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## OSBN Board Members

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**Janet Wright, RN**  
La Grande, OR  
*March 25, 2003–March 24, 2006\**

*\* Serving 1st term/eligible for reappointment*

**Joan C. Bouchard, RN, MSN**  
Executive Director

## Continuing Education in Pain Management to be Required

Inadequate pain relief is a recognized public health problem in Oregon and across the nation. It has been the subject of numerous articles in health journals, the focus of local and national organizations, and widely discussed in health facilities and schools of medicine and nursing.

The inadequate management of pain also was the impetus behind Senate Bill 885, passed in the 2001 Legislative Session, that created the Oregon Pain Management Commission within the Department of Human Services. The Commission consists of 19 members, representing many health disciplines, as well as patients and members of the public. It is charged with developing an education program curriculum for healthcare professionals about pain management, and providing that curriculum to health licensing boards.

The bill also mandated a new pain management continuing education (CE) requirement tied to healthcare provider's license renewals. For nurses in Oregon, this means that all nurses must complete seven hours of CE related to pain management to renew their license.

"It's a one-time only requirement," clarifies OSBN Executive Director Joan Bouchard, RN, MSN. "Although

the Board always encourages nurses to participate in professional development activities, once they achieve their seven hours of CE, nurses don't have to take any more pain management courses for licensing purposes."

The timeframe surrounding the CE requirement is a bit confusing. Nurses have two years *before or after* the effective date of 1-2-06 to meet the CE requirement. Meaning, nurses could start accumulating their seven hours of pain management CE as of 1-1-04. Another element of the

*Pain is a nursing diagnosis and as such, nurses have primary responsibility for its assessment and management.*

—OSBN Pain Management Statement

requirement is that anyone renewing their nursing license in the two years after

the effective date has two years *from the date of their renewal* to obtain the required seven hours of CE. (*See illustration on page 2.*) "Conceivably, someone who renews in August 2007 would have until August 2009 to obtain the required continuing education," says Bouchard. "So, nurses can start now and get it done before the requirement kicks in, or wait until their next renewal cycle and do it then."

So far, the Commission has established curriculum guidelines for physi-

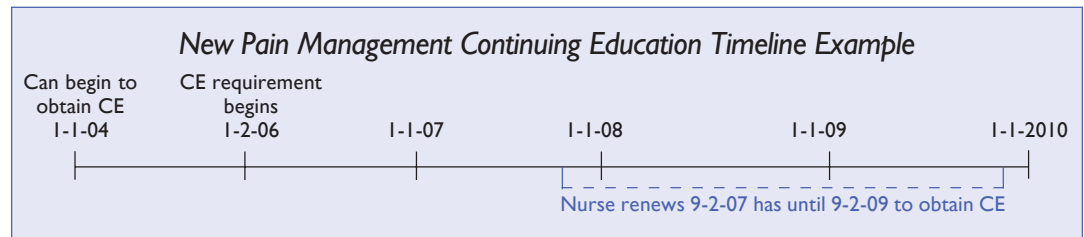
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# Pain Management Continuing Education

*Continued from page 1*

cians and surgeons and has directed other health professional licensing boards to adopt or modify those guidelines to meet the needs of their own licensees. The Oregon State Board of Nursing is continuing to examine possibilities for pain management CE, but has approved some guidelines for nurses wanting to start accumulating CE hours now.

“Currently, the Board of Nursing will accept CE coursework that is indicated as being approved or accredited for Continuing Nursing Education (CNE) or Continuing Medical Education (CME),” Bouchard says. A variety of accrediting bodies offer CNE or CME courses, including the Accreditation Council on Continuing Medical Education, professional nursing organizations, state boards of nursing, professional specialty organizations such as the Oncology Nursing Society, and universities and hospitals.



The OSBN has approved topical guidelines for the pain management curriculum. The coursework must include such topics as general pain management and the treatment of terminally ill and dying patients. Coursework also could include specialty topics such as intractable pain and its diagnosis, pharmacotherapeutics, opioids and non-opioid analgesia, palliative care, end-of-life care, non-pharmacologic interventions (such as guided imagery), and pain management related to special populations (such as pediatric, geriatric or obstetric patients). Other specialty topics could include the psychosocial treatments and consequences of pain, prescribing practices and regulations, communication related to

pain, and legal and ethical issues.

This type of continuing education will satisfy six out of the seven hours required. The Pain Management Commission will unveil its own course in December 2004 that will fulfill the remaining hour of required CE.

These CE topic guidelines are posted on the OSBN website (click on Current Topics or Licensing) along with links to possible CE sources on the internet. Watch the OSBN website for more CE details as they become available. To track licensees' pain management CE, the OSBN will integrate an attestation feature into its paper and online renewal processes by spring 2005.

## Pain Management Position Statement Adopted

In addition to the continuing education requirement, the Oregon State Board of Nursing adopted a new position statement on pain management in June. The statement is intended to serve as guidance for nurses as they deal with issues of pain relief.

“One of the most common fears among nurses regarding pain relief is the possibility of creating addiction in their patients,” says OSBN Executive Director Joan Bouchard, RN, MSN. “The result is that they may tend to under-medicate. One of the intents behind this statement is to reassure nurses that by following these guidelines, they should not fear disciplinary

action from the Board for appropriately administering pain control medication.”

