

OREGON BOARD OF NURSING SENTINEL

[VO.37 • NO.1 • FEBRUARY 2018]

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OSBN SCOPE-OF-PRACTICE DECISION-MAKING GUIDELINES FOR ALL LICENSED NURSES

Engagement in the practice of nursing in Oregon occurs in a variety of settings, in many different practice roles, and in adherence to the laws and rules known as Oregon's Nurse Practice Act (NPA). While the NPA's scope of practice for each licensure category includes all of the activities in which a licensee may engage for the level of licensure held, it does not include a list of specific procedures in which nurses may or may not engage.

This is because the appropriateness of a licensee's engagement in any role, intervention, or activity far exceeds the role, intervention, or activity alone. Of equal importance are other laws and regulations (outside of the NPA) that may regulate who may engage in the activity; the rules governing the setting where the activity would occur; the activity's consistency with current professional and specialty nursing standards, current literature and science; the policies of the setting which support a nurse's engagement in the activity; the licensee's practice role within the setting; the licensee's individual demonstrated skills and competencies with performing the activity; the client's plan of care; etc.

Enter OSBN's Interpretive Statement *Scope-of-Practice Decision-Making Guidelines for all Licensed Nurses* (OSBN, 2016). The Scope-of-Practice Decision-Making document assists the licensee to evaluate whether or not an activity, role, or intervention is within one's own scope of practice.

The model cues a licensee to clarify or describe the specific role, intervention or activity in question. Then, the model presents a series of specific and sequential questions, grounded in NPA standards, to which the licensee must respond. Depending on a licensee's response to the first question, one of two things will happen: 1) When the licensee responds yes, progression through the model will be stopped as it will have been determined that the activity is not within the scope of the Oregon licensee, or 2) When the licensee responds no, the licensee will be allowed to continue to the next question.

It is only when a licensee's response to each question allows progression through all questions, and the licensee responds yes to the final question, that the licensee may engage in the role, intervention, or activity to acceptable and prevailing standards of safe nursing care.

The Scope-of-Practice Decision-Making questions are as follows:

1. **Is the role, intervention or activity prohibited by the Nurse Practice Act and Rules/Regulations or any other applicable laws, rules/regulations or accreditation standards?** If yes, **stop** as the activity is not within scope of practice; if no, proceed to the next question.
2. **Is performing the role, intervention or activity consistent with professional nursing standards, evidence-based nursing and health care literature?** If no, **stop**; if yes, proceed to the next question.
3. **Are there practice setting policies and procedures in place to support performing the role, intervention or activity?** If no, **stop**; if yes, proceed to the next question.
4. **Has the nurse completed the necessary education to safely perform the role, intervention or activity?** If no, **stop**; if yes, proceed to the next question.

5. Is there documented evidence of the nurse's current competence (knowledge, skills, abilities and judgement) to safely perform the role, intervention or activity? If no, **stop**; if yes, proceed to the next question.
6. Would a reasonable and prudent nurse perform the role, intervention or activity in this setting? If no, **stop**; if yes, proceed to the next question.
7. Is the nurse prepared to accept accountability for the role, intervention or activity for the related outcome? If no, **stop**; if yes, and all criteria of the Scope of Practice Decision Making Guidelines have been met, then the

activity is within the scope of practice for the RN. The RN may still decline to perform the activity, but cannot use 'scope of practice violation' as a reason to decline.

Licensed nurses are always responsible and accountable, both professionally and legally, for determining their individual scope of nursing practice within the broader scope allowed by the NPA and accept only those assignments for which they possess the necessary competencies to perform safely. The Scope-of-Practice Decision-Making model is a helpful tool when engaging in this self-evaluative process. The model may be accessed on the OSBN's website at www.oregon.gov/OSBN/pages/position_papers.aspx.

FEEDBACK SOUGHT FOR COMMUNITY-BASED PRACTICE RULE REVISIONS

In December 2017, the Oregon Board of Nursing (OSBN) began gathering stakeholder input regarding possible changes to Oregon Administrative Rule 851, divisions 47 and 48, of Oregon's Nurse Practice Act (NPA). These two divisions of the NPA contain standards, in addition to those found in Division 45 of the NPA, that are applicable to the registered nurse (RN) and licensed practical nurse who practice in a community-based setting.

Division 47 contains standards on teaching the unregulated assistive person (UAP) how to administer a non-injectable medication to a client; teaching a UAP how to perform a nursing procedure for an anticipated emergency; and RN delegation process. The last substantive revisions to Division 47 occurred in 2004.

Division 48 contains standards for the licensed nurse who teaches a client's designated care provider to execute a medical order. The last substantive revisions to this Division 48 occurred in 2001.

Information on upcoming public meetings for Division 47 and 48 rule drafting may be accessed on the OSBN's website at www.oregon.gov/OSBN/pages/meetings.aspx. Suggested rule changes may be sent to gretchen.koch@state.or.us.





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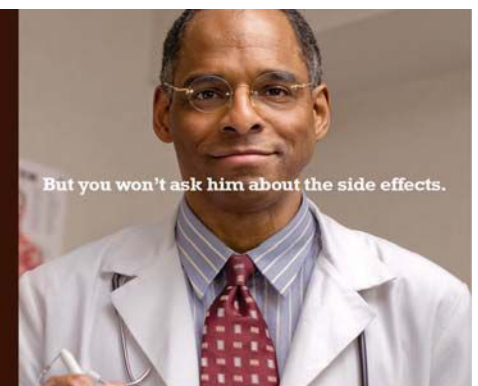
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YOUR DAILY RELATIONSHIP WITH THE BOARD OF NURSING

Most licensees believe their relationship with the Board is limited to the once-every-other-year license renewal process or, on the rare occasion, when a licensee receives notification that the Board will be investigating her or his practice.

Most licensees probably prefer the relationship with the Board to be out of the everyday realm of nursing practice. This, however, is not the case. Whenever you make decisions related to your practice as a nurse (RN, LPN, NP, CNS, or CRNA) or a Certified Nursing Assistant (CNA), regardless if it is in the context of your professional role or giving your neighbor advice during off-duty time, you are activating your relationship with the Board.

Oregon Revised Statute (ORS) 678.140 (6) states that the Board shall “exercise general supervision over the practice of nursing in this state.” ORS 678.021 states that it is unlawful for people to practice nursing, call themselves a nurse, or offer the practice of nursing unless the Board licenses them. ORS 678.023 and 025 states that it is unlawful to use the title “Nurse” or “Advanced Practice Registered Nurse” unless the individual is licensed by the Board. Further, OAR 678.010 declares that only those licensed by the Board can perform the “practice of nursing.” Similar language is found in statute related to CNAs (ORS 678.440). Statute further authorizes the Board to set the standard for licensure and scope of practice for all nurses and establish the training standards for CNAs.

