

Oregon State Board of Nursing

Memorandum

TO: Interested Parties

FROM: Ruby R. Jason, MSN, RN, NEA-BC
Executive Director

DATE: January 2017

SUBJECT: NOTICE OF BOARD MEETING

The Oregon State Board of Nursing will meet Tuesday, Wednesday, and Thursday, February 14-16, 2017, in the conference room of the Oregon State Board of Nursing, 17938 S.W. Upper Boones Ferry Road, Portland, Oregon.

On February 14th, the Board will meet at 6:30 p.m. and continue until 8:00 p.m., or to the end of business, to discuss and schedule topics related to nursing regulation policy.

On February 15th the Board will meet at 8:30 a.m. and continue until 4:00 p.m., or to the end of business. Portions of the meeting will be held in **Executive Session** for disciplinary proceedings, as authorized by ORS 192.501, ORS 192.502, and ORS 192.660. The Board will meet for the purpose of discussing and taking action on disciplinary cases including Defaults, Stipulations, requests for Board Direction, Dismissals, and Consent Agenda of Cases Closed with No Violations of the Nurse Practice Act. The Board will go into Public Session periodically for the sole purpose of taking formal action on cases that have been reviewed in Executive Session. Board action may include but is not limited to, ratification of interim consent orders, motions for discipline, and approval or denial of licensure.

On February 16th the Board will convene in Executive Session from 8:30-9:00 a.m. to consider any additional disciplinary or legal matters from the previous day. The Board will then meet in **Public Session** at 9:00 a.m. to discuss rule changes to the Nurse Practice Act and other nursing practice, licensure, and education-related issues. The meeting timeline is tentative and the order of agenda items may be changed at the Board's discretion.

If you have a disability that requires any special materials, services, or assistance please contact Peggy Lightfoot via phone (971-673-0638) or e-mail (peggy.lightfoot@state.or.us), so appropriate accommodations may be arranged.

Current Board Members:

Colin Hunter, Public Member (President)
Barbara (Bobbie) Turnipseed, RN (President-Elect)
Barbara Gibbs, LPN (Secretary)
Kathleen (Kat) Chinn, RN, FNP
Adrienne Enghouse, RN
Beverly Epeneter, RN
Bonnie Kostelecky, RN
Ryan Wayman, Public Member
William Youngren, CNA

TENTATIVE TIMEFRAME FOR FEBRUARY 2017 BOARD MEETING

Tuesday, February 14, 2017

6:30 p.m. – 8:00 p.m.

Agenda Items

PUBLIC SESSION:

Discussions:

- Endorsement of Oregon Opioid Guidelines?
Sarah Wickenhagen, DNP, FNP, C-APRN, OSB Policy Analyst-APRN & Assessment, and Larlene Dunsmuir, DNP, FNP, ANP-C, Assistant Director for Professional Services, Oregon Nurses Association
- Division 56 – Buprenorphine language

Wednesday, February 15, 2017

8:30 a.m. – End of business

Agenda Items

EXECUTIVE SESSION:

- Defaults
- Stipulations
- Board Direction
- Dismissals
- Consent Agenda of Cases for Recommended Closure

- Lunch & Learn – “How to Prepare for a Contested Case Hearing”
Michelle Standridge, OSBN Investigator

Thursday, February 16, 2017

8:30 a.m. – 9:00 a.m.

Agenda Items

EXECUTIVE SESSION

9:00 a.m. – 9:30 a.m.

RULEMAKING HEARINGS

9:30 a.m. – 10:30 a.m.

PRACTICE AND EVALUATION

10:30 a.m. – 11:30 a.m.

ADMINISTRATION

11:30 a.m. – 12:00 p.m.

TRAINING AND ASSESSMENT

12:00 p.m. – 12:15 p.m.

BREAK

12:15 p.m. – 1:00 p.m.

LUNCH PRESENTATION

1:00 p.m. – 1:30 p.m.

OPEN FORUM

1:30 p.m. – 3:00 p.m.

EDUCATION

3:00 p.m. – 3:30 p.m.

ADVANCED PRACTICE

Please note: The above timeframe is tentative except for the open forum at 1:00 p.m. on February 16, 2017. The time for individual agenda items may vary. Agenda items may also be rescheduled at the discretion of the Board president. Portions of the meeting will be held in Executive Session for disciplinary proceedings, as authorized by ORS 192.501, ORS 192.502 and ORS 192.660.

MEETING
February 14-16, 2017
A G E N D A

TUESDAY, FEBRUARY 14, 2017

6:30 p.m. – 8:00 p.m. OR END OF BUSINESS

PUBLIC SESSION:

Discussions:

- Endorsement of Oregon Opioid Guidelines?
Sarah Wickenhagen, DNP, FNP-C-APRN, OSB Policy Analyst-APRN & Assessment
and Larlene Dunsmuir, DNP, FNP, ANP-C, Assistant Director for Professional Services,
Oregon Nurses Association
- Division 56 – Buprenorphine language

WEDNESDAY, FEBRUARY 15, 2017

8:30 a.m. – END OF BUSINESS

EXECUTIVE SESSION:

- Defaults
- Stipulations
- Board Direction
- Dismissals
- Consent Agenda of Cases
for Recommended Closure

THURSDAY, FEBRUARY 16, 2017

8:30 a.m. – EXECUTIVE SESSION

9:00 a.m. – PUBLIC SESSION

1. CALL TO ORDER
2. PUBLIC MEETING NOTICE
3. ROLL CALL
4. DECLARATION OF QUORUM
5. INTRODUCTION OF BOARD MEMBERS, STAFF AND AUDIENCE

REVIEW OF MEETING AGENDA

Additions, Modification, Reordering of Agenda

FINANCIAL REVIEW – John Etherington, Licensing & Fiscal Manager

APPROVAL OF BOARD MEETING MINUTES

	Page Number
C-M1 Approval of Minutes from the November 15-17, 2016 Board Meeting	9
C-M2 Approval of Minutes from the December 20, 2016 Special Board Meeting	28
C-M3 Approval of Minutes from the January 18, 2017 Teleconference Board Meeting	36

M.S.C. _____, _____
that the Board Meeting Minutes (be/not be)
approved as (presented/modified)

APPROVAL OF CONSENT AGENDA*

M.S.C. _____, _____
that the Consent Agenda items (be/not be)
approved as (presented/corrected)

Consent Agenda Items:

C-A1	Fiscal Status Report	43
C-A2	Annual Report – Executive Director Financial Transactions	46
C-A3	Communications and IT Report	48
C-A4	Discipline by License Type	49
C-A5	Discipline by NPDB by License Type	50
C-A6	National Council of State Boards of Nursing APRN Certification Criteria Survey Report	51
C-A7	OSBN 2016 Administrative Rule Report	60
C-AP1	Ketamine Infusion Therapy for Psychiatric Disorders and Chronic Pain Management	63
C-AP2	VA Grants Full Practice Authority to Advanced Practice Registered Nurse Employees	69
C-E1	Nursing Education Advisory Group Goals for 2017	72
C-L1	Licensing and Fiscal Report	75
C-L2	Ratification of CNA/CMA Training Program Approvals and Withdrawals	77
C-L3	2015-2016 Annual Training Program Survey Results	79
C-L4	Veteran’s Licensing and Certification Reimbursement Benefits	93

*Any Consent Agenda item may be removed from the Consent Agenda by a Board member asking the President to consider it separately.

9:00 a.m. – 9:30 a.m. – ADMINISTRATIVE RULEMAKING HEARING

H1.	Adoption of Amendments to Division 50 Administrative Rules Regarding Nurse Practitioners	Discussion and Action (Exhibit H1)	95
		M.S.C. _____, _____ that the proposed amendments to OAR 851-050-0001 (be/not be) adopted as (presented/modified)	

- H2. Adoption of Amendments to Division 52 Administrative Rules Regarding Certified Nurse Anesthetists Discussion and Action (Exhibit H2) **102**
- M.S.C. _____, _____
that the proposed amendments to OAR 851-052-0020 and 851-052-0030 (be/not be) adopted as (presented/modified)

9:30 a.m. – 10:30 a.m. – PRACTICE AND EVALUATION – Gretchen Koch, Policy Analyst - Nursing Practice & Evaluation

- PR1. Division 45 Draft Amendments Discussion and Action (Exhibit PR1) **107**
- M.S.C. _____, _____
that based on the information presented, Board staff proceed with rulemaking related to Division 45
- PR4. Environmental Scan — Board Review and Questions Discussion

10:30 a.m. – 11:30 a.m. – ADMINISTRATION - Ruby Jason, Executive Director

- A1. Director's Report
- A2. NP/CRNA/CNS and Auricular Battlefield Acupuncture (BFA) Discussion
- A3. Division 1 Draft Amendments Discussion and Action Exhibit (A3) **137**
- M.S.C. _____, _____
that based on the information presented, Board staff proceed with rulemaking related to Division 1
- A4. Discussion Regarding OSBN Funding Board Members to Attend Training/Conferences Discussion and Action
- M.S.C. _____, _____
that agency funding for Board Member _____ to attend training/conference _____ (be/not be) approved

A5. Requirements for Accreditation In Division 21 Discussion and Action (Exhibit A5) **147**

M.S.C. _____, _____
that based on the information presented,
Board staff open Division 21 for review
and possible revision

11:30 – 12:00 p.m. – TRAINING AND ASSESSMENT – Debra Buck, Policy Analyst - Training & Assessment

CNA1. Approval of Revisions to Medication Aide Training Program Curriculum Discussion and Action (Exhibit CNA1) **169**

M.S.C. _____, _____
that the proposed revisions to the
medication aide training program
curriculum (be/not be) adopted as
(presented/modified)

CNA2. Division 62 Update Discussion and Action (Exhibit CNA2) **180**

M.S.C. _____, _____
that based on the information presented,
Board staff begin rulemaking related to
Division 62

CNA3. Environmental Scan — Board Review and Questions Discussion

12:00 p.m. – 12:15 p.m. – BREAK

12:15 p.m. – 1:00 p.m. – LUNCH PRESENTATION

Nurse Practitioner Database Presentation
Kathleen Russell, JD, MN, RN – Senior Policy Advisor, Nursing Regulation,
National Council of State Boards of Nursing (NCSBN)

1:00 p.m. – 1:30 p.m. – OPEN FORUM

The Board will not be able to act on any issues presented at the Open Forum because prior public notice has not been given, but the Board can take matters under consideration as agenda items at future Board meetings. If there are no presentations during the forum, the Board will proceed with the conduct of regular business.

1:30 p.m. – 3:00 p.m. – EDUCATION – Joy Ingwerson, Policy Analyst - Nursing Education & Assessment

- | | | | |
|-----|---|--|------------|
| E1. | Accreditation Updates | Discussion | |
| E2. | NCLEX® Improvement Plan –
George Fox University | Discussion and Action
(Exhibit E2) | 195 |
| | | M.S.C. _____, _____
that the NCLEX-RN® Improvement Plan
from the George Fox University Nursing
Program (be/not be) accepted as
(presented/modified) | |
| E3. | NCLEX® Improvement Plan –
Umpqua Community College | Discussion and Action
(Exhibit E3) | 212 |
| | | M.S.C. _____, _____
that the NCLEX-RN® Improvement Plan
from the Umpqua Community College
Nursing Program (be/not be) accepted
as (presented/modified) | |
| E4. | NCLEX® Improvement Plan –
University of Portland | Discussion and Action
(Exhibit E4) | 258 |
| | | M.S.C. _____, _____
that the NCLEX-RN® Improvement Plan
from the University of Portland School of
Nursing (be/not be) accepted
as (presented/modified) | |
| E5. | NCLEX® Improvement Plan –
Concorde Career College | Discussion and Action
(Exhibit E5) | 264 |
| | | M.S.C. _____, _____
that the NCLEX-PN® Improvement Plan
from the Concorde Career College
Nursing Program (be/not be) accepted
as (presented/modified) | |

- | | | | |
|-----|---|--|------------|
| E6. | NCLEX® Improvement Plan –
Mt. Hood Community College | Discussion and Action
(Exhibit E6) | 276 |
| | | M.S.C. _____, _____
that the NCLEX-PN® Improvement Plan
from the Mt. Hood Community College
Nursing Program (be/not be) accepted
as (presented/modified) | |
| E7. | NCLEX® Improvement Plan –
Pioneer Pacific College | Discussion and Action
(Exhibit E7) | 280 |
| | | M.S.C. _____, _____
that the NCLEX-PN® Improvement Plan
from the Pioneer Pacific College Nursing
Program (be/not be) accepted
as (presented/modified) | |
| E8. | NCLEX® Improvement Plan –
Sumner College | Discussion and Action
(Exhibit E8) | 286 |
| | | M.S.C. _____, _____
that the NCLEX-PN® Improvement Plan
from the Sumner College Nursing Program
(be/not be) accepted
as (presented/modified) | |
| E9. | Environmental Scan | Discussion | |

**3:00 p.m. – 3:30 p.m. – ADVANCED PRACTICE – Sarah Wickenhagen, Policy Analyst -
APRN & Assessment**

- | | | |
|------|--------------------|------------|
| AP1. | Environmental Scan | Discussion |
|------|--------------------|------------|

NEXT BOARD MEETINGS

The next scheduled Board Meeting via teleconference will be held in Executive Session on March 15, 2017, at the Board offices, 17938 S.W. Upper Boones Ferry Road, Portland, Oregon. The next scheduled in-person Board meeting will be at the Board offices April 11-13, 2017.

ADJOURNMENT

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MEETING
November 15-17, 2016

MINUTES

CALL TO ORDER

Board President, Bonnie Kostelecky, called the regular meeting of the Oregon State Board of Nursing to order. This Board meeting was held in the conference room of the offices of the Oregon State Board of Nursing in Portland, Oregon.

PUBLIC MEETING NOTICE

A notice of this meeting was published on the Board of Nursing's website and sent out to the interested parties list by Ruby Jason, Executive Director, in accordance with the Open Meeting Law. The Board met in Executive Session during portions of the meeting as authorized by ORS 192.502 and ORS 192.660.

ROLL CALL — Present/Absent

—Board Members

Chinn, Present
Enghouse, Present
Epeneter, Present
Gibbs, Present
Hunter, Present
Kostelecky, Present
Turnipseed, Present
Wayman, Excused
Youngren, Absent 11/15 and 11/16; Present 11/17

QUORUM

There being a quorum present, the Board President declared the Board eligible to conduct its business.

—Staff Members Present at Various Times

Bigelow
Blomquist
Buck
Ficarra
Gamble
Holtry
Ingwerson
Jason
Kilborn
Koch
Meadows
Messina
Parish

Rahimi
Russell
Sexton
Shults
Standridge
Taube
Wade
West
Wickenhagen

Nyberg
Lightfoot

Cowan, Board Counsel

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TUESDAY, NOVEMBER 15, 2016
PUBLIC SESSION – 6:30 p.m.

ADMINISTRATIVE RULEMAKING HEARING – Adoption of Amendments to Division 45 Administrative Rules Regarding Standards and Scope of Practice for the Licensed Practical Nurse and Registered Nurse

The hearing was opened at 6:35 p.m.

Practice and Evaluation Policy Analyst Gretchen Koch thanked the stakeholders and interested parties who participated in the work to revise Division 45 over the past two years, including OHSU employees and nursing students, and ONA representatives.

The following individuals provided verbal testimony in favor of, or in opposition to, the amendments to Division 45.

Tanya Tittle, RN, MSN, Nursing Practice Consultant for the Oregon Nurses Association (ONA), provided written and verbal testimony in favor of the proposed revisions to Division 45, with additional recommended changes. Ms. Tittle explained that representatives of the ONA were involved in the process to revise Division 45 and continue to provide recommendations for the final language. Ms. Tittle reviewed suggested additional changes to the language.

Casey Gravenstein, representing Care Oregon, provided verbal testimony, advocating that the role of the nurse in ambulatory care, particularly around protocols and standing orders, should be clarified and enhanced to support the practice of nurses in primary care. Ms. Gravenstein stated that Care Oregon would like to see Oregon be in the forefront of working with nurses and allow them to participate in condition specific protocols, as well as their ability to work with some medication refills for very common medications in primary care.

There was also written feedback and comments submitted prior to the hearing.

The hearing closed at 6:55 p.m.

The Board agreed to take into account the testimony, comments, and feedback regarding the proposed revisions to Division 45, discuss and deliberate during the Thursday Board meeting, and vote or provide Board direction at that time regarding the proposed revisions to Division 45.

The meeting adjourned at 7:05 p.m.

WEDNESDAY, NOVEMBER 16, 2016
EXECUTIVE SESSION – 8:30 a.m.

MSC Chinn, Epeneter
that based on the procedural record,
Julie Demille, NP
be issued a Final Order by Default, suspending the license as set forth in the Notice and issuing a Notice of Proposed Revocation.
Ayes 5, Excused 2 Wayman, Enghouse, Absent 1 Youngren
MSC Chinn, Gibbs
that based on the procedural record, the following:
Carrie Carter, RN
Tiffany Logue, CNA
Misty Mathews, RN
Abbi Turner, CNA
be issued Final Orders by Default, suspending the licenses or certificates as set forth in the Notice.
Ayes 5, Excused 2 Wayman, Enghouse, Absent 1 Youngren
MSC Chinn, Gibbs
that based on the procedural record, the following:
Joseph Gonsalves, RN
Tiffany Gwatney, RN
be issued Final Orders by Default, revoking the licenses as set forth in the Notice.
Ayes 5, Excused 2 Wayman, Enghouse, Absent 1 Youngren
MSC Epeneter, Chinn
that the Interim Orders by Consent, signed by the following:
Mary Blanc, RN
Jennifer Hayward, RN
Lynnora Johnson, RN
Lorraine Lytle, RN
be ratified.
Ayes 5, Absent 1 Youngren, Excused 2 Wayman, Enghouse

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MSC Epeneter, Gibbs
that the Interim Orders by Consent, signed by the following:
Sabrina Brewer, RN
Laura Guffey, RN
Kerry Kingsley Smith, RN
Helena Son, RN
be ratified.
Ayes 6, Excused 1 Wayman, Absent 1 Youngren
MSC Epeneter, Chinn
that based on the evidence presented, the Stipulation for Probation, signed by
Kristen Wassom, CNA Reinstatement Applicant
be adopted and reinstatement be granted.
Ayes 5, Excused 2 Wayman, Enghouse, Absent 1 Youngren
MSC Epeneter, Hunter
that based on the evidence presented, the Stipulation for Withdrawal of Application, signed by
the following:
Bonnie Bundy, RN Endorsement
Kaleb Contreras, RN Endorsement Applicant
Rachel Davis, RN Reactivation Applicant
be adopted.
Ayes 5, Excused 2 Wayman, Enghouse, Absent 1 Youngren
MSC Epeneter, Gibbs
that based on the evidence presented, the Stipulation for Civil Penalty, signed by
Kathy Poteraj, RN
be adopted.
Ayes 5, Excused 2 Wayman, Enghouse, Absent 1 Youngren

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MSC Epeneter, Hunter
that based on the evidence presented,
Stephanie Callahan, RN
be issued a Notice of Proposed Revocation.
Ayes 5, Absent 2 Youngren, Enghouse, Excused 1 Wayman
MSC Epeneter, Hunter
that based on the evidence presented, the Stipulation for Voluntary Surrender, signed by the following:
Jade Brannan, RN
Martin Johnson, RN
Abdulkaliym Ray, CNA
Claudene Waters, RN
be adopted.
Ayes 5, Excused 2 Wayman, Enghouse, Absent 1 Youngren
MSC Epeneter, Turnipseed
that based on the evidence presented, the Stipulation for Voluntary Surrender, signed by
Mark Degataga, CNA
be adopted.
Ayes 6, Excused 1 Wayman, Absent 1 Youngren
MSC Gibbs, Epeneter
that based on the evidence presented, the Stipulation for Reprimand, signed by the following:
Lee Cook, RN
Alanna Gardner, CNA
Titus Madlangbayan, RN
be adopted.
Ayes 5, Excused 2 Wayman, Enghouse, Absent 1 Youngren
MSC Epeneter, Gibbs
that based on the evidence presented, the Stipulation for Probation, signed by the following:
Luis Arciga, CNA
Jessica Robbins, RN
Christine Davis, RN

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Julie Davis, LPN
Helena Son, RN
be adopted.
Ayes 5, Absent 1 Youngren, Recused 1 Enghouse, Excused 1 Wayman
MSC Chinn, Epeneter
that based on the evidence presented, the following:
Anastasiya Petrova, CNA
Hermelinda Sprague, CNA
be issued Notices of Proposed Denial.
Ayes 6, Excused 1 Wayman, Absent 1 Youngren
MSC Chinn, Epeneter
that based on the evidence presented, the Stipulation for Probation, signed by
Evan Mikkelson, CNA
be adopted.
Ayes 6, Excused 1 Wayman, Absent 1 Youngren
MSC Hunter, Gibbs
that based on the evidence presented,
Velvet Jeter, RN
be issued a Notice of Proposed Revocation.
Ayes 6, Excused 1 Wayman, Absent 1 Youngren
MSC Epeneter, Gibbs
that based on the evidence presented,
Janet Porter, RN
be issued a Notice of Proposed Revocation.
Ayes 5, Recused 1 Hunter, Excused 1 Wayman, Absent 1 Youngren
MSC Epeneter, Gibbs
that based on the evidence presented, the following:
Tammie Foster, CNA
Jennifer Ganoë, CNA

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Cain Gurule, LPN
Mollie Schweinfurter, CMA
be issued Notices of Proposed Revocation.
Ayes 6, Excused 1 Wayman, Absent 1 Youngren
MSC Epeneter, Gibbs
that based on the evidence presented, the Voluntary Surrender, signed by
Natalie Arbuckle, CNA
be adopted.
Ayes 6, Excused 1 Wayman, Absent 1 Youngren
MSC Gibbs, Epeneter
that based on the evidence presented, the following:
Celisse Adams, CNA
Melissa Decarlo, LPN
Daniel Sparks, RN
Debra Tellez, RN
be issued Notices of Proposed Revocation.
Ayes 4, Nays 2, Excused 1 Wayman, Absent 1 Youngren
MSC Gibbs, Epeneter
that based on the evidence presented, the following:
Danitra Brown, RN
Karla Surfus, RN
be issued Notices of Proposed Denial.
Ayes 6, Excused 1 Wayman, Absent 1 Youngren
MSC Gibbs, Epeneter
that based on the evidence presented, case numbers:
16-01047
16-01624
17-00793
be dismissed.
Ayes 6, Excused 1 Wayman, Absent 1 Youngren

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MSC Hunter, Gibbs
that based on the evidence presented, case numbers
16-08103
be dismissed.
Ayes 6, Excused 1 Wayman, Absent 1 Youngren
Lunch & Learn Presentation, The Investigation Process, Michelle Standridge, RN Investigator
Case status updates were reviewed and the Board provided staff with direction to continue investigations in the following case numbers:
17-00018
16-01809
17-00371
16-00765
17-00236
16-01683
17-00028
16-01758
17-00029
MSC Epeneter, Chinn
that based on the evidence presented, the licensee in case number
16-01951
be allowed entry into HPSP and the case be dismissed upon full enrollment.
Ayes 5, Recused 1 Enghouse, Excused 1 Wayman, Absent 1 Youngren
MSC Epeneter, Chinn
that based on the evidence presented, the licensees in case numbers:
17-00497
17-00058
be allowed entry into HPSP and the case be dismissed upon full enrollment.
Ayes 6, Excused 1 Wayman, Absent 1 Youngren

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MSC Gibbs, Turnipseed
that the Board accept Staff recommendations that investigations outlined in summaries for cases between September 28, 2016 and November 2, 2016 be dismissed.
Ayes 6, Excused 1 Wayman, Absent 1 Youngren
MSC Hunter, Gibbs
that based on the evidence presented, case number
16-01428
be dismissed.
Ayes 5, Recused 1 Enghouse, Excused 1 Wayman, Absent 1 Youngren
MSC Hunter, Gibbs
that based on the evidence presented, case numbers:
17-00180
17-00476
17-00788
16-01860
17-00316
17-00346
17-00288
17-00688
16-01486
17-00485
17-00204
17-00704
16-01647
17-00617
17-00353
16-01731
17-00344
16-08104
17-00013
16-01378
16-01406
16-01316

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be dismissed.
Ayes 6, Excused 1 Wayman, Absent 1 Youngren
The Board gave direction regarding the memorandum referred to on page 498 of the Disciplinary Board Packet.
MSC Hunter, Turnipseed
Based on the information provided, the licensee, referred to in the memorandum on page 501 of the Disciplinary Board packet, be granted the extension of program completion date.
Ayes 6, Excused 1 Wayman, Absent 1 Youngren
MSC Gibbs, Epeneter
that based on the evidence presented in case number:
17-00700
an Order for Evaluation be issued.
Ayes 6, Excused 1 Wayman, Absent 1 Youngren
Adjourned at 3:27 p.m.

WEDNESDAY, NOVEMBER 17, 2016
EXECUTIVE SESSION – 8:30 a.m.

The Board met in Executive Session to obtain legal advice from Board Counsel.

Executive Session adjourned at 9:30 a.m.

THURSDAY, NOVEMBER 17, 2016
PUBLIC SESSION

Board President, Bonnie Kostelecky, called the meeting to order at 9:30 a.m. A quorum was present.

Introductions: staff, Board members, audience

REVIEW OF MEETING AGENDA

FINANCIAL REVIEW

Licensing and Fiscal Manager John Etherington provided a report pertaining to the financial status of the agency, referring to the reports in the Board materials. Mr. Etherington explained the expenditure and revenue charts, and reviewed the ending balances through September 2016.

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ADDITIONS, MODIFICATIONS, REORDERING OF AGENDA

There were no requests for additions, modifications, or reordering of the agenda.

APPROVAL OF BOARD MEETING MINUTES

M.S.C. Chinn, Gibbs
that the Board Meeting Minutes be approved as presented
Ayes 7, Excused 1 (Wayman)

- C-M1 Approval of Minutes from the September 6-8, 2016 Board Meeting
- C-M2 Approval of Minutes from the September 9, 2016 Board Work Session
- C-M3 Approval of Minutes from the October 12, 2016 Teleconference Board Meeting

APPROVAL OF CONSENT AGENDA

M.S.C. Epeneter, Turnipseed
that the Consent Agenda items be approved as presented
Ayes 7, Excused 1 (Wayman)

- C-A1 Fiscal Status Report
- C-A2 Communications and IT Report
- C-A3 Discipline by License Type
- C-A4 Discipline by NPDB by License Type
- C-A5 HPSP Six Year Performance Measures
- C-E1 Health and Education Consultants, Inc. Major Curriculum Change
- C-E2 Pioneer Pacific College Major Curriculum Change
- C-E3 Two Year NCLEX® Pass Rate Report
- C-L1 Licensing and Fiscal Report
- C-L2 Ratification of CNA/CMA Training Program Approvals and Withdrawals
- C-L3 Test Advisory Panels' Recommendations
- C-L4 CNA/CMA Advisory Group Annual Report

ADMINISTRATIVE RULEMAKING HEARING

H1. Adoption of Amendments to Division 10 Administrative Rules Regarding Administration

The hearing was opened at 9:51 a.m.

There was no testimony given in favor of, nor in opposition to, the amendments to Division 10.

The hearing closed at 10:00 a.m.

There was Board discussion regarding minor language changes, mainly to eliminate redundancy to what is currently in statute.

M.S.C. Epeneter, Gibbs
that the proposed amendments to OAR 851-010-0000, 851-010-0005, 851-010-0010, 851-010-0015, 851-010-0020, 851-010-0024 and 851-010-0035 be adopted as modified
Ayes 6, Nay 1 (Hunter), Excused 1 (Wayman)

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H2. Adoption of Amendments to Division 45 Administrative Rules Regarding Standards and Scope of Practice for the Licensed Practical Nurse and Registered Nurse

Board President Bonnie Kostelecky explained that the rule hearing for Division 45 took place on November 15, 2016, at which time testimony was given regarding the proposed revisions. Practice and Evaluation Policy Analyst Gretchen Koch answered questions from the Board regarding testimony. There was Board discussion regarding the proposed revisions. Board members were asked to provide feedback to Ms. Koch no later than December 10th; she will work with the stakeholder group and present another draft to the Board at the Tuesday evening session of the February 2017 Board meeting. There was no vote on the rule revisions; another rule hearing for Division 45 will be scheduled at a future date, to be determined.

PRESENTATION

Jana Bitton, Executive Director, Oregon Center for Nursing (OCN) provided a report pertaining to the OCN work related to the Oregon Nurse Advancement Fund. Ms. Bitton reminded the Board that in 2015 Senate Bill 72 was passed which authorized the Oregon Nurse Advancement Fund, allowing a \$9 surcharge to be added to nursing licenses; those funds go to OCN. With those funds, OCN has been committed to provide a robust research agenda with a minimum of two to three reports out every year, an annual conference, and a website consisting of resources for nurses, nurse employers, nurse educators, lawmakers, and policy makers. Those goals have been achieved and the OCN has been able to do more through the work of this particular fund, including collecting data from newly licensed nurses to identify any obstacles in obtaining employment. OCN also created a foundational report regarding the demand for nursing professionals in Oregon, surveying employers throughout the state regarding their vacancy and turnover rates, and identifying hard to fill positions, and to get a picture of the future demand for nurses. There was also a report prepared on Oregon's Licensed Practical Nurse (LPN) workforce, looking at licensure survey information to determine how many LPNs are practicing in the state, where they are practicing, and then anticipate what the demand will be. There was also a research committee formed, and a new OCN research director has been hired. Ms. Bitton thanked the Board for the opportunity to report the status of the OCN work as a result of the Oregon Nurse Advancement Fund.

PRACTICE AND EVALUATION

PR1. Division 47 Update

Ms. Koch explained that due to the status of Division 45 revisions, rulemaking for Division 47 will be put on hold.

PR2. Division 48 Update

Ms. Koch explained that due to the status of Division 45 revisions, rulemaking for Division 48 will be put on hold.

PR3. Interpretive Statement – The RN or LPN Who Participates in Vascular or Non-Vascular Access and Infusion Therapy

Ms. Koch explained the document before the Board; a policy converted into an interpretive statement through the work of the Nursing Practice Committee. The purpose of the interpretive statement is to guide the licensee to apply the scope decision making algorithm to help self-regulate practice. There was Board discussion and direction for minor language revisions to the interpretive statement.

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M.S.C. Chinn, Gibbs

that the Board accept the Interpretive Statement Regarding the RN or LPN Who Participates in Vascular and Non-Vascular Access and Infusion Therapy as modified
Ayes 7, Excused 1 (Wayman)

PR4. Environmental Scan

Ms. Koch provided information and updates.

There are multiple bills in Congress and various agencies pertaining to the opioid issues throughout the country, the main one being the Recovery Enhancement and Addiction Treatment Act. There is also legislation regarding co-prescriptions, where certain federal health authorities would develop protocols for best practice so that when an opioid is prescribed for chronic addiction, and if there is a potential for abuse, Naloxone would be subsequently co-prescribed. Other legislation impacting nursing is the amendment to the Public Health Service Act and the Title Eight Nursing Workforce Reauthorization Act, which would extend advanced education nursing grants to support Clinical Nurse Specialist Programs.

LUNCH BREAK – 12:00 – 12:15 P.M.

LUNCH PRESENTATION – 12:15 – 1:00 P.M.

“HPSP/Probation: Commonalities and Differences”
Ruby Jason, Executive Director

Ms. Jason gave a presentation on HPSP/Probation, specifically focused on what the commonalities and differences are between the two programs.

“When to Recuse”
Thomas Cowan, OSBN Board Counsel

Mr. Cowan gave a presentation related to Board votes and when recusal is appropriate.

OPEN FORUM

The Board is not able to act on any issues presented at Open Forum because prior public notice has not been given, but the Board may designate matters presented as agenda items at future Board meetings.

The following individuals provided comments during open forum.

Marilyn McGuire, Director of Portland Community College (PCC) Nursing Program, addressed the Board. Ms. McGuire thanked the Board for the opportunity to share information regarding the proposed teach-out of the ITT-Breckinridge Nursing Program by Portland Community College, representing the faculty, staff and current nursing students at PCC. Ms. McGuire expressed that what happened to the ITT nursing students is troubling and that the efforts for the teach-out has been focused on assisting the students. Ms. McGuire explained that PCC’s nursing program is experiencing instability and concern about the internal competition for institutional resources related to the infusion of between 100 and 150 ITT nursing students who would become PCC nursing students. This fall, for the first time in PCC history, the program lowered its admission numbers, from 80 students, admitting 62 students this fall and will try to maintain the 62 for the 2017-2018 admission cycle. Ms. McGuire explained there are three areas of concern related to the reduction and instability. The first two are the continued faculty openings and loss of clinical placements. The third was recently identified when the program completed the annual report for their national accrediting body, Accreditation Commission for Education in Nursing (ACEN), explaining that she was

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informed that most likely the teach-out would not be allowed in accordance with ACEN policies. Ms. McGuire stated that she is awaiting a formal response from ACEN's CEO. Although the teach-out has not yet been determined, she felt compelled to address the Board prior to approval to provide a voice to PCC's nursing program and its students.

TRAINING & ASSESSMENT

CNA1. Environmental Scan

Training and Assessment Policy Analyst Debra Buck provided information and updates.

Ms. Buck thanked the members who volunteered for the CNA and CMA Test Advisory Panels; the recommendations were included in the Consent Agenda section of the Board materials.

The CNA/CMA Advisory Group has been working on the Medication Aide curriculum; there was input from stakeholders and the current medication aide training programs. The curriculum will be presented to the Board at the February 2017 Board meeting for approval.

Ms. Buck stated that she collaborated with Oregon Department of Human Services in October to facilitate a summit pertaining to recruiting and retaining faculty for nursing assistant and medication aide training programs. Ms. Buck provided a handout which reflected the work of the group, including the top ten priorities, and the condensed top five. There were two major themes that came out of the summit, the need for public information promotion and support for faculty of training programs. She explained that there seems to be confusion regarding caregivers and what makes a CNA distinctive from other types of caregivers. Ms. Buck stated that she is assisting programs in locating nurses and teaching faculty. One of the first projects the advisory group is working on is drafting a white paper on the knowledge, skills, and abilities of a CNA. She is also gathering statistics as to who is entering the training programs, how many are staying, and statistics around the faculty of the training programs. These statistics will be presented to the Board at the February 2017 Board meeting.

EDUCATION

E1. Legislative Concept on Degrees Granted through Community Colleges

Nursing Education and Assessment Policy Analyst Joy Ingwerson stated there has been a push to put forward a Legislative Concept for Chemeketa Community College, in particular, to grant a baccalaureate degree in nursing. The Higher Education Coordinating Commission (HECC) put in a placeholder for a Legislative Concept related to baccalaureates to be granted at community colleges, as well. She received information from the Executive Director of the HECC that it is unknown if it will move this forward as a priority. There are some states that currently have this law in place; Florida, Indiana, New Mexico, Nevada, and Washington do allow granting of baccalaureate degrees through community colleges. Ms. Ingwerson stated she would keep the Board updated on this issue.

E2. Accreditation Updates

Ms. Ingwerson gave accreditation updates. As of today, there has been no announcement as to whether or not the appeal from the Accrediting Council for Independent Colleges and Schools (ACICS) will be accepted by the US Department of Education. If the recommendation to pull recognition is upheld, programs will have 18 months to find alternate accreditation. Once a decision has been reached, she will notify the Board. This does not impact the practical nursing level programs, but could impact one associate degree level program.

E3. Continued Competency Update

Ms. Ingwerson reminded the Board that continued competency was the subject of the Tuesday evening session associated with the September Board meeting, at which time she agreed to report on updates related to this topic at future Board meetings. The tentative plan is to start with internal work with the other policy analysts and prepare proposals for stakeholder input. She recently connected with a faculty researcher from Concordia University in Wisconsin who is conducting research on the various ways that states look at continued competency; this person is willing to share that information. Washington spent a period of years on this topic, as to how they were going to address continued competency, landing on a combination of practice hours and continued education.

E4. Division 31 Updates

Ms. Ingwerson explained that a rough draft of Division 31 revisions has been completed. There were five stakeholder sessions held, however there were no attendees. The next step will be to use internal staff to run through scenarios, to go through rule language for each license type, in an attempt to streamline and clarify licensure pathways. She will continue to work on Division 31 rule revisions.

E5. Environmental Scan

Ms. Ingwerson provided information and updates.

The Higher Education Coordinating Commission (HECC) approved a letter that would be sent to Emergency Board in December, requesting money to fund a teach-out related to the Breckinridge at ITT Nursing Program. The Portland Community College (PCC) District Level Office is looking into this project in terms of what the barriers are if they move forward. The teach-out would be offered to students that would have been entering quarter five, finishing quarters five through nine of the program. By current estimates, the number of students would be approximately 150. PCC did receive a grant from the HECC to allow them to hire the former nursing program director and her assistant from Breckinridge. Former faculty and clinical entities have been supportive of teaching out the curriculum. The Northwest Commission on Colleges and Universities is the institutional accreditor for PCC; they would have to approve that this unique teach-out curriculum is under the auspices of that accreditation. PCC, as a nursing program, holds nursing specialty accreditation through Accreditation Commission for Education in Nursing (ACEN). When a nursing program that holds that accreditation has some kind of a substantive change, they have to provide notifications to ACEN for approval. There was a National Council of State Boards of Nursing (NCSBN) educator's call dedicated to this issue on November 7. Five states presented the plans, including Oregon; Missouri, Illinois, Texas, and North Carolina Breckinridge Programs. No colleges in Missouri are accepting transfer of credits in the general sciences or humanities from ITT, but they are allowing students to obtain validation of credit for prior learning through other testing mechanisms. Concerns from the nursing education community in Oregon are similar to the ones the Board has expressed; the specific one that would have implications for work in Division 21 is how to prevent this from happening in the future. Division 21 language does not address a precipitous institution closure.

Ms. Ingwerson stated that Legacy Health Systems recently published requirements for applications to their new graduate residency which will require a BSN.

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ADVANCED PRACTICE

AP1. Buprenorphine Update

APRN & Assessment Policy Analyst Sarah Wickenhagen stated that there was a recent bill that passed and adopted into law under the Comprehensive Addiction and Recovery Act (CARA) that would allow nurse practitioners and physician assistants to prescribe Buprenorphine. The public announcement came out the previous day; Ms. Wickenhagen read the announcement:

“The US Department of Health and Human Services (HHS) has taken additional steps to address the US opioid epidemic by further expanding access to medication-assisted treatment for opioid use disorders administered by SAMHSA. Today’s announcement enables nurse practitioners and physician assistants to immediately begin taking the 24 hours of required training to prescribe the opioid use disorder treatment Buprenorphine. Nurse practitioners who complete the required training and seek to prescribe Buprenorphine for up to 30 patients will be able to apply to do so beginning in early 2017. Previously, only physicians could prescribe Buprenorphine. Once nurse practitioners and physician assistants receive this waiver, they can begin prescribing Buprenorphine immediately.”

AP2. Division 56 – Update

Ms. Wickenhagen explained that as a result of the update on Buprenorphine, there will be a need to add language to the Oregon Administrative Rules, 851-056. Ms. Wickenhagen stated she is asking for Board direction to open Division 56 to begin rule writing to add the language.

M.S.C. Chinn, Gibbs

that based on the information presented, Board staff begin rulemaking related to Division 56
 Ayes 7, Excused 1 (Wayman)

AP3. Environmental Scan

Ms. Wickenhagen provided information and updates.

The DEA recently came out with a statement indicating that they are no longer going to allow manufacturers of opioids to over-produce. Currently, manufacturers are allowed to over-produce by 25%; because of the issues around prescribing of opioids, they only manufacture what has been determined what is needed in this country (as opposed to what is being prescribed), which may mean that there will be a shortage around this time next year if prescribing practices are not altered. The impact will not only affect outpatient prescriptions, but inpatient prescriptions as well. This is also an opportunity for nursing to be a leader around the opioid issue.

Regarding non-Oregon based educational programs, there were 196 clinical placements between summer and fall. There are 119 Oregon RNs who are with 18 different online universities on track to get their advanced practice degree. The largest volume of those students placed were Gonzaga, with 60 students, and the smallest number was Western University Health Sciences, with 19 students. In the registry, there are 24 schools that have online approval. Two programs were lost and when queried, they stated it had to do with an Oregon licensed faculty member being required to provide general supervision and onsite evaluation of both the student and the preceptor.

In regards to Division 52, specifically around fluoroscopy, the Board voted last November regarding the adoption of Division 52 revisions. There was an issue in and around the practice of fluoroscopy; one of the other Boards in the state had a statute, and rule, which precluded advanced practice nurses, CRNAs, CNSs, and NPs, from being able to perform fluoroscopy. Her proposal would be to pull the fluoroscopy language until there is an answer. Board direction was to proceed with a rulemaking hearing on Division 52 revisions. Ms. Jason agreed to provide information to the Board prior to the rule hearing.

ADMINISTRATION

A1. Director's Report

Executive Director Ruby Jason provided information and updates.

There is a current recruitment to fill one of the Licensing Department positions. Ms. Jason explained that the turnover in licensing is partially due to the job classification pay rate. Licensing processes 100% of all of the 80,000 licensees; renewals, endorsements, and answers about 20,000 calls every quarter. All other positions in the agency are filled.

Selected positions in the Investigations Department will begin telecommuting as of November 28. There are restrictions and electronic security measures in place to protect confidential information. There is a new telephone system scheduled to be installed mid-December.

The agency participated in the Governor's Employees Charitable Fund Drive; thank you to the Employee Activities Committee (EAC), raising \$2,260. This year, OSBN made the list of those agencies who exceeded last year's donations; a 71% increase over last year. The next EAC project will be a Holiday celebration, including a Holiday gift basket raffle and Holiday lunch scheduled for December 8th. All raffle proceeds will be donated to two charities.

Ms. Jason explained that along with Board Counsel, she will be attending a meeting in December pertaining to the legalities of Interstate Compacts. Ms. Jason will provide information from the meeting to the Board at the February 2017 Board meeting.

The NCSBN midyear meeting will be held in Salt Lake City in March of 2017. Two Board staff members and one Board member will attend. Ms. Jason will not be attending due to the next Legislative Session beginning early 2017.

For the 2017-2019 Legislative Session, there are a number of Legislative Concepts, none have a significant impact related to rule writing or financial implications for this agency or its licensees. The Board will be presenting the agency budget, requesting a 9% increase from the 2015-2017 budget, mainly related to new and reclassified positions.

Ms. Jason stated that she has request that the management staff provide her with a list of the committees they are involved in, related to community involvement. The Board will be provided with this list at the February 2017 Board meeting, as well as the first draft of the 2017-2019 Strategic Plan.

A2. Continue Discussion - Division 50 Revisions

Ms. Jason reminded the Board that there was concern about the changes and the amount of proposed revisions to Division 50. The proposal is for Ms. Wickenhagen to look at the Division 50 revisions and make recommendations to the Board, then reconvene a stakeholder group to relook at Division 50 and recraft some of the language.

A3. North Carolina Reporting Tool

Ms. Jason reminded the Board that the reporting tool guideline was originally presented to the Board at the September Board Work Session. At that time, Board direction was to develop the tool specifically for the Board of Nursing. One of the frequent questions asked by the nursing community and licensees, is when to report. The purpose of the tool will be to assist licensees when there are doubts as to when to report. Ms. Jason referred to the tool in the Board materials that she adapted, with the permission of the North Carolina Board, for use in Oregon. Ms. Jason explained the tool and that the Policy Analyst staff would

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answer any questions from licensees related to reporting and using this tool. There was Board discussion and direction to add the HIPAA exemption, clarify directions, and post the tool on the OSBN website.

A4. Board Strategic Plan

Ms. Jason explained that at the September 2016 Board Work Session, the Board discussed topics that the Board members want to address at future meetings. She provided a schedule of items in the Board materials; the Board's strategic plan for decision making or decisions the Board wants to make from January 2017 through December 2018. The grid included each issue/topic, the timeline to when the topic is presented to the Board, whether or not there is a decision needed by the Board, the current statute or rule that would be affected, and the question to be addressed. Ms. Jason reviewed some of the topics and timelines.

Board member Kathleen Chinn was assigned to participate in the stakeholder workgroup with Board staff regarding rule revisions. Board members Beverly Epeneter and Barbara Gibbs were assigned to work on the subcommittee with Board staff pertaining to the topic of continued competency. Board member Adrienne Enghouse was assigned to work on the subcommittee with Board staff pertaining to management of the opioid issue.

M.S.C. Epeneter, Turnipseed
 that the Board Strategic Plan be adopted as presented
 Ayes 6, Excused 2 (Wayman, Youngren)

A5. Board Officer Elections

Colin Hunter was nominated to serve as President of the Oregon State Board of Nursing for 2017.

M.S.C. Gibbs, Epeneter
 that Colin Hunter be elected to serve as President of the Oregon State Board of Nursing for 2017
 Ayes 5, Abstain 1 (Hunter), Excused 2 (Wayman, Youngren)

Bobbie Turnipseed was nominated to serve as President-Elect of the Oregon State Board of Nursing for 2017.

M.S.C. Epeneter, Chinn
 that Bobbie Turnipseed be elected to serve as President-Elect of the Oregon State Board of Nursing for 2017
 Ayes 6, Excused 2 (Wayman, Youngren)

Barbara Gibbs was nominated to serve as Secretary of the Board for 2017.

M.S.C. Chinn, Epeneter
 that Barbara Gibbs be elected to serve as Secretary of the Oregon State Board of Nursing for 2017
 Ayes 5, Abstain 1 (Gibbs) Excused 2 (Wayman, Youngren)

A6. Washington's Process – ITT Students and LPN Exam

Ms. Jason stated that she received a call from the State of Washington Nursing Commission, informing the Board that they have received several applications from Oregon based ITT students who are applying for PN licensure in Washington after partial completion of the ITT program. Currently in rule, OAR 851-031-0006(1)(a)(A), an applicant for the practical nurse examination shall show evidence of having completed a

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state approved Practical Nursing, Diploma, Associate Degree, Baccalaureate Degree, or Master's Degree Program in Nursing. Partial program completion does not meet eligibility criteria for licensure in Oregon. Ms. Jason explained that she agreed to bring the issue before the Board for direction. There was Board discussion that in this scenario the criteria would not be met; Board direction was that the current criteria should not be changed to allow for PN licensure after partial completion of an associate degree. Ms. Jason stated that she would report the direction of the Board to the Washington Nursing Commission.

A7. 2017 Board Meeting Dates

Board direction to add the Tuesday Board meeting session to the September 2017 Board meeting week; Tuesday, Wednesday, Thursday, with the work session on Friday. The revised schedule will be sent to Board members and posted on the website.

NEXT BOARD MEETINGS

The next scheduled teleconference Board meeting will be held in Executive Session on December 14, 2016 at the Board offices, 17938 S.W. Upper Boones Ferry Road, Portland, Oregon. The next scheduled in-person Board meeting will be at the Board offices on February 14-16, 2017.

ADJOURNMENT

Adjourned at 4:02 p.m.

**Oregon State Board of Nursing
SPECIAL BOARD MEETING
December 20, 2016 – 3:00 p.m.**

MINUTES

Call to Order

Board President, Bonnie Kostelecky, called the Special Board Meeting of the Oregon State Board of Nursing to order. This Board meeting was held in the conference room of the offices of the Oregon State Board of Nursing in Portland, Oregon.

Public Meeting Notice

A notice of this meeting was published on the Board of Nursing's website and sent out to the interested parties list by Ruby Jason, Executive Director, in accordance with the Open Meeting Law. The Board met in Executive Session during portions of the meeting as authorized by ORS 192.502 and ORS 192.660.

Roll Call – Present/Absent

Board Members

Chinn, Present
Enghouse, Present
Epeneter, Present
Gibbs, Present
Hunter, Present
Kostelecky, Present
Turnipseed, Present
Wayman, Excused
Youngren, Present

Quorum

There being a quorum present, the Board President declared the Board eligible to conduct its business.

Staff Members Present at Various Times

Bigelow
Blomquist
Buck
Ficarra
Gamble
Holtry
Ingwerson
Jason
Kilborn
Koch
Meadows
Messina
Parish

Russell
Sexton
Simmons
Standridge
Traynor
Wade
West
Wickenhagen

Nyberg
Lightfoot

Cowan, Board Counsel
Senator Laurie Monnes Anderson

Executive Session

MSC Chinn, Epeneter
that based on the procedural record, the following:
Celisse Adams, CNA
Stephanie Callahan, RN
Tammie Foster, CNA
Debra Tellez, RN
be issued Final Orders by Default, revoking the licenses or certificates as set forth in the Notice.
Ayes 7, Excused 1 Wayman
MSC Epeneter, Chinn
that based on the evidence provided, the Interim Order by Consent, signed by
Amanda Heade, LPN
be ratified.
Ayes 7, Excused 1 Wayman
MSC Epeneter, Chinn
that based on the evidence presented, the Stipulation for Voluntary Surrender, signed by
Jon Landis, RN
be adopted.
Ayes 6, Recused 1 Enghouse, Excused 1 Wayman
MSC Epeneter, Chinn
that based on the evidence presented, the Stipulation for Voluntary Surrender, signed by the following:
Amanda Ciraulo, RN
Jeffery Ford, LPN
Ann Helm, RN
Sheila Slate, CNA
Jonathan Wymer, RN
be adopted.
Ayes 7, Excused 1 Wayman

MSC Epeneter, Chinn
that based on the evidence presented, the Stipulation for Reprimand, signed by the following:
Daniel Chandler, CNA
Kathie Leehmann, RN
Erica McCollum, LPN
Scott Trimble, RN
be adopted.
Ayes 7, Excused 1 Wayman
MSC Epeneter, Hunter
that based on the evidence presented, the Stipulation for Probation, signed by
Benjamaporn Jacobs, RN
be adopted.
Ayes 7, Excused 1 Wayman
MSC Epeneter, Hunter
that based on the evidence presented, the Amended Stipulation for Probation, signed by:
Heather McGaffic, RN
be adopted.
Ayes 7, Excused 1 Wayman
MSC Epeneter, Chinn
that based on the evidence presented, the following:
Nora Ebberts, RN
Ka Kunga, CNA
be issued Notices of Proposed Revocation.
Ayes 7, Excused 1 Wayman
MSC Epeneter, Chinn
that based on the evidence presented,
Markeatha Suddreth, RN
be issued a Notice of Proposed Revocation.
Ayes 7, Recused 1 Kostelecky, Excused 1 Wayman

MSC Epeneter, Hunter
that based on the evidence presented in case number
17-00182
an Order for Evaluation be issued.
Ayes 7, Excused 1 Wayman
Case status updates were reviewed and the Board provided staff with direction to continue investigations in the following case numbers:
17-00458
17-00234
17-00221
17-00480
17-00585
16-08110
17-00181
16-08109
16-02041
17-00260
17-00085
17-00198
16-02067
16-01740
MSC Epeneter, Hunter
that based on the evidence presented, the Stipulation for Probation, signed by
Ryan Nelson, RN
be adopted.
Ayes 7, Excused 1 Wayman
MSC Epeneter, Hunter
that based on the evidence presented in case number
17-00081
an Order for Evaluation be issued.
Ayes 7, Excused 1 Wayman

MSC Epeneter, Hunter
that based on the evidence presented, the Stipulation for Voluntary Surrender, signed by
Rachel Jones, LPN
be adopted.
Ayes 7, Excused 1 Wayman
MSC Epeneter, Hunter
that based on the evidence presented, case number:
17-00058
be dismissed.
Ayes 7, Excused 1 Wayman
MSC Epeneter, Hunter
that the Board accept Staff recommendations that investigations outlined in summaries for cases between November 2, 2016 and November 30, 2016 be closed.
Ayes 7, Excused 1 Wayman
MSC Hunter, Chinn
that based on the evidence presented ,case number
17-00753
be dismissed.
Ayes 6, Recused 1 Epeneter, Excused 1 Wayman
MSC Hunter, Chinn
that based on the evidence presented, case numbers:
17-00203
17-00308
17-00012
17-00240
17-00286
17-00243
17-00183
17-00347
16-02023
17-00390

17-00337
17-00071
17-00177
17-00137
16-01995
16-01961
17-00356
17-00146
be dismissed.
Ayes 7, Excused 1 Wayman
MSC Chinn, Hunter
that based on the evidence provided, the Interim Order by Consent, signed by:
Sara Maria Moritz, CNA
Wendy Geraldine Rodriguez, CNA
Crystal Dawn Sully
be ratified.
Ayes 7, Excused 1 Wayman
Adjourned at 4:13 p.m.

Public Session

Board President, Bonnie Kostelecky, called the meeting to order at 4:20 p.m. A quorum was present.

Introductions: staff, Board members, audience

Agenda Items

- **Breckinridge – Portland Community College (PCC) Teach-Out**

Nursing Education and Assessment Policy Analyst Joy Ingwerson explained that on September 6, 2016, the Board of Nursing was notified of the closure of ITT-Tech campuses across the United States including the Breckinridge at ITT Nursing Programs. There was no finalized planning for a teach-out or transfer of students to other programs in Oregon at the time the closure was announced. Ms. Ingwerson referred to a handout provided which included a copy of a letter from PCC to the Board of Nursing requesting a Change in Administrative Control of Breckinridge School of Nursing at ITT curriculum. The plan for PCC to offer a teach-out for a portion of the displaced Breckinridge Nursing Program students has continued to move forward with an anticipated start date of January 9, 2017. While the Board has been kept informed of the planning at other meetings, it was important to have assurance that the majority of the barriers to offering the program have been addressed prior to the Board taking specific action related to a change of administrative control from Breckinridge to PCC. With the granting of the funds through the Legislature Emergency Board, the support for the pathway for students entering quarters five through nine has been made clear for that to occur. Approval through the Northwest Commission of Colleges and Universities has been granted and the U.S. Department of Education has been kept informed. In addition, the Accreditation Commission for Education in Nursing (ACEN) has provided verbal agreement that this separate curriculum for purposes of the teach-out will not compromise the current ACEN accreditation of the PCC Nursing Program. The teach-out is a continuation of the already approved curriculum that was in place at Breckinridge; the students are not moving into the Oregon Consortium for Nursing Education (OCNE) curriculum at PCC. As planned, the teach-out would conclude after the winter quarter of 2018. There was Board discussion and questions regarding the status of former ITT faculty assisting with the teach-out. Ms. Ingwerson stated that the last update regarding faculty indicated that there was a need to hire one part-time person to cover clinical placements for the term beginning on January 9, 2017, and there has been support and interest from former ITT faculty to assist with the teach-out. There were suggestions from the Board to pursue either rulemaking or legislative concepts designed to provide tools in the event a similar situation should occur in the future. Scott Huff, PCC Dean/Project Director spoke before the Board, stating that he has been working on the start-up of the Breckinridge teach-out program for PCC and answered questions from the Board. Board President Kostelecky extended appreciation for those who have been involved over the last several months to assure that the issue was resolved. Ms. Ingwerson agreed to keep the Board updated regarding the transition and teach-out of the Breckinridge nursing program students.

M.S.C. Chinn, Hunter

that the change of administrative control of the Breckinridge nursing program to Portland Community College be approved

Ayes 7, Excused 1 (Wayman)

- **U.S. Department of Education withdrawal of recognition from the Accrediting Council for Independent Colleges and Schools (ACICS) as an accrediting body**

Ms. Ingwerson explained that the Board has been kept aware over the last few months of various steps that have been taken by the U.S. Department of Education on recognition of ACICS. The decision of the Secretary of Education to withdraw recognition of ACICS as an accreditor was made and enacted on December 12, 2016. The action carries with it defined expectations for institutions that held ACICS accreditation and also moved legal options open to ACICS to the federal level. ACICS has filed a temporary restraining order at the Federal District Court level to halt implementation of the decision to withdraw recognition. A handout was provided which included the memo from the U.S. Department of Education with the decision and Summary of Selected Requirements for Institutions Accredited by ACICS. ACICS is functioning under new leadership and has been working on addressing previously cited concerns for several months. The challenge is that even though the institutions in Oregon that had ACICS accreditation have been actively involved in contingency planning, neither yet holds accreditation through another entity, recognizing that applying for and gaining a new accreditor can be a lengthy process. The U.S. Department of Education has described a provisional program participation agreement which carries with it multiple steps and timeframes for actions and reports by institutions that held ACICS accreditation, including a requirement of up to 18 months to seek new accreditation and up to 300 days within which to complete a site visit with another accreditor. Ms. Ingwerson reminded the Board that there has been previous discussions about the requirement for degree-granting institutions to have accreditation by an accreditor recognized by the Council for Higher Education Accreditation (CHEA). The Committee on Recognition of CHEA plans to submit a recommendation to the full CHEA Board in January, that ACICS continue to be recognized by CHEA as an accreditor. The Oregon Higher Education Coordinating Commission (HECC) is following the submission of materials to the U.S. Department of Education by the programs; the Board will be provided updates on these institutions that held ACICS accreditation with steps they are taking toward alternate accreditation. One of the programs impacted in Oregon has already had their site visit by another accreditor; a decision is expected in January or February of 2017 from the Accrediting Bureau of Health Education Schools (ABHES). The other impacted institution in Oregon is seeking application to ABHES as well, but a site visit has not yet been conducted. There was Board discussion regarding language in Oregon Administrative Rule 851-021-0040(1) pertaining to program accreditation requirements. There was Board direction for this topic to be included in the February 2017 Board meeting agenda for further discussion related to Division 21 language.

M.S.C. Chinn, Youngren

that the Board recognize the U.S. Department of Education provisional approval as sufficient to meet Division 21 Oregon Administrative Rule requirements for accreditation of institutions with approved nursing education programs in Oregon
 Ayes 6, Nay 1 (Hunter), Excused 1 (Wayman)

Adjournment

The meeting was adjourned at 5:36 p.m.

**OREGON STATE BOARD OF NURSING
BOARD MEETING
Minutes
January 18, 2017 4:30 pm**

Board Members Present

Colin Hunter
Barbara Gibbs
Kathleen Chinn
Bobbie Turnipseed
William Youngren
Bonnie Kostelecky
Adrienne Enghouse

Board Members Excused

Beverly Epeneter

Board Members Absent

Ryan Wayman

Staff Members Present

Ruby Jason
Suzi Shults
Jacy Gamble
Rick Sexton
Maria Parish
Tanya Wade
Lisa Traynor
Benita Ficarra
Nakeita West
Karen Russell
Leslie Kilborn
Shanon Rahimi
Wendy Bigelow
Rebecca Nyberg
Nikki Blomquist
Suzanne Meadows
Michelle Standridge

Board Counsel Present

Tom Cowan

MSC Kostelecky, Turnipseed
that based on the procedural record, the following:
Cindy Anderson, CNA

Jeffrey Brumbaugh, CMA
Jody Fulmer, CNA
Ruth Millard, CNA
Kimberly Webster, RN
be issued Final Orders by Default, suspending the licenses or certificates as set forth in the Notice.
Ayes 6, Excused 1 Epeneter, Absent 1 Wayman
MSC Kostelecky, Turnipseed
that based on the procedural record, the following:
Julie Demille, NP
Kendra Furgason, RN
Jennifer Ganoë, CNA
Velvet Jeter, RN
Janet Porter, RN
Mollie Schweinfurter, CMA
Daniel Sparks, RN
be issued Final Orders by Default, revoking the licenses or certificates as set forth in the Notice.
Ayes 6, Excused 1 Epeneter, Absent 1 Wayman
MSC Kostelecky, Turnipseed
that the Interim Orders by Consent, signed by the following:
Janice Jackson, LPN
Margaret Hicks, RN
Frank Rickman, RN
Dwain Watkins, CRNA
be ratified.
Ayes 6, Excused 1 Epeneter, Absent 1 Wayman
MSC Kostelecky, Turnipseed
that based on the evidence presented, the Stipulation for Withdrawal of Application, signed by the following:
Kimberly Adkins, CNA Applicant
Michele Renninger, RN Endorsement Applicant

be adopted.
Ayes 6, Excused 1 Epeneter, Absent 1 Wayman
MSC Kostelecky, Turnipseed
that based on the evidence presented, the Stipulation for Voluntary Surrender, signed by the following:
Susanne Ellenberger, LPN
Jessica Hardy, RN
Margaret Hicks, RN
Jason Hofmann, RN
be adopted.
Ayes 6, Excused 1 Epeneter, Absent 1 Wayman
MSC Kostelecky, Turnipseed
that based on the evidence presented,
Joancarole Sochin, NP
be issued a Notice of Proposed Suspension.
Ayes 6, Excused 1 Epeneter, Absent 1 Wayman
MSC Kostelecky, Turnipseed
that based on the evidence presented, the Stipulation for Reprimand, signed by the following:
Courtney Chipman, RN
Sara Garcia, CNA
Raymond Millette, NP
Neil Ruthven, RN
be adopted.
Ayes 6, Excused 1 Epeneter, Absent 1 Wayman
MSC Kostelecky, Turnipseed
that based on the evidence presented, the Stipulation for Probation, signed by the following:
Lynn Counts, RN
Ladybyrd Wong, RN
be adopted.
Ayes 6, Excused 1 Epeneter, Absent 1 Wayman

MSC Kostelecky, Turnipseed
that based on the evidence presented,
Meredith Abdi, RN
be issued a Notice of Proposed Denial.
Ayes 6, Excused 1 Epeneter, Absent 1 Wayman
MSC Kostelecky, Turnipseed
that based on the evidence presented,
Cheyenne Marrs, CNA
be issued a Notice of Proposed Civil Penalty.
Ayes 6, Excused 1 Epeneter, Absent 1 Wayman
MSC Kostelecky, Turnipseed
that based on the evidence presented,
Christine Davis, RN
Kathleen Ford, CNA
be issued a Notice of Proposed Revocation.
Ayes 6, Excused 1 Epeneter, Absent 1 Wayman
MSC Kostelecky, Turnipseed
that based on the evidence presented, the Stipulation for Voluntary Surrender, signed by
Peter Speerstra, RN
be adopted.
Ayes 6, Excused 1 Epeneter, Absent 1 Wayman
MSC Kostelecky, Turnipseed
that based on the evidence presented, an Order for Evaluation be issued to the licensee in case
number:
17-00899
Ayes 6, Excused 1 Epeneter, Absent 1 Wayman
MSC Kostelecky, Turnipseed
that based on the evidence presented, case numbers:

17-00295
16-01792
be dismissed.
Ayes 6, Excused 1 Epeneter, Absent 1 Wayman
MSC Kostelecky, Turnipseed
that based on the evidence presented,
Ashley Araque, CNA Applicant
be issued a Notice of Proposed Denial.
Ayes 6, Excused 1 Epeneter, Absent 1 Wayman
Case status updates were reviewed and the Board provided staff with direction to continue investigations in the following case numbers:
17-00438
16-02026
17-00354
17-00351
17-00232
17-00228
17-00224
17-00187
17-00325
17-00230
17-00245
17-00328
17-00457
17-00145
17-00397
17-00056
MSC Kostelecky, Turnipseed
that based on the evidence presented, the Stipulation for Probation, signed by
Mary Blanc, RN
be adopted.

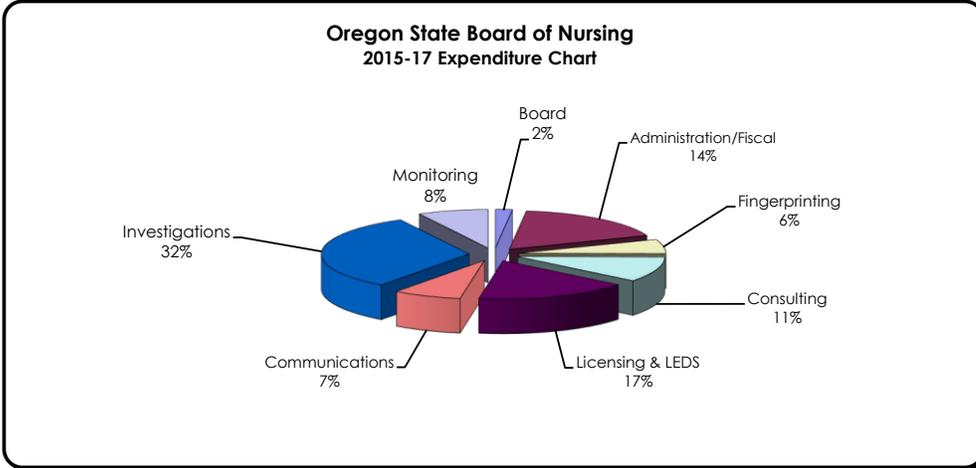
Ayes 6, Excused 1 Epeneter, Absent 1 Wayman
MSC Kostelecky, Turnipseed
that based on the evidence presented in case number:
17-00706
the licensee be allowed entrance into HPSP and the case be dismissed upon completed enrollment.
Ayes 6, Excused 1 Epeneter, Absent 1 Wayman
MSC Kostelecky, Epeneter
that based on the evidence presented, case numbers:
16-01951
17-00497
be dismissed.
Ayes 5, Recused 1 Enghouse, Excused 1 Epeneter, Absent 1 Wayman
MSC Kostelecky, Turnipseed
that the Board accept Staff recommendations that investigations outlined in summaries for cases between November 30, 2016 and January 4, 2017, with the exception of case number 16-01248, be dismissed.
Ayes 6, Excused 1 Epeneter, Absent 1 Wayman
MSC Kostelecky, Turnipseed
that based on the evidence presented, case numbers:
16-02022
17-00345
17-00635
16-02051
17-01196
17-01142
17-00258
17-00241
17-00072
17-00515
17-00737

17-00287
17-00705
17-00147
17-00404
17-00264
17-00322
17-00930
17-00712
17-00279
17-01143
be dismissed.
Ayes 6, Excused 1 Epeneter, Absent 1 Wayman
Adjourned at 6:08 pm

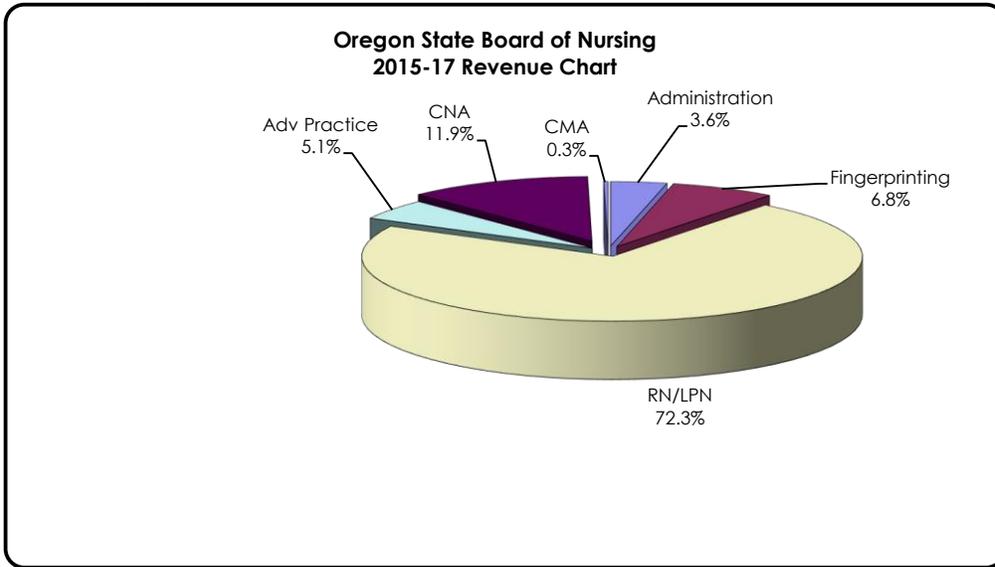
	Biennial LAB Budget Limitation	Expenditures Thru Dec 2016	Projected Expenditures (with Steps & COLA) Jan 2017 - June 2017	Total Est. Expenditures	Under/Over Expended
Personal Services *	9,156,517	6,490,294	2,311,351	8,801,645	
Pending Salary Pot Distribution	0				
Total Personal Services	9,156,517	6,490,294	2,311,351	8,801,645	354,872
Services & Supplies **	3,400,970	2,509,343	939,769	3,449,112	
Fingerprinting	1,054,447	656,734	299,676	956,410	
Total Services & Supplies	4,455,417	3,166,077	1,239,445	4,405,522	49,895
Capital Outlay	74,095	188,789	0	188,789	
Total Capital Outlay	74,095	188,789	0	188,789	(114,694)
Impairment Professional - Special Payments	1,643,453	778,622	796,296	1,574,918	68,535
Distribution to Non-Profit Organization	500,000	337,452	162,548	500,000	0
Total Budget with Salary Pot	15,829,482	10,961,234	4,347,092	15,470,874	358,608
Original Budget	15,829,482				

Note:
The pending salary pot distribution is the amount allocated for Oregon State Board of Nursing for COLA and salary steps added by the Governor after Legislatively Approved Budget was prepared. It will be added to the original LAB after legislative approval.

	2015-17 Legislatively Adopted Budget	Revised Beg Bal + Actuals Thru December 2016	
15-17 Beg Bal	3,052,619	3,052,619	
Total LAB Revenues*	16,457,211	16,477,160	
Total Available	19,509,830	19,529,779	
Total Est. Expenditures	(15,829,482)	(15,470,874)	Additional limitations to be provided for step increases and COLA
Est. 15-17 Ending Balance	3,680,348	4,058,904	



		Detail	Total
Board:			
	Personnel	54,906	
	Services & Supplies	<u>147,093</u>	
			201,999
Administration/Fiscal:			
	Personnel	1,406,687	
	Services & Supplies	156,376	
	Special Payments	<u>337,452</u>	
			1,900,515
Fingerprinting:			
	Fingerprinting	<u>656,734</u>	
			656,734
Consulting Group:			
	Personnel	1,052,286	
	Services & Supplies	<u>104,637</u>	
			1,156,924
Licensing & LEDS:			
	Personnel	785,131	
	Services & Supplies	1,054,553	
	Capital Outlay	<u>11,406</u>	
			1,851,090
Communication/IT:			
	Personnel	540,560	
	Services & Supplies	101,358	
	Capital Outlay	<u>177,383</u>	
			819,301
Investigations:			
	Personnel	2,584,824	
	Services & Supplies	<u>945,326</u>	
			3,530,150
Monitoring:			
	Personnel	65,899	
	Special Payments	778,622	
	Services & Supplies	<u>0</u>	
			844,521
Agency Total:			
	Personnel	6,490,294	
	Services & Supplies	2,509,343	
	Special Payments	1,116,074	
	Capital Outlay	188,789	
	Fingerprinting	656,734	
			10,961,234



	Collections to Date	Projected Revenue	Total Revenues	LAB Revenue
Administration:				
NPAs, Mailing Lists	38,375	22,500	60,875	
NSF Fees	1,280	250	1,530	
Other	11,198	-	11,198	
OCN Fee	366,891	125,000	491,891	
Fingerprinting	<u>795,221</u>	<u>263,714</u>	<u>1,058,935</u>	
Subtotal	1,212,966	411,464	1,624,430	
RN/LPN Programs:				
Licenses	8,406,580	2,725,414	11,131,994	
Civil Penalties	<u>79,404</u>	<u>55,000</u>	<u>134,404</u>	
Subtotal	8,485,984	2,780,414	11,266,398	
Advanced Practice Programs:				
Licenses	619,224	178,125	797,349	
CNA Programs:				
Training Programs	4,240	1,390	5,630	
Certifications	802,962	303,260	1,106,222	
Testing Fees	<u>556,130</u>	<u>187,071</u>	<u>743,201</u>	
Subtotal	1,363,332	491,721	1,855,053	
CMA Programs:				
Testing Fees	21,937	5,694	27,631	
Certifications	10,210	4,481	14,691	
Training Programs	650	914	1,564	
CNA2 Registrations	-	-	0	
Subtotal	<u>32,797</u>	<u>11,089</u>	<u>43,886</u>	
Total Collections	11,714,303	3,872,812	15,587,115	15,491,249
Due to (transferred to) SPD	(883,569)	(363,774)	(1,247,343)	
Transfer to DHS - PP Monitoring	(88,425)	(63,215)	(151,640)	
Transfer to DHS - WF Development	(157,444)	(190,000)	(347,444)	
Due from (transferred from) SPD	1,905,462	731,009	2,636,471	965,962
Net Match Revenue				
Total 2015-17 Revenue	<u>12,490,327</u>	<u>3,986,833</u>	<u>16,477,160</u>	<u>16,457,211</u>



Oregon

Kate Brown, Governor

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Memorandum

January 1, 2017

To: Members of the Oregon State Board of Nursing

From: John Etherington (Fiscal and Licensing Manager)

Subject: Annual Report on Executive Director Financial Transactions

The Oregon Accounting Manual Policy 10-90-00.PO went into effect on July 16, 2001, setting accountability and control standards for the financial transactions of every agency head. In September 2001, the board delegated review and approval authority of the executive director's financial transactions to the Chief Financial Officer.

