

Interim Committee Combining Certain Public Health Boards  
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Board President

Good Morning and thank you for the opportunity to present testimony to the interim committee for Combining Certain Public Health Boards. My name is JoAnn Klaassen. I am a nurse and an attorney and currently serve as the President of the Board of Nursing. I am testifying in opposition to the proposal to combine boards on behalf of the Board of Nursing for a number of significant reasons. As you heard last week, nursing, like medicine, pharmacy and dentistry, is a distinct profession; each having its own legal standing, body of knowledge, professional standards and practice arenas. Although nursing, medicine and other major health professions work synchronously to provide health care to patients, their spheres are exclusive and occasionally in direct conflict. Historically and currently it is easy for medicine, with massive financial resources, to dominate other professions. It is thus critical that nursing and other health professions be legislatively enabled to carry out critical health care functions autonomously. What are those critical public safety functions that nursing performs?

**1. Nurses are the only health care providers in Kansas with direct, sustained contact with patients. Safety is paramount.**

The 72,205 licensed nurses in Kansas are by far the largest group of health care providers for the citizens of Kansas and the only health care providers who have direct, sustained contact with patients. What nurses in Kansas do, more than any other type of health care provider in the state, impacts the patient directly, immediately, and consistently in life-changing ways. Kansas nurses are the front-line health care providers and protectors for our citizens when they are most vulnerable. Nurses are the health professionals who are primary coordinators and implementers of direct care. We provide the surveillance, assessment, and interventions to patients. When the patient is critically ill, the nurse is the individual who ensures that care is performed. When a patient is dying, it is the nurse who provides the final caring touch. No one would reasonably dispute the need for competent, safe nurses to protect Kansas citizens. Everyone wants licensing processes that will allow for enough qualified nurses to provide quality care to themselves and their family members. And no one would want impaired or unfit nurses to provide care to their family members for months or years under inefficient, ineffective disciplinary processes.

**2. The Board of Nursing's strategic plan is a major factor in driving effectiveness and efficiency.**

For this reason, the Board of Nursing is a high-value board. As this committee heard from Mary Blubaugh's testimony last week, the Board of Nursing has been phenomenally efficient in managing its large numbers of licensees. This is possible through strategic planning that builds in priority initiatives and innovative approaches. Unlike many boards in Kansas, including the Board of Healing Arts and the Board of Education, the Board of Nursing has, and has had for the past 15 years, a detailed strategic plan outlining priority initiatives. The Board is charged with directing personnel, resources and actions to attain the identified initiatives. These strategic initiatives guide the Board actions and give data for

performance evaluation of the Board and its employees. The strategic initiatives align with the needs for nursing excellence in the state and also with national standards for the nursing profession. For example, a review of national licensure exam pass rates for nurses has been utilized by the Board of Nursing to guide revision of the nursing program regulations to elevate our Schools of Nursing. This process is currently on-going at the Board. Over the past several years the Board has incorporated into its strategic plan the development of a cohesive leadership succession process in preparation for Ms. Blugaugh's retirement. This high level of planning and implementation is critical for the promotion of quality health care and public welfare in our state. The Kansas Department of the Budget has, as of November 7, 2016, recognized the Board of Nursing for its well-organized strategic plan and its appropriate focus on strategic initiatives that support the Board's mission of public protection. Because of the efficient and effective function of the Board of Nursing, projected budgets were unambiguously approved by the Department of the Budget. Should the various boards be combined into an umbrella board, the ability of the Board of Nursing to strategically plan would be significantly impaired. How would Board members know which of the various boards would receive priority? How would the Board be able to direct shared personnel in establishing priorities? Would the Board even have final say of what initiatives it could establish? The leadership succession plan would be meaningless as the Board would no longer have decision-making power for an Executive Administrator. Clearly, combining the boards into an umbrella board will negatively impact the effectiveness of the Board of Nursing.

