



# OREGON BOARD OF NURSING SENTINEL

[VO.37 • NO.3 • AUGUST 2018]

## ***TIPS FOR LICENSURE/ CERTIFICATE RENEWAL***

**Disciplinary Case Studies**

**The Oregon Board of Nursing:  
A Historical Perspective**

*Official Publication of the Oregon State Board of Nursing*





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# SENTINEL

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# TIPS FOR LICENSURE/ CERTIFICATE RENEWAL

Your license/certificate expires at 12:01 am on the date of your birth, in an even year if you were born in an even year, in an odd year if you were born in an odd year. This means that you should **not** wait until your birthday to renew. Renewal of your license/certificate does not occur when you apply online—it occurs when the Oregon State Board of Nursing processes your renewal application, which could take three business days. The renewal methodology involving the expiration time and the odd/even year system is legislatively mandated and OSBN staff have no authority to change this methodology.

It's also important to bear in mind that an application is not complete until payment is received in the OSBN's office. If you begin your application prior to your expiration date, but your license expires before the Board receives your payment, your application will not be timely.

If the license/certificate is renewed before 12:01 am on your birthday, but not greater than 3 days before expiration, your license/certificate will be marked with an asterisk (\*). This means that you have applied on time and the OSBN is processing your application. However, your expiration date will continue to show to be the date of your birth. It will be up to your employer if they consider your license/certificate renewed. Many employers do not.

The OSBN sends out reminders about renewals to your e-mail address of record. If you are facing your first renewal after graduation and you used your school's e-mail address when you initially applied, this e-mail may not reach you since your school would have deactivated your e-mail account shortly after graduation. You are required to keep the Board updated on your contact information. The reminders are a courtesy; not receiving a renewal reminder does not excuse a late renewal. The OSBN will auto-generate email reminders 90, 60, 30 and seven days before your expiration date, as well as seven days after your expiration date.

Your license renewal is not automatic. Every time you apply for renewal, the OSBN does a state-based background check using the information the agency has on file. You are also required, by law, to disclose any item listed in the disclosure questions section of the renewal

application. Oregon statute states that if your application is received on time, your license/certificate is considered to not have expired (under the law, even though your employer may view the expiration date as a condition of employment). However, if the Board finds an issue on the state-based background check or your disclosure questions warrant further explanation, it could open an investigation case on your license/certificate. If you chose not to disclose an issue, you would be in violation of the Nurse Practice Act, and if the Board finds the issue without a disclosure from you, it may decide to discipline your license/certificate for a failure to disclose.

If a nurse renews her/his license or certificate at any time after 12:01 am on the date of the nurse's birthday (using the odd/even year criteria), the application is late. Statute allows the Board to assess a \$50 fee per day for each day the license/certificate is expired. In 2012, the Board voted to streamline the civil penalty process by allowing those licensees/certificate holders who renew 60 days or less after expiration date to pay a \$100 fee in lieu of a civil penalty. Therefore, nurses who submit an application up to 60 days after the expiration date will be assessed a \$100 delinquent renewal fee. For APRNs, this means the fee is assessed on both licenses (the RN and the APRN). There is no appeal process or "grace" period for this fee. It is against the Nurse Practice Act for an individual to act as or call herself or himself a nurse without a valid license.

If renewal occurs 61 days post expiration (or later), the \$100 fee will be assessed **and** the licensee/certificate holder will be required to submit a "Reactivation" application. This application requires a re-submission of



fingerprints and subjects the RN/LPN/APRN applicant to a civil penalty for each day worked after 60 days post expiration. The license/certificate will take several weeks to be reactivated. During this time frame, it is against the law for a licensee/certificate holder to work as a nurse.

For certified nursing assistants (CNA) and certified medication aides (CMA), the fee is \$5 for late renewal without any further escalation of fees. These certificate holders are held to the reactivation criteria if the renewal application is received by the Board more than 60 days post expiration.

Renewals are only accepted through the online process. The OSBN will not accept paper renewal applications. If you have never used the online renewal system you will need to open an online account with the Board. Please access the license/certificate renewal section of our website at [www.oregon.gov/osbn](http://www.oregon.gov/osbn). It is important for you to remember your password and the

answer to your password identification question. If you forget your password, you will be required to call the Board office to have agency staff find your password, however, they must have the answer to your password identification question in order to assist you.

It is your responsibility to renew your license/certificate on time. The OSBN will not accept any rationale to negate the fees and processes associated with late renewal. The OSBN does offer a subscription service to push out renewal announcements to your employer, as well as other information regarding your license/certificate, such as discipline and expiration. Contact your employer if they subscribe to this service. It is not required for an employer to subscribe and does not negate your responsibility to remember your own expiration date.

Keeping your ability to continue to work using your license/certificate is a responsibility that comes with accepting a license/certification to practice.

### RNs, LPNs, and APRNs

Application Status	Requirement
Renewal application and payment arrives in office and is processed prior to license expiration.	No additional fees.
Renewal application and payment arrives in office prior to license expiration, but license expires before license renewal is processed.	<ul style="list-style-type: none"> <li>No additional fees.</li> <li>Asterisk is placed on license verification to show renewal is pending.</li> </ul>
Renewal application and payment are not received prior to expiration date.	\$100 delinquent renewal fee is added to renewal fee.
Renewal application and payment are not received before 61 days after expiration date.	<ul style="list-style-type: none"> <li>Reactivation application required, including fingerprint background check and fees.</li> <li>\$100 delinquent renewal fee is added.</li> <li>Civil penalty may be assessed.</li> </ul>

### CNAs and CMAs

Application Status	Requirement
Renewal application and payment arrives in office and is processed prior to license expiration..	No additional fees.
Renewal application and payment arrives in office prior to license expiration, but license expires before license renewal is processed.	<ul style="list-style-type: none"> <li>No additional fees.</li> <li>Asterisk is placed on license verification to show renewal is pending.</li> </ul>
Renewal application and payment are not received prior to expiration date.	\$5 delinquent renewal fee is added to renewal fee.
Renewal application and payment are not received before 61 days after expiration date.	<ul style="list-style-type: none"> <li>Reactivation application required, including fingerprint background check and fees.</li> <li>\$5 delinquent renewal fee is added.</li> </ul>

# REMINDER:

## SOCIAL SECURITY NUMBERS NOW REQUIRED

To decrease the chance of fraud in obtaining licenses from individuals who live overseas and do not intend to work in the US or Oregon, Social Security Numbers (or evidence of a United States visa authorizing applicants to work in the US) are now required (per Oregon Revised Statute 25.785) for all new exam or endorsement and renewal applications for licensure or certification.

Renewal and U.S. endorsement applications are accepted via the online application system only (unless you must send us evidence of a US Visa). A licensee's renewal window opens 90 days before her/his license

or certificate's expiration date. Licensees needing assistance are welcome to come to the OSBN office at 17938 SW Upper Boones Ferry Road, Portland, OR 97224 to complete their renewal using our lobby kiosk.

Applications received in the OSBN office without the required information will be deemed incomplete and will not be processed. If no SSN (or visa documentation) is received within one month of submitting an application, the application and payment will be returned to the applicant.

For more information, contact the OSBN office via email: [oregon.bn.info@state.or.us](mailto:oregon.bn.info@state.or.us).

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By OSBN Investigations Manager *Jacy Gamble*, and Nurse Investigators *Wendy Bigelow, BSN, RN, Suzanne Meadows, BSN, RN, and Rick Sexton, BSN, RN*

# DISCIPLINARY CASE STUDIES

Although disciplinary action taken by the Board is a matter of public record, the identity of the nurses referenced in this article will remain confidential.

## CASE STUDY #1

Nurse A was employed as a registered nurse in an emergency department (ED). The Board received a report that a coworker was sick with diarrhea so in order to keep the coworker from having to go home, while on break, Nurse A started an IV and infused fluids to rehydrate her coworker without a physician order.

During the investigative interview with Board staff, Nurse A said that as a nurse, she is a nurturer and caregiver and wants to make people feel better. She said that as an ED nurse, she is focused on getting things done quickly and efficiently. She stated that at the time she was not thinking that an IV fluid was a medication, with the potential of creating a reaction in her coworker, and did not think she was working outside of her scope as an RN by not having a physician order to place an IV and administer fluids.

