



State of Oregon
Theodore R. Kulongoski, Governor

17938 SW Upper Boones Ferry Road
Portland, Oregon 97224-7012
Website: www.oregon.gov/OSBN

Oregon State Board of Nursing
Holly Mercer, Executive Director

Telephone: 971-673-0685
Fax: 971-673-0684
E-Mail: oregon.bn.info@state.or.us

Meeting Minutes

Meeting Topic: Nursing Practice Committee **Location:** OSBN Conference Room
Meeting Date: September 08, 2010 **Facilitator:** Marilyn Hudson
Meeting Time: 10:00am to 3:00pm **Recorded:** Yes No

Name	Credentials	Role	Area	Attend
Sheryl Caddy	RN, JD	Committee Member	Mid-Valley OR	
Alexandra Caley	RN-BC, BSN, OCN	Committee Member	Central OR	OSBN
Deborah Cateora	RN, BSN	Associate Member	Portland OR	OSBN
Leslie Currin	RN, BSN	Associate Member	Salem OR	OSBN
Sue Davidson	RN, PhD	Associate Member	Tualatin OR	
Carol Elliott	SANE Representative	Guest	Oregon	OSBN
Katie Franz	RN, BSN	Committee Member	Portland OR	OSBN
Robyn Gibson	RN, BSN	Committee Member	Portland OR	OSBN
Shannon Gill	RN, BSN	Committee Member	Southern OR	
June Harnes	SANE Representative	Guest	Oregon	OSBN
Shirley Hodge	RN, AD	Committee Member	Eastern OR	OSBN
Kathryn Holloway	RN, MSN	Committee Member	Portland OR	
Marilyn Hudson	RN, MSN, CNS, FRE	Board Staff	Portland OR	OSBN
Joy Ingwerson	RN, MSN	Board Staff	Portland OR	OSBN
Patti Kenyon	SANE Representative	Guest	Oregon	OSBN
Mary Krystine	RN, MS	Committee Member	Southern OR	OSBN
Karen Madden	RN, BSN, MPH	Committee Member	Portland OR	OSBN
Barbara McGuffey	RN, MPH	Committee Member	Mid-Valley OR	OSBN
Katie McRae	RN, MS	Committee Member	Portland OR	OSBN
Linda Mill	RN	Board Member Rep.	Coos Bay OR	OSBN
Linda Mollino	RN, MSN	Committee Member	Coastal OR	OSBN
Donna Pence	LPN	Committee Member	Salem OR	OSBN
Pamela Ruona	MHR	Associate member	Portland OR	OSBN
Barbara Wood	PhD	Committee Member	Portland OR	OSBN
Collista Zook	RN, MS, CNS	Committee Member	Portland OR	OSBN

Agenda	Discussion	Action
Introductions	Marilyn Hudson announced her new position at the Board as the Interim Manager of the Investigation Department. Marilyn will continue to facilitate the Nurse Practice Committee.	
Ground Rules	The Ground Rules developed by the committee were reviewed.	
Materials	Oregon State Board of Nursing Scope-of-Practice Decision-Making Guideline for RN and LPN Practice at: http://www.oregon.gov/OSBN/pdfs/policies/scope_decision_tree.pdf SORT The Strength-of-Recommendation Taxonomy Article at: http://www.aafp.org/online/en/home/publications/journals/afp/afpsort.html	

	<p>Policy Format Sheet</p> <p>Agenda for September 08, 2010 Meeting</p> <p>NPC Minutes for May 11, 2010</p> <p>OSBN Epidural Policy Literature Review presented by sub-committee</p>	
<p>Discuss Policy Development</p>	<p>Marilyn provided some background information to the group on resources and processes the committee can utilize during the review of policies and nursing practice issues.</p> <p><u>Suggested Resources for Lit Search</u></p> <ol style="list-style-type: none"> 1. Library: Facility Library, State Library, University Databases 2. Internet searches: CINAHL, Cochrane, Pub Med, Mayo Clinic, Vanderbilt, Cleveland Clinic 3. Research major organizations: ANA/ONA, AORN, OHCA, OSHA, ORHA, RWJ Foundation. CMS, IHI, etc 4. Check referenced sources from related research articles 5. Access to some publications linked to memberships may be available through NPC members 6. Other State Boards of Nursing <p><u>Decision Making Guideline Board Policy</u></p> <p>This policy will drive how the NPC does work to determine if items of interest in policy are in the nurses' scope of practice. Some of the questions to think about: What is safe practice? What are the local standards? Has the appropriate training been provided?</p> <p><u>Strength of Evidence</u></p> <p>It will be helpful to score references for strength of evidence and include this in revised policies. Dig deeply for the evidence so the policy is evidence based. The Strength-of-Recommendation Taxonomy Article (SORT) was presented to the NPC. SORT is more medical-based scoring and it was suggested that Joanna Briggs Institute has a more nurse-based scoring system for evaluating evidence.</p> <p>In the future, there will be more inter-professional medical research performed. This may mean researching other health professional entities that may affect nursing practice.</p> <p><u>Sub-Committee Work Processes</u></p> <ol style="list-style-type: none"> 1. NPC should set the standards for selecting additional expert individuals that influence the policy development process. 2. NPC best source to determine how selection is conducted for the sub-committees. 3. Possibly develop a decision tree/criteria for selection. 4. It will be important to insure representation from different nursing practice settings and geographic locations (urban and rural). 	

