



1

**KHC Clinic Assistance Program
 Lunch and Learn Series**
Best Practices for Utilizing Unlicensed Personnel in the Clinic
September 16, 2025

Yolanda Sims, JD - KAMMCO
Patty Thomsen, BSN, RN, CPHQ - Kansas Healthcare Collaborative



2

DISCLAIMER

All Kansas Healthcare Collaborative, Inc. (“KHC”) content and information in KHC’s publications, presentations, and on KHC’s website (“KHC Content”) are for informational and educational purposes only. KHC Content does not create any type of relationship with, or duty to, the reader, attendee, or user. KHC Content does not constitute legal, tax, business, professional, or personal advice. KHC disclaims any and all liabilities and warranties, express or implied, arising from users’ access and use of KHC Content.

3

Today’s Webinar Agenda

- Welcome – 5 mins
- Content Presentation 45 mins
- Q&A 5 Mins
- Closing Comments 2 mins



4

Right Role, Right Time: A Roadmap to Understanding the Medical Assistant's Scope in Kansas



Yolanda Sims, JD, MHA
Loss Prevention & Risk Management Advisor
KHC September 16, 2025

5

Today's Agenda

- Define the MA Profession & Scope of Practice
- Delegation Provisions of the Practice Acts
- 5 Rights of Delegation with Case Examples
- Risk Management Strategies
- FAQs/Takeaways/Resources



6

Unlicensed Assistive Personnel (UAP)

"Unlicensed assistive personnel" is an umbrella term used to describe unlicensed health care assistants that have been trained to provide certain tasks of client care as directed by a licensed health care provider.



<https://www.ncbon.com/uap-general-information>



7

UAP Roles Vary Depending on Job Titles

- Unlicensed Assistive Personnel (UAP) include but are not limited to the following specific job titles: Nurse Aides/Certified Nursing Assistants, Patient Care Aides/Home Health Aides/Patient Care Technicians, Medical Office Assistants, Medical Assistants, Medication Aides, and Medication Technicians.
- UAP may work in a variety of healthcare settings including, but not limited to hospitals, skill nursing facilities, adult care facilities, home care, office/ambulatory care practice settings, and various community health environments (i.e.: schools, correctional facilities, clinics).

<https://www.ncbon.com/uap-general-information>



8

What is a Medical Assistant?

A medical assistant is a versatile healthcare worker who carries out both administrative and clinical duties.

- Commonly work in doctor's offices, clinics, or hospitals.
- Their responsibilities include everything from scheduling patient appointments to drawing blood or assisting during medical procedures.



9

The Work Environment for Medical Assistants

Medical assistants held about 783,000 jobs in 2023. The largest employers of medical assistants were as follows:

Offices of physicians	56%
Hospitals; state, local and private	16%
Outpatient care centers	9%
Offices of other health practitioners	8%



Some medical assistants spend a lot of time standing or walking as they visit patients. Others sit at computer for much of the day to work on administrative tasks.

Bureau of Labor Statistics, U.S. Department of Labor, *Occupational Outlook Handbook*, Medical Assistants, at <https://www.bls.gov/ooh/healthcare/medical-assistants.htm> (visited August 02, 2025).



10

Medical Assistant Scope of Practice in Kansas

- A scope of practice refers to the specific tasks, duties and responsibilities a MA is legally permitted and trained to perform under state law and the supervision of a licensed healthcare provider.
- In most states, medical assistants' scope of work is determined by the delegation provisions of the practice acts and regulations applicable to the delegating licensed providers.
- Kansas has no medical assistant license or certification requirements.

