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Statistics Corner
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- LPN Active: 14,495
- Dialysis Technicians Active: 510
- SANE Active: 237

KBN MISSION
It is the mission of the Kentucky Board of Nursing (KBN) to protect public health and welfare by development and enforcement of state laws governing the safe practice of nursing.

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EXECUTIVE DIRECTOR’S MESSAGE

In March of this year Kentucky Board of Nursing members and staff attended the Midyear conference of the National Council of State Boards of Nursing (NCSBN) in Chicago, IL. “NCSBN is a not-for-profit organization whose purpose is to provide an organization through which boards of nursing act and counsel together on matters of common interest and concern affecting the public health, safety and welfare, including the development of licensing examinations in nursing.”

Additionally, the Nurse Licensure Compact Administrators (NLCA) hold a meeting prior to the beginning of the Midyear conference. The NLCA is a separate body composed of the participating state board of nursing administrators in charge of that state’s compact operations. I serve as the compact administrator for KY and am a member of the NCLA Executive Committee. The NLCA agenda includes issues that are of mutual concern to Compact and non-compact states. The NLCA has posted a list of Frequently Asked Questions on the NCSBN website that will serve as a useful resource to nurses and employers in Kentucky.

The Midyear conference provides as an opportunity to hear updates about current issues and regulatory concepts that apply to all boards of nursing. Attendees have the opportunity to discuss or ask questions of each presentation or report. The NCSBN President’s report was a highlight of the meeting since it provided an overview of the organization’s involvement in implementing the recommendations contained in the 2010 Institute of Medicine Report, The Future of Nursing: Leading Change, Advancing Health.

A number of committees gave oral reports on the status of current activities. Among these was the report from the Uniform Licensure Requirements and Portability Committee. This group, in their third year of meetings, is defining those requirements that are essential, and could be common, to nurse licensure in all states. The committee has discussed a number of issues such as FBI criminal background checks as a requirement for licensure. Additionally, they have examined the question of setting absolute bars to deny licenses to certain felons, the number of times candidates may sit for the NCLEX examination and other difficult topics. As you can imagine, there is great variety in licensure requirements across the country. This committee will offer a set of common core requirements which could be applicable to all states. Should the report be adopted by delegates at the NCSBN annual meeting in August, model rules would be written for states to review and possibly implement. Kentucky is fortunate to be represented on this 12-member committee by Sue Derouen, KBN Operations Manager.

While ‘day one’ was devoted to regulatory issues, day two of the conference was an educational day on Just Culture. “Just Culture – is a collection of principles for achieving a culture in which frontline personnel feel comfortable disclosing errors—including their own—while maintaining professional accountability. In summary, a just culture recognizes that competent professionals make mistakes and acknowledges that even competent professionals will develop unhealthy norms (shortcuts, “routine rule violations”), but has zero tolerance for reckless behavior.

Meeting attendees learned the principles of a Just Culture and heard the experiences of three boards of nursing that along with government, healthcare and hospital associations, have implemented Just Culture into regulatory and patient care settings. David Marx, the founder of this philosophy, has written a humorous yet instructive book to illustrate Just Culture principles. I would recommend that you read Whack-a-Mole: The Price We Pay for Expecting Perfection.

We returned from the Midyear meeting with new ideas, homework and an appreciation for activities and issues on our immediate horizon. We will share that information with board members and staff in the coming months as we chart the course of regulatory activities in Kentucky.

Charlotte F. Beason, Ed.D., RN, NEA

REFERENCES
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After enduring a rather harsh winter, I hope this edition of our KBN Connection assists to usher in a beautiful and long-awaited spring.

First, let me begin by welcoming our newly appointed KBN Board member, Natalie Jane Tate of Paducah who is an LPN at Lourdes Hospice. She represents LPNs and was nominated by the Kentucky Association of Licensed Practical Nurses. Reappointed by Governor Steve Beshear for a second term are two of our current members, Christe Coe and Susan Mudd. Christe resides in Louisville and is both an RN and APRN and works at Jewish Hospital. She represents registered nurses. Susan Mudd, of Bardstown, is an RN and nurse educator at Elizabeth Community and Technical College and represents nurses engaged in registered nurse education. Both Christe and Susan were nominated by the Kentucky Nurses Association. These three members will serve until their term expires June 30, 2014.