The statement contains sections on nursing principles and guidelines of pain management, and legal authority. It also includes a separate section for advanced practice nurses covering items such as informed consent, treatment plans, consultation and medical records.

The statement is the result of work by OSBN board members and staff, as well as outside consultants in the field of pain management. “I’m grateful for



Wagner

the time and effort everyone spent to develop this statement and for the expertise and knowledge they provided,” said OSBN Board Member Jennifer Wagner, LPN, Executive Director of the Pain Society of Oregon.

### Need a New Focus for your Nursing Skills?

The Oregon State Board of Nursing is seeking two new Nurse Investigator/Advisors. Check our website at [www.oregon.gov/OSBN](http://www.oregon.gov/OSBN) for a job description and details on how to apply.

# OSBN Pain Management Position Statement

Inadequate pain relief is a serious public health problem in the United States. Factors that can contribute to the frequency of inadequately managed pain include: a lack of knowledge of medical standards; the perception that prescribing adequate amounts of controlled substances will result in scrutiny by regulatory agencies; a misunderstanding of addiction and dependence; and, unfamiliarity with regulatory processes. All health care providers who treat patients in pain (regardless of whether the pain is acute or chronic, or a result of terminal illness or non-life-threatening injury or disease) should become knowledgeable about effective methods of pain treatment.

The mission of the Oregon State Board of Nursing (OSBN) is to safeguard the public's health and wellbeing by providing guidance for, and regulation of, entry into the profession, nursing education, and continuing safe practice. With this in mind, a balanced approach to pain management is required; one that addresses the potential for abuse without keeping patients from getting the care they need and deserve. Therefore, the OSBN adopts this statement to help assure health care providers, patients and their families that it is the policy of this Board to support, encourage, and expect competent comprehensive care for the treatment of pain.

Pain is a nursing diagnosis and as such, nurses have primary responsibility for its assessment and management. The nurse is often the healthcare professional most involved in on-going pain assessment, implementing the prescribed pain management plan, evaluating the person's response to such interventions and adjusting medication levels based on the person's

response. Pain is multifactorial and therefore the management of pain may include the use of both pharmacologic and non-pharmacologic modalities. A person's self-report of pain is the optimal standard upon which all pain management interventions are based.

The management of pain must be a priority for nurses and all others who provide care to persons in pain. This statement is intended to:

1. Balance the need for adequate pain management with the OSBN's mission to protect against the inappropriate administration and prescription of pain medication (opioid diversion and abuse).
2. Promote the optimal level of nursing practice in pain management;
3. Establish a framework leading to sound clinical judgment in managing acute, chronic, and end-of-life pain, and;
4. Reassure nurses that by following these guidelines, they should not fear disciplinary action from the OSBN for appropriately administering medication to control pain for a legitimate medical purpose and in the usual course of professional practice.

## Section 1. Nursing Principles of Pain Management

- All persons who are experiencing pain have the right to have their pain relieved to the greatest extent possible.
- A person's self-report of pain is the optimal standard upon which all pain management interventions are based.
- A comprehensive nursing assessment includes the subjective description of pain, objective data, and the identified need for psychosocial/spiritual support.

- Fear of addiction to opioids and other pain medications should not be a barrier to pain management. Nurses recognize and apply the following concepts in the provision of care:
  - o Tolerance and physical dependence are consequences of sustained use of opioid analgesics and are not synonymous with addiction.
  - o Pseudoaddiction is a pattern of drug-seeking behavior by persons with pain who are fearful of receiving inadequate pain management. These behaviors may be mistaken for addiction.
- Continuity of care within and across health care settings is essential to effective pain management.
- Persons with a history of substance abuse have the right to adequate pain relief, even if opioids must be used. Such persons may require specialized care, treatment and a referral to an appropriate healthcare professional.
- An interdisciplinary approach to pain management is optimal.
- Pain management continues even if the person becomes unresponsive.

## Section 2: Nursing Guidelines of Pain Management

Nurses are responsible for maintaining the knowledge and skills necessary to coordinate optimal pain management. The nursing functions of appropriate pain management include:

- Ensuring the person or their legal representative actively participates in the treatment plan and understands the options available for pain relief and potential side effects.
- Educating persons and their families in a culturally competent manner regarding pain management.

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# Pain Management Position Statement *(continued)*

- Using a standardized scale, to periodically assess and document a person's pain in accordance with institutional policies and procedures.
- Developing and implementing a plan of care that prevents and alleviates pain as much as possible.
- Administering medications and treatment as prescribed, using knowledge to maintain both safety and pain relief.
- Initiating non-pharmacological nursing interventions as indicated.
- Serving as an advocate to assure effective pain management.
- Communicating side effects or any reports of unrelieved pain to the prescriber and to appropriate team members.
- Documenting pain assessment, intervention, evaluation and ongoing changes to the plan of care in a clear and concise manner.

## *Section 3: Legal Authority (with reference to RNs & LPNs)*

Consistent with the licensee's scope of practice, the RN or LPN is accountable for implementing the pain management plan utilizing his/her knowledge base and documented assessment of the person's needs. The nurse has the authority to adjust medication levels within the dosage and frequency ranges stipulated by the prescriber and according to the institutions established procedures. When pain is not controlled under the currently prescribed treatment plan, the nurse is responsible for reporting such findings to the prescriber and documenting the communication.