<https://www.aama-ntl.org/docs/default-source/medical-assisting-today/2020/nov-dec-v53i6/cmatoday-nd-2020-pa.pdf>

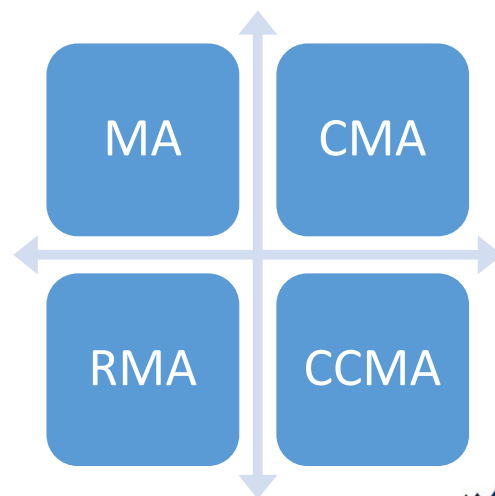


11

Common Credentialing for MAs: Certifications and Registrations

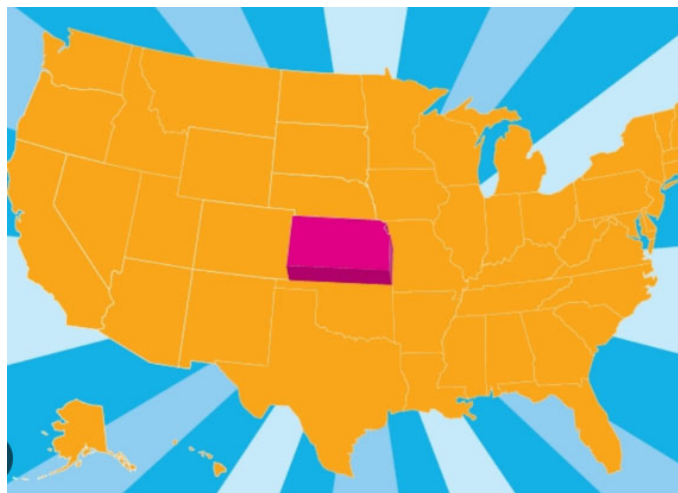
Employers may prefer or require that medical assistants be certified. Certification is available from several organizations, including the following:

- American Association of Medical Assistants
- American Medical Certification Association
- National Center for Competency Testing
- National Healthcareer Association



12

Delegation Framework for MAs in Kansas



13

K.S.A. 65-1165. Supervision of Delegated Nursing Procedures

The degree of supervision required shall be determined by the licensed nurse after an assessment of appropriate factors.

The responsibility for a task ultimately lies with who delegated it. Factors to be considered related to the degree of supervision include:

- The health status and mental and physical stability of the individual receiving the nursing care.
- The complexity of the procedure to be delegated.
- The training and competency of the unlicensed person to whom the procedure is to be delegated.
- The proximity and availability of the licensed nurse to the designated unlicensed person when the selected nursing procedure will be performed.



14

5 Rights of Nursing Delegation

When determining when and to whom a nursing task may be delegated to, the American Nurses Association’s “Five Rights of Nursing Delegation” is a useful tool:

1. Right Task.
2. Right Person.
3. Right Communication.
4. Right Circumstance.
5. Right Supervision.



15

Scenario: Performing EKGs in a Cardiologist Office

Setting: Cardiologist practice

Delegated Task: Conducting electrocardiograms (EKGs)

Patient Encounter: A cardiologist delegates the task of performing EKGs to a trained MA for patients presenting with chest pain or palpitations.

- The MA places electrodes correctly, runs the test, and ensures the results are uploaded to the patient’s chart.
- The cardiologist interprets the results and discusses them with the patient.

Why It’s Appropriate?

EKGs are technical procedures that MAs are often trained to perform, and the interpretation remains the responsibility of the licensed provider.



1. RIGHT TASK

The task should also be appropriate for the patient’s condition and care plan.

A blue icon of a clipboard with a checklist and a checkmark, indicating a task that is appropriate for the patient's condition and care plan.

16

Scenario: Administering Vaccines in a Pediatric Clinic



Setting: Pediatric clinic during flu season

Delegated Task: Administering flu vaccines to patients

Patient Encounter: A licensed pediatrician delegates the task of administering flu shots to a certified medical assistant.

- The MA follows established protocols, verifies patient identity and consent, and documents the administration in the electronic health record (EHR).
- The provider remains on-site and available for any adverse reactions or questions.