	<p>5. NPC should suggest key stakeholders for the sub-committee to involve.</p> <p>6. Sub-committee will seek additional experts for background information pertinent to policies.</p> <p>7. OSBN Board has final review and approval of a policy. The Board presents the draft language to the public for comment which could result in direction for further work on the policy.</p> <p><u>Sub-committee Formation Process</u></p> <ol style="list-style-type: none"> 1. NPC will select the members from the NPC to serve. 2. Sub-committee will designate the chairperson. 3. Sub-committee will seek resources for policy content. 4. Sub-committee will define the stakeholders with the help of the NPC. 5. Sub-committee communicates with and receives assistance from the NPC. 6. Sub-committee chairperson will determine time-frame for policy research, discussion and development. 7. Sub-committee chairperson will insure the policy reflects diverse nursing practice settings. <p>Katie suggested a guideline might be helpful for new sub-committees that outlines key steps to begin the process of researching the assigned topic.</p> <p><u>Policy Format</u></p> <p>Marilyn presented some key elements to be included in policies. The policy format may expand to address additional issues associated with a given topic.</p> <p>The policy format structure should include at least:</p> <ol style="list-style-type: none"> 1. Statement of Purpose 2. Background Statement 3. Scope of Practice Statement. <p>The following may be required, but the nature of the policy will drive the inclusion of the following elements:</p> <ol style="list-style-type: none"> 4. Knowledge/Skills 5. Education/Training 6. FAQs 7. Definitions <p>References should be included in all policies to reflect the literature review conducted as a basis for recommendations.</p>	<p>NPC agreed to wait on creating criteria for selecting additional members for sub-committees</p> <p>K McRae to develop a guideline to assist new groups starting their topic research</p>
<p>Practice Requirements Policy Sub-committee Report</p>	<p>Request for the minutes from the Practice Requirements Policy Sub-committee meeting held on August 02, 2010 be sent to the Nursing Practice Committee (NPC) members.</p> <p>Marilyn Hudson updated the NPC on the practice requirements policy meeting held on August 02, 2010. The statements in Division 45 that clearly identify the Board recognizes multiple practice settings/roles as</p>	

	<p>nursing were reviewed. OAR 851-045-0050(1) and 0060(1) list multiple settings and roles for nursing practice.</p> <p><u>Main Points</u></p> <ol style="list-style-type: none"> 1. The sub-committee started out using the existing practice requirements policy as a base for discussion. 2. Draft language was emailed to the sub-committee in June to review before the August meeting. 3. <i>License Maintenance</i> was discussed as a possible better descriptor than competence. Currently competency is not well defined at the national level. License maintenance has been used by some other professions to clarify that requirements are the basis for maintaining a license rather than verification of competency. 4. For audits at the time of renewal, verification of practice hours could be an issue if linked to employers as there are some individuals that are autonomous/self-employed, so there would be no verification from an employer. 5. Definition of nursing practice. Nursing practice is using nursing knowledge not just nursing skills. 6. Volunteer nursing hours have been discussed at length. 7. Dual-licensure will be discussed in October. Special focus on dual licensure outside of nursing. 8. Board position is the application of nursing knowledge versus gaining nursing knowledge (through study). 9. Issues in caring for family members counting as practice hours was discussed at length. Statute does not require license to care for family members. Other licensed independent practitioner (LIP) organizations do not support LIP caring for family members. A described standard for documentation based on the nursing process to delineate the nursing care for family members needs to be an expectation. Caring for a family member creates issues with maintaining professional boundaries. NPC members voted on the inclusion of caring for a family member as practice hours. Group was split with a vote of 9 against inclusion and 6 for inclusion. 10. A list of acceptable “evidence” of nursing practice may be needed. If practice is audited, some documents that would be assistive include practice description, contract, assessments done, list of duties, nursing plans of care (list not exhaustive). 11. Volunteer hours should still count for practice hours. An assistive tool could be a self-assessment and attestation that volunteers have to read and sign at renewal time to count the hours. 	<p>Sub-committee to meet again to continue with draft development.</p> <p>Suggested to add a rep from ONA and an LPN to the sub-committee.</p>
Pain Policy Sub-committee	Karen Madden gave an update on the pain policy sub-committee as the sub-committee chair was unable to attend this meeting (Kathy Holloway).	

