



# 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**

**KANSAS STATE  
BOARD OF  
HEALING ARTS**



**Safeguarding the public ~  
Strengthening the Healing  
Arts**

# KANSAS STATE BOARD OF HEALING ARTS



“T” for Trouble

Trouble from the Board’s  
perspective ...

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

- MD 10,482
- DO 1,249
- DC 1,273
- DPM 144
- PA 1,022
- ND 22
- RT 1,769
- PT 2,451
- PTA 1,533
- OT 1,521
- OTA 616
- AT 427
- LRT 3,432
- Contact Lens 7

- 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?



**Dan Riley, JD**  
**Disciplinary Counsel**  
**Investigation Department**

**Joshana Offenbach, JD**  
**Associate Disciplinary Counsel**





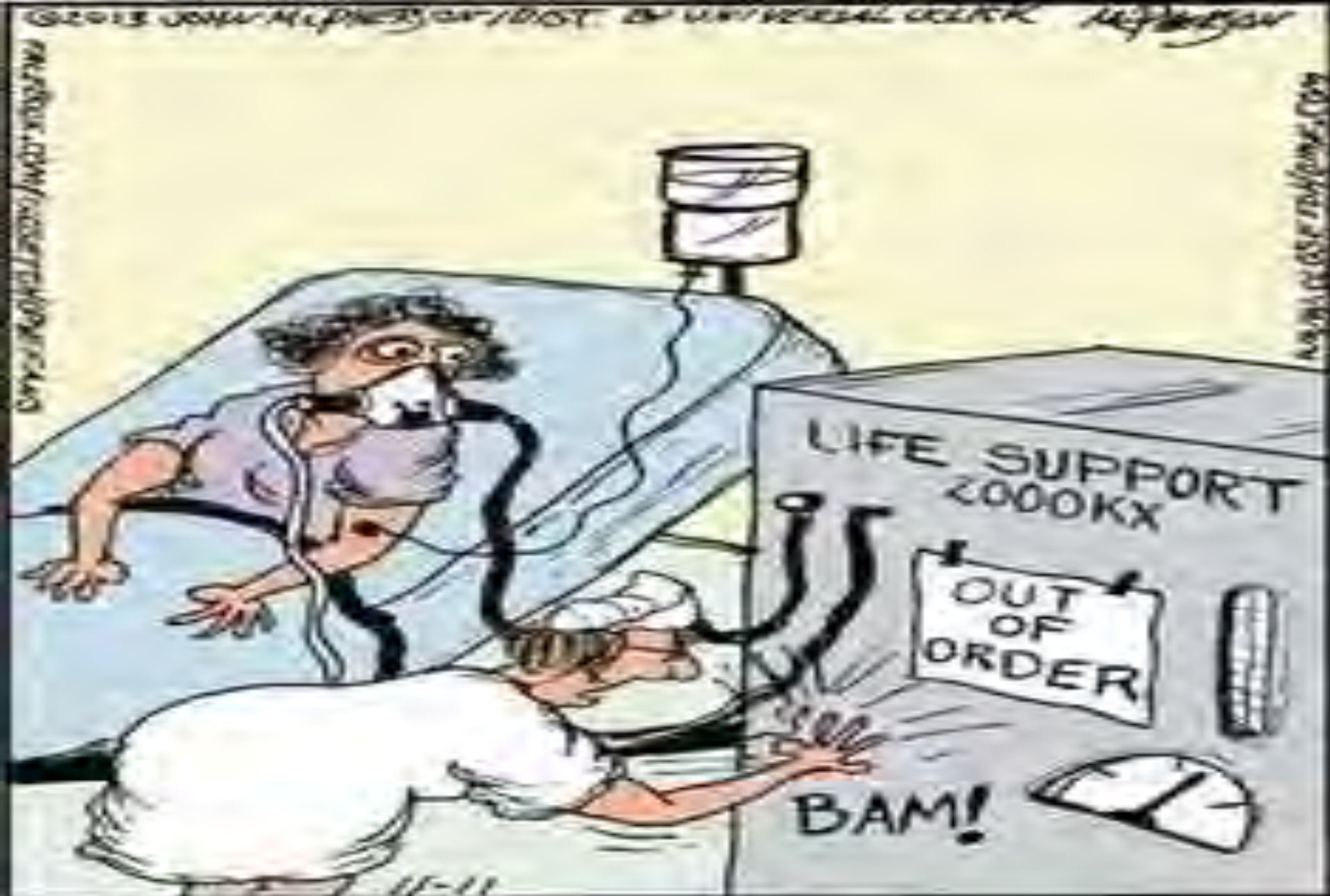
Complaints reviewed by:

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**

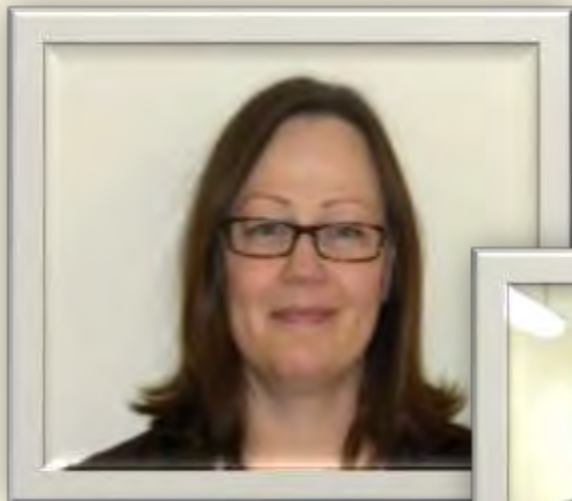
# RT Complaint Quick Facts:

- **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

# FALSE DOCUMENTATION EXAMPLE

RT documented that aerosol therapy was complete on 0540

- Patient actually continued on therapy until shift report at 0555

# FALSE DOCUMENTATION EXAMPLE

RT charted that patient was on 2 1pm  
NC at 2024

- Patient was on room air until 2110

# FALSE DOCUMENTATION EXAMPLE

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 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.





SAFEGUARDING THE PUBLIC

STRENGTHENING THE HEALING ARTS



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### ANNOUNCEMENTS:

[July 1, 2015 law](#)

**[July 1, 2015 law changes for ALL PROFESSIONS](#)**

**[Expired Status Eliminated for DC's, DO's, MD's and PA's](#)**

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**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**

# Board of Healing Arts

## Licensee & Registrant Profile Search

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### *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

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# QUESTIONS?

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