In this spring edition, you will read about many activities, some changes and opportunities that have occurred within the past few months. As a follow-up to a previous article I wrote, I do want to highlight one major change...the decision to eliminate the clinical internship requirement for new graduates. As you may remember, the Board appointed a Task Force to study this regulatory requirement, an issue brought forth by KBN stakeholders.

Dr. Jimmy Isenberg, KBN board member, served as Chair and with excellent assistance from Dr. Charlotte Beason, Executive Director and other KBN staff, guided the task force through a thorough examination of the issue. The group methodically reviewed the history and current status (both pros and cons) of the clinical internship, and worked diligently to meet the Board’s timetable for bringing forth a consensus recommendation. On behalf of the KBN Board, let me personally thank the following Task Force members:

- Bernadette Sutherland: Flaget Hospital Education Department and Project Director, KNCC Seed Grant (RWJ) for implementing rural nurse residency programs
- Maureen Keenan: Executive Director, Kentucky Nurses Association
- Phyllis Horn: Retired Staff Development Director for Education, University of Kentucky Hospital & Manager for UHC Residency program & UK preceptor programs
- Julia Fultz: Skills Lab/Student Coordinator, Central Baptist Hospital
- Karen Hill: Vice-President/Nurse Executive, Central Baptist Hospital
- Kim Dees: Vice President of Health Professions, Kentucky Hospital Association
- Jo Singleton: Director of Patient Care Services, Norton Healthcare Institute for Nursing
- Sally Baxter: Vice-President, Kentucky Board of Nursing; Long-Term Care Administrator
- Laurel True: Founder, Board of Directors for the Foundation for a Healthy Kentucky; Member, Legislative Research Commission’s Special Advisory Commission of Senior Citizens
- Christie Remaly: 2010 LPN Graduate, Bowling Green Technical Community College
- Robin Bryson: Recent ADN graduate, Gateway Community and Technical College
- Katie Nunn: May 2010 BSN graduate, Bellarmine University; works at Norton Audubon Hospital’s Open Heart Unit

Dr. Isenberg presented the Task Force’s recommendation to the Board on February 11, 2011. Following is a brief summary of the recommendation that Board members approved unanimously.

Rather than completing a clinical internship, the new graduate will be expected to pass an online jurisprudence examination that covers the Kentucky Nursing Laws and safe practice. The jurisprudence exam must be completed prior to licensure. The jurisprudence examination would also be a requirement for licensure by endorsement.

Following the Governor’s signature of the bill for adoption, this new legislative action will go into effect June 8, 2011. Meanwhile, KBN will distribute information to schools of nursing and healthcare agencies regarding specifics of this recommendation, such as the elimination of Continuing Education exemption at the time of first renewal.

Making change does not come easy. I must say that with the clinical internship issue, there were many false rumors and claims that the KBN Board was not going to deal with this matter in a timely manner. This was not the case, and was never the intent. Although individual nursing affiliated agencies and schools have a vested interest, the Board of Nursing exists primarily to maintain what is best for public protection as it relates to the education and practice of nursing. I applaud the Task Force as well as KBN Board members for their patient analysis, healthy dialogue, and for looking forward to what might eventually lead to the development of more formalized transition to practice internship/residency programs.

In conclusion, may we all embrace spring and respond positively to the challenges ahead.

Carol A. Komara, RN, MSN
Revisions to the following Advisory Opinion Statements were approved by the Kentucky Board of Nursing during their February 11 meeting:

- AOS #10, Roles of Nurses in the Care of Intrapartum Patients – revised 02/2011
- AOS #34, Roles of Nurses Maintaining Confidentiality of Patient Information – revised 02/2011

KBN Advisory Opinion Statements are available on the KBN website (www.kbn.ky.gov/practice/AOS).

