Oregon State Board of Nursing
Memorandum

TO: Interested Parties

FROM: Ruby R. Jason, MSN, RN, NEA-BC
Executive Director

DATE: August 2020

SUBJECT: NOTICE OF BOARD MEETING

The Oregon State Board of Nursing will meet Tuesday, Wednesday, and Thursday, September 8-10, 2020, at the Board offices, 17938 S.W. Upper Boones Ferry Road, Portland, Oregon. To comply with COVID-19 gathering restrictions, the Board meeting will be held utilizing electronic media only.

Members of the public may call-in during Public Sessions by using the following information:

On September 8th the Board will meet Public Session at 6:30 p.m. and continue until 8:00 p.m., or to the end of business, to conduct administrative rule hearings.

On September 9th the Board will meet at 8:30 a.m. and continue until 4:00 p.m., or to the end of business. The Board will meet for the purpose of discussing and taking action on disciplinary cases including Defaults, Stipulations, requests for Board Direction, Dismissals, and Consent Agenda of Cases Closed with No Violations of the Nurse Practice Act. Portions of the meeting will be held in Executive Session for disciplinary proceedings, as authorized by ORS 192.345, ORS 192.355, and ORS 192.660. During the Executive Session, the public phone line will be muted. The Board will go into Public Session periodically for the sole purpose of taking formal action on cases that have been reviewed in Executive Session. While the Board is in Public Session, the public line will be unmuted. Board action may include but is not limited to, ratification of interim consent orders, motions for discipline, and approval or denial of licensure.

On September 10th the Board will convene in Executive Session from 8:30-9:00 a.m. to consider any additional disciplinary or legal matters from the previous day. The Board will then meet in Public Session at 9:00 a.m. to discuss rule changes to the Nurse Practice Act and other nursing practice, licensure, and education-related issues.

The meeting timeline is tentative and the order of agenda items may be changed at the Board’s discretion.

If you have a disability that requires any special materials, services, or assistance please contact Peggy Lightfoot via phone (971-673-0638) or e-mail ( peggy.lightfoot@state.or.us), so appropriate accommodations may be arranged.

Current Board Members:
Kathleen (Kat) Chinn, RN, FNP (President)
Annette Cole, RN (President-Elect)
Michelle Chau, LPN (Secretary)
Sheryl Oakes Caddy, RN
Adrienne Enghouse, RN
Barbara (Bobbie) Turnipseed, RN
Judith Woodruff (Public Member)
Michael Wynter-Lightfoot (Public Member)
# TENTATIVE TIMEFRAME FOR SEPTEMBER 2020 BOARD MEETING

## Tuesday, September 8, 2020

6:30 p.m. – 8:00 p.m.  
**Agenda Items**  
**PUBLIC SESSION**  
Administrative Rule Hearings:  
OAR 851-001, OAR 851-006  
OAR 851-021, OAR 851-031,  
OAR 851-061

## Wednesday, September 9, 2020

8:30 a.m. – End of business  
**Agenda Items**  
**EXECUTIVE SESSION:**  
- Defaults  
- Stipulations  
- Board Direction  
- Dismissals  
- Consent Agenda of Cases  
  for Recommended Closure

## Thursday, September 10, 2020

8:30 a.m. – 9:00 a.m.  
9:00 a.m. – 9:30 a.m.  
9:30 a.m. – 10:00 a.m.  
10:00 a.m. – 11:00 a.m.  
11:00 a.m. – 12:00 p.m.  
12:00 p.m. – 12:30 p.m.  
12:30 p.m. – 1:00 p.m.  
1:00 p.m. – 2:00 p.m.  
**Agenda Items**  
**EXECUTIVE SESSION**  
**ADMINISTRATIVE RULES**  
**TRAINING AND ASSESSMENT**  
**PRACTICE AND EVALUATION**  
**ADMINISTRATION**  
**BREAK**  
**ADVANCED PRACTICE**  
**EDUCATION**

---

Please note: The above timeframe is tentative. The time for individual agenda items may vary. Agenda items may also be rescheduled at the discretion of the Board president. Portions of the meeting will be held in Executive Session for disciplinary proceedings, as authorized by ORS 192.345, ORS 192.355 and ORS 192.660.
## MEETING
September 8-10, 2020
AGENDA

### TUESDAY, SEPTEMBER 8, 2020
6:30 p.m. – 8:00 p.m. OR END OF BUSINESS
PUBLIC SESSION:

#### ADMINISTRATIVE RULEMAKING HEARINGS

<table>
<thead>
<tr>
<th>Hearing</th>
<th>Description</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>H1</td>
<td>Amendments to OAR 851-001 – Administrative Rule Hearing - Rules of Practice and Procedure</td>
<td>Discussion and Action (Exhibit H1)</td>
</tr>
<tr>
<td>H2</td>
<td>Adoption of OAR 851-006 – Administrative Rule Hearing Standard Definitions</td>
<td>Discussion and Action (Exhibit H2)</td>
</tr>
<tr>
<td>H3</td>
<td>Adoption of OAR 851-021 – Administrative Rule Hearing Standards for the Approval of Education Programs in Nursing Preparing Candidates for Licensure as Practical or Registered Nurses</td>
<td>Discussion and Action (Exhibit H3)</td>
</tr>
<tr>
<td>H4</td>
<td>Adoption of OAR 851-031 – Administrative Rule Hearing Standards for Licensure of Registered Nurses and Licensed Practical Nurses</td>
<td>Discussion and Action (Exhibit H4)</td>
</tr>
<tr>
<td>H5</td>
<td>Repeal of OAR 851-061 – Administrative Rule Hearing Standards for Nursing Programs for Nursing Assistants and Medication Aides</td>
<td>Discussion and Action (Exhibit H5)</td>
</tr>
</tbody>
</table>

### WEDNESDAY, SEPTEMBER 9, 2020
8:30 a.m. – END OF BUSINESS
EXECUTIVE SESSION:
- Defaults
- Stipulations
- Board Direction
- Dismissals
- Consent Agenda of Cases for Recommended Closure
THURSDAY, SEPTEMBER 10, 2020
8:30 a.m. – EXECUTIVE SESSION
9:00 a.m. – PUBLIC SESSION

1. CALL TO ORDER
2. PUBLIC MEETING NOTICE
3. PUBLIC PARTICIPATION NOTICE
4. ROLL CALL
5. DECLARATION OF QUORUM
6. INTRODUCTION OF BOARD MEMBERS, STAFF AND AUDIENCE

REVIEW OF MEETING AGENDA
Additions, Modification, Reordering of Agenda

FINANCIAL REVIEW – John Etherington, Fiscal Manager

APPROVAL OF BOARD MEETING MINUTES

<table>
<thead>
<tr>
<th>Number</th>
<th>Approval of Minutes from the June 9-11, 202, Board Meeting</th>
</tr>
</thead>
<tbody>
<tr>
<td>C-M1</td>
<td>Approval of Minutes from the July 8, 2020, Board Meeting</td>
</tr>
<tr>
<td>C-M2</td>
<td>Approval of Minutes from the August 5, 2020, Board Meeting</td>
</tr>
</tbody>
</table>

M.S.C. __________, __________
that the Board Meeting Minutes (be/not be) approved as (presented/modified)

APPROVAL OF CONSENT AGENDA*

Consent Agenda Items:

<table>
<thead>
<tr>
<th>Page Number</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>C-A1</td>
<td>Fiscal Status Report</td>
</tr>
<tr>
<td>C-A2</td>
<td>Communications and IT Report</td>
</tr>
<tr>
<td>C-A3</td>
<td>Discipline by License Type</td>
</tr>
<tr>
<td>C-A4</td>
<td>Discipline by NPDB by License Type</td>
</tr>
<tr>
<td>C-L1</td>
<td>Ratification of NA/MA Training Program Approvals and Withdrawals</td>
</tr>
<tr>
<td>C-L2</td>
<td>Draft Program Survey Rubric</td>
</tr>
<tr>
<td>C-L3</td>
<td>Licensing Report</td>
</tr>
<tr>
<td>C-E1</td>
<td>Rogue Community College (RCC) Nursing Program and Practical Nursing Program Relocation and Increase in Enrollment</td>
</tr>
<tr>
<td>C-E2</td>
<td>Concorde Career College -- NCLEX® Improvement Plan</td>
</tr>
<tr>
<td>C-AP1</td>
<td>Approved Oregon Clinical Placements for Advanced Practice Students Enrolled in Programs Out-of-State</td>
</tr>
<tr>
<td>C-AP2</td>
<td>Approved Oregon Clinical Placements for Pre-licensure Students Enrolled in Programs Out-of-State</td>
</tr>
</tbody>
</table>

M.S.C. __________, __________
that the Consent Agenda items (be/not be) approved as (presented/modified)

*Any Consent Agenda item may be removed from the Consent Agenda by a Board member asking the President to consider it separately.
9:00 a.m. – 9:30 a.m. – ADMINISTRATIVE RULEMAKING

H1. Vote Based on Rule Hearing September 8, 2020
Amendments to OAR 851-001 – Rules of Practice and Procedure
Deliberation and Vote 88
(Exhibit H1)
M.S.C. __________, __________
that the proposed amendments to OAR 851-001-0145 (be/not be) adopted as (presented/modified)

H2. Vote Based on Rule Hearing September 8, 2020
Adoption of OAR 851-006 – Standard Definitions
Deliberation and Vote 93
(Exhibit H2)
M.S.C. __________, __________
that the proposed amendments to OAR 851-006-0000 (be/not be) adopted as (presented/modified)

H3. Vote Based on Rule Hearing September 8, 2020
Adoption of OAR 851-021 – Standards for the Approval of Education Programs in Nursing Preparing Candidates for Licensure as Practical or Registered Nurses
Deliberation and Vote 120
(Exhibit H3)
M.S.C. __________, __________

H4. Vote Based on Rule Hearing September 8, 2020
Adoption of OAR 851-031 – Standards for Licensure of Registered Nurses and Licensed Practical Nurses
Deliberation and Vote 191
(Exhibit H4)
M.S.C. __________, __________
that the proposed amendments to OAR 851-031-0001, 851-031-0006, 851-031-0048, 851-031-0055, 851-031-0085 and 851-031-0087 (be/not be) adopted as (presented/modified)
H5. **Vote Based on Rule Hearing**

**September 8, 2020**

Standards for Education Programs
for Nursing Assistants and
Medication Aides

M.S.C. __________, __________
that OAR 851-061-0010, 851-061-0030,
851-061-0035, 851-061-0040, 851-061-0050,
851-061-0060, 851-061-0070, 851-061-0075,
851-061-0080, 851-061-0090, 851-061-0100,
851-061-0110, 851-061-0120, 851-061-0123
851-061-0126, and 851-061-0130

Deliberation and Vote 217

(Exhibit H5)

---

**9:30 a.m. – 10:00 a.m. – EDUCATION AND ASSESSMENT** – Debra Buck,
Policy Analyst Education & Assessment

CNA1. Revisions to OAR 851-063 – Standards and Authorized Duties
for the Certified Nursing Assistant
and Certified Medication Aide

M.S.C. __________, __________
that based on the information presented,
Board staff (move forward/not move forward)
to Administrative Rule Hearing for OAR 851-
063-0030 through 851-063-0100

Discussion and Action 260

(Exhibit CNA1)

CNA2. Environmental Scan

Discussion

---

**10:00 a.m. – 11:00 a.m. – PRACTICE AND EVALUATION** – Gretchen Koch, Policy Analyst - Nursing Practice & Evaluation

PR1. Draft OAR 851-049 – Standards for Licensed Nurse Protocol Utilization,
Communication of Re-authorization of a Prescription, Administration of
Over-the-Counter Medication by Use of a System-Based Protocol, and RN Dispensing

Discussion 278

(Exhibit PR1)

PR2. Draft Interpretive Statements Related to RN Practice in Community Based Care Settings

Discussion 286

(Exhibit PR2)

PR3. Oregon State Board of Nursing Jurisprudence Exam

Discussion 296

(Exhibit PR3)
PR4. Environmental Scan Discussion

11:00 a.m. – 12:00 p.m. – ADMINISTRATION - Ruby Jason, Executive Director

A1. Agency Annual Report Discussion and Action

M.S.C. __________, __________
that the Agency Annual Report (be/not be) accepted as (presented/modified)

A2. Ratification of Disciplinary Board Meeting Minutes Discussion and Action

M.S.C. __________, __________
that the Board Disciplinary Meeting Minutes of April 2020, May 2020, June 2020, and July 2020 (be/not be) ratified as (presented/modified)

A3. Patient Abandonment Interpretive Statement Discussion and Action

M.S.C. __________, __________
that the proposed revision to the Interpretive Statement Patient Abandonment (be/not be) accepted as (presented/modified)

A4. Delegation Authority Related to Disclosure of Investigation Information Discussion and Direction

(Exhibit A4)

A5. Health Care Workforce Reporting Program (HWRP) and REALD Implementation Discussion

(Exhibit A5)

A6. Rescinding of Renewal Moratorium Discussion and Action

M.S.C. __________, __________
that the moratorium on renewal of licenses and certificates (be/not be) ended on October 31, 2020 and that licensees/certificate holders will be required to renew no later than 11:59 p.m. November 30, 2020 without a late fee. Applications received after that date and time (will be/will not be) subject to the $100 delinquent fee
### 12:00 p.m. – 12:30 p.m. – BREAK

### 12:30 p.m. – 1:00 p.m. – ADVANCED PRACTICE - Ruby Jason, Executive Director

<table>
<thead>
<tr>
<th>AP1.</th>
<th>Nurse Practitioner National Certifications</th>
<th>Discussion and Action (Exhibit AP1)</th>
</tr>
</thead>
<tbody>
<tr>
<td>M.S.C. __________, __________</td>
<td>that the list of national certification exams is (approved/not approved) as (presented/modified)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>M.S.C. __________, __________</td>
<td>that the Emergency Nurse Practitioner population specialty (be/not be) issued as a Nurse Practitioner type in Oregon provided the applicant adheres to the requirements as spelled out in Board rule for a Post Master’s Certificate or Dual Track Master’s, as well as national certification</td>
<td></td>
</tr>
</tbody>
</table>

### 1:00 p.m. – 2:00 p.m. – EDUCATION – Ruby Jason, Executive Director

<table>
<thead>
<tr>
<th>E1.</th>
<th>Curriculum Change Update – University of Portland School of Nursing</th>
<th>Discussion and Action (Exhibit E1)</th>
</tr>
</thead>
<tbody>
<tr>
<td>M.S.C. __________, __________</td>
<td>that the curriculum change report due date for the University of Portland School of Nursing (be/not be) moved to December 2021, and presented at the February 2022 Board meeting</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>E2.</th>
<th>Clark Community College (CCC) – Update on Cohort Placement in Oregon</th>
<th>Discussion and Action (Exhibit E2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>M.S.C. __________, __________</td>
<td>that based upon information and Board discussion, the Board directs Board Staff to (implement/not implement/implement only) the identified processes regarding clinical site placements for out of state RN programs</td>
<td></td>
</tr>
</tbody>
</table>
E3. Annual Education Program Survey Update
Discussion and Action (Exhibit E3)
M.S.C. __________, __________
that the proposed survey (replaces/does not replace) the current Oregon specific annual survey of education programs

E4. NCLEX® Comparison Scores – National and Oregon Specific First Time Pass Rates
Discussion (Exhibit E4)

E5. Sumner College LPN Program Clinical Practicum Exemption
Discussion and Action (Exhibit E5)
M.S.C. __________, __________
that the Board (approve/not approve) a one-time, non-precedent setting exemption to OAR 851-021-0045(10)(a) to Sumner College for 9 students to 1 faculty for clinical practicum to accommodate the displaced PPC LPN students

E6. Update on Institute of Technology (IOT) Remediation Plan: The Student Grievance Procedure
Discussion and Action (Exhibit E6)
M.S.C. __________, __________
that the Institute of Technology (IOT) Practical Nursing Program’s remediation plan (be/not be) approved as modified

NEXT BOARD MEETINGS
The next scheduled Board Meeting will be October 7, 2020, at the Board offices, 17938 S.W. Upper Boones Ferry Road, Portland, Oregon. Due to COVID-19 restrictions, the Board meeting may be held utilizing electronic media only.