The Board determined that Nurse A's actions violated the Nurse Practice Act (NPA) and that public discipline was warranted. The Board accepted a Stipulated Order of Reprimand of License for Nurse A. Nurse A stipulated that she engaged in conduct derogatory to the standard of nursing by practicing outside her scope of practice and for misuse of hospital time and property.

## CASE STUDY #2

Nurse B was working in the rapid evaluation unit (REU) of a rural hospital. A patient was admitted to the REU from the emergency department (ED) at 2032 and was assigned to Nurse B. The patient had the diagnosis of septic shock. At approximately 2150 the charge nurse asked Nurse B how the patient was doing. Nurse B stated that he had not checked the patient's vital signs, nor had he initiated telemetry,

as he expected the CNA to do this. Nurse B had not administered the ordered antibiotic either, stating that the patient had received it at 1800 in the ED, so it was not due until 2400.

The charge nurse instructed Nurse B to immediately get the patient's vital signs. The patient's blood pressure was low, pulse was high and his O2 saturation level was 88 percent on four liters of oxygen. Nurse B called the physician and received orders to administer IV Fluids, IV antibiotics, Piperacillin, and breathing treatments, and to transfer the patient to ICU.

The orders were acknowledged by Nurse B, but not initiated until the charge nurse stressed how ill the patient was and the importance of administering the antibiotics as soon as possible. The patient was ultimately transferred to the ICU and Nurse B gave the ICU nurse a brief hand off report.

The concern in this case was that Nurse B failed to recognize how ill the patient was. The patient was already presenting with impaired tissue perfusion, evidenced by increased blood lactate levels, low O2 sats, low blood pressure, and increased heart rate. At this stage, it was critical to provide swift intervention to correct pathological changes and prevent complications related to septic shock.

Nurse B was interviewed by Board staff and was advised of the Board's concerns in this case. Nurse B was able to verbalize the nurse's responsibility to evaluate the patient assignment and recognize and prioritize the needs of each patient based on their condition. In this case, the patient needed close monitoring, prompt intervention, and clear communication of his status to other members of the healthcare team.

The Board determined that Nurse B's actions violated the NPA and that public discipline was warranted. The Board accepted Nurse B's Stipulated Order for Reprimand of License. Nurse B stipulated that he engaged in conduct derogatory



to the standard of nursing regarding conduct related to the client's safety and integrity, and conduct related to communication.

### CASE STUDY #3

Nurse C was employed at a medical spa as a registered nurse. Nurse C was providing aesthetic care to clients. The medical spa did not have policies and procedures in place for the services being provided by Nurse C. The medical director was not providing an initial assessment, per Oregon Medical Board guidelines, on each client to ensure the appropriate care was given.

Nurse C provided the Board with evidence that she had completed education and training related to the care being provided. Nurse C's documentation was not reflective of a patient history, assessment, medication injected, or treatment provided. During the investigation process, Nurse C admitted to performing minor surgical treatments that were not in the scope of practice for a registered nurse and were done without physician knowledge and proper follow up.

The Board found that Nurse C had violated the NPA by practicing out of scope, failing to communicate patient health status to members of the healthcare team, and inaccurate documentation, and decided her conduct warranted formal discipline. The Board accepted a Stipulated Order of Reprimand of License.

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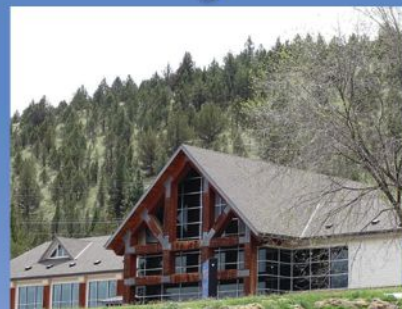


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# YOU ASK, WE ANSWER

**QUESTION:** *I've just read through Oregon's Nurse Practice Act (NPA) and cannot find a list of procedures that I can delegate in my community-based practice setting. Where is the list?*

**ANSWER:**

There is no list. This is because the practice privilege of RN delegation far exceeds the individual task or procedure alone. In other words, a nursing procedure that may be safe and appropriate to delegate in one client situation may be completely unsafe and in violation of the Nurse Practice Act to delegate in another.

I offer you two pieces of advice. First, access your employer's policies related to RN delegation. Settings that employ or utilize RNs who delegate should have policies in place addressing RN practice and RN delegation. The policies in your particular setting might identify certain nursing procedures that may be *considered* for delegation based on the rules governing the setting; the demographics of the clients served; professional nursing standards, evidence-based nursing and health care literature; Oregon's Nurse Practice Act, etc. If you find that your employer lacks these practice policies, please place their development on your to-do list!

Second, the safety and well-being of the client is always the central focus of all RN decisions regarding delegation of a nursing procedure to an assistive person. As such, keep your client's safety and well-being front and center as you apply Division 45 standards, Division 47 standards, and nursing judgment.

The resulting opinions formed based on your analysis of evidence or data regarding your client's health status; their environment; their care provider; the procedure under consideration for delegation; and your individual competencies with delegation and with performance of the procedure, will protect

your client and uphold your legal, ethical, and professional responsibilities to deliver safe nursing care. (Divisions 45 and 47 of the Nurse Practice Act are found in Oregon Administrative Rule Chapter 851, available on the OSBN website.)

**QUESTION:** *I'm an RN licensed in Florida and hold a RN position with a Florida-based health insurance company. My company recently took on a contract with an Oregon-based health insurer to provide care management services to people who live in the state of Oregon. While I do not perform hands-on care, I do utilize information from client interviews and their electronic health records to formulate a care management plan. My employer tells me I don't need an Oregon RN license to do this with the clients who live in Oregon. I think I do. Who is correct?*

**ANSWER:** You are correct. Oregon law requires that nurses must hold an Oregon nursing license to engage in the practice nursing with persons who are physically located in the state of Oregon. This law is found in Oregon Revised Statutes 678.021 and applies regardless of the manner in which nursing practice occurs; i.e., face-to-face or through the use of telecommunications technology. Bottom line is that the RN who collects and analyzes client data to identify risks/problems, formulates client health goals, develops a plan to assist the client in meeting those goals, implements the plan and evaluates client outcomes... is practicing nursing.

Please communicate the following to your employer (and to any of your supervisors who hold nursing licensure):

- Any RN, LPN, and advanced practice RN (APRN) within your company who practices with persons located in the state of Oregon require Oregon State Board of Nursing licensure.
- Persons who engage in the practice of nursing practice with Oregon residents and who do not



hold Oregon nursing licensure are in violation of Oregon law and subject to discipline including civil penalties.

- Civil penalties may be imposed on an employer that: 1) Employs a person without Oregon nursing licensure to practice nursing with Oregon residents, and 2) Does not have a current system in place to ensure that only those nurses with a current valid Oregon license be allowed to practice nursing with Oregon residents.
- The Oregon-licensed RN, LPN, and APRN must adhere to Oregon's Nurse Practice Act when practicing with client's who are located in Oregon.
- No employer, policy, or person may compel someone to practice in violation of Oregon's Nurse Practice Act.

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# MEET THE TEAM

**The Oregon State Board of Nursing is much more than just, “that place where you get your license renewed every two years.” To achieve our mission of public protection, our team is hard at work approving educational and training programs, providing outreach presentations to employers and licensees, answering scope-of-practice questions, investigating possible violations of the Nurse Practice Act, maintaining our online systems, and, yes, issuing licenses. In each issue of the *Sentinel*, we’ll introduce you to two of the team members who make everything work.**



## **NANCY IRLAND, DNP, RN, NMNP, CNM**

OSBN Policy Analyst Nancy Irland knew at eight years of age that she wanted to be an obstetrical nurse. “We were living in Sri Lanka, and one of the church members was pregnant. She came to our house to time contractions because the hospital was just across the street. When it was time, I went with the woman, her husband, and my mother to the hospital.

The woman was settled in a 4-bed ward behind a curtain. I sat with the other grownups on a bench against the wall. I don’t remember any sounds except a baby’s sudden cry. My mother looked over and said to the woman’s husband, “That’s your baby!” When they pulled aside the curtain, and I saw the beautiful baby in the wicker bassinet, I reached out my finger and she grasped it tightly. “I knew in that moment that I had to be part of this—I had to learn what happened behind the curtain!”