APRN PRESCRIPTIVE AUTHORITY

Changes in the prescribing limits for APRNs on the drugs listed below became effective January 13, 2011, per 201 KAR 20:059E:

1. Diazepam (Valium), a Schedule IV medication, thirty (30) day supply with no refills.
2. Clonazepam (Klonopin), a Schedule IV medication, thirty (30) day supply with no refills.
3. Lorazepam (Ativan), a Schedule IV medication, thirty (30) day supply with no refills.
4. Alprazolam (Xanax), a Schedule IV medication, thirty (30) day supply with no refills.
5. Carisoprodol (Soma), a Schedule IV medication, 30 day supply with no refills.
6. Combination Hydrocodone products in liquid or solid dosage form, Schedule III medications, thirty (30) day supply with no refills.
National Nurse Day is typically celebrated each year on May 6, and serves as the beginning of National Nurses Week. This year, Kentucky Nurses Week is May 9-13 and marks the 30th anniversary of the Kentucky Nurses Week Banquet that is organized by nurse volunteers. It will be celebrated May 13, 2011 at Paroquet Springs Conference Center in Shepherdsville, Kentucky. Each year, many employers in Kentucky recognize their Nurse(s) of the Year by sending them to this banquet. Each recipient receives a framed Nursing Excellence Certificate with the facility that nominated them for the award. The Kentucky Board of Nursing (KBN) congratulates the organizers of this Nurses Week celebration in Kentucky for the outstanding manner in which they have recognized nursing for 30 years.

Many employers recognize Nurses Week in very unique ways throughout the state of Kentucky. For example, the Blessing of the Hands is a ceremony Taylor Regional Hospital in Campbellsville Kentucky celebrates annually on the first Monday of National Nurses Week. The observance of this special day began in 2000. A local minister blesses the hand of each nurse attending the ceremony with oil as a vocalist sings “Make me a Servant.” After the blessing there is a quiet meditation period for the nurses to reflect on why an individual becomes a nurse, why nurses do what they do, and for the nurse to re-commit to the profession. Taylorsville Regional Hospital staff describe the ceremony as “spiritual” and “humbling.”

Central Baptist Hospital (CBH) reports that for over fifteen years they have held Nurses Day receptions on days and nights for all RNs and LPNs. The CBH Pastoral Care Department adopted Nurse Recognition as a Caring Project and schedules special events during the reception. One year, they offered “Blessings of the Hands” for nurses and included hand massages for the staff. Some years CBH celebrates the talents of the nursing staff by displaying their crafts and artistic projects or special talents at the reception.

Hardin Memorial Hospital celebrates Nurses Week as “Patient Cares Services Week.” This celebration includes all disciplines for their unique contributions to patient care. Activities include certificate and gift card awards to a nurse and nurse manager selected for exemplifying excellent patient care, food and goodies delivered by Patient Care management to each unit, and random gift card drawings for all staff.

Among the activities taking place during nurse’s week at Owensboro Medical Health System is a banquet honoring nurses who have been nominated by their peers as demonstrating the OMHS Core Values in an extraordinary way. The banquet includes a pinning service which is a rededication to the honorees’ practice as a nurse. OMHS combines celebration of Hospital Week and Nurses Week by providing events for all employees. Thursday is dedicated to nursing with a reception, as well as food and gifts provided for all nurses throughout the day. The highlight of the OMHS celebration is described as a time for nurses to feed their spirit - a Nursing Renewal Ceremony which is provided by the Pastoral Care department.

The Kentucky Board of Nursing’s mission is to protect the public by the development and enforcement of state laws governing the safe practice of nursing, nursing education and credentialing. KBN salutes the many Kentucky licensees that provide safe, efficient nursing care to the citizens of our Commonwealth and education to the nursing students of Kentucky.

KBN wishes to thank Taylor Regional Hospital, Central Baptist Hospital, Hardin Memorial Hospital, and Owensboro Medical Health System for their contributions to this article.
The Kentucky Board of Nursing (KBN) is pleased to honor Sharon E. Mercer, MSN, RN,NEA,BC, as a recipient of the 2011 Nurse Excellence Award. Sharon is KBN’s Practice Consultant and, in addition to acting as staff to the KBN Practice Committee and Dialysis Technician Advisory Council, her responsibilities include being KBN’s authority on nursing scope of practice and coordinator of the KBN Leadership Class which is taught across the state. Sharon serves as the liaison to numerous state, regional and national organizations in which nursing scope of practice is an issue. Her knowledge of advanced practice nursing was foundational as KBN implemented the National Consensus Model Language for Advanced Practice Nursing during the 2010 General Assembly. In addition, Sharon has worked closely with the KY Department of Education, Department of Public Health and Department of Developmental and Intellectual disabilities to develop curricula for medication administration by unlicensed assistive personnel (UAP) in the school setting and in the developmental and intellectual disabilities community. These curricula can be used by nurses in schools and other settings to provide consistent, standardized training for UAPs. Recently the state of Texas requested permission to implement a KY curriculum for UAP training in that state.