ADJOURNMENT
BOARD MEETING
June 9-11, 2020
Minutes

CALL TO ORDER

Board President Kathleen (Kat) Chinn, called the regular meeting of the Oregon State Board of Nursing to order. The Board meeting was held at the Oregon State Board of Nursing in Portland, Oregon. To comply with COVID-19 gathering restrictions, the Board meeting was held using electronic media.

PUBLIC MEETING NOTICE

A notice of the meeting was published on the Board of Nursing’s website and sent out to the interested parties list by Executive Director, Ruby Jason, in accordance with the Open Meeting Law. The Board met in Executive Session during portions of the meeting as authorized by ORS 192.345, 192.355 and ORS 192.660.

ROLL CALL — Present/Absent

—Board Members
Caddy, Present
Chau, Present
Chinn, Present
Cole, Present
Enghouse, Present
Turnipseed, Absent June 9, Present June 10 and June 11
Woodruff, Present
Wynter-Lightfoot, Present

QUORUM

There being a quorum present, the Board President declared the Board eligible to conduct its business.

Introductions: staff and Board members

—Staff Members Present at Various Times
Bigelow Koch
Blomquist Lamont
Bowman Messina
Buck Montalvo
Etherington Moser
Ficarra Parish
Gamble Shults
Gerhardt Steele
Holtry Taube
Irland Traynor
Jason West
Johnson
Ju Lightfoot
Kilborn
Rauch, Legal Counsel
TUESDAY, JUNE 9, 2020
PUBLIC SESSION – 6:30 p.m.

Administrative Rule Hearing – OAR 851-031

The proposed rule revisions related to OAR 851-031, regarding Standards for Licensure of Registered Nurses and Licensed Practical Nurses were included in the Board meeting materials.

The hearing opened at 6:34 p.m.

There was no verbal or written testimony given in favor of, nor in opposition to, the amendments to OAR 851-031.

The hearing closed at 6:35 p.m.

Administrative Rule Hearing – OAR 851-051

The proposed rule revisions related to OAR 851-051, regarding Standards for Approval of Education Programs for the Advanced Practice Registered Nurse: Nurse Practitioners, Clinical Nurse Specialists, and Certified Registered Nurse Anesthetists were included in the Board meeting materials.

The hearing opened at 6:35 p.m.

There was no verbal or written testimony given in favor of, nor in opposition to, the adoption of OAR 851-051.

Executive Director Ruby Jason pointed out corrections necessary for the purpose of clarification.

The hearing closed at 6:38 p.m.

Administrative Rule Hearing – OAR 851-053

The proposed rule revisions related to OAR 851-053, regarding Standards for Licensure of Advanced Practice Registered Nurses (APRN) were included in the Board meeting materials.

The hearing opened at 6:39 p.m.

There was no verbal or written testimony given in favor of, nor in opposition to, the adoption of OAR 851-053. Ms. Jason reported that she received correspondence from Julie Weis, legal counsel for the Oregon Association of Nurse Anesthetists (ORANA), who pointed out a discrepancy in the language in OAR 851-053-0005(1)(f); a correction would be required to align with the dates with language in OAR 851-051-0020(3).

The hearing closed at 6:41 p.m.

Administrative Rule Hearing – OAR 851-055

The proposed rule revisions related to OAR 851-055 regarding Scope and Standards of Practice for the Advanced Practice Registered Nurse were included in the Board meeting materials.

The hearing opened at 6:41 p.m.

There was no verbal or written testimony given in favor of, nor in opposition to, the adoption of OAR 851-055.

The hearing closed at 6:42 p.m.
Administrative Rule Hearing – OAR 851-050, OAR 851-052, OAR 851-054, and OAR 851-056

The proposed rule revisions related to OAR 851-050, OAR 851-052, OAR 851-054, and OAR 851-056 regarding Nurse Practitioners, Certified Registered Nurse Anesthetists, Clinical Nurse Specialists, and Advanced Practice Registered Nurse Authority to Prescribe and Dispense were included in the Board meeting materials.

The hearing opened at 6:42 p.m.

There was no verbal or written testimony given in favor of, nor in opposition to, the repeal of OAR 851-050, OAR 851-052, OAR 851-054, and OAR 851-056. Ms. Jason explained that the Board directed Board staff to rewrite the rule to combine all of the advanced practice rules into three new chapters related to education, licensure, and scope of practice, which requires that the four current divisions related to advanced practice be repealed.

The hearing closed at 6:43 p.m.

The meeting adjourned at 6:47

WEDNESDAY, JUNE 10, 2020
EXECUTIVE SESSION

**Consent Agenda**

MSC Enghouse, Caddy 8 Ayes

Based on the procedural record and evidence presented, the Consent Agenda was accepted as modified.

Cases moved to Full Agenda:

<table>
<thead>
<tr>
<th>Case Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>19-01395</td>
</tr>
<tr>
<td>20-00418</td>
</tr>
<tr>
<td>20-00419</td>
</tr>
<tr>
<td>20-00503</td>
</tr>
<tr>
<td>20-00931</td>
</tr>
<tr>
<td>19-00363</td>
</tr>
<tr>
<td>20-00857</td>
</tr>
<tr>
<td>20-00246</td>
</tr>
<tr>
<td>20-00746</td>
</tr>
<tr>
<td>20-00785</td>
</tr>
<tr>
<td>20-00792</td>
</tr>
<tr>
<td>20-00791</td>
</tr>
<tr>
<td>20-00396</td>
</tr>
<tr>
<td>19-00296</td>
</tr>
<tr>
<td>20-00199</td>
</tr>
<tr>
<td>20-00393</td>
</tr>
<tr>
<td>19-01441</td>
</tr>
<tr>
<td>Final Orders of Denial of Application by Default</td>
</tr>
<tr>
<td>------------------------------------------------</td>
</tr>
<tr>
<td>Sarah Brownlee, CNA</td>
</tr>
<tr>
<td>Dwight Dampier, CNA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Final Order of Civil Penalty by Default</th>
</tr>
</thead>
<tbody>
<tr>
<td>Christina Heil, LPN</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Final Order of Suspension by Default</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cynthia Backstrom, RN</td>
</tr>
<tr>
<td>Stephanie Brookens, RN</td>
</tr>
<tr>
<td>Margarita Castillo Juarez, CNA</td>
</tr>
<tr>
<td>Andrea Prendergast, CNA</td>
</tr>
<tr>
<td>Cortney Stoner, CNA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Final Order of Revocation by Default</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nicole Hall, CNA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ratify Interim Order By Consent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crystal Berru, RN</td>
</tr>
<tr>
<td>Nicole Hall, CNA</td>
</tr>
<tr>
<td>William Kabele, CRNA - PP</td>
</tr>
<tr>
<td>Patricia Paulus, RN</td>
</tr>
<tr>
<td>Karen Wright, RN</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Case Status Reports reviewed:</th>
</tr>
</thead>
<tbody>
<tr>
<td>20-00945</td>
</tr>
<tr>
<td>20-00612</td>
</tr>
<tr>
<td>18-01193</td>
</tr>
<tr>
<td>20-00400</td>
</tr>
<tr>
<td>20-00681</td>
</tr>
<tr>
<td>19-01470</td>
</tr>
<tr>
<td>18-01586</td>
</tr>
<tr>
<td>20-00521</td>
</tr>
</tbody>
</table>
Cases approved for Dismissal – Confirmed HPSP Enrollment:
19-01346

Cases approved for Dismissal:
19-01063
20-00244
20-00867
18-01102
20-00250
20-00794
20-00739
20-00771
20-00856
20-00779
20-00731
20-00745
20-00996
20-00855
18-00255
20-00878
18-00491
20-00571

The Board accepted Staff recommendations to dismiss all no NPA Violation and Application and Renewal cases presented on the Consent Agenda.
Full Agenda
Cases pulled from Consent Agenda:

MSC Cole, Caddy
That based on the evidence presented in case number:

19-01395
20-00418
20-00419
20-00503
20-00931
20-00857
20-00246
20-00396
20-00393
19-01441
20-00785

Be dismissed.
8 Ayes

MSC Enghouse, Cole
That based on the evidence presented in case number:

19-01296

Be dismissed.
5 Ayes, 3 Nays - Caddy, Turnipseed, Wynter-Lightfoot

MSC Cole, Caddy
That based on the evidence presented, the Stipulation for Withdrawal of Application, signed by:

Quenby Ravenwood, RN

Be adopted.
8 Ayes
MSC Cole, Caddy

That based on the evidence presented, the Stipulation for $2500 Civil Penalty, signed by:

Elisabeth Hernandez, RN

Be adopted.

8 Ayes

MSC Cole, Caddy

That based on the evidence presented, the Stipulation for Voluntary Surrender, signed by following:

Meredith Abdi, RN
Brandon Banuelos, CNA
Ross Cordes, NP
Jennifer Hayward, RN
Christine Rivera, RN
Kristi Rumely, RN
Colleen Thurman, NP
Andrew White, RN

Be adopted.

8 Ayes

MSC Cole, Caddy

That based on the evidence presented in the following:

Nicholas Bower, RN
Tanya Calvert, CNA
Brandon Saada, RN

Be issued Notices of Proposed Revocation.

8 Ayes

MSC Cole, Caddy

That based on the evidence presented, the Stipulation for Reprimand, signed by following:

Carolyn Anderson, RN
Andrew Crowder, RN
John Janssens, RN
Krista Nelson, CNA
Victoria Reynolds, LPN
That based on the evidence presented, the Stipulation for Reprimand with $2500 Civil Penalty, signed by:

Tony Klein, RN

Be adopted.
8 Ayes

MSC Cole, Caddy

That based on the evidence presented, the Stipulation for Probation, signed by following:

Guadalupe Gutierrez, CNA
Stephanie McSherry, RN
Erin Sloan, RN
Meghan Tilley, RN

Be adopted.
8 Ayes

MSC Cole, Caddy

That based on the evidence presented, the Stipulation for 12 Month Suspension followed by 24 Month Probation, signed by:

Deanna Bingham, LPN

Be adopted.
8 Ayes
<table>
<thead>
<tr>
<th>MSC Cole, Caddy</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>That based on the evidence presented in the following:</td>
<td></td>
</tr>
<tr>
<td>Steven Allen, CNA</td>
<td></td>
</tr>
<tr>
<td>Denise Bertrand, RN</td>
<td></td>
</tr>
<tr>
<td>Megan Donahue, CNA</td>
<td></td>
</tr>
<tr>
<td>Jennifer Muller, NP</td>
<td></td>
</tr>
<tr>
<td>Eva Small, RN</td>
<td></td>
</tr>
<tr>
<td>Be issued Notices of Proposed Revocation.</td>
<td></td>
</tr>
<tr>
<td>8 Ayes</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MSC Cole, Caddy</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>That based on the evidence presented in the following:</td>
<td></td>
</tr>
<tr>
<td>Dawn Regier, RN</td>
<td></td>
</tr>
<tr>
<td>Be issued a Notice of Proposed Denial.</td>
<td></td>
</tr>
<tr>
<td>8 Ayes</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MSC Cole, Caddy</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>That based on the evidence presented in the following:</td>
<td></td>
</tr>
<tr>
<td>20-00105</td>
<td></td>
</tr>
<tr>
<td>Be issued an order for mental health and substance abuse disorder evaluation.</td>
<td></td>
</tr>
<tr>
<td>8 Ayes</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MSC Cole, Caddy</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>That based on the evidence presented in case numbers:</td>
<td></td>
</tr>
<tr>
<td>19-00962</td>
<td></td>
</tr>
<tr>
<td>20-00657</td>
<td></td>
</tr>
<tr>
<td>20-00822</td>
<td></td>
</tr>
<tr>
<td>Be dismissed.</td>
<td></td>
</tr>
<tr>
<td>8 Ayes</td>
<td></td>
</tr>
<tr>
<td>Name</td>
<td>Motion</td>
</tr>
<tr>
<td>--------------------</td>
<td>------------------------------------------------------------------------</td>
</tr>
<tr>
<td>MSC Cole, Caddy</td>
<td>That based on the evidence presented in case numbers:</td>
</tr>
<tr>
<td></td>
<td>20-01102</td>
</tr>
<tr>
<td></td>
<td>Be dismissed with last chance letter.</td>
</tr>
<tr>
<td></td>
<td>8 Ayes</td>
</tr>
<tr>
<td>MSC Cole, Caddy</td>
<td>That based on the evidence presented in the following:</td>
</tr>
<tr>
<td></td>
<td>David Gakstatter, RN</td>
</tr>
<tr>
<td></td>
<td>Leah Leming, RN</td>
</tr>
<tr>
<td></td>
<td>Jennifer Quesada, RN</td>
</tr>
<tr>
<td></td>
<td>April Sanders, CNA</td>
</tr>
<tr>
<td></td>
<td>Be issued Notices of Proposed Denial.</td>
</tr>
<tr>
<td></td>
<td>8 Ayes</td>
</tr>
<tr>
<td>MSC Cole, Caddy</td>
<td>That based on the evidence presented in the following:</td>
</tr>
<tr>
<td></td>
<td>Megan Ross, LPN</td>
</tr>
<tr>
<td></td>
<td>To dismiss and allow early completion of probation.</td>
</tr>
<tr>
<td></td>
<td>8 Ayes</td>
</tr>
<tr>
<td>MSC Cole, Caddy</td>
<td>That based on the evidence presented, the Stipulation for 2 Month</td>
</tr>
<tr>
<td></td>
<td>Suspension Followed by 24 Month Probation, signed by:</td>
</tr>
<tr>
<td></td>
<td>Teresa Moen, RN</td>
</tr>
<tr>
<td></td>
<td>Be adopted.</td>
</tr>
<tr>
<td></td>
<td>8 Ayes</td>
</tr>
<tr>
<td>MSC Cole, Caddy</td>
<td>That based on the evidence presented in case:</td>
</tr>
<tr>
<td></td>
<td>20-00117</td>
</tr>
<tr>
<td></td>
<td>The case be closed as an inactive investigation and a hold be placed</td>
</tr>
<tr>
<td></td>
<td>on the contact record.</td>
</tr>
<tr>
<td></td>
<td>8 Ayes</td>
</tr>
</tbody>
</table>
MSC Cole, Caddy

That based on the evidence presented, the Stipulation for 24 Month Probation, Signed by Donald Davis, RN

Be adopted.

7 Ayes, 1 Absent - Turnipseed

MSC Cole, Caddy

That based on the evidence presented in case:

19-00129

The case be closed as an inactive investigation and a hold be placed on the contact record.

8 Ayes

MSC Cole, Caddy

That based on the evidence presented, program contract be changed from four year to two year and allow completion.

17-01127

Be approved.