Irland’s parents were missionaries; she lived in Burma, India, and Sri Lanka until she was 16, when the family relocated to Seattle. “My parents wanted

my brother, sister, and me to go to high school in the States.” She finally learned about what went on “behind the curtain” when she received her Associate Degree in Nursing from Pacific Union College in Angwin, Calif. She married her high school sweetheart in 1972 and began a nursing career that included 25 years in labor and delivery at Tuality Community Hospital in Hillsboro. “Sometimes the doctors didn’t make it in time, and I got to deliver a few babies. It was such a thrill.” During this time, she also spent a few years as clinical faculty for Linfield College.

When her children were in college, she wanted to add teaching to her resume, but discovered she needed at least a bachelor’s degree. So, she went through the RN-to-BSN program at University of Portland, and straight on to OHSU to achieve her master’s degree in midwifery in 1998. Around the same time, she was invited to serve a five-year term on the Editorial Advisory Board for Nursing for Women’s Health, a professional journal of the Association of Women’s Health, Obstetric, and Neonatal Nurses (AWHONN). Irland practiced as a certified nurse-midwife for a few years. However, after a family tragedy she decided to change course and leave the bedside. She created a program for new graduates at Salem Hospital focusing on labor and delivery, followed by several years at Providence St. Vincent Medical Center in Portland leading nurse-in-residence program for new graduates. After a year, she was asked to serve as the clinical specialist for obstetrics at St. Vincent, guiding the nursing care of high-risk OB patients. After earning her Doctor of Nursing Practice at OHSU in 2012, Irland also taught a class on-line for Northwest Christian University. She was honored



to receive the March of Dimes Nurse of the Year for Nursing Education designation in 2013.

Irland retired briefly in July of 2017, but missed having contact with “the outside world.” She joined the Board of Nursing in March, 2018. As the OSBN’s RN/LPN Education Policy Analyst, Irland conducts periodic surveys of the in-state nursing education programs to ensure they continue to meet the standards found in the Nurse Practice Act. She also guides the board’s Nursing Education Advisory Group, which meets regularly to review education rules found in the Nurse Practice Act.

After spending 46 years in and around hospitals, she says the best part about being at the OSBN is the absence of emergencies. “As much as I loved obstetrical nursing, it’s refreshing to think about something other than fetuses and contractions,” she says, with a laugh. “It’s nice to stretch my mind in a different direction and to confirm that the next generation of nurses has the best, most supportive education possible.”

Irland enjoys spending time with her husband, visiting with their children and grandchildren, tending her vegetable garden, and writing. She’s written 15 children’s books, has two novels in the works, and was just published in the June issue of Nursing for Women’s Health. “This is a very satisfying way to end my nursing career.”



## CINDI BOE

An Oregon native, OSBN Accounting Tech Cindi Boe hails from Lakeview. “The tallest town in Oregon,” she says with a smile.

When she was growing up, she explains, career options for women were still limited. “People mostly thought women could be nurses, secretaries,

or teachers. I was good at the office stuff,” she says. Coming to Portland to attend the Northwestern College of Business was a shock for her. “I was a small-town girl. Back home, people say ‘hi’ when you pass them on the street. I got a rude awakening the first time I did that here.”

After graduating, she moved to Klamath Falls, where she worked for seven years as the administrative assistant to the city manager, city council, and mayor. “It was interesting, seeing how government worked.” Wanting to expand her knowledge base, she branched into human resources, working for several years in the personnel department at Sky Lakes Medical Center and as the personnel manager at Plum Ridge Care Center. It was during the economic downturn in 2008 that her son convinced her to move away from her familiar surroundings in Southern Oregon.

“He was attending George Fox University to get his bachelor’s and master’s degrees, and he wanted me to move closer to him,” she explains. “So I did. He and his friends had me unpacked and my apartment all organized in mere hours!”

Boe worked at a few locations around the Portland area, mostly in collections, and joined the Oregon State Board of Nursing in 2016 on a job rotation from PERS before being hired permanently in May 2017. “It’s been nice to get back to normal accounts and receivable.” As the accounting technician, she posts payments in the licensing database, pays agency bills, processes mail, and handles balance transfers to other agencies. “I keep the lights on,” she says with a laugh.

“People care here,” she says, explaining that the family atmosphere of a small agency is one of the best parts of working at the OSBN. Boe also says she enjoys doing her part to help the Board in its mission to protect the public. “Licensure is an important part of making sure people are safe to practice. I’m shocked at how many licensees forget to renew on time.”

In her off hours, Boe is a voracious reader and enjoys creating e-cards on her computer. She remains close to a group of high school friends, and looks forward to their annual trip to Sun River. “We like to see how much trouble we can get in!” She also enjoys traveling the world with her son, who works for Nike. “I’ve been able to go with him several times on various trips. We’ve been to Austria, Italy, Germany, and Cancun,” she explains. “I’m so proud of him—he’s the light of my life.”

By OSBN Executive Assistant **Peggy Lightfoot**

# THE OREGON BOARD OF NURSING: A HISTORICAL PERSPECTIVE

*In this time of ever-increasing technological advances that move our world at seemingly a breakneck speed, it's good to remember that the more things change, the more they stay the same. Although the tools we use to license nurses have kept up with the times, the Oregon State Board of Nursing's goal of public protection will always remain the same.*



*St. Anthony Hospital 1942 nursing graduates.*

In 1907, the Oregon State Graduate Nurses Association (now known as the Oregon Nurses Association) began drafting what would become Oregon's first Nurse Practice Act. In 1911, the Oregon Legislature passed "The Law Regulating the Practice of Professional Nursing." Signed by Governor Oswald

West, it established the Oregon State Board of Nursing Examiners (the Oregon State Board of Nursing's original name), the intent of which was to assure qualified healthcare providers and establish uniform standards for nursing education. Below is a historical perspective of the OSBN, spanning over 107 years.





*Sisters of Providence St. Vincent Hospital nursing students in 1911.*

**1911** The first Board meeting was held on June 7 in Portland, Oregon. The first Board members were Olivia E. Osborn, of Medford, and Helen Jones and Frances McLane of Portland. The Board discussed the bill that originated the Board, agreed upon a motto, authorized the Secretary to purchase a seal and stationary, sent a notice of the meeting to the Pacific Coast Journal, and postponed a decision on the Secretary's salary.

The first four nursing schools were St. Vincent Hospital, Good Samaritan Hospital, and Portland Sanitarium and Hospital (Portland Adventist Hospital) in Portland, and St. Anthony's Hospital in Pendleton. Good Samaritan was the first school of nursing in the Pacific Northwest, founded by Emily Loveridge in 1890, who served as the superintendent of the school for 25 years, from 1905 to 1930.

The Board signed 47 initial certificates of registration during its fall meeting on October 19, 1911.

**1912** Training applications were approved for Sellwood Hospital, St. Mary's in Astoria, Salem Hospital in Salem, The Dalles Hospital, and Granite City Hospital in Ashland.

Subjects of examination development were assigned as follows: gynecology and medical nursing to Mrs. Osborne; anatomy, physiology and surgical

nursing to Miss McLane; and dietetics, home sanitation, and material medica to Miss Jane Doyle.

**1925** It was decided during the September 1, 1925, Board meeting that the fine for practicing nursing without a license would be \$10 to \$100 for the first offense, and \$100 to \$500 for each subsequent offense. The Board received its first manual typewriter.

**1928** The first nurse was disciplined by the Board for a medication error.

**1929** The Nurse Practice Act was amended to make licensure mandatory for the practicing nurse.

**1932** There were two additional members added to the Board, bring the total to five.

**1933** During the July 11 meeting, there was discussion regarding an adding machine and safe. "It was the unanimous opinion that for the time being we would get along without either...but it was suggested that Miss McDonald would look for prices on safes."

**1940s** "The War Years" – the Board made some allowances related to the war that included allowing women younger than 18 to enter nursing programs, women younger than 21 to graduate, a more liberal acceptance of the Nursing Cadet training (military program) for meeting state requirements, and leniency on timeliness of registration for those involved in war service. After the war, multiple discussions and policy decisions were made about renewal/reinstatement of registration for those who were in service.

**1942** The total number of Registered Nurses in the state of Oregon was 5,171.

**1943** The Bolton Act, enacted on June 15, 1943, appropriated \$160 million in federal funds to 1,125 nursing schools all over the country and established the US Cadet Nurse Corps, which

was created to meet the urgent need for more and better trained nurses during World War II. It was the first time federal money was allocated for nursing education. This led to a 44 percent increase in the number of nursing students admitted to programs in Oregon, meeting its quota of students in six months. In 1944, there was a 70 percent increase in the nursing students in training, a total of 547.

