Kansas State Board of Healing Arts

Safeguarding the Public ~ Strengthening the Healing Arts

Western Kansas RT Seminar
“T” for Trouble

September 17, 2015

John F. McMaster, MD Medical Director
Kathleen Selzler Lippert, JD Executive Director
Safeguarding the public ~ Strengthening the Healing Arts
Trouble from the Board’s perspective …

- What will get you in trouble?
- How to stay out of trouble?

“T” for Trouble
• **Board**
  • Board members appointed by Governor
  • 12 Licensees: 5 MDs, 3 DOs, 3 DCs, 1 DPM
  • 3 Public members
  • Staff: 5 departments served by 45 full-time staff

• **Who is regulated:**
  • 14 different professions: MD, DO, DC, DPM, PA, RT, PT, PTA, OT, OTA, AT, ND, LRT
  • Exclude: nurse, dentist, optometrist, social workers, counselors
Respiratory Therapy (RT) Council:
• Dan L. Conyers, R.T., President
• Steven Ades, R.T.
• Stanley Munsch, R.T.
• Cheri Puph, Public Member
• Howard Anderson, Public Member
• Shawn Magee, MD
• Michael J. Beezley, MD Board designee
<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>MD</td>
<td>10,482</td>
<td>PT</td>
</tr>
<tr>
<td>DO</td>
<td>1,249</td>
<td>PTA</td>
</tr>
<tr>
<td>DC</td>
<td>1,273</td>
<td>OT</td>
</tr>
<tr>
<td>DPM</td>
<td>144</td>
<td>OTA</td>
</tr>
<tr>
<td>PA</td>
<td>1,022</td>
<td>AT</td>
</tr>
<tr>
<td>ND</td>
<td>22</td>
<td>LRT</td>
</tr>
<tr>
<td>RT</td>
<td>1,769</td>
<td>Contact Lens</td>
</tr>
</tbody>
</table>
• License
• Regulate
• Miscellaneous
Licensing Department

- Initial & renewal applications
- Renewal period is 6 weeks long
- Late renewal 30 days
- RT renew cycle in March
• License
• Regulate
• Miscellaneous
“T” = TROUBLE

- Trouble from the Board’s perspective
- What will get you in trouble?
- How to stay out of trouble?
Joshana Offenbach, JD
Associate Disciplinary Counsel

Dan Riley, JD
Disciplinary Counsel
Investigation Department

Kansas Board of Healing Arts
Complaints reviewed by:
Dan Riley, JD Disciplinary Counsel

Many facets are considered, a highly utilized guide is:

“If the allegation is substantiated, would it constitute a violation of the applicable Practice Act?”

- If “yes”, an investigation is opened.
- If “no”, the complaint is closed. (However, the complaint does remain in the licensee’s database record.)
“Sometimes, if I smack it here real good, it will start back up.”
RT Complaint Quick Facts:

• **19 complaints received in 2012**
  - 12 Investigations opened
• **16 complaints received in 2013**
  - 4 Investigations opened
• **34 complaints received in 2014**
  - 28 Investigations opened
• **1% or less of total RT population**
RT Complaint Quick Facts:
• 19 complaints received in 2012
Source:
• 15 Renewal
• 2 AFR
• 1 News
• 1 Complaint form
RT Complaint Quick Facts:

- 19 complaints received in 2012

Allegations:

- Chemical Impairment (1)
- Criminal Conviction (9)
- Failure to Maintain CME (1)
- Misc. Other (8)
RT Complaint Quick Facts:
• 16 complaints received in 2013
Source:
• 8 Renewal
• 3 Letter
• 2 Other
• 1 Phone call / Complaint Form / AFR
RT Complaint Quick Facts:
• 16 complaints received in 2013

Allegations:
• Chemical Impairment (1)
• Criminal Conviction (2)
• Inappropriate treatment (2)
• Unprofessional Conduct (2)
• Misc. Other (8)
RT Complaint Quick Facts:

- 34 complaints received in 2014

Source:

- 17 Application
- 7 Renewal
- 10 Misc. Other
RT Complaint Quick Facts:
• 34 complaints received in 2014

Allegations:
• Sexual Misconduct (1)
• Criminal Conviction (4)
• Unprofessional Conduct (1)
• Misc. Other (28)
Investigations are assigned to one of KSBHA’s investigators.
Do we really need regulators when we have the Hippocratic oath?
CAPTAIN HINDSIGHT!

THE HERO OF THE MODERN AGE
AREAS OF CONCERN

- Impairment
- Falsification of documentation
- Timeliness of medications / communication
- Not responding when needed
AREAS OF CONCERN

**Impairment**
- Problem universal to providers
- Preventable patient harm
- Your duties
AREAS OF CONCERN

Falsification of documentation
• Mistakes v. False documentation
RT documented that aerosol therapy was complete on 0540

- Patient actually continued on therapy until shift report at 0555
RT charted that patient was on 2 1pm NC at 2024
• Patient was on room air until 2110
RT charted that patient is using oxygen and is alert and oriented

- Patient had been without oxygen since admission and is only oriented to name
FALSE DOCUMENTATION EXAMPLE

All 3 examples for single RT

• Many mistakes, one instance may have been an accident
• Other practitioners making care decisions based on charted information
FALSE DOCUMENTATION EXAMPLE

All 3 examples for single RT

• RT excuse “others doing it”
• Patient sleeping is not excuse to forgo treatment
• Action authorized for discipline
AREAS OF CONCERN

