

Approved Thomas F. Walker  
Date 2/23/87

MINUTES OF THE HOUSE COMMITTEE ON GOVERNMENTAL ORGANIZATION

The meeting was called to order by Representative Thomas F. Walker at  
Chairperson

9:00 a.m./p.m. on March 20, 1987 in room 522-S of the Capitol.

All members were present except:

Representative Graeber  
Representative Peterson  
Representative Weimer

Committee staff present:

Avis Swartzman - Revisor  
Carolyn Rampey - Legislative Research  
Mary Galligan - Legislative Research  
Jackie Breymeyer - Secretary

Conferees appearing before the committee:

Terri Rosselot J.D., R.N., Executive Director - Kansas State Nurses Association  
Jo Ann Peavler - Kansas State Board of Nurses  
Elizabeth Taylor - Federation of L.P.N.'s

The meeting of the House Governmental Organization Committee was called to order by Representative Thomas F. Walker, Chairman. The agenda for the meeting was the continuation of the hearing on SB 88 - Continuing in existence the Board of Nursing.

Terri Rosselot stated she wasn't sure if statutory authority was needed to support the current relationship with the KSBN regarding the Peer Assistance program for RN's and LPN's, but some type of directive would be a great help as it would be more influential coming from the legislature in that effect. There should be some common ground for resolving the concerns involved. The Board of Nursing has not offered any funding from the fee agency for any of the ongoing program activities.

Jo Ann Peavler stated she certainly recognized what Ms. Rosselot was saying. There have been 84 persons in the diversionary program which is about 21 per year. When complaints come directly to the Board concerning persons who call and report someone whom they think may be chemically impaired, the liason refers them to the Peer Assistance Committee. If funding would become available, it should include those others such as LMHT's who would gain such benefits for that group.

Additional information from Dr. Scibetta was distributed. (See Attachment 1)

Elizabeth Taylor was the last conferee to address the bill. The Kansas Association of Licensed Practical Nurses has a membership of 200 out of approximately 7,000 persons. The fee is currently \$45 per year. This group would like to have the option of belonging or not belonging to a program. It is the feeling that no one professional group likes to go under another's 'wing'.

The question was asked if the legislature were to go along with a funding request, would the licensure fee have to be raised to pay for it. The reply was that it would be in the form of a surcharge. Eventually the program would become self supporting. 20% of funds now go directly to the State of Kansas.

Ms. Peavler said dues are only collected every two years because of the record keeping and clerical work it takes. The FY 1988 budget is approximately \$488 thousand dollars.

The Chairman closed the meeting on SB 88. Discussion and final action will take place next week. The K-BITS audit is on Monday's agenda. The minutes stand approved.

The meeting was adjourned.



Dr. Scibetta X20



# KANSAS STATE BOARD OF NURSING

BOX 1098, 503 KANSAS AVENUE, SUITE 330

TOPEKA, KANSAS 66601-0098

Telephone 913/296-4929

February, 1987

## COMMITTEE ON THE IMPAIRED LICENSEE

### History - Action - Summary

#### Beginnings

The Board of Nursing in 1982 had begun a more concerted emphasis on responding to complaints against nurses by creating the position of the Nursing Practice Specialist.

The Board of Nursing and the Kansas State Nurses' Association received a legislative directive in 1983 to work with the impaired nurse to facilitate rehabilitation.

A "Legal Committee" was established by the Board in 1983 to serve as a liaison group with KSNA's Peer Assistance Committee. The group held its first meeting in September, 1983 and on September 7, 1983 the Board heard the first report from this committee. At that time the "Legal Committee's" name was changed to the Committee on the Impaired Nurse. The functions of this committee are:

1. To develop a structured system of dealing with impaired nurse licensees.
2. To monitor the "limited" licensee.
3. To serve as a liaison group with the Kansas State Nurses' Association's (KSNA's) Peer Assistance Program.

