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Winter **2008** Edition 14



KBN Staff

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KBN MISSION

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

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Statistics Corner

As of December 18, 2007, KBN records show

RN Active	50,607
LPN Active	13,612
RN Retired	868
LPN Retired	491
Advanced Registered Nurse Practitioners	3,214
Sexual Assault Nurse Examiners	189
Dialysis Technicians Active	546
Dialysis Technicians Inactive	324



KBN Connection circulation includes over **70,000** licensed nurses and nursing students **in Kentucky.**

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PRESIDENT'S MESSAGE



Have you ever wondered how Kentucky Board of Nursing members are chosen? In this edition of your KBN Connection, I will explain the process.

The Board consists of 16 members that serve four-year terms beginning July 1 and ending June 30. Four members' terms expire every year and are replaced either with the same individual or a new person so that no more than one-fourth of the board is replaced each year. The make-up of the members are: Nine are registered nurses; three are licensed practical nurses; one is a nurse service administrator; one is engaged in practical nurse education and is also a registered nurse; and two are citizens-at-large that are not associated with or financially interested in the practice or business regulated by KBN.

The Governor of Kentucky appoints the members from a list of names submitted by the five organizations that represent the categories as outlined above. The organizations send to the Governor at least two names as nominees. The organizations are: The Kentucky Nurses Association (KNA); the Kentucky State Association of Licensed Practical Nurses (KSALPN); the Kentucky Organization of Nurse Leaders (KONL), an affiliate of the Kentucky Hospital Association; the Kentucky Association of Nonprofit Homes and Services for the Aging, Inc (KAHSA); and the Kentucky Association of Health Care Facilities (KAHCF). The specific appointment breakdown is as follows: KSALPN — three LPNs and one practical nurse educator; KAHCF — one RN; KAHSA — one RN; KONL — one RN nurse executive; and KNA — seven with a further breakdown of three in nursing education, three in nursing practice and one ARNP. The two citizens-at-large are not nominated by any group. The statutory basis for the nominations comes from KRS 314.121.

Further qualifications are that each nurse (RN or LPN) must be a U.S. citizen, a resident of Kentucky, a graduate of an approved school of nursing, licensed to practice in the state of Kentucky, have at least five years of experience in nursing, three of which must immediately precede the appointment. Once the Governor appoints the members to the board, then the member does not represent any group or organization but speaks as one voice for all of the citizens of the Commonwealth in fulfilling the mission of the Board — to protect public health and welfare.

Below is a photo of the 2007 KBN members.



Marcia Hobbs, Melda Sue Logan, Sally Baxter, Jimmy Isenberg, Jan Ridder, Deborah Phillips, Ann Fultz, Gail Wise, Carol Komara, Christe Coe, Sue Davis, Peggy Fishburn, Catherine Hogan [KBN members not shown: Anne Veno and Patricia Birchfield]

KBN welcomes four new members who were appointed to the Board of Nursing in December 2007. Each will serve a four-year term through June 2011.

- **Cheryl Hickman, RN**, Pikeville, is a Nurse Executive at Pikeville Medical Center.
- **Gerald Dick, LPN**, Crestwood, is employed at the VA Medical Center in Louisville.
- **Elizabeth (Beth) Partin, ARNP**, Columbia, conducts an outpatient practice at Westlake Primary Care in Columbia. Beth has served previous terms on the Board.
- **Jann Gilliam**, Annville, was appointed as Citizen-at-Large and is self-employed as a political consultant.

A handwritten signature in black ink that reads "Jimmy T. Isenberg".

Jimmy T. Isenberg, Ph.D., RN

EXECUTIVE DIRECTOR'S MESSAGE



REVISITING AN OLD FRIEND: I recently had an opportunity to speak with a group of nurses regarding the American Nurses Association's Code of Ethics—a document that most of us studied at some point in our education. In a number of work settings, the Code is visibly posted and many nurses across the state likely have bookmarks or copies of the document tucked away safely on a shelf or in a drawer. For the majority of nurses, the Code of Ethics, like the Kentucky Nursing Laws, is vaguely familiar, at times misinterpreted, and generally viewed as a benchmark for practice.

The Kentucky Nursing Laws and the Code of Ethics, when compared, are closely aligned in a number of ways. The Code of Ethics is a statement of nursing's own commitment to Society and provides a framework for making decisions about one's actions. The Nursing Laws are a legal definition of nurses' commitment to Society and provide a legal framework for making decisions about one's actions. However, just as some individuals have their own idea regarding how a 55 or 70 mile-per-hour speed limit may apply to their driving, more than a few nurses have their own ideas about how the Nursing Laws or Code of Ethics apply to their practice. ANA describes the Code of Ethics as providing a nonnegotiable ethical standard for nursing behaviors. The Kentucky Nursing Laws are a non-negotiable legal standard for nursing behaviors. Nurses who adhere to the Code of Ethics will find it easy to comply with the Nursing Laws and the regulations written to enforce the law. The Code of Ethics is not legally enforced; yet many principles reflected in the Code are the same principles reflected in the Nursing Laws; those statutes and the regulations that flow from the statutes are indeed enforced. All nurses and those who become nurses in the Commonwealth are required to comply with the Nursing Laws. Nurses practicing in Kentucky on a compact license are also required to comply with the laws and regulations of the Commonwealth.

There are nine provisions in the Code of Ethics. The first three express the fundamental values and commitment of nurses. The next three address the boundaries of duty and loyalty of the nursing profession and the last three address duties of the nurse beyond patient encounters. I recommend that each of us periodically refresh our memory of those provisions and the interpretive statements that accompany them. Throughout, we will find concepts that probably influenced our decisions to become nurses such as "respect for the worth, dignity and rights of individuals irrespective of the nature of their health problems." The Code emphasizes collaboration in order to accomplish care and embedded in such collaboration is the expectation that nurses respect and recognize co-workers, their expertise, rights, and boundaries. The Code speaks to the responsibility of co-workers when confronted by impaired, illegal, or incompetent practice on the part of a colleague, while the Nursing Laws make it mandatory that impaired and illegal practice be reported to KBN. Further, KBN offers the KARE Program (Kentucky Alternative Recovery Effort) to qualified and motivated nurses to enable their recovery and continued nursing practice. The value of nursing knowledge, continuing education, and involvement in public policy are also reflected in the Code as aspects that advance the profession and contribute to the health and welfare of Society.

Just as we value meeting and reacquainting ourselves with an old friend, there is value in again "meeting" and reacquainting ourselves with those documents that provide the framework for our nursing practice—they too are the old friends we so enthusiastically met as students and beginning practitioners.

Charlotte F. Beason, Ed.D., RN

CODE OF ETHICS FOR NURSES

The nurse, in all professional relationships, practices with compassion and respect for the inherent dignity, worth, and uniqueness of every individual, unrestricted by considerations of social or economic status, personal attributes, or the nature of health problems.

The nurse's primary commitment is to the patient, whether an individual, family, group, or community.

The nurse promotes, advocates for, and strives to protect the health, safety, and rights of the patient.

The nurse is responsible and accountable for individual nursing practice and determines the appropriate delegation of tasks consistent with the nurse's obligation to provide optimum patient care.

The nurse owes the same duties to self as to others, including the responsibility to preserve integrity and safety, to maintain competence, and to continue personal and professional growth.

The nurse participates in establishing, maintaining, and improving health care environments and conditions of employment conducive to the provision of quality health care and consistent with the values of the profession through individual and collective action.

The nurse participates in the advancement of the profession through contributions to practice, education, administration, and knowledge development.

