I suggested to my Dad, going into the military and serving as a nurse in that setting would be something I would like. He did not agree with that path so I remember sitting in the local health department as a teenager waiting for an immunization and asking the public health nurse if I could have her job when she retired. She laughed and said she would call me before she announced her retirement so I could be the first to apply. (She did call me prior to announcing her retirement, I was a Tuberculosis (TB) Nurse Consultant with the State Health Department so we kept in touch.) I was encouraged by my parents to work while in high school and with my interest in healthcare sought employment with a new local dentist who was looking for someone 'after school & early evenings' to act as a receptionist and to "assist" him. Quickly found out the opportunity for foul odors from the oral cavity, blood and bad breath were enough to cause me to pass out. He helped me find a position with a local physician as an on-the-job trained medical assistant after school and on Saturdays. I was in heaven. I worked there for two years included on breaks from college. Also, during my senior year of high school a new health careers program offered and I loved it! I loved the skills, the shadowing of health care professionals in different settings and interacting with healthcare professionals and patients.

My background is quite diverse and seems to represent the "world of possibilities" in the nursing profession.

- Nursing assistant in Tertiary Care Teaching Hospital's burn, med-surg and pediatric oncology units
- Neonatal Registered Nurse in same location.
- Local public health nurse doing home visits to newly discharged mothers and infants; general public health community work to include personal care home inspections, restaurant inspection follow ups, well-checks, follow up visits for at risk clinic patients.
- Director of Nursing in 120 bed free standing nursing home and Nurse Manager/Nursing Home Administrator for 60 bed hospital-based skilled nursing unit
- Public Health Nurse Consultant (epidemiology) at the state level in general communicable diseases and TB. Administered the state's first AZT drug program for individuals diagnosed with HIV/AIDS.
- Director of Regulatory Affairs for a statewide Long Term Care Association providing education, training, advocacy, regulatory guidance services
- Director of Nursing, Nursing Home Administrator in State's only pediatric long term care facility
- Chief Executive Office/Nursing Home Administrator for 300 resident continuing care retirement community
- Director Patient Care Services in five hospital health system with an emphasis on informatics through technology integration, education, development, advanced clinical and allied health student placement and nurse advocacy. Program development and support of a high school medical assistant program and structure shadowing program
- Adjunct university faculty at the undergraduate and graduate level in nursing and healthcare administration.
- Appointments to governmental boards: Kentucky Board of Nursing and Kentucky Nursing Home Administrators Board

#### Why did you seek to be appointed as a member of the KBN?

The organizations where I worked were members of LeadingAge Kentucky and I was an active board member, the Board president and CEO were looking for a nursing home administrator who was also a Registered Nurse. I had worked in state government and also at one time when any communication with the executive branch of state government required individuals to be lobbyist I was a registered lobbyist. The advocacy work with the trade association when working as Director of Regulatory affairs made me familiar with regulations and had me at the table with the KBN, KHA and others when the certified medication technician curriculum standards were developed. I've had a love and passion in the advocacy and regulatory environment my entire professional career and I LOVE being a Nurse and want to support and improve the profession and serve our Commonwealth and protect the public through board service.

What is something about the Board of Nursing or the practice of nursing in the state of KY that you have learned since your appointment to your position as a Board member?

- The Board staff and leadership are dedicated to high quality regulatory guidance, development and oversight. Regulatory work is HARD!
- The nursing opportunities available are always evolving and changing
- Continuing to learn is essential to nursing practice
- The roles of and differences between the KBN & professional nursing organizations.

What are some leisure activities you do outside of your regular job and the Board of Nursing responsibilities?

I am involved in my church, love spending time with my family (husband, two dogs, daughter, son-in-law, three grandchildren and grand dog) and friends, swimming in our pool, trying new restaurants and foods, following and attending athletic events with grandchildren and UK basketball, volunteering on two other boards.



#### CARL VINSON, LPN, PADUCAH, 2019-2022

Tell us some information about your background, experience, how you were influenced to enter the nursing profession (or your interest in the nursing profession) or in health care.

My career started at the Academy of Health Sciences in the United States Army where I obtained my licensure. My first 3 years of experience were in a military medical center in all sorts of positions including ED, Oncology and Medical Surgical. I have also spent a few years in long term care. After returning to the hospital environment I mainly worked the ED with 6 years of surgical vascular experience. My interest came from my time as a combat medic, many years of carrying aid bags and taking care of soldiers in the field which led me to my career in nursing.

#### Why did you seek to be appointed as a member of the KBN?

I was actually approached and asked if I was interested. After realizing the importance of the board functions and having a desire to learn as much as possible about our governing body I wanted to be appointed. I am so thankful and frankly overwhelmed at the opportunity.

What is something about the Board of Nursing or the practice of nursing in the state of KY that you have learned since your appointment to your position as a Board member?

I actually have two things I have learned. The first is the amount of work and attention to detail the board staff accomplish on a daily basis and the limited amount of staff that perform this work. Just the two committees I am a part of, have a huge workload for the staff. Learning about the Advisory Opinion Statements (AOS) system and how to find and use these and inform

Continued on page 10>>

others has been so helpful. When I came on the Board I assumed it was only regulations in place. I could fill a notebook with the things I have learned and I am so thankful for the opportunity.

What are some leisure activities you do outside of your regular job and the Board of Nursing responsibilities?

On a personal level the things I enjoy outside of nursing are playing guitar and collecting movie memorabilia. I love to travel. I particularly love to fill my time with my music.



JESSICA WILSON, APRN, LEXINGTON, 2018-2022

Tell us some information about your background, experience, how you were influenced to enter the nursing profession (or your interest in the nursing profession) or in health care

I have been fortunate to have extraordinary opportunities and incredible mentors in nursing and after 28 years in the profession still believe it is the best profession. As a child I can remember going to work with my Mom who is now a retired nurse. I witnessed the impact that caring can have on helping people heal and I was hooked. My Mom encouraged me to volunteer, and I found opportunities in the recreation department of a nursing home and assisting in the physical therapy department of a rehabilitation hospital. My passion to learn more about the nervous system and neuroplasticity, and how to help rehabilitate people with life-altering brain and spinal cord injuries led me to nursing school.

I have been fortunate to work at the bedside in acute care, rehabilitation, and home care starting as an associate degree prepared nurse and then obtaining a bachelors, masters, and PhD in nursing. As an adult nurse practitioner I have continued to work with neuro patients and, and the past 18 years I have also spent in prelicensure nursing education helping to train the next generation of nurses.

Why did you seek to be appointed as a member of the KBN?

I sought appointment to KBN to learn more about regulation of nursing education and practice, and how to continue to elevate the profession.

What is something about the Board of Nursing or the practice of nursing in the state of KY that you have learned since your appointment to your position as a Board member?

Prior to my appointment I had no idea how dedicated the staff at KBN are. They are truly public servants and are totally focused on protecting the public. I have learned so much about how to be an effective board member and how important it is for nurses to be at the table setting policy and having a voice because no one else truly understands the heart of a nurse and the logistics of our profession as nurses do!

What are some leisure activities you do outside of your regular job and the Board of Nursing responsibilities?

Outside of my professional life I enjoy spending time with my husband and teenage daughters. We are often at their volleyball tournaments, following UK sports, or fishing. We love beach and lake time together.

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# Self-Care for Nurses: Thoughts on Refueling ENERGY

Ruth “Topsy” Staten, PhD,  
APRN, PMHNP-BC  
Holly Wei, PhD, RN,  
NEA-BC, FAAN

## Editor Comments:

*In these challenging times of the pandemic, there has become a heightened awareness of the stressors that nurses and other healthcare workers may experience. Improperly managed stress could lead to burnout, stress-related problems, and mental health issues like depression, anxiety, and substance abuse. I have asked two nurse experts to share evidence-based self-care strategies that have been shown to reduce the impact of these stressors, to identify when professional support may be essential and how to access that support.*

**Pam:** Can you each provide a little background on how you got interested in helping nurses prevent and reduce burnout?

**Topsy:** *I first became aware of the need for self-care in my first year working as a nurse in a busy, academic medical ICU. Most of the staff were fairly new nurses, and the ICU was busy and understaffed with few ancillary staff. The nature of our patients’ illnesses meant that we were dealing with many deaths. Fortunately, as with many nursing units, we supported each other and were able to talk about the stressors. But it still took a heavy toll on my colleagues and myself. I began looking into stress management strategies at that time. I moved to psychiatric nursing and continued to build on my interest in supporting nurses with preventive self-care strategies and mental health issues.*

**Holly:** *Like Topsy, I began as a critical care nurse and was aware of clinicians’ work challenges. My research on patients’ care quality started my journey to support clinicians’ health. While studying patients’ and families’ hospital experiences, I noticed several phenomena, including clinicians’ caring characteristics and work-related stress. Patients’ care quality and experiences fundamentally depended on healthcare professionals’ CARE (competence, altruism, responsibility, and empathy; Wei et al., 2018). I turned my research to healthcare professionals, revealing the importance of healthcare professionals’ caring actions and self-care and resilience building. Promoting clinicians’ well-being and organizational culture has become my research foci and passion.*

**Pam:** Holly, What makes attention to burnout and self-care significant during this time in our professional history?

**Holly:** *The COVID-19 pandemic has pressed the world into an uncharted era, an epoch at the edge of chaos. Healthcare professionals, especially frontline healthcare workers, such as nurses, have been pushed (both body and mind) to the limit to save lives. In the meantime, they continue to care for and support their own families at an even higher-demanding level due to social changes, such as school closings and business closings. While the need for self-care strategies extends to all health care professionals, this article will focus on nurses and their need to pay special attention to self-care to avoid running on empty tanks. Self-care is like a lubricant for a running machine; without it, it will not run appropriately but be overheated and burned out. This is high time that nurses replenish for energy.*

**Pam:** Holly, you have developed a model of self-care: ENERGY. Can you tell us about the components of ENERGY and how nurses might use these strategies to reduce burnout and support well-being?

*The ENERGY Self-Care Model (Wei & Wei, 2020) signifies the need to*

*fuel our body and mind. Energy is the foundation for all living and moving things, like living plants and moving objects. For human bodies and minds to work effectively, they also need appropriate energy sources. Based on the current literature and scientific evidence, I developed an ENERGY model, which offers six practical strategies to help nurses refill and re-energize. The table below shows the six components and practice strategies.*

ENERGY Components	Suggested Strategies
Enabling energy source	Physical: Balanced nutrition, moderate exercise, deep breathing, and enough sleep Emotional: Healthy relationships with family, friends, and co-workers
Nurturing kindness	Relationship with others: Respect, caring, compassion, and empathy; gratitude Relationship with self: Self-awareness, self-valuing, motivation, and compassion
Emotional hygiene	Stress coping and resilience-building
Refocusing on purpose	Meaning and purpose of life and work
Germinating positivity	Maintaining hope and belief
Your uniqueness	Know your limit, be self-appreciating, self-respecting

**Pam:** Holly and Topsy, would you each elaborate on a couple of strategies that you find most useful and how you incorporate them into your daily activities?

**Topsy:** *From early in my exploration of self-care, I was drawn to strategies around mindfulness and the relaxation response. Over time, I have incorporated various mindfulness and meditation techniques, including imagery and progressive muscle relaxation (Green & Kinchen, 2021). For the past nine years, I have been doing daily mindfulness that focuses on my breath, body scan, and loving-kindness. I find this practice—sometimes just a few minutes or three deep breaths—calms my nervous system and my thoughts and keeps me centered. The other strategy that has been a constant is spending a little time each day with nature. I have created some outdoor “sanctuary” in my home, whether a plant by a comfortable chair, an apartment balcony, or a garden spot, to sit quietly, hear the sounds of nature, feel the breeze and take in the fresh air. When possible, I like to walk and hike in the woods (Leibold, 2021; Tchernikovskiy, 2021).*

**Holly:** *The strategies I use daily are mind cleansing, deep breathing, exercising, appropriate nutrition, and adequate sleep. When I arrive home from work, I like to go around a live tree in my front yard instead of going into my house right away. Depending on the seasons, watching the green leaves, flower buds, and fruit detoxifies my mind and eases my overstimulated nerve systems.*

*Deep breathing is also an excellent nerve-easing approach. I use the 4-7-8 breathing technique all the time—counting four when inhaling, holding the breath for a count of seven, and exhaling for a slow count of eight. I cannot emphasize enough the greatness of exercise, which strengthens my body, sharpens my mind, and uplifts my mood.*

**Pam:** One of the difficulties when we see lists like this is that it can be overwhelming when nurses are overwhelmed. What can you share from your knowledge of positive behavior change to help our nurses adopt a

Continued on page 12>>

**positive behavior or skill that would not be overwhelming?**

**Holly:** Nurses are experiencing secondary trauma. As the COVID-19 pandemic cases wax and wane, nurses endure traumatic experiences and mental distress (American Nurses Association, 2022; Leng et al., 2021; Wei et al., 2022). Nurses need to develop effective habits to protect their health and grow after the post-traumatic experience. In the book *Man’s Search for Meaning* (Frankl, 1997), Viktor Frankl wrote that “everything could be taken from a man, but one thing – that is the human freedom to choose one’s attitude toward circumstances” Thus, even though we cannot control what happens to us, we can choose our response and attitude toward the occurrences. Our brain is an intelligent organ that knows what we like and do not like to do, and we can purposefully train our brains and develop positive habits. The positive behaviors can act as the psychological PPE (personal protective equipment; Raso, 2022) – learning how to handle conflicts, rejections, loneliness, and complex social/emotional situations.

**Topsy:** We often, Holly and I included, try to take on too much when trying to adopt a new health behavior, or we pick something that we may not find pleasant or rewarding. So, selecting something that you are truly motivated to do, that you can do easily, and that can be built into your daily routine with a prompt from activities within your daily routine. Then use the three steps of 1) anchoring to an existing activity, 2) the behavior that is set at a low bar, and 3) celebrating when you do it. (Fogg, 2020; Fogg, 2022)

We have provided an example below incorporating brief deep breathing as a tiny daily habit. (Table 3. *Tiny Habit Example*). We have chosen this one because of the benefit of resetting your sympathetic fight or flight response to the rest and relaxation response of the parasympathetic nervous system. Any deep breathing effort will immediately lower your heart rate and blood pressure, clear your mind, and offers other short and long-term benefits.

*Tiny Habits Example: Deep Breathing (WebMD, 2021)*

	Step	Example
A (Anchor)	Attach the behavior to a trigger already in your daily activities	Each time I wash my hands
B (Behavior)	Select a behavior that you are motivated and can do—then set the bar low.	I will take one or two 4-7-8 deep breaths (by counting, this would be 19 to 38 seconds).
C (Celebrate)	Celebrate with a joyful expression at doing the behavior	I will celebrate by saying to myself, “Way to Go!”