Why It's Appropriate?

The MA is trained in vaccine administration and operates under the supervision of the licensed provider, ensuring patient safety and efficiency.



2. RIGHT PERSON

The task must be delegated to a qualified and competent person who has the necessary education, training, and experience



17

Scenario: Medication Reconciliation



Setting: Family medicine clinic during routine check-ups

Delegated Task: Medication reconciliation

Patient Encounter: A nurse practitioner delegates the task of reviewing and updating patients' medication lists to the MA before the provider enters the exam room.

- The MA asks patients about current prescriptions, over-the-counter drugs, and supplements, then flags any discrepancies or concerns for the provider to review.
- The provider uses this information to make informed decisions during the visit.

Why It's Appropriate?

This task supports clinical decision-making and is non-invasive, allowing the MA to contribute meaningfully while staying within their scope of practice.



3. RIGHT COMMUNICATION

The nurse must communicate clear instructions for the task, including the purpose, how it should be performed, and any specific patient needs.



18

Scenario: Administering Vitamin B12 Injection



Setting: Internal Medicine Clinic

Delegated Task: Administering B12 Intramuscular Injection

Patient Encounter: A licensed physician evaluates a patient with pernicious anemia and prescribes regular vitamin B12 injections.

- The MA assigned to the patient has completed formal training in injection techniques, understands aseptic procedures, and has demonstrated competency through supervised practice.
- The physician delegates the task to the MA, who:
 - Reviews the patient’s chart and confirms the order
 - Explains the procedure to the patient and obtains verbal consent

- Prepares the injection using proper sterile technique
- Administers the injection in the deltoid muscle
- Monitors the patient briefly for any adverse reaction
- Documents the procedure in the EHR and reports completion to the physician

Why It’s Appropriate?

The MA is operating within their scope of practice, under direct supervision, and with the necessary training and knowledge to perform the task safely and effectively



4. RIGHT SUPERVISION

The nurse must provide appropriate supervision and monitoring to ensure that the task is performed safely and effectively.



Scenario: Administering Allergy Immunotherapy



5. RIGHT CIRCUMSTANCES

The nurse must consider the patient’s condition, the healthcare setting, and other relevant factors when deciding whether to delegate a task.



Setting: Allergy & Asthma Clinic

Delegated Task: Administering Subcutaneous Injection

- Patient Encounter: A board-certified allergist evaluates a patient and prescribes a long-term allergy immunotherapy regimen.
- The MA assigned to the patient has completed formal training in injection techniques, understands the specific protocols for allergy shots, and has demonstrated competency under supervision.
- The allergist delegates the task to the MA, who:
 - Reviews the patient’s allergy shot schedule and confirms the correct vial and dosage
 - Verifies patient identity and checks for any recent reactions or contraindications

- Prepares and administers the subcutaneous injection in the upper arm using sterile technique
- Monitors the patient for 30 minutes post-injection for any signs of anaphylaxis or adverse reaction
- Documents the procedure and patient response in the EHR and notifies the provider of any concerns

Why It’s Appropriate?

The MA is trained and qualified to perform subcutaneous injections, and the task is delegated under direct supervision with clear protocols in place.



K.S.A. 65-28, 127. Licensees who direct.....

Licensees who direct, supervise, order, refer, accept responsibility for, enter into practice protocols with or delegate acts which constitute practice of healing arts to others; requirements and limitations; construction of section.

