

# **KBN** **CONNECTION**

Summer 2022  
Vol 13, Issue 3, Edition 72

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# **OFFICIAL RENEWAL NOTICE**

**RENEWAL NOTICE  
SEPTEMBER 15-OCTOBER 31**



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Web Address: <http://kbn.ky.gov>

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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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**EDITOR:**

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**PUBLICATION GUIDELINES**

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

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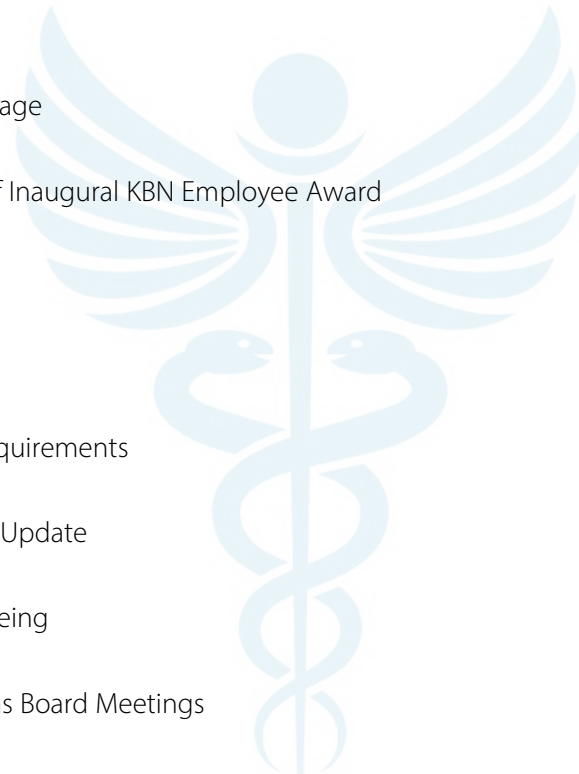
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## STATISTICS CORNER

As of JUNE 30, 2022 (in-state and out of state)

**RN ACTIVE: 75,423**

**LPN ACTIVE: 13,221**

**ADVANCED PRACTICE  
REGISTERED NURSES (APRN): 12,124**

**DIALYSIS TECHNICIAN (DT)  
CREDENTIALS: 695**

**SANE ACTIVE: 352**

**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.

*KBN Connection* is funded in large part by advertisements. A portion of the publication costs are paid for by state funds. KBN Connection is provided free of charge to its readers. KBN receives no funding from this publication.

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# President's Message

## KBN President's Message

It has been an absolute honor to serve on the Board for the past four years. During my 2 years serving as President we have faced many challenges due to the nursing shortage and COVID pandemic. I am proud of the way the Board has responded to both, fielding thousands of emails and phone calls, filing emergency regulations to help ease the workforce challenges to assist more nurses to practice in the Commonwealth, and allowing flexibility in how nursing programs have met clinical requirements to graduate students and get them in the workforce. New graduates can continue to work on their temporary work permit up to 6 months getting valuable clinical experience even if they need a 2nd attempt at the NCLEX exam. Perhaps one of the greatest legacies of this particular Board will be the new requirement for the national nursing accreditation of all nursing programs in Kentucky which will improve the quality of education provided to our future nurses.

I am most grateful for the staff and Board members who work tirelessly to protect the public. I have learned so much from them, have enjoyed our constant dialogue and brainstorming, and gained lifelong colleagues with whom I can continue to network and learn from. I have had opportunities to learn so much about regulation of nursing education and practice which I had not previously experienced in my career. I cannot help but reflect on Florence Nightingale, one of the most influential nurses of all time and known as "the lady with the lamp," who dedicated her life to caring for the sick and improving their environment for optimal outcomes. Her vision for the nursing profession and nursing education is still so relevant today. She once said, "How very little can be done under the spirit of fear." She would be so proud of you- the nurses, licensed certified professional midwives, and dialysis technicians in our great state and the courage you have demonstrated in these hard times. I will leave you with one of her most important quotes, "Let us never consider ourselves finished nurses...we must be learning all of our lives."

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

## Nurse Recognition Days

### August

National Nurse Educator Day - August 8

### September

National Clinical Nurse Specialist Recognition Week - September 1 - 7

Vascular Nurses Week - Sept. 4-10

National Pediatric Hematology/Oncology Nurses Day - Sept. 8

Neonatal Nurses Week - Sept. 12-18

Nephrology Nurses Week - Sept. 12-18

Nursing Professional Development Week - Sept. 18-24

### October

National Midwifery Week -October 2-8

Pediatric Nurses Week --October 3-7

Case Management Week -- October 9-15

Dialysis Technician Recognition Week - Oct. 3-8

Emergency Nurses Week - Oct. 9-15

### October cont.

Emergency Nurses Week --October 10-16

Emergency Nurses Day - Oct. 12

Perinatal Nurses Week Oct. 10-16

Medical Assistants Recognition Week - Oct. 17-21

National Medical Assistant Day - October 9

International Infection Prevention Week - Oct. 17-23

International Orthopaedic Nurses Day - Oct. 30

### November

National Hospice & Palliative Care Month

Allied Health Professionals Week - Nov. 6-12

Forensic Nurses Week - Nov 6-12

National Nurse Practitioner Week - Nov. 13-19

Perioperative Nurses Week - Nov. 13-19

Medical-Surgical Nurses Week - Nov. 1-7

Urology Nurses and Associates Week - Nov. 1-7

Forensic Nurses Week - Nov. 8-12

# Executive Director's Message



The Board has worked to address the concerns of the Kentucky General Assembly regarding Board representation and the nursing shortage. With the passage of Senate Bill (SB) 10, the General Assembly expanded representation on the Board to 17 members, with the addition of a CRNA of a designated CRNA seat. Terms will be limited to 3 consecutive terms and limited to 3 consecutive terms and appointments will be equally distributed among Kentucky's 6 Congressional Districts in order to ensure a broader representation from across Kentucky.

In response to SB 10, the Board has made (and continues to make) changes to multiple regulations to comply with SB 10, which addresses the nursing shortage. Specifically, programs of nursing will be able to increase their enrollment annually, as long as their NCLEX pass rate is at an 80% average for the previous 3 years. Educational requirements for didactic and clinical instructors have been reduced to broaden the faculty recruitment pool.

Kentucky has experienced nearly a 10% decrease in the average NCLEX pass rates, from 91% to 82%, due to the effects that the COVID pandemic had on nursing education both in didactic and clinical settings in our Commonwealth. We attribute this decrease in pass rate to the necessitated use of 100% simulation for clinical experience and virtual classroom settings during COVID. The Board has never approved a pre-licensure program of nursing which utilized 100% clinical simulation for educational requirements. However, this is what Kentucky's nursing students were forced to experience during COVID restrictions.

In April 2022, the Board promulgated an emergency regulation to allow a new graduate nurse to remain as a provisionally licensed "applicant" after one failed attempt on the NCLEX. The hiring facility will have the opportunity to invest in a promising new graduate who may be struggling with successful achievement on the NCLEX examination. The extra clinical experience acquired in a supervised and mentored job situation may assist the recent graduate in successfully passing the NCLEX on the second attempt, which can be taken 45 days after the first attempt. The provisional license will continue to be in effect for a maximum of 6 months to allow the re-taking of NCLEX.

The 2022 RN/LPN/APRN license renewal period, September 15 – October 31, will include mandatory responses to workforce questions. This will assist Kentucky in developing a robust workforce projection model, based on feedback from all licensed nurses. Using this evidence, we will be able to better identify trends and create action plans based on accurate data across the Commonwealth. Additionally, you will also note mandatory continuing education requirements for which you have until July 1, 2023 to complete. Please see the information pages included in this issue of the KBN Connection.

The Board and staff are committed to identifying and utilizing newer technology and data collection applications to streamline processes for easier utilization. Board staff are currently in building stages for new software systems which will streamline workflow and improve efficiencies. We hope that you will note the changes to the KBN website as we are beginning Phase 2 of moving to an informative, user-friendly format.

A handwritten signature in cursive script that reads "Kelly Jenkins".