Our human mind is like fertile ground, and we reap what we sow. We harvest positivity if we plant positive behaviors, opinions, ideas, and concepts. If we place negative seeds in our minds, we receive harmful and destructive behaviors. Positivity training can help us change our behaviors, mitigate stressful situations, and promote our well-being.

**Pam:** In conclusion, sometimes, despite efforts to deal with stress and burnout, we can find ourselves unable to shake the difficulties. When is it time for us to reach outside ourselves and our usual supports to get professional help?

**Topsy:** It is appropriate and a sign of strength to reach out for professional help at any point. It is especially important if you have been feeling sad, down, blue, or depressed some or most of the time over the past two weeks and find little interest or pleasure in doing the thing you usually enjoy. If you are feeling nervous, anxious, or on edge and unable to stop or control worrying or your sleep is being disrupted by the demands of work, there is help available. If you are overusing alcohol or taking prescription medication in a way other than prescribed or using illegal drugs, seeking help to address this is critical.

**Pam:** Busy nurses who are feeling overwhelmed may not feel like they can take time to seek help. What can you tell them about finding professional services that fit into their lives?

**Topsy:** Now more than ever, finding professional help is at our fingertips. Many services are being offered online, through text and telephones. I would

suggest starting with Employee Assistance Programs provided by your employer. If additional support is needed, access mental health care through your insurance list of approved providers, including advanced practice psychiatric-mental health nurses. Many mental health providers offer care for out-of-pocket reimbursement. Nursing organizations provide resources for self-care and guidance for seeking treatment, lifelines you can call, urgent care mental health services, and, if necessary, seeking emergency care.

Organization	Contact
American Nurses Association (ANA)	<a href="https://www.nursingworld.org/practice-policy/work-environment/health-safety/disaster-preparedness/coronavirus/what-you-need-to-know/the-well-being-initiative/">https://www.nursingworld.org/practice-policy/work-environment/health-safety/disaster-preparedness/coronavirus/what-you-need-to-know/the-well-being-initiative/</a>
The American Psychiatric Nurses Association (APNA)	<a href="https://www.apna.org/covid-resources/">https://www.apna.org/covid-resources/</a>
National Suicide Prevention Line-24/7; 365 days per year	800-273-8255
SMSHA National Helpline for treatment and referral	800-662-4357

**Holly:** Offering and accepting help is necessary to sustain work and life. We live in a society where we care for one another and support each other. Helping others and treating others with loving-kindness and compassion may activate our happy hormone secretions, like oxytocin, serotonin, and dopamine, making us feel happy and gratified. Nurses are the largest provider group and shoulder the mission and obligation for the health of the people and nation. However, supportive and inclusive organizational environments and effective interprofessional collaborations are essential components for nurses to function at their best. Leadership plays a significant role in promoting organizational culture and support (Wei & Horton-Deutsch, 2022). Effective system infrastructure can ensure positive system support and culture (Wei et al., 2018; Wei, 2022). Nurses are like lifebuoys who need to fill up first before lifting others. Healthcare organizations and individuals need to work together to achieve the best outcomes in healthcare for patients and the many nurses who care for them.

**Pam:** We look forward to additional articles in upcoming Connection editions on what nurses can do at the unit and organizational level to help reduce burnout and prompt positive health outcomes for staff and patients and expansion of when and how nurses who might be experiencing mental health issues, including depression, anxiety, and over-reliance on alcohol or illegal or inappropriate use of controlled medications or illegal drugs.

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**Ruth "Topsy" Staten, PhD, APRN, PMHNP-BC**

*Dr. Staten is recently retired from the University of Louisville, School of Nursing after a long career in nursing education and as a psychiatric-mental health nurse practitioner. Her original research was focused on nurses and their mental health and work environment and personal factors. More recently, she has focused on well-being with a focus on young adults. She is on the Board of Directors of ChooseWell Communities, a non-profit organization that supports young parents in recovery with at least one child under the age of five as they transition to independent living in the community.*

**Holly Wei, PhD, RN, NEA-BC, FAAN**

*Dr. Wei is a Professor and Assistant Dean for the PhD Program at the University of Louisville School of Nursing. Her research focuses on organizational culture, leadership development, clinician well-being, stress genomic biomarkers, and patient care quality. Dr. Wei*

*has published over 50 peer-reviewed articles and delivered more than 80 presentations globally. She serves on three international journals' editorial boards, an Associate Editor for the International Journal for Human Caring, and the Board of Directors for the International Association of Human Caring. Dr. Wei has authored a leadership textbook, Visionary Leadership in Healthcare, and published a theory (Convergent Care Theory) and five practice models.*

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## Statutory Changes

### Senate Bill 10

The status of the statutory provisions cited below may be verified on the Kentucky Legislative Research Commission website.

Senate Bill 10 does the following:

- Creates a definition for “good standing” for nurses seeking to practice in Kentucky;
- Establishes rules for registered nurses and licensed practical nurses from another state with single state licenses;
- Provides for promulgating rules for licensing and temporary work permits for graduates of foreign nursing schools who endorse into Kentucky;
- Prohibits the Board of Nursing from restricting nursing school or nursing program student enrollment, if the school or program has at least an 80 percent average pass rate for the NCLEX;
- Establishes nursing education levels needed to teach at various types of nursing programs;
- Limits nursing board members to three consecutive terms;
- Makes board appointments subject to confirmation by the Senate;
- Requires board appointments to include two members from each of the six congressional districts;
- Limits board membership to include no more than six nurse educators; and
- Adds certified registered nurse anesthetist to the Board membership.

The Bill was introduced in the Senate on February 14, 2022, and it as filed on an emergency basis. The bill passed the Senate 36-0 on March 1, 2022, and was received in the House on the same date. On March 23, 2022, the Bill passed the House 93-1. The Bill passed the Senate on March 29, 2022 and was signed by the Governor on April 7, 2022. Because SB 10 was filed on an emergency basis, it became effective immediately.

### House Bill 188

House Bill 188 is an Act relating to Telehealth. It amends KRS 211.336 to:

- Bar professional licensure boards from prohibiting the delivery of telehealth services to residents of Kentucky who are temporarily located outside of Kentucky by health service providers credentialed in Kentucky;
- Bar professional licensure boards from prohibiting the delivery of telehealth services by health service providers credentialed in the person’s state of residence to nonresidents of Kentucky who are temporarily located in Kentucky; and
- Bar healthcare providers from being required to be physically present in their credentialing state to provide telehealth services to a person who is a resident of the same state.

The Bill was introduced in the House

January 4, 2022. The bill passed the Senate 94-0 on January 27, 2022, and was received in the Senate on the same date. On March 25, 2022, the Bill passed the Senate 91-0. It was signed by the Governor on March 31, 2022.

### House Bill 354

The status of the statutory provisions cited below may be verified on the Kentucky Legislative Research Commission website.

House Bill 354 proposed to do the following:

- Require that advanced practice registered nurses exempted from a Collaborative Agreement for Prescriptive Authority, Non-controlled Substances (CAPA-NS) include certified nurse practitioners, certified nurse midwives, and certified registered nurse anesthetists;
- Allow the Collaborative Agreement for Prescriptive Authority, Controlled Substances (CAPA-CS) to include limitations on drugs and amounts and requirements for the APRN to communicate with the physician before prescribing;
- Establish conditions for an APRN to prescribe controlled substances without a CAPA-CS after four years of controlled substance prescribing authority under a CAPA-CS;
- Require an APRN to confirm with the nursing board that the APRN’s license is in good standing before prescribing without a CAPA-CS;
- Set procedures for the nursing board’s license review, including promulgation of administrative regulations;
- Exempt an equivalently qualified out-of-state APRN from the CAPA-CS requirement to prescribe under licensure by endorsement;
- Prohibit an APRN from prescribing controlled substances without a CAPA-CS until the board has completed its review and notified the APRN in writing;
- Create a new section of KRS Chapter 194A to create the Controlled Substance Prescribing Boards Advisory Council within the Office of the Inspector General;
- Establish membership of the board; require meetings to discuss matters relating to the prescribing on controlled substances; require annual report..

The Bill was introduced in the House on January 25, 2022. On March 9, 2022, it was referred it to the full House, and passed by a vote of 84-8. The Bill was received by the Senate on March 14, 2022, and it was sent to Licensing and Occupations on March 29, 2022, where it died in committee.

### House Joint Resolution 5

The General Assembly strongly encourages mental health professional licensure boards, including the Board of Nursing, to either enter

into an interstate compact or to ease or establish reciprocity procedures to increase the mental health workforce in Kentucky. On February 2, 2022, the resolution was adopted in the House 90-0. On March 17, 2022, the Resolution was adopted by the Senate 36-0. On March. On March 25, 2022, the Bill was passed by 92-0. It was signed by the presidents of both the House and Senate on March 29, 2022 and signed by the Governor on April 8, 2022. Because HJR 5 was filed on an emergency basis, it became effective immediately.

### The End of Statutory and Regulatory Changes Implemented through Emergency Memoranda

On January 13, 2022, the General Assembly passed Senate Bill 25, which provided that the Commonweath’s boards and commissions return to normal operations on April 14, 2022. After that date, the Board of Nursing emergency memoranda issued during the state of emergency will no longer be in effect. The status of the statutory and regulatory provisions may be verified on the Kentucky Legislative Research Commission website.

- Statutes: <https://apps.legislature.ky.gov/law/statutes/chapter.aspx?id=38813>
- Regulations: <https://apps.legislature.ky.gov/law/kar/TITLE201.HTM>

### CAPA-CS & CAPA-NS Requirements Reinstated

Senate Bill 25 did not extend the suspension of the Collaborative Agreement for Prescriptive Authority (CAPA) requirements, and it ended on January 15, 2022. The APRNs had until Monday, February 14, 2022 to come into compliance with the reinstated collaborative agreement requirements under KRS 314.042(8, 10) and 201 KAR 20:057. APRN’s who had not met the one-year license requirement did not have their DEA registration retired. The APRNs did not forfeit their certification fee, but they are not able to prescribe controlled substances until the one-year requirement has been met.

### Withdrawal of Integrated Practicum Modifications for Students in RN and LPN Pre-licensure Education Programs

During the state of emergency, the 120-hour integrated practicum was not confined to a concentrated period of seven consecutive weeks. In addition, the simulation cap of 50% was suspended.

On April 14, 2022, the emergency provisions made to 201 KAR 20:320 regarding integrated practicums and simulation ended. Therefore, after this semester/quarter is completed, programs of nursing must again comply with the versions of 201 KAR 20:320 Section 2(9) and Section 3(1)(b), both of which had been modified by emergency memoranda.

The integrated practicum consists of a minimum of 120 clock hours of concentrated

clinical experience of direct patient care in a health care facility or health care organization; and the integrated practicum must be completed within a period of seven consecutive weeks while the governing institution is in session, and within seven months of graduation. See 201 KAR 20:320 Section 2(9). Moreover, a program of nursing may not use simulation for more than fifty percent of its total clinical hours required for graduation. See 201 KAR 20:320 Section 3(1)(b).

#### **Administrative Regulation Update**

##### **201 KAR 20:070/070E**

This regulation contains regards applications by examination. The amendments to this regulation miscellaneous provisions. The proposed amendments incorporate recent educational requirements under 201 KAR 20:215, and expand requirements for graduates of foreign programs of nursing to include passing a English proficiency exam under 201 KAR 20:480 before they are issued a provisional license. It also provides that graduates of nursing programs may take two attempts to pass the National Council Licensure Examination (NCLEX) before their provisional license is voided. However, it limits provisional licenses to be valid to a period of six months. The Governance Committee approved these changes on March 10, 2022. The Board met at a special called board meeting on March 25, 2022 and approved these revisions. The amendments were filed with Legislative Research Commission (LRC) regulations compiler on April 6, 2022, on an emergency basis. A public hearing date regarding the emergency filing has been tentatively set for May 23, 2022, and the comment period will end on May 31, 2022. A public hearing date for the ordinary regulation has been tentatively set for June 23, 2022, and the comment period will end on June 30, 2022.

##### **201 KAR 20:085**

This regulation contains miscellaneous provisions. This amendment would make the mandatory workforce data in renewal applications under 201 KAR 20:370 (see below) exempt from open records under KRS 61.878(1) (a). The Board approved these revisions February 17, 2022, and the amended regulation was filed with the LRC regulations compiler on March 9, 2022. A public hearing date has been tentatively set for May 23, 2022, and the comment period will end on May 31, 2022.

##### **201 KAR 20:110**

This regulation governs licensure by endorsement. The Governance Committee to proposed to amend provisions to update the length of the application time period to one year. The amendments also remove specific references to continuing education requirements, but refers the reader instead to the requirements in 201 KAR 20:215. The Board approved the recommended revisions to 201 KAR 20:110 on February 17, 2022. The Board approved these revisions February 17, 2022 and the regulation was filed with the LRC regulations compiler on March 9, 2022. A public hearing date has

been tentatively set for May 23, 2022, and the comment period will end on May 31, 2022.

##### **201 KAR 20:220**

The education committee approved the changes of the regulation on September 23, 2021 and it was reviewed by the Board on the October 28, 2021. The proposed amendment to 201 KAR 20:220 addresses online learning for providers of continuing education and updates the material incorporated by reference. The amendments were filed with the LRC on November 5, 2021. A public hearing date was set for January 24, 2022, and the comment period ended on January 31, 2022. Board staff received comments and an extension was requested to give the Board the opportunity to review those comments on February 17, 2022. No changes were made in response to the comments. The Statement of Consideration regarding not amending the regulation after comments was filed with LRC on March 9, 2022. On April 13, 2022, the regulation was considered by the Administrative Regulation Review Subcommittee (ARRS) and it was passed without questions.

##### **201 KAR 20:240**

This regulation regards fees and application expiration times. The amendments extend application for licensure by endorsement and reinstatement to one year. It was reviewed by the Board at a special meeting on March 25, 2022. The proposed amendments were filed with the LRC on March 30, 2022. A public hearing date has been tentatively set for June 23, 2022, and the comment period will end on June 30, 2022.

##### **201 KAR 20:260E**

Regulation 201 KAR 20:260 regulates the organization and administration standards for pre-licensure registered nurse or practical nurse programs of nursing. The emergency amendment, 201 KAR 20:260E, was filed to respond to Executive Order 2021-913. The Executive Order requires that the Board approve within 30 days requests to increase enrollment after the program of nursing demonstrates that it has the resources to support the enrollment increase. The emergency amendments to the regulation were filed with the LRC on January 11, 2022, and went into effect immediately. A public hearing date is set for February 21, 2022 and the comment period is set to end on February 28, 2022. Board staff received comments regarding this regulation and the Board reviewed those comments on February 17, 2022. No changes were made in response to the comments. The Statement of Consideration regarding not amending the regulation after comments were filed with LRC on March 9, 2022. In response to SB 10, which was signed by the Governor on April 7, 2022, 201 KAR 20:260E has been deferred to review and to reconcile discrepancies between the statute and regulation.