(a) Every supervising or responsible licensee who directs, supervises, orders, refers, accepts responsibility for, enters into written agreements or practice protocols with, or who delegates acts which constitute the practice of the healing arts to other persons shall:

- (1) Be actively engaged in the practice of the healing arts in Kansas;
- (2) review and keep current any required written agreements or practice protocols between the supervising or responsible licensee and such persons, as may be determined by the board;
- (3) direct, supervise, order, refer, enter into a written agreement or practice protocol with, or delegate to such persons only those acts and functions which the supervising or responsible licensee knows or has reason to believe can be competently performed by such person and is not in violation of any other statute or regulation;



21

K.S.A. 65-28, 127 Continued

- (4) direct, supervise, order, refer, enter into a written agreement or practice protocol with, or delegate to other persons only those acts and functions which are within the normal and customary specialty, competence and lawful practice of the supervising or responsible licensee;
- (5) provide for a qualified, substitute licensee who accepts responsibility for the direction, supervision, delegation and written agreements or practice protocols with such persons when the supervising or responsible licensee is temporarily absent; and
- (6) comply with all rules and regulations of the board establishing limits and conditions on the delegation and supervision of services constituting the practice of medicine and surgery.



22

K.S.A. 65-2872(g). Persons not engaged in the practice of the healing arts

The Kansas Healing Arts Act states that the following individuals are deemed to not be engaged in the practice of medicine:

- Persons whose professional services are performed under the supervision or by order or referral from a practitioner who is licensed under this Act [viz., a physician].



23

Letter from AAMA with a Legal Opinion



AMERICAN ASSOCIATION
OF MEDICAL ASSISTANTS®
20 N. WACKERDR., STE. 1575
CHICAGO, ILLINOIS 60606

Thank you for your inquiry concerning what tasks are delegable legally to medical assistants according to Kansas law.

Section 65-2872(g) of the Kansas Healing Arts Act states that the following individuals are deemed to not be engaged in the practice of medicine:

Persons whose professional services are performed under the supervision or by order or referral from a practitioner who is licensed under this Act [viz., a physician].

It is my legal opinion that this language permits physicians to delegate a reasonable scope of clinical and administrative tasks (including venipuncture/phlebotomy and administration of medication orally, and by intramuscular, intradermal, and subcutaneous injection [including vaccinations/immunizations]) to knowledgeable and competent unlicensed professionals such as medical assistants working under their direct/onsite supervision in outpatient settings. However, if there is a likelihood of significant harm to patients if an injectable medication is prepared improperly, it is my legal opinion that the delegating physician must verify the dosage and the identity of the injectable substance before it is administered.



24

Limitations on Delegation (AAMA Opinion)

Medical assistants must NOT perform any tasks that require them to (a) exercise independent clinical judgment or (b) make clinical assessments, evaluations, or interpretations.



25

Tasks That CAN be Delegated to MAs

- Receiving, documenting, and conveying information verbatim for the delegating provider
- Following provider-approved decision trees, algorithms, and protocols that do not require clinical judgment to execute
- Providing patient education, the content of which is approved by the provider, that does not require the exercise of clinical judgment

(Legal Opinion of AAMA, General Counsel Donald Balasa, CMA Today 2020)



26

Order Entry for Prescriptions and more.....

Order entry

My legal opinion is that medical assistants are permitted to enter and pend prescription/medication, laboratory, and diagnostic imaging orders into the computerized provider order entry (CPOE) system based on the delegating provider's verbal or standing order. The delegating provider must review and approve the pended order before it can become actionable and be transmitted. This is a conservative opinion; however, I believe it reflects the best practice. ✦



What tasks are delegable to and performable by medical assistants? Donald Balasa, CMA Today
Nov. 2020



27

California: Minimum Training is Required for Certain Duties

- Per Title 16 of the California Code of Regulations, section 1361.1, if the medical assistant will be administering medications by intramuscular, subcutaneous, and intradermal injection, or performing skin tests, or venipuncture for the purpose of drawing blood, they are required to have at minimum the following training:⁸
- 10 hours of training in administering injections and performing skin tests; and/or
- 10 hours of training in venipuncture and skin puncture for the purpose of withdrawing blood;
- At least 10 of each intramuscular, subcutaneous, and intradermal injections and 10 skin tests, and /or at least 10 venipuncture and 10 skin punctures; and
- 10 hours of training in administering medication by inhalation (training must be provided by a licensed physician or a respiratory practitioner).