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

# Jill Cambron, Recipient of Inaugural KBN Employee Award



To honor the legacy of Michelle G. Rudovich, JD, KBN Deputy Executive Director, 2020-2021, KBN initiated the Michelle Grant Rudovich Award to recognize the attributes of a KBN employee who exemplifies Michelle's work ethic and her dedication to living life to the fullest. Criteria are:

- Dedicated to the mission and work of the Kentucky Board of Nursing

- Maintains poise and professionalism in difficult situations
- Possesses a determination to accomplish honorable and worthwhile endeavors
- Demonstrates a strong sense of integrity
- Possesses a profound attention to detail
- Strives to contribute and add value
- Strives to find the positive qualities in everyone
- Seeks no recognition for the accomplishments and recognizes others' contributions
- Shares knowledge and skills to make the team better
- Goes above and beyond

The inaugural award was presented May 2022 to Jill Cambron, KARE Program Coordinator, Compliance Branch. Comments from her KBN colleagues include:

- Jill has been with the Board for over twenty years and has seen its evolution, triumphs and at times the challenges. She always answers questions from staff, nurses and members of the public with the utmost civility while providing exceptional professional service. Her vast knowledge of processes and her attention to detail are invaluable to the KBN. Jill is the go-to person for most of us in the agency due to her knowledge of processes, procedure and case history.
- Jill goes above and beyond to make sure that licensees who contact the Board are assisted and those who request KARE have all of their questions answered and receive all necessary information. She spends as much time with each person as necessary to assuage their concerns, receive all necessary information, and provide requested information regardless of the large workload she has.
- She is quiet, has a kind spirit, and often is overlooked. She is the foundation of the Compliance Branch. Even though the things she does are often not recognized, she doesn't seek recognition for herself, however she NEVER hesitates to recognize even the smallest things that

others do for or around her. Her quiet strength and dignity is a reflection of her true character. Jill is well deserving of this award.

- During the pandemic, she was named an "Essential Worker". This title was well placed as she remained at the KBN office, calmly providing assistance when needed.
- Jill exemplifies what a KBN employee should be ...cool, calm, collected, nice, positive, smart, hard-working, and genuinely a wonderful person to work with and be around.



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## 2022 NURSING LICENSE and CREDENTIALS RENEWAL INFORMATION

**Begins:**  
September 15, 2022 at 12:01 a.m.

**Ends:**  
Midnight October 31, 2022, EST

**Renewal Web Address:**  
[kbn.ky.gov/Pages/renewal.aspx](https://kbn.ky.gov/Pages/renewal.aspx)

### RENEWAL FEES

RN: \$65 (includes \$10 for the Nursing Incentive Scholarship and the KARE Program)

LPN: \$65 (includes \$10 for the Nursing Incentive Scholarship and the KARE Program)

APRN: \$55 for each role designation (NP, CNM, CRNA, CNS (plus \$65 for the RN license) = \$120

SANE: \$50

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

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

Your license is NOT renewed when you click on the “submit” button. You have only applied for renewal of your license.

### NOTIFICATION OF RENEWAL

When your license has been renewed, you will receive an email notification to the email address you provided to KBN. Clicking on the submit button at the end of the renewal application does not renew your license. Validate that your license was renewed and check the expiration date from this site: <https://secure.kentucky.gov/kbn/bulkvalidation/basic.aspx>

### LAST DAY OF RENEWAL

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

If an application is received before midnight on October 31st and an individual answers “No” to the disciplinary or conviction questions, a license MAY be renewed by the next business day.

### REQUIRED RENEWAL DOCUMENTATION

If you answered “yes” to the discipline, criminal, and/or the APRN national certification revocation questions, your license will not be renewed until KBN receives and reviews the required documents. If your license has not been renewed before midnight, Eastern Time, October 31, your license will lapse. You cannot practice as a nurse in Kentucky if your license has lapsed. Thus, you should start the renewal process early in the renewal period if you have issues that need to be addressed.

Required documentation includes:

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

### NURSE LICENSURE COMPACT AND KENTUCKY LICENSE RENEWAL

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

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

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

### APRN RENEWAL

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

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

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

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

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

An APRN’s board certification satisfies the fourteen (14) contact hour requirement needed for RN licensure renewal (national

certification), as long as the APRN certification was initially attained during the licensure period, has been in effect during the entire licensure period, or has been renewed during the licensure period. If these requirements are met, APRNs do not need to earn 14 contact hours of CE to renew their RN licenses.

**Pharmacology CE:** Five (5) contact hours of approved pharmacology CE must be earned by all APRNs each licensure period. CE Certificates should reflect specific pharmacology contact hours awarded. To qualify as pharmacology, content shall include drug-specific information, safe prescribing practices, safe medication administration, prescribing methodologies, new regulations, or similar topics. Objectives for the contact hours related to pharmacology shall be identified. Casual mention of medications or medical treatments shall not qualify. APRNs may not apply hours earned in suicide prevention and implicit bias to their annual CE pharmacology requirements. Effective January 13, 2022, all APRNs with a CAPA-CS must complete 1.5 contact hours in the dual subject of pharmacology and either pain management or addiction disorders annually between November 1 – October 31st. These hours may be applied to the total of five (5) contact hours in pharmacology required for all APRNs annually. The course must include pharmacology to be applied to an APRN's annual requirement of 5 hours in pharmacology CE Requirements. CE courses related to KASPER will not meet the CAPA-CS Requirements any longer, however, they may be used to meet other CE requirements.

**APRNs with a CAPA-CS:** Pursuant to 201 KAR 20:215(5)(b), of the five (5) approved pharmacology contact hours required for APRN licensure renewal, one and one-half (1.5) of these approved contact hours must be on, pain management, or addiction disorders each licensure period. These hours may count as part of the required five (5) pharmacology contact hours. Effective January 13, 2022, all APRNs with a CAPA-CS must complete 1.5 contact hours in the dual subject of pharmacology and either pain management or addiction disorders annually between November 1 – October 31st. These hours may be applied to the total of five (5) contact hours in pharmacology required for all APRNs annually. The course must include pharmacology to be applied to an APRN's annual requirement of 5 hours in pharmacology CE Requirements. CE courses related to KASPER will not meet the CAPA-CS requirements any longer, however, they may be used to meet other CE requirements.

**APRNs with a DEA-X Registration:** Pursuant to 201 KAR 20:065, an APRN who has obtained a DEA-X registration shall complete a total of four (4) contact hours annually in addiction disorders, which shall include 1.5 hours in addiction disorder pharmacology CE. The same CE certificates may be applied to all three of the requirements listed above.

In addition to the standard methods of CE approval, APRNs are allowed to use continuing medical education (CME) credits for pharmacology (provided the credits are pharmacology-related), if the provider offering the course is recognized by their national

certifying organization (e.g. AANP, ANCC, etc...)

DO NOT submit evidence of continuing competency earnings unless requested to do so. For questions about the APRN continuing competency requirement, contact the Continuing Competency Coordinator. See the Spring 2022 edition of the KBN Connection for additional information about continuing competency earnings. Current national certification from a Board recognized national certification organization in addition to current APRN and RN licensure is required to practice as an APRN in Kentucky. If your national certification lapses for any period of time while your APRN license is current, you may not practice as an APRN during the period of lapsed certification. KBN does not give a grace period for lapsed national certification.

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

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

### **SEXUAL ASSAULT NURSE EXAMINER (SANE) RENEWAL**

Before you will be able to renew your SANE credential, you must renew your RN license. When you have completed that process, proceed to the SANE link to renew your SANE credential. If you are a SANE and an APRN, renew your RN-APRN first (see previous information) and then renew your SANE credential from the SANE link.

If your primary residence is in a compact state, you must provide the state name and the expiration date of the multistate RN license you hold before you will be able to renew your Kentucky SANE

Continued on page 12>>



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credential. You must keep your multistate RN license active in the state of your primary residence during the period of time that you practice as a SANE in Kentucky. If your multistate RN license lapses, you may not practice as a SANE in Kentucky, even though your Kentucky SANE credential is current.

Sexual Assault Nurse Examiners must complete 5 continuing education hours related to the role of the sexual assault nurse examiner as part of the continuing competency requirement for renewal. DO NOT submit evidence of continuing competency earnings unless requested to do so. For questions about the SANE continuing competency requirement, contact the Continuing Competency Coordinator.

#### **FAILURE TO RENEW**

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

- Complete the reinstatement application and submit the fee
- Complete the state and federal criminal background check obtained through Identigo® <https://uenroll.identigo.com>
- Meet the continuing competency requirements, which are determined by how long your license has lapsed
- Provide proof of current national certification (if applying for APRN reinstatement)

#### **ACTIVE DUTY MILITARY NURSES**

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

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

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

- PCS Orders
- AF Form 899
- Mobilization Orders

You must complete the online renewal application in addition to providing copies of one of the above documents. Copies of the above may be faxed to 502-429-3336 or emailed to [Ruby.King@ky.gov](mailto:Ruby.King@ky.gov) or [KBN-Cred@ky.gov](mailto:KBN-Cred@ky.gov)

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

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

#### **INVALIDATING AN APRN LICENSE**

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

#### **NATIONAL CERTIFICATION IN DUAL POPULATION FOCI**

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

#### **REQUIRED APRN DOCUMENTATION**

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

- National Certification/Recertification
- Notification of a CAPA-NS
- Notification of a CAPA-CS
- DEA registration
- A master KASPER account

If you hold a current Kentucky APRN license that has not lapsed or been voided you will need to upload your proof of certification/ recertification to the APRN Portal/APRN Update. The APRN Portal is the only way this documentation will be accepted by the KBN if you have a current, active APRN license.