#### September, 1983

Joan Brake moved that KSBN work cooperatively with the KSNA Peer Assistance Program. This endorsement was contingent upon an agreement between Peer Assistance and the impaired nurse that such a nurse has no access to controlled substances for a period of time. The motion was approved.

An Impaired Nurse Workshop was held September 23, 1983 in Wichita, Kansas, co-sponsored by KSBN, KSNA and the Kansas Hospital Association.

ATTACHMENT 1  
G.O. COMM.  
3/20/87

January, 1984

The Board approved the Guidelines for the Committee on the Impaired Nurse. This included membership functions and the schedule of meetings. (See attached.)

April, 1984

Attorney Susan Nugent advised the Board that they did have the authority to summon and re-hear the "Limited Licensee" who had violated the terms of the limitation.

March, 1985

The Board voted approval of the CIN Committee's policy regarding drug scans. (See attached.)

March, 1985

Members of the CIN Committee were appointed to membership in the "Task Force on Disciplinary Procedures." Purpose of the latter committee was to review the Administrative Procedures Act with Attorney Steve Garlow. (See attached schematic that illustrates the revised method of processing complaints against licensees.)

April, 1985

The Board voted approval of KSBN's staff and/or Board members collecting urine specimens from "Limited Licensees" for drug analysis.

The Board voted approval of the "Standard Release Form" and the publicizing of disciplinary actions taken by the Board. (See attached.)

The Board approved a policy whereby the "Limited Licensee" must request written approval for lifting the limitation.

May, 1985

The Board approved adding the following phrase to Orders regarding the "Limited Licensee:"

"Failure to comply with all limitations and/or contingencies that have been placed on the licensee by this Order will result in the immediate revocation of the license without any further Hearing or Order by the Board."

Prior to such action, a certified letter will be forwarded to the licensee giving them ten (10) days to contact the Board and offer an explanation.

December, 1986

KSNA responded to the CIN Committee that only the RN and LPN would be accepted into the Peer Assistance Program. It was suggested that the CIN Committee be titled the Committee on the Impaired Licensee to more accurately reflect its coverage. The Committee was informed that HB 2661 mandates reporting of the impaired Registered Nurse Anesthetist.

January, 1987

Board approved change of Committee name to Committee on the Impaired Licensee. (See summary report attached.)

February, 1987

The Committee met with Attorney Garlow to formulate guidelines mandated by HB 2661 regarding the reporting of complaints against the RNA. (See attached.)

03/02/87



# KANSAS STATE BOARD OF NURSING

BOX 1098, 503 KANSAS AVENUE, SUITE 330  
TOPEKA, KANSAS 66601

Telephone 913/296-4929

## GUIDELINES

### COMMITTEE ON THE IMPAIRED NURSE

- PURPOSE:** The purpose of the Committee on the Impaired Nurse is the protection of the public through the early identification of the impaired nurse, supporting and guiding him/her through rehabilitation, and assisting him/her to return to full practice or if rehabilitation is not effective recommending his/her removal from the practice of nursing.
- MEMBERSHIP:** One Board member from each of the professional groups, Registered Nurse, Licensed Practical Nurse, Licensed Mental Health Technician, and one Public Member.
- The Board President and the Executive Administrator will act as ex-officio members.
- MEETINGS:** Meetings will be held the day before regularly scheduled Board meetings in January, April, July, and October. Other meetings may be held as necessary.
- FUNCTIONS:**
1. To develop a structured system of dealing with the impaired nurse.
    - a. Work with the Board's Practice Specialist in developing a monitoring program that effectively assists the impaired nurse through a rehabilitation program.
    - b. Review the monitoring system for effectiveness.
    - c. Make a written yearly assessment of the monitoring system for presentation to the Board of Nursing.
  2. Monitor the limited nurse licensee.
    - a. During the regularly scheduled committee meetings, review quarterly reports from those persons who are monitoring the "limited" licensees.
    - b. Will report to the Board of Nursing during regularly scheduled Board meetings and make recommendations concerning any limited licensee whose quarterly reports are unsatisfactory.
    - c. May offer suggestions to the Practice Specialist regarding effective monitoring of the limited licensee.
  3. To serve as a liaison group with the Kansas State Nurses' Association's Peer Assistance Program.
    - a. Will meet with the Peer Assistance Committee as is necessary.
    - b. Will work with the Peer Assistance Committee to develop "Impaired Nurse" workshops for statewide presentation.
    - c. Will inform Kansas licensees of the KSNA Peer Assistance resource by establishing guidelines and protocol at the KSBN office to be used by the Practice Specialist when receiving calls from complainants or impaired nurses.