The nurse collaborates with other health professionals and the public in promoting community, national, and international efforts to meet health needs.

The profession of nursing, as represented by associations and their members, is responsible for articulating nursing values, for maintaining the integrity of the profession and its practice, and for shaping social policy.

The ANA Code of Ethics is reprinted here. Additional information can be accessed through www.nursingworld.org. The Kentucky Nursing Laws and KBN regulations can be accessed through www.kbn.ky.gov. Based on Code of Ethics for Nurses with Interpretive Statements. Silver Springs, MD. American Nurses Association, 2001.

Patches: What You Can't See Can Harm Patients

Article reprinted from ISMP Medication Safety Alert! Nurse Advise-ERR (April 2007, Volume 5, Issue 4), with permission by the Institute for Safe Medication Practices..

Transdermal patches are used as a drug delivery system for a number of pharmaceuticals. The medicated adhesive patch is placed on the skin to deliver a time released dose. Before applying a new patch, the existing patch must be removed, as medication often remains available in the patch even after its recommended duration of use.

To remind nurses to remove an existing patch before applying a new one, many hospitals include this step, along with the drug listing, as a discrete item on medication administration records (MARs). To help find the patch, the location of application is included when documenting the patch placement. Nevertheless, old patches have been left in place inadvertently, often because nurses do not know a preexisting patch has been applied, or they have difficulty finding the existing patches.

Many transdermal patches are clear or translucent, making them nearly invisible on the skin. Although the drug name may be printed on the patch, visibility may still be poor, and with some products, the printing has rubbed off during use. Thus, patch removal may be missed, potentially leading to an overdose as in the following example: A patient who had been receiving transdermal fentanyl 100 mcg per hour every 72 hours had a second patch applied after the nurse could not find the clear, existing patch. The location of the first patch had not been documented. The patient became severely obtunded, which led to a full work-up for a stroke. Three days later, the initial clear patch was found on the patient's thigh (not a recommended site). The patches were removed, naloxone was administered, and the patient fully recovered.

Adverse events have also occurred when, upon admission, patients forgot to mention that they were using transdermal medications at home, as in the following example: In one case, an obese woman admitted to the ED with chronic pain failed to mention the fentanyl 75 mcg per hour patch she was wearing. The patient was admitted to a medical unit with orders for a fentanyl patch 50 mcg per hour every 72 hours, which was applied that evening, and IV morphine for breakthrough pain. The next day, the patient was found unresponsive. She was intubated, given naloxone, and transferred to ICU. A nurse later found the fentanyl patch applied at

home deep within a skin fold. The patch was removed and the patient recovered.

Another situation in which patches are not always removed happens during transitions in care, as noted below: Preoperatively, a scopolamine patch was placed behind the ear of an elderly man undergoing a cardiac catheterization. The patient had compromised renal function but no history of central nervous system symptoms. Three days later, he developed delirium, restlessness, confusion, and myoclonic jerks. The patient's daughter noticed that the patch had not been removed postoperatively as prescribed. She told a nurse, who then removed it. The patient's symptoms gradually subsided.

Review the suggestions listed below to help ensure that existing patches are removed upon discontinuation or before application of a new patch.

- **Document.** Along with the drug entry on the MAR, include a prompt for a second entry so nurses can document the location and time of applying and removing the patches. If computer generated MARs are used, build this into the order entry program so that it automatically appears on the MAR when a patch has been prescribed.
- **Ask the patient.** Before applying the first dose of a newly prescribed patch, always ask if the patient has an existing patch on the skin and where it is located.
- **Make no assumptions.** Do not assume a patch has fallen off. Fully examine the skin, especially if patients are confused, sedated, unresponsive, or exhibit drug-seeking behavior.
- **Facilitate disclosure.** When obtaining an initial list of medications taken at home, specifically ask patients about drugs such as patches, inhalers, eye drops, topical creams, and other medications administered by routes other than oral. Be sure medication reconciliation forms are updated to include prompts for non-oral medications.
- **Apply auxiliary labels.** If patches are clear, apply a more noticeable auxiliary label to the patch, taking care not to obscure any existing drug information. (A pen may puncture the patch if markings are made directly on the patch.)
- **Reconcile removal.** When patches are meant for one-time placement (e.g., preoperatively), discontinued, or not reordered upon transfer, be sure that removal of the patch is documented on the MAR.

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SUBMISSION OF GUEST ARTICLES IN THE KBN CONNECTION

Articles from guest authors may be submitted for publication in the *KBN Connection*. Priority will be given to subject matter dealing with Kentucky nurses and issues affecting nursing practice in the Commonwealth. If you plan to submit an article, please review the following guidelines.

ACCEPTABLE ARTICLES:

1. Promotes the mission of the Kentucky Board of Nursing (KBN) to protect the public through safe nursing practice.
2. Statistical data related to nursing practice/healthcare workforce.
3. Practice, research or policy papers that focus on professional nursing.
4. Articles may include scenarios or case studies.
5. Articles may include photography.

REQUIREMENTS FOR ARTICLES:

1. Articles should be evidence-based.
2. Authors are responsible for the accuracy and completeness of their reference and correct text citation.
3. Authors must obtain copyright releases for reprinting any previously published material.
4. Authors must protect the anonymity of people described in scenarios/case studies and must obtain the written consent of all such people, even if the individual names are not used, whenever the identity of such a person could accidentally be determined.
5. Author must meet KBN Connection publishing deadlines.
6. KBN staff has final editing authority.

ARTICLES NOT ACCEPTABLE FOR PUBLICATION:

1. Articles endorsing political candidates or viewpoints.
2. Articles advertising employment for nurses outside Kentucky.
3. Unreferenced personal opinion articles.
4. Other articles identified by the KBN Connection Panel as unacceptable.

SUBMISSION REQUIREMENTS:

1. Articles should not exceed 1,000 words in length unless approved by the panel.
2. Accompanying photographs should be high resolution and submitted in a JPEG format.
3. Articles should be submitted to the editor by e-mail [DarleneF.Chilton@ky.gov], preferably in a Microsoft Word format.



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CONSUMER PROTECTION CORNER

Disciplinary Case Review *by Ann Tino, RN, BSN, Certified Nurse Investigator, Consumer Protection Branch*

Disclaimer: Although disciplinary action taken by KBN is a matter of public record, the identity of these nurses will not be revealed.

By the time this article is printed, we will be into the start of a new year, a new beginning. As nurses, we are just a few months into our renewal period. As a reminder, nurses in Kentucky follow an annual renewal period. In January 2005, an administrative regulation was amended that requires nurses to renew every year as opposed to every two years. So, for a LPN, 2007 was the third annual renewal period and for a RN, the second. We should all know this by now. Right?

You may be surprised to know that many nurses fail to renew their license as required and continue to work on a lapsed license. When a nurse is reported to KBN for working without a current license, the complaint usually comes from an employer who has attempted to verify the licenses of their employees. To their surprise, but not ours, there will be a nurse or two who has failed to renew by the yearly October 31 deadline, yet continues to function in their place of employment as a nurse. This is a violation of the *Kentucky Nursing Laws*.

Take for example, Nurse H, who failed to renew her RN license by October 31, 2006, and continued to work as a staff nurse at a local hospital until January 2007. In another case, Nurse J worked at a nursing home for more than a year without a current LPN license. Still another case involved Nurse K, who worked as a director of nursing at a hospital for almost two years without a current license. The reasons for failure to renew vary from "I simply forgot;" "I thought I mailed it;" "I moved and misplaced my renewal reminder;" to "I thought it was good for two years."