## *Section 4: Advanced Practice Nurses*

Advanced practice nurses who are authorized by law to prescribe or dispense drugs, including controlled

substances, should recognize that tolerance and physical dependence are normal consequences of sustained use of opioid analgesics and are not synonymous with addiction. Prescribing or dispensing controlled substances, including opioid analgesics, to treat pain is considered a legitimate medical purpose if based upon sound clinical grounds.

There are many effective treatments for pain; opioid analgesics play an important role, especially when pain is moderate to severe. For many patients, opioid analgesics—when used as recommended by established pain management guidelines are the most effective way to treat their pain, and are often the only treatment option that provides significant relief.

The following principles, that are reflected in OSBN rules, are not intended to define complete or best practice, but rather to communicate what the OSBN considers to be within the boundaries of professional practice.

### **Principles**

#### **1. Assessment of the Patient**

A complete health history and physical examination must be conducted and documented in the health record.

#### **2. Treatment Plan**

The written treatment plan should state objectives that will be used to determine treatment success, such as pain relief and improved physical and psychosocial function, and indicate if any further diagnostic evaluation or other treatments are planned. After treatment begins, the drug therapy plan should be adjusted to the individual medical needs of each patient. Other treatment modalities or a rehabilitation program may be necessary depending on the etiology of the pain

and the extent to which the pain is associated with physical and psychosocial impairment.

#### **3. Informed Consent**

The advanced practice nurse should discuss the risks and benefits of the use of controlled substances with the patient, persons designated by the patient, or with the patient's surrogate or guardian if the patient is incompetent or a minor.

#### **4. Agreement for Treatment of High-Risk Patients**

If the patient is determined to be at high risk for medication abuse or to have a history of substance abuse, or at the discretion of the prescriber, the advanced practice nurse will obtain a written agreement from the patient outlining patient responsibilities, including:

- Submitting to screening of urine/serum medication levels when requested;
- Limiting prescription refills only to a specified number and frequency;
- Requesting or receiving prescription orders from only one health care provider;
- Using only one pharmacy for filling prescriptions; and
- Acknowledging reasons for which drug therapy may be discontinued (i.e. violation of agreement).

#### **5. Periodic Review**

At reasonable intervals based on the individual circumstances of the patient, the course of treatment and any new information about the etiology of the pain should be evaluated. The advanced practice nurse involved with the management of pain should evaluate progress toward meeting treatment goals in light of improvement in the

*Continued on page 5*

# Pain Management Position Statement *(continued)*

patients' pain intensity and improved physical or psychosocial function i.e., ability to work, use of health care resources, activities of daily living, quality of life. If treatment goals are not being achieved despite medication adjustments, the health care provider's should reevaluate and alter the treatment plan.

## 6. Consultation

The advanced practice nurse should be willing to refer the patient for additional evaluation and treatment as necessary in order to achieve treatment goals.

## 7. Medical Records

The advanced practice nurse should keep accurate and complete records to include:

- The medical history and physical examination including:
  - a. The nature and intensity of the pain, including treatment for any underlying or coexisting conditions; and,
  - b. Presence of one or more recognized medical indications for the use of a controlled substance.
- Diagnostic, therapeutic, and laboratory results.
- Evaluations and consultations.
- Treatment goals.
- Discussion of risks and benefits, including treatment contract, if one has been established.
- Treatments.
- Medications including date, type, dosage, and quantity prescribed.
- Instructions and agreements.
- Periodic reviews.

## Final Note

The OSBN hopes the adoption and dissemination of this policy will play an important role in modifying nurses knowledge, beliefs and practices concerning the management of pain.

## Definitions

For the purposes of this statement, the following terms are defined:

1. **"Addiction"** means a combination of cognitive, physiological and behavioral symptoms (such as compulsive craving and compulsive use of a controlled substance) in which the individual continues the use of a substance despite harm or adverse consequences. Neither physical dependence nor tolerance alone, as defined below, constitutes addiction.
2. **"Pain"** means an unpleasant sensory and emotional experience related to adverse nociceptive or neuropathic stimuli.
  - a. **"Acute pain"** is brief and responds to timely intervention, or subsides as healing takes place.
  - b. **"Chronic pain"** is ongoing or frequently recurring, and may become unresponsive to intervention over time.
  - c. **"Intractable pain"** means a pain state in which the cause cannot be removed or otherwise treated, and no relief or cure has been found after reasonable efforts.
3. **"Physical Dependence"** means the physiologic adaptation to the presence of a controlled substance, characterized by withdrawal when its use is stopped abruptly.
4. **"Pseudoaddiction"** is a pattern of drug-seeking behavior of persons with pain who are receiving inadequate pain management and may be mistaken for addiction.
5. **"Substance abuse"** means a pattern of substance use leading to clinically significant impairment or distress as manifested by one or more of the following within a 12-month period:
  - a. Recurrent substance use resulting in failure to fulfill obligations at

work, school or home;

- b. Recurrent substance use when such use is physically hazardous;
  - c. Recurrent substance-related legal problems; or,
  - d. Continued substance use despite recurrent consequences socially or interpersonally.
6. **"Tolerance"** means the physiologic adaptation to a controlled substance over time, resulting in the need to increase the dose to achieve the same effect, or in a reduction of response with repeated administration.

