



# New RN & LPN Scope and Standards of Practice

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# Objectives

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- Enhance understanding of the Board's mission.
- Identify changes in RN & LPN scopes & standards of practice.
- Identify changes in mandatory reporting requirements.
- Identify changes in standards related to conduct derogatory to the practice of nursing.
- Identify changes in civil penalties.

# Mission Statement

- The Oregon State Board of Nursing safeguards the public's health and well-being by providing guidance for, and regulation of, entry into the profession, nursing education and continuing safe practice.



# What Is the Role of the Board of Nursing?

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- Public protection.
  - Determines requirements for licensure.
  - Sets standards and scope of practice.
  - Provides scope guidance for nurses and nursing assistants.
  - Identifies inappropriate conduct and performance & takes disciplinary action regarding licensure.
  - Approves nursing programs.
  - Proposes legislative concepts.
  - Influences public policy through testimony & public hearings.
  - Establishes public policy on nursing regulatory issues.

# What the Board Doesn't Do

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- Serve as a membership organization for nurses.
- Regulate conditions of employment.
- Regulate practice settings.
- Independently change the Oregon Revised Statutes.
- Make or change regulations without a public process.

# What is Scope of Practice?

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- All of the activities in which a nurse may engage at his/her level of licensure.
- Each nurse has an *individual scope* within broader scope.
- Individual scope determined by in-service education, continuing education, practice experience, etc.





# What is in Division 45?

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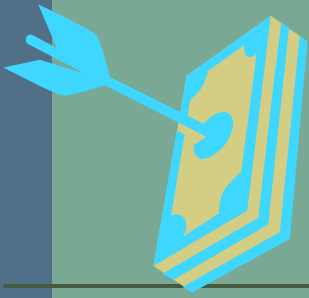
- Scope of Practice for the RN and LPN.
- Standards of Practice for the RN and LPN.
- Conduct Derogatory to the Standards of Nursing.
- Denial of Licensure standards.
- Mandatory Reporting standards.



# Scope of Practice Rule Revision

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- Board staff traveled around state spring 2005 to ask nurses questions about scope of practice.
- LPN Roundtable Discussions Jan./Feb. 2006
- Task force work began June 2006
- First reading of rules at Nov. 15, 2007 Board meeting.
- Rules adopted at June 12, 2008 Board meeting and in effect as of June 24, 2008.



# Goals for Rule Revision

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- Broaden to be more inclusive of varied practice settings.
- Improve flow and readability.
- Increase clarity, particularly about differences between RN and LPN practice.
- Make more current by adding language on technology, professional boundaries, using evidence for practice, etc.

# New Structure for Rules

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- Developed domains of nursing practice.
  - Section for all licensed nurses (RNs and LPNs) if all elements in domain are the same.
  - Separate RN and LPN sections if any elements in the domain differ.



# Domains of Nursing Practice

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- Nursing Practice Implementation
- Collaboration with an Interdisciplinary Team
- Leadership
- Quality of Care
- Health Promotion
- Cultural Sensitivity
- Patient Advocacy
- Environment of Care
- Ethics, including Professional Accountability and Competence
- Nursing Technology
- Assigning & Supervising
- Delegating & Supervising
- Accepting, Implementing Orders for Client Care/Treatment

# Definitions

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- Deleted:
  - Activities of Daily Living
  - Assessment
  - Critical/fluctuating Condition
  - Direct Supervision
  - Minimal Supervision
  - Nursing Diagnosis
  - Stable/Predictable Condition
  - Nursing Evaluation of Care



# Definitions (cont'd.)

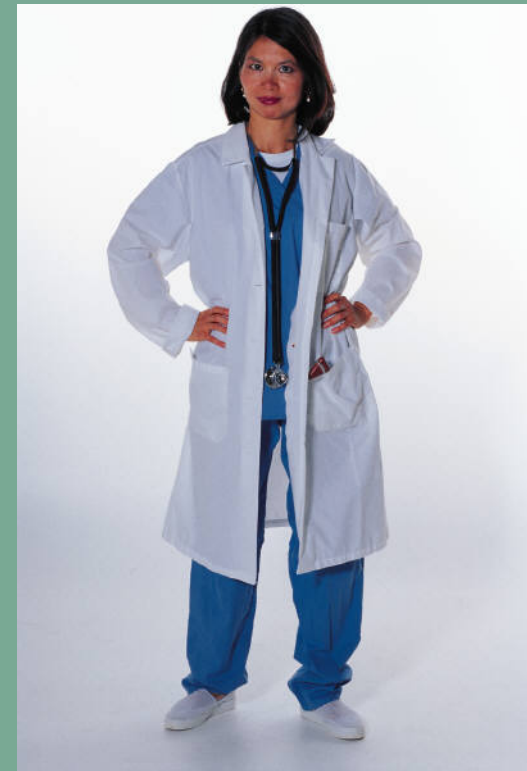
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- Changed:
  - Assignment
  - Delegation
  - Nursing Interventions
  - Nursing Orders



# Definitions (cont'd.)

- Added:
  - Client
  - Comprehensive Assessment
  - Focused Assessment
  - Clinical Supervision
  - Context of Care
  - Health Education
  - Licensed Nurse
  - Nursing Diagnostic Statements
  - Person-centered Care
  - Professional Boundaries
  - Supervision
  - Tasks of Nursing Care





# All Licensed Nurses

## ■ Patient Advocacy

- Expanded language to include concepts around person-centered care and end-of-life care. Also language regarding right to engage in or refuse to engage in research.