Per the statewide policy, the board must review and approve these transactions at least annually and document its review in the minutes of the meeting. This report is for the calendar year 2016.

There are five categories of transactions:

1. Use of compensated leave:

a. Sick leave: Beginning balance as of January 1, 2016 = 154.00 hours
Hours accrued in 2016 = 96.00 hours
Hours used in 2016 = 18.00 hours
Ending balance as of December 31, 2016 = 232.00 hours

b. Vacation: Beginning balance as of January 1, 2016 = 77.10 hours
Hours accrued in 2016 = 184.08 hours
Hours used in 2016 = 196.00 hours
Ending balance as of December 31, 2016 = 65.18 hours

c. Holiday: The usual state holidays used

d. Other: Miscellaneous Paid Leave: 16 hours used due to inclement weather office closures.

Personal Business:

Beginning balance as of January 1, 2016 = 11.00 hours

Hours accrued = 24 hours (accrued July 1, 2016)
 Hours used in 2016 = 21.00 hours
 Ending balance as of December 31, 2016 = 10.00 hours
 (Personal business hours are accrued on a fiscal year basis and any unused hours cannot be carried forward to next fiscal year)

2. Requests for vacation payoff: No requests were made or paid out during the reporting period.
3. Exceptional performance leave: No requests were made or paid out during the reporting period.
4. Travel Expense Reimbursement Claims:
 - a. Out of State Travel: The Board and/or Board Appointee approved the following trips for 2016:
 1. January 2016, NCSBN IRE Conference, Long Beach, CA
 2. January 2016, NCSBN Standards Development Committee, Chicago, IL
 3. March 2016, NCSBN Midyear Meeting, Baltimore, MD
 4. May 2016, NCSBN Standards Development Committee, Chicago, IL
 5. Aug 2016, NCSBN Annual Conference, Chicago, IL
 6. Oct 2016, NCSBN NLC Training, Omaha, NB
 7. Dec 2016, NCIC Summit of States, Williamsburg, VA

The total cost to the agency for the trips was \$3,168.10. We received \$1,227.15 in reimbursement from the National Council in addition to their payment for airline and hotel.

- b. In State Travel: Ruby Jason travels extensively between Portland and Salem, as well as meetings within the Portland area. In 2016, reimbursement requests were paid through December 2016 for a total amount of \$1,121.88. This is primarily for private car mileage and parking. Details are available if desired.
5. Purchasing Card transactions: Ruby Jason does not have a state purchasing card.



Oregon

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Memorandum

January 26, 2017

TO: Oregon State Board of Nursing
FROM: Barbara Holtry, Communications Manager
RE: Communication and IT activities

The following is a brief summary of communication and IT activities:

Communications & Legislative:

- The *Sentinel* newsletter continues on a quarterly basis. February issue will be out the week of Feb. 17.
- RN/LPN booklet is on hold awaiting revisions.
- CNA booklet finished and published on the website.
- Continuing coordination of media requests and website communications.
- Discipline news releases issued following each Board meeting. (Each meeting's discipline list also is published on the agency's website.)
- Participating in the state's enterprise public records request and management task force. New public records policy adopted; currently working on standardized fee structure.
- All six agency legislative bills approved by the Governor's office and pre-session filed. Hearings scheduled Feb. 2 in the Senate Health Care Committee. Working to identify and monitor other bills of interest.

Other Projects:

- Working to review various internal policies and update as needed.
- Continuing plans for a redesign of the online application system. Several other boards are implementing the Elite system for their entire database, which has delayed our project. We are moving forward with a couple aspects of the project that we can create ourselves, such as mailing list requests. We are researching other options for the licensure application portion and intend to have a vendor contract signed by June.
- Working with the state's Information Security review team in accordance with the 2016 Governor's Executive Order regarding cybersecurity improvements. Work so far includes a scan of external defenses and an internal comprehensive risk assessment.
- OSBN staff plans to visit the Idaho Board of Nursing (whenever is convenient) to see the NCSBN's ORBs system in action.
- Implemented a case status wizard to help licensees being investigated stay informed about the progress of their cases.
- Working to provide a mechanism for online complainants to request investigative case resolution information and increase transparency of Board actions.

Discipline by License Type between 11/1/2016 and 12/31/2016

Action	License Type	Count
Application Withdrawn	RN	3
Civil Penalty	LPN	3
Civil Penalty	RN	10
Civil Penalty - Board Discipline	RN	1
Probation	CNA	3
Probation	LPN	1
Probation	RN	5
Reprimand	CNA	1
Reprimand	LPN	1
Reprimand	RN	4
Reprimand with Conditions	CNA	1
Revocation	CNA	2
Revocation	RN	5
Suspension	CNA	2
Suspension	NP - PP	1
Suspension	RN	3
Voluntary Surrender of License	CNA	4
Voluntary Surrender of License	LPN	2
Voluntary Surrender of License	RN	8

Discipline by NPDB by License Type between 11/1/2016 and 12/31/2016

Action	NPDBCode	License Type	Count
Application Withdrawn	N/A	RN	3
Civil Penalty	N/A	LPN	3
Civil Penalty	N/A	RN	10
Civil Penalty - Board Discipline	Practicing Without Valid License	RN	1
Probation	Failure to Comply with Patient Consultation Requirements	RN	1
Probation	N/A	RN	1
Probation	Narcotics Violation or Other Violation of Drug Statutes	LPN	1
Probation	Substandard or Inadequate Care	RN	2
Probation	Violation of or Failure to Comply with Licensing Board Order	RN	1
Reprimand	Failure to Comply with Patient Consultation Requirements	RN	1
Reprimand	Failure to Disclose	RN	1
Reprimand	Failure to Maintain Adequate or Accurate Records	RN	2
Reprimand	Practicing Beyond the Scope of Practice	LPN	1
Revocation	Diversion of Controlled Substance	RN	1
Revocation	Sexual Misconduct	RN	1
Revocation	Unable to Practice Safely by Reason of Alcohol or Other Substance Abuse	RN	1
Revocation	Violation of or Failure to Comply with Licensing Board Order	RN	2
Suspension	Failure to Cooperate With Board Investigation	RN	2
Suspension	Narcotics Violation or Other Violation of Drug Statutes	NP - PP	1
Suspension	Narcotics Violation or Other Violation of Drug Statutes	RN	1
Voluntary Surrender of License	Criminal Conviction	RN	1
Voluntary Surrender of License	Failure to Maintain Adequate or Accurate Records	RN	1
Voluntary Surrender of License	Inappropriate or Inadequate Supervision or Delegation	RN	1
Voluntary Surrender of License	N/A	LPN	1
Voluntary Surrender of License	Narcotics Violation or Other Violation of Drug Statutes	RN	1
Voluntary Surrender of License	Patient Abuse	RN	1
Voluntary Surrender of License	Unable to Practice Safely by Reason of Alcohol or Other Substance Abuse	LPN	1
Voluntary Surrender of License	Violation of or Failure to Comply with Licensing Board Order	RN	3



NCSBN Annual APRN Certification Examination Report Data

December 12, 2014

Executive Summary

Each year, in September and October, NCSBN conducts a survey of the certification programs whose exams are used as one of the elements of eligibility for APRN licensure in states and jurisdictions. The survey offers information on the number of tests administered by examination type as well as information about accreditation of certification programs and tests.

This information is intended to supplement Member Board's own criteria as they consider the suitability of certification exams for use in licensure decisions.

Certification exams have changed to better align with The Consensus Model. Gerontology content and wellness concepts are incorporated into newly developed tests. All certification programs have indicated they will maintain the old credential through continuing education or other means. NCSBN staff did a thorough review of the new exam information against our NCSBN 2012 Requirements for Accreditation and Certification.

A fully accredited new exam requires submission of pre-accreditation materials and 200 test takers [ABNS] or 500 test takers [NCCA] as a minimum, or a one year period of testing. The statement below constructed by the APRN Committee is intended to apply to the first 200 or 500 test takers for a new exam introduced to comply with the Consensus Model.

The APRN Committee recommends to BONs that, when all other eligibility criteria for accreditation of an exam are met new exams may be presumed to be accreditation eligible based on the pre-accreditation submission of material to the accreditation program and compliance with NCSBN's Requirements for Accrediting Agencies and Criteria for Certification Programs [https://www.ncsbn.org/12_APRN_Certification_updated.pdf]

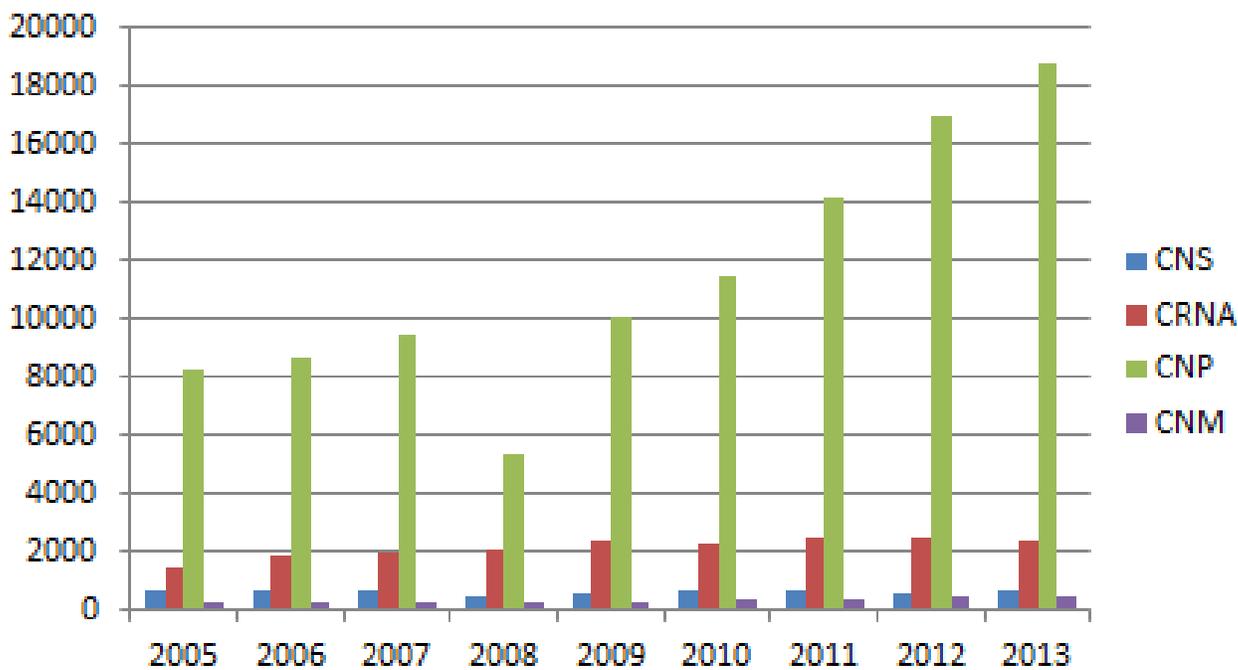
Of interest in this annual review, ANCC has pushed back the dates for retiring several exams. New test retirement dates are: 12/31/2016 for ANP, ACNP, Adult PMHNP, and GNP. The Adult CNS, Adult PMH CNS, Child/Adolescent PMH CNS, and Peds CNS will retire 10.31.2017. The role and population certification table on our webpage has been updated to reflect these changes.

Lastly, I have provided, *purely for interest sake*, on the following page, trending data of all test takers, by role, from 2005-2013. The decrease in numbers of test takers in 2008, coincided with waiting lists for enrollments due to faculty shortages, and changes in testing offered, as well as the publication of The Consensus Model. The graphs that illustrate trending by APRN role can be enlarged by selecting view from the tool bar and then using the zoom function to enlarge to 200%. The red vertical line marks the year that the role certification required graduate education for eligibility. All test takers since that date must have certification and education aligned. Please send any questions, comments, or requests to Maureen Cahill 312-525-3646



NCSBN Annual APRN Certification Examination Report Data

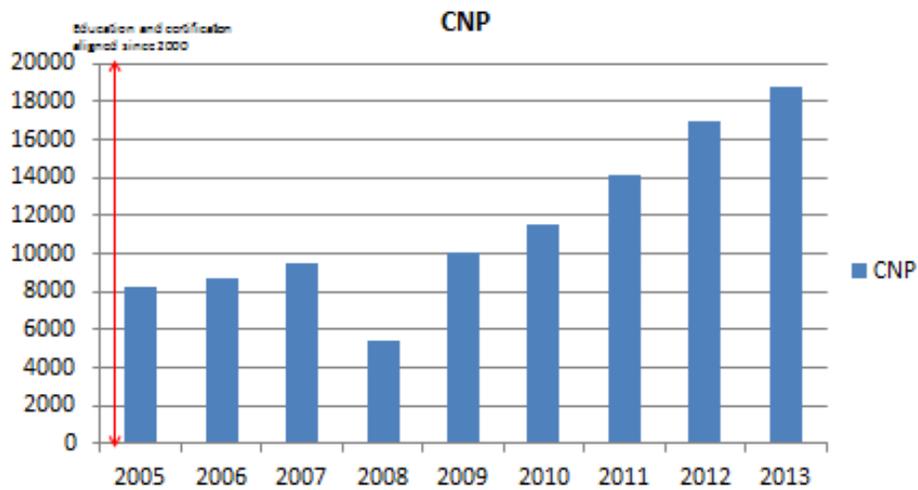
Certification Exam 1st time writers by year and role, CNS, CRNA, CNP, and CNM



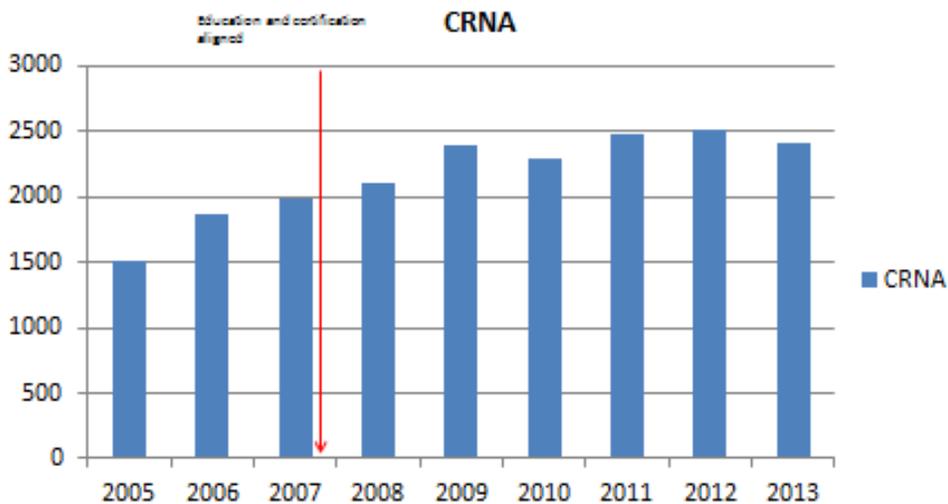


NCSBN Annual APRN Certification Examination Report Data

1st time test writers CNP



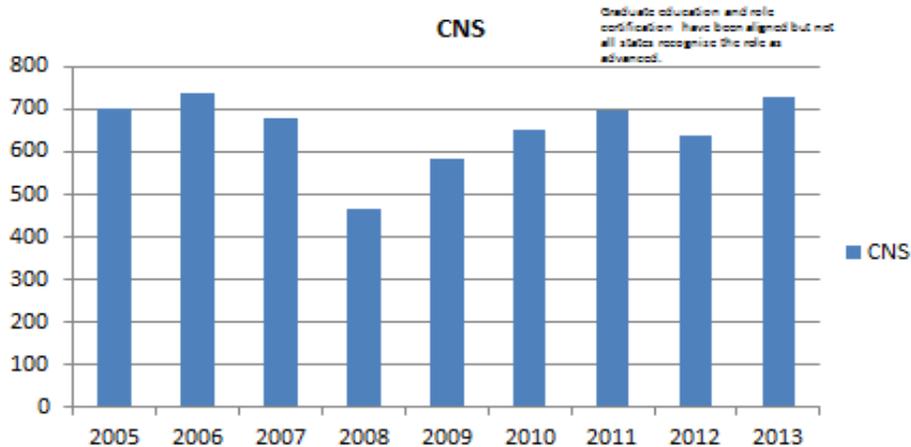
1st time test writers CRNA



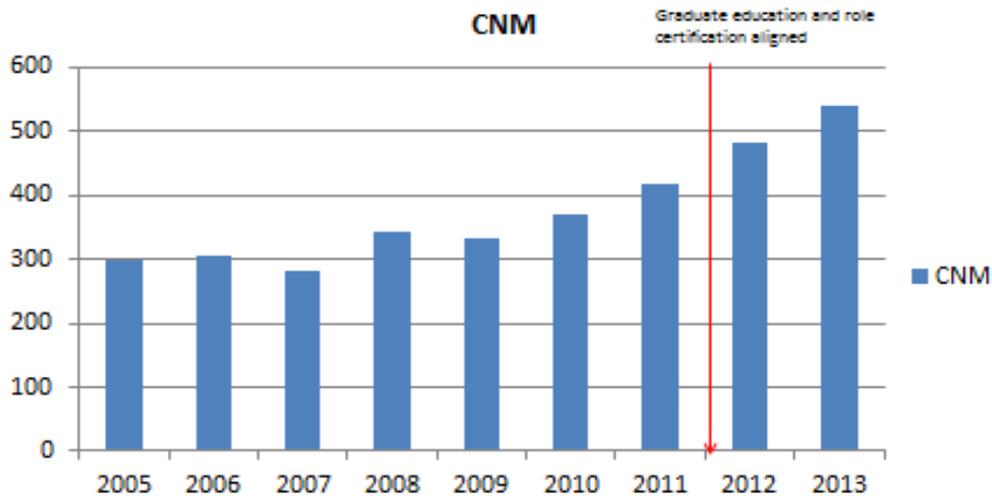


NCSBN Annual APRN Certification Examination Report Data

1st time test writers CNS



1st time test writers midwifery



**2013 Data Annual APRN Survey Critique Report
Attachment 1**

							Dates of National Certification Corporation and/or ABNS Accreditation:	
Credentialing Organization	Credential Granted	2013 Exceptions	Number of 1st Time Writers	Pass Rate of 1st Time Writers	Number of Repeat Writers	Pass rate of Repeat Writers	ABNS	NCCA
AACN Certification Corporation/Adult-Gero Acute Care Clinical Nurse Specialist	ACCNS-AG	Zero (0)	123	75%	3	100%		1/31/2015, reapplied
AACN Certification Corporation/Adult- Acute Care Clinical Nurse Specialist	CCNS - Adult	Zero (0)	103	88%	7	43%		1/31/2015, reapplied
AACN Certification Corporation/Neonatal Acute Care Clinical Nurse Specialist	CCNS - Neonatal	Zero (0)	2	100%	0	0%		1/31/2015, reapplied
AACN Certification Corporation/Neonatal Acute Care Clinical Nurse Specialist Wellness Through Acute Care	ACCNS-Neonatal wellness through acute care	NA	Pilot Only	NA	NA	NA		1/31/2015, reapplied
AACN Certification Corporation/Pediatric Acute Care Clinical Nurse Specialist	CCNS	Zero (0)	4	100%	0	0%		1/31/2015, reapplied
AACN Certification Corporation/Pediatric Acute Care Clinical Nurse Specialist Wellness Through Acute Care	ACCNS-P, wellness through acute care	Zero (0)	19	84%	1	100%		1/31/2015, reapplied
AACN Certification Corporation/Adult Acute Care Nurse Practitioner	ACNPC Adult Acute	Zero (0)	30	63%	1	100%		1/31/2015, reapplied

**2013 Data Annual APRN Survey Critique Report
Attachment 1**

							Dates of National Certification Corporation and/or ABNS Accreditation:	
Credentialing Organization	Credential Granted	2013 Exceptions	Number of 1st Time Writers	Pass Rate of 1st Time Writers	Number of Repeat Writers	Pass rate of Repeat Writers	ABNS	NCCA
AACN Certification Corporation/Adult-Gero Nurse Practitioner	ACNPC-AG	Zero (0)	22	71%	1	100%		1/31/2015 reapplied,
American Academy of Nurse Practitioners Certification Board/Family NP	NP-C	Zero (0)	6690	86.3%	0	0%	11/2012-10/2017	12/2012-11//2017
American Academy of Nurse Practitioners Certification Board/NP-C	NP-C	Zero (0)	766	75.8	0	0%	11/2012-10/2017	11/2012-10/2017
American Academy of Nurse Practitioners Certification Board/Adult-Gero Primary Care CNP	NP-C	Zero (0)	596	83.2	0	0%	12/2013-12/2018	1/2014–1/2019
American Nurses Credentialing Center /Acute Care CNP	ACNP-BC	Zero (0)	658	93.6%	0	0%	1/1/2012-1/1/2017	
American Nurses Credentialing Center/Adult Health CNS	ACNS-BC	0	375	76.5	0	0%	11/1/2012-11/1/2017	
American Nurses Credentialing Center /Family CNP	FNP-BC	Zero (0)	4363	82.9%	0	0%	1/1/2012-1/1/2017	

**2013 Data Annual APRN Survey Critique Report
Attachment 1**

							Dates of National Certification Corporation and/or ABNS Accreditation:	
Credentialing Organization	Credential Granted	2013 Exceptions	Number of 1st Time Writers	Pass Rate of 1st Time Writers	Number of Repeat Writers	Pass rate of Repeat Writers	ABNS	NCCA
American Nurses Credentialing Center /Pediatric CNP	PNP-BC	Zero (0)	106	90.6%	0	0%	1/1/2012- 1/1/2017	
American Nurses Credentialing Center /Adult CNP	ANP-BC	Zero (0)	786	81.5%	0	0%	1/1/2012- 1/1/2017	
American Nurses Credentialing Center /Gerontological CNP	GNP-BC	Zero (0)	111	89.2	0	0%	1/2012–1/2017	
American Nurses Credentialing Center/Adult-Gero Acute CNP	AG-CNP Acute-BC	Zero (0)	638	85.9	0	0%	1/2012–1/2017	
American Nurses Credentialing Center/Adult-Gero Primary CNP	AG CNP Primary BC	Zero (0)	868	84.7	0	0%	1/2012–1/2017	
American Nurses Credentialing Center/Adult Psychiatric & Mental Health CNP	PMHNP-BC	Zero (0)	337	75.1%	0	0%	1/1/2012- 1/1/2017	
American Nurses Credentialing Center/Family Psychiatric and Mental Health Nursing CNP	PMHNP-BC	Zero (0)	771	85.2%	0	0%	1/1/2012- 1/1/2017	
American Nurses Credentialing Center /Adult Psychiatric & Mental Health CNS	PMHCNS-BC	Zero (0)	53	75.5%	0	0%	11/1/2012- 11/1/2017	

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							Dates of National Certification Corporation and/or ABNS Accreditation:	
Credentialing Organization	Credential Granted	2013 Exceptions	Number of 1st Time Writers	Pass Rate of 1st Time Writers	Number of Repeat Writers	Pass rate of Repeat Writers	ABNS	NCCA
American Nurses Credentialing Center /Child Adolescent Psych & Mental Health Nursing CNS	PMHCNS-BC	Zero (0)	19	89.5%	0	0%	11/1/2012- 11/1/2017	
American Nurses Credentialing Center /Gerontological CNS	GCNS-BC		Testing retired					
American Nurses Credentialing Center /Advanced Public Health Nursing	APHN-BC		Testing retired					
American Nurses Credentialing Center /Pediatric CNS	PCNS-BC	Zero (0)	32	78.1%	0	0%	11/1/2012- 11/1/2017	
National Board on Certification and Recertification of Nurse Anesthetists/National Certification Examination	CRNA	Zero (0)	2418	88.8%	0	0%	5/2012-7/2017	5/17/2012-4/30/2017
National Certification Corporation/Women's Healthcare CNP	WHNP-BC	Zero (0)	596	86.6%	0	0%		3/1/2010-3/31/2015
The National Certification Corporation for the Obstetric, Gynecologic & Neonatal Nursing Specialties, CNP	NNP-BC	Zero (0)	317	82.3	1	100%		3/1/2010-3/31/2015

**2013 Data Annual APRN Survey Critique Report
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							Dates of National Certification Corporation and/or ABNS Accreditation:	
Credentialing Organization	Credential Granted	2013 Exceptions	Number of 1st Time Writers	Pass Rate of 1st Time Writers	Number of Repeat Writers	Pass rate of Repeat Writers	ABNS	NCCA
Pediatric Nursing Certification Board/Certified Pediatric Nurse Practitioner - Primary Care	CPNP-PC	Zero (0)	854	88%	91	82		4/26/1996(first accredited) to 1/31/2017
Pediatric Nursing Certification Board/Certified Pediatric Nurse Practitioner - Acute Care	CPNP-AC	Zero (0)	223	81%	36	78%		4/26/1996(first accredited) to 1/31/2017
American Midwifery Certification Board/National Certification Examination/CNM	CNM	Zero (0)	539	89%	87	68%		11/2012 – 11/2016

12/10/2014mc



Oregon

Kate Brown, Governor

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Memorandum

January 27, 2017

TO: Members of the Oregon State Board of Nursing

FROM: Ruby Jason, Executive Director

RE: Oregon State Board of Nursing Administrative Rule Report – 2016

Per HB 4106 the attached memo was sent to the State Department of Administrative Services, The Legislative Assembly and the Legislative Administrator's office. Each year, Boards are required to forward this information by February 1 for rules addressed in the previous calendar year.



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January 24, 2017

TO: Legislative Assembly

FROM: Oregon State Board of Nursing (OSBN)

RE: HB 4106 – Report on Rulemaking

House Bill 4106 requires state agencies to report annually on their rulemaking actions, both permanent and temporary.

In 2016 the OSBN processed six permanent rulemaking actions that adopted and amended a total of 23 rules. Table 1 below gives additional detail on what was accomplished in those rulemaking efforts.

The OSBN also processed three temporary rulemakings that amended four rules. Table 2 below provides details on what was accomplished and the reasoning behind proceeding with the temporary rule process in those cases.

Table 1: Permanent rules adopted or amended 2016 (no rules were repealed)

Description of Rulemaking	Action taken	Rule numbers
Amending rules to add \$9 surcharge to fund the Oregon Nursing Advancement Fund to include applications for Endorsement in addition to new and renewal application, per SB1585. Filed 7/13/16; Effective: 8/1/16	Amended	851-002-0010
Amending rules to reduce Workforce Data Analysis surcharge from \$5 to \$4, per interagency agreement with OHA. Filed: 9/15/16; Effective: 9/22/16	Amended	851-002-0010 851-002-0040
Amending rules to add requirements for competency validation for the Nurse Emeritus license type pursuant to SB547. Filed 12/1/15; Effective 1/1/16	Amended	851-031-0005 851-031-0086
Amending rules to clarify the continuing education requirement for renewal of Nurse Practitioner State Certification Filed 3/7/16; Effective 4/1/16	Amended	851-050-0138 (T)
Amending rules to allow for use of the prescribing and dispensing handbook regarding prescription drug dispensing program pursuant to ORS 678.380. Filed 3/7/16; Effective 4/1/16	Amended	851-056-0000 (T) 851-056-0020 (T)

Description of Rulemaking	Action taken	Rule numbers
Amending rules to clarify the requirements and expectations for entering, complying, and successful completion of the OSBN's alternative to discipline program. Filed 7/15/16; Effective 8/1/16	Amended	851-070-0000
		851-070-0005
		851-070-0010
		851-070-0020
		851-070-0030
		851-070-0040
		851-070-0050
		851-070-0060
		851-070-0070
		851-070-0080
	851-070-0090	
	851-070-0100	
	Adopted	851-070-0025
		851-070-0045
851-070-0075		

Table 2: Temporary Rule Amendments in 2016

Rule Number	851-050-0138 (11/24/15 through 4/30/16); Filed 11/24/15
Description	Clarify the continue education requirement for renewal of Nurse Practitioner State Certification.
Action taken	Amended Temporary Rule
Need Statement	To align with previously passed language impacting the continuing education requirements for Nurse Practitioner State Certification.
Explanation	To clarify continuing education requirement for renewal of Nurse Practitioner State Certification
Rule Number	851-050-0001 (9/13/16 through 3/5/17); Filed 9/13/16
Description	Clarify certification requirement for faculty teaching at the graduate level.
Action taken	Amended Temporary Rule
Need Statement	Past interpretation of the rule excluded faculty applicants who may not have state certification in the population foci of the graduate program but who do have national board certification and actually practice within the patient population.
Explanation	Amendments clarify the Board's intent to include both national and/or state certification as long as the practitioner practices within the patient population appropriate to certification.
Rule Number	856-056-0000, 851-056-0020 (11/30/15 through 4/30/16); Filed 11/30/15
Description	Amended language regarding APRN authority to dispense for nurse practitioners and clinical nurse specialists.
Action Taken	Amended Temporary Rule
Need Statement	Amended necessary prior to the adoption of the revised handbook "Prescriptive and Dispensing Authority in Oregon: For Advance Practice Registered Nurses."
Explanation	Amending rules to allow for use of the prescribing and dispensing handbook regarding prescription drug dispensing program pursuant to ORS 678.380.



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TO: Oregon State Board of Nursing Members

FROM: Sarah Wickenhagen, DNP, APRN, FNP-C

Policy Analyst, Advanced Practice Nursing & Education

DATE: February 16, 2017

SUBJECT: Ketamine Infusion Therapy for Psychiatric Disorders and Chronic Pain Management

INFORMATIONAL PURPOSES- No action required

The American Association of Nurse Anesthetists (AANA) recently published a "Practice Considerations" document (attached) addressing intravenous (IV) ketamine therapy for patients who have failed standard treatment for psychiatric disorders or chronic pain management.

I have been asked by licensees to determine "if it is within the scope of a practice of a Certified Registered Nurse Anesthetist (CRNA) to administer IV Ketamine in an outpatient setting for psychiatric and pain therapy".

To answer this question, I have utilized the OSBN Scope of Nursing Practice tree:

1. Is the role, intervention or activity **prohibited** by the Nurse Practice Act and Rules/Regulations or any other applicable laws, rules/regulations or accreditation standards? **NO**
2. Is performing the role, intervention or activity consistent with professional nursing standards, evidence based nursing and *health care literature*? **NO, NOT AT THIS TIME = STOP**

While this emerging clinical trend has some promising results additional trials and research are needed to confirm efficacy, safety, and to determine durability of the effect. I will continue to monitor this treatment modality.



American Association of Nurse Anesthetists
 222 South Prospect Avenue
 Park Ridge, IL 60068
 www.aana.com

Ketamine Infusion Therapy for Psychiatric Disorders and Chronic Pain Management

Practice Considerations

The following considerations are solely for general informational purposes. Certified registered nurse anesthetists (CRNAs) practice in accordance with professional ethics, scope and standards of practice, sound professional judgment, the best available evidence, the best interests of the patient, and applicable law. Consider legal and expert assistance regarding requirements for ketamine infusion therapy, including all federal, state, and local laws and regulations, specific to your practice.

Introduction

Over several decades, research has shown that ketamine has antidepressive properties.¹⁻³ Ketamine is approved by the U.S. Food and Drug Administration (FDA) for the induction and maintenance of anesthesia, although it is also being used for the management of psychiatric disorders and chronic pain management.^{1,4,5} Ketamine has been incorporated into the treatment of psychiatric disorders, such as major depressive disorder (MDD), bipolar disorder, and post-traumatic stress disorder (PTSD), as well as post-operative and chronic pain management.^{3,6} Intravenous (IV) ketamine therapy is not a first-line therapy for psychiatric disorders or chronic pain management and may be considered by the patient's interdisciplinary team after failure of standard treatment.

Interdisciplinary Patient-Centered Care

A patient-centered interdisciplinary team approach with consistent, clear communication to coordinate the management plan is necessary to optimize the patient's outcome. Continued screening, management, monitoring, and follow-up of patients with psychiatric issues or chronic pain is important throughout treatment and management.

Clinicians should engage the patient as part of the care team in shared decision making, as well as manage patient and caregiver expectations, with attention to the potential for nonresponse and treatment-emergent adverse events.⁷ Through the informed consent process, the patient is made aware of the risks and benefits of proposed treatment and provided information that ketamine infusions for his or her condition is considered an off-label use of the product.⁸ Alternative therapies, and their benefits and risks, should also be explained to the patient.⁸

The dose, frequency, and length of ketamine infusion treatment are individualized to each patient's condition, needs, and responsiveness to therapy with input from the interdisciplinary team. Serial infusions appear to be more effective than a single infusion for psychiatric and chronic pain conditions.^{3,9,10} Ongoing patient evaluation and communication between the patient and clinicians will help direct the continued course of treatment.

Ketamine Infusion Clinics

Ketamine infusion clinics are becoming more available. These clinics should establish clear protocols and policy for best outcomes and patient safety.^{1,11} Even when using low-dose ketamine, considerations include minimizing the potential for adverse events through premedication, individualized patient therapy, and monitoring of vital signs and general condition during the peri-infusion period.¹⁰ When developing or joining a ketamine infusion service, clinicians should participate in the establishment of, or review, policies and procedures and check availability of routine and emergency supplies and equipment, as well as appropriately licensed and credentialed staff.

The American Association of Nurse Anesthetists (AANA) has developed a *Ketamine Infusion Therapy Considerations Checklist* for CRNAs who are interested in integrating ketamine infusion therapy into their practice. The checklist and information in this document provide an overview of practice and policy considerations for the use of ketamine infusions as an adjunct treatment for psychiatric disorders and chronic pain.

Safety Profile

Ketamine is a noncompetitive *N*-methyl-D-aspartate (NMDA) receptor antagonist. Ketamine's interaction with the NMDA receptor is important in anesthesia, because these receptors play a key role in central sensitization.³ Ketamine has different binding sites such as opioid, monoaminergic, cholinergic, nicotinic and muscarinic receptors. The NMDA receptor, as a glutamate-dependent mechanism, is responsible for the pharmacologic properties.⁶ Ketamine is eliminated through the kidneys and has an elimination half-life of 2-3 hours.³ Following elimination, ketamine continues to have a prolonged effect.

Although low (sub-anesthetic) doses administered once or in a series of infusions has been shown as safe, the safety profile of prolonged ketamine use has not been established.¹² One of ketamine's positive features is the minimal effect on the central respiratory drive if given slowly, although rapid IV injection may cause transient apnea.¹³ Ketamine is associated with very few drug-drug interactions and no contraindications are currently known to exist when combined with antidepressants, benzodiazepines, or other psychotropic medications.¹⁴

The most common side effects include psychotomimetic, dissociative psychiatric symptoms, confusion, inebriation, dizziness, euphoria, elevated blood pressure, and increased libido.^{3,9,12,15,16} Ketamine can also have deleterious effects on liver and urinary tract function.¹⁰ There may be a greater risk of ketamine-induced liver injury when infusions are prolonged or repeated over a short timeframe.¹⁰ A clear monitoring plan should be in place to avoid or manage adverse events.¹⁷

Abuse/Addiction Properties

Ketamine abuse and diversion is a widely recognized problem in several countries in Europe and Asia, as well as in the United States.¹⁸ Widespread use in the outpatient setting could produce physiological and psychological dependence on ketamine.¹⁸ Appropriate patient screening should be conducted and caution taken when administering ketamine infusions due to the risk of abuse, addiction, or complications of long-term use.^{4,12,19} Proper drug disposal measures are recommended to prevent the drug from being obtained illicitly.^{3,20}

Use for Psychiatric Disorders

Because major psychiatric disorders, such as MDD, are among the most disabling mental, neurological, and substance use-related illnesses, new therapeutic approaches are being considered to treat or delay the onset of these disorders.²¹

Ketamine infusions have been used as an adjunct to psychiatric treatment and can offer substantial short-term resolution of symptoms, although long-term resolution has not been noted.^{11,22} IV low-dose ketamine can induce rapid and robust, although temporary, antidepressive effects, even in treatment-resistant patients who do not respond to electroconvulsive therapy.^{2,6,11,16,18,19,23} Studies have shown that ketamine infusion reduces depressive symptoms and suicidal thoughts within a 30-40 minute period in approximately 60-75 percent of patients.²⁴

Ketamine can effectively ameliorate symptoms of patients suffering from PTSD.^{3,14} Feder et al. demonstrated that a single dose of ketamine, compared with a psychoactive placebo control medication, was associated with a rapid reduction in core PTSD symptoms and the benefit was often maintained beyond 24 hours, with some patients continuing to see reduced symptoms at two weeks.¹⁴

Use for Chronic Pain Treatment

Chronic pain is most effectively treated using a patient-centered, interdisciplinary, multimodal approach.^{25,26} Ketamine may be used for chronic pain management for a range of disorders, including complex regional pain syndrome (CRPS), ischemic limb pain, phantom limb pain, fibromyalgia, and other neuropathic conditions.^{3,10,15,22,25} Ketamine has also been shown to treat depression and anxiety in the context of chronic pain and other chronic illnesses.^{6,27} As part of a multimodal approach, ketamine is not considered as the first or second choice in treatment for neuropathic pain, irrespective of the cause.²⁵ Since potential long-term effects on memory and cognition in chronic pain patients require further study, ketamine should be restricted to patients with therapy-resistant neuropathic pain, such as in refractory CRPS pain.²⁵

Ketamine may have a role as an opiate adjunct for cancer pain, primarily of neuropathic origin, and may be a treatment option for patients who cannot tolerate opioids or those with problems with opioid responsiveness.³ Ketamine can reduce the incidence and severity of opioid side effects, which is an important factor in patient compliance.²⁵ For example, an opioid-ketamine combination may be effective in non-neuropathic pain or in mixed nociceptive/neuropathic pain.²⁵

Clinical Competency and Continuous Quality Improvement

CRNAs are educated and may be credentialed to manage acute and chronic pain, administer ketamine, assess the patient, and manage any associated side effects or complications.²⁸ CRNAs assess the addition of new activities to their practice and practice in accordance with their professional scope of practice, federal, state, and local law, and facility policy.^{28,29} CRNAs participate with their practice team to develop policy and required competencies for the administration and monitoring of ketamine infusion therapy. The interdisciplinary team also engages in ongoing staff education, as well as continuous quality improvement and research to improve processes and patient outcomes.

Conclusion

The clinical use of ketamine infusion therapy for psychiatric disorders and chronic pain management continues to evolve. Clinicians, including CRNAs, should continue to contribute and monitor the development of related science, as well as engage in publication of new research on this topic.

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TO: Oregon State Board of Nursing Members

FROM: Sarah Wickenhagen, DNP, APRN, FNP-C

Policy Analyst, Advanced Practice Nursing & Education

DATE: February 16, 2017

SUBJECT: VA Grants Full Practice Authority to Advanced Practice Registered Nurse Employees

INFORMATIONAL PURPOSES- No action required

The VA recently granted full practice authority to three roles of Advanced Practice Registered Nurses (APRNs). However, Certified Registered Nurse Anesthetists (CRNAs) were **not included** under this rule released Dec 14, 2016.

APRNs are registered nurses who complete either a masters or doctoral degree, receive specialty education and obtain national certification in one of four APRN roles: Certified Nurse Practitioner (CNPs), Clinical Nurse Specialist (CNSs), Certified Registered Nurse Anesthetists (CRNAs), and *Certified Nurse Midwives (CNMs).

APRNs provide health care services in primary, acute, and specialty care areas of practice. The VA employees over 5700 APRNs currently.

In May 2016, the VA Health System announced proposed rules that would allow full practice and prescriptive authority for VA APRNs and requested public and expert opinion on the topic. After receiving over 200,000 comments the VA determined they would amend their rules and allow full practice authority to CNPs, CNSs and CNMs.

The decision to not include CRNAs has been highly criticized by professional nursing organizations. The VA has requested comments on CRNA full practice authority for "future rule making".

*CNMs are recognized as Nurse Midwife Nurse Practitioners (NMNPs) in Oregon.



News Release

Office of Public Affairs
Media Relations

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FOR IMMEDIATE RELEASE
December 14, 2016

VA Grants Full Practice Authority to Advance Practice Registered Nurses

Decision Follows Federal Register Notice That Netted More Than 200,000 Comments

WASHINGTON - The Department of Veterans Affairs (VA) today announced that it is amending provider regulations to permit full practice authority to three roles of VA advanced practice registered nurses (APRN) to practice to the full extent of their education, training, and certification, regardless of State restrictions that limit such full practice authority, except for applicable State restrictions on the authority to prescribe and administer controlled substances, when such APRNs are acting within the scope of their VA employment.

“Advanced practice registered nurses are valuable members of VA’s health care system,” said VA Under Secretary for Health Dr. David J. Shulkin. “Amending this regulation increases our capacity to provide timely, efficient, effective and safe primary care, aids VA in making the most efficient use of APRN staff capabilities, and provides a degree of much needed experience to alleviate the current access challenges that are affecting VA.”

In May 2016, VA announced its intentions, through a [proposed rule](#), to grant full practice authority to four APRN roles. Though VA does have some localized issues, we do not have immediate and broad access challenges in the area of anesthesia care across the full VA health care system that require full practice authority for all Certified Registered Nurse Anesthetists (CRNAs). Therefore, VA will not finalize the provision including CRNAs in the final rule as one of the APRN roles that may be granted full practice authority at this time. VA will request comment on the question of whether there are current anesthesia care access issues for particular states or VA facilities and whether permitting CRNAs to practice to the full extent of their advanced authority would resolve these issues.

APRNs are clinicians with advanced degrees and training who provide primary, acute and specialty health care services; they complete masters, post-masters or doctoral degrees. There are four APRN roles: Certified Nurse Practitioner, Clinical Nurse Specialist, Certified Registered Nurse Anesthetist, and Certified Nurse Midwife.

“CRNAs provide an invaluable service to our Veterans,” Under Secretary for Health Shulkin continued. “Though CRNAs will not be included in VA’s full practice authority under this final rule, we are requesting comments on whether there are access issues or other unconsidered circumstances that might warrant their inclusion in a future rulemaking. In the meantime, we owe it to Veterans to increase access to care in areas where we know we have immediate and broad access challenges.”

All VA APRNs are required to obtain and maintain current national certification.

The final rulemaking establishes professional qualifications an individual must possess to be appointed as an APRN within VA, establishes the criteria under which VA may grant full practice authority to an APRN and defines the scope of full practice authority for each of the three roles of APRN. Certified Registered Nurse Anesthetists will **not** be included in VA's full practice authority under this [final rule](#).

VA is the nation's largest employer of nurses; as of July 2016 its workforce of approximately 93,500 nurses (RNs, LPNs, NAs) includes approximately 5,769 APRNs

For more information about openings for nurses or other health care positions at VA, visit Vacareers@va.gov.

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State of Oregon
Kate Brown, Governor

Oregon State Board of Nursing
Ruby Jason, MSN, RN, NEA-BC
Executive Director

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Memorandum

To: Oregon State Board of Nursing Members

From: Joy Ingwerson, MSN, RN, CNE
Policy Analyst, Nursing Education and Assessment

Date: January 19, 2017

Re: C-E1: Nursing Education Advisory Group Goals and Year-End Report

The Nursing Education Advisory Group has focused the majority of their time this year on finalizing data collection and completing data analysis of the current situation related to clinical placements in Oregon but other activities have been completed, as well. The following pages include the Group's proposed goals for 2017 and a summary of the goals and activities from 2016. While the charter for the Group does not require Board approval of the goals, the review by the Board will promote focusing on the areas considered important to the Board.

The Group currently has fifteen members with nine members from nursing education programs and six members from practice settings. Representation from southern Oregon, the mid-valley, Salem, and the Portland area is included. Bev Epeneter serves as the Board representative on the Group.

Updates will be provided through the year related to work on the Division 21 Oregon Administrative Rules and any new priorities that may arise.

Nursing Education Advisory Group (NEAG)

2017 Goals

1. Complete review and proposed revisions of Division 21 Oregon Administrative Rule for Board review.
2. Promote student success through provision of toolkit/resources for nursing faculty on working with students with learning challenges or physical limitations.
3. Promote optimum use of clinical placement capacity through dissemination of innovative practices supporting student attainment of outcomes.
4. Develop an issue brief reflecting the status of clinical placement availability in Oregon for students at each level of nursing education (practical, associate, baccalaureate).

Collaborative Goal:

- Explore strategies to address nursing faculty shortages.
Note: Work group originally sponsored by the Oregon Nursing Leadership Collaborative is now meeting under leadership from the Oregon Center for Nursing. Three members of the NEAG are on this work group to promote collaboration.

**Nursing Education Advisory Group
Year End Report – for 2016**

2016 Goals	Status	Comments
Develop a position statement on high stakes testing	Complete	Posted to OSBN website September 2016
Review and analyze data from surveys to schools of nursing and clinical partners	Complete	Data analysis and recommendations presentation completed October 2016. Executive summary of findings and recommendations completed December 2016.
Develop legislative concepts and/or Oregon Administrative Rule related to faculty shortage focusing on strategies to support recruitment and retention.	Collaborative Efforts with Oregon Center for Nursing Work Group Continue to Monitor and Participate	A Work Group was established in late 2015 to focus on nursing faculty shortages after a summit exploring the issue was held in October of 2015. The Work Group includes some members of the Nursing Education Advisory Group so the activities of this group have been closely followed. No specific legislative concepts were proposed for 2017.
Review the Division 21 Oregon Administrative Rules for possible revision	Review Initiated Continue Review in 2017	The Nursing Education Advisory Group has reviewed the Division 21 rules and considered priority areas for focus.
Develop best practice statement for working successfully with students with learning and/or physical disabilities	Hold over to 2017	Began review of current practices and compilation of recommendations from literature.



Oregon

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TO: Oregon State Board of Nursing
FROM: John Etherington
Licensing and Fiscal Manager
DATE: December 31, 2016
RE: Licensing and Fiscal Report

1. **Statistics: Licensing and Certification**

Type of License or certification	10/21/16	1/25/17	+ or -
CNA	18,749	18,648	-101
CMA	1,026	1,025	-1
LPN	5,104	5,123	+19
RN	57,490	57,712	+222
CRNA	647	642	-5
NP	3,771	3,834	+63
CNS	201	200	-1
NE	42	52	+10
Total	87,030	87,236	+206

2. **Licensing and Fiscal Highlights**

Staffing: Licensing department hired one (1) PSR3 staff member and he will be starting in December 2016.

Licensing Applications: We continue to see a growing number of license applications per month, with a large increase in endorsement applications. Staff has done a great job on continuing to process applications in a timely manner. Continue to monitor our changes from last year which include the implementation of digital fingerprinting, setting up the ability to accept electronic transcripts, training and shifting staff to handle the increased workload, changing forms and instructions for clarity, and

conducting outreach are all improvements implemented to ensure the process runs more smoothly for our applicants

Fiscal: Currently have closed December 2016 with on target budgeted amounts for the 2015-2017 biennium. Passed PICS and ORBITS Governor's Balanced Budget (GBB) stage and moving to put together Legislative Adopted Budget (LAB) for March hearing.



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Memorandum

To: Oregon State Board of Nursing Members

From: Debra K. Buck, RN, MS
Nursing Assistant Program Consultant

Date: January 19, 2017

Re: Ratification of Nursing Assistant/ Medication Aide Training Program Approvals & Withdrawals

Board staff has approved the training programs and/or revisions below and recommend that you ratify them at the February 2017 Board meeting. If you have any questions, you may request that this item is removed from the Consent Agenda and I will be happy to answer your questions.

NURSING ASSISTANT (NA) / MEDICATION AIDE (MA) TRAINING PROGRAM APPROVALS & REAPPROVALS		
DATE OF APPROVAL	FACILITY/ PROGRAM	CITY
10/13/2016	Oregon Veteran's Home NA program approval	The Dalles, OR
10/18/2016	Lane Community College Eugene CNA 2 program re-approval for only one year	Eugene, OR
10/19/2016	Pinnacle Healthcare Inc. MA program re-approval	Springfield, OR
10/19/2016	Pinnacle Healthcare Inc. NA program re-approval	Springfield, OR
11/07/2016	EMT Associates NA program re-approval	Eugene, OR
11/08/2016	Marquis Companies NA program re-approval	Milwaukie, OR
11/15/2016	Linn Benton Community College NA program re-approval	Albany, OR
12/07/2016	Salem Health CNA 2 program re-approval	Salem, OR

12/14/2016	Dallas Retirement Village Healthcare Center NA program reactivated	Dallas, OR
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NOTICE OF WITHDRAWALS

No notices of withdrawals have been processed since the last report. However, on December 1, 2016, the Board was notified by the Department of Human Services, Office of Licensing & Regulatory Oversight, Nursing Facility Survey Unit, that the survey of Gracelen Terrace Long Term Care Facility that was completed on March 25, 2016, determined that the Facility was not in substantial compliance with the Federal and State requirements for nursing homes participating in the Medicare and/or Medicaid programs. Gracelen Terrace Long Term Care Facility was assessed and paid a civil penalty of more than \$5000 for deficiencies in nursing facility standards on 08/24/2016. This renders Gracelen Terrace Long Term Care Facility ineligible to be approved as a nursing assistant or medication aide training site for two years. Gracelen Terrace Long Term Care Facility may be reconsidered for approval for nursing assistant or medication aide training after August 24, 2018. Caregiver Training Institute LLC NA and MA training programs were notified of the above action.

Also, on December 27, 2016, the Board was notified by the Department of Human Services, Office of Safety, Oversight and Quality Unit, Nursing Facility Survey Unit, that the survey of Pacific Health and Rehabilitation that was completed on November 28, 2016, determined that the Facility was not in substantial compliance with the Federal and State requirements for nursing homes participating in the Medicare and/or Medicaid programs; specifically, an immediate jeopardy situation in the health areas of 42 CFR § 483.25 Quality of Care and 42 CFR § 483.70 Administration. The findings of the above were of sufficient severity to constitute substandard quality of care which renders Pacific Health and Rehabilitation ineligible to be approved as a nursing assistant or medication aide training site for two years. Pacific Health and Rehabilitation may be reconsidered for approval for nursing assistant or medication aide training after December 12, 2018. Caregiver Training Institute LLC MA training program was notified of the above action

NOTICE OF WAIVER REQUEST

No notices of waiver requests have been processed since the last report.

OSBN TRAINING PROGRAM ANNUAL SURVEY 2015-2016

SURVEY PARTICIPATION

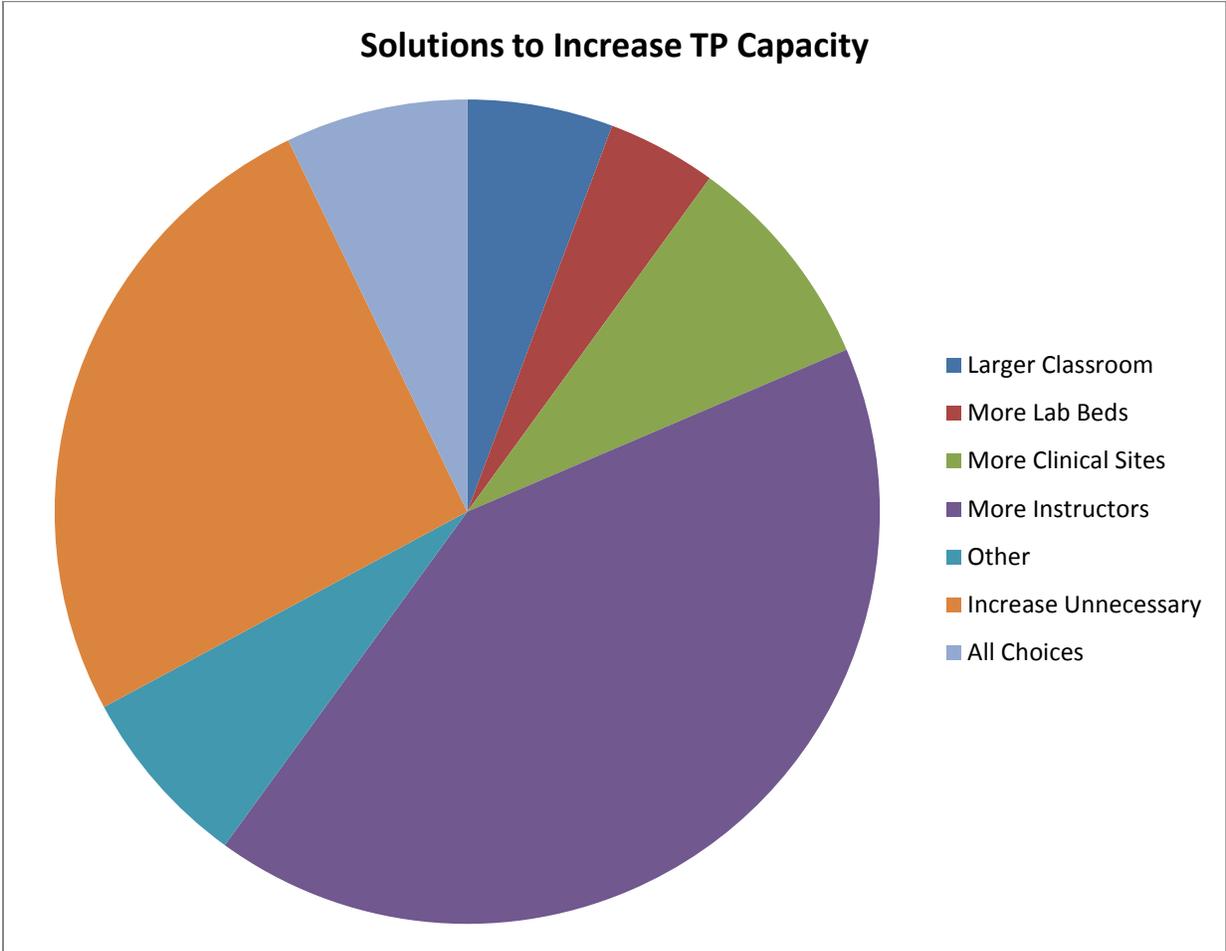
Training Program Type	Total Active Training Programs	Total Survey Participants	Percent of Participation
NA	39	38	97.4%
MA	10	9	90%
CNA2	19	19	100%

SOLUTIONS TO INCREASE THE CAPACITY OF THE TP

	NA	MA	CNA2			Total
Larger Classroom	4	0	0			4
More Beds in the Lab	3	0	0			3
Another Clinical Site	1	0	5			6
More Instructors	16	5	8			29
All Choices	3	1	1			5
Increase Unnecessary	15	3	0			18
Other*	3	1	2			6

***Other:**

- This is the program that is the hardest to hire the Primary Instructor for. The regulations to get the approval are very difficult to deal with and offer huge obstacles to allow the Program Director to hire a primary instructor. In January 2016 it became necessary for me to take over as primary instructor of the Medication Aide program due to our inability to recruit and hire a qualified primary instructor.
- Having the local skilled nursing facility on board to hold clinical would be very helpful – we have tried and will continue to try to work this out with them.
- More instructors – possibly could increase?
- Other: NA program not yet opened.
- Other: More community students.
- Additional classroom would be helpful. Although there are additional classrooms at, a dedicated classroom would be helpful.



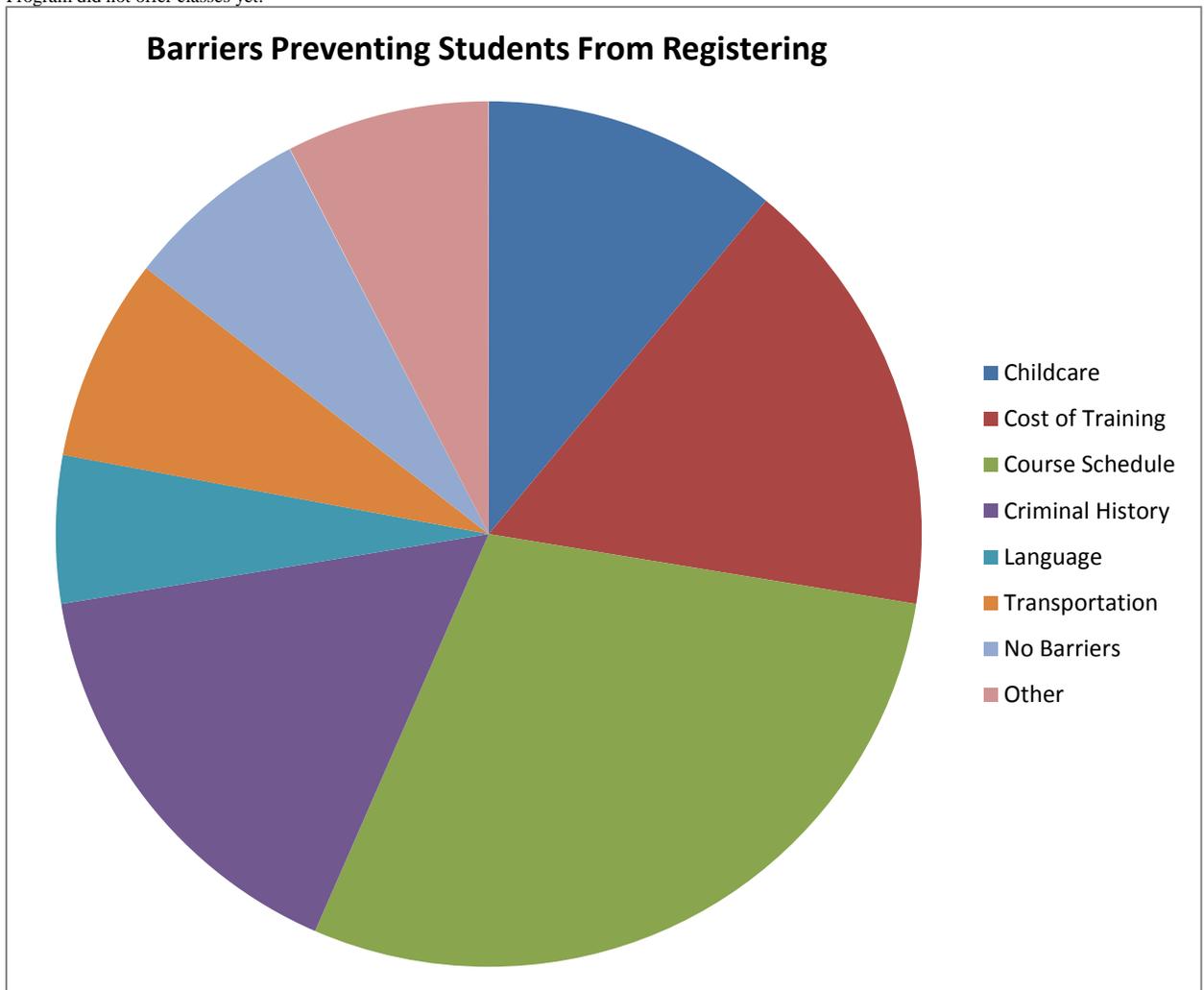
BARRIERS PREVENTING STUDENTS FROM REGISTERING FOR A PROGRAM

	NA	MA	CNA2			Total
Childcare	13	1	2			16
Cost of Training	15	3	6			24
Conflict With Course Schedule	24	7	11			42
Criminal History	18	2	3			23
English is a Second language	8	0	0			8
Transportation	10	1	0			11
No Barriers	2	1	7			10
Other*	11	1	0			12

***Other**

- Other programs in area.
- Changed their mind, went to a different school's program.
- No current instructor for program/lack of an instructor.
- There is a program in the area that seems to monopolize the Nursing Assistant training program business here. I have no doubt that the owner has more financial backup than most of us. Her means of getting students is very aggressive. It makes it difficult for the rest of us.
- This is hard to answer as we have no contact with students not registering. However, any of the above could be barriers.
- Ability to pass a drug screen/occasional instance of using non-human urine for sample.
- Other: More CNAs would like to take the course, but often the facilities do not have a "need" and will only put students thru 1x/year.
- Program did not offer classes yet.

Barriers Preventing Students From Registering

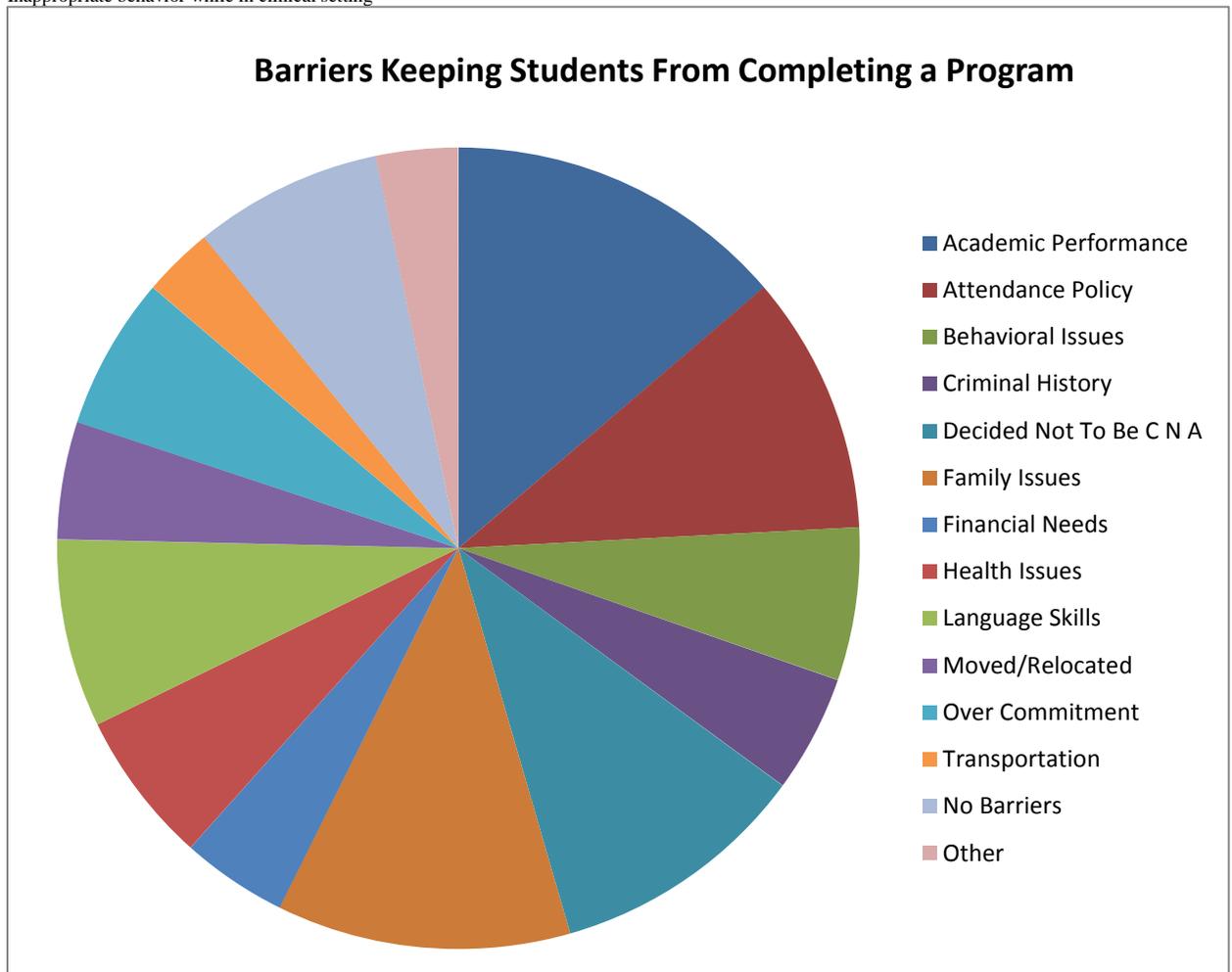


BARRIERS THAT KEEP STUDENTS FROM COMPLETING A PROGRAM

	NA	MA	CNA2			Total
Academic Performance	20	5	4			29
Attendance Policy	18	1	3			22
Behavioral Issues	9	2	2			13
Criminal History	9	0	1			10
Decided Not To Be A CNA	20	1	1			22
Family Issues	18	3	4			25
Financial Needs	7	1	1			9
Health Issues	11	0	2			13
Language Skills	11	2	3			16
Moved/Relocated	4	3	3			10
Over Commitment	7	3	3			13
Transportation	4	1	1			6
No Barriers	4	3	9			16
Other*	5	2	1			8

***Other**

- Distance
- English language challenges
- Other: N/A – Program did not offer classes yet
- Failure to meet deadlines
- Several students completed training but did not choose to take the state test.
- Inappropriate behavior while in clinical setting



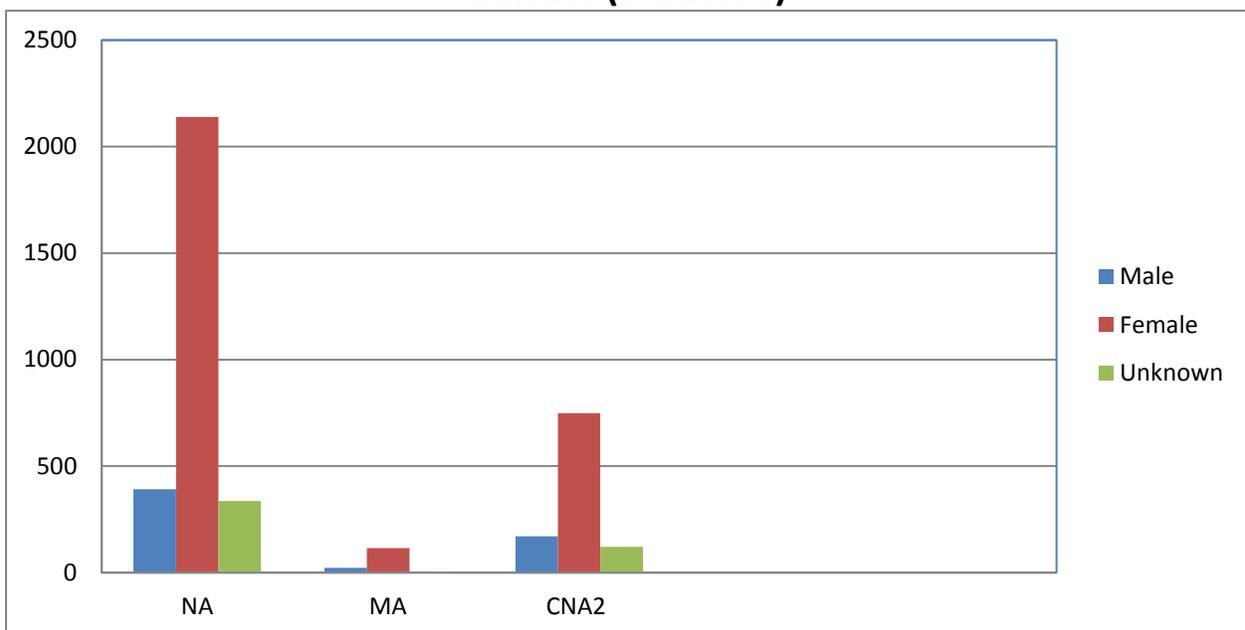
STUDENT COUNT BETWEEN JULY 1, 2015 AND JUNE 30, 2016

	NA	MA	CNA2			Total
Count of Students that Completed Training	2989	142	1061			4192
Count of Students that Did Not Complete Training	446	23	24			493

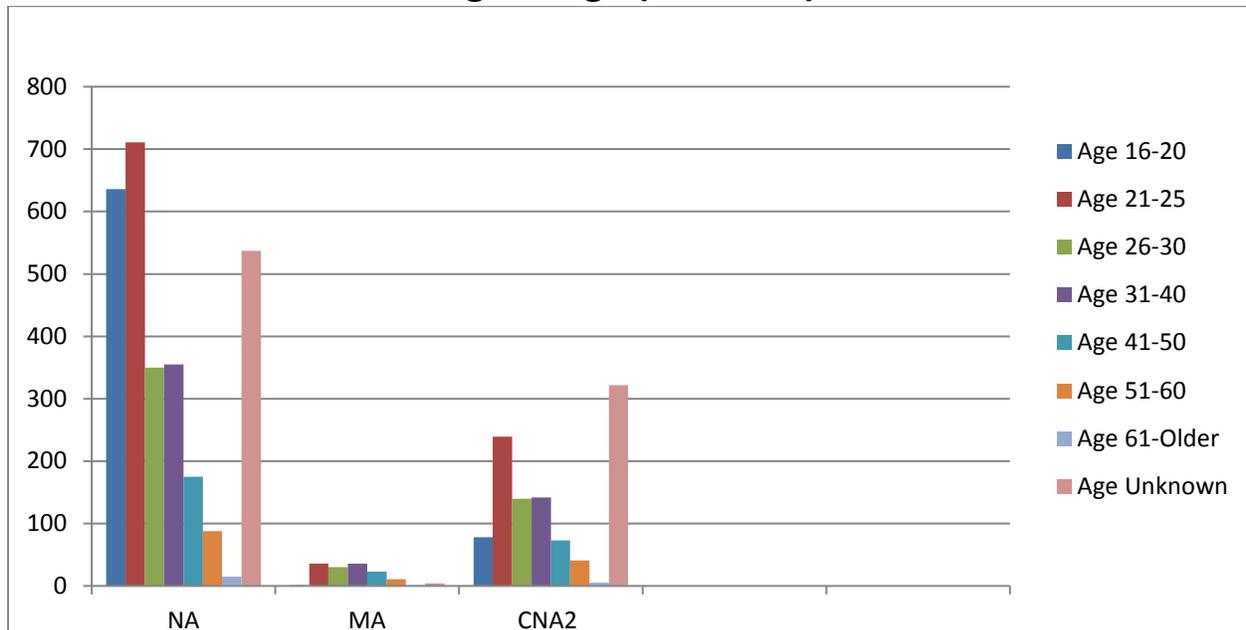
STUDENT CHARACTERISTICS BETWEEN JULY 1, 2015 AND JUNE 30, 2016

	NA	MA	CNA2			Total
Male	391	22	170			583
Female	2139	116	749			3004
Gender Data Unknown	337	4	121			462
Age Range 16-20	636	1	78			715
Age Range 21-25	711	36	239			986
Age Range 26-30	355	30	140			520
Age Range 31-40	355	36	142			533
Age Range 41-50	175	23	73			271
Age Range 51-60	88	11	41			140
Age Range 61 and older	15	1	5			21
Age Range Unknown	537	4	322			863
Hispanic/Latino/Spanish Origin	399	19	97			515
American Indian or Alaska Native	32	0	14			46
Asian	112	14	49			175
Black or African American	118	8	52			178
Native Hawaiian or Other Pacific Islander	25	4	10			39
Caucasian	1505	81	464			2050
Ethnicity Unknown	676	16	275			967
English as Primary Language	2113	95	702			2910
English as Secondary Language	293	30	106			429
Language Unknown	461	17	153			631

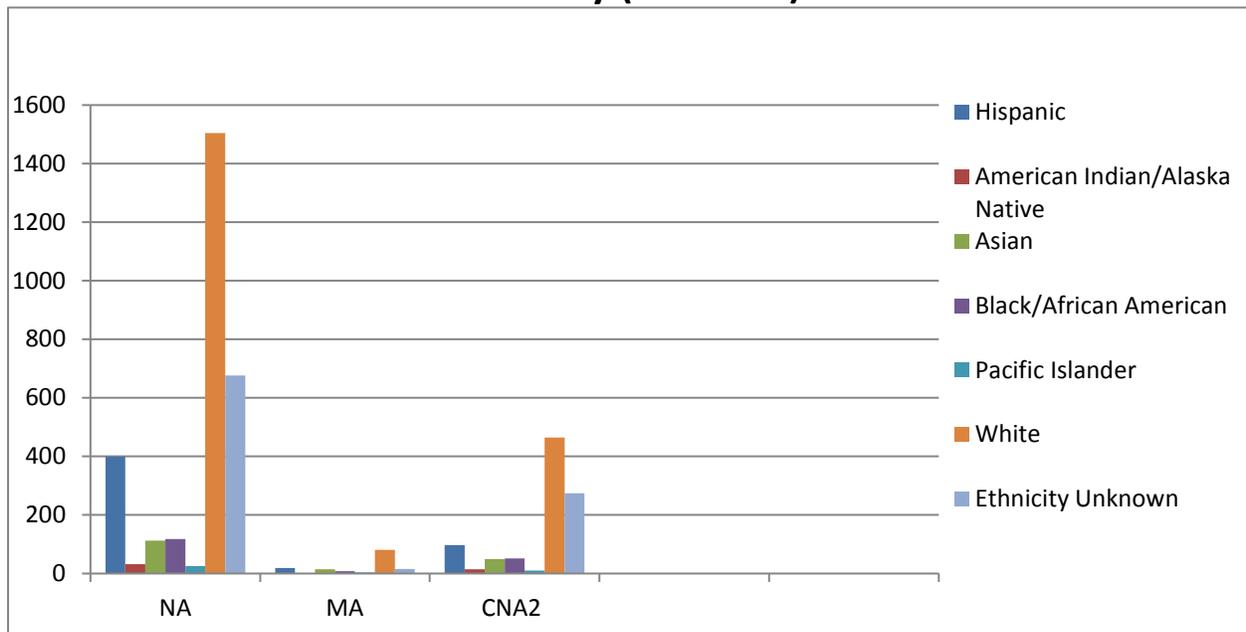
Gender (Students)



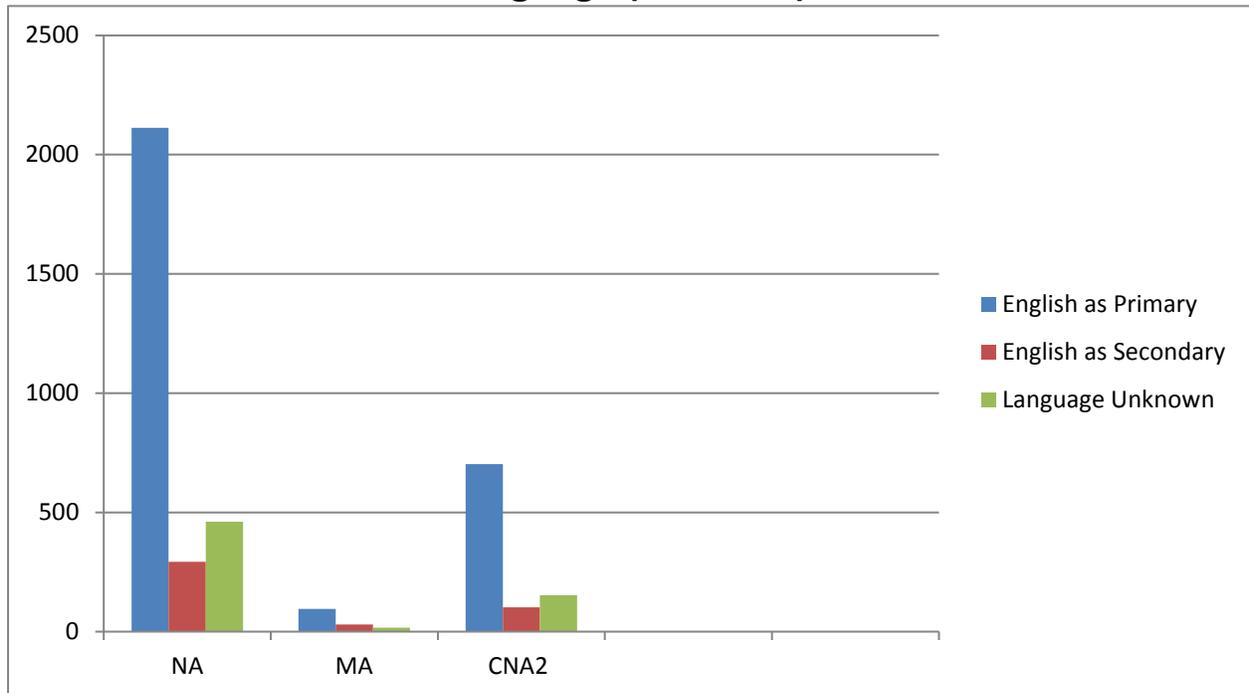
Age Range (Students)



Ethnicity (Students)



Language (Students)



AVERAGE YEARLY SALARY FOR STAFF IN OCTOBER 2015

	NA	MA	CNA2		
Full-Time Primary Instructor	60,012	15,000	53,820		
Part-Time Primary Instructor	14,794	0	2,800		
Full-Time Clinical Teaching Associate	85,000	0	0		
Part-Time Clinical Teaching Associate	12,215	0	2,000		

AVERAGE HOURLY WAGE FOR STAFF IN OCTOBER 2015

	NA	MA	CNA2		
Full-Time Primary Instructor	34.30	38.00	33.00		
Part-Time Primary Instructor	36.49	33.40	42.81		
Full-Time Clinical Teaching Associate	23.33	26.00	25.00		
Part-Time Clinical Teaching Associate	31.93	29.75	33.25		

FACULTY ASSIGNED TO INSTRUCT STUDENTS IN OCTOBER 2015

	NA	MA	CNA2		
Full-Time Primary Instructor	23	2	11		
Part-Time Primary Instructor	52	8	26		
Full-Time Clinical Teaching Associate	9	3	12		
Part-Time Clinical Teaching Associate	67	20	36		
TOTAL	151	33	85		

UNKNOWN INSTRUCTOR CHARACTERISTICS FOR OCTOBER 2015

	NA	MA	CNA2			TOTAL
Gender Unknown	0	0	3			3
Age Unknown	25	0	27			52
Ethnicity Unknown	25	0	25			50
Language Unknown	16	0	25			41

PRIMARY INSTRUCTOR CHARACTERISTICS FOR OCTOBER 2015

	NA	MA	CNA2			TOTAL
Male	7	3	3			13
Female	71	13	31			115
Age Range 30 or younger	0	0	0			0
Age Range 31-40	6	3	2			11
Age Range 41-50	14	3	7			24
Age Range 51-55	9	1	4			14
Age Range 56-60	14	4	4			22
Age Range 61-65	15	2	4			21
Age Range 66-70	11	3	5			19
Age Range 71 and older	1	0	2			3
Hispanic/Latino/Spanish Origin	0	0	0			0
American Indian or Alaska Native	0	0	0			0
Asian	2	1	0			3
Black or African American	1	0	0			1
Native Hawaiian or Other Pacific Islander	1	0	0			1
White	69	15	24			108
English as Primary Language	75	16	26			117
English as Secondary Language	2	0	0			2

CLINICAL TEACHING ASSOCIATE CHARACTERISTICS FOR OCTOBER 2015

	NA	MA	CNA2			TOTAL
Male	9	2	6			17
Female	64	25	41			130
Age Range 30 or younger	0	0	0			0
Age Range 31-40	5	2	4			11
Age Range 41-50	12	10	8			30
Age Range 51-55	5	2	3			10
Age Range 56-60	8	2	5			15
Age Range 61-65	14	6	5			25
Age Range 66-70	11	5	6			22
Age Range 71 and older	2	0	1			3
Hispanic/Latino/Spanish Origin	0	0	0			0
American Indian or Alaska Native	0	0	0			0
Asian	2	2	1			5
Black or African American	1	1	1			3
Native Hawaiian or Other Pacific Islander	1	0	1			2
White	50	24	26			100
English as Primary Language	59	27	33			119
English as Secondary Language	0	0	0			0

FACULTY THAT LEFT POSITION BETWEEN JULY 1, 2015 AND JUNE 30, 2016

	NA	MA	CNA2		
Count of Full-Time Primary Instructor	6	0	0		
Count of Part-Time Primary Instructor	12	4	5		
Count of Full-Time Clinical Teaching Associate	4	0	2		
Count of Part-Time Clinical Teaching Associate	20	14	11		
TOTAL	42	18	18		

PRIMARY REASON(S) FACULTY LEFT THEIR POSITIONS

	NA	MA	CNA2			TOTAL
Salary	2	1	1			4
Position Was Not a Good Fit	4	2	2			8
Relocation	5	0	1			6
Health	2	1	0			3
Retirement	4	1	1			6
Other*	11	2	5			18

***Other:**

- Program reconstructed.
- Took another position.
- Better job opportunity, more regular hours, wanted shorter commute time, family commitments.
- Family obligations; new job opportunity, better hours.
- Family obligations; required more regular hours.
- No one left their position.
- Other: None left.
- Salary is a concern for this instructor and got a position at the hospital netting her an increase of \$20 an hour.
- Health insurance.
- Student behaviors and difficult students.
- Job related misconduct.