## References and Resources

A Joint Statement from 21 Health Organizations and the Drug Enforcement Administration, "Promoting Pain Relief and Preventing Abuse of Pain Medications: A Critical Balancing Act," October 2001.

D.E. Joranson et al., "Achieving Balance in State Pain Policy," University of Wisconsin's Pain and Policy Studies Group, 2004.

D.E. Joranson et al., "Pain Management, Controlled Substances, and State Medical Board Policy: A Decade of Change," *Journal of Pain & Symptom Management*, 23 (2002), 138-146.

D.E. Hoffmann and A.J. Tarizan, "Achieving the Right Balance in Oversight of Physicians Opioid Prescribing for Pain: The Role of State Medical Boards," *Journal of Law, Medicine and Ethics*, 31 (2003): 21-40.

Federation of State Medical Boards of the United States, Inc., "Model Policy for the Use of Controlled Substances for the Treatment of Pain," May 2004.

Kansas State Boards of Healing Arts, Nursing and Pharmacy, "Joint Policy Statement on the Use of Controlled Substances for the Treatment of Pain," 2002.

Kansas State Board of Nursing, "Guideline for Pain Management," July 2001.

North Carolina State Boards of Nursing, Medical Examiners and Pharmacy, "Joint Statement on Pain Management in End of Life Care," September 1999.

Oregon State Board of Nursing, Oregon Nurse Practice Act, Division 050, April 15, 2004, and Division 046, June 14, 2001.

*Statement Adopted 6/17/04*

# Meet Your New Board Members

Amy Williamson, CPA, began a three-year term of office on the Oregon State Board of Nursing Jan. 1, 2004. She replaced Cora Smith and filled one of the two public member positions on the OSBN.

Williamson is currently a Senior Management Auditor for the City of Portland and has more than 25 years of experience as an auditor. She received her Associate Degree with honors from New York City Community College in Brooklyn, N.Y., and her Bachelor of Science in Management from Portland State University in Portland, Ore.



Williamson

Prior to serving on the OSBN, Williamson served on the Oregon Liquor Control Commission Board, and also has been a board member of the Oregon Society of Certified Public Accountants. She currently serves on the board of PACE Credit Union. Her inspiration for joining the OSBN was a desire to offer her talents to a new area. "I really enjoyed serving on the various boards, but wanted to try something totally different," she says. "Serving on the nursing board was an excellent opportunity."

Although she isn't a nurse, Williamson is very aware of the challenges the nursing shortage presents the state. "I think we need to affect the education aspect of the shortage—be a catalyst to get middle- and high-school students aware of nursing as a career choice,"

she explains. "People tend to make decisions without having all the information of what is available to them."

Williamson says that the professionalism and friendliness of the other board members impressed her.

"I feel very welcome, and am pleased with how well the board members work together," she affirms. "Considering the nursing shortage and the aging of the population, we need to work together to meet the need. It will be more of a problem later if we don't plan now."

James McDonald, RN, FNP, began a three-year term of office on the Oregon State Board of Nursing April 12, 2004. He replaced Mitch Boriskin in the nurse practitioner position on the OSBN.

McDonald currently works for the Multnomah County Health Department HIV Health Services Center and the Kaiser Health Plan Emergi-Center in Portland. He has 30 years of nursing experience, 23 years of which as a family nurse practitioner. He received his Bachelor of Science degree from the University of Oregon School of Nursing, Marquam Hill Campus, in Portland, Ore, and his Master of Science degree from Arizona State University in Tempe, Ariz.



McDonald

As someone who is familiar with the processes of the Board, McDonald has

a slight edge over some members who may have never attended a Board meeting prior to joining. "I've always been interested in the Board's activities and have participated in several task forces over the years," McDonald says. "When Mitch's term ended, I jumped at the chance to apply."

Although it would take a change in the statutes governing nursing practice, McDonald says he would like to see the Board consider "opening" the nurse practitioner formulary in the next few years. "Right now, we have a formulary by exclusion; that is, we use *Drug Facts & Comparisons* except for a few drugs the Formulary Taskforce recommends omitting. However, it would streamline things immensely if we allowed nurse practitioners to prescribe the drugs they needed to serve their patients without having to check if it's excluded," he explains.

During his career, McDonald has worked as a nurse manager, an educator and a preceptor, which he feels gives him a broad understanding that is especially helpful during scope of practice discussions and discipline hearings. "I think I'm fairly articulate and can distill complex issues into something everybody can understand," he says. "I think that ability, plus my previous experience with Board committees, will serve the Board well. It's certainly different being on this side of the table—hearing someone give testimony during a rule hearing instead of giving it myself."

## OSBN Strategic Initiatives for 2004-2007

- 1) Determine the value of the interstate nurse licensure compact for Oregon.
- 2) Evaluate and establish a continued competency model for licensure to promote safe nursing practice.
- 3) Strengthen alliances with relevant nursing, healthcare and regulatory entities to influence nursing & healthcare policy.
- 4) Address nurse workforce regulatory issues.
- 5) Promote evidence-based regulation that provides for public protection.

# Your Board in Action

Highlights of the February, April and June 2004 OSBN Board Meetings

## Rules Adopted

### *Nurse Practitioner Formulary*

The Board agreed with the NP Formulary Work Group's recommendation to add six drugs to the nurse practitioner formulary during the February meeting, three drugs during the April meeting and five drugs during the June meeting.