# KANSAS STATE BOARD OF NURSING

BOX 1098, 503 KANSAS AVENUE, SUITE 330  
TOPEKA, KANSAS 66601

Telephone 913/296-4929

## COMMITTEE ON THE IMPAIRED NURSE

### Origin

The Committee on the Impaired Nurse, formerly called the Legal Committee is a standing committee of the Board of Nursing, originally appointed to serve as a liaison group with the Kansas State Nurses Association's Peer Assistance Program. Board Members Joan Brake, JoAnn Peavler, Pat Boos, and Doris Grant --and Staff Member Bonnie Howard were assigned the responsibility of committee development. Board President Pat Diamond and Executive Administrator Lois Scibetta were included as ex-officio members.

On September 6, 1983, the committee held the first meeting at the Board office and discussed possible objectives for such a group. A report was prepared and delivered to the Board on September 7, 1983. The committee recommended to the Board that the functions of the committee include but not be limited to the following:

(1) to develop a structured system of dealing with the impaired nurse licensee

(2) to monitor the "limited" licensee

(3) to serve as liaison with the Kansas State Nurses Association's Peer Assistance Program

It was at the September 7, 1983 Board meeting that the Committee on the Impaired Nurse was voted an official standing committee of the Board. At this same meeting the Board's attorney reported to the members that the KSNA Peer Assistance Program was not in conflict with the Board's Administrative Regulations.

On October 18, 1983, the CIN Committee met again to discuss KSBN-KSNA liaison guidelines with Rozella Sherman, KSNA Chairperson, Peer Assistance Program. Ms. Sherman was unable to attend this meeting. The CIN Committee scheduled a meeting date of November 4, 1983. Ms. Sherman was able to attend the regular Board meeting of October 19, 1983 and presented the Board members copies of the contract utilized by the Peer Assistance group when working with the impaired nurse. The statements made in the contract answered several of the CIN Committee's concerns, i.e. removing the impaired nurse from access to controlled substances--and what was meant by "appropriate treatment". Ms. Sherman stated during this meeting that should the impaired nurse fail to comply with the terms of the contract that she would be reported to the Board of Nursing.

On November 4, 1983 the CIN Committee met with Ms. Sherman at the Red Cross Services Building, Wichita. (See attached minutes of the meeting.) The group at this time agreed upon membership for a workshop on the problem of the impaired nurse. The CIN committee directed the staff member to develop tentative guidelines and working protocol for the CIN committee. The group agreed to regular meetings to review the quarterly reports regarding nurses holding "Limited" licenses and to meet with the KSNA Peer Assistance Committee on an "as needed" basis.

The committee's next meeting was scheduled for January 17, 1984, 4:00 p.m., the KSBN office.



# KANSAS STATE BOARD OF NURSING

BOX 1098, 503 KANSAS AVENUE, SUITE 330  
TOPEKA, KANSAS 66601

Telephone 913/296-4929

## Drug Scan Procedure

1. Impaired nurse must supply names and amounts of prescription drugs she is taking to counselor.
2. The order states that Impaired Nurse will furnish urine specimens on a random basis to the person approved by the board. These are forwarded by U.S. mail to the Salina lab. (Lab furnishes containers) Lab address is: Weber, Palmer & Macy  
338 No. Front  
Salina, KS  
913-823-7201
3. Impaired nurse must pay the lab fee at the time urine specimen is furnished.
4. The approved person picks up urine specimens since she has interviewed nurses employer and knows nurse's schedule. Picks up specimen at nurses work place.
5. Not all labs can do drug screens and those in hospitals have proven unreliable in past.