##### **201 KAR 20:280**

The amendment to 201 KAR 20:280 proposes to mandate accreditation for the initial approval of programs of nursing that

prepare graduates for admission to the licensure examination. The education committee approved the changes of the regulation on September 23, 2021 and they were reviewed by the Board on the October 28, 2021. The amendments were filed with the LRC Regulations Compiler on November 5, 2021. A public hearing date was set for January 24, 2022, and the comment period ended on January 31, 2022. Board staff received comments regarding this regulation and the Board reviewed those comments on February 17, 2022. No changes were made in response to the comments. The Statement of Consideration regarding not amending the regulation after comments were filed with LRC on March 9, 2022. On April 13, 2022, the regulation was considered by the ARRS and it was passed without questions.

##### **201 KAR 20:360**

The amendment to 201 KAR 20:360 proposes to mandate accreditation for the continuing approval programs of nursing that prepare graduates for admission to licensure examination. The education committee approved the changes of the regulation on September 23, 2021 and they were reviewed by the Board on October 28, 2021. The amendments were filed with the LRC on November 5, 2021. A public hearing date was set for January 24, 2022, and the comment period ended on January 31, 2022. Board staff received a hearing request on January 24, 2022, but no comments were made during the hearing. Board staff received written comments regarding this regulation and the Board reviewed them on February 17, 2022. No changes were made in response to the comments. The Statement of Consideration regarding not amending the regulation after comments was filed with LRC on March 9, 2022. On April 13, 2022, the regulation was considered by the ARRS and it was passed without questions.

##### **201 KAR 20:370**

This administrative regulation governs applications and included the applications included as material incorporated by reference (MIR).

The Governance Committee established a workgroup to revise the applications to make workforce data mandatory as part of the renewal process to understand the dynamics of nursing population in Kentucky. The workgroup met recommended changes to the applications on January 27, 2022 and recommended propose revisions to the applications. The Board approved these changes on February 17, 2022. The Board approved these revisions February 17, 2022. The regulation, along with the material incorporated by reference, was filed with the LRC regulations compiler on March 9, 2022. A public hearing date has been tentatively set for May 23, 2022, and the comment period will end on May 31, 2022.

##### **201 KAR 20:471, 201 KAR 20:472, 201 KAR 20:474, 201 KAR 20:476, & 201 KAR 20:478**

On November 5, 2020, the Dialysis Technician Council began reviewing 201 KAR

Continued from page <<17

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). Regulation 201 KAR 20:471 repeals 201 KAR 20:470.

On April 5, 2021, the Dialysis Technician Council voted to recommend adoption of the new regulations, as well as the modified material incorporated by reference. The recommendations were considered and approved by the Board on April 15, 2021. The regulations were filed with the LRC on May 19, 2021, to be considered in September of 2021 of the ARRS. However, board staff met with stakeholders on June 22, 2021, and they expressed concerns regarding the 201 KAR 20:472 and 474. A public hearing date had been set for the regulations on August 23, 2021. Stakeholders agreed to submit comments to be heard at a special called board meeting, instead. The stakeholders submitted comments by August 31, 2021, and the Board requested and extension from the legislature to consider those comments. The special board meeting was held on September 24, 2021, and the stakeholders addressed their concerns to the Board, which also considered their written comments. In response, counsel for the Board filed Statements

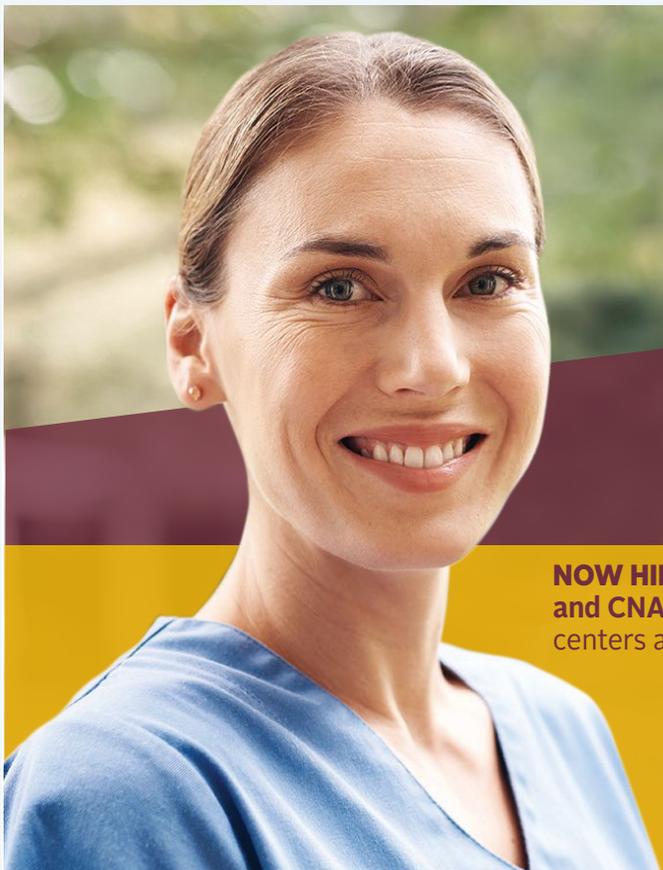
of Consideration regarding 201 KAR 20:272 and 201 KAR 20:474. Regulation 201 KAR 20:472 was amended in response to comments; but 201 KAR 20:474 was not. Counsel requested that the rest of the dialysis technician regulations be deferred to keep them together with the regulations still under consideration. On October 27, 2021, counsel received a letter from the stakeholders regarding other suggested changes, and met with them on November 5, 2021 to review the edits. Staff filed the Statements of Consideration with the Legislative Research Commission, and received the compilers comments on November 23, 2021. Counsel subsequently requested deferral of the regulations until after January 2022, in light of the compiler comments and discussions with stakeholders. On February 7, 2022, the ARRS considered the regulations. The committee did not defer the regulations, but questioned the basis for the fee increase in 201 KAR 20:472 to new Dialysis Technician programs. On March 9, 2022 the Senate Standing Committee on Health and Welfare considered the regulations. On March 10, 2022, the House Standing Committee on Health and Family Services considered the regulations, and passed them without questions. The regulations went into effect on March 10, 2022.

#### 201 KAR 20:480E/480

The governance committee approved the changes of the regulation on September 23, 2021 and it was reviewed by the Board on the October 28, 2021. The proposed amendment

to 201 KAR 20:480 removes the visa screen for credentialing. The amendments were filed with the LRC Regulations Compiler on November 5, 2021. A public hearing date was set for January 24, 2022, and the comment period was set to end on January 31, 2022. However, to expedite the implementation of the regulation, the ordinary version was withdrawn on January 31, 2022. The regulation was refiled with an emergency version on February 2, 2022. A public hearing was been set for March 21, 2022 and written comments were due by March 31, 2022. No comments were received. In response to SB 10, which was signed by the Governor on April 7, 2022, 201 KAR 20:260E has been deferred to review and reconcile discrepancies between the statute and the regulation.

*JEFFREY R. PRATHER is General Counsel of the Kentucky Board of Nursing. Previously, he served as a Staff Attorney Supervisor at the KBN. Before coming to KBN he worked as a staff attorney prosecuting criminal cases throughout Kentucky and as an appellate attorney with the Kentucky Office of the Attorney General. Mr. Prather holds a Juris Doctorate degree from the University of Louisville Law School and a Bachelor of Arts Degree from the University of Louisville. Mr. Prather has concentrated his practice in the areas of criminal law, guardianship, appellate law, and administrative law.*



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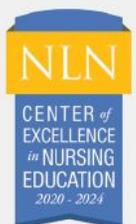
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## Advanced Practice Registered Nurses as Independent Practitioners in Kentucky

Members of the public, employers, and Advanced Practice Registered Nurses (APRNs) often ask the Board whether physician supervision is required for Kentucky APRNs. “None of the published scope and practice standards requires physician supervision. It has been the Board’s position and its interpretation of the applicable statutes and regulations, that APRNs independently perform advanced nursing practice. The APRN is individually responsible and accountable for his or her acts and decisions independent of the physician signing the APRN’s collaborative agreement for prescriptive authority. (KRS 314.021). Neither the statutes nor the regulations set forth a requirement of physician supervision. In our opinion, the APRN is an independent practitioner in Kentucky”. (<https://kbn.ky.gov/General/Documents/legal-opinion-aprns-as-independent-practitioners.pdf>).

The collaborative agreement is for prescribing purposes only, and does not affect

APRN practice as an independent practitioner.

A physician signature on your documentation does not remove your responsibility for the information contained in that documentation. A physician cannot “co-sign” prescriptions. This means all Kentucky APRN prescriptions must be compliant with current Kentucky APRN prescribing laws and regulations, as well as state and federal laws governing prescribers in general. Please also be aware that individuals who perform credentialing activities do not understand that APRN laws are different in each state. Do not allow your paperwork to be completed and submitted unless you take the time to review it before the credentialing staff submit it.

An APRN is personally accountable for individual skills and knowledge regarding scope of practice. Just because another APRN performs a particular procedure does not make it a legitimate part of an individual licensee’s scope of practice as an independent practitioner. Practice is always evolving. To aid APRNs in determining their appropriate scope of practice, the Board has developed guidelines for determining APRN scope

of practice: <https://kbn.ky.gov/practice/Documents/APRN%20Scope%20of%20Practice%20Decision%20Making%20Model.pdf>

The Board does not provide business advice. You do have several great resources for business information: <https://www.kcnpnm.org/>, <https://www.aanp.org/>. For practice and licensing questions, start with the APRN Scope of Practice Decision Model (<https://kbn.ky.gov/General/Documents/aprn-scope-of-practice-decision-making-model.pdf>). If you have further questions, contact the Board, <https://kbn.ky.gov/Pages/index.aspx>. There is a directory under “About”, then “Contact KBN”. We have licensing specialists (Credentials Branch) and practice specialists (Professional Support Branch). Remember, physicians and pharmacists are not always knowledgeable about the law concerning your APRN license. It is best to ask the Kentucky Board of Nursing, your licensing agency.

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On March 25, 2022, a jury convicted former registered nurse RaDonda Vaught of criminally negligent homicide and abuse of an impaired adult. The jury deliberated for approximately four hours before reaching their verdict. Ms. Vaught will be sentenced on May 13. She faces up to 12 years in prison.

Ms. Vaught was charged in February 2019 due to a medical error made in December 2017, while she was working as a nurse at Vanderbilt University Medical Center in Nashville, Tennessee.

Ms. Vaught withdrew a vial from an electronic medication cabinet, administered the drug to a 75-year-old patient, and failed to take actions that would have prevented a deadly error. The patient was supposed to get Versed a sedative intended to calm her before being scanned. But Vaught withdrew vecuronium, a powerful paralyzer, from an electronic medication cabinet and administered it. The drug stopped the patient's breathing and left her brain-dead before the error was discovered, Vaught overlooked warnings that would have prevented a deadly mistake.

Ms. Vaught was fired from the hospital and was indicted in 2019 on charges of reckless homicide and impaired adult abuse.

"According to documents filed in the case, Vaught initially tried to withdraw Versed from a cabinet by typing "VE" into its search function without realizing she should have been looking for its generic name, midazolam. When the cabinet did not produce Versed, Vaught triggered an "override" that unlocked a much larger swath of medications, then searched for "VE" again. This time, the cabinet offered vecuronium.

Vaught then overlooked or bypassed at least five warnings or pop-ups saying she was withdrawing a paralyzing medication, documents state. She also did not recognize that Versed is a liquid but vecuronium is a powder that must be mixed into liquid, documents state.

Finally, just before injecting the vecuronium, Vaught stuck a syringe into the vial, which would have required her to "look directly" at a bottle cap that read "Warning: Paralyzing Agent," the district attorney's documents state. Vaught acknowledges she performed an override on the cabinet. But she and others say overrides are a normal operating

procedure used daily at hospitals."

*In Nurse's Trial, Investigator Says Hospital Bears 'Heavy' Responsibility for Patient Death | Kaiser Health News (khn.org) by Brett Kelman (3/24/22).*

<https://khn.org/news/article/radonda-vaught-fatal-drug-error-vanderbilt-hospital-responsibility/>

*Becker's Hospital Review, March 26, 2022*

[https://www.beckershospitalreview.com/legal-regulatory-issues/former-vanderbilt-nurse-found-guilty.html?origin=BHRE&utm\\_source=BHRE&utm\\_medium=email&utm\\_content=newsletter&coly\\_enc\\_id=1827D0649690J7F](https://www.beckershospitalreview.com/legal-regulatory-issues/former-vanderbilt-nurse-found-guilty.html?origin=BHRE&utm_source=BHRE&utm_medium=email&utm_content=newsletter&coly_enc_id=1827D0649690J7F)

*Medscape Daily News, March 23, 2022.*

[https://www.medscape.com/viewarticle/970732?uac=127992FY&faf=1&ss=tr&ue&impID=4108785&src=WNL\\_dne1\\_220323\\_MSCPEDIT#vp\\_2](https://www.medscape.com/viewarticle/970732?uac=127992FY&faf=1&ss=tr&ue&impID=4108785&src=WNL_dne1_220323_MSCPEDIT#vp_2)

## Lessons to be learned from this tragic case:

1. Follow and verify the 5 Rights of Medication Administration, including checking generic drug names (right patient, right drug, right dose, right route, right time);
2. Avoid distractions while preparing medications
3. Do not routinely override automated dispensing cabinet (ADC) equipment;
4. Document medication administration
5. Assess your patient following medication administration
6. Report malfunctioning automated dispensing cabinet (ADC) equipment immediately;
7. Report medication errors immediately;
8. Report safety issues immediately to your manager and the appropriate safety director; and
9. Get involved in solving safety issues on your unit and in your hospital and promoting a just culture.



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# New CE Requirements for 2023

As a result of statutory changes made by the 2021 General Assembly, additional nursing continuing education requirements **MUST** be met by the 2023 renewal period. This article provides information so that as a nursing licensee (APRN, RN, LPN) you are aware you have one year to meet this requirement.

Currently, RN & LPN licensees must earn 14 contact hours for the annual renewal period and APRN licensees earn contact hours to maintain their certification status. Of those contact hours, 5 contact hours in pharmacology, addictions, and pain management are required. Now there are new requirements.

**New: One Time Content Specific Requirements in Suicide Prevention and Implicit Bias**

Effective January 13, 2022 all RNs, LPNs, and APRNs must complete the following contact hours in Suicide Prevention and Implicit Bias.