<https://www.caphysicians.com/articles/understanding-what-your-medical-assistant-can-and-cannot-do>



28

Example: Quick Reference Guide Regarding Scope of Practice for MAs in California

Specific Procedures	MA	Additional Information
Perform nasal smears	Yes	Limited to the opening of the nasal cavity
Perform nasal smears and "finger sticks"	Yes	After proper training
Swab throat to preserve specimen in a throat culture	Yes	After proper training
Take patient vitals	Yes	
Administer narcotic injections. (Injection by intradermal, intramuscular, or subcutaneous routes)	Yes	Once the licensed person has verified the correct medication and dosage
Administer flu shots and other vaccines	Yes	After proper training, and supervising practitioner presence in office/facility
Call in new prescriptions, or changes to prescription	No	May refill medications with no changes in dosage levels under direct supervision of physician
Start or disconnect IVs or administer injections or medication into an IV	No	
Administer anesthetic agents (topical or injection)	No	
Apply orthopedic splints	No	May remove casts, splints, and other external devices
Insert urine catheters	No	Considered an invasive procedure
Independently perform telephone triage	No	Cannot legally interpret data or diagnose symptoms



<https://www.caphysicians.com/articles/understanding-what-your-medical-assistant-can-and-cannot-do>

29

Public Health Scope of Practice Toolkit for Nurses and UAP (2024 Edition)



Health Department Nursing Tasks Chart

UAP - Unlicensed Assistive Personnel.

Health Department Duty	APRN	RN	LPN	MA (UAP)	CNA (UAP)
Administer medications including oral, topical, and rectal	Yes	Yes	Yes, as delegated by a APRN or RN.	Yes, delegated by a physician, with direct or onsite supervision of a physician.	No
Provide vaccinations	Yes	Yes	Yes, as delegated by a APRN or RN.	Yes, delegated by a physician, with direct or onsite supervision of a physician.	No
Patient care services, including taking vital signs and collecting specimens	Yes	Yes	Yes	Yes, delegated by a physician, with direct or onsite supervision of a physician.	As delegated by an APRN, RN or LPN, CNAs can measure and record vital signs, and collect urine, fecal or sputum specimens.
Family planning (FP)			LPNs can administer oral birth control and Depo	As delegated by a physician, with	



30

Scenario: Assisting with a Prescription Refill

Setting: Primary Care Clinic

Delegated Task: Processing a refill for medication with no change in dosage

Patient Encounter: A patient calls the clinic requesting a refill of blood pressure medication, which they've been taking consistently.

- The MA receives the request and:
 - Reviews the patient's chart for refill eligibility (e.g., last visit, labs, dosage history)
 - Flags the request for the physician or nurse practitioner to review and approve
 - Once the provider signs off, the MA contacts the pharmacy to relay the approved refill or enters it into the EHR system for electronic transmission
 - Documents the interaction and ensures the provider's approval is recorded

Why It's Permitted?

The MA is **not** making clinical decisions or authorizing the refill **independently**.

Instead, they're facilitating the process after the licensed provider has reviewed and approved it, which is well within the scope of delegated administrative duties.

When medication is involved, be hypervigilant and verify the following:

Delegation regulations—possible preference for a physician

Clinic policies

MA's training and competency level



31

National Guidelines for Nurse Delegation



https://www.ncsbn.org/public-files/NGND-PosPaper_06.pdf

32

Job Descriptions are Important!



33

Misrepresentation: Don't Blur the Lines

- Medical assistants must never refer to themselves as “office nurses,” “doctors’ nurses,” or as nurses of any kind. In every U.S. jurisdiction, this is a violation of the nurse practice act, the regulations of the state board of nursing, or both.



<https://aama-ntl.org/>



34

Risk Management Strategies

- Establish who will supervise MAs in your practice setting.
- Develop clear protocols and ensure that delegation aligns with state law and clinic policy.
- Ask your MAs to pursue certification and provide access to continuing education resources.
- Provide periodic in-service training and ongoing skills verification.
- Create a culture of psychological safety in which MAs feel comfortable asking questions about job tasks or clinical duties and speaking up about patient safety concerns without fear of reprisal.
- Do not ask MAs to perform any duties that run counter to the scope of practice within the state or that conflict with the written job description.