### *Nurse Delegation*

The Board adopted proposed rule language February 12 clarifying several concepts of nurse delegation. The term "assignment" when referring to basic tasks of care was removed, and terms used in statute related to non-injectable medications and nursing care (specifically "initial direction," "procedural guidance," and "periodic inspection") were added. The upper limit for periodic review of the caregiver's skills was extended from 120-days to 180-days.

### *Nurse Practitioner Dispensing Authority*

The Board adopted proposed rule language April 15 regarding the OSBN's authority to grant medication dispensing privileges to nurse practitioners. According to the rule language, nurse practitioners with prescriptive privileges whose patients meet certain geographic or economic criteria may apply to the OSBN to obtain dispensing privileges. The OSBN was given authority to grant expanded dispensing privileges during the 2003 Legislative Session.

### *Student Criminal History Check Requirements*

On June 17, the Board adopted proposed amendments to rules regarding criminal history requirements for students in nursing assistant and medication aide training programs. Division 61 of the Nurse Practice Act refers to Department of Human Services rules

that were repealed March 1, 2004. The Board reaffirmed the importance of criminal record checks of NA and MA students as a public safety issue. Training programs now must ensure that student criminal history checks are initiated before students enter the program.

## Nursing Education

### *NCLEX Pass Rates*

According to a report received by the Board April 15, two nursing programs—Blue Mountain Community College (BMCC) and Clatsop Community College—were in danger of losing Board approval due to consecutively low NCLEX pass rates. The OSBN requires programs to achieve a pass rate of at least 85 percent over a two-year period. The Board approved improvement plans from both schools, along with an improvement plan from Linn-Benton Community College.

Prior to the June meeting, however, the Board received additional information concerning BMCC's program which led to the Board voting in June to extend BMCC's survey period to November. In the interim, BMCC is required to present further documentation to the Board for consideration at the September meeting.

### *Program Approvals*

On February 12, the Board reapproved the Clatsop Community College, Mt. Hood Community College and Walla Walla College nursing programs for eight years and the Columbia Gorge Community College nursing program for three years.

On June 17, the Board reapproved the Clackamas Community College and Treasure Valley Community College nursing programs for eight years. In addition, the Board accepted a

developmental nursing program application from Pioneer Pacific College for a practical nurse program.

## Licensing & Certification

### *Pain Management Issues*

The Board adopted a position statement on pain management during the June meeting. In addition, the Board also adopted criteria for nurses to achieve continuing education credits on pain management, as required by legislation passed during the 2003 Legislative Session. (*See story on page 1.*)

### *CNA 2 Restorative Care*

After considering testimony on the CNA 2 Restorative Care curriculum draft, the Board asked staff to revisit the curriculum and present the draft again at the September board meeting.

## Administrative

### *Legislative Concepts*

At the April 15 meeting, the Board decided to file two concepts for possible introduction in the 2005 Legislative Session: 1) Explore the nurse licensure interstate compact, and 2) Implement fingerprinting of initial applicants for licensure.

### *Conversation with Legislators*

Representatives Rob Patridge and Alan Bates attended the June 17 Board meeting held in Medford and discussed issues that may arise in the 2005 legislative session.

### *New Mission Statement*

Also during the June meeting, the Board adopted a new mission statement (*see page 12*), vision statement, strategic initiatives for 2004-07 (*see page 6*), and the agency's 2005-07 biennium budget policy packages.

# Online License Renewals Now Available

License renewals are now available on the Oregon State Board of Nursing's website. Nurses and nursing assistants who are within their 60-day renewal cycle and meet the usual renewal requirements are eligible to use our new secure internet service.

To access the renewal site, nurses and nursing assistants should visit the OSBN website at [www.oregon.gov/OSBN](http://www.oregon.gov/OSBN), click on "Online License & Certificate Renewals," and follow the on-screen instructions. Licensees must have their license number, birthdate and social security number to log-in to the secure renewal section of the OSBN website. Once licensees have answered the renewal questions, they may choose between paying for their license online with a credit card, or they may print their confirmation page and mail it to the OSBN with a check. Payments made online with a credit card are processed through a secure server, ensuring licensees' credit card information is safe.

The online renewal feature actually launched June 10, although "we kept a low profile until we were confident all the bugs were worked out," says DeWayne Hatcher, Licensing and Customer Service manager. "No matter how much you test something, you always find additional processing issues when you go live with a computer feature." Even without any publicity, more than 16 percent of the renewals received in July were online. "Our licensees are definitely ready for this advancement," Hatcher adds.

"Licensees who need continuing education for their renewals should have that information handy when they log-in," advises Barbara Holtry, OSBN Public Information Officer. "Nurse practitioners also should have their DEA number ready, if applicable."

The renewal application also features sections for licensees to update their employer information and their mailing address. Although licensees only will be able to renew their licenses when they are within their renewal cycle, they may access the employer information and mailing address sections at anytime.

**On-site demonstrations are available:** OSBN representatives are available to demonstrate the new service to staff or department heads in healthcare facilities. Please call Hatcher at 503-731-4745, ext. 267, or Holtry at ext. 265, to arrange an on-site demonstration.