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

using the “CAPA-CS Rescission” form located on the KBN web site.

#### ATTESTATION OF KBN DOCUMENTS

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

#### CURRENT MAILING ADDRESS

Kentucky nursing laws require nurses to notify the Board of a change of address immediately. Address changes made from the KBN website update the Board’s database in real time. A change of address may also be mailed or emailed

(KBN-Cred@ky.gov) to the Board office, through the use of the form provided on the KBN website: <https://kbn.ky.gov/apply/Documents/addrchg.pdf>.

#### CURRENT EMAIL ADDRESS

As of June 30, 2021, the Kentucky Board of Nursing requires that all licensees maintain an email address of record with KBN.

To provide or update your email address, please visit the following applicable portion of the KBN website:

Nurses: <https://kbn.ky.gov/apply/Pages/addchg.aspx>

Dialysis Technicians: [https://kbn.ky.gov/dt/Documents/dt\\_addchg.pdf](https://kbn.ky.gov/dt/Documents/dt_addchg.pdf)

Licensed Certified Professional Midwives: [https://kbn.ky.gov/lcpm/Documents/LCPM\\_Address\\_Change\\_Request\\_Form.pdf](https://kbn.ky.gov/lcpm/Documents/LCPM_Address_Change_Request_Form.pdf)

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Kentucky nursing laws require nurses to notify the Board of a change of address immediately. Address changes made from the KBN website update the Board’s database in real time. A change of address may also be mailed or emailed

(KBN-Cred@ky.gov) to the Board office, through the use of the form provided on the KBN website: <https://kbn.ky.gov/apply/Documents/addrchg.pdf>.

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Nurses: <https://kbn.ky.gov/apply/Pages/addchg.aspx>

Dialysis Technicians: [https://kbn.ky.gov/dt/Documents/dt\\_addchg.pdf](https://kbn.ky.gov/dt/Documents/dt_addchg.pdf)

Licensed Certified Professional Midwives: [https://kbn.ky.gov/lcpm/Documents/LCPM\\_Address\\_Change\\_Request\\_Form.pdf](https://kbn.ky.gov/lcpm/Documents/LCPM_Address_Change_Request_Form.pdf)

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# RN and LPN Annual Continuing Education Requirements for License Renewal

NEW: Effective January 13, 2022 201 KAR 20:215 requires all nurses to complete mandatory continuing education in suicide prevention and implicit bias. You will find additional information

on these requirements in this issue of the KBN Connection.

RNs and LPNs must complete at least fourteen (14) contact hours of nursing continuing education through an approved or accepted provider annually between November 1 – October 31.

Pursuant to Kentucky Administrative Regulation 201 KAR 20:215, RNs and LPNs CE/competency may be completed using one of the following options (options CANNOT be combined to equal fourteen (14) contact hours)

Proof of earning fourteen (14) approved contact hours; OR

Proof of earning seven (7) approved contact hours, PLUS a nursing employment evaluation that is satisfactory for continued employment. A KBN Nursing Continuing Education Employment Evaluation Form completed and signed by the nurse's supervisor or employer, which covers at least six (6) months of the earning period (November 1 - October 31) is required. The KBN Nursing Continuing Education Employment Evaluation Form; OR

Current national certification or recertification related to the nurse's practice role in effect during the entire period, or initially earned or renewed during the period (does not include clinical certifications such as ACLS, PALS, NRP, etc...); OR

Successful completion of a postlicensure academic course at a college, university, or postsecondary vocational institution. Must be relevant to nursing practice (e.g. nursing course designated by a nursing course number and beyond the prelicensure curriculum) OR an academic course applicable to the nurse's role and beyond the prelicensure curriculum. The course must have been completed during the earning period with an awarded grade of "C" or better, or a grade of "pass" on a pass-fail grading system. Calculation of contact hours: One (1) semester or trimester hour of academic credit = 15 contact hours; One (1) quarter hour of academic credit = 12 contact hours. May request course review for approval of applicable nursing content pursuant to 201 KAR 20:215 Section 7; OR

Participation as a preceptor for at least one nursing student or new employee. Must be for at least 120 hours, have a one-to-one relationship with student or employee, may precept more than one student during the 120 hours. Preceptorship shall be evidenced by submission of the KBN Preceptor Continuing Education Verification form completed by the educational institution or preceptor's supervisor; The KBN Preceptor Continuing Education Form; OR

Publication of an article in a peer-reviewed, health-related journal; OR

A nursing continuing education presentation that is designed and developed by the presenter, presented to nurses or other health professionals, is evidenced

by a program brochure, course syllabi, or a letter from the offering provider identifying the licensee as the presenter of the offering; and offered by a provider approved pursuant to 201 KAR 20:220. The number of contact hours earned shall be twice the number of contact hours offered to presentation attendees; OR

Completion of a nursing research project as principal investigator, coinvestigator, or project director. Must be qualitative or quantitative in nature; utilize research methodology, and increases knowledge resulting in improved outcomes or changes in behavior. Submission must include a project abstract and a summary of the findings.

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# New - KBN MANDATORY - Content Specific Continuing Education Requirements Suicide Prevention and Implicit Bias for all NURSES RNs, LPNs, and APRNs

All nurses must complete content specific requirements\* in suicide prevention and implicit bias by July 1, 2023.

Suicide Prevention - 2 Total Contact Hours
One (1) contact hour of suicide prevention generally; and
One (1) contact hour which addresses the following:
1. Chronic toxic stress and secondary traumatic stress potentially increasing the incidence of suicide amongst nurses;
2. 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;
3. Systems of care, evidence-informed approaches, and best practices to reduce suicide rates; and
4. Ethical legal considerations of caring for patients and nurses who are suicidal.

Implicit Bias - 1.5 Total Contact Hours
One and one-half (1.5) contact hours that address the following:
1. The impact of historical racism and other forms of invidious discrimination on the provision of healthcare;
2. Methods of evaluating the presence and extent of implicit bias; and
3. Measures that may be taken to reduce implicit bias.

\*Both are one-time requirements.

These hours may be completed at any KBN approved/accepted provider. However, the Kentucky Nurses Association (KNA) has developed courses that specifically meet these requirements. If interested, contact the KNA at [https://kentucky-nurses.nursingnetwork.com/nursing-news/189143-kna-mandatory-ce-courses-are-available-now-24-7-on-the-kna-on-demand-portal?utm\\_medium=email&utm\\_source=group&utm\\_campaign=batch\\_announcement\\_promotion](https://kentucky-nurses.nursingnetwork.com/nursing-news/189143-kna-mandatory-ce-courses-are-available-now-24-7-on-the-kna-on-demand-portal?utm_medium=email&utm_source=group&utm_campaign=batch_announcement_promotion).

When selecting a CE offering, be sure the provider is approved to offer nursing CE by the KBN, another state board of nursing, or one of the national nursing organizations listed in 201 KAR 20:220 and verify the objectives include the topics listed above.

Maintain all continuing education records for at least 5 years. All documents related to these courses including announcements, presentation schedules and completion certificates should be maintained in your own

records. You will not need to send them to the Board unless you are selected for the CE Audit. If selected for the CE Audit, you will be notified and required to submit these documents through CE Broker.

RNs and LPNs may use the contact hours completed for these requirements towards the 14 contact hours required annually for the earning period in which they are completed.

APRNs may not apply hours earned in suicide prevention and implicit bias to their annual CE pharmacology requirements.

Visit the KBN website at: <https://kbn.ky.gov/Education/Pages/Continuing-Education-Competency.aspx> for additional

information on CE requirements.

## APRNs with a CAPA-CS Annual CE Requirements - Revised

Effective January 13, 2022, all APRNs with a CAPA-CS must complete 1.5 contact hours in the dual subject of pharmacology and either pain management or addiction disorders annually between November 1 – October 31st. These hours may be applied to the total of five (5) contact hours in pharmacology required for all APRNs annually. The course must include pharmacology to be applied to an APRN's annual requirement of 5 hours in pharmacology CE Requirements. CE courses related to KASPER will not meet the CAPA-CS Requirements any longer, however, they may be used to meet other CE requirements.

Visit the KBN website at: <https://kbn.ky.gov/Education/Pages/Continuing-Education-Competency.aspx> for additional information on CE requirements.

## What You Need for APRN License Renewal

Ellen Thomson, APRN  
APRN Investigator

The annual license renewal requirement is a good time for each Kentucky APRN to review the information you have on file with the Board of Nursing to ensure the information is current and correct.