8 Ayes

MSC Cole, Caddy

That based on the evidence presented, the Stipulation for Voluntary Surrender, signed by:

Scott Pecora, NP, RN

Be adopted.

8 Ayes

Public Session:

Board President Chinn had a discussion with the other Board members regarding OAR 851-010-0024(3), which states “Each Board member shall receive a two day stipend for each regularly scheduled Board meeting preparation”. Board President Chinn directed Board members to contact Executive Assistant Peggy Lightfoot if they do not use the entire two days, so Peggy can adjust the stipend amount so it accurately reflects the amount of time the Board member used to prepare for the meeting.

Adjourned 4:00 pm
THURSDAY, JUNE 11, 2020

Board Kathleen (Kat) Chinn called the meeting to order at 9:00 a.m. A quorum was present.

Introductions: staff and Board members

EXECUTIVE SESSION

MSC Cole, Caddy
That based on the evidence presented in the following:
Taek Huh, LPN
Be issued a Notice of Proposed Revocation.
8 Ayes

MSC Cole, Caddy
That based on the evidence presented, the Stipulation for Probation, signed by:
Stephan Bayley, RN
Kolten Bice, RN
Be adopted.
8 Ayes

PUBLIC SESSION

REVIEW OF MEETING AGENDA

ADDITIONS, MODIFICATIONS, REORDERING OF AGENDA

Agenda items PR1. Temporary Rulemaking – OAR 851-047, and E5. University of Providence, Montana, Petition for Continuous Out-of-State Cohort Clinicals in Medford, were removed from the agenda. There were no other requests for additions or modifications of the agenda.

FINANCIAL REVIEW AND LICENSING UPDATE

Executive Director Ruby Jason provided an overview and information pertaining to the financial status of the agency, included in the Board meeting materials. Renewal fees have been temporarily suspended to assist those whose spouses may have lost their jobs, or laid off during the COVID-19 declared emergency. Any agency expense cuts will be at the direction of the Department of Administrative Services (DAS). Currently, the agency is about $590,000 under expense budget, most of which is due to vacant positions throughout the current fiscal year. Currently, all of those positions are filled.
**APPROVAL OF BOARD MEETING MINUTES**

C-M1 Approval of Minutes from the April 8-9, 2020 Board Meeting

C-M2 Approval of Minutes from the May 6, 2020 Teleconference Board Meeting

M.S.C. Cole, Chau  
that the Board Meeting Minutes be approved as presented  
Ayes 8

**APPROVAL OF CONSENT AGENDA**

C-A1 Fiscal Status Report  
C-A2 Communications and IT Report  
C-A3 Discipline by License Type  
C-A4 Discipline by NPDB by License Type  
C-L1 Ratification of NA/MA Training Program Approvals and Withdrawals  
C-L2 Licensing Report  
C-E1 Institute of Technology NCLEX® Improvement Plan  
C-E2 Linfield College Planned Nursing Student Enrollment Increase  
C-E3 George Fox University Planned Nursing Student Enrollment Increase  
C-E4 Division 21 Annual Survey Report Changes  
C-E5 Closure of Immigrant Nurse Credentialing (INC) Program  
C-AP1 Approved Oregon Clinical Placements for Advanced Practice Students  
Enrolled in Programs Out-of-State  
C-AP2 Approved Oregon Clinical Placements for Pre-Licensure Students  
Enrolled in Programs Out-of-State

Regarding Consent Agenda item E5. Education and Assessment Policy Analyst Nancy Irland explained that she was contacted by Dr. Paula Gubrud-Howe, OHSU faculty. Contrary to a letter received from Erik Jensen, INC Program Manager indicating that INC would be closed in June, the program is postponed, it is not closing. The program intends not to have a third cohort during the summer due to the difficulty students are experiencing with online access. The program will pull the next cohort and will contact the Board within six months to inform the Board if they intend to remain open.

Dr. Irland pointed out the change of the annual survey related to Consent Agenda item E4. Beginning January 2021 and continuing every January thereafter, the National Council of State Boards of Nursing (NCSBN) will be conducting the annual survey. The changes will be reflected in the revisions to OAR 851-021.

M.S.C. Cole, Chau  
that the Consent Agenda items be approved as modified  
Ayes 8

**ADMINISTRATIVE RULES**

H1. Amendments to OAR 851-031 Regarding Standards for Licensure of Registered Nurses and Licensed Practical Nurses

Ms. Jason proposed a change to 0015(1)(c) to indicate that the requirement includes participants enrolling in an accelerated Master’s program after July 1, 2021, to provide evidence of an awarded degree in nursing in order to apply for licensure as a registered nurse.
M.S.C. Cole, Chau
Ayes 8

H2. Amendments to OAR 851-051 Regarding Standards for Approval of Education Programs for the Advanced Practice Registered Nurse: Nurse Practitioners, Clinical Nurse Specialists, and Certified Registered Nurse Anesthetists

Ms. Jason reminded the Board that all of the changes and updates were pointed out at the Administrative Rule Hearing on June 9; there were minor changes suggested, and no substantive changes.

M.S.C. Cole, Chau
that OAR 851-051 be adopted in its entirety as modified
Ayes 8

H3. Amendments to OAR 851-053 Regarding Standards for Licensure of Advanced Practice Registered Nurses (APRN)

There was no discussion regarding the proposed adoption of OAR 851-053.

M.S.C. Cole, Chau
that OAR 851-053 be adopted in its entirety as modified
Ayes 8

H4. Amendments to OAR 851-055 Regarding Scope and Standards of Practice for the Advanced Practice Registered Nurse (APRN)

There was no discussion regarding the proposed adoption of OAR 851-055.

M.S.C. Cole, Chau
that OAR 851-055 be adopted in its entirety as presented
Ayes 8

H5. Amendments to OAR 851-050, OAR 851-052, OAR 851-054, and OAR 851-056 Regarding Nurse Practitioners, Certified Registered Nurse Anesthetists, Clinical Nurse Specialists, and Advanced Practice Registered Nurse Authority to Prescribe and Dispense

There was no discussion regarding the proposed repeal of OAR 851-050, OAR 851-052, OAR 851-054 and OAR 851-056.

M.S.C. Cole, Chau
that OAR 851-050, OAR 851-052, OAR 851-054, and OAR 851-056 be repealed in their entirety as presented
Ayes 8
NA EDUCATION AND ASSESSMENT

CNA1. Update on OAR 851-061 Revisions Regarding Standards for Training Programs for Nursing Assistants and Medication Aides.

NA Assessment Policy Analyst Debra Buck reviewed the proposed updated revisions to OAR 851-061, most of which were to align and clarify language. Direction from the Board to Board staff to research and obtain advice from Board legal counsel for potential modification to OAR 851-061-0080(4)(r)(C) regarding the requirement that a facility utilized for out-of-state clinical experience has given Board staff permission for site visits.

M.S.C. Cole, Wynter-Lightfoot
that based on the information presented, Board staff move forward to Administrative Rule Hearing for OAR 851-061-0010 through OAR 851-061-0130 with potential modification

Ayes 8

CNA2. Update on OAR 851-063 Revisions Regarding Standards for Authorized Duties for the Certified Nursing Assistant and Medication Aide

Ms. Buck reminded the Board that at the February 2020 Board meeting, Board staff presented a draft of proposed revisions to OAR 851-063 to help meet the healthcare needs of all Oregonians, and at that time, the Board gave direction to Board staff to move forward with moving a significant amount of the authorized duties of the nursing assistant of the level two curriculum to the level one curriculum. Since the February Board meeting, a significant amount of feedback was received by Board staff from interested parties regarding the proposed revisions, with concern related to moving a substantial amount of the nursing assistant level two curriculum content to the level one curriculum. Ms. Buck reviewed some of the concerns expressed, the history of CNA authorized duties in Oregon, benefits of a CNA 2 certification type, and a proposed solution. Ms. Buck requested Board direction to either move forward as it was presented in February, or look at an alternative proposal for consideration, which was included in the Board meeting materials. There was Board discussion and direction from the Board to Board staff to convene a workgroup to review the proposal, compare current and proposed rule revisions, make recommendations to the Board related to community needs, and provide a report to the Board at the September Board meeting. Board member representation will include Board member Barbara (Bobbie) Turnipseed.

CNA3. Environmental Scan

Ms. Buck reported that Headmaster, the CNA testing vendor, is moving to electronic testing; the implementation date to move from paper to electronic testing is August 1, 2020. In the meantime, Headmaster has been working with the test observer to get the equipment in place for implementation. The annual faculty workshop on testing policies and procedures was done electronically this year; it included some virtual question and answer sessions. Positive feedback was received regarding electronic testing.

Ms. Buck reported that there is a new national initiative, ConnectToCareJobs.com. The service is focused solely on attracting qualified job candidates to job opportunities in long-term care. The DHS Office of Aging and People with Disabilities is a participant in supporting this initiative as a member of Advancing States. Advancing States’ mission is to design, improve, and sustain state systems delivering long-term services and supports for older adults, people with disabilities, and their caregivers.

PRACTICE AND EVALUATION

PR1. Temporary Rulemaking – OAR 851-047-0000, OAR 851-047-0030, and OAR 851-047-0040

The item was removed from the agenda.
PR2. Update on OAR 851-049 Revisions Regarding Standards for Licensed Nurse Protocol Utilization, Communicating a Re-authorization of a Prescription, Administration of Over-the-counter Medication by use of a Symptom-Based Protocol, and RN Dispensing

Nursing Practice and Evaluation Policy Analyst Gretchen Koch provided an update on the rulemaking process for OAR 851-049. On March 18, 2020, there was a directive received from the Governor’s Health Policy Advisor to delay the process of rulemaking for OAR 851-049 during the declared COVID-19 emergency. Governor Brown’s May 1, 2020 Executive Order No. 20-24 extends the COVID-19 declaration of emergency for an additional 60 days, through July 6, 2020; the stakeholder meetings will reconvene after the restrictions are lifted. Ms. Koch referred to the draft rules included in the Board meeting materials with revisions to date.

PR3. Update on OAR 851-047 Revisions Regarding Standards of Community Based Care Registered Nurse Delegation

Ms. Koch explained that OAR 851-047 relates to long term-care and assisted living; stakeholder work on transfer or care documents related to OAR 851-047 will commence when Oregon is no longer under the COVID-19 declaration of emergency. Ms. Koch stated that she is planning to convene the stakeholder group by mid-July, at which time they will meet virtually to discuss concepts related to the transfer of duty of care language in OAR 851-047.

PR4. Interpretive Statements – Foot Care Provided by the Registered Nurse and Foot Care Provided by the Licensed Practical Nurse

Ms. Koch referred to the updates to the two interpretive statements included in the Board packet. The original interpretive statement was divided into two statements for clarification, separate statements for RN and LPN licensure. There was Board direction to create separate interpretive statements on other topics that apply to both levels of licensure. Ms. Koch pointed out a necessary minor correction.

M.S.C. Enghouse, Chau
that the Interpretive Statement Foot Care Provided by the Registered Nurse and Foot Care Provided by the Licensed Practical Nurse be approved as modified
Ayes 8

PR5. Environmental Scan

Ms. Koch reported that since March 20, 2020, she has participated in the Oregon Center for Nursing (OCN) weekly huddles. The huddles include herself, Ms. Jason, Dr. Irland, and Board Member Annette Cole. The meetings are hosted by the OCN; the purpose is to bring nurses and other professionals together every week to discuss strategies, resources, and help others navigate the impact that COVID-19 is having on the workforce. Over 100 individuals have participated in one or more huddles since they began back in March. Ms. Koch thanked the OCN director, Jana Bitton, and her staff for facilitating the meetings. Ms. Koch stated she believes that the importance of these huddles is going to extend beyond the current pandemic by creating a formal mechanism which allows nursing practice professionals to connect in the absence of practice setting and practice role silos that have kept Oregon’s largest health care provider population separated from one another.

Ms. Koch provided an update on occupational licensure compacts; currently for the nursing compact, there are 34 states currently enacting legislation. For the Physical Therapy Compact, there are 28 participating states and U.S. territories. The Interstate Medical Compact has 31 participating states and U.S. territories. The Emergency Medical Services (EMS) compact has 20 participating states and U.S. territories. Psychology jurisdictional compact has 12, and Audiology and Speech has three. For the advanced practice compact, there are currently three states that are participating.
ADMINISTRATION

A1. Agency Status Report Including COVID-19 Update

Based on the direction from the Department of Administrative Services (DAS), due to the COVID-19 emergency, state agencies will all re-open on the same day. The OSBN has not yet received that information; until that time, the office will remain closed to the public and most staff will work remotely. It is clear that the new technology the agency has acquired to answer the COVID-19 emergency enables employees to continue to work remotely, doing business differently is feasible for the future. Leveraging remote technology to decrease the flow of paper between staff, utilizing video conferencing instead of telephone meetings for investigator interviews, and to perform educational program surveys via video conferencing rather than travel could all be used to meet the mission of the Board in ways we did not appreciate before. Procedures have been implemented to bypass some checkpoints prior to reactivation or license of individuals in order to participate in the COVID-19 issue. As of the previous week, the OSBN reactivated 188 RNs and LPN, and 85 CNAs under the new process for licensees who are requesting to help with the COVID-19 issue. As of the previous week, 259 Emergency Authorizations were issued for NPs, RNs, and LPNs. There were a few cases in which the licensee did not disclose a criminal background, and issue that would not have passed the initial licensing review. This is something that will need to be reconsidered in the event there is another pandemic. Board staff continue to participate in video and audio meetings regarding COVID-19; departmental meetings and staff meetings are being done through audio meetings with staff having the ability to listen in at home or from their desks. The most significant issue for the COVID aftermath will be the effects to the state budget. It is predicted that the state will face a four billion dollar loss in revenue in the 2021-2023 biennium. While the OSBN is not funded by the general state budget, the OSBN is a state agency and is required to comply with state budget directives. To date, there have been no instructions from DAS regarding which agencies will be directed to cut expenses, but that is anticipated. During the July 2020 Board Work Session the Board staff will be presenting a proposal on how the agency can exit the Health Professionals’ Services Program (HPSP), which is an expense to the agency in the amount of $46,240 per month, or $1.1 million per biennium. There are currently 73 Board-referred licensees in the program and eight self-referred licensees, for a biennium cost of about $14,000 per participant. Currently, there is no data available to substantiate if there is a difference in recidivism or employment for being in an alternative to discipline program compared to a publicly monitored program; the burden rests on the employer to allow the individual to return to monitored practice, regardless of the type of program. Because of the expense of the program, in 2009, the Board made the decision that CNAs would not have the option of being placed in an alternative to discipline program. Only three Boards are using an alternative to discipline monitoring program, medicine, dental and nursing. Another expense decrease will need to be the agency’s legal counsel costs. Because of current processes, the number of contested cases remains in the forties, requiring continued expenditure of resources for both the investigator and Board legal counsel. Legal expenses for the current biennium is $853,953; at the current rate, the agency is tracking at spending $1.15 million during the current biennium. Over the next few months, the Board will be provided with staff proposals to revamp several processes related to the opening and settling of investigation cases.

The Board of Medical Imaging has informed the OSBN of a proposed rule regarding advanced practice nurses who use fluoroscopy, that they must complete four hours of continued education per year, or eight hours for a two year renewal. Two of the yearly required four hours must be related to radiation use and safety, and two hours related to the clinical use of fluoroscopy.