COUNT OF QUALIFIED APPLICANTS INTERVIEWED FOR AN OPEN POSITION JULY 1, 2015 to JUNE 30, 2016

	NA	MA	CNA2		
Count of Full-Time Primary Instructor	24	0	1		
Count of Part-Time Primary Instructor	17	7	3		
Count of Full-Time Clinical Teaching Associate	1	0	0		
Count of Part-Time Clinical Teaching Associate	27	9	6		
TOTAL	68	16	10		

COUNT OF WEEKS A POSTED POSITION REMAINED VACANT JULY 1, 2015 to JUNE 30, 2016

	NA	MA	CNA2		
Count of Full-Time Primary Instructor	179	0	0		
Count of Part-Time Primary Instructor	176	48	0		
Count of Full-Time Clinical Teaching Associate	12	0	0		
Count of Part-Time Clinical Teaching Associate	109	16	12		

**COUNT OF BUDGETED POSITIONS THAT REMAINED UNFILLED AND ACTIVE
RECRUITMENT WAS IN PROGRESS ON OCTOBER 1, 2016**

	NA	MA	CNA2		
Count of Full-Time Primary Instructor	4	0	12		
Count of Part-Time Primary Instructor	8	2	0		
Count of Full-Time Clinical Teaching Associate	1	0	0		
Count of Part-Time Clinical Teaching Associate	16	2	3		

REASON(S) FOR THE UNFILLED BUDGETED FACULTY POSITIONS

	NA	MA	CNA2		
Lack of Qualified Applicants	8	1	1		
Limited Recruitment Budget	0	0	0		
Inability to Recruit Due to Program Location	2	0	0		
Salary Levels Not Competitive	6	1	2		
*Other	9	1	3		

***Other**

- People are looking for full time position with benefits.
- Unable to work available shifts, required full-time hours.
- Hours are limited, part-time, and sporadic in the clinical.
- New program. Program approved 3/2016.
- N/A
- Other: None unfilled.
- Other: No applicants.
- Would look at increasing MA classes if we could fill our NA instructor positions.
- No change in staff (2)
- Facilities need assistance with recruiting and understanding the position they were recruiting for. Lack of leadership.
- Difficult to find qualified instructors that can afford to work a part time job for less than they feel they are worth.
- Other: N/A as no position required filling.
- Other: There weren't any.

FACULTY PLANNING TO RETIRE WITHIN THE NEXT TWO YEARS

	NA	MA	CNA2		
Count of Full-Time Primary Instructor	1	0	2		
Count of Part-Time Primary Instructor	9	1	5		
Count of Full-Time Clinical Teaching Associate	1	0	2		
Count of Part-Time Clinical Teaching Associate	8	6	3		
TOTAL	19	7	12		

FACULTY PLANNING TO RETIRE WITHIN THE NEXT THREE TO FIVE YEARS

	NA	MA	CNA2		
Count of Full-Time Primary Instructor	5	1	0		
Count of Part-Time Primary Instructor	11	1	6		
Count of Full-Time Clinical Teaching Associate	1	1	0		
Count of Part-Time Clinical Teaching Associate	9	6	2		
TOTAL	26	9	8		

FACULTY NEEDED TO RECRUIT IN THE NEXT TWO YEARS

	NA	MA	CNA2		
Count of Full-Time Primary Instructor	5	3	2		
Count of Part-Time Primary Instructor	25	2	8		
Count of Full-Time Clinical Teaching Associate	3	1	2		
Count of Part-Time Clinical Teaching Associate	26	7	5		
TOTAL	59	13	17		

FUTURE PLANS

	NA	MA	CNA2		
Yes-Planning to Open Current TP in a Different Location	4	0	1		
Yes-Planning to Open a Different Program in Next Two Years	10	0	2		
Planning to Discontinue Current Program Within Two Years	2	0	1		
Planning a Major Enrollment Increase in 2016	7	1	3		
Planning a Major Enrollment Decrease in 2016	6	0	1		
Comments*					

*Planning to open current TP in different location

- Unknown at this time. is looking at having classes in LaGrande, unsure if Nursing Assistant will be offered.
- Possibly teach classes out of town, but only if current job does not work out.
- No. If I teach more CNA2 classes, I'll use our church service center. Currently, I have no such plans.
- We are just moving the CNA2 class to main campus where we have a state of the art lab.
- Yes. We are planning to move in the summer of 2017 to our new Healthcare Occupations Center in Lebanon. We will have complete new facilities. Additionally, we would like to expand our clinical locations as we are increasing faculty members.
- Samaritan North Lincoln Hospital Skills Lab.
- Unknown – facility dependent 4 corporate decision.
- Would like to expand north.

* Planning to Open a Different Program in Next Two Years

- No comments.

* Planning to Discontinue Current Program Within Two Years

- Yes. I plan to work with another program, and have been hired as a program director by them for NA1. If it works out, I will close my own program, If not I will start up my program again.
- Currently inactive.

*Planning Major Enrollment Increase in 2016

- Yes, I hope so. Am going to work towards that goal.
- We created a new Certificate Program for Nursing Assistants.
- Yes. Started a Certificate Program which include NA and CNA2.
- Yes. Beaverton High School District will add 16 students this year. We are planning to open our CNA2 program this year.
- Enrollment is determined by the availability of instructors.
- We hope to offer the CNA2 class more often PRN.
- Yes. I am unsure of the definition of major; however, as we are able to add faculty we would like to add increased sections of our course.
- A new primary instructor and clinical instructor has been added to our faculty and we plan to run more classes.
- Communication and leadership has been established within the program and is also being established within the facilities so more students are being successfully signed up within program.
- Yes, we will actually be offering classes.
- Yes, plan of getting approval for online CNA2.
- The program is fairly new so expecting to advertise and increase enrollment.
- Yes, we are providing classes for a large long term care corporation.

*** Planning a Major Enrollment Decrease in 2016**

- Yes. Restructuring of current program and using community support with outside providers.
- We have had to decrease in the last 3 years. Local nursing home has a reduced census from an average of 55 to around 20 over the course of the last three years.
- Due to only not having instructor as is current issue.
- Yes. I plan on working for another program. If this job as their program director works, I will close my program.
- Yes. See above – If I teach more CNA2 classes, I'll use our church service center. Currently, I have no such plans.
- We have capped the class size to 10 students until we are able to obtain an extra Clinical Teaching Associate. Currently, we use a CTA that also works in other nursing programs. We also want to ensure that adjusts to her new role as Primary Instructor before increasing the class size back to a cap of 20.
- Yes. Oregon Veterans Home was our biggest client sending most students each term, they have received grant funding to start their own program. In order to not decrease enrollment we'll have to increase enrollment from the community.
- Yes. The program will be suspended at this time. If there is an instructor that is able to teach this will be revisited. At this time, I do not believe they are actively searching for an instructor.



State of Oregon
Kate Brown, Governor

Oregon State Board of Nursing
Ruby R. Jason, MSN, RN, NEA-BC
Executive Director

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Memorandum

To: Oregon State Board of Nursing Members

From: Debra K. Buck, RN, MS
Policy Analyst- Training & Assessment

Date: January 19, 2017

Re: Veteran's Licensing and Certification Reimbursement Benefit

On December 1, 2016, the Board received notice from the Oregon Higher Education Coordinating Commission (HECC) that the Board's certified nursing assistant (CNA) and medication aide (CMA) exams no longer meet the criteria for approval for the veteran's licensing and certification reimbursement benefit in Oregon. This is due to the tests being administered by D&S Diversified Technologies, LLP dba Headmaster, LLP which is located in Montana. Thus these exams can only be approved by the Montana State approving agency.

This will not affect Oregon veterans who take the CNA exam. The Headmaster CNA exam is already approved in Montana so eligible veterans and dependents in Oregon can be reimbursed for the exam fees. However, it may affect Oregon veterans who take the CMA exam as Headmaster has to apply for approval of the CMA exam. Headmaster is in process of seeking approval in Montana for the CMA exam and believe the approval for reimbursement of CMA exam fees to veterans is imminent.

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State of Oregon
Kate Brown, Governor

17938 SW Upper Boones Ferry Road
Portland, Oregon 97224-7012
Telephone: 971-673-0685
FAX: 971-673-0684
E-Mail: oregon.bn.info@state.or.us
Website: www.oregon.gov/OSBN

TO: All Interested Parties

FROM: Ruby R. Jason
Executive Director

DATE: January 2017

**SUBJECT: ADMINISTRATIVE RULEMAKING HEARING REGARDING THE
ADOPTION OF THE AMENDMENTS TO OAR 851-050-0001
(NURSE PRACTITIONERS)**

On Thursday, February 16, 2017, 9:00 a.m., the Oregon State Board of Nursing will hold a hearing regarding the adoption of the proposed amendments to Chapter 851, Division 50, of the Oregon Administrative Rules regarding Nurse Practitioners. This hearing will be held in the conference room of the Oregon State Board of Nursing, 17938 S.W. Upper Boones Ferry Road, Portland, Oregon.

Attached is a copy of the Notice of Proposed Rulemaking for this hearing. The Board is authorized by ORS 678.380 to establish and amend such rules.

If you are unable to attend the hearing, you may submit your comments to me in writing by February 14, 2017, and I will see that they are incorporated into the testimony received at the hearing and considered by the Board at their February 16, 2017 meeting.

The Board looks forward to receiving your input.

Secretary of State
NOTICE OF PROPOSED RULEMAKING HEARING*
A Statement of Need and Fiscal Impact accompanies this form

FILED 96
1-10-17 1:38 PM
ARCHIVES DIVISION
SECRETARY OF STATE

Board of Nursing
Agency and Division
Peggy A. Lightfoot
Rules Coordinator
Board of Nursing, 17938 SW Upper Boones Ferry Rd., Portland, OR 97224
Address

851
Administrative Rules Chapter Number
(971) 673-0638
Telephone

RULE CAPTION

To clarify certification requirements for faculty teaching at the graduate level.

Not more than 15 words that reasonably identifies the subject matter of the agency's intended action.

Hearing Date	Time	Location	Hearings Officer
2-16-17	9:00 a.m.	17938 SW Upper Boones Ferry Road, Portland, OR 97224	Colin Hunter, Board

RULEMAKING ACTION

Secure approval of rule numbers with the Administrative Rules Unit prior to filing.

ADOPT:

AMEND:

851-050-0001

REPEAL:

RENUMBER: Secure approval of new rule numbers with the Administrative Rules Unit prior to filing.

AMEND AND RENUMBER: Secure approval of new rule numbers with the Administrative Rules Unit prior to filing.

Statutory Authority:

ORS 678.150, ORS 678.245, ORS 678.285, ORS 678.111

Other Authority:

Statutes Implemented:

ORS 678.380 and ORS 678.150

RULE SUMMARY

This amendment to the rules will make a temporary rule change permanent for the Nurse Practitioner Program Educators.

This change will provide flexibility for Nurse Practitioners with either state or national certification to teach in NP educational programs in Oregon. Previously, licensees were limited to national certification requirements.

The Agency requests public comment on whether other options should be considered for achieving the rule's substantive goals while reducing negative economic impact of the rule on business.

02-16-2017 Close of Hearing
Last Day (m/d/yyyy) and Time for public comment

Peggy A. Lightfoot
Rules Coordinator Name

peggy.lightfoot@state.or.us
Email Address

*The Oregon Bulletin is published on the 1st of each month and updates the rule text found in the Oregon Administrative Rules Compilation.

Secretary of State
STATEMENT OF NEED AND FISCAL IMPACT
A Notice of Proposed Rulemaking Hearing accompanies this form.

FILED 97
1-10-17 1:38 PM
ARCHIVES DIVISION
SECRETARY OF STATE

Board of Nursing
Agency and Division

851
Administrative Rules Chapter Number

To clarify certification requirements for faculty teaching at the graduate level.

Rule Caption (Not more than 15 words that reasonably identifies the subject matter of the agency's intended action.)

In the Matter of:

OAR 851-050-0001

Statutory Authority:

ORS 678.150, ORS 678.245, ORS 678.285, ORS 678.111

Other Authority:

Statutes Implemented:

ORS 678.380 and ORS 678.150

Need for the Rule(s):

This amendment to the rules will make a temporary rule change permanent for the Nurse Practitioner Program Educators.

This change will provide flexibility for Nurse Practitioners with either state or national certification to teach in NP educational programs in Oregon. Previously, licensees were limited to national certification requirements.

Documents Relied Upon, and where they are available:

OAR 851-050 of the Oregon Nurse Practice Act

Fiscal and Economic Impact:

No fiscal impact.

Statement of Cost of Compliance:

1. Impact on state agencies, units of local government and the public (ORS 183.335(2)(b)(E)):

None, internal Board process only.

2. Cost of compliance effect on small business (ORS 183.336):

a. Estimate the number of small business and types of businesses and industries with small businesses subject to the rule:

None, internal Board process only.

b. Projected reporting, recordkeeping and other administrative activities required for compliance, including costs of professional services:

None.

c. Equipment, supplies, labor and increased administration required for compliance:

None.

How were small businesses involved in the development of this rule?

None, internal Board process only.

Administrative Rule Advisory Committee consulted?: No

If not, why?:

Previously temporary rule being made permanent.

02-16-2017 Close of Hearing
Last Day (m/d/yyyy) and Time
for public comment

Peggy A. Lightfoot
Printed Name

peggy.lightfoot@state.or.us
Email Address

DRAFT

Underlined material is proposed to be added.
~~Strikethrough material is proposed to be deleted.~~

Division 50

Nurse Practitioners

851-050-0001

Standards for Nurse Practitioner Programs

The Board's standards for all nurse practitioner programs for initial applicants are as follows:

- (1) The nurse practitioner program shall be a minimum of one academic year in length; however, programs completed before January 1, 1986 and post-Masters programs completed for the purpose of changing category of nurse practitioner certification may be less than one academic year in length if the program otherwise meets all requirements.
- (2) Faculty who teach within the nurse practitioner program shall be educationally and clinically prepared in the same specialty area(s) as the theory and clinical areas they teach and shall include advanced practice nurses.
- (3) The curriculum content shall contain theory and clinical experience in the nurse practitioner population focus specified in OAR 851-050-0005(6) for which application is being made, preparing the graduate to meet all competencies within the scope including physical assessment, pharmacology, pathophysiology, differential diagnosis and clinical management.
- (4) The number of contact hours of clinical experience shall be equal to or greater than the number of contact hours of nurse practitioner theory. The clinical experience must consist of full scope preparation in the population focus for which application is being made.
- (5) Post-graduate Nurse Practitioner programs which prepare an individual for dual role or population focus certification must meet all competencies designated for the Nurse Practitioner role including supervised clinical hours of no less than 500 hours for each role or population focus.
- (6) Programs must provide documentation that students meet the program's curriculum requirements in effect at the time of enrollment.
- (7) Written program materials shall accurately reflect the mission, philosophy, purposes, and objectives of the program.
- (8) Programs shall demonstrate appropriate course sequencing and requirements for matriculation into the program, including completion of all pre-licensure nursing curriculum requirements before advancement into nurse practitioner clinical coursework.
- (9) Preceptors shall meet clinical and licensure qualifications for the state in which they practice.
- (10) Distance and asynchronous learning programs shall meet all standards of OAR 851-050-0001.
- (11) All courses required for completion of the nurse practitioner program must be at the graduate level, if completed after January 1, 1986.
- (12) Nurse practitioner programs outside of the United States must meet all standards of OAR 851-050-0001. Such programs shall be determined by Board approved or directed credentials review to be equivalent to graduate nurse practitioner programs offered in the United States which prepare the nurse practitioner for practice within the advanced nursing specialty scope.

 Oregon State Board of Nursing ▪ Oregon Administrative Rules

1 Nationally recognized nursing accreditation standards or guidelines may be applied by the Board
 2 at the Board's discretion, in accordance with the Oregon Office of Degree Authorization
 3 regulations.

- 4 (13) The Board's additional requirements for Oregon based Nurse Practitioner programs are as
 5 follows. The Dean or Director of the Nursing school which provides one or more Nurse
 6 Practitioner programs/tracks shall ensure that one or more qualified faculty are appointed and
 7 have defined position responsibility to address the administrative functions of the program/track.
 8 Administrative functions include budget and resource preparation, curricular design, oversight
 9 of program implementation and evaluation. The appointed faculty and preceptor(s) in the
 10 program shall meet the following requirements:

11 Nurse Practitioner Program Faculty, Administration and Preceptors

- 12 (a) Nurse Practitioner Program Administrator who has overall responsibility for one or more
 13 NP tracks shall meet the following requirements:

- 14 (A) A current active unencumbered Oregon Nurse Practitioner state certificate;
 15 (B) National certification as a Nurse Practitioner in at least one population focus area;
 16 (C) A doctoral degree in a health-related field;
 17 (D) Educational preparation or experience in teaching and learning principles for
 18 adult education, including curriculum development and administration and at
 19 least two years of current clinical experience which meets Oregon's practice
 20 requirements;
 21 (E) In a multi-track program, where only one Program Administrator is appointed by
 22 the Dean or Director of the school, there must be evidence of additional program
 23 administrators or lead Nurse Practitioner faculty to provide oversight for student
 24 supervision who are nationally certified in that specific program's population
 25 focus.

- 26 (b) The Nurse Practitioner Program Educator shall meet the following requirements:

- 27 (A) A current active unencumbered Oregon Nurse Practitioner state certificate;
 28 (B) An earned doctoral degree in nursing; or
 29 (C) A masters degree with a major in nursing and an appropriate advanced practice
 30 nurse credential; and
 31 (D) Two years of clinical experience as a Nurse Practitioner; and
 32 (E) Current knowledge, competence, and state certification as a Nurse Practitioner
 33 in the population foci consistent with teaching responsibilities; or
 34 National Board Certification and a minimum of 400 practice hours in the past 2
 35 years in the population foci consistent with teaching responsibilities.
 36 (F) Adjunct clinical faculty employed solely to supervise clinical nursing experiences
 37 of students shall meet all the faculty requirements.
 38 (G) Inter-professional educators who teach non-clinical nursing courses shall have
 39 advanced preparation appropriate to the area of content.

- 40 (c) Clinical Preceptors in the Nurse Practitioner program shall meet the following
 41 requirements:

- 42 (A) Student preceptor ratio shall be appropriate to accomplishment of learning
 43 objectives, to provide for patient safety, and to the complexity of the clinical
 44 situation;
 45 (B) Oregon licensure or certification appropriate to the health professional area of
 46 practice;
 47 (C) Functions and responsibilities for the preceptor shall be clearly documented in a
 48 written agreement between the agency, the preceptor, and the clinical program

 Oregon State Board of Nursing ▪ Oregon Administrative Rules

- 1 (D) Initial experiences in the clinical practicum and a majority of the clinical
 2 experiences shall be under the supervision of clinical preceptors who are
 3 licensed advanced practice registered nurses.
- 4 (d) Nurse Practitioner Educator responsibilities shall include:
- 5 (A) Making arrangements with agency personnel in advance of the clinical
 6 experience which provides and verifies student supervision, preceptor
 7 orientation, and faculty defined objectives;
- 8 (B) Monitoring student assignments, making periodic site visits to the agency,
 9 evaluating students' performance on a regular basis with input from the student
 10 and preceptor, and availability for direct supervision during students' scheduled
 11 clinical time;
- 12 (C) Providing direct supervision by a qualified faculty or experienced licensed clinical
 13 supervisor as required for patient safety and student skill attainment.
- 14 (e) Nurse Practitioner Program Administrator responsibilities shall include:
- 15 (A) Ensuring appropriate student faculty ratios to meet program goals and objectives;
- 16 (B) Provision of leadership and accountability for the administration, planning,
 17 implementation and evaluation of the program;
- 18 (C) Preparation and administration of the program budget;
- 19 (D) Facilitation of faculty recruitment, development, performance review, promotion
 20 and retention;
- 21 (E) Assurance that cooperative agreements with clinical practice sites are current.
- 22 Program Accreditation Required and Board Notification Process
- 23 (f) Currently accredited programs that prepare nurse practitioners for state certification
 24 under these rules and requirements shall submit to the Board:
- 25 (A) A copy of their most recent program self-evaluation reports;
- 26 (B) Current accreditation and survey reports from all nursing accrediting agencies;
 27 and
- 28 (C) Interim reports submitted to the national nursing accreditation agency.
- 29 (D) These documents must be submitted to the Board upon receipt to or release from
 30 the accrediting agency.
- 31 (g) Programs which prepare nurse practitioners for state certification under development or
 32 pre-accreditation review shall submit the following for review by the Board:
- 33 (A) Copies of the curricula within 30 days of sending the information to the accrediting
 34 agency;
- 35 (B) Copies of self-evaluation reports and any interim reports provided to all national
 36 nursing accreditation agencies, at the time of notification from the accrediting
 37 agency that the program has not been fully accredited;
- 38 (C) Verification of accreditation from all accrediting agencies within 30 days of receipt
 39 by the program;
- 40 (D) Annual reports which enable the monitoring of continued compliance with Board
 41 requirements.
- 42 (h) Grounds for denial of graduate nurse practitioner applicants for initial certification include
 43 failure of the Oregon based Nurse Practitioner program to:
- 44 (A) Maintain accreditation status through a US Department of Education recognized
 45 national accrediting body;
- 46 (B) Submit curricula, self-evaluation reports, interim reports or notice of accreditation
 47 reports as required by the Board;

Oregon State Board of Nursing ▪ Oregon Administrative Rules

1 (i) Students who graduate from a program which was accredited at the time of their
 2 completion shall be considered to have graduated from an accredited program
 3 regardless of the current program status for the purpose of licensure.

4 Approval of a New Nurse Practitioner Educational Program

5 (j) Any university or college wishing to establish a Nurse Practitioner education program
 6 must make application to the Board on forms supplied by the Board no later than one
 7 year before proposed enrollment of students.

8 (k) The following information must be included with the initial application along with
 9 supporting documentation:

10 (A) Purpose for establishing the nursing education program;

11 (B) Community needs and studies made as the basis for establishing a nursing
 12 education program;

13 (C) Type of program including clear identification of proposed licensure role and
 14 population foci for graduates;

15 (D) Accreditation status, relationship of educational program to parent institution;

16 (E) Financial provision for the educational program;

17 (F) Potential student enrollment;

18 (G) Provision for qualified faculty;

19 (H) Proposed clinical facilities and other physical facilities;

20 (I) Proposed time schedule for initiating the program. If initial approval is denied, the
 21 applicant may request a hearing before the Board and the provisions of the
 22 Administrative Procedures Act shall apply.

23 Survey of Nurse Practitioner Programs, Survey Criteria

24 (l) Board representatives will conduct in person visits to nursing programs for the following
 25 purposes:

26 (A) Review of application for initial program approval;

27 (B) Initial and continuing full approval of an educational program;

28 (C) Receipt by the Board of cause for review including but not limited to:

29 (i) Significant curricular change which includes addition of a new state
 30 certification recognized population focus or role;

31 (ii) Evidence that graduates fail to meet national certification criteria;

32 (iii) Violation of Board standards.

33 (D) If approval is denied or withdrawn, the applicant may request a hearing before
 34 the Board and the provisions of the Administrative Procedures Act shall apply.

35 (m) Board representatives will contact nursing programs to schedule site visits:

36 (A) Within 60 days of receipt of an application for initial program approval;

37 (B) Upon receipt of national accreditation report for existing programs; one year after
 38 implementation of new programs, every 3-5 years for continuing approval;

39 (C) Within 30 days of receipt of a complaint.

40 (D) For purposes of reviewing a major curriculum change.

41
 42 Stat. Auth.: ORS 678.380, 678.150

43 Stats. Implemented: ORS 678.380, 678.150

44 Hist.: NB 3-1990, f. & cert. ef. 4-2-90; NB 8-1993, f. & cert. ef. 8-23-93; BN 10-2003, f. & cert. ef. 10-2-
 45 03; BN 13-2006, f. & cert. ef. 10-5-06; BN 9-2009, f. 12-17-09, cert. ef. 1-1-10; BN 10-2013, f. 12-3-
 46 13, cert. ef. 1-1-14



State of Oregon
Kate Brown, Governor

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Website: www.oregon.gov/OSBN

TO: All Interested Parties

FROM: Ruby R. Jason
Executive Director

DATE: January 2017

**SUBJECT: ADMINISTRATIVE RULEMAKING HEARING REGARDING THE
ADOPTION OF THE AMENDMENTS TO OAR 851-052-0020 and
851-052-0030 (CERTIFIED REGISTERED NURSE ANESTHETISTS)**

On Thursday, February 16, 2017, 9:00 a.m., the Oregon State Board of Nursing will hold a hearing regarding the adoption of the proposed amendments to Chapter 851, Division 52, of the Oregon Administrative Rules regarding Certified Registered Nurse Anesthetists. This hearing will be held in the conference room of the Oregon State Board of Nursing, 17938 S.W. Upper Boones Ferry Road, Portland, Oregon.

Attached is a copy of the Notice of Proposed Rulemaking for this hearing. The Board is authorized by ORS 678.380 to establish and amend such rules.

If you are unable to attend the hearing, you may submit your comments to me in writing by February 14, 2017, and I will see that they are incorporated into the testimony received at the hearing and considered by the Board at their February 16, 2017 meeting.

The Board looks forward to receiving your input.

Secretary of State
NOTICE OF PROPOSED RULEMAKING HEARING*
A Statement of Need and Fiscal Impact accompanies this form

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SECRETARY OF STATE

Board of Nursing
Agency and Division
Peggy A. Lightfoot
Rules Coordinator
Board of Nursing, 17938 SW Upper Boones Ferry Rd., Portland, OR 97224
Address

851
Administrative Rules Chapter Number
(971) 673-0638
Telephone

RULE CAPTION

Regarding Primary Source Verification of CRNA certification.

Not more than 15 words that reasonably identifies the subject matter of the agency's intended action.

Hearing Date	Time	Location	Hearings Officer
2-16-17	9:00 a.m.	17938 SW Upper Boones Ferry Road, Portland, OR 97224	Colin Hunter, Board

RULEMAKING ACTION

Secure approval of rule numbers with the Administrative Rules Unit prior to filing.

ADOPT:

AMEND:

851-052-0020, 851-052-0030

REPEAL:

RENUMBER: Secure approval of new rule numbers with the Administrative Rules Unit prior to filing.

AMEND AND RENUMBER: Secure approval of new rule numbers with the Administrative Rules Unit prior to filing.

Statutory Authority:

ORS 678.150, ORS 678.245, ORS 678.285, ORS 678.111

Other Authority:

Statutes Implemented:

ORS 678.380 and ORS 678.150

RULE SUMMARY

This amendment to the rules will require CRNA applicants to provide "primary source verification" of their national certification on initial and renewal CRNA applications for licensing.

This change will assist with the implementation of statewide "common credentialing" initiative as well as provide electronic verification of certification which will increase efficiency of licensing processing and decrease agency costs associated with scanning and storage of paper certifications.

The Agency requests public comment on whether other options should be considered for achieving the rule's substantive goals while reducing negative economic impact of the rule on business.

02-16-2017 Close of Hearing
Last Day (m/d/yyyy) and Time for public comment

Peggy A. Lightfoot
Rules Coordinator Name

peggy.lightfoot@state.or.us
Email Address

*The Oregon Bulletin is published on the 1st of each month and updates the rule text found in the Oregon Administrative Rules Compilation.

Secretary of State
STATEMENT OF NEED AND FISCAL IMPACT
A Notice of Proposed Rulemaking Hearing accompanies this form.

FILED 104
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SECRETARY OF STATE

Board of Nursing
Agency and Division

851
Administrative Rules Chapter Number

Regarding Primary Source Verification of CRNA certification.

Rule Caption (Not more than 15 words that reasonably identifies the subject matter of the agency's intended action.)

In the Matter of:

OAR 851-052-0020, 851-052-0030

Statutory Authority:

ORS 678.150, ORS 678.245, ORS 678.285, ORS 678.111

Other Authority:

Statutes Implemented:

ORS 678.380 and ORS 678.150

Need for the Rule(s):

This amendment to the rules will require CRNA applicants to provide "primary source verification" of their national certification on initial and renewal CRNA applications for licensing.

This change will assist with the implementation of statewide "common credentialing" initiative as well as provide electronic verification of certification which will increase efficiency of licensing processing and decrease agency costs associated with scanning and storage of paper certifications.

Documents Relied Upon, and where they are available:

OAR 851-052 of the Oregon Nurse Practice Act

Fiscal and Economic Impact:

No fiscal impact.

Statement of Cost of Compliance:

1. Impact on state agencies, units of local government and the public (ORS 183.335(2)(b)(E)):

None, internal Board process only.

2. Cost of compliance effect on small business (ORS 183.336):

a. Estimate the number of small business and types of businesses and industries with small businesses subject to the rule:

None, internal Board process only.

b. Projected reporting, recordkeeping and other administrative activities required for compliance, including costs of professional services:

None.

c. Equipment, supplies, labor and increased administration required for compliance:

None.

How were small businesses involved in the development of this rule?

None, internal Board process only.

Administrative Rule Advisory Committee consulted?: No

If not, why?:

Board recommendation to incorporate this language into APRN divisions to assist with the State of Oregon's "common credentialing" data bank and increase licensing application efficiency for the agency.

02-16-2017 Close of Hearing

Peggy A. Lightfoot

peggy.lightfoot@state.or.us

Last Day (m/d/yyyy) and Time
for public comment

Printed Name

Email Address

DRAFT

Underlined material is proposed to be added.
~~Strikethrough material is proposed to be deleted.~~

Division 52**Certified Registered Nurse Anesthetists****851-052-0020****Licensure**

- (1) An applicant for initial licensure as a CRNA shall:
- (a) Submit to the Board the required fee(s) as specified in 851-0002-0030;
 - (b) Provide verification of unencumbered licensure or eligibility for unencumbered licensure as a Registered Nurse in Oregon;
 - (c) Submit a completed application for CRNA licensure; and
 - (d) Provide primary source verification of CRNA ~~Hold current full certification or recertification~~ from an approved certifying body.
- (2) A minimum of a Master's degree is required from an accredited CRNA educational program if education commenced after December 31, 2000.
- (3) Revocation, suspension, or any other encumbrance of a Registered Nurse license, or any special authority to practice anesthesia care, in another state, territory of the United States, or any foreign jurisdiction may be grounds for denial of CRNA licensure in Oregon.
- (4) The Board retains the authority to conduct a random audit of a CRNA applicant or CRNA licensee to verify current certification, education or continuing education. Upon request of the Board, licensee shall submit documentation of compliance.

Stat. Auth.: ORS 678.285

Stats. Implemented: ORS 678.285

Hist.: BN 9-1998, f. 7-16-98, cert. ef. 9-1-98; BN 7-2013, f. 5-6-13, cert. ef. 6-1-13

851-052-0030**License Renewal, Reactivation, or Re-entry**

- (1) An applicant for renewal or reactivation of the CRNA license shall:
- (a) Submit to the Board the following:
 - (A) Required fee(s) as specified in 851-002-0030 and
 - (B) Completed renewal or reactivation application;
 - (b) Provide primary source verification of CRNA ~~Hold current full certification or full recertification~~ from an approved certifying body; and
 - (c) Hold an active Oregon Registered Nurse license.
- (2) An applicant for CRNA re-entry limited license must:
- (a) Hold an active unencumbered Oregon Registered Nurse license;
 - (b) Complete a limited CRNA license application for re-entry; and
 - (c) Provide evidence of acceptance into a CRNA re-entry program approved by the Board by:
 - (A) Completion of the re-entry program is required within 12 calendar months; or

Oregon State Board of Nursing ▪ Oregon Administrative Rules

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(B) Explanation of need for a one-time only 12 month extension of the limited CRNA license upon Board approval.

(3) The Board retains the authority to conduct a random audit of a CRNA applicant or CRNA licensee to verify current certification, education or continuing education. Upon request of the Board, licensee shall submit documentation of compliance.

Stat. Auth ORS 678.285

Stats. Implemented: ORS 678.285

Hist.: BN 9-1998, f. 7-16-98, cert. ef. 9-1-98; BN 5-2005, f. & cert. ef. 6-30-05; BN 7-2013, f. 5-6-13, cert. ef. 6-1-13

DRAFT



State of Oregon
Kate Brown, Governor

Oregon State Board of Nursing
Ruby Jason MSN, RN, NEA-BC
Executive Director

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Website: www.oregon.gov/OSBN

Memorandum

To: Oregon State Board of Nursing Members

From: Gretchen Koch MSN, RN
Policy Analyst, Nursing Practice and Evaluation

Date: January 18, 2017

Re: Board Directed Amendments to Draft Division 45 Standards and Scope of Practice for the Licensed Practical Nurse and Registered Nurse

The draft Division 45 Standards and Scope of Practice for the Licensed Practical Nurse and Registered Nurse has been amended as directed by the Board during the November 17, 2016 Board meeting. Direction on these amendments and the status of Draft Division 45 is requested.

The following is a brief summary of the requested amendments:

851-045-0035(6) Definition of *Competency* amended to include *ability*: “Competency” or competence means demonstrating specified levels of knowledge, technical skill, ability, ethical principle, and clinical reasoning which are relevant to the practice role, prevailing standards, and client safety.

851-045-0030(17) Definition of Licensee amended to remove *advanced practice registered nurse*: “Licensee” means the RN, RN Emeritus, LPN, LPN Emeritus, nurse practitioner (NP), clinical nurse specialist (CNS), certified registered nurse anesthetist (CRNA) as licensed under ORS 678.

851-045-0070(3)(a) The conduct derogatory to standard of *Developing, modifying, or implementing standards of nursing practice/care which jeopardize patient safety* has been restored and amended to read: *Developing, modifying, or implementing policies that jeopardize client safety*.

851-045-0070(9)(c) The direction to amend the conduct derogatory standard *Practicing as a nurse practitioner or clinical nurse specialist without a current Oregon certificate* by replacing the word *certificate* with *license* did not occur. Usage of the word *license* would place this standards in conflict with Oregon Revised Statutes (ORS) Chapter 678 on Clinical Nurse Specialists and Nurse Practitioners:

ORS 678.370 (1) codifies the Board's authority to issue certification to act as a clinical nurse specialist.

ORS 678.375 (1) codifies the Board's authority to issue certificates of special competency to a licensed registered nurse to practice as nurse practitioner.

851-045-0090 The Duty to Report section has been significantly amended from the November 2016 draft.

DRAFT

Underlined material is proposed to be added.
Strikethrough material is proposed to be deleted.

Division 45

Standards and Scope of Practice for †The Licensed Practical Nurse and Registered Nurse

851-045-0030

Purpose of Standards and Scope of Practice and Definitions

~~(1) Purpose of Standards and Scope of Practice:~~

(1a) To establish acceptable levels of safe practice for the Licensed Practical Nurse (LPN) and Registered Nurse (RN);

~~(2b)~~ To serve as a guide for the Board to evaluate safe and effective nursing care;

(3) To serve as a guide for the Board as well as a guide to determine when nursing practice is below the expected standard of care; and

~~(4e)~~ To provide a framework for evaluation of continued competency in nursing practice.

~~(2) Definitions:~~

~~(a) "Assignment" means the act of directing and distributing, by a licensed nurse, and within a given work period, the work that each staff member is already authorized to perform;~~

~~(b) "Client" means individuals, families, groups, communities, organizations, and populations who are engaged in a relationship with the nurse in order to receive the services provided by the nurse's application of nursing knowledge and skill in practice;~~

~~(c) "Comprehensive Assessment" means the extensive collection and analysis of data for assessment involves, but is not limited to, the synthesis of the biological, psychological, social, sexual, economic, cultural and spiritual aspects of the client's condition or needs, within the environment of practice for the purpose of establishing nursing diagnostic statements, and developing, implementing and evaluating a plan of care;~~

~~(d) "Context of Care" means the cumulative factors which affect the manner in which nursing care will be provided for a client. These factors may include, but are not limited to, the practice setting; the urgency of the situation; knowledge, beliefs and abilities of the client; the surrounding environment; and community and industry standards;~~

~~(e) "Delegation," except as defined in OAR 851-047-0010(7), is the process a Registered Nurse uses when authorizing a competent individual to perform a task of nursing, while retaining accountability for the outcome;~~

 Oregon State Board of Nursing ▪ Oregon Administrative Rules

- 1 (f) — “Focused Assessment” means an appraisal of a client’s status and situation at hand,
 2 through observation and collection of objective and subjective data. Focused
 3 assessment involves identification of normal and abnormal findings, anticipation and
 4 recognition of changes or potential changes in client’s health status, and may
 5 contribute to a comprehensive assessment performed by the Registered Nurse;
 6 (g) — “Health Education” means the development and provision of instruction and learning
 7 experiences for a client, including health teaching and health counseling, using
 8 evidence-based information, for the purpose of promoting wellness, preventing illness
 9 or disability, maintaining or restoring health, or assisting the client to adapt to the
 10 effects of illness or disability;
 11 (h) — “Licensed Nurse” means all Licensed Practical Nurses and Registered Nurses licensed
 12 under ORS 678.
 13 (i) — “Non-Oregon Based Graduate Program” means an academic program accredited by a
 14 nursing organization recognized by the United States Department of Education or the
 15 Council of Higher Education Accreditation that offers a graduate degree or graduate
 16 level certificate to qualified students for licensure as an advanced practice nurse
 17 (Clinical Nurse Specialist, Certified Registered Nurse Anesthetist, Nurse Practitioner)
 18 and does not have a physical location in Oregon;
 19 (j) — “Nursing Diagnostic Statements” means the nursing diagnoses or reasoned
 20 conclusions which are developed as a result of nursing assessment. They describe a
 21 client’s actual or potential health problems which are amenable to resolution by means
 22 of nursing strategies, interventions or actions;
 23 (k) — “Nursing Interventions” means actions deliberately designed, selected and performed
 24 to implement the plan of care;
 25 (l) — “Nursing orders” means directives for specific nursing interventions initiated by the
 26 Registered Nurse which are intended to produce the desired outcome or objective, as
 27 defined in the plan of care;
 28 (m) — “Nursing process” means the systematic problem solving method licensed nurses use
 29 when they provide nursing care. The nursing process includes assessing, making
 30 nursing diagnoses, planning, intervening, and evaluating. The steps of the nursing
 31 process are interrelated and together form the basis for the practice of nursing;
 32 (n) — “Oregon Based Graduate Program” means an academic program accredited by a
 33 nursing organization recognized by the United States Department of Education or the
 34 Council of Higher Education Accreditation that offers a graduate degree or graduate
 35 level certificate to qualified students and has a physical location in Oregon which
 36 provides clinical experiences designated for licensure requirements as an advanced
 37 practice nurse (Clinical Nurse Specialist, Certified Registered Nurse Anesthetist, Nurse
 38 Practitioner);
 39 (o) — “Person-centered Care” means the collaboration with an individual person regarding
 40 his or her health care in a manner that is considerate and respectful of the specific
 41 wishes and needs of that person;
 42 (p) — “Plan of Care” means the written guidelines developed to identify specific needs of the
 43 client and intervention/regimen to assist clients to achieve optimal health potential.
 44 Developing the plan of care includes establishing client and nursing goals and
 45 determining nursing interventions to meet care objectives;
 46 (q) — “Professional Boundaries” means the limits that allow for safe and therapeutic
 47 connections between the nurse and the client;

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- 1 (r) ~~“Supervision” means the provision of guidance, direction, oversight, evaluation and~~
 2 ~~follow-up by a licensed nurse for the accomplishment of nursing tasks and activities by~~
 3 ~~other nurses and nursing assistive personnel;~~
 4 (s) ~~“Tasks of Nursing” means those procedures normally performed by nurses when~~
 5 ~~implementing the nursing plan of care; and~~
 6 (t) ~~“Unlicensed Assistive Personnel” means individuals who are not licensed to practice~~
 7 ~~nursing, medicine or any other health occupation requiring a license in Oregon, but~~
 8 ~~who may carry out delegated tasks of nursing. For the purpose of these rules, Certified~~
 9 ~~Nursing Assistants and Certified Medication Aides are not considered unlicensed~~
 10 ~~assistive personnel.~~

11
 12 Stat. Auth.: ORS 678.150

13 Stats. Implemented: ORS 678.150 & 678.010

14 Hist.: BN 4-2008, f. & cert. ef. 6-24-08; BN 5-2012, f. 5-7-12, cert .ef. 6-1-12

15
 16
 17 **851-045-0035**

18 **Definitions**

- 19 (1) “Assign” means directing and distributing, within a given work period, the work that each staff
 20 member is already authorized to perform.
 21 (2) “Board” means the Oregon State Board of Nursing.
 22 (3) “Client” means an individual, person, family, group, community, organization population, or a
 23 student cohort who is engaged in a professional relationship with a licensee.
 24 (4) “Clinical Supervision” means the RN’s provision of guidance, direction, oversight and
 25 evaluation of another RN, an LPN, Certified Nursing Assistant (CNA), Certified Medication
 26 Aide (CMA), or unlicensed assistive person (UAP) in their implementation of the plan of care.
 27 (5) “Community-Based Setting” means a setting where federal law or state law does not require
 28 the presence of licensed nursing personnel 24-hours a day. These settings include private
 29 homes, congregate housing, home-like settings, schools, and those settings identified in ORS
 30 678.150(8).
 31 (6) “Competency” or competence means demonstrating specified levels of knowledge, technical
 32 skill, ability, ethical principle, and clinical reasoning which are relevant to the practice role,
 33 prevailing standards, and client safety.
 34 (7) “Comprehensive Assessment” means the collection, in-depth analysis and synthesis of client
 35 data performed by the RN.
 36 (8) “Context of Care” means the variables that guide a licensee’s nursing service delivery and
 37 include, but are not limited to, the practice setting, the licensee’s role within the setting, the
 38 regulations governing the setting, the policies and procedures of the setting, specialty nursing
 39 practice standards applicable to the nursing activity, and the ability of the client to engage in
 40 their own care.
 41 (9) “Delegation Process” means the process an RN uses to authorize an unlicensed assistive
 42 person to perform a nursing procedure for a client while retaining accountability for the
 43 outcome.
 44 (10) “Ethical Practice” means nursing practice consistent with the ethics of the profession of
 45 nursing.
 46 (11) “Focused Assessment” means for the purpose of these rules, the collection and appraisal of
 47 data related to the client’s health status performed by the LPN that occurs as assigned to the
 48 LPN by the RN or by the licensed independent practitioner who is providing clinical direction
 49 and supervision of the LPN.

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- 1 (12) "Focused Plan of Care" means the outline authored by the LPN, at the direction of the RN or
 2 licensed independent practitioner, that identifies client risk, identifies a measurable client
 3 outcome, and identified nursing interventions designed to mitigate the risk.
- 4 (13) "Health Care Team" means those working with the client to achieve the client's identified
 5 outcomes. The composition of the health care team is appropriate to the context of care,
 6 includes the client, can be multidisciplinary, and is not limited to licensed health professionals.
- 7 (14) "Impaired Function" means the inability to practice nursing with professional skill and safety.
- 8 (15) "Individual Scope of Practice" means an individual licensee's demonstrated competency
 9 developed and maintained through practice experience and through engagement in
 10 independent and formal learning experiences, which occurs within the boundaries of nursing
 11 practice allowed by statute.
- 12 (16) "Licensed Independent Practitioner" means a health care professional who is authorized by
 13 Oregon statute to independently diagnose and treat.
- 14 (17) "Licensee" means the RN, RN Emeritus, LPN, LPN Emeritus, nurse practitioner (NP), clinical
 15 nurse specialist (CNS), certified registered nurse anesthetist (CRNA) as licensed under ORS
 16 678.
- 17 (18) "Noninjectable Medication" means a medication that is not administered by injection.
- 18 (19) "Nursing Intervention" means an action deliberately designed, selected and performed to
 19 implement the plan of care.
- 20 (20) "Nursing Judgment" means the intellectual process the nurse exercises in forming an opinion
 21 and reaching a clinical decision based on analysis of evidence or data.
- 22 (21) "Nursing Procedure" means a health-related procedure that is commonly taught in nursing
 23 education programs and normally performed by an RN or LPN when implementing the nursing
 24 plan of care.
- 25 (22) "Nursing Process" means the critical thinking model use at the RN level of practice that
 26 integrates the singular and concurrent actions of assessment, identification of client risks,
 27 identification of expected outcomes, planning, implementation, and evaluation.
- 28 (23) "Plan of Care" means the comprehensive outline authored by the RN that communicates the
 29 client's identified risk(s), identifies measurable client outcomes, and identifies nursing
 30 interventions chosen to mitigate the client's identified risk(s).
- 31 (24) "Professional Boundaries" means nurse and client therapeutic relationship limitations that
 32 guide appropriate and professional interactions. Professional boundaries are established
 33 under the scope of one's license to practice nursing, are applicable in and outside of the
 34 practice setting, and protect the space between the licensee's power, the client, and the
 35 client's vulnerability.
- 36 (25) "Reasoned Conclusion" means the RN's identification of prioritized client risk through the
 37 application of scientific evidence, clinical experience, and nursing knowledge to
 38 comprehensive assessment data. Reasoned conclusions are also known as nursing
 39 diagnostic statements.
- 40 (26) "Self-Regulate" means the licensee's personal responsibility and accountability for adhering to
 41 legal, ethical, professional practice, and performance standards.
- 42 (27) "Teaching" means the development and provision of instruction and learning experiences for
 43 the purpose of promoting wellness, preventing illness or disability, maintaining or restoring
 44 health, or assisting a client to adapt to the effects of illness or disability.
- 45 (28) "Unlicensed Assistive Person (UAP)" means a person who holds a job, position, or role within
 46 the client health care team where the individual is not required to be licensed or certified by a
 47 state of Oregon health-related licensing body. This may include, but is not limited to the lay
 48 care provider, direct care staff, traditional health worker, medical assistant, volunteer, or
 49 technician.

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 1
 2 **851-045-0040**

 3 **Scope of Practice Standards for All Licensed Nurses**

- 4 (1)
- Standards related to the licensee's responsibility for safe nursing practice. The licensee shall:
-
- 5 (a)
- Practice within the laws and rules governing the practice of nursing at the level the nurse
-
- 6
- is licensed.
-
- 7 (b)
- Ensure competency in the cognitive and technical aspects of a nursing intervention or a
-
- 8
- nursing procedure prior to its performance.
-
- 9 (c)
- Self-regulate one's professional practice by:
-
- 10 (A)
- Adhering to professional practice and performance standards,
-
- 11 (B)
- Practicing within the context of care, and
-
- 12 (C)
- Removing one's self from practice when unable to practice with professional skill
-
- 13
- and safety.
-
- 14 (d)
- Establish, communicate, and maintain professional boundaries.
-
- 15 (2)
- Standards related to the licensee's responsibility for licensure and practice role disclosure. The
-
- 16
- licensee shall disclose licensure type and practice role to the client unless the disclosure creates
-
- 17
- a safety or health risk for either the licensee or the client.
-
- 18 (34)
- Standards related to the licensed nurse's/licensee's responsibilities toward nursing/regarding
-
- 19
- technology. The licensee/nurse shall:
-
- 20 (a)
- Acquires and maintains the competencies necessary to properly use the informatics and
-
- 21
- technologies of the knowledge, skills and abilities for informatics and technologies used
-
- 22
- in nursing practice settings; and
-
- 23 (b)
- Advocate for the Promotes the selection and use of informatics and technologies that
-
- 24
- are compatible with the safety, dignity, and rights of the client.
-
- 25 (4)
- Standards related to the licensee's responsibility for documentation of nursing practice. The
-
- 26
- licensee shall document nursing practice implementation in a timely, accurate, thorough, and
-
- 27
- clear manner.
-
- 28 (1)
- ~~Standards related to the licensed nurse's responsibilities for client advocacy. The licensed~~
-
- 29
- ~~nurse:~~
-
- 30 (a)
- ~~Advocates for the client's right to receive appropriate care, including person-centered~~
-
- 31
- ~~care and end-of-life care, considerate of the client's needs, choices and dignity;~~
-
- 32 (b)
- ~~Intervenes on behalf of the client to identify changes in health status, to protect, promote~~
-
- 33
- ~~and optimize health, and to alleviate suffering;~~
-
- 34 (c)
- ~~Advocates for the client's right to receive appropriate and accurate information;~~
-
- 35 (d)
- ~~Communicates client's choices, concerns and special needs to other members of the~~
-
- 36
- ~~healthcare team; and~~
-
- 37 (e)
- ~~Protects clients' rights to engage in or refuse to engage in research.~~
-
- 38 (2)
- ~~Standards related to the licensed nurse's responsibilities for the environment of care. The~~
-
- 39
- ~~licensed nurse:~~
-
- 40 (a)
- ~~Promotes an environment conducive to safety and comfort for all levels of care, including~~
-
- 41
- ~~self-care and end-of-life care; and~~
-
- 42 (b)
- ~~Identifies client safety and environment concerns; takes action to correct those concerns~~
-
- 43
- ~~and report as needed.~~
-
- 44 (3)
- ~~Standards related to the licensed nurse's responsibilities for ethics, including professional~~
-
- 45
- ~~accountability and competence. The licensed nurse:~~
-
- 46 (a)
- ~~Has knowledge of the statutes and regulations governing nursing, and practices within~~
-
- 47
- ~~the legal boundaries of licensed nursing practice;~~
-
- 48 (b)
- ~~Accepts responsibility for individual nursing actions and maintains competence in one's~~
-
- 49
- ~~area of practice;~~

 Oregon State Board of Nursing ▪ Oregon Administrative Rules

- 1 (c) — ~~Obtains instruction and supervision as necessary when implementing nursing practices;~~
 2 (d) — ~~Accepts only nursing assignments for which one is educationally prepared and has the~~
 3 ~~current knowledge, skills and ability to safely perform.~~
 4 (e) — ~~Accepts responsibility for notifying the employer of an ethical objection to the provision~~
 5 ~~of specific nursing care or treatment.~~
 6 (f) — ~~Maintains documentation of the method by which competency was gained, and evidence~~
 7 ~~that it has been maintained.~~
 8 (g) — ~~Ensures unsafe nursing practices are reported to the Board of Nursing and unsafe~~
 9 ~~practice conditions to the appropriate regulatory agency(s);~~
 10 (h) — ~~Retains professional accountability when accepting, assigning, or supervising nursing~~
 11 ~~care and interventions;~~
 12 (i) — ~~Demonstrates honesty and integrity in nursing practice;~~
 13 (j) — ~~Promotes and preserves clients' autonomy, dignity and rights in a nonjudgmental,~~
 14 ~~nondiscriminatory manner that recognizes client diversity;~~
 15 (k) — ~~Maintains appropriate professional boundaries; and~~
 16 (l) — ~~Protects confidential client information, and uses judgment in sharing this information in~~
 17 ~~a manner that is consistent with current law.~~
 18 (5) — ~~Standards related to the licensed nurse's responsibility to assign and supervise care. The~~
 19 ~~licensed nurse:~~
 20 (a) — ~~Assigns to another person, tasks of nursing that fall within the nursing scope of practice~~
 21 ~~and/or the work that each staff member is already authorized to perform;~~
 22 (b) — ~~Supervises others to whom nursing activities are assigned by monitoring performance,~~
 23 ~~progress, and outcomes.~~
 24 (c) — ~~Ensures documentation of the activity;~~
 25 (d) — ~~Matches client needs with available, qualified personnel, resources and supervision;~~
 26 (e) — ~~Provides follow up on problems and intervenes when needed;~~
 27 (f) — ~~Evaluates the effectiveness of the assignment and the outcomes of the interventions;~~
 28 ~~and~~
 29 (g) — ~~Revises or recommends changes to the plan of care as needed.~~
 30 (56) ~~Standards related to the licensed nurse's licensee's responsibility to accept and implement~~
 31 ~~orders for client care and treatment. The licensed nurse:~~
 32 (a) The licensee may accept and implement orders for client care from a licensed
 33 independent practitioner (LIP) health care professionals who are authorized by Oregon
 34 statute to independently diagnose and treat;
 35 (A) Clinical Nurse Specialist licensed under ORS 678,
 36 (B) Certified Registered Nurse Anesthetist licensed under ORS 678,
 37 (C) Nurse Practitioner licensed under ORS 678,
 38 (D) Medical Doctor (MD) licensed under ORS 677,
 39 (E) Doctor of Osteopathic Medicine (DO) licensed under ORS 677,
 40 (F) Doctor of Podiatric Medicine licensed under ORS 677,
 41 (G) Dentist licensed under ORS 679,
 42 (H) Naturopathic Physician licensed under ORS 685,
 43 (I) Optometrist licensed under ORS 683,
 44 (J) Chiropractor Physician licensed under ORS 684,
 45 (K) MD Volunteer Emeritus License licensed under ORS 677, and
 46 (L) DO Volunteer Emeritus License licensed under ORS 677.
 47 (b) — ~~May accept and implement recommendations for care in collaboration with other health~~
 48 ~~care professionals;~~

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- 1 ~~(c) — May accept and implement orders for client care and treatment from Certified Registered~~
 2 ~~Nurse Anesthetists licensed under ORS 678. These orders may be accepted in~~
 3 ~~ambulatory surgical centers, and in hospital settings, as long as independent Certified~~
 4 ~~Registered Nurse Anesthetists practice is consistent with hospital bylaws;~~
 5 (be) May accept and implement orders for client care and treatment from a Physician
 6 Assistants licensed under ORS 677, provided that the name of the supervising or agent
 7 physician is recorded with the order, in the narrative notes, or by a method specified by
 8 the health care facility. At all times the supervising or agent physician must be available
 9 to the licensed nurse for direct communication;
 10 (ce) Prior to implementation of the an order, the licensee:
 11 ~~(A) — or recommendation, m~~ Must have knowledge that the order ~~or recommendation~~
 12 is within the LIP's or PA's health care professional's scope of practice and determine that
 13 ~~the order or recommendation is consistent with the overall plan for the client's care; and~~
 14 (Bf) ~~Has the authority and responsibility~~ Shall to question any order ~~or~~
 15 ~~recommendation which that~~ is not clear, ~~perceived~~ determined to be unsafe,
 16 ~~contraindicated for the client, or is inconsistent with the overall plan of for the client's~~
 17 ~~care.~~
 18 (d) The licensee may accept and implement recommendations for care from the following
 19 health care professionals licensed in Oregon:
 20 ~~(A) Acupuncturist licensed under ORS 677,~~
 21 ~~(B) Dietician licensed under ORS 691,~~
 22 ~~(C) Occupational Therapist licensed under ORS 675,~~
 23 ~~(D) Physical Therapist licensed under ORS 688,~~
 24 ~~(E) Pharmacist licensed under ORS 689,~~
 25 ~~(F) Psychologist licensed under ORS 675,~~
 26 ~~(G) Registered Nurse licensed under ORS 678,~~
 27 ~~(H) Respiratory Therapist licensed under ORS 688,~~
 28 ~~(I) Social Worker licensed under ORS 675, and~~
 29 ~~(J) Speech Therapist licensed under ORS 681.~~
 30 (e) Prior to implementation of a recommendation, the licensee must have knowledge that
 31 the recommendation is within the health care professional's scope of practice and
 32 determine that the recommendation is consistent with the overall plan for the client's
 33 care.
 34 (f) When the licensee has determined that an order or a recommendation is not clear,
 35 unsafe, contraindicated for the client, or inconsistent with the overall plan for the client's
 36 care, the licensee has the responsibility to decline implementation and contact the health
 37 care professional making the order or recommendation.

38
 39 Stat. Auth.: ORS 678.150

40 Stats. Implemented: ORS 678.150 & 678.010

41 Hist.: BN 4-2008, f. & cert. ef. 6-24-08

42
 43
 44 **851-045-0050**

45 **Scope of Practice Standards for Licensed Practical Nurses**

- 46 (1) The Board recognizes that the LPN has a supervised practice that occurs at the clinical direction
 47 and under the clinical supervision of the RN, or at the clinical direction and under the clinical
 48 supervision of the licensed independent practitioner (LIP) who has authority to make changes

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1 ~~in the plan of care, and scope of practice for the licensed practical nurse encompasses a variety~~
 2 ~~of roles, including, but not limited to:~~

- 3 (a) ~~Provision of client care;~~
- 4 (b) ~~Supervision of others in the provision of care;~~
- 5 (c) ~~Participation in the development and implementation of health care policy;~~
- 6 (d) ~~Participation in nursing research; and~~
- 7 (e) ~~Teaching health care providers and prospective health care providers.~~

8 ~~(2) Standards related to the LPN's responsibility for ethical practice, accountability for services~~
 9 ~~provided, and competency. The LPN shall:~~

- 10 ~~(a) Base LPN practice on current nursing science, other sciences, and the humanities;~~
- 11 ~~(b) Be knowledgeable of the statutes and regulations governing LPN practice and practice~~
 12 ~~within those legal boundaries;~~
- 13 ~~(c) Be knowledgeable of the professional nursing practice standards applicable to LPN~~
 14 ~~practice and adhere to those standards;~~
- 15 ~~(d) Demonstrate honesty, integrity and professionalism in the practice of licensed practical~~
 16 ~~nursing;~~
- 17 ~~(e) Be accountable for individual LPN actions;~~
- 18 ~~(f) Maintain competency in one's LPN practice role;~~
- 19 ~~(g) Maintain documentation of the method competency was acquired and maintained;~~
- 20 ~~(h) Accept only LPN assignments that are within one's individual scope of practice;~~
- 21 ~~(i) Recognize and respect a client's autonomy, dignity and choice;~~
- 22 ~~(j) Accept responsibility for notifying employer of an ethical objection to the provision of a~~
 23 ~~specific nursing intervention;~~
- 24 ~~(k) Ensure unsafe nursing practice is addressed immediately;~~
- 25 ~~(l) Ensure unsafe practice and unsafe practice conditions are reported to the appropriate~~
 26 ~~regulatory agency; and~~
- 27 ~~(m) Protect confidential client information and only share information in a manner that is~~
 28 ~~consistent with current law.~~

29 ~~(32) Standards related to the Licensed Practical Nurse LPN's responsibility for nursing practice,~~
 30 ~~implementation. Under the clinical direction of the RN or other licensed provider who has the~~
 31 ~~authority to make changes in the plan of care, and a~~ Applying practical nursing knowledge, ~~and~~
 32 ~~at the clinical direction and under the clinical supervision of the RN or LIP the LPN drawn from~~
 33 ~~the biological, psychological, social, sexual, economic, cultural and spiritual aspects of the~~
 34 ~~client's condition or needs, the Licensed Practical Nurse shall:~~

- 35 (a) ~~Conduct and document initial and ongoing focused nursing assessments of the health~~
 36 ~~status of clients by:~~
 - 37 (A) ~~Collecting objective and subjective data from by observations, examinations,~~
 38 ~~interviews, and written records in an accurate and timely manner as appropriate~~
 39 ~~to the client's health care needs and context of care;~~
 - 40 (B) ~~Validating data by utilizing available resources, including interactions with the~~
 41 ~~client and health team members.~~
 - 42 (CB) ~~Distinguishing abnormal from normal data, sorting, selecting, recording, and~~
 43 ~~reporting the data discrepancies to the supervising RN or supervising LIP;~~
 - 44 (DG) ~~Detecting Identifying potentially inaccurate, incomplete or missing client~~
 45 ~~information data and reporting as needed;~~
 - 46 (ED) ~~Recognizing signs and symptoms of deviation from current health Anticipating~~
 47 ~~and recognizing changes or potential changes in client status; Identifying signs~~
 48 ~~and symptoms of deviation from current health status; and~~

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- 1 (E) ~~Validating data by utilizing available resources, including interactions with the~~
 2 ~~client and health team members.~~
- 3 (F) Evaluating data to identify risks presented by the client.
- 4
- 5 (b) Select reasoned conclusions that communicate prioritized client risk. ~~nursing diagnostic~~
 6 ~~statements and/or reasoned conclusions, from available resources, which serve as the~~
 7 ~~basis for the plan or program of care.~~
- 8 (c) ~~Contributes to the development of a comprehensive plan of nursing care~~ or; ~~and~~
 9 ~~develops a focused plans of nursing care. This includes:~~
- 10 (A) ~~Identifying priorities in the plan of care;~~
- 11 (B) ~~Setting realistic and measurable goals to implement the plan of care~~ outcomes
 12 ~~in collaboration with the client and the healthcare team; and~~
- 13 (C) Selecting appropriate nursing interventions as established by the RN or
 14 ~~consistent with the LIP's plan of care and strategies;~~
- 15 (d) ~~Implement the plan of care by:~~
- 16 ~~(A) Implementing treatments and therapy, appropriate to the context of care,~~
 17 ~~including, but not limited to, medication administration, nursing activities, nursing,~~
 18 ~~medical and interdisciplinary orders; health teaching and health counseling; and~~
- 19 ~~(B) Documenting nursing interventions and responses to care in an accurate, timely,~~
 20 ~~thorough, and clear manner;~~
- 21 (e) ~~Evaluating client responses to nursing interventions, and progress toward desired~~
 22 ~~measurable outcomes.~~
- 23 (A) ~~Outcome data shall be used as a basis for reassessing the plan of care and modifying~~
 24 ~~nursing interventions; and~~
- 25 (B) ~~Outcome data shall be collected, documented and communicated~~ such ~~to appropriate~~
 26 ~~members of the health care team.~~
- 27 (4) Standards related to the LPN's responsibility to assign and supervise care. At the clinical
 28 ~~direction and under the clinical supervision of the RN or LIP, the LPN:~~
- 29 ~~(a) May assign to an LPN, nursing interventions that fall within LPN scope of practice and~~
 30 ~~that the licensee receiving the assignment has the competencies to perform safely;~~
- 31 ~~(b) May assign to the CNA and CMA the duties identified within Chapter 851 and Division~~
 32 ~~63 and that the certificate holder has the competencies to perform safely;~~
- 33 ~~(c) May assign to the UAP work the UAP is authorized to perform within the practice setting~~
 34 ~~and that the UAP has the competencies to perform safely;~~
- 35 ~~(d) Shall ensure the assignment matches client service need;~~
- 36 ~~(e) Shall provide clinical supervision of the LPN, CNA, CMA, and UAP to whom an~~
 37 ~~assignment has been made.~~
- 38 ~~(A) Provides supervision per the context of care;~~
- 39 ~~(B) Ensures documentation of supervision activities occurs per the context of the~~
 40 ~~assignment;~~
- 41 ~~(C) Evaluates the effectiveness of the assignment; and~~
- 42 ~~(D) Reports effectiveness of assignment to the supervising RN or supervising LIP.~~
- 43 ~~(f) Shall revise the assignment as directed by the supervising RN or supervising LIP.~~
- 44 ~~(g) Prior to making an assignment, the LPN is responsible to know which duties, activities,~~
 45 ~~or procedures the recipient of the assignment is authorized to perform within the setting.~~
- 46 (5) Standards related to the LPN's responsibility for client advocacy. The LPN shall:
- 47 ~~(a) Advocate for the client's right to receive appropriate care, including client-centered care~~
 48 ~~and end-of-life care, respectful of the client's needs, choices and dignity;~~

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- 1 (b) Intervene on behalf of the client to identify changes in health status, to protect, promote
 2 and optimize health, and to alleviate suffering.
- 3 (c) Advocate for the client's right to receive appropriate and accurate information;
- 4 (d) Communicate client's choices, concerns and special needs to the supervising RN or
 5 supervising LIP and to other members of the healthcare team; and
- 6 (e) Protect the client's right to participate or decline to participate in research.
- 7 (63) Standards related to the Licensed Practical Nurse LPN's responsibility for collaboration with the
 8 health care interdisciplinary team. The Licensed Practical Nurse LPN shall:
- 9 (a) Functions as a member of the health care team; to
- 10 (b) Collaborate in the development, implementation and evaluation of an integrated client-
 11 centered plans of care appropriate to the context of care;
- 12 (c) Demonstrates a knowledge of health care roles of members of the interdisciplinary team
 13 members' roles;
- 14 (d) Communicates with the supervising RN or supervising LIP and registered nurse and/or
 15 other relevant personnel health care team members regarding integrated client-centered
 16 the plans of care; and
- 17 (e) Makes referrals as directed in a timely manner and follow up on referrals made,
 18 necessary;
- 19 (7) Standards related to the LPN's responsibility for the environment of care. The LPN shall:
- 20 (a) Promote and advocate for an environment conducive to safety; and
- 21 (b) Identify safety and environmental concerns, take action to address those concerns, and
 22 report to the supervising RN or supervising LIP.
- 23 (84) Standards related to the Licensed Practical Nurse LPN's responsibility for leadership. The
 24 Licensed Practical Nurse:
- 25 (a) Contributes to the formulation, interpretation, implementation and evaluation of the
 26 policies, protocols and operating guidelines related to nursing practice, and to the needs
 27 of the clients served;
- 28 (b) Assists with the development and mentoring of other members of the healthcare team;
 29 and
- 30 (c) Identifies changes in clients and changes in the practice environment that require change
 31 in policy and/or protocol.
- 32 (5) Standards related to the Licensed Practical Nurse's responsibility for and quality of care. The
 33 Licensed Practical Nurse LPN shall:
- 34 (a) Identifies factors that affect the quality of client care and contributes to the development
 35 of quality improvement standards and processes nursing service delivery and report to
 36 the supervising RN or LIP;-
- 37 (b) Implement policies, protocols, and guidelines that are pertinent to nursing service
 38 delivery;
- 39 (c) Contributes to development and implementation of policies, protocols, and guidelines
 40 that are pertinent to the practice of nursing and to health services delivery; the collection
 41 of data related to the quality of nursing care; and
- 42 (d) Participate in quality improvement initiatives and activities within the practice setting;
- 43 (e) Participate in the development and mentoring of new licensees, nursing colleagues,
 44 students, and members of the health care team.
- 45 (c) Participates in the measurement of outcomes of nursing care and overall care at the
 46 individual and aggregate level.
- 47 (96) Standards related to the Licensed Practical Nurse LPN's responsibility for health promotion and
 48 teaching. At the clinical direction and under the clinical supervision of the RN or LIP, the LPN
 49 shall participate in the development, implementation and evaluation of teaching plans

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1 appropriate to the context of care, that address the learner's learning needs, readiness to learn,
 2 and ability to learn.