The APRN update portal (<https://kbnapps.ky.gov/kbnaudit/account/login>) permits licensees to directly manage the information filed with the Board. This information includes:

- a copy of your current national certification(s),
- a copy of your DEA certificate,
- a copy of Notification of a Collaborative Agreement for the APRN's Prescriptive Authority for Nonscheduled Legend Drugs (CAPA-NS),
- a copy of Notification to Discontinue the CAPA-NS after Four Years,
- a copy of Notification of a CAPA-CS,

- if relevant, a copy of Rescission of CAPA-NS or CAPA-CS, (keep your records updated)
- a copy of your KASPER Master account certificate,
- a correct email address

This is also a good time to go to <https://kbn.ky.gov/General/Pages/Name-Change-and-Address-Change.aspx> to review your correct name, address, and email address to confirm it is correct.

It is important to use an email account that you check regularly. Most Board communication will be electronic, and if you use a work email, for example, you risk missing important information. You are required to have current contact information on file with the Board. (KRS 314.107)

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

The RN/LPN/APRN/SANE renewal period will be open from September 15-October 31, 2022. If Kentucky is not your primary state of residence and you declare another compact state as your primary state of residence, please check your license now to see if you have a single state license or a compact, multi-state license. If you hold a single state license from a compact state other than Kentucky during the renewal period, you will not be able to renew your LPN or RN in Kentucky. You need to begin the process now to convert it to a compact multi-state license.

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

An exception will be granted for licensees who wish to renew in Kentucky and who hold a single state license in a compact state because they are ineligible for a compact multi-state license. To determine if you meet the eligibility requirements for a compact multi-state license visit [https://www.ncsbn.org/NLC\\_ULRs.pdf](https://www.ncsbn.org/NLC_ULRs.pdf)

For a current list of compact states or for additional information about the NLC visit <https://www.ncsbn.org/nurse-licensure-compact.htm>

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

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## Kentucky Nurses Association now offers mandatory CE programs.

### “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.

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



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**CE Broker** is the official CE tracking system of the Kentucky Board of Nursing. You will never have to pay for a CE Broker Basic Account. However, licensees do have the option to subscribe to an upgraded account, which offers additional CE tracking tools. Please visit the Board's [website](#) to learn more.

## How to activate your free CE Broker account

- 1 | Visit <https://cebroker.com/ky/account/basic/>
- 2 | Enter your license number
- 3 | Start tracking your continuing education!



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The CE Broker **Course Search** helps you find every course you need to complete your license renewal. Any courses with the "Take it Here" tag will be instantly reported to your account and appear in your Course History. To find courses, visit <https://courses.cebroker.com/search/ky> and select your profession.



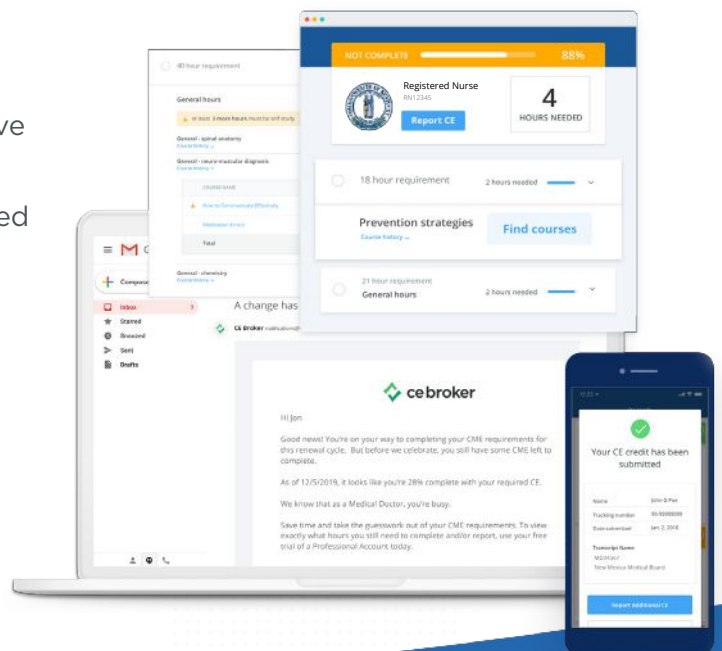
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CE Broker's provides dedicated support 8AM-8PM ET Monday-Friday with a team of experts trained on the rules and regulations of the Kentucky Board of Nursing. You can reach them by phone at 877-434-6323 or via **email and live chat**.

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- Track and know precisely how many hours you've completed and how many hours are remaining;
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The current status of 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>

## Administrative Regulation Update

### 201 KAR 20:070E/070

This regulation regards applications by examination. The amendments to this regulation affect 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 an English proficiency exam under 201 KAR 20:480, before they are issued a provisional license. The amendments also provide 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 a period of six months. The Governance Committee recommended 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 was set for May 23, 2022, and the comment period ended on May 31, 2022. However, Board staff did not receive a hearing request and no written comments were received. The emergency version of the regulation was considered by the Administrative Regulation Review Subcommittee (ARRS) on June 14, 2022.

As of this writing, a public hearing date was 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 proposed amendment would make the mandatory workforce data submitted in renewal applications under 201 KAR 20:370 exempt from open records. 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 was set for May 23, 2022, and the comment period ended on May 31,

2022. However, Board staff did not receive a hearing request and no written comments were received. The regulation was considered by the ARRS on June 14, 2022.

### 201 KAR 20:110

This regulation governs licensure by endorsement. The Governance Committee proposed to amend provisions to increase the length of the application time to a period of 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 was set for May 23, 2022, and the comment period ended on May 31, 2022. However, Board staff did not receive a hearing request and no written comments were received. The regulation was considered by the ARRS on June 14, 2022.

### 201 KAR 20:220

This administrative regulation establishes requirements for providers of continuing education. The proposed amendments to 201 KAR 20:220 address online learning for providers of continuing education and updates the material incorporated by reference. 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 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 regarding the regulation and an extension was requested to give the Board the opportunity to review them on February 17, 2022. But 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.

### 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 was set for June 23, 2022, but Board staff did not receive a hearing request. The comment period will end on June 30, 2022.

### 201 KAR 20:260E/260

This regulation regards 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 in response to Governor's Executive Order 2021-913. The Executive Order required 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 was set for February 21, 2022 and the comment period ended on February 28, 2022. Board staff received comments regarding this regulation, which the Board reviewed 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 was deferred to review and to reconcile immediate discrepancies between the statute and regulation. The emergency regulation has been amended after LRC staff's comments and the amended version was filed on May 5, 2022. The emergency regulation was considered by the ARRS on May 10, 2022.

The ordinary version of 201 KAR 20:260 was also revised to bring it into compliance with SB 10. The revised version was approved by the Education Committee on May 19, 2022, and subsequently approved by the full Board on June 16, 2022. Staff intends to file the amended version with the LRC by July 15, 2022 for consideration by the General Assembly.

### 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.

Continued on page 20>>

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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, which the Board reviewed on February 17, 2022. No changes were made in response to the comments. The Statement of Consideration regarding not amending the regulation was filed with LRC on March 9, 2022. On April 13, 2022, the regulation was considered by the ARRS.

#### **201 KAR 20:310**

This administrative regulation establishes standards for faculty of programs of nursing that prepare graduates for licensure as registered nurses or practical nurses. The proposed amendment updates the faculty requirements to reflect those passed in Senate Bill 10 during the 2022 legislative session. The amendments were recommended by the Education Committee on May 19, 2022. The recommendations were brought before the full Board and approved on June 16, 2022. The proposed amendments will be filed with the LRC by July 15, 2022.

#### **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.

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

This administrative regulation governs applications and the applications are included as material incorporated by reference (MIR). The Governance Committee established a workgroup to understand the dynamics of nursing population in Kentucky. The workgroup recommended making workforce data collection mandatory during the renewal process. The workgroup recommended changes to the applications on January 27, 2022 and recommended proposed revisions to the applications. The Board approved these changes on February 17, 2022, which the Board approved on 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 was set for May 23, 2022, and the comment period ended on May 31, 2022. However, Board staff did not receive a hearing request and no written comments. The regulation was considered by the ARRS on June 14, 2022.

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

This administrative regulation establishes the requirements for the licensure of graduates of foreign nursing schools. The Governance Committee approved the changes to the regulation on September 23, 2021 and they were reviewed by the Board on the October 28, 2021. The initial proposed amendments to the ordinary version of 201 KAR 20:480 removed 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 set for March 21, 2022 and written comments were due by March 31, 2022. However, Board staff did not receive a hearing request and no written comments were received. In response to SB 10, which was signed by the Governor on April 7, 2022, 201 KAR 20:480E and 201 KAR 20:480 were deferred to reconcile discrepancies between Kentucky Revised Statutes (KRS) 314.042 and 314.052 and the emergency and ordinary versions of this regulation. The regulations were amended to reinstate visa screens as a method of credentialing after LRC staff's comments and the regulations were refiled on May 5, 2022. The regulation was considered by the ARRS on May 10, 2022.