Sharon is active in the Kentucky Nurses Association (KNA), the American Nurses Association and Sigma Theta Tau. Prior to joining KBN she held a number of administrative positions including Executive Director of KNA. She holds a Diploma in Nursing from Norton Memorial Infirmary School of Nursing, and a BSN and MSN from Spalding University. Congratulations, Sharon!

The tradition of the nurse’s cap was designed to give tribute to the work of nuns as the earliest nurses. The cap’s original use was to keep a female nurse’s hair in place and present a professional appearance. Over time, the cap became a ceremonial part of the nurse’s uniform. The cap was traditionally awarded during a “capping ceremony” signifying the student’s completion of some type of probation, and usually indicated the student was ready to start gaining clinical experience in the hospital. Each Program of Nursing had a unique cap; by looking at a nurse’s cap, one could tell the program from which she had graduated.

Over time, the cap became a less important part of the nurse’s uniform. There are several reasons for this decrease. Advances in medical technology made wearing the cap cumbersome (impairing access to tubes and other new equipment). Additionally, men, who do not wear a “cap,” have steadily increased their participation in the profession of nursing. Finally, while most nursing positions in the past were in hospitals (where a white uniform and cap were the standard dress), the nursing profession currently has roles in many health care settings with varying dress requirements.

The caps displayed on this cover of the KBN Connection belong to the staff at the Kentucky Board of Nursing (KBN). Although the nurses at KBN no longer wear their caps or uniforms, many lovingly preserved their caps as a tribute to their nursing career. The Programs of Nursing represented on the cover are:

- Burge School of Nursing (Springfield, MO)
- Eastern Kentucky University (Richmond)
- Jefferson Community College (Louisville)
- McKeesport Hospital (McKeesport, PA)
- Norton Hospital (Louisville)

About the Cover: The History of Nursing Caps
by Sue Derouen, RN, Operations Manager
FAILURE TO COOPERATE WITH THE BOARD IN AN INVESTIGATION

by Sandy Johanson, RN, Manager, Consumer Protection Branch and Ann Tino, RN, Certified Nurse Investigator

Kentucky is a mandatory reporting state. The mandatory reporting requirement found in KRS 314.031(4) states in part that it shall be unlawful for any nurse, employer of nurses, or any person having knowledge of facts to refrain from reporting to the Board a nurse who may have violated any provisions of Chapter 314.

All complaints related to nurses and dialysis technicians (DTs) are handled in the Investigation and Discipline section of the Consumer Protection Branch of the Board. If there is evidence of a possible violation of the Kentucky Nursing Laws, an investigation is initiated. KRS 314.091(3) gives the Board the authority to issue subpoenas to compel the production of documents in the course of an investigation. The subpoena is enforceable by the Circuit Court and any failure to comply with a Board issued subpoena could result in an action for contempt being filed in the Circuit Court.

Once a nurse or DT is placed under investigation, she/he is notified by mail. The nurse is sent a Notice of Complaint letter, a copy of the complaint, and a Response to Complaint form to his/her address of record with the Board. The Response to Complaint form allows the nurse or DT to provide her/his response to the allegations and it must be verified by the nurse or DT and notarized. By signing the Response to Complaint form and having it notarized, the nurse or DT is swearing that she/he is indeed the person against whom the complaint has been filed; that she/he has read the foregoing verified Response to the Complaint; that she/he knows the contents of such; and that she/he understands it is a violation of KRS 314.095 to submit a materially false statement to the Board. If the nurse or DT retains an attorney, the attorney cannot verify the Response to Complaint unless the attorney has direct, first-hand knowledge of the facts related to the complaint. The Response to Complaint form must be submitted to the Board within thirty (30) days of receipt of the Notice of Complaint letter.