## Online License Verification Reminder

Nurses and their employers also may check the status of licenses with our website's online license verification feature. Navigate to our website:



Licensees using the new online renewal feature will need to have their Social Security number, license number and birthdate to log-in to the secure system.

[www.oregon.gov/OSBN](http://www.oregon.gov/OSBN), and click on "License Verification." Implemented in October 2002, this service is a companion to our automated license verification phone line (503-731-3459). Both verification services are updated daily and provide a license's issue and expiration date, as well as any disciplinary action currently in effect.

## On the Road Again...

The Oregon State Board of Nursing is coming to a town near you this summer. OSBN Executive Director Joan Bouchard, RN, MSN, and Compliance Executive Kimberly Cobrain, JD, are visiting nursing facilities throughout the state to reacquaint nurses with the Board, discuss upcoming issues of interest to nurses such as multistate licensure, and solicit feedback.

"Most nurses only have contact with the Board once every other year when they renew their licenses," says Bouchard. "We want to explain to nurses what the Board does, current

issues, and find out what issues are important to them."

The first trip (Aug. 16-19) will include **Pendleton, La Grande, Baker City, Ontario and Bend**. On the second trip (Aug. 30-Sept. 3), the duo will visit **Eugene, Klamath Falls, Ashland, Medford, Grants Pass, Roseburg and Coos Bay**. Additional daytrips to **Salem, The Dalles, Lincoln City, Astoria, Newport and Tillamook** also are planned.

Visit the OSBN website at [www.oregon.gov/OSBN](http://www.oregon.gov/OSBN) for specific times and venues.

# Disciplinary Actions

Taken by the Board during the February, April and June 2004 board meetings

## Please Note:

The Board of Nursing publishes the names of individuals who have been denied licensure or certification; have received an Interim Consent Order; are on probation; are imposters; or, whose licenses have been restricted, suspended, revoked or surrendered. The Board also publishes the reasons for the action.

## February 2004

### Reinstatements

Debra Dalton, CNA #000006668  
Reinstate and issue unencumbered certificate.

Trish Wahlstrom, RN #097000544  
Vacate Consent Order and issue unencumbered license.

Kimberley Sanders, CNA #000034461  
End suspension and reinstate certificate.

### Reprimand

Audrey Carlozzi, RN #001008845  
Failing to take action to preserve or promote the client's safety based on nursing assessment and judgement, and neglect of a client.

### Probations

Johanna Thompson, RN #083039908  
Registered Nurse license reinstated and placed on two-year probation.

Joseph Davis, CNA #200211491  
Two-year probation. Chemical dependence.

Chad Wilcox, NA Applicant  
Two-year probation, once certified. Chemical dependence.

Cindi Styles, CNA #000038760  
Two-year probation. Chemical dependence.

Alissa Kugler, NA Applicant  
Two-year probation, once certified. Chemical dependence.

Renee Maza, NA Applicant  
Two-year probation, once certified. Chemical dependence.

Devon Shazier, CNA #200110915  
Two-year probation. Chemical dependence.

Susan Nebelsick, RN, WHCNP, #083042862  
Probation modified.

Brent Swanson, CNA #200210419  
Two-year probation. Chemical dependence.

Deena Moore, RN #099000702  
Indefinite probation. Failing to implement and/or follow through with the plan of care, client neglect, inaccurate recordkeeping, falsifying a client or agency record.

Kelly Rudisill, CNA #000037488  
Two-year probation. Chemical dependence.

Arlene Garcia, NA Applicant  
One-year probation, once certified. Chemical dependence.

### Suspensions

Nancy Johnson, RN #098006747  
Failure to cooperate with the Board during an investigation.

Christine Atiyeh, CNA #200011271  
Failure to cooperate with the Board during an investigation.

Cynthia Rabideau, RN #082012846  
30-day suspension. Conduct derogatory to the standards of nursing: fraud or deceit in the practice of nursing.

Paula Hadley, CNA #000012156  
Conduct related to impaired function and failure to cooperate with the Board during an investigation.

Lawrence Jasper, CNA #000045351  
Failure to cooperate with the Board during an investigation.

Julia Ross, RN, PMHNP #080045840  
Failure to cooperate with the Board during an investigation.

James Wilburn, CNA #200110903  
Failure to cooperate with the Board during an investigation.

Melquiades Farje, CNA #200011283  
30-day suspension. Falsification of application.

### Revocations

Linda Forbess, CMA #000010132  
Conduct unbecoming a nursing assistant and failure to cooperate with the Board during an investigation.

Teresa Marcott, RN #098000621  
Chemical dependence and failure to comply with terms of the Nurse Monitoring Program.

Christine Stankewitz, CNA #000032417  
Failure to comply with terms and conditions of a Board Order.

Christine Leek, CNA #000018244  
Theft 1 conviction and failure to cooperate with the Board during an investigation.

Gregory Leonard, RN #098006362  
Revocation of RN license in Arizona.

Christina Campbell, CNA #000043727  
Use of a controlled substance, exploiting the client relationship, conduct related to impaired function.

Shinkcole Evans, CNA #000030731  
Failing to respect client rights and dignity, engaging in sexual misconduct related to the client, engaging in other unacceptable behavior or verbal abuse towards or in the presence of a client.

Stephen Burns, CNA #000012632  
Falsification of application, conviction of a crime where such crime bears demonstrable relationship to the duties of a nursing assistant.