#### **201 KAR 20:490**

This administrative regulation establishes the scope of practice as it relates to infusion therapy. The proposed amendment was to read material incorporated by reference to reflect new editions of the incorporated texts. The amendments were recommended by the Practice Committee on May 20, 2022. The recommendations were brought before the full Board on June 16, 2022, and approved. The proposed amendments will be filed with the LRC by July 15, 2022.

#### **201 KAR 20:620**

This administrative regulation establishes the fees and requirements for initial licensure, renewal, and reinstatement for Licensed Certified Professional Midwives (LCPMs). The proposed amendments update the regulation to clarify that unspecified fees in this regulation are included in 201 KAR 20:240 and that LCPMs shall practice under the same name on record with the Board. The amendments were recommended by the Licensed Certified Professional Midwives Advisory Council on May 23, 2022. The recommendations were brought before the full Board on June 16, 2022 and approved. The proposed amendments will be filed with the LRC by July 15, 2022.

#### **201 KAR 20:650**

This administrative regulation establishes the medical tests and formulary for LCPMs. The proposed amendment updates the formulary to add several tests to the list and several new medications. The amendments were recommended by the LCPM Advisory Council on May 23, 2022. The recommendations were brought before the full Board and approved on June 16, 2022. The proposed amendments will be filed with the LRC by July 15, 2022.

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# PROMOTING NURSES' WELL-BEING THROUGH ORGANIZATIONAL AND COLLABORATIVE CARE

Ruth Staten, PhD, RN  
and Holly Wei, PhD, RN, NEA-BC, FAAN



This is written with care and compassion for our nurse colleagues and all the units and organizations where nurses work. In writing the article about self-care for the Spring 2022 Issue of the KBN Connection (Staten & Wei, 2022), we agreed that self-care was necessary but insufficient to mitigate burnout and promote nurses' well-being. We knew that self-care alone would not relieve the tremendous stress and burnout experienced by our colleagues, especially as a result of the COVID-19 pandemic that continues to be part of our work and personal lives. We agreed to follow the self-care article with one focused on collaboration and organizational care.

We include in this article very recent information announced through a shared press release on May 23, 2022, US Health and Human Services (HHS) and the Centers for Disease Control (CDC), New Surgeon General Advisory Sounds Alarm on Health Worker Burnout and Resignation (US HHS, May 23, 2022) and a document, Addressing Health Worker Burnout: The U.S. Surgeon General's Advisory on Building a Thriving Health Workforce (US HHS, 2022). This document will guide organizations providing health care across the nation on strategies to create healthy cultures for all who work to serve others to promote health and treat illness. The strategies within this document accentuate the importance of the Convergent Care Theory to be discussed in this article.

The Convergent Care Theory (Wei, 2022) was introduced in the Spring 2022 KBN Connection (Staten & Wei, 2022). We highlighted self-care strategies as necessary components of nurses' well-being and prevention of burnout, especially during highly stressful times and situations. This article will expand on the Convergent Care Theory and highlight strategies for strengthened collaborative care and organizational care.

## The Origination of the Convergent Care Theory

Healthcare is a divergent and complex system, requiring a convergence care framework to unite the stakeholders' efforts and achieve optimal health outcomes. The understanding of the Convergent Care Theory (Wei, 2022) is the belief that knowledge can be gained through diverse ways of knowing (Carper, 1978), and the foundation is the belief that caring is a core value of nursing. Since Nightingale's era, nursing has been considered a discipline requiring

both science and art, in which nurses are equipped with scientific knowledge and educated to care with compassion. Nurses should be competent in professional knowledge, treat others with altruism, respect, and empathy (CARE), and interact with people with integrity and a holistic perspective (Wei et al., 2018). The Convergent Care Theory includes four major domains – healthcare organizational care, collaborative care, patient precision care, and self-care, aiming to utilize all resources to create a healthy work environment for nurses and a healing atmosphere for patients and families.

## Collaborative Care

Collaborative care refers to the unity of work among and between nurses and other healthcare professionals, teaming up to attain optimal outcomes. Collaborative care intends to engage healthcare professionals, function cooperatively in complementary roles, and share resources and responsibility to provide care. The underpinning foundation of collaborative care is a Culture of Caring (Wei & Watson, 2019; Wei et al., 2020; Wei, 2022). Noted are five strategies to promote teamwork and collaboration:

- Building caring relationships
- Development of ownership mentality—shared decision-making
- Providing constructive feedback
- Applying strengths-based practices
- Acting as the first and last line of defense

In selecting strategies for promoting a Culture of Caring, those involved should determine the focus of the strategies for their team/unit that might best achieve their goals for collaboration. Being explicit about creating the Culture of Caring and having buy-in from all areas is an important place to start. A system to address bullying, incivility, rejection, hurt feelings, disagreements, and conflict is important to helping all feel respected, accepted, and belong. Offering assistance, asking for and receiving help, avoiding gossip and rumors, practicing giving and receiving feedback, and offering encouragement are essential communication strategies that can be developed and enhanced (American Nurses Association, 2020).

With the focus on communication within collaborative teams, strategies that provide opportunities for improved communication and conflict resolution prove most effective. Daily huddles, monthly meetings, clinical conferences, and a CUS approach (concerned, uncomfortable, safe) have proved helpful in building team collaboration and improved health outcomes (White-Williams & Shirey, 2022). It is crucial to mention Team STEPPS in this discussion about teamwork. This program is an evidence-based strategy to improve patient outcomes through enhanced team communication and collaboration. The program offers a set of tools and strategies to achieve these outcomes. This enhanced teamwork would lead to collaboration care goals (Agency for Healthcare Research and Quality, 2022).

The Convergent Care Theory indicates that patient care quality requires all stakeholders' efforts. Organizations' leadership significantly promotes healthy work environments, nurse resilience, teamwork, and interprofessional collaboration (Wei et al., 2019; Wei & Horton-Deutsch, 2022). Some of the strategies to foster nurse resilience are listed in Table 1. These strategies promote nurses' psychological,

Continued on page 22>>

mental, and emotional health to provide optimal care.

Table 1. Seven elements of leadership strategies to foster resilience

Component	Example
1) Facilitating social connection	Random Acts of Kindness Board
2) Promoting positivity	3 Good Things; Report Gratitude; Pay It Forward*
3) Capitalizing on nurse's strengths	Scheduling and assigning activities based on strengths
4) Nurture nurse growth	Formalized Mentoring; CE; Open door
5) Encouraging nurse's self-care	Flexible scheduling; Home-like break rooms
6) Foster mindfulness	Poster Coloring*; a Quiet room*
7) Conveying altruism	Listening; meaningful recognition; reaching out

Some examples of the strategies listed in Table 1:

- Again, selecting strategies that match the goals of the team/unit and the strategies that most appeal to the team members is essential. During the pandemic, numerous articles and media coverage of creative ways healthcare and nursing teams have contributed to a culture of care within their organizations. Many strategies are derived from individual self-care evidence-based practices but applied to the team.
- A nurse posted an article about putting up a large coloring poster with a message on a prominent wall on her unit, and staff could stop and color a little part of the poster. This collective activity supported social connection, encouraged mindfulness practice, and provided a colorful backdrop to the physical environment (Martinelli, 2022).
- Another strategy to foster resilience through a collaborative care practice is to offer gratitude reflections during unit/team/shift opening and set shift intentions for collaboration and support. Nurse leaders who implemented strategies to promote positivity through practicing gratitude with staff, identifying three good things at the end of meetings, and encouraging others to do so saw improvements in aspects of the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) scores of the units (Wei et al., 2020).
- Providing a respite or quiet room for staff is becoming more common as units and organizations send a clear message of support and encouragement for mindfulness and decompression time at work (centraljersey.com, 2022).

#### Organizational Care

Organizational care refers to an organization's mission, culture, and commitment to employees' well-being and patient care quality. An optimal organizational caring culture includes kindness, integrity, and inclusiveness. The all-inclusive organizational care fosters diversity, equality, and inclusion, supports team members, and encourages engagement and belonging. Like an environment providing suitable nutrients, sunshine, and soil for plants, a caring culture offers the appropriate atmosphere for employees to grow and practice. The Surgeon General's advisory on reducing health care worker/nurse burnout (Department of Health and Human Services, 2022) highlights nine focus areas for organizational care.

1. Transform workplace culture to empower health workers and be responsive to their voices and needs.
2. Show health workers how much they are valued.
3. Be committed to the health and safety of health workers.
4. Review and revise policies to ensure health workers are not deterred from seeking appropriate care for their physical, mental, and/or substance use challenges.
5. Increase access to high-quality, confidential mental health and substance use care for all health workers.
6. Develop mental health support services tailored to the needs of health workers.
7. Rebuild community and social connection among health workers to mitigate burnout and feelings of loneliness and isolation.