# KANSAS STATE BOARD OF NURSING

BOX 1098, 503 KANSAS AVENUE, SUITE 330  
TOPEKA, KANSAS 66601

Telephone 913/296-4929

GUIDELINES FOR THE RELATIONSHIP BETWEEN KANSAS STATE BOARD  
OF NURSING AND THE KANSAS STATE NURSES' ASSOCIATION'S  
COMMITTEE ON THE CHEMICALLY-IMPAIRED NURSE

COMPARISON OF FUNCTIONS

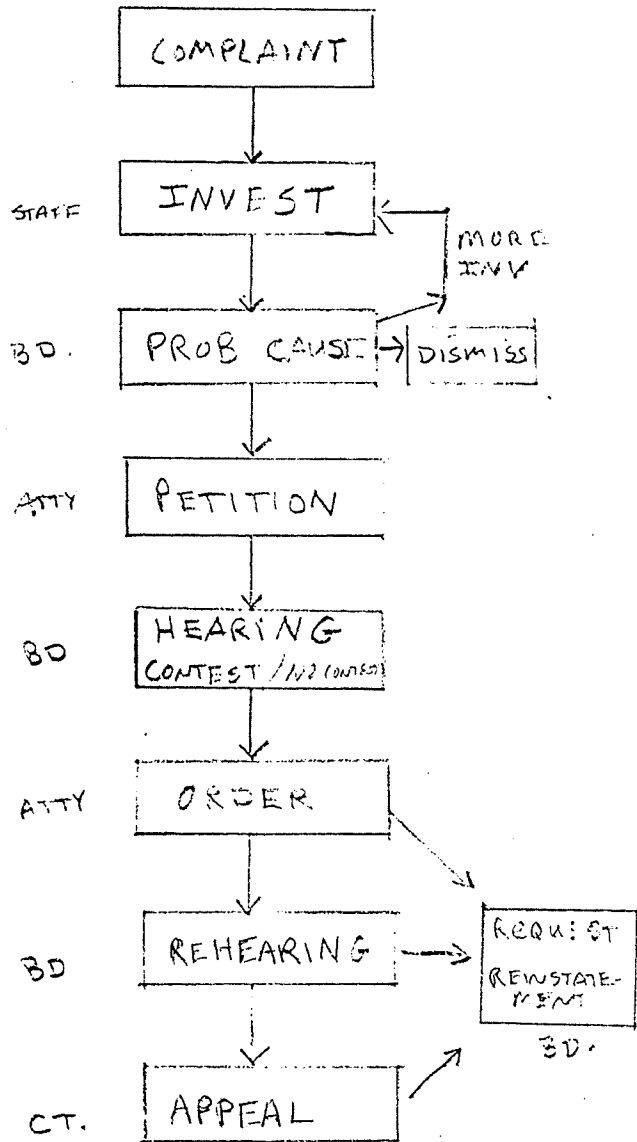
	<u>KSNA</u>	<u>KSBN</u>
1. Authority	A voluntary program	K.S.A. 65-1113 to 65-1129 K.S.A. 74-1106 to 74-1108
2. Structure	A committee sponsored by KSNA	An agency of the state government
3. Purpose	To assist the impaired nurse	To protect the public health and welfare
4. Who to report	Any licensed nurse believed to be impaired through drug and/or alcohol abuse	All licensed nurses believed to be in violation of the Nurse Practice Act specifically 60-3-110 (Laws and Administrative Regulations - Registration of Nurses and Nursing Education)  60-3-110. Standards for revocation, suspension, or limitation of nursing licensure. (a) Unprofessional conduct, as provided by K.S.A. 65-1120 (a)(6) shall include the following:  (1) Performing acts beyond the authorized scope of the level of nursing for which the individual is licensed; (2) Assuming duties and responsibilities within the practice of nursing without adequate preparation or when competency has not been maintained; (3) Failing to take appropriate action or to follow policies and procedures in the practice situation designed to safeguard the patient; (4) Inaccurately recording, falsifying, or altering a patient's or agency's record; (5) Committing any act of verbally or physically abusing patients;