### **3. By leveraging expertise and experience the Board of Nursing has superior effectiveness.**

The reason that the Board of Nursing can do so much so effectively is that we currently have the autonomy, as a fee-funded, independent board, to direct our own actions as our expertise and experience with nursing dictate. Our Executive Administrator is mandated to have qualifications in both nursing and administration. This is not the case for many other boards. By focusing on our unique mission in health care and requiring nursing expertise for our Board members and employees, we have had superior effectiveness as Ms. Blubaugh's testimony last week outlined in detail. Not only do we respond to public and licensee concerns in efficient and innovative ways, we do it at less cost. Additional national data on the outstanding performance of the Kansas Board of Nursing was touched on in the CORE report and will be further illustrated in testimony by Dr. Alexander from the National Council of State Boards of Nursing. By leveraging our expertise, qualified personnel and strategic planning, the Board of Nursing has developed rapid, thorough and fair investigative processes, digital tracking and licensure protocols (in advance of most boards in Kansas and across the nation) and innovative solutions for licensee concerns. This can be contrasted with the Board of Healing Arts, which defined itself last week as a mini-umbrella board. The disparity in licensee needs at the Board of Healing Arts has resulted in multiple committees and personnel leading to more cost and less effectiveness. For example, while the Board of Nursing opens and processes over 2,000 disciplinary cases a year through a one-step process with experienced nurse investigators and committee members, the Board of Healing Arts pays for experts, uses multiple committees and levels of committees and thus processes only about 700 open cases a year. The mini-umbrella board is obviously less efficient and more costly than the independent board. This clearly illustrates the maxim that expertise is a more significant factor than consolidation in producing effectiveness.

### **4. Professional boards can best increase effectiveness and efficiency through voluntary collaboration, not structural re-alignment.**

Finally, as has been shown by many of the boards testifying before this committee, professions and their boards, when managed independently, are able to establish their own initiatives to reduce costs and increase effectiveness. The various boards have also demonstrated that they collaborate with each other to drive down costs. One example is coordination between the Board of Nursing, Board of Pharmacy

and Board of Healing Arts to develop chronic pain management policy. In contrast to an umbrella board structure, which pits boards against each other in competition for personnel, finances and priorities, voluntary collaboration achieves the same ends with sensible, non-competitive means. Internal, expert-driven solutions are uniformly superior to external structural realignment.

As health care continues to evolve and Kansas looks to its future, quality of health care remains an important issue in every respect. The Board of Nursing must remain effective, efficient and autonomous for Kansas to be able to develop, maintain and attract quality nurses. The proposal to combine the Board of Nursing, clearly efficient and effective, with other boards to form a large umbrella organization does not demonstrably save money or enhance efficiency. Instead issues of conflict of interest for a shared Executive Administrator arise, division of resources becomes a significant factor and decreased expertise of shared personnel fosters delays, conflicts and inefficiencies. Unique processes for discipline for the separate professions will be difficult to sustain leading to lengthy disciplinary processes and leaving Kansas residents under the care of nurses and other health professionals who may be, at times, dangerously impaired or unfit to practice. As you will hear from Dr. Alexander's testimony, umbrella boards are significantly more inefficient than independent boards. If umbrella boards were the answer, wouldn't more than 17 states have them?

There is no doubt at all that the Board of Nursing currently operates more efficiently and effectively with fewer resources than many other boards. Ms. Blubaugh's detailed presentation of the accomplishments of the Board of nursing confirm our quality, the legislative Committee on General Government Budget determined that the issue of combining fee-funded boards should not be pursued, the National Council of State Boards of Nursing data supports the continuation of the Kansas Board of Nursing as an independent board and the Kansas Department of the Budget has confirmed the appropriateness and effectiveness of our resource utilization. There is simply no valid reason to combine the Board of Nursing with any other board. Thus I would respectfully ask that the committee reject the current proposal for the combination of the Board of Nursing with any other board.



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	<p>2. Continue education outreach.</p>	<p>Student presentations 1 in 2012 2 in 2013 Student presentations 2 in 2014 Student presentations 2 in 2015 Individual education programs - DATL, Washburn, CNE providers 2012 2013 2014 2015 2016 Updates in Newsletter Ongoing Stormont Vail 2015 Stormont Vail 2016 Ongoing Redesign of webpage - funding secured for FY16 implementation Review regulations 9/2015 Monitor NCSBN for updates Ongoing</p>
<p>3. Increase in requests for new nursing programs, limited graduate employment opportunities and limited availability of adequate clinical resources.</p>	<p>3. Keep web page &amp; web services current.</p> <p>1. Gather data, review and clarify information needed to evaluate need for new programs.</p> <p>2. AG involvement.</p> <p>3. Ensure clinical resources are of sufficient number and experiences available to cover all aspects of nursing cross the lifespan and accommodate the number of students in the program.</p> <p>4. Clinical sites.</p>	<p>Discussion with Board, Educations committee and staff 8/2015 9/2015 Review regulations Ongoing Verify clinical site availability for Applicants of a nursing program Ongoing Review regulations Ongoing During school surveys, monitor appropriateness of clinical sites Ongoing Review annual report and new school applications for possible addition to collect clinical site information Ongoing</p>