8. Help health workers prioritize quality time with patients and colleagues.

9. Combat bias, racism, and discrimination in the workplace.

Within each broad area are numerous strategies for creating organizations that support health workers and improve health outcomes for all. We encourage each organization and individual nurses to take time to review this advisory and to begin to work toward the implementation of organizational change.

#### Conclusion

These three components, along with precision patient care, comprise a holistic approach to creating a caring environment and improving health care outcomes. Any strategy to impact collaborative and organizational caring must be an all-in, team approach, and no individual can make this happen. Most of the strategies highlighted are low-cost or no-cost. As with the self-care strategies, teams, units and organizations must determine which collaborative and organizational caring areas are most important and select and test strategies that would best work to create a caring culture and make nurses feel valued and belong. This is not a one-size-fits-all and may take some trial and error to find what works. This could be an excellent opportunity to create an evidence-based practice project to improve staff and patient outcomes.

This article's guiding framework, Convergent Care Theory, recognizes the complex, multi-level, multi-system interactions and promotes the integration and synergy of organizational support, interprofessional collaboration, patient-centered care, and clinicians' well-being. To build a Convergence of Caring framework into nursing organizations, it will be important to reflect this philosophy and these strategies into nursing education to promote faculty and student well-being and for the next generation of nurses to take into the work environment as they begin their careers.

In the words of the Surgeon General advisory, "We must shift burnout from a "me" problem to a "we" problem." And together with a commitment from all levels of the diverse and complex organizations in which we work, change is possible.

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Ruth "Topsy" Staten, PhD, RN

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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## Nurse Agency Program

T.J. Regional Health's Nurse Agency Program offers experienced nurses flexibility, commitment and premium pay of their choosing in a culture that understands that employees desire more flexibility to better meet the needs of a health work life balance. This program is designed to strengthen our commitment to provide the highest quality care for our patients while continuing to meet the ever changing needs of our nursing staff.

## Options

### OPTION 1: AGENCY NURSE PRO

#### Compensation

- \$45 per hour
- Night Shift \$48.50
- Eligible for overtime
- Not eligible for extra shift incentives
- Not eligible for differentials
- Not eligible for annual wage increases
- No Benefits

#### Requirements

- One 12-hour shift per week
- 2 holidays per year
- One weekend shift per 6-week schedule
- Floating required
- Certification required based on unit
- 1 year experience required; 2 years strongly preferred

#### Work Commitment

- 13 Weeks

### OPTION 2: AGENCY NURSE - NO BENEFITS (FULL TIME ONLY)

#### Compensation

- \$70.00 per hour-day shift
- \$80.00 per hour-night shift
- Eligible for overtime
- Not eligible for extra shift incentives
- Not eligible for differentials
- Not eligible for annual wage increases
- No Benefits

#### Requirements

- 36 hours per week
- Holiday rotation
- Every other weekend
- Floating required
- Certification required based on unit
- 1 year experience required; 2 years strongly preferred

#### Work Commitment

- 13 Weeks

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# Summary of Board Actions

## Board Meeting – APRIL 21, 2022

### ELECTION OF FY 2022-2023 BOARD OFFICERS

Kelly Jenkins, Executive Director, conducted the election of Board officers for Fiscal Year 2022-2023. Jessica Wilson ran unopposed for President, and was re-elected to the position. Audria Denker was re-elected Vice President.

### PRESIDENT'S REPORT

Dr. Wilson gave a brief report about the NCSBN Mid-Year meeting. She also thanked the members for re-electing her President.

### FINANCIAL OFFICER'S REPORT

- IT WAS MOVED AND SECONDED TO ACCEPT THE FINANCIAL OFFICER'S REPORT (APRIL 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 [ORBS; EdVERA; NCSBN Mid-Year Conference; Employee Suggestion Box; COVID-19 State of Emergency Update; NPR Story re: Nurse License Delays; KBN Apparel]; Social Media; Personnel; Training for Board Members

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

### GENERAL COUNSEL'S REPORT

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

### CREDENTIALS REVIEW PANEL

- IT WAS MOVED AND SECONDED TO ACCEPT THE REPORTS OF THE FEBRUARY 17, 2022 AND MARCH 10, 2022 CREDENTIALS REVIEW PANEL MEETINGS, WHICH WERE APPROVED BY ACCLAMATION.

### EDUCATION COMMITTEE

#### Education Committee Report – March 10, 2022

- IT WAS MOVED AND SECONDED TO ACCEPT THE MARCH 10, 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:

### NCSBN PON Annual Report: Replacing KBN PON Annual Report

- THE NCSBN ANNUAL REPORT TEMPLATE BE ADOPTED WITH THE UNDERSTANDING THAT THE CUSTOM QUESTIONS WILL BE SHARED AT THE APRIL 2022 BOARD MEETING AND REVIEWED WITH THE FULL BOARD FOR DISCUSSION AND DECISION, AND
- THE ADDITIONAL QUESTIONS PRESENTED BE APPROVED AND ADDED TO THE NCSBN ANNUAL REPORT

### NCLEX Pass Rates and Benchmark Data

- THE 2021 NCLEX PASS RATES AND 2020/2021 BENCHMARKS BE ACCEPTED AND STAFF COMPILER AND PRIORITIZE INFORMATION REGARDING WHICH PROGRAMS SHOULD BE CONSIDERED FOR SITE VISITS AND BRING THE RECOMMENDATIONS FORWARD FOR CONSIDERATION AT THE MAY EDUCATION COMMITTEE.

### NCLEX Candidacy – Extending RNA Status

- 201 KAR 20:070 BE AMENDED TO ALLOW FOR THE PROVISIONAL LICENSE TO BE EXTENDED FOR UP TO SIX MONTHS AND ALLOW FOR THE APPLICANT HOLDING A PROVISIONAL LICENSE TO FAIL THE NCLEX EXAMINATION ONE TIME WITHOUT HAVING THE PROVISIONAL LICENSE VOIDED. A SECOND NCLEX FAILURE WOULD CAUSE THE PROVISIONAL LICENSE TO BE VOIDED.

### Gateway CTC ADN Site Visit Report

1. THE OCTOBER 19-21, 2021 FOCUSED SITE VISIT REPORT OF GATEWAY COMMUNITY AND TECHNICAL COLLEGE ASSOCIATE DEGREE NURSING PROGRAM, EDGEWOOD, KY, BE ACCEPTED.
2. THE REQUIREMENTS TO BE MET AS STATED IN THE OCTOBER 19-21, 2021 FOCUSED SITE VISIT REPORT OF GATEWAY COMMUNITY AND TECHNICAL COLLEGE ASSOCIATE DEGREE NURSING PROGRAM, EDGEWOOD, KY, BE APPROVED AND BE GRANTED ONGOING APPROVAL, WITH QUARTERLY PROGRESS REPORTS TO BE SUBMITTED BEGINNING MAY 31, 2022 TO DETERMINE COMPLIANCE WITH REQUIREMENTS TO BE MET.
3. A FOLLOW UP SITE VISIT BE

CONDUCTED IN OCTOBER, 2022 TO DETERMINE COMPLIANCE WITH REQUIREMENTS TO BE MET.

### Big Sandy CTC ADN Site Visit Report

1. THE JANUARY 25-27, 2022 SITE VISIT REPORT OF BIG SANDY CTC ASN (ACADEMIC CAREER MOBILITY) NURSING PROGRAM, PRESTONSBURG, KY, BE ACCEPTED.
2. THE REQUIREMENTS TO BE MET AS STATED IN THE JANUARY 25-27, 2022 SITE VISIT REPORT OF BIG SANDY CTC ASN (ACADEMIC CAREER MOBILITY) NURSING PROGRAM, PRESTONSBURG, KY, BE APPROVED.
3. THE BIG SANDY CTC ASN (ACADEMIC CAREER MOBILITY) NURSING PROGRAM, PRESTONSBURG, KY, BE GRANTED ONGOING APPROVAL, WITH SEMI-ANNUAL 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.

### Midway University ADN Joint ACEN Site Visit Report

1. THE FEBRUARY 1-4, 2022 SITE VISIT REPORT OF MIDWAY UNIVERSITY ASN PROGRAM OF NURSING, MIDWAY, KY, BE ACCEPTED.
2. THE REQUIREMENTS TO BE MET AS STATED IN THE FEBRUARY 1-4, 2022 SITE VISIT REPORT OF MIDWAY UNIVERSITY ASN PROGRAM OF NURSING, MIDWAY, KY, BE APPROVED.
3. MIDWAY UNIVERSITY ASN PROGRAM OF NURSING, BE GRANTED ONGOING PROGRAM APPROVAL STATUS, WITH SEMI-ANNUAL PROGRESS REPORTS PROVIDING SUPPORTIVE EVIDENCE CONCERNING THE PROGRAM'S PROGRESS IN FULFILLING THE REQUIREMENTS TO BE MET, TO BE SUBMITTED BEGINNING AUGUST 31, 2022.

