

OREGON BOARD OF NURSING

SENTINEL

[VO.29 - NO.4 - DECEMBER 2010]



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SENTINEL

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PATRICIA MARKESINO, RN, BOARD PRESIDENT

Terms: 1/23/06 - 12/31/08, 1/1/09 - 12/31/11

Ms. Markesino is the Director for Quality Improvement for Providence Willamette Falls Hospital in Oregon City, Ore. She received her Bachelor of Science in Nursing from Wayne State University in Detroit, Mich., and her Master of Business Administration from the University of Portland, Portland, Ore. She serves in the nurse administrator position on the Board.

JULIA WILLIS, LPN, BOARD SECRETARY

Terms: 3/21/07 - 12/31/09, 1/1/10 - 12/31/12

Ms. Willis is the Health Services Specialist for Quail Run Assisted Living in Albany, Ore., and serves in the Licensed Practical Nurse position on the Board. She received her Practical Nurse certificate from Emily Griffith Opportunity School in Denver, Colo.

DONNA CAIN, CNA

Term: 6/1/10 - 12/31/12

Ms. Cain is a CNA 2-Acute Care at Rogue Valley Medical Center and has 11 years of experience. She is currently a Patient Care Tech in the Central Transportation Department and also is on-call for CCU and ICU. She received her nursing assistant training from the Asante Health System Training Program in Medford, Ore. Ms. Cain serves in the Certified Nursing Assistant position on the Board.

KAY CARNEGIE, RN

Term: 1/1/09 - 12/31/11

Ms. Carnegie is currently the Dean of Health Sciences at Chemeketa Community College. She received her BSN from Illinois Wesleyan University, in Bloomington, Ill., and her master's degree from the University of Portland in Portland, Ore. She serves in the Nurse Educator position on the Board.

CHERYL COSGROVE, RN

Term: 3/16/09 - 12/31/11

Ms. Cosgrove is a staff nurse at Grande Ronde Hospital in La Grande and has more than 30 years of nursing experience. She received her Associate

Degree in Nursing from Evergreen Valley College in San Jose, Calif., and her Bachelor of Science in Nursing and Master of Nursing degrees from OHSU in Portland, Ore. She is one of two direct-patient care RNs on the Board.

LINDA MILL, RN

Term: 1/1/09 - 12/31/11

Ms. Mill is a staff nurse in at Bay Area Hospital in Coos Bay and has more than 20 years of nursing experience. She received her Associate Degree in Nursing from Southwestern Oregon Community College in Coos Bay, Ore. Ms. Mill is one of two direct-patient care RNs on the Board.

BENJAMIN SOUEDE, JD, PUBLIC MEMBER

Term: 3/1/10 - 12/31/12

Souede is an attorney with Lane Powell, PC, in Portland, Ore. He received two Bachelor's degrees (political science and history) from the University of Pennsylvania in Philadelphia, Pa., and his jurist doctorate from Harvard Law School in Cambridge, Mass. He is a former senior advisor and speechwriter to former Senator Hillary Rodham Clinton. Souede resides in Portland, Ore.

MAX TENSCHER, RN, FNP

Term: 3/1/10 - 12/31/12

Tenschler is a Family Nurse Practitioner and currently owns Integrative Primary Care Associates, in Portland, Ore. He received his Associate's Degree from Shasta College in Redding, Calif., and his nurse practitioner certificate from the University of California in Davis, Calif. He has more than 30 years of nursing experience and resides in West Linn, Ore.

REBECCA UHERBELAU, PUBLIC MEMBER

Terms: 1/1/07- 12/31/09, 1/1/10-12/31/12

Ms. Uherbelau is one of two public members on the Board. Ms. Uherbelau is the Communications Consultant for the Oregon Education Association. She resides in Portland.

OFFICE CLOSURES

The current recession has reduced state revenues, and has forced the Legislature to make deep cuts in agency budgets. Coping with these cuts requires closing most state offices and facilities, including the Board of Nursing, on the days listed below. State workers affected by the closures will take unpaid furloughs on those days. We apolo-

gize for any inconvenience these remaining closures might cause, and we look forward to restoration of a full work schedule for all state agencies when the economy improves.

Most agencies and programs will be closed on specific days during the biennium. The following are the remaining closure days.

2011
 Friday, March 18, 2011
 Friday, May 20, 2011

The designated closure days will not affect the Oregon University System, state courts or the legislative branch of government

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By OSBN Nursing Assistant Program Consultant *Debra K. Buck, RN, MS*

Nursing Assistant Corner

TEST ADVISORY PANEL MEETINGS

On May 24, 2010, the Certified Nursing Assistant (CNA) Test Advisory Panel (TAP) reviewed the CNA state certification examination statistics and made recommendations to Headmaster related to the content and administration of the examination. The top three skills that are being missed:

1. **Fluid Intake** — Recordings are not within range. The students are recording what remains in the glasses and not what was consumed by the client.
2. **Perineal Care** — Not cleaning the rectal area. Candidates are not turning the client to clean the backside.
3. **Undressing and Dressing A Client** — the gown is not removed from the unaffected side first. Candidates are also not dressing from the weak side first.

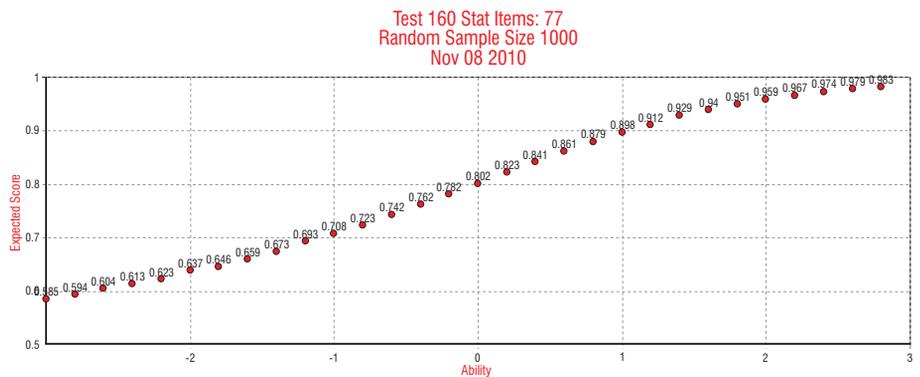
It was also noted that, regarding the **Mouthcare of A Comatose Client** skill, the candidates are not turning the client to a side-lying position to prevent aspiration. They are only turning the head to the side.

Additionally, the CNA TAP recommended clarifications on the following skills: Ambulation With Walker, Denture Care, Undressing and Dressing A Client, Gown and Gloves, Mouth Care Of A Comatose Client, Positioning A Client In Bed, and Vital Sign. They also recommended the removal of Weighing A Client as a skill on the exam. Students will continue to be trained on taking a client's weight, but they will not test on this skill on the state exam.

Both the test plan and the cut score were reviewed and approved by the CNA TAP. Each test is generated to

have a comparable Item Response Theory (IRT) curve to match the cut score to an established ability level on the IRT curve. See the response curve for Oregon NA knowledge test 160 below:

books and/or audiovisuals to teach the skills in the training program. These training steps in the CNA test candidate handbook help provide guidance for the trainers in teaching the skills.