Report	<p><u>Main Points</u></p> <ol style="list-style-type: none"> 1. Need more information from the American Nurses Association (ANA) on standards related to pain management. 2. The current pain statement was last reviewed in 2005. 3. Want to include nursing care for more vulnerable populations. 4. Need information about opioids. 5. Provide guidance instead of philosophy – assist those with practice questions. 6. More evidence-based nursing instead of agency regulatory focus. Discussing how much agency accreditation standards should influence Board policy. 7. Discussing the addition of information on range dosing. 8. Still discussing how detailed the policy should be. 9. Unsure how much advanced practice information should be added to policy. Marilyn recommends including advanced practice when appropriate to reduce separate policies. 10. It was recommended that section 4 of the current policy be removed. 	<p>Sub-committee to meet again to continue draft revisions.</p> <p>Marilyn will check in with Tracy Klein, Advanced Practice Consultant.</p>
Epidural Policy Sub-committee Report	<p>Robyn Gibson gave update on epidural policy sub-committee.</p> <p><u>Main Points</u></p> <ol style="list-style-type: none"> 1. Main goal to change the letter to policy format. 2. Epidural a very controversial subject. 3. Difference of opinion by professional organizations on the RN scope of practice for epidural management. 4. Availability of anesthesia coverage in rural areas is challenging and may influence expectations on nursing practice. 5. It is the responsibility of agency to define coverage for rescue contingencies. Define in policy “immediately available.” 6. Life threatening complications do happen on a small scale. What kind of training and continuing education to be required to keep the nurse competent? 7. Spinal cord compression-related problems. 8. Patient controlled epidural analgesia as option. 9. Clear definitions needed of anesthesia vs. analgesia agents. 10. This policy is dealing with the protection of two individual patients (mother and baby). 11. Decide if this should be an additional policy on epidural labor management or merge into the current infusion or sedation policies. 12. Go back to the mission of the Board to address public safety as the basis for policies. <p><u>NPC Recommended Stakeholders</u></p> <ol style="list-style-type: none"> 1. Representative from a rural area. 2. Hospital association for rural facilities. 	<p>Sub-committee to meet again to continue draft revisions.</p> <p>NPC members agreed that Labor Epidural</p>

	<ol style="list-style-type: none"> 3. Nurses from the Bay Area Hospital. 4. CRNAs 	should be addressed in a separate policy
SANE Policy Sub-committee Report	<p>Collista Zook gave an oral update on SANE Policy Sub-committee.</p> <p><u>Main Points</u></p> <ol style="list-style-type: none"> 1. Current policy is seven years old. 2. Changes to the policy could affect current SANE cases. 3. What are the priorities that need to be addressed under this policy? 4. Many questions are arising about the scope of practice for SANE. 5. Outside resources and standards already exists for SANE. 6. Perhaps a statement supported by the OSBN Board about national standards. One page statement addressing training, experience, detailed information. 7. Do not collect evidence unless SANE certified. However, most SANE certified nurses are along the I-5 corridor leaving rural areas without collection measures. 8. Credibility of examiners not currently in policy. 9. Cannot direct facility through Board policy – can only direct the nurse/licensee. 10. Geographical location creates issues for rural areas. <p><u>NPC Suggestions</u></p> <ol style="list-style-type: none"> 1. Is current policy clear and appropriate? 2. Does current policy create additional vulnerability in terms of gathering evidence? 3. Making a statement in policy that only SANE certified can collect evidence is not in support of public safety. Many nurses are trained in evidence collection but have not become SANE certified. 4. Set guidelines for nurses with SANE training. 5. Address competencies required for all the nurses involved in evidence collection with sexual assault examinations. 6. Consider two policies one focus on SANE and one policy on collecting forensic evidence. 7. Include information on practice for the SANE – whether certified or not. <p><u>NPC Recommended Stakeholders</u></p> <ol style="list-style-type: none"> 1. Carol Elliott Nursing Consultant Public Health Division of Family Planning 2. June Harmes SANE Task Force Representative 3. Patti Kenyon SANE Task Force Representative 	
Assignments for December Meeting	<p>PX Requirement policy sub-committee to provide a written report and if possible draft language for the NPC members to review.</p> <p>Pain policy sub-committee will offer a formatted draft of language for the NPC members to review.</p>	

	<p>Epidural policy sub-committee to provide a draft of the policy with feedback from the suggested stakeholders.</p> <p>SANE policy sub-committee will provide a draft of the policy with feedback from the suggested stakeholders.</p>	
Next Steps	<p>Email the sub-committee Practice Requirements Policy August minutes to the NPC.</p> <p>Katie McRae offered to provide a draft of a guideline for new sub-committees addressing steps in researching the assigned topic.</p> <p>Marilyn Hudson will ask Tracy Klein OSBN's Advanced Practice consultant if information about advanced practice should be added to policies when appropriate to avoid separate policies.</p> <p>Sub-Committee will continue to complete assignments for next NPC meeting in December.</p>	
Next Meeting	<p><u>Practice Committee Meeting</u> Wednesday, December 01, 2010 10:00am to 3:00pm</p> <p><u>Board Meeting</u> Thursday, November 18, 2010</p> <p><u>Filing Dates for Interested Parties</u> Thursday, October 07, 2010</p>	
Adjourned		3:12pm

Submitted by **Michelle Ducharme**
Consultant Team Assistant