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	<p>5. Determine the appropriate number of students per school.</p>	<p>Gather information for utilization to determine number of students                  Review workforce evaluations                  Analyze employment rates</p>	<p>Ongoing                  Ongoing                  Ongoing</p>
	<p>6. Suspend approval of any new schools /programs of nursing education or increase in enrollment of existing programs pending staff review of clinical resources for students in Kansas for 3 months</p>	<p>Approval suspension date                  Clinical Facilities Survey                  Clinical Facilities Survey - Review                  Clinical Facilities Survey - Re-review                  End suspension</p>	<p>12/2012                  2/2013                  3/2013                  6/2013                  6/2013</p>
<p>4. Scope of Advanced Practice</p>	<p>1. Review statutes and regulations.</p>	<p>Provide scope of practice statutes and regulations to the Board</p>	<p>Ongoing</p>
	<p>2. Review consensus model.</p>	<p>Provide consensus model to the Board</p>	<p>Ongoing</p>
	<p>3. Discussion of independent practice.</p>	<p>Provide Board with results from states who have independent practice                  Joint meeting with KSBBoHA                  Joint meeting with KSBBoHA</p>	<p>Ongoing                  2/8/2016                  5/23/16</p>
	<p>4. Review Kansas APRN Taskforce proposed statute changes.</p>	<p>Provide the Board updates on the language                  Board takes position on proposed language                  KSBN support conceptually the removal of a collaborative practice agreement mandate and prescriptive authority protocol if the licensee has demonstrated through a transitional practice or experience of at least 3 years the ability to practice independently.</p>	<p>2/2014                  2/2014                  12/2012                  3/2013                  5/2013                  7/2013                  8/2013</p>
	<p>5. Review of comments received from the public.</p>	<p>Ad Hoc APRN Committee                  Ad Hoc APRN Committee - meeting                  Ad Hoc APRN Committee - meeting                  Ad Hoc APRN Committee - meeting                  Provide Board with all comments</p>	<p>12/2013                  12/2013</p>

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5. New LMHT schools proposal	1. Develop or contract license exam.	Experts review old exam Contact Colorado and California for the use of their exam Information gathered to develop revised exam Develop exam Approval of schools - Osawatomie Exam complete Approval of schools - Larned Collaboration between Community Colleges & State Hospitals 1st LMHT test Ongoing	10/2012 9/2012 10/2012 1/2014 3/2013 3/3/2014 12/9/2014 12/9/2014 9/23/2015
6. Massage Therapist proposed language for regulation by KSBN	2. Review all applications.  3. Update website.	Ongoing	7/12/2013
	1. Review statutes and regulations.	Provide scope of practice statutes and regulations to the Board	2/2013
	2. Review other states models.	Provide models from New Jersey and Virginia	2/2013
	3. Review financial impact.	Provide Board with fiscal impact	2/2013
	4. Review of comments received from the public.	Provide Board with all comments Interim Committee Joint meeting massage therapist - KSBN Joint meeting massage therapist - KSBN The Bill did not make it out of committee The Bill wasn't introduced in legislative session	2/2013 Spring 2013 7/11/2013 8/21/2013 2014 2015 2016

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Priority #2 Fiscal Responsibilities	Performance Measure	Assessment	Date(s)
1. Succession Planning	1. Evaluate agency structure.	Identify critical leadership positions needed for continuity of agency	6/2015
	2. Develop timeline.	After timeline developed - educate Board & staff	6/2015
	3. Develop education for the transfer of institutional knowledge.	Organizational Development Meeting	1/2015
		Organizational Development Meeting	4/2016
4. Develop a succession plan.		Staff is working on procedure manuals	Ongoing
		Succession Plan Toolkit development	8/2014
		Succession Plan Toolkit approved/implemented	6/2015
		Ongoing	
2. I.T. Infrastructure	1. Continue to identify and replace equipment that needs updated.	Approval for funding	3/2013
		Back up system upgrade	11/2013
		Data center upgrade	5/2014
		Server migration to virtual system	8/2014
		Ongoing	
		KANNAlert	9/2012
	2. Review and evaluate new technology and how to incorporate into KSBN.	I Pads for board packets & meetings	9/2012
		KANNtext	
		Software purchased for all online applications with the exception of LMHT's	6/2014
		Upgrade licensure software	1/11/2016
		Development of online applications	Ongoing
		Upgrade Imaging system	
3. Explore cooperation with state and national organizations.	Ongoing		
	Data Integrity - active	8/23/2013	
	Data Integrity - Inactive	8/2015	
4. Be proactive with state reorganizations.		Ongoing	
		House Bill 2509	2016



