

Minutes of the Joint Meeting of KSNA and KSBN  
September 14, 2009

Attendance:	<u>KSNA</u>	<u>KSBN</u>	<u>Guests</u>
	Susan Bumsted	Jeanne Walsh	Ruth Werner
	Pat Plank	Janet Jacobs	Jaime Joseph
	Diana Corpstein	Janice McCart	Jan Fenske
	Craig Gunther	Serena Stutzman	Terri Roberts
	Kathy Outlaw	Judith Hiner	Dan Morin
	Evelyn Bowman	Bernard Becker	
	Ronda Eagleson	Brenda Moffitt	
	Cindy Light	Jane Conroy	
	Martha Butler	Dinell Stuckey <i>by phone</i>	
		Mary Blubaugh	

Both presidents of KSNA and KSBN expressed appreciation for a joint meeting in order to look for mutual areas of concern and action.

Susan Bumsted, President of KSNA, expressed two concerns that she wished discussed today:

- 1) The KSNA Council on Education has expressed a concern about the proliferation of nursing programs in the state for basic through graduate education levels which taxes limited resources available for students, faculty, physical facilities, funding, and clinical practicum areas. KSNA questioned what the criteria was for approval or disapproval of nursing programs and whether there were any studies which prescribe the amount of nurses and educational resources that are required in the future in Kansas.

- 2) The concern that nurses under investigation have had confidential information shared with others by the board. Some nurses have not been aware that they were under investigation, or it was not even established yet that there was a founded reason for investigation. These concerns have been addressed in previous meetings with KSBN along with concerns about the subjectivity of the process of investigation and its length.

Planning for nursing education discussion

KSBN representatives stated that the question of how to approve and disapprove nursing programs was to be discussed at their education committee meeting tomorrow.

- (KSBN) Issues that may come up are the public and providers seeing any restriction of the supply of nurses negatively.
- (KSNA) Data from the nursing education survey pointed out the need to look at the state's needs for the type and amount of nurses needed. Lack of available nursing faculty and anticipated attrition due to retirement contributes to the ability to educate nurses. There is a need to do another similar study.
- (KSNA) The quality of nursing education directly relates to the clinical exposures they have in their programs. There is competition for these clinical sites.
- (KSBN & KSBN) The expansion of existing programs may be more cost effective and cause less stress on finding available faculty than starting a completely new program.
- (KSNA) The size of the pool of prospective students is hard to assess, as sometimes students apply to several programs at the same time. We want to retain nurses in the workforce, build a pool of potential students, and develop nursing faculty in the next few

years. Creating excess programs for limited resources will aggravate the quality of educational experience and resources that can be provided.

- (KSNA) Kansas has a higher number of nursing programs per capita than many other states. The public can be educated on the need to adequately plan for the quantity and quality of nurses educated for population needs.
- (KSBN) It has been noted that there has been a hiring freeze on nurses in the Kansas City area. However, if any of the established nurse to patient ratios proposed in three national bills pass, then there will be a need for many more nurses.
- (KSNA) There is a question of how many nurses are needed vs. how many positions are chosen not to be filled under the current economic circumstances. It was noted that sometimes positions are not advertised when hospitals do not want the public to discover their need in particular areas such as ICU.
- (KSNA) A staff nurse preceptor speaking from his perspective, questioned how to justify asking nurses to seek a higher level of education when they are not paid sufficiently and to have to endure poor working conditions due to high patient to nurse ratios. He also noted that faculty members are underpaid for what they can make in the private sector.
- (KSNA) Business decisions are overshadowing the management of the nursing shortage. Are also only talking about the needs for nurses in the hospital and other institutional settings. Need to also consider requirements in the home health setting.

#### KSBN discipline process

- (KSBN) Over the last year have standardized decision- making guidelines and have decreased processing time for administrative cases. 10% of these standardized dispositions are then audited routinely for quality control.
- (KSBN) KSBN is now fully staffed. The investigator who was hired was very experienced and this has helped. The Investigative Committee is monitoring quarterly for timeliness. An audit done July 2009 revealed at that date the average time to complete a case was 95 days in 2008 and 50 days in 2009. There still is no break down of data by the severity or type of case being reviewed used to make up this average. It was speculated that with the new computer program that this would probably be possible, but has not been done as yet. When questioned as to whether there was a national standard for case management, Mary Blubaugh stated that there is no real standard, though their strategic plan gives a goal of having cases completed within 9 months time. There has been a steady improvement made at KSBN.
- (KSBN) Noted that sometimes the cause of slowness in case resolution is due to the nurse under investigation not providing requested information in a timely fashion or the inability or difficulty to get records, statements, etc. Fingerprinting information has helped. Naturally, if there is imminent potential for harm, these cases are considered the highest priority.
- (KSBN) There will be 3 policies reviewed tomorrow designed to streamline the process. One of these for the investigative process looked at all cases and uses a decision tree for mainly administrative rather than practice errors (e.g. getting license renewed). Cases that have a mix of practice and administrative issues are problematic because there is no separation of these issues in data collection. It has been noted that hospitals that have a

good investigative process prior to sending information to the board (e.g. Via Christi) see a quicker processing of their cases.

*Discussion:*

- (KSNA) Noted that some cases have dragged on for an excessive length of time and requested that there be a way to segregate data so it can be seen whether they involve practice or administrative issues.
- (KSBN) New software might segregate practice and administrative cases.
- (KSNA) Believe perception is that we are not being heard over this issue. Dividing out information in data set so can understand an issue of long standing cases is needed.
- (KSBN) Sometimes cases are re-opened and this is not shown with current way reflected. Are considering possibly reflecting a re-opened case as a new case instead. Also would like KSNA to provide objective instances of where nurses have experienced problems with investigation process.
- (KSNA) Problems that have been expressed to KSNA by nurses under investigation are that confidential information was shared inappropriately by telling prospective employers that the nurse was under investigation, when whether it was a founded complaint, was not known. This information should not be released until cleared by the court according to statute 65-1135. It is hard to get nurses to share their experiences with the KSBN when they are in the midst of active investigations by them. Due process and recourse should be practiced to protect both the public and the nurse being investigated.
- (KSBN) Interpretation of the above statute is seen differently by legal counsel of the KSBN. The nature of the complaint is not disclosed, but that an investigation is being done is. KSBN does not take verbal complaints; they request that a signed written complaint be submitted to the board to be considered for investigation. If the signature is notarized, the KSBN is obligated to investigate.

ARNP task force

Susan Bumsted expressed appreciation of KSBN support in working with the KSNA ARNP task force on language for the proposed advanced nurse practitioner statute using the consensus model of proposed 2007 national guidelines. The task force is approximately 25 practitioners who have meeting about every 3 weeks for the last 4 months. Susan will provide an overview at the open forum presentation on Wednesday. Participants in the meeting today were asked if there were any questions regarding this; none were tendered.

Other

Another nursing summit is being planned for this year. The summit was held December 30<sup>th</sup> last year. The next step will be to do a conference call with the volunteer planners—Susan will facilitate.

Pat Plank, the new president of KSNA, who will be installed October 9<sup>th</sup> at the KSNA Convention, was introduced to the group. Pat stated that both KSNA and KSBN are interested in protecting both the public and the practicing nurse. She looks forward to KSNA and KSBN working together on a regular basis and encourages use of objective fact based materials in our deliberations together.

Jeanne Walsh, KSBN president, expressed pleasure at the good civil discussion of issues. She also encouraged both organizations members to keep our mutual goals in focus when working together collaboratively in order to do what is best for the state. She expressed her appreciation for Susan's efforts during this last year.