Dr. Janet Wessels will be joining the OSBN Board staff on August 24, 2020. Dr. Wessels will be hired into the Education and Advanced Practice Policy Analyst position, combining two positions into one. Dr. Wessels has a BSN from Southern Illinois University, and Master’s and Doctorate of Nursing degree from Frontier University in Kentucky. She is an Advanced Practice Registered Nurse, specializing in Nurse Midwifery in the state of Florida. Ms. Jason provided Dr. Wessels’s experience and background. Dr. Nancy Irland will be leaving state service on June 30, 2020, returning as a consultant for the OSBN to assist in orienting Dr. Wessels into her role. Ms. Jason, with the help of Board staff Gretchen Koch, will be assigned to all communications between nursing programs and the Board. Ms. Jason expressed her appreciation for Dr. Irland’s service to the OSBN.
A2. ORS 676 – Delegation Authority Related to Disclosure of Investigation Information

Ms. Jason referred to a memo in the Board meeting materials. It has been the Board’s understanding that pursuant to ORS 676, which is the overriding statute for all health professional regulatory Boards, the Board can share certain investigation information with either law enforcement or other state agencies. For the Board to share any confidential information with any of the entities described in ORS 676.177, the Board must give the staff the delegated authority to do so. Consultation with Board legal counsel resulted in being unable to find previous delegation for this activity.

ORS 676.175 and ORS 676.180 authorizes that the Board may release information regarding the Board’s decision not to issue a notice of intent to impose a disciplinary sanction on the license of the respondent to the complainant. Currently, other than a courtesy letter sent that the Board did not impose sanctions, no other information is sent to the complainant, resulting in the complainant, in some cases, requesting additional information. Board staff requested the Board to determine that if such information is released, the Board approve delegated authority to Board staff to implement ORS 676.175(2)(b). There was Board discussion and direction for Board staff to develop a standardized process prior to approving. Board staff will work on a process and present to the Board at the September Board meeting.

M.S.C. Enghouse, Chau
that the Board delegates authority to the Executive Director or designee to implement ORS 676.177
Ayes 8

A3. Development of Jurisprudence Exams for Oregon Applicants

Ms. Jason explained that a jurisprudence exam is a test of a state’s rules and laws applicable to licensure. Currently, there are 18 Boards of Nursing in the U.S. that require a jurisprudence exam prior to the applicant being awarded a license. The intent of the exam is to test key statutes and rules of the practice act to assure that applicants have enough practice act knowledge to be awarded Oregon licensure/certification and safely enter into Oregon practice. If approved, Board staff would develop a separate jurisprudence exam for each license type; CNAs, RNs, LPNs, and advanced practice nurses. The exams would be no cost to the applicant, in an online format, and the exam would be required for all first-time licensees, applications by exam, and endorsements. The Board, at its discretion, may write rule to also require renewal applicants to take the exam. Board staff would develop these exams using various resources and references, but would only include the public in the testing phase of the online exam, a focus group for each license type before the exam is implemented. The target for implementation including rule writing will be July 1, 2021. There was Board discussion and direction to include the requirement for license renewals. Board members Sheryl Caddy and Judith Woodruff agreed to be the Board representatives for the focus group, facilitated by Board staff Gretchen Koch.

M.S.C. Cole, Chau
that the Board authorizes Board staff to develop a jurisprudence examination as modified
Ayes 8

A4. Update on OAR 851-006 Revisions Regarding Definitions

Dr. Irland and Ms. Jason reviewed the proposed changes in OAR 851-006, Definitions, included in the Board packet materials including additional proposed definitions. The additional revisions not included in the Board packet draft of OAR 851-006 were Faculty of Record, Clinical Practicum Supervisor, and Course Progression. If approved, the proposed revisions of OAR 851-006 would proceed to an Administrative Rule Hearing, along with OAR 851-021.

M.S.C. Enghouse, Chau
that based on the information presented, Board staff move forward to Administrative Rule Hearing for OAR 851-006
Ayes 8
A5. Request to Begin Rule Writing – OAR 851-001 Regarding Rules of Practice and Procedure

Ms. Jason pointed out that there are instances when an administrative rule division should be applicable to all of the licenses/certifications issued by the Board. One example is Civil Penalties (CP); while ORS 678.117 allows civil penalties to be levied on all license/certification types, the only chapter that includes language regarding CPs is OAR 851-045, Standards and Scope of Practice for the RN/LPN. Pursuant to Board administrative rules, only RN and LPN licensees are subject to CPs, exempting CNA, CMA, NP, CNS, and CRNA licenses and certificates. The rule changes are intended to clarify levying CPs and provide the Board clearer language as to what types of violations can be levied a CP. In keeping with the Board’s attempts to streamline the practice act, rule divisions and chapters regarding singular subjects should be maintained within a single division. An overall review of OAR 851-001 is requested to assure all information contained in the divisions reflects current Attorney General and DAS requirements.

M.S.C. Enghouse, Chau
that OAR 851-001 be opened for review, revisions and possible consolidation of other rules applicable to all license/certification types
Ayes 8

A6. Request to Begin Rule Writing – OAR 851-070 Regarding Fitness for Practice Related to Behavioral Health and Cognitive or Physical Impairment

Ms. Jason explained that Oregon statute requires review of administrative rules every five years. OAR 851-070 underwent a complete revision in 2016. The language has become outdated, including language regarding Health Professionals’ Services Program (HPSP) qualifications and probation monitoring. Language on what would preclude a licensee from being referred to HPSP is also unclear to licensees. Request from Board staff to convene a public stakeholder rule advisory committee for the review and possible revisions to OAR 851-070.

M.S.C. Enghouse, Chau
that Board staff convene a public Rule Advisory Committee for the purpose of possible revisions to OAR 851-070
Ayes 8

A7. Change in Application Disclosure Questions

Ms. Jason explained that Board legal counsel has reviewed statute and suggested changes to license application disclosure questions. In reviewing the disclosure question process, it was noted that the language of current questions has led to some confusion on the part of the applicant as to what is being asked. Due to the Criminal Justice Information Service (CJIS) requirement that the Board is not authorized to directly use CJIS information to open cases, and ORS 678.111(1)(a) which states that the Board may discipline based on convictions, it was determined that rewording of the disclosure questions is required. Ms. Jason referred to the information included in the Board meeting materials, a comparison table with the current disclosure language and the proposed language. The change will go into effect when the processes have been revised. The need for one minor correction was noted.

M.S.C. Enghouse, Chau
that Board staff revise the language of the current disclosure questions with the proposed questions as modified
Ayes 8
ADVANCED PRACTICE

AP1. University of Portland Advanced Practice Nursing Program Site Survey Report

Ms. Jason reported that Board consultant Dr. Sarah Wickenhagen surveyed the Family Nurse Practitioner (FNP) program at the University of Portland (UOP) on May 4-5, 2020, which was conducted using virtual technology. As a result of the survey, there were no “partially met” or “not met” ratings. All areas of OAR 851-050 and OAR 851-056 were met, this was the same outcome as the previous UOP survey conducted by the OSBN five years ago. The program is to be commended for its constant achievement in maintaining the standards of FNP education.

M.S.C. Enghouse, Chau
that the University of Portland be approved for a period of five (5) years until 2025 or until the OSBN survey can coincide with their CCNE survey, whichever is first
Ayes 8

LUNCH BREAK

EDUCATION

E1. Treasure Valley Community College (TVCC) Updates

Dr. Irland thanked Brianne Haun for agreeing to step into the TVCC Interim Director role last summer. In February, 2020, Dr. Irland met with Ms. Haun and the faculty; at that time there was a discussion regarding possible contingency plans with the faculty and college administration if they did not have qualified faculty applications, and requested that the program share their plans; the program complied with the request. Soon after the meeting, Jill Humble, MSEd, RN, was hired to serve as the Executive Director of Nursing and Allied Health, and submitted a letter of contingency plan and answers to follow up questions that were of interest to the Board previously, also in the Board meeting materials. As of May 1, 2020, there were two unfilled faculty positions; the program has since received applications from qualified applicants. A positive step towards recruitment was an increase in salaries. The new director, Jill Humble, along with former Interim Director Brianne Haun were present via conference call to address the Board and answer questions, and Ms. Humble provided an update on recent new faculty. There were questions from the Board regarding the CNA program. Abby Lee, Associate Vice President for Public Affairs, thanked the Board for their direction and support. Edward Aves, Vice President for Academic Affairs, was also available as a representative for the program. Direction from the Board to Board staff to provide an update to the Board at the September Board meeting.

E2. Institute of Technology Remediation Response and Revisions

Dr. Irland reminded the Board that at the April Board meeting, the Board reviewed the remediation responses from the Institute of Technology (IOT) to the July 2019 site survey report. At that time, Nurse Administrator Shawn Boethin and Campus President Kaylee Vickers were asked to revise the responses and bring them back before the Board. Dr. Irland referred to the table in the Board meeting materials, which included the revisions that were made, and pointed out two algorithms that have not met the request of the Board; the student complaint grievance procedure and the process for sexual misconduct complaints. Although the nurse administrator is now on the list, it is as the second person to contact, not the first. In addition, the list ends with the words and/or, which means that the nurse administrator may or not be included in the complaint process. OAR 851-021-0040(4) states that the nurse administrator shall have institutional authority and administrative responsibility for the program. By putting the nurse administrator second on the list of and/or, it is not clear that the nurse administrator is ultimately in charge. Dr. Irland suggested a final revision, that the algorithm should begin with “the student reports to the nurse administrator.” In addition, the student may report a complaint to the director of student services, director of education, and/or the campus president. Mr. Boethin and Ms. Vickers commented on the complaint process wording and answered questions from the Board. Direction from the Board to Board staff that the revisions to student complaints and grievance procedures be brought back before the Board at the September Board meeting.
There was discussion and questions from the Board regarding the acknowledgement of responsibility regarding partially met items in the site survey report.

E3. Revised Definitions and Simulation Rules for Division 21

At the April, 2020, Board meeting, new definitions to OAR 851-021 were presented to the Board related to replacing direct care with simulation. At that time, the Board provided direction to Board staff for additional information related to the current use of simulation and specific clock hours that might be allocated to simulation and direct patient care in the future, and to revise the definitions in administrative rule. The simulation information and proposed revisions were brought before the Board at the May Board meeting, but were not discussed by the Board at that time due to Board direction to revise definitions and review both the new definitions and simulation information at the June Board meeting. Dr. Irland referred to the revisions to OAR 851-006 included in the Board meeting materials. There was Board discussion and questions to Board staff related to the proposed revisions and clarifications on simulation.

M.S.C. Enghouse, Chau

that based on the information presented, Board staff move forward to Administrative Rule Hearing for OAR 851-021

Ayes 8

E4. Sumner College Practical Nursing Program - NCLEX® Improvement Plan

Dr. Irland reported that the Sumner College Practical Nursing Program has submitted low NCLEX® pass rates for the past four to five years. When the 2019 reports were reviewed in January of this year, it was noted that their bi-annual pass rate was below 85%. Further investigation showed that they were requested to submit NCLEX® improvement plans in 2016, 2018, and now 2020. After the October 2018 site visit and review of the program, it was noted that the bi-annual pass rate at that time was also below 85%, but an NCLEX® improvement plan was not requested at that time, due to a variety of reasons. Staff performed a site visit in 2017; there was a new nurse administrator and improvements were in place. In January 2020, when the pass rates were low again, Board staff requested that the program provide a report. Dr. Irland referred to the improvement plan included in the Board meeting materials; some of the past improvements include raising the minimum passing percentage for the admission test; in July of 2017 they raised their grading scale to a C- as the lowest passing grade. In January of 2018, the graduates were given a financial incentive to take the NCLEX® within 45 days of graduation. This has been shown nationally to increase pass grades. Improvements in their remediation approach were made in 2017. A contributing factor in the low NCLEX® scores is thought to be related to the fact that in 2018 over 50% of the PN students failed the first attempt, but a high percentage were ESL (English as a Second Language) students, the language barrier may have been an issue. Faculty have started to include more questions that require the student to select all that apply, which is often seen in NCLEX® testing, and students complete the NCSBN eight week NCLEX® review course with immediate feedback on remediation. They also increase the entrance exam passing score that is required for admission; as of March 2020, the plan was to reduce the number of PN students from 48 to 40. There were questions from the Board to the Program representatives, Thomas Hicks, Department Chair of Nursing Programs and Joanna Russell, College President.

M.S.C. Enghouse, Chau

that the Board approve the Sumner College Practical Nursing Program NCLEX® Improvement Plan as submitted and that Board staff complete a focused site survey following at least one term of normal class and clinical modalities to determine whether or not continued program approval be granted

Ayes 8

E5. University of Providence, Montana, Petition for Continuous Out-of-State Cohort Clinicals in Medford

The item was removed from the agenda.
E6. Environmental Scan

Dr. Irland answered questions from the Board regarding schools continuing remote learning through the fall, and stated that she has requested that programs planning to make remote learning a permanent or semi-permanent change submit a program change request to the Board for exception to the requirement of six-months prior notice in advance of the requested change, as requested by the Board at the May Board meeting. Board direction to bring a report to the Board at the July or August Board meeting.

Dr. Irland reported that she received a notice from Blue Mountain Community College related to a decrease in the number of students for the 2020-2021 school year by one cohort, from 24 to 16 students, due to a budget cut related to faculty. Dr. Irland reported that the Pioneer Pacific College PN program has had no classes for the spring term due to the COVID-19 declared emergency; the closure will extend through July.

NEXT BOARD MEETINGS

The next scheduled Board Meetings will be on July 8, 2020, and August 5, 2020.

ADJOURNMENT

Adjourned at 2:30 p.m.
CALL TO ORDER

Board President, Kathleen Chinn, called the regular meeting of the Oregon State Board of Nursing to order at 4:30 PM. This Board meeting was held in the conference room of the offices of the Oregon State Board of Nursing in Portland, Oregon.

PUBLIC MEETING NOTICE

A notice of this meeting was published on the Board of Nursing's website and sent out to the interested parties list by Ruby Jason, Executive Director, in accordance with the Open Meeting Law. The Board met in Executive Session during the portions of the meeting authorized by ORS 192.355 and ORS 192.660.

ROLL CALL

Board Members
Caddy,
Chau,
Chinn,
Cole,
Enghouse,
Turnipseed,
Woodruff,
Wynter-Lightfoot

QUORUM

There being a quorum present, the Board President declared the Board eligible to conduct its business.

Staff Members Present at Various Times

Bigelow
Bowman
Ficarra
Gamble
Jason
Johnson
Consent Agenda

MSC Enghouse, Chau 8 Ayes

Based on the procedural record and evidence presented, the Consent Agenda was accepted as modified.

Cases moved to Full Agenda:
- 20-00973
- 20-00652
- 20-00991
- 20-00171

Final Orders of Denial of Application by Default
- Lorna Fortuna, RN
- Ashlee McKenzie, CNA
- Simon Walusimbi, LPN

Final Order of Revocation by Default:
- Steven Allen, CNA
- Denise Bertrand, RN
- Nicholas Bower, RN
- Tanya Calvert, CNA
Megan Donahue, CNA
Taylor Perkins, NP
Brandon Saada, RN

Ratify Interim Order By Consent
Sarah Smith, CMA

Case Status Reports reviewed:
20-00720
18-01575
19-01115
20-00364
20-00666
20-00897

Cases approved for Dismissal:
20-01000
20-00520
20-00023
20-00985
20-01026
20-00378
20-00649
20-00682
20-00641
20-00339
19-00740
20-00740
18-01237

MSC Enghouse, Chau
that based on the evidence presented in case numbers:
20-00782

Be dismissed.
7 Ayes, 1 Recusal - Cole

The Board accepted Staff recommendations to dismiss all no NPA Violation and Application and Renewal cases presented on the Consent Agenda
Full Agenda

Cases pulled from Consent Agenda:

MSC Enghouse, Chau

That based on the evidence presented in case number:

20-00652
20-00991
20-00171

Be dismissed.