Unfortunately, many individuals fail to respond to the Notice of Complaint letter that is mailed to the address of record they have on file with the Board. For some, it is simply a matter of not getting the mail because she/he moved and failed to change her/his address with the Board. This can be a costly oversight. According to KRS 314.107, any person licensed or credentialed (DT) by the Board shall maintain a current mailing address with the Board and will immediately notify the Board in writing or online any change of mailing address. As a condition of holding a license or credential from the Board, she/he is deemed to have consented to service of notice or orders of the Board at the mailing address on file with the Board. This constitutes valid service of the notice or order.

Others simply fail to respond to the Board’s notices or orders. For fiscal year 2009-2010, the Board issued formal disciplinary action on 36 nurses and dialysis technicians because of their failure to maintain a current mailing address or respond to the Board’s notices or orders. As a result of the non-responsiveness of some nurses and DTs, the Board deemed it necessary to enact a provision of the nursing law that specifically addresses one’s responsibility to cooperate with Board staff. On July 15, 2010, KRS 314.095 became effective and states that any nurse or DT who is the subject of an investigation by or on behalf of the Kentucky Board of Nursing shall cooperate fully with the investigation, including responding to a complaint or lawful request for information in a materially factual and timely manner. KRS 314.021(2) holds each nurse and DT regulated by Chapter 314 responsible and accountable for their actions. Responding to the Board is expected and considered the responsible and professional duty of any nurse or DT.
When Does A Tweet Become A Federal Violation?

by Charla Foster, PHR, Human Resources Manager, Baxter Regional Medical Center (Mountain Home, AR) and Sandra Priebe, MSN, RN, Risk Manager & Compliance Officer, Baxter Regional Medical Center (Mountain Home, AR)

Article reprinted from the Arkansas Board of Nursing ASBN Update (May 2010, Volume 14, Number 3), with permission from the Arkansas Board of Nursing.

SCENARIO #1: It is a spring day when a 27-year-old father of two young children is brought by ambulance into your emergency room. The patient is in both cardiac and respiratory arrest and after hours of dedicated care, your ER team is able to restore his normal heart rhythm and breathing. As the Registered Nurse working in ER, you share with your Facebook friends the excitement of your day and a summary of what happened with this 27-year-old father of two who will again be able to hold his children after his Myocardial Infarction and near-death experience.

SCENARIO #2: As a nurse in a medical clinic, you send hour-by-hour tweets about the patients you have helped, describing their various illnesses. You are careful never to use a patient’s name. However, your updates reveal various patient characteristics and also describe what terrible conditions the patients incur because the waiting room is small and some of the many patients have to wait outside.

SCENARIO #3: While making patient rounds, you see a nurse use a personal phone to take a picture of a patient’s leg and x-ray, and then message friends that this was the worst comminuted femoral fracture the nurse has ever seen.

SCENARIO #4: You come home from your busy day as a nurse in the Labor and Delivery unit, and you mention to your teenage daughter that her best friend’s mom delivered a beautiful, healthy baby girl but had to have an emergency C-section due to problems. Your daughter posts this information on her Facebook wall.

In the above situations, was HIPAA violated? If you answered “yes” to ALL of these situations, you are correct.

If your answer is “that is my private site; it belongs only to me and to the friends I grant access, and what I do on my own time is my own business,” then we need to look closer and gain a greater understanding of the HIPPA laws governing patient privacy, as well as how those laws intersect with the various electronic devices and social networking tools readily available to each of us.

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HIPAA, the Health Insurance Portability and Accountability Act of 1996, was designed to protect the security and privacy of all health information. Protected Health Information (PHI) is information created or received by a health care provider, regardless of form, that can be used directly or indirectly to identify an individual. PHI includes “individually identifiable health information held or transmitted by a covered entity or its business associate, in any form or media whether electronic, paper, or oral” (45C.F.R.160.103), or information that identifies an individual.

Examples of protected information include the patient’s name, address, city, zip code, birth date and information such as the patient’s photograph, symptoms and diagnosis.

The patient’s information always belongs to the patient, and unless permission for disclosure was given by the patient, HIPAA has been violated.

HIPAA law states only employees who are involved in care, payment processes or health care operations can access the patient’s information. Health care operations may include Quality Assurance activities such as chart reviews. Family and significant others can access PHI only when the patient has granted permission or if a legal guardianship is designated.