Timeliness of medications/communication

- Mistakes v. Careless
TIMELINESS OF MEDICATIONS / COMMUNICATION

- RT deleted one of the medications because it was thought to be a duplicate
- Provider was not notified about an available result on a stat EKG
- RT failed to notify physician or nurse that the O2 was increased from 2L to 5L
TIMELINESS OF MEDICATIONS / COMMUNICATION

- All 3 examples for single RT
- Informal action authorized with caution that RT needs to be more careful about checking patient orders and records
TIMELINESS OF MEDICATIONS / COMMUNICATION

- 76 yo male Pt arrived at 1530 included EKG to be done “this afternoon and faxed to office”
- Nsg unit RN realized at 2000 that EKG not done and called RT
TIMELINESS OF MEDICATIONS / COMMUNICATION

- RT responded to call from nurse by stating that if it wasn’t urgent he would wait until AM.
TIMELINESS OF MEDICATIONS / COMMUNICATION

- EKG done at 0440 showed early acute infarct, ST elev in lateral leads per machine inter.
- RT failed to notify physician or RN
TIMELINESS OF MEDICATIONS / COMMUNICATION

- Physician came in at 0540, reads EKG, immediately went to nsg unit, transferred to ICU at 0700 and transferred to outside heart hospital
TIMELINESS OF MEDICATIONS / COMMUNICATION

• Confusion on the relay of order.
• Unusual that providers were not paying more attention to issues to determine whether this was a STEMI or non-STEMI
TIMELINESS OF MEDICATIONS / COMMUNICATION

- RT had the training to tell if there was an issue that should be discussed with the nurse or physician; especially since the machine generally states there is an issue
AREAS OF CONCERN

Not responding when needed

- Just a minute, I’m busy
NOT RESPONDING WHEN NEEDED

- RT contacted by nursing at 630pm to evaluate patient
- RT stated there were no treatment orders; only for nocturnal CPAP
NOT RESPONDING WHEN NEEDED

- Nursing called respiratory dept. 3x at 7pm and night shift therapist responded
- Patient found in distress
NOT RESPONDING WHEN NEEDED

• Orders found from 2 days prior for breathing treatment and respiratory therapy evaluation
NOT RESPONDING WHEN NEEDED

- SOC not met
- Similar problem in past
- Patient should have been evaluated
- RT failed to evaluate patient as needed
NOT RESPONDING WHEN NEEDED

- To not come when called about a patient, especially a patient on a ventilator, is unacceptable.
- There was a problem with order not being on computer; but, should have checked the chart.
BOARD ACTIONS

NON PUBLIC
- Letter of Concern (LOC)
- Professional Development Plan (PDP)
- Non public, Non reportable, Non disciplinary

PUBLIC ACTIONS
- Denial of Licensure
- Summary Orders
- Consent Orders
- Require supplemental education or clinical competency
- Censure
- Fine
- Probation
- Limitation
- Suspension
- Revocation
WHY

• Statutory Mandate
  • To investigate all patient complaints that involve allegations that, if substantiated, would constitute a violation of the Healing Arts Act, irrespective of any prior pattern of negligence

• Safeguard the public & strengthen the professions that practice the healing arts.
July 1, 2015 law changes for ALL PROFESSIONS
Expired Status Eliminated for DC's, DO's, MD's and PA's

DO, DPM and LRT license renewals are available online beginning August 15, 2015.

IMPORTANT

THIS IS A NEW SYSTEM. READ ALL OF THE DIRECTIONS CAREFULLY.

Click this link to Renew Online.

This site is designed to work best with the latest versions of Internet Explorer, Google Chrome, FireFox and Safari. It may not work well with some mobile devices. We apologize for any difficulty this may cause. If you are unable to renew online, you may then renew by using the Renewal by Mail Service.
Licensee & Registrant Profile Search Form

Search Form

At least one field must be specified.

Last Name

First Name

Middle Initial

License Number (ex: 22-12345)

City Name

Search Tips

You may search for medical doctors, osteopathic doctors, chiropractors, podiatrists, physician assistants, naturopathic doctors, physical therapists and their assistants, occupational therapists and their assistants, respiratory therapists, athletic trainers, radiological technologists, and contact lens distributors.

Searches may contain partial names, but must include at least three letters of the name.

It is not necessary to fill in all fields when conducting your search, but you must fill in at least one field. When the resulting list of a profile is not desired by the user, the name and all information available should be entered into the search form.
MAIN AGENCY CONTACTS

Executive Director,
Kathleen Selzler Lippert, JD
klippert@ksbha.ks.gov 785.296.8561

General Counsel,
Kelli J. Stevens, JD
kstevens@ksbha.ks.gov 785.296.8066

Chief Litigation Counsel,
Reese E. Hays, JD
rhays@ksbha.ks.gov 785.296.0961

Chief Disciplinary Counsel,
Dan Riley, JD
driley@ksbha.ks.gov 785.296.4882

Licensing Administrator,
Katy Lenahan
klenahan@ksbha.ks.gov 785.296.8563

Medical Director,
John F. McMaster, M.D.
jmcmaster@ksbha.ks.gov
QUESTIONS?

Kansas State Board of Healing Arts
800 SW Jackson, Lower Level – Suite A
Topeka, KS 66612
Phone: (785) 296-7413
Toll Free: 1-888-886-7205
Fax: (785) 296-0852
www.ksbha.org