**1944** Oregon became one of 22 states having membership in the State Board Test Pool with the examinations published by the National League of Nursing Education. The total number of registered nurses in the state of Oregon was now 6,569. Registered nurses remained at a premium; qualified nursing instructors and supervisors were almost unattainable.

**1945** The Board raised fees to \$15 for registration by exam and reciprocity, and to \$5 for a duplicate certificate.

**1947** Numerous requests were made regarding nursing courses and nursing school registration of male nurses in Oregon. A fraudulent registration application was discovered because a male applicant had falsely reported completion of a program through Johns Hopkins Hospital.

**1948** A 44-hour per week limit was adopted for nursing students, including classes and ward time, with a reduction to a 40-hour week by September 1948. Specific policies were discussed regarding students on the night shift – students needed to have two nights off per week and not be required to attend morning classes.

**1949** The first Oregon organization of practical nurses was formed, and drafted legislation that resulted in enactment to license practical nurses. The legislation was desired as a way of improving educational standards for practical nurses. The first school of practical nurses was a vocational school in Portland offered through the Portland Public School

District #1. The Board of Nursing was charged with the administration of the new law with a six-member advisory council of practical nurses to consult and advise the Board on matters concerning or related to the practical nursing law.

**1950** At the February Board meeting, the Practical Nurse District Association presented the cap and emblem they wished to adopt. The Board approved the emblem, but recommended that the green band worn on the cap should be at least three inches wide.

**1968** At the June Board meeting, there was discussion regarding beginning work on the biennial budget for 1969-1971, and staff asked for input from the Board as to specific items that they wished to be included in the budget. The following were identified as items to be considered in preparation of the budget:

1. The employment of a fourth professional staff person whose major work would be on nursing practice and assisting in nursing education programs.
2. A new table and chairs for the Board Room.
3. The costs of a newsletter, which would be published at least quarterly by the Board.
4. Funds for an annual workshop or meeting with all schools of nursing in the state.
5. Dictating machine to use at Board meetings.

**1970s** Nurse practitioners were recognized in Oregon statute and first licensed in 1977, receiving prescriptive authority for Schedule III-V drugs in 1979.

**1980s** Technological advances began in the 1980's, moving the Board from typewriters and manual methods to computer databases and online systems to better serve its licensees and the public.

**1985** As of July, there were 25,538 RNs and 6,244 LPNs with an Oregon license, and 572 nurse practitioners with an Oregon nurse practitioner certificate.



**1990** The Board issued the first CNA certificates in January, after being given authority in 1989 as a direct response to the Omnibus Budget Reconciliation Act of 1987 (OBRA '87) and the Nursing Home Reform Bill. The landmark legislation changed society's legal expectations of nursing homes and their care. Four years later, there were approximately 25,000 certified CNAs on the Board's registry.

**1995** A new automated telephone license verification system was implemented in September, allowing employers to verify licensure for RNs, LPNs, and NPs. CNA verification was added to the system in October. The new system replaced the previous method of verification by fax.

As of October, there were 34,154 RN and LPN licenses and 17,220 nursing assistants holding current CNA certification in Oregon.

**2002** Retired Nurse status was adopted in Administrative Rule as a result of legislation passed in 2001, and a new online license verification system was introduced in October.

**2004** The Board adopted a formal mission statement:

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

An online renewal application system was introduced in June. As of May 2011, 91 percent of renewals were done online.

**2009** Legislation changed regarding the composition of the nine-member Oregon Board of Nursing, changing the requirement for two LPNs to one LPN, and adding one CNA member.

**2010** The 2009 Legislative Session eliminated the requirement for the Board to issue wallet-sized cards as evidence of current licensure. Beginning in 2010,

the Board stopped issuing plastic cards for licensees (which could be up to two years old, and didn't reflect a licensee's current licensure and/or discipline status) and transitioned to real-time electronic license verification only.

An online, automated license verification system was introduced in August and an online endorsement application system was introduced in September. As of May 2011, 78 percent of endorsements were done online.

The Board transitioned to a new database in the Investigations Department; transition to the Licensing Department occurred in 2013.

**2016** Legislation required the Board to adopt rules regarding qualifications and competency validation for a nurse emeritus license type; the rules became effective in January of 2016. This allows the licensee granted emeritus licensure to practice nursing (practical nursing or registered nursing only) in a volunteer or other non-compensatory basis.

**2017** All sections of Division 45 of the Nurse Practice Act regarding the scope and standards of RNs and LPNs (OAR 851-045) were updated; the first major overhaul in a decade.

**2018** License exam and reactivation applications were added to the online application system.

Public safety is the Board's purpose, and discipline for infractions of the Nurse Practice Act is a necessary aspect of regulation. In 2017, Board staff received and investigated 2,193 complaints. Currently, the Board surveys and approves more than 40 RN and PN nursing education programs, 43 nursing assistant, five medication aide training programs, and two CNA2 training programs.

Many things have changed since 1911; however, the Board's mission of public protection remains constant. Now with nine members and a staff of about 50, it serves more than 85,000 licensees and the public as effectively and efficiently as possible, always looking for ways to streamline processes and remove unnecessary barriers to licensure.

# ANOTHER TOOL TO PREVENT OPIOID OVERDOSE DEATHS



The opioid crisis is a daunting problem. In 2014, inpatient stays due to opioids in Oregon were up to 307 per 100k people, a 60 percent increase over the past 6 years and 37 percent above the national mean.<sup>1</sup> Similar nationwide data informed the CDC 2016 Opioid Prescribing Guidelines, which were vetted by expert opinion, peer review, and members of the public. For those at highest risk, we have tools that can mitigate this risk and give people a chance to survive an accidental overdose.

The co-prescription of nasal naloxone is a means to extend a lifeline to these patients and their families. The CDC Opioid Guideline #8<sup>2</sup> strongly encourages co-prescribing to those patients taking  $\geq 50$  MED. This has been shown to have a positive effect on survival.<sup>3,4</sup> Also, pharmacists, with proper training, can prescribe naloxone for rescue purposes in Oregon. This can be an opportunity to partner with the pharmacists in your community. They can help ensure sufficient supply of this life saving medication for the people you serve.

Currently, the rate of co-prescribing is around

1-3 percent.<sup>5</sup> Because EMS response time varies from 8-22 minutes on average,<sup>6</sup> and lay administration has been found effective, providing naloxone to your patient could prevent hypoxic injury or death. It is an unusually safe drug; side effects of excess administration of naloxone are negligible. Furthermore, a friend or loved one will have the means and medication to reverse an overdose should your patient experience one.

The risks of opioids are widely known throughout the state. The FDA has required black box warnings on opioids and benzodiazepines for respiratory depression, and other adverse effects. Patients with co-prescribed benzodiazepine endure 3.8 times the risk of death from overdose.<sup>7</sup> Because these risks are well established it is prudent and compassionate to prescribe naloxone to patients at elevated risk for harm. Training a patient and a loved one can be done in 10-15 minutes; this can be delegated to your clinic staff or the dispensing pharmacist. It can strengthen your bond with your patient as they see your attention to their safety.

## REFERENCES:

- <sup>1</sup>Weiss AJ, et al. Opioid-Related Inpatient Stays and Emergency Department Visits by State, 2009–2014. HCUP Statistical Brief #219. December 2016. AHRQ, Rockville, MD. <http://www.hcup-us.ahrq.gov/reports/statbriefs/sb219-Opioid-Hospital-Stays-ED-Visits-by-State.pdf>. Accessed 05 Feb 2018.
- <sup>2</sup>Dowell D, Haegerich TM, Chou R. CDC Guideline for Prescribing Opioids for Chronic Pain — United States, 2016. MMWR Recomm Rep 2016; 65(No. RR-1):1–49. DOI: <http://dx.doi.org/10.15585/mmwr.rr6501e1>. Accessed 05 Feb 2018.
- <sup>3</sup>Maxwell et al. J Addict Dis 2006;25: 89-96.
- <sup>4</sup>Evans et al. Am J Epidemiol 2012; 174: 302-8.
- <sup>5</sup>Unpublished data from AllCare and Care Oregon, Accessed January 2018.
- <sup>6</sup>Mell HK, Mumma SN, et al. Emergency Medical Services Response Times in Rural, Suburban, and Urban Areas JAMA Surg. 2017; 152(10):983-984
- <sup>7</sup>Park TW, et al. Benzodiazepine prescribing patterns and deaths from drug overdose among US veterans receiving opioid analgesics: case-cohort study BMJ. 2015 Jun 10; 350:h2698.