8 Ayes

MSC Enghouse, Chau

That based on the procedural record and evidence presented in:

Zachary Cader, CNA

The Final Order of Suspension by Default as set forth in the notice previously issued and a Notice of Proposed Revocation be issued.

8 Ayes

MSC Enghouse, Chau

That based on the evidence presented, the Stipulation for Withdrawal of Application, signed by the following:

Orion Poptean, CNA
Dawn Regier, RN

Be adopted.

8 Ayes

MSC Enghouse, Chau

That based on the evidence presented, the Stipulation for Civil Penalty, signed by the following:

Elizabeth Fisher, RN
Nicole Lei Fonacier, RN

Be adopted.

8 Ayes

MSC Enghouse, Chau

That based on the evidence presented, the Stipulation for Voluntary Surrender, signed by the following:
Lois Ashe, RN  
Kate De Bruin, RN  
Becky Poe, RN  
Cheryl Russo, RN  
Lyndon White, RN  
Ingrid Zeckser, RN  

Be adopted.  
8 Ayes  

MSC Enghouse, Chau  

That based on the evidence presented, the Stipulation for Reprimand with $3500 Civil Penalty, signed by:  
Tiffany Cox, NP  

Be adopted.  
8 Ayes  

MSC Woodruff, Chau  

That based on the evidence presented, the Stipulation for Reprimand, signed by the following:  
Neal Boyd, RN  
Lacey Haney, RN  
Marcene Thomas, RN  
Tina Zeeberg Foote, RN  

Be adopted.  
6 Ayes, 2 Absent - Caddy, Enghouse  

MSC Woodruff, Chau  

That based on the evidence presented in the following:  
Rebeca Campos, RN  

Be issued Notices of Proposed Suspension.  
6 Ayes, 2 Absent - Caddy, Enghouse  

MSC Enghouse, Chau  

That based on the evidence presented in the following:  
Dana Block, RN
Be issued Notices of Proposed Revocation.

7 Ayes, 1 Absent - Caddy

MSC Enghouse, Chau
That based on the evidence presented, the Stipulation for Probation, signed by the following:
Laura Borud, RN
Jeffrey Goolsby, RN
Lisel Ham, RN
Martin Johnson, RN
Nicole Robustelli, RN
Be adopted.
7 Ayes, 1 Absent - Caddy

MSC Turnipseed, Chau
That based on the evidence presented, the Stipulation for Suspension, signed by following:
Bobbi Marugg, RN
Tracey Tait, RN
Be adopted.
7 Ayes, 1 Recusal - Cole

MSC Turnipseed, Chau
That based on the evidence presented, the Stipulation for Suspension, signed by following:
Douglas Carty, RN
Be adopted.
7 Ayes, 1 Recusal - Enghouse

MSC Enghouse, Chau
That based on the evidence presented, the Stipulation for Suspension followed by Probation, signed by the following:
Tyler Berch, CRNA
Robert Clements, RN
Stephanie Conant, RN
Taek Huh, LPN
Crystal Whited, RN
Be adopted.
8 Ayes

MSC Enghouse, Chau
That based on the evidence presented, the Amended Stipulation for Probation, signed by the following:
Sara Cabitto, LPN
Be adopted.
8 Ayes

MSC Wynter-Lightfoot, Chau
That based on the evidence presented in the following:
Kaylee Christopher, CNA
Be issued a Notice of Proposed Denial.
8 Ayes

MSC Enghouse, Chau
That based on the evidence presented in the following:
Sherri Lynn Crawford, CMA
Warren Duncan, CNA
Kimberlee Shoop Lockett, CNA
Be issued a Notice of Proposed Revocation.
8 Ayes

MSC Enghouse, Chau
That based on the evidence presented in the following:
20-00247
Be ordered to obtain Mental Health and Substance Use Disorder Evaluation by a Board approved evaluator.
8 Ayes

MSC Enghouse, Turnipseed
That based on the evidence presented in case number:
20-00376
The Notice of Proposed Denial be Withdrawn and the case be dismissed.
8 Ayes

MSC Enghouse, Chau
That based on the evidence presented in the following:
Kristie Andreas, NP
Steven Miller, RN
Amended Notice of Proposed Revocation be issued.
8 Ayes

MSC Enghouse, Chau
That based on the evidence presented in the following:
20-00719
20-01004
Be allowed to enter HPSP, dismissal upon enrollment.
8 Ayes

MSC Enghouse, Chau
That based on the evidence presented, the Stipulation for Probation, signed by the following:
Amy Stokes, RN
Andrea Handforth, RN
Wendy Lohan, RN
Be adopted.
8 Ayes
### Addendum

MSC Enghouse, Chau

That based on the evidence presented in case numbers:

20-00937  
20-01168

Be dismissed.

MSC Enghouse, Chau

That based on the evidence presented, the Stipulation for Withdrawal of Application, signed by:

Tamara Ramsey, NP

Be adopted.

8 Ayes

MSC Enghouse, Chau

That based on the evidence presented, the Stipulation for Suspension With $1500 Civil Penalty, signed by:

Toni Johnson, RN

Be adopted.

8 Ayes

MSC Enghouse, Chau

That based on the evidence presented, the Stipulation for Reprimand, signed by:

Mary Allen, RN

Be adopted.

8 Ayes

MSC Enghouse, Chau

That based on the evidence presented in:

19-01062

To withdraw the pending disciplinary action and dismiss the case.

8 Ayes

Adjourned 6:37 pm
BOARD MEETING
August 5, 2020
MINUTES

CALL TO ORDER

Board President Kathleen (Kat) Chinn, called the regular meeting of the Oregon State Board of Nursing to order at 3:30 p.m. The Board meeting was held at the Oregon State Board of Nursing in Portland, Oregon. To comply with COVID-19 gathering restrictions, the Board meeting was held using electronic media.

PUBLIC MEETING NOTICE

A notice of the meeting was published on the Board of Nursing’s website and sent out to the interested parties list by Executive Director, Ruby Jason, in accordance with the Open Meeting Law. The Board met in Executive Session during portions of the meeting as authorized by ORS 192.345, 192.355 and ORS 192.660.

ROLL CALL — Present/Absent

—Board Members
Caddy, Present
Chau, Present
Chinn, Present
Cole, Present
Enghouse, Present
Turnipseed, Present
Woodruff, Excused
Wynter-Lightfoot, Present

—Staff Members Present at Various Times

Bigelow  Montalvo
Bowman  Parish
Buck  Shults
Ficarra  Steele
Gamble  Taube
Hennig  Traynor
Jason  Wade
Johnson  West
Ju
Kilborn  Lightfoot
Koch  Noel
Lamont  Rauch, Legal Counsel
Messina
PUBLIC SESSION

ADDITIONS, MODIFICATIONS, REORDERING OF AGENDA

Pursuant to Oregon statute, additional topics can be considered by the Board without being included in the meeting notice, if the subject is one that needs immediate attention, and there is not sufficient time to post a public notice. Executive Director Ruby Jason requested that an item be added to the agenda, Increase in Planned Enrollment for the Sumner College LPN Nursing Program.

Ms. Jason explained that Pioneer Pacific College (PPC), with campuses in Beaverton and Springfield, has closed the LPN programs at both locations. The college was unsuccessful in obtaining a buyer for their program. After the closures, Joanna Russell, President of Sumner College, contacted the OSBN to inform the Board that they were working with PPC students, approximately 60 from the Springfield campus, and 25 from the Beaverton campus, to provide information about transferring to Sumner College. To accommodate the transfers, Sumner College hired former PPC faculty, including one full-time faculty that was the Clinical Practicum Coordinator in Springfield. They are hopeful that they will get some clinical practicum availability in Springfield to allow those students to stay closer to that campus. Sumner College has updated their transfer policy and has been in contact with the Higher Education Coordinating Commission, who has approved their plans to increase enrollment. OAR 851-021-0025 states that a program is required to notify the Board 30 days prior to a significant increase in enrollment that could affect facilities and clinical placements. Because there is a significant amount of online learning, the facilities should not be stressed. The requirement would need to be waived by the Board to allow for accommodating students transferring from the closed PPC LPN program.

M.S.C. Enghouse, Cole
that the Board waive the 30 day notification requirement of OAR 851-021-0025 for increase in planned enrollment for the Sumner College LPN Nursing Program to allow for accommodating students transferring from the closed Pioneer Pacific College LPN Nursing Program
Ayes 6, Excused 1 (Woodruff), Absent 1 (Turnipseed)

EDUCATION

E1. Approval of Waiver to OAR 851-021-0025(2)(d)

Ms. Jason reminded the Board that during the May 2020 Board meeting, the Board approved waiving the requirement for nursing programs to notify the Board six months prior to moving to all distance education during the COVID-19 response. The Board further directed that programs approved for this waiver be required to submit a one year report outlining the criteria to show that the students had adequate attainment of didactic course objectives. Several education programs have requested that online didactic content remain as part of the curriculum post-COVID-19 response. Initially, there were four programs requesting permanent online didactic; the Institute of Technology, Concorde Career College, and Blue Mountain Community College. Linn Benton Community College submitted a request, but has since withdrawn their request. There was discussion regarding the criteria of the one year report, and how to measure if permanent online didactic is appropriate for the programs. Board direction to Board staff to do a trial for one year and then discuss permanent approvals, and that the programs provide a report to the Board at the end of winter term.

E2. Continuation of Clinical Online Simulation

Ms. Jason reminded that Board that the continuation of online simulation was approved as a temporary platform for the Spring 2020 and Summer 2020 terms. Due to the continued COVID-19 response, it is unlikely that clinical placements will return to pre-COVID-19 levels during the Fall 2020 term. It is unknown as to the affect this change in clinical modality will have on the NCLEX® scores or other success parameters. The Board is partnering with the Oregon Center for Nursing (OCN) and several education programs to determine how the online clinical platform has affected graduates for success as entry-level practitioners. As an update, Ms. Jason reported that
she contacted the APRN programs; the two programs responded that they were doing face-to-face clinical placements without an issue, but their didactic learning remains online, which has been the practice. The CNA training programs have had significant issues; the long term care facilities are very understaffed. If the Board decides to allow the continuous online and virtual simulation, then that may resolve this issue. The out-of-state advance practice programs are requesting that student evaluations be conducted virtually due to travel restrictions.

M.S.C. Enghouse, Cole
that the online clinical practicum substitutions and the continued online didactic contact previously approved by the Board be continued for the Fall 2020 term
Ayes 6, Excused 1 (Woodruff), Absent 1 (Turnipseed)

E3. Clark Community College (CCC) Cohort Placement in Oregon

Clark Community College (CCC), located in Vancouver, Washington, offers an ACEN accredited nursing program awarding an Associate of Arts degree upon graduation. The CCC nursing program, approved by the Washington State Nursing Commission, has no physical facilities in Oregon. Therefore, the OSBN has no approval authority over the program and views CCC as an out-of-state program sending students to Oregon for clinical practicum. CCC has been placing students at facilities in Oregon for clinical practicum since 1999, when they originally submitted a petition, and submitted a subsequent petition in 2008. As required by administrative rule, CCC submitted annual reports up until 2017; the reports were reviewed by Board staff, and are not subject to Board approval. There is no requirement in OAR 851-021-0090(1) that defines how often a petition is required, nor is there any stated limit as to the number of out-of-state placements. For the academic year 2016-2017, there were 199 students at clinical rotations in Oregon; previous annual reports indicate there were over 200 placements every academic year. There are limited clinical placements in the Vancouver, Washington area, with only two major medical centers, and CCC would not be able to educate their students without continued approval for clinical placements. CCC participates in StudentMAX, Nursing Clinical Education Consortium for Portland and Southwest Washington for student clinical placement. In 2012 the Board approved delegation to Board staff the authority to approve out-of-state student clinical placements. In 2012 the Board approved delegation to Board staff the authority to approve out-of-state student clinical placements. Ms. Jason requested the Board address the following questions: 1) Is there a difference in out-of-state clinical placement applications based upon the frequency and the number of students seeking placement? 2) Due to the shrinking availability of clinical placement slots in Oregon, should the Board approve all out-of-state pre-licensure programs or will this continue to be delegated to Board staff? There was Board discussion regarding the difficulty of clinical placements, and what the expectation is of the programs. The programs are required to include in their annual reports to the Board any inability to place clinical practicum students. Board direction to Board staff to gather data as to how many out-of-state undergraduate clinical placements the Board receives, and provide the information to the Board during the September Board meeting.

E4. NCLEX® Language Change

Ms. Jason reported that she received a letter from nursing program educators expressing concerns about nursing workforce diversity and the NCLEX® pass scores. While the language in OAR 851-021 has undergone years of work and re-write, recent social unrest issues have spurred the nursing program directors to make a request at this late date. The request, as outlined in the letter included in the Board meeting materials, presents rationale for changing the new language in OAR 851-021-0018(3). The language that was adopted by the Board at the June 2020 Board meeting states that *at least a 75% first-time pass rate or higher for two consecutive 12-month periods as described above; and, a 90% total pass rate or higher of all test-takers that includes first-attempt and repeaters for the most recent 12 months as described above. The request was to change “and” to “or”. It should be noted that in the new language in OAR 851-031, as with current language, the applicant is not limited to the number of times the NCLEX® may be attempted during the qualifying period. The period is currently three years post-graduation, with new rule language changing the timeframe to two years post-graduation. In a three-year period, the candidate could be eligible to take the exam 23 times, in a two year period the number of possible attempts drops to 15. Program success rate is based on first time pass rates and does not seem to be in line with the actual
number of times a candidate is allowed to test and still be awarded a license. There was Board discussion to not proceed with changing the administrative rule language.

M.S.C. Enghouse, Cole
that the Board does not change the current language in OAR 851-021-0018(3)
Ayes 6, Excused 1 (Woodruff), Absent 1 (Turnipseed)

ADMINISTRATION


Ms. Jason explained that the Governor’s office and the OSBN legal counsel have proposed temporary rules for OAR 851-001 in response to complaints concerning licensees not adhering to the COVID-19 Declared Emergency. The language has been proposed to other healthcare licensing Boards, other Boards have included the violation of the Executive Order in the “unprofessional conduct” language in their statute. ORS 678.111 does not have “unprofessional conduct” listed as a reason for discipline; ORS 678.111(1)(f) only indicates “conduct unprofessional to the practice of nursing.” The conditions are described in OAR 851-045-0070, and for the CNA the phrase “conduct unbecoming” with violations is listed in OAR 851-063. Currently, there is no conduct described in administrative rule that would align with the Governor’s Executive Order. Ms. Jason explained that since temporary rules are valid for a maximum of 180, an administrative rule hearing will be scheduled to determine if these rules will be permanently adopted.

M.S.C. Enghouse, Cole
that temporary rule OAR 851-001-0150 be adopted as presented for a period not to exceed 180 days
Ayes 6, Excused 1 (Woodruff), Absent 1 (Turnipseed)

EXECUTIVE SESSION

<table>
<thead>
<tr>
<th>Consent Agenda</th>
</tr>
</thead>
<tbody>
<tr>
<td>MSC Enghouse, Cole 7 Ayes, 1 Excused - Woodruff</td>
</tr>
</tbody>
</table>

Based on the procedural record and evidence presented, the Consent Agenda was accepted as modified.