3 ~~The Licensed Practical Nurse:~~

4 ~~(a) — Selects or implements evidence-based health education plans that address the client's~~
 5 ~~context of care, culture, learning needs, readiness and ability to learn, in order to achieve~~
 6 ~~optimal health; and~~

7 ~~(b) — Evaluates the outcome of health education to determine effectiveness, adjusts teaching~~
 8 ~~strategies, and refers client to another licensed healthcare professional as needed.~~

9 (107) Standards related to the Licensed Practical Nurse LPN's responsibility for cultural
 10 responsivenessensitivity. The Licensed Practical Nurse LPN shall:

11 (a) — Applies a basic knowledge of cultural diversity, and

12 (b) — Recognize and respect the differences to collaborate with clients to provide healthcare
 13 that recognizes cultural values, beliefs, and customs of the client.

14
 15 Stat. Auth.: ORS 678.150

16 Stats. Implemented: ORS 678.150 & 678.010

17 Hist.: BN 4-2008, f. & cert. ef. 6-24-08

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 19
 20 **851-045-0060**

21 **Scope of Practice Standards for Registered Nurses**

22 (1) ~~The Board recognizes that the scope of practice for the registered nurse RN encompasses a~~
 23 ~~variety of roles, including, but not limited to:~~

24 ~~(a) Provision of client care;~~

25 ~~(b) Clinical direction and clinical Ssupervision of others in the provision of care;~~

26 ~~(c) Development and implementation of health care policy;~~

27 ~~(d) Consultation in the practice of nursing;~~

28 ~~(e) Nursing administration;~~

29 ~~(f) Nursing education;~~

30 ~~(g) Case management;~~

31 ~~(h) Nursing research;~~

32 ~~(i) Teaching health care providers and prospective health care providers; and~~

33 ~~(j) Specialization in advanced practice.~~

34 ~~(j) Nursing Informatics; and~~

35 ~~(k) Specialization as a nurse practitioner (NP), certified registered nurse anesthetist~~
 36 ~~(CRNA), or clinical nurse specialist CNS);-~~

37 (2) Standards related to the RN's responsibility for ethical practice, accountability for services
 38 provided, and competency. The RN shall:

39 (a) Base RN practice on current and evolving nursing science, other sciences, and the
 40 humanities;

41 (b) Be knowledgeable of the professional nursing practice and performance standards and
 42 adhere to those standards;

43 (c) Be knowledgeable of the statutes and regulations governing RN practice and practice
 44 within those legal boundaries;

45 (d) Demonstrate honesty, integrity and professionalism in the practice of registered nursing;

46 (e) Be accountable for individual RN actions;

47 (f) Maintain competency in one's RN practice role;

48 (g) Maintain documentation of the method that competency was acquired and maintained;

49 (h) Accept only RN assignments that are within one's individual scope of practice;

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- 1 (i) Recognize and respect a client's autonomy, dignity and choice;
 2 (j) Accept responsibility for notifying employer of an ethical objection to the provision of a
 3 specific nursing intervention;
 4 (k) Ensure unsafe nursing practices are addressed immediately;
 5 (l) Ensure unsafe practice and practice conditions are reported to the appropriate regulatory
 6 agency; and
 7 (m) Protect confidential client information and only share information in a manner that is
 8 consistent with current law.

9 (32) Standards related to the Registered Nurse RN's responsibility for nursing practice
 10 implementation. Through the application of scientific evidence, practice experience, and nursing
 11 judgment ~~Applying nursing knowledge, critical thinking and clinical judgment effectively in the~~
 12 ~~synthesis of biological, psychological, social, sexual, economic, cultural and spiritual aspects of~~
 13 ~~the client's condition or needs, the Registered Nurse RN shall:~~

- 14 (a) ~~Conduct and document initial and ongoing comprehensive assessments and focused~~
 15 ~~nursing assessments of the health status of clients by:~~
 16 (A) ~~Collecting objective and subjective data from observations, examinations,~~
 17 ~~interviews, and written records in an accurate and timely manner as appropriate~~
 18 ~~to the client's health care needs and context of care;~~
 19 (B) Validating data by utilizing available resources, including interactions with the
 20 client, with health care team members, and by accessing scientific literature.
 21 (C) ~~Distinguishing abnormal from normal data, sorting, selecting, recording,~~
 22 ~~analyzing/evaluating, synthesizing and reporting/communicating the data;~~
 23 (D) ~~Detecting/Identifying potentially inaccurate, incomplete or missing client~~
 24 ~~information/data and reporting data discrepancies as appropriate for the context~~
 25 ~~of care as needed;~~
 26 (E) ~~Anticipating and recognizing signs and symptoms of deviation from changes or~~
 27 ~~potential changes in client status; Identifying signs and symptoms of deviation~~
 28 ~~from current health status; and~~
 29 (F) Anticipating changes in client status; and
 30 (G) Evaluating the data to identify risks presented by the client.
 31 (E) ~~Validating data by utilizing available resources, including interactions with the~~
 32 ~~client and health team members.~~
 33 (b) Develop Establish and document nursing diagnostic statements and/or reasoned
 34 conclusions which serve as the basis for the plan or program of care that identify
 35 prioritized client risk.
 36 (c) Develop and coordinate a client-centered comprehensive and/or focused plan of nursing
 37 care based on analysis of the client's risks that: This includes:
 38 (A) Identifying/Establishes priorities in the plan of care;
 39 (B) Setting realistic and identifies measurable outcomes/goals to implement the plan
 40 of care in collaboration with the client and the healthcare team; and
 41 (C) Includes nursing interventions to address each identified diagnostic statement or
 42 reasoned conclusion. Developing nursing orders and identifying nursing
 43 strategies, interventions and actions;
 44 (d) Implement the plan of care, by:
 45 (A) ~~Implementing treatments and therapy, appropriate to the context of care,~~
 46 ~~including emergency measures, interpretation of medical orders, medication~~
 47 ~~administration, independent nursing activities, nursing, medical and~~
 48 ~~interdisciplinary orders, health teaching and health counseling; and~~

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- 1 ~~(B) Documenting nursing interventions and responses to care in an accurate, timely,~~
 2 ~~thorough, and clear manner.~~
- 3 (e) ~~Evaluating client responses to nursing interventions and progress toward identified~~
 4 ~~desired outcomes.~~
- 5 ~~(A) Outcome data shall be used as a basis for reassessing the plan of care and~~
 6 ~~modifying nursing interventions; and~~
- 7 ~~(B) Outcome data shall be collected, documented and communicated to appropriate~~
 8 ~~members of the healthcare team.~~
- 9 ~~(f) Update and modify the plan of care based on ongoing client assessment and evaluation~~
 10 ~~of data.~~
- 11 ~~(4) Standards related to the RN's responsibility to assign and supervise care.~~
- 12 ~~(a) The RN may assign to the RN, nursing interventions that fall with RN scope of practice~~
 13 ~~and that the licensee receiving the assignment has the competencies to perform safely;~~
- 14 ~~(b) The RN may assign to the LPN, nursing interventions that fall with LPN scope of practice~~
 15 ~~and that the licensee receiving the assignment has the competencies to perform safely;~~
- 16 ~~(c) The RN may assign to the CNA and CMA authorized duties identified within Chapter 851~~
 17 ~~Division 63 and that the certificate holder has the competencies to perform safely;~~
- 18 ~~(d) The RN may assign to the UAP work the UAP is authorized to perform within the setting~~
 19 ~~and that the UAP has the competencies to perform safely;~~
- 20 ~~(e) The RN shall ensure the assignment matches the client's service needs with qualified~~
 21 ~~personnel and available resources;~~
- 22 ~~(f) The RN shall provide clinical supervision of the RN, LPN, CNA, CMA, and UAP to whom~~
 23 ~~an assignment has been made.~~
- 24 ~~(A) Provide clinical supervision per the context of care;~~
- 25 ~~(B) Ensure documentation of supervision activities per the context of the assignment;~~
 26 ~~and,~~
- 27 ~~(C) Evaluate the effectiveness of the assignment;~~
- 28 ~~(g) The RN shall revise the assignment as indicated by client outcome data, availability of~~
 29 ~~qualified personnel and available resources.~~
- 30 ~~(h) Prior to making an assignment, the RN is responsible to know which duties, activities, or~~
 31 ~~procedures the recipient of the assignment is authorized to perform in the setting.~~
- 32 ~~(5) Standards related to the RN's responsibility for client advocacy. The RN shall:~~
- 33 ~~(a) Advocate for the client's right to receive appropriate care, including client-centered care~~
 34 ~~and end-of-life care, respectful of the client's needs, choices and dignity;~~
- 35 ~~(b) Intervene on behalf of the client to identify changes in health status, to protect, promote~~
 36 ~~and optimize health, and to alleviate suffering;~~
- 37 ~~(c) Advocate for the client's right to receive appropriate and accurate information;~~
- 38 ~~(d) Communicate client's choices, concerns and special needs to other members of the~~
 39 ~~healthcare team; and~~
- 40 ~~(e) Protect the client's right to participate or decline to participate in research.~~
- 41 ~~(63) Standards related to the Registered Nurse RN's responsibility for collaboration with an~~
 42 ~~interdisciplinary the health care team. The Registered Nurse RN shall:~~
- 43 ~~(a) Functions as a member of the health care team;~~
- 44 ~~(b)- to collaborate in the development, implementation and evaluation of integrated client-~~
 45 ~~centered plans of care as appropriate to the context of care;~~
- 46 ~~(cb) Demonstrates a knowledge of roles of health care team members' roles of the~~
 47 ~~interdisciplinary team;~~
- 48 ~~(de) Communicates with health care team members other relevant personnel regarding~~
 49 ~~integrated client-centered the plans of care; and~~

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- 1 (d) Makes referrals ~~as necessary~~ in a timely manner and ensures follow-up on these
 2 referrals.
- 3 (7) Standards related to the RN's responsibility for the environment of care. The RN shall:
 4 (a) Promote and advocate for an environment conducive to safety, and
 5 (b) Identify safety and environmental concerns, take action to address those concerns and
 6 report as needed.
- 7 ~~(84) Standards related to the Registered Nurse's responsibility for leadership. The Registered Nurse:~~
 8 ~~(a) Formulates, interprets, implements and evaluates the policies, protocols and operating~~
 9 ~~guidelines related to nursing practice, and the needs of the clients served;~~
 10 ~~(b) Assumes responsibility for the development and mentoring of other members of the healthcare~~
 11 ~~team; and~~
 12 ~~(c) When available, uses evidence to identify needed changes in practice, standards for policy~~
 13 ~~development, and clinical decision-making.~~
- 14 ~~(5) Standards related to the Registered Nurse's responsibility for and quality of care. The~~
 15 ~~Registered NurseRN shall:~~
 16 ~~(a) Identifies factors that affect the quality of nursing service and health services delivery;~~
 17 ~~client care and develops quality improvement standards and processes;~~
 18 ~~(b) Interpret and evaluate policies, protocols, and guidelines that are pertinent to nursing~~
 19 ~~practice and to health services delivery;~~
 20 ~~(c) Develop and implement policies, protocols, and guidelines that are pertinent to the~~
 21 ~~practice of nursing and to health services delivery;~~
 22 ~~(d) Participate in quality improvement initiatives and activities within the practice setting;~~
 23 ~~(e) Participate in the development and mentoring of new licensees, nursing colleagues,~~
 24 ~~students, and members of the health care team.~~
 25 ~~(b) Applies the knowledge and tools of continuous improvement in practice to improve the~~
 26 ~~delivery of healthcare; and~~
 27 ~~(c) Measures outcomes of nursing care and overall care at the individual and aggregate~~
 28 ~~level.~~
- 29 (96) Standards related to the Registered NurseRN's responsibility for health promotion and teaching.
 30 The Registered NurseRN shall :
 31 (a) ~~D~~develops and implements, and evaluate evidence-based health educationteaching
 32 plans that address the client's context of care, learning needs, readiness to learn and ,
 33 ability to learn, and culture, to achieve optimal health; and.
 34 (b) Evaluates the outcome of health education to determine effectiveness, adjusts teaching
 35 strategies, and refers client to another licensed healthcare professional as needed. This
 36 includes:
 37 (A) Client health promotion and health education.
 38 (B) Teaching a UAP how to administer injectable emergency medications as
 39 provided in ORS 433.800 – 433.830 Programs to Treat Allergic Response,
 40 Adrenal Insufficiency or and Hypoglycemia.
 41 (C) Teaching a UAP how to administer Naloxone as authorized by ORS 689.681.
 42 (D) Teaching a school personnel how to administer premeasured doses of
 43 epinephrine as provided in ORS 339.869.
 44 (E) Teaching a UAP how to administer noninjectable medications to a client in a
 45 community care setting as codified in Chapter 851 Division 47.
- 46
 47 (107) Standard related to the Registered NurseRN's responsibility for cultural sensitivity
 48 responsiveness. The Registered NurseRN shall:

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- 1 (a) Applies a broad knowledge and awareness of cultural diversity, and differences to
 2 collaborate with clients to provide healthcare that recognizes
 3 (b) Recognize and respect the cultural values, beliefs, and customs of the client.
- 4 (118) Standards Related to the RN Registered Nurse's responsibility to who delegates the
 5 performance of a nursing procedure to a UAP, and supervise the practice of nursing. The
 6 Registered Nurse:
- 7 (a) The RN may authorize a UAP to perform a nursing procedure through delegation process
 8 when polices of the setting, or policies supporting the RN's practice role, allow for RN
 9 delegation.
- 10 (b) The nursing process components of assessment, identification of reasoned conclusions,
 11 identification of outcomes, planning, and evaluation shall not be delegated.
- 12 (c) The RN maintains sole accountability for the decision to delegate, which includes the
 13 decision to decline to delegate, based application of these rules and nursing judgment.
- 14 (d) The RN maintains sole accountability for the completion of all delegation process steps.
- 15 (e) The RN's authorization of a UAP to perform a nursing procedure shall only occur when
 16 the following delegation process steps are met:
- 17 (A) Based on nursing judgment, the RN determines that:
- 18 (i) The procedure does not require interpretation or independent decision
 19 making during its performance on the client.
- 20 (ii) The results of performing the procedure are reasonably predictable.
- 21 (iii) The client's condition does not warrant assessment during performance
 22 of the procedure.
- 23 (iv) The selected client and circumstances of the delegation are such that
 24 delegation of the procedure to the UAP poses minimal risk to the client
 25 and the consequences of performing the procedure are not life-
 26 threatening.
- 27 (B) The RN teaches the nursing procedure to the UAP and competency validates the
 28 UAP in their safe and accurate performance of the procedure on the client. The
 29 RN holds sole accountability for these actions.
- 30 (C) The RN provides clear, accurate, retrievable, and accessible directions detailing
 31 the performance of the procedure and verifies the UAPs adherence to those
 32 directions.
- 33 (D) The RN retains professional accountability for nursing care as provided.
- 34 (f) The RN shall provide clinical supervision of the UAP to whom a procedure has been
 35 delegated. The clinical supervision shall include:
- 36 (A) Monitoring of the UAP's performance of the procedure to verify the UAP's
 37 adherence to written directions, and
- 38 (B) Engaging in ongoing evaluation of the client and associated data to determine
 39 the degree to which client outcomes related to performance of the procedure are
 40 being met.
- 41 (g) The RN shall only delegate the performance of a procedure to a UAP when standards
 42 851-045-0060(11)(a) through (g) are met.
- 43 (h) The RN holds the responsibility and accountability to rescind the UAP's authorization to
 44 perform the procedure based upon the RN's judgment concerning the client's situation.
 45 Causes for rescinding the UAP's authorization to perform the procedure include, but are
 46 not limited to, decreasing stability of the client's condition, increased potential for harm
 47 to the client, decreasing predictability of client outcomes, failure of the UAP to adhere to
 48 directions for performance of the procedure, inability of the RN to provide clinical
 49 supervision of the UAP to whom a procedure has been delegated.

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- 1 (i) The RN who accepts an assignment to delegate a nursing procedure to a UAP in a
 2 community based care environment shall also adhere to Chapter 851 Division 47
 3 standards on community based RN delegation.
- 4 ~~(a) Delegates to other Oregon licensed nurses and Certified Nursing Assistants or~~
 5 ~~Medication Aides tasks of nursing that may not be within the licensee's or certificate-~~
 6 ~~holder's normal duties but always fall within the licensee's scope of practice or certificate-~~
 7 ~~holder's authorized duties;~~
- 8 ~~(b) Delegates to Unlicensed Assistive Personnel;~~
- 9 ~~(c) Delegates only within the scope of Registered Nursing practice;~~
- 10 ~~(d) May delegate tasks of nursing, but may not delegate the nursing process. The core~~
 11 ~~nursing functions of assessment, planning, evaluation and nursing judgment cannot be~~
 12 ~~delegated;~~
- 13 ~~(e) Maintains responsibility, accountability and authority for teaching and delegation of tasks~~
 14 ~~of nursing;~~
- 15 ~~(f) Maintains sole responsibility, based on professional judgment, whether or not to delegate~~
 16 ~~a task of nursing or to rescind that delegation;~~
- 17 ~~(g) Maintains the right to refuse to delegate tasks of nursing if the Registered Nurse believes~~
 18 ~~it would be unsafe to delegate or is unable to provide adequate supervision;~~
- 19 ~~(h) Considers the training, experience and cultural competence of the delegated individual~~
 20 ~~as well as facility and agency policies and procedures before delegating.~~
- 21 ~~(i) Delegates tasks of nursing to another individual only if that individual has the necessary~~
 22 ~~skills and competence to accomplish those tasks of nursing safely;~~
- 23 ~~(j) Matches client needs with available, qualified personnel, resources and supervision;~~
- 24 ~~(k) Communicates directions and expectations for completion of the delegated tasks of~~
 25 ~~nursing;~~
- 26 ~~(l) Supervises others to whom nursing activities are delegated and monitors performance,~~
 27 ~~progress, and outcomes. Ensures documentation of the activity;~~
- 28 ~~(m) Evaluates the effectiveness of the delegation and the outcomes of the interventions;~~
- 29 ~~(n) Revises the plan of care as needed;~~
- 30 ~~(o) Follows OAR 851-047-0000 through 851-047-0040 when delegating tasks of nursing in~~
 31 ~~practice settings identified in those rules.~~
- 32 ~~(p) May not delegate the insertion or removal of devices intended for intravenous infusion;~~
 33 ~~and~~
- 34 ~~(q) May not delegate administration of medications by the intravenous route, except as~~
 35 ~~provided in OAR 851-047-0030.~~
- 36 (12) Standards Related to RN in the role of registered nurse first assistant (RNFA) in surgery.
- 37 (a) The RN who accepts an assignment to practice in the role of RNFA shall have
 38 successfully completed an RNFA program that meets the Association of Perioperative
 39 Nurses standards for the RN first assistant programs.
- 40 (b) Intraoperatively, the RNFA shall practice at the direction of the surgeon and not
 41 concurrently function in any non-RNFA practice role.
- 42 (c) The RNFA shall practice under the direct supervision of the surgeon who is on site in the
 43 unit of care and not otherwise engaged in any other uninterrupted procedure or activity.
- 44 (13) Standards related to the RN who is employed by a public or private school. Pursuant to ORS
 45 678.038, a RN who is employed by a public or private school may accept orders from a physician
 46 or osteopath who is licensed to practice in another state or US territory if the order is related to
 47 the treatment of a student who has been enrolled at the school for not more than 90 days.
- 48
- 49

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1
2 Stat. Auth.: ORS 678.150
3 Stats. Implemented: ORS 678.150 & 678.010
4 Hist.: BN 4-2008, f. & cert. ef. 6-24-08
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7 **851-045-0070**

8 **Conduct Derogatory to the Standards of Nursing Defined**

9 ~~Nurses, regardless of role, whose behavior~~ Conduct that adversely affects the health, safety, and
10 welfare of the public, fails to conform to the legal nursing standards, or fails to conform to and accepted
11 ~~standards of the nursing profession, or who may adversely affect the health, safety, and welfare of the~~
12 ~~public, may be found guilty of~~ is ~~conduct derogatory to the standards of nursing. Such conduct shall~~
13 ~~include, but is not limited to, the following:~~

14 (1) Conduct related to general fitness to practice nursing:

15 (a) Demonstrated incidents of violent, abusive, intimidating, neglectful or reckless behavior;
16 or

17 (b) Demonstrated incidents of dishonesty, misrepresentation, or fraud.

18 (24) Conduct related to achieving and maintaining clinical competency:

19 (a) ~~Performing acts beyond the authorized scope or the level of nursing for which the~~
20 ~~individual is licensed.~~

21 (ab) Failing to conform to the essential standards of acceptable and prevailing nursing
22 practice. Actual injury need not be established.

23 (b) Performing acts beyond the authorized scope or beyond the level of nursing for which
24 the individual is licensed.

25 (c) Accepting an assignment when individual competencies necessary to safely perform the
26 assignment have not been established or maintained. (c) Assuming duties and
27 responsibilities within the practice of nursing for direct client care, supervisory,
28 managerial or consulting roles without documented preparation for the duties and
29 responsibilities and when competency has not been established and maintained; and

30 (d) ~~Performing new nursing techniques or procedures without documented education~~
31 ~~specific to the technique or procedure and clinical preceptored experience to establish~~
32 ~~competency.~~

33 (34) Conduct related to the client's safety and integrity:

34 (a) ~~Developing, modifying, or implementing standards of nursing practice/care which~~
35 ~~policies that jeopardize patient/client safety.~~

36 (b) Failing to take action to preserve or promote the client's safety based on nursing
37 assessment and judgment.

38 (c) Failing to develop, implement and/or follow through with the plan of care.

39 (d) ~~Failing to modify, or failing to attempt to modify the plan of care as needed based on~~
40 ~~nursing assessment and judgment, either directly or through proper channels.~~

41 (de) Assigning persons to perform functions for which they are not prepared to perform or
42 that is which are beyond their scope of practice, authorized duties, or job functions.
43 /scope of duties.

44 (f) ~~Improperly delegating tasks of nursing care to unlicensed persons in settings where a~~
45 ~~registered nurse is not regularly scheduled.~~

46 (eg) Failing to clinically supervise persons to whom an assignment has been made. nursing
47 tasks have been assigned.

48 (f) Assuming duties and responsibilities within the practice of nursing when competency
49 has not been established or maintained.

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- 1 (fg) Improperly delegating the performance of a nursing procedure to a UAP. tasks of nursing
 2 care to unlicensed persons in settings where a registered nurse is not regularly
 3 scheduled.
- 4 (h) Failing to teach and clinically supervise unlicensed persons a UAP to whom a nursing
 5 procedure has to whom nursing tasks have been delegated.
- 6 (i) Leaving a client care assignment during the previously agreed upon work time period
 7 without notifying the appropriate supervisory personnel and confirming that nursing care
 8 for the client(s) will be continued.
- 9 (ij) Leaving or failing to complete any nursing assignment, including a supervisory
 10 assignment, without notifying the appropriate personnel and confirming that nursing
 11 assignment responsibilities will be met.
- 12 (jk) Failing to report through proper channels, facts known regarding the incompetent,
 13 unethical, unsafe or illegal practice of any health care provider per ORS 676.
- 14
- 15 (l) Failing to respect the dignity and rights of clients, inclusive of regardless of social or
 16 economic status, age, race, religion, sex, sexual orientation, national origin, nature of
 17 health needs, physical attributes, or disability.
- 18 (m) Failing to report actual or suspected incidents of abuse, neglect or mistreatment.
- 19 (nm) Engaging in or attempting to engage in sexual contact with a client in any setting; and
 20 (o) Engaging in sexual misconduct with a client in the workplace.
- 21 (np) Failing to establish or maintain professional boundaries with a client.
- 22 (q) Using social media to communicate, post, or otherwise distribute protected client data
 23 including client image and client identifiers.
- 24 (43) Conduct related to communication:
- 25 (a) Inaccurate recordkeeping in client or agency records. Failure to accurately document
 26 nursing interventions and nursing practice implementation.
- 27 (b) Failure to document nursing interventions and nursing practice implementation in a
 28 timely, accurate, thorough, and clear manner. This includes failing to document a late
 29 entry within a reasonable time period. Incomplete recordkeeping regarding client care;
 30 including, but not limited, to failure to document care given or other information important
 31 to the client's care or documentation which is inconsistent with the care given.
- 32 (c) Entering inaccurate, incomplete, falsified or altered documentation into a health record
 33 or agency records. This include but is not limited to:
- 34 (A) Documenting nursing practice implementation that did not occur;
 35 (B) Documenting the provision of services that were not provided;
 36 (C) Failing to document information pertinent to a client's care;
 37 (D) Documenting someone else's charting omissions or signing someone else's
 38 name;
 39 (E) Falsifying data;
 40 (F) Altering or changing words or characters within an existing document to mislead
 41 the reader; or
 42 (G) Entering late entry documentation into the record that does not demonstrate the
 43 date and time of the initial event documented, the date and time the late entry is
 44 being placed into the record, or the signature of the licensee placing the late entry
 45 documentation to the record.
- 46 (c) Falsifying a client or agency record or records prepared for an accrediting or
 47 credentialing entity; including, but not limited to, filling in someone else's omissions,
 48 signing someone else's name, record care not given, and fabricating data/values.

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- 1 ~~(d) — Altering a client or agency record or records prepared for an accrediting or credentialing~~
 2 ~~entity; including, but not limited to, changing words/letters/numbers from the original~~
 3 ~~document to mislead the reader of the record, adding to the record after the original~~
 4 ~~time/date without indicating a late entry.~~
- 5 ~~(de) Destroying a client or agency record or records prepared for an accrediting or~~
 6 ~~credentialing entity to conceal a record of care.~~
- 7 ~~(ef) Directing another individual person to falsify, alter or destroy client or an agency records,~~
 8 ~~a client's health record, or any document to conceal a record of care. or records prepared~~
 9 ~~for an accrediting or credentialing entity.~~
- 10 ~~(g) — Failing to maintain client records in a timely manner which accurately reflects~~
 11 ~~management of client care, including failure to make a late entry within a reasonable~~
 12 ~~time period.~~
- 13 ~~(fh) Failing to communicate information regarding the client's status to members of the health~~
 14 ~~care team (physician, nurse practitioner, nursing supervisor, nurse co-worker) in an~~
 15 ~~ongoing and timely manner as appropriate to the context of care; and~~
- 16 ~~(gi) Failing to communicate information regarding the client's status to other individuals who~~
 17 ~~are authorized to receive information and have a need to know; for example, family, and~~
 18 ~~facility administrator.~~
- 19 ~~(58) Conduct related to the client's family:~~
- 20 ~~(a) Failing to be respectful to the rights of the client's family and the client's relationship with~~
 21 ~~their family;~~
 22 ~~regardless of social or economic status, race, religion or national origin.~~
- 23 ~~(b) Using the nurse-client relationship one's title or position as a nurse to exploit the client's~~
 24 ~~family for the nurse's personal gain or for any other reason.~~
- 25 ~~(c) Theft of Stealing money, property, services or supplies from the client's family; and~~
- 26 ~~(d) Soliciting or borrowing money, materials or property from the client's family.~~
- 27 ~~(e) Engaging in unacceptable behavior towards, or in the presence of, the client's family.~~
 28 ~~Such behavior includes but is not limited to using derogatory names, derogatory or~~
 29 ~~threatening gestures, or profane language.~~
- 30 ~~(6) Conduct related to co-workers and health care team members:~~
- 31 ~~(a) Engaging in violent, abusive or threatening behavior towards a co-worker, or~~
- 32 ~~(b) Engaging in violent, abusive, or threatening behavior that relates to the delivery of safe~~
 33 ~~delivery of nursing services.~~
- 34 ~~(7) Conduct related to impaired function:~~
- 35 ~~(a) Practicing nursing when unable or unfit due to:~~
- 36 ~~(A) Physical impairment as evidenced by documented deterioration of functioning in~~
 37 ~~the practice setting or by the assessment of an LIP qualified to diagnose physical~~
 38 ~~condition or status, or~~
- 39 ~~(B) Psychological or mental impairment as evidenced by documented deterioration of~~
 40 ~~functioning in the practice setting or by the assessment of an LIP qualified to~~
 41 ~~diagnose mental conditions or status; or~~
- 42 ~~(b) Practicing nursing when physical or mental ability to practice is impaired by use of~~
 43 ~~prescription or non-prescription drug, alcohol or mind-altering substance; or~~
- 44 ~~(c) Using of a prescription or non-prescription drug, alcohol or mind-altering substance to~~
 45 ~~an extent or in a manner dangerous or injurious to the licensee or others or to an extent~~
 46 ~~that such use impairs the ability to conduct safely the practice of nursing.~~
- 47 ~~(82) Conduct related to other federal or state statute or rule violations:~~
- 48 ~~(aj) Aiding, abetting, or assisting an individual to violate or circumvent any law, rule or~~
 49 ~~regulation intended to guide the conduct of nurses or other health care providers.~~

 Oregon State Board of Nursing ▪ Oregon Administrative Rules

- 1
2 (b) Violating the rights of privacy, confidentiality of information, or knowledge concerning the
3 client, unless required by law to disclose such information.
- 4 (c) Discriminating against a client on the basis of age, race, religion, gender, sexual
5 preference, national origin or disability.
- 6 ~~(da)~~ Abusing a client. The definition of abuse includes, but is not limited to, intentionally
7 causing physical or emotional harm or discomfort, striking a client, intimidating,
8 threatening or harassing a client, wrongfully taking or appropriating money or property,
9 or knowingly subjecting a client to distress by conveying a threat to wrongfully take or
10 appropriate money or property in a manner that causes the client to believe the threat
11 will be carried out.
- 12 ~~(eb)~~ Neglecting a client. The definition of neglect includes, but is not limited to, carelessly
13 allowing a client to be in physical discomfort or be injured.
- 14 ~~(c)~~ Engaging in other unacceptable behavior towards or in the presence of a client such as
15 using derogatory names or gestures or profane language.
- 16 ~~(fd)~~ Failing to report actual or suspected incidents of client abuse through the proper
17 channels in the work place and to the appropriate state agencies.
- 18 (g) Failing to report actual or suspected incidents of client abuse or neglect through the
19 proper channels in the work place.
- 20 ~~(he)~~ Engaging in other unacceptable behavior towards or in the presence of a client. Such
21 conduct includes but is not limited to using derogatory names, derogatory gestures or
22 profane language. Failing to report actual or suspected incidents of child abuse or elder
23 abuse to the appropriate state agencies.
- 24 ~~(ig)~~ Soliciting or borrowing money, materials, or property from clients.
- 25 (j) Stealing money, property, services or supplies from the client.
- 26 (ki) Possessing, obtaining, attempting to obtain, furnishing, or administering prescription or
27 controlled drugs to any person, including self, except as directed by a person authorized
28 by law to prescribe drugs.
- 29 (
- 30 ~~(lf)~~ Unauthorized removal or attempted removal of narcotics, other drugs, supplies, property,
31 or money from clients, anyone in the work place, or any person.
- 32 ~~(g)~~ Soliciting or borrowing money, materials, or property from clients.
- 33 (m) Unauthorized removal of client records, client information, facility property, policies or
34 written standards from the work place.
- 35 ~~(nh)~~ Using one's role as a the nurse client relationship to exploit the client by gaining, defraud
36 a person of their personal property or other items of value from the client either for
37 personal gain or sale, beyond the compensation for nursing services possessions.
- 38 ~~(i)~~ Possessing, obtaining, attempting to obtain, furnishing, or administering prescription or
39 controlled drugs to any person, including self, except as directed by a person authorized
40 by law to prescribe drugs.
- 41 ~~(om)~~ Violating a person's the rights of privacy and, confidentiality of information, or knowledge
42 concerning the client by obtaining the accessing information without proper authorization
43 or when there is no "without a demonstrated need to know."
- 44 (p) Engaging in unsecured transmission of protected client data.
- 45 ~~(qe)~~ Failing to dispense or administer medications, including Methadone, in a manner
46 consistent with state and federal law.
- 47 (r) Failure to release a client's health record within 60 days from receipt of written notice for
48 release of records. This includes requests for records after closure of practice.
- 49 (s) Improper billing practices including the submission of false claims.

 Oregon State Board of Nursing ▪ Oregon Administrative Rules

- 1 (t) Failing to properly maintain records after closure of practice or practice setting.
 2 (u) Failure to notify client of closure of practice and of the location of their health records.
 3 (v) Failure to report to the Board the licensee's arrest for a felony crime within 10 days of
 4 the arrest.
 5 (w) Failure to report to the Board the licensee's conviction of a misdemeanor or a felony
 6 crime within 10 days of the conviction.
 7 ~~(j) Aiding, abetting, or assisting an individual to violate or circumvent any law, rule or~~
 8 ~~regulation intended to guide the conduct of nurses or other health care providers.~~
 9 ~~(k) Failing to conduct practice without discrimination on the basis of age, race, religion, sex,~~
 10 ~~sexual orientation, national origin, nature of health needs, or disability.~~
 11 ~~(l) Violating the rights of privacy, confidentiality of information, or knowledge concerning the~~
 12 ~~client, unless required by law to disclose such information or unless there is a "need to~~
 13 ~~know."~~
 14 ~~(m) Violating the rights of privacy, confidentiality of information, or knowledge concerning the~~
 15 ~~client by obtaining the information without proper authorization or when there is no "need~~
 16 ~~to know."~~
 17 ~~(n) Unauthorized removal of client records, client information, facility property, policies or~~
 18 ~~written standards from the work place; and~~
 19 ~~(o) Failing to dispense or administer medications, including Methadone, in a manner consistent with~~
 20 ~~state and federal law. (96) Conduct related to licensure or certification violations:~~
 21 (ae) Resorting to fraud, misrepresentation, or deceit during the application process for
 22 licensure or certification, while taking the examination for licensure or certification, while
 23 obtaining initial licensure or certification or renewal of licensure or certification.
 24 (ba) Practicing nursing without a current Oregon license or certificate.
 25 (cb) Practicing as a nurse practitioner or clinical nurse specialist without a current Oregon
 26 certificate.
 27 (d) Practicing as a certified registered nurse anesthetist (CRNA) without a current Oregon
 28 CRNA license.
 29 (ee) Allowing another person to use one's nursing license or certificate for any purpose.
 30 (fd) Using another's person's nursing license or certificate for any purpose.
 31 ~~(e) Resorting to fraud, misrepresentation, or deceit during the application process for~~
 32 ~~licensure or certification, while taking the examination for licensure or certification, while~~
 33 ~~obtaining initial licensure or certification or renewal of licensure or certification.~~
 34 (gf) Impersonating any applicant or acting as a proxy for the applicant in any nurse licensure
 35 or certification examination;
 36 (hg) Disclosing the contents of a nurse licensure or certification the examination or soliciting,
 37 accepting or compiling information regarding the contents of the examination before,
 38 during or after its administration.; and
 39 (h) Failing to obtain Board authorization prior to participating in a clinical practicum in Oregon
 40 for nursing students enrolled in a Non-Oregon Based Graduate Program.
 41
 42 ~~(3) Conduct related to communication:~~
 43 ~~(a) Inaccurate recordkeeping in client or agency records.~~
 44 ~~(b) Incomplete recordkeeping regarding client care; including, but not limited, to failure to~~
 45 ~~document care given or other information important to the client's care or documentation~~
 46 ~~which is inconsistent with the care given.~~
 47 ~~(c) Falsifying a client or agency record or records prepared for an accrediting or~~
 48 ~~credentialing entity; including, but not limited to, filling in someone else's omissions,~~
 49 ~~signing someone else's name, record care not given, and fabricating data/values.~~

 Oregon State Board of Nursing ▪ Oregon Administrative Rules

- 1 ~~(d) — Altering a client or agency record or records prepared for an accrediting or credentialing~~
 2 ~~entity; including, but not limited to, changing words/letters/numbers from the original~~
 3 ~~document to mislead the reader of the record, adding to the record after the original~~
 4 ~~time/date without indicating a late entry.~~
- 5 ~~(e) — Destroying a client or agency record or records prepared for an accrediting or~~
 6 ~~credentialing entity.~~
- 7 ~~(f) — Directing another person to falsify, alter or destroy client or agency records or records~~
 8 ~~prepared for an accrediting or credentialing entity.~~
- 9 ~~(g) — Failing to maintain client records in a timely manner which accurately reflects~~
 10 ~~management of client care, including failure to make a late entry within a reasonable~~
 11 ~~time period.~~
- 12 ~~(h) — Failing to communicate information regarding the client's status to members of the health~~
 13 ~~care team (physician, nurse practitioner, nursing supervisor, nurse co-worker) in an~~
 14 ~~ongoing and timely manner; and~~
- 15 ~~(i) — Failing to communicate information regarding the client's status to other individuals who~~
 16 ~~need to know; for example, family, and facility administrator.~~
- 17 ~~(4) — Conduct related to achieving and maintaining clinical competency:~~
- 18 ~~(a) — Performing acts beyond the authorized scope or the level of nursing for which the~~
 19 ~~individual is licensed.~~
- 20 ~~(b) — Failing to conform to the essential standards of acceptable and prevailing nursing~~
 21 ~~practice. Actual injury need not be established.~~
- 22 ~~(c) — Assuming duties and responsibilities within the practice of nursing for direct client care,~~
 23 ~~supervisory, managerial or consulting roles without documented preparation for the~~
 24 ~~duties and responsibilities and when competency has not been established and~~
 25 ~~maintained; and~~
- 26 ~~(d) — Performing new nursing techniques or procedures without documented education~~
 27 ~~specific to the technique or procedure and clinical preceptored experience to establish~~
 28 ~~competency.~~
- 29 ~~(5) — Conduct related to impaired function:~~
- 30 ~~(a) — Practicing nursing when unable/unfit to perform procedures and/or make decisions due~~
 31 ~~to physical impairment as evidenced by documented deterioration of functioning in the~~
 32 ~~practice setting and/or by the assessment of a health care provider qualified to diagnose~~
 33 ~~physical condition/status.~~
- 34 ~~(b) — Practicing nursing when unable/unfit to perform procedures and/or make decisions due~~
 35 ~~to psychological or mental impairment as evidenced by documented deterioration of~~
 36 ~~functioning in the practice setting and/or by the assessment of a health care provider~~
 37 ~~qualified to diagnose mental condition/status; and~~
- 38 ~~(c) — Practicing nursing when physical or mental ability to practice is impaired by use of drugs,~~
 39 ~~alcohol or mind-altering substances.~~
- 40 ~~(d) — Use of drugs, alcohol or mind-altering substances to an extent or in a manner dangerous~~
 41 ~~or injurious to the licensee or others or to an extent that such use impairs the ability to~~
 42 ~~conduct safely the practice for which the licensee is licensed.~~
- 43 ~~(6) — Conduct related to licensure or certification violations:~~
- 44 ~~(a) — Practicing nursing without a current Oregon license or certificate.~~
- 45 ~~(b) — Practicing as a nurse practitioner or clinical nurse specialist without a current Oregon~~
 46 ~~certificate.~~
- 47 ~~(c) — Allowing another person to use one's nursing license or certificate for any purpose.~~
- 48 ~~(d) — Using another's nursing license or certificate for any purpose.~~

Oregon State Board of Nursing ▪ Oregon Administrative Rules

- 1 ~~(e) — Resorting to fraud, misrepresentation, or deceit during the application process for~~
2 ~~licensure or certification, while taking the examination for licensure or certification, while~~
3 ~~obtaining initial licensure or certification or renewal of licensure or certification.~~
4 ~~(f) — Impersonating any applicant or acting as a proxy for the applicant in any nurse licensure~~
5 ~~or certification examination;~~
6 ~~(g) — Disclosing the contents of the examination or soliciting, accepting or compiling~~
7 ~~information regarding the contents of the examination before, during or after its~~
8 ~~administration; and~~
9 ~~(h) — Failing to obtain Board authorization prior to participating in a clinical practicum in Oregon~~
10 ~~for nursing students enrolled in a Non-Oregon Based Graduate Program.~~
11 (107) Conduct related to the licensee's relationship with the Board:
12 ~~(ae) — Failing to fully cooperate with the Board during the course of an investigation, including~~
13 ~~but not limited to, waiver of confidentiality privileges, except client-attorney privilege.~~
14 ~~(b) — Failing to answer truthfully and completely any question asked by the Board on an~~
15 ~~application for licensure or during the course of an investigation or any other question~~
16 ~~asked by the Board.~~
17
18 ~~(ca) — Failing to provide the Board with any documents requested by the Board.~~
19 ~~(b) — Failing to answer truthfully and completely any question asked by the Board on an~~
20 ~~application for licensure or during the course of an investigation or any other question~~
21 ~~asked by the Board.~~
22 ~~(c) — Failing to fully cooperate with the Board during the course of an investigation, including~~
23 ~~but not limited to, waiver of confidentiality privileges, except client-attorney privilege.~~
24 ~~(d) — Violating the terms and conditions of a Board order; and~~
25 ~~(e) — Failing to comply with the terms and conditions of Nurse Monitoring — Health~~
26 ~~Professionals' Services Program agreements.~~
27 ~~(8) — Conduct related to the client's family:~~
28 ~~(a) — Failing to respect the rights of the client's family regardless of social or economic status,~~
29 ~~race, religion or national origin.~~
30 ~~(b) — Using the nurse-client relationship to exploit the family for the nurse's personal gain or~~
31 ~~for any other reason.~~
32 ~~(c) — Theft of money, property, services or supplies from the family; and~~
33 ~~(d) — Soliciting or borrowing money, materials or property from the family.~~
34 ~~(9) — Conduct related to co-workers: Violent, abusive or threatening behavior towards a co-worker~~
35 ~~which either occurs in the presence of clients or otherwise relates to the delivery of safe care to~~
36 ~~clients.~~
37 (4011) Conduct related to advanced practice nursing:
38 (a) Ordering laboratory or other diagnostic tests or treatments or therapies for one's self.
39 (b) Prescribing for or dispensing medications to one's self.
40 (c) Using self-assessment and diagnosis as the basis for the provision of care which would
41 otherwise be provided by a client's professional caregiver.
42 ~~(d) — Billing fraudulently.~~
43 ~~(e) — Failing to release patient records upon receipt of request or release of information,~~
44 ~~including after closure of practice, and within a reasonable time, not to exceed 60 days~~
45 ~~from receipt of written notification from patient.~~
46 ~~(df) — Ordering unnecessary laboratory or other diagnostic test or treatments for the purpose~~
47 ~~of personal gain; and~~
48 ~~(g) — Failing to properly maintain patient records after closure of practice or practice setting.~~
49

Oregon State Board of Nursing ▪ Oregon Administrative Rules

1 Stat. Auth: ORS 678.150

2 Stats. Implemented: ORS 678.150, 678.111 & 678.390

3 Hist.: BN 4-2008, f. & cert. ef. 6-24-08; BN 2-2010(Temp), f. & cert. ef. 4-19-10 thru 10-15-10; BN 12-
4 2010, f. & cert. ef. 9-30-10; BN 5-2012, f. 5-7-12, cert .ef. 6-1-12

5
6
7 **851-045-0080**

8 ~~**Criminal Conviction History/Falsification of Application Denial of Licensure; Revocation of**~~
9 ~~**Licensure**~~

10 ~~(1) As of the effective date of this rule, the Board will issue a Notice to Deny Licensure to an~~
11 ~~applicant for initial licensure or re-licensure as a Licensed Practical Nurse or Registered Nurse,~~
12 ~~following the provisions of the Administrative Procedure Act in contested case hearings, to~~
13 ~~persons who have been convicted as an adult, or found responsible except for mental illness,~~
14 ~~or adjudicated as a juvenile for the following crimes as set forth in Oregon law or comparable~~
15 ~~law in other jurisdictions:~~

16 ~~(a) Aggravated Murder, as in ORS 163.095 and 115;~~

17 ~~(b) First Degree Manslaughter, as in ORS 163.118;~~

18 ~~(c) Second Degree Manslaughter, as in ORS 163.125;~~

19 ~~(d) First Degree Assault, as in ORS 163.185;~~

20 ~~(e) Second Degree Assault, as in ORS 163.175;~~

21 ~~(f) First Degree Criminal Mistreatment, as in ORS 163.205;~~

22 ~~(g) Second Degree Criminal Mistreatment, as in ORS 163.200;~~

23 ~~(h) First Degree Kidnapping, as in ORS 163.235;~~

24 ~~(i) First Degree Rape, as in ORS 163.375;~~

25 ~~(j) Second Degree Rape, as in ORS 163.365;~~

26 ~~(k) Third Degree Rape, as in ORS 163.355;~~

27 ~~(l) First Degree Sodomy, as in ORS 163.405;~~

28 ~~(m) Second Degree Sodomy, as in ORS 163.395;~~

29 ~~(n) Third Degree Sodomy, as in ORS 163.385;~~

30 ~~(o) First Degree Unlawful Sexual Penetration, as in ORS 163.411;~~

31 ~~(p) Second Degree Unlawful Sexual Penetration, as in ORS 163.408;~~

32 ~~(q) First Degree Sexual Abuse, as in ORS 163.427;~~

33 ~~(r) Second Degree Sexual Abuse, as in ORS 163.425;~~

34 ~~(s) Contributing to the Sexual Delinquency of a Minor, as in ORS 163.435;~~

35 ~~(t) Sexual Misconduct, as in ORS 163.445;~~

36 ~~(u) Child Abandonment, as in ORS 165.535;~~

37 ~~(2) Any individual who applies for initial licensure or re-licensure as a practical nurse or registered~~
38 ~~nurse from the effective date of these rules, who has a history of arrests and convictions over~~
39 ~~an extended period of time will be issued a Notice to Deny Licensure following the provisions of~~
40 ~~the Administrative Procedure Act in contested case hearings.~~

41 ~~(3) All other applicants with conviction histories, other than those listed above, including crimes~~
42 ~~which are drug and alcohol related, will be considered on an individual basis. The following~~
43 ~~factors will be considered by the Board:~~

44 ~~(a) Evidence of rehabilitation;~~

45 ~~(b) The length of time since the conviction to the time of application for licensure as a~~
46 ~~practical nurse or registered nurse;~~

47 ~~(c) The circumstances surrounding the commission of the crime which demonstrate that a~~
48 ~~repeat offense is not likely; and~~

49 ~~(d) Character references.~~

 Oregon State Board of Nursing ▪ Oregon Administrative Rules

1 ~~(4) As of the effective date of these rules, any individual who applies for initial licensure or re-~~
 2 ~~licensure as a practical nurse or registered nurse, and supplies false or incomplete information~~
 3 ~~to the Board on an application for licensure regarding the individual's criminal conviction record,~~
 4 ~~will be issued a Notice to Deny Licensure under the provisions of the Administrative Procedure~~
 5 ~~Act in contested case hearings.~~

6
 7 Stat. Auth.: ORS 678.150

8 Stats. Implemented: ORS 678.150 & 678.111

9 Hist.: BN 4-2008, f. & cert. ef. 6-24-08

10
 11
 12 **851-045-0090**

13 **Duty to Report Mandatory Reporting Defined**

14 ~~(1) It is not the intent of the Board of Nursing that each and every nursing error be reported.~~

15 ~~(2) It is not the intent of the Board of Nursing that mandatory reporting take away the disciplinary~~
 16 ~~ability and responsibility from the employer of the nurse.~~

17 These standards provide further interpretation of reporting requirements pursuant to ORS 678.135 with
 18 application to all licensees, including one's own practice, when behavior or practice presents a potential
 19 for, or actual danger to a client or to the public's health, safety and welfare.

20 ~~(1)~~ A licensee Anyone knowing of a licensed nurse whose behavior or nursing practice fails to meet
 21 accepted standards for the level at which the nurse is licensed, shall report the nurse to the
 22 person in the work setting who has authority to institute corrective action.

23 ~~(2)~~ A licensee Anyone who has knowledge or concern that at the nurse's behavior or practice
 24 presents a potential for, or actual danger to a client or to the public's health, safety and welfare,
 25 shall initiate report or cause a report to be made to the Board of Nursing.

26 ~~Failure of any licensed nurse to comply with this reporting requirement may in itself constitute a violation~~
 27 ~~of nursing standards.~~

28 ~~(3)~~ A licensee who is aware of a licensed nurse's arrest or conviction of a crime related to a client,
 29 or related to the public's health, safety, and welfare shall initiate a report to the Board.

30 (4) Any organization representing licensed nurses shall report a suspected violation of ORS
 31 Chapter 678, or the rules adopted within, in the manner prescribed by sections (5) and (6) of
 32 this rule.

33 (5) The decision to report a suspected violation of ORS Chapter 678, or the rules adopted within,
 34 shall be based on, but not limited to, the following:

35 (a) The past history of the licensee's performance;

36 (b) A demonstrated pattern of substandard practice, errors in practice or conduct derogatory
 37 to the standards of nursing, despite efforts to assist the licensee to improve practice or
 38 conduct through a plan of correction; and

39 (c) The magnitude of any single occurrence for actual or potential harm to the public's
 40 health, safety and welfare.

41 (6) The following shall always be reported to the Board of Nursing:

42 ~~(a) A nurse imposter. As used here "nurse imposter" means an individual who has not~~
 43 ~~attended or completed a nursing education program or who is ineligible for nursing~~
 44 ~~licensure as a LPN or RN and who practices or offers to practice nursing or uses any~~
 45 ~~title, abbreviation, card, or device to indicate that the individual is licensed to practice~~
 46 ~~nursing in Oregon;~~

47 ~~(ab) Practicing nursing when the license has become void due to nonpayment of fees.;~~

48 ~~(be) Practicing nursing as defined in ORS 678.010 unless licensed as a registered nurse or~~
 49 ~~licensed practical nurse or certified as a nurse practitioner.;~~

 Oregon State Board of Nursing ▪ Oregon Administrative Rules

- 1 ~~(d) Arrest for or conviction of a crime which relates adversely to the practice of nursing or~~
 2 ~~the ability to safely practice nursing;~~
 3 ~~(ce) Dismissal from employment due to unsafe practice or conduct derogatory to the~~
 4 ~~standards of nursing;~~
 5 ~~(df) Client abuse or neglect;~~
 6 ~~(eg) A pattern of conduct derogatory to the standards of nursing as defined by the rules of~~
 7 ~~the Board or a single serious occurrence;~~
 8 ~~(fh) Any violation of a disciplinary sanction imposed on the licensee by the Board of Nursing;~~
 9 ~~(gi) Failure of a nurse not licensed in Oregon and hired to meet a temporary staffing shortage~~
 10 ~~to apply for Oregon licensure by the day the nurse is placed on staff;~~
 11 ~~(hj) Practicing nursing when physical or mental ability to practice is impaired. Substance~~
 12 ~~abuse as defined in ORS 678.111(e); and~~
 13 ~~(k) Any other cause for discipline as defined in ORS 678.111.~~
 14 ~~(i) An arrest for a felony crime within 10 days of the arrest.~~
 15 ~~(j) A conviction for a misdemeanor or felony crime within 10 days of the conviction.~~
 16 ~~(7) Failure of a licensee to comply with these reporting standards may in itself constitute a violation~~
 17 ~~of nursing standards.~~

18
 19 Stat. Auth.: ORS 678.150

20 Stats. Implemented: ORS 678.150

21 Hist.: BN 4-2008, f. & cert. ef. 6-24-08

22
 23
 24 **851-045-0100**

25 **Imposition of Civil Penalties**

- 26 (1) Imposition of a civil penalty does not preclude disciplinary sanction against the nurse's license.
 27 Disciplinary sanction against the nurse's license does not preclude imposing a civil penalty.
 28 Criminal conviction does not preclude imposition of a civil penalty for the same offense.
- 29 (2) Civil penalties may be imposed according to the following schedule:
- 30 (a) Practicing nursing as a Licensed Practical Nurse (LPN), Registered Nurse (RN), Nurse
 31 Practitioner (NP), Certified Registered Nurse Anesthetist (CRNA) or Clinical Nurse
 32 Specialist (CNS) without a current license or certificate or Board required concurrent
 33 national certification; or prescribing, dispensing, or distributing drugs without current
 34 prescription writing authority, due to failure to renew and continuing to practice \$50 per
 35 day, up to \$5,000.
- 36 (b) Using a limited license to practice nursing for other than its intended purpose \$100 per
 37 day.
- 38 (c) Nurses not licensed in Oregon hired to meet a temporary staffing shortage who fail to
 39 make application for an Oregon license by the day placed on staff \$100 per day up to
 40 \$3,000.
- 41 (d) Practicing nursing prior to obtaining an Oregon license by examination or endorsement
 42 \$100 per day.
- 43 (e) Unlicensed practice pursuant to ORS 678.021 Nurse imposter up to \$5,000. "Nurse
 44 Imposter" means an individual who has not attended or completed a nursing education
 45 program or who is ineligible for nursing licensure or certification as a LPN, RN, NP,
 46 CRNA or CNS and who practices or offers to practice nursing or uses any title,
 47 abbreviation, card or device to indicate that the individual is so licensed or certified to
 48 practice nursing in Oregon; and

 Oregon State Board of Nursing ▪ Oregon Administrative Rules

- 1 (f) Conduct derogatory to the standards of nursing \$1,000–\$5,000. The following factors
 2 will be considered in determining the dollar amount, to include, but not be limited to:
 3 (A) Intent;
 4 (B) Damage and/or injury to the client;
 5 (C) History of performance in current and former employment settings;
 6 (D) Potential danger to the public health, safety and welfare;
 7 (E) Prior offenses or violations including prior complaints filed with the Board and
 8 past disciplinary actions taken by the Board;
 9 (F) Severity of the incident;
 10 (G) Duration of the incident; and
 11 (H) Economic impact on the person.
- 12 (g) Violation of any disciplinary sanction imposed by the Board of Nursing \$1,000–\$5,000.
- 13 (h) Conviction of a crime which relates adversely to the practice of nursing or the ability to
 14 safely practice \$1,000–\$5000.
- 15 (i) Gross incompetence in the practice of nursing \$2,500–\$5000.
- 16 (j) Gross negligence in the practice of nursing \$2,500–\$5000.
- 17 (k) Employing any person without a current Oregon LPN, RN or CRNA license, NP or CNS
 18 certificate to function as a LPN, RN, CRNA, NP or CNS subject to the following
 19 conditions:
- 20 (A) Knowingly hiring an individual in a position of a LPN, RN, NP, CRNA or CNS
 21 licensed nurse when the individual does not have a current, valid Oregon license
 22 or certificate for the position hired \$5,000; or
- 23 (B) Allowing an individual to continue practicing as a LPN, RN, NP, CRNA or CNS
 24 knowing that the individual does not have a current, valid Oregon license or
 25 certificate for the position hired \$5,000.
- 26 (l) Employing a LPN, RN, NP, CRNA or CNS without a procedure in place for checking the
 27 current status of that nurse's license or certificate to ensure that only those nurses with
 28 a current, valid Oregon license or certificate be allowed to practice nursing \$5,000;
- 29 (m) Supplying false information regarding conviction of a crime, discipline in another state,
 30 physical or mental illness/physical handicap, or meeting the practice requirement on an
 31 application for initial licensure or re-licensure, or certification or recertification \$5,000;
 32 and
- 33 -(n) Precepting a nursing student at any level without verifying their appropriate licensure,
 34 registration, or certification — \$5,000.

35
 36 Stat. Auth.: ORS 678.150

37 Stats. Implemented: ORS 678.150 & 678.117

38 Hist.: BN 4-2008, f. & cert. ef. 6-24-08; BN 2-2012(Temp), f. & cert. ef. 4-26-12 thru 10-1-12; BN 5-
 39 2012, f. 5-7-12, cert. ef. 6-1-12, BN 9-2012, f. & cert. ef. 6-5-12; BN 11-2012, f. 7-6-12, cert. ef. 8-1-12

40
 41
 42
 43 *The official copy of an Oregon Administrative Rule is contained in the Administrative Order filed at the*
 44 *Archives Division, 800 Summer St. NE, Salem, Oregon 97310. Any discrepancies with the published*
 45 *version are satisfied in favor of the Administrative Order. The Oregon Administrative Rules and the*
 46 *Oregon Bulletin are copyrighted by the Oregon Secretary of State.*

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Strikethrough material is proposed to be deleted.

Division 1

Rules of Practice and Procedure

851-001-0000

Notice of Proposed Rulemaking

Prior to adoption, amendment or repeal of any rule, the Board of Nursing shall give notice of the intended action:

- (1) In the Secretary of State's Bulletin referred to in ORS 183.360 at least 21 days before the effective date of the intended action.
- (2) By mailing a copy of the notice to persons on the Board of Nursing mailing list(s) established pursuant to ORS 183.335(7) 8 at least 28 days before the effective date of the rule; and
- (3) ~~In regard to rules adopted on or after January 1, 2006, at~~ At least 49 days before the effective date of the rule, the Board shall provide notice to the persons specified in ORS 183.335(15); and
- (4) By mailing or furnishing a copy of the notice to:
 - (a) The Associated Press;
 - (b) ~~Associations, individuals and entities who have indicated an interest in the agency's rulemaking and have asked to be placed on the agency's mailing list(s); and~~
 - (c) The Capitol Press Room.

Stat. Auth.: ORS 678.150

Stats. Implemented: ORS 678.335 & 678.150

Hist.: NER 27, f & ef. 12-16-75; NER 3-1985, f & ef 5-2-85; NB 3-1988, f & cert. ef 7-5-88; NB 1-1990, f & cert. ef 11-6-90; BN 4, f. & cert. ef. 4-24-00; BN 4-2006, f. & cert. ef. 5-8-06

851-001-0005

Model Rules of Procedure

- (1) The Model Rules for Contested Cases of the Attorney General under the Administrative Procedures Act in effect ~~on January 1, 2006,~~ 1 January 2014 and all amendments thereto are hereby adopted by reference as the rules of the State Board of Nursing. ~~These rules shall be controlling except as otherwise required by statute or rule.~~
- (2) ~~Nothing in these rules shall be deemed to deny a person, an applicant, licensee or certified nursing assistant an opportunity to request an appearance before the Board or its Executive Director or designated Board staff for an informal conference to discuss any matter administered by the Board. The Board shall notify the person, applicant, licensee or certified nursing assistant of the time and place of the informal conference. The Board or its Executive Director or designated Board staff may also schedule an informal conference and notify the person.~~

- 1 (3) ~~A request for an appearance before the Board to discuss an issue with the Board or a request~~
 2 ~~to have an item placed on the Board's meeting agenda shall be made at least six weeks prior to~~
 3 ~~the Board meeting. The request shall include all supporting documents the requestor wishes the~~
 4 ~~Board to review. Items shall be placed on the Boards agenda as time is available, at the~~
 5 ~~discretion of the Board President.~~
- 6 (4) ~~Designated Board staff may require that an investigative interview be tape-recorded. To make~~
 7 ~~this decision, the following factors will be considered:~~
- 8 ~~(a) The seriousness of the complaint;~~
 9 ~~(b) The licensee or applicant's previous cooperation with the Board;~~
 10 ~~(c) The risk of harm to the public;~~
 11 ~~(d) Whether licensee or applicant is represented by an attorney;~~
 12 ~~(e) The availability of a second staff member to record the interview in writing;~~
 13 ~~(f) The likelihood that the case will result in a contested case hearing.~~
- 14 (5) ~~An order requiring discovery between a respondent and the Board will be limited to a list of~~
 15 ~~witnesses to be called by the parties in their case in chief and the documents that the parties~~
 16 ~~intend to introduce as exhibits at the contested case hearing during the presentation of their~~
 17 ~~case in chief.~~
- 18 ~~(6)~~ (2) Contested case hearings are closed to members of the public who are not parties or
 19 representatives of the parties in the proceedings.
 20

21 [ED. NOTE: The full text of the Attorney General's Model Rules of Procedure is available from the office
 22 of the Attorney General or Board of Nursing.]
 23

24 Stat. Auth.: ORS 678.150

25 Stats. Implemented: ORS 183.341 & 678.150

26 Hist.: Renumbered from 851-040-0005, 4-1-76; NER 17, f 6 16-72, ef. 7-1-72; NER 18, f 3-18-74, ef 4-
 27 11-74; NER 31, f & ef. 3-30-76; NER 20-1980, f. & ef 6-24-80; NER 1-1982, f & ef. 1-29-82; NER 2-
 28 1983, f & ef 10-4-83; NER 3-1986, f & ef 6-6-86; NB 3-1988, f & cert. ef 7-5-88; NB 11-1990, f & cert.
 29 ef 11-6-90; BN 4, f. & cert. ef. 4-24-00; BN 10-2002, f. & cert. ef. 4-25-02; BN 9-2004, f. & cert. ef. 5-4-
 30 04; BN 13-2004, f. & cert. ef. 10-26-04; BN 4-2006, f. & cert. ef. 5-8-06
 31
 32

33 851-001-0006

34 **Requiring an Answer to Charges as Part of Notices to Parties in Contested Cases**

35 In addition to the notice requirements under the Attorney General's Model Rules of Procedure adopted
 36 under OAR 851-001-0005, the notice to parties in contested cases may include the statement that an
 37 answer to the charges shall be required, and if so, the consequence of failure to answer. A statement
 38 of the consequences of failure to answer may be satisfied by enclosing a copy of OAR 851-001-0007
 39 with the Notice.
 40

41 Stat. Auth.: ORS 678.150

42 Stats. Implemented: ORS 183.341 & 678.150

43 Hist.: NER 1-1985(Temp), f & ef 3-8-85; NER 6-1985, f & ef. 9-27-85; NB 3-1988, f & cert. ef 7-5-88;
 44 NB 11-1990, f & cert. ef 11-6-90; BN 4, f. & cert. ef. 4-24-00; BN 9-2004, f. & cert. ef. 5-4-04

45 851-001-0007

46 **Hearing Request and Answers: Consequences of Failure to Answer; Untimely Hearing Request**

- 47 (1) A hearing request, and answer, if required, in the Notice, shall be made in writing to the Board
 48 by the party or by the party's authorized representative. To be considered timely, a request for
 49 hearing, and answer if required, must:
 50 (a) Be in writing;

- 1 (b) Be received by the Board within 20 calendar days (60 calendar for notice of application
2 denial for license or certificate) from the date the Notice was mailed.
- 3 (2) An answer, if required in the Notice, shall include the following:
- 4 (a) An admission or denial of each factual matter in the Notice;
- 5 (b) A short and plain statement regarding each relevant affirmative defense the party may
6 have;
- 7 (c) A short and plain statement identifying each legal issue the party may have.
- 8 (3) A request for an extension in which to file an answer to the Notice shall be submitted in writing
9 and must be received by the Board within 20 calendar days (60 calendar days for notice of
10 application denial for license or certificate) from the date the Notice was mailed. Extensions shall
11 be granted only upon a showing of good cause.
- 12 (4) Amendments to answers must be submitted in writing and must be received by the Board no
13 less than 21 days prior to the contested case hearing.
- 14 (5) Except for good cause:
- 15 (a) Matters alleged in the Notice and not denied in the answer shall be presumed admitted;
- 16 (b) Failure to raise a particular defense or legal issue in the answer shall be considered a
17 waiver of such defense or legal issue;
- 18 (c) New matters raised in the answer that were not alleged in the Notice (affirmative
19 defenses) shall be presumed denied;
- 20 (d) Evidence shall not be taken on any issue not raised in the Notice and answer.
- 21 (6) A hearing request and answer shall be deemed untimely if it is received by the Board after the
22 close of business (4:30 p.m.) on or after the 20th calendar day from the date the Notice was
23 mailed, and shall be deemed a default by the party. Unless the Board determines that the late
24 filing was beyond the control of the party, the Board may issue a final order by default.

25
26 Stat. Auth.: ORS 678.150

27 Stats. Implemented: ORS 183.341 & 678.150

28 Hist.: NER 1-1985(Temp), f & ef 3-8-85; NER 6-1985, f & ef 9-27-85; NB 11-1990, f & cert. ef 11-6-90;
29 BN 4, f. & cert. ef. 4-24-00; BN 9-2004, f. & cert. ef. 5-4-04

30
31
32 **851-001-0008**

33 **Agency Representation at Hearings**

- 34 (1) Subject to the approval of the Attorney General, an officer or employee of the Board is authorized
35 to appear on behalf of the Board in Civil Penalty hearings under the following conditions:
- 36 (a) The Notice of Proposed Civil Penalty is \$2,900.00 or less;
- 37 (b) The issue for the contested case hearing is whether or not the licensee continued to
38 practice nursing after the expiration of his/her license; and
- 39 (c) The licensee is not represented by legal counsel at the hearing.
- 40 (2) The agency representative may not make legal argument on behalf of the Board.
- 41 (a) "Legal argument" includes arguments on:
- 42 (A) The jurisdiction of the Board to hear the contested case;
- 43 (B) The constitutionality of a statute or rule or the application of a constitutional
44 requirement to an agency; and
- 45 (C) The application of court precedent to the facts of the particular contested case
46 proceeding.
- 47 (b) "Legal argument" does not include presentation of motions, evidence, examination and
48 cross-examination of witnesses or presentation of factual arguments or arguments on:
- 49 (A) The application of the statutes or rules to the facts in the contested case;
- 50 (B) Comparison of prior actions of the Board in handling similar situations;

- 1 (C) The literal meaning of the statutes or rules directly applicable to the issues in the
 2 contested case;
 3 (D) The admissibility of evidence;
 4 (E) The correctness of procedures being followed in the contested case hearing.
 5

6 Stat. Auth.: ORS 678.117, ORS 678.128 & ORS 678.150

7 Stats. Implemented: ORS 678.117, ORS 678.128 & ORS 678.150

8 Hist.: BN 7-2002(Temp), f. & cert. ef. 3-5-02 thru 8-1-02; BN 12-2002, f. & cert. ef. 7-17-02

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10
11 **851-001-0010**

12 **Post Hearing Procedure**

- 13 (1) Following a hearing and the Board's decision to censure, reprimand, impose a civil penalty,
 14 place on probation, suspend, revoke or deny the nursing license of a Licensed Practical Nurse
 15 or Registered Nurse or Certified Registered Nurse Anesthetist, place a disciplinary sanction on
 16 the certificate of a Nurse Practitioner or place a disciplinary sanction on a nursing assistant, a
 17 copy of the Board's Findings of Fact, Conclusions of Law and Order shall be sent to the licensed
 18 nurse or nursing assistant whose license/certificate the Board has sanctioned.
 19 (2) Notice of the Board's disciplinary action shall be sent to the National Council State Boards of
 20 Nursing, ~~the and,~~ the National Practitioner Data Bank (NPDB) and the Health Care Integrity and
 21 Protection Data Bank.
 22

23 Stat. Auth.: ORS 678.150

24 Stats. Implemented: ORS 183.341 & ORS 678.150

25 Hist.: NER, f & ef 11-25-77; NB 3-1988, f & cert. ef 7-5-88; NB 11-1990, f & cert. ef 11-6-90; BN 4, f. &
 26 cert. ef. 4-24-00
 27

28 **851-001-0015**

29 **Petition for Readmission Reinstatement**

30 A licensee or certificate holder whose license or certificate has been revoked or who voluntarily
 31 surrendered the license or certificate in lieu of revocation may seek readmission under the following
 32 conditions:

- 33 (1) The license or certificate has been revoked or surrendered for a minimum period of three years;
 34 (2) The licensee or certificate holder has documented evidence of reformation of the issues that
 35 originally brought the licensee or certificate holder to the Board's attention;
 36 (3) The licensee or certificate holder has made application to the Board for reinstatement of the
 37 license/certificate; and
 38 (4) The licensee or certificate holder agrees to additional education/training or other activities
 39 necessary to demonstrate competence at the level of licensure/certification for which the
 40 applicant is seeking readmission.
 41

42 Stat. Auth.: ORS 678.150

43 Stats. Implemented: ORS 183.341 & 678.150

44 Hist.: BN 10-2002, f. & cert. ef. 4-25-02; BN 9-2004, f. & cert. ef. 5-4-04
 45
 46

47 **851-001-0020**

48 **Orders for an Evaluation to Determine Fitness to Practice**

- 49 (1) ~~Pursuant to ORS 678.113, during the course of an investigation into the performance or conduct~~
 50 ~~of an applicant, certificate holder or licensee (Respondent), the Oregon State Board of Nursing~~
 51 ~~may order mental health, physical condition or chemical dependency evaluations of the~~

- 1 Respondent. The order will only be issued if the Board has a reasonable belief based upon the
 2 information available to the Board that the Respondent is unable to practice nursing with
 3 reasonable skill and safety to patients due to a mental health problem, physical condition, or
 4 chemical dependency.
- 5 (2) The Board delegates to the Program Executive the authority to select a health care professional
 6 to conduct the evaluation. Within ten calendar days from the issuance of the Order, the Board's
 7 Program Executive for Professional Services (hereafter Program Executive) shall select the
 8 health care professional to conduct the evaluation. Evaluations Evaluations will be performed by
 9 a board approved evaluator. If the assessment does not address the issues of concern, the
 10 Board may order an evaluation with an Independent third party evaluator.
- 11 (3) Following selection of the health care professional, the Program Executive will provide the health
 12 care professional the following information:
- 13 (a) A copy of the Order for Evaluation.
- 14 (b) A letter from the Program Executive, identifying the areas to be assessed and evaluated, to
 15 include a set of written questions for the evaluator's response, to include whether Respondent
 16 is diagnosed with a mental disorder, physical condition, or chemical dependency, resulting in an
 17 impaired ability to practice nursing with reasonable skill and safety to patients or other health
 18 care providers.
- 19 (c) Other documents, as determined by the Program Executive, to include any questions submitted
 20 by Respondent.
- 21 (4) Respondent shall sign a written release in a form acceptable to the Program Executive within
 22 three days from the date the Program Executive selects the health care professional to conduct
 23 the evaluation, thereby allowing the health care professional to speak directly to Board staff
 24 throughout the evaluation process.
- 25 (5) The health care professional shall produce a written assessment and evaluation, providing a
 26 duplicate copy simultaneously to both the Board and the Respondent, unless the health care
 27 professional has a good faith belief that providing a copy of the report to the Respondent may
 28 be injurious to the Respondent's mental or physical health.
- 29 ~~(6)~~ (3) The Respondent shall pay for costs associated with complying with the Board's Order for
 30 Evaluation, to include paying the health care professional(s) in a timely manner to ensure that
 31 the Board receives the report of assessment and evaluation by the specified due date.
- 32 (7) If the health assessment and evaluation is a mental health evaluation that offers a diagnosis of
 33 mental disorders, the evaluation shall follow the guidelines of the Diagnostic and Statistical
 34 Manual of Mental Disorders (DSM-IV or V), published by the American Psychiatric Association.
 35 The health care professional shall indicate in the written assessment and evaluation the
 36 information relied upon that formed the basis for the findings and conclusions in the report.
- 37 (8) If the health assessment is a substance ~~abuse~~ use disorder ~~or dependence~~ evaluation that
 38 offers a diagnosis of substance ~~abuse~~ use disorder ~~or substance dependence~~, the evaluator
 39 shall follow professionally accepted guidelines for the evaluation which may include the
 40 Diagnostic and Statistical Manual of Mental Disorders (DSM-IV or V), published by the American
 41 Psychiatric Association or ASAM criteria published by the American Society of Addiction
 42 Medicine. The health care professional shall indicate in the written assessment and evaluation
 43 the information relied upon that formed the basis for the finding and conclusions in the report.
- 44 (9) If the health assessment is a physical health evaluation that offers a diagnosis of a physical
 45 condition, the evaluator shall follow the professionally recognized standard of care to arrive at a
 46 diagnosis and shall indicate both the diagnosis and the information relied on to make the
 47 diagnosis in a written report to the Board.
- 48 (10) — It is conduct derogatory to the standards of nursing for a Respondent to:
- 49 (a) Violate any provision of this rule.
- 50 (b) Fail to undergo a Board ordered evaluation within the time specified by the terms of this Order.