Kimberly Hill, CNA #000037405  
Use of a controlled substance, conduct unbecoming a nursing assistant in the performance of duties, falsification of application.

Alvin Huffman, CNA #000037651  
Use of a controlled substance, conduct unbecoming a nursing assistant in the performance of duties, falsification of application.

Tara Eutsler, CNA #200112667  
Violating the terms of a Board Order.

*Continued on page 10.*

# Disciplinary Actions

Taken by the Board during the February, April and June 2004 board meetings

## Voluntary Surrenders

Kimberly Willems, LPN #093003073  
Violating the terms and conditions of a Board Order, use of a controlled substance.

Janna Boggs, CNA #000037058  
Violating the terms of a Board Order.

Robert Ray, II, RN #094003025  
Use of a controlled substance, conduct derogatory to the standards of nursing.

## Consent Orders

Lisa Clark, CNA #000024700  
Prohibited from performing duties as a Certified Nursing Assistant in any capacity that provides direct patient care or function as a caregiver in any setting.

Susan Solbach, RN #091007256  
Prohibited from practicing as a Registered Nurse or functioning as a caregiver in any capacity.

Mitzi Diane Stacy, RN #095006030  
Prohibited from practicing nursing or functioning as a paid caregiver.

## April 2004

### Reinstatement

Susan Black, RN #080012126  
Reinstated after completed Board-approved re-entry program.

### Reprimand

Christine Schiff, RN #085073704  
Conduct derogatory to the standards of nursing, conduct related to the client's safety and integrity, conduct related to the client's family.

### Denials

Julia Ross, RN, PMHNP #080045840N6  
Request for reconsideration/rehearing denied.

Karrie-Kassie Stephaine Pierce, CNA #200213101  
Renewal denied. Falsification of application and convictions for Identify Theft and Theft (2<sup>nd</sup> Degree).

Sally Kay Andersson, NA Applicant  
Previous conviction.

## Probations

Angela Casella, RN #0860004046  
Reinstated and placed on indefinite probation.

Cathie Henderson, LPN #0790042496  
Two year probation. Conduct derogatory to the standards of nursing—inaccurate record-keeping regarding client care and failure to maintain clinical competency.

Anna DeJong, NA Applicant  
Two year probation, once certified. Chemical dependency.

Miriah Miller, CNA #200210558  
Two year probation. Chemical dependence.

Jeremy Wallingford, CNA #200212046  
Two year probation. Chemical dependency.

Deanna Welton, NA Applicant  
Two year probation, once certified. Chemical dependency.

## Suspensions

Celeste Beckett, CNA #000030823  
Conduct unbecoming and failure to cooperate with the Board during an investigation.

Claudia Bognanno, LPN #099005016  
Failure to cooperate with the Board during an investigation.

Destiny Burril, CNA #200111005  
Conduct unbecoming and failure to cooperate with the Board during an investigation.

Woodrow Catron, Jr., CNA #200210843  
Suspended until requirements of Notice are met. Chemical dependence.

Patricia Fields, CNA #000040082  
Failure to cooperate with the Board during an investigation.

Teri Lynn Harbuck, CNA #000010090  
Failure to cooperate with the Board during an investigation.

Vickie Henson, CNA #000012537  
Failure to cooperate with the Board during an investigation.

Melinda Hoover, CNA #000016706  
Failure to cooperate with the Board during an investigation.

Michael Jacobsen, CNA #000034933  
Failure to cooperate with the Board during an investigation.

Sandra Dale Lane, CNA #000027264  
Failure to cooperate with the Board during an investigation.

Janet Matthews, FNP #200150137  
Failure to take action to preserve or promote the client's safety and prescribing drugs in an unsafe or unlawful manner or without adequate instructions to the client according to acceptable and prevailing standards or practice.

Delia Nay, CNA #200111786  
Failure to cooperate with the Board during an investigation.

Mario Polk, CNA #200211746  
Chemical dependence, DUII conviction.

Angela Prescott, CNA #200311315  
Failure to cooperate with the Board during an investigation.

Nicole Salisbury, CNA #200210062  
Failure to cooperate with the Board during an investigation.

Michael Scholes, CNA #200211066  
Failure to cooperate with the Board during an investigation.

Hella Toepfer, CNA #000039241  
Falsification of application and failure to cooperate with the Board during an investigation.

Steven Wheeler, CNA #200210583  
Failure to cooperate with the Board during an investigation.

## Revocation

Cindy Leigh, RN #097006321  
Falsification of application, misrepresentation and Theft of Identity conviction. (Nurse imposter.)

*Continued on page 11.*

# Disciplinary Actions

Taken by the Board during the February, April and June 2004 board meetings

## Voluntary Surrenders

Virginia Griensewic, CNA  
#000031135  
Chemical dependence.

Londa McBride, CNA #000032032  
Conduct unbecoming a nursing assistant in the performance of duties and conduct related to co-workers.

Anthony Sims, RN #200141929  
Chemical dependence and failure to comply with terms of the Nurse Monitoring Program.

Joy Snow-Workman, RN #095003074  
Failure to take action to preserve or promote the client's safety based on nursing assessment and judgement, failure to maintain client records, and performing acts beyond the authorized scope or the level of nursing for which the individual is licensed.

Christine McLaren (Riley), CNA  
#000030638  
Conduct unbecoming a nursing assistant in the performance of duties, failure to respect client rights and dignity, client neglect.