According to KRS 314.071(4), "the person practicing nursing during the time the license has lapsed shall be considered an illegal practitioner and shall be subject to the penalties provided for violations of the provisions of this chapter." Once this type of violation comes to the attention of KBN, the person must cease and desist immediately from representing themselves as a licensed nurse. A letter of explanation is requested regarding the complaint, and the employer must send verification of the actual dates worked without a current license. After this information is received, if the violation is found to have been non-willful or unintentional, the person may be offered a Consent Decree, which is an agree-

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ment between the nurse and KBN. The Consent Decree involves payment of a civil penalty: \$500 for the first month of practicing without a license and \$100 for each month thereafter. Once the Consent Decree is entered by KBN and the nurse completes the reinstatement process, the nurse can begin to practice again. The Consent Decree is not considered formal disciplinary action and is not reported to the National Council of State Boards of Nursing, to other state boards of nursing, or to employers, nor is it published in the *KBN Connection*. The document is, however, kept in the nurse's file at the KBN office and is subject to the Kentucky Open Records Act. If the violation is found to be intentional, it could lead to formal disciplinary action taken pursuant to KRS 314.091 that could result in more severe sanctions against the nurse's license.

Civil penalties have previously been assessed for as much as \$5,000 for failing to renew a license yet continuing to practice as a nurse. As nurses, it is our professional responsibility to be aware of the laws that govern our practice. This type of violation can easily be avoided. You worked hard for your license, working smarter will protect it. A copy of the *Kentucky Nursing Laws* can be ordered from the KBN office at a cost of \$2, or it is available on the KBN website.

Reporting Criminal Convictions

by **Carol Woodworth, RN**, Nurse Investigator, and **Toni Humphrey**, Complaint Coordinator

Any applicant seeking licensure in the state of Kentucky, whether by exam, endorsement, reinstatement, or renewal, must answer the criminal background question on the application, "Have you ever been convicted of a misdemeanor or felony?" Most applicants understand and answer honestly and correctly. However, there does seem to be some confusion as to what exactly needs to be reported. DUIs **must** be reported.

An application is not considered complete and will not be processed until the following documents are received: 1) a personally written letter of explanation; 2) an official (**certified**) copy of the court record(s); and 3) additional information as requested.

An exception to this is misdemeanors older than five years. These convictions must be reported on an application, however, you are **NOT** required to submit a letter of explanation or certified copy of the court record. A criminal conviction that has been sealed, dismissed, or expunged by a court of law does **NOT** have to be reported.

All felony convictions, regardless of age, must be reported on the application, and you must submit a letter of explanation and a certified copy of the court record.

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NURSE DISCIPLINARY DEFENSE

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KBN SPOTLIGHT

Administrative Support Branch

In addition to being reported on an application, *Kentucky Nursing Laws*, Chapter 314, states that you "...shall, within thirty (30) days of entry of the final judgment, notify the Board in writing of any misdemeanor or felony criminal conviction, except traffic-related misdemeanors other than operating a motor vehicle under the influence of drugs or alcohol..."



If you are in doubt about whether your conviction is reportable as a misdemeanor or felony, you should inquire at the county clerk's office in the jurisdiction that you were charged or contact the Investigation & Discipline Branch at the KBN office.

A criminal conviction does not automatically exclude you from licensure in Kentucky. However, failure to report a conviction may result in you being charged with KRS 314.091(1)(a), "Is guilty of fraud or deceit in procuring or attempting to procure a license to practice nursing." This violation could have greater consequences for you than the reporting of the actual conviction, i.e., KBN may initiate an action for immediate temporary suspension denied reinstatement or may deny licensure altogether.

Your information is reviewed on an individual basis. We ask that you submit your application, fee, and information regarding the occurrence together. KBN will review your file and make a decision regarding your licensure at that time. Please keep in mind that KBN does take into consideration the type of conviction, the age that you were when the incident occurred, and the time that has elapsed since the conviction.

Starting with this issue of the KBN Connection, the Kentucky Board of Nursing will highlight a Branch (work unit) at KBN. We hope these articles will acquaint you with the many services KBN offers licensees and



the citizens of the Commonwealth of Kentucky. The Administrative Support Branch, which works mainly behind the scenes of KBN activities, is the first to be profiled. This Branch, whose main function is to develop office and electronic processes to assist licensees, health care facilities, and the public, serves as the business unit for KBN and is composed of two sections: Administrative Services and Information Technology. Administrative Support staff is attuned to increasing service needs, and they continuously look for ways to provide high quality cost-effective service. Their innovations include revamping mailing practices as postage rates increase, an enhanced website and redesign of processes that support KBN's annual renewal cycles. This Branch also played a major role in the implementation of the Nurse Licensure Compact by facilitating activities as varied as mailing letters to each of the over 63,000 nurses licensed in the state to ensuring accurate and timely electronic transfer of data to the National Council of State Boards of Nursing (NCSBN). This article gives you a rare glimpse into the activities of one KBN Branch that has a major impact on the delivery of services to the public and licensees.

Administrative Services Section by Maria Wheat, Administrative Support Supervisor

The customer's first contact with KBN may very well be with the Administrative Services Section of the agency. KBN receptionists are readily available to customers calling by phone or coming into the reception area. Knowledgeable about KBN processes, a receptionist can, in many cases, provide the information or assistance a customer may require or transfer the caller to the appropriate staff. An accountant enters daily receipts into the database for those payments received by mail or from walk-in customers. Transactions entered include applicants applying for licensure by examination, endorsement from another state, reinstatement of license, or paper licensure renewal. Other staff includes an office manager and payroll clerk who support both Board member and KBN staff needs.

Administrative Services staff has the important role of monitoring monies expended by the Nursing Incentive Scholarship Fund (NISF). KBN partners with the Kentucky Revenue Cabinet to collect delinquent repayment from NISF recipients who default on their scholarships. The staff assists individuals making repayments, as well as monitoring repayments. Recovery of these

KBN Spotlight continued on page 27

HIGHLIGHTS OF BOARD ACTIONS

Executive Director Report

Accepted the plan for a cardless licensure system.

Approved the HIV/Aids CE concept and directed the Education Committee to move forward.

Directed 201 KAR 20:260 be referred to the Education Committee for consideration.

Approved 201 KAR 20:270 and 201 KAR 20:360 for filing with one amendment.

Approved 201 KAR 20:290 for filing with no changes.



Education Committee

Beckfield College—Florence:

- Accepted the application to establish a practical nursing program.
- Permitted the program to proceed to the proposal stage

Bowling Green Technical College—Glasgow, Practical Nursing Program:

- Accepted the application to develop a practical nursing program extension in Bowling Green.
- Permitted the program to proceed to the proposal stage.

Brown Mackie College—Louisville:

- Accepted the application to establish a practical nursing program.
- Permitted the program to proceed to the proposal stage.

Brown Mackie College—Northern Kentucky, Practical Nursing Program:

- Accepted the July 23-25, 2007 Survey Visit Report.
- Approved the requirements to be met as stated in the report.
- Directed the program submit a response by November 26, 2007, to include a timeline for the correction of each "requirement to be met" identified in the report.
- Directed the program submit evidence that all requirements are met within six months, with a final report as to the final resolution of each identified requirement submitted no later than April 1, 2008.
- Directed that should the program's April 1, 2008, response to this site visit not provide satisfactory response to all requirements, the program administrator and the college president shall appear before the Board to provide justification as to non-adherence to requirements. At that time, the Board

may consider application of the provisions of 201 KAR 20:280, Section 2(2)(d)3, which may include limiting or denying future admissions for a specified period of time to assist the program to meet standards.