The Role of the Medical Assistant in Your Office Practice
Debra Kane Hill, MBA, RN, Senior Patient Safety Risk Manager, The Doctors Company



35

FAQs for Medical Assistants

- Do MAs need to have formal schooling to function as a nurse in the clinic?
- What limitations are there?
- Who is responsible for unlicensed personnel ultimately?
- If unlicensed personnel are giving injections in the clinic and there is an RN in the clinic, and this is in the scope of practice for the RN does this unlicensed person fall under the RN for supervision, or responsibility?
- Can the unlicensed personnel scribe and send prescriptions to pharmacies?
- What needs to be in place to ensure safe care is given?
- Who is responsible for this?
- What responsibilities or best practices should be in place for the clinic, manager, provider and unlicensed personnel?



36

Questions for Determining the Legal Delegability for a Task According to AAMA

1. Does state law specifically authorize or forbid the delegation of the task to medical assistants?
2. Is the task usually and customarily delegated to medical assistants in the state and in other states? If so, the task is more likely to be legally delegable to medical assistants.
3. Does the task require the exercise of independent clinical judgment or the making of clinical assessments, evaluations, or interpretations? If so, the task is not delegable to medical assistants.



37

References and Guidance Documents

Hill, Debra K. The Role of the Medical Assistant in Your Office Practice. The Doctors Company <https://www.thedoctors.com/articles/the-role-of-the-medical-assistant-in-your-office-practice/>

MA Certifications. <https://americancareercollege.edu/blog/medical-assistant-vs-cma-vs-rma-vs-ccma#>

Understanding Medical Assistant Practice Liability Issues - Medscape - Aug 01, 2008.

Decision Tree for Delegation to UAP. North Carolina Board of Nursing. <https://www.ncbon.com/sites/default/files/documents/2024-01/dt-delegation-to-uap.pdf>

5 Rights of Delegation PDF. Simplenursing.com

American Association of Medical Assistants. <https://aama-ntl.org/>

Kichler, Deborah. Understanding What Your Medical Assistant Can and Cannot Do. Cooperative of American Physicians. May 2024

National Guidelines for State Delegation. Journal of Nursing Regulation Vol. 7. Issue 1 April 2016

Public Health Scope of Practice Toolkit for Nurses and Unlicensed Assistive Personnel. KALHD and KDHE. <https://www.kalhd.org/wp-content/uploads/2025/04/PH-Scope-of-Practice-UPDATED-4.4.25.pdf>

Balasa, D. What tasks are delegable to and performable by medical assistants? *CMA Today*. Nov/Dec 2020;53(6). <https://www.aama-ntl.org/cma-today/archives/article?id=b9e2df4a-4840-6a90-a81c-ff00003b2c18>

Letter from AAMA, General Counsel, Donald Balasa. https://www.aama-ntl.org/docs/default-source/state-sop-laws/ks-delegable-duties.pdf?sfvrsn=98d31dc4_1



38



Competency Framework

Patty Thomsen

Framework for Competencies



Assessment & Planning

Identify Roles & Responsibilities

- Define what tasks unlicensed personnel are expected to perform
- Cross check against state scope of practice and clinic policy

Risk & Safety Review

- Evaluate which duties carry higher risk(e.g., immunizations vs. vitals collection)
- Prioritize competencies for tasks that directly impact patient safety or compliance

Develop Competency Framework

Competency Domains may include:

- Patient care skills
- Infection control and safety practices
- Documentation and data entry
- Communication and patient interaction
- Emergency response basics

Format of Competency Tools

- Checklists, skill validations, case scenarios, return demonstrations.
- Aligned with evidence -based practice and organizational standards





Create Policies & Documentation

Policy Statement:

- Outline why competencies are required, who over sees them and frequency of review.