In recent months, health care facilities have seen an increase in the number of complaints in which patient information has been shared on a social networking site and via a care provider’s personal electronic device. The mission of the State Board extends to protecting the public’s rights when a nurse breaches HIPAA laws by sharing protected patient information. All health care facilities have the responsibility of reporting a nurse to the State Board of Nursing when a HIPAA violation has occurred.

The Board has the accountability to investigate each complaint and act accordingly to fulfill its mission of public protection.

So, before you text, blog, instant message, or e-mail, ask yourself the following questions:

- Is the information I am about to share patient information that is protected by HIPAA laws?
- If I were the patient, would I want this information shared about me?
- Remember, the computer does not forget, and any one of your 348 Facebook friends can print and share your posted information with your employer or with the (Kentucky) Board of Nursing.

For more detailed information about HIPAA, visit the U.S. Department of Health & Human Services website (http://www.hhs.gov/ocr/hipaa).
House Bill 442 passed the General Assembly and was signed into law by the Governor. It goes into effect on June 8th. It eliminates the requirement of the clinical internship for licensure and replaces it with the completion of the jurisprudence exam. Which requirements apply to a particular person is dependent on the date of the person’s application. Those applications dated prior to June 8 will be required to complete the clinical internship since that is the law on the date they applied. Those applications dated June 8 and after will have to meet the new requirements in effect on that date; that is, the jurisprudence examination.

Should it become impossible for an applicant to complete the clinical internship, the Board has processes that would enable the applicant to (1) apply to KBN for an exemption attaching documentation regarding their inability to get a job; or (2) to apply to another state.

- The Jurisprudence Examination covers – Kentucky Nursing Laws and safe nursing practice
- A course that covers the content of the examination will be on the KBN website and open to all who wish to review it.
- KBN staff supplied the content for the Jurisprudence course and examination. All questions are written by National Council of State Boards of Nursing (NCSBN) item writers.
- All applicants will pass the exam – it will not close until all questions are answered correctly. The goal is that all applicants acquire knowledge.
- There will be 35 questions on the exam.
- Examinees may print a certificate of completion if they so choose. However KBN will collect completion data from NCSBN.
- References links will be embedded in the rationale for questions answered incorrectly. Reference links will also be embedded in the course.
- Applicants will have access to the exam for three weeks from the date of first “log-on.” The exam will be hosted on the NCSBN platform
- There will be a fee of $9 paid to NCSBN. KBN will neither collect nor receive any portion of the fee.
- Access to the Jurisprudence Examination (and NCLEX) will be limited to those who have completed all applicable licensure requirements.
- NCLEX and the Jurisprudence examination may be completed in any order.
Questions should be emailed to our dedicated mailbox (kbn-JPexam@ky.gov).
2011 Regular Session of the General Assembly Brings Changes to the Nursing Laws

by Nathan Goldman, General Counsel

The Kentucky General Assembly met in its regular session for 2011. The 2011 Session is known as the short session since it occurs in an odd-numbered year. Odd-numbered year sessions are a little different from the longer sessions held in even-numbered years. According to Section 36 of the Kentucky Constitution, the General Assembly convened on January 4 for the first part of the session for the purpose of electing legislative leaders, adopting rules of procedure, organizing committees, and introducing and considering legislation. It then adjourns and reconvenes for the second part of the session on February 1. All bills introduced during the first part of the session but not passed carried over to the second part of the session. Several bills were passed that are of interest to nurses:

Oversight of Doctor of Nursing Programs from Non-public Colleges/Universities

House Bill (HB) 278 adds non-public colleges and universities to the statute that gives KBN oversight of Doctor of Nursing (DNP) programs. A bill in 2010 put the public colleges and universities under this oversight.

Removal of Clinical Internship Requirement, Introduction of Jurisprudence Exam

HB 442 deleted the requirement of the completion of a 120-hour clinical internship for new applicants. It added a requirement of the completion of a jurisprudence examination by new applicants, both by examination and endorsement. In addition, those nurses whose licenses have lapsed for one year or more must also complete this jurisprudence examination in order to reinstate their licenses. KBN is currently consulting with the National Council of State Boards of Nursing (NCSBN) regarding implementation of this exam.

Renewal Procedures for Active-duty Armed Forces Nurses

HB 301 provides special conditions for a license held by a member of the Armed Forces on active duty and his or her spouse. While on active duty, the member’s license shall be renewed without payment of fees or obtaining continuing education under certain conditions. The spouse of an active duty Armed Forces member may be issued a license when he or she is assigned to a duty station in Kentucky under certain conditions. He or she must meet all statutory requirements.