What does this mean? In non-legal terms, (1) your education allows you to sit for a test (NLCEX for RNs/LPNs and a national certification test for NPs and CRNAs), (2) successfully passing the test allows you to apply to the Board for a license or certification, and (3) only after passing additional Board criteria will you be awarded a license or certificate. Completing your education and passing the tests does not guarantee you a license or certification. The Board has the authority to deny any license or certification to an applicant who does not pass all criteria as established by the Board.

Once a license or certification is awarded, it is the Board that maintains the supervision of practice and may determine if the licensee is or is not practicing in compliance with established standards, scope of practice or authorized duties. This supervision is independent and supersedes the requirements of the employment setting of the licensee/certificate holder. Therefore, utilizing the knowledge, skills, and abilities as a licensee/certificate holder is independent of your employment, and the activities done due to the possession of a license or certificate is always done under the authority of the Board and the standards/scope of practice of your level of licensure.

For example: You are contacted by neighbors and relatives asking what to do about a variety of illnesses and injuries. This is done outside of official employment, during off duty time. You are asked these questions because you are a “nurse,” and as such, you are using your knowledge, skills and abilities, and your license to provide this advice. You would then be required to adhere to the standards of your level of licensure and certification as described in the Nurse Practice Act (NPA). Furthermore, you are establishing a nurse-patient relationship and are bound by all of the criteria that this relationship establishes, including being held accountable for any erroneous advice given. Since licensure is active 24/7, the licensee is always practicing under the requirements of the level of licensure (and under the supervision of the Board) when utilizing the process of assessment, gathering information, processing pertinent facts, and formulating a reasoned conclusion to direct care. In this example, you are processing the information provided by your neighbor/relative, determining which information is important, developing a conclusion based upon what they tell

you, and then directing their care (providing the advice).

While provision of advice is not specifically prohibited by the NPA, it is important for the licensee/certificate holder to adhere to their level of licensure when providing such information. For RNs/LPNs, the reasonable course would be to advise the individual to seek advice from their provider or, if an emergent condition could exist, recommend immediate access to emergency care. This level of licensure does not have the authority to independently diagnose the neighbor's/relative's condition (regardless of personal ability) and describe a course of treatment. For any advanced practice registered nurse who may have diagnostic authority, there must be documentation of the interaction, the assessment of the described symptoms, the diagnosis, and the prescribed treatment, and those records must be maintained.

The NPA also describes the standards of practice that must be adhered to by every licensee or certificate holder. Since the NPA holds the full force of law, these standards supersede any organizational policies, procedures, and programs. For example: An organization develops a program whereby LPNs perform telephone triage. The NPA states that the LPN may not independently develop a plan of care for a patient and must always work under the clinical supervision of an RN. These programs are usually developed using algorithmic protocols. In order to determine which protocol to use, the LPN must make an assessment of the described symptoms and determine when

there is a protocol deviation, which then takes the assessment into a different branch of another protocol. While the individual LPN may have the personal ability to perform this function, the independent decision-making in the establishment of a new plan of care for the patient (determining what part of the algorithm matches the symptoms and providing advice based upon the protocol) is prohibited under the NPA.

The development of programs utilizing varying levels of license types without consulting the requirements of the NPA is not an infrequent occurrence. The NPA is the document that describes the scope of the practice of any and all license/certificate types. No organization can establish a program that is outside of the parameters of the NPA. Individual licensees will be held accountable to adhering to the scope of practice for their license type regardless of what is developed by their employer or by their independent practice.

Nurses who establish their own businesses (such as foot care) are also required to adhere to their level of licensure. The nursing plan of care and the requirements of that plan are the foundation of all practice. For all nurse entrepreneurs, it is required that their practice adhere to the requirements of the NPA in the documentation of the plan of care for each patient interaction, the assessment, the plan, the evaluation of the plan, and any deviations from the plan. Referrals out to appropriate practitioners when the patient needs go beyond the level of licensure are required.

When a license is retired or inactivated, the individual is not authorized, under Oregon law, to practice any aspects of nursing as defined by the practice act, regardless of the years the person spent as a nurse or the personal identity that the individual has established as a nurse. For example: A retired nurse performs blood pressure measurements at a local health fair. The retired nurse is limited to taking the blood pressure and, if outside the limits of normal, advising the individual to follow up with their provider. The retired RN is not authorized by law to further assess the situation by discussing medications, exercise regimens, or dietary intake, or by making lifestyle change recommendations. That would be the establishment of a plan of care, which is the practice of nursing and not authorized for a retired or inactive license. The Nurse Emeritus license is designed to allow nurses to volunteer in their community and continue to practice nursing. Instructions on how to apply for this license type is available on our website (www.oregon.gov/osbn).

Regardless of the context of care, individual practice is accomplished by using the knowledge, skills, and abilities, and (per the definition of nursing as established in the NPA) is always under the supervision of the Board. In this way, every licensee and certificate-holder connects with the Board of Nursing on a daily basis. When you call yourself a "nurse" and act on behalf of anyone who seeks you out because you are (or were) a "nurse," you do so understanding that you are obligated to the NPA (and the Board) for any decisions you make.

OREGON NURSE FACULTY CITE MANY REASONS FOR LEAVING JOBS

A new report from the Oregon Center for Nursing (OCN) provides insight into reasons behind high turnover rates among Oregon’s nurse faculty. The report, “Oregon’s Nurse Faculty: Why Are They Leaving?” is a follow up to faculty surveys conducted in 2009, 2011, and 2014.

Nursing education programs experience some of the highest turnover rates in the nursing workforce. Though there is strong anecdotal evidence, OCN’s report quantifies how and why so many educators leave nurse faculty positions each year

To conduct the study, Oregon Center for Nursing, with assistance from the Oregon State Board of Nursing, identified educators who had left one or more positions in the last three years. Individuals were contacted and asked to participate in a short survey to explain their reasons for leaving their positions.

Almost 3 out of 5 educators left their position with another job already in place, and most of those new jobs were not in nursing education. Faculty cited many reasons for leaving their positions, but the most common were issues with salary, unrealistic workload

and lack of collegiality and appreciation.