The Certified Medication Aide (CMA) TAP met on May 25, 2010. The TAP members reviewed the performance statistics on every test item in the CMA test bank. Their recommendations have been implemented and the pass rates are continuing to rise. Both the test plan and the cut score were reviewed and approved by the CMA TAP.

NEW INFORMATION IN CNA TEST CANDIDATE HANDBOOK

There is an updated version of the Headmaster CNA test candidate handbook as of June 14, 2010. The handbook is found at: www.hdmaster.com/testing/cnatesting/oregon/orformpages/ORCandidateHandbook.pdf. Please note that this version of the handbook contains a smaller, more focused list of steps for each of the skills.

This information will help prepare students to take the skills portion of the CNA exam. Instructors use their text-

Eliminating the use of the previous skill sheets has reduced the confusion created by the textbook recounting the skill one way, the audiovisuals used in the course demonstrating another way, and the skill sheet describing a third way. The Board's curriculum policy guides what shall be taught. The candidate handbook only provides more focused training steps to provide clarification for the state competency testing. Every training program should cover the information in the handbook with their students. The state competency exam is designed to determine only the minimum competency of an entry level CNA. It does not evaluate the full potential of a nursing assistant.

STUDENT NURSES BECOMING CNA 2

On June 17, 2010, the Oregon State Board of Nursing approved new rules related to student nurses obtaining their CNA 2.

The completion of a Nursing Program Curriculum Content Checklist(s) by the nursing education program assists us in determining student eligibility for obtaining their CNA 2 certification based on their nursing school studies. There are currently three different CNA 2 categories: CNA 2 Acute Care, CNA 2 Dementia Care, and CNA 2 Restorative Care. There is a Nursing Program Curriculum Content Checklist for each category.

All CNA 2s must have a current CNA 1. If the student nurse does not already have a CNA 1 when they apply for their CNA 2, they will also need to apply for their CNA 1. The application for student nurses to obtain their CNA 1 and/or 2 is found at <http://www.oregon.gov/OSBN/pdfs/forms/CNAstudentnurse.pdf>.

FREQUENTLY ASKED QUESTIONS

1. Question: I would like to train a CNA2 to also be a phlebotomist. The CNA would work on call for our hospital lab on the days when not at work in the ED as a CNA2. If the CNA is trained in both can I have a job description that calls for a CNA2 trained in phlebotomy and allow her to draw lab in the ED while also doing her duties under the CNA2 scope?

Answer: No, she would need to have two separate job descriptions and would have to be clear about when she is working as a CNA 2 and when she is working as a phlebotomist. It can be very confusing for the public and the other health care workers when roles are combined.

2. Question: I work in a long term care facility as a CNA I. If a RN hands

me a cup of medication and asks me to assist in the administering of the medications to a patient, while she observes, am I acting outside of my authorized duties? Is this something a RN can delegate?

Answer: Yes, this is outside of a CNA's authorized duties. No, in a setting where the nurse is present, the RN can only delegate duties that are within the CNA's authorized duties.

3. Question: We have several CNA's that are graduating as RN's this year. Our start date for the new RN grads is not until later in the year. Can they continue to work as a CNA even after they have passed their RN boards?

Answer: Yes, if they have current Oregon CNA certification and stay within the CNA authorized duties.

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INDIVIDUALIZED PRESCRIBING: Compounding, Grandfathered Drugs, and Off-Label Use

The Board recently introduced regulations to clarify when and how nurse prescribers may use drugs that are compounded, grandfathered, or prescribed for off-label use. The Board met on September 16, 2010 to accept proposed language submitted by the Nurse Practitioners of Oregon, and directed a policy to be written which would further explain terminology used in the regulations. The proposed rules and policy had a public hearing on November 18, 2010. At that time, further materials were submitted for Board review and testimony was heard from two compounding pharmacies, after which time the hearing was closed. The Board will meet again on February 17, 2011, to finalize its recommendations.

Why was this Regulation and Policy Necessary?

Nurse Practitioners have been authorized to prescribe in Oregon since 1979. The majority of prescribing by nurses has been done under a Board approved formulary that was initially reviewed by a committee of physicians, pharmacists and nurse practitioners, and later through a Board of Nursing formulary committee. In 1993, the Board adopted Drug Facts and Comparisons as its prescribing formulary.

In the 2008 interim legislative session, SB 1062 eliminated the requirement for a Nurse Practitioner formulary. By this time, Clinical Nurse Specialists had also obtained the ability to apply for Schedule II-V prescriptive authority. The Board adopted rules regarding the removal of the formulary on April 10, 2008. Based upon legislative direction, formulary committee recommendation, and Board direction, the regulations:

- Retained the requirement for FDA approval of all drugs prescribed;
- Added Orphan drugs, expanded access drugs and IRB approved investigational drugs as exceptions to the FDA approval requirement



(OAR 851-056-0010).

Nurse prescribers recently asked the Board to clarify the ability to prescribe drugs that are in common use and may not meet the above categories.

What do the terms compounded, grandfathered, and off label mean?

“Compounded drugs” – In Oregon compounded drugs are those drugs mixed by a licensed pharmacist in accordance with a prescriber’s order for an individual patient. See Oregon Board of Pharmacy regulations for further details at www.oregon.gov/pharmacy.

“Grandfathered drugs” – Also known by the FDA as a “DESI” (Drug Efficacy Study Implementation) drugs, these drugs pre-date the FDA approval process and are in common usage. Examples include: nitroglycerine, Midrin, and Tessalon Pearles.

“Off Label” – An *off-label* prescription means prescription of an FDA approved drug for other than its FDA approved indication.

What has been the Board’s position to date

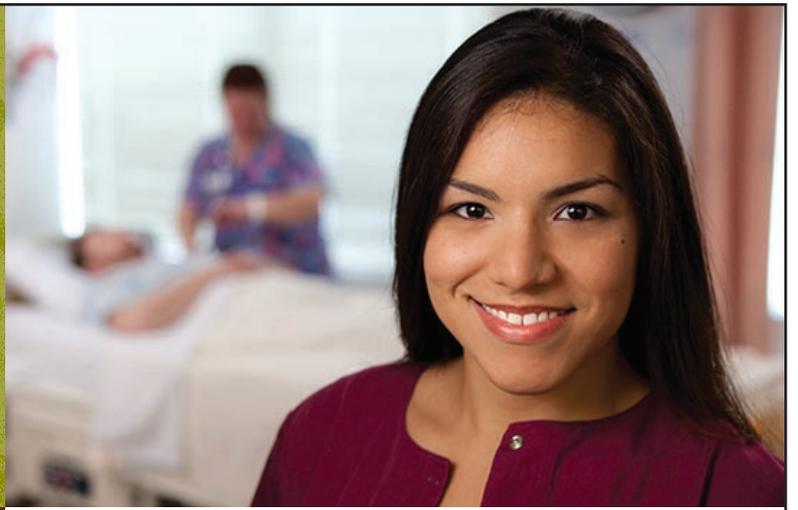
Off-label prescribing has always been permissible, even when the formulary was regulated. All nurses issued prescriptive authority receive a booklet published by the Board which explains this policy (see http://www.oregon.gov/OSBN/pdfs/publications/prescriptive_booklet.pdf for a copy of this booklet). Nurse prescribers were also free to designate route of administration, which often included compounding for patients who could not metabolize typical routes or doses. Although there have been no disciplinary cases to date related to grandfathered drugs, the Board’s policies and regulations were silent on the use of this category.