1 ~~(c) Fail to cooperate with any effort by the Board to secure a copy of the written~~
 2 ~~assessment/evaluation prepared by the examining health care professional.~~

3
 4 Stat. Auth: ORS 678.113, 678.150

5 Stats. Implemented: ORS 678.113

6 Hist.: BN 20-2002, f. & cert. ef. 12-17-02; BN 9-2004, f. & cert. ef. 5-4-04

7 **851-001-0030**

8 **Social Security Numbers**

- 9 (1) The Board will not issue or ~~renew~~ a license or certificate unless an applicant provides his or her
 10 social security number on the application, ~~or renewal form~~. The applicant need not provide the
 11 social security number on the application for renewal, if the applicant's social security number
 12 has previously been provided to agency and is in the record.
- 13 (2) If an applicant has not been issued a social security number by the United States Social Security
 14 Administration, the Board will accept a written statement from the applicant to fulfill the
 15 requirements of section (1). The applicant may submit a written statement on the form provided
 16 by the Board or by written statement. The written statement submitted must:
- 17 (a) Be signed by the applicant;
- 18 (b) Attest to the fact that no social security number has been issued to the applicant by the
 19 United States Social Security Administration;
- 20 (c) Acknowledge that knowingly supplying false information under this section is a Class A
 21 misdemeanor, punishable by imprisonment of up to one year and a fine of up to \$6250.
- 22 (3) The applicant must provide the Board with their social security number within 30 days of
 23 obtaining it if it is received subsequent to submitting their renewal application and while the
 24 license or certificate is active.

25
 26 Stat. Auth: ORS 678.150

27 Stats. Implemented: ORS 678.150, 25.785

28 Hist.: BN 9-2004, f. & cert. ef. 5-4-04

29
 30
 31 **Screening and Selection of Personal Service**
 32 **Contractors for the Oregon State Board of Nursing**

33 **851-001-0100**

34 **Introduction**

35 The Oregon State Board of Nursing may contract with consultants to provide required services. It is the
 36 intent of the Board to follow current Department of Administrative Services (DAS) rules defining
 37 contracting requirements ~~publicly announce all requirements for consultant services, and to select~~
 38 ~~consultants on the basis of demonstrated competence and qualification for the type of professional~~
 39 ~~services required. All such contracts will be executed at a fair and reasonable price.~~

40
 41 Stat. Auth.: ORS 279.051 & ORS 291.021

42 Stats. Implemented:

43 Hist.: NB 9-1993, f & cert. eff 10-15-93

44
 45 851-001-0100 Need new number

46 1.Approval of Interim Order By Consent (ICO): The Executive Director or designee via her/his signature
 47 has the delegated authority to grant approval of an ICO that has been signed by a licensee/certificate
 48 holder.

1 2.Approval of Notices of Proposed Discipline: The Executive Director or designee has delegated
 2 authority to sign all Notices for Proposed Discipline.

3 3. The signature allows the document to become a public document.

4 Designated Board staff may sign Stipulated Orders for Civil Penalties levied due to reactivation of
 5 licenses when the RN/LPN continues to practice nursing for more than 60 days after license expiration
 6 date.

7 (need statutory authority reference for ICOs)

8 851-045-0080 (will need new numbers)

9 Criminal Conviction History/Falsification of Application Denial of Licensure; Revocation of
 10 Licensure

11 ~~(1) As of the effective date of this rule, the Board will issue a Notice to Deny Licensure to an~~
 12 ~~applicant for initial licensure or re-licensure as a Licensed Practical Nurse or Registered Nurse,~~
 13 ~~following the provisions of the Administrative Procedure Act in contested case hearings, to~~
 14 ~~persons who have been convicted as an adult, or found responsible except for mental illness,~~
 15 ~~or adjudicated as a juvenile for the following crimes as set forth in Oregon law or comparable~~
 16 ~~law in other jurisdictions:~~

17 ~~(a) Aggravated Murder, as in ORS 163.095 and 115;~~

18 ~~(b) First Degree Manslaughter, as in ORS 163.118;~~

19 ~~(c) Second Degree Manslaughter, as in ORS 163.125;~~

20 ~~(d) First Degree Assault, as in ORS 163.185;~~

21 ~~(e) Second Degree Assault, as in ORS 163.175;~~

22 ~~(f) First Degree Criminal Mistreatment, as in ORS 163.205;~~

23 ~~(g) Second Degree Criminal Mistreatment, as in ORS 163.200;~~

24 ~~(h) First Degree Kidnapping, as in ORS 163.235;~~

25 ~~(i) First Degree Rape, as in ORS 163.375;~~

26 ~~(j) Second Degree Rape, as in ORS 163.365;~~

27 ~~(k) Third Degree Rape, as in ORS 163.355;~~

28 ~~(l) First Degree Sodomy, as in ORS 163.405;~~

29 ~~(m) Second Degree Sodomy, as in ORS 163.395;~~

30 ~~(n) Third Degree Sodomy, as in ORS 163.385;~~

31 ~~(o) First Degree Unlawful Sexual Penetration, as in ORS 163.411;~~

32 ~~(p) Second Degree Unlawful Sexual Penetration, as in ORS 163.408;~~

33 ~~(q) First Degree Sexual Abuse, as in ORS 163.427;~~

34 ~~(r) Second Degree Sexual Abuse, as in ORS 163.425;~~

35 ~~(s) Contributing to the Sexual Delinquency of a Minor, as in ORS 163.435;~~

36 ~~(t) Sexual Misconduct, as in ORS 163.445;~~

37 ~~(u) Child Abandonment, as in ORS 165.535;~~

38 ~~(2) Any individual who applies for initial licensure or re-licensure as a practical nurse or registered~~
 39 ~~nurse from the effective date of these rules, who has a history of arrests and convictions over~~
 40 ~~an extended period of time will be issued a Notice to Deny Licensure following the provisions of~~
 41 ~~the Administrative Procedure Act in contested case hearings.~~

42 ~~(3) All other applicants with conviction histories, other than those listed above, including crimes~~
 43 ~~which are drug and alcohol related, will be considered on an individual basis. The following~~
 44 ~~factors will be considered by the Board:~~

45 ~~(a) Evidence of rehabilitation;~~

Oregon State Board of Nursing • Oregon Administrative Rules

~~(b) The length of time since the conviction to the time of application for licensure as a practical nurse or registered nurse;~~

~~(c) The circumstances surrounding the commission of the crime which demonstrate that a repeat offense is not likely; and~~

~~(d) Character references.~~

~~(4) As of the effective date of these rules, any individual who applies for initial licensure or re-licensure as a practical nurse or registered nurse, and supplies false or incomplete information to the Board on an application for licensure regarding the individual's criminal conviction record, will be issued a Notice to Deny Licensure under the provisions of the Administrative Procedure Act in contested case hearings.~~

Criminal Records Check for:

Board Employment and Licensee Applicants; or

Persons who are employed or who seeks to be employed by the Board; or

or who is providing services or seeks to provide services to the Board on a contractual or volunteer basis

Will be referred to in this rule as an "SI" as defined in OAR 181A.190(1)(c), 125-007—0210(10) :

1. The Board of Nursing, in making fitness determinations consistent with the intent of ORS 181A and rules promulgated by the Department of Administrative Services 125-007-0200 to 0330 et seq. shall consider:

a. The nature of the crime;:

b. The facts that support the conviction or pending indictment or that indicate the making of a false statement;

c. The relevancy, if any, of the crime or the false statement to the specific requirements of the subject individual's present or proposed position, license, certification or registration;

d. Intervening circumstances relevant to the responsibilities and circumstances of the position, license, certification, or registration, such as:

i. The passage of time since the commission of the crime;:

ii. The age of the subject individual at the time of the crime;

iii. The likelihood of a repetition of the offenses or of the commission of the crime;

iv. The subsequent commission of another relevant crime;

v. Whether the conviction was set aside and the legal effect of setting aside of the conviction, and,

vi. Letters of support that would supply evidence of current character.

2. The Board will evaluate a conviction or pending indictment or that indicate the making of a false statement; crime or offense on the basis of law of the jurisdiction in which the crime or offense occurred.

3. A conviction of any of the following crimes or offenses is potentially disqualifying, unless otherwise provided by law.

a. All Felonies.

b. All misdemeanors.

c. Any U.S. military crimes or international crimes.

4. The Board of Nursing in and through its designee(s) shall evaluate a crime or offense on the basis of the law of the jurisdiction in which the crime or offense occurred.

5. The following are examples of crimes likely to result in denial unless there are significant mitigating circumstances. The following are examples of crimes likely to result in a denial unless there are significant mitigating circumstances:

- 1 a. Aggravated murder as in ORS 163.095
- 2 b. Murder as in ORS 163.115
- 3 c. Rape 1 as in ORS 163.375
- 4 d. Sodomy 1 as in ORS 163.405
- 5 e. Unlawful sexual penetration as in ORS 163.411
- 6 f. Sexual Abuse as in ORS 163.427
- 7 6. Under no circumstances shall a Board employment or Licensee Applicant be denied under
- 8 these rules because of a juvenile record that has been expunged or set aside pursuant to ORS
- 9 419A.260 to 419A.262.
- 10 7. Under no circumstances shall a SI be denied under these rules because of a juvenile record
- 11 that has been expunged or set aside pursuant to ORS 419A.260 to 419A.262.
- 12 8. Under no circumstances shall SI an applicant be denied under these rules due to existence of
- 13 contents of an adult record that has been set aside pursuant to ORS 137.225.
- 14 9. Examples of other criminal offender information that may be potentially disqualifying may
- 15 include: potentially disqualifying criminal background information may include:
- 16 a. Sex offender registration,
- 17 b. Conditions of parole, probation, or diversion program or-
- 18 c. Unresolved arrest, charge, pending indictment or outstanding warrant.
- 19 10. The Board will be the determiner of the validity of all received criminal background check
- 20 information received.

21 **851-001-0120 (Don't know about the numbering) Appealing a Fitness Determination**

- 22 1. An SI may contest a final fitness determination outcome of a denied or restricted approval.
- 23 2. To request a contested case hearing, the SI or the SI's legal representative shall submit a written
- 24 request for a contested case hearing to the address specified in the notice provided under **OAR**
- 25 **NEW NUMBER PRIOR SECTION**, within the time required by law or a reasonable time period.
- 26 3. Confidentiality. The Board or the administrative law judge may protect information made
- 27 confidential by ORS 181A.195(11) or other applicable law as provided in OAR 137-003-0570(7)
- 28 or (8).
- 29 4. No Public Attendance. Unless otherwise provided by law, contested case hearings on fitness
- 30 determinations are closed to non-participants.
- 31 5. Alternative Process. An SI currently employed by the Board may choose to appeal a fitness
- 32 determination either under the process made available by this rule or through the process made
- 33 available by applicable personnel rules, policies and collective bargaining provisions. An SI's
- 34 decision to appeal a fitness determination through applicable personnel rules, policies, and
- 35 collective bargaining provisions is an election of remedies as to the rights of the individual with
- 36 respect to the fitness determination and is a waiver of the contested case process made available
- 37 by this rule.
- 38 6. Challenging Criminal Offender Information. An SI may not use the appeals process established
- 39 by this rule to challenge the accuracy or completeness of information provided by OSP, the FBI,
- 40 or agencies reporting information to OSP or the FBI. To challenge information, an SI may use
- 41 any process made available by the providing agency.
- 42 7. Remedy. When the fitness determination is performed as part of the Board's hiring process or
- 43 employment decision, the only remedy that may be awarded is a determination the SI is fit or not
- 44 fit. Under no circumstances shall the Board be required to place an SI in any position, nor shall
- 45 the Board be required to accept services or enter into a contractual agreement with an SI.
- 46 8. No delay in hiring. Appealing a final fitness determination, challenging criminal offender
- 47 information with the Board that provided the information, or requesting a new criminal records
- 48 check may not delay or postpone the Board's hiring process or employment decisions.

NEW NUMBER: Recordkeeping and Confidentiality

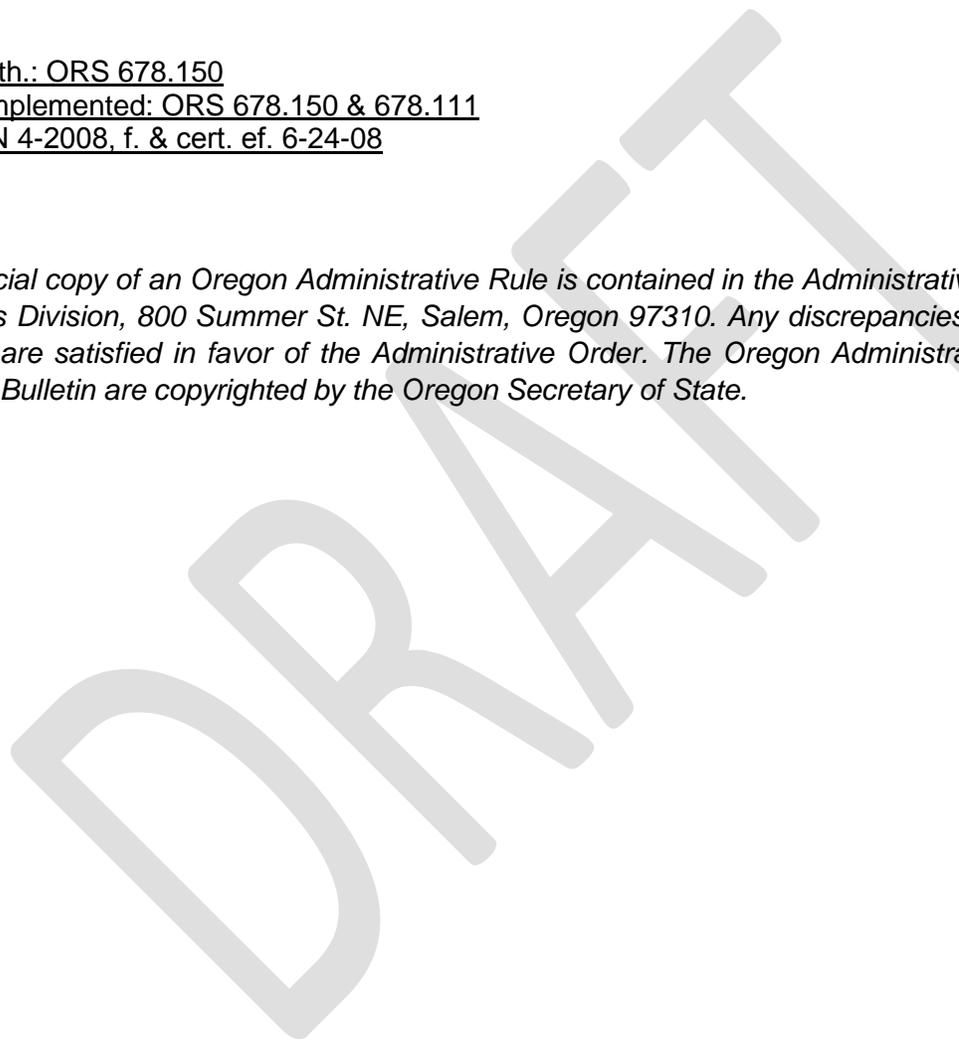
- 1. Criminal offender information obtained in the criminal records check is confidential. The Board must restrict the dissemination of information obtained in the criminal records check. Only those persons, as identified by the Board, with a demonstrated and legitimate need to know the information, may have access to criminal records check records.
- 2. Sharing information. Final fitness determination results may be shared pursuant to ORS 181A.195(10)(c)(A).

Stat. Auth.: ORS 678.150

Stats. Implemented: ORS 678.150 & 678.111

Hist.: BN 4-2008, f. & cert. ef. 6-24-08

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Division 21

Standards for the Approval of Education Programs in Nursing Preparing Candidates for Licensure as Practical or Registered Nurses

851-021-0000

Purpose of Standards

To foster the safe and effective practice of nursing by graduates of nursing education programs by setting standards that promote adequate preparation of students for nursing practice. These standards will:

- (1) Serve as a guide for the development of new nursing education programs.
- (2) Enable innovative responses of established nursing education programs to a changing health care environment.
- (3) Provide criteria for the approval of new and established nursing education programs.
- (4) Facilitate interstate endorsement of graduates from Board approved nursing programs.
- (5) Provide for sanctions for nursing education programs that do not maintain compliance with Board established standards.

Stat. Auth.: ORS 678.150, ORS 678.340 & ORS 678.360

Stats. Implemented: ORS 678.150 & ORS 678.360

Hist.: NB 1-1990, f. & cert. ef. 4-2-90; Renumbered from 851-020-0001; NB 4-1996, f. & cert. ef. 9-3-96; BN 1-2001, f. & cert. ef. 2-21-01

851-021-0005

Definitions

As used in these rules:

- (1) "Accreditation" is a voluntary, non-governmental peer review process by the higher education community. For the purpose of these rules, institutional accreditation applies to the entire institution, whereas nursing program accreditation applies to program accreditation by a national nursing accreditation organization recognized by the United States Department of Education.
- (2) "Accrediting agency" means a regional accrediting association or national accrediting agency approved by the U.S. Department of Education (US DOE) and/or the Council on Higher Education Accreditation (CHEA).
- (3) "Approval" is synonymous with accreditation as authorized in ORS 678.150(3), and means the process by which the Board evaluates and grants official recognition and status to nursing education programs that meet Board established uniform and reasonable standards. The status assigned may be Developmental Approval, Initial Approval or Approval.
- (4) "Approval by the office of Degree Authorization" means the approval, under ORS 348.606, to provide any part of a program leading to the award of college credit or to an academic degree.
- (5) "Articulation" refers to the process of comparing or matching the coursework completed in one educational institution with the courses or requirements of another institution. For the purpose

of these rules, articulation specifically relates to courses completed or required within a nursing education program.

- (6) "Basic Master's Program" — A graduate program in nursing leading to initial licensure.
- (7) "Board" refers to the Oregon State Board of Nursing.
- (8) "Clinical Lab Teaching Assistant" refers to a member of the nursing faculty whose primary responsibility is to assist with the clinical lab teaching under the direction of the nurse educator.
- (9) "Clinical Teaching Associate" refers to a nurse who has undergone specific education/training to serve as a role model, resource and coach for nursing students. The clinical teaching associate functions under the direction of the nurse educator or nurse educator associate.
- (10) "Community-based nursing" is nursing practice that takes place in the context of family and the community.
- (11) "Competencies" mean the knowledge, values, attitudes, and interpersonal, clinical reasoning, and psychomotor skills expected for safe and effective nursing practice.
- (12) "Controlling Body" is an accredited educational agency planning to conduct or conducting a program in nursing. For purposes of these rules, "institution," "Educational institution," or "governing institution" is synonymous with "controlling body."
- (13) "Developmental approval" means approval of an application for establishing a new program and authorization to proceed with its development.
- (14) "Distance nursing education" means the provision of nursing course(s) to students in settings physically separate from the faculty and the campus-based setting. Distance nursing education includes on-line and web-based portals, video-streaming, interactive television, and use of other electronic course delivery methods.
- (15) "Extended campus site" means any location of an institution, other than the main campus, at which the institution offers at least 50 percent of a nursing education curriculum.
- (16) "Faculty" means the nursing faculty as a whole, functioning as a collective body.
- (17) "Faculty member" means an individual nurse educator, nurse educator associate, or clinical lab teaching assistant.
- (18) "Home Board" means the approval or accrediting authority by which a particular nursing program is approved and to which it is accountable.
- (19) "Initial Approval" means authorization by the Board to accept students for admission in a new nursing program, or in an extended campus site, when the Board deems the extended campus site to be the equivalent of a new program. Initial approval status continues until the first class has graduated and the Board has taken final action on the application for approval.
- (20) "Major curriculum change" means a change that results in a refocus of purpose and objectives, a substantive change in program structure or method of instructional delivery, or a change that modifies 10% or more of the credit hours in the curriculum.
- (21) "May" indicates permission.
- (22) "National accreditation" means accreditation granted by a national nursing accreditation organization recognized by the United States Department of Education.
- (23) "Nurse Administrator" refers to the registered nurse who is responsible and accountable for the nursing educational department, division or program, regardless of the official title assigned by any specific institution.
- (24) "Nurse Educator" refers to a registered nurse who, as a member of the nursing faculty, is responsible for the development and/or implementation of the nursing program including curriculum, policies, student advising, and evaluation, mentoring and collaborating with nurse educator associates and clinical teaching associates. For the purpose of these rules, the term "nurse educator" includes all nurse faculty members regardless of rank who have responsibility for development and implementation of the program.
- (25) "Nurse Educator Associate" refers to a registered nurse who may contribute to classroom and clinical instruction in collaboration with and under the direction of the nurse educator.

- (26) "Nursing experience" means practice as a registered nurse. Specified years of nursing experience mean full time equivalence (FTE).
- (27) "Organizing framework" means the mission, philosophy, and/or underlying assumptions upon which the curriculum is based.
- (28) "Outcomes" are statements of the expected knowledge, skills, attitudes, values and abilities to be gained by students through completion of the nursing education program or a segment thereof.
- (29) "Out-of-State Nursing Program" means a program in the United States that is approved or accredited by the licensing board for nurses in the particular state or U.S. territory, or the appropriate accrediting agency for that state or U.S. territory.
- (30) "Population-focused nursing" is nursing practice that merges the body of knowledge from the public health sciences with nursing theories for the purpose of safeguarding and improving the health of populations.
- (31) "Post-master's certificate" means a certificate from an accredited graduate nursing education program that prepares licensed nurses who hold a master's degree for an advanced nursing role.
- (32) "Practice Site" is a location or situation in which nursing experience with actual patient/client individuals or groups is obtained.
- (33) "Practicum" is a course or session in which a student obtains experience in nursing in either a laboratory or practice site.
- (34) "Program" means a nursing education program that prepares graduates for licensure as registered or licensed practical nurses. The terms "nursing program," or "nursing education program" as used in these rules, are synonymous with "Program."
- (35) "Representative of the Board" means the Board staff member or Board designee qualified to perform the necessary responsibilities.
- (36) "Shall" indicates a requirement.
- (37) "Significant increase" means an increase of more than 10% in the enrolled nursing students or an increase of one or more clinical cohorts, whichever is greater.
- (38) "Site Visit" means that representative(s) of the Board go to the location of a program for specified purpose(s) which may include a survey for approval.
- (39) "Standards for Approval" — Authoritative statements that set expectations for a program to achieve and maintain for approval status. (OAR 851-021-0040 through 0070).
- (40) "Statewide Need" — Assessment and documentation of the need for the nursing program in relation to plans for total state resources and the need for entry level nurses in the state.
- (41) "Survey visit" means that representative(s) of the Board go to the location of a program to review the program for compliance with Standards for Approval, and to prepare a report and recommendation regarding approval status.
- (42) "Units or Credits" — For programs on academic quarters, one unit or credit is defined as one academic clock hour per week for ten to twelve weeks or three academic clock hours of practicum per week for ten to twelve weeks. For programs on academic semesters, one unit or credit is defined as one academic clock hour per week for fourteen to sixteen weeks or three academic clock hours of practicum per week for fourteen to sixteen weeks.

Stat. Auth.: ORS 678.150

Stats. Implemented: ORS 678.150

Hist.: NER 9, f. 8-15-62; NER 15, f. 1-4-71, ef. 1-25-71; NER 30, f. & ef. 1-27-76; NER 37, f. & ef. 7-18-77; NER 2-1985, f. & ef. 4-5-85; NB 1-1990, f. & cert. ef. 4-2-90; Renumbered from 851-020-0005; NB 2-1996, f. & cert. ef. 3-12-96; NB 4-1996, f. & cert. ef. 9-3-96; BN 7-1998, f. & cert. ef. 7-16-98; BN 1-2001, f. & cert. ef. 2-21-01; BN 3-2008, f. & cert. ef. 6-24-08; BN 17-2010, f. & cert. ef. 11-29-10; BN 9-2013, f. 12-3-13, cert. ef. 1-1-14

851-021-0010**Approval of Nursing Education Programs**

- (1) Letter of Intent and Preliminary Application:
- (a) An institution or consortium of accredited institutions wishing to establish a new program in nursing shall submit a letter of intent and preliminary application to develop the program to the Board in advance of anticipated opening date.
 - (b) The letter of intent and preliminary application shall address at least the following information:
 - (A) Purpose, size, and type of program proposed
 - (B) Studies documenting the statewide need for graduates of the program. The study should also specifically address the need for the program in relation to the nursing needs of the geographical area to be served;
 - (C) An analysis of potential impact on other nursing programs in the state including:
 - (i) An analysis of current usage of potential clinical sites in area(s) proposed for student placements including impact on other programs placing students in clinical sites; and
 - (ii) Projected number of faculty positions and availability of qualified faculty in the area(s) proposed for clinical placements.
 - (D) Evidence of administrative and financial support for development of a nursing program;
 - (E) Anticipated student enrollment and proposed date of enrollment;
 - (F) For consortium applicants, any charters, contracts and other documents that show:
 - (i) Relationships among member institutions;
 - (ii) Member institution commitment to the consortium and the proposed nursing program; and
 - (iii) Mechanisms within the consortium for attainment and maintenance of Board standards for nursing education programs.
 - (G) The applicant shall respond to any Board requests for additional information;
 - (H) The Board, after timely review and consideration of the information contained in the letter of intent and any supplementary information, shall either grant or deny permission to begin development of a nursing program, including rationale for the decision;
 - (I) The Board shall provide notice to the nurse administrator and academic administrator of all Oregon-approved nursing education programs within 30 days of Board decision regarding approval to develop a nursing program;
 - (J) The nurse administrator and academic administrator of an Oregon-approved nursing education program shall have 30 days from notification of new program development to respond to the Board addressing potential adverse impact to their program;
 - (K) If the applicant is denied permission to begin development of a nursing program, the program may submit a revised letter of intent and preliminary application no sooner than six months from the previous submission;
 - (L) If the applicant is denied permission to begin development of a nursing program, a hearing before the Board may be requested and the provisions of the Administrative Procedures Act shall apply; and
 - (M) If the applicant does not submit a complete developmental approval application within twelve months after the date of the Board granting permission to proceed, the permission to begin program development shall expire.
- (2) Application for Developmental Approval:

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- (a) An institution or consortium of accredited institutions that has received approval of their letter of intent to develop a nursing program may make application for developmental approval.
 - (b) The developmental approval application shall include at least the following:
 - (A) Evidence of accreditation of the institution, or of all member institutions in a consortium, by an appropriate regional or national accrediting association or agency; institutions seeking to establish a registered nursing program shall show evidence of;
 - (i) Approval as a degree-granting institution of higher education in Oregon; and
 - (ii) Accreditation by a regional association or national agency recognized by the Council on Higher Education Accreditation (CHEA).
 - (B) Letters of response from Oregon-approved nursing programs addressing specific concerns regarding adverse impact on current programs,
 - (C) Evidence of the appointment of a qualified nurse administrator and sufficient administrative support for program development;
 - (D) Administration and organizational plan delineating lines of authority and decision making impacting the nursing program;
 - (E) Description of proposed instructional modalities and resources to support these modalities with dates of availability;
 - (F) Availability of adequate practice sites for the program with supporting documentation from persons assigned to coordinate clinical placements for each facility;
 - (G) Availability of adequate educational facilities, services, and resources for the program;
 - (H) Evidence of financial resources adequate for planning, implementation and continuation of the program, including proposed operating costs;
 - (I) Tentative timetable for planning the program;
 - (J) Tentative start date for the program; and
 - (K) Current institution catalog(s).
 - (c) The applicant shall respond to the Board's request(s) for additional information.
 - (d) If the Board, after timely review and consideration of the information contained in the application and any supplementary information, including response statements from other programs, shall either approve or deny the application and notify the applicant, including rationale for the decision.
 - (e) If developmental approval is denied, the program may submit a revised developmental application no sooner than six months from the previous submission.
 - (f) If developmental approval is denied, the applicant may request a hearing before the Board and the provisions of the Administrative Procedures Act shall apply; and
 - (g) If the applicant does not submit an application for initial approval within twelve months after the date designated for initiating the program in the approved plan, the developmental approval shall expire.
- (3) Initial Approval:
- (a) Initial approval status may be applied for when the following conditions have been met:
 - (A) Application as described in OAR 851-021-0010(2) has received Board approval;
 - (B) Evidence of approval for the new program has been obtained from the appropriate agencies or bodies that review and approve new programs for public and private educational institutions.
 - (i) An institution shall provide one copy of the report that was submitted to each agency and a copy of the letter(s) indicating that approval for the program have been granted;

- (ii) A consortium shall provide documentation that each member institution has approved the program, as well as documentation of agency approval as above; and
 - (iii) An institution licensed by the Oregon Department of Education, Private Career Schools section shall provide documentation of current licensure.
 - (C) There are sufficient qualified nurse educators, other required educators and administrative support services to initiate the program a minimum of six months prior to the beginning of the courses;
 - (D) A tentative written proposed program plan, including curriculum developed in accordance with the Standards for Approval, has been submitted a minimum of three months prior to the offering of the first course to nursing students;
 - (E) There is evidence of readiness for admission of students in educational and clinical facilities including clinical placement sites for the maximum number of students enrolled at one time a minimum of three months prior to the offering of the first course to nursing students;
 - (F) Policies for admission and progression are in place a minimum of three months prior to the offering of the first course to nursing students;
 - (G) There is a comprehensive plan for evaluation of the nursing program that addresses key outcomes a minimum of three months prior to the offering of the first course to nursing students; and
 - (H) There is a signed agreement(s) for the articulation of program graduates into the next level of nursing education a minimum of three months prior to the offering of the first course to nursing students:
 - (i) Programs leading to a certificate or degree in practical nursing shall have an agreement with an Oregon-approved program preparing candidates for licensure as a registered nurse; and
 - (ii) Programs leading to an associate degree in nursing shall have an agreement with an Oregon-approved program leading to a baccalaureate or higher degree in nursing.
 - (b) Following Board receipt and review of the information required in OAR 851-021-0010(3)(a), the Board may grant or deny initial approval;
 - (c) A site visit may be conducted by a representative(s) of the Board;
 - (d) Initial approval must be received by a program prior to publication of the program and recruitment or acceptance of students for admission to the first class of nursing students;
 - (e) If initial approval is denied, the applicant may request a hearing before the Board and the provisions of the Administrative Procedures Act shall apply;
 - (f) Interim visits and/or progress reports may be requested by the Board at any time during the initial approval phase and/or following initial approval as deemed necessary by the Board; and
 - (g) If the institution or consortium does not admit a class within twelve months after the date designated for initiating the program the initial approval shall expire.
- (4) Approval:
- (a) Eligibility for approval occurs after the graduation of the first class of students;
 - (b) Within six months following graduation of the first class, the program shall submit a self study report addressing compliance with the Standards for Approval (OAR 851-021-0040 through 851-021-0070) and a survey visit shall be made for consideration of approval of the program;
 - (c) The decision of the Board to grant or deny approval shall be based upon review of a self study report submitted by the program addressing compliance with Board standards, of the success rate of graduates on the national licensure examination, and of a survey report by a representative(s) of the Board; and

- (d) If approval is denied, the applicant may request a hearing before the Board and the provisions of the Administrative Procedures Act shall apply.

Stat. Auth.: ORS 678.150, 678.340 & 678.360

Stats. Implemented: ORS 678.150 & 678.360

Hist.: NER 30, f. & ef. 1-27-76; NER 37, f. & ef. 7-18-77; NB 3-1988, f. & cert. ef. 7-5-88; NB 1-1990, f. & cert. ef. 4-2-90; Renumbered from 851-020-0021; NB 4-1996, f. & cert. ef. 9-3-96; BN 1-2001, f. & cert. ef. 2-21-01; BN 7-2003, f. & cert. ef. 7-7-03; BN 11-2003, f. & cert. ef. 12-9-03; BN 3-2008, f. & cert. ef. 6-24-08; BN 17-2010, f. & cert. ef. 11-29-10; BN 9-2013, f. 12-3-13, cert. ef. 1-1-14

851-021-0015

Periodic Evaluation of Nursing Education Programs

- (1) Procedures for Periodic Evaluation:
- (a) All nursing education programs shall be required to demonstrate continuing compliance with the Standards for Approval at least every eight years for continued approval; except that continued approval may be granted for up to ten years when the program has received national accreditation for ten years.
 - (b) The Board shall require a survey visit for consideration of continued approval, and may require survey visits or interim progress reports at any time. The following situations may be cause for a survey visit to determine if the minimum standards for nursing programs are being met:
 - (A) Reports relating to violations of OAR 851-021-0040 through 851-021-0070;
 - (B) Denial, withdrawal or change of program or institution accreditation status by an accrediting agency recognized by the U. S. Department of Education;
 - (C) Providing false or misleading information to students or the public concerning the nursing program;
 - (D) Violation of Board rules;
 - (E) Inability to secure or retain a qualified director or faculty, resulting in substandard supervision and instruction of students; or
 - (F) Failure to achieve NCLEX pass rate standards:
 - (i) A first attempt pass rate of 60% or higher on the licensing examination over a one year period;
 - (ii) A first attempt pass rate of 70% or higher over two consecutive one year periods, or
 - (iii) A two-year pass rate of 85% or higher over three consecutive years.
 - (c) The nursing program may request a survey or site visit. Such request shall be in writing and include the purpose(s) for the visit;
 - (d) A program shall submit a narrative self evaluation report(s) that provides evidence of compliance with the Standards for Approval at least one month prior to the scheduled survey visit:
 - (A) The self evaluation report prepared for the national nursing education accreditation body may be substituted in lieu of the Board's survey report if a national accreditation survey is scheduled for that year;
 - (B) If the national self-evaluation report is submitted in lieu of the Board's survey report, the program shall submit an addendum to the self evaluation report that addresses the Standards for Approval and that provides a guideline as to where the Standards are discussed in the self evaluation report.
 - (e) The survey visit shall be made by a representative(s) of the Board on dates mutually acceptable to the Board and the program. A Board survey visit may be conducted in

conjunction with the national nursing accreditation body survey visit. The Board representative shall write a separate survey report;

- (f) The program shall be asked to participate in scheduling survey visit activities;
 - (g) A draft of the survey visit report shall be made available to the program for review and corrections in factual data;
 - (h) The administrator of the program and/or designee(s) shall be invited to be present during the presentation of the survey report to the Board;
 - (i) Following the Board's review and decision, written notification regarding approval of the program, commendations, recommendations or notice of deficiencies with a specified time frame within which the deficiencies must be corrected, shall be sent to the administrator of the institution and the administrator of the nursing education program.
- (2) An approved nursing program that becomes accredited by a national nursing accreditation body between OSBN survey visits, may have the next scheduled survey visit adjusted to provide for a review schedule not to exceed a ten year time period.

Stat. Auth.: ORS 678.340 & 678.360

Stats. Implemented: ORS 678.360

Hist.: NER 37, f. & ef. 7-18-77; NB 1-1990, f. & cert. ef. 4-2-90; Renumbered from 851-020-0032; NB 4-1996, f. & cert. ef. 9-3-96; BN 1-2001, f. & cert. ef. 2-21-01; BN 3-2008, f. & cert. ef. 6-24-08

851-021-0020

Denial or Withdrawal of Approval

- (1) If, in the opinion of the Board, the standards established for approval of new or existing nursing education programs are not being met, notice thereof shall be given in writing to the controlling body, specifying the deficiency(ies) and prescribing the time within which the deficiency(ies) must be corrected.
- (2) Approval may be withdrawn if a program fails to correct the deficiency(ies) or achieve specified NCLEX pass rate standards within the time specified after a hearing in which such facts are established.

Stat. Auth.: ORS 678.340 & 678.360

Stats. Implemented: ORS 678.360

Hist.: NER 30, f. & ef. 1-27-76; NB 1-1990, f. & cert. ef. 4-2-90; Renumbered from 851-020-0036; NB 4-1996, f. & cert. ef. 9-3-96; BN 3-2008, f. & cert. ef. 6-24-08

851-021-0025

Reports

- (1) Changes Requiring Notification to the Board. The program shall notify the Board in writing within 30 days of development of the following circumstances:
 - (a) Change in the nurse administrator of the program;
 - (b) A significant increase or decrease in planned enrollment that may affect the overall faculty-student ratio or the capacity of institutional facilities or regional practice sites;
 - (c) Major changes in availability of adequate practice sites for the program that results in reduction in student enrollment or faculty positions;
 - (d) Change in accreditation status of the controlling body;
 - (e) Major reductions in the financial support for the program;
 - (f) Appointment of new faculty members.
- (2) Program Changes Requiring Board of Nursing Approval:
 - (a) Change of Administrative Control:

- (A) When control of an educational program is transferred from one institution to another, a report must be submitted to the Board by the receiving institution containing the following information:
 - (i) Rationale for change;
 - (ii) Anticipated effects on students, faculty and resources;
 - (iii) Administrative and organizational plans, including a sound operational budget;
 - (iv) Plans for the orderly transition of the program;
 - (v) Application for new program as delineated in OAR 851-021-0010, unless this requirement is waived by the Board of Nursing.
- (B) The institution relinquishing the program shall notify the Board of Nursing in writing of the intent to transfer the program, and shall submit to the Board the information requested of programs undergoing voluntary termination (OAR 851-021-0035(1)).
- (b) Major Curriculum Change:
 - (A) When a nursing education program anticipates a major curriculum change, such change shall be submitted to the Board for approval at least three months prior to implementation.
 - (B) The following materials shall be submitted with the request for curriculum changes:
 - (i) Rationale for proposed changes including the anticipated effect on faculty, students, resources and facilities;
 - (ii) Presentation of the differences between the current curriculum and the proposed curriculum;
 - (iii) A timetable for implementation of change;
 - (iv) Methods of evaluation that will be used to determine the effects of the change.
- (c) Exceptions to qualified faculty members under OAR 851-021-0045(8);
- (d) Addition of an extended campus site or distance nursing education option:
 - (A) The program shall submit a letter of intention to expand offerings to an extended campus site or using distance education technology at least six months prior to planned implementation;
 - (B) The letter of intent shall include at least the following information:
 - (i) Plan for qualified faculty for the program at the extended site or with addition of distance education technology;
 - (ii) Description of available and proposed education facilities and delivery modalities, services and resources with dates of availability;
 - (iii) Availability of adequate practice sites and provisions for faculty supervision of clinical experiences;
 - (iv) Tentative time schedule for planning, initiating, and evaluating the program.
 - (C) The Board may deem the addition of an extended campus site or distance nursing education option as the equivalent of a new program, and require application under OAR 851-021-0010. Notice to the applicant shall include the rationale for the Board decision.
- (e) Proposed demonstration project(s) that significantly alter the approved curriculum, model of clinical practica or faculty-to-student ratio.
 - (A) The program shall submit a letter of intention to implement such a project at least three months prior to the planned implementation.
 - (B) The letter of intention shall include at least the following information:
 - (i) Description of the proposed project, including purpose;

- (ii) Description of mechanisms and procedures for and student safety and learning effectiveness;
 - (iii) Plan for evaluation of the project and reporting findings back to the Board; and
 - (iv) Tentative time schedule for planning, initiating, and evaluating the program.
- (3) NCLEX first attempt pass rate standards and reports.
 - (a) The pass rate will be calculated annually on the basis of a program's pass rate for the total number of first attempt candidates examined over a one year period and a revolving two year period of time.
 - (b) A program shall present a written plan, in conformance with Board policy, to evaluate and improve graduate performance on the licensing examination in the event that the program fails to maintain an average of
 - (A) An 85% pass rate or higher over a two year period, or
 - (B) A 70% pass rate or higher over a one year period.
- (4) Annual Reports:
 - (a) Statistical data and qualitative program information shall be required to be submitted to the Board annually on a form supplied by the Board;
 - (b) The annual report shall include information to enable monitoring of continued compliance with the Board's rules. Required reports may include data for aggregate and trend analysis.
- (5) General Guidelines for Reports:
 - (a) The Board shall review reports for approval, or continued approval of nursing education programs or proposals for major curriculum change only at times when the Board is in formal session;
 - (b) A copy of the report(s) shall be in the Board Office at least six weeks prior to the Board meeting.

Stat. Auth.: ORS 678.150

Stats. Implemented: ORS 678.150

Hist.: NER 4-1985, f. & ef. 7-10-85; NB 1-1990, f. & cert. ef. 4-2-90; Renumbered from 851-020-0071; NB 1-1993(Temp), f. & cert.e f. 2-8-93; NB 6-1993, f. & cert. ef. 6-22-93; NB 2-1996, f. & cert. ef. 3-12-96; NB 4-1996, f. & cert. ef. 9-3-96; BN 1-2001, f. & cert. ef. 2-21-01; BN 3-2008, f. & cert. ef. 6-24-08; BN 9-2013, f. 12-3-13, cert. ef. 1-1-14

851-021-0030

Consultative Services

Consultative services shall be provided by the Board at the request of a program or institution offering or planning to offer a program.

Stat. Auth.: ORS 678.150

Stats. Implemented: ORS 678.150

Hist.: NB 1-1990, f. & cert. ef. 4-2-90; Renumbered from 851-020-0072; NB 4-1996, f. & cert. ef. 9-3-96

851-021-0035

Closing of an Approved Nursing Education Program

- (1) Voluntary closing. When the governing institution anticipates the closing of a nursing education program, it shall notify the Board in writing, stating the reason, plan and date of the intended closing. Notice of intent to discontinue a nursing program shall be transmitted to the Board at least 30 days prior to public announcement. The governing institution shall choose one of the following closing procedures:
 - (a) The program shall continue until the last class enrolled is graduated:
 - (A) The program shall continue to meet the standards for approval until all of the enrolled students have graduated;
 - (B) The date of closure is the date on the degree, diploma or certificate of the last graduate;
 - (C) The governing institution shall notify the Board of the closing date.
 - (b) The program shall close after the governing institution has assisted in the transfer of students to other approved programs:
 - (A) The program shall continue to meet the standards required for approval until all students are transferred;
 - (B) A list of the names of students who have been transferred to approved programs and the date on which the last student was transferred shall be submitted to the Board by the governing institution;
 - (C) The date on which the last student was transferred shall be the closing date of the program.
- (2) Closing as a result of denial or withdrawal of approval. When the Board denies or withdraws approval of a program, the governing institution shall comply with the following procedures:
 - (a) The program shall close after the institution has made a reasonable effort to assist in the transfer of students to other approved programs. A timeframe for the transfer process shall be established by the Board;
 - (b) A list of the names of students who have transferred to approved programs and the date on which the last student was transferred shall be submitted to the Board by the governing institution;
 - (c) The date on which the last student was transferred shall be the closing date of the program unless otherwise designated by the Board.
- (3) Provision shall be made for custody of records as follows:
 - (a) Safe storage of vital records, including permanent records of all graduates of the program;
 - (b) Notification to the Board in writing as to where the records will be stored and how they may be accessed by appropriate request.

Stat. Auth.: ORS 678.150

Stats. Implemented: ORS 678.150

Hist.: NB 1-1990, f. & cert. ef. 4-2-90; Renumbered from 851-020-0073; NB 4-1996, f. & cert. ef. 9-3-96

851-021-0040

Standards for Approval: Organization and Administration

- (1) The controlling body shall be accredited by an appropriate regional or national accrediting association or agency and meet all current standards of the accreditor.
 - (a) Institutions offering registered nurse programs shall be approved as a degree-granting institution of higher education in Oregon, and
 - (b) Accredited by a regional association or national agency recognized by the Council on Higher Education Accreditation (CHEA).

- (2) There shall be a description or organizational chart that clearly illustrates communication and decision making processes within the nursing program, and accountability and communication of the nursing program to the controlling body.
- (3) There shall be adequate financial support for the development, implementation, stability and continuation of the program, including required prerequisite and support courses if applicable.
- (4) The authority and responsibility for the direction of the program shall be vested in a qualified nurse administrator as specified in OAR 851-021-0045.
- (5) The nurse administrator shall have institutional authority and administrative responsibility for the program, including:
 - (a) Leadership within the faculty for the development, implementation, and evaluation of the program, including curriculum and instructional delivery;
 - (b) Creation and maintenance of an environment conducive to teaching and learning, including coordination and support of faculty assignments;
 - (c) Liaison with executive administrators and administrative and student service units of the institution;
 - (d) Participation in institutional policy and program decisions that affect teaching and learning within the nursing program;
 - (e) Participation in preparation of the budget;
 - (f) Administration of the budget;
 - (g) Facilitation of faculty and faculty member development;
 - (h) Participation in faculty member performance review;
 - (i) Recommendation for faculty member appointment, promotion, tenure and retention;
 - (j) Liaison with the Board related to the program's continuing compliance with the required elements of these rules.
- (6) The nurse administrator shall have sufficient time provided for carrying out administrative responsibilities. Instructional responsibilities and responsibilities for administration of other programs shall be consistent with the scope of the administrative responsibility for the nursing program.
- (7) Nursing education program policies and procedures shall be in written form, congruent with those of the institution, and shall be reviewed periodically.

Stat. Auth.: ORS 678.150 & 678.340

Stats. Implemented: ORS 678.150 & 678.360

Hist.: NER 30, f. & ef. 1-27-76; NER 37, f. & ef. 7-18-77; NER 3-1983, f. & ef. 12-1-83; NER 2-1985, f. & ef. 4-5-85; NB 1-1990, f. & cert. ef. 4-2-90; Renumbered from 851-020-0051; NB 4-1996, f. & cert. ef. 9-3-96; BN 1-2001, f. & cert. ef. 2-21-01; BN 7-2003, f. & cert. ef. 7-7-03; BN 3-2008, f. & cert. ef. 6-24-08

851-021-0045

Standards for Approval: Nursing Faculty

- (1) The faculty shall include a sufficient number of qualified nurse educators and nurse educator associates to meet the identified learning outcomes of the nursing education program.
- (2) The nurse administrator and each nurse faculty member shall hold a current, unencumbered license to practice as a registered nurse in Oregon and be academically and experientially qualified for the position to which she/he is appointed.
- (3) Faculty teaching in clinical settings shall also hold a registered nurse license to practice and meet requirements in the state in which the clinical experience is occurring.
- (4) Each non-nurse faculty member shall be academically and experientially qualified for his/her responsibilities.

-
- (5) The nurse administrator and each faculty member shall demonstrate professional competence and continued development in nursing, nursing education, and assigned teaching responsibilities.
- (a) The nurse administrator and each faculty member shall periodically review assigned teaching responsibilities, evaluating and revising professional development plans as indicated; and
 - (b) The institution and nurse administrator shall support faculty in developing and maintaining competence in assigned teaching responsibilities.
- (6) Qualifications for practical nurse programs:
- (a) The nurse administrator shall:
 - (A) Hold at least a master's degree in nursing with documentation of preparation and/or experience in curriculum and teaching; and
 - (B) Have at least four years of nursing experience, of which two years shall have been in a teaching or administrative position in a nursing education program.
 - (b) Each nurse educator shall:
 - (A) Hold at least a baccalaureate degree in nursing; and
 - (B) Have at least three years of nursing experience.
 - (c) Each nurse educator associate shall:
 - (A) Hold at least a baccalaureate degree in nursing; and
 - (B) Have at least two years of nursing experience.
 - (d) Each clinical lab teaching assistant shall:
 - (A) Hold a degree or certificate that is, at a minimum, equivalent to that for which students are being prepared; and
 - (B) Have at least two years of nursing experience.
 - (e) If the institutional program in practical nursing is embedded within a program in registered nursing, all faculty member appointments shall meet the qualifications required for registered nurse programs.
- (7) Qualifications for registered nurse programs:
- (a) The nurse administrator shall:
 - (A) Hold at least a master's degree in nursing with documentation of preparation and/or experience in curriculum and teaching. In addition, for baccalaureate degree nursing programs, the nurse administrator shall hold an earned doctorate degree; and
 - (B) Have at least five years of nursing experience, of which three years shall have been in a nurse educator or administrative position in a nursing education program.
 - (b) Each nurse educator shall:
 - (A) Hold at least a master's degree in nursing or a baccalaureate degree in nursing, and master's in a related field with a post-master's certificate in nursing from a program that is at least two semesters or three quarters in length; and
 - (B) Have at least three years of nursing experience.
 - (c) Each nurse educator associate shall hold at least a bachelor's degree in nursing with no less than two years of nursing experience.
 - (d) Each clinical lab teaching assistant shall:
 - (A) Hold at least the educational level of preparation for which students are being taught; and
 - (B) Have at least two years of nursing experience.
- (8) Any exceptions to subsections (6)(a), (b), (c), (d), (e) and (7)(a), (b), (c), (d) of this rule shall be submitted in writing to the Board and shall include rationale for the request. The Board may grant exceptions for any of the following circumstances:

- (a) The education and experience qualifications are deemed equivalent to the requirements; or
 - (b) The individual has a baccalaureate in nursing, a masters or doctorate in a related field, and relevant nursing experience. The background of the individual is related to the teaching assignment and is complementary to the faculty mix, or
 - (c) Substantial effort has been made to recruit a qualified faculty member, and the appointed individual is pursuing the needed qualifications; or
 - (d) Substantial effort has been made to recruit a qualified faculty member, and the individual without full qualification is appointed for one year. The exception may be extended for one year with documentation of either continued and unsuccessful recruitment for a qualified replacement, or a plan to establish eligibility under exception (c) above.
- (9) Special Provision for Nursing Faculty. Nurse administrators and faculty members employed as such in Oregon during the 1984 85 academic year may be appointed after September 1, 1985 without meeting new requirements under paragraphs 6(a)(A), (6)(b)(A), (7)(a)(A) and (7)(b)(A) of this rule.
- (10) Faculty Member/Student Ratio:
- (a) The number of faculty members appointed shall be not less than one faculty member to every eight students having experience in one or more practice sites at any given time. A lower ratio shall apply when nursing faculty determine that student/client safety and learning effectiveness warrant.
 - (b) Factors to be considered in determining the faculty member/student ratio shall be:
 - (A) Objectives to be achieved;
 - (B) Preparation and expertise of faculty member;
 - (C) Use of clinical teaching associates;
 - (D) Level of students;
 - (E) Number, type and condition of clients;
 - (F) Number, type, and location of practice sites; and
 - (G) Adequacy of the ratio for nurse faculty to:
 - (i) Assess students' capability to function safely within the practice situation;
 - (ii) Select and guide student experience; and
 - (iii) Evaluate student performance.
 - (c) Clinical teaching associates may be used within the following guidelines:
 - (A) There shall be a written plan for the clinical learning experience consistent with these rules;
 - (B) Clinical teaching associates shall be selected according to written criteria developed by faculty, and agreed to by responsible person(s) in the practice site;
 - (C) A faculty member shall be available to the clinical teaching associate(s) while students are involved in a the clinical learning experience;
 - (D) The faculty member shall confer with each clinical teaching associate and student (individually or in groups) regularly during the clinical learning experience;
 - (E) Use of clinical teaching associates does not modify the requirement for faculty member/student ratio, except that the ratio may be modified for final practica.
- (11) Principal responsibilities of the faculty shall be to:
- (a) Develop, implement and evaluate the organizing framework and learning outcomes of the program;
 - (b) Construct, implement, evaluate and revise the curriculum;
 - (c) Develop, implement and evaluate policies and standards for the advising, selection, admission, advanced placement, progression and graduation of nursing students within the framework of the policies of the educational institution;

- (d) Develop, integrate and evaluate student learning experiences including selection of learning activities, appropriate use of emerging teaching and learning methodologies, assessment and guidance of the student and evaluation of client and student safety;
 - (e) Develop, implement and evaluate policies for assessing student achievement in terms of course and program learning outcomes;
 - (f) Evaluate student learning and performance, assign grades for courses according to policies, determine student progression within the program, and recommend successful candidates for the degree or certificate;
 - (g) Develop, implement and evaluate policies and procedures necessary for the operation of the program;
 - (h) Provide for student evaluation of teaching effectiveness;
 - (i) Provide for evaluation of faculty members within the framework of the educational institution;
 - (j) Orient and provide on-going guidance for nurse educator associates, clinical teaching associates, and nursing staff in practice sites related to the program goals, learning outcomes and expected competencies of the students;
 - (k) Participate in review of the total nursing program;
 - (l) Participate in determining academic policies and procedures of the institution;
 - (m) Participate cooperatively with other nursing programs and agencies to develop appropriate and equitable access to practice sites; and
 - (n) Provide mechanisms for student input into and/or participation in decisions related to the nursing program.
- (12) Faculty Organization shall be as follows:
- (a) The nursing faculty shall participate through faculty meetings or other methods in developing, implementing and evaluating the program and curriculum and other responsibilities of the faculty;
 - (b) Minutes of faculty and committee meetings, including actions taken, shall be recorded and available for reference; and
 - (c) Faculty participation in decisions related to developing, implementing, and evaluating the curriculum, and to establishing or modifying nursing program policies shall be documented.

Stat. Auth.: ORS 678.150, 678.340 & 678.360

Stats. Implemented: ORS 678.150 & 678.360

Hist.: NER 30, f. & ef. 1-27-76; NER 37, f. & ef. 7-18-77; NER 3-1984, f. & ef. 10-4-84; NER 2-1985, f. & ef. 4-5-85; NER 4-1985, f. & ef. 7-10-85; NB 1-1990, f. & cert. ef. 4-2-90; Renumbered from 851-020-0061; NB 4-1996, f. & cert. ef. 9-3-96; BN 1-2001, f. & cert. ef. 2-21-01; BN 7-2001, f. & cert. ef. 7-9-01; BN 3-2008, f. & cert. ef. 6-24-08; BN 17-2010, f. & cert. ef. 11-29-10

851-021-0050

Standards for Approval: Curriculum

- (1) Curriculum shall:
 - (a) Prepare the student to achieve the nursing competencies necessary for safe practice based on current standards of care;
 - (b) Reflect the identified mission, goals, and learning outcomes of the nursing education program; and
 - (c) Be consistent with the law governing the practice of nursing.
- (2) Curriculum plan shall identify:

- (a) Competencies or learning outcomes at the course and program level;
 - (b) Learning activities to develop identified competencies. Courses, learning activities and clinical practicum shall be organized in such a manner to have sufficient proximity in time to allow the student to form necessary links of theoretical knowledge, clinical reasoning, and deliberate practice;
 - (A) Clinical practica shall include sufficient direct patient care hours to achieve identified competencies, course and program outcomes.
 - (B) All clinical practica shall be directed and supervised by a nurse educator or nurse educator associate.
 - (C) All programs shall include no less than six (6) contact hours of learning activities related to pain management.
 - (c) Requirements of the educational institution for graduation; and
 - (d) Total units required for graduation.
- (3) Practical Nurse Programs:
- (a) In practical nursing programs, the course content and clinical experience required shall be a minimum of 42 quarter units or 28 semester units including:
 - (A) Biological, applied, social, and behavioral sciences and humanities: minimum of 18 quarter units or 12 semester units; and
 - (B) Practical Nursing: minimum of 24 quarter units or 16 semester units of which no less than 12 quarter or eight semester units shall be clinical practicum.
 - (b) The Practical Nurse program shall provide theory and faculty-supervised clinical practice in nursing to achieve competencies within the practical nurse scope of practice, including those related to:
 - (A) Creating and maintaining a safe environment of care;
 - (B) Demonstrating professional, legal, and ethical behavior in nursing practice;
 - (C) Applying knowledge and problem-solving skills;
 - (D) Providing safe, clinically competent, culturally sensitive, and client-centered care for the promotion, restoration and maintenance of wellness or for palliation across the lifespan and settings of care;
 - (E) Functioning as a member of the interdisciplinary healthcare team;
 - (F) Applying leadership and management skills to assign, direct and supervise care provided by nursing assistive personnel;
 - (G) Using technology to facilitate communication, manage information, and document care; and
 - (H) Providing cost-effective nursing care and participating in quality improvement strategies.
- (4) Registered Nurse Program:
- (a) Registered nurse curricula shall meet all institutional requirements for and culminate in the award of an associate, baccalaureate, masters, or doctoral degree.
 - (b) In registered nurse programs, the course content and clinical experience required shall be a minimum of 84 quarter units or 56 semester units including:
 - (A) Physical, biological, social and behavioral sciences and humanities: minimum of 36 quarter units or 24 semester units; and
 - (B) Nursing: minimum of 48 quarter units or 32 semester units of which no less than 24 quarter units or 16 semester units shall be clinical practicum.
 - (c) The Registered Nurse program shall provide theory and faculty-supervised clinical practice in nursing to develop competencies at the registered nursing scope of practice related to:
 - (A) Creating and maintaining a safe environment of care;
 - (B) Demonstrating professional, ethical and legal behavior in nursing practice
 - (C) Using problem-solving skills, reflection, and clinical judgment in nursing practice;

- (D) Prescribing/directing, managing, delegating and supervising nursing care for individuals, families, or groups;
- (E) Providing safe, clinically competent, culturally sensitive, client-centered and evidence-based care to promote, restore and maintain wellness or for palliation across the lifespan and settings of care;
- (F) Providing culturally sensitive and evidence-based teaching, counseling, and advocacy for individuals, families and groups;
- (G) Participating within and providing leadership for an interdisciplinary team;
- (H) Applying leadership skills to identify the need for and to promote change;
- (I) Using communication and information technology effectively and appropriately;
- (J) Applying and integrating principles of community health and community-based care into practice; and
- (K) Integrating concepts of resource utilization, quality improvement and systems to enhance care delivery.
- (L) Baccalaureate and basic masters or doctoral programs shall also include competencies related to:
 - (i) Applying epidemiological, social, and environmental data and principles to identify and implement health promotion goals and strategies for communities and populations;
 - (ii) Assuming leadership and effecting change through participation in teams and beginning application of management knowledge.
 - (iii) Identifying and implementing measures to improve access to healthcare for individuals and underserved groups;
 - (iv) Using the principles and practice of research to validate and improve nursing care for individuals, families, and groups; and
 - (v) Using teaching-learning principles to assist colleagues and healthcare providers to improve nursing care quality.
- (5) Programs providing distance nursing education shall:
 - (a) Deliver the approved curriculum through learning activities designed to allow students to achieve stated learning outcomes or competencies;
 - (b) Provide learning activities that are sufficiently comprehensive to achieve stated program outcomes and competencies; and
 - (c) Support instructor-student interaction and meaningful student interaction.
- (6) Programs that provide for advanced placement of students shall develop and use policies designed to assure that such students meet the equivalent of the program's current curriculum and competencies.

Stat. Auth.: ORS 678.150, 678.340 & 678.360

Stats. Implemented: ORS 678.150 & 678.360

Hist.: NER 30, f. & ef. 1-27-76; NER 37, f. & ef. 7-18-77; NER 2-1985, f. & ef. 4-5-85; NB 3-1988, f. & cert. ef. 7-5-88; NB 1-1990, f. & cert. ef. 4-2-90; Renumbered from 851-020-0056; NB 4-1996, f. & cert. ef. 9-3-96; BN 1-2001, f. & cert. ef. 2-21-01; BN 3-2008, f. & cert. ef. 6-24-08; BN 9-2013, f. 12-3-13, cert. ef. 1-1-14

851-021-0055

Standards for Approval: Students

The program in nursing is accountable to students by providing that:

- (1) Admission, readmission, transfer, progression, retention, dismissal and graduation requirements are available to the students in written form and are consistent with those of the

sponsoring institution. Where necessary, policies specific to nursing students may be adopted if justified by the nature and purposes of the nursing program.

- (2) Students are admitted without discrimination as to age, race, religion, gender, sexual preference, national origin or marital status.
- (3) Facilities and services of the program and its sponsoring institution are documented and available to students.
- (4) Distance Nursing education programs are effectively supported through accessible modes of delivery, resources, and student support.
- (5) Student rights and responsibilities are available in written form.
- (6) Students are required to submit to a criminal background check to identify criminal convictions that may:
 - (a) Pose a risk to public safety;
 - (b) Preclude the ability to complete required clinical practica; or
 - (c) Result in Notice to Deny Licensure on application for initial licensure in Oregon.
- (7) There is a signed agreement for the articulation or program graduates into the next level of nursing education as follows:
 - (a) Programs leading to a certificate or degree in practical nursing shall have an agreement with an Oregon-approved program preparing candidates for licensure as a registered nurse; or
 - (b) Programs leading to an associate degree in nursing shall have an agreement with an Oregon-approved program leading to a baccalaureate or higher degree in nursing.

Stat. Auth.: ORS 678.150, 678.340 & 678.360

Stats. Implemented: ORS 678.150 & 678.360

Hist.: NB 1-1990, f. & cert. ef. 4-2-90; Renumbered from 851-020-0068; NB 4-1996, f. & cert. ef. 9-3-96; BN 3-2008, f. & cert. ef. 6-24-08; BN 17-2010, f. & cert. ef. 11-29-10

851-021-0060

Standards for Approval: Records

- (1) Program records -- A system of records shall be maintained and be made available to the Board representative and shall include:
 - (a) Reports relating to institutional and program accreditation by any agency or body;
 - (b) Course outlines;
 - (c) Minutes of faculty and committee meetings;
 - (d) Reports of standardized tests; and
 - (e) Survey reports.
- (2) Record(s) shall be maintained for each student, available to the Board representative, and shall include:
 - (a) Student application;
 - (b) Student transcript, which must be maintained indefinitely;
 - (c) Current record of achievement; and
 - (d) Other records in accordance with state or federal guidelines, program or institution policy, record retention schedule or statute of limitations.
- (3) The program shall make provisions for the protection of student and graduate records against loss, destruction and unauthorized use.
- (4) Information describing the curriculum shall be published in the college catalog, maintained in archives, and made available upon request.

Stat. Auth.: ORS 678.150, 678.340 & 678.360

Stats. Implemented: ORS 678.150 & 678.360

Hist.: NB 1-1990, f. & cert. ef. 4-2-90, Renumbered from 851-020-0074; NB 4-1996, f. & cert. ef. 9-3-96; BN 3-2008, f. & cert. ef. 6-24-08

851-021-0065

Standards for Approval: Facilities and Services

- (1) Educational facilities shall include:
 - (a) Classrooms, laboratories and conference rooms adequate in number, size and type according to the number of students and educational purposes for which the rooms are used;
 - (b) Offices and conference rooms available and adequate in number and size to meet faculty needs for individual student counseling and faculty meetings;
 - (c) Space provided for secretarial staff, files, storage and equipment; and
 - (d) Telephones, computers, equipment and support adequate in number and capacity to conduct program business.
- (2) Educational services and resources shall include:
 - (a) Adequate secretarial services;
 - (b) Adequate library services, holdings, and electronic learning resources;
 - (c) Adequate student support services such as academic advising, financial aid advising, and academic bookstore services; and
 - (d) Adequate technology to support teaching and learning.
- (3) Institutions offering distance nursing education programs shall provide ongoing and appropriate technical, design, and production support for faculty members and technical support services for students.
- (4) Selection of practice sites shall be based on written criteria established by faculty.
- (5) There is a written agreement that is in effect between the authorities responsible for the educational program and the nursing service or other relevant service of the practice site. The agreement shall include but not be limited to provisions that:
 - (a) Ensure that faculty members have authority and responsibility to select appropriate learning experiences in collaboration with practice site;
 - (b) Clearly specify whether or not clinical teaching associates will be provided by the site, and how they will be selected and function; and
 - (c) The practice sites shall be fully approved by the appropriate accreditation, evaluation or licensing bodies, if such exist.

Stat. Auth.: ORS 678.150 & 678.360

Stats. Implemented: ORS 678.150, 678.340 & 678.360

Hist.: NER 4-1985, f. & ef. 7-10-85; NB 1-1990, f. & cert. ef. 4-2-90; Renumbered from 851-020-0076; NB 4-1996, f. & cert. ef. 9-3-96; BN 1-2001, f. & cert. ef. 2-21-01; BN 3-2008, f. & cert. ef. 6-24-08; BN 17-2010, f. & cert. ef. 11-29-10

851-021-0070

Standards for Approval: Evaluation

- (1) There is a comprehensive plan for evaluation of the nursing education program that includes systematic assessment and analysis of:
 - (a) Compliance with the OSBN Standards for Approval for nursing education programs;
 - (b) Internal and external measures of Graduate achievement of identified program competencies and learning outcomes;
 - (c) NCLEX pass rate data, trends, and contributing factors;

- (d) Curriculum design including nursing and other required courses, course sequencing and scheduling;
 - (e) Effectiveness of instructional strategies and methodologies;
 - (f) Faculty sufficient in number, preparation, experience and diversity to effectively achieve course and program outcomes and maintain client and student safety, and;
 - (g) Resources, including human, physical, and financial resources to support the number of enrolled students, instructional delivery and achievement of program learning outcomes.
- (2) There is evidence that the comprehensive plan for evaluation is being implemented and that evaluative data is used for ongoing program improvement.

Stat. Auth.: ORS 678.150, 678.340 & 678.360

Stats. Implemented: ORS 678.150 & 678.360

Hist.: NER 30, f. & ef. 1-27-76; NB 1-1990, f. & cert. ef. 4-2-90; Renumbered from 851-020-0081; NB 4-1996, f. & cert. ef. 9-3-96; BN 1-2001, f. & cert. ef. 2-21-01; BN 3-2008, f. & cert. ef. 6-24-08

851-021-0090

Standards for Out-of-State Student Clinical Experience in Oregon

- (1) Out-of-State Nursing Programs who seek to routinely send groups of students for clinical experience in Oregon
- (a) The program shall petition the Board for approval to provide clinical experience in Oregon. The petition shall include:
 - (A) Justification or rationale for use of Oregon facilities;
 - (B) Documentation of home board approval including time frame and any recommendations which are outstanding;
 - (C) Evidence of accreditation by a regional accreditation body or national agency recognized by the council on Higher Education Accreditation (CHEA);
 - (D) Analysis of potential impact on nursing programs in areas where clinical placements are planned;
 - (E) Analysis of current usage of planned clinical sites in areas where clinical placements are planned;
 - (F) Anticipated student enrollment and proposed date of enrollment including the estimated number of students to be placed in Oregon clinical site(s);
 - (G) List of all faculty members with academic and licensure credentials;
 - (H) Evidence of availability of faculty in areas where clinical placements are planned;
 - (I) Evidence that faculty providing direct clinical supervision meet standards as established in OAR 851-021-0045(2), (6), (7), and (10);
 - (J) NCLEX pass rate, number of candidates and number passing for the past two years ending on the most recent September 30.
 - (K) The Board, after timely review and consideration of the petition and any supplemental information, shall either grant or deny the petition to place students in Oregon-based clinical experiences.
 - (b) The program shall provide an annual report on a form supplied by the Board to include at least the following information:
 - (A) Curriculum change that affects the use of Oregon facilities for clinical experience;
 - (B) Plans for a significant increase in planned enrollment that may impact regional practice sites;
 - (C) Any change in provisions for client/student safety;
 - (D) List of all faculty members with academic and licensure credentials;
 - (E) Any change in approval/ accreditation status during the annum;
 - (F) Copy of progress reports (if any) to the home board during the annum; and

- (G) NCLEX pass rate, number of candidates and number of candidates passing for the year ending September 30.
- (c) The OSBN may conduct a complete visit to the program of nursing to determine its eligibility for approval at any time, or may accept all or part of the survey and findings on approval from the home state.
- (2) Nursing programs with faculty and facilities located in Oregon and approved by another state as of April 1, 1998
 - (a) The program shall meet the reporting requirements established in OAR 851-021-0025 for Oregon approved nursing programs.
 - (b) In addition, the program shall:
 - (A) Report any change in approval/accreditation status within 30 days of such change;
 - (B) Report plans for a significant increase in planned enrollment that may impact regional practice sites including plans for provision of clinical placement(s) for additional student(s);
 - (C) Submit a copy of progress reports (if any) to the home board;
 - (D) Annually submit the NCLEX pass rate, number of candidates and number of candidates passing for the year ending September 30; and
 - (E) Demonstrate attainment of OSBN standards for approval through OSBN participation in the regular survey visit conducted by the home board and/or nursing specialty accreditation organization.
 - (c) The OSBN may conduct a complete visit to the program to determine its eligibility for approval at any time, or may accept all or part of the survey and findings on approval from the home state or nursing specialty accreditation organization.
- (3) Nursing programs that do not regularly send clinical sections to Oregon sites, and that seek to place an individual student for precepted experience.
 - (a) The program shall petition the Board for approval to provide clinical experience in Oregon. The petition shall include:
 - (A) Justification or rationale for use of Oregon facilities including description of clinical sites and experiences and the provisions that will be used for client/student safety;
 - (B) Documentation of home board approval including time frame and any currently outstanding recommendations;
 - (C) Evidence of accreditation by a regional association or national agency recognized by the Council on Higher Education Accreditation (CHEA);
 - (D) Name and credentials of the contact faculty member;
 - (E) Name and credentials of a contact person within the Oregon clinical facility; and
 - (F) Evidence that faculty providing clinical supervision meet standards as established in OAR 851-021-0045(2, 6, 7, and 10).
 - (b) The program shall have a written agreement with the Oregon clinical facility including but not limited to:
 - (A) Learning objectives to guide the student experience;
 - (B) Provisions for client/student safety;
 - (C) Faculty member of record with provision for availability;
 - (D) Qualifications for selection of preceptor(s);
 - (E) Provision that the agency may unilaterally nullify the contract in the event of issues with client safety.

Stat. Auth.: ORS 678.031, 678.150, 678.340, 678.360

Stats. Implemented: ORS 678.031, 678.150, 678.340, 678.360

Hist.: BN 7-1998, f. & cert. ef. 7-16-98; BN 1-2001, f. & cert. ef. 2-21-01; BN 3-2008, f. & cert. ef. 6-24-08; BN 17-2010, f. & cert. ef. 11-29-10

851-021-0120**Nursing-Critical Shortage Area Defined for the Purpose of the Oregon Nursing Services Program**

- (1) For the purposes of the Oregon Nursing Services Program, a student loan repayment program administered by the Oregon Student Assistance Commission, a "nursing-critical shortage area" means:
 - (a) A locality or practice setting defined by the Office of Rural Health as "frontier" or "rural"; and/or
 - (b) A practice specialty determined to be "critical" by the Board of Nursing, in consultation with the Office of Rural Health.
- (2) A complete list of practice settings and/or practice specialties considered to be "critical" will be identified annually in Board policy.

Stat. Auth: ORS 678.031 & 678.150

Stats. Implemented: ORS 678.031

Hist.: BN 1-2002, f. & cert. ef. 3-5-02; BN 3-2003, f. & cert. ef. 4-23-03; BN 3-2008, f. & cert. ef. 6-24-08; BN 9-2013, f. 12-3-13, cert. ef. 1-1-14

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State of Oregon
Kate Brown, Governor

Oregon State Board of Nursing
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Memorandum

To: Oregon State Board of Nursing Members

From: Debra K. Buck, RN, MS
Policy Analyst- Training & Assessment

Date: January 19, 2017

Re: Proposed Medication Aide Training Program Curriculum
Changes

The Certified Nursing Assistant (CNA)/Certified Medication Aide (CMA) Advisory Group reviewed the Board's *Curriculum Content for Medication Aide Training Programs*. Their recommended changes are for clarification and standardization versus adding new content. Feedback on the draft of the proposed changes were sought from the public via the CNA/CMA List-Serv on November 9, 2016 and on the Board's website since December 21, 2016. Feedback was considered at the January 13, 2017 CNA/CMA Advisory Group meeting. Suggestions were incorporated into the draft. The draft of the proposed changes is being presented for your approval at this time.

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Bolded and underlined material is proposed to be added.
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Oregon State Board of Nursing ~~[Policy Document]~~ **Approved** Medication Aide Curriculum

Curriculum Content for Medication Aide Training Programs

~~[Policy summary,]~~ Document Summary, Statement of Purpose and Intent

~~[It shall be the policy of the Oregon State Board of Nursing that a]~~ **All Oregon State Board of Nursing** approved medication aide training programs shall consist of the following curriculum content and competency evaluation.