## SUICIDE PREVENTION

A minimum of 2 contact hours in suicide prevention which includes:

- 1 contact hour in suicide prevention generally; and
- 1 contact hour that addresses:
  - Chronic toxic stress and secondary traumatic stress potentially increasing the incidence of suicide amongst nurses;
  - A confidential and standardized pathway to care for nurses that addresses screening, assessing, safety planning, referrals, and follow-up for nurses at risk for suicide;
  - Systems of care, evidence-informed approaches, and best practices to

reduce suicide rates; and

- Ethical legal considerations for caring for patients and nurses who are suicidal.

## IMPLICIT BIAS

A minimum of 1.5 contact hours in implicit bias that addresses:

- The impact of historical racism and other forms of invidious discrimination on the provision of healthcare;
  - Methods of evaluating the presence and extent of implicit bias; and
  - Measures that may be taken to reduce implicit bias.
- 
- **Nurses who hold an active license on July 1, 2022 must complete the hours by July 1, 2023.**
  - **Nurses who obtain a license by examination, endorsement, or reinstatement after July 1, 2022 must complete these hours within 3 years of licensure.**

These are one-time requirements and will not need to be repeated. RNs and LPNs may apply these contact hours to their annual CE requirements for the earning period in which they are completed. APRNs will not be able to apply these hours to their annual CE requirements, as they do not include pharmacology content. These are additional one time continuing education requirements for the APRN.

Additional information on continuing education requirements is found at <https://kbn.ky.gov/Education/Pages/Continuing-Education-Competency.aspx>.

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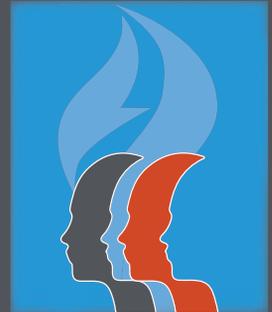
## Kentucky Nurses Association to offer mandatory CE programs starting May 1

### “Implicit Bias in Healthcare”

KBN #1-0001-12-22-121  
Contact Hours: 1.5

### “Nurse Suicide Prevention”

KBN #1-0001-12-22-122  
Contact Hours: 2.4



To save lives and meet KBN requirements, all nurses must complete these courses by July 1, 2023.

This is a one-time mandatory CE requirement.

The cost per course is \$5.00.

The KNA will offer a limited number of individually requested scholarships for those who are financially challenged.

<https://kna.sclivelearningcenter.com/mvsite/default.aspx>

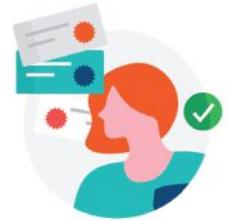


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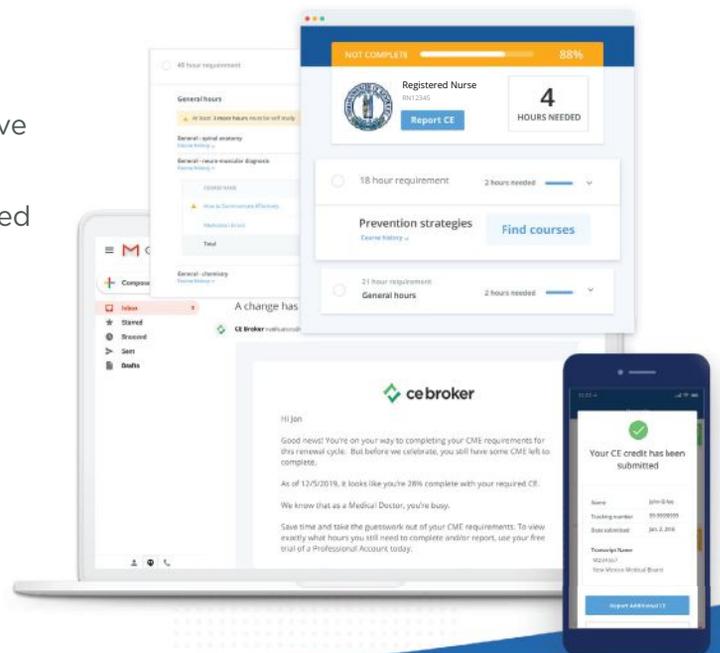
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# Summary of Board Actions

## Board Meeting – 12/17/21, 1/7/22, and 2/17/22

### 12/17/21

#### STAFF MEMBER RECOGNITIONS

The following KBN staff members were recognized:

- Shannon Whitlock was recognized for 20 years of service at KBN by Adam Ogle.
- Eric Velazquez was recognized for 10 years of service at KBN by Audria Denker.
- Jason Oney was recognized for 5 years of service at KBN by Jacob Higgins.

#### PRESIDENT'S REPORT

Jessica Wilson provided the President's Report, which included an update on the Governor's executive order related to the nursing shortage. She announced there will be a special board meeting on January 7 at 10:00 am to approve any emergency regulations to help ease the shortage.

#### Approval of new KBN logo

- IT WAS MOVED AND SECONDED TO ACCEPT THE NEW KBN LOGO CREATED BY DOE ANDERSON.

#### FINANCIAL OFFICER'S REPORT

- IT WAS MOVED AND SECONDED TO ACCEPT THE FINANCIAL OFFICER'S REPORT (DECEMBER 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 [Renewal period, ORBS, Process Improvements, NCSBN policy brief]; Social Media; Personal Care Attendant Registry; Personnel; Training for Board Members; Legal Update.

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

#### Advanced Practice Registered Nurse Council

##### Appointment

- IT WAS MOVED AND SECONDED TO ACCEPT THE KNA'S NOMINATION OF DANETTE CULVER, MSN, APRN, ACNS-BC, CCRN-K, RN-BC, TO THE APRN COUNCIL.

#### GENERAL COUNSEL'S REPORT

##### ATA College

- IT WAS MOVED AND SECONDED TO HAVE THE EDUCATION COMMITTEE REVIEW ATA COLLEGE AT ITS NEXT MEETING, AND REVIEW ITS PREVIOUS RECOMMENDATION REGARDING ATA'S PROGRAM STATUS.

#### 201 KAR 20:280 and 360 – Accreditation

Requirements – were presented for information only.

#### 201 KAR 20:472

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

- REGULATION COMPILER SPECIFIC REVISIONS TO SECTION 4(1)(A)(3)
- REGULATION COMPILER SPECIFIC REVISIONS TO SECTION 4(2)(A)(3)
- REGULATION COMPILER SPECIFIC REVISIONS TO SECTION 5(5)(A)(1-3)
- REGULATION COMPILER SPECIFIC REVISIONS TO SECTION 6(3)(H)
- REGULATION COMPILER SPECIFIC REVISIONS TO SECTION 7(1)
- DEFERRAL OF THE REGULATIONS UNTIL FEBRUARY TO BE CONSIDERED BY THE GENERAL ASSEMBLY

#### Administrative Regulation Status Report (ARRS 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 REPORTS OF THE OCTOBER 14, 2021 AND NOVEMBER 8, 2021 CREDENTIALS REVIEW PANEL MEETINGS, WHICH WERE APPROVED BY ACCLAMATION.

#### Credentials Review Panel Scope and Functions

- IT WAS MOVED AND SECONDED THAT THE 2021-2022 CREDENTIALS REVIEW PANEL SCOPE AND FUNCTIONS, WITH SPECIFIC REVISIONS, BE APPROVED.

#### EDUCATION COMMITTEE

Education Committee Report – November 8, 2021

- IT WAS MOVED AND SECONDED TO ACCEPT THE NOVEMBER 8, 2021 EDUCATION COMMITTEE REPORT, WHICH WAS APPROVED, AS AMENDED, BY ACCLAMATION. The following committee recommendations were moved and seconded and were approved by acclamation after discussion and presentation of background materials:

#### Bellarmine University – BSN

- THE REQUEST, DATED MAY 3, 2021, TO INCREASE THE BASELINE ENROLLMENT OF BELLARMINE UNIVERSITY'S BSN PROGRAM FROM 184 STUDENTS PER YEAR TO 212 STUDENTS PER YEAR BE ACCEPTED.

Anne Veno and Jana Bailey recused themselves from the discussion and vote.

#### Approval status within regulation

- BOARD STAFF CREATE, DISTRIBUTE AND PROVIDE THE FINDINGS FROM A SURVEY TO OTHER BOARDS OF NURSING TO COLLECT INFORMATION ON WHAT APPROVAL STATUSES ARE IN USE IN OTHER STATES
- BOARD STAFF DRAFT SOME LANGUAGE REGARDING BENCHMARKS TRIGGERING BOARD ACTION
- THAT THE BOARD CONSIDER DEFERRING REGULATIONS 201 KAR 20:280 AND 201 KAR 20:360 FOR TWO REASONS: A.) CONSIDERATION OF NCSBN ANNUAL REPORT TEMPLATE ADOPTION AND B.) CONSIDERATION OF REINTRODUCING A PROBATIONARY STATUS.

#### Bellarmine University – CRNA

- BELLARMINE UNIVERSITY – LANSING SCHOOL OF NURSING AND CLINICAL SCIENCES LETTER OF INTENT TO ESTABLISH AN ADDITIONAL CRNA PROGRAM TRACK, WITHIN THE DOCTOR OF NURSING PRACTICE (DNP) DEGREE PROGRAM BE GRANTED APPROVAL AND INVITED TO SUBMIT A PROPOSAL WITHIN ONE (1) YEAR OF THE DATE THE APPROVAL.

Anne Veno and Jana Bailey recused themselves from the discussion and vote.

#### Northern Kentucky University – Joint site visit

- THE SEPTEMBER 14-16, 2020 SITE VISIT REPORT FOR THE NORTHERN KENTUCKY UNIVERSITY BACCALAUREATE PROGRAM, HIGHLAND HEIGHTS, KY, BE ACCEPTED; AND
- THAT ONGOING APPROVAL STATUS TO THE NORTHERN KENTUCKY UNIVERSITY BACCALAUREATE PROGRAM, HIGHLAND HEIGHTS, KY BE GRANTED.
- ENSURE THAT THE APRN PROGRAM SECURES ALL NECESSARY PRECEPTORS FOR STUDENTS ENROLLED IN THE APRN PROGRAMS [REFERENCE: 201 KAR 20:062 SECTION 5]. A COMPLIANCE REPORT THAT DISCUSSES IMPLEMENTATION OF THE REQUIREMENT TO BE MET WILL BE SUBMITTED TO THE BOARD ON OR

BEFORE JUNE 1, 2022.

- GRANT APPROVAL TO THE NORTHERN KENTUCKY UNIVERSITY MASTER'S DEGREE PROGRAMS THAT LEAD TO APRN LICENSURE (FNP, ADULT-GERONTOLOGY ACUTE CARE, PSYCHIATRIC MENTAL HEALTH) IN NURSING AT NORTHERN KENTUCKY UNIVERSITY, HIGHLAND HEIGHTS, KENTUCKY, FOR 3 YEARS, EXTENDING TO JUNE 30, 2024.
- GRANT APPROVAL TO THE APRN CERTIFICATE PROGRAMS (ADULT-GERONTOLOGY ACUTE CARE, PSYCHIATRIC MENTAL HEALTH) AT NORTHERN KENTUCKY UNIVERSITY, HIGHLAND HEIGHTS, KENTUCKY, FOR 5 YEARS, EXTENDING TO JUNE 30, 2026.

**Beckfield College – Joint site visit**

- 1) THE FEBRUARY 24-26, 2021 JOINT SITE VISIT REPORT FOR BECKFIELD COLLEGE BSN PROGRAM, FLORENCE, KY, BE ACCEPTED; AND
- 2) THAT THE THIRTEEN REQUIREMENTS TO BE MET AS STATED IN THE FEBRUARY 24-26, 2021 JOINT SITE VISIT REPORT BE ACCEPTED:

- i. By June 1, 2022, Ensure simulation activities will be managed by a nurse who is academically and experientially qualified in the use of simulation, both in its pedagogical and technical aspects. [Ref: 201 KAR 20:320 Section 3(2)(b)(1-3)].
- ii. By June 1, 2022, Ensure the program of nursing shall have written rationale for the use and purpose of simulation within the curriculum. [Ref: 201 KAR 20:320 Section 3(2)(c)].
- iii. By June 1, 2022, Ensure the program of nursing shall have an orientation plan for faculty concerning simulation. [Ref: 201 KAR 20:320 Section 3(2)(d)].
- iv. By June 1, 2022, Ensure the program of nursing shall have a written procedure on the method of pre-briefing and debriefing each simulated activity. [Ref: 201 KAR 20:320 Section 3(2)(e)].
- v. By June 1, 2022, Ensure that Faculty, both didactic and clinical, that utilize simulation shall: Engage in on-going professional development in the use of simulation. [Ref: 201 KAR 20:320 Section 3(4)(b)].
- vi. By June 1, 2022, Ensure the simulation activities shall be linked to the program of nursing's course objectives and the programmatic outcomes. [Ref: 201 KAR 20:320 Section 3(4)(b)].
- vii. Ensure the program's Systematic Plan of Evaluation (SPE) reflects evidence of improvement based on an analysis of those results for the program's of nursing benchmarks. [201 KAR 20:320 Section 2(3)(c)].
- viii. Ensure that nurse faculty have and maintain

expertise in the clinical or functional area of responsibility. [Ref: 201 KAR 20:260 Section 2(3)(g) and Section 2(7)(h)].

- ix. Ensure the program administrator submits qualifications of nurse faculty and clinical instructors within 30 days of appointment. [Ref: 201 KAR 20:310 Section 4(1)].
  - x. Ensure preceptors have evidence of clinical competencies related to the area of assigned clinical teaching responsibilities. [Ref: 201 KAR 20:310 Section 3(3)].
  - xi. Ensure that when using preceptors, clinical instructors retain responsibility for student learning and confer with the preceptor and student for the purpose of monitoring and evaluating learning experiences. [Ref: 201 KAR 20:310 Section 3(4)].
  - xii. Ensure the documentation of orientation to the course, program outcomes, student learning objectives, evaluation methods to be utilized by the faculty, and documented role expectations of faculty, preceptor, and student are recorded. [Ref: 201 KAR 20:310 Section 3(5)].
  - xiii. Ensure a complete and official record of qualifications and workload are on file for each faculty member. [Ref: 201 KAR 20:310 Section 4(1)(b)].
- 3) THE REQUIREMENTS TO BE MET AS STATED IN THE FEBRUARY 24-26, 2021 SITE VISIT REPORT OF BECKFIELD COLLEGE BACCALAUREATE DEGREE NURSING PROGRAM, FLORENCE, KY, BE APPROVED AND TO SUBMIT QUARTERLY PROGRESS REPORTS WITH SUPPORTIVE EVIDENCE CONCERNING THE PROGRESS IN THE IMPLEMENTATION OF THE REQUIREMENTS TO BE MET BEGINNING JUNE 1, 2022 WITH A FOCUSED SITE VISIT R/T THE REQUIREMENTS TO BE MET FOR SPRING OF 2024.