What are some of the issues under consideration?

Compounding pharmacies, even if they are located out of state, must be registered in Oregon under Oregon law in order to provide prescriptions in state. A pharmacy may be verified on the Oregon State Board of Pharmacy’s website under their license verification function.

The proposed regulations and policy are intended to permit the majority of compounding for individual patients and make it clearer that grandfathered and off-label prescribing may be indicated for individualized patient therapy and treatment. However, the Board must balance current practice with informed consent and patient safety in order to make a final determination.

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Pre-Licensure Nursing Program Approval: STEPS TO SUCCESS

The Oregon State Board of Nursing takes multiple approaches to ensuring the safety of the public in our state. One key responsibility in meeting this mission is to approve new pre-licensure nursing education programs. The approval process includes several steps which are designed to ensure that new programs get off to a good start. The following paragraphs will help clarify the steps a new program currently goes through on the journey to full approval and the proposed rule changes that impact new program approval. These changes will be reviewed by the Board in a rule hearing at the November 18, 2010 meeting.

DEVELOPMENTAL APPROVAL

New program approval currently starts with a letter of intent and a feasibility study which includes specific information related to the need for the program and the adequacy of resources to support its development. The college planning to begin a program must address:

- Purpose and size of the program,
- Need for the program,
- Need for and availability of qualified faculty to teach,
- Adequacy of resources for teaching, clinical experiences, and student support,
- Evidence of financial support for the program, and
- Planning timetable.

At this stage of planning, a program is exploring the possibility of starting a program and the Board is able to look closely at the need for the program and the implications of opening a new program in a particular geographic area of the state. Board approval of an application at this point gives the college *Developmental Approval*.

In the proposed rules, this first step will be divided into two steps: 1) letter of intent and preliminary application, and



2) developmental approval application. The rule change will place a stronger responsibility on the college making application to focus on the need for graduates from the program in the geographic area being served, thoroughly analyze the potential impact on current nursing programs, and focus on the availability of faculty to teach in the program. The proposed new preliminary application guides the new program to look closely at those areas that present major challenges.

During the proposed second step (developmental approval) the college needs to address the elements noted above as well

as institutional accreditation and more specific descriptions of the availability of resources to support the program.

INITIAL APPROVAL

Once a program has received approval from the Board to develop the program, another level of approval is required called *Initial Approval*. This phase of

approval will remain in place with the proposed rule changes. This level of approval is necessary for a program before they can publicize their program and admit students. Some aspects of this approval step have timelines that must be met such as submitting the proposed curriculum to the Board at least three months before the start of the program. The focus of the requirements in this step become more specific and include the approval of the nursing program by other required regulatory bodies and evidence of clinical placement agreements to cover the maximum number of students to be enrolled. At this phase of approval, a site

visit may be conducted to confirm the completion of facilities and adequacy of student resources.

A new program is designated as "Under Initial Approval Status" on the OSBN website which sometimes raises questions for potential applicants to the program. When a new program has achieved Initial Approval it means that the program has completed all phases of Board approval available up to that point.

The Oregon State Board of Nursing takes multiple approaches to ensuring the safety of the public in our state. One key responsibility in meeting this mission is to approve new pre-licensure nursing education programs.

FULL APPROVAL

Full Program Approval comes after the graduation of the first class and is based on a review of all the standards applicable to pre-licensure nursing programs. After the first class graduates, key outcome indicators such as NCLEX® pass rate and student retention rate can be reviewed.

The Board maintains close contact with a new program in the process of development through the required approval steps. This assists the program to be successful as they begin to educate the professional nurses that will provide care in communities across the state.

For more information, visit the OSBN website at www.oregon.gov/OSBN/pdfs/npa/Div21.pdf.

OHSU School of Nursing Doctor of Nursing Practice with Rural Health Track Option

The Doctor of Nursing Practice (DNP) is the highest degree for those with a nursing practice focus. With options for both post-baccalaureate and post-masters students, the DNP coursework is offered with distance education options for nurses across Oregon. Once in the DNP program, students can choose a Rural Health Track focus that is designed for nurses involved in or interested in advanced practice roles in rural communities and allows students to gain the skills necessary to meet the complex and challenging demands of rural practice.

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Nurses fill staff positions at the Board as Nurse Consultants and as Nurse Investigators to support the Board's mission of public safety in the regulation of entry into the profession, nursing education and continuing safe practice.

New Law Adds Extra Layer of Reporting Responsibility for Licensees

Individuals licensed by the Oregon State Board of Nursing (OSBN) have many mandatory reporting duties including reporting obligations under the Nurse Practice Act (OAR 851-045-0090) and:

- Child Abuse reporting (ORS 419B.010)
- Elder Abuse reporting (ORS 124.060)
- Abuse of mentally ill or developmentally disabled persons (ORS 430.765)
- Abuse of long term care facility residents (ORS 441.645)
- Reporting a driver provided medical care in a health care facility with suspected blood alcohol level above 0.08 percent (ORS 676.260(1)).
- Reporting a person provided medical care in a health care facility under the influence of intoxicants who intends to drive (ORS 676.300)
- Cognitive or functional impairment affecting a person's ability to safely operate a motor vehicle (ORS 807.710)

Unlike physicians, nurses **are not** required to report injuries that are suspected to have been inflicted by other than accidental means, to a medical examiner (ORS 146.750).

To add to this list, during the 2009 Legislative Session, the legislature passed House Bill (HB) 2059 that contains new mandatory reporting requirements for individuals licensed by the OSBN and other health care professionals. HB 2059 went into effect on January 1, 2010.

HB 2059 requires licensees to:

- Report a misdemeanor or felony conviction or a felony arrest to the OSBN within 10 days; and
- Report the prohibited or

unprofessional conduct of any licensed health care professional unless state or federal confidentiality laws prohibit the reporting, within 10 days to that licensee's board or agency.

"Prohibited conduct" is conduct by a licensee that: (1) Constitutes a criminal act against a patient or client; or (2) Constitutes a criminal act that creates a risk of harm to a patient or client.

"Unprofessional conduct" is conduct unbecoming a licensee or detrimental to the best interests of the public, including conduct contrary to recognized standards of ethics of the licensee's profession or conduct that endangers the health, safety or welfare of a patient or client.

A licensee must have reasonable cause to believe that another licensee has engaged in prohibited or unprofessional conduct before mandatory reporting is triggered. Having "reasonable cause to believe" is having knowledge or notice of facts and circumstances that would lead a person of ordinary care and prudence to have a strong suspicion. It is important to note this reporting duty applies to the conduct of *any individual* licensed by a health licensing board or agency, a list of which can be found at ORS 676.150(1)(a).