Cases moved to Full Agenda:

18-01369
19-01427
20-00199
20-01217

Final Orders of Suspension by Default

Micaela Horning, LPN
Christene Lawrence, CNA
Nicodeme Nzisabira, RN
Ann Wakeman, RN
Final Order of Revocation by Default:
Zachary Cader, CNA
Sherri Lynn Crawford, CMA
Kimberlee Shoop Lockett, CNA

Ratify Interim Order By Consent
Dina Arrollo, LPN
Monica Burt, RN
Angela Kelly, LPN
Christopher Stamulis, RN
Teresa Tran, RN

Case Status Reports reviewed:
20-01016

MSC Enghouse, Cole
That based on the evidence presented in case numbers:
20-00719
20-01004
Be dismissed.
7 Ayes, 1 Excused - Woodruff

Cases approved for Dismissal:
20-00973
20-00861
20-00891
20-00929
20-00842
20-01142
20-00158
20-00949
20-00884
20-00358
18-01500
The Board accepted Staff recommendations to dismiss all no NPA Violation and Application and Renewal cases presented on the Consent Agenda

**Full Agenda**

Cases pulled from Consent Agenda:

MSC Enghouse, Cole

That based on the evidence presented in case number:

18-01369
19-01427
20-00199

Be dismissed.

7 Ayes, 1 Excused - Woodruff Ayes

MSC Enghouse, Cole

That based on the procedural record and evidence presented in:

Christine Laib, CNA

The Final Order of Suspension by Default as set forth in the notice previously issued and a Notice of Proposed Revocation be issued.

7 Ayes, 1 Excused - Woodruff

MSC Cole, Enghouse

That based on the evidence presented, the Stipulation for Probation, signed by:

Maria Faris, RN

Be adopted.

7 Ayes, 1 Excused - Woodruff
<table>
<thead>
<tr>
<th>MSC Enghouse, Wynter-Lightfoot</th>
</tr>
</thead>
<tbody>
<tr>
<td>That based on the evidence presented in the following:</td>
</tr>
<tr>
<td>Rena Davidson, RN</td>
</tr>
<tr>
<td>Be issued a Notice of Proposed Denial.</td>
</tr>
<tr>
<td>6 Ayes, 1 Excused - Woodruff, 1 Absent - Cole</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MSC Enghouse, Wynter-Lightfoot</th>
</tr>
</thead>
<tbody>
<tr>
<td>That based on the evidence presented, the Stipulation for Withdrawal of Application, signed by:</td>
</tr>
<tr>
<td>Timothy Wheeler, LPN</td>
</tr>
<tr>
<td>Be adopted.</td>
</tr>
<tr>
<td>6 Ayes, 1 Excused - Woodruff 1, 1 Absent - Cole</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MSC Enghouse, Cole</th>
</tr>
</thead>
<tbody>
<tr>
<td>That based on the evidence presented, the Stipulation for Voluntary Surrender, signed by:</td>
</tr>
<tr>
<td>Christopher Stamulis, RN</td>
</tr>
<tr>
<td>Be adopted.</td>
</tr>
<tr>
<td>7 Ayes, 1 Excused - Woodruff</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MSC Enghouse, Wynter-Lightfoot</th>
</tr>
</thead>
<tbody>
<tr>
<td>That based on the evidence presented, the Stipulation for Reprimand, signed by the following:</td>
</tr>
<tr>
<td>Donna Reynolds, LPN</td>
</tr>
<tr>
<td>Brandae Shannon, LPN</td>
</tr>
<tr>
<td>Be adopted.</td>
</tr>
<tr>
<td>7 Ayes, 1 Excused - Woodruff</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MSC Enghouse, Wynter-Lightfoot</th>
</tr>
</thead>
<tbody>
<tr>
<td>That based on the evidence presented in the following:</td>
</tr>
<tr>
<td>Amanda Ciraulo, RN</td>
</tr>
</tbody>
</table>
Be issued a Notice of Proposed Denial.
7 Ayes, 1 Excused - Woodruff

MSC Enghouse, Wynter-Lightfoot
That based on the evidence presented, the Stipulation for Probation, signed by:
Matthew Grove, RN
Be adopted.
7 Ayes, 1 Excused - Woodruff

MSC Enghouse, Wynter-Lightfoot
That based on the evidence presented, the Stipulation for 60 Day Suspension, signed by:
Misty Bingham, RN
Be adopted.
7 Ayes, 1 Excused - Woodruff

MSC Enghouse, Wynter-Lightfoot
That based on the procedural record, the following:
Carolyn Schoenfelder, RN
Be issued a Final Order by Default, suspending the licenses or certificates as set forth in the Notice.
7 Ayes, 1 Excused - Woodruff

MSC Enghouse, Wynter-Lightfoot
That based on the evidence presented in the following:
Irena Chernish, RN
Alicia Peacock, RN
Sarah Smith, CMA
Be issued Notices of Proposed Revocation.
7 Ayes, 1 Excused - Woodruff

MSC Enghouse, Wynter-Lightfoot
That based on the evidence presented, the Stipulation for Reprimand, signed by following:
Paul Baumgardner, RN
Be adopted and the case be closed and a hold be placed on the contact record.
7 Ayes, 1 Excused - Woodruff
MSC Enghouse, Wynter-Lightfoot

That based on the evidence presented, the Stipulation for Withdrawal of Application, signed by:

Amanda Lamberson, CNA

Be adopted.

7 Ayes, 1 Excused - Woodruff

MSC Enghouse, Wynter-Lightfoot

That based on the evidence presented in the following:

Kerri Martindale, RN

Be issued a Notice of Proposed Revocation.

7 Ayes, 1 Excused - Woodruff

MSC Enghouse, Wynter-Lightfoot

That based on the evidence presented in the following:

Joanna Pelton, RN

Be issued an Amended Notice of Proposed Revocation.

7 Ayes, 1 Excused - Woodruff

MSC Enghouse, Wynter-Lightfoot

That based on the evidence presented in the following:

18-00803

Allowed entrance into HPSP, Dismissal upon full enrollment.

7 Ayes, 1 Excused - Woodruff

MSC Enghouse, Wynter-Lightfoot

That based on the evidence presented, the Stipulation for Probation, signed by following:

Katie McMullin, RN

Be adopted.

7 Ayes, 1 Excused - Woodruff
MSC Enghouse, Wynter-Lightfoot
That based on the evidence presented, in the following:
18-00715
The case be closed as an inactive investigation and a hold be placed on the contact record.
7 Ayes, 1 Excused - Woodruff

Addendum
MSC Enghouse, Chau
That based on the evidence presented in:
20-00053
The case be dismissed.
7 Ayes, 1 Excused - Woodruff

MSC Enghouse, Wynter-Lightfoot
That the Interim Order by Consent signed by:
Thomas Espinosa, RN
Be ratified.
7 Ayes, 1 Excused - Woodruff

MSC Enghouse, Wynter-Lightfoot
That based on the evidence presented, the Stipulation for Reprimand, signed by:
Eva Small, RN
Be adopted.
7 Ayes, 1 Excused - Woodruff

MSC Enghouse, Wynter-Lightfoot
That based on the evidence presented, in the following:
19-01434
19-00758
19-01230
18-01138
The case be closed as an inactive investigation and a hold be placed on the contact record.

7 Ayes, 1 Excused - Woodruff

NEXT BOARD MEETINGS

The next scheduled Board Meeting will be September 8-10, 2020, at the Board offices, 17938 S.W. Upper Boones Ferry Road, Portland, Oregon. Due to COVID-19 restrictions, the Board meeting may be held utilizing electronic media only.

ADJOURNMENT

Adjourned at 6:04 p.m.
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Biennial LAB</td>
<td>11,868,654</td>
<td>5,388,678</td>
<td>5,739,044</td>
<td>11,127,722</td>
<td>740,932</td>
</tr>
<tr>
<td>Pending Salary Pot Distribution</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Personal Services</td>
<td>11,868,654</td>
<td>5,388,678</td>
<td>5,739,044</td>
<td>11,127,722</td>
<td>740,932</td>
</tr>
<tr>
<td>Services &amp; Supplies **</td>
<td>5,730,805</td>
<td>2,870,065</td>
<td>3,152,527</td>
<td>6,022,592</td>
<td>(115,730)</td>
</tr>
<tr>
<td>Fingerprinting</td>
<td>1,420,495</td>
<td>334,190</td>
<td>710,248</td>
<td>1,244,438</td>
<td></td>
</tr>
<tr>
<td>Total Services &amp; Supplies</td>
<td>7,151,300</td>
<td>3,404,255</td>
<td>3,862,775</td>
<td>7,267,030</td>
<td>(115,730)</td>
</tr>
<tr>
<td>Capital Outlay</td>
<td>0</td>
<td>17,010</td>
<td>0</td>
<td>17,010</td>
<td>(17,010)</td>
</tr>
<tr>
<td>Total Capital Outlay</td>
<td>0</td>
<td>17,010</td>
<td>0</td>
<td>17,010</td>
<td>(17,010)</td>
</tr>
<tr>
<td>Distribution to Non-Profit Organization</td>
<td>700,000</td>
<td>258,777</td>
<td>437,500</td>
<td>696,277</td>
<td>3,723</td>
</tr>
<tr>
<td>Total Budget with Salary Pot</td>
<td>19,719,954</td>
<td>9,088,719</td>
<td>10,039,319</td>
<td>19,108,039</td>
<td>611,915</td>
</tr>
<tr>
<td>Original Budget</td>
<td>19,719,954</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note:
The pending salary pot distribution is the amount allocated for Oregon State Board of Nursing for COLA and salary steps added by the Governor after Legislatively Approved Budget was prepared. It will be added to the original LAB after legislative approval.

<table>
<thead>
<tr>
<th>2019-21 Legislatively Adopted Budget</th>
<th>Revised Beg Bal + Actuals Thru June 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>19-21 Beg Bal</td>
<td>8,318,900</td>
</tr>
<tr>
<td>Total LAB Revenues**</td>
<td>19,361,712</td>
</tr>
<tr>
<td>Total Available</td>
<td>27,680,612</td>
</tr>
<tr>
<td>Total FY 20 Expenditures</td>
<td>(19,197,954)</td>
</tr>
<tr>
<td>Est. 19-21 Ending Balance</td>
<td>7,960,658</td>
</tr>
</tbody>
</table>

Additional limitations to be provided for step increases and COLA
## Oregon State Board of Nursing
### 2019-21 Expenditure Chart

<table>
<thead>
<tr>
<th>Category</th>
<th>Detail</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Board:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personnel</td>
<td>54,441</td>
<td></td>
</tr>
<tr>
<td>Services &amp; Supplies</td>
<td>168,563</td>
<td>223,004</td>
</tr>
<tr>
<td><strong>Administration/Fiscal:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personnel</td>
<td>1,076,594</td>
<td></td>
</tr>
<tr>
<td>Services &amp; Supplies</td>
<td>281,456</td>
<td></td>
</tr>
<tr>
<td>Capital Outlay</td>
<td>17,010</td>
<td></td>
</tr>
<tr>
<td>Special Payments</td>
<td>258,777</td>
<td></td>
</tr>
<tr>
<td><strong>Fingerprinting:</strong></td>
<td></td>
<td>1,633,837</td>
</tr>
<tr>
<td>Fingerprinting</td>
<td>534,190</td>
<td></td>
</tr>
<tr>
<td><strong>Consulting Group:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personnel</td>
<td>1,165,634</td>
<td></td>
</tr>
<tr>
<td>Services &amp; Supplies</td>
<td>104,914</td>
<td></td>
</tr>
<tr>
<td><strong>Licensing &amp; LEDS:</strong></td>
<td></td>
<td>1,270,549</td>
</tr>
<tr>
<td>Personnel</td>
<td>278,591</td>
<td></td>
</tr>
<tr>
<td>Services &amp; Supplies</td>
<td>675,878</td>
<td></td>
</tr>
<tr>
<td>Capital Outlay</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td><strong>Communication/IT:</strong></td>
<td></td>
<td>954,468</td>
</tr>
<tr>
<td>Personnel</td>
<td>425,986</td>
<td></td>
</tr>
<tr>
<td>Services &amp; Supplies</td>
<td>219,360</td>
<td></td>
</tr>
<tr>
<td>Capital Outlay</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td><strong>Investigations:</strong></td>
<td></td>
<td>645,346</td>
</tr>
<tr>
<td>Personnel</td>
<td>2,231,906</td>
<td></td>
</tr>
<tr>
<td>Services &amp; Supplies</td>
<td>923,356</td>
<td></td>
</tr>
<tr>
<td><strong>Monitoring:</strong></td>
<td></td>
<td>3,155,262</td>
</tr>
<tr>
<td>Personnel</td>
<td>155,526</td>
<td></td>
</tr>
<tr>
<td>Services &amp; Supplies</td>
<td>496,538</td>
<td></td>
</tr>
<tr>
<td><strong>Agency Total:</strong></td>
<td></td>
<td>9,068,719</td>
</tr>
<tr>
<td>Personnel</td>
<td>5,388,678</td>
<td></td>
</tr>
<tr>
<td>Services &amp; Supplies</td>
<td>2,870,065</td>
<td></td>
</tr>
<tr>
<td>Special Payments</td>
<td>258,777</td>
<td></td>
</tr>
<tr>
<td>Capital Outlay</td>
<td>17,010</td>
<td></td>
</tr>
<tr>
<td>Fingerprinting</td>
<td>534,190</td>
<td></td>
</tr>
</tbody>
</table>
## Oregon State Board of Nursing
### Expenditures and Ending Balance
#### Through June 2020

**Oregon State Board of Nursing**

**2019-21 Revenue Chart**

- **Adv Practice**: 5.5%
- **CNA**: 10.8%
- **CMA**: 0.2%
- **Administration**: 4.4%
- **Fingerprinting**: 7.2%
- **RN/LPN**: 71.9%

**Collections to Date** | **Projected Revenue** | **Total Revenues** | **LAB Revenue**
--- | --- | --- | ---
**Administration:** | | | |
NPAs, Mailing Lists | $22,375 | $52,500 | $74,875 |
NSF Fees | $160 | $2,500 | $2,660 |
Other | $12,439 | $8,500 | $20,939 |
OCN Fee | $349,677 | $350,000 | $699,677 |
Fingerprinting | $716,664 | $585,000 | $1,301,664 |
**Subtotal** | $1,101,315 | $998,500 | $2,099,815 |
**RN/LPN Programs:** | | | |
Licenses | $6,363,259 | $6,541,511 | $12,904,770 |
Civil Penalties | $46,471 | $90,000 | $136,471 |
**Subtotal** | $6,409,730 | $6,631,511 | $13,041,241 |
**Advanced Practice Programs:** | | | |
Licenses | $544,901 | $455,587 | $1,000,488 |
**CMA Programs:** | | | |
Testing Fees | $8,445 | $11,388 | $19,833 |
Certifications | $5,790 | $7,993 | $13,783 |
Training Programs | $150 | $850 | $1,000 |
CNA2 Registrations | - | - | 0 |
**Subtotal** | $14,385 | $20,230 | $34,615 |
**Total Collections** | $8,984,911 | $9,148,204 | $18,133,115 | $18,296,408 |
Due to (transferred to) SPD | $(577,814) | $(699,631) | $(1,277,444) |
Transfer to DHS - PP Monitoring | $(69,525) | $(133,654) | $(203,179) |
Transfer to DHS - WF Development | $(151,112) | $(285,000) | $(436,112) |
Due from (transferred from) SPD | $1,251,001 | $1,520,937 | $2,771,937 | $1,065,304 |
**Net Match Revenue** | | | |
**Total 2017-19 Revenue** | $9,437,461 | $9,550,856 | $18,988,317 | $19,361,712
Memorandum

August 13, 2020

TO: Oregon State Board of Nursing
FROM: Barbara Holtry, Communications Manager
RE: Communication and IT activities

The following is a brief summary of communication and IT activities:

Communications & Legislative:
- The *Sentinel* newsletter continues on a quarterly basis. The August issue published the week of August 10. The November issue will publish the week of November 16.
- Continuing coordination of media requests and website communications.
- Discipline news releases issued following each Board meeting. (Each meeting’s discipline list also is published on the agency’s website.)
- Legislative: The 21-23 Agency Request Budget was submitted in July. Our legislative concepts were approved by the Governor’s office, and we’ve received our bill drafts. There may yet be another special session this summer; overall, budget figures are grim due to the state’s COVID-19 response.