Using this data, administrators can better identify solutions to encourage faculty to remain in their positions, and to recruit experienced nurses to become new faculty. The results of the report are also

being discussed and examined by OCN’s Nurse Faculty Task Force. Comprised of educators, nursing program administrators and stakeholders committed to maintaining the nursing education pipeline in Oregon, the task force is currently looking at ways nursing programs can work collaboratively and individually to

address retention issues identified by faculty.

To view or download the report (entitled “Oregon’s Nurse Faculty: Why Are They Leaving?”) or other statements on Oregon’s nursing workforce, visit www.oregoncenterfornursing.org.



TABLE 1 - WHY DO NURSES LEAVE NURSING EDUCATION?

	<i>Why Nurse Educators Considered Leaving the Field (2014)*</i>	<i>Why Exiting Nurses Left Nursing Education (2017)</i>
#1	Low Compensation (46%)	Low Compensation (53%)
#2	High Workload (33%)	High Workload (39%)
#3	Desire to Return to Patient Centered Care (17%)	Lack of Collegiality (29%)

*Oregon’s Nurse Faculty Workforce: 2014 Update

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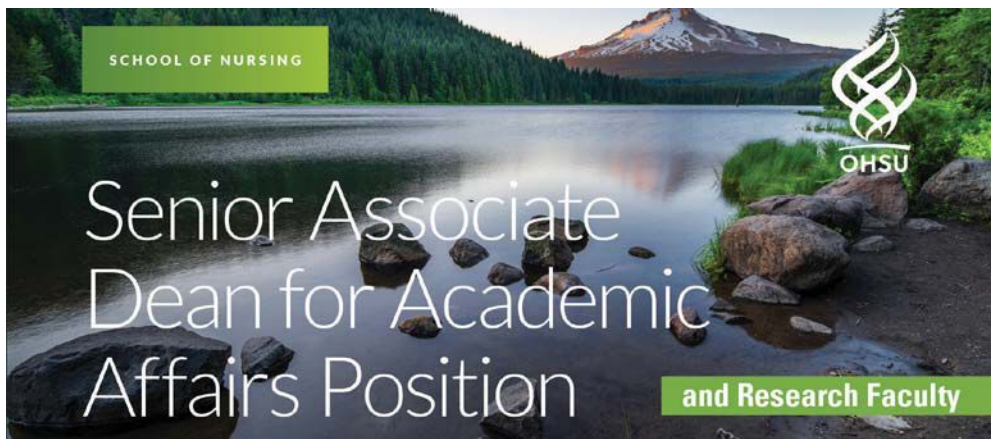
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SOCIAL SECURITY NUMBERS NOW REQUIRED



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 applications for licensure or certification. The requirement went into effect January 1, 2018.

The requirement has been delayed until April 1, 2018, for all renewal or reactivation applicants, to give those current licensees who do not have a Social Security Number (SSN) time to obtain one. Only online renewals are accepted (unless you must send us evidence of a US Visa). Your

renewal window opens 90 days before your 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 after each effective date 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.



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NURSING ASSISTANT AUTHORIZED DUTIES: FREQUENTLY ASKED QUESTIONS & ANSWERS

The certified nursing assistant (CNA) 1 and 2 authorized duties are found in Division 63 of the Oregon Nurse Practice Act (OAR 851-063) located on the OSBN website (www.oregon.gov/OSBN and click on "Nurse Practice Act") Following are a few frequently asked questions submitted to the Board regarding CNA authorized duties:



Q Is a CNA allowed to “assist” a patient in taking their own medication?

A The answer to this inquiry lies in the setting where the CNA 1 or 2 is working. When a CNA is working in a setting where the nurse is down the hall, as in a hospital or nursing home, the CNA is working under supervision. Supervision means the nurse is available to intervene if necessary and periodically observes and evaluates the skills and abilities of the CNA. In these settings, the CNA is working under authorized duties found in Division 63 of the Nurse Practice Act. The nurse can only assign tasks to the CNA that are within their authorized duties. Thus a CNA would not be allowed to “assist” a patient with taking their own medication in a hospital or nursing home as handling medications is not within the CNA’s authorized duties. However, if the CNA is also a certified

medication aide (CMA), the CMA could administer noninjectable medications in these settings.

In a community-based care (CBC) setting, a CNA or CMA may work as an unlicensed assistive person (UAP) providing care as delegated or assigned by the nurse pursuant to the terms and conditions of Division 47 of the Nurse Practice Act (OAR 851-047). In a CBC setting, the CNA/CMA works under nurse monitoring. Monitoring means that the RN assesses and plans for the care of the client, delegates duties to the CNA/CMA, and monitors client outcomes as an indicator of CNA/CMA competency. In a CBC setting, the CNA/CMA is treated like any other UAP. Whether or not a particular task of nursing is assigned or delegated to a UAP is the sole responsibility of the RN based on professional judgment for that specific client, caregiver, and situation. In a CBC setting, the CNA may be allowed to “assist” a client with taking their own medication.

Q Is a CNA allowed to perform nail care for nursing home residents who have diabetes or are on anticoagulants?

A OAR 851-063-0030(1)(e)(C)(v) states nail care for fingernails and toenails of persons with uncompromised circulation is within a certified nursing assistant (CNA)'s authorized duties. If the nurse determined that the client had uncompromised circulation and the facility policies supported CNAs cutting nails, it could be assigned to a CNA by the nurse. The nurse's assessment of the individual client will determine if it is appropriate for the nurse to assign this task to the CNA for a particular client.

Q May a CNA be assigned to straight cath a client in a hospital or nursing home?

A No. Straight catheterization is currently not an authorized duty for the CNA 1 or 2 in Oregon. In these settings, the CNA is working under authorized duties found in Division 63 of the Nurse Practice Act. The nurse can only assign tasks to the CNA that are within their authorized duties. Thus a CNA would not be allowed to "straight cath" a client in a hospital or nursing home.

Q Is it within a CNA's scope of practice to swab the interior of a patient's nares with providone-iodine solution 5% as part of a pre-op prep?

A A CNA 2 may collect a specimen via a nasal swab per Division 63 of the Oregon Nurse Practice Act, but it is not within the CNA 2's authorized duties to administer medications or solutions via a nasal swab.

Q May a CNA 2 be assigned to discontinue a saline lock in the hospital setting?

A Yes; a licensed nurse could assign a CNA 2 to discontinue a saline lock since it is within their authorized duties. Of course, it is incumbent on the CNA 2 to:

1. Not assume an assignment, duty, or responsibility unless competency has been established and maintained;

Not perform duties or tasks for which the CNA 2 has not demonstrated knowledge, skill, and ability to an Oregon RN with at least one year of nursing experience;

2. Inform their employer of any current CNA 2 authorized duties that were not obtained within their original CNA 2 training program curriculum; and
3. Maintain documentation to support any attained CNA 2 knowledge or skill competency that was not obtained within their original CNA 2 training program curriculum. The form to document the obtained competency is found at <http://www.oregon.gov/OSBN/pdfs/form/EDU-721.pdf>.