Licensees who fail to report in accordance with HB 2059 may be subject to discipline by the OSBN. ORS 676.150(5). Licensees that report in good faith are provided immunity. ORS 676.150(10).

Federal confidentiality laws that might prohibit reporting are HIPAA and 42 USC 2.11, a law that protects drug or

alcohol program records. **State** confidentiality laws that might prohibit reporting include laws protecting health information and laws that protect privileged communications between a psychotherapist and a patient. ORS 179.505, 192.520, 40.230.

HIPAA: If a licensee is a covered entity (or the licensee works for a covered entity) under HIPAA that licensee would generally be prohibited from disclosing information about a patient, without a patient's consent, unless the disclosure was for the purpose of treatment, payment, or health care operations. There are exceptions to this general rule, including a disclosure necessary to avert a serious and imminent threat to health or safety. If a licensee has a reasonable belief that use or disclosure of protected health information is necessary to prevent or lessen **a serious and imminent threat** to health or safety of an individual or the public, a disclosure may be made, without the patient's consent, to a person or entity that is reasonably able to prevent or lessen the threat.

Federal Drug/Alcohol Confidentiality Law: A licensee that works for a federally assisted drug or alcohol abuse program or has information from such a program may not disclose information about a patient without a court order.

When trying to determine whether you are required to report or can report under HB 2059 it may be helpful to go through the following thought process:

- Does the conduct in question fall within the definition of prohibited or unprofessional conduct?

- Is the individual engaging in the conduct a licensed health care professional?
- Is the individual engaging in the conduct my patient or being treated as a patient at my workplace? If yes, then ask yourself additional questions:
 - o Am I or is my employer a covered entity under HIPAA?
 - If yes, do I reasonably believe that disclosure is necessary to prevent or lessen a **serious and imminent** threat to an individual or the public?
 - If yes, can the OSBN do something to lessen or prevent that serious and imminent threat?
 - o Do I work for a federally assisted drug or alcohol abuse program to which 45 CFR 2.11 applies or do I have information from such a program? If yes, then a court order is needed for disclosures without a patient's consent and you cannot report.
 - o Am I a psychotherapist? If yes, then without the patient's consent to disclosure you may not report.
- Is the individual engaging in the conduct a co-worker, friend or acquaintance? If yes, then it is unlikely any federal or state confidentiality laws apply and you would be required to report.
- Do I have reasonable cause to believe the conduct has occurred - do I have knowledge of facts or circumstances that would lead a person of ordinary care and prudence to have a strong suspicion?
 - o Did I see the conduct occur?
 - o If not, how trustworthy is the information that I got?

The following Frequently Asked Questions may be of assistance to licensees in determining whether there is a duty to report under HB 2059. These scenarios do not analyze other reporting duties that may apply. Many of the answers to these scenarios would depend

on more detailed facts and the subjective manner in which those facts are viewed by the reporter.

Q1: I am a family practice nurse practitioner (NP) and my patient is a nurse. She appears drunk at several clinic visits. I am referring her for alcohol treatment. Do I need to report this to the Board and if so, when?

A1: If you have reasonable cause to believe that the patient/nurse has engaged in unprofessional conduct and assuming that you are not employed by a drug or alcohol abuse program as that is defined in federal law, the federal drug and alcohol law would not apply and would not be a barrier to reporting. If you are a covered entity under HIPAA, HIPAA generally prohibits the release of protected health information without patient authorization. However, HIPAA does permit disclosure if you believe, in good faith, that disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public and the disclosure is to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat. 45 CFR 164.512(j).

Q2: I am a Psychiatric Mental Health Nurse Practitioner and my patient is another NP. My patient confessed to me that he/she has been obtaining samples of ambien and using it regularly due to PTSD symptoms and difficulty sleeping. The other day he/she admitted having had several blackout episodes during the day. Do I need to report this to the Board?

A2: No, you are prohibited from reporting this to the OSBN because the psychotherapist-patient privilege in ORS 40.230 prohibits the disclosure unless the patient consents to the disclosure.

continued on page 14

Sixth Annual
Nursing Continuing Education
Cruise
 April 10-17, 2011




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Who said Continuing Education can't be fun? We are changing that forever. Join ThinkNurse and Poe Travel for a CE Cruise that will cure your overworked blues with some salsa and sun on Royal Caribbean's *Adventure of the Seas*. While you're touring the Caribbean, you can earn your annual CE credits AND possibly write the trip off on your taxes. How is that for paradise?

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What a week! We depart from San Juan, Puerto Rico. Your first stop is Willemstad, Curacao. Our next stop is Oranjestad, Aruba, then Roseau, Dominica, and Charlotte Amalie, St. Thomas before cruising back to San Juan.

For more information about the cruise and the curriculum, please log on to our Web site at ThinkNurse.com or call Teresa Grace at Poe Travel Toll-free at 800.727.1960.

Day	Port	Arrive	Depart
10-Apr	San Juan, Puerto Rico		8:30 PM
11-Apr	Cruising		
12-Apr	Willemstad, Curacao	8:00 AM	6:00 PM
13-Apr	Oranjestad, Aruba	8:00 AM	6:00 PM
14-Apr	Cruising		
15-Apr	Roseau, Dominica	8:00 AM	5:00 PM
16-Apr	Charlotte Amalie, St. Thomas	8:00 AM	6:00 PM
17-Apr	San Juan, Puerto Rico	6:00 AM	

POE TRAVEL

Q3: I work as a CRNA in a hospital. I attended a surgery on a trauma victim who is a nurse and who was admitted to the hospital due to injuries she received when she crashed her car as a result of driving while intoxicated. Do I report?

A3: Probably not. A hospital and its employees are covered entities under HIPAA so HIPAA would not permit reporting without patient authorization unless you believe that disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. The fact that a licensee was drinking and driving is unlikely to rise to a level that would trigger the HIPAA emergency exception.

Q4: I am an NP and my RN patient forged a prescription of mine for narcotics. Do I report and to whom? DEA, Board of Pharmacy (BOP), Police, Board of Nursing, other?

A4: This is criminal conduct that must be reported to the OSBN and you may report to the police and DEA but are not required to. The OSBN also has a duty to report the conduct to law enforcement if it has reasonable cause to believe a licensee has engaged in prohibited conduct.

Q5: I am a family NP and my patient works as a nurse on a busy floor in med. surg. She has significant psychiatric diagnoses, including severe depression and suicidal intent. Yet I have no report that she has harmed a patient but I believe she has potential to do so. How sure do I have to be to report and what if she sues me?

A5: You must have reasonable cause to believe that a licensee has engaged in *prohibited or unprofessional conduct*. These facts do not appear to qualify as either prohibited or unprofessional conduct. If you decide the patient has engaged in unprofessional conduct, and



if you are a covered entity, in order for the exception under HIPAA to apply you would have to believe that reporting was necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. It is doubtful that these facts rise to that level. If you do report in good faith, you have immunity under state law. However, it is possible that you could be in violation of HIPAA and could face sanctions under federal law if it is determined that the facts did not rise to the level of a serious and imminent threat.

Q6: I am a RN on a psychiatric unit. One of our patients just got diagnosed with Bipolar disease and she happens to be a nurse. Am I supposed to report her?