Other Projects:
- Work with the Licensing department and an outside vendor to redesign the existing online licensing application system is progressing. The progress is slow, but consistent. Internal testing is going well, and we plan to test with outside users as well. Depending on testing results, we hope to launch in October.
- Working with the Licensing department to implement the programmatic changes necessitated by the new Division 31 rules.
- We’ve received word from the Department of Administrative Services (DAS) that we are now on the schedule to transition to Outlook 365 for our email in October. This will entail a change in our email address to @osbn.oregon.gov, however we can schedule that switch for December 31 to allow for stakeholder communication first.
- We are in the beginning stages of planning for a transition to ORBS, the NCSBN database solution. The project should start in late 2021.
### Discipline by License Type between June 1, 2020 and August 15, 2020

<table>
<thead>
<tr>
<th>Action</th>
<th>License Type</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Application Denied</td>
<td>CNA</td>
<td>3</td>
</tr>
<tr>
<td>Application Denied</td>
<td>LPN</td>
<td>1</td>
</tr>
<tr>
<td>Application Denied</td>
<td>RN</td>
<td>1</td>
</tr>
<tr>
<td>Application Withdrawn</td>
<td>CNA</td>
<td>2</td>
</tr>
<tr>
<td>Application Withdrawn</td>
<td>LPN</td>
<td>1</td>
</tr>
<tr>
<td>Application Withdrawn</td>
<td>RN</td>
<td>3</td>
</tr>
<tr>
<td>Civil Penalty</td>
<td>LPN</td>
<td>1</td>
</tr>
<tr>
<td>Civil Penalty</td>
<td>NP - PP</td>
<td>1</td>
</tr>
<tr>
<td>Civil Penalty</td>
<td>RN</td>
<td>7</td>
</tr>
<tr>
<td>Probation</td>
<td>CNA</td>
<td>3</td>
</tr>
<tr>
<td>Probation</td>
<td>LPN</td>
<td>2</td>
</tr>
<tr>
<td>Probation</td>
<td>RN</td>
<td>17</td>
</tr>
<tr>
<td>Probation</td>
<td>RN Reentry Limited</td>
<td>3</td>
</tr>
<tr>
<td>Reprimand</td>
<td>CNA</td>
<td>1</td>
</tr>
<tr>
<td>Reprimand</td>
<td>LPN</td>
<td>3</td>
</tr>
<tr>
<td>Reprimand</td>
<td>NP - PP</td>
<td>1</td>
</tr>
<tr>
<td>Reprimand</td>
<td>RN</td>
<td>13</td>
</tr>
<tr>
<td>Reprimand with Conditions</td>
<td>RN</td>
<td>1</td>
</tr>
<tr>
<td>Restriction</td>
<td>RN</td>
<td>4</td>
</tr>
<tr>
<td>Revocation</td>
<td>CMA</td>
<td>1</td>
</tr>
<tr>
<td>Revocation</td>
<td>CNA</td>
<td>7</td>
</tr>
<tr>
<td>Revocation</td>
<td>NP - PP</td>
<td>1</td>
</tr>
<tr>
<td>Revocation</td>
<td>RN</td>
<td>4</td>
</tr>
<tr>
<td>Suspension</td>
<td>CNA</td>
<td>6</td>
</tr>
<tr>
<td>Suspension</td>
<td>CRNA</td>
<td>1</td>
</tr>
<tr>
<td>Suspension</td>
<td>LPN</td>
<td>4</td>
</tr>
<tr>
<td>Suspension</td>
<td>RN</td>
<td>14</td>
</tr>
<tr>
<td>Voluntary Surrender of License</td>
<td>CNA</td>
<td>1</td>
</tr>
<tr>
<td>Voluntary Surrender of License</td>
<td>NP - PP</td>
<td>2</td>
</tr>
<tr>
<td>Voluntary Surrender of License</td>
<td>RN</td>
<td>15</td>
</tr>
</tbody>
</table>
### Discipline by NPDB by License Type between June 1, 2020 and August 15, 2020

<table>
<thead>
<tr>
<th>Action</th>
<th>NPDBCode</th>
<th>License Type</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Application Denied</td>
<td>Failure to Cooperate With Board Investigation</td>
<td>RN</td>
<td>1</td>
</tr>
<tr>
<td>Application Denied</td>
<td>Unable to Practice Safely by Reason of Alcohol or Other Substance Abuse</td>
<td>LPN</td>
<td>1</td>
</tr>
<tr>
<td>Application Withdrawn</td>
<td>Failure to Cooperate With Board Investigation</td>
<td>RN</td>
<td>1</td>
</tr>
<tr>
<td>Application Withdrawn</td>
<td>Failure to Disclose</td>
<td>LPN</td>
<td>1</td>
</tr>
<tr>
<td>Application Withdrawn</td>
<td>Practicing Beyond the Scope of Practice</td>
<td>RN</td>
<td>1</td>
</tr>
<tr>
<td>Application Withdrawn</td>
<td>Unable to Practice Safely by Reason of Psychological Impairment or Mental Disorder</td>
<td>RN</td>
<td>1</td>
</tr>
<tr>
<td>Civil Penalty</td>
<td>Breach of Confidentiality</td>
<td>RN</td>
<td>1</td>
</tr>
<tr>
<td>Civil Penalty</td>
<td>Failure to Meet Licensing Board Reporting Requirements</td>
<td>RN</td>
<td>1</td>
</tr>
<tr>
<td>Civil Penalty</td>
<td>Filing False Reports or Falsifying Records</td>
<td>RN</td>
<td>2</td>
</tr>
<tr>
<td>Civil Penalty</td>
<td>N/A</td>
<td>RN</td>
<td>1</td>
</tr>
<tr>
<td>Civil Penalty</td>
<td>Practicing Without a License</td>
<td>RN</td>
<td>1</td>
</tr>
<tr>
<td>Civil Penalty</td>
<td>Practicing Without Valid License</td>
<td>LPN</td>
<td>1</td>
</tr>
<tr>
<td>Civil Penalty</td>
<td>Providing or Ordering Unnecessary Tests or Services</td>
<td>NP - PP</td>
<td>1</td>
</tr>
<tr>
<td>Civil Penalty</td>
<td>Substandard or Inadequate Care</td>
<td>RN</td>
<td>1</td>
</tr>
<tr>
<td>Probation</td>
<td>Abusive Conduct Toward Staff</td>
<td>LPN</td>
<td>1</td>
</tr>
<tr>
<td>Probation</td>
<td>Abusive Conduct Toward Staff</td>
<td>RN</td>
<td>2</td>
</tr>
<tr>
<td>Probation</td>
<td>Failure to Comply with Continuing Education or Competency Requirements</td>
<td>RN</td>
<td>1</td>
</tr>
<tr>
<td>Probation</td>
<td>Failure to Maintain Adequate or Accurate Records</td>
<td>RN</td>
<td>1</td>
</tr>
<tr>
<td>Probation</td>
<td>License Revocation Suspension or Other Disciplinary Action Taken by a Federal State or Local Licensing Authority</td>
<td>RN Reentry Limited</td>
<td>1</td>
</tr>
<tr>
<td>Probation</td>
<td>N/A</td>
<td>RN</td>
<td>1</td>
</tr>
<tr>
<td>Probation</td>
<td>Narcotics Violation or Other Violation of Drug Statutes</td>
<td>RN</td>
<td>2</td>
</tr>
<tr>
<td>Probation</td>
<td>Practicing Beyond the Scope of Practice</td>
<td>RN</td>
<td>1</td>
</tr>
<tr>
<td>Probation</td>
<td>Unable to Practice Safely by Reason of Alcohol or Other Substance Abuse</td>
<td>RN</td>
<td>7</td>
</tr>
<tr>
<td>Probation</td>
<td>Unable to Practice Safely by Reason of Alcohol or Other Substance Abuse</td>
<td>RN Reentry Limited</td>
<td>2</td>
</tr>
<tr>
<td>Probation</td>
<td>Unable to Practice Safely by Reason of Psychological Impairment or Mental Disorder</td>
<td>LPN</td>
<td>1</td>
</tr>
<tr>
<td>Probation</td>
<td>Violation of or Failure to Comply with Licensing Board Order</td>
<td>RN</td>
<td>2</td>
</tr>
<tr>
<td>Reprimand</td>
<td>Breach of Confidentiality</td>
<td>RN</td>
<td>3</td>
</tr>
<tr>
<td>Reprimand</td>
<td>Filing False Reports or Falsifying Records</td>
<td>RN</td>
<td>1</td>
</tr>
<tr>
<td>Reprimand</td>
<td>Inappropriate or Inadequate Supervision or Delegation</td>
<td>RN</td>
<td>1</td>
</tr>
<tr>
<td>Reprimand</td>
<td>License Revocation Suspension or Other Disciplinary Action Taken by a Federal State or Local Licensing Authority</td>
<td>RN</td>
<td>1</td>
</tr>
<tr>
<td>Reprimand</td>
<td>Patient Abandonment</td>
<td>RN</td>
<td>1</td>
</tr>
<tr>
<td>Reprimand</td>
<td>Practicing Beyond the Scope of Practice</td>
<td>LPN</td>
<td>1</td>
</tr>
<tr>
<td>Reprimand</td>
<td>Practicing Beyond the Scope of Practice</td>
<td>RN</td>
<td>3</td>
</tr>
<tr>
<td>Reprimand</td>
<td>Providing or Ordering Unnecessary Tests or Services</td>
<td>NP - PP</td>
<td>1</td>
</tr>
<tr>
<td>Reprimand</td>
<td>Substandard or Inadequate Care</td>
<td>LPN</td>
<td>2</td>
</tr>
<tr>
<td>Reprimand</td>
<td>Substandard or Inadequate Care</td>
<td>RN</td>
<td>3</td>
</tr>
<tr>
<td>Reprimand with Conditions</td>
<td>Substandard or Inadequate Care</td>
<td>RN</td>
<td>1</td>
</tr>
<tr>
<td>Restriction</td>
<td>N/A</td>
<td>RN</td>
<td>4</td>
</tr>
<tr>
<td>Revocation</td>
<td>Narcotics Violation or Other Violation of Drug Statutes</td>
<td>RN</td>
<td>2</td>
</tr>
<tr>
<td>Action</td>
<td>NPDBCode</td>
<td>License Type</td>
<td>Count</td>
</tr>
<tr>
<td>--------------------------------------------</td>
<td>--------------------------------------------------</td>
<td>--------------</td>
<td>-------</td>
</tr>
<tr>
<td>Revocation Practicing Beyond the Scope of Practice</td>
<td>NP - PP</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Revocation Practicing Beyond the Scope of Practice</td>
<td>RN</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Revocation Violation of or Failure to Comply with Licensing Board Order</td>
<td>RN</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Suspension Abusive Conduct Toward Staff</td>
<td>LPN</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Suspension Abusive Conduct Toward Staff</td>
<td>RN</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Suspension Exploiting a Patient for Financial Gain</td>
<td>LPN</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Suspension Failure to Cooperate With Board Investigation</td>
<td>LPN</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Suspension Failure to Cooperate With Board Investigation</td>
<td>RN</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Suspension Failure to Maintain Adequate or Accurate Records</td>
<td>RN</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Suspension Failure to Meet Licensing Board Reporting Requirements</td>
<td>RN</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Suspension Fraud - Unspecified</td>
<td>RN</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Suspension N/A</td>
<td>LPN</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Suspension Narcotics Violation or Other Violation of Drug Statutes</td>
<td>CRNA</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Suspension Narcotics Violation or Other Violation of Drug Statutes</td>
<td>RN</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Suspension Patient Abuse</td>
<td>RN</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Suspension Unable to Practice Safely by Reason of Alcohol or Other Substance Abuse</td>
<td>RN</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Suspension Violation of or Failure to Comply with Licensing Board Order</td>
<td>RN</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Voluntary Surrender of License Sexual Misconduct</td>
<td>RN</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Voluntary Surrender of License Substandard or Inadequate Care</td>
<td>RN</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Voluntary Surrender of License Unable to Practice Safely by Reason of Alcohol or Other Substance Abuse</td>
<td>RN</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Voluntary Surrender of License Unable to Practice Safely by Reason of Psychological Impairment or Mental Disorder</td>
<td>RN</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Voluntary Surrender of License Unauthorized Prescribing Medicine</td>
<td>NP - PP</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Voluntary Surrender of License Unauthorized Prescribing Medicine</td>
<td>RN</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Voluntary Surrender of License Violation of or Failure to Comply with Licensing Board Order</td>
<td>NP - PP</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Voluntary Surrender of License Violation of or Failure to Comply with Licensing Board Order</td>
<td>RN</td>
<td>7</td>
<td></td>
</tr>
</tbody>
</table>
Memorandum

To: Oregon State Board of Nursing Members

From: Debra K. Buck, MS, RN
Policy Analyst – Nursing Assistant Education & Assessment

Date: August 12, 2020

Re: Ratification of Nursing Assistant/ Medication Aide Training Program Approvals & Withdrawals

Board staff has approved the training programs and/or revisions below and recommend that you ratify them at the September 2020 Board meeting. If you have any questions, you may request that this item is removed from the Consent Agenda and I will be happy to answer your questions.

<table>
<thead>
<tr>
<th>DATE OF APPROVAL</th>
<th>FACILITY/ PROGRAM</th>
<th>CITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>06/13/2020</td>
<td>Clatsop Community College NA program re-approval</td>
<td>Astoria, OR</td>
</tr>
<tr>
<td>06/18/2020</td>
<td>Mt Hood Community College CNA 2 program re-approval</td>
<td>Gresham, OR</td>
</tr>
<tr>
<td>06/18/2020</td>
<td>Mt Hood Community College NA program re-approval</td>
<td>Gresham, OR</td>
</tr>
<tr>
<td>06/28/2020</td>
<td>East Cascade Retirement Community NA program re-approval</td>
<td>Madras, OR</td>
</tr>
<tr>
<td>07/081/2020</td>
<td>Dare 2 Care NA program re-approval</td>
<td>Eugene, OR</td>
</tr>
<tr>
<td>07/08/2020</td>
<td>Dare 2 Care CNA 2 program re-approval</td>
<td>Eugene, OR</td>
</tr>
<tr>
<td>07/09/2020</td>
<td>Marquis Companies MA program re-approval</td>
<td>Milwaukie, OR</td>
</tr>
<tr>
<td>07/10/2020</td>
<td>CHI Mercy Health CNA 2 program re-approval</td>
<td>Roseburg, OR</td>
</tr>
<tr>
<td>07/22/2020</td>
<td>Avamere Health Services NA program re-approval</td>
<td>Wilsonville, OR</td>
</tr>
</tbody>
</table>
NOTICE OF WITHDRAWALS

No notice of program withdrawals have been processed since the last report.