**MedQuest College – Site visit**

- 1) THE AUGUST 23-26, 2021 SITE VISIT REPORT FOR MEDQUEST COLLEGE PRACTICAL NURSING (PN) PROGRAM, LEXINGTON, KY, BE ACCEPTED; AND THAT
- 2) THE REQUIREMENTS TO BE MET BE ACCEPTED AS WRITTEN IN THE AUGUST 23-26, 2021 SITE VISIT REPORT, WHICH ARE AS FOLLOWS:
  - i. Ensure that teaching learning resources are adequate to support program mission, processes, security, and outcomes by March 31, 2022. [Ref: 201 KAR 20:260 Section 2(1)3]
  - ii. The governing institutions shall provide written policies for faculty related to workload and establish a complete and official record of qualification and workload for each faculty member which is on file and available to the board upon request, by March

31, 2022. [Ref: 201 KAR 20:260 Section 2(1)7; 201 KAR 20:310 Section 4(1)(b)]

- iii. The governing institution shall involve the nurse faculty in determining academic policies and practices for the program of nursing by March 31, 2022. [Ref: 201 KAR 20:260 Section 2(1)8]
- iv. Ensure that the written contracts between the governing institution and each agency or institution that provides a learning experience for a student invests in the nurse faculty control of the student learning experiences subject to policies of the contractual parties by March 31, 2022. [Ref: 201 KAR 20:260 Section 2(2)(d)3]
- v. Ensure that the clinical facilities (used by students for clinical experiences) show evidence of approval by the appropriate accreditation, evaluation, or licensure bodies, if applicable, by March 31, 2022. [Ref: 201 KAR 20:260 Section 2(3)(h)3]
- vi. Ensure the development of long-range goals and objectives for the nursing program by March 31, 2022. [Ref: 201 KAR 20:260 Section 2(3)(l)]
- vii. Ensure that recruitment materials provide accurate and complete information to prospective students about the program by March 31, 2022. [Ref: 201 KAR 20:260 Section 2(3)(q)1--5; 201 KAR 20:340 Section 1(2)]
- viii. Develop a structure to allow nurse faculty to assist in the governance of the program by March 31, 2022. [Ref: 201 KAR 20:260 Section 2(3)(v)]
- ix. Ensure that the program of nursing posts a link provided by the board to the information published by the board pursuant to 201 KAR 20:360 Section 5(4) on its Web site and refers all individuals seeking information about the program to this link by March 31, 2022. [Ref: 201 KAR 20: 260 Section 2(3)(x); 201 KAR 20:360 Section 5(4)(b)]
- x. Ensure the system of official records includes documentation of minutes of faculty and committee meetings by March 31, 2022. [Ref: 201 KAR 20:260 Section 2(4)(b)]
- xi. Ensure that each preceptor has evidence of clinical competencies related to the area of assigned clinical teaching responsibilities by March 31, 2022. [Ref: 201 KAR 20:310 Section 3(3)]
- xii. Ensure documentation of preceptor orientation to the course, programs outcomes, student learning objectives, evaluation methods to be utilized by the faculty, and documented role expectation of faculty, preceptor, and student by March 31, 2022. [Ref: 201 KAR 20:310 Section 3(5)]
- xiii. Ensure that the development, implementation, evaluation, and revision of the curriculum is the responsibility of the nursing faculty including the program administrator with input from students, and that student opportunities to participate are created and established in written policies by March 31, 2022. [Ref: 201 KAR 20:320 Section 2(5)(a); 201 KAR 20:340 Section 2(3)(j)]

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- xiv. Ensure that a course syllabus is developed and implemented for each nursing course by faculty with input from students to include outcomes, planned instruction, learning activities, and method of evaluation with more defined and clearly outlined grading methods and number of exams for each course by June 30, 2022. [Ref: 201 KAR 20:320 Section 2(6)(d) and Section 2(6)(d)1] xv. Ensure the use of an external examination will not be utilized to determine a student's progression or graduation by March 31, 2022. [Ref: 201 KAR 20:320 Section 4(2)]
- xvi. Ensure that program of nursing student policies are accurate, clear, and consistently applied by March 31, 2022. [Ref: 201 KAR 20:340 Section 2(2)]
- xvii. Ensure that students and nurse faculty have access to instruction on the use of the library resources by March 31, 2022. [Ref: 201 KAR 20:350 Section 3(3)]
- xviii. Ensure that the use of technology enhances student learning and is appropriate for meeting the outcomes of the program, and ensure that students have access to, as well as instruction in the use of technology by March 31, 2022. [Ref: 201 KAR 20:350 Section 3(4)]
- xix. Ensure that there are sufficient technical and support services available to meet the needs of the nurse faculty and the students by March 31, 2022. [Ref: 201 KAR 20:350 Section 3 (5)]
- xx. Ensure that all students have comparable access to library and learning resources regardless of the student's location by March 31, 2022. [Ref: 201 KAR 20:350 Section 3(7)]
- xxi. Establish and document a system of acquisition and deletion that ensures currency and appropriateness of library resources by March 31, 2022. [Ref: 201 KAR 20:350 Section 3(8)]
- xxii. Ensure that the faculty engages in an evidence-based planning and evaluation process that incorporates a systemic review of the program of nursing that results in continuing improvement. This process shall result in an evaluation report that is submitted to the Board submitted by March 31, 2022 [Ref: 201 KAR 20:360 Section 3(3); 201 KAR 20:260 Section 2(7)(a)]
- xxiii. Ensure by June 30, 2022 that the evaluation report includes specific responsibilities for data collection methods, individuals, or groups responsible, frequency of data collection, indicators of achievement, findings, and outcomes for evaluating the following aspects of the program:
  - a. Organization and administration of the program of nursing;
  - b. Curriculum;
  - c. Resources, facilities, and services;
  - d. Teaching and learning methods including distance education,
  - e. Student achievement of program outcomes, and

- f. Clinical resources, including laboratory. [Ref: 201 KAR 20:360 Section 3(5)(a-d), (f) and (j)]
- 3) MEDQUEST COLLEGE PN PROGRAM, LEXINGTON, KY WILL REMAIN ON INITIAL STATUS, WITH QUARTERLY PROGRESS REPORTS ABOUT REQUIREMENTS TO BE MET TO BE SUBMITTED BEGINNING MARCH 31, 2022, AND WITH A FOCUSED SITE VISIT ON THE REQUIREMENTS TO BE MET, TO BE CONDUCTED IN SPRING 2023.

**University of Kentucky – Joint site visit**

- 1) THE MARCH 24-26, 2021 JOINT SITE VISIT REPORT FOR UNIVERSITY OF KENTUCKY BSN AND APRN PROGRAMS BE ACCEPTED, AS AMENDED, TO REMOVE THE REQUIREMENT TO BE MET;
- 2) ONGOING APPROVAL STATUS BE GRANTED TO THE UNIVERSITY OF KENTUCKY BACCALAUREATE PROGRAM, LEXINGTON, KY;
- 3) PER 201 KAR 20:062 SECTION 3(17) (A), UPON CONFIRMATION FROM THE CCNE BOARD OF COMMISSIONER OF CONTINUED ACCREDITATION THAT THE MASTER'S DEGREE PROGRAM IN NURSING, DOCTOR OF NURSING PRACTICE PROGRAM, AND POST-GRADUATE APRN CERTIFICATE PROGRAM AT THE UNIVERSITY OF KENTUCKY BE GRANTED ONGOING APPROVAL NOT TO EXCEED THAT WHICH IS GRANTED BY THE CCNE BOARD OF COMMISSIONERS AS DETERMINED DURING THE FALL 2021 REVIEW.

Jessica Wilson recused herself from the discussion and vote.

**Ashland Community and Technical College – Joint site visit**

- 1) THE SEPTEMBER 14 – 16, 2021 SITE VISIT REPORT OF ASHLAND COMMUNITY AND TECHNICAL COLLEGE ASSOCIATE DEGREE NURSING PROGRAM, ASHLAND,

- KY, BE ACCEPTED.
- 2) THE REQUIREMENTS TO BE MET AS STATED IN THE SEPTEMBER 14 – 16, 2021 SITE VISIT REPORT OF ASHLAND COMMUNITY AND TECHNICAL COLLEGE ASSOCIATE DEGREE NURSING PROGRAM, ASHLAND, KY, BE ACCEPTED:
- i. By March 31, 2022 ensure that the governing institution employs nurse faculty pursuant to 201 KAR 20: 310 in sufficient number and expertise to accomplish program outcomes and quality improvement, and that faculty shall have and maintain expertise in the clinical or functional area of responsibility. [Ref: 201 KAR 20:260 Section 2(1)6; and 201 KAR 20:310 Section 2(4)(d)]
- ii. By March 31, 2022 ensure that the governing institution provides written polices for faculty related criteria for evaluation of performance and workload, and a complete and official record of qualifications and workload for each faculty member. [Ref: 201 KAR 20:260 Section 2(1)7; and 201 KAR 20:310 Section 4(1)(b)]
- iii. By March 31, 2022 ensure a written plan for orientation of the nurse faculty to the governing institution and to the program is implemented and documentation of completion is maintained. [Ref: 201 KAR 20:260 Section 2(2)(c); and 201 KAR 20:260 Section 2(4)(c)2]
- iv. By June 30, 2022 ensure that the written contract between the governing institution and each agency or institution that provides a learning experience for a student invests in the nurse faculty control of the student learning experiences subject to policies of the contractual parties. [Ref: 201 KAR 20:260 Section 2(2)(d)3]
- v. By June 30, 2022 ensure that the clinical facilities utilized by the program show evidence of approval by the appropriate accreditation, evaluation, or licensure bodies, if applicable. [Ref: 201 KAR 20:260 Section 2(3)(h)3]
- vi. By March 31, 2022 ensure the establishment and adherence to written criteria for the selection of clinical facilities utilized by the program. [Ref: 201 KAR 20:260 Section 2(3)(s); and 201 KAR

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- 20:260Section 2(7)(j)]
- vii. By June 30, 2022 ensure that each preceptor has evidence of clinical competencies related to the area of assigned clinical teaching responsibilities. [Ref: 201 KAR 20: 310 Section 3(3)]
  - viii. By June 30, 2022 ensure documentation of preceptor orientation to the course, program outcomes, student learning objectives, evaluation methods to be utilized by the faculty, and documented role expectations of faculty, preceptor, and student. [Ref: 201 KAR 20:310 Section 3(5)]
  - ix. By June 30, 2022 ensure clear and detailed documentation that each student completes the integrated practicum. [Ref: 201 KAR 20: 320 Section 2(9)(a)]
  - x. By March 31, 2022 ensure the program of nursing has a written procedure on the method of pre-briefing and debriefing each simulated activity. [Ref: 201 KAR 20:320 Section 3(2)(e)]
  - xi. By March 31, 2022 ensure faculty, both didactic and clinical, that utilize simulation shall have training in the use of simulation. [Ref: 201 KAR 20:320 Section 3(4)(a)]
  - xii. By March 31, 2022 ensure that simulation activities are linked to the program of nursing's course objectives and the programmatic outcomes. [Ref: 201 KAR 20:320 Section 3(5)]
  - xiii. By March 31, 2022 ensure that benchmarks for the pass rate of first time NCLEX test takers who tested within twelve (12) months of program completion, and the program graduation rates are met, and if not submit an up-to-date report that examines the factors that contributed to the failure to meet and a description of the corrective measure to be implemented. [Ref: 201 KAR 20:360 Section 4(1) and (2); and Section 5(3)]
- 3) THE ASHLAND COMMUNITY AND TECHNICAL COLLEGE ASSOCIATE DEGREE NURSING PROGRAM, ASHLAND, KY, CONTINUE ON APPROVAL STATUS, WITH QUARTERLY PROGRESS REPORTS REGARDING THE REQUIREMENTS TO BE MET, WITH FIRST REPORT SUBMITTED BEGINNING MARCH 30, 2022; AND
- 4) A FOCUSED SITE VISIT OF ASHLAND COMMUNITY AND TECHNICAL COLLEGE'S ADN PROGRAM, ASHLAND KY, BE CONDUCTED ON THE REQUIREMENTS TO BE MET IN SPRING 2023.

**Spalding University – Extension of interim program administrator**

- THE REQUEST FROM SPALDING UNIVERSITY TO EXTEND THE INTERIM PROGRAM ADMINISTRATOR POSITION BE APPROVED.

**PRACTICE COMMITTEE**

**Practice Committee November 8, 2021 Report**

- IT WAS MOVED AND SECONDED

TO ACCEPT THE NOVEMBER 8, 2021 PRACTICE COMMITTEE REPORT, 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:

**Advisory Opinions Not Incorporated into Advisory Opinion Statements Review**  
**THE FOLLOWING ADVISORY OPINIONS, AS PRESENTED, BE REAFFIRMED:**

**Bowel And Bladder Program Care As Issued October 2018**

- IT IS WITHIN THE SCOPE OF PRACTICE FOR THE LPN, RN, OR APRN, WHO IS EDUCATIONALLY PREPARED AND CLINICALLY COMPETENT, TO PERFORM BOWEL AND BLADDER PROGRAM CARE INCLUDING INTERMITTENT URINARY CATHETERIZATION AND DIGITAL RECTAL STIMULATION. THESE ACTS ARE CONSIDERED TO BE NURSING TASKS.
- AN RN OR APRN MAY DELEGATE THESE TASKS TO UNLICENSED PERSONNEL WHO ARE TRAINED AND COMPETENT TO PERFORM THE TASKS UNDER AN ESTABLISHED PLAN OF CARE DEVELOPED AFTER AN ASSESSMENT

OF THE PATIENT BY AN RN, APRN, OR PHYSICIAN.

- UNDER KRS 205.900(3), 910 KAR 1:090, AND AOS #15, THESE TASKS ARE NOT CONSIDERED TO BE THE PRACTICE OF NURSING WHEN THE PERFORMANCE IS DIRECTED BY THE CLIENT, THE CLIENT'S FAMILY, THE CLIENT'S LEGAL GUARDIAN, OR THE CLIENT/CLIENT FAMILY/LEGAL GUARDIAN'S DELEGATE.
- AN RN OR APRN, WHO IS EDUCATIONALLY PREPARED AND CLINICALLY COMPETENT IN THE PERFORMANCE OF BOWEL AND BLADDER PROGRAM TASKS, MAY TRAIN UNLICENSED INDIVIDUALS IN THE PERFORMANCE OF BOWEL AND BLADDER PROGRAM RELATED TASKS.
- IT IS NOT WITHIN THE SCOPE OF PRACTICE FOR AN LPN TO TRAIN UNLICENSED INDIVIDUALS IN THE PERFORMANCE OF BOWEL AND BLADDER PROGRAM RELATED TASKS.