- Directed that, following receipt of the final report, the Board conduct a follow-up visit to the program to evaluate adherence to Kentucky regulations 201 KAR 20:250-360.
- Directed the status of the program be changed from Initial to Conditional until such time that the program adheres to all Kentucky state regulations to the satisfaction of the Board.

Gateway Community & Technical College—Edgewood, Associate Degree Nursing Program:

- Accepted the initial planning report.

Jefferson Community & Technical College—Carrollton, Practical Nursing Program:

- Approved the curriculum change to the program at its Carrollton location only.
- Directed that, by March 1, 2008, the program provide an updated copy of the program evaluation plan to include how the curriculum change will be evaluated with respect to student achievement of program outcomes.

Maysville Community & Technical College—Cynthiana:

- Accepted the application to establish an associate degree registered nursing program extension for an admission class no earlier than August 2008.
- Permitted the program to proceed to the proposal stage.

Maysville Community & Technical College—Mt. Sterling:

- Accepted the application to establish a practical nursing program extension at Mt. Sterling.
- Permitted the program to proceed to the proposal stage.

Owensboro Community & Technical College—Owensboro, Associate Degree Nursing Program:

- Accepted the initial report.
- Directed that, by November 15, 2007, the program submit a progress report to address each remaining area of requirements with evidence to support accomplishments.
- Directed that a final report be submitted by May 30, 2008, to validate completion of all requirements.
- Directed the education consultant conduct a site visit following submission of the progress report.

Southeast Kentucky Community & Technical College—Cumberland, Associate Degree Nursing Program and Practical Nursing Program:

- Accepted the May 3, 2007, report as evidence of the completion of all requirements as noted in the site visit report of February 27-28, 2007.

Spencerian College—Louisville, Associate Degree Nursing Program:

- Accepted the August 8-10, 2007, Survey Visit Report.
- Approved the requirements to be met as stated in the report.
- Directed that the program submit a response by November 26, 2007, to include a timeline for the correction of each "requirement to be met" identified in the report.
- Directed the program submit evidence that all requirements are met within six months, with a final report as to the final resolution of each identified

requirement submitted no later than April 1, 2008.

- Directed that should the program's April 1, 2008, response to this site visit not provide satisfactory response to all requirements, the program administrator and the college president shall appear before the Board to provide justification as to non-adherence to requirements. At that time, the Board may consider application of the provisions of 201 KAR 20:280, Section 2(2)(d)3, which may include limiting or denying future admissions for a specified period of time to assist the program to meet standards.
- Directed that, following receipt of the final report, the Board conduct a follow-up visit to the program to evaluate adherence to Kentucky regulations 201 KAR 20:250-360.
- Directed that the status of the program remain Conditional pending receipt of reports and the 2007 NCLEX pass rate.

Western Kentucky University—Bowling Green, Associate Degree Nursing Program:

- Accepted the initial report.

Western Kentucky University—Glasgow:

- Approved the location for the proposed baccalaureate degree nursing program in Glasgow as it meets all requirements set forth in 201 KAR 20:350: "Educational facilities and resources for prelicensure registered nurse and practical nurse programs."

Advanced Registered Nurse Practice Council

Approved the proposed amendments to 201 KAR 20:056, Advanced Registered Nurse Practitioner Registration, Program Requirements Recognition of a National Certifying Organization.

Approved the proposed amendments to 201 KAR 20:057, Scope and Standards of Practice of Advanced Registered Nurse Practitioners.

Approved the proposed amendments to 201 KAR 20:220, Nursing Continuing Education Provider Approval.

Approved the letter of response to the following opinion request: Role of the ARNP in the performance of infant circumcisions.

Governance Panel:

Approved Board Members' and Senior Staff's attendance at the NCSBN Delegate Assembly Annual Meeting in Nashville, Tenn., on August 5-8, 2008.

Disciplinary Actions

Approved 13 Proposed Decisions as written.

VA: Department of Veterans Affairs

The Lexington VA Medical Center is seeking experienced nurses for the following positions:

Full Time RN's • MED/SURG, TELEMETRY
Day and Night 12 hour shifts available
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Various 8 hour shifts available. Previous psychiatric nursing experience preferred
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Psychiatric and Mental Health Nursing.
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Unlicensed Assistive Personnel Taskforce Meets

by **Sharon E. Mercer, MSN, RN, CNAA, BC**, *Nursing Practice Consultant*

The first meeting of the Unlicensed Assistive Personnel (UAP) Taskforce was held November 29 at the KBN office. The taskforce is the result of the KBN directive to form a taskforce to assist the Board in the identification and exploration of issues surrounding the administration of medication by unlicensed personnel. This directive was in response to the Board receiving multiple inquiries on UAP medication administration. The taskforce will serve in an advisory capacity to the KBN Practice Committee. The initial focus of the taskforce will be the administration of medication by unlicensed personnel within the public school system.

In addition to the identification and exploration of issues, the role of the taskforce will include providing overall direction and guidance to subcommittee(s) composed of a variety of individuals with knowledge and expertise regarding the administration of medication by unlicensed personnel. An additional role will be advising the KBN Practice Committee on future utilization and oversight of unlicensed personnel administering medication.

The members of the taskforce are Dr. Jimmy Isenberg, KBN President; Deborah Phillips, LPN Board member; Elizabeth Partin, ARNP Board member; Karen Erwin, RN, State School Nurse Consultant; William Twyman, Retired School Superintendent; and Melissa Mudd, Parent. Dr. Charlotte Beason, KBN Executive Director, is an ex-officio member. Nathan Goldman, JD, KBN General Counsel, and Sharon Eli Mercer, RN, KBN Nursing Practice Consultant, serve as staff support for the taskforce.

Stakeholders with interest and expertise surrounding the administration of medication within the school system will be invited to participate in a subcommittee within the next month.

Please direct any questions or comments regarding the taskforce or subcommittee to Sharon Eli Mercer, MSN, RN, Nursing Practice Consultant, at SharonE.Mercer@ky.gov, or contact her at 502-429-3300 x 231. You may also e-mail Cheryl Skaggs, Practice Assistant, at Cheryl.Skaggs@ky.gov, or contact her at 502-429-3300 x 258.

Upcoming Legislative SESSION

The Kentucky General Assembly will meet in its regular session beginning January 8, 2008. This is what is referred to as the long session. It lasts 60 legislative days and will adjourn on April 15, 2008. Information about the session, bills filed, and contact information for legislators can be found on the Legislative Research Commission (LRC) Web site at www.lrc.ky.gov. The LRC is the administrative arm of the state legislature. The legislature consists of 100 state representatives and 38 state senators. They meet in their respective chambers in the State Capitol Building in Frankfort. There is a public gallery in each chamber where the public can observe the legislature in action. In addition, all committee meetings of the legislature are open to the public. A daily schedule of committee meetings and when each body goes into session is posted on the LRC Web site.

The LRC staff has prepared an Informational Bulletin, No. 224, on issues facing the 2008 General Assembly. You can access LRC's publications page at

by **Nathan Goldman**, *General Counsel*

www.lrc.ky.gov/lrcpubs/info_bulletins.htm. While it is impossible to anticipate all issues that the General Assembly will deal with, health care is usually an important topic. Bills dealing with health care issues that may affect nurses could be introduced at any time during the session, up until the last day allowed for introducing bills. As a citizen, you may have an opinion on a particular bill. You may call a legislator, including the senator or representative from your district, to express your opinion on a bill. Messages can be left for legislators by calling the LRC in Frankfort at 502-564-8100.