## Oregon Center for N U R S I N G

# NUMBER OF BSN GRADUATES IN OREGON CONTINUES TO GROW

The number of nursing students completing a baccalaureate degree each year in Oregon continues to grow, according to a new infographic and fact sheet released by the Oregon Center for Nursing (OCN).

“This trend toward baccalaureate-level education for nurses has been growing over the past decade, and was most notably championed by the Institute of Medicine’s recommendations to advance nursing as a profession,” says OCN Executive Director Jana R. Bitton. “As hospitals and other employers continually seek ways to improve patient safety and care, they also demand nurses with higher levels of education.”

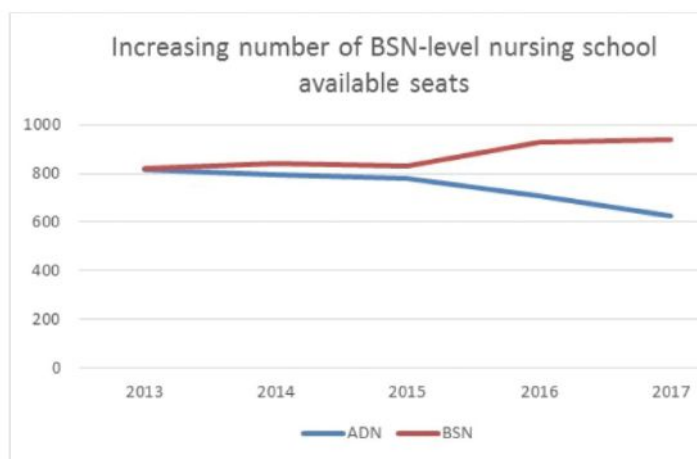
While baccalaureate degree programs and RN-to-BSN programs continue to expand, associate degree programs are reducing the number of open seats.

“There are many reasons why associate degree nursing programs are decreasing in size. Market trends play a role in what type of degree students want, however the availability of faculty and clinical placement spots also affect program size,” says Bitton.

Oregon’s nursing programs had a combined 1,567 seats available for new students in the 2016 school year. Associate degree programs, offered

at community colleges, accounted for 628 seats, a decrease of 79 seats from the previous school year.

To view or download the “Nursing Education in Oregon (2016-2017)” fact sheet and infographic, or other reports on Oregon’s nursing workforce, visit [www.oregoncenterfornursing.org](http://www.oregoncenterfornursing.org).



Source: Oregon State Board of Nursing Annual Nursing Program Surveys, 2013-2017.

OCN is a nonprofit organization created by nursing leaders in 2002. OCN facilitates research and collaboration for Oregon's nursing workforce to support informed, well-prepared, diverse and exceptional nursing professionals. Recognized by the Oregon state legislature as a state advisory for nursing workforce issues, OCN fulfills its mission through nurse workforce research, building partnerships, and promoting nursing and healthcare. For more information about OCN, please visit [www.oregoncenterfornursing.org](http://www.oregoncenterfornursing.org).

# WORK CONTINUES ON DIVISION 62 REVISION

At the June Board meeting, the Board postponed the approval of the Division 62 recommended changes to allow for more work on the logistics of implementation of the rule changes. The draft rules can be found at [http://www.oregon.gov/OSBN/pages/draft\\_policies\\_rules.aspx](http://www.oregon.gov/OSBN/pages/draft_policies_rules.aspx). Proposed changes include:

- Clarification on when an individual can be hired to perform nursing assistant duties in a licensed nursing facility;
- Interpretation on paid employment requirements for certified nursing assistants;
- Addition of a competency examination requirement for CNAs who are endorsing into Oregon;
- Provision for individuals who have graduated from an approved nursing program in the United States (U.S.) to obtain their Oregon CNA 2;
- Option for an individual who previously held Oregon CNA to reactivate their Oregon certification if they have been certified and working in another state;
- Change in process for an individual enrolled in an

approved nursing program in the U.S. to obtain an Oregon CMA;

- Increase in the period of eligibility for CMA examination from one year to two years after completion of medication aide training program; and
- Other minor changes recom-

mended to add clarity and organization for ease of reading or to correct grammar and punctuation.

If you have any comments or concerns, please contact Debra K. Buck, MS, RN, at [debra.buck@state.or.us](mailto:debra.buck@state.or.us) or 971-673-0636.



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# YOUR BOARD IN ACTION

## Highlights from the June 2017 Board Meeting

### EDUCATION

The Board approved Rogue Community College Practical Nursing Program for up to eight years.

Warner Pacific University's application for a new baccalaureate program also received preliminary approval.

### PRACTICE AND TRAINING

The Board agreed to add the use of CHG preoperative prep cloths to the CNA's authorized duties task list. The Board also approved the interpretive statement entitled, "Advanced Practice Nurses in the Role of the Registered Nurse First Assist."

### ADMINISTRATIVE RULES

Board staff is currently reviewing several divisions of the Nurse Practice Act for possible updates, including divisions 21 (RN/LPN education), 31 (licensing), 47 (community-based care), 48 (delegation), 50 (nurse practitioners), 52 (CRNAs), 54 (clinical nurse specialists), 56 (APRN prescribing and dispensing authority), and 62 (NA/MA certification).

After much discussion and consideration spanning several meetings, the Board also directed staff to develop proposed language that would change the RN/LPN competency requirements in Division 31 from the current 960 hours of practice in five years to 400 hours of practice in two years. Staff also will develop a process to phase-in implementation of this significant change in regards to license renewals and endorsement applications. Staff will provide a progress update to the Board during the September meeting. *(Watch for more information in the November issue of Sentinel.)*

### ADMINISTRATION

Four legislative concepts submitted by the Board for the 2019 legislative session were approved by the Governor's office to proceed:

1. Change several sections of Oregon Revised Statute 678 to reflect that the OSBN licenses. Change several sections of the nursing statute (found in ORS chapter 678) to reflect that the OSBN licenses nurse practitioners and clinical nurse specialists, rather than certifies them, and approves nursing education programs, instead of accrediting them. The change will help differentiate between state licensure and national certification for advanced practice nurses. The term "accredited" is reserved for those organizations approved by the state to accredit institutions of higher education. The Board is authorized only to measure a school's nursing education program's ability to meet the standards developed in Board rule, not to certify the quality of the school itself.
2. Separate nurse midwives from the nurse practitioner license type and create a new standalone license for certified nurse midwives.
3. Change statute to allow applicants who have graduated from certain military training programs to take the NCLEX-PN and be eligible for licensure as licensed practical nurses.
4. Remove the unnecessary definition for ambulatory surgical centers from nursing statute and change the terms "conscious sedation" to "moderate sedation," and "anesthesia" to "general anesthesia" to better reflect modern medical practice.

*For complete meeting minutes or a list of scheduled stakeholder events, please visit the OSBN website at [www.oregon.gov/OSBN/meetings](http://www.oregon.gov/OSBN/meetings). Board meeting agendas, administrative rule hearing notices, and proposed rule language are posted on the OSBN website ([www.oregon.gov/OSBN/draft\\_policies\\_rules.shtml](http://www.oregon.gov/OSBN/draft_policies_rules.shtml)) at least 15 days prior to each meeting.*



## APPLY NOW FOR BOARD MEMBER OPENINGS

Interested in serving on your Board and helping to protect the public's safety? The following positions on the Oregon State Board of Nursing will be available beginning in January 2019:

- Licensed Practical Nurse
- Two Public Members (non-nurse members)

All board members are appointed by the Governor and confirmed by the Senate. To apply, visit the Governor's Boards and Commissions webpage at: [www.oregon.gov/gov/admin/Pages/Boards-and-Commissions.aspx](http://www.oregon.gov/gov/admin/Pages/Boards-and-Commissions.aspx). For more information on the specific duties of an OSBN Board Member, contact OSBN Communications Manager Barbara Holtry at [barbara.holtry@state.or.us](mailto:barbara.holtry@state.or.us).