Curriculum

~~[+.]~~ Classroom instruction prior to students' care of clients that includes:

- (A) Concepts in administration of medications:
- (1) Terminology and commonly used abbreviations;
 - (2) Classification of medications related to body systems and common actions:
 - ~~[(a) Antimicrobial:]~~
 - ~~[(i) Controls or prevents growth of bacteria, fungus, virus or other microorganisms:]~~
 - ~~[(b) a] Cardiovascular:~~
 - (i) Structure and function related to medication efficacy;**
 - (ii) Common actions:**
 - ~~[(i)]~~ **a.** Corrects an irregular, fast or slow heart rate;
 - ~~[(ii)]~~ **b.** Prevents blood from clotting;
 - ~~[(iii)]~~ **c.** Lowers blood pressure;
 - (iii) Contraindications:**
 - (iv) Side effects:**
 - (v) Drugs used for:**
 - a. Anemia;**
 - b. Angina;**
 - c. Arteriosclerosis;**
 - d. Coronary Artery Disease/Acute Coronary Syndrome;**
 - e. Deep Vein Thrombosis;**
 - f. Dysrhythmias;**
 - g. Heart Failure;**
 - h. Hypercholesterolemia;**
 - i. Hypertension;**
 - j. Hypotension;**
 - k. Myocardial Infarction;**
 - l. Shock; and**
 - m. Thrombophlebitis.**
 - (b) Central Nervous System:**
 - (i) Structure and function related to medication efficacy;**
 - (ii) Common actions:**
 - a.** Prevents seizures;
 - b.** Relieves pain;
 - c.** Lowers body temperature;
 - d.** Anti-Parkinsonian;

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- 1 e. Antidepressants;
 2 f. Promotes sleep;
 3 g. Relieves anxiety;
 4 h. Antipsychotics;
 5 i. Mood stabilizer;
- 6 **(iii) Contraindications;**
 7 **(iv) Side effects;**
 8 **(v) Drugs used for:**
- 9 a. **Alzheimer's Disease;**
 10 b. **Anxiety;**
 11 c. **Cerebrovascular accident;**
 12 d. **Chronic Fatigue Syndrome;**
 13 e. **Chronic Pain;**
 14 f. **Depression;**
 15 g. **Epilepsy;**
 16 h. **Mental Health Disorders;**
 17 i. **Multiple Sclerosis;**
 18 j. **Myasthenia Gravis; and**
 19 k. **Parkinson's Disease.**
- 20 (c) Dermatological:
- 21 (i) **Structure and function related to medication efficacy;**
 22 (ii) **Common actions:**
 23 a. Anti-infective; **and**
 24 b. Anti-inflammatory;
- 25 **(iii) Contraindications;**
 26 **(iv) Side effects;**
 27 **(v) Drugs used for:**
- 28 a. **Cellulitis;**
 29 b. **Dermatitis;**
 30 c. **Fungal infections;**
 31 d. **Pediculosis;**
 32 e. **Petechia/Purpura;**
 33 f. **Psoriasis;**
 34 g. **Scabies; and**
 35 h. **Sunburn.**
- 36 (d) Endocrine:
- 37 **(i) Structure and function related to medication efficacy;**
 38 **(ii) Common actions:**
 39 a. Anti-diabetic;
 40 b. Reduces inflammation;
 41 c. Hormones;
- 42 **(iii) Contraindications;**
 43 **(iv) Side effects;**
 44 **(v) Drugs used for:**
- 45 a. **Diabetes Mellitus: type 1, type 2, Gestational;**
 46 b. **Diabetes Ketoacidosis;**
 47 c. **Hypoglycemia; and**
 48 d. **Hypo/Hyperthyroidism.**

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(e) Gastrointestinal:

(i) Structure and function related to medication efficacy;

(ii) Common actions:

a. Promotes bowel movements;

b. Antacids;

c. Anti-diarrheal;

d. Reduces gastric acid;

(iii) Contraindications;

(iv) Side effects;

(v) Drugs used for:

a. Bowel Obstruction;

b. Cholelithiasis;

c. Colitis;

d. Cirrhosis;

e. Constipation;

f. Diarrhea;

g. Diverticulosis;

h. Gastritis/Gastroenteritis;

i. Gastroesophageal Reflux Disease;

j. Hepatitis;

k. Hemorrhoids;

l. Irritable Bowel Disease;

m. Nausea;

n. Pancreatitis;

o. Stomatitis;

p. Ulcerative Gingivitis;

q. Ulcers; and

r. Vomiting.

(f) Immune System:

(i) Structure and function related to medication efficacy;

(ii) Common actions:

a. Controls or prevents growth of bacteria, fungus, virus or other microorganisms.

(iii) Contraindications; and

(iv) Side effects;

(v) Drugs used for:

a. Acquired Immunodeficiency Syndrome;

b. Cancer;

c. Fibromyalgia;

d. Hepatitis;

e. Herpes;

f. Hodgkin's Disease;

g. Leukemia;

h. Lupus;

i. Non-Hodgkin's Lymphoma;

j. Rheumatoid Arthritis; and

k. Shingles.

~~(f)~~ **g** Musculoskeletal:

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(i) **Structure and function related to medication efficacy;**

(ii) **Common actions:**

a. Relaxes muscles;

(iii) **Contraindications;**

(iv) **Side effects;**

(v) **Drugs used for:**

a. **Arthritis;**

b. **Back Pain;**

c. **Fractures;**

d. **Gout;**

e. **Joint pain;**

f. **Osteoarthritis/Degenerative Joint Disease;**

g. **Osteomyelitis;**

h. **Osteoporosis; and**

i. **Sprains and Strains.**

~~[(g) Neurological:]~~

~~[(i) Prevents seizures;]~~

~~[(ii) Relieves pain;]~~

~~[(iii) Lowers body temperature;]~~

~~[(iv) Anti-Parkinsonian;]~~

~~[(v) Antidepressants;]~~

~~[(vi) Promotes sleep;]~~

~~[(vii) Relieves anxiety;]~~

~~[(viii) Antipsychotics;]~~

~~[(ix) Mood stabilizer;]~~

(h) Nutrient/Vitamin/Mineral(s):

(i) **Structure and function related to medication efficacy;**

(ii) **Common actions:**

a. Replaces chemicals missing or low in the body;

(iii) **Contraindications;**

(iv) **Side effects.**

(i) Respiratory:

(i) **Structure and function related to medication efficacy;**

(ii) **Common actions:**

a. Decreases mucus production;

b. Bronchodilation;

c. Cough depressant/expectorant;

d. Decongestant;

(iii) **Contraindications;**

(iv) **Side effects;**

(v) **Drugs used for:**

a. **Atelectasis;**

b. **Asthma;**

c. **Bronchitis;**

d. **Chronic Obstructive Pulmonary Disease;**

e. **Emphysema;**

f. **Influenza;**

g. **Pleurisy;**

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- 1 (c) Permitted procedures including performing capillary blood glucose (CBGs),
 2 adding fluid to established jejunostomy or gastrostomy tube feedings, and
 3 changing established tube feeding bags; and
 4 (d) Acceptance of verbal or telephone orders for medication(s) from a licensed
 5 health care professional who is authorized to independently diagnose and
 6 treat. Such acceptance can occur only when the CMA is working in the
 7 following community based care settings under the specified administrative
 8 rule:
 9 (i) Adult Foster Homes, as permitted under OAR Chapter 411, Division
 10 050;
 11 (ii) Residential Care Facilities, as permitted under OAR Chapter 411,
 12 Division 054; and
 13 (iii) Assisted Living Facilities, as permitted under OAR Chapter 411,
 14 Division 054.
 15 (2) CMA's responsibility for reporting to a nurse;
 16 (3) CMA's responsibility when working in a community based care setting where a
 17 registered nurse is not regularly scheduled and not available to provide direct
 18 supervision;
 19 (4) How to address conflict with role and authorized duty issues;
 20 (5) Client medication rights, including the right to confidentiality and the right to know
 21 and refuse medication;
 22 (6) CMA role under federal and state regulatory agencies; and
 23 (7) ~~[Delegation]~~ **Professional boundaries.**
 24 (C) ~~[Dosage calculation including metric and common household measures.]~~ **Knowledge of:**
 25 **(1) Common household measures as it relates to medications;**
 26 **(2) Metric system as it relates to medications;**
 27 **(3) Basic mathematics functions:**
 28 **(a) Add;**
 29 **(b) Subtract;**
 30 **(c) Multiply; and**
 31 **(d) Divide.**
 32 **(4) Reading decimals and fractions:**
 33 **(a) For example:**
 34 **(i) $\frac{1}{4} + \frac{1}{4} = \frac{1}{2}$;**
 35 **(ii) $0.5 \times 2 = 1.0$;**
 36 **(iii) Milligram is a smaller unit of measure than a gram;**
 37 **(iv) An ounce is larger than a gram.**
 38 **(5) Basic Roman numerals as it relates to medications.**
 39 (D) Administering and charting medications:
 40 (1) Forms of medications:
 41 (a) Liquid:
 42 (i) Aerosol;
 43 (ii) Drops **(gtts)**;
 44 (iii) Elixir;
 45 (iv) Inhalant;
 46 (v) Solution;
 47 (vi) Spray;
 48 (vii) Suspension;

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- 1 (viii) Syrup; and
 2 (ix) Tincture.
 3 (b) Solid and semi-solids:
 4 (i) Caplets;
 5 (ii) Capsules;
 6 (iii) Covered with coating (not to be crushed);
 7 (iv) Cream;
 8 (v) Dissolvable tablets;
 9 (vi) Liniment;
 10 (vii) Lotion;
 11 (viii) Lozenges;
 12 (ix) Ointment;
 13 (x) Paste;
 14 (xi) Powder;
 15 (xii) Scored versus unscored tablets; and
 16 (xiii) Time released.
 17 (2) Medication packaging;
 18 (3) Storage of medications;
 19 **(4) Medication crushing:**
 20 **(a) Which medications can be crushed; and**
 21 **(b) Mixing crushed medications correctly.**
 22 ~~[(4)]~~**5** Preparation and administration of medications by approved routes;
 23 **(a) Utilize well lit medication preparation area;**
 24 **(b) Maintain area free from distractions and interruptions; and**
 25 **(c) Keep area neat, clean, orderly and secure.**
 26 ~~[(5)]~~**6** Correct medication administration procedure:
 27 (a) Wash or sanitize your hands;
 28 (b) Review for medications that require checking of pulse or blood pressure
 29 before administering;
 30 (c) Identify the client;
 31 (d) Introduce yourself;
 32 (e) Explain what you are going to do;
 33 (f) Glove if necessary;
 34 (g) Observe special considerations;
 35 (h) Position the client;
 36 (i) Do what you explained;
 37 (j) Wash or sanitize your hands; and
 38 (k) Document.
 39 ~~[(6)]~~**7** Six rights:
 40 (a) Right client;
 41 (b) Right drug;
 42 (c) Right dose;
 43 (d) Right route;
 44 (e) Right time; and
 45 (f) Right documentation.
 46 ~~[(7)]~~**8** Three safety checks:
 47 (a) When removing the medication package from storage;
 48 (b) When removing the medication from the package/container; and

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- (c) When returning the package to where it is stored.
- (9) Positioning techniques to prevent aspiration with swallowing issues;**
~~[(8)]~~**10** Individual [age] specific **considerations in administering medications** (age, cultural, familial, physiological, and psychological) ~~[considerations in administering medications];~~
- ~~[(9)]~~**11** Use of Medication Administration Record (MAR) to:
- (a) Administer medications; and
 - (b) Document medication administration;
- ~~[(10)]~~**12** Medication errors and reporting techniques; and
- ~~[(11)]~~**13** Auditing and inventory systems:
- (a) Narcotic counts; and
 - (b) Disposition of outdated or unused medications.

In addition, prior to being permitted to administer medications directly to clients, the medication aide student must successfully complete a skills checklist. Each student must practice each skill on the skills checklist prior to any clinical experience/client contact.

Competency Evaluation

A. Lab:

~~[(1)]~~**(1)** During the course of training, the student must successfully demonstrate at least the following skill competencies **in the lab setting** as evidenced by satisfactory completion of the ~~[lab and clinical]~~ skills checklist:

- (A) Follows standard precautions including hand hygiene according to the Centers for Disease Control and Prevention guidelines;
- (B) Prepares for medication administration;
- (C) Completes three safety checks;
- (D) Correctly interprets abbreviations;
- (E) ~~[Calculates]~~ **Interprets** dosages correctly;
- (F) Consistently identifies specific drug properties of drug being given:
 - (1) Classification;
 - (2) Dose; ~~[and]~~
 - (3) **Common actions;**
 - (4) **Contraindications; and**
 - ~~[(3)]~~**(5)** Side effects;
- (G) Checks for known medication allergies before administering medication;
- (H) Checks the expiration date of the medication before administering;
- (I) Uses organized system for passing medications;
- (J) Protects confidentiality;
- (K) Follows correct medication administration procedures (Six rights):
 - (1) Right client;
 - (2) Right drug;
 - (3) Right dose;
 - (4) Right route;
 - (5) Right time; and
 - (6) Right documentation.
- (L) Measures liquid medications accurately;
- (M) Properly administers medications by at least the following routes:
 - (1) Oral;

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- (2) Sublingual;
- (3) Buccal;
- (4) Eye;
- (5) Ear;
- (6) Nasal;
- (7) Rectal;
- (8) Vaginal;
- (9) Skin ointments, topical including patches and transdermal;
- (10) Gastrostomy or jejunostomy tubes;
- (11) Premeasured medication delivered by Aerosol/Nebulizer; and
- (12) Medications delivered by metered hand-held inhalers.
- (N) Observes client swallowing medication;
- (O) Consults **current, relevant** resources (drug references [~~books~~], charge nurse, etc.) as needed;
- (P) Maintains security of medication room and cart;
- (Q) Accurately documents medication following administration; and
- (R) Demonstrates appropriate reporting to nurse.

B. Clinical:

(1) During the course of training, the student must successfully demonstrate at least the following skill competencies in the clinical setting as evidenced by satisfactory completion of the skills checklist:

- (A) Follows standard precautions including hand hygiene according to the Centers for Disease Control and Prevention guidelines;**
- (B) Prepares for medication administration;**
- (C) Completes three safety checks;**
- (D) Correctly interprets abbreviations;**
- (E) Interprets dosages correctly;**
- (F) Consistently identifies specific drug properties of drug being given:**
 - (1) Classification;**
 - (2) Dose;**
 - (3) Common actions;**
 - (4) Contraindications; and**
 - (5) Side effects;**
- (G) Checks for known medication allergies before administering medication;**
- (H) Checks the expiration date of the medication before administering;**
- (I) Uses organized system for passing medications;**
- (J) Protects confidentiality;**
- (K) Follows correct medication administration procedures (Six rights):**
 - (1) Right client;**
 - (2) Right drug;**
 - (3) Right dose;**
 - (4) Right route;**
 - (5) Right time; and**
 - (6) Right documentation.**
- (L) Measures liquid medications accurately;**
- (M) Properly administers medications by at least the following routes:**
 - (1) Oral;**

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1 **(2) Eye;**

2 **(3) Skin ointments, topical including patches and transdermal; and**

3 **(4) Premeasured medication delivered by Aerosol/Neulizer;**

4 **(N) Observes client swallowing medication;**

5 **(O) Consults current, relevant resources (drug references, charge nurse, etc.) as**
 6 **needed;**

7 **(P) Maintains security of medication room and cart;**

8 **(Q) Accurately documents medication following administration; and**

9 **(R) Demonstrates appropriate reporting to nurse.**

10
 11 ~~[H. At the discretion of the Program Director and Primary Instructor, the skills lab~~
 12 ~~demonstration may be included in either the classroom or the clinical hours.]~~

Division 62

Standards for Certification of the Nursing Assistant and Medication Aide

851-062-0010

Definitions

- (1) "Address of Record" means the home address of a certification holder, submitted on the initial application or by notification of change.
- (2) "Application" means a request for certification including all information identified on a form supplied by the Board and payment of required fee.
- (3) "Approved Nursing Program" means a pre-licensure educational program approved by the Board for registered or practical nurse scope of practice, or an educational program in another state or jurisdiction approved by the licensing board for nurses or other appropriate accrediting agency for that state.
- (4) "Attempt" means checking in for the examination and receiving the knowledge test booklet or the skill test instructions including the skills that are to be performed.
- (5) "Certificate of Completion" means a document meeting the standards set in OAR 851-061-0100(3)(a)–(i) and awarded upon successfully meeting all requirements of a nursing assistant or medication aide training program.
- (6) "Certified Medication Aide (CMA)" means a certified nursing assistant who has successfully completed additional training in administration of non-injectable medications, holds current Oregon CMA certification, and performs CMA authorized duties under the supervision of a licensed nurse.
- (7) "Certified Nursing Assistant (CNA)" means an individual who holds current Oregon CNA certification; whose name is listed on the CNA Registry; and through their position as a CNA assists a licensed nurse in the provision of nursing care. The phrase certified nursing assistant and the acronym CNA are generic and may refer to a CNA 1, a CNA 2 or all CNAs.
- (8) "Certified Nursing Assistant 1 (CNA1)" means an individual who holds current Oregon CNA certification and who assists a licensed nurse in the provision of nursing care.
- (9) "Certified Nursing Assistant 2 (CNA 2)" means a CNA 1 who has successfully completed additional training and competency validation in accordance with these rules.
- (10) "Client" means the individual who is provided care by the CNA or CMA including a person who may be referred to as "patient" or "resident" in some settings.
- (11) "CNA Registry" means the listing of Oregon certified nursing assistants maintained by the Board.
- (12) "Competency validation" means the Board-approved process for determining competency.
- (13) "Completed Application" means a signed application, paid application fee and submission of all supporting documents related to certification requirements.
- (14) "Completed Application Process" means a completed application, a criminal history check including any subsequent investigation; successful competency examination, if required; and final review for issue or denial.
- (15) "Endorsement" means the process of certification for an applicant who is trained and certified as a CNA in another state or jurisdiction.
- (16) "Enrolled" means making progress toward completion of a nursing program, whether or not registered in the current quarter or semester, as verified by the director or dean of the program.
- (17) Examinations:
 - (a) "Competency Examination" means the Board-approved examination administered to determine minimum competency for CNA 1 authorized duties. The competency

examination consists of a written examination and a manual skills examination. The examination is administered in English.

- (b) "Medication Aide Examination" means the Board-approved examination administered to determine minimum competency for CMA authorized duties. The examination is administered in English.
- (18) "Full-time" means at least 32 hours of regularly scheduled work each week.
- (19) "Licensed Nurse" means the licensed practical nurse (LPN) and registered nurse (RN) licensed under ORS 678.
- (20) "Licensed Nursing Facility" means a licensed nursing home or a Medicare or Medicaid certified long term care facility.
- (21) "Monitoring" means that a registered nurse assesses and plans for care of the client, assigns or delegates duties to the nursing assistant according to the nursing care plan, and evaluates client outcomes as an indicator of CNA/CMA competency.
- (22) "Nurse Aide Registry" means the listing of certified nursing assistants maintained by the appropriate state agency in another state or jurisdiction of the United States.
- (23) "Nursing Assistant" means a person who assists licensed nursing personnel in the provision of nursing care per ORS 678.440(5).
- (24) "OBRA" means the Omnibus Budget Reconciliation Act of 1987, successor legislation and written directives from the Center for Medicare and Medicaid Services (CMS).
- (25) "Qualifying Disability" means a diagnosed physical or mental impairment which substantially limits one or more major life activities, and is subject to the protection of the Americans with Disabilities Act (ADA).
- (26) "Reactivation" is the process of renewing certification after the certificate is expired.
- (27) "Reinstatement" is the process of activating a certificate after it has been subject to disciplinary sanction by the Board.
- (28) "Supervision" means that the licensed nurse is physically present and accessible in the immediate client care area, is available to intervene if necessary, and periodically observes and evaluates the skills and abilities of the CNA/CMA to perform authorized duties.
- (29) "Unlicensed Persons" means individuals who are not necessarily licensed or certified by this Board or another Oregon health regulatory agency but who are engaged in the care of clients.

Stat. Auth.: ORS 678.442

Stats. Implemented: ORS 678.442

Hist.: BN 6-1999, f. & cert. ef. 7-8-99; BN 2-2004, f. 1-29-04, cert. ef. 2-12-04; BN 4-2004, f. & cert. ef. 2-20-04; BN 13-2005, f. & cert. ef. 12-21-05; BN 10-2010, f. & cert. ef. 6-25-10; BN 14-2013, f. 12-4-13, cert. ef. 1-1-14; BN 3-2014, f. 6-25-14, cert. ef. 8-1-14; BN 6-2014, f. 12-2-14, cert. ef. 1-1-15

851-062-0016

CNA 2 Categories

- (1) The Board has approved three CNA 2 categories: Acute Care, Dementia Care, and Restorative Care.
- (2) Other categories as subsequently established by the Board.

Stat. Auth: ORS 678.442

Stats. Implemented: ORS 678.040, 678.050, 678.150

Hist.: BN 2-2004, f. 1-29-04, cert. ef. 2-12-04; BN 14-2006, f. & cert. ef. 11-29-06; BN 10-2010, f. & cert. ef. 6-25-10

851-062-0020**Certification of Nursing Assistants Required**

- (1) A CNA must have a current, valid Oregon CNA 1 certificate and be listed on the Oregon CNA Registry prior to performing CNA 1 authorized duties. Nursing assistants who perform CNA 1 authorized duties as an employee of a licensed nursing facility in the State of Oregon must obtain Oregon CNA 1 certification, according to these rules, no later than four months after the date of hire.
- (2) A nursing assistant who is enrolled in an approved nursing assistant level 1 training program that meets the standards set forth in OAR 851-061-0010 through OAR 851-061-0130 may perform nursing assistant duties with appropriate supervision.
- (3) Unlicensed persons who are performing tasks that have been delegated to them by a Registered Nurse according to OAR 851-047-0000 through OAR 851-047-0040 may be certified or may be exempted from the requirement for certification.
- (4) Successful completion of a Board-approved training program, alone, does not result in the granting of a CNA certificate. The training program is one element of certification requirements. All requirements must be met before the Board grants certification.
- (5) A RN, LPN, student nurse or unlicensed graduate of a school of nursing is required to have current CNA 1 certification before assuming a CNA position and identifying himself or herself as a CNA. The RN or LPN employed as a CNA must not perform duties outside of the CNA authorized duties.

Stat. Auth.: ORS 678.440 & 678.442

Stats. Implemented: ORS 678.440 & 678.442

Hist.: BN 6-1999, f. & cert. ef. 7-8-99; BN 2-2004, f. 1-29-04, cert. ef. 2-12-04; BN 8-2008, f. & cert. ef. 11-26-08; BN 10-2010, f. & cert. ef. 6-25-10

851-062-0030**Limits on Eligibility for Certification**

- (1) If an applicant has a major physical or mental condition that could affect his/her ability to safely perform the duties of a nursing assistant, a physical or psychological assessment may be required. If the Board determines that the applicant's physical or mental health could interfere with the safe performance of nursing assistant duties, certification may be denied.
- (2) If an applicant has been arrested, charged or convicted of any criminal offense, a determination shall then be made as to whether the arrest, charge or conviction bears a demonstrable relationship to the performance of nursing assistant duties, in which case certification may be denied.
- (3) If the applicant has past, current or pending disciplinary action in Oregon or in another jurisdiction, the Board shall investigate and may deny certification.
- (4) If the applicant falsifies an application, supplies misleading information or withholds information, such action may be grounds for denial or revocation.
- (5) The Board shall be the sole judge of eligibility for certification.

Stat. Auth.: ORS 678.442

Stats. Implemented: ORS 678.442

Hist.: BN 6-1999, f. & cert. ef. 7-8-99

851-062-0050**CNA Certification**

- (1) An applicant for CNA 1 certification must submit a completed application using forms and instructions provided by the Board and pay fees established by the Board. CNA 1 certification may be obtained in one of the following ways:
 - (a) Training and Competency Examination:
 - (A) Complete an approved nursing assistant level one training program.
 - (B) Pass the competency examination within two years of the date of completion of the training program and within three attempts.
 - (b) Military corpsman or medic training and experience and competency examination:
 - (A) Complete combat medic 68W or naval corpsman military medical training as evidenced by DD 214 document; and
 - (B) Military service in the United States Air Force, Army, Coast Guard, Marines, or Navy within five years of application for competency examination; and
 - (C) Pass the competency examination within two years of application and within three attempts.
 - (c) RN or LPN licensure:
 - (A) Hold a current unencumbered RN or LPN license in any U.S. state or jurisdiction.
 - (B) Provide verification of current unencumbered licensure.
 - (C) A nurse in any U.S. state or jurisdiction who has an encumbered license may be considered on an individual basis.
 - (d) Enrollment in an approved nursing education program in the United States:
 - (A) Provide verification of enrollment in an approved nursing program; and
 - (B) Complete required course work equivalent to a Board-approved nursing assistant level one training program documented by:
 - (i) An official transcript from the nursing program; or
 - (ii) Written verification of completion of equivalent coursework from the nursing program director or dean.
 - (e) Graduation from an approved nursing program in the United States:
 - (A) Within one year after graduation, submit an official transcript documenting graduation from an approved nursing program.
 - (B) Between one and three years after graduation:
 - (i) Submit an official transcript documenting graduation from an approved nursing program; and
 - (ii) Pass the competency examination within two years and three attempts.
 - (C) Three or more years after graduation. The individual shall meet requirements for initial CNA 1 certification by training and competency examination.
 - (f) Graduation from a nursing program outside of the United States and competency examination:
 - (A) Submit a transcript or other documentation, in English, of nursing education which includes nursing knowledge and skills necessary to perform the CNA 1 authorized duties; and
 - (B) Pass the competency examination; or
 - (C) Complete the training and competency examination as provided in OAR 851-062-0050(1).
 - (g) Nursing assistant training outside of the United States. Complete training and competency examination as provided in OAR 851-062-0050(1).
 - (h) Endorsement:
 - (A) Provide documentation of successful completion of a nursing assistant training program that met OBRA standards.

- (i) Certificate of completion meeting the standards set in OAR 851-061-0100(3)(a-i); or
 - (ii) Letter from facility where training was completed, on letterhead, indicating the date that program was completed and the number of classroom and clinical hours; or
 - (iii) Information from the appropriate state agency attesting to program completion.
 - (B) Supply evidence of at least 400 hours of paid employment within CNA 1 authorized duties under the supervision of a nurse in another state where the individual held current certification in the two years immediately preceding application for endorsement. A CNA who has graduated from a nursing assistant training program within the previous two years has satisfied this requirement.
 - (C) Submit verification of current certification by the state agency in which CNA certification is held.
 - (D) An individual who cannot satisfy these requirements may be eligible for CNA 1 certification by training and competency examination as provided in OAR 851-062-0050(1).
- (2) CNA Testing Eligibility:
- (a) An applicant who has completed a nursing assistant training program in Oregon or another of the United States, that met OBRA standards shall be eligible for examination for two years from the date of completion of the nursing assistant training program.
 - (b) An applicant who is eligible for the competency examination as provided in OAR 851-062-0050(1)(b)(e)(f) shall be eligible for examination for two years from the date of application.
 - (c) A completed application shall be valid for the period of eligibility to test.
 - (d) An incomplete application becomes void in one year.
 - (e) An applicant who fails to pass the competency examination within two years of eligibility and within three attempts shall not be eligible to reapply for the examination except that the applicant may regain eligibility enrolling in and successfully completing a Board-approved nursing assistant program.
 - (f) If a candidate decides to not complete the examination after receiving the knowledge test booklet or the skill test instructions, the attempt will be scored as a failure.
- (3) CNA 2 certification may be obtained in one of the following ways:
- (a) Training and Competency Examination:
 - (A) Obtain CNA 1 certification;
 - (B) Complete an approved CNA 2 training program; and
 - (C) Pass the corresponding competency evaluation.
 - (b) RN or LPN licensure:
 - (A) Hold a current unencumbered RN or LPN license in any U.S. state or jurisdiction.
 - (B) Provide verification of current unencumbered licensure.
 - (C) A nurse in any U.S. state or jurisdiction who has an encumbered license may be considered on an individual basis.
 - (c) Enrollment in an approved nursing education program in the United States:
 - (A) Provide verification of enrollment in an approved nursing program; and
 - (B) Complete required course work equivalent to a Board-approved CNA 2 training program documented by:
 - (i) An official transcript from the nursing program; and
 - (ii) Written verification of completion of equivalent coursework from the nursing program director or dean.
- (4) As of March 1, 2015, all current CNA 2s in Acute Care, Dementia Care, or Restorative Care will have a general CNA 2 certification. It will be incumbent on the CNA 2 to:

- (a) Not assume an assignment, duty, or responsibility unless competency has been established and maintained;
- (b) Not perform duties or tasks for which the CNA 2 has not demonstrated knowledge, skill, and ability to a Oregon RN with at least one year of nursing experience;
- (c) Inform employer of any current CNA 2 authorized duties that were not obtained within his/her original CNA 2 training program curriculum; and
- (d) Maintain documentation to support any attained CNA 2 authorized duty knowledge or skill competency that was not obtained within his/her original CNA 2 training program curriculum.

Stat. Auth.: ORS 678.440 & 678.442

Stats. Implemented: ORS 678.442

Hist.: BN 6-1999, f. & cert. ef. 7-8-99; BN 2-2004, f. 1-29-04, cert. ef. 2-12-04; BN 10-2010, f. & cert. ef. 6-25-10; BN 14-2013, f. 12-4-13, cert. ef. 1-1-14; BN 3-2014, f. 6-25-14, cert. ef. 8-1-14; BN 6-2014, f. 12-2-14, cert. ef. 1-1-15

851-062-0055

Competency Examination Accommodations, Controls, Results, Reexamination

- (1) An applicant for the competency examination must be able to perform nursing assistant duties safely, without risk to his/her own health and safety or to the health and safety of others.
 - (a) An applicant with a qualifying disability, who requires accommodation at the test site, shall:
 - (A) Submit a Request for Accommodation; and
 - (B) Submit documentation from the provider who rendered the diagnosis including:
 - (i) Specific diagnosis and testing limitations; and
 - (ii) Specific recommendation for accommodations;
 - (iii) Printed name, signature and business telephone number of the health care provider or professional; and
 - (iv) Signed release necessary to speak to provider about the condition as it relates to test taking.
 - (b) An applicant who has been ill or had a prescription from a health care provider or professional for temporary restriction of activities must present a medical release for full return to normal activity prior to taking the manual skills portion of the exam.
 - (c) English as a second language does not qualify for special testing accommodation.
- (2) Controls:
 - (a) Reference materials, including dictionaries, are prohibited at the test site.
 - (b) Translators, unless as an approved accommodation for a qualifying disability, are prohibited at the test site. This includes written materials or documents used for translating one language to another and electronic devices used for translation purposes.
- (3) Examination results shall be mailed to the applicant at the applicant's address of record and shall not be released by telephone.
- (4) Re-examination:
 - (a) An applicant who fails and is eligible to retake the competency examination shall submit the appropriate application and examination fee.
 - (b) An applicant who fails the competency examination three times must complete another Board-approved nursing assistant level 1 training program prior to re-examination.
- (5) Failure to take the examination or to reschedule the examination in advance will result in re-examination fees unless the absence has been excused by the testing service.
- (6) Current certification may be verified using the Board's internet verification system.

Stat. Auth.: ORS 678.440 & 678.442

Stats. Implemented: ORS 678.442

Hist.: BN 2-2004, f. 1-29-04, cert. ef. 2-12-04; BN 6-2005, f. & cert. ef. 6-30-05; BN 10-2010, f. & cert. ef. 6-25-10

851-062-0070

Renewal or Reactivation of Certification

- (1) The expiration date of a CNA certificate occurs biennially the midnight before the individual's birthdate:
 - (a) For individuals born in odd numbered years the certificate expires in odd numbered years.
 - (b) For individuals born in even numbered years the certificate expires in even numbered years.
 - (c) Persons whose birthdate falls on February 29 shall be treated as if the birthdate were March 1 for purpose of establishing the expiration date.
- (2) The certificate shall automatically expire if the CNA fails to renew by the expiration date.
 - (a) A CNA may not work as a CNA with an expired certificate.
 - (b) Failure to receive the application for renewal shall not relieve the CNA of the responsibility of renewing the certificate by the expiration date.
- (3) To renew certification a CNA must, prior to the certificate expiration date:
 - (a) Submit a completed application using forms and instructions provided by the Board;
 - (b) Pay renewal fees established by the Board;
 - (c) Document paid employment:
 - (A) Document at least 400 hours of paid employment as a CNA within the CNA or CMA authorized duties, under supervision or monitoring by a nurse, in the two years immediately preceding the certificate expiration date.
 - (B) A CNA who has been certified for less than two years is exempt from the requirement in OAR 851-062-0070(3)(c)(A).
 - (d) A nursing assistant who cannot meet all the practice requirements for renewal in OAR 851-062-0070(3)(c)(A) may renew certification upon passing the competency examination.
 - (A) A nursing assistant has three attempts within two years of the expiration date on the certificate to pass the competency examination.
 - (B) A nursing assistant who fails to pass the competency examination in three attempts or within two years of the expiration date on the certificate may become certified by completing a Board-approved nursing assistant training program and then passing the competency examination.
- (4) To reactivate certification, within two years after the certificate expiration date:
 - (a) Submit a completed application using forms and instructions provided by the Board;
 - (b) Pay the fees established by the Board; and
 - (c) Document at least 400 hours of paid employment as a CNA under supervision or monitoring by a nurse, or the successful completion of the competency exam, within two years immediately preceding receipt of application.
 - (d) A nursing assistant who cannot meet all the requirements for reactivation in OAR 851-062-0070(4)(c) must apply for and pass the competency examination within three attempts and within two years of the expiration date on the certificate.
 - (e) A nursing assistant who fails to pass the competency examination in three attempts or within two years of the expiration date on the certificate may become certified by completing a Board-approved training program and then passing the competency examination.

- (f) Individuals whose CNA 2 has been expired for less than two years may reactivate their CNA 2 once their CNA 1 is current.
- (5) Individuals whose CNA 1 certificate has been expired for more than two years are required to take a Board-approved nursing assistant training program and pass the competency examination according to OAR 851-062-0050(1) to reactivate certification.
- (6) Individuals whose CNA 2 category designation has been expired for more than two years are required to take a Board-approved CNA 2 training program and pass the competency examination to reactivate the CNA 2.
- (7) A current licensed RN or LPN may use their RN or LPN practice hours within the last two years as part or all of the required 400 hours of paid employment for their CNA renewal.
- (8) An enrolled nursing student may renew without documentation of paid employment.
- (9) A former nursing student may use clinical practice hours in the nursing program within the last two years as part or all of the required 400 hours in lieu of paid employment.
- (10) Information provided to the Board to establish eligibility for renewal is subject to audit. Falsification of an application is grounds for disciplinary action.
- (11) An applicant for renewal must answer all mandatory questions on the application form, including those about employment and education.

Stat. Auth: ORS 678.440, 678.442

Stats. Implemented: ORS 678.442

Hist.: BN 6-1999, f. & cert. ef. 7-8-99; BN 2-2004, f. 1-29-04, cert. ef. 2-12-04; BN 4-2004, f. & cert. ef. 2-20-04; BN 10-2010, f. & cert. ef. 6-25-10; BN 6-2014, f. 12-2-14, cert. ef. 1-1-15

851-062-0075

Reinstatement

An applicant for reinstatement of a CNA certification shall:

- (1) Meet all terms and conditions of reinstatement;
- (2) Submit a completed application and fee; and
- (3) Meet the requirements of OAR 851-062-0070.

Stat. Auth: ORS 678.442

Stats. Implemented: ORS 678.442

Hist.: BN 2-2004, f. 1-29-04, cert. ef. 2-12-04

851-062-0080

Certification of Medication Aides Required

A CMA must have a current Oregon CMA certificate and be listed on the Oregon CNA Registry prior to performing medication aide duties.

Stat. Auth.: ORS 678.442

Stats. Implemented: ORS 678.442

Hist.: BN 6-1999, f. & cert. ef. 7-8-99; BN 2-2004, f. 1-29-04, cert. ef. 2-12-04; BN 14-2013, f. 12-4-13, cert. ef. 1-1-14

851-062-0090**CMA Certification**

An applicant for CMA certification must submit a completed application using forms and instructions provided by the Board and pay the examination fee established by the Board. CMA certification may be obtained in one of the following ways:

- (1) Training and competency examination.
 - (a) Hold a current unencumbered Oregon CNA certificate. An applicant with an encumbered CNA certificate may be considered on an individual basis.
 - (b) Submit evidence of completion of a Board-approved medication aide training program.
 - (c) Document within the two years preceding application for medication aide examination:
 - (A) Six months full-time experience as a nursing assistant; or
 - (B) Equivalent experience in part-time employment as a nursing assistant.
 - (d) Pass the Board-administered medication aide examination.
- (2) Enrollment in an approved nursing program in any U.S. state or jurisdiction.
 - (a) Obtain CNA 1 certification according to these rules;
 - (b) Show evidence of satisfactory completion of three terms of nursing school, each of which must have included a clinical nursing component.
 - (A) The three terms combined must have included:
 - (i) Basic clinical skills;
 - (ii) Basic pharmacology;
 - (iii) Principles of medication administration; and
 - (iv) Math competency.
 - (B) The following will be considered satisfactory evidence of meeting the requirements for satisfactory completion of three terms:
 - (i) Official transcript of the nursing program verifying successful completion of three terms; or
 - (ii) A letter from the Dean or Director of the school of nursing verifying the completion of the required course content.
 - (c) Submit application and fee for CMA certification;
 - (d) Pass the medication aide examination.
 - (e) Nursing students are exempt from the requirement to:
 - (A) Complete a medication aide training program;
 - (B) Have six months experience as a nursing assistant.
- (3) Graduation from an approved nursing education program in the U.S.
 - (a) Obtain CNA 1 certification according to these rules; and
 - (b) Pass the medication aide examination.
 - (c) A graduate nurse is exempt from the requirements to:
 - (A) Complete a medication aide training program;
 - (B) Have six months experience as a nursing assistant.
- (4) Medication aide training in another state.
 - (a) Obtain Oregon CNA 1 certification according to these rules; and
 - (b) Submit evidence of successful completion of a medication aide training program equal in content to the Board-approved medication aide curriculum; and
 - (c) Document at least six months full time experience performing CNA 1 authorized duties, or the equivalent in part time experience, since completion of nursing assistant training and within the last two years preceding application; and
 - (d) Pass the medication aide examination.
- (5) Military corpsman or medic training and experience and competency examination. Obtain Oregon CNA 1 certification according to these rules;
 - (b) Submit evidence of training that is equal in content to the Board-approved medication aide curriculum;

- (c) Verify at least six months full-time experience performing CNA 1 authorized duties or the equivalent in part-time experience in the two years prior to application.
- (d) Pass the medication aide examination.
- (6) RN or LPN Licensure in Oregon.
 - (a) Obtain CNA 1 certification according to OAR 851-062-0050(3); and
 - (b) Submit application and fee for CMA certification.
 - (c) A RN or LPN is exempt from the requirements to:
 - (A) Complete a medication aide training program;
 - (B) Have six months experience as a nursing assistant; and
 - (C) Pass the medication aide examination.
- (7) CMA Testing Eligibility;
 - (a) An applicant shall be eligible for examination for one year from the date of completion of the medication aide training program.
 - (b) A completed application shall be valid for the period of eligibility to test.
 - (c) An application process not completed within one year becomes void.
 - (d) An applicant who fails to pass the Board-administered medication aide examination within one year of completion of the training program and within three attempts shall not be eligible to reapply for the examination except that the applicant may re-enroll and successfully complete a Board-approved medication aide training program.

Stat. Auth.: ORS 678.440 & 678.442

Stats. Implemented: ORS 678.442

Hist.: BN 6-1999, f. & cert. ef. 7-8-99; BN 2-2004, f. 1-29-04, cert. ef. 2-12-04; BN 1-2012, f. 2-24-12, cert. ef. 4-1-12

851-062-0100

CMA Examination

- (1) The medication aide examination shall be administered and evaluated only by the Board or by a Board-approved entity.
- (2) Examination sites and dates shall be determined by the Board or a Board-approved entity.
- (3) An applicant shall be eligible for examination for one year from the date of completion of the medication aide training program.
- (4) An application shall be valid for the period of eligibility to test.
- (5) An applicant who fails to pass the Board-administered medication aide examination within one year of completion of the training program and within three attempts shall not be eligible to re-apply for the examination except that the applicant may re-enroll and successfully complete a Board-approved medication aide training program.

Stat. Auth.: ORS 678.440 & 678.442

Stats. Implemented: ORS 678.442

Hist.: BN 6-1999, f. & cert. ef. 7-8-99; BN 2-2004, f. 1-29-04, cert. ef. 2-12-04; BN 10-2010, f. & cert. ef. 6-25-10; BN 1-2013, f. 2-28-13, cert. ef. 4-1-13

851-062-0110

CMA Renewal and Continuing Education

Renewal of the CMA certificate is concurrent with the renewal of CNA 1 as described in these rules.

- (1) The CMA is required to:

- (a) Participate in at least eight hours of medication related continuing education in the 24 months immediately prior to expiration of certificate and to submit documentation of attendance with the application for Renewal of CMA Certification.
- (A) The following are acceptable methods of meeting the medication aide continuing education requirement:
- (i) Facility-based classes dealing with the medications used at that facility;
 - (ii) Medication classes taught by a licensed nurse, pharmacist or representative of a pharmaceutical company;
 - (iii) Repeating classes offered for medication aide students;
 - (iv) Video material when used as part of a presentation by an instructor;
 - (v) Infection control classes when the content is medication related;
 - (vi) Noninjectable medication related continuing education in recognized nursing journals; or
 - (vii) Individual tutoring sessions by a nurse or pharmacist.
- (B) The following are not acceptable toward meeting the medication aide continuing education requirement:
- (i) TV programs;
 - (ii) Reading articles in non-nursing magazines;
 - (iii) CPR classes;
 - (iv) Classes dealing with injectable medications or IV medications; or
 - (v) Job orientation.
- (C) A CMA who is enrolled in a basic nursing education program has satisfied the requirement for medication related continuing education.
- (b) Perform at least 400 hours of authorized medication aide duties under supervision or monitoring by a nurse in the 24 months immediately prior to expiration of certification.
- (c) Affirm and document paid employment as a CMA under supervision or monitoring by a nurse and completion of continuing education.
- (d) For a CMA who has been certified less than two years:
- (A) The continuing education requirement will be prorated; and
 - (B) The paid employment requirement is waived.
- (2) A CMA who has not performed at least 400 hours of authorized medication aide duties under the supervision or monitoring by a nurse or has not completed the eight hours of medication related continuing education in the 24 months immediately prior to expiration of certification must successfully complete the medication aide examination as a condition of renewing CMA certification. A CMA is eligible to renew by examination only if the individual has completed a medication aide training program that meets the Board's approved curriculum.
- (3) Employment and continuing education are subject to audit by the Board. Falsification of employment or continuing education is grounds for disciplinary action.

Stat. Auth.: ORS 678.440 & 678.442

Stats. Implemented: ORS 678.442

Hist.: BN 6-1999, f. & cert. ef. 7-8-99; BN 2-2004, f. 1-29-04, cert. ef. 2-12-04; BN 10-2010, f. & cert. ef. 6-25-10; BN 10-2010, f. & cert. ef. 6-25-10; BN 1-2012, f. 2-24-12, cert. ef. 4-1-12

851-062-0120**Name, Address and Employer of Record**

- (1) Name of Record:
 - (a) A certificate holder of the Board shall establish and keep his/her current legal name on file with the Board at all times.
 - (b) The name currently on file with the Board shall be considered the name of record.
 - (c) At the time of a name of record change, the CNA/CMA shall send a signed, written notification of change of name to the Board, accompanied by legal proof of that name change. Legal proof shall be in the form of official records such as a birth certificate, marriage certificate or a court order/decreed.
 - (d) Upon receipt of written notification and legal proof of name change, the Board will change its records to reflect the CNA/CMA's name change.
 - (e) The name of record shall be the same name used for the performance of authorized duties.
- (2) Address of Record:
 - (a) A certificate holder shall keep his/her current home address on file with the Board at all times.
 - (b) The home address currently on file with the Board shall be considered the address of record.
 - (c) Upon receipt of notification from the CNA/CMA of a change of home address, the Board will change its records to reflect the CNA/CMA's current address.
 - (d) The Board will send all correspondence, the Board Newsletter and all official documents, including certificate renewal notices and Notices of Proposed Disciplinary Action to the CNA/CMA's address of record with the Board.
 - (e) A Notice of Proposed Disciplinary Action sent to the CNA/CMA at the certificate holder's address of record by certified mail or registered mail, is sufficient notice even if the certificate holder fails to or refuses to respond to the postal service "return receipt" and never receives the Notice. Such mailing permits the Board to proceed with disciplinary action in the absence of a request for a hearing.
- (3) Employer of Record: Any certificate holder actively performing CNA or CMA authorized duties shall report his/her current employer(s) and employer's mailing address(es) to the Board. All employers, where the CNA or CMA is working within his/her authorized duties, must be reported. Each change in employer and employer's mailing address must be submitted to the Board no later than 30 days after the change.

Stat. Auth.: ORS 678.442

Stats. Implemented: ORS 678.442

Hist.: BN 6-1999, f. & cert. ef. 7-8-99; BN 2-2004, f. 1-29-04, cert. ef. 2-12-04; BN 4-2009, f. & cert. ef. 6-26-09

851-062-0130**CNA Registry**

In accordance with 42 CFR § 483.156 the Board maintains a CNA Registry. The Registry contains:

- (1) Identifying demographic information on each CNA;
- (2) Date of initial and most recent certification;
- (3) Board sanctions against a CNA certificate; and
- (4) Findings of resident abuse, neglect or misappropriation of resident property, made by the Department of Human Services against a CNA.

Stat. Auth.: ORS 678.442

Stats. Implemented: ORS 678.442

Hist.: BN 6-1999, f. & cert. ef. 7-8-99; BN 2-2004, f. 1-29-04, cert. ef. 2-12-04; BN 14-2013, f. 12-4-13, cert. ef. 1-1-14

851-062-0135

State and Nationwide Criminal Records Checks, Fitness Determinations

- (1) The purpose of these rules is to provide for the reasonable screening of applicants and licensees in order to determine if they have a history of criminal behavior such that they are not fit to be granted or renewed a license that is issued by the Board.
- (2) These rules are to be applied when evaluating the criminal history of an applicant or licensee and conducting fitness determinations based upon such history. The fact that an applicant or licensee has cleared the criminal history check does not guarantee the granting or renewal of a license.
- (3) The Board may require fingerprints of all initial applicants for a Registered Nurse (RN), Licensed Practical Nurse (LPN), Nurse Practitioner (NP), Clinical Nurse Specialist (CNS), Certified Registered Nurse Anesthetist (CRNA), Certified Nursing Assistant, or Certified Medication Aide license, licensees renewing their license, and licensees under investigation to determine the fitness of an applicant or licensee. (All categories above are referred to as "licensee" for the purpose of these rules.) These fingerprints will be provided on prescribed forms made available by the Board. Fingerprints may be obtained at a law enforcement office or at a private service acceptable to the Board; the Board will submit fingerprints to the Oregon Department of State Police to conduct a National Criminal Records Check. Any original fingerprint cards will subsequently be destroyed by the Oregon Department of State Police.
- (4) The Board shall determine whether an applicant or licensee is fit to be granted a license based on the criminal records background check, any false statements made by the applicant or licensee regarding the criminal history of the individual, any refusal to submit or consent to a criminal records check including fingerprint identification, and any other pertinent information obtained as part of an investigation. If an applicant is determined to be unfit, the applicant may not be granted a license. If a licensee is determined to be unfit the licensee's license may not be renewed. The Board may make a fitness determination conditional upon applicant's or licensee's acceptance of probation, conditions, limitations, or other restrictions upon licensure.
- (5) Except as otherwise provided in section (2), in making the fitness determination the Board shall consider:
 - (a) The nature of the crime;
 - (b) The facts that support the conviction or pending indictment or that indicate the making of the false statement;
 - (c) The relevancy, if any, of the crime or the false statement to the specific requirements of the applicant's or licensee's present or proposed license; and
 - (d) Intervening circumstances relevant to the responsibilities and circumstances of the license. Intervening circumstances include but are not limited to:
 - (A) The passage of time since the commission of the crime;
 - (B) The age of the applicant or licensee at the time of the crime;
 - (C) The likelihood of a repetition of offenses or of the commission of another crime;
 - (D) The subsequent commission of another relevant crime;
 - (E) Whether the conviction was set aside and the legal effect of setting aside the conviction; and
 - (F) A recommendation of an employer.
- (6) All background checks shall be requested to include available state and national data, unless obtaining one or the other is an acceptable alternative.

- (7) In order to conduct the Oregon and National Criminal Records Check and fitness determination, the Board may require additional information from the licensee or applicant as necessary, such as but not limited to, proof of identity; residential history; names used while living at each residence; or additional criminal, judicial or other background information.
- (8) Criminal offender information is confidential. Dissemination of information received under House Bill 2157 (2005 Legislative Session) is only to people with a demonstrated and legitimate need to know the information. The information is part of the investigation of an applicant or licensee and as such is confidential pursuant to ORS 678.126.
- (9) The Board will permit the individual for whom a fingerprint-based criminal records check was conducted to inspect the individual's own state and national criminal offender records and, if requested by the subject individual, provide the individual with a copy of the individual's own state and national criminal offender records.
- (10) The Board may consider any conviction of any violation of the law for which the court could impose a punishment and in compliance with ORS 670.280. The Board may also consider any arrests and court records that may be indicative of an individual's inability to perform as a licensee with care and safety to the public.
- (11) If an applicant or licensee is determined not to be fit for a license, the applicant or licensee is entitled to a contested case process pursuant to ORS 183.414-470. Challenges to the accuracy or completeness of information provided by the Oregon Department of State Police, Federal Bureau of Investigation and agencies reporting information must be made through the Oregon Department of State Police, Federal Bureau of Investigation, or reporting agency and not through the contested case process pursuant to ORS 183.
- (12) If the applicant discontinues the application process or fails to cooperate with the criminal records check process, the application is considered incomplete.

Stat. Auth.: ORS 678.150, 678.153

Stats. Implemented: ORS 678.126, 678.153

Hist.: BN 8-2007, f. & cert. ef. 8-14-07

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Memorandum

To: Oregon State Board of Nursing Members
From: Joy Ingwerson, MSN, RN, CNE
Policy Analyst, Nursing Education and Assessment
Date: January 19, 2017
Re: E2: NCLEX-RN® Improvement Plan – George Fox University

At the November, 2016 Board meeting, the NCLEX® pass rates for the two-year period ending September 30, 2016 were reviewed. George Fox University (Newberg) has provided the required plan to address a two-year pass rate of 82.6% which does not meet the required 85% standard set in OAR 851-021-0025(3)(b). The program was impacted most strongly by a low pass rate of the group graduating in May of 2015 with a 78.43%. The most recent graduating group had improved performance with the 2016 cohort having an 87.8% pass rate. Note: These figures from NCLEX® Administration reports may not include all candidates from a particular graduating group.

The submitted plan focuses mainly on continued efforts related to the actions included in the 2016 improvement plan. The change to use of nursing faculty in advising roles may assist in identification of students who are in need of assistance to succeed and as noted in the plan, is identifying those with credit deficiencies earlier which should allow for more prompt graduation and completion of the NCLEX®. Building strong connections between theory faculty and clinical faculty assists students to link application of theory content to actual practice which should improve the ability to answer higher order exam questions as are seen on NCLEX®. Building more experiences with answering NCLEX®-style questions and testing with question formats seen on the NCLEX® will assist students in preparation.

Some data in the report has been redacted as the number of students was small and could lead to identification of specific individuals and their scoring. The results from the HESI exams and analysis of relative strength and weakness in specific areas of the NCLEX® test plan has been used to inform decision on content emphasis and curricular changes. Note that the report uses the term “major curriculum change” which is under the definition of the university. The changes do not rise to the level of a major curriculum change under the Division 21 Oregon Administrative Rules. The impact of shifting credits to nursing courses will not be known until future cohorts graduate.

Suggested Motion:

MSC that the NCLEX-RN® Improvement Plan from the George Fox University Nursing Program (be/not be) accepted as (presented/modified).

January 17, 2017

Joy Ingwerson, RN MSN
Policy Analyst, Nursing Education and Assessment
Oregon State Board of Nursing
19738 SW Upper Boones Ferry Road
Portland, Oregon 97224

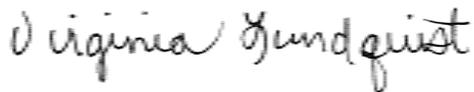
Dear Joy,

Enclosed is the George Fox University Department of Nursing Evaluation and Action Plan. This is in response to a request from OSBN to investigate and address our lower NCLEX pass rate for the years of 2014-2016. Our staff and faculty have worked diligently to implement strategies identified in our report to the OSBN last year at this time. A first time pass rate of 81.9% over the academic years 2013-2015 was concerning to our entire faculty team, and we have worked hard in several areas to improve our performance. The first time pass rate for 2014-16 has improved to 82.6% in the recent biennium, and we continue to make curricular and operational changes to move that percentage above 85% in the coming year.

Our review is organized according to the strategies we implemented from last year's report, including the results we have seen to date, the new strategies we are researching this year, and the opportunities for improvement that have surfaced while implementing these strategies. Focusing our efforts on promoting a) Internal stability based on a fully staffed, functional faculty team, b) Focused NCLEX preparation, including individualized interventions for at risk students, and c) Optimized use of curriculum, program structure and learning resources has yielded quantitative and qualitative results for this nursing education program.

We anticipate continued improvement in our pass rate this year, based on the performance of a class who have benefitted from most of the strategies we have adopted. We welcome input from you and the Board of Nursing regarding our plans for continued improvement.

Respectfully,



Virginia Lundquist RN MS

Interim Director George Fox University School of Nursing
vlundquist@georgefox.edu
503 554-2951

Oregon State Board of Nursing
2014-2016 Evaluation and Action Report
George Fox University School of Nursing

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Oregon State Board of Nursing
2014-2016 Evaluation and Action Report
George Fox University School of Nursing

GOVERNING ORGANIZATION AND NURSING EDUCATION UNIT:

George Fox University
School of Nursing
414 N. Meridian St.
Newberg, Oregon 97132

TEACHING LOCATION:

Newberg, Oregon

CURRENT PROGRAM ENROLLMENT:

The current enrollment for GFU SON is 143 nursing students, representing three initial cohorts of 48 students enrolled in a six semester nursing program.

CONTACT INFORMATION OF THE NURSE ADMINISTRATOR:

Virginia Lundquist RN MS
414 N. Meridian St.
Newberg, Oregon 97132
503 554-2951

CIRCUMSTANCES DICTATING THIS REPORT:

George Fox University School of Nursing had a first time NCLEX_RN pass rate average of 82.6% during 2014-2016. This is an improvement over the 2013-2015 average of 81.9%, but it remains below the national benchmark two-year average of 85%. Strategies to improve this NCLEX_RN performance by our graduates were identified last year in our report to the OSBN and this year's report describes progress in implementing those strategies. In this process we have also identified additional strategies to support student success.

George Fox University School of Nursing
2014-2016 Evaluation and Action Plan

This report is a response to a request from the Oregon State Board of Nursing (OSBN) regarding this nursing program's first time NCLEX pass rates of 82.6% averaged over the period of 2014-2016. This rate remains below the national standard of 85% over two consecutive years, though it is an improvement over the previous two-year average of 81.9%. Of note is that the graduating class of 2016 had a first time pass rate of 87.8% as of September 30, 2016. We anticipate this upward pass rate trend to continue, based on strategies implemented in the last 18 months.

This young nursing program, which will graduate its tenth nursing class in April 2017, has demonstrated first time NCLEX pass rates over 85% in most years, with pass rates as high as 98.5% in the period from 2010-2012. Lower pass rates in 2013-2015 prompted intense study of internal and external factors affecting our graduates' success on the licensure exam. We have identified and implemented strategies that we anticipate will return our graduates to prior levels of success, hopefully within the next academic year.

George Fox University School of Nursing is a pre-licensure program leading to a Bachelor of Science degree with a major in Nursing. This three year comprehensive program admits cohorts of 48 students in the fall of their sophomore year, leading to graduation in early May of their senior year. The freshman year pre-Nursing courses focus on Math, Sciences and other General Education prerequisites. Students focus on Nursing Fundamentals their sophomore year, Medical-Surgical nursing their junior year, and specialty nursing in their senior year.

George Fox University is a Christian liberal arts university with a strong emphasis on service and diversity. This emphasis is reflected in the entire George Fox University student body and affects the applicant pool for the nursing program. Early intervention and individualized support for students, particularly those who are first generation college students, are hallmarks of our nursing program, balanced with high academic standards and student centered learning. Added resources and programs that facilitate student success are being made available by the nursing department and by the university. Service learning activities are also encouraged and facilitated.

Efforts to improve our program and our graduates' performance on the NCLEX_RN have centered in three primary areas, which will be discussed in detail below.

A. Internal stability of the department and faculty team

An Interim director has been in place for two academic years, promoting leadership and stability for the faculty team. Our program that experienced 78% staff and faculty turnover in 2014-15 had no turnover in 2015-16. For 2016-2017, two new, full-time teaching faculty members have been hired into budgeted positions that were vacant over the prior two years. A full complement of teaching faculty allows more reasonable faculty workloads and the ability to expand curriculum in key areas that align with the American Association of Colleges of Nursing accreditation standards and that have been shown to improve graduates' NCLEX performance. It is significant that most teaching faculty members are teaching courses they have taught in this nursing program at least once before. This provides added comfort with the course content and results in more creative approaches to engaging students in learning. New teaching faculty members receive guidance and support through the new faculty class that acculturates them into the university overall and their assigned mentor from the nursing faculty team. These relationships have resulted in better integration and reinforcement of course content and early identification of students needing additional support.

We anticipate the arrival of a permanent nursing director by fall 2017. This will strengthen our program and position it for future growth and development. Outstanding administrative support in the nursing department has resulted in improved processes and communication among faculty and staff. The importance of accurate and timely meeting minutes, action plans, and event management cannot be overestimated. Student feedback on nursing department changes speaks to a more consistent and effective learning environment.

Clinical faculty members are provided with clear expectations and support for their important work directing student learning in the clinical environment. We encourage clinical faculty to participate in all department activities as their active nursing practice and adjunct teaching practice allows. This has built stronger commitment to our department and to the students among this faculty group. Collaboration and accountability between full-time and clinical faculty is an integral part of our program. Many clinical faculty members participate in skills practice labs, which provide opportunities for role modeling and mentoring students. A key clinical faculty responsibility is to reinforce learning of didactic content in the clinical environment. This approach benefits our students' retention of rigorous and complex course material. Development of the clinical faculty members is an effective approach for staffing full-time faculty positions and expanding our nursing program.

Strategies for improvement in the student advising process include reassignment of all nursing and pre-nursing students to nursing faculty advisors and providing training to the entire nursing faculty team. As a result, there has been a significant reduction in the number of senior student credit deficiencies related to inaccurate advisor input. Nursing faculty advisors are helping students use

the university course planning software more effectively. Regular credit audits are allowing earlier intervention for those students with credit deficiencies that could affect graduation eligibility.

B. Focused NCLEX preparation and interventions with at risk students

Strategies designed to optimize our use of the assessment tool in place since 2015 include increasing use of e-learning activities to reflect and support the NCLEX test plan, using alternative format questions (fill in the blank, priority actions, select all that apply) in course exams, and forcing sequential processing of each question (no going back to re-answer questions). Faculty are teaching these test taking strategies in each of their classes. They are also using internal and external resources related to decreasing test anxiety and increasing student confidence in content knowledge. Introducing these strategies early so students are familiar with the NCLEX question format from the beginning of their nursing education program has enhanced student success. For example, increased emphasis on medication math was informed by use of NCLEX style exam questions. Faculty added math questions to every exam, changing the format to short answer instead of multiple choice, and provided early and intense remediation on dosage calculation at the beginning of every semester, as dictated by mandatory math competency testing.

NURS 413A Senior Practicum Syllabus extract:

E. Accurate Calculation of Drug Dosage and Medication

Administration: One of the George Fox Nursing Department's core competencies is **safety**; safe care must minimize the risk of harm to patients and providers through both system effectiveness and individual performance, which includes accurate drug calculation and medication administration.

Students will be tested at the beginning of the semester regarding drug calculation and medication administration. Students will have three attempts to achieve 100% accuracy on all of the exam questions. The student must successfully complete the dosage calculation exam **BEFORE** they can participate in their practicum at the assigned hospital. Please refer to the GFUSON Student Handbook 2016-2017 for more detailed information.

The comprehensive analysis provided after each standardized exam has informed faculty decisions to add, delete, or reinforce certain concepts in subsequent course content. These exams and practice tests/quizzes provide formative evaluation of the course that allows faculty to develop mid-course corrections in their content presentations and student assignments. For example, a standardized exam in Pharmacology included a significant number of questions related to dietary supplements, which had been addressed only briefly so far in this class. This information informed the instructor's decision to be very intentional with this content in subsequent lectures before students were tested again.

Another example of formative evaluation based on standardized test results occurred at the end of the fall 2016 semester. All junior students took a Medical/Surgical nursing custom standardized content exam in December 2016. A surprising number of students scored below acceptable levels on this exam. The instructor has since modified the spring 2017 semester Medical/Surgical nursing lab and didactic course to include focused remediation on the content areas that were discovered to be most challenging to these students. They will take a comprehensive standardized benchmark exam near the end of spring 2017 semester to help evaluate their preparedness for senior level coursework and successful passing of the NCLEX_RN.

NURS 320 Medical/Surgical II Syllabus extract:

ASSIGNMENT GRID:

Learning Activity	Percentage of Final Course Grade
*Exams (Comprehensive)	40%
PrepU Quizzes	10%
NURS 300 HESI Exam Remediation	10%
HESI Case Studies	10%
HESI Practice Exam	5%
HESI Practice Exam Remediation	5%
*Junior Academic Milestone Exam	20%
TOTAL:	100%

Practice HESI Exam Remediation- You will be required to remediate from this practice HESI exam. The following information will be required in order to receive full credit. **Failure to follow these instructions EXACTLY will earn a ZERO grade in this grading category.** Check the course schedule for HESI remediation due dates.

- a. Copy and paste a screen shot of every exam question you answered incorrectly into a Microsoft Word Document.
- b. State the correct answer in 1-4 complete sentences.
- c. State the rationale for the correct answer provided from the HESI Exam for each question.
- d. Provide the exact page number from the textbook, drug book, or laboratory/diagnostic handbook or other evidence-based reference where you found the information for the correct answer.
- e. Why was the answer you chose incorrect? Please answer in 1-4 complete sentences.

The junior benchmark exam administered in spring 2016, resulted in seven students with scores below acceptable performance benchmark score of 850. These students were allowed to progress to the senior level courses and required to take a medical/surgical remediation course simultaneously.

Repetition of the junior benchmark exam was one of five (5) course requirements, accounting for 20% of their grade. All students successfully repeated this exam, with an average increase of 208 points in their score. More importantly, all of the students expressed appreciation for the opportunity to strengthen their medical/surgical knowledge and gain more confidence in their nursing practice.

Members of the 2016 graduating class received additional focused NCLEX preparation efforts informed by their perceptions of a disparate impact on their class of leadership and faculty changes during their nursing education. The standardized exit exam was delivered multiple times with focused remediation offered between attempts. Ultimately, this class demonstrated a first time NCLEX pass rate of 87.8%. Further, 95% of the 2016 graduates were employed as RNs within four months of graduation. Several of these students credited the intense NCLEX preparation by faculty committed to their success with the development of confidence to do well in both the NCLEX exam and the job search.

Faculty members are researching effective teaching techniques by attending conferences, utilizing guest speakers, and attaching hands-on nursing skills to patient scenarios. Simulation experiences are increased and enhanced by use of virtual simulation and extensive debriefing following in-situ simulation sessions. A research based model for Simulation debriefing has been adopted. Use of this model has improved students' critical thinking and reflective analysis of their performance. The nursing department is also adopting innovative student centered learning strategies using social media, health fair presentations, blogging, and in-class polling to engage this generation of digital native students.

Interventions supporting at risk students this year include hiring upper division nursing students to staff extra study and skill practice sessions, developing "learning prescriptions" for students before midterm and final exams, and increased referral of student to the Learning Resource Center and Disability Services program. Learning prescriptions included such items as peer tutors, daily practice questions, practice quizzes, study groups, and suspension of extracurricular involvements. Their primary faculty member or advisor holds students accountable for these action steps.

Centralizing these functions in a Student Success Coordinator has been implemented in other nursing schools and we are exploring that option for our program. We also are looking to adopt an evidence-based model of student support that identifies at risk students early in their nursing program and provides coordinated support throughout the course of their nursing studies.

C. Strategies involving curriculum, program structure, and learning resources

During all semester 2016, the Faculty Senate and university administrative team in response to a proposal from the Nursing Department approved a major nursing curriculum change. New standards and competencies published by the American Association of Colleges of Nursing in 2010 require revised and expanded content in areas such as Gerontological Nursing, Inter-professional Communication, Population Health, and Genetics/Genomics. To ensure continued national accreditation and prepare our students thoroughly to pass the RN licensure exam, this new curriculum will be implemented, using a phased approach beginning the spring of 2017. Other courses will be added and revised in response to information gained from course evaluations and student test performance. Our goal is to move to a more integrated concept-based curriculum. (Addendum A)

Our current textbook vendor offers many e-learning resources for students and faculty. Greater use of practice quizzes/tests, case studies, journal article reviews, and other products have been instrumental in improved benchmark test results for current students and improved NCLEX first time pass rates starting with the graduating class of 2016. Students at all levels have increased active learning opportunities with in-situ/laboratory based simulation as well as virtual, screen based simulation. Student evaluations of their courses using many of the strategies outlined above are very positive. Student comments indicate a much higher satisfaction with their educational experience this year as compared to two years ago. These early results translated into improved graduate nurse performance on the NCLEX during the spring and summer of 2016, with 87.8% passing rate on their first attempt. The current senior class has experienced consistent teaching faculty, NCLEX format test questions, and practice of test taking strategies since they entered the nursing program. They demonstrate strong confidence levels in nursing practice as they enter their final semester of pre-licensure nursing education.

Another element promoting student success is increased faculty competence in using our learning management system to provide timely student access to their assignments, learning resources, grades, and evaluation tools. The increased use of shared documents related to clinical placements, faculty assignments, department event expectations, and community events have contributed to an overall sense of control and stability among faculty and students alike. Administrative support in developing spreadsheets to track student test performance, clinical performance, important process deadlines, and unusual occurrences, has resulted in greater efficiency and effectiveness within the entire department. Students succeed when they know their program is well organized and working diligently on their behalf.

Examination of our NCLEX Program Reports from Mountain Measurement, Inc. showed that our 2015 graduates who passed the NCLEX_RN had slightly lower scores in client needs areas of Reduction of Risk Potential, Health Promotion and Maintenance, and Pharmacological and Parenteral Therapies, compared to graduates in the national population of graduates. These were also areas of concern for our 2016 graduates on their senior exit exams. This information supports our decisions to increase curricular content related to dosage calculations, knowledge of lab values and their implications for patient safety, and nursing management of rapidly changing medical conditions. The GFU 2015

licensees ranked lower than the GFU 2014 licensees in percentage passing the exam (81% vs. 86%) and in several content dimension reports. This may be a reflection of the learning disruption resulting from program leadership and faculty changes during this period. Based on 2016 graduates' performance on their exit exam and success in passing NCLEX-RN on the first attempt, we expect next year's NCLEX Program Report to yield stronger results. (Addendum B)

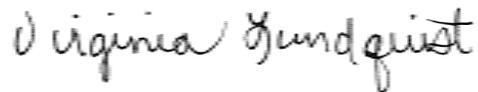
Detailed examination of the test history of the five 2016 graduates who failed the NCLEX-RN on their first attempt during the spring and summer of 2016 revealed interesting, though not statistically significant, information. Students passing the standardized, comprehensive nursing exit exam with a score of 850 points are said to have a 95% chance of passing their NCLEX on their first attempt. All five of these students passed this exam with scores ranging from 855-1095, yet failed their first attempt at the RN licensure exam. This demonstrates the predictive, not prescriptive nature of the exam. Yet three of these five graduates passed the NCLEX on their second try and were gainfully employed as RNs within three months of graduation. (Addendum C)

Summary:

Improvements in our nursing program's internal stability, focused NCLEX preparation, and curricular and organizational design have produced encouraging results in the past year. Additional student success strategies under discussion for next year are the use of test blueprints for exams and evidence-based student support program models.

We are on a trajectory of student success strategies that we strongly believe will lead to NCLEX first time pass rates exceeding the national benchmark within the coming year. We welcome questions and comments from the Oregon State Board of Nursing on this report and look forward to sharing our story with you in person at the February 2017 Board meeting.

Respectfully Submitted,



Virginia Lundquist RN MS

Interim Director
George Fox University School of Nursing
414 N. Meridian Street
Newberg, Oregon 97132
503 554-2951

Addendum A - 2016 Nursing Major Curriculum Proposal –Approved by Faculty Senate Fall 2016

I. Summary

This proposal is two-fold. First, it seeks to align with nursing programs across the nation through integrating all nursing clinical courses with their co-requisite didactic classroom courses. The current education model has students learning nursing theory separate from clinical experiences in the clinical environments, which results in an academic disconnect between classroom work and clinical nursing experiences. A new model is necessary, which will connect didactic learning with clinical learning. Second, the Department of Nursing seeks to increase the credit load for four of the proposed combined didactic/clinical courses (NURS 201, NURS 301, NURS 302, and NURS 421). This request is due to the fact that there has been a rapid increase of healthcare content over the last part of the 20th century and into the 21st century. This saturation of content has plagued nursing curricula through the country as well as with the nursing curriculum at George Fox University. This credit increase will also align the Department of Nursing with other nursing programs across the country while setting the stage for a full curriculum revision within the next 1-2 academic years.

In order to cover essential professional nursing content, the Department seeks to modify the nursing General Education package through a 3-credit reduction in the Social Sciences requirement and a 3-credit reduction in the Global/Cultural Understanding requirement for a total of 6 credits. In this proposal, the nursing degree would just require 3 credits worth of Global/Cultural understanding. The combined 6 credits will be moved to strategically placed, integrated didactic/clinical nursing courses.

The nursing program requires a nutrition course be taken in the sophomore year. This requirement was met through a FCSC 300 nutrition course, which is no longer offered. The Department of Nursing implemented a HLTH 300 NU nutrition for nurse's pilot course during the 2014-2015 academic year in order to fulfill national nursing accreditation standards, which differs from the HLTH 300 AT course for athletic trainers. We would like to continue this pilot for one more academic year (2016-2017) as we continue to prepare for a full curriculum overhaul.

Excerpted from page 3, Proposal for Curriculum Change at George Fox University

Supporting Statement from the Program Director

I support the proposed curriculum for these reasons:

1. The American Association of Colleges of Nursing identifies nine Essentials of Baccalaureate Education for professional Nursing Practice which form the basis for nursing program accreditation. Strong core Medical/Surgical Nursing content is referenced in all nine of these standards. The Nutrition course in question is specifically addressed in two of these Essentials, Scholarship for Evidence-Based Practice (Essential III) and Clinical Prevention and Population Health (Essential VII). A separate Nutrition course for nursing students allows faculty members to reference nutrition content to the professional standards for nursing education.
2. A stand-alone Nutrition course for nursing students aligns well with the organizational focus on Nutrition as a deliverable for grant funding in this subject matter. The existence of this class and student performance related to its content can support grant reports on the effectiveness of the Moore foundation grants.

3. Continuing this course as a pilot course for another year supports our departmental efforts of curriculum development while that work is completed. Review of the entire curriculum development project will include this Nutrition content, and that work is projected to be completed next academic year.
4. In the current environment of health care reform which focuses strongly on population health, nutrition is a large area where nurses can make a difference by provide client teaching and exercising leadership.
5. Strengthening our core nursing curriculum positions our students to perform well on their national registry exam (NCLEX). First time pass rates are primary indicators of our program reputation and affect our ability to attract students and faculty.