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Priority #3 Maintain Quality Customer Service	Performance Measure	Assessment	Date(s)
1. Phone calls	1. Returned within 1 business day. KSBN averages 3,300 phones calls per month	Secured authorization from OITS to pull phone records.	Ongoing
2. Process all paper applications within 3 business days	1. 90% of paper applications will be processed in 3 business days.	Audit quarterly	
		Audit 10% quarterly	
		1st quarter 2012 - 97.8%	
		2nd quarter 2012 - 96.86%	
		3rd quarter 2012 - 94.66%	
		4th quarter 2012 - 96%	
		1st quarter 2013 - 92%	
		2nd quarter 2013 - 92%	
		3rd quarter 2013 - 96%	
		4th quarter 2013 - 99%	
		1st quarter 2014 - 92%	
		2nd quarter 2014 - 96%	
		3rd quarter 2014 - 93%	
		4th quarter 2014 - 99%	
		1st quarter 2015 - 97.5%	
		2nd quarter 2015 - 87%	
		3rd quarter 2015 - 67.5%	
		4th quarter 2015 - 84%	
		1st quarter 2016 - 69%	

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		2nd quarter 2014 - 94.6% 3rd quarter 2014 - 96% 4th quarter 2014 - 93% 1st quarter 2015 - 91.2% 2nd quarter 2015 - 92.5% 3rd quarter 2015 - 96% 4th quarter 2015 - 93.6% 1st quarter 2016 - 92.7%        
3. License new graduates from electronic report within 3 business days	1. License printed within 3 business days after student passes exam.	Audit 10% quarterly 1st quarter 2012 - 97% 2nd quarter 2012 - 100% 3rd quarter 2012 - 32% 4th quarter 2012 - 88% 1st quarter 2013 - 91% 2nd quarter 2013 - 91% 3rd quarter 2013 - 95% 4th quarter 2013 - 94% 1st quarter 2014 - 92% 2nd quarter 2014 - 96% 3rd quarter 2014 - 100% 4th quarter 2014 - 100% 1st quarter 2015 - 100% 2nd quarter 2015 - 92% 3rd quarter 2015 - 84% 4th quarter 2015 - 84% 1st quarter 2016 - 91%        

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4. Investigations	<p>1. Complete within 9 months.</p> <p>Audit quarterly- over 9 months old</p> <p>January 2013 - 49%</p> <p>July 2013 - 45%</p> <p>January 2014 - 57%</p> <p>March 2014 - 53%</p> <p>July 2014 - 50%</p> <p>September 2014 - 43%</p> <p>December 2014 - 45.5%</p> <p>March 2015 - 42.9%</p> <p>June 2015 - 45.1%</p> <p>September 2015 - 32.3%</p> <p>January 2016 - 25.75%</p> <p>April 2016 - 37.25%</p>	
2. Average length of Investigation.	<p>Audit twice yearly</p> <p>2010 - 142 days; 2011 - 98 days; 2012 - 55days Jan 2013</p> <p>2010 - 159 days; 2011 - 115 days; 2012 - 71 days; 2013 - 41 days July 2013</p> <p>2011 -147 days; 2012 - 103 days; 2013 - 63days Jan 2014</p> <p>2010 -214 days; 2011 - 178 days; 2012 - 147 Days; 2013 - 46 days; 2014 - 54 days Aug 2014</p> <p>2011 -223 days; 2012 - 185 days; 2013 - 110 days; 2014 - 72 days Mar 2015</p> <p>2010 - 236 days; 2011 - 246 days; 2012 - 198 days; 2013 - 128 days; 2014 - 95 days; 2015 - 36 days Sept 2015</p> <p>2011 - 259 days; 2012 - 221 days; 2013 - 145 days; 2014 - 106 days; 2015 - 62 days Dec 2015</p>	

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<p>5. Case(s) filed or diversion agreement signed &amp; implemented within 90 days after Assistant Attorney General receives file(s)</p>	<p>1. Timely hearings.</p>	<p>Audit quarterly                  January 2013 - 100 days                  July 2013 - 154 days                  July 2014 - 92 days                  Feb 2015 - 71 days                  May 2015 - 151 days                  August 2015 - 63 days                  December 2015 - 180 days                  March 2016 - 164 days</p>	
<p>6. Customer Service</p>	<p>1. All customers service measures will be added to position descriptions and evaluations.                   2. Web based customer service survey.</p>	<p>Evaluations completed twice yearly addressing audit results                   Ongoing</p> <p>Audit quarterly                  12/27/2012                  4/25/2013                  7/24/2013                  11/5/2013                  2/6/2014                  11/5/2013                  2/6/2014                  7/28/2014                  11/5/2014                  2/26/2015                  7/13/2015                  11/3/2015                  3/7/2016</p>	