Professional nursing organizations have legislative agendas for each session and lobby for their respective issues. Information on various nursing organizations can be obtained from their Web sites. KBN monitors all bills dealing with issues affecting nursing. You can obtain information from KBN by calling Nathan Goldman, General Counsel, at 502-429-3309.

Statistics for Renewal Period Ending October 31, 2007

RENEWED

44,999	RNs
12,744	LPNs
2,735	ARNPs with a Kentucky RN license (25 having dual registration)
165	ARNPs with a compact RN license
172	Sexual Assault Nurse Examiners

Migration to a Cardless Licensure System

Beginning in June 2008, KBN will begin a migration to a "cardless" licensure system. The changes will be as follows: Initial and reinstated licenses issued on and after June 1, 2008, will contain the licensee's name, license number, licensure type (RN, LPN, ARNP, SANE), and original date of Kentucky licensure.

No license cards will be issued to nurses who renew a license, ARNP registration, or SANE credential beginning with the 2009 license renewal.

The move to a cardless system of licensure is further commitment to KBN's mission of public protection. Employers have been encouraged to rely on the KBN Web site to validate that a license is current, valid, and clear of disciplinary action. The KBN web validation site is the most current and accurate source of this information, since it reflects real-time information.

Additionally, the Joint Commission on Accreditation for Health Organizations (JCAHO) standards requires facilities to verify licensure credentials "with the primary source" when licensed staff are "hired and when their credentials expire."

Those employers that still require a copy of a license card as evidence of current licensure will be referred to the KBN Web site to validate that a licensee holds current licensure. In addition to the free validation service, employers may subscribe to a monitoring and notification process that will send them an e-mail when licensure information changes. Such notifications may include that a license has lapsed or been suspended. More information on the subscription services is available at <http://kbn.ky.gov/onlinesrvs/bulkvalidation/servicedetails.htm>.

When the new system goes into effect, notifications of renewal of licenses will be sent via e-mail and will be posted in the KBN Connection. If you have not given KBN a valid e-mail address, you may do so at <http://kbn.ky.gov/onlinesrvs/addchg.htm>. KBN does not distribute e-mail addresses to third parties. Providing KBN with a valid e-mail address assures that you will receive timely information, such as when the renewal period starts, when your license expiration date has been updated, as well as other notifications from KBN.

In a national or state emergency or disaster situation, your license will be validated by the Kentucky Department of Public Health (DPH) via KBN's secure web validation system. The ongoing partnership of KBN and DPH assures that licensed nursing professionals can be mobilized by the Department of Public Health as the need arises.

A registry of names of licensed medical professionals is being compiled by DPH. The registry, named Kentucky Emergency Listing of Professionals for Surge (K—HELPS) program, is a pre-registration system that will allow public health officials to

provide a way to quickly reach potential volunteers in the event of a state or federal disaster. After registering with K—HELPS, a nurse would be assigned a Medical Reserve Corps (MRC) unit associated with the nurse's geographic location.

You may register for K—HELPS online at <https://khelps.chfs.ky.gov> (a Web site maintained by the Cabinet for Health and Family Services). For more information on placing your name on K—HELPS, contact Rebecca Gillis at 606-478-5455

Military Nurses Deployed Overseas

If you are a military nurse and will be deployed overseas during the renewal period, you have two options:

1. Submit a copy of the official overseas deployment orders to KBN. 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.
2. 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.

Retired Licensure Status

All RNs and LPNs may apply online at <http://kbn.ky.gov> for a retired licensure status if their license expires prior to October 31, 2008. There is a one-time processing fee of \$25. The retired licensure status does not have to be renewed and, therefore, does not expire. If your license expires October 31, 2008, you may request a retired status card by returning your current nursing license, the \$25 fee, and the application for retired status form to the KBN office. To return to an active licensure status, you would have to reinstate your license. If you have any questions, contact the Licensure Specialist at 502-429-3300 x 252.

Name Change

A copy of a legal name change document and the \$35 fee are required before a name change can be made. Acceptable documentation includes: marriage certificate, divorce decree (showing the return to another name), other legal name change document, or a social security card.

Address Change

When making your list of people to contact when you move, don't forget to add KBN to the list. You may change your address from our Web site or submit your address change in writing to the KBN office. All written requests for an address change must include a statement declaring your state of primary residence and whether or not you are practicing ONLY in a federal/military facility. This information is essential for determining whether you will receive a multistate or a single state Kentucky nursing license. Failure to include this information will result in your request being returned to you for completion.

CONTINUING COMPETENCY REQUIREMENTS

by **Mary Stewart**, Continuing Competency Program Coordinator

Earning Periods for All Nurses

Nurses are required to renew their license on a yearly basis. The CE/competency earning period is the same as the licensure period, i.e., November 1 through October 31.

Each year, KBN audits a randomly selected pool of nurses. If audited, failure to provide documentation of having earned the required CE/competency will subject the licensee to disciplinary action in accordance with the *Kentucky Nursing Laws*.

CE Information Concerning Annual Renewal

According to KBN Administrative Regulation 201 KAR 20:215, validation of CE/competency must include **one** of the following:

1. Proof of earning 14 approved contact hours; **OR**
2. A national certification or recertification related to the nurse's practice role (in effect during the whole period or initially earned during the period); **OR**
3. Completion of a nursing research project as principal investigator, coinvestigator, or project director. Must be qualitative or quantitative in nature, utilize research methodology, and include a summary of the findings; **OR**
4. Publication of a nursing related article; **OR**
5. A professional nursing education presentation that is developed by the presenter, presented to nurses or other health professionals, and evidenced by a program brochure, course syllabi, or a letter from the offering provider identifying the licensee's participation as the presenter of the offering; **OR**
6. Participation as a preceptor for at least one nursing student or new employee undergoing orientation (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, and preceptorship shall be evidenced by written documentation

from the educational institution or preceptor's supervisor); **OR**

7. Proof of earning seven approved contact hours, **PLUS** a nursing employment evaluation that is satisfactory for continued employment (must be signed by supervisor with the name, address, and phone number of the employer included), and cover at least six months of the earning period.
8. Certain college credit courses may be used to meet CE requirements. Nursing courses, designated by a nursing course number, and courses in physical and social sciences, such as Psychology, Biology, and Sociology, will count toward CE hours. **One semester credit hour equals 15 contact hours; one quarter credit hour equals 12 contact hours.**

Note: Prelicensure general education courses, either electives or designated to meet degree requirements, are NOT acceptable, nor are CPR/BLS, in-service education, nor nurse aide training. ACLS or PALS courses ARE acceptable for CE hours if given by an approved provider.

Domestic Violence CE Requirement:

Nurses seeking reinstatement, licensure by endorsement from another state, and examination candidates educated outside of Kentucky must earn three contact hours of KBN approved domestic violence CE within three years of licensure into Kentucky. This is a one-time earning requirement. *Do not submit a copy to KBN unless requested to do so.* Any approved CE provider may offer the mandatory domestic violence course provided that, as a minimum, the model curriculum approved by the Domestic Violence Training Committee of the Governor's Commission on Domestic Violence is followed.