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'OPEN FORUM'

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Public input is important to regulation, and the Board of Nursing provides opportunities for members of the public to speak directly to the Board during each regularly scheduled meeting. Although, public speaking is something that most people find intimidating, it is the best process to address the Board on issues that you feel are important. It doesn't have to be intimidating; the key is to know what the process is and be prepared.

The Oregon Board of Nursing welcomes public involvement and attendance at Board meetings. The Oregon Board of Nursing (OSBN) meets 12 times per year; five of the meetings are in-person and seven are held by teleconference. Although the Oregon Open Meetings law in itself does not give members of the public the right to be heard at a public meeting, the OSBN allows opportunity for members of the public to be heard. Time is set aside at each of its regularly-scheduled in-person Board meetings (called 'Open Forum' on the agenda) to allow licensees, residents, businesses or organizations, or anyone from the public to address the Board. Open Forum is usually 30 minutes in length, but may be extended by the Board to assure

that people who wish to address the Board have an opportunity to do so. The Board is not able to act immediately on any issues presented at the Open Forum because prior public notice was not given. However, the Board can refer any issues brought up during Open Forum to future Board agendas for consideration and possible action.

Here are some guidelines to prepare to speak before the Board at Open Forum:

- Speakers must sign-in to speak during Open Forum (sign-in sheet is located in the meeting room) and must do so prior to the time indicated on the agenda for Open Forum.

- Speakers should begin their comments by stating their name, subject matter, and if so authorized, the organization they represent.
- Speakers will be heard in the order in which they are signed up. The Board will call upon the individual to speak at the appropriate time.
- Depending on the number of speakers signed up, there may be a limit of five minutes for each speaker to ensure everyone has an opportunity to be heard. Open Forum may be extended based on the number of speakers signed up and at the discretion of the Board President.
- The matter should relate to a specific agenda item, either past or present, or be within the Board's jurisdiction.
- Speakers may not address confidential matters.
- The Board is unable to entertain requests for public comment on matters related to an individual disciplinary case or licensee application.
- Speakers are encouraged to provide the Board with a written copy of their comments.
- The Board members may ask speakers clarifying questions at the discretion of the Board President.

For more information on the procedure for giving public comment, contact OSBN Executive Assistant Peggy Lightfoot at peggy.lightfoot@state.or.us.



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MEET THE TEAM

The 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 one of the team members who make everything work.



JERI HEMMER

Doing 30 minutes of meditation every morning gives OSBN Human Resources manager Jeri Hemmer what has been called her ‘Zen-like calm.’ “It sets my mind straight and helps me move forward through the day. I call it ‘spending time to save time.’”

Although originally from Colorado, her family moved to Salem when she was a child. She took classes at Chemeketa Community College and worked for three years at the Department of Education as a research analyst following high school, before quitting to start a family with her husband. Hemmer eventually decided to finish her Bachelor of Arts degree at Western Oregon University. She returned to state employment and spent eight years with the Oregon State Police Academy, during which time she received her Master of Science in Education. “I started as a research analyst,

but transitioned to their Human Resources manager. They didn’t have one before; their director was doing all the HR stuff,” she says.

After a six-year stint at the Oregon Department of Transportation’s Human Resources section, Hemmer moved to Oregon State University to become its Associate Director of Employee and Labor Relations, where she negotiated labor contracts. “My former boss said I was born to negotiate,” she says with a laugh. “And I think she was right. I’ve always liked it.” The strategic thinking part of negotiations—deciding where to start and how to proceed—appeals to her. “While I was there, we transitioned from positional bargaining to interest-based bargaining, which is much more transparent and focused on the end result instead of the starting position. It’s better, too, because everyone feels more satisfied at the end.”

That’s not to say negotiating labor contracts wasn’t stressful. “The union had students come in to heckle us at the negotiating table. It got a little tense at times,” she admits. “But we knew what they were trying to do. You just couldn’t let it overwhelm you.” After nine years, she decided she needed less stress in her life and switched to the Department of Administrative Services HR, where all she did was position classification and compensation studies.

Although she decided to retire in 2015, she was asked if she’d be willing to work part-time. Hemmer joined the Oregon State Board of Nursing in April 2015. “It’s like coming full circle. The police academy was a small agency where I did it all, and now I’m back to it.” At the OSBN, she deals with staff recruitment and

hiring, benefits, reviewing job classifications and compensation for appropriateness and accuracy, and labor and employee relations.

“I love it here. It’s not a large staff, so you get to know everyone. You feel like you have a positive impact on people’s careers by coaching people to success,” she explains. “If people are happy, they’ll be more productive and have a positive impact on

the agency and the licensees they serve.”

Hemmer is an avid crafter and teaches a class on how to make handcrafted cards at a Tigard stationary shop. One of her favorite projects was making a carousel out of paper that held cupcakes. She’s taught Sunday school for 25 years and often visits her two grandchildren in Colorado. “Being a grandparent is the best!”

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DISCIPLINARY ACTIONS

Actions taken in October, November, and December 2017. Public documents for all disciplinary actions listed below are available on the OSBN website at www.oregon.gov/OSBN (click on 'Look Up a Nurse or Nursing Assistant').