Documentation Tools:

- Competency checklists.
- Training records.
- Staff competency files(stored with HR or clinic manager)

Training & Initial Validation

Orientation Competencies

- Integrate competency assessments into new staff onboarding

Validation Methods

- Direct observation by RN/Provider
- Written knowledge tests
- Simulation or return demonstrations

Evaluator Roles

- RN's or Providers supervise and sign off on competency completion





Ongoing Competency Maintenance

Annual or Biannual Re-Validation

- Repeat high-risk skills regularly

New Procedure Rollout

- Add competencies anytime new equipment, procedure, or guidelines are introduced

Remediation Process

- Provide retraining and re-testing for staff who do not demonstrate proficiency

Integration with Quality Improvement

Link to QI Programs

- Competency compliance tied to patient safety, chronic care management, and population health metrics.

Audit & Monitoring

- Periodic chart reviews and workflow audits to ensure skill are being applied correctly



Communication & Culture

Staff Engagement


- Explain that competencies are about *support* and *safety*, not punishment


Team Approach


- Reinforce how competencies elevate professionalism and patient trust in the entire care team





Clinical Skills Checklist – Primary Care Physician Clinic


 General Clinical Skills: Vitals, BMI, Pain, Assessments, POC Testing, EKG, Screening

 Medication Administration: Oral, SubQ, IM, Allergy Testing, Med Reconciliation

 Procedures & Clinical Support: Phlebotomy, Wound Care, Suture Removal, Nebulizer, Specimens, Office Procedures

 Care Coordination & Chronic Disease Management: Education, Preventive Care, Care Plans, Referrals, CCM/TCM

 Communication & Documentation: EMR, Messaging, Triage, Results, Informed Consent

 Administrative Tasks: Scheduling, Insurance, Vaccine Logs, Standing Orders

Clinical Skills Checklist - Primary Care Physician Clinic

Name: _____

Position Title: _____

Date Completed: _____

Evaluator: _____

Unlicensed personnel/medical assistants must perform demonstrations of all tasks listed below with Evaluator (Physician or Registered Nurse) present below to prove competence in all areas. Personnel should review all procedures prior to completing competency.

I. General Clinical Skills

Skill	Performs Independently	Performs with Assistance	Not Yet Competent	Not Applicable
Vital signs (BP, HR, RR, Temp, SpO2, height/weight)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BMI calculation & interpretation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pain assessment and documentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Head-to-toe assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Point-of-care testing (glucose, urine dipstick, A1C)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EKG performance and basic interpretation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1

Ear irrigation

Vision and hearing screening


II. Medication Administration

Skill	Performs Independently	Performs with Assistance	Not Yet Competent	Not Applicable
Oral medication administration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Subcutaneous injections (e.g. insulin, vaccines)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intramuscular injection (e.g. immunizations)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Allergy testing or immunotherapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medication reconciliation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

III. Procedures & Clinical Support

Skill	Performs Independently	Performs with Assistance	Not Yet Competent	Not Applicable
Phlebotomy / venipuncture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wound care & dressing changes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suture /staple removal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nebulizer treatments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2



49

49

Upcoming Education and Important Dates

- [9/24 KHC Office Hours - Transitioning from Volume to Value: Best Practices for Thriving in Value-based Care Models](#)
- [9/30 Cancer Screening in Action Series - Prostate Cancer](#)
- **10/3 Last Day to Start a 90-Day Performance Period for QPP Improvement Activities**
- [10/23 Kansas Health Impact Conference – Manhattan](#)
- **11/20 Save the Date – Kansas Rural Health Symposium**
- **December 2025 Submit QPP Exception Applications**

50

Questions?



51



→ Find contact info and more at:
www.KHOnline.org/staff



Malea Hartvickson
Executive Director



Treva Borchert
Director of Operations



Jill Daughhete
Director of Education and Communications



Azucena Gonzalez
Health Care Quality Data Analyst



Patty Thomsen
Quality Improvement Advisor



Liz Warman
Quality Improvement Advisor



Rebecca Wagner
Grants Coordinator

52



53