## ■ Environment of Care

- Promote environment conducive to safety and comfort for all levels of care including self-care and end-of-life care.

# All Licensed Nurses (cont'd.)

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- Ethics, including Professional Accountability and Competence
  - Honesty and integrity in nursing practice language added.
  - Professional boundaries added.
- Nursing Technology
  - New concepts about acquiring and maintaining knowledge, skills and abilities for informatics and technologies used in nursing practice settings.

# All Licensed Nurses (cont'd.)

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- Assign & Supervise Care
  - Assign tasks of nursing that fall within scope of practice or authorized duties.
  - Supervise by monitoring performance, progress and outcomes.
  - Match client needs with available, qualified personnel, resources, and supervision needed.
  - Follow-up as needed.

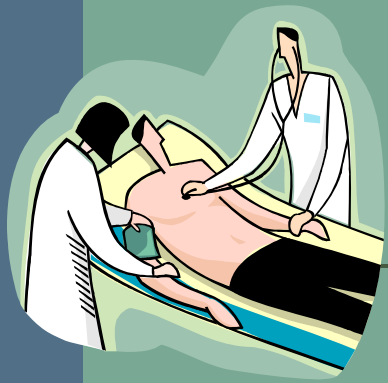


# All Licensed Nurses (cont'd.)

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- Accepting, Implementing Orders for Client Care/Treatment
  - Pre-existing language was largely used. RN and LPN sections merged.
  - Clarifying language regarding CRNAs and PAs added.
  - Some language removed and placed in policy.





# RN & LPN Differences

## ■ Nursing Practice Implementation

- LPNs' practice remains under clinical direction of RN or other licensed provider who has authority to make changes in plan of care, but language linking level of supervision of LPN to client acuity removed.
- LPNs perform initial and ongoing focused assessments. RNs perform initial and ongoing comprehensive and focused assessments.

# RN & LPN Differences (cont'd.)

- Nursing Practice Implementation
  - RNs establish nursing diagnostic statements; LPNs select them from available resources.
  - RN develops plan of care; LPN contributes to development.
  - Both responsible for implementation and evaluation.



# RN & LPN Differences (cont'd.)

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- Collaboration with an Interdisciplinary Team
  - Very similar; RN has additional language about ensuring follow-up on referrals.



# RN & LPN Differences (cont'd.)

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- Leadership (includes Policy)
  - RN formulates, interprets, implements, evaluates policies, protocols, etc. LPN contributes to this.
  - RN assumes responsibility for development and mentoring of other staff. LPN assists.
  - RN uses evidence to identify needed changes in practice; LPN identifies changes in client or practice environment that may require policy change.



# RN & LPN Differences (cont'd.)

- Delegation (RN only)
  - Delegates to other OR licensed nurses and CNAs/CMAs tasks of nursing that may not be within normal duties, but are always within scope/authorized duties.
  - May delegate to Unlicensed Assistive Personnel (UAPs).
  - May delegate tasks, but not nursing process.
  - Delegates only within scope.
  - Maintains responsibility for delegation based on professional judgment.
  - Considers competence, training, experience and facility policies when delegating.
  - Matches client needs with available, qualified personnel, resources & supervision.
  - May not delegate IV insertion or removal or IV meds.
  - Delegation in CBC settings remains the same.

# RN & LPN Differences (cont'd.)

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- Quality of Care

- Standards largely the same, but RN measures outcomes of nursing care and LPN participates in this.



# RN & LPN Differences (cont'd.)

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## ■ Health Promotion

- RN develops and implements evidence-based health education plans; LPN selects or implements them.
- Both RN and LPN responsible for evaluation of outcomes.



# RN & LPN Differences (cont'd.)

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- Cultural Sensitivity

- RN applies a broad knowledge of cultural differences; LPN applies a basic knowledge.





# Conduct Derogatory

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- Language Changed or Added:
  - Failing to complete a nursing assignment.
  - Attempting to engage in sexual contact with a client.
  - Failing to maintain professional boundaries.
  - Abuse definition expanded.
  - Sexual preference language changed to sexual orientation.
  - Health problems changed to health needs.
  - Failing to report actual/suspected child/elder abuse.
  - Methadone language expanded to include other medications.
  - Language added regarding advanced practice nursing.

# Mandatory Reporting

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- Language added to require nurses to report knowledge of a nurse being arrested for a crime which relates adversely to the practice of nursing or the ability to safely practice nursing.





# Civil Penalties

- Several increases adopted:
  - Practicing nursing without a current license (from \$100/30 days to \$50/day).
  - Conduct derogatory to the standards of nursing (\$1,000).
  - Violation of disciplinary sanction (\$1,000 -\$5,000).
  - Employing person without valid license (\$5,000).
  - Employing nurse without procedure in place for checking licensure status (\$5,000).
  - Supplying false information to the Board (\$5,000).

# New Key Policies to Be Aware Of

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- Authority to Accept and Implement Orders for Client Care and Treatment
- The Relationship between Data Collection by Unlicensed Assistive Personnel and Nursing Assessment
- Licensed Nurse Supervision in Settings other than Community-based Care
- Registered Nurse (RN) Delegation in Settings other than Community-based Care

*All policies found on website under “Board Policies”*

# Other OSBN Information

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- On-line web info at [www.oregon.gov/OSBN](http://www.oregon.gov/OSBN)
  - Board Policies.
  - Nurse Practice Act.
  - Links to helpful sites.
  - Current topics.
  - Licensing information (on-line renewal now available).
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