Name	License Number	Discipline	Effective Date	Violations
Steven W. Boshart	201708716CNA	Probation	10-11-17	12-month probation. Mental impairment that makes the certificate holder unable to perform CNA duties.
Marcella A. Brown	087003009RN	Civil Penalty	10-31-17	\$500 civil penalty. Practicing nursing without a current license.
Christi L. Childers	CNA Applicant	Application Denied	12-13-17	Failing to cooperate fully with the Board during an investigation.
Jamie N. Clark	201603214LPN	Voluntary Surrender	10-11-17	Using intoxicants to the extent or in a manner injurious to herself or others.
Stacey M. Condray	201706572CNA	Voluntary Surrender	12-13-17	Violating the terms and conditions of a Board Order.
Ross W. Cordes	098006707RN	Probation	10-11-17	24-month probation. Using intoxicants to the extent or in a manner injurious to himself or others.
Christina A. Cowles	200812215CNA	Revocation	10-11-17	Conviction of a crime that bears demonstrable relationship to the duties of a CNA, and misrepresentation during the certification process.
Cary D. Crill	CNA Applicant	Application Denied	12-13-17	Failing to cooperate fully with the Board during an investigation.
Leanne R. Duckering	085075375RN	Civil Penalty	10-26-17	\$2,000 civil penalty. Practicing nursing without a current license.
Laura K. Earl	093000574RN	Suspension	11-15-17	One year suspension with conditions. Criminal Mistreatment conviction, failing to maintain professional boundaries, and exploiting the nurse-client relationship for personal gain.
Ashley N. Egeland	201702593CNA	Revocation	10-11-17	Violating the terms and conditions of a Board Order.
Colleen K. Fickle	000032677RN	Civil Penalty	12-21-17	\$775 civil penalty. Practicing nursing without a current license.
Justin M. Frei	CNA Applicant	Application Denied	12-13-17	Failing to answer questions truthfully, failing to implement the plan of care developed by the RN, and engaging in threatening behavior towards a co-worker.
Nancy E. Fritch	200140297RN	Civil Penalty	12-12-17	\$775 civil penalty. Practicing nursing without a current license.
Kathryn W. Go Smith	RN Applicant	Voluntary Withdrawal	11-15-17	Failing to comply with the terms and conditions of the Health Professionals' Services Program.
Megan E. Griffin	201242022RN	Probation	10-11-17	24-month probation. Using intoxicants to the extent or in a manner injurious to herself or others, falsifying agency records, and the unauthorized removal of drugs from the workplace.
Mindy R. Hanna	201402014LPN	Suspension	11-15-17	Minimum 14-day suspension. Failing to cooperate with the Board during the course of an investigation.
Dagny D. Harley	CNA Applicant	Voluntary Withdrawal	11-15-17	Using intoxicants to the extent or in a manner injurious to herself or others.
Amanda M. Heade	201403513LPN	Revocation	12-13-17	Using intoxicants to the extent or in a manner injurious to herself or others, and misrepresentation during the licensure process
Marguerite A. Hornof	098005161LPN	Probation	12-13-17	24-month probation. Failing to take action to preserve client safety, demonstrated incidents of neglectful behavior, and failing to conform to the essential standards of acceptable nursing practice.
Heather Houk	091003214RN	Revocation	10-11-17	Using intoxicants to the extent or in a manner injurious to herself or others.
Laurel L. James	095003052RN	Probation	11-15-17	24-month probation. Performing acts beyond her authorized scope, and failing to conform to the essential standards of acceptable nursing practice
Sarah E. R. James	200141744RN/ 201050049N	Revocation	12-13-17	Using intoxicants to the extent or in a manner injurious to herself or others.
Cali J. Johnson	200641671RN	Probation	10-11-17	24-month probation. Using intoxicants to the extent or in a manner injurious to herself or others.
Sharon J. Juge	087005160LPN	Civil Penalty	12-5-17	\$1,350 civil penalty. Practicing nursing without a current license.
Myra L. Kauss	086000511RN	Suspension	12-13-17	Failing to maintain tax compliance with the Oregon Department of Revenue (per ORS 305.385(4)(c)).
Neoma J. Keeler	200340207RN	Voluntary Surrender	11-15-17	Violating the terms and conditions of a Board Order.
Kara L. Kelly	201602518RN/ 201604186NP-PP	Voluntary Surrender	10-11-17	Violating the terms and conditions of the Health Professionals' Services Program

Name	License Number	Discipline	Effective Date	Violations
Alyssa D. Kindred	CNA Applicant	Voluntary Withdrawal	12-13-17	Using intoxicants to the extent or in a manner injurious to herself or others.
Angela J. Kittay	201502847LPN	Voluntary Surrender	11-15-17	Unauthorized removal of drugs from the workplace, using intoxicants to the extent or in a manner injurious to herself or others, and failing to answer questions truthfully.
Cheryl L. Knutson	095000385RN	Probation	10-11-17	24-month probation. Using intoxicants to the extent or in a manner injurious to herself or others.
Wendy L. Krout	098007028RN	Revocation	10-11-17	Failing to maintain professional boundaries with a client, and for using intoxicants to the extent or in a manner injurious to herself or others.
Alicia R. Marroquin	200943348RN	Voluntary Surrender/ Civil Penalty	12-13-17	Performing acts beyond her authorized level of licensure, and failing to conform to the essential standards of acceptable nursing practice. \$2,500 civil penalty for practicing as a CNS without a license.
Christina B. McCusker	095000583RN	Voluntary Surrender	10-11-17	Using intoxicants to the extent or in a manner injurious to herself or others.
Melissa R. Metcalf	RN Applicant	Application Denied	11-15-17	Using intoxicants to an extent or in a manner injurious to herself or others and failing to answer questions truthfully.
Richard A. Miller	200741305RN	Probation	10-11-17	36-month probation. Using intoxicants to the extent or in a manner injurious to himself or others, falsifying agency records, practicing nursing while impaired, and the unauthorized removal of drugs from the workplace.
Jelene S. Minnick	081001471RN	Suspension	10-11-17	Minimum 14-day suspension. Failing to cooperate with the Board during the course of an investigation.
Ann E. Moore	084051448RN	Voluntary Surrender	10-11-17	Misrepresentation during the licensure process and failing to answer questions truthfully.
Daniel J. Morris	201400655RN	Probation	10-11-17	24-month probation. Using intoxicants to the extent or in a manner injurious to himself or others, and the unauthorized removal of drugs from the workplace.
Bryan T. Nguyen	201140127RN	Civil Penalty	11-16-17	\$2,500 civil penalty. Practicing nursing without a current license.
Kelli S. O'Conner	RN Applicant	Voluntary Withdrawal	10-11-17	Failing to cooperate with the Board during an investigation
Rhonda J. Power	RN Applicant	Application Denied	11-15-17	Using intoxicants to an extent or in a manner injurious to herself or others, and failing to cooperate with the Board during an investigation.
Summer K. Price	200912199CNA	Revocation	12-13-17	Abusing a person, engaging in unacceptable behavior toward a client's family, and using intoxicants to the extent or in a manner injurious to herself or others.
Cynthia R. Rapant	096003194RN	Voluntary Surrender	10-11-17	Violating the terms and conditions of a Board Order.
Corrin A. Rowe	201130119LPN	Reprimand	11-15-17	Inaccurate recordkeeping and falsifying a client record.
Brittney L. Shires	201402536CNA	Suspension	11-15-17	Minimum 14-day suspension. Failing to cooperate with the Board during the course of an investigation.
Lisa M. Storksken	201042166RN	Reprimand	12-13-17	Violating the rights of privacy without proper authorization or a need to know.
Wendy A. Suarez	CNA Applicant	Application Denied	11-15-17	Assault conviction, failing to answer questions truthfully, and failing to cooperate with the Board during the course of an investigation.
Crystal D. Sully	099000394RN	Voluntary Surrender	11-15-17	Unauthorized removal of drugs from the workplace and failing to comply with the terms and conditions of the Health Professionals' Services Program.
Monica M. Sweeney	200130075LPN	Suspension	12-13-17	Minimum 14-day suspension. Failing to cooperate with the Board during the course of an investigation.
Melissa D. Taylor	CNA Applicant	Voluntary Withdrawal	11-15-17	Failing to respect client dignity and falsifying data.
DeeAnna Thompson	200743314RN	Voluntary Surrender	10-11-17	Violating the terms and conditions of a Board Order.
Jodi L. Thompson	200842048RN	Civil Penalty	10-11-17	\$475 civil penalty. Practicing nursing without a current license.
Kristal M. Tijerina	201400070LPN	Suspension	12-13-17	Violating the terms and conditions of a Board Order.
Jenna R. Tison	201141566RN	Voluntary Withdrawal	10-11-17	Using intoxicants to the extent or in a manner injurious to herself or others.
Diane H. Todd	200350035NP	Probation	10-11-17	12-month probation. Prescribing drugs in an unsafe manner, failing to properly assess and document client assessment, and failing to conform to the essential standards of acceptable nursing practice.
Debra M. Torres	090000397RN/ 090000397N6	Probation	10-11-17	24-month probation. Medical condition that affects her ability to practice safely.
Cecilia M. Valencia	201705314CNA	Voluntary Surrender	11-15-17	Violating the terms and conditions of a Board Order.