**Paracentesis As Issued February 2019**

- THE LICENSED PRACTICAL NURSE PROVIDES ASSISTANCE TO THE PHYSICIAN, PHYSICIAN ASSISTANT, OR APRN DURING PARACENTESIS. IT IS NOT WITHIN THE SCOPE OF PRACTICE

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U.S. Department of Veterans Affairs  
Veterans Health Administration

OF THE LPN TO MONITOR A PATIENT NOR TO ADJUST, OR REMOVE A PARACENTESIS CATHETER.

- IT IS WITHIN THE SCOPE OF PRACTICE OF A REGISTERED NURSE WHO IS EDUCATIONALLY PREPARED AND CLINICALLY COMPETENT TO ASSIST THE PHYSICIAN, PHYSICIAN ASSISTANT, OR APRN IN THE PERFORMANCE OF A PARACENTESIS PROCEDURE, AND TO MONITOR THE PATIENT ONCE THE CATHETER HAS BEEN INSERTED BY A PHYSICIAN, PHYSICIAN ASSISTANT, OR APRN AND TO REMOVE THE CATHETER.
- IT IS NOT WITHIN THE SCOPE OF PRACTICE OF A REGISTERED NURSE TO ADJUST THE PARACENTESIS CATHETER.
- IT IS WITHIN THE SCOPE OF PRACTICE FOR AN ADVANCED PRACTICE REGISTERED NURSE, WHO IS EDUCATIONALLY PREPARED AND CLINICALLY COMPETENT, TO PERFORM ULTRASOUND-GUIDED PARACENTESIS PROCEDURES.

**Thoracentesis As Issued June 2019**

- IT IS WITHIN THE SCOPE OF PRACTICE OF A REGISTERED NURSE WHO IS EDUCATIONALLY PREPARED AND CLINICALLY COMPETENT TO REMOVE A THORACENTESIS CATHETER AFTER IT HAS BEEN INSERTED.
- THE PHYSICIAN, PHYSICIAN ASSISTANT, OR APRN MUST REMAIN ONSITE DURING REMOVAL OF THE THORACENTESIS CATHETER BY THE REGISTERED NURSE, MONITORING FOR AN ADVERSE OUTCOME.
- IT IS WITHIN THE SCOPE OF PRACTICE OF AN APRN WHO IS EDUCATIONALLY PREPARED AND CLINICALLY COMPETENT TO PERFORM THORACENTESIS PROCEDURES.

**Therapeutic Phlebotomy, RN Nursing Practice As Issued June 2016**

- THE PERFORMANCE OF THERAPEUTIC PHLEBOTOMY (REMOVAL OF A LARGE VOLUME OF BLOOD VIA A CENTRAL VENOUS ACCESS DEVICE), IS WITHIN THE SCOPE OF THE REGISTERED NURSING PRACTICE FOR THE NURSE WHO IS EDUCATIONALLY PREPARED AND CLINICALLY COMPETENT IN THE PERFORMANCE OF THE PROCEDURE.
- THE PERFORMANCE OF THERAPEUTIC PHLEBOTOMY SHOULD BE IN ACCORDANCE WITH DOCUMENTED FACILITY POLICY AND PROCEDURE AS WELL AS CURRENT EVIDENCE BASED PRACTICE.

**Gastric Band Adjustment, RN And LPN Scope Of Practice As Issued In October And December 2014**

- IT IS WITHIN THE SCOPE OF REGISTERED NURSING PRACTICE FOR AN RN WHO IS EDUCATIONALLY PREPARED AND CURRENTLY CLINICALLY COMPETENT TO PERFORM GASTRIC BAND ADJUSTMENTS UNDER THE SUPERVISION OF A PHYSICIAN OR APRN. THERE SHOULD BE DOCUMENTED EVIDENCE OF THE REGISTERED NURSE'S EDUCATIONAL PREPARATION AND CURRENT CLINICAL COMPETENCE. THE RN SHOULD FOLLOW WRITTEN POLICY AND PROCEDURES AND EVIDENCE-BASED PROTOCOLS AGREED UPON BY THE MEDICAL AND NURSING STAFF AND FORMALLY ADOPTED BY THE FACILITY, ORGANIZATION OR PRACTICE.
- THE PERFORMANCE OF GASTRIC BAND ADJUSTMENT IS WITHIN THE SCOPE OF PRACTICE OF THE RN THE PERFORMANCE OF GASTRIC BAND ADJUSTMENT IS NOT WITHIN THE SCOPE OF LICENSED PRACTICAL NURSING PRACTICE.

**Dynamic Endocrine Testing, LPN Scope Of Practice As Issued April 2015**

- IT IS WITHIN THE SCOPE OF LICENSED PRACTICAL NURSING PRACTICE FOR AN LPN, WHO IS EDUCATIONALLY PREPARED AND CURRENTLY CLINICALLY COMPETENT TO PERFORM DYNAMIC ENDOCRINE TESTING UNDER THE ONSITE SUPERVISION OF A PHYSICIAN, APRN OR REGISTERED NURSE IN ACCORDANCE WITH 201 KAR 20:490 LICENSED PRACTICAL NURSE INTRAVENOUS THERAPY SCOPE OF PRACTICE.
- THERE SHOULD BE DOCUMENTED EVIDENCE OF THE LPN'S EDUCATIONAL PREPARATION AND CURRENT CLINICAL COMPETENCE.
- THE LPN WOULD BE EXPECTED TO FOLLOW WRITTEN POLICY AND PROCEDURES AND EVIDENCE-BASED PROTOCOLS AGREED UPON BY THE MEDICAL AND NURSING STAFF AND FORMALLY ADOPTED BY THE FACILITY OR ORGANIZATION.

**Klonopin™ (Clonazepam) Wafers As Issued December 2017**

- IT IS WITHIN THE SCOPE OF THE PRACTICE OF REGISTERED NURSES TO DELEGATE THE MEDICATION ADMINISTRATION OF KLONOPIN (CLONAZEPAM) WAFERS FOR SEIZURE

MANAGEMENT TO UNLICENSED ASSISTIVE PERSONNEL.

KBN staff were asked to review regulations related to administration of medication in a school setting and advise members of any changes that are relevant to this opinion.

**Administration Of Radiopharmaceuticals RN Scope Of Practice As Issued June 2017**

- THE PATIENT EDUCATION, HANDLING, PREPARATION, AND ADMINISTRATION BY VARIOUS ROUTES (INTRAVENOUS, INHALATION, ORAL, INTRACAVITY, INTRATHECAL, SUBCUTANEOUS, AND INTRADERMAL) OF RADIOPHARMACEUTICALS IS WITHIN THE SCOPE OF REGISTERED NURSING PRACTICE FOR THE REGISTERED NURSE WHO IS EDUCATIONALLY PREPARED AND CURRENTLY CLINICALLY COMPETENT.
- THE REGISTERED NURSE SHALL HAVE DOCUMENTED EVIDENCE OF COMPLETION OF CONTINUING EDUCATION, WHICH PROVIDES FOR CLINICAL PRACTICE AND DEMONSTRATION OF COMPETENCY IN THE PERFORMANCE OF SUCH PROCEDURE.
- THE REGISTERED NURSE IS RESPONSIBLE TO MAINTAIN DOCUMENTATION OF EDUCATIONAL PREPARATION AND FOR MAINTAINING CURRENT CLINICAL COMPETENCE.
- THE REGISTERED NURSE WOULD NEED TO BE AWARE OF HIS/HER OWN SAFETY AS WELL AS THAT OF THE PATIENT BY APPLYING KNOWLEDGE OF TIME, DISTANCE, AND SHIELDING IN ADMINISTERING THE RADIOPHARMACEUTICALS.

**The Quarterly Practice Inquiries report was provided for information only.**

CONSUMER PROTECTION COMMITTEE

- IT WAS MOVED AND SECONDED TO ACCEPT THE NOVEMBER 8, 2021 CONSUMER PROTECTION COMMITTEE REPORT, AS AMENDED, WHICH WAS APPROVED BY ACCLAMATION. ADVANCED PRACTICE REGISTERED NURSE COUNCIL
- IT WAS MOVED AND SECONDED TO ACCEPT THE NOVEMBER 19, 2021 ADVANCED PRACTICE REGISTERED NURSE COUNCIL REPORT, WHICH WAS APPROVED BY ACCLAMATION.

**APRN Council Objectives**

- IT WAS MOVED AND SECONDED TO ACCEPT THE 2021-2022 APRN COUNCIL



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**OBJECTIVES, AS PRESENTED**

**APRN Council scope and functions**

- IT WAS MOVED AND SECONDED TO ACCEPT THE 2021-2022 APRN COUNCIL SCOPE AND FUNCTIONS, AS PRESENTED

**AOS 42: Telehealth and Nursing**

- IT WAS MOVED AND SECONDED THAT ADVISORY OPINION STATEMENT #42 TITLED "TELEHEALTH AND NURSING", AS REVISED, BE APPROVED.

**GOVERNANCE COMMITTEE**

- IT WAS MOVED AND SECONDED TO ACCEPT THE NOVEMBER 8, 2021 GOVERNANCE COMMITTEE REPORT, WHICH WAS APPROVED BY ACCLAMATION.

**STRATEGIC PLAN**

- IT WAS MOVED AND SECONDED TO ACCEPT THE STRATEGIC PLAN.

**ACTION ON LICENSES**

- IT WAS MOVED AND SECONDED THAT TWO ORDERS DISCUSSED IN CLOSED SESSION BE ADOPTED, WHICH WERE 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.

**1/7/22**

**SWEARING IN OF NEW BOARD MEMBER**

Jane Smith was sworn in by General Counsel, Jeff Prather, as a Citizen-at-Large member. Ms. Smith fills the vacancy created by Christina Perkins's term expiration.

**NEW BUSINESS**

Jessica Wilson, KBN Board President, explained that the Board will consider an emergency regulation related to 201 KAR 20:260. If approved, the regulation will be filed in response to the Governor's executive order related to the statewide nursing shortage.

1. KBN response to Executive Order related to nursing shortage

Consideration of 201 KAR 20:260E

KBN General Counsel, Jeff Prather, presented 201 KAR 20:260E, and explained that the proposed revisions bring the regulation in line with Governor Beshear's Executive Order.

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

- SPECIFIC REVISIONS TO SECTION 3:
  - o SECTION 3 (P)(2)(A)
  - o SECTION 3 (P)(2)(B)
  - o SECTION 3 (P)(A AND B)
- SPECIFIC REVISIONS TO SECTION 4 (P)(B)

2. Consideration of date change for March Committee meetings

KBN staff recommended changing the date of the March committee meetings to avoid conflicting with the NCSBN mid-year conference.

- IT WAS MOVED AND SECONDED TO

ACCEPT THE RECOMMENDATION TO MOVE THE MARCH COMMITTEE MEETINGS TO MARCH 10, 2022.

**2/17/22**

**PRESIDENT'S REPORT**

No report

**FINANCIAL OFFICER'S REPORT**

- IT WAS MOVED AND SECONDED TO ACCEPT THE FINANCIAL OFFICER'S REPORT (FEBRUARY 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 [Renewal period, ORBS, Process Improvements]; Legislative Update, Social Media; Personnel; Training for Board Members; Legal Update.

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

**Informational Items**

Kelly Jenkins reported that Jonathan Van Lahr has been appointed to the Advanced Practice Registered Nurse Council by the Board of Pharmacy. The 2021 NCSBN Journal of Nursing Regulation Environmental Scan was provided for information only.

**GENERAL COUNSEL'S REPORT**

Comments received during comment period, regarding pending regulations: 201 KAR 20:220; 260E; 280; 360

Jeff Prather, General Counsel, provided an overview of the comments received regarding pending regulations: 201 KAR 20:220; 260E; 280; 360.

The regulations (201 KAR 20:220; 260E; 280; 360) will remain as filed with the LRC.

**201 KAR 20:480**

Jeff Prather explained that 201 KAR 20:480 has been withdrawn and refiled as an emergency regulation, and once filed will be effective immediately. KBN is also going through the normal regulation filing process with the same regulation so that it will be effective when the emergency regulation ends.

Administrative Regulation Status Report (ARRS 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 REPORTS OF THE DECEMBER 16, 2021 AND JANUARY 20, 2022 CREDENTIALS REVIEW PANEL MEETINGS, WHICH WERE APPROVED BY ACCLAMATION.

**EDUCATION COMMITTEE**

**Education Committee Report – January 20, 2022**

- IT WAS MOVED AND SECONDED TO ACCEPT THE JANUARY 20, 2022 EDUCATION COMMITTEE REPORT,

WHICH WAS APPROVED, AS AMENDED, BY ACCLAMATION. The following committee recommendations were moved and seconded and were approved by acclamation after discussion and presentation of background materials:

**University of Louisville – Proposal for CRNA Track**

- 1) THE UNIVERSITY OF LOUISVILLE'S PROPOSAL TO ESTABLISH AN ADDITIONAL CRNA PROGRAM TRACK WITHIN THE DNP DEGREE PROGRAM IN LOUISVILLE, JEFFERSON COUNTY, KENTUCKY, SUBMITTED ON NOVEMBER 1, 2021, BE ACCEPTED; AND

- 2) THE UNIVERSITY OF LOUISVILLE BE APPROVED TO ESTABLISH A CRNA PROGRAM TRACK WITHIN THE DNP DEGREE PROGRAM WITH DEVELOPMENTAL STATUS

Mandi Walker and Jana Bailey recused themselves from the vote.