A6: No. A licensee has to engage in certain kinds of conduct in order for the reporting duties to be triggered. Simply having a mental illness diagnoses is not reportable. It may be that the patient's hospitalization gives rise to a reporting duty and the HIPAA analysis discussed above would then apply.

Q7: I work as a staff nurse for an inpatient substance rehab program.

One of the admitted patients is an RN and has stated he wants to make sure his employer doesn't find out about his admission. He is taking vacation time to cover his time away from his job. His medical record admission notes reflect that he has been diverting narcotics from patients for the past six months. (This scenario assumes the admitted nurse is not in the monitoring program.)

A7: It is likely that this program is subject to the federal law that protects drug and alcohol records. If that is the case then federal law prohibits reporting unless a court order is obtained that authorizes disclosure.

Q8: I am a Certified Nursing Assistant working in a long-term care facility. A co-worker, also a CNA, told me she lost custody of her children due to neglect. Do I report this to the Board?

A8: In this scenario there are no confidentiality laws that would prohibit reporting, the issue is whether the report of the co-worker's statement constitutes a reasonable cause to believe and whether the neglect of a licensee's child falls within the definition of prohibited or unprofessional conduct. You may

not have enough knowledge, notice, or facts to determine whether the other licensee's conduct is unprofessional conduct. If you decide you do have reasonable cause to believe, you must review the definitions of prohibited and unprofessional conduct. In order for conduct to rise to the level of prohibited conduct, a licensee has to have engaged in criminal behavior against a patient or client, or engaged in criminal conduct that creates a risk of harm to a patient or client. The licensee's children are not her patients or clients so the licensee has not engaged in prohibited conduct. Unprofessional conduct is defined in part as conduct that is detrimental to the best interests of the public. The OSBN could view child neglect as conduct detrimental to the best interests of the public and therefore the licensee should err on the side of caution and report to the board.

Q9: I am a Psychiatric Mental Health NP and a client told me he is having sex with his doctor and he wants to report the doctor but is afraid and wants me to do it. Can I report this?

A9: If you are a psychotherapist as that is defined in ORS 40.230, the psychotherapist-patient privilege applies but it is the patient that holds the privilege and therefore you could report it as long as your patient wants you to. Since HIPAA also applies, you may need to have the patient sign a HIPAA compliant authorization.

Q10: I am an emergency room nurse and I observed my dentist being treated for an attempted suicide. Do I have to report this?

A10: No. Attempted suicide is not prohibited conduct and it is unclear whether it would constitute unprofessional conduct as that is defined in ORS 676.150. Even if it did constitute unpro-

fessional conduct, as an emergency room nurse you are covered by HIPAA. As stated above, HIPAA generally does not allow disclosures of protected health and mental health information unless an exception applies. The fact that a licensee has attempted to commit suicide does not mean that licensee poses any serious and imminent threat to the health or safety of others or the public generally. Therefore, it is unlikely that HIPAA's emergency exception would apply. The Board of Dentistry may require licensees to report hospitalization as the result of mental illness during relicensure.

Q11: I am a nurse and a member of the clergy. Am I required to report prohibited and unprofessional conduct under HB 2059?

A11: If a nurse is acting as a member of the clergy and receives information in that capacity, the nurse is not required to report because the clergy-penitent privilege protects that information. In order for the privilege to apply, communications must be in the furtherance of spiritual advice and the penitent must reasonably regard the individual as acting as a member of clergy. The privilege does not protect information learned in the capacity of a nurse. Therefore, a person who is both a nurse and member of clergy who learns of prohibited and unprofessional conduct in his or her capacity as a nurse is still required to report under ORS 678.135.

These scenarios are meant to assist licensees in making the best decision possible and are not intended as nor can the answers be used as legal advice. Ultimately, it is the licensee's decision whether to report an observation or incident in the interest of public safety. For more information on these requirements, see [links to NPA & HB 2059].

Keep Up-to-Date with the OSBN List Servs

Subscribing to one or more of the Board of Nursing public mailing lists, called a list-serv, is a quick and convenient method for its licensees and the public to keep abreast of the latest information on nursing scope-of-practice issues, nursing assistants, administrative rule changes, advanced practice issues and upcoming Board meetings.

Subscribers will receive regular e-mail updates regarding Board meeting agendas; upcoming Oregon Administrative Rule hearings affecting the OSBN and scopes-of-practice; CNAs; CMAs; RNs; LPNs; Nurse Practitioners; CNSs; and, CRNAs. The following are the internet links to visit to set-up your subscription:

- Rule hearing notices: http://listsmart.osl.state.or.us/mailman/listinfo/osbn_rule_hearing_notif
- Board meeting agendas: http://listsmart.osl.state.or.us/mailman/listinfo/osbn_bd_mtg_agenda
- Information regarding RNs and LPNs, including scopes-of-practice: <http://listsmart.osl.state.or.us/mailman/listinfo/rmandlpn>
- Information regarding Advanced Practice nursing: <http://listsmart.osl.state.or.us/mailman/listinfo/aprboardnews>
- Information regarding CNAs and CMAs, including authorized duties: <http://listsmart.osl.state.or.us/mailman/listinfo/cnaprogram>
- Information regarding all other State of Oregon automated mailing lists: <http://listsmart.osl.state.or.us/mailman/listinfo>

For more information, contact the OSBN office at 971-673-0685.



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2011 OSBN BOARD MEETING DATES

01/19/2011 WEDNESDAY 5:00 p.m.
OSBN Board Meeting, via Teleconference

02/16/2010 WEDNESDAY 9:00 a.m.
OSBN Board Meeting--Day 1

02/17/2010 THURSDAY 9:00 a.m.
OSBN Board Meeting--Day 2

03/23/2011 WEDNESDAY 5:00 p.m.
OSBN Board Meeting, via Teleconference

04/20/2010 WEDNESDAY 9:00 a.m.
OSBN Board Meeting--Day 1

04/21/2010 THURSDAY 9:00 a.m.
OSBN Board Meeting--Day 2

05/25/2011 WEDNESDAY 5:00 p.m.
OSBN Board Meeting, via Teleconference

06/22/2010 WEDNESDAY 9:00 a.m.
OSBN Board Meeting--Day 1

06/23/2010 THURSDAY 9:00 a.m.
OSBN Board Meeting--Day 2

07/27/2011 WEDNESDAY 5:00 p.m.
OSBN Board Meeting, via Teleconference

08/24/2011 WEDNESDAY 5:00 p.m.
OSBN Board Meeting, via Teleconference

09/21/2011 WEDNESDAY 9:00 a.m.
OSBN Board Meeting--Day 1

09/22/2011 THURSDAY 9:00 a.m.
OSBN Board Meeting--Day 2

10/26/2011 WEDNESDAY 5:00 p.m.
OSBN Board Meeting, via Teleconference

11/16/2011 WEDNESDAY 9:00 a.m.
OSBN Board Meeting--Day 1

11/17/2011 THURSDAY 9:00 a.m.
OSBN Board Meeting--Day 2

*All meetings are located at the OSBN Office,
17938 SW Upper Boones Ferry Road, Portland.*

New Online Subscription Service Enables Bulk License Verifications

A new online auto-verification subscription service is making the duty of verifying nursing and nursing assistant licenses much easier for employers. As reported in the September 2010 *Sentinel*, the new service launched in May as a four-month pilot project, and is now available for all employers.