Name	License Number	Discipline	Effective Date	Violations
Amy D. Van Westrienen	200941721RN	Revocation	12-13-17	Inaccurate recordkeeping, and failing to conform to the essential standards of acceptable nursing practice.
Laurie E. Volk	087006631RN	Voluntary Surrender	11-15-17	Inaccurate and incomplete recordkeeping, and failing to conform to the essential standards of acceptable nursing practice.
Dwain M. Watkins	000030612RN/ 000030612CRNA	Revocation	12-13-17	Inaccurate and incomplete recordkeeping, failing to answer questions truthfully, failing to follow through with the plan of care, and failing to conform to the essential standards of acceptable nursing practice.
Cheri L. White	094006908RN	Civil Penalty	10-13-17	\$800 civil penalty. Practicing nursing without a current license.
Danika D. Whitman	200842569RN	Voluntary Surrender	10-11-17	Violating the terms and conditions of a Board Order.
Lori A. Wright	000042005CNA/ 200120005CMA	Suspension	11-15-17	Minimum 14-day suspension. Failing to cooperate with the Board during the course of an investigation.
Lisa M. Zelenka	200942283RN	Probation	11-15-17	24-month probation. Using intoxicants to the extent or in a manner injurious to herself or others.



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APRN Credentialing

Advanced practice registered nurse (APRN) credentialing continues to be a hot topic for licensees and the public. Common terms like credentialing, certification, licensing, and privileges are often used interchangeably, but may have very different meanings to licensees and employers. To further complicate this topic, there are some dated beliefs about what APRNs are able and “allowed” to independently perform and under whose regulatory authority they belong. This article will attempt to provide clarity to these questions and emphasize to the public that there are several systems in place that ensure APRNs are safe and appropriately credentialed health care practitioners in Oregon.

National Certification

- After graduation from an accredited advanced degree program (Master’s, Post-master’s, or Doctorate) APRN graduates are eligible to sit for a certification exam in their specialty area.
- Since January 1, 2011, national certification is required in Oregon for all CRNAs and NPs. Maintenance of national certification includes practice hours and continuing education, which vary per individual national certification type. The Oregon State Board of Nursing (OSBN) recognizes the following national certifications and specialty roles:
 - Certified Registered Nurse Anesthetist (CRNA)
 - Nurse Practitioners (NP):
 - Acute Care Nurse Practitioner (ACNP);
 - Adult Gerontology Acute Care Nurse Practitioner (AGACNP);
 - Adult Gerontology Primary Care Nurse Practitioner (AGPCNP);
 - Adult Nurse Practitioner (ANP);
 - Family Nurse Practitioner (FNP);
 - Geriatric Nurse Practitioner (GNP);
 - Neonatal Nurse Practitioner (NNP);

- Nurse Midwife Nurse Practitioner (NMNP);
- Pediatric Nurse Practitioner (PNP);
- Pediatric Nurse Practitioner Acute Care (PNP-AC)
- Psychiatric Mental Health Nurse Practitioner (PMHNP);
- Women’s Health Care Nurse Practitioner (WHCNP).

Licensure or State Certification

- Once nationally certified, the APRN must apply for either licensure (CRNA) or state certification (NP & CNS) with the OSBN to be able to practice in Oregon. To apply, the applicant must hold a current RN license in Oregon.
- APRNs are also eligible to apply for OSBN prescriptive authority and DEA licensing (a separate application that has federal oversight of the applicant).

Credentialing

- Credentialing allows the APRN to provide care in a hospital setting. The facility medical staff reviews the education, training, skills, and licensure of their staff through a variety of documents that are reviewed by the appropriate hospital department and committee chairs:

- Training /clinical privileges
- Previous hospital and health care facility appointments/privileges
- State licensure/certification
- DEA registration
- National (board) certification
- Malpractice history and coverage
- Professional references
- Query to the National Practitioner Data Bank
- Review of sanction activity by Medicare/Medicaid
- Criminal Background Check
- Other unique applications deemed appropriate for health plans, insurers, etc.
- Oregon has a specific universal credentialing application Oregon Practitioner Credentialing Application (OPCA). The application is available on the Oregon Health Authority website as a convenience to providers in Oregon, but it is the individual health system who reviews and verifies these applications. There is also a State Re-credentialing Application, which typically occurs every two years and is maintained by the health care organization.
- Additionally, APRNs are credentialed by health insurance providers (Non-Profit, For-Profit, Medicare and Medicaid). This allows APRNs to bill for services (for which they are credentialed and privileged to provide) and requires a National Provider Identifier (NPI) number under HIPAA requirements.

Privileging

- Privileging is the process that determines what services the APRN will provide per their institution's by-laws. Examples include admitting, prescribing, and performing procedures.
- APRNs are then "privileged" to provide certain care under their unique scope of practice. It is the right of the health care organization to limit privileges granted within their health system, even if they are allowed under state and federal guidelines.