Virginia Lundquist RN MS

Interim Director, George Fox University School of Nursing

503 554-2951

Excerpted from p.18, Proposal for Curriculum Change at George Fox University

Addendum B – Exit HESI Data, Class of 2016

George Fox University Nursing Department Class of Spring 2016
Exit HESI DATA compared to NCLEX Test Plan categories
Students 1 – 5 Failed NCLEX on First Attempt

	FIRST Exit HESI 3/29/16	Safe Enviro	Mgt of Care	Safety & Inf. Control	Health Promo	Psycho- social	Physio- logic	Basic Care	Pharm & Parenteral	* Reduce Risk	** Physio Adapt
Student 1	904	1010	1010	1009	1165	829	816	823	847	848	754
Student 2	855	833	896	700	825	778	898	1384	772	970	737
Student 3	784	744	811	605	581	778	862	1084	754	1038	716
Student 4	828	945	942	949	761	943	774	545	672	1016	775
Student 5	915	825	1044	365	1041	1138	941	1253	724	949	1014

	SECOND Exit HESI 4/12/16	Safe Enviro	Mgt of Care	Safety & Inf. Control	Health Promo	Psycho- social	Physio- logic	Basic Care	Pharm & Parenteral	* Reduce Risk	** Physio Adapt
Redacted											
Redacted											

NCLEX Content Areas: Safe/Effective Environment; Management of Care; Safety & Infection Control; Health Promotion and Maintenance; Psychosocial Integrity; Basic Care/Comfort; Pharmacology & Parenteral Therapies; Reduce Risk Potential, Physiological Adaptation. The category of Physiological Integrity includes the last four areas in the table above (Basic Care, Pharmacological and Parenteral Therapies, Reduction of Risk Potential, and Physiological Adaptation)

Curricula Topics

* Lab Values, Diag. Tests, System Specific Assessments, changes in V.S, potential for surgical complications

** Fluid and Electrolyte Imbalance, Hemodynamics, Medical Emergencies, Pathophysiology

Addendum C –Class of 2015 NCLEX Performance

NCLEX® PROGRAM REPORTS

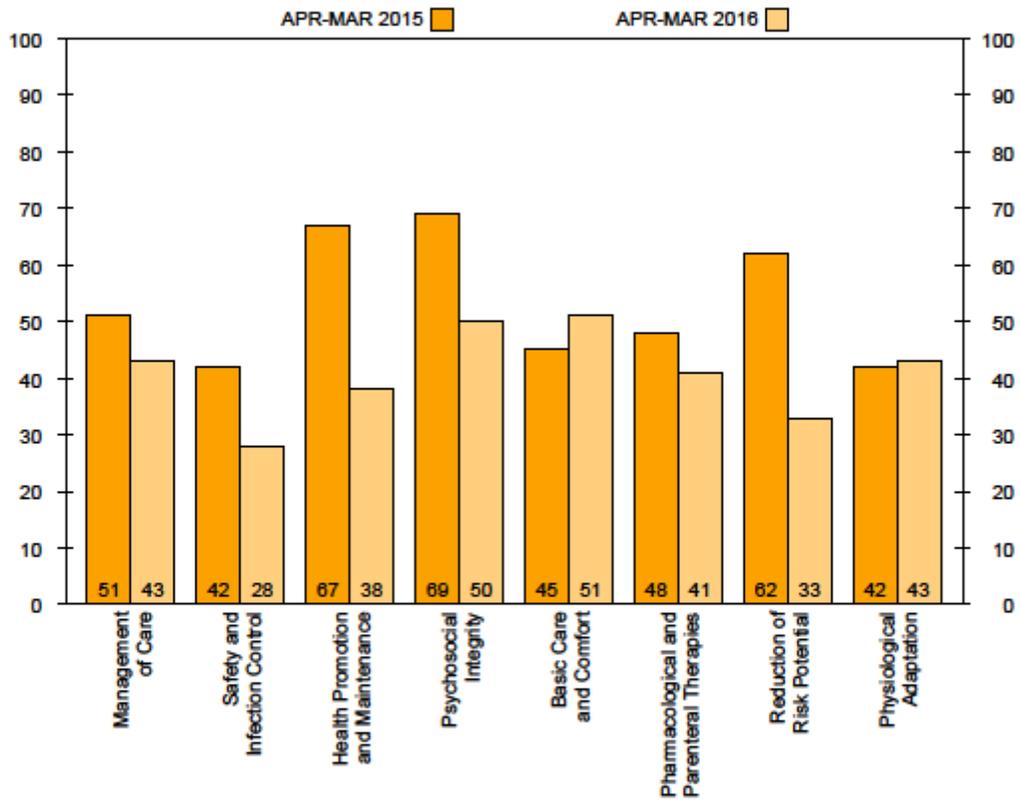
GEORGE FOX UNIVERSITY - BS

Report Period: APR 2015 - MAR 2016

TEST PLAN REPORT

CLIENT NEEDS

**Percentile Ranks of Your Graduates
Compared to National Population of Graduates from Similar Programs**



Notes

The percentile ranks are based on the median performance of your graduates in each content area, compared with the median performance of graduates from other similar programs. The median performance in a given content area falls in the middle of all your graduates' performances (that is, half of your graduates perform above this level, and half perform below this level).

"Similar Programs" refers to graduates from RN programs of the same type as your program who took the NCLEX examination during the same reporting period. All RN programs are classified as either BSN, Associate Degree, or Diploma programs. As noted in the explanation on page 4.3, differences in percentile ranks should be interpreted with caution.



State of Oregon
Kate Brown, Governor

Oregon State Board of Nursing
Ruby Jason, MSN, RN, NEA-BC
Executive Director

17938 SW Upper Boones Ferry Road
Portland, OR 97224-7012
Telephone: (971) 673-0685
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E-Mail: oregon.bn.info@state.or.us
Website: www.oregon.gov/OSBN

Memorandum

To: Oregon State Board of Nursing Members
From: Joy Ingwerson, MSN, RN, CNE
Policy Analyst, Nursing Education and Assessment
Date: January 19, 2017
Re: E3: NCLEX-RN® Improvement Plan – Umpqua Community College

At the November, 2016 Board meeting, the NCLEX® pass rates for the two-year period ending September 30, 2016 were reviewed. Umpqua Community College (Roseburg) has provided the required plan to address a two-year pass rate of 80.3% which does not meet the required 85% standard set in OAR 851-021-0025(3)(b). The program was impacted most strongly by a low pass rate of the group graduating in June of 2016 with a 73.53%. Note: These figures from NCLEX® Administration reports may not include all candidates from a particular graduating group.

Ms. April Myler has provided a detailed review and analysis of multiple factors with the potential to impact student success on the NCLEX®. The plans for increased monitoring of students and planned remediation should assist in identification of students at risk. As noted in the plan, further analysis is needed to determine if grading processes do accurately portray student achievement. The increased time spent in acute care clinical experiences should assist students with application of complex theory concepts. It is not possible to predict if the faculty roster will stabilize but as new faculty are mentored and gain more experience, their ability to guide students to meet program outcomes should improve.

While it is not my intent to define Umpqua by the tragic event of October 2015, it is impossible to ignore the impact of this on students and eventual ability to pass the NCLEX®. Efforts made at the college to keep students moving forward and specifically providing more opportunities to obtain passing grades beyond testing certainly contributed to the decline in the NCLEX® pass rate for the 2016 graduating group. As of the most recently available reports, 89% of the 2016 cohort have now passed the NCLEX® although no data is available for two graduates from this group.

The detailed analysis provided in this improvement plan is evidence of program evaluation which was noted as an area of deficiency from the most recent OSBN survey visit as well as the Accrediting Commission for Education in Nursing (ACEN). The work of Ms. Myler and the faculty on this report will be useful in meeting the expectations of the required follow-up to the 2016 survey visits.

Suggested Motion:

MSC that the NCLEX-RN® Improvement Plan from the Umpqua Community College Nursing Program (be/not be) accepted as (presented/modified).



Serving Douglas County Since 1964

NCLEX Improvement Plan

Umpqua Community College

Roseburg, OR

Page | 2

SUBMITTED TO:

Oregon State Board of Nursing

17938 SW Upper Boones Ferry Rd.

Portland, Oregon 97224-7012

RE:

Umpqua Community College's (UCC) 2016 Graduate First-time pass rates for the NCLEX-RN did not meet the 85% minimum standard for the Oregon State Board of Nursing (OSBN) resulting in the need for a NCLEX Improvement Plan. Furthermore, UCC's 2016 Graduate pass rate fell below 80% for all first-time test-takers during the same 12-month period resulting in the need for submission of notification of Substantive Change to the Accreditation Commission for Education in Nursing (ACEN).



Serving Douglas County Since 1964

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GOVERNING ORGANIZATION and NURSING EDUCATION UNIT:

Umpqua Community College
1140 Umpqua College Road
Roseburg, OR 97470-0226

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CURRENT TEACHING LOCATION and PROGRAM OPTIONS:

Roseburg, OR

Associated Degree, Nursing with option for BSN Bridge through Oregon Health and Science University (OHSU).

CURRENT PROGRAM ENROLLMENT AND PLANS FOR CHANGES:

UCC currently has 47 second-year students and 46 first year students for a total of 93 students in the ADN program. There are no current plans for changing enrollment numbers.

NAME, CREDENTIALS, AND CONTACT INFORMATION OF THE NURSE ADMINISTRATOR:

April M. Myler, RN, MSN
1140 Umpqua College Road
Roseburg, OR 97470-0226
April.Myler@umpqua.edu
1-541-440-7879

DATE SUBSTANTIVE CHANGE BECAME EFFECTIVE:

October 26, 2016



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RATIONALE and CIRCUMSTANCES FOR THE CHANGE:

UCC is aware of a decrease in the first-time NCLEX-RN pass-rate below acceptable standards of 85%. Though we are unable to determine the major leading factor, many possible factors have been discussed and evaluated in order to remedy the situation and increase pass rates for the upcoming 2017 graduates.

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The graduating class of 2016 experienced a number of events that may closely correlate with the low pass rate. These factors will be discussed and analyzed, and data will be provided where applicable to support findings and actions as we move forward.

Factors which may be associated with the decrease in first time pass rate include:

1. Lack of hospital clinical experience during the first year of nursing school (2014-2015).
 - a. Due to an increase in the number of students in the hospital setting, coupled with the thought that long-term-care facilities would meet the objectives for first-year nursing students, the 2016 graduates did not attend clinical in the hospital setting during fall term of 2014, winter term of 2015, or spring term of 2015. Feedback from nursing staff at Mercy Medical Center has been mixed, since some have expressed that the 2016 graduating cohort is less prepared compared to previous graduates, while others are pleased with the quality work of graduates.
 - b. Surveys from graduates expressed the desire to have more clinical time and the ability to venture to other departments in the hospital earlier than the second-year.
 - c. Verbal communication with the 2016 graduates also solidified the desire to begin hospital rotations during the first-year of nursing school.

2. Student mentoring, Face-to-face meetings, and “Plans for Success/In-Danger of Failing” plans not fully utilized by faculty.
 - a. Student mentoring and the faculty mentor list was created during the final year for 2016 graduates. However, this was not fully utilized due to many circumstances

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including requests by the previous Director of Nursing to have students set up appointments via the Administrative Secretary, lack of clearly defined office hours by all faculty, and a loss of trust between students and staff after turmoil which ensued in the fall of 2015.

- b. Face-to-Face meetings were rarely set-up unless serious behavioral or academic issues were noted in students. The last two terms for the 2016 graduates were re-vamped to improve communication, though with all of the needed changes, keeping up with every student needing advising was challenging. However, faculty still communicated the need to reach out to those struggling and most faculty did not forgo these actions.
 - c. The implementation and documentation of “Plans for Success” and “In-Danger of Failing” plans were not used effectively by all full-time (FT) and part-time (PT) faculty. While some faculty used these appropriately, not all faculty were on-board with using these documents. Some instructors were wary of using these forms. Furthermore, the original form had no area for determining a follow-up meeting or comments (see Appendix for updated forms).
3. Faculty turnover, mentoring of new faculty, and faculty shortage challenges.
- a. In the last academic year, the UCC ADN Program has hired or re-hired 15 staff. Please see Appendix for “Faculty Turnover Graph.” This effects students as new faculty learn teaching roles and become accustomed to OCNE, etc.
 - b. Due to faculty turnover, there are only two remaining FT faculty that are considered long-term (April Myler and Patrice Coate). All new FT and many PT faculty are mentored by these two FT faculty members which creates additional workload and often results in putting needed tasks aside to assist new-hires. There has not been a break in mentoring for many terms.



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- c. The faculty shortage has created additional struggles including finding highly competent nursing faculty with a desire to educate. Often, UCC has received only one qualified candidate, resulting in hiring of instructors to fill the need before job offers are made by other nursing programs who are experiencing the same shortage. Many times, these new-hires have not lasted a full academic year. An OCNE Faculty to Student Ratio table (please refer to the Appendix for review) was created in October of 2016 to determine where UCC's ADN program falls in term of number of students to hired faculty members. At the time the table was created, UCC ranked 12th out of fourteen Community Colleges (CC) that submitted sufficient data. This shows that UCC's ADN faculty have a higher workload than most CCs in the Oregon.
4. Health Education Systems Incorporated (HESI) results and poorly monitored remediation strategies.
- a. The number of HESI tests utilized for the 2016 cohort was decreased to four scheduled tests (some students did receive 2-3 tries for HESI exit testing). Traditionally, HESI exams have taken place at least once each term. The 2016 cohort completed exams in the following courses:
- i. Health Promotions
 - ii. Acute I
 - iii. Acute II
 - iv. Integrative Practicum
- b. Remediation assignments were created for students with a minimum of 20 hours per term. Depending on the HESI score, students may have to submit proof of up to 40 hours of remediation per term, or four hours study time per week. Remediation was used via Evolve and was based off of the previous HESI results. The online remediation tool would log hours for faculty to monitor. Many

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students voiced concerns that remediation was not a valuable use of time, especially since there was not a “new HESI” each term (please see “HESI and Remediation Feedback” in the Appendix). This meant that based on the term, students may have remediated off of the same test twice. Furthermore, students stated that remediation could be avoided by simply logging in and refreshing the page to log hours.

5. Events of October 1st which correlate with lack of academic attrition for 2016 graduates.
 - a. The unforeseen tragedy of the UCC shooting on October 1st, 2015 had unmeasurable detrimental effects on students and staff. Although students and staff returned to classes the following week, the amount of shared information retained by students is unknown, as well as the effectiveness of instruction. It is safe to say that at least one term of nursing school was essentially lost between the tragedy and the loss of faculty with little or short notice during fall of 2015. Remaining staff and faculty did their best to support students through a myriad of challenges, often ignoring their own needs. Although the campus family is moving forward, this event left many at a standstill.
 - b. Because of the many challenges the 2016 cohort faced, UCC Faculty and Administration supported these graduates to the end of the program. There was essentially no academic attrition for this class between the fall of 2015 and spring of 2016 (only two 2016 graduates were dismissed for non-academic/behavioral issues). While grading policies were not formally changed, students were provided alternate ways to demonstrate meeting objectives and those not meeting benchmarks were given additional attempts to show improvement. Faculty knew that there would be a large risk by allowing struggling students to move forward. HESI review classes and after-class informal teaching sessions were provided, as well as multiple attempts to take the exit HESI exam. Despite these actions, the

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NCLEX pass rate fell below 85% for first-time test taking. However, many students did pass on their second attempt.

DOCUMENTATION OF OSBN APPROVAL:

Per the:

OREGON STATE BOARD OF NURSING

REPORT OF SURVEY VISIT
UMPQUA COMMUNITY COLLEGE
ASSOCIATE DEGREE NURSING PROGRAM
Review dates: April 5-7, 2016

Based on the findings, the surveyor recommends:

“The Umpqua Community College Associate Degree Nursing program be approved for up to three (3) years to April, 2019, with a report on actions to correct deficiencies to be submitted for review at the April 2017 Board meeting.”

Please see Appendix for the OSBN ADN Approval Letter, June 21, 2016.

Please review hyperlink for Oregon Approved Nursing Programs:

<https://osbn.oregon.gov/OSBNOnlineReports/default.aspx?ReportName=OregonApprovedNursingPrograms>

DOCUMENTATION OF NORTHWEST COMMISSION ON COLLEGES AND UNIVERSITIES (NWCCU) ACCREDITATION:

UCC was first accredited by the Northwest Commission on Colleges and Universities (NWCCU) in 1970 and has maintained its accreditation status since that time. Our Year-Seven report and visit occurred March 30, 31, and April 1, 2016. Please use hyperlink to review the NWCCU

Report:

https://www.umpqua.edu/images/resources-services/campus/accreditation/downloads/UCC_Year_Seven_Evaluation_Report_April_2016.pdf



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PASS RATE DATA FOR 2014, 2015, and 2016 GRADUATES:

Pass Rates: Three-Year Means

Program	2014	2015	2016	3 Year Mean
UCC Nursing	85.9	85.1	80.3	83.8

Pass Rates: National Mean

2014	2015	2016	3 Year Mean
79.26	84.18	84.3	82.58

This data is uploaded to the UCC Registered Nursing Webpage to inform students and the community of current pass rates.

The OSBN “Report 4 Rolling Quarter – Jurisdiction Program Summary of all First-Time Candidates Licensed in all Jurisdictions” shows the 12 month testing period for 10/01/2015 to 09/30/2016 resulted in 34 delivered tests with 24 students passing and 9 failing. This resulted in a 73.53% pass rate.

OUTCOMES DATA FOR 2014, 2015, AND 2016 BY PROGRAM OPTION, LOCATION, AND DATE OF COMPLETION:

Outcomes data related to the Exit HESI for the 2014, 2015, and 2016 graduates are shared in the table below. The HESI exit exam is used to assess readiness of the cohort for State testing. HESI recommends a score of 850 as indication of probability for success or “Acceptable Performance,” but a score of 900 is highly “Recommended Performance” as students reaching this benchmark are likely to pass the NCLEX-RN on the first attempt.

Unfortunately, the table below shows a steady decline in past graduating classes. Furthermore, the 2014 graduates had nearly 40% of the class scoring a 900 or greater on the exit exam compared to the 2016 graduates which scored less than 20% on the same exam. A section of the HESI results include QSEN standards, which are shared in further detail below.



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Exit-HESI Results for UCC 2014, 2015, and 2016 Graduates

Graduate Cohort Year/Number of Testers	HESI Mean Score	% of Students scoring 500-599	% of Students scoring 600-699	% of Students scoring 700-799	% of Students scoring 800-899	% of Students scoring 900-999	% of scoring 1000 or >	Top 3 QSEN Cohort Weaknesses	Top 3 QSEN Cohort Strengths
2014 Graduates (49)	888	0 0%	1 2%	5 10%	24 49%	14 29%	5 10%	839 – Teamwork: Scope of Practice 854 – Safety: Informatics 856 – Pt Centered Care: Effective Communication	916 - Pt Centered Care: Safety & Quality 918 – Safety: Culture and Safety 956 - Pt Centered Care: Ethical Legal
2015 Graduates (40)	845	0 0%	3 8%	8 20%	19 48%	7 18%	3 6%	745 - Pt Centered Care: Ethical Legal 839 – Safety: Basic Safety 843 – Teamwork: Communication	860 – Teamwork: Systems & Team Functions 861 - Pt Centered Care: Effective Communication 876 - Teamwork: Scope of Practice
2016 Graduates (38)	817	1 3% Did not pass on 1 st attempt	2 5% 1 of 2 passed on 1 st attempt	11 29% 8 of 11 passed on first attempt	17 45% 13 of 17 passed on 1 st attempt	7 18% All scoring 900+ passed on 1 st attempt	0 0% n/a	766 - Pt Centered Care: Ethical Legal 791 - Teamwork: Systems & Team Functions 796 – EBP: Quality Improvement (QI)	854 - Pt Centered Care: Effective Communication 865 – Safety: Informatics 887 - Teamwork: Communication

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UCC ADN Nursing Program

Data Reviewed: 2016 Cohort, HESI Results

Table A: 2016 Graduates – Multiple HESI-Exit Exams Taken, SP16

Student	HESI Exit 1 Mean Score	HESI Exit 2 Mean Score	HESI Exit 3 Mean Score	Average HESI Exit Score	Passed NCLEX-RN 1 st Attempt	Passed NCLEX-RN 2 nd Attempt
Redacted	583	699	675	652	No	No
Redacted	751	790	838	793	No data	No data
Redacted	704	651	751	702	No data	No data
Redacted	767	676	705	716	Yes	n/a
Redacted	667	607	853	709	No	No
Redacted	762	737	793	764	No	Yes
Average Scores and Percentages:	705	693	769	723	50% of Extra-Test takers did not pass the NCLEX-RN on the 1 st attempt.	Data from 01/11/17 shows that 33% did not pass on 2 nd attempt

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* Indicates returning student (second attempt in Nursing Program)

Table B: 2016 Graduates – First-Time Passers for Comparison to Table A, SP16

Student	HESI Exit 1 Mean Score	HESI Exit 2 Mean Score	HESI Exit 3 Mean Score	Average HESI Exit Score	Passed NCLEX-RN 1 st Attempt	Passed NCLEX-RN 2 nd Attempt
Redacted	884	1022	n/a	953	Yes	n/a
Redacted	951	939	n/a	945	Yes	n/a
Redacted	922	987	n/a	955	Yes	n/a
Redacted	852	956	n/a	904	Yes	n/a
Redacted	802	762	n/a	782	Yes	n/a
Redacted	845	1085	n/a	965	Yes	n/a
Average Scores and Percentages:	876	959	n/a	917	100% 1st time passers	n/a



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Table C: 2016 First-Time Failers, HESI Mean Scores

Student	HESI Umpqua Health Promotions	MC Umpqua	HESI Exit 1	HESI Exit 2	HESI Exit 3	Average HESI Score during RN Program	Passed NCLEX RN on 2 nd Attempt
	No data – returning student	847	838	873	n/a	853	No
	949	785	806	813	n/a	838	2 nd test not taken (as of 01/11/2017)
	560	564	583	699	675	616	No
	666	706	667	607	853	700	No
	No data – returning student	840	762	737	793	783	Yes
	No data – returning student	678	738	804	n/a	740	No
	658	672	728	980	n/a	760	Yes
	633	872	876	1039	n/a	855	Yes
	724	927	803	912	n/a	842	Yes
Average Scores and/or Percentages	698	766	663	829	774	776	8 of 9 have re-tested. Of these 8, 50% passed on the second try.

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* Indicates returning student (second attempt in Nursing Program)

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Table D: 2016 First-Time Passers, HESI Mean Scores

Student	HESI Umpqua Health Promotions	MC Umpqua	HESI Exit 1	HESI Exit 2	HESI Exit 3	Average HESI Score during RN Program	Passed NCLEX RN on 2nd Attempt
	903	773	884	1022	n/a	896	n/a
	768	924	951	939	n/a	896	n/a
	1007	928	922	987	n/a	936	n/a
	773	912	852	956	n/a	873	n/a
	760	989	802	762	n/a	828	n/a
	887	824	845	1085	n/a	910	n/a
	671	789	761	676	n/a	726	n/a
	879	919	893	840	n/a	883	n/a
	685	864	825	752	n/a	782	n/a
Average Scores and/or Percentages	815	880	860	891	n/a	859	n/a



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Table E: 2015 First-Time Failers, HESI Mean Scores

Student	Acute II Midterm	Acute II Final	HESI Exit 1	HESI Exit 2	HESI Exit 3	Average HESI Score during RN Program	Passed NCLEX RN on 2 nd Attempt
	662 – V1	912 – V1	790	722	n/a	772	No (3 rd attempt)
	976 – V2	886 – V2	609	832	n/a	826	Yes
	882 – V2	874 – V2	774	959	n/a	872	Yes
	900 – V2	728 – V2	802	816	n/a	812	No (3 rd attempt)
	710 – V1	818 – V1	839	764	n/a	783	Yes
Average Scores or Percentages	826	844	763	819	n/a	813	60% passed on 2nd try

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Table F: 2015 First-Time Passers, HESI Mean Scores

Student	Acute II Midterm	Acute II Final	HESI Exit 1	HESI Exit 2	HESI Exit 3	Average HESI Score during RN Program	Passed NCLEX RN on 2 nd Attempt
	960 – V2	733 – V2	932	857	n/a	868	n/a
	1096 – V2	1062 – V2	877	1022	n/a	1014	n/a
	1028 – V2	959 – V2	762	883	n/a	908	n/a
	1049 – V2	1065 – V2	873	906	n/a	973	n/a
	866 – V1	970 – V1	1019	847	n/a	926	n/a
Averages	1000	958	891	903	n/a	938	n/a

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**Table G: 2016 First-Time Failers GPA (at time of admission),
Admission Points, and Ranking**

Student	Application GPA	Admission/Application Points (out of 100)	Ranking out of 106 Qualified Applicants (1/106 = highest mark)
	3.31	57/100	91/106
	3.72	79/100	69/106
	3.5	73/100	91/106
	3.53	84/100	53/106
	3.5	62/100	67/106
	3.3	53/100	95/106
	3.9	82/100	61/106
	3.61	70/100	96/106
	3.78	88/100	32/106
Averages:	3.57	72/100	73/106

* Indicates returning student (second attempt in Nursing Program)

Table H: 2016 First-Time Passers GPA (at time of admission), Admission Points, and Ranking

Student	Application GPA	Admission/Application Points (out of 100)	Ranking out of 106 Qualified Applicants (1/106 = highest mark)
	3.68	72/100	92/106
	3.7	84/100	52/106
	3.59	86/100	36/106
	3.39	70/100	97/106
	4.0	89/100	25/106
	3.43	85/100	42/106
	3.74	90/100	21/106
	4.0	88/100	29/106
	3.55	90/100	23/106
Averages:	3.68	84/100	46/106

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**Table I: 2015 First-Time Failers GPA (at time of admission),
Admission Points, and Ranking**

Student	Application GPA	Admission/Application Points (out of 100)	Ranking out of 106 Qualified Applicants (1/106 = highest mark)
	3.73	73/100	39/106
	3.32	60/100	87/106
	3.44	60/100	71/106
	3.27	50/100	89/106
	3.48	62/100	73/106
Averages:	3.45	61/100	72/106

Table J: 2015 First-Time Passers GPA (at time of admission), Admission Points, and Ranking

Student	Application GPA	Admission/Application Points (out of 100)	Ranking out of 106 Qualified Applicants (1/106 = highest mark)
	3.68	77/100	43/106
	3.56	76/100	60/106
	3.74	63/100	68/106
	3.55	66/100	64/106
	3.32	51/100	85/106
Averages:	3.57	67/100	64/106



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Key for Tables K, L, M, N:

A = 100-92%	B = 91-84%	C = 83-75%
96 pts (midpoint A)	87.5 pts (midpoint B)	79 pts (midpoint C)

Table K: 2016 First-Time Failers, Final Course Grades

Student	NRS 110	NRS 111	NRS 230	NRS 232	NRS 112	NRS 231	NRS 233	NRS 221	NRS 222	NRS 224	Ave Letter Grade
	B	B	C	B	B	C	C	B	B	A	86% =B
	A	A	A	A	A	A	A	B	B	B	93% =A
	B	B	B	A	B	A	A	B	B	B	90% =B
	B	B	B	A	B	A	A	B	B	A	91% =B
	B	A	C	B	A	A	A	B	A	A	92% =A
	B	B	B	B	B	B	B	B	A	A	89% =B
	C	A	A	A	C	A	A	B	A	B	91% =B
	B	A	A	A	A	A	A	B	A	A	94% =A
	B	A	A	B	A	A	A	B	B	B	92% =A

* Indicates returning student (second attempt in Nursing Program)

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Table L: 2016 First-Time Passers, Final Course Grades

Student	NRS 110	NRS 111	NRS 230	NRS 232	NRS 112	NRS 231	NRS 233	NRS 221	NRS 222	NRS 224	Ave Letter Grade
	B	A	A	A	A	B	A	B	A	A	93% =A
	A	A	A	A	A	A	A	B	A	A	95% =A
	A	A	A	A	A	A	A	A	A	A	100% =A
	B	A	B	B	B	A	A	B	A	A	92% =A
	B	A	A	A	A	A	A	A	A	A	95% =A
	A	A	A	A	A	A	A	A	A	A	100% =A
	B	A	A	A	A	A	A	B	A	A	94% =A
	B	A	A	A	A	A	A	A	A	A	95% =A
	C	A	A	A	A	A	A	B	A	A	93% =A

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Table M: 2015 First-Time Failers, Final Course Grades

Student	NRS 110	NRS 111	NRS 230	NRS 232	NRS 112	NRS 231	NRS 233	NRS 221	NRS 222	NRS 224	Ave Letter Grade
	B	A	C	B	B	A	B	B	B	A	89% =B
	B	B	C	B	B	A	B	C	B	A	88% =B
	B	B	C	B	B	B	B	B	B	B	87% =B
	B	B	C	B	A	B	C	B	B	A	88% =B
	B	B	B	B	B	B	B	B	B	A	88% =B

Table N: 2015 First-Time Passers, Final Course Grades

Student	NRS 110	NRS 111	NRS 230	NRS 232	NRS 112	NRS 231	NRS 233	NRS 221	NRS 222	NRS 224	Ave Letter Grade
	B	A	B	B	A	A	A	B	B	A	92% =A
	B	A	A	A	A	A	A	A	A	A	95% =A
	A	A	B	B	A	A	A	B	A	A	93% =A
	B	B	B	B	B	A	A	B	B	A	90% =B
	B	A	B	B	A	A	A	B	B	A	92% =A



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Table O: 2016 Failers, HESI Exit I – Specialty Areas

Student	1. Comm. Health	2. Critical Care	3. Fundamentals	4. Geriatrics	5. Maternity	6. Med-Surg	7. Patho-physiology	8. Peds.	9. Prof. Issues	10. Psych – Mental Health
2016 Cohort	765	1097	843	867	735	838	852	771	842	806
	1063	1511	1015	421	1025	852	938	812	844	692
	860	392	859	964	805	852	840	675	835	1128
	1002	1511	706	261	518	507	855	671	583	593
	683	0	774	961	157	609	355	815	753	973
	1002	392	797	1076	910	739	1238	561	849	872
	820	1511	684	1245	817	761	734	789	669	932
	683	392	823	344	680	751	726	617	778	827
	683	1511	1007	698	762	985	1062	479	963	603
	683	1511	841	682	828	789	1135	776	660	835
Color Key	Green Indicates 3 Individual High-Score Categories					Gold Indicates 3 Individual Low-Score Categories				



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Table P: 2016 Passers, HESI Exit I – Specialty Areas

Student	1. Comm. Health	2. Critical Care	3. Fund- amentals	4. Geriatrics	5. Maternity	6. Med- Surg	7. Patho- physiology	8. Peds.	9. Prof. Issues	10. Psych – Mental Health
2016 Cohort	765	1097	843	867	735	838	852	771	842	806
	640	392	721	999	705	945	943	854	763	826
	860	1511	991	759	805	1033	884	956	887	732
	1106	1511	804	1124	1014	926	884	799	962	721
	751	1511	713	359	724	953	813	570	895	889
	359	392	877	1051	1281	780	713	657	528	939
	580	392	1032	1245	850	836	309	975	999	763
	640	1511	723	513	652	753	1062	730	868	939
	462	1511	1000	1306	385	956	772	864	760	1026
	1283	1511	796	1154	942	864	433	866	677	708
Color Key	Green Indicates 3 Individual High-Score Categories					Gold Indicates 3 Individual Low-Score Categories				



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Pass Rates for 2015 and 2016 Graduates Including any Number of Attempts

Table with 5 columns: 2015: 1st Attempt, 2015: 10/01/2014 to 09/30/2016 Report, 2016: 1st Attempt, 2016: 10/01/2014 to 09/30/2016 Report, 2016: 10/01/2016 to 01/11/2017 Report. Row 1: 35 of 40 = 88% Passed, 40 of 40 = 100% passed, 26 of 35 = 74% Passed, 28 of 35 = 80% Passed, 31 of 35 = 89% Passed.

*Two "unknowns" from 2016 class remaining (35 of 37 graduates have tested)

FINDINGS FROM TABLES A-P, AND PASS RATES:

Tables A and B: Six 2016 graduates were given an extra HESI Exit Exam to show improvement in the course and to attempt to meet the objectives of obtaining a score of at least 800. Of the six students, five improved their HESI Exit score from the first attempt compared to the third attempt. However, only two of six reached the 800 benchmark score, with one of these students reaching at least 850. Furthermore, 50% of these students did not pass the NCLEX-RN on the first attempt. Two students listed in the table as "no data" have not registered to take the NCLEX-RN at this time.

In comparison to Table A, Table B First-Time Passers had an average score of over 900. This correlates with HESI's strong recommendation of reaching the 900 point benchmark for increased first-time pass-rate success.

Tables C and D: Table C depict First-Time Failers and HESI scores throughout the program. Seven of nine students did not average the 850 "Acceptable Performance" score that HESI recommends. Eight of nine failers have re-tested, and of these, 50% have passed on the second try. One of three repeating students passed on the second attempt.

Table D reflects nine passers in which 66% had an average HESI score of 850 or greater. Student XX was given a third-HESI Exit Exam, and despite low test scores was able to successfully pass the NCLEX-RN on the first attempt. XX had the second lowest HESI average



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in in Table D which may contribute English as a second language. However, XX sought faculty mentoring services and had strong study habits resulting in a first-time pass.

Tables E and F: Tables E and F showcase five 2015 failers vs. five 2015 passers. Again, four out of five failers did not have an average HESI score of 850, while five of five passers all met the 850 average. However, data may be somewhat skewed for 2015 graduates as this was the last year in which OCNE courses were taught out of sequence. This resulted in the need to have two different versions of HESI test for Acute I and II, and Chronic I and II students. Though there are many variables that may alter data findings, upon first review, it appears that the Acute II Midterm-Version II, may have been an easier test.

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Tables G and H: Table G shares application data for the nine 2016 First-Time Failers including GPA, total application points out of 100, and ranking out of 106 qualified applicants. In comparison to table H First-Time Passers, the passers average scores in the three categories were higher than the failers. Average GPA for failers (3.57) vs. passers (3.68) had a 0.11 point difference. Average admission points for failers (72/100) vs. passers (84/100) had a difference of 12 points, and average ranking for failers (73/106) vs. passers (46/106) had a difference of 27 spaces.

Tables I and J: Tables I and J share the same three admission categories for 2015 passers and failers. Again, passers scored greater in all three categories. Average GPA for failers (3.45) vs. passers (3.57) had a difference of 0.12. Application points for failers (61/100) vs. passers (67/100) had a difference of six points, and average rank for failers (72/106) vs. passers (64/106) had a difference of eight spaces.

Tables K and L: Table K and L represent final grades for failers vs. passers. To calculate grades, a key was created to assign points to each letter grade. For example, an "A" falls between 100 and 92%. The midpoint of this "A" is 96% or 96 points. Each "A" was therefore assigned 96 points, a "B" was assigned 87.5 points and a "C" was assigned 79 points.



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Table K showed that over half of 2016 failers received an average letter grade of “B” in their ADN coursework (ten courses in total). In comparison, 2016 passers in Table L all received an average of an “A” in their ADN coursework.

Tables M and N: Table M showed a stronger representation of overall course grades and First-Time Failers as all five or 100% of 2015 failers had an average of a “B” in their ADN coursework. 80% of Table N First-Time Passers received an “A” average for their ADN coursework.

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Tables O and P: Table O depicts the overall 2016 cohort and the First-Time Failers HESI Exit I scores which are broken up into ten specialty categories that coincide with didactic subjects. This table help to determine strengths and weaknesses of each individual tester at the time of the first HESI Exit I exam (late winter of 2016). Findings show that the 2016 cohort struggled (gold) in community health, maternity, and pediatrics, and scored strongly (green) in critical care, geriatrics, and pathophysiology. Failers also struggled in critical care and geriatrics.

Passers in Table P were compared to the same 2016 cohort. Their strongest areas included critical care, geriatrics, and psychiatric and mental health. The weakest areas for passers included community health and maternity (much like the 2016 cohort).

Pass Rates: Pass rates at this time including any number of attempts are currently at 89% for the 2016 graduates and are at 100% for the 2015 graduates.

ACTIONS TO ADDRESS FINDINGS FROM TABLES A-P, AND PASS RATES:

Actions to address Tables A and B finding include using a HESI scale that progresses with students throughout their two years in the ADN program. This allows for room for improvement while giving students time to adjust to a new form of test-taking. As students progress in the program, the minimum score requirements increase. To avoid high-stakes testing, HESI test are averages with midterm and final tests with minimum averaged passing score of 75%.



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Other actions include increasing time spent analyzing HESI data with FT and PT faculty, and communication with one another to ensure that HESI score requirements and increasing minimum pass-standards are fair and have strong rationales. Tables A, B, C, and D all represent an increased likelihood of passing on the first attempt when HESI scores are at the recommended levels. Page | 27

Tables E and F: Since fall of 2015, all students now take OCNE courses in sequence. Though this creates larger class sizes, it also allows for all students to take the same version of midterms, finals, and HESI exams. Faculty will continue to collect and analyze data to ensure that curriculum and course outcomes are met for student success, and that the overall benefits of all students taking the same courses outweigh challenges associated with larger class sizes.

Tables G, H, I, and J: Information from Tables G, H, I, and J will be shared at the next Admissions Committee meeting on January 24th, 2017. In the past, thoughts and suggestions of raising the minimum acceptable ranking and GPA for students have been discussed, but there was no data or evidence to support that a higher GPA or ranking is connected with a higher first-time NCLEX-RN pass rate. Though the sample size of Tables G, H, I and J were small, the findings do show that an increase in each category related to a stronger probability of a first-time pass rate.

Tables K, L, M, and N: To address findings, faculty will review overall course grades to determine students that may be at increased risk for failing the NCLEX-RN. FT Faculty discussed difficulty with the fall 2016 grading system which required a minimum of 75% pass rate in clinical, didactic, and testing. Though some students barely passed the testing category, they were still able to receive an “A” or “B” grade overall. Discussion amongst FT faculty included the fact that certain students did not represent an “A Student,” though still received this grade. After discussing reasons that led to students receiving a higher grade than earned, it was determined, in part, that the first-year students received simulation participation points throughout the term despite the loss of the simulation instructor. Although FT and PT faculty



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worked together to ensure simulation experiences continued, variables, including receiving a different “level” of simulation from one instructor to the next, and lack of a strong midterm and final simulation evaluation resulted in too many “soft” points being received in the clinical category.

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Because of this, FT faculty elected to remove the additional simulation points for winter term (2017) until a qualified simulation instructor is hired into the role. This will allow for fair and consistent assessment of each student by the new simulation instructor who will grade each student accordingly. It should be noted that the FT and PT faculty have continued to host simulation so that students do not miss out on opportunities and experiences that simulation has to offer.

Tables O and P: Faculty have made improvements to community health and community based experiences. First-year students were assigned a community health project in the fall of 2016, some which included working with the local homeless population, increasing physical fitness awareness on UCC’s campus, and hosting sleep information sessions to bring mindfulness to the community. Second-year students visited community-based clinical sites that were pertinent to the Chronic II didactic course to help connect classroom objectives to real-world situations and provided survey feedback after visiting these clinical sites.

Faculty have continued to focus on improving weak curriculum areas including maternity and pediatrics. The new Health, Nursing, and Science Center now has designated space for both maternity and pediatrics to increase hands-on experience for all nursing students. Second-year students are visiting both maternity and pediatric units at MMC and guest lectures have agreed to visit the class to help increase the knowledge base of students.

Pass Rates: Faculty will continue to monitor the remaining students and the outcomes of testing. Faculty will also reach out to the two “unknown” graduates to determine if they are planning on testing soon, and if they will be doing so in or out of state.



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DOCUMENTATION OF FACULTY INVOLVEMENT IN DECISION MAKING:

Please refer to the Appendix for Meeting Minutes related to improving outcomes in the ADN program, and faculty involvement regarding decision making.

PLAN FOR ADDRESSING THE DECLINING OUTCOMES:

- 1. Lack of hospital clinical experience during the first year of nursing school (2014-2015). a., b., & c. UCC faculty have listened to the voice of past and current students whom have expressed the need and desire to implement hospital clinical experiences in the first-year of nursing school. 2017 graduates experiences their first hospital clinical rotations in the spring of 2016 (3rd term). 2018 graduates will begin their first hospital rotation winter of 2016 (2nd term). However, because this term’s focus is Chronic I, first-year students will also rotate through long-term care (LTC) facilities.

Secondly, increasing hands-on experience in an acute-based hospital setting may help to increase the first-time pass rate for upcoming graduates since the NCLEX-RN test plan has a strong focus on acute care and acute conditions, in addition to diversity and working as part of a broad healthcare team. In the small rural town of Roseburg, Oregon, these experiences are best found at MMC.

Hospital rotation break-down:

Table with 3 columns: 2016 Graduates, 2017 Graduates, 2018 Graduates. Row 1: 3 total terms of hospital rotation beginning 2nd year, 4 terms of hospital rotation beginning spring term of 1st year, 5 terms of hospital rotation beginning winter term of 1st year (winter 2016 term approx. 8 weeks hospital and 2 weeks LTC).

- 2. Student mentoring, Face-to-face meetings, and “Plans for Success/In-Danger of Failing” plans not fully utilized by faculty.



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- a. Student mentoring (students matched to a faculty member) will continue to be posted and implemented for students. When FT or PT faculty need to communicate with a student needing assistance, the FT or PT faculty member will remind the student to contact their assigned faculty mentor.
 - b. Face-to-face meetings have already increased in number for the 2016-2017 academic year. Faculty are embracing the importance of communicating with students when the need arises rather than waiting to see if behaviors or areas of concern improve. During bi-weekly meetings, faculty have expressed many positive student outcomes from speaking with students one-to-one.
 - c. Improved “Plans for Success” and “In-Danger of Failing” documents are continuing to be used by FT and PT faculty. Again, faculty have expressed an improvement in almost all students placed on said plans. Faculty plan to continue using these documents as issues arise.
3. Faculty turnover, mentoring of new faculty, and faculty shortage challenges.
- a. To help decrease student stressors associated with faculty turnover, faculty will continue to work together to fill gaps created by the turnover. For example, faculty have ensured that simulation experiences are available for both first and second year students despite the unforeseen loss of the simulation instructor. Communication between faculty and students will also include methods to ensure curriculum needs are met despite loss of faculty. This includes communicating with the first and second-year class representatives, minimally, on a bi-weekly basis at faculty meetings.

To ensure that the needs of the ADN Program were met, coupled with the low number of qualified applicants, UCC faculty and administration decided to withhold the Practical Nursing (PN) Program for the 2016-2017 Academic year. This allowed for the ADN program to use PN faculty in a time of extra need.

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Faculty have also discussed the idea of accepting fewer students for the 2017-2018 academic year should we continue to search for and hire qualified faculty without success.

- b. Faculty mentors will continue to provide the best support possible to all new-hires, making sure to afford quality mentoring to help decrease the stress of new faculty and increase the probability that new members of the team will want to continue their employment at UCC. To decrease stress on mentors, mentors will communicate with one another to determine if the mentoring assignment is best utilized. For example, P. Coate mentored P. Harris in the fall of 2016, while A. Myler mentored C. Steele. These mentors will switch new-hires in the winter of 2017 because of the mentors teaching history and expertise which more closely aligns with the new-hires needs.
- c. Faculty shortages continue to be a burden on the UCC ADN program. The Program Director, A. Myler, attended a Faculty Recruitment and Retention seminar in the fall of 2016 in order to better understand these challenges, and to communicate more effectively with UCC Administration, including Jesse Morrow, Dean of Career and Technical Education, and Lynn Johnson, Director of Human Resources. A. Myler will continue to work with Human Resources to ensure that quality faculty are hired into open nursing positions and that recruitment is being advertised appropriately. Currently, HR posts Nursing Educator employment opportunities in the following areas:
- i. www.umpqua.edu (Umpqua Community College website)
 - ii. www.hercjobs.org (Higher Education Recruitment Consortium)
 - iii. www.higheredjobs.com (Higher Ed Jobs)
 - iv. WorkSource Oregon Employment Division (helps to monitor UCC's website)
 - v. Umpqua Training and Development

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- vi. Ads are sometimes placed in the Sentinel for current and ongoing recruitment needs
4. HESI results and poorly monitored remediation strategies.
- a. HESI results will be better reviewed amongst faculty and compared to course curriculum. The number of HESI tests have also been increased. Current first-year students will have a minimum of one HESI per term, which will be averaged with the midterm and final exams to avoid high-stakes testing. UCC has already communicated with Elsevier to provide a HESI test each term.
 - b. Implementing a HESI each term correlates with the plan to improve remediation strategies. Faculty have used the remediation feedback from the 2016 graduates to improve remediation, including providing a HESI each term and using other methods to earn remediation hours such as practice tests. Faculty plan to continue collecting student feedback related to remediation so that the outcomes reflect useful personalized study time that helps to increase NCLEX pass rates.
5. Events of October 1st which correlate with lack of academic attrition for 2016 graduates.
- a. A. Myler and P. Coate met with Michelle Bergmann, Director of Financial Aid, to discuss the aftermath of issues students and staff continue to work through one-year after the Oct. 1, 2015 event. Topics of the discussion included:
 - i. The Department of Education's Special Relief Letter – this letter is in every student's files who had issues that term.
 - ii. Instructor email that offers a different perspective and was sent to the Feds.
 - iii. Return to Title IV (R2T4) comparison email with back up student data
 - iv. Satisfactory Academic Progress (SAP) adjustment email that was sent to students

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- v. SAP Emails sent to students regarding 1- SUSP, 2-WARN, 3-PLAN (424 students received emails for the SUSP and the WARN)
- vi. Student Full Drop Report for weeks 2-6 along with Estimated revenue loss
- vii. Fall 2015 and 2014 drop comparison report (snap-shot provided in Appendix)
- viii. The special 1/01/15 Financial Aid Appeal Form

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Any of the above documents are available upon request.

Additional conversations and collaborations between A. Myler and April Hamlin, Director of Grant Services, included information shared regarding the effects of the Oct. 1 event on nursing students. A. Hamlin is in the process of obtaining the SERV2 request for UCC recovery which will support the restoration of the learning environment of UCC students in order to promote their success.

Faculty are aware of newly instituted and ongoing counseling services available on campus for students and faculty, and remind students of these services which are free-of-charge. Faculty have also used the “Student of Concern” and “Early Alert” communication tools which alerts Mandie Pritchard, Director of Campus Mental Health Recovery and Wellness, (and her team) to ensure that counseling and support is offered to students in need within a timely manner.

- b. While faculty continue to support students in meeting personal and professional goals, there is an understanding amongst FT and PT faculty that we can no longer allow a lack of attrition for academics. Doing so would continue to put the ADN program at risk for losing OSBN Approval and ACEN Accreditation, thus preventing future students the opportunity to meet their own goals which puts the local community at risk for a decrease in the number of local and competent



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nursing staff. Faculty have improved communication with students and help guide those who are struggling to progress in the course.

PLAN FOR MONITORING THE DECLINING OUTCOMES:

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1. Lack of hospital clinical experience during the first year of nursing school (2014-2015).

a., b., & c. Faculty will monitor objective data including midterm, final, and HESI tests for each cohort. Subjective data to be monitored includes surveys and feedback from each class to determine if increasing time spent in hospital rotations is improving understanding of course curriculum and helping to put the nursing process into practice.

It will be imperative that faculty continue to communicate with MMC faculty and staff to ensure that the increase number of students does not create an undue burden such as a major increase in nurse-faculty workload.

2. Student mentoring, Face-to-face meetings, and “Plans for Success/In-Danger of Failing” plans not fully utilized by faculty.

a., b., & c. Faculty will monitor the frequency of use of mentoring services, face-to-face meetings, and “Plans for Success/In-Danger of Failing” forms via communication during faculty meetings. There has already been a section added to the faculty meeting minutes titled “Student Concerns/Student Kudos” to ensure faculty update one another to student struggles and successes on a regular basis. This allows faculty to work together through difficult student issues and, on a positive note, allows faculty to commend students on accomplishments they might not hear about otherwise.

3. Faculty turnover, mentoring of new faculty, and faculty shortage challenges.



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- a. Faculty turnover will be monitored by using the faculty table to observe for patterns. Faculty will continue to work as a cohesive team to create strong morale and an enjoyable workplace. Faculty and students will continue to communicate using the voices of the student representatives as needed. Complaints and concerns, and improvements will be assessed and discussed bi-weekly to monitor that steady progress is made (communication and ensuring curriculum needs are met).
 - b. Mentors will monitor progress of new-hires including understanding of instruction roles, and will use the mentor check-list to avoid leaving gaps in the learning process. Mentors will communicate with new-hires to confirm that needs are met, and will communicate with one another for moral support.
 - c. Faculty shortage will be monitored using the OCNE Faculty to Student Ratio table created in October of 2016. Since then, a PT Pathophysiology instructor has been hired. UCC will monitor and update this chart when data is shared between CCs with the goal of decreasing the number of students “assigned” to each faculty member, thus decreasing excessive workload.
4. HESI results and poorly monitored remediation strategies.
- a. HESI results will be monitored, especially those in which multiple cohorts have taken the same exam. Faculty will monitor for changes in HESI mean scores, strengths and weaknesses of the cohort, and will adjust curriculum needs where necessary.
 - b. Remediation will be monitored in part by monitoring HESI results. Student feedback will also be monitored to warrant appropriate alterations in remediation plans for future cohorts.
5. Events of October 1st which correlate with lack of academic attrition for 2016 graduates.
- a. A. Myler and staff will continue to monitor students for areas of concern related to the Oct. 1, 2015 events and will communicate with support staff on campus to



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ensure student safety with the goal of obtaining a positive outcome for the student(s). A. Myler and faculty will also provide supportive evidence to UCC staff as needed to help obtain grants and additional support services for UCC students.

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- b. Faculty will continue to monitor academic attrition on a term-to-term basis and will continue to support students who struggle academically to prevent attrition when possible. In the event of a large increase of attrition, curriculum, tests, and assignments will be monitored and assessed as needed.



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APPENDIX:

OSBN ADN Approval Letter, June 21, 2016



Oregon

Kate Brown, Governor

Board of Nursing

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Oregon.BN.INFO@state.or.us
www.oregon.gov/OSBN

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June 21, 2016

Ms. April Myler, Director of Nursing/Department Chair
Umpqua Community College
1140 College Road
PO Box 967
Roseburg, OR 97470

Dear April:

On behalf of the members of the Oregon State Board of Nursing, I am providing written confirmation of action taken by the Board at its most recent meeting. The motion adopted at the June 16, 2016 meeting was:

MSC that the Umpqua Community College Associate Degree Nursing Program be approved for up to three (3) years to April, 2019 with a report on actions to correct deficiencies to be submitted for review at the April 2017 Board meeting.

The survey visit report includes the deficiencies which relate to clinical affiliation agreements including all required elements and the systematic program evaluation processes. The report due to the Board for the April 2017 Board meeting should show how the deficiencies have been corrected through a narrative and supporting documents. As you are aware, work on the second deficiency will be helpful in addressing the Accreditation Commission for Education in Nursing (ACEN) compliance, as well.

The recommendations in the survey report are advisory to you and the faculty. "Advisory" means that the recommendations, or alternative means to meet the same standard, are intended to be implemented but do not require any sort of follow-up report to the Board. These recommendations will need your attention before the 2019 survey visit.

Thank you for being present at the Board meeting to respond to questions from Board members and please let me know if there are any questions on the final visit summary report which will be sent to you electronically.

Sincerely,

J6y Irigwerson, MSN, RN, CNE
Policy Analyst, Nursing Education and Assessment

cc: Dr. Walter Nolte, Interim President
Dr. Roxanne Kelly, Vice President of Instruction
Jesse Morrow, Dean of Career and Technical Education





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“Plan for Success” Document

UCC NURSING PROGRAM

Student Plan for Success



STUDENT NAME:

Date:

Areas of concern impeding success:

Outcomes required for re-entering/continuing in program:

PLAN of ACTION

Student Signature: _____ Date: _____

Instructor Signature: _____ Date: _____

Director Signature: _____ Date: _____

Witness Signature: _____ Date: _____



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Appointment date for further assessment:

Student: _____ Instructor: _____ Date: _____

Follow-up Assessment of Performance:

Student: _____ Instructor: _____ Date: _____



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"In-Danger of Failing" Document

UCC NURSING PROGRAM

Student in Danger of Failing



STUDENT NAME:

Date:

Areas of concern impeding success:

Outcomes required for re-entering/continuing in program:

PLAN of ACTION

Student Signature: _____ Date: _____

Instructor Signature: _____ Date: _____

Director Signature: _____ Date: _____

Witness Signature: _____ Date: _____



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Appointment date for further assessment:

Student: _____ Instructor: _____ Date: _____

Follow-up Assessment of Performance:

Student: _____ Instructor: _____ Date: _____

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UCC Nursing Employee Turnover/New Employee Table
Fall of 2015 to Present (created 12/14/16_AM)

Name	Main Program, Full-Time (FT) or Part-Time (PT)	Term/Year Hired	Term/Year Employment Ceased (if applicable)
Tamra Samson	RN - FT	FA 2010	FA15
Bri Canifax	RN - PT	Rehire – SU15	WI16
Anita Roberts	RN - FT	FA15	SP16
Matthew Douglass	RN - FT	SU15	FA15
Shawn McClendon	PN - FT	SU15	FA16
Aaron McColpin	RN - PT	Rehire – WI16	SP16
Cliff Geimer	RN - FT	WI16	FA16
Paulette Helsley	NA1 - PT	Rehire – WI16	SP16
Jan Dawson	NA1 - PT	WI16	Current employee
Fran Smith	RN - PT	FA15	Current employee
Liz Davis	RN - PT	FA16	Current employee
Cindy Steele	RN - FT	FA16	Current employee
Patrick Harris	RN - FT	FA15	Current employee
Tammy Gilster	RN - PT	Rehire – SP16	Current employee
Dave Sumerlin	RN - PT	Rehire – SP16	Current employee
Forest Shira	RN - PT	New-hire – WI17	Current employee to begin WI17

FT - Continuous Long-Time Faculty:

April Myler

Patrice Coate

PT Continuous Long-Time Faculty:

Rocky Stevenson

Carolyn Crampton

Nancy Terrell

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Remediation and HESI feedback from 2nd year Graduates – 06/08/2016

18/37 responses (49%)

Questions:

1. Was HESI testing useful? Should there be more HESI, less HESI or is it just right?
2. Was Remediation helpful to you?

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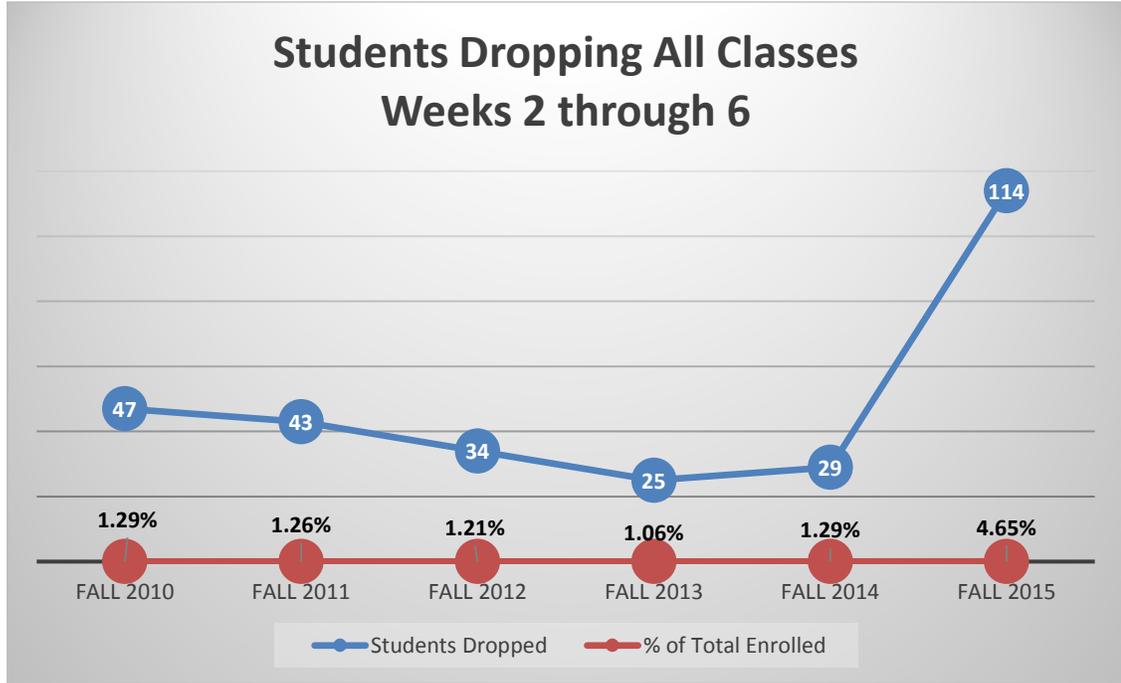
Responses:

- I think a HESI a term or every other is a good idea. They suck, but are useful. Remediation was helpful to go through once, but not to spend 20 hours on the same one.
- Hesi is not helpful! Waste of time. Your Best Grade is better.
- Remediation helps!
- HESIs every term to get students more comfortable with the test format. Also, I would do remediation if it was new every term.
- Hesi every term would be helpful. Remediation is helpful if you know how to use it and how it related to the specific questions you missed. Being able to go over the questions you got wrong more than immediately after would be more helpful.
- Hesi exams are good, they should be weighted as an average with other exams and not separate. I found the remediation material useless.
- Remediations were helpful. Keep the same number of HESI's
- There should be a HESI every term if you want students to do remediation every term. I do not think the remediation was all that helpful, however, and I think the time dedicated to remediation could be dedicated to other useful study.
- Hesi every term. They are useful. A lot of students fake remediation. They don't read it. Practice tests would be better.
- Useless
- Remediation is not helpful without knowing which questions were missed to help understand what it was that you struggled with. Yes, Hesi each term is good. 😊
- The Hesi was useful. It would have been better to have new remediation each term. I feel a Hesi final each term would be more useful and help make it less scary as an exit exam! 😊
- I thought HESIs helped me more than other exams.
- Remediation was OK wish we could remed on topics we got right as well (.) in general more hands on more coordination with facilities to track our progression. An advocate assist and guide us. More pharmacology.
- Not helpful.
- Know more about the NCLEX But I only found remediation helpful in it showing what subject I was weak. Not specific questions it came with
- I used and liked the HESI remediation. I felt it added to my nursing knowledge



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UCC Drop-Rate Graph for Fall Term, 2010 - 2015



This graph represents the disruption caused by the October 1st, 2015 tragedy which caused campus-wide distress. Though nursing students were informed by the previous Nursing Director that they could withdraw from the program with their space guaranteed the following year (fall of 2016), no nursing students elected to step-out of the program.



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OCNE Faculty Numbers vs. Student Numbers Chart

Oct. 31, 2016

College	FT Faculty	PT Faculty	Students	Overall Ratio (Complete # of Faculty: Complete # of Students)	CCs Numbered in Order from Low to High "Faculty:Student" ratio
Blue Mountain CC	5	3	19 (2 nd) + 23 (1 st) = 42	1:5.25	2 of 14
Central Oregon CC	7	8	46 (2 nd) + 48 (1 st) = 94	1:6.62	8 of 14
Chemeketa CC	13 (need 1 more)	1	48 (2 nd) + 48 (1 st) = 96	1:6.86 *Will be 1:6.4	10 of 14
Clackamas CC	6	6	40 (2 nd) + 27 (1 st) = 67	1:5.58	5 of 14
Clatsop CC	5	1	16 (2 nd) + 20 (1 st) = 36	1:6	6 of 14
Columbia Gorge CC	6 (need 1 more)	8	25 (2 nd) + 24 (1 st) = 49	1:3.93 *Will be 1:3.26	1 of 14
Klamath CC	2	1	8 (2 nd) + 8 (1 st) = 16	1:5.3	4 of 14
Lane CC	23	0	72 (2 nd) + 72 (1 st) = 144	1:6.5	7 of 14
Linn Benton CC	10	0	43 (2 nd) + 48 (1 st) = 91	1:9.1	13 of 14
Mt. Hood CC	8	6	71 (2 nd) + 72 (1 st) = 143	1:10.2	14 of 14
Oregon Coast CC	?	?	16 (2 nd) + 20 (1 st) = 36	?	?
Portland CC	No response	No Response	-	-	-
Rogue CC	6	6	32 (2 nd) + 32 (1 st) = 64 +16 PN = 80	1:6.67	9 of 14
Southwestern Oregon CC	3 (need one more)	5 (need one more)	29 (2 nd) + 27 (1 st) = 56	1:7 *Will be 1:5.6	11 of 14
Treasure Valley CC	5	2	17 (2 nd) + 20 (1 st) = 37	1:5.28	3 of 14
Umpqua CC	4 (need 1 more for RN)	8 (need 1 more - Patho)	49 (2 nd) + 48 (1 st) = 97	1:8.1 *Will be 1:6.9	12 of 14

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State of Oregon
Kate Brown, Governor

Oregon State Board of Nursing
Ruby Jason, MSN, RN, NEA-BC
Executive Director

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Memorandum

To: Oregon State Board of Nursing Members
From: Joy Ingwerson, MSN, RN, CNE
Policy Analyst, Nursing Education and Assessment
Date: January 19, 2017
Re: E4: NCLEX-RN® Improvement Plan – University of Portland

At the November, 2016 Board meeting, the NCLEX® pass rates for the two-year period ending September 30, 2016 were reviewed. The University of Portland has provided the required plan to address a two-year pass rate of 82% which does not meet the required 85% standard set in OAR 851-021-0025(3)(b). The program was impacted most strongly by a low pass rate of the group graduating in May of 2015 with a 77.45%. The most recent graduating group had improved performance with the November 2016 cohort having an 85.71% pass rate. Note: These figures from NCLEX® Administration reports may not include all candidates from a particular graduating group.

The submitted plan focuses mainly on updates to the actions included in the 2016 improvement plan. That plan included several charts and statistical analysis completed by the faculty. The 2016 report will be available before and during the Board meeting to Board members. Additional data will be submitted to the policy analyst before the Board meeting and will be made available to the Board members.

The use of various supports for students who may be at risk should help identify those who would benefit from more remediation in preparation for testing. The addition of mentoring and tutoring for students should also assist them in meeting the higher passing grade expectation which was determined based on a review of grade performance of graduates who struggled to pass the NCLEX®. The delay in time to taking the NCLEX® may need further exploration to determine whether it is appropriate to incentivize graduates to move ahead more rapidly to testing.

The faculty are continuing to work on implementation of the testing products from a new standardized testing vendor. Improved integration of testing that prepares students for responding to NCLEX-style questions on examinations will assist in preparation for success as well as reinforcing content.

Suggested Motion:

MSC that the NCLEX-RN® Improvement Plan from the University of Portland School of Nursing (be/not be) accepted as (presented/modified).



January 18, 2017

Joy Ingwerson, MSN, RN, CNE,
Policy Analyst, Nursing Education and Assessment
17938 SW Upper Boones Ferry Road
Portland, OR 97224-7012

Dear Ms. Ingwerson,

Thank you for the opportunity to respond once again to the University of Portland School of Nursing's recent drop in the two-year NCLEX® pass rate to below the required 85% for the 2014-2016 reporting period. As we did last year, we have reviewed the factors contributing to the drop in the pass rate, as well as have reviewed our action plan. From our analysis, the factors remain the same. I will summarize them below, and then provide information about how our plan is working. We believe our plan is a sound one, and we recognize that it will take multiple years to reach the level we desire.

Contributing Factors

1. Increase in the class sizes

The University of Portland School of Nursing enrolls students into the upper division by two methods: traditional declaration of a nursing major as freshman each fall semester and by transfer directly into the upper division program each spring. The university has had increased incoming freshman enrollment, resulting in higher numbers of nursing students. While the university and School of Nursing have also put additional resources toward the Nursing program, to include the addition of sections to maintain small class sizes, the increase in sections also required hiring new faculty and orienting them to the University of Portland program of study.

2. Increase in diversity

In response to the IOM's Future of Nursing report calling for increased diversity in the nursing workforce, the University of Portland School of Nursing has developed a strategic plan for increasing diversity of nursing students within the program. As such, the program has faced many of the challenges cited in the literature about the additional needs for support of students of color and first-generation college students.

3. Science and overall Nursing GPA

The increase in the NCLEX® passing score did yield an overall decline in the pass rates of many programs. While the majority of those programs have rebounded in their pass rates, the University of Portland has continued to see a decline. Evaluation of the science and overall Nursing GPA for students has revealed an expected finding of these two data points as significant predictors of the first time pass rate. Although the standards of teaching the lower division science courses have not changed, the increase in the student numbers directly contributes to the higher probability of an increase in the numbers of students at each end of the normal distribution curve. As such, more students are entering into the upper division nursing program who are not as strong in their science foundation as necessary for strong academic performance, and ultimately success on the NCLEX®.

4. Increase in months between graduation and first NCLEX® attempt

As we explored the variables for possible contribution to the continued decline in NCLEX® pass rates, we noticed a possible relationship between the science and overall Nursing GPA, the number of months between graduation and the first attempt at the examination, and the success of that first attempt.

5. Change in use of external predictor exam

The final contributing factor noted in our evaluation was a change in the use of an external comprehensive predictor program. Faculty decided to eliminate the use of ATI Nursing Education, which was integrated in the curriculum throughout the program of study. During the transition to Lippincott's Pass

Point, faculty encountered some challenges in identifying the most effective methods of implementation.

Action Plan with updates

The University of Portland School of Nursing has put into effect the following action plan to improve the two-year NCLEX® pass rate:

1. Increase in the class sizes

- Collaborate with Biology department to ensure the faculty resources are adequate for serving the continued increase in numbers of nursing students;
- Continue to mentor new faculty into the program of study;
- Update: We have worked to reduce class sizes and continue to advocate for additional faculty. Faculty has commented that they feel they know their students better, and can provide additional help toward success.

2. Increase in diversity

- The University has put forth supports and resources for ensuring retention of underserved, first-generation and minority students campus-wide. The School of Nursing is working to collaborate with the newly formed Shepard Academic Resource Center (SARC) to ensure diverse nursing students needing additional academic support have access to these services.
- The Student Support Team in the School of Nursing has implemented the Buddy-UP program, whereby junior and senior nursing students from under-represented backgrounds mentor freshman and sophomore students with similar demographics.
- Update: The BuddyUP program is in full swing with a majority of under-represented students participating. We expect that this informal mentoring will allow students to be more prepared for the rigor of upper division nursing courses. A faculty and staff team is studying the effects of this program.

3. Science and overall Nursing GPA

- The School of Nursing is pilot-testing a tutoring program as a component of the services offered by SARC. Other disciplines across campus use this service to support peer tutoring, and nursing will use the already-established system to support nursing students.
- The School of Nursing is increasing the pre-requisite science GPA from 2.7 to 3.0 to more closely align with nursing programs nationally. Additionally, grades for individual courses will increase from 73% to 77% as a minimum for passing any and all courses.
- Update: The tutoring program has been well utilized this academic year, and faculty voted to move the minimum passing score to 76%. This past semester, which was the first semester we implemented the change, approximately 6 students did not meet the minimum requirement, and will be repeating courses. Unfortunately, the results of a change in the required prerequisite science GPA will not be realized for some time, as we were only able to make the change for incoming freshmen.

4. & 5. Increase in months between graduation and first NCLEX® attempt and change to PassPoint

- The implementation of PassPoint has already been evaluated and outside consultation received from Lippincott related to the way similar programs incorporate this product throughout nursing curriculum. The benchmark has been increased from 6 to 8 to ensure students have a high level of probability of success on the NCLEX®.
- Update: The change in benchmark improved student performance, but not to the degree we anticipated. We will continue to monitor.

One additional point I would like to make is that no longer having an external predictor exam tied to being able to graduate from the program has allowed students who are less than full prepared to take the NCLEX. We will continue to seek ways to ensure readiness.

Overall we anticipate that the steps we are taking will result in an acceptable pass rate going forward.

Sincerely,

A handwritten signature in black ink that reads "Joane T. Moceri". The signature is written in a cursive, flowing style.

Joane T. Moceri, PhD, RN

Dean and Professor

School of Nursing

University of Portland

moceri@up.edu



State of Oregon
Kate Brown, Governor

Oregon State Board of Nursing
Ruby Jason, MSN, RN, NEA-BC
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Memorandum

To: Oregon State Board of Nursing Members
From: Joy Ingwerson, MSN, RN, CNE
Policy Analyst, Nursing Education and Assessment
Date: January 19, 2017
Re: E5: NCLEX-PN® Improvement Plan – Concorde Career College

At the November, 2016 Board meeting, the NCLEX® pass rates for the two-year period ending September 30, 2016 were reviewed. Concorde Career College (Portland) has provided the required plan to address a two-year pass rate of 81.3% which does not meet the required 85% standard set in OAR 851-021-0025(3)(b). The program was impacted most strongly by a low pass rate of the group graduating in November of 2014 which was at 71%. Subsequent groups have had improved performance with the November 2015 having an 80% pass rate. Note: These figures from NCLEX® Administration reports may not include all candidates from a particular graduating group. The program has had some graduating cohorts of small size (less than 16) which impacts percent-based calculations. Of note, all candidates who tested in calendar year 2015 passed the NCLEX-PN® on the first attempt and through September 30, 2016, there were three candidates that failed on their first attempt. One of these candidates has subsequently passed the exam.

The submitted plan is very similar to the plan the Board reviewed in April of 2016 with continuation of frequent faculty monitoring of student progress toward outcomes. The use of more test analysis to strengthen assessment of students and promote more questioning at higher levels of the cognitive domain will give students more experience with exam questions similar to NCLEX®. The committee to provide more communication between the clinical and theory faculty should promote reinforcing theory concepts in the clinical setting and linking them to application.

The director of nursing education, the regional specialist, and the nursing faculty are currently working on curriculum revision. This work includes a thorough review of the performance of students on standardized testing in specific areas of the NCLEX-PN® test plan. The college has switched to using HESI products for standardized testing which may make comparisons between groups tested using ATI exams with those using HESI exams more challenging but both systems do provide reports linked to test plan categories.

Ms. Tamra Samson took on the role of director nursing education in December of 2015 and as seen in the submitted plan, multiple areas of program improvement have been included which may not directly impact pass rates but are important to the overall program. Focusing on the curriculum revision as a priority to promote NCLEX® success is an appropriate priority for the coming months.

Suggested Motion:

MSC that the NCLEX-PN® Improvement Plan from the Concorde Career College Nursing Program (be/not be) accepted as (presented/modified).

Joy Ingwerson, RN, MSN
Policy Analyst, Nursing Education and Assessment

17938 SW Upper Boones Ferry Road
Portland, OR 97224-7012

This report is submitted to Oregon State Board of Nursing in response to our Concorde Practical Nursing program two year pass rate for 2014-2016 not meeting the 85% standard, OAR **851-021-0015** (F)(iii). Action Plan updates and outcomes shared here.

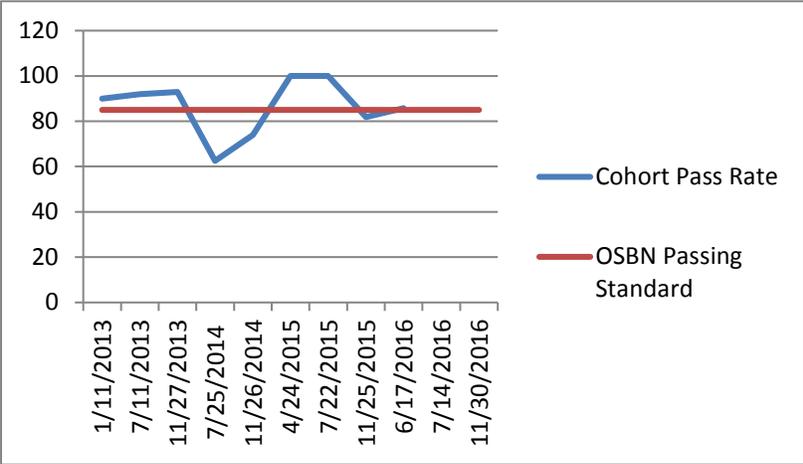
Ms. Tamra Samson has been full-time nurse administrator at Concorde Career College Portland nursing program since December 28, 2015. Since that time, her focus has been on developing her nursing faculty to analyze their practical nursing program systematically and its outcomes. Over the last year, Ms. Samson has dedicated time to focus on student individual needs and enriching their learning experience and outcomes.

As previously identified, beginning with 23 students admitted on June 24, 2013, Concorde admission criteria required nursing applicants to first complete Wonderlic assessment and achieve a score of 17 but did not require the applicants complete the TEASV assessment prior to admissions. Four cohorts were admitted under this admissions policy between June 2013 and June 2014. Between July 2014 and October 2016, seven cohorts admitted utilizing completing Wonderlic first at a 17 or better, then TEAS V at 46 or greater to be considered for admissions into practical nursing.

In November of 2016, Concorde admission criteria was amended for the practical nursing program to consist of students achieving passing scores on the following admission assessments: 17 on the Wonderlic/SLE, and a composite of 70 on HESI A2; each prospective student has the opportunity to sit up to two attempts within a six month period. If not achieved, the applicant must wait 6 months to retest.