Subscribers to the low-cost auto-verification service may receive daily, weekly or monthly e-mail notifications of the current license status for all nurses and nursing assistants in their employ. This relieves the employer from having to look up nurses or CNAs one-at-a-time with the standard online verification system. Users can click on the link included in the e-mail and print or save that's person's verification sheet to put in personnel records.

The service automatically notifies an employer when a change occurs to one of their employee's license status, including any new disciplinary actions, and when licenses are due to renew.

Subscribers will access the service through the online services section of the Board's website. Notices can be sent to one or multiple e-mail addresses for tracking. To assist with the initial sign-up, Board staff will load an employer's entire employee list into the web-based system. Employers will then have the ability to add and subtract employees from their subscription list as needed.

Four employers from across the state participated in the pilot project; Grande Ronde Hospital in La Grande, St. Charles Medical Center in Bend and Redmond, Hearthstone Manor in Med-



ford, and the Multnomah Education Service District (ESD) in Portland.

The individual licensee look-up verification system is still available on the website.

A Frequently Asked Questions sheet is available on the Board's website at: www.oregon.gov/OSBN/pdfs/Auto-verificationFAQsheet.pdf. Demonstrations of the new auto-verification service are available either in person at the Board's office, or via WebEx. Please contact OSBN Communications Manager Barbara Holtry at 971-673-0658 to arrange a demonstration for your facility.

Directory of OSBN APPROVED NURSING SCHOOLS

ASSOCIATE DEGREE PROGRAMS

Blue Mountain Community College

Web site: www.bluecc.edu

2411 N.W. Cardin
P.O. Box 100
Pendleton, OR 97801
(541) 278-5877

Accepted students are co-admitted to the OHSU Bachelor of Science with a major in Nursing program.

Central Oregon Community College

Web site: www.coccc.edu

2600 N.W. College Way
Bend, OR 97701
(541) 383-7546

Chemeketa Community College

Web site: www.chemeketa.edu

4000 Lancaster Drive N.E. or
P.O. Box 14007
Salem, OR 97309
(503) 399-5058

Enrolled nursing students are co-admitted to Linfield-Good Samaritan School of Nursing Bachelor of Science in Nursing Program.

Clackamas Community College

Web site: www.clackamas.edu

19600 Molalla Avenue
Oregon City, OR 97045
(503) 594-0659

Accepted students are co-admitted to the OHSU Bachelor of Science with a major in Nursing program.

Clatsop Community College

Web site: www.clatsopcc.edu

1653 Jerome
Astoria, OR 97103
(503) 338-2436

Columbia Gorge Community College

Web site: www.cgcc.cc.or.us

400 East Scenic Dr.
The Dalles, OR 97058
(541) 506-6140

ITT Technical Institute

Web site: www.itt-tech.edu

9500 N.E. Cascades Parkway
Portland, OR 97220
(503) 255-6500

Currently under Initial Approval status.

Lane Community College

Web site: www.lanecc.edu/hp/nursing

4000 E. 30th Avenue
Eugene, OR 97405
(541) 463-5754
Accepted students are co-admitted to the OHSU Bachelor of Science in Nursing program.

Linn-Benton Community College

Web site: www.linnbenton.edu

6500 S.W. Pacific Blvd.
Albany, OR 97321
(541) 917-4520 or (541) 917-4511

Mt. Hood Community College

Web site: www.mhcc.cc.or.us

26000 S.E. Stark
Gresham, OR 97030
(503) 491-6701
Accepted students are co-admitted to the OHSU Bachelor of Science with a major in Nursing program.

Oregon Coast Community College

Web site: www.occc.cc.or.us/programs/nursing/index.html

400 S.E. College Way
Newport, OR 97366
(541) 867-8542

Portland Community College

Web site: www.pcc.edu

12000 S.W. 49th or
P.O. Box 19000
Portland, OR 97280
(503) 977-4205
Accepted students are co-admitted to the OHSU Bachelor of Science with a major in Nursing program.

Rogue Community College

Web site: <http://learn.roguecc.edu/allied-health/nursing/home.htm>

3345 Redwood Highway
Grants Pass, OR 97527
(541) 956-7308
Accepted students are co-admitted to the OHSU Bachelor of Science with a major in Nursing program.

Southwestern Oregon Community College

Web site: www.socc.edu

1988 Newmark Ave.
Coos Bay, OR 97420
(541) 888-7298
Accepted students are co-admitted to the OHSU Bachelor of Science with a major in Nursing program.

Treasure Valley Community College

Web site: www.tvcc.cc/Nursing/index.htm

650 College Blvd.
Ontario, OR 97914
(541) 881-5947

Umpqua Community College

Web site: www.umpqua.edu

1140 College Rd., or
P.O. Box 967
Roseburg, OR 97470
(541) 440-4613

BACCALAUREATE DEGREE PROGRAMS

Concordia University

Web site: <http://www.cu-portland.edu/hhs/undergraduate/nursing/welcome.cfm>

2811 N.E. Holman Street
Portland, OR 97211-6099
(503) 280-8600

George Fox University

Web site: <http://www.georgefox.edu/academics/undergrad/departments/nursing/index.html>

414 N. Meridian Street, #6273
Newberg, OR 97132-2697
(503) 554-2955

Linfield-Good Samaritan School of Nursing

Web site: www.linfield.edu/portland

2255 N.W. Northrup, Room 304
Portland, OR 97210-2918
(503) 413-8080
Also offers an online RN-to-BSN program.

Oregon Health & Science University (OHSU) School of Nursing -- Portland

Web site: www.ohsu.edu/son

3455 S.W. U.S. Veterans Hospital Rd. (SN-5S)
Portland, OR 97239-2941
(503) 494-7444
Program information: (503) 494-7725
Also offers RN-to-BSN program.

OHSU School of Nursing at Eastern Oregon University

Web site: www.eou.edu/ohsu

1 University Blvd.
LaGrande, OR 97850
(541) 962-3383
Program information: (503) 494-7725

**OHSU School of Nursing at
Oregon Institute of Technology**

Web site: www.oit.edu/academic
3201 Campus Drive
Klamath Falls, OR 97601
(541) 885-1339
Program information: (503) 494-7725

**OHSU School of Nursing at
Southern Oregon University**

Web site: www.sou.edu/nursing
1250 Siskiyou Blvd.
Ashland, OR 97520
(541) 552-8453
Program information: (503) 494-7725

**OHSU School of Nursing at
Western Oregon University**

Web site: www.ohsu.edu/son
345 N. Monmouth Ave.
Monmouth, OR 97361
(503) 838-8385
Program information: (503) 494-7725

**University of Portland
School of Nursing**

Web site: www.nursing.up.edu
5000 N. Willamette Blvd.
Portland, OR 97203
(503) 943-7211

Walla Walla University School of Nursing

Website: www.wallawalla.edu/nursing
10345 S.E. Market St.
Portland, OR 97216
(503) 251-6115
Also offers RN-to-BSN program.