APRN Supervision Requirements

- APRNs are licensed independent practitioners

and are solely responsible for their decision making and do not require "supervision."

- A health system may delineate peer review processes and administrative authority lines.

Use of the Title "Doctor"

- The term "doctor" is an educational degree, not a professional title. Someone who has obtained a doctoral degree may call themselves a "doctor." The license to practice medicine makes someone a "physician." But, it is easy to confuse since society automatically refers to a physician as a "doctor."
- An APRN who has an earned doctorate in Nursing may call themselves "Dr. _____," however, they must clarify their license type. The conversation with a patient would go like this, "Hello, I am Dr. Jones, I am a family nurse practitioner." The nurse practitioner should not simply introduce themselves as "Doctor Jones" and leave the patient with the impression that they are a physician.
- The Oregon Regulatory Statute that covers this is found in ORS 676.110 1a,b, and 2.

Oregon State Board of Nursing (OSBN)

- The mission of the OSBN is to protect the public's health and welfare by assuring that safe and competent nursing care is provided by licensed nurses. The OSBN achieves this mission by outlining advanced practice nursing standards in our Nurse Practice Act (Oregon Administrative Rule 851, Divisions 50, 52, 54, & 56).
- Additional resources:
 - o The Consensus Model for APRN Regulation- Full-Length Video from the National Council State Boards of Nursing (NCSBN)
 - o Scope Decision Making Tree
 - o Division 50
 - o Division 52
 - o Division 54
 - o Division 56
 - o osbn.practicequestion@state.or.us

APRN Rules and Practice Updates

Oregon Opioid Guidelines:

House Bill 2114 mandated that the health licensing boards in Oregon provide notice to their practitioners that under the laws of this state, they are to prescribe opioids per the Oregon Opioid Guidelines.

The guidelines are available on the Oregon State Board of Nursing (OSBN) website, and are discussed in detail in the OSBN's upcoming online learning module for all Oregon APRN Prescribers. This updated education will replace the APRN Prescriptive Authority Booklet. Going forward, all licensees on both initial and renewal of their license (CRNA) or state certifications (CNS and NP) will be required to review and attest to this training that is subject to audit.

The Board will announce when this training is available and becomes mandatory.

Dispensing Privileges:

This past legislative session, in collaboration with the Board of Pharmacy, the OSBN updated language in Oregon Revised Statute, removing the requirement for nurse practitioners (NPs) and clinical nurse specialists (CNSs) to take an examination prior to obtaining dispensing privileges (DP).

The Board will announce when this process is complete and we will no longer require a dispensing application with PP.

NPs and CNSs will continue to provide their clients with up to 72 hours of dispensed medications at their practice location (traditional dispensing). For APRN prescribers who would like to dispense more than 72 hours of medications and offer refills to their clients (non-traditional dispensing) on site, they will need to register directly with the Board of Pharmacy related to the Dispensing Practitioner Drug Outlet (DPDO) rules. A \$100 fee applies to this application.

The DPDO rules include requirements and best practices common to all pharmacy drug outlets, related to registration and criteria for compliance in drug acquisition, storage, labeling, and recordkeeping. They are available on the Board of Pharmacy's website here: <http://www.oregon.gov/pharmacy/Pages/DispensingPractitionerDrugOutlet.aspx>

APRN Scope of Practice and Care of Transgender Patients:

The scope of practice descriptions for the various NP roles in Division 50 are very specific to include gender. While the entire division is currently under consideration for potential revision, the Board received recent concerns about the current language being a barrier to APRNs who were providing care for transgender clients. The Board took the opportunity to address these concerns immediately in the form of an interpretive statement available to you on the OSBN website: <http://www.oregon.gov/OSBN/pdfs/InterpretiveStatements/TransgenderPatients.pdf>.

APRN Practice Act:

Division 50 (nurse practitioners): Remains under consideration for possible revisions. The Board will review draft language at the February 2018 meeting. If the Board is in agreement with major concepts presented in February, it will likely hold a hearing at the April 2018 meeting to consider and vote on proposed changes to existing language. The public will have the opportunity to provide written or verbal testimony on these rules. If you are interested in receiving notifications of these proposed rules, please sign up on the OSBN Rule Hearing Notice List Serve: http://listsmart.osl.state.or.us/mailman/listinfo/osbn_rule_hearing_notif.

Division 52 (CRNA): During the November 2017 meeting, the Board approved updated language in

the CRNA division related to office-based procedures and safety requirements.

Division 54 (CNS): A CNS Rules Advisory Committee is reviewing the division to identify possible revisions for Board consideration.

Division 56 (prescriptive and dispensing authority): Any possible revisions likely will not be brought before the Board for consideration until after the revisions in Division 50 are completed.

Emerging Clinical Trends vs Evidence-Based Treatments:

APRNs are often asked to provide emerging or “in vogue” treatments and procedures. Practitioners should not rush to decision making in these situations. First, reflect upon the safety of your client ahead of the “newest breakthrough.” Always consider evidenced-based treatments ahead of unproven and experimental approaches. Your clinical judgement can become clouded when previous treatments might appear to be inadequate. When in doubt, review the OSBN Scope of Practice Decision Making Tree along with Board polices and interpretive statements on controversial issues.