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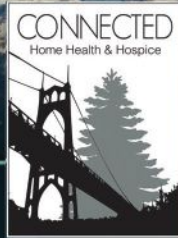
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# DISCIPLINARY ACTIONS

Actions taken in April, May, and June 2018. Public documents for all disciplinary actions listed below are available on the OSBN website at [www.oregon.gov/OSBN](http://www.oregon.gov/OSBN) (click on 'Look Up a Nurse or Nursing Assistant').

Name	License Number	Discipline	Effective Date	Violations
Kirt S. Adams	201141044RN	Voluntary Surrender	4-11-18	Failing to comply with the terms and conditions of the Health Professionals' Services Program.
Hillary A. Allen	201030171LPN	Suspension	6-13-18	Minimum 14-day suspension. Failing to cooperate with the Board during the course of an investigation.
Patricia Alonso	201708916RN	Reprimand	6-13-18	Reprimand with conditions. Failing to accurately document nursing interventions and failing to implement the plan of care.
Christa R. Andreasen	200341535RN	Probation	6-13-18	24-month probation. Conviction of a crime that bears a demonstrable relationship to nursing.
Naomi J. Arce	CNA Applicant	Application Denied	5-9-18	Abusing and neglecting a person, failing to answer questions truthfully, and willful misrepresentation in applying for a certificate.
Tobie E. Bardsley	201703968RN	Reprimand	6-13-18	Failing to report through proper channels the unsafe practice of any healthcare provider, assuming duties and responsibilities within the practice of nursing without documented preparation and when competency has not been established, and failing to conform to the essential standards of acceptable nursing practice.
Gina M. Bates	201608502LPN	Suspension	6-13-18	60-day suspension. Failing to report suspected incidents of child abuse, failing to answer questions truthfully, and misrepresentation during the licensure process.
Carlene L. Benscoter	201508121RN	Voluntary Surrender	5-9-18	Neglecting a client, failing to follow through with the plan of care, and failing to conform to the essential standards of acceptable and prevailing nursing practice.
Jennifer S. R. Bevan	200412707CNA	Voluntary Surrender	5-9-18	Using intoxicants to the extent or in a manner injurious to herself or others.
Hannah Brewer	201802747LPN	Civil Penalty	4-11-18	700 civil penalty. Practicing nursing without a current license.
Skylie M. Brummett	201608825CNA	Voluntary Surrender	6-13-18	Performing authorized duties while impaired and failing to conform to the essential standards of acceptable and prevailing CNA performance.
Sara A. Cabitto	201605915LPN	Probation	5-9-18	24-month probation. Using intoxicants to an extent or in a manner dangerous to herself or others.
Jennifer B. Carson	LPN Applicant	Voluntary Withdrawal	4-11-18	Failing to take action to preserve client safety.
Sharon L. Carter	087000125RN	Revocation	5-9-18	Gross incompetence, practicing while impaired, and failing to conform to the essential standards of acceptable nursing practice.
Christopher L. Castleberry	CNA Applicant	Application Denied	5-9-18	Failing to provide requested documents, and failing to cooperate with the Board during the course of an investigation.
Sueann M. Coe	201505653CNA	Probation	5-9-18	12-month probation. Using intoxicants to an extent or in a manner dangerous to herself or others, and failing to answer questions truthfully.
Tina M. Constable	200941393RN	Suspension/ Probation	4-11-18	30-day suspension, followed by 12 months of probation. Inaccurate and incomplete recordkeeping, performing acts beyond her authorized scope, and failing to conform to the essential standards of acceptable nursing practice.
Nick A. Cooper	201212241CNA	Suspension	6-13-18	Minimum 14-day suspension. Failing to cooperate with the Board during the course of an investigation.
Erin R. Courtney	201243212RN	Suspension	6-13-18	Minimum 14-day suspension. Failing to cooperate with the Board during the course of an investigation.
Emilie M. Cranston	091003033LPN	Suspension/ Probation	4-11-18	30-day suspension, followed by 12-month probation. Incomplete recordkeeping, client neglect, performing acts beyond her authorized scope, and failing to conform to the essential standards of acceptable nursing practice.
Eric A. Danielson	200541147RN	Reprimand	5-9-18	Failing to implement the plan of care, and failing to document.
Karen L. Daughtry	200843348RN	Suspension	6-13-18	Minimum 14-day suspension. Failing to cooperate with the Board during the course of an investigation.
Tiffany A. Davidson	201141430RN	Suspension/ Probation	4-11-18	One-year suspension, followed by 12-month probation. Inaccurate and incomplete recordkeeping, obtaining unauthorized drugs, and failing to conform to the essential standards of acceptable nursing practice.
Joy M. Diede	201804582RN	Probation	6-13-18	18-month probation. Using intoxicants to an extent or in a manner dangerous to herself or others.
Sarah L. Donohue	200312341CNA/ 201601924CMA	Revocation	4-11-18	Diverting drugs, falsifying medication administration records, jeopardizing the safety of a person under her care, and the unauthorized removal of drugs from any person or setting.



Name	License Number	Discipline	Effective Date	Violations
Tammy L. Duncan	201700252CNA	Voluntary Surrender	5-9-18	Failing to implement the plan of care, and failing to respect client dignity and rights.
Mabel Y. Dzata	092000471RN/ 200050056NP	Voluntary Surrender	4-11-18	Performing acts beyond her authorized scope, implementing standards of care that jeopardize patient safety, and failing to conform to the essential standards of acceptable and prevailing nursing practice
Laura R. Finney	082011822RN	Probation	6-13-18	24-month probation. Practicing when unable due to a mental impairment.
Benjamin J. Fowler	201502695RN	Reprimand	6-13-18	Reprimand with conditions. Failing to document nursing interventions in a timely manner and using intoxicants to the extent injurious to himself or others.
Jenifer M. Gaskin	201392602CNA	Voluntary Surrender	4-11-18	Demonstrated incidents of dishonesty.
Jennifer M. Greene	200942973RN	Civil Penalty	6-13-18	\$2,500 civil penalty. Employing a nurse without a procedure in place for checking the current status of that nurse's license to ensure that only those nurses with a current Oregon license be allow to practice.
Yolanda L. Gusman	CNA Applicant	Application Denied	4-11-18	Failing to report her Theft conviction to the Board within 10 days, failing to provide requested documents, and failing to cooperate during the course of an investigation.
Mandi R. Hamblin	201130529LPN	Reprimand	5-9-18	Failing to document.
Bobbie Lyn L. Hammick	000031638CNA	Suspension	4-11-18	30-day suspension. Failing to maintain professional boundaries.
Darrel J. Hansen	RN Applicant	Application Denied	5-9-18	Abusing and neglecting a client, failing to respect client
Mary R. Hanson	200341346RN	Reprimand	4-11-18	Engaging in threatening behavior towards a coworker and failing to conform to the essential standards of acceptable and prevailing nursing practice.
Julie A. Harris	075035003RN	Voluntary Surrender	5-9-18	Neglecting a client, incomplete recordkeeping, and failing to communication client status information to members of the health care team.
Jennifer A. Harrod	201700224RN	Civil Penalty	6-5-18	\$200 civil penalty. Practicing nursing without a current license.
Allen L. Heinly	CNA Applicant	Application Denied	4-11-18	Failing to provide requested documents, and failing to cooperate with the Board during the course of an investigation.
Tawndi M. Hemion	200742458RN	Probation	5-9-18	24-month probation. Using intoxicants to an extent or in a manner dangerous to herself or others.
Christy E. Imler	201704022LPN	Suspension	4-11-18	14-day suspension. Abusing a client.
Becky E. Jacobsen	201230442LPN	Suspension	5-9-18	Minimum 14-day suspension. Failing to cooperate with the Board during the course of an investigation
Dee A. Johnson	201212865CNA	Revocation	5-9-18	Neglecting a person, failing to respect client dignity and rights, and failing to provide documents requested by the Board
Rachel A. Jones	200812590CNA	Suspension	4-11-18	Minimum 14-day suspension. Failing to cooperate with the Board during the course of an investigation.
Staci A. Kalet	RN Applicant	Voluntary Withdrawal	6-13-18	For current discipline in California.
Angelsea M. Keim	201606874RN	Reprimand	5-9-18	Demonstrated incidents of dishonesty.
Laura F. Ketterman	200510823CNA	Application Denied	4-11-18	Failing to report her misdemeanor conviction to the Board within 10 days, failing to provide requested documents, and failing to cooperate during the course of an investigation.
Christopher R. Koch	200611428CNA	Voluntary Surrender	5-9-18	Violating the terms and conditions of a Board Order.
Grace A. Koch	000036824RN	Probation	6-13-18	24-month probation. Client abuse, performing acts beyond her authorized scope, exploiting the client's family for personal gain, and failing to conform to the essential standards of acceptable nursing practice.
Wendy K. Kucherhan	200041384RN	Reprimand	6-13-18	Reprimand with conditions. Failing to document nursing interventions in a timely manner, failing to implement the plan of care, and failing to conform to the essential standards of acceptable nursing practice.
Jacqueline R. Lageson	089006251RN	Civil Penalty	5-15-18	\$475 civil penalty. Practicing nursing without a current license..
Betsy R. Langton	079043497RN/ 201050117NP	Application Denied	6-13-18	\$1,025 civil penalty. Practicing nursing without a current license.
Maria C. Licona	201602972RN	Civil Penalty	4-5-18	\$2,500 civil penalty. Practicing nursing without a current Oregon license.
Ernest E. Lissy	200441994RN/ 200450135NP	Probation	4-11-18	24-month probation. Failing to properly assess and document client assessment when prescribing, inaccurate and incomplete recordkeeping, and failing to conform to the essential standards of acceptable nursing practice.
Sharin A. Little	092000505RN	Voluntary Surrender	4-11-18	Failing to comply with the terms and conditions of the Health Professionals' Service Program.