### ATA College ADN (LPN to ADN Bridge and Traditional ADN) Site Visit Report

1. THE FEBRUARY 8-10, 2022, SITE VISIT REPORT OF ATA COLLEGE PRACTICAL NURSE TO ASSOCIATE DEGREE NURSING PROGRAM AND TRADITIONAL ASSOCIATE DEGREE PROGRAM, LOUISVILLE KY, BE ACCEPTED.
2. THE REQUIREMENTS TO BE MET AS

STATED IN THE FEBRUARY 8-10, 2022, SITE VISIT REPORT OF ATA COLLEGE PRACTICAL NURSE TO ASSOCIATE DEGREE NURSING PROGRAM AND TRADITIONAL ASSOCIATE DEGREE PROGRAM, LOUISVILLE KY, BE APPROVED.

3. THE PROGRAM REMAIN ON INITIAL APPROVAL STATUS WITH QUARTERLY PROGRESS REPORTS PROVIDING SUPPORTIVE EVIDENCE CONCERNING THE PROGRAM'S PROGRESS IN FULFILLING THE REQUIREMENTS TO BE MET, TO BEGIN ON MAY 31, 2022.
4. A FOLLOW UP FOCUSED SITE VISIT BE CONDUCTED IN THE FALL OF 2022 TO DETERMINE PROGRESS TOWARD MEETING THE REMAINING REQUIREMENTS TO BE MET AND REVIEW NCLEX PASS RATES AND BENCHMARKS TO DATE.
5. THE PROGRAM OF NURSING REMAINING ON ITS SELF-IMPOSED HALT ON ADMISSIONS, UNTIL THE PRESENT 43 STUDENTS HAVE COMPLETED THE PROGRAM AND NCLEX PASS RATES FOR 2022 HAVE BEEN REVIEWED.

#### **PRACTICE COMMITTEE**

##### **Practice Committee March 10, 2022 Report**

- IT WAS MOVED AND SECONDED TO ACCEPT THE MARCH 10, 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:

##### **Licensed Practical Nurses Scope of Practice**

- THE KBN COMPARISON CHART OF RN/LPN PRACTICE, AS SUBMITTED, BE APPROVED; AND ADVISORY OPINION STATEMENT (AOS) #27 COMPONENTS OF LPN PRACTICE, AS REVISED, BE APPROVED

#### **CONSUMER PROTECTION COMMITTEE**

##### **Consumer Protection Committee March 10, 2022 Report**

- IT WAS MOVED AND SECONDED TO ACCEPT THE MARCH 10, 2022 CONSUMER PROTECTION COMMITTEE REPORT, AS AMENDED, 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:

#### **Change in process of reporting nurses under investigation to NURSYS**

- THE REVISIONS TO THE DISCIPLINARY BROCHURE TO REFLECT THE PROCESS CHANGE FOR REPORTING INVESTIGATIONS TO NURSYS AND WHAT WILL BE VALIDATED ON THE KBN WEBSITE BE ACCEPTED.

#### **ADVANCED PRACTICE REGISTERED NURSE COUNCIL**

##### **APRN Council January 21, 2022 REVISED Report and March 18, 2022 Report**

- IT WAS MOVED AND SECONDED TO ACCEPT THE REPORTS OF THE JANUARY 21, 2022 (REVISED) AND MARCH 18, 2022 APRN COUNCIL MEETINGS, WHICH WERE APPROVED BY ACCLAMATION. The following committee recommendations were moved and seconded and were approved by acclamation after discussion and presentation of background materials:

##### **Request for Advisory Opinion – Regenerative – Stem Cell Therapy and Platelet Rich Plasma Therapy**

- IT IS WITHIN THE SCOPE OF PRACTICE OF AN ADVANCED PRACTICE REGISTERED NURSE (APRN), WHO IS EDUCATIONALLY PREPARED AND CLINICALLY COMPETENT, TO EVALUATE, TREAT, PRESCRIBE AND ADMINISTER 'PLATELET-RICH PLASMA' (PRP) THERAPY.
- IT IS IN THE SCOPE OF PRACTICE FOR AN ADVANCED PRACTICE REGISTERED NURSE WHO IS EDUCATIONALLY PREPARED AND CLINICALLY COMPETENT TO RECOMMEND OR SUGGEST THE USE OF VITAMINS, DIET AND EXERCISE REGIMENS TO PATIENTS

##### **Repetitive Transcranial Magnetic Stimulation (rTMS) for Depression**

- IT IS WITHIN THE SCOPE OF PRACTICE OF AN ADVANCED PRACTICE REGISTERED NURSE (APRN) PSYCHIATRIC MENTAL HEALTH NURSE PRACTITIONER (PMHNP) WHO HAS A CREDENTIAL IN THE USE OF RTMA AND IS EDUCATIONALLY PREPARED POSSESSING AN EXTENSIVE BACKGROUND IN BRAIN PHYSIOLOGY RECEIVED DURING COMPLETION OF A TRAINING PROGRAM IN PSYCHIATRY AND/OR NEUROLOGY AND CLINICALLY COMPETENT TO PRACTICE TRANSCRANIAL MAGNETIC STIMULATION.

#### **Advisory Opinions not yet Incorporated within Advisory Opinion Statements Ketamine Clinics Scope of Practice of an APRN CRNA**

- IT IS WITHIN THE SCOPE OF PRACTICE OF AN ADVANCED PRACTICE REGISTERED NURSE (APRN) CRNA TO ORDER AND ADMINISTER KETAMINE INFUSION FOR PSYCHIATRIC DISORDERS AND CHRONIC PAIN AND THAT AN ADVISORY OPINION STATEMENT BE CREATED TO DISCUSS THE COLLABORATION AND USE OF KETAMINE IN NON-ACUTE SETTINGS.

#### **DIALYSIS TECHNICIAN ADVISORY COUNCIL**

- IT WAS MOVED AND SECONDED TO ACCEPT THE MARCH 15, 2022 DIALYSIS TECHNICIAN ADVISORY COUNCIL REPORT, WHICH WAS APPROVED BY ACCLAMATION.

#### **GOVERNANCE COMMITTEE**

- IT WAS MOVED AND SECONDED TO ACCEPT THE MARCH 10, 2022 GOVERNANCE COMMITTEE REPORT, WHICH WAS APPROVED BY ACCLAMATION.

#### **Kelly Jenkins announced the upcoming staff professional development day on May 2, 2022.**

#### **ACTION ON LICENSES**

- IT WAS MOVED AND SECONDED THAT EIGHT 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.

#### **KBN LEGAL UPDATE**

The General Counsel's KBN Legal Update was provided in closed session for information only.

#### **FUTURE BOARD DISCUSSION ITEMS**

Upon a suggestion made by Anne Veno, and following discussion from Board members, it was decided to add potential guidance for nurses in volunteer roles and LPNs in operating rooms to the next Practice Committee meeting agenda.



## KENTUCKY BOARD OF NURSING SELECTS EDVERA™ REGULATORY MANAGEMENT SYSTEM

### Workflow Automation Software Used To Streamline Statewide Education Program Approvals - Saving Time and Money

(Columbus OH, May 25, 2022) [The Kentucky Board of Nursing \(KBN\)](#) is responsible for approving and regulating pre-licensure nursing education programs that originate in Kentucky. In addition, the KBN approves and regulates dialysis technicians and sexual assault nurse examiners training programs. This oversight involves a substantial amount of documentation, reporting, and time spent by the programs' faculty and staff, and by the KBN staff.

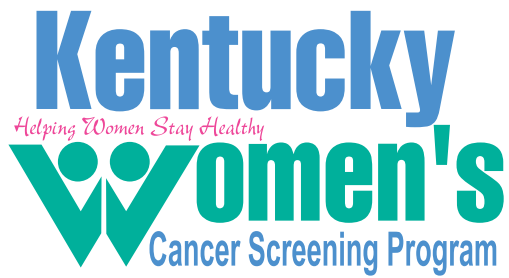
KBN is blazing new trails. Until now, documents and reports have been printed and manually filed, which resulted in inefficiencies with inherent bottlenecks created by the limitations of paper documentation. Kelly Jenkins, Executive Director of the KBN, recognized these obstacles and was determined to replace the paperwork with an electronic system to better accommodate the growing demands on her operation. These changes will prioritize and automate the workflow, while providing substantial document management flexibility and immediate access to data.

*“We’re leveraging technology to increase staff productivity, and to ensure delivery of high-quality support to students and educational institutions...” - Kelly Jenkins, Executive Director*

Enter [EDvera](#), the market-leading workflow management software for state agencies and accreditors, streamlining and simplifying the management of complex processes associated with approval, authorization and licensing/permitting. Already the most popular choice among state regulators, interest in EDvera has surged over the past few years, gaining new urgency with the recent advent of remote/virtual work and growing public demand for timely access requests for information. This is the second Kentucky-based institution to leverage EDvera for workflow optimization.