## Civil Penalties

Cindy Leigh, RN #097006321  
(Nurse imposter.) Providing fraudulent documentation and violating terms of a Board Order.

Shriners' Hospital for Children  
Knowingly employing an individual to work as a Registered Nurse while that individual was awaiting licensure in Oregon.

## June 2004

### Reinstatement

Sally Jo Keller, RN #085075471  
Interim Order by Consent rescinded.

Jeremy Johnson, RN #080012126  
Reinstatement of Registered Nurse license following Voluntary Surrender.

### Denials

Cynthia Davis, NA Applicant  
Failure to cooperate with the Board during an investigation.

## Reprimand

Arvilla Claussen, RN, PMHNP  
#000033310  
Failing to take action to preserve or promote the client's safety based on nursing assessment and judgement, incomplete recordkeeping, performing acts beyond the authorized scope or level of nursing for which the individual is licensed.

## Probations

Deborah Bauer, NA Applicant  
Two year probation, once certified. Chemical dependence.

Julie Byers, NA Applicant  
Two year probation, once certified. Chemical dependence.

Thaddeus Logan, CNA #000031205  
Two year probation. Chemical dependence.

Eric Lukkasson, CNA #000033625  
18 month probation. Chemical dependence.

Shirley Miller, RN #000027353  
One year probation. Conduct related to the client's safety and integrity.

Nicole Sullivan, CNA #200212331  
Two year probation. Chemical dependence.

Linda Duste, LPN #078010622  
Probation ended.

## Suspensions

Amy Garrison, RN #098000441  
Violating the terms of a Board order.

Heide Groves, LPN #200130116  
Violating the terms and conditions of a Board order.

Teresa Hughes, CNA #000037602  
Violating the terms and conditions of a Board order.

Janette Letuli, LPN #093005054  
Failure to cooperate with the Board during an investigation, practicing nursing while impaired by use of drugs or alcohol.

Wayne St.Germaine, CNA  
#200111176

Failure to cooperate with the Board during an investigation.

## Revocations

Minerva Bethel, LPN #000008124  
Failure to comply with a Board Order, conduct derogatory to the standards of nursing.

Mary Viola Dickerson, LPN  
#087003044  
Failure to cooperate with the Board during an investigation and failure to conform to the essential standards of acceptable and prevailing nursing practice.

## Voluntary Surrenders

Jacqueline Holmes, CNA #000035196  
Chemical dependency.

Kimberly Lewis, RN #086000120  
Conduct related to impaired function, chemical dependence.

Melanie Poindexter, RN #098000298  
Conduct related to impaired function.

Claire Stacey, RN #000033290  
Chemical dependency.

Staci Standlee, CNA #000044919  
Leaving a nursing assistant assignment without properly notifying appropriate supervisory personnel, falsifying a client or agency record, destroying a client or agency record.

## Consent Orders

Bonnie Bettin, LPN #080011733  
Prohibited from practicing nursing as a practical nurse in any capacity until further notice.

Kathryn Cronin, RN #094003269  
Prohibited from practicing as a Registered Nurse or functioning as a caregiver in any capacity until further notice.

# Survey of Nurses Launched by OSBN & OCN

Nurses everywhere are no doubt aware that Oregon and southwest Washington face a growing shortage of nurses. Workable solutions to reverse the nursing shortage require the most accurate and up-to-date information possible regarding the present and future nursing workforce. That is why the Oregon State Board of Nursing (OSBN) and the Oregon Center for

Nursing (OCN) are conducting a survey of licensed Registered Nurses to learn more about their future career plans. Survey results will be included in a comprehensive report on RN supply and demand to be published by the OCN later this year.

The survey will be sent to a random sample of licensed RNs along with renewal applications over the next

three months. If you are selected to participate in the brief and anonymous survey, we strongly encourage you to take part. Your cooperation is important and appreciated, as accurate data will lead to successful interventions.

Questions can be directed to the Oregon Center for Nursing, 503-943-7150 or visit the OCN website at [www.oregoncenterfornursing.org](http://www.oregoncenterfornursing.org).

## Internet Nursing Library Available

Free access to the Ovid Technologies Lippincott/Springhouse Nursing Collection is now available on the internet, courtesy of the Oregon Health & Science University (OHSU) Library.

The collection comprises a full-text Internet-based library of 37 nursing texts. Funding for the project came through a Digital Libraries Grant from the National Library of Medicine.

For details, contact Steve Teich, OHSU Library Outreach Services coordinator, at 503-494-3444, or register for this service at [www.ohsu.edu/library/nurses](http://www.ohsu.edu/library/nurses).

## New Calendar Showcases Oregon Nurses



A new calendar produced by the Oregon Center for Nursing features nine Oregon nurses from throughout the state. A fundraising vehicle for the OCN, the calendar is available for purchase by calling 503-943-7150 or on the OCN website ([www.oregoncenterfornursing.org](http://www.oregoncenterfornursing.org)). Prices are \$15 each for 1–5 copies, \$13.50 each for 6–100 copies, or \$12 each for 100+ copies.

**OSBN Mission:** The Oregon State Board of Nursing strives to safeguard the public's health and wellbeing by providing guidance for, and regulation of, entry into the profession, nursing education and continuing safe practice.

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