PRACTICAL NURSE PROGRAMS

Carrington College

Web site: www.carrington.edu
2210 Lloyd Center, 3rd Floor
Portland, OR 97232
(503) 761-6100

Central Oregon Community College

Web site: www.cocc.edu
2600 N.W. College Way
Bend, OR 97701
(541) 383-7540
Has PN curriculum the first year of Associate Degree
in Nursing (ADN) program.

Chemeketa Community College

Web site: www.chemeketa.edu
4000 Lancaster Drive NE or
P.O. Box 14007
Salem, OR 97309
(503) 399-5058
Has PN curriculum the first year of Associate Degree
in Nursing (ADN) program.

Clatsop Community College

Web site: www.clatsopcc.edu
1653 Jerome
Astoria, OR 97103
(503) 338-2436
Has PN curriculum the first year of Associate Degree
in Nursing (ADN) program.

Columbia Gorge Community College

Web site: www.cgcc.cc.or.us
400 East Scenic Dr.
The Dalles, OR 97058
(541) 506-6140
Has PN curriculum the first year of Associate Degree
in Nursing (ADN) program.

Concorde Career College

Web site: [www.concorde.edu/programs/
practical-nursing.asp](http://www.concorde.edu/programs/practical-nursing.asp)
1425 N.E. Irving St., Building 300
Portland, OR 97232
(503) 281-4181

Mt. Hood Community College

Web site: www.mhcc.cc.or.us
26000 S.E. Stark St.
Gresham, OR 97030
(503) 491-6727

Oregon Coast Community College

Web site: [www.occc.cc.or.us/programs/
nursing/index.html](http://www.occc.cc.or.us/programs/nursing/index.html)
400 SE College Way
Newport, OR 97366
(541) 867-8542
Has PN curriculum the first year of Associate Degree
in Nursing (ADN) program.

Pioneer Pacific College

Web site: [www.pioneerpacific.edu/
Nursing.htm](http://www.pioneerpacific.edu/Nursing.htm)
Springfield
3800 Sports Way
Springfield, OR 97477
(541) 684-4644
Wilsonville
27375 S.W. Parkway Ave.
Wilsonville, OR 97070
(503) 682-1862

Rogue Community College

Web site: [http://learn.roguecc.edu/
alliedhealth/practicalnursing/home.htm](http://learn.roguecc.edu/alliedhealth/practicalnursing/home.htm)
202 S. Riverside
Medford, OR 97501
(541) 245-7504

Sumner College

Web site: www.sumnercollege.edu
8909 S.W. Barber Blvd., Suite 100
Portland, OR 97219
(503) 223-5100
Currently under Initial Approval status.

Treasure Valley Community College

Web site: www.tvcc.cc/Nursing/index.htm
650 College Blvd.
Ontario, OR 97914
(541) 881-8822, Ext. 345
Has PN curriculum the first year of Associate Degree
in Nursing (ADN) program.

Umpqua Community College

Web site: www.umpqua.edu
1140 College Rd., or
PO Box 967
Roseburg, OR 97470
(541) 440-4613
Currently under Initial Approval status.

Valley Medical College

Web site: www.valleymedicalcollege.com
4707 Silverton Rd. N.E.
Salem, OR 97305
(503) 363-9001

YOUR BOARD IN ACTION *Highlights from the September 2010 Board Meeting*

RULES ADOPTED

The Board adopted rule language to Divisions 45 and 63 of the Nurse Practice Act (OAR 851-045-0070 and 851-063-0090) to provide consistent language regarding violations relating to impairment.

Proposed rule language for Division 50 (OAR 851-050-0138) also was adopted to allow proof of national board certification to meet structured continuing education requirements for license renewal (up to 50 percent of total CE requirement). Changes to Division 54 (OAR 851-054-0040 and -0050) also were adopted regarding CE requirements.

FIRST READINGS

The Board accepted proposed rule language to Division 56 of the Nurse Practice Act (OAR 851-056) to clarify the ability of nurse practitioners and Clinical Nurse Specialists to prescribe off-label, compounded, or grandfathered drugs.

Proposed rule language also was accepted for Division 21 (OAR 851-021-0010 and -0090) regarding the steps for

new nursing program development and approval, and on expectations for out-of-state nursing programs seeking to place students in Oregon for clinical experiences.

Hearings for both sets of proposed rules will be held during the November 18 Board Meeting.

EDUCATION

The Board approved the Blue Mountain Community College nursing program in Pendleton, Ore., for up to two years. The Board also granted initial approval to Carrington College's LPN-RN Bridge program. Carrington was formerly known as Apollo College, and is located in Portland, Ore.

ADMINISTRATION

The Board re-elected Patricia Markesino, RN, BSN, and Julia Willis, LPN, as the 2011 Board president and secretary, respectively. Their terms of office begin Jan. 1, 2011.

For complete meeting minutes, please visit the OSBN website at www.oregon.gov/OSBN/meetings.