Pharmacology and Sexual Assault CE Requirements:

ARNPs are required to earn five contact hours of approved CE in pharmacology. Sexual Assault Nurse Examiner (SANE) credentialed nurses must earn five contact hours of approved sexual assault CE (forensic medicine or domestic violence CE will meet this requirement). These hours count as part of the CE require-

ment for the period in which they are earned and must be offered by an approved CE provider

Note: A list of national nursing organizations recognized by KBN for CE is available on the KBN Web site.

HIV/AIDS CE Requirements:

The two hours of mandatory HIV/AIDS CE can be earned once every ten years. The LPN earning period is from 11/1/2001 – 10/31/2011; RN from 11/1/2002 – 10/31/2012. The HIV/AIDS course must be approved by the Cabinet for Health and Family Services or offered by an approved CE provider (see the list of national nursing organizations recognized by KBN). Nurses are required to maintain proof of earning the CE for up to 12 years.

CE Requirements for New Licensees:

All licensees are exempt from the CE/competency requirement for the first renewal period of the Kentucky license issued by examination or endorsement. If an individual does not renew the original license, the exemption for the CE/competency is lost and all CE requirements must be met before the license can be reinstated.

Individual Review of CE Offerings Presented by Organizations NOT Recognized by KBN:

If a college course does not fall within the designated categories (see #8), and a nurse feels the course is applicable to his/her nursing practice, an Individual Review Application may be submitted to KBN for review of the course. Contact the KBN office or go to the Web site to obtain the form, then return it to the KBN office with requested materials and the \$10 application fee. Individual Review Applications must be submitted by November 30 of the licensure year. KBN will notify the individual of the review outcome (i.e., approval or rejection) within about six weeks of receipt of the submitted materials. A notification of CE/competency approval should be retained for a minimum of five years. Individual review is not required if an offering is approved for CE by an organization recognized by KBN.

Additional information about CE/ competency can be found on the KBN website at <http://kbn.ky.gov/ce.htm>.

Since the publication of the fall edition of the *KBN Connection*, the Board has taken the following actions related to disciplinary matters as authorized by the *Kentucky Nursing Laws*. A report that contains a more extensive list of disciplinary actions is available on the KBN website at <http://kbn.ky.gov/conprotect/investdiscp/disciplinary.htm>. If you need additional information, contact KBN's Consumer Protection Branch at 502-429-3300.

LICENSE/CREDENTIAL PERMANENTLY SURRENDERED

Pielack, Barbara T.	RN #1102513	Gray, KY	Eff. 11/21/07
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IMMEDIATE TEMPORARY SUSPENSION OF LICENSE/CREDENTIAL

* Adams, Eric Alan	RN #1076934	Beechmonth, KY	Eff. 12/20/07
* Byrd, Margie Ann Hicks	RN #1094961	Manchester, KY	Eff. 01/03/08
* Gee, Gregory Leasil	RN #1045258	Hopkinsville, KY	Eff. 10/24/07
* Gilliam, Glenna Jean	LPN #2033064	Olive Hill, KY	Eff. 10/10/07
* Goltzer, Susan Annette Eagle	LPN #2034784	Shepherdsville, KY	Eff. 12/06/07
Gomez, Misty Renee White	RN #1099921	Jeffersonville, IN	Eff. 10/10/07
	LPN #2035337		
* Harrell, Sarah Roxanne	LPN #2035981	Louisville, KY	Eff. 11/20/07
Janevski, Jennifer Ann	Provisional #20071751	Elsmere, KY	Eff. 10/12/07
* Kidd, Brandy Michelle Bowling	RN #1094261	Manchester, KY	Eff. 10/24/07
* Kniat, Heather Marie Love	LPN #2041518	Frankfort, KY	Eff. 01/04/08
Minshall, Stephanie L. Perry	RN #1109267	Independence, KY	Eff. 10/12/07
* Robert, Angela B.	RN #1098381	Oneida, KY	Eff. 12/21/07
* Washer, Danyell Faye	RN #1092027	Louisville, KY	Eff. 12/20/07

LICENSE IMMEDIATELY SUSPENDED OR DENIED REINSTATEMENT FOR FAILURE TO COMPLY WITH BOARD ORDER; STAYED SUSPENSION IMPLEMENTED OR TERMINATION FROM THE KARE PROGRAM

* Banks, Bobby W.	RN #1101959	Isom, KY	Eff. 11/09/07
* Combs, Geneva	LPN #2031431	Dice, KY	Eff. 11/07/07
* Cristman, Maranda R.	RN #1102688	Shepherdsville, KY	Eff. 10/10/07
Crowe, Cathy Lynn Terry	RN #1100110	Winchester, KY	Eff. 01/07/08
	LPN #2029325		
* Culver, Bridget Marie	RN #1096146	New Haven, KY	Eff. 01/03/08
* Dillingham, Mary Florence Hampton	LPN #2022836	Benton, KY	Eff. 11/29/07
* Donathan, Jennifer L. Sparks	LPN #2024197	Campton, KY	Eff. 12/10/07
* Garrison, Jennifer Ann Schmidt	LPN #2030380	Danville, KY	Eff. 01/03/08
* Pearson, Rebecca Dee Mallory	LPN #2032684	Bowling Green, KY	Eff. 10/29/07
* Rosenbaum, Stacy M.	LPN #2037050	Louisville, KY	Eff. 11/21/07
* Rupe, Jamie Lyn Wireman	RN #1097184	West Liberty, KY	Eff. 11/07/07
* Schlegel, Robin Angela Proctor	RN #1090646	Calvert City, KY	Eff. 11/01/07
* Sexton, Jennifer Jo Bellar	RN #1101798	Catlettsburg, KY	Eff. 01/03/08
* Smith, Angela Leigh	RN #1111322	Pinellas Park, FL	Eff. 10/29/07
* Thelen, Carol L. Pennington	RN #1067868	Edgewood, KY	Eff. 12/10/07

LICENSE/CREDENTIAL CONTINUED ON SUSPENSION

Baker, Beatrix Jagemann	RN #1084367	Louisville, KY	Eff. 10/26/07
Burton, Ema J. Goldie	RN #1058429	Lexington, KY	Eff. 10/26/07
	LPN #2010199		
Bussell, Pamela Denise Wesley	LPN #2039933	Brodhead, KY	Eff. 10/26/07
Helton, Ronnie L.	LPN #2008053	Gray, KY	Eff. 10/26/07
Williams, Rick J.	RN #1100592	Corbin, KY	Eff. 11/15/07

LICENSE/CREDENTIAL VOLUNTARILY SURRENDERED

Austin, Kimberly L.	RN #1102658	Owensboro, KY	Eff. 11/28/07
DeWeese, Linda Darnell	LPN #2029533	Brownsville, KY	Eff. 10/24/07
Felty, Miranda Dawn	RN #1094370	Grayson, KY	Eff. 10/24/07
Hornback, Joyce L. Johnson	RN #1048116	Louisville, KY	Eff. 10/10/07
Irving, Paula A. Conley	RN #1065430	Madeira Beach, FL	Eff. 11/28/07
Koester, Joan E. Baylies	RN #1053700	Prospect, KY	Eff. 10/10/07
Lyons, Whitney Marie Mattingly	RN #1085509	Owensboro, KY	Eff. 10/24/07
Smith, Janet F. McDonald	RN #1056911	Corbin, KY	Eff. 10/24/07

LICENSE/CREDENTIAL DENIED REINSTATEMENT

Harris, Donica Donnelle	RN #1104415	Pikeville, KY	Eff. 10/26/07
Heady, Beverly Suann	RN #1097807	Las Vegas, NV	Eff. 10/26/07