Visit [EDvera.com](#) for details on how EDvera’s accreditation and licensing management software can work for you and your organization, or contact Account Executive [Pam Hammers](#) directly for more information.





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Kentucky Public Health

# AM I USING ALCOHOL OR DRUGS AS A METHOD TO COPE?

Patricia Y. Smith, MSN, RN  
Manager, KARE for Nurses Program  
Manager, Compliance Branch Manager



Nurses surveyed during the past two years during the COVID pandemic have described being stressed, frustrated, exhausted, overwhelmed, anxious, overworked, undervalued, sad, angry, unsupported, depressed, isolated, and hopeless among other descriptions. In the same survey, 42% of the nurse respondents stated they were involved in extremely stressful, disturbing, or traumatic experiences due to COVID-19.

During the pandemic, one survey of nurses found that around one in five nurses said their alcohol consumption had increased, and 3% said they had increased their substance use. (1).

A survey of nurses asked about past drug use during 2020-2021. This survey revealed that substance use disorder (SUD) rates (6.6%) are similar to the rate of the U.S. general population (7.4%) (SAMHSA, 2020). However, there is currently no reliable data on the number of nurses whose substance use slid into the realm of a disorder or how many nurses with an addiction that had been under control, relapsed during the pandemic.

Because of stigma around substance use and fear of losing their jobs or their licenses, most nurses with substance use problems do not seek out help voluntarily. In fact, nurses typically engage in treatment late in the process of their disease. Many only do so after a legal or employment issue, such as being caught diverting narcotics or driving under the influence, prompts them to ask for help.

In addition to the descriptors mentioned earlier in this article, many nurses witnessed much more death than they were used to. Nurses' skills and knowledge are meant to restore people to a stable or healthier life, or a peaceful death, while recent pandemic experiences

have been quite the opposite of a "routine" nurse's day to day care. Fear of the nurse's own health or their families health due to COVID, working overtime, extra shifts, and the negative effects of working situations on rest, health, nutrition, exercise are additional stressors that are not usual. Add those stressors and nurses have, in their minds, provided justification of increasing substance use instead of reaching to their nursing knowledge for healthier lifestyle supplements.

The following are excerpts from nurses' acknowledgements about the circumstances that contributed to the development of a substance use disorder:

**Nurse A:** The nurse stated she grew up in an abusive environment, her father an active alcoholic. Her mother was co-dependent and always critical of her. She started drinking alcohol and smoking marijuana in high school and continued all through college until the birth of her first child. She took any drug that was offered to her from her friends. She wanted to escape her home and the reality of her world and abuse.

**Nurse B:** The nurse experienced an injured back and was prescribed Lortab for pain by the family healthcare provider. At first, the pain medication was taken as directed, then the nurse started taking more medication than was prescribed and taking more often until the prescription ran out early. The nurse then started shopping around for more doctors and pain clinics to give pain medication. The nurse tried to quit many times only to start back the next day.

**Nurse C:** The nurse worked in an ER in a large hospital, and had an excellent reputation. After a year of working, the nurse was called into the Director of Nursing Office for documentation errors, medication discrepancies, writing false prescriptions and stealing prescription pads from a physician. The nurse admitted to all the allegations and was immediately terminated. The nurse was arrested the next day and charged with three felonies: obtaining prescription medication pads illegally and three counts of forging prescriptions for a controlled substance.

**Nurse D:** "I had an opiate to waste and accidentally kept it in my pocket. I just took it and felt energized. I didn't use again until I was working and felt tired/overwhelmed and took another opiate that was to be wasted. This use gradually increased."

**Nurse E** also shared that while working in a COVID unit, it was so stressful that the use of alcohol helped to deal with the stress. Besides the nurse providing nursing care, there was the emotional component of dealing with the illness and death. Families were not allowed to visit and the nurse became the emotional support for several patients as well. It became so overwhelming this nurse resigned.

#### **Some comments from nurses dealing with substance use disorder:**

- I was having issues with my significant other and would use alcohol to cope
- I took opiates before and didn't have any problems
- I had chronic pain and it was prescribed for me
- I only drink/use when I am not at work
- I lost a family member and things went downhill after that
- The stress of school (in addition to working) made me think if I could "stay up" could be more efficient and get more done
- I used as a kind of pick me up to get through the day here and there
- I couldn't afford opiates, so I started using heroin

**Risk factors for nurses:**

1. Access
2. Stress (no explanation needed),
3. Lack of education (stereotypes, negative attitudes among healthcare providers, nurses may try harder to conceal the problem)
4. Attitude
  - (a) nurses may see substance use as an acceptable means of coping with life's problems and a way of promoting enjoyment, comfort, and the ability to get along
  - (b) because of their training and daily observations, nurses may develop a faith in drugs as a means of promoting healing
  - (c) a sense of entitlement that focuses on the nurse's need to continue working and providing rationalizations regarding drug use
  - (d) health care providers being invulnerable to the illnesses of their patients; health care providers see themselves as caregivers, not care receivers
  - (e) professional training involving powerful drugs leads to an acceptance of self-diagnosing and self-medicating for physical pain and stress

Comments shared from nurses in recovery:

“Our ultimate goal is to maintain a high level of care for our patients and to provide for their safety. Just as importantly, we must also remember to care for ourselves and our coworkers by being more aware of the problem of addiction among nurses”.

“Alcohol was only a symptom. I'm able to do life on life's terms now, and wow, how good that feels”

“I just finished celebrating six years being clean and sober my life is really good”

Many people don't understand why or how “other” people could abuse drugs or alcohol or become addicted. They may mistakenly think that those who use drugs lack moral principles or willpower and that they could stop their drug use simply by choosing to. In reality, drug addiction is a complex disease, and quitting usually takes more than good intentions or a strong will. Drugs and alcohol change the brain in ways that make quitting hard, even for those who want to. Yet....recovery is possible. A personal inventory of one's current use of alcohol and/or drugs may assist in avoiding unintended and undesired consequences, while identifying new and different coping strategies. Utilize the links below to assess your current use.

<https://kbn.ky.gov/General/Documents/self-test-for-alcoholism.pdf>  
<https://kbn.ky.gov/General/Documents/self-test-for-drug-addiction.pdf>

American Nurses Foundation (2020) American Nurses Foundation, Pulse on the Nation's Nurses COVID-19 Survey Series: Mental Health and Wellness Survey 2.

<https://www.nursingworld.org/practice-policy/work-environment/health-safety/disaster-preparedness/coronavirus/what-you-need-to-know/survey-series-results/>

Griffith, S.A., Chastain, K., Kiefer, S.A., & Privette, K.G. (2021). A Description of Participants in North Carolina's Alternative-to-Discipline Program for Licensed Nurses Diagnosed with Opioid Use Disorder. *Journal of Nursing Regulation*, 11(4), 63-70.

Trinkoff, A.M., Selby, V.L., Han, K., Baek, H., Steele, J., Hephzibah, S.E., Yoon, J.M. & Storr, C.L. (2022). The Prevalence of Substance Use and Substance Use Problems in Registered Nurses:

Estimate from the Nurse Worklife and Wellness Study. *Journal of Nursing Regulation*, 12,(4), 35-46.



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# 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/General/Documents/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.

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Berns, Eric Robert	RN License 1163759	Grayson, KY	Eff. .... 12/20/21
Carney, Abigail Marie	RN License 1150159	Louisville, KY	Eff. .... 3/14/22
Cheek, Alison Ingrid Grande	RN License 1131620	Lexington, KY	Eff. .... 12/14/21
Johnson, April Ginter	RN License 1123658	Morehead, KY	Eff. .... 1/24/22
Johnson, Paula Delaina	LPN License 2035998	Harlan, KY	Eff. .... 1/27/22
Pickering, Christopher Gregory	RN License 1128804; APRN License 3008257	Louisville, KY	Eff. .... 12/20/21
Stephens, Kimberly Mae Neal	LPN License 2030238	Covington, KY	Eff. .... 12/20/21
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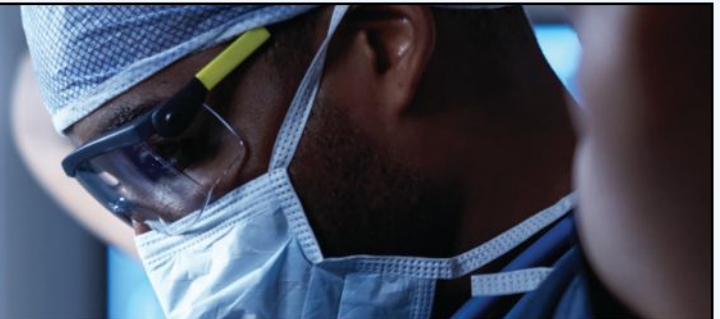
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