Kentucky Board of Licensed Diabetes Educators

Senate Bill 71 creates the Kentucky Board of Licensed Diabetes Educators and the professional designation of “Licensed Diabetes Educator (LDE)”. Nothing in this bill applies to the practice of nursing or is meant to affect the practice of nursing. KBN is to nominate an RN with experience in diabetes or is meant to affect the practice of nursing or is meant to affect the practice of nursing. KBN is to nominate an RN with experience in diabetes education to the LDE board.

For more information on these and other bills, please visit the Legislative Research Commission (LRC) website (www.lrc.ky.gov) or contact Nathan Goldman, KBN General Counsel (502-429-3309 or nathan.goldman@ky.gov)
STATE AND FEDERAL BACKGROUND CHECKS

On January 10, 2011, KBN began requiring state and/or federal background checks of applicants for licensure. A license will not be issued or reinstated until both reports are received and reviewed.

RN and LPN applicants for licensure by examination and reinstatement must provide both state and federal checks, and applicants for licensure by endorsement must provide a federal background check.

APRN initial and reinstatement applicants, as well as SANE initial and reinstatement applicants, must provide both state and federal background checks. APRN endorsement applicants must provide a federal background check.

STATE BACKGROUND CHECK

A state criminal history report must be obtained from the Administrative Office of the Courts (AOC). A report from any other entity will not be accepted. The report cannot be dated more than six (6) months prior to the date the application is received at KBN. Applicants must request a report in every last name ever used.

The Administrative Office of the Courts (AOC) accepts online requests for a criminal background report, with payment by credit or debit card (www.courts.ky.gov). Criminal history reports are made available to KBN as PDF files within 10 business days of the date the request is received.

Although their preferred method of requesting a criminal history report is from their web site, the AOC will accept paper requests. The paper form for obtaining the criminal history report may be printed from the KBN website (www.kbn.ky.gov) under “Forms and Publications.” Complete the form and mail with a check or money order to the address listed on the form. However, it may take the AOC up to 8 weeks to process paper requests.

The additional requirement of a criminal history report for reinstatement may delay the reinstatement of an expired license by up to 10 business days, but will further promote the Board’s mission of protection of the public.

FEDERAL BACKGROUND CHECK

KRS 314.03 grants KBN the legal authority to obtain fingerprints of applicants for licensure. Completed fingerprint cards are sent to the Kentucky State Police (KSP), whose personnel enter the prints into a file for submission to the Federal Bureau of Investigation (FBI). The FBI, after doing a comparative search of the fingerprints against the National Instant Criminal Background Check System (NCIC), will send an identification record, listing any arrests, convictions, etc. to the KSP, who then forward the records to KBN.

Although the FBI reporting system takes up to 24 hours to be sent to the KSP, it generally takes from 7 to 21 days for KBN to receive the reports from the KSP.

The reports are used solely for the purpose of licensing. An applicant has the ability to correct a record as it appears in the FBI’s records system by following the process established in 28 CFR Section 16.34.

APRN NEWS

NATIONAL CERTIFICATION FOR APRN PRACTICE

Kentucky Nursing Laws, KRS 314.042 (4) states, “An advanced practice registered nurse shall maintain a current active registered nurse license issued by the board or hold the privilege to practice as a registered nurse in this state and maintain current certification by the appropriate national organization or agency recognized by the board.”

201 KAR 20:056, Section 7 (1) and (2) respectively, state that an APRN shall maintain current certification or recertification “throughout the licensure period” and if an APRN fails to attain certification or recertification from a KBN approved national certifying organization, the individual “shall not practice or use the title of advanced practice registered nurse until the requirements” have been met.

Additionally, 201 KAR 20:056, Section 7 (1)(b) gives the Board the authority to conduct an audit to verify that an APRN has current national certification. Failure to provide evidence of current certification when requested to do so will result in the APRN being referred to the Consumer Protection Branch of KBN and could result in disciplinary action.

Even though national certification organizations may “back-date” or give grace periods for lapsed certifications, KBN does not. Practicing as an APRN or using the legally protected title of APRN beyond the expiration date of the national