LICENSE/CREDENTIAL TO BE REINSTATED - LIMITED/PROBATED

Douglas, Veronica L. Stricklin	RN #1042058	Lexington, KY	Eff. 10/26/07
Evans, Steven Loyd	LPN #2030434	Morgantown, KY	Eff. 10/26/07
Mallory, Cindy J. Williams	RN #1063140	Olmstead, KY	Eff. 10/26/07
Roberts, Jeff	RN #1101859	Jackson, KY	Eff. 11/15/07

CENSE/CREDENTIAL TO BE REINSTATED - LIMITED/PROBATED continued

Swindler, Christina Marie Cash	RN #1096226	Arlington, KY	Eff. 10/26/07
Wheeler, Tamra Ellen Ison	RN #1098831	Sandy Hook, KY	Eff. 10/26/07

LICENSE/CREDENTIAL TO BE REINSTATED/ADMIT TO KARE PROGRAM

Jones, Luella Marie Sparks	RN #1103249	Mount Vernon, KY	Eff. 10/26/07
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LICENSE/CREDENTIAL LIMITED/PROBATED

Alvarado, Regina A. Higgins	LPN #2023009	Louisville, KY	Eff. 12/13/07
Brown, Nanci Yvonne	LPN #2035810	Warsaw, KY	Eff. 11/28/07
Flocker, Judy E. Selvage	LPN #2021666	Worthington, KY	Eff. 10/24/07
Hammons, Jeffrey Allen	ARNP #4877-A	Louisville, KY	Eff. 10/10/07
Wilson, Julie A. Pombles	LPN #2026666	Highland Heights, KY	Eff. 11/15/07

LICENSE/CREDENTIAL REPRIMAND

Beal, Jennifer L.	RN #1109235	Louisville, KY	Eff. 11/28/07
Blackshear, Robert Anthony	LPN #2032984	Louisville, KY	Eff. 11/08/07
Currie, Patti Beetem	RN #1100441	Bowling Green, KY	Eff. 10/10/07
Davis, Jennifer Nicole Smith	RN #1110314	Paducah, KY	Eff. 10/24/07
	LPN #2039719		
Partin, Patricia Rene Pendergrass	RN #1103837	Paducah, KY	Eff. 10/24/07
	LPN #2031413		
Waters, Maureen D.	RN #1055728	Bellevue KY	Eff. 12/13/07
Pitts, Shmeka D.	RN #1108851	Louisville, KY	Eff. 10/24/07

REINSTATEMENT FOR LICENSURE/CREDENTIAL GRANTED

Klaiber, Cynthia E. Sweeney	RN #1065773	Flatwoods, KY	Eff. 10/26/07
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CONSENT DECREES ENTERED FISCAL YEAR TO DATE

Imposition of civil penalty for practice without a current active license, temporary work permit, or ARNP registration	10
Imposition of civil penalty for failure to meet mandatory continuing education requirement	49
Imposition of civil penalty for a positive drug screen	19

LICENSES REMOVED FROM PROBATION FISCAL YEAR TO DATE 9

KENTUCKY ALTERNATIVE RECOVERY EFFORT (KARE) PROGRAM GRADUATES FISCAL YEAR TO DATE 17

If the 2.2 million working nurses in the U.S. each helped one person per year quit smoking, nurses would triple the U.S. quit rate.

Get started today with a FREE CE course.

A FREE video self-study course to help you address smoking with your patients.

Providers Practice Prevention: Treating Tobacco Use and Dependence is based on the U.S. Public Health Service Clinical Practice Guideline. The program video and toolkit present proven techniques for helping patients end their tobacco addiction.

Offered exclusively to Kentucky RN's. Only a limited number of kits are available.

This course has been approved for 2.0 contact hours of continuing education credit for registered nurses. Developed by the Kentucky Cancer Program at the University of Louisville, this offering is funded by the Tobacco Prevention and Cessation Program of the Governor's Office of Wellness and Physical Activity.

Providers Practice Prevention
Treating Tobacco Use and Dependence

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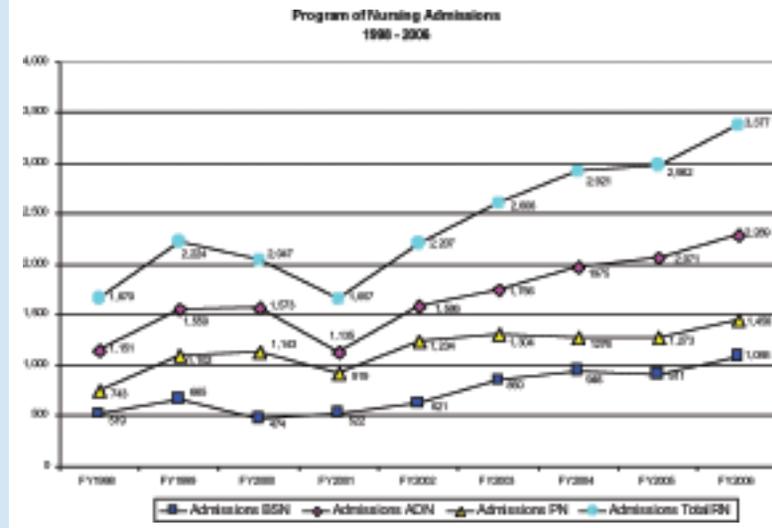
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Program of Nursing Admissions and Graduates

by **Patricia Spurr, MSN, Ed.D.**,
Nursing Education Consultant

The Kentucky Board of Nursing is the legally authorized body in the Commonwealth to approve programs of nursing preparing persons for eligibility for licensure. Through the provisions of the Kentucky Nursing Laws and applicable Kentucky administrative regulations, KBN prescribes standards for educational institutions offering programs of nursing. Presently in the Commonwealth, there are a total of 67 prelicensure nursing programs — 25 practical nursing programs, 12 BSN programs and 30 ADN programs for a total of 42 RN programs.

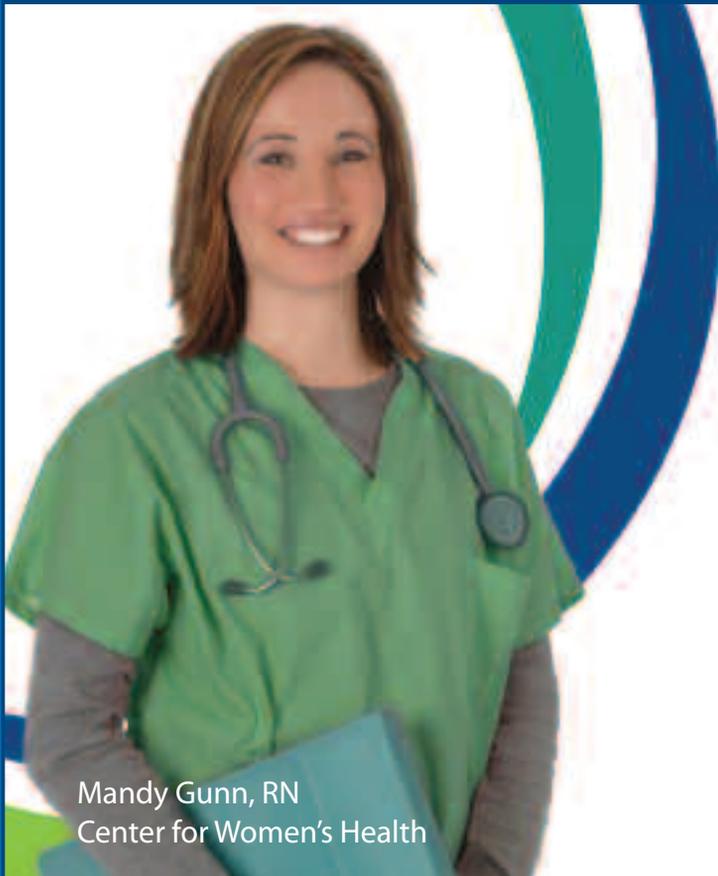
With the growing concern nationally about the nursing shortage, the programs of nursing within state have been adjusting admission numbers to address the situation. The following graph shows the admission numbers for the different educational programs in the state. From the graph, you can see a large increase in admission numbers over the last several years. Since 2001, programs of nursing have seen a steady increase in the number of students admitted to their programs. Comparing admission of stu-



dents in 2000 with those admitted in 2006, BSN programs have seen an increase in students of 129.5 percent and ADN programs have seen an increase of 45.5 percent. LPN programs have seen an increase of 27 percent in student enrollments.