Name	License Number	Discipline	Effective Date	Violations
Ann K. Lomax	201391613RN	Civil Penalty	4-11-18	\$2,500 civil penalty. Practicing nursing without a current license.
David H. Lucas	200930396LPN	Suspension	6-13-18	90-day suspension. Failing to follow through with the plan of care, inaccurate and incomplete recordkeeping, and failing to take action to preserve client safety.
Melanie J. Ludig	201406871RN	Suspension	6-13-18	Minimum 14-day suspension. Failing to cooperate with the Board during the course of an investigation.
Jennifer L. MacDonald	201040699RN	Probation	4-11-18	24-month probation. Using intoxicants to an extent or in a manner dangerous to herself or others.
Ashley K. Marsh	200841256RN	Suspension/ Probation	6-13-18	Six month suspension, followed by 12 month probation. Using intoxicants to the extent injurious on in a manner dangerous to herself or others.
Valerie K. Martinez	000024372CNA	Suspension/ Probation	5-9-18	14-day suspension, to be followed by 12 month probation. Neglecting a person, failing to respect the dignity and rights of a person, and failing to complete a CNA assignment without properly notifying appropriate supervisory personnel.
Michelle L. Mattraw	081047039RN	Voluntary Surrender	4-11-18	Improperly delegating tasks of nursing care and developing standards of care that jeopardize patient safety.
Lori B. McMurtrey	094003136RN	Probation	6-13-18	24-month probation. Using intoxicants to an extent or in a manner dangerous to herself or others, and failing to answer questions truthfully.
Vallyna D. Michaelis	098000107RN	Revocation	6-13-18	Inaccurate documentation, practicing nursing while impaired, falsifying data, and performing acts beyond her authorized scope.
Jelene S. Minnick	081001471RN	Probation	5-9-18	24-month probation. Inaccurate and incomplete recordkeeping, falsifying data, and failing to administer medications in a manner consistent with state and federal law.
Marisa D. Mitchell	RN Applicant	Voluntary Withdrawal	4-11-18	Failing to meet educational requirements for licensure.
Teresa L. Moen	201601355RN	Probation	5-9-18	12-month probation. Misrepresentation in applying for licensure, and failing to answer questions truthfully.
Peter P. Montague	200742383RN	Reprimand	5-9-18	Engaging in violent behavior towards a coworker.
Blair V. Moon	201041601RN	Probation	4-11-18	12-month probation. Practicing nursing while impaired.
Susan H. Moore	200612052CNA	Revocation	6-13-18	Demonstrated incidents of dishonesty, abuse and neglect of a person, and misrepresentation during the licensure process.
Donna E. Morehead	200730357LPN	Revocation	5-9-18	Failing to administer medications in a manner consistent with state and federal law, failing to document information pertinent to a client's care, and failing to cooperate with the Board during the course of an investigation.
Misty A. Moschella	200740679RN	Probation	4-11-18	24-month probation. Failing to comply with the terms and conditions of the Health Professionals' Services Program.
Nyagah G. Nyamu	000012083CNA	Suspension	5-9-18	Minimum 14-day suspension. Failing to cooperate with the Board during the course of an investigation.
Melvorn P. Obrien	081047285RN	Reprimand	6-13-18	Failing to supervise persons to whom nursing tasks have been assigned.
Johnny B. Ott	201030298LPN	Reprimand	4-11-18	Violating a person's right to privacy, and failing to conform to the essential standards of acceptable and prevailing nursing practice.
Lewis D. Panzer	200841756RN	Probation	6-13-18	24-month probation. Conduct derogatory to the standards of nursing.
Lindsey N. Perryman	LPN Applicant	Civil Penalty	4-11-18	\$1,000 civil penalty. Practicing nursing without a current license.
Hadley A. Petros	201504037RN	Probation	6-13-18	24-month probation. Using intoxicants to an extent or in a manner dangerous to herself or others.
Malia J. Phillips	201501960RN	Suspension	6-13-18	60-day suspension. Possessing unauthorized prescription medications, and the unauthorized removal of drugs, client records, and supplies from the workplace.
Margaret Portwood	000031726RN/ 000031726N1/ 200480093DP	Probation	4-11-18	12-month probation. Inaccurate and incomplete recordkeeping, failing to dispense medications in a manner consistent with state and federal law, and failing to conform to the essential standards of acceptable nursing practice.
James C. Prewett, Jr.	200312034CNA	Suspension	6-13-18	Minimum 14-day suspension. Failing to cooperate with the Board during the course of an investigation.
Brandi L. Quinn	L201805070RN	Probation	6-13-18	24-month probation. Due to the revocation of her nursing license in another state and impairment.
Luevenia K. Radford	200411153CNA	Probation	6-13-18	24-month probation. Using intoxicants to an extent or in a manner dangerous to herself or others.



Name	License Number	Discipline	Effective Date	Violations
Kathleen C. Raines	081001577RN	Voluntary Surrender	6-13-18	Failing to comply with the terms and conditions of the Health Professionals' Services Program.
Margaret J. Reding	200541453RN	Civil Penalty	6-5-18	\$2,500 civil penalty. Practicing nursing without a current license.
Rebecca D. Reynolds	200140380RN	Voluntary Withdrawal	4-11-18	Failing to answer questions truthfully on a licensure application.
Tiffany E. Rowland	200942228RN	Suspension	4-11-18	Minimum 14-day suspension. Failing to cooperate with the Board during the course of an investigation.
Ana G. Santiago-Garcia	201603211CNA	Suspension	5-9-18	60-day suspension. Demonstrated incidents of dishonesty, and failing to answer questions truthfully.
Eric M. Schmidt	201401365RN	Voluntary Surrender	6-13-18	Violating the terms and conditions of the Health Professionals' Services Program.
John P. Schmitt	200840751RN	Probation	6-13-18	12-month probation. Incomplete recordkeeping, failing to communicate client status information, performing acts beyond his authorized scope.
Paige J. D. Sciulli	200141364RN	Probation	6-13-18	24-month probation. Using intoxicants to an extent or in a manner dangerous to herself or others.
Peter T. Sheridan	092006153RN	Voluntary Surrender	6-13-18	Using intoxicants to the extent or in a manner injurious to himself or others.
Brittney L. Shires	201402536CNA	Revocation	6-13-18	Using intoxicants to the extent or in a manner injurious to herself and others, and failing to cooperate with the Board during an investigation.
Margaret I. Silebi	092006759RN	Civil Penalty	6-13-18	\$2,500 civil penalty. Employing a nurse without a procedure in place for checking the current status of that nurse's license to ensure that only those nurses with a current Oregon license be allow to practice.
Candace E. Skrondal	201502207LPN	Voluntary Surrender	6-13-18	Using intoxicants to the extent or in a manner injurious to herself or others.
Bryan W. Smith	201210948CNA	Reprimand	6-13-18	Misrepresentation during the certification process, failing to answer questions truthfully, and using intoxicants to the extent injurious to himself or others.
Lanny A. Smith	201502539CMA	Reprimand	5-9-18	Failing to administer medications as ordered, failing to document medications as administered, and failing to conform to the standards and authorized duties of a CMA.
Trisha E. Spadt	099003254LPN	Civil Penalty	5-31-18	\$850 civil penalty. Practicing nursing without a current license.
Taylor R. Sturdevant	201500536CNA	Revocation	6-13-18	Using intoxicants to the extent injurious to herself or others, and violating the terms and conditions of a Board Order.
Mary Jane G. Supnet	094000195RN	Suspension/ Probation	4-11-18	90-day suspension, followed by 24-month probation. Inaccurate and incomplete recordkeeping, client neglect, failing to take action to preserve client safety, and failing to conform to the essential standards of acceptable nursing practice.
Breanna M. Swars	200912475CNA	Suspension	5-9-18	Minimum 14-day suspension. Failing to cooperate with the Board during the course of an investigation.
Joseph E. Tanner	201508479RN	Probation	4-11-18	24-month probation. Practicing nursing while impaired.
James E. Warren	201509465LPN	Voluntary Surrender	6-13-18	Demonstrated incidents of violent behavior.
Jonathan J. Warrick	201609509CNA	Revocation	5-9-18	Violating the terms and conditions of a Board Order.
Sunny J. Wescott	201012932CNA	Application Denied	4-11-18	Failing to answer questions truthfully, failing to provide requested documents, and failing to cooperate with the Board during the course of an investigation.
Margaret M. Whiting	201408176LPN	Civil Penalty	6-5-18	\$2,500 civil penalty. Practicing nursing without a current license.
Melinda L. Yzaguirre	201802748LPN	Civil Penalty	4-11-18	\$950 civil penalty. Practicing nursing without a current license.