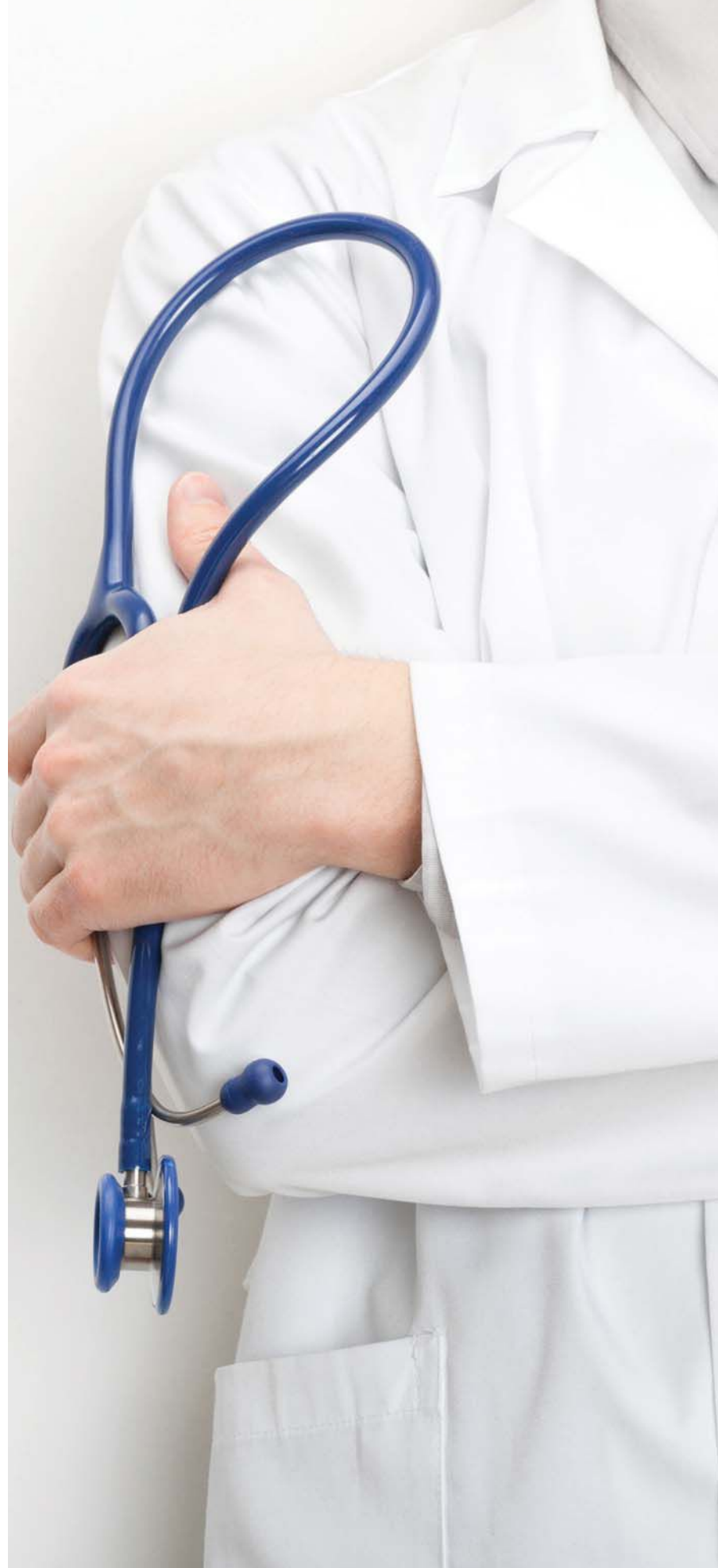
Scope of Practice Decision Making Tree is available to you here:

http://www.oregon.gov/OSBN/pdfs/InterpretiveStatements/scope_decision_tree.pdf.

Board Polices and Interpretive Statements:

http://www.oregon.gov/OSBN/pages/position_papers.aspx.

If you still have questions, feel free to write us at our Ask a Scope of Practice Question email: osbn.practicequestion@state.or.us.



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

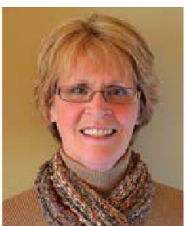
Ms. Cole is the Vice President of Patient Care Services and Chief Nursing Officer at Sky Lakes Medical Center in Klamath Falls and has 30 years of nursing experience. She received her Bachelors of Science in Nursing degree from the Oregon Institute of Technology in Klamath Falls, Ore., and her Masters 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,

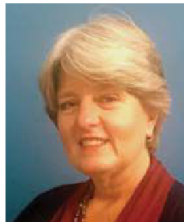
Terms: 5/1/13 – 12/31/15, 1/1/16 – 12/31/18

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

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

2/13/2018 Tuesday **6:30 PM**
OSBN Board Meeting

2/14/2018 Wednesday **8:30 AM**
OSBN Board Meeting
(Mostly Executive Session)

2/15/2018 Thursday **8:30 AM**
OSBN Board Meeting

3/14/2018 Wednesday **4:30 PM**
OSBN Board Meeting via Teleconference
(Mostly Executive Session)

4/10/2018 Tuesday **6:30 PM**
OSBN Board Meeting

4/11/2018 Wednesday **8:30 AM**
OSBN Board Meeting
(Mostly Executive Session)

4/12/2018 Thursday **8:30 AM**
OSBN Board Meeting

5/9/2018 Wednesday **4:30 PM**
OSBN Board Meeting via Teleconference
(Mostly Executive Session)

6/12/2018 Tuesday **6:30 PM**
OSBN Board Meeting

6/13/2018 Wednesday **8:30 AM**
OSBN Board Meeting
(Mostly Executive Session)

6/14/2018 Thursday **8:30 AM**
OSBN Board Meeting

7/11/2018 Wednesday **4:30 PM**
OSBN Board Meeting via Teleconference
(Mostly Executive Session)

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)



*All Board Meetings, except Executive Sessions, are open to the public. All meetings are located at the OSBN Office
17938 SW Upper Boones Ferry Rd,
Portland.*



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YOUR BOARD IN ACTION

Highlights from the November 2017 Board Meeting



Rules Adopted

The Board adopted changes to Division 52 of the Nurse Practice Act (OAR 851-052-0060) regarding the use of American Society of Anesthesiologists Physical Status Classification when CRNAs perform in-office anesthesia/sedation.

Changes to OAR 851-061-0030 and -0050 were adopted to align the rules with recent changes in the Centers for Medicare and Medicaid Services rules.

Nursing Practice

The Board adopted an interpretive statement entitled, Nurse Practitioners Scope of Practice and the Care of the Transgender Patient.

Administration

Bobbie Turnipseed, RN, and William Youngren, CNA, were elected as Oregon State Board of Nursing 2018 President and Secretary, respectively. Kathleen Chinn, RN, FNP, was selected as President-Elect.

Also, the Board thanked nurse educator representative Beverly Epeneter, EdD, RN, and nurse administrator representative Bonnie Kostelecky, MS, RN, for their service as Board Members. Their terms ended December 31, 2017. OSBN Executive Director Ruby Jason announced that Sheryl Oakes Caddy, RN, Linn-Benton Community College Nursing Program Director, and Annette Cole, RN, Sky Lakes Medical Center Chief Nursing Officer, were confirmed by the Senate as their replacements.

For complete meeting minutes or a list of scheduled stakeholder events, please visit the OSBN website at 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) at least 15 days prior to each meeting.



Fact:

Knowing if you have HPV—especially the most dangerous strains, HPV types 16 and 18—can help protect you from developing cervical cancer.

If you are 30 or older, ask your health care provider about getting an HPV test with your Pap test. Learn more at www.healthywomen.org/hpv.

This resource was created with support from Roche Diagnostics Corporation.



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