**Southcentral KY CTC PN and ADN Site Visit Report**

- 1) THE MARCH 22-25, 2021, SITE VISIT REPORT BE ACCEPTED FOR THE FOLLOWING SOUTHCENTRAL KENTUCKY CTC PROGRAMS:

- a. SKYCTC ADN: MEEP/ACADEMIC CAREER MOBILITY CURRICULUM, BOWLING GREEN, KY
- b. SKYCTC ADN: MEEP/ACADEMIC MOBILITY CURRICULUM, GLASGOW, KY
- c. SKYCTC AND LPN PROGRAM, GLASGOW, KY;

- 2) CONTINUING APPROVAL STATUS BE GRANTED TO THE FOLLOWING SOUTHCENTRAL KENTUCKY CTC PROGRAMS:

- a. SKYCTC ADN: MEEP/ACADEMIC CAREER MOBILITY CURRICULUM, BOWLING GREEN, KY
- b. SKYCTC ADN: MEEP/ACADEMIC MOBILITY CURRICULUM, GLASGOW, KY
- c. SKYCTC AND LPN PROGRAM, GLASGOW, KY

**Hopkinsville Community College PN Site Visit Report**

- 1) THE SEPTEMBER 21-23 & 27, 2021, SITE VISIT REPORT OF HOPKINSVILLE COMMUNITY COLLEGE PN PROGRAM, HOPKINSVILLE, KY BE ACCEPTED; AND

- 2) THE REQUIREMENTS TO BE MET BE ACCEPTED AS WRITTEN IN THE SEPTEMBER 21-23 & 27, 2021 SITE VISIT REPORT, WHICH ARE AS FOLLOWS:

- a. Ensure that the governing institution employs nurse faculty pursuant to 201 KAR 20: 310 in sufficient number and expertise to accomplish program outcomes and quality improvement, and that faculty shall have and maintain expertise in the clinical or functional area of responsibility. [Ref: 201 KAR 20:260 Section 2(1)6; and 201 KAR 20:310 Section 2(4)(d)]

- b. Ensure that the written contract between the governing institution and each agency or institution that provides a learning experience for a student invests in the nurse faculty control of the student learning experiences subject to policies of the contractual parties. [Ref: 201 KAR 20:260 Section 2(2)(d)3]
  - c. Ensure that nurse faculty have the authority and responsibility to develop and implement student evaluation methods and tools for each course that measure the progression of the student's cognitive, affective, and psychomotor achievement of course and clinical outcomes based on published rubrics and sound rationale. [Ref: 201 KAR 20:260 Section 2(7)(g)]
  - d. Ensure the curriculum plan is logical and sequential and demonstrates an increase in difficulty and complexity as the student progresses through the program. [Ref: 201 KAR 20:320 Section 2(5)(e)]
  - e. Ensure that the faculty are adequate in number to implement the curriculum as determined by program outcomes, course objectives, the level of the students, the number of students and classes admitted annually, and the educational technology utilized. [Ref: 201 KAR 20:310 Section (1)(b)]
  - f. Ensure the nurse faculty has documented preparation in educational activities in the area of teaching and learning principles for adult education, including curriculum development and implementation. The preparation shall be acquired through planned faculty in-service learning activities, continuing education offerings, or academic courses. [Ref: 201 KAR 20:310 Section 2(4)(e)]
  - g. Ensure that nurse faculty hired without prior teaching experience have an educational development plan implemented. [Ref: 201 KAR 20:310 Section 2(4)(f)]
  - h. Ensure the program of nursing has a written procedure on the method of pre-briefing and debriefing for each simulated activity. [Ref: 201 KAR 20:320 Section 3(2)(e)]
  - i. Ensure that simulation activities are linked to the program of nursing's course objectives and the programmatic outcomes. [Ref: 201 KAR 20:320 Section 3(5)];
- 3) THAT HOPKINSVILLE CC PN PROGRAM OF NURSING IN HOPKINSVILLE, KY, CONTINUE APPROVAL STATUS WITH QUARTERLY PROGRESS REPORTS TO BE SUBMITTED BEGINNING MAY 31, 2022.
- Hopkinsville Community College ADN Site Visit Report**
- 1) THE SEPTEMBER 21-23 & 27, 2021, JOINT SITE VISIT REPORT OF HOPKINSVILLE COMMUNITY COLLEGE ADN PROGRAM, HOPKINSVILLE, KY BE ACCEPTED; AND
  - 2) THE REQUIREMENTS TO BE MET BE ACCEPTED AS WRITTEN IN THE SEPTEMBER 21-23 & 27, 2021 SITE VISIT

REPORT, WHICH ARE AS FOLLOWS:

- A) Ensure that the written contract between the governing institution and each agency or institution that provides a learning experience for a student invests in the nurse faculty control of the student learning experiences subject to policies of the contractual parties. [Ref: 201 KAR 20:260 Section 2(2)(d)3]
  - B) Ensure that nurse faculty have the authority and responsibility to develop and implement student evaluation methods and tools for each course that measure the progression of the student's cognitive, affective, and psychomotor achievement of course and clinical outcomes based on published rubrics and sound rationale. [Ref: 201 KAR 20:260 Section 2(7)(g)]
  - C) Ensure the curriculum plan is logical and sequential and demonstrates an increase in difficulty and complexity as the student progresses through the program. [201 KAR 20:320 Section 2(5)(e)]
  - D) Ensure the program of nursing has a written procedure on the method of pre-briefing and debriefing for each simulated activity. [Ref: 201 KAR 20:320 Section 3(2)(e)]
  - e) Ensure that simulation activities are linked to the program of nursing's course objectives and the programmatic outcomes. [Ref: 201 KAR 20:320 Section 3(5)]
  - f) Ensure that the program graduation rate benchmark is met, and if not submit by May 31, 2022, a report that examines the factors that contributed to the failure to meet graduation benchmarks and a description of the corrective measure to be implemented. [Ref: 201 KAR 20:360 Section 4(4) and Section 5(3)]
- 3) THAT THE HOPKINSVILLE COMMUNITY COLLEGE ASSOCIATE DEGREE PROGRAM NURSING HOPKINSVILLE, KY CONTINUE APPROVAL STATUS WITH QUARTERLY PROGRESS REPORTS TO BE SUBMITTED BEGINNING MAY 31, 2022.
- Spalding University BSN Site Visit Report**
- 1) THE OCTOBER 5-7, 2021, SITE VISIT REPORT OF SPALDING UNIVERSITY SCHOOL OF NURSING PRELICENSURE BSN PROGRAM, LOUISVILLE, KY BE ACCEPTED.
  - 2) THAT THE REQUIREMENTS TO BE MET AS STATED IN THE OCTOBER 5-7, 2021, SITE VISIT REPORT OF SPALDING UNIVERSITY SCHOOL OF NURSING PRELICENSURE BSN PROGRAM, LOUISVILLE, KY, BE APPROVED, WHICH ARE AS FOLLOWS:
    - a. Ensure that the Kentucky Board of Nursing is notified in writing of a vacancy or pending vacancy in the position of the Program Administrator within thirty days of the program's awareness of the change, vacancy, or pending vacancy. [Ref: 201 KAR 20:260 Section 2(2)(b)1-3]
    - b. Ensure that written program policies state the

- requirements for completion of the program including the total number of clinical hours, and that the curriculum is developed and implemented pursuant to 201 KAR 20:320. [201 KAR 20:260 Section 2(3)(w); 201 KAR:260 Section 2(3)(f)4]
- c. Ensure that written program policies are established for the periodic evaluation by the nursing faculty of each nursing student's progress in the course and in the program. [201 KAR 20:260 Section 2(3)(f)8]
- d. Ensure that written criteria are established for the selection and evaluation of clinical facilities and ensure that the program of nursing utilizes the criteria. [201 KAR 20:260 Section 2(3)(h)2; 201 KAR 20:260 Section 2(3)(s); and 201 KAR 20:260 Section 2(7)(j)]
- e. Ensure the development and maintenance of an environment conducive to the teaching and learning process. [201 KAR 20:260 Section 2(3)(k)]
- f. Ensure that nurse faculty has sufficient time to accomplish those activities related to the teaching-learning process and program outcomes. [201 KAR 20:260 Section 2(3)(n)]
- g. Ensure that recruitment materials provide accurate and complete information to prospective students about the program. [201 KAR 20:260 Section 2(3)(q)2,4, and 5]
- h. Ensure the Program Administrator conducts or participates in the written evaluation of each clinical instructor, according to published criteria, regardless of contractual or tenured status. [201 KAR 20:260 Section 2(3)(r)]
- i. Ensure that nurse faculty, full-time and part-time, have the authority and responsibility to:
  - i. Assist in the design, implementation, evaluation and updating of the curriculum using a written plan;
  - ii. Participate in the development, implementation, evaluation, and updating of the policies for student admission, progression, and graduation in keeping with the policies of the governing institution;
  - iii. Provide theoretical instruction and clinical experiences;
  - iv. Evaluate student achievement of curricular outcomes related to nursing knowledge and practice;
  - v. Develop and implement student evaluation methods and tools for each course that measure the progression of the student's cognitive, affective, and psychomotor achievement of course and clinical outcomes based on published rubrics and sound rationale;
  - vi. Communicate clinical outcomes to the student, clinical instructor, preceptor, and staff at the clinical site, and
  - vii. Evaluate the student's experience, achievement, and progress in relation to course and clinical outcomes with input from the clinical instructor and preceptor, if applicable. [201 KAR 20:260 Section 2(7)(b,c,e,f,g,I and k)]
- j. Ensure clinical instructors have the authority and

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- responsibility to clarify with the nurse faculty member the course or clinical outcomes, and the course/clinical evaluation tools. [201 KAR 20:260 Section 2(8)(b)3, and 4]
- k. Ensure clinical instructors have the authority and responsibility to participate in the evaluation of student clinical performance by providing information to the nurse faculty member and students regarding student achievement of established outcomes. [201 KAR 20:260 Section 2(8)(c)]
- l. Ensure that a preceptor has evidence of clinical competencies related to the area of assigned clinical teaching responsibilities. [201 KAR 20:310 Section 3(3)]
- m. Ensure that the development, implementation, evaluation, and revision of the curriculum is the responsibility of the nursing faculty including the Program Administrator with input from students. [201 KAR 20:320 Section 2(5)(a); 201 KAR 20:340 Section 1(3); and 201 KAR 20:340 Section 2(j)]
- n. Ensure the curriculum plan is logical and sequential and demonstrates an increase in difficulty and complexity as the student progresses through the program. [201 KAR 20:320 Section 2(6)(e)]
- o. Ensure the curriculum has written measurable program outcomes that reflect the role of the graduate and prepares the graduate for licensure and full scope of practice as defined by current standards for nursing practice. [201 KAR 20:320 Section 2(7)(a) and 201 KAR 20:320 Section 2(7)(e)]
- p. Ensure the program provides resources sufficient to support the simulation activities, including training of the faculty, and programmatic outcomes. [201 KAR 20:320 Section 3(2)(a)]
- q. Ensure that simulation activities are linked to the program of nursing's course objectives and the programmatic outcomes. [210 KAR 20:230 Section 3(5)]
- r. Ensure that the program does not use an external examination to determine a student's progression or graduation. [201 KAR 20:320 Section 4(2)]
- s. Ensure there is a written plan for emergency care on campus or at any clinical activity required by the program. [201 KAR 20:340 Section 2(l), and 201 KAR 20:260 Section 2(3)(f)5]
- t. Ensure, pursuant to 201 KAR 20:260, Section 2(7)(a), the faculty engage in an evidence-based planning and evaluation process that incorporates a systematic review of the program of nursing that results in continuing improvement. This process must result in an evaluation report (SPE) that is submitted to the Board. [201 KAR 20:360 Section 3(3) and 201 KAR 20:260 Section 2(4)(d)]
- u. Ensure that data collection for the evaluation report (SPE) shall be ongoing and shall reflect aggregate analysis and trending. [201 KAR 20:360 Section 3(4)]
- v. Ensure that the evaluation report (SPE) includes specific responsibilities for data collection methods, individuals or groups responsible, frequency of data collection, indicators of achievement, findings, and outcomes or evaluating the following aspects of the program:
- Organization and administration of the program of nursing;
  - Curriculum;
  - Resources, facilities, and services;
  - Teaching and learning methods including distance education;
  - Faculty evaluation;
  - Student evaluation;
  - Student achievement of program outcomes;
  - Graduation rates;
  - Licensure examination pass rates;
  - Employment rates of graduates, and
  - Clinical resources, including laboratory and simulation. [201 KAR 20:360 Section 3(5)(a – j)]
- w. Ensure the evaluation report (SPE) provides evidence that the outcomes of the evaluation process is used to improve the quality and strength of the program, as well as to develop long-range goals and objectives for the nursing program. [201 KAR 20:260 Section 2(3)(l); 201 KAR 20:360 Section 3(7) and 201 KAR 20:320 Section 2(3)(c)]
- 3) THAT THE SPALDING UNIVERSITY SCHOOL OF NURSING PRELICENSURE BSN PROGRAM, LOUISVILLE, KY, CONTINUE APPROVAL STATUS, WITH QUARTERLY PROGRESS REPORTS TO BE SUBMITTED BEGINNING MAY 31, 2022, AND A FOCUSED SITE VISIT ON THE REQUIREMENTS TO BE MET TO BE CONDUCTED IN SPRING 2023 IN CONJUNCTION WITH CCNE.
- Erica Lemberger recused herself from the discussion and vote.
- Sullivan University – Louisville PN Site Visit Report**
- 1) THE NOVEMBER 2-4, 2021, FOCUSED SITE VISIT REPORT OF SULLIVAN UNIVERSITY PRACTICAL NURSE PROGRAM, LOUISVILLE, KY, BE ACCEPTED.
- 2) THE REQUIREMENTS TO BE MET AS STATED IN THE NOVEMBER 2-4, 2021, FOCUSED SITE VISIT REPORT OF SULLIVAN UNIVERSITY PRACTICAL NURSE PROGRAM, LOUISVILLE, KY, BE APPROVED.
- A. Ensure that the program administrator has the authority and responsibility to participate in the preparation and management of the program of nursing budget. [Ref: 201 KAR 20:260 Section 2(3)(b)]
- B. Ensure that recruitment materials provide accurate and complete information to prospective students about the program of nursing including the:
- admissions criteria;
- program description, including course sequence, prerequisites and corequisites; and
- current cost of the program, including tuition and all associated fees and expenses. [Ref: 201 KAR 20:260 Section 2(3)(q)1, 2, & 4]
- C. Ensure that the program of nursing posts on its website a link provided by the Board that contains information on how the program met benchmarks and refers all individuals seeking information about the program to this link March 31, 2022. [Ref: 201 KAR 20:260 Section 2(3)(x), and 201 KAR 20:360 Section 5(4)(b)]
- D. Ensure student enrollment does not exceed the program enrollment baseline by December 31, 2022.

[Ref: 201 KAR 20:260 Section 3]

E. Ensure that the program of nursing does not use an external examination to determine a student's progression or graduation by March 31, 2022. [Ref: 201 KAR 20:320 Section 4(2)]

F. Ensure program information communicated by the program of nursing is accurate, complete, consistent, and publicly available by March 31, 2022. [Ref: 201 KAR 20:340 Section 1(2)]

3) THE SULLIVAN UNIVERSITY ASSOCIATE OF SCIENCE IN NURSING PROGRAM, LOUISVILLE, KY, CONTINUE APPROVAL STATUS, WITH SEMI-ANNUAL PROGRESS REPORTS TO BE SUBMITTED BEGINNING MARCH 31, 2022.

**University of Louisville – Undergraduate and Graduate, Site Visit Report**

1) THE MARCH 31-APRIL 2, 2021, SITE VISIT REPORT FOR THE UNIVERSITY OF LOUISVILLE BACCALAUREATE PROGRAM, LOUISVILLE, KENTUCKY BE ACCEPTED.

2) THE UNIVERSITY OF LOUISVILLE BACCALAUREATE NURSING PROGRAM, LOUISVILLE, KENTUCKY BE GRANTED ONGOING APPROVAL STATUS.

Further, the members reviewed the March 31 – April 2, 2021, Site Visit Report for the University of Louisville's Master's Degree Program in Nursing, Doctor of Nursing Practice Program, and Post Graduate APRN Certificate Program. This site visit was conducted jointly with CCNE in accordance with 201 KAR 20:062.