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# 2018 OSBN BOARD MEMBERS



**KATHLEEN CHINN, RN, FNP**  
**PRESIDENT-ELECT**

Term: 1/1/16 – 12/31/18

Ms. Chinn is a Family Nurse Practitioner with the PeaceHealth Senior Health and Wellness Center in Eugene, Ore. She received her Associate Degree in Nursing from Lane Community College in Eugene, Ore., and her Bachelor of Science in Nursing and Master's degrees from Oregon Health Sciences University in Portland, Ore. She resides in Eugene, Ore.



**ANNETTE COLE, RN**

Term: 1/1/18 – 12/31/20

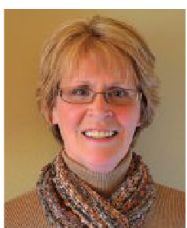
Ms. Cole is the Vice President of Patient Care Services and Chief Nursing Officer at Sky Lakes Medical Center in Klamath Falls and has 30 years of nursing experience. She received her Bachelors of Science in Nursing degree from the Oregon Institute of Technology in Klamath Falls, Ore., and her Masters of Science in Nursing and Health Care Administration degree from the University of Phoenix. Ms. Cole serves in the Nurse Administrator position on the Board. She resides in Klamath Falls.



**ADRIENNE ENGHOUSE, RN**

Terms: 1/1/16 – 12/31/17, 1/1/18 – 12/31/20

Ms. Enghouse is a Staff Nurse at Kaiser Sunnyside Medical Center in Clackamas, Ore. She serves in one of two direct-care RN positions on the Board. She received her Associate Degree in Nursing from Mount Hood Community College in Gresham, Ore., and resides in Portland, Ore.



**BARBARA GIBBS, LPN,**

Terms: 5/1/13 – 12/31/15, 1/1/16 – 12/31/18

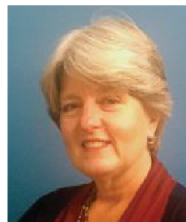
Ms. Gibbs is a staff nurse at Good Shepherd Medical Center in Hermiston, Ore., and received her degree from Blue Mountain Community College in Pendleton, Ore. She serves in the LPN position on the Board and has more than 30 years of nursing experience.



**COLIN HUNTER, JD**  
**PUBLIC MEMBER**

Terms: 10/1/15 – 12/31/15, 1/1/16 – 12/31/18

Mr. Hunter is an attorney with the Angeli Law Group in Portland, Ore. He received his Bachelor's degree from Claremont McKenna College in Claremont, Calif., and his juris doctorate from the University of California, Berkeley, School of Law. Mr. Hunter resides in Portland, Ore.



**SHERYL OAKES CADDY, JD, MSN, RN, CNE**

Term: 1/1/18 – 12/31/20

Ms. Oakes Caddy is Director of the Nursing Department at Linn-Benton Community College in Albany and has more than 30 years of nursing experience. She received her Associate of Science in Nursing from Linn-Benton Community College in Albany, Ore., her Bachelor of Science in Nursing from Oregon Health Sciences University in Portland, Ore., her Master of Science in Nursing from Walden University, Baltimore, Md., and her Doctor of Jurisprudence from Willamette University School of Law in Salem, Ore. Ms. Oakes Caddy serves in the Nurse Educator position on the Board and resides in Lebanon, Ore.



**BOBBIE TURNIPSEED, RN**  
**BOARD PRESIDENT**

Terms: 1/1/16 – 12/31/17, 1/1/18 – 12/31/20

Ms. Turnipseed is a staff nurse at St. Alphonsus Medical Center in Ontario and has more than 30 years of nursing experience. She received her Associate Degree in Nursing from Boise State University in Boise, Idaho. Ms. Turnipseed is one of two direct-patient care RNs on the Board. She resides in Ontario, Ore.



**RYAN WAYMAN**  
**PUBLIC MEMBER**

Terms: 4/1/13 – 12/31/15, 1/1/16 – 12/31/18

Mr. Wayman is one of two public members on the Board. He is the West Region Vice President at AXA Advisors and resides in Portland.



**WILLIAM YOUNGREN, CNA**  
**BOARD SECRETARY**

Term: 6/1/16 – 12/31/18

Mr. Youngren is a Unit Clerk at Legacy Emanuel Medical Center in Portland and has been a nursing assistant since 2012. He received his Bachelor's Degree in English from Portland State University and his nursing assistant training from Portland Community College. Mr. Youngren resides in Portland, Ore.



## 2018 OSBN BOARD MEETING DATES

8/8/2018 Wednesday **4:30 PM**  
OSBN Board Meeting via Teleconference  
(Mostly Executive Session)

9/11/2018 Tuesday **6:30 PM**  
OSBN Board Meeting

9/12/2018 Wednesday **8:30 AM**  
OSBN Board Meeting  
(Mostly Executive Session)

9/13/2018 Thursday **8:30 AM**  
OSBN Board Meeting

9/14/2018 Friday **8:30 AM**  
OSBN Board Work Session

10/10/2018 Wednesday **4:30 PM**  
OSBN Board Meeting via Teleconference  
(Mostly Executive Session)

11/13/2018 Tuesday **6:30 PM**  
OSBN Board Meeting

11/14/2018 Wednesday **8:30 AM**  
OSBN Board Meeting  
(Mostly Executive Session)

11/15/2018 Thursday **8:30 AM**  
OSBN Board Meeting

12/12/2018 Wednesday **4:30 PM**  
OSBN Board Meeting via Teleconference  
(Mostly Executive Session)

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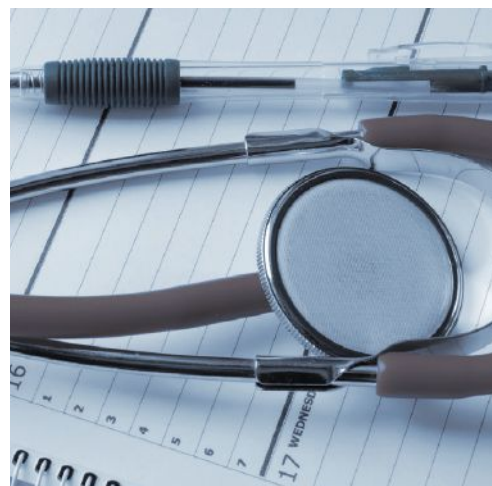
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Thu	Belize	8:00 AM	5:00 PM
Fri	Cozumel, Mexico	8:00 AM	4:00 PM
Sat	Fun Day At Sea		
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