- (6) Assigning or delegating unqualified persons to perform functions of licensed nurses contrary to the Kansas Nurse Practice Act or to the detriment of patient safety;
- (7) Violating the confidentiality of information or knowledge concerning the patient;
- (8) Willfully or negligently failing to take appropriate action in safeguarding a patient or the public from incompetent practice performed by a registered professional nurse or a licensed practical nurse. "Appropriate action" may include reporting to the Board; and
- (9) Diverting drugs, supplies, or property of patients or agency.
- (b) A violation of any one or more of the above provisions shall be sufficient cause to suspend, revoke, or refuse to renew a license. (Authorized by K.S.A. 74-1106(c)(2) and K.S.A. 65-1129; implementing K.S.A. 65-1120; effective May 1, 1982.)
5. Who may file a report      Anyone      Anyone
6. Who to call      KSNA Office, Topeka (913) 233-8638      KSBN Office - Topeka Attention: Practice Specialist (913) 296-3783
7. Investigative Process      The Board's nurse investigator will take the report and complete an investigation to ascertain the factual information. This investigation is reviewed by the Board of Nursing. The Board of Nursing determines whether a hearing will be scheduled.

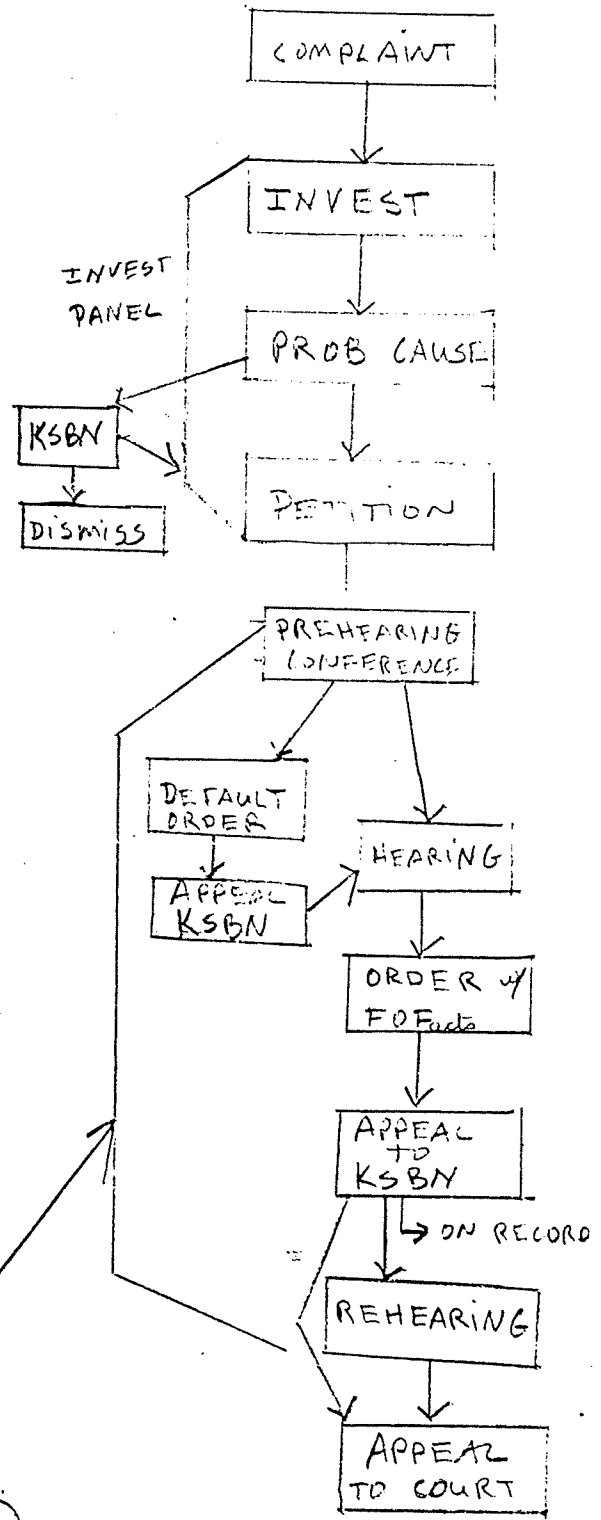
#### RECOMMENDATIONS FOR BOARD APPROVAL

1. The Board Investigator will contact the nurse who is reported to the Board office because of alleged drug and/or alcohol abuse that results in unprofessional conduct, and will inform the nurse of assistance available from the KSNA Chemcially-Impaired Nurse Committee.
2. The Investigator will make such assistance known to nursing administrators by discussion of this resource during the on-going "Standards" workshops and in written memos that would accompany mailings to these administrators.
3. The Board office staff will cooperate in the planning and presentation of a KSNA-KSBN workshop regarding drug-alcohol abuse in the nurse population.
4. The Board will designate the KSNA Committee on the Chemically-Impaired Nurse as an official advisory committee of the KSBN.