Our evaluation also considers having to replace 8 (eight) full time nursing faculty between (1 completing higher education, 5 returned to clinical practice, 1 left for different employment, 1 decreased hours from full time to part time and plans to retire in the next year. The ongoing impact of faculty turnover, nursing faculty shortage combined with onboarding and mentoring new faculty, our nursing program has continued to face some challenges. Concorde Career College Portland remains committed to nursing and the future of nursing education and recognizes the importance of faculty development and support to both faculty and students.

First time NCLEX-PN pass results from the July 2016 cohort are included in the updated graph below previously shared below. The most recent cohort graduated November 2016 and at this time, only one graduate has tested and passed. The remaining 15 graduates are preparing to test at this time.



Faculty continues to use evidence and outcome data to inform decisions related to curriculum and delivery facilitated by the DNEd. Resources are provided to faculty to assist them in using various teaching strategies and to identify students at risk earlier in their program and provide individualized coaching to promote students’ success.

We are currently beginning the review and evaluation of our placement of diagnostic testing which began in January of 2016, when our program established practices for regular review and updates to the curriculum content to ensure accuracy, currency, and appropriateness. Our faculty are participating in evaluating and making recommendations for ongoing inclusion. Our action plan includes a summary of those efforts.

Sincerely,

Tamra Samson, RN, MSN
Director of Nursing Education for
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TSamson@concorde.edu

Kim Ierien
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Action Plan for Low NCLEX-PN pass rates
Concorde Career College – Portland campus
Submission 01.16.2017

Area for Improvement	Data Analysis	Action Plan	Progress Report
1.Orientation	<p>New faculty orientation includes college policies reflecting how to transition from industry to teaching role.</p> <p>New organizational structure at Concorde includes Nursing Education Specialist who leads effort in faculty development internally.</p>	<p>Clinical expertise of faculty considered in teaching assignments. Meet with individual faculty members for review of approved curriculum and college policies</p> <p>Continued development to nurse educator role</p> <p>Policies currently being reviewed by nursing faculty and DNEd are:</p> <ul style="list-style-type: none"> • Faculty workload • Satisfactory academic progress • Make up work • Attendance policy 	<p>Continued assessment by the DNEd of instructor effectiveness and informal mid-course feedback obtained from students for consideration in teaching assignments.</p> <p>Development of the clinical “Clinical Connections Committee” where clinical instructors work closely with full time didactic instructors and DNEd to revise clinical evaluation tools and changes in clinical standards at clinical teaching sites.</p> <p>Phasing out of ATI support materials and integrating HESI support with faculty and The DNEd continues to present varied teaching strategies to faculty such as: concept mapping and unfolding case scenarios.</p>
2.Faculty Development	Faculty Development is ongoing	<p>Review of Student End of Course Surveys Every course end</p> <p>DNEd attended Nursing Director Summit meeting in San Diego November 2016 with California Directors of Nursing to discuss and review internal policies and curriculum and systematic planning for inclusion sytemwide DNEd and Faculty incorporate HESI Evaluation reports.</p> <p>Faculty use Clinical Evaluation Competency tool and standardized care plan.</p>	<p>Faculty needs assessment findings determined:</p> <ul style="list-style-type: none"> • More interactive learning style teaching understanding • Integrative teaching styles • Two faculty member meet and analysis each exam given for reliability. Information is saved for future test bank development. Student grades adjusted according to the test analyzed. • DNEd and faculty continue to utilize clinical evaluation tool to “benchmark” progress. • Instructors have demonstrated improved understanding of exam development and progression. • Evaluation of course outcomes and course sequencing for effectiveness. • Revision of Concorde PN curriculum in progress

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		<p>Faculty mentoring</p>	<p>DNEd’s end of course surveys with faculty is now occurring consistently. The DNEd has established processes that provide ongoing faculty development.</p> <p>Faculty meet with DNEd on completion of proctored assessments to review the results and identify the areas that may need reinforcement and/or indicate areas for curriculum enhancement.</p> <p>Nursing faculty are now required to complete one CE/in-service program provided by ATI each quarter-will use HESI educator seminars once ATI phased out</p> <p>The use of evaluation tools across the nursing program has been implemented consistently by faculty and has demonstrated a clearer progression and focus for the student and faculty to the student learning outcomes.</p> <p>DNEd and faculty currently use a benchmark/competency based assessment tool that progresses from term to term. Students are also engaged in reflective journaling. Students journal each week to the competency focus each week, yet are evaluated on 10 competencies concurrently.</p> <p>We now have a full time Clinical Lab Teaching Assistant who helps provide hands on assistance and coordination between didactic and clinical by collaborating with the nurse educator in the skills lab.</p>
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<p>3.Students</p>	<p>Early remediation to intervene as student demonstrates areas of difficulty.</p>	<p>Students began meeting with DNEd after benchmark testing. All newly admitted cohorts introduced to Evolve Adaptive Learning and new benchmark evaluation platform.</p>	<p>Each student who falls below 78% is placed on an “at- risk list” and receives individualized advisement from faculty and/or the DNEd. All faculty involved with student’s academics provide feedback related to student needs. Documentation is provided to student describing “success</p>
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Action Plan for Low NCLEX-PN pass rates
 Concorde Career College – Portland campus
 Submission 01.16.2017

		<p>Any student that scores below 850 on new diagnostic assessment meets with the DNEd. All student engage in focused review after each benchmark HESI assessment. In.</p> <p>Focused interventions to enhance student learning aimed at identifying at risk students as soon as possible to provide support.</p> <p>NCLEX-PN Assessment Sequencing Plan implemented in July 2016.</p> <p>Students are required to sign in to on-line Adaptive Learning weekly.</p> <p>Student to Student mentoring implemented in September 2016</p> <p>Students placed on “academic/attendance probation and “at risk report” to discuss weekly with the academic dean.</p> <p>DNEd meets weekly with student services to discuss at risk students and re-entry students’ progress.</p> <p>Students meet with representatives of student services if identified.</p>	<p>plan.” Resources available to student are discussed.</p> <p>Resources include: faculty/peer tutoring, online adaptive learning products, additional laboratory instruction and demonstration on how to incorporate additional resources into student study plan.</p> <p>Students are provided login information and instructions at orientation into the practical nursing program for Evolve Adaptive Learning. Students are also given additional learning time in computer laboratory and resource center to engage in learning objectives online.</p> <p>Students engage in focused benchmark assessment and given multiple attempt to meet acceptable level of comprehension in given subject area. Low stakes testing with incentives given for additional involvement in individual focused study plan review.</p> <p>NCLEX-PN Assessment Sequencing Plan allows students and faculty to prepare for upcoming benchmark evaluations and implement strategies that encourage connection between past objectives taught and current learning objectives.</p> <p>Students and faculty have expressed increased understanding and appreciation secondary to the ability to streamline what objectives need further review.</p> <p>Students are required to spend time weekly in their individual Adaptive Learning platform. Assignment points are given to students on time spent in their individual review.</p> <p>Aggregate reports from each cohort include review of major concepts from the NCLEX –PN test plan by faculty to identify areas where the delivery of curriculum may require adjustment to address gaps in understanding. These communications occur during regularly scheduled faculty meetings: both throughout the terms and at specific points in</p>
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Action Plan for Low NCLEX-PN pass rates
 Concorde Career College – Portland campus
 Submission 01.16.2017

		<p>Students introduced to resources available in student services department at orientation and again in Term 5.</p>	<p>the curriculum/program of study when benchmark data is collected to review cohort progress.</p> <p>Tutoring is available to all students. Students are encouraged to take advantage of “peer mentoring/tutoring by making arrangements with DNEd.</p> <p>Students meet for midterm advising with course instructors to discuss current academic standing. Students also meet with the DNEd to implement a success plan which includes demonstration of understanding of the most current proctored exam components and use of study tools available to each student for areas needing improvement. DNEd meets with Student Services representative weekly to discuss “at risk student.” If needed the DNEd and student services representative schedule an appointment with student to re-evaluate student success plan. Re-entry students are of evaluated weekly for concerns identified in prior admissions for repeat concerns.</p> <p>A member of Graduate Services meets with students on entry into the program and at the beginning of Term 5. Services provided: job placement if needed during the program and on exit.</p> <p>Student services provide students additional support in areas outside of academics, such as transportation, daycare concerns, etc. Student services also works with the DNEd. Faculty support student re-entry of students and completion of the practical nursing program by participating in evaluation of readiness and obstacles to success. We have determined students’ success in the nursing program is affected by other external factors, including outside work, family support, and resources. Our Concorde community aspires to see students succeed and complete our nursing program.</p>
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Action Plan for Low NCLEX-PN pass rates
 Concorde Career College – Portland campus
 Submission 01.16.2017

	<p>Student Representatives attend faculty meetings to provide input, express questions or concerns.</p>	<p>Two students represent each cohort and have opportunity to attend scheduled program meetings. Students interested in serving as student representative are randomly selected by classmates through private ballot each term.</p> <p>Identify barriers to student representative attendance. Open Door policy with DNEd</p> <p>Student input; formal & informal</p>	<p>As of January 2016, students began to attend our nursing faculty meetings. The DNEd and faculty continue to evaluate and explore strategies to increase student participation in governance of the nursing program. Incentives like certificates and letters for inclusion in student portfolios; alternate scheduling, mentoring and leadership opportunities to empower students to participate are areas of focus.</p> <p>The DNEd works closely with faculty and students by informing students that they can access her as needed with concerns. Our DNEd regularly visits the student classroom settings.</p> <p>Student course surveys occur at the completion of each course and are administered and collated electronically.</p> <p>Informal feedback occurs by giving students 3x5 cards for their ideas on “what to continue”, “what to start” and “what to stop.” Student feedback is shared with faculty and administration. The DNEd, faculty and other campus teams work together on solutions to address students’ concerns. Periodic surveys of student satisfaction reviewed to determine students’ response to support. Students are directed to work initially with their primary instructor to follow appropriate communication process. Student representatives take advantage of DNEd open door policy and meet daily/weekly. DNEd and Dean of Academics routinely have open forums regarding student concerns to keep communications open.</p>
<p>4.Standardized Testing</p>	<p>Mountain Measurement reports</p>	<p>Mountain measurement reports have been ordered and received. Analysis of data is in progress.</p>	<p>Mountain Measurement reports from the previous 4 years are being analyzed, including findings from the aggregate reports collected to identify key areas for potential program improvement. Future review dates for the review of: Mountain Measurement reports and exit Comprehensive Predictor scores are currently in progress.</p>

Action Plan for Low NCLEX-PN pass rates
Concorde Career College – Portland campus
Submission 01.16.2017

			<p>Systematic planning of future dates are cyclic with cohort start dates.</p> <p>Last cohort that graduated on 11.30.16 engaged in sequencing plan and new implementation of success plan. Benchmark evaluations involved ATI NCLEX Assessments and cohort probability of passing state testing was above 95%. Current cohorts (2) expected to graduate in 2017 are involved with benchmark evaluations under HESI assessments.</p> <p>Areas of improvement that have been identified include: consistent use of diagnostic exams in the program of study and identifying improved approaches for curriculum delivery in the fundamentals of nursing care, maternal newborn, and nursing care of children courses.</p> <p>Areas of improvement that were identified have been evaluated by DNEd and faculty. New initiatives have been implemented: reflective journaling, case study learning, scenario/debriefing, team teaching and guest speakers in specialty practices.</p>
	<p>The Program adopted Elsevier/HESI products following last improvement plan.</p>	<p>The majority of all student resources and evaluation components are from one curriculum support product/vendor</p> <p>Entrance assessment HESI A2-minimm of 70 for admission</p> <p>NCLEX PN assessments/evaluations on scheduled plan throughout curriculum</p> <p>Test Analysis preformed on all exams throughout program.</p> <p>Benchmark Testing Evaluation at scheduled times throughout curriculum.</p>	<p>The following data was considered in supporting our decision to raise the comprehensive predictor expectation and weigh it within a course as an exam grade:</p> <p>Beginning with the cohort admitted on 6/13/12, each cohort admitted up through 2015:</p> <ul style="list-style-type: none"> • Entrance exam(s) & cut off scores • Quantitative course grade achieved in each course • Outcome of each proctored diagnostic assessment • Outcomes & # of attempts taking comprehensive predictor assessment • Outcomes of performance of each student in nursing program versus outcome of NCLEX first time pass • Previous entry into program • Outcomes system wide of other Concorde PVN programs

Action Plan for Low NCLEX-PN pass rates
 Concorde Career College – Portland campus
 Submission 01.16.2017

			<p>Most clinicals are on 12 hour shifts now and clinical sites like the consistency of the students there for the entire 12 hour day. Students report preference to have the “extra” day off” during the week to rest and study, take care of other life events, etc. Students performance at this time does not seem to be affected and schedule is made to not have four days ever in a row.</p> <p>Students who maintain jobs outside of school in addition to their full time school work, however, is identified to be problematic situational based on the student’s support system.</p>
		<p>The DNEd and faculty are actively engaged in piloting a test analysis platform</p> <p>The DNEd and faculty work closely to analysis each exam for validity and student overall performance. Statistics for each exam are currently being tracked to develop strong test banks.</p>	<p>DNEd identified the need to analysis exams given to cohorts for content validity, difficulty, and discrimination. Past practice indicated exams did not meet congruent application of Bloom’s taxonomy. DNEd and faculty meet to analysis exams on a consistent basis.</p>
<p>5.Program Data</p>	<p><u>Student satisfaction</u> CCC values high student satisfaction ratings. While there is not a direct correlation to student satisfaction and NCLEX-PN pass rates, we believe that a quality education should result</p>	<p>Continue to track and monitor student satisfaction ratings. Concorde has set a goal for student satisfaction at 85%.</p> <p>The DNEd has been working on classroom observations, reviewing end-of-course surveys with instructors, and obtaining informal student comments mid-course for program data evaluation and planning. Additionally, the DNEd has</p>	

Action Plan for Low NCLEX-PN pass rates
Concorde Career College – Portland campus
Submission 01.16.2017

	in students being satisfied with the education they received.	been reviewing policies with faculty and students to ensure currency and support consistent application. The DNEd has worked with students and faculty on clinical site accommodations that have included a change in clinical rotation days and times. This change has increased exposure to various health care environments. DNEd has begun to network with new and current clinical affiliations and update clinical rotations. The DNEd is working with faculty to understand how to create lesson plans and to ensure instructors are aware of all resources available to increase the inclusion of innovative teaching strategies.	
	Clinical site surveys	Review of clinical site evaluations are used to help determine adequacy of preparation for clinical experiences and include evaluation from the student, nursing instructor, and clinical site liaison.	Clinical site evaluations are reviewed at end of term and results of surveys help to inform curriculum delivery in the practice areas. Faculty have been given forms to evaluate clinical sites currently being utilized. These forms are to be completed by the end of each clinical rotation. These forms are located on T drive under “clinical affiliation and clinical documentation” as well as in a binder in the DNEd’s office. Evaluation of the sites are to be preformed by: faculty, students and that of the site.
	Graduate surveys	Review graduate survey data to help inform program	Graduate surveys have been sent for the July 2016 graduating group and we are collecting data at this time
	Employer surveys	Review of employer surveys of graduates will help inform program decision making regarding curriculum.	Employer surveys sent to employers of our graduates in February 2017. Our spring Program advisory committee meeting is April 2017.

<p>6. Analysis of admission standards</p>	<p>Data captures relationship between admission criteria and NCLEX-PN pass rates.</p>	<p>Data base includes: admission criteria for all graduates from 2013 to 2015</p>	<p>In November of 2016, Concorde admission criteria was amended for the practical nursing program to consist of students achieving passing scores on the following admission assessments: 17 on the Wonderlic/SLE, and a composite of 70 on HESI A2; each prospective student has the opportunity to sit up to two attempts within a six month period. If not achieved, the applicant must wait 6 months to retest.</p>
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State of Oregon
Kate Brown, Governor

Oregon State Board of Nursing
Ruby Jason, MSN, RN, NEA-BC
Executive Director

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Memorandum

To: Oregon State Board of Nursing Members
From: Joy Ingwerson, MSN, RN, CNE
Policy Analyst, Nursing Education and Assessment
Date: January 19, 2017
Re: E6: NCLEX-PN® Improvement Plan – Mt Hood Community College

At the November, 2016 Board meeting, the NCLEX® pass rates for the two-year period ending September 30, 2016 were provided. Mt Hood Community College (Gresham) has provided the required plan to address a two-year pass rate of 82.9% which does not meet the required 85% standard set in OAR 851-021-0025(3)(b). The program was impacted most strongly by a significant drop in the pass rate of the group completing in March of 2016. This was also a smaller group (17 candidates) which impacts percent-based calculations. Over the two-year period a total of six individuals failed the exam on the first attempt. It is challenging to analyze data and draw conclusions from this small number. Up until the 2016 group, the pass rates for the program have ranged from 91-100% on the two-year pass rate reports.

The improvement plan submitted focuses on careful monitoring and tracking of students over the four quarters of the program. This will allow faculty advisors to identify those needing additional assistance perhaps earlier in the program and better support their preparation to pass NCLEX-PN®. The plan states that those whose first language is not English were represented in the group of first-time failed attempts. The plan for closer monitoring may assist these individuals specifically but resources to which these students may be referred are not defined. Further development in this area can be accomplished before the next cohort begins in spring term.

While the numbers of first-time fails is small, it may be helpful to review the admission grade point averages of these individuals to see if the inadvertent change to a 2.0 GPA admission standard did link to the subsequent first-time failed attempts for those who completed in 2016. Of the four first-time fails in 2016, three passed on their second attempt and one has had three attempts and has not yet passed. The two first-time failed attempts of 2015 graduates show one has passed on the fifth attempt and one has not been able to pass after five attempts.

Suggested Motion:

MSC that the NCLEX-PN® Improvement Plan from the Mt Hood Community College Nursing Program (be/not be) accepted as (presented/modified).

Action Plan for Low NCLEX-PN pass rates
Mount Hood Community College
January 16, 2017

Oregon State Board of Nursing
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Executive Director
Joy Ingwerson, MSN, RN, CNE
Policy Analyst, Nursing Education and Assessment
17938 SW Upper Boones Ferry Rd
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This report is being submitted in response to an email received from Joy Ingwerson, Policy Analyst, Nursing Education and Assessment dated October 26, 2016 stating the MHCC PN program was below the required 85% pass rate for a two year period. This was a surprise as the following statistics are on the Board's web site and a two-year period is defined as January through December:

Oregon State Board of Nursing Educational Program Pass Rates

Practical Nurse Program Pass Rates (by percent)

	1/1/11- 12/31/11	1/1/12- 12/31/12	1/1/13-12/31/ 12/31/13	1/1/14- 12/31/2014	1/1/15- 12/31/15
Mt. Hood CC- Gresham	100/20	100/22	100/20	93.6/31	88.24/17

The email inferred that the MHCC PN Pass rate was 82.85 rounded to 82.9% and that the months January through September were omitted using a time frame of students who tested between 10/1/2014 through 9/30/2016 indicating there were 35 candidates with 29 passing on the first attempt within the non-calendar year.

Traditionally the annual pass rate (January 1, 2011 to December 31, 2015) has been above the 85% pass rate and in the evaluation of data (10-01-2014 to 09-30-2016) it appears that the one recent 2016 graduating cohort demonstrated significant difficulty with passing the PN-NCLEX licensure exam. In looking at possible issues with this group it is determined that the following took place:

****With 2016 graduates, we switched from ATI to using Kaplan. There was a problem with getting students started in Kaplan and we did not do a NCLEX Review class as we have in past years as for the first-time faculty decided to have students do a live (online) Kaplan PN NCLEX 2-day Review. Throughout the year, students did focused and proctored exams. All students passed the Comprehensive Predictor which they took at the end of the fourth term on the first try before doing the Kaplan PN NCLEX 2-day review. Also, the students who demonstrated difficulty with the licensure exam were English Second Language Learners (ESLL).**

Shared below is the Action Plan faculty discussed on November 8, 2016. The action plan will be implemented with the 2017-2018 cohort beginning spring term 2017. This group would be scheduled to graduate in March 2018 and take the licensure exam after graduation.

Admission Criteria

MHCC PN program admits once a year in the spring and admission criteria has been consistent with a change of GPA posted in the 2015-2016 admission packet by admissions which was in error and stated GPA 2.0 and it should have read GPA 2.5.

All pre-requisites and general education courses must have been passed with a "C" or higher.

Currently there is no admission exam.

GPA has been increased again to a minimum of 2.5

Procedure for Identification of At-Risk Students
Upon entry into the program collect the following data for each student:
First Term
Prerequisite grades in A&P
Score on Kaplan Diagnostic Exam (Math, Reading, Writing, Science)
Send names of identified students to faculty advisors to:
Review scores from Kaplan Diagnostic Exam
Every student will meet a minimum of two times with the Student Success Advisor and review Kaplan Diagnostic Exam scores, time management, test taking skills and anything else the advisor determines that is needed
All students will be enrolled in PN111 Nursing Success Strategies Course
At the end of first term review scores for patterns of:
<ul style="list-style-type: none"> • A grade of C or low B in didactic course, nursing success strategies course pharmacology, and skills lab • ATI skills lab scores below 75%
Send names of identified students to faculty advisors to:
<ul style="list-style-type: none"> • Review scores from Kaplan proctored exams with the student • Review test taking skills • Suggest viewing/studying of review videos in ATI for skills lab • Set-up remediation plan for identified students <ol style="list-style-type: none"> 1. Assign practice focused review questions 2. Review status at beginning of second term
Consultation will take place with Kaplan Nurse Educator to develop ongoing plan.
Second Term
Review grades from Spring Term courses
Individual student percentile proctored scores (based on the national mean on each Kaplan test) in fundamentals of nursing and pharmacology
At the end of second term review scores for patterns of:
<ul style="list-style-type: none"> • A grade of C or low B in didactic course, pharmacology, and skills lab • ATI skills lab scores below 75%
Send names of identified students to faculty advisors to:
<ul style="list-style-type: none"> • Review scores from Kaplan proctored exams with the student • Review test taking skills • Suggest viewing/studying of review videos in ATI for skills lab • Set-up remediation plan for identified students <ol style="list-style-type: none"> 1. Assign practice focused review questions 2. Review status at beginning of third term
Consultation will take place with Kaplan Nurse Educator to continue with ongoing plan.

Third Term
Review grades from Summer Term courses
Individual student percentile proctored scores (based on the national mean on each Kaplan test) Adult Health (medical-surgical)
At the end of third term review scores for patterns of: <ul style="list-style-type: none"> • A grade of C or low B in didactic course, and skills lab • ATI skills lab scores below 75%
Send names of identified students to faculty advisors to: <ul style="list-style-type: none"> • Review scores from Kaplan proctored exams with the student • Review test taking skills • Suggest viewing/studying of review videos in ATI for skills lab • Set-up remediation plan for identified students <ol style="list-style-type: none"> 1. Assign practice focused review questions 2. Review status at beginning of fourth term
Consultation will take place with Kaplan Nurse Educator to continue with ongoing plan.
Fourth Term
Review grades from fall term courses
Individual student percentile proctored scores (based on the national mean on each Kaplan test) Mental Health and Family Development
Send names of identified students to faculty advisors to: <ul style="list-style-type: none"> • Review scores from Kaplan proctored exams with the student • Review test taking skills • Suggest viewing/studying of review videos in ATI for skills lab • Set-up remediation plan for identified students <ol style="list-style-type: none"> 3. Assign practice focused review questions 4. Review status at beginning of fourth term
Consultation will take place with Kaplan Nurse Educator to continue with ongoing plan.

Mechanics of Testing

Nursing Courses and Assigned Proctored Standardized Tests

For All Students

Course	Test
PN100 Introduction to Practical Nursing	Critical Thinking Entrance
PN101	Fundamentals
PN105	Pharmacology
PN102	Adult Health (medical-surgical)
PN103	Mental Health & Development of the Family
PN103L NCLEX Review Class	Critical Thinking & Comprehensive Predictor Test take at beginning of term and then again at end of term. Other proctored exams to be taken will be determined based on predictor first time scoring. Consultation will take place with Kaplan Nurse Educator to develop ongoing plan.



State of Oregon
Kate Brown, Governor

Oregon State Board of Nursing
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Memorandum

To: Oregon State Board of Nursing Members
From: Joy Ingwerson, MSN, RN, CNE
Policy Analyst, Nursing Education and Assessment
Date: January 19, 2017
Re: E7: NCLEX-PN® Improvement Plan – Pioneer Pacific College

At the November, 2016 Board meeting, the NCLEX® pass rates for the two-year period ending September 30, 2016 were provided. Pioneer Pacific College (campuses in Beaverton, Springfield, Wilsonville) has provided the required plan to address a two-year pass rate of 81.7% which does not meet the required 85% standard set in OAR 851-021-0025(3)(b). The program was impacted most strongly by a low pass rate of specific cohorts in the two-year period. The pass rate has improved significantly for the graduates from the Wilsonville campus (from 72% to 89%) with only a slight increase seen for the Springfield campus (from 82% to 82.67%). Note: These figures from NCLEX® Administration reports may not include all candidates from a particular graduating group.

The improvement plans submitted in 2016 included curriculum analysis and the program subsequently had a major curriculum change approved by the Board in November of 2016. The change to the curriculum has not yet been implemented but the change is still seen as essential to promoting improved first-time NCLEX-PN® pass rates. The changes to admission standards were implemented in 2016 and can be fully evaluated after the graduation of those admitted under the new standards.

As noted in the submitted plan, Pioneer Pacific has started to receive the Mountain Measurement reports on NCLEX® performance. These reports will likely be more valuable with more trending over time but the current data does support the need to further evaluate the differences between the two campuses as they both provide the same curriculum. A detailed review of data related to grade distribution patterns, graduate grade point averages, and performance on standardized tests needs to be completed. As noted, the data on graduates re-taking the exam is not complete which is due, in part, to limitations in access to data on those who seek a first license in another state. It may be helpful to further explore the length of time graduates are waiting to test and re-test. More information on the type of study these graduates completed to eventually pass may provide guidance to the faculty regarding preparing students for testing.

Suggested Motion:

MSC that the NCLEX-PN® Improvement Plan from the Pioneer Pacific College Nursing Program (be/not be) accepted as (presented/modified).



January 16, 2017
Oregon State Board of Nursing
17938 SW Upper Boones Ferry Road
Portland, Oregon 97224

Re: Improvement Plan for 2-Year Pass Rate Below 85%

Dear Members of the Board of Nursing,

As a follow-up to the improvement plan submitted March 15, 2016, Pioneer Pacific College does hereby submit the following update for your review.

Overall, action plan items are in various stages of implementation as it has been less than a year since the original plan was developed. It will most likely take at least an additional six months before we are able to see results from some of the more substantial changes.

Changes that were implemented in 2016 include taking the content heavy first term Pharmacology course and developing two courses to be taught in terms one and two. By splitting the course in two there is additional time for students to learn this difficult but important content. In term one Introduction to Pharmacology includes six weeks of math which was previously identified as an area of difficulty. Nursing Pharmacology in term two includes additional time for math review and medication dosage calculation practice. Each subsequent term the nursing lab courses include medication dosage calculation review and a quiz to facilitate retention of knowledge and promote refinement of skills.

Changes to the program admission policy were also implemented. This includes:

- Minimum scores for placement exams must be met or exceeded for eligibility to apply to PN program
- Credit for healthcare experience must be within three years and in direct patient care such as CNA or MA
- Rubric created for scoring required essay
- Incoming GPA of 2.75 or higher will be considered for additional scoring
- Criteria for interview with program director updated
- Minimum overall score of 70% is required for acceptance into the PN program

Pre and post in class quizzes on the material to be covered during each class have been piloted in all classes on the Springfield campus. This provides motivation and encouragement for students to come prepared for class by completing the assigned readings. Because these are in class quizzes there is no provision to make-up missed quizzes, encouraging attendance. The Wilsonville campus and the Beaverton Learning Center are currently discussing implementing this process.

Ongoing faculty support includes Kaplan in-services and updates as they occur. Wilsonville faculty were provided with an in-service on adult learning theory and classroom assessment methods. This will also be presented for Springfield faculty. With the implementation of Canvas in the fall of 2016, all faculty have been provided with training and resources to facilitate mastery of the new platform. Classroom and clinical observations are conducted on an annual basis for established faculty and during the first term of teaching for newly hired faculty.

A review of the curriculum was completed and a major curriculum change was submitted and approved by the Board in November 2016. Initially, the plan was to implement the new curriculum in February 2017. This plan has been postponed as a result of the ACICS dilemma. The new date for implementation is unknown at this time.

In the following section are the updated pass rates and performance analysis as presented by Mountain Measurement.

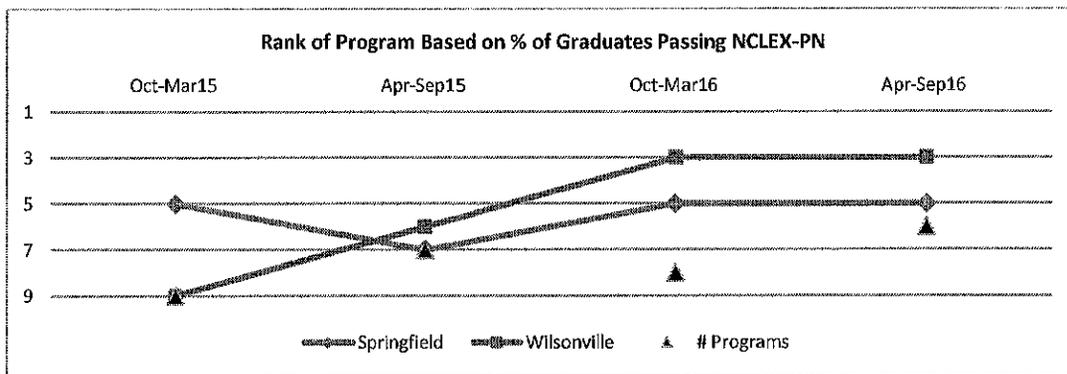


Figure 1. Rank of Pioneer Pacific College’s PN Programs based on NCLEX-PN pass rates for Oregon PN programs in which ≥ 10 students sat for the exam during the testing period. (Mountain Measurement NCLEX Program Reports, NCSBN).

Mountain Measurement Reports provides summary information that includes the ranking of PN programs based on the percentage of graduates that passed the NCLEX –PN during the reporting periods. The ranks of the programs are provided in comparison to other programs within our jurisdiction for which at least 10 graduates tested during the reporting time interval (p. 1.1). Figure 1 presents the ranks of the Pioneer Pacific College PN program based on the NCLEX-PN pass rates for the 4 testing report periods covering the past 2 years. Note that the graph in Figure 1 correlates well with the percentage pass rates presented in Figure 2 below.



While our pass rates have been below standard for the most recent 2 year reporting period, it is important to note that significant improvement has been made over the past year (Figure 2).

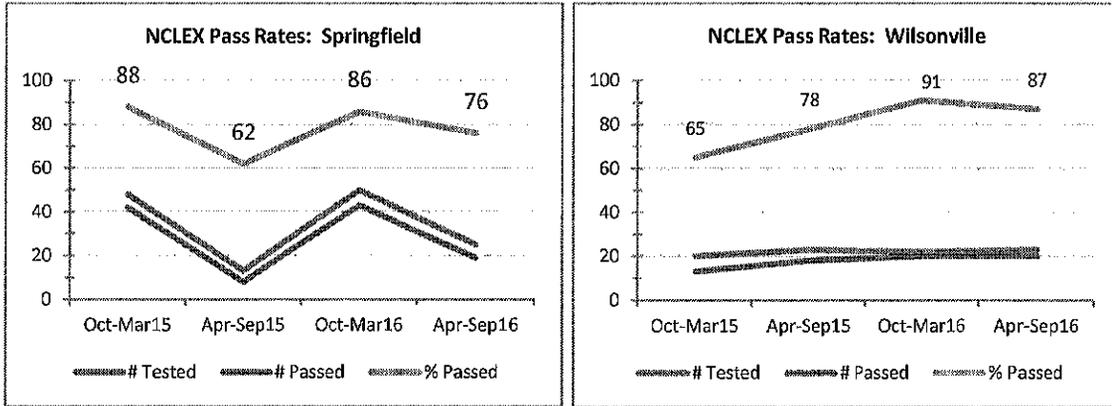


Figure 2. NCLEX-PN pass rates over the past 2 years. (Mountain Measurement NCLEX Program Reports, NCSBN).

The following chart represents the *percentile rank of the median scores* of our graduates relative to the median scores of graduates from other Oregon programs during the specified testing periods (Mountain Measurements NCLEX Program Reports). The median score is the point at which half of the scores are above that score and half are below. As an example in Figure 3, the median score for the content area of fluid-gas transport during the October to March 2016 testing period was higher among the Wilsonville graduates than it was for 72% of graduates from other Oregon programs during that same testing period. However, for the April to September 2016 testing period, the median score was only higher than the median score of 42% of students from other programs.

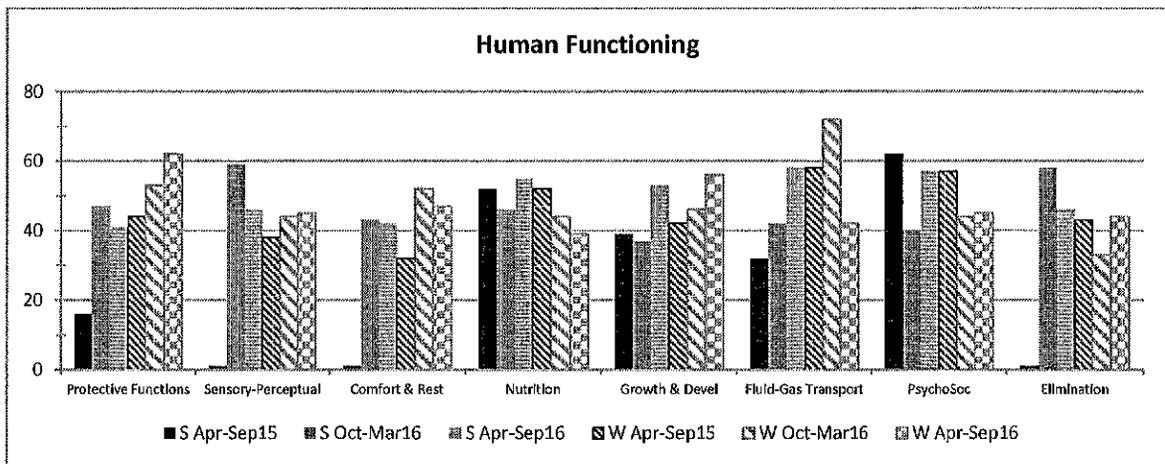


Figure 3. Percentile rank of median scores. Note: The letters before the testing period dates refer to the (S) Springfield and (W) Wilsonville campuses.

This data can be difficult to interpret because of its limited applicability, i.e. performance relative to graduates of other programs. In the above example, the actual NCLEX median score for both periods could have been identical and the difference between them could have been attributable to improved performance by the graduates from other programs. For example, during the same testing periods, the percentile rankings for the median scores for graduates from Springfield went from 42% to 58%. What the data suggests is that the performance of Wilsonville graduates was declining; however, there is no data to support that the *actual* performance is any different when compared to previous testing periods for a given program. No median scores are given. The report data merely provides that in one testing period, the median score was higher or lower when compared with other programs-but gives no indication of program performance relative to itself. For this reason, no further analysis of the Mountain Measurement Reports was included in this plan.

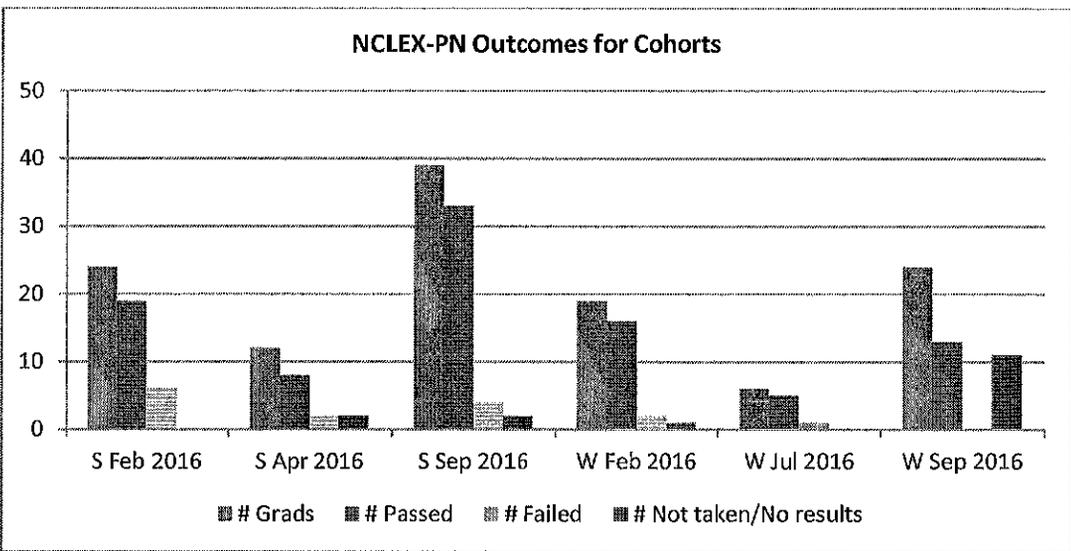


Figure 4. NCLEX-PN Outcomes for the 2016 cohorts. The S before the dates represents the results for the Springfield campus, the W for the Wilsonville campus. Note the percentage passing was not included due to the number of students for whom we have not received “official” results.

Information on the students who did not pass the NCLEX on the first attempt in 2016 is incomplete. Of the 11 Springfield students who did not pass, one was successful on the third attempt, and another was unsuccessful on the second attempt. For Wilsonville graduates, two failed on their first attempt and no re-take information is yet available; another failed after two attempts. The outcomes of further testing results are not available at this time.

Pioneer Pacific College’s Practical Nursing Program Directors and faculty continue to work diligently towards program improvement, ensuring that our students receive a quality education and that our graduates have met the outcomes and objectives of the Practical Nursing Program and that they are fully prepared to be successful on the NCLEX-PN.



Please let us know if you require further information.

Respectfully,

Carmen Angel, RN, MSN
PN Program Director
Pioneer Pacific College-Springfield Campus

Barbara Lew, RN, MSN, MPH
PN Program Director
Pioneer Pacific College- Wilsonville Campus & Beaverton Learning Center



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Memorandum

To: Oregon State Board of Nursing Members
From: Joy Ingwerson, MSN, RN, CNE
Policy Analyst, Nursing Education and Assessment
Date: January 19, 2017
Re: E8: NCLEX-PN® Improvement Plan – Sumner College

At the November, 2016 Board meeting, the NCLEX® pass rates for the two-year period ending September 30, 2016 were reviewed. Sumner College (Portland) has provided the required plan to address a two-year pass rate of 80.9% which does not meet the required 85% standard set in OAR 851-021-0025(3)(b). The program was impacted most strongly by low pass rates of the groups graduating in Summer 2015. Those candidates listing completion dates from March of 2016 through August of 2016 show a pass rate of 85%. Note that figures from NCLEX® Administration reports may not include all graduates from a graduating group, if testing was not completed within a particular quarter/year.

The nursing faculty have focused on ensuring required content is covered consistently and the application of consistent grading approaches since the last improvement report. Increasing expectations for students to be prepared for class has been implemented. Changes have also been made to admission testing and weighting of admission criteria. These changes would be expected to show an impact for future graduating cohorts.

More analysis is needed in specific areas of the test plan where weaknesses are seen on the aggregate reports from standardized tests. A detailed review of areas such as risk reduction, pharmacological therapies, and psychosocial integrity may reveal areas for curriculum revision. Looking at trends of those who are first-time passers against those who are unable to pass on the first attempt may guide curriculum adjustments.

The time between completion of the last course and taking the NCLEX-PN® is identified as an area of concern. Further exploration of solutions to decrease time to first attempt need to be explored. Continued analysis of grade distribution and a review of grade point averages as a comparator between those who pass and those who fail on the first attempt would be appropriate to evaluate the changes made to grading approaches.

Suggested Motion:

MSC that the NCLEX-PN® Improvement Plan from the Sumner College Nursing Program (be/not be) accepted as (presented/modified).



January 18, 2017

Joy Ingwerson, RN, MSN
 Nursing Education Consultant
 Oregon State Board of Nursing
 17938 SW Upper Boones Ferry Road
 Portland, OR 97224

RE: Follow-Up Report on NCLEX-PN® Pass Rate Improvement Plan

Dear Ms. Ingwerson

Attached is the requested follow-up NCLEX-PN® Pass Rate Improvement Plan due to the Oregon State Board of Nursing on January 18, 2017 addressing the Sumner College Practical Nursing Program NCLEX-PN pass rates.

As in previous discussions and Board meeting, the faculty continues to embark on seeking and implementing successful program improvement plans as a strategy to improve students' academic performances pass rates, as well as overall practical nursing national licensure exam.

The faculty continues to implement the comprehensive plan that was presented to the Board at the April 2016 Board hearing. We are pleased to report that internal data analysis from our previous plan is showing steady progress in our overall student term by term academic performance, which started from the plan implementation term that began in March 2016.

We are confident that this steady growth, progress, and improvement is beginning in recent first time NCLEX-PN® pass rates that improved from 78.79% (October 2015 to February 2016) to 81.18% in the September 2016 report.

The attached material presents a recap of our April 2016 findings from the analysis of our student academic performances, parts of the plan that have been implemented, new approaches and action plans going forward.

Please do not hesitate to contact me if you have questions or if you need additional information. As always, I welcome your feedback and suggestions.

Respectfully,

Linda Edwards-Davies, MN, BSN, RN
 Department Chair/Nurse Administrator



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Cc:
Joanna Russell, President Sumner College
Carlie Jones, Director of Operations
Bill Honeycutt, Director of Education

Enclosure:
Follow-Up Report NCLEX-PN® Pass Rate Improvement Plan
Sumner College Practical Nursing Program



January 18, 2017

Sumner College Practical Nursing Program:

Report to the Oregon State Board of Nursing in Response to NCLEX-PN® Pass Rates for Two Year Reporting Period (October 2015 – September 2016)

This report is in response to a NCLEX-PN® Pass Rate information in the reporting period of October 2015 to September 2016. When the test repeater data was summarized, the calculations showed that students achieved an 82.61% first time pass rate when 114 of the 138 graduates successfully passed the examination. While this is still below the OSBN standard of 85%, this pass rate represents a marked improvement from 78.79% shown in the past reporting period dates from October 2015 to February 2016.

Based on the examination results, the materials presented will provide a recap of our March 2016 findings and analysis of our student academic performance, specific parts of the plan that have been implemented, new approaches and action steps have been taken to strengthen the curriculum and improve the pass rates. This report is provided in two sections. Section I will focus on current improvement currently being implemented. Section II will focus on strategies implemented since Board hearing, but not included in the April 2016 report, as well as new approaches and action plans moving forward.

Section I:

April 2016 NCLEX-PN® Pass Rate Improvement Plan Focus: Summary

Cohort Comparison:

The two year NCLEX-PN® Pass Rate for the reporting period October 1, 2013 to September 30, 2015 was 83.2%. It was identified that this drop was significantly impacted by the January, 2014 – December, 2014 NCLEX-PN® pass rates; a year that reported a 79.8% pass rate.

A cohort performance comparison during the reporting period was conducted to determine program and or curriculum changes that may have impacted overall student performance and subsequently NCLEX-PN® Pass Rates.

1. **Admissions Criteria: Standardized Admissions Examination:** COMPASS Exam Analysis (October 1, 2013 – September 30, 2015) to determine any correlation between various components of the examination and those that failed or passed on the first NCLEX-PN. Results indicated minimal correlation. Below is a recap of the table presented in the April 2016 Board presentation.



Previous Report: Cohort Comparison Table

Cohort: 13 Start Date: 10/22/13 Grad Date: 11/25/14 Passed on the 1 st attempt (sample size 5 students) 1 st attempt	COMPASS Scores Average	Required to Retake Comprehensive Predictor
Student 1: Failed	84%	Yes
Student 2: Failed	74%	Yes
Student 3: Failed	61.3%	Yes
Student 4: Passed	91%	No
Student 5: Passed	75%	No

Cohort: 14 Start Date: 1/21/14 Grad Date: 2/24/15 Passed on the 1 st attempt (sample size 5 students) 1 st attempt	COMPASS Scores Average	Required to Retake Comprehensive Predictor
Student 1: Failed	71.2%	Yes
Student 2: Passed	85.5%	No
Student 3: Passed	74.5%	No
Student 4: Failed	70.4%	Yes
Student 5: Failed	59.3%	Yes

2. **Selected academic performance:** A review (grades) of students that did not pass on the first attempt. Results demonstrated that structural changes were needed and have since been implemented (**March 2016 Term Start**) in Anatomy and Physiology I, II, and III. The changes included syllabi revisions that reflected the inclusion of chapter lecture quizzes, assignments, correlating to the core nursing course work on the integrated adaptive learning resources PassPoint CAT.
3. **Curriculum Evaluation:** Evaluating all aspects of the curriculum including changes made during the reporting period/ Theory and Clinical Grades. The faculty determined that the course grades for those that failed on the first attempt during the reporting period directly correlated to several curriculum changes made during this time frame.

Implemented: While course syllabi had clearly stated course and learning objectives were congruent with the curriculum, the faculty has ensured that the delivery of didactic, skills performance laboratories, and clinical instruction directly aligns with the following:

- Course Objectives
- Learning Outcomes



- Grading Methods
 - Student Pre-Lecture/Lab Preparation
 - Use of Computerized Adaptive Testing (CAT) strategies
4. **Faculty Professional Growth:** Experiential learning in teaching, curriculum delivery and ongoing professional growth activities continues to be implemented and monitored by Human Resource.
 5. **NCLEX-PN Examination Preparation:** Syllabi revision was completed and initiated with cohort starting in March 2016 with 4.5 additional hours added Assessment Technology Institute (ATI) preparatory courses in Terms III, IV, and V.

Section II:

Current Plan - New Approaches and Action Steps

NCLEX-PN® Pass Rate Improvement Plan Implementation: Update

This section of the report represents the outcomes of the plans implemented and the continuing efforts implemented to promote successful outcomes. The two year NCLEX-PN® Pass Rate at Sumner College for the period beginning October 1, 2014 and ending September 30, 2016 was reported at 80.9%, below the standard of 85%. This drop was significantly impacted due to the October, 2015 – February, 2016 NCLEX-PN® pass rates; a period that reported a 76.92% pass rate with 26/20 first attempts. The section will summarize information related to the outcomes of current plan and new approaches and action steps.

Since the March 2016 preparation of the improvement plan and subsequent April 2016 Board meeting and the NCLEX-PN® Pass Rate Improvement Plan presentation for Board consent, the faculty has maintained close monitoring of the term academic performance of students. This include but is not limited to NCLEX-PN® examination preparation, and utilization of creative teaching and evaluation strategies as an outcome measure of success for the program.

It should also be noted that since March 2016 to August 2016, 17/17 students (100%) of those completing Term 5 from cohorts previous to March 2016, directly impacted by the faculty improvement plan via way of a constructive and detailed NCLEX study plan has passed the licensure exam on the first attempt.

The nursing academic committee and subcommittee remain dedicated to the plan for success and continues to maintain that the results compiled in March 2016 report accurately focused on areas that posed as contributing factors that impacted the NCLEX-PN® pass rates. Below are the listed five areas identified as needing improvement, outcome and results compiled thus far.

Current Plan and New Approaches and Action Steps

1. Admissions Criteria: Standardized Admissions Examination



The faculty remains dedicated to the admissions criteria process and continues to be diligent in ensuring that students admitted to the program are adequately prepared to meet the demands of a rigorous academic preparation.

It is also prudent to point out that during this reporting period, October, 2015 – February, 2016 was significantly impacted with multiple administrative changes as is reflected in the NCLEX-PN® pass rates; a period that reported a 76.92% pass rate with 26/20 first attempts. This included but not limited to a change in Program Administrative Assistant, faculty turnover at both campus locations, and subsequently a transition out of the Program Director. Concurrently, while a NCLEX-PN® Pass Rate Improvement Plan was in discussion and or being drafted post 2015 PN annual survey process, strategies had not been implemented and the program including the Program Director at the time was efficiently working to respond to survey recommendations and deficiencies noted in the June 2015 survey response.

Similar to the comparative analysis conducted in the April 2016 NCLEX-PN® Improvement Plan, the COMPASS Exam Analysis results for three cohorts enrolled during this timeframe, or would have been attempting the licensure examination shows minimal correlation between various components of the examination and those that failed or passed on the first NCLEX-PN®.

Table 1: Admissions Criteria & Predictor Pass Comparison

Cohort: 15 Start Date: 04.09.2014 Grad Date: 005.12.2015 Passed on the 1 st attempt (sample size 5 students) 1 st attempt	COMPASS Scores Average	Required to Retake Comprehensive Predictor
Student 1: Failed	70%	Yes
Student 2: Failed	68%	Yes
Student 3: Failed	70%	Yes
Student 4: Passed	69.3%	No
Student 5: Passed	88%	No

Cohort: 16 Start Date: 06.23.14 Grad Date: 07.29.2015 Passed on the 1 st attempt (sample size 5 students) 1 st attempt	COMPASS Scores Average	Required to Retake Comprehensive Predictor
Student 1: Failed	75.4%	Yes
Student 2: Failed	70%	Yes
Student 3: Failed	67.2%	Yes
Student 4: Passed	88.4%	Yes
Student 5: Passed	71.1%	Yes



Cohort: 17 Start Date: 09.09.2014 Grad Date: 10.09.2015 Passed on the 1 st attempt (sample size 5 students) 1 st attempt	COMPASS Scores Average	Required to Retake Comprehensive Predictor
Student 1: Failed	64.1%	Yes
Student 2: Passed	66%	No
Student 3: Passed	75.4%	No
Student 4: Failed	77%	Yes
Student 5: Failed	63%	No

With changes occurring in the phasing out of the COMPASS placement exam to be replaced by Accuplacer exam which requires a written component that must be completed and proctored on campus, the College made the decision in July of 2016 beginning with the new cohort enrollment to increase its admissions criteria examination percentage score and the correlating point value. We are confident this added measure provides for more academically qualified students. The college feels these changes will result in higher first time NCLEX pass rates.

Table 2: Admissions Criteria Change

Previous Point Value	Current Point Value
COMPASS: 62% or higher required	Accuplacer: 68% or higher now required
Essay Evaluation: Max 3 point value	Max 5 point value
References (contact name and number)	Letter of Recommendation (up to 4)

- 2. Academic Performance:** Selected academic performance review (grades) of students that did not pass on the first attempt.

The structural changes discussed in the March 2016 plan such as revision of lecture and lab preparation of students, grading method to now include quizzes, assignments, and integrated adaptive learning resources have been fully implemented beginning with the March 2016



cohort enrollment. The table and graph below provides a comparative analysis of the impact of strengthening the course delivery method in conjunction with integrating both formative and summative evaluation. Results from cohorts 24 and 25 sample depicts an improvement trend new approaches currently in place. An example of this would be the elimination of “grade fluffing” extra credit points and the implementation of consistency in NCLEX styled summative evaluations (exams, tests, quizzes) and formative evaluation (self-evaluations, discussions) methodologies which shows student outcomes from learned content.

Table 3(a): Biology & Fundamental of Nursing Series Performance Comparison

Previously Reported Data Summary Previous to March 2016	Current Data Summary NUR 101 – 103 BIO 131 - 133		Current Data Summary NUR 101 – 103 BIO 131 – 133	
	Cohort 24 NCLEX Improvement Plan		Cohort 25 NCLEX Improvement Plan	
Course Grades for Students with Unsuccessful 1st Attempt Cohorts 7 - 17 BIO 131 - 133				
Results from the academic grades reviewed indicate that that the lowest performance occurred in the BIO courses, with an average grade of a 'C'. Of the data outlined above, the BIO series included a total of 2 A's, 25 B's, 44 C's, and 32 D's.	NUR 101 – 103 Average Performances	BIO 131 – 133 Average Performances	NUR 101 – 102 Average Performance	BIO 131 – 132 Average Performances
	A = 0 B = 32 C = 44 D = 7 F = 1	A = 6 B = 23 C = 29 D = 7 F = 2	A = 32 B = 15 C = 10 D = 1 F = 1	A = 8 B = 16 C = 16 D = 3 F = 2

**Table 3(b): Current Data Summary – Cohorts 24 & 25
NUR 101 -103 (Fundamental of Nursing Series I, II, & III / BIO 131 -133 (Anatomy of Physiology Course Series)**

Selected content on student performance/grades redacted



Selected content on student performance/grades redacted

3. Curriculum Evaluation - Identified Gaps: Evaluating all aspects of the curriculum including changes made during the reporting period/ Theory and Clinical Grades.

All syllabi revisions completed and fully implemented to reflect congruency in identified components such as Course Objectives, Learning Outcomes, Grading Methods, Student Pre-Lecture/Lab Preparation, and use of Computerized Adaptive Testing (CAT) strategies, and delivery methods. Listed below are the courses and preliminary results that demonstrate improved student performance.

Lecture Courses:

- NUR 101 Fundamentals of Nursing I
- NUR 102 Fundamentals of Nursing II
- NUR 103 Fundamentals of Nursing III
- NUR 104 Fundamentals of Nursing IV
- NUR 124 Maternal and Pediatric Nursing
- NUR 190 Leadership



New Approaches and Action Steps:

- Lecture & Assessment Technology Institute (ATI) NLCEX Preparation Courses Revisions
- NCL 130 ATI Preparation I (Term 3)
- NCL 140 ATI Preparation II (New Term 4 Course – 3 Credit hours)
- NCL 150 NCLEX-PN ATI Preparation III (Term 5 Course – Increase from 1.5 to 3 Credit hours)

The following ATI textbook resources listed below are now being distributed in the correlating terms that aligns with courses being taken. Previous to March 2016, ATI textbook were not issued until students advanced to Term 3. The faculty identified this curriculum gap and corrective actions were promptly initiated.

Term 1: Aligns with Terms 1, 2 & 3 Coursework

- ATI Pharmacology
- Fundamentals of Nursing
- Medical Surgical Nursing
- Access to ATI skills and NurseLogic Modules

Term 4: Aligns with Terms 4 & 5 Coursework

- Maternal Newborn and Pediatric Nursing
- PN Leadership (for beginning preparation for Term 5)

The use of ATI Active Learning Templates are fully utilized for student remediation and Focused Reviews are based upon Individual Performance Profile and metrics generated by Proctored Tests, Assessments, and Skills. This was a major change made by the faculty. Previously, students were independently required to complete a self-directed review with limited guidance. Active Learning Templates utilization for remediation is conducted as a “ticket to class” strategy. Each student is required to fully complete the remediation tool and submit to instructors as a “ticket” or gateway to advance in the next test sequence.

Standard Examination and Skills Lab Performance Remediation:

The faculty continues with full implementation of skills identified on all Fundamentals of Nursing syllabi as outlined in the April 2016 Improvement plan.

New Approaches and Action Steps:

Missed/Absence Labs

- Mandatory lab make-ups are required to be completed for those with absences. Each missed skills performance lab is to be made up on the next available “open lab” day. There are four scheduled “open lab” days in each week. Prior to March 2016, skills lab

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absences required no follow-up of students performance aptitude in areas missed on instructional lab days.

- The faculty identified this concern as a major curriculum gap that impacted students' ability to apply theory to conceptual learning and application to practice or simulated patient scenarios.
- Students with missed lab attendance begin by signing up for "open lab", complete a remediation/open lab form which is then signed by the student, open lab instructor, and returned to the assigned course instructor upon completion.
- Eliminating possibility of grade inflation and "fluffed" extra credit points.
- Using new multiple choice exam grading resource provides faculty with tools for analysis and revision of exams.
 - The specific area identified is improved exam consistency and analysis.
- Evaluation of consistency of test items and curriculum by utilizing NCLEX test plan and test item blueprint to promote consistency in content delivery and student performance outcomes.
 - Specific areas identified by faculty for this consistent approach and action include test construction reflection of NCLEX test plan, test item analysis, and use of question bank as it allows for consistency in planning for test revisions.
- Lecture, skills lab performance coordination and weekly communication tool
- Development and launching of **Clinical Passport** that demonstrates evidence of student performance / completion of nursing procedure skills congruent with course syllabi.
 - Specific areas identified include consistency in completion of nursing skills.
 - Serves as evidence or "ticket" to begin clinical course as per program outline.

Analysis:

Tables 4 (a) through (c) below is reflective of student performance updates since the implementation on the NCLEX-PN Improvement plan (March 2016) reflected in this report. This report makes a direct comparison with the three cohorts preceding June 2016.

Table 4(a): Comparative Data Cohort/Student Performance – Fundamentals of Nursing I



Course	NUR 101				
Cohort	21	22	23	24	25
	88%	75%	91%	72%	90%
	94%	90%	94%	70%	78%
	93%	76%	86%	82%	96%
	95%	82%	100%	76%	96%
	75%	93%	100%	79%	79%
	94%	75%	93%	80%	77%
	92%	83%	88%	74%	95%
	90%	80%	81%	85%	89%

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	88%	84%	93%	85%	70%
	85%	80%	98%	83%	93%
	68%	82%	97%	72%	85%
	90%	81%	96%	79%	91%
	95%	94%	91%	75%	92%
	91%	77%	89%	75%	87%
		85%	99%	77%	92%
		86%	96%	71%	83%
		80%	99%	85%	91%
		80%	93%	52%	77%
		94%	98%	80%	96%
		90%	87%	83%	85%
		83%	94%	82%	93%
		84%	97%	83%	92%
		86%	93%	81%	89%
		88%	93%	66%	92%
		75%	95%	72%	98%
		76%	98%	78%	87%
		88%	99%	81%	82%
		81%	76%	76%	61%
		80%	84%	80%	84%
		71%	89%	83%	
		86%		82%	
		88%		83%	
		85%		81%	
		91%		66%	
				72%	
				78%	
				81%	
				76%	
				80%	
				86%	
Cohort Average	88%	83%	93%	78%	87%

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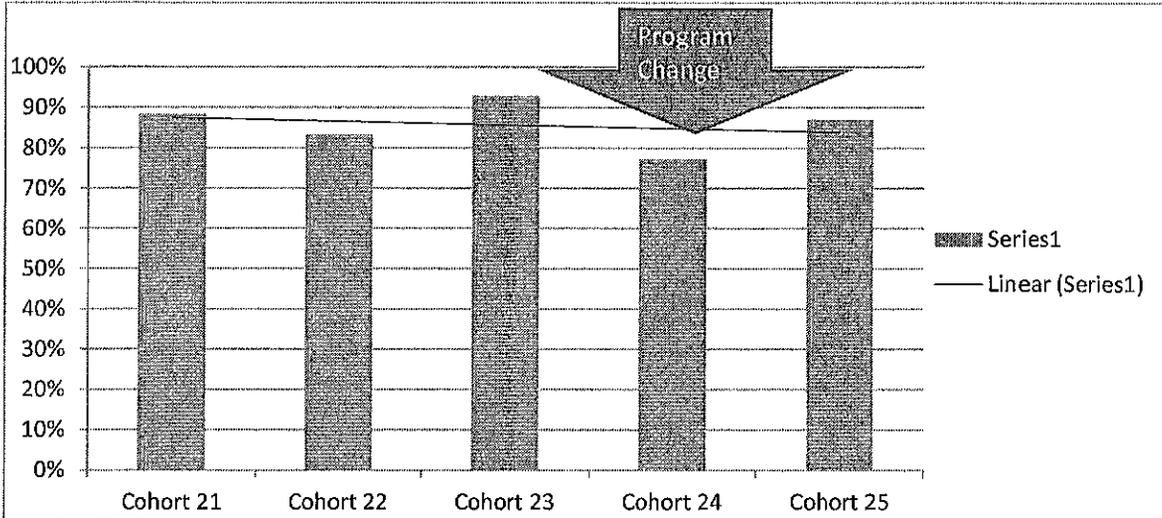
Table 4(b): Comparative Data Cohort/Student Performance -Fundamentals of Nursing II



Course	NUR 102				
Cohort	21	22	23	24	25
	91%	80%	89%	73%	94%
	93%	101%	100%	81%	86%
	85%	94%	95%	74%	97%
	86%	91%	91%	78%	94%
	91%	90%	86%	71%	75%
	82%	95%	94%	77%	95%
	80%	97%	92%	64%	77%
	86%	87%	92%	75%	96%
	70%	98%	100%	84%	93%
	64%	100%	92%	83%	96%
	71%	95%	87%	77%	90%
	87%	95%	95%	71%	94%
	94%	99%	98%	76%	97%
	90%	85%	94%	78%	89%
		96%	93%	72%	89%
		97%	90%	76%	95%
		94%	93%	67%	95%
		95%	99%	86%	85%
		95%	92%	81%	98%
		94%	94%	81%	101%
		92%	100%	85%	96%
		93%	99%	88%	95%
		95%	95%	69%	84%
		94%	79%	75%	99%
		92%	99%	73%	90%
		98%	84%	74%	80%
		80%	87%	88%	71%
			79%		
Cohort Average		93%	93%	77%	91%



Table 4(c): Graph of Comparative Data Cohort/Student Performance



Data Analysis:

Comparative data retrieved from Sumner College reporting period of July 1st 2015 – April 30, 2016 indicated that out of 75 students that completed the program, 40 had attempted the NCLEX-PN licensure test. The first attempt performances of these students from cohorts 15, 16, and 17 is depicted in the report that showed a drop in the PN pass rate. It should also be noted that 35 (46.67%) had not completed the exit testing requirement as of the April 2016 report. This delay in completing exit requirement is posing a major impact in overall NCLEX-PN licensure pass rate, as students have been out of the academic setting for extended amount of time.

As part of the new approaches in identifying significant knowledge gap due to delay in program completion and NCLEX-PN licensure testing identified by the faculty analysis, the College is collaborating with Assessment Technology Institute to help improve student chances of passing. The ATI NCLEX-PN with ATI’s Comprehensive Live Review is a program that the faculty has identified as a beneficial comprehensive preparation for cohorts discussed in the reports. This program will be led by a Master’s Degree nurse educator who will cover all subject areas on the NCLEX-PN during three campus day eight hour sessions.

Students who complete an ATI Live Review have a substantially higher NCLEX-PN pass rate. Our student service department has begun the process of coordinating students interested in participating to ensure a fully attended session. ATI has requested a minimum of 15 students in attendance to schedule these Live Review sessions.



The faculty is confident that this additional approach will ensure that cohorts identified in the report will be provided with the academic support needed to be successful in passing the NCLEX.

4. Experiential Preparation – Mentoring: Faculty Experience and ongoing Professional Growth Activities.

New and current faculty continues to be fully emerge in the academic preparation of the students. As part of the professional growth requirement stated in the April 2016 plan, faculty submits completion certificate of active teaching strategies that are not only beneficial to students learning, but also aligns with the teaching assignment.

New Approaches and Action Steps:

The College recognized that faculty and in particular nurse educator retention has a strong correlation on the consistency of curriculum delivery and student learning needs and performance outcomes. For nurses interested in sharing their clinical expertise, teaching can be an enriched and rewarding experience and pursuit for nurses.

The College recognizes that transition from clinical practice to a nurse educator specialty can pose some challenges and barriers as nurses seek to gain a firm understanding about a College system, philosophy, vision, mission, and the demands of teaching pre-licensure nursing programs. With this forward thinking strategy to recruiting and retaining educators, the College embarked on structural changes to the faculty new hire process to include a structured orientation and mentoring process. A nurse educator has been recruited to spearhead this change by reviewing the current hiring, training, and support of new nurse faculty teaching across the curriculum.

5. NCLEX-PN Preparation: Comparing cohort Assessment Technology Institute (ATI) Results.

Current data from cohorts directly impacted by the changes reflected above shows a marked improvement in NCLEX-PN specialty course performance. The Table “1” from the previous April 2016 plan is listed below, as well as Table 5 that shows a remarkable improvement.



Table 1 – Previously Reported Data

Assessment	Cohort 7-18 Average	Cohort 7-18 Average	Parkway < Level 1				Cascade < Level 1			
			< Level 1	≥ Level 2	11	13	15	17	12	14
PN Fundamentals	7.18%	62.9%	0%	3.0%	4.5%	3.8%	4.2%	25.0%		8.0%
PN Adult Medical Surgical	28.00%	38.2%	4.3%	19.4%	18.2%	23.1%	50.0%	44.0%		37.5%
PN Pharmacology	32.68%	35.2%	12.5%	30.3%	18.2%	53.8%	39.1%		56.5%	40.0%
PN Maternal Newborn	44.25%	8.6%	33.3%	40.6%	45.5%	26.9%	70.8%	70.8%		22.7%
PN Nursing Care of Children	42.61%	21.0%	20.8%	27.3%	36.4%	65.4%	58.3%	41.7%		52.2%
PN Management	30.50%	33.0%	4.2%	20.6%	18.4%	26.9%	50.0%	45.4%	26.1%	23.1%
PN Mental Health	12.50%	42.0%	8.3%	9.4%	4.5%	18.5%	17.4%	16.7%		12.5%
Comprehensive Predictor Data is only from cohort 13 forward	22.66%			34.4%	13.0%	38.5%		8.3%	13.0%	NA
NCLEX-PN Pass rates on 1 st attempt	86.8% (11-15 only)		82.6%	88.0%	100%		80.9%	67.6%		

Table 1: Some data is not complete as ATI data was not available.

Table 5: Cohorts 22, 23, 24 ATI Assessment Data Sample

Comparison of Cohorts 22, 23, 24 for Term 4 Practice Assessments										
Cohort	Assessment	Assessment ID	Batch ID	Class ID	Institution ID	%	Test Date	Group Size		
24	PN Pharmacology Online Practice 2014 B - 9138704	106112	[REDACTED]	[REDACTED]	[REDACTED]	89%	11/9/2016	26		
23	PN Pharmacology Online Practice 2014 B - 8860688	106112	[REDACTED]	[REDACTED]	[REDACTED]	94%	9/14/2016	26		
22	PN Pharmacology Online Practice 2014 B - 8635704	106112	[REDACTED]	[REDACTED]	[REDACTED]	89%	7/10/2016	5		
24	PN Adult Medical Surgical Online Practice 2014 A - 9138688	105460	[REDACTED]	[REDACTED]	[REDACTED]	88%	11/23/2016	26		
23	PN Adult Medical Surgical Online Practice 2014 A - 8860672	105460	[REDACTED]	[REDACTED]	[REDACTED]	92%	9/22/2016	24		
22	PN Adult Medical Surgical Online Practice 2014 A - 8635688	105460	[REDACTED]	[REDACTED]	[REDACTED]	94%	7/8/2016	17		
24	PN Adult Medical Surgical Online Practice 2014 B - 9138689	105461	[REDACTED]	[REDACTED]	[REDACTED]	84%	11/30/2016	25		
23	PN Adult Medical Surgical Online Practice 2014 B - 8860673	105461	[REDACTED]	[REDACTED]	[REDACTED]	92%	10/7/2016	26		
22	PN Adult Medical Surgical Online Practice 2014 B - 8635689	105461	[REDACTED]	[REDACTED]	[REDACTED]	91%	7/18/2016	29		
24	PN Mental Health Online Practice 2014 B - 9138698	106313	[REDACTED]	[REDACTED]	[REDACTED]	88%	12/16/2016	24		
23	PN Mental Health Online Practice 2014 B - 8860682	106313	[REDACTED]	[REDACTED]	[REDACTED]	92%	9/26/2016	27		
22	PN Mental Health Online Practice 2014 B - 8635698	106313	[REDACTED]	[REDACTED]	[REDACTED]	92%	7/11/2016	30		
24	PN Management Online Practice 2014 B - 9138701	105898	[REDACTED]	[REDACTED]	[REDACTED]	88%	12/5/2016	25		
23	PN Management Online Practice 2014 B - 8860685	105898	[REDACTED]	[REDACTED]	[REDACTED]	95%	10/12/2016	27		
22	PN Management Online Practice 2014 B - 8635701	105898	[REDACTED]	[REDACTED]	[REDACTED]	89%	7/25/2016	29		

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24	PN Maternal Newborn Online Practice 2014 B - 9138695	105895	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	71%	1/4/2017	21
23	PN Maternal Newborn Online Practice 2014 B - 8860679	105895	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	94%	10/20/2016	26
22	PN Maternal Newborn Online Practice 2014 B - 8635695	105895	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	93%	8/1/2016	28
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
23	PN Nursing Care of Children Online Practice 2014 B - 8860676	106553	8860676	49762	6627	[REDACTED]	[REDACTED]	92%	10/25/2016	26
22	PN Nursing Care of Children Online Practice 2014 B - 8635692	106553	8635692	47338	6627	[REDACTED]	[REDACTED]	90%	8/8/2016	29



Table 5: Sample Weekly Didactic, Skills Performance, Clinical Communication Tool

<p>Nursing Programs</p> <p><u>Weekly Update from Didactic Instructor</u></p> <p>Didactic Course - NUR – Week</p> <p>Course Instructors:</p> <p>Associated with Clinical Course - NUR 118</p> <p>Course content covered this week:</p> <p>This week's content was geared toward identifying stress / stressors / and ways that we adapt. It would be helpful to ask students about current stressors that they are experiencing, and methods that they are using to adapt to these stressors. They should consider the stressors that their assigned patient may be experiencing while institutionalized. Perhaps ask them to include a psychosocial NANDA in their care plan that would address stress related issues for their next pathophysiology packet!</p> <p>Skills covered in Lab this week:</p> <p><i>Use this section to discuss lab skills that have been introduced, are in progress, or evaluated in skills exams during the week. Indicate students who may be being held back from performing specific skills in the clinical setting for remediation. Provide clinical instructors with resources for skills and/or checklists to ensure continuity in student performance</i></p> <p>No new skills "hands-on" skills were introduced this week. We did some role playing with regard to "new admission" stressors in a scenario situation for an elderly client being placed in a long term care setting. The students were asked to identify issues that the patient may be experiencing (playing the patient), as well as Nursing History interview techniques to assess for stress, a nursing diagnosis, outcomes, and interventions that might be appropriate (playing the nurse). This "therapeutic communication" builds on what the students have been introduced to in prior chapters. It may be helpful to have them reflect on their experiences and observations in clinical, by writing to this topic in their weekly journal / therapeutic communication paper. They could consider this from their own stress or that of their patients ☺</p> <p>Upcoming for next week:</p> <p>Next week we have no classes due to the Thanksgiving holiday!</p> <p>Additional Concerns and Comments:</p> <p>The week following... we will be tackling Perioperative Nursing! I'll update you further then!</p> <p>I hope you all enjoy a wonderful Thanksgiving!</p>
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Plan of Action: Current and New Approaches

Data Analyzed	Plan of Action	Implementation	Expected Results
1. Admissions Criteria	1. Faculty to monitor correlation between Admissions testing and Comprehensive Predictor testing. New Accuplacer Admissions Test with written component	1. Quarterly Data Analysis of testing scores.	1. Correlation between testing and predictor attempts.
2. Academic Performance of Passers and Failers – First attempt.	2. Term to term tracking of academic performance <i>November 2016 (Fall)</i> <i>New Approach – Consistent Use of Progress Reports</i>	2. These Plan of Actions will begin effective spring term (March 23 rd , 2016).	2. Improved academic performance and improvement in NCLEX pass rate. Same as above
3. Curriculum Evaluation: Curriculum Evaluation The faculty analysis of current curriculum indicates a gap in curriculum content evident in previous syllabi revisions that restricted faculty ability to assess students' conceptual learning.	3. Syllabi revisions for core Nursing Fundamentals courses completed to include Pre-Lecture Quizzes, integrative case studies and discussion topics that enhances student learning outcomes. A. NCLEX-PN PassPoint CAT testing and learning resource. B. Scheduled "Open Labs" to accommodate absences and remediation. C. Grading method revisions that promotes test taking and	3. Ongoing	3. Improvement academic term/term performance. Students will demonstrate competencies in CAT meeting standard progression from basic to mastery as determined by course requirement. Students will utilize scheduled "Open Lab" to complete remediation as designated by faculty. ATI assessment

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<p>4. Faculty Professional Development</p>	<p>additional learning competencies. D. Full implementation of ATI learning and testing resources.</p> <p><i>New Approach – Consistent Use learning, remediation, and communication templates. Consistency in formative and summative evaluation, use of test development and analysis.</i></p> <p>ATI Campus Based Live Review Comprehensive NCLEX-PN Preparation</p> <p>4. Monthly Professional Development Activities</p>	<p>Ongoing</p> <p>4. Ongoing</p>	<p>Same as above</p> <p>4. Professional Growth activities that reflect teaching assignments</p>
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