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

1) THE MARCH 31-APRIL 2, 2021, SITE VISIT REPORT FOR THE UNIVERSITY OF LOUISVILLE, LOUISVILLE, KY, MASTER'S DEGREE PROGRAM IN NURSING, DOCTOR OF NURSING PRACTICE PROGRAM AND POST-GRADUATE APRN CERTIFICATE PROGRAM, LOUISVILLE, KENTUCKY BE ACCEPTED.

2) THE UNIVERSITY OF LOUISVILLE, MASTER'S DEGREE PROGRAM IN NURSING, DOCTOR OF NURSING PRACTICE PROGRAM AND POST-GRADUATE APRN CERTIFICATE PROGRAMS, LOUISVILLE, KY, BE GRANTED ONGOING APPROVAL FOR 10 YEARS, EXTENDING TO DECEMBER 31, 2031, TO COINCIDE WITH THE CCNE RECOMMENDATION FOR CONTINUED ACCREDITATION.

Mandi Walker recused herself from the discussion and vote.

**Bellarmine University – Undergraduate and Graduate, Site Visit Report**

1) THE OCTOBER 7-9, 2020, SITE VISIT REPORT FOR THE BELLARMINE UNIVERSITY BACCALAUREATE PROGRAM, LOUISVILLE, KENTUCKY BE ACCEPTED.

2) THAT THE BELLARMINE UNIVERSITY BSN PROGRAM, LOUISVILLE, KY BE GRANTED ONGOING APPROVAL STATUS.

Furthermore, the members reviewed the October 7-9, 2020, Site Visit Report for Bellarmine University's Master's Degree Program in Nursing, Doctor of Nursing Practice Program, and Post-Graduate APRN Certificate Program, Louisville, KY. The site visit was conducted virtually with the Commission on Collegiate Nursing Education (CCNE), in accordance with 201 KAR 20:062.

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

1) THE OCTOBER 7-9, 2020, SITE VISIT REPORT FOR THE BELLARMINE UNIVERSITY, MASTER'S DEGREE PROGRAM IN NURSING, DOCTOR OF NURSING PRACTICE PROGRAM AND POST-GRADUATE APRN CERTIFICATE PROGRAM, LOUISVILLE, KENTUCKY BE ACCEPTED.

2) THE BELLARMINE UNIVERSITY MASTER'S DEGREE PROGRAM IN NURSING, DOCTOR OF NURSING PRACTICE PROGRAM AND POST-GRADUATE APRN CERTIFICATE PROGRAMS, LOUISVILLE, KY, BE GRANTED ONGOING APPROVAL FOR 10 YEARS, EXTENDING TO JUNE 30, 2031, TO COINCIDE WITH THE CCNE RECOMMENDATION FOR CONTINUED ACCREDITATION.

Anne Veno recused herself from the discussion and vote.

**RN Diploma Program(s) Discussion**

Myra Goldman presented an email she received regarding the potential to bring back RN Diploma Program(s) in Kentucky. There was discussion about the possibility of re-implementing these programs.

**PRACTICE COMMITTEE**

**Practice Committee January 21, 2022 Report**

• IT WAS MOVED AND SECONDED TO ACCEPT THE JANUARY 21, 2022 PRACTICE COMMITTEE REPORT, 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:

**Advisory Opinions Reaffirmed – Advisory Opinion Statements**

**Bowel And Bladder Program Care As Issued October 2018**

THE ADVISORY OPINION ON BOWEL AND BLADDER CARE PROGRAM CARE BE INCORPORATED WITHIN ADVISORY OPINION STATEMENT (AOS) #11 INSERTION AND REMOVAL OF NASOGASTRIC TUBES AND REINSERTION OF PERCUTANEOUS

**ENDOSCOPIC GASTROSTOMY (PEG).**

**Paracentesis as Issued February 2019**

THE ADVISORY OPINION ON PARACENTESIS BE INCORPORATED WITHIN ADVISORY OPINION STATEMENT (AOS) #11 INSERTION AND REMOVAL OF NASOGASTRIC TUBES AND REINSERTION OF PERCUTANEOUS ENDOSCOPIC GASTROSTOMY (PEG).

**Thoracentesis as Issued June 2019**

THE ADVISORY OPINION ON THORACENTESIS BE INCORPORATED WITHIN ADVISORY OPINION STATEMENT (AOS) #29 CARDIOPULMONARY/RESPIRATORY NURSING PRACTICE.

**Therapeutic Phlebotomy, RN Nursing Practice as Issued June 2016**

THE ADVISORY OPINION ON THERAPEUTIC PHLEBOTOMY BE INCORPORATED WITHIN ADVISORY OPINION STATEMENT (AOS) #25 PLACEMENT OF CENTRAL AND ARTERIAL LINES, AND ARTERIAL BLOOD SAMPLING **Gastric Band Adjustment, RN and LPN Scope Of Practice as Issued In October and December 2014** THE ADVISORY OPINIONS ON GASTIC BAND ADJUSTMENT, RN AND LPN SCOPE OF PRACTICE BE INCORPORATED WITHIN ADVISORY OPINION STATEMENT (AOS) #11 INSERTION AND REMOVAL OF NASOGASTRIC TUBES AND REINSERTION OF PERCUTANEOUS ENDOSCOPIC GASTROSTOMY (PEG).

**Dynamic Endocrine Testing, LPN Scope Of Practice As Issued April 2015**

THE ADVISORY OPINION ON DYNAMIC ENDOCRINE TESTING BE INCORPORATED WITHIN ADVISORY OPINION STATEMENT (AOS) #16 ROLES OF NURSES IN THE ADMINISTRATION OF MEDICATIONS VIA VARIOUS ROUTES.

**Administration of Radiopharmaceuticals RN Scope Of Practice as Issued June 2017**

THE ADVISORY OPINION ON THE ADMINISTRATION OF RADIOPHARMACEUTICALS, RN SCOPE OF PRACTICE, BE INCORPORATED WITHIN ADVISORY OPINION STATEMENT (AOS) #16 ROLES OF NURSES IN THE ADMINISTRATION OF MEDICATIONS VIA VARIOUS ROUTES.

**Advisory Opinions Previously Deferred**

**Klonopin™ (Clonazepam) Wafers as Issued December 2017**

IT IS WITHIN THE SCOPE OF THE PRACTICE OF REGISTERED NURSES TO DELEGATE THE MEDICATION ADMINISTRATION OF KLONOPIN (CLONAZEPAM) WAFERS FOR SEIZURE MANAGEMENT TO UNLICENSED ASSISTIVE PERSONNEL, BE REAFFIRMED AND INCORPORATED WITHIN ADVISORY OPINION STATEMENT (AOS) #30 SCHOOL NURSING, AND WHERE APPLICABLE TO INCLUDE REFERENCE TO THIS OPINION WITHIN APPROPRIATE CORRESPONDING ADVISORY OPINION STATEMENTS.

**Scope of Practice of LPNs in the Administration of Local Anesthesia to Dental Patients – Originally Issued 2010**

THE ADMINISTRATION OF LOCAL ANESTHESIA TO DENTAL PATIENTS IS WITHIN THE SCOPE OF REGISTERED NURSING PRACTICE FOR THE NURSE WHO POSSESSES THE REQUISITE EDUCATIONAL PREPARATION AND CURRENT CLINICAL COMPETENCY TO PERFORM THE ACT IN A SAFE EFFECTIVE MANNER. THE NURSE'S PRACTICE SHOULD BE CONSISTENT WITH THE KENTUCKY NURSING LAWS AND ESTABLISHED STANDARDS OF PRACTICE, AND BE EVIDENCE BASED.

IT IS THE ADVISORY OPINION OF THE

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BOARD THAT THE ADMINISTRATION OF LOCAL ANESTHESIA TO DENTAL PATIENTS IS NOT WITHIN THE SCOPE OF THE LICENSED PRACTICAL NURSE, BE REAFFIRMED, AND INCORPORATED WITHIN ADVISORY OPINION STATEMENT (AOS) #16 ROLES OF NURSES IN THE ADMINISTRATION OF MEDICATIONS VIA VARIOUS ROUTES.

**Scope of Practice in the Recommendation and Administration of Over the Counter (OTC) Medications – Originally Issued April 2016**

A NURSE, AS AN EMPLOYEE OR VOLUNTEER OF A HEALTH CARE DELIVERY SYSTEM, PROVIDES NON-PRESCRIPTION MEDICATION TO AN INDIVIDUAL; THE NURSE SHOULD DO SO BASED ON AN ORDER FROM A PHYSICIAN, PHYSICIAN ASSISTANT, APRN, OR DENTIST OR MEDICALLY APPROVED GUIDELINES TO SUPPLY THE NON-PRESCRIPTION MEDICATION.

AN EDUCATIONALLY PREPARED AND CLINICALLY COMPETENT NURSE, AS AN INDIVIDUAL WHO IS ACTING OUTSIDE A HEALTH DELIVERY SYSTEM, MAY CHOOSE TO RECOMMEND OR ADMINISTER A NON-PRESCRIPTION DRUG (IN A PRE-LABELED, PRE-PACKAGED FORM) TO A PERSON WHOSE CONDITION WARRANTS IT BASED ON NURSING ASSESSMENT; BE REAFFIRMED, AND INCORPORATED WITHIN ADVISORY OPINION STATEMENT (AOS) #16 ROLES OF NURSES IN THE ADMINISTRATION OF MEDICATIONS VIA VARIOUS ROUTES.

The Quarterly Practice Inquiries report was provided for information only.

**CONSUMER PROTECTION COMMITTEE**

- IT WAS MOVED AND SECONDED TO ACCEPT THE JANUARY 20, 2022 CONSUMER PROTECTION COMMITTEE REPORT, AS AMENDED, WHICH WAS APPROVED BY ACCLAMATION. ADVANCED PRACTICE REGISTERED NURSE

**COUNCIL**

- IT WAS MOVED AND SECONDED TO ACCEPT THE JANUARY 21, 2022 ADVANCED PRACTICE REGISTERED NURSE COUNCIL REPORT, WHICH WAS APPROVED BY ACCLAMATION.

**GOVERNANCE COMMITTEE**

- IT WAS MOVED AND SECONDED TO ACCEPT THE JANUARY 20, 2022 GOVERNANCE COMMITTEE REPORT, 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:

**Changes to the Workforce Data Collection and the associated applications that are incorporated by reference to 201 KAR 20:370**

- THE PROPOSED CHANGES TO THE WORKFORCE DATA COLLECTION AND THE ASSOCIATED APPLICATIONS THAT ARE INCORPORATED BY REFERENCE BE ACCEPTED.

**Proposed amendments to 201 KAR 20:085**

- THE PROPOSED AMENDMENTS TO 201 KAR 20:085 BE APPROVED.

**Proposed revisions to 201 KAR 20:110**

- THE REGULATION MOVE FORWARD AS FILED WITH THE LRC.

**Scholarship Process Workgroup**

- Audria Denker provided an update on the progress of the Scholarship Process Workgroup.

**ACTION ON LICENSES**

- IT WAS MOVED AND SECONDED THAT FOUR ORDERS DISCUSSED IN CLOSED SESSION BE ADOPTED, WHICH WERE 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.

**DID YOU KNOW..... YOUR CURRENT EMAIL AND ADDRESS ARE MANDATED BY LAW?**

KY law requires licensees to keep a current email address and mailing address on file with the KBN.

License renewal information is sent to licensees through an official email from the KBN. The Board's communicates quarterly with updated laws and regulations, as well as other information, through an emailed digital subscription twice a year and a mailed magazine twice a year...the KBN Connection.

You could be fined for not having current contact information on file with KBN.

Avoid using a work email as your primary email address as nurses leave facilities or the facility's information system may read the information from KBN as spam and block you from receiving it. You may update information through the Board's website <https://kbn.ky.gov/General/Pages/Name-Change-and-Address-Change.aspx>

# Disciplinary Actions

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 the Kentucky Nursing Laws (KRS) Chapter 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 12/9/2021)

**COPIES OF INDIVIDUAL NURSE'S DISCIPLINARY ORDERS CAN BE VIEWED OR OBTAINED AT THE WEBSITE: [www.Nursys.com](http://www.Nursys.com)**

**IMMEDIATE TEMPORARY SUSPENSION OF LICENSE/CREDENTIAL**

Campbell, Isaiah	RN License 1174328	Hazard, KY	Eff. .... 10/22/21
Gardner, Eileen K.	RN License 1051289	Crestwood, KY	Eff. .... 9/16/21
Hibbard, Tammy L.	RN License 1091058	Manchester, KY	Eff. .... 11/23/21
King, Patricia Ann Hall	LPN License 2029032	Nicholasville, KY	Eff. .... 11/23/21
Maxwell, Stacey Michele	RN License 1077680	Louisville, KY	Eff. .... 10/22/21
Miles, Danyell Vanessa	RN License 1138895	Louisville, KY	Eff. .... 10/22/21
Thompson, Lisa Dawne Church	RN License 1097113	Grayson, KY	Eff. .... 10/28/21

**LICENSE/CREDENTIAL VOLUNTARILY SURRENDERED**

Cusick, Celesta Lee Weir	RN License 1104010	Wilmore, KY	Eff. .... 11/15/21
Evans, Toni Lynn Cecil	RN License 1113524	Owensboro, KY	Eff. .... 10/13/21
Gardner, Eileen K.	RN License 1051289	Crestwood, KY	Eff. .... 12/7/21
Jones, Lea Jean Berry	LPN License 2041172	Almo, KY	Eff. .... 10/14/21

Korb, Karen Jo Newton	LPN License 2038159	Indianapolis, IN	Eff. .... 11/5/21
Merritt, Michelle Lee Nichols	RN License 1128671	Brownsville, KY	Eff. .... 10/27/21
Oberg, Catherine Mary	RN License 1082779	Elizabethtown, KY	Eff. .... 12/8/21
Ray, Gary J.	RN License 1108024	Cincinnati, OH	Eff. .... 9/21/21
Thompson, Angela Rachele Northup	RN License 1116466	Glendale, KY	Eff. .... 11/29/21
Wooton, Michelle L. Pratt	LPN License 2037344	Chavies, KY	Eff. .... 9/27/21

**LICENSE/CREDENTIAL DENIED OR DENIED REINSTATEMENT**

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Masden, Nataya	LPN License 2056153	Louisville, KY	Eff. .... 10/18/21
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	APRN License 3006589		
Stauffer, Miranda Joy	RN License 1139740	Campbellsville, KY	Eff. .... 11/22/21
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Imposition of civil penalty for falsification of an application for licensure		23	
Imposition of civil penalty for failure to meet mandatory continuing education requirement		19	
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Imposition of civil penalty for a practice issue		30	



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