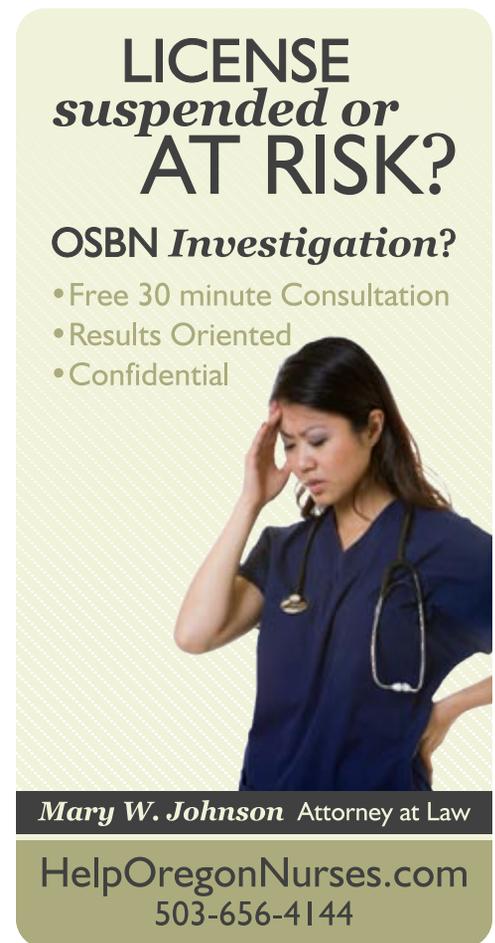


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DISCIPLINARY ACTIONS

Name	License Number	Discipline	Effective Date	Violations
Jamie L. Armstrong	201012251CNA	Probation	9-15-10	27-month probation. Using intoxicants to the extent injurious to herself or others.
Anthony E. Baldacci	200850023NP	Reprimand	9-15-10	Prescribing medications for himself, prescribing drugs for personal use, failure to properly document client assessment when prescribing drugs.
Laura Belia	CNA Applicant	Application Denied	10-13-10	Due to convictions for crimes that bear demonstrable relationships to the duties of a CNA.
Leanna M. Denney	000029046CNA	Suspension	9-15-10	Indefinite suspension. Failing to cooperate with the Board during an investigation.
Amy A. Dierking	200741695RN	Reprimand	9-15-10	Performing acts beyond the authorized scope and practicing while impaired.
Steven L. Donaldson	201012235CNA	Reprimand	9-15-10	Misrepresentation during the licensure process and failing to answer questions truthfully.
Cari A. Fosnight	200541551RN	Reprimand	9-15-10	Failing to communicate client status information to members of the health care team, and failing to conform to the essential standards of acceptable nursing practice.
Nakita R. Garcia	200710040CNA	Suspension	9-15-10	Indefinite suspension. Failing to cooperate with the Board during an investigation.
Autumn R. Greenwood	200643102RN	Suspension/Probation	9-15-10	Two-year suspension with conditions, followed by 12-month probation. Attempting to obtain unauthorized prescription drugs, failing to comply with the terms and conditions of the Nurse Monitoring Program.
Jan M. Hammer	093000270RN	Suspension	9-15-10	15-day suspension, with conditions. Failing to maintain professional boundaries with a client and failing to conform to the essential standards of acceptable nursing practice.
Cassandra L. Henry	200312343CNA	Suspension	10-13-10	Indefinite suspension. Failing to cooperate with the Board during an investigation.
Sarah J. Hewes	200711220CNA	Probation	9-15-10	24-month probation. Using intoxicants to the extent injurious to herself or others.
Daphany L. Hugley	200930074LPN	Suspension	10-13-10	Indefinite suspension. Failing to cooperate with the Board during an investigation.
Tabitha I. Jenkins	201012234CNA	Probation	9-15-10	24-month probation. Using intoxicants to the extent injurious to herself or others.
Myka L. Jewell	200642284RN	Voluntary Surrender	9-15-10	Failing to comply with the terms and conditions of the Nurse Monitoring Program.
Shelia J. Karhu	092003420RN	Probation	9-15-10	36-month probation. Practicing nursing while impaired.
Kristina M. Keller	094003216RN/ 200650171NP	Revocation	9-15-10	Failing to report an arrest, failing to report incidents of child abuse, and failing to provide requested documents.
Alicia M. Kern	CNA Applicant	Application Denied	9-15-10	Misrepresentation during the licensure process, and conviction for a crime that bears demonstrable relationship to the duties of a CNA.
Gwenn A. Keuscher	200512611CNA	Voluntary Surrender	9-15-10	Engaging in sexual misconduct with a client, failing to perform CNA duties competently and failing to cooperate with the Board during an investigation.
Evelyn Lovell	093006261RN	Revocation	9-15-10	Inaccurate recordkeeping, practicing nursing while impaired, and failing to conform to the essential standards of acceptable nursing practice.
Eric W. Lowe	200840296RN	Suspension/Probation	9-15-10	30-day suspension, followed by 24-months probation with conditions. Failing to take action to preserve client safety, client neglect, and failure to conform to the essential standards of acceptable nursing practice.
Bruce A. Loyland	082011044RN	Reprimand	9-15-10	Failing to communicate client status information to members of the health care team and failing to conform to the essential standards of acceptable nursing practice.
James G. Marteness	200943105RN	Suspension/Probation	10-13-10	Three month suspension, followed by 24-months of probation. Using intoxicants to the extent injurious to himself or others, and practicing nursing while impaired.
Jason T. McFarland	200310726CNA/ LPN Applicant	Revocation/Denial	9-15-10	Multiple convictions.
Cheryl L. McIntosh	200740938RN	Reprimand	9-15-10	Reprimand with conditions. Performing acts beyond authorized scope and failing to communicate with the health care team.
Robert Nakasone	200913353CNA	Voluntary Surrender	10-13-10	Client abuse.
Sheryll L. Nelson	088003083LPN	Reprimand	9-15-10	Reprimand with conditions. Leaving a client care assignment without notifying the appropriate supervisory personnel.
Robin C. Noakes	200912922CNA	Reprimand	9-15-10	Reprimand with conditions. Client neglect, and failing to competently perform CNA duties.
Coleen M. Peace	200811312CNA	Probation	9-15-10	24-month probation. Using intoxicants to the extent injurious to herself or others.
Kwanna N. Powell	200810369CNA	Suspension	10-13-10	Indefinite suspension. Failing to cooperate with the Board during an investigation.
Jennifer L. Putnam	200910656CNA	Voluntary Surrender	10-13-10	Removing property from the workplace without authorization.
Bradley F. Redfern	200711612CNA	Revocation	10-13-10	Violating the terms and conditions of a Board Order.
Ariel C. Reed	200612576CNA	Probation	9-15-10	24-month probation. Using intoxicants to the extent injurious to herself or others.
Stephanie S. Sannar	200242507RN	Reprimand	9-15-10	Reprimand with conditions. Administering prescription drugs without authorization, performing acts beyond her authorized scope and failing to conform to the essential standards of acceptable nursing practice.
Chantel E. Sarratt	201010863CNA	Revocation	10-13-10	Violating the terms and conditions of a Board Order.
Morgan A. Shaw	200612501CNA	Revocation	10-13-10	Violating the terms and conditions of a Board Order.

Name	License Number	Discipline	Effective Date	Violations
Sidney B. Smith	200542272RN	Reprimand	10-13-10	Reprimand with conditions. Failing to conform to the essential standards of acceptable nursing practice.
Alice M. Snider	095000475RN	Reprimand	10-13-10	Reprimand with conditions. Failing to maintain professional boundaries with a client, administering prescription drugs without authorization, and failing to conform to the essential standards of acceptable nursing practice.
Amanda L. Steele	200710391CNA	Voluntary Surrender	9-15-10	Engaging in sexual misconduct with a client, client abuse and leaving a CNA assignment without properly notifying supervisory personnel.
Johnnette V. Tanner	000003946CNA	Suspension	9-15-10	Indefinite suspension. Failing to cooperate with the Board during an investigation.
Donna A. Tremaine	200760027CRNA 098000483RN	Suspension/Probation	9-15-10	Two year suspension of CRNA; 60-day suspension of RN, followed by two-years probation, for failing to answer questions truthfully and failing to conform to the essential standards of acceptable nursing practice.
Ryan P. Ulbricht	200712511CNA	Revocation	10-13-10	Violating the terms and conditions of a Board Order.
Mavis Ward	000017879RN	Voluntary Surrender	9-15-10	Failing to implement the plan of care and failing to conform to the essential standards of acceptable nursing practice.
Claudia L. Wickert	089003191RN	Reprimand	9-15-10	Reprimand with conditions. Implementing standards of nursing care that jeopardized patient safety, and failing to conform to the essential standards of acceptable nursing practice.
Tavia L. Wilson	200512187CNA	Suspension	10-13-10	Indefinite suspension. Failing to cooperate with the Board during an investigation.
Ellen R. Winger	099007574RN/ 099007574N1	Voluntary Surrender	9-15-10	Inaccurate and incomplete recordkeeping, falsifying an agency record, failing to answer questions truthfully, failing to maintain professional boundaries with a client, and failure to assess and document client assessment when prescribing drugs.

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