Likewise, we have seen an increase in the number of graduates as the numbers of students admitted have begun to graduate from both RN and PN programs. BSN programs have seen an increase in graduates of 62 percent,

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Mandy Gunn, RN
Center for Women's Health

500 Registered Nurses.

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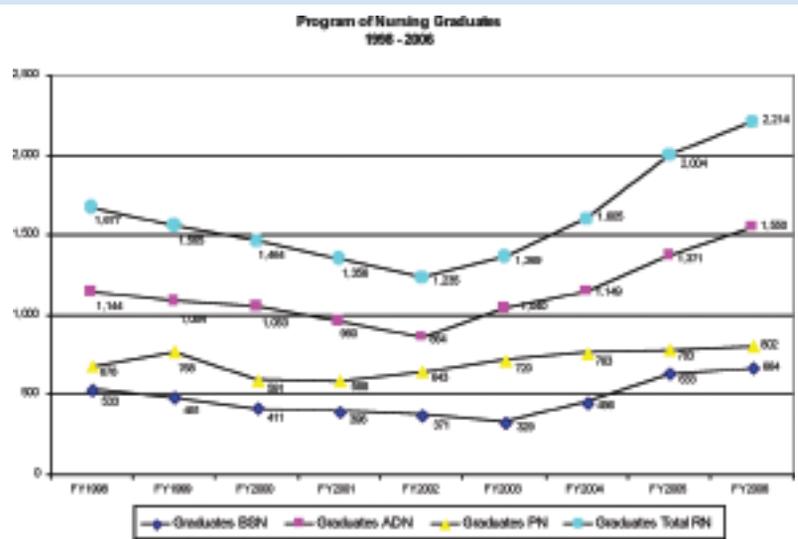
- Competitive salary & benefits
- RN loan/scholarships available
- Recruitment retention bonus
- 8% differential for evening shift
- 10% differential for night shift
- Tuition assistance available for employees



EOE/M/F

HIGHLANDS REGIONAL MEDICAL CENTER

while ADN programs show a 47 percent increase, resulting in an overall RN graduate increase of 51 percent. PN graduates have seen an increase of 35 percent since 2000.



KBN Spotlight continued from page 13

funds enables KBN to award additional NISF scholarships. Other activities addressed by this Section include preparation of the biennial budget, financial reporting/monitoring, and payroll administration.

Information Technology Section

By Don Snow, Branch Manager and Information Technology Supervisor

The Information Technology Section is responsible for services to customers and staff via the electronic arena. KBN has the same infrastructure and development necessities as larger organizations but with fewer resources. The agency provides these services by employing several in-house I.T. staff, by partnering with other state agency I.T. entities, and by utilizing outside service providers where appropriate.

The constantly available KBN website (<http://kbn.ky.gov>) is one example of the agency's timely way to keep the public, employers, and nurses informed. Interactive online applications will soon be available for licensure applicants. Web based applications enhance the efficiency of the licensure process—KBN now includes a link on the web for "Application Status" that enables new applicants for licensure to review the status of their application process. License renewals, license validations, address changes, retired license applications, and data roster downloads are current interactive services, with more to come in the near future.

The KBN webmaster also serves as the editor of the *KBN Connection*, the official newsletter of KBN. The *KBN Connection* is published four times a year and mailed to all Kentucky licensees, related health care organizations, and stakeholders. This publication is also available on the KBN website.

KBN is committed to providing a safe and reliable infrastructure that will continually serve licensees and the public and has taken steps to ensure the safety and integrity of records and processes should a disabling natural or electronic disaster occur. The I.T. Section provides strong leadership for the agency's disaster recovery effort.

The Administrative Support Branch is key to KBN's provision of service. It is a pleasure to highlight the services and staff of the Branch that, when working at its best, is invisible to the customer. KBN hopes this brief glance into the behind-the-scenes work of the Administrative Support Branch will provide those we serve a better idea of the complexity and ever expanding services at the Kentucky Board of Nursing.



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27TH ANNUAL KENTUCKY NURSE DAY BANQUET

By Holli Roberts, RN Nurse Manager, Baptist Hospital East



Although nurses have been in existence in Kentucky for decades, the recognition banquet has only been in existence for 26 years. In the beginning, a strong group of nurses put together a committee that planned the banquet. Many were from the Kentucky Nurses Association (KNA). Today, the committee has 29 nurse members representing various hospitals, schools, and nursing organizations throughout the state. Although the committee members are not affiliated with

any one group, they have a working relationship with the Kentucky Hospital Association (KHA). These volunteers actively organize and construct the banquet year to year creating a night of remembrance for the nominees. The committee meets once a month in a room donated by KHA. After a theme is adopted, planning is centered on obtaining a speaker, selecting a menu, voting on a location, choosing a gift for all nurses in attendance, and arranging activities for

the evening. Other functions of the committee include preparing the mailings, framing the certificates, and decorating. Each month, the committee reviews the plans and revises them as needed.

Selecting the right theme is the cornerstone of the night. In years past, topics have included: Nurses—Visible in Politics, Nurses—Together in Caring, Nurses—Healing from the Heart, Challenges and Rewards of a Lifetime, Kentucky Nurses are Survivors, and Nurses—Stars of Healthcare. In 2005, the Courier Journal included a special section of the newspaper based on the banquet's theme titled "Angels Among Us." This article recognized the honorees by including information on each nurse. The author also revered nursing as a profession, a belief that is sustained with the banquet.

The banquet is usually held the second Friday in May. Cathy Mathus has been the acting chair for nine years. More than 500 participants attend the banquet each year on average. The night of the banquet begins with an invocation, presentation of proclamations and greetings by a representative from state nursing organizations. During dinner, the selected speaker inspires us to be proud of our chosen profession and admire our resilience. Last, the honorees are individually recognized with the presentation of a certificate and pin. The pin carries the Nightingale lamp, the logo of the committee, and a symbol of our profession.

The evening is never dull. Nurses network and celebrate each other throughout the event. One year, we even witnessed a marriage proposal. Pictures commemorating previous banquets and honorees are always displayed in the foyer. This year, the banquet will be held on Friday, May 9, at the Clarion Hotel and Convention Center in Louisville. The speaker's theme is "The Great Escape—A Vacation from Stress." The night will be a leisurely evening for nurses to relax, enjoy a Luau, and celebrate the excellence within our profession. Over 1,000 mailings will go out to employers of nurses throughout the state on January 3. If you want more information regarding the banquet, or how you can be part of the committee, please contact Dana Boucher at KHA at 502-425-6220 or Cathy Mathus at cathy.mathus@jhsmdh.org.



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