OLD PROCEDURE



NEW A.P.A.



KSBN  
OR  
HEARING PANEL } 3-5 members  
ATTORNEY  
STAFF

(BOARD OF NURSING LETTERHEAD)

TO: xxxxxx xxxxxx  
xxxxxxxxxxxxxxxxx  
xxxxxxxxxxxxxxxxx

FOR FURTHER INFORMATION: Lois Scibetta, Executive Administrator  
(913) 296-4929

DATE FOR RELEASE: xxxxxx xx, xxxx

P R E S S R E L E A S E

STATE BOARD SUSPENDS NURSING LICENSE (Substitute Mental Health Technician license) Topeka, Kansas - In recent action of the Kansas State Board of Nursing, the license of Jane Doe, Wichita, Kansas, has been limited for an indefinite period. Ms. Doe may continue to practice nursing so long as she complies with the terms of her limited license.

An administrative hearing was held on \_\_\_\_\_, on a complaint filed by the Board alleging violation of the statutes and regulations of the Board which specify (insert appropriate language.)

The Board is the state licensing and regulatory agency for Registered Nurses, licensed Practical Nurses, and licensed Mental Health Technicians.



# KANSAS STATE BOARD OF NURSING

BOX 1098, 503 KANSAS AVENUE, SUITE 330  
TOPEKA, KANSAS 66601-0098

Telephone 913/296-4929

COMPLAINTS AGAINST LICENSEES  
JANUARY 1, 1986 - DECEMBER 31, 1986  
TOTAL NUMBER -- 45

<u>NATURE OF COMPLAINT</u>	<u>NUMBER</u>	<u>% OF TOTAL</u>
Drug Diversion	13	29%
Exceeding Scope of Practice	9	20%
Submitting Falsified CE Certificates	5	11%
Unfit/Incompetent	5	11%
Failure to Follow Policies/Procedures	3	7%
Patient Abuse	3	7%
Felony Conviction	2	4%
Working Without a License	2	4%
Theft From Patients	2	4%
Forgery of Endorsement Application	1	2%

<u>ACTION</u>	<u>NUMBER</u>
Insufficient Evidence	13
Revocation	6
Diverted to Peer Assistance	5
Letter of Warning/Reprimand	2
Guilty of Charges -- No Action	2
Guilty of Charges -- No Action (Except for Required Quarterly Reports)	1
Suspended	1

## IN PROCESS

1. Three cases still being investigated.
2. Three cases ready for Investigative Committee.
3. Six cases for Hearings on January 28, 1987.
4. Complaints Regarding Theft and Patient Abuse Against Three MHT's Were Dropped Because No Statute or Regulation in the MHT Act Applied to the Complaints.