NOTICE OF WAIVER REQUEST

No Waiver of Program Prohibition approved since the last report.
Memorandum

To:      Oregon State Board of Nursing Members
From:    Debra K. Buck, MS, RN
          Policy Analyst- Nursing Assistant Education and Assessment
Date:    August 13, 2020
Re:      Draft Program Survey Rubric

Please see the attached draft of the Program Survey Rubric to meet OAR 851-061-0035(3)(f) in the proposed Division 61 changes. The rubric is currently being tested. There will likely be more edits to this document in the future as this is work in progress.
Program Survey Rubric
OAR 851-061-0075 through 0126

NOTE:
- These assessments are based on the Proposed Changes to Division 61, to begin 01-01-2021.
- The rubric does not include all elements of program evaluation that may be assessed.
- The rubric serves as a tool for preparation and assessment only, and may be revised as needed.

SCORING:
- Two or more standards with < 75% in any sub-section: 6 month approval recommended.
- Two or more standards with 76-89% in any sub-section: 1-year approval recommended.
- If all standards are 90-100% in all sub-sections: 2-year approval recommended.

NOTE:
- Board staff retains authority to recommend the number of years granted for approval, regardless of score, if the Board representative has serious concerns about a program in spite of a high score. Those concerns will be brought to the Board for a final decision on the timing of the next site survey.
- Any violation of standards may result in the program being placed on involuntary inactive status.
- The Full Board has final authority for program approval.
- **MET** = Fully Compliant with Standard, or Exceeds Standard
- **PARTIALLY MET** = Elements of a Standard are assessed as needing improvement. Possible Interim Report Required
- **NOT MET** = Elements of a Standard are missing or inadequate for one of the following or similar reasons:
  - Any portion of the Standard is unaddressed; or
  - A recommendation from the last survey remains unaddressed; or
  - An appropriate plan to address the factors that compromise compliance does not exist or has not yet been initiated since the last survey; or
  - Adequate information was not provided to assess compliance.

<table>
<thead>
<tr>
<th>OAR 851-061-0075</th>
<th>Organization and Administration</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Organization and Administration</td>
<td>OAR 851-061-0075(1)</td>
</tr>
<tr>
<td>☐ 3 = MET</td>
<td>Written training program policies are present and include date initiated, date reviewed, and date revised, and evidence of being reviewed by training program director at least annually.</td>
</tr>
<tr>
<td>☐ 2 = PARTIALLY MET</td>
<td>Written training program policies are present but do not include date initiated, date reviewed, and date revised; or No evidence of training program policies being reviewed by training program director at least annually.</td>
</tr>
<tr>
<td>☐ 1 = NOT MET</td>
<td>Adequate information not provided to assess compliance.</td>
</tr>
<tr>
<td>2. Organization and Administration</td>
<td>OAR 851-061-0075(2)</td>
</tr>
<tr>
<td>☐ 3 = MET</td>
<td>Evidence of students being taught under the most current signed enrollment agreement that meets the standards of OAR 851-061-0030(3)(i).</td>
</tr>
<tr>
<td>☐ 2 = PARTIALLY MET</td>
<td>Current signed enrollment agreement does not meet all the standards of OAR 851-061-0030(3)(i).</td>
</tr>
</tbody>
</table>
| 1 = NOT MET | • Current signed enrollment agreement is not consistent with information given to students; and/or,  
• Adequate information not provided to assess compliance. |

### 3. Organization and Administration OAR 851-061-0075(3)

| 3 = MET | • Evidence of assets equal to or greater than liabilities;  
• Evidence of no operating loss in any year of more than 10% of their net worth; and  
• Evidence of operating loss of any amount for consecutive years. |
| 2 = PARTIALLY MET | • Evidence or statements of financial uncertainty such as one of the financial viability standards not met. |
| 1 = NOT MET | • Evidence of unstable financial stability such as two or more financial viability standards not met; or  
• Adequate information not provided to assess compliance. |

### 4. Organization and Administration OAR 851-061-0075(4)

| 3 = MET | • Evidence that the training program advertising, sales, collection, credit or other business practices are conducted in a manner that does not violate ORS 646.608. |
| 2 = PARTIALLY MET | • Insufficient evidence that the training program advertising, sales, collection, credit or other business practices are conducted in a manner that does not violate ORS 646.608. |
| 1 = NOT MET | • Evidence that the training program advertising, sales, collection, credit or other business practices are conducted in a manner that violates ORS 646.608. |

### 5. Organization and Administration OAR 851-061-0075 Overall

| 3 = MET | • Any and all recommendations from the last survey are addressed and now are in compliance |
| 2 = PARTIALLY MET | • One or more recommendations from the last survey is/are inadequately addressed. |
| 1 = NOT MET | • One or more recommendations from the last survey remain(s) unaddressed. |

**Total Score (20 possible):**

- **Percentage:**

---

**OAR 851-061-0080 Faculty Qualifications and Responsibilities**

1. Faculty Qualifications and Responsibilities OAR 851-061-0080 (1)(2)

| 3 = MET | • Faculty file includes evidence that the program director meets qualification standards for education and experience, etc. |
| 2 = PARTIALLY MET | • Faculty file on program director is incomplete or inadequate. |
| 1 = NOT MET | • Faculty file on program director indicates evidence that program director does not meet qualification standards; and/or,  
• Adequate information was not provided to assess compliance. |

2. Faculty Qualifications and Responsibilities OAR 851-061-0080(3)(4)

| 3 = MET | • Faculty file includes evidence that the program director or primary instructors meet standard for nursing experience. |
| 2 = PARTIALLY MET | • Faculty file on program director or primary instructors is incomplete or inadequate; and/or,  
• Evidence of inconsistent compliance with the standard. |
### 3. Faculty Qualifications and Responsibilities

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 = MET</td>
<td>Evidence that program director is the communication link between the Board and program faculty, complies with all Board standards related to the program, has the ultimate responsibility for the implementation of the program, and has sufficient time for carrying out the administrative responsibilities of the program.</td>
</tr>
<tr>
<td>2 = PARTIALLY MET</td>
<td>Evidence indicates that compliance with one or two of the standards is inadequate or not fully attained.</td>
</tr>
<tr>
<td>1 = NOT MET</td>
<td>Evidence indicates that compliance with three or more of the standards is inadequate, and/or, Adequate information was not provided to assess compliance.</td>
</tr>
</tbody>
</table>

---

### 4. Faculty Qualifications and Responsibilities

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 = MET</td>
<td>Evidence that program director hires, orients faculty to role and responsibilities with program, provides on-going guidance, and evaluates all faculty related to the program goals, teaching strategies, learning outcomes, and expected competencies of the students.</td>
</tr>
<tr>
<td>2 = PARTIALLY MET</td>
<td>Insufficient evidence of program director hiring, orienting faculty to role and responsibilities with the program, providing on-going guidance, and evaluating all faculty related to the program goals, teaching strategies, learning outcomes, and expected competencies of the students.</td>
</tr>
<tr>
<td>1 = NOT MET</td>
<td>Adequate information was not provided to assess compliance.</td>
</tr>
</tbody>
</table>

---

### 5. Faculty Qualifications and Responsibilities

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 = MET</td>
<td>Evidence is present to support the program meeting all of the standards.</td>
</tr>
<tr>
<td>2 = PARTIALLY MET</td>
<td>Evidence indicates that compliance with one or two of the standards is inadequate or not fully attained.</td>
</tr>
<tr>
<td>1 = NOT MET</td>
<td>Evidence indicates that compliance with three or more of the standards is inadequate, and/or, Adequate information was not provided to assess compliance.</td>
</tr>
</tbody>
</table>

---

### 6. Faculty Qualifications and Responsibilities

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 = MET</td>
<td>Evidence is present to support the program meeting all of the standards.</td>
</tr>
<tr>
<td>2 = PARTIALLY MET</td>
<td>Evidence indicates that compliance with one or two of the standards is inadequate or not fully attained.</td>
</tr>
<tr>
<td>1 = NOT MET</td>
<td>Evidence indicates that compliance with three or more of the standards is inadequate, and/or, Adequate information was not provided to assess compliance.</td>
</tr>
</tbody>
</table>

---

### 7. Faculty Qualifications and Responsibilities

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 = MET</td>
<td>Faculty file includes evidence that the primary instructor(s) meets standards for education and experience, etc.</td>
</tr>
<tr>
<td>2 = PARTIALLY MET</td>
<td>Faculty file on primary instructor(s) is incomplete or inadequate.</td>
</tr>
<tr>
<td>1 = NOT MET</td>
<td>Faculty file on primary instructor indicates evidence that program director does not meet standards; and/or, Adequate information was not provided to assess compliance.</td>
</tr>
</tbody>
</table>
### 8. Faculty Qualifications and Responsibilities

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>MET • Evidence is present to support the primary instructor(s) meeting all of the standards.</td>
</tr>
<tr>
<td>2</td>
<td>PARTIALLY MET • Evidence indicates that compliance with one or two of the standards is inadequate or not fully attained.</td>
</tr>
<tr>
<td>1</td>
<td>NOT MET • Evidence indicates that compliance with three or more of the standards is inadequate; and/or, Adequate information was not provided to assess compliance.</td>
</tr>
</tbody>
</table>

### 9. Faculty Qualifications and Responsibilities

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>MET • Evidence is present to support all of the standards being met.</td>
</tr>
<tr>
<td>2</td>
<td>PARTIALLY MET • Evidence indicates that compliance with one or two of the standards is inadequate or not fully attained.</td>
</tr>
<tr>
<td>1</td>
<td>NOT MET • Evidence indicates that compliance with three or more of the standards is inadequate, and/or, Adequate information was not provided to assess compliance.</td>
</tr>
</tbody>
</table>

### 10. Faculty Qualifications and Responsibilities

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>MET • Any and all recommendations from the last survey are addressed and now are in compliance</td>
</tr>
<tr>
<td>2</td>
<td>PARTIALLY MET • One or more recommendations from the last survey is/are inadequately addressed</td>
</tr>
<tr>
<td>1</td>
<td>NOT MET • One or more recommendations from the last survey remain(s) unaddressed.</td>
</tr>
</tbody>
</table>

**Total Score (20 possible):**

**Percentage:**

### ORS 851-061-0090 Curriculum

#### 1. Curriculum

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>MET • Evidence supports the current Board-approved curriculum being taught in the program.</td>
</tr>
<tr>
<td>2</td>
<td>PARTIALLY MET • Evidence indicates that revisions have been made to the current Board-approved program without being submitted to the Board for approval; and/or Compliance with the standard is inadequate.</td>
</tr>
<tr>
<td>1</td>
<td>NOT MET • Evidence indicates that the standard is not met; and/or, Adequate information was not provided to assess compliance.</td>
</tr>
</tbody>
</table>

#### 2. Curriculum

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>MET • Evidence supports the curriculum and student course syllabi fully meeting standards.</td>
</tr>
<tr>
<td>2</td>
<td>PARTIALLY MET • Curriculum and student course syllabi partially meet the standards.</td>
</tr>
<tr>
<td>1</td>
<td>NOT MET • Curriculum and student course syllabi do not meet standards; or Adequate information was not provided to assess compliance.</td>
</tr>
</tbody>
</table>

#### 3. Curriculum

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>MET • Evidence supports the faculty to student ratios fully meeting standards.</td>
</tr>
<tr>
<td>2</td>
<td>PARTIALLY MET • Faculty to student ratios partially or inconsistently meets the standards.</td>
</tr>
<tr>
<td>1</td>
<td>NOT MET • Faculty to student ratios do not meet standards; or Adequate information was not provided to assess compliance.</td>
</tr>
</tbody>
</table>
### 4. Curriculum

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ = NOT APPLICABLE</td>
<td></td>
</tr>
<tr>
<td>☐ 3 = MET</td>
<td>Evidence supports clinical experience fully meeting standards.</td>
</tr>
<tr>
<td>☐ 2 = PARTIALLY MET</td>
<td>Clinical experience partially or inconsistently meets the standards.</td>
</tr>
<tr>
<td>☐ 1 = NOT MET</td>
<td>Clinical experience does not meet standards; or</td>
</tr>
<tr>
<td></td>
<td>Adequate information was not provided to assess compliance.</td>
</tr>
</tbody>
</table>

### 5. Curriculum

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ 3 = MET</td>
<td>Evidence supports the program completion standards being fully met.</td>
</tr>
<tr>
<td>☐ 2 = PARTIALLY MET</td>
<td>Program completion standards partially or inconsistently meet the standards.</td>
</tr>
<tr>
<td>☐ 1 = NOT MET</td>
<td>Inadequate or unlinked curriculum plan; or</td>
</tr>
<tr>
<td></td>
<td>Adequate information was not provided to assess compliance.</td>
</tr>
</tbody>
</table>

### 6. Curriculum

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ 3 = MET</td>
<td>Any and all recommendations from the last survey are addressed and now are in compliance</td>
</tr>
<tr>
<td>☐ 2 = PARTIALLY MET</td>
<td>One or more recommendations from the last survey is/are inadequately addressed</td>
</tr>
<tr>
<td>☐ 1 = NOT MET</td>
<td>One or more recommendations from the last survey remain(s) unaddressed</td>
</tr>
</tbody>
</table>

**Total Score (20 - 30 possible):** [ ] **Percentage:** [ ]

### Responsibility to Students

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ = NOT APPLICABLE</td>
<td></td>
</tr>
<tr>
<td>☐ 3 = MET</td>
<td>Evidence supports the pass rate fully meeting standards.</td>
</tr>
<tr>
<td>☐ 2 = PARTIALLY MET</td>
<td>Pass rate partially meets the standards.</td>
</tr>
<tr>
<td>☐ 1 = NOT MET</td>
<td>Pass rate does not meet the standards.</td>
</tr>
</tbody>
</table>

### 2. Responsibility to Students

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ = NOT APPLICABLE</td>
<td></td>
</tr>
<tr>
<td>☐ 3 = MET</td>
<td>Evidence is available in the student records to support all students receiving the information required in the standards before admission, and the students can articulate the reimbursement process.</td>
</tr>
<tr>
<td>☐ 2 = PARTIALLY MET</td>
<td>Evidence is not present or is inconsistent in supporting the information being given to the students prior to admission into the program; or</td>
</tr>
<tr>
<td></td>
<td>Evidence suggests that students have received inaccurate or outdated information on reimbursement or criminal history requirements.</td>
</tr>
<tr>
<td>☐ 1 = NOT MET</td>
<td>Evidence indicates that the students were not given the information in the standards; and/or,</td>
</tr>
<tr>
<td></td>
<td>Adequate information was not provided to assess compliance.</td>
</tr>
</tbody>
</table>

### 3. Responsibility to Students

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ = NOT APPLICABLE</td>
<td></td>
</tr>
<tr>
<td>☐ 3 = MET</td>
<td>Evidence is present to support all students receiving the Board-approved certificate of completion with accurate information on the certificate.</td>
</tr>
<tr>
<td>☐ 2 = PARTIALLY MET</td>
<td>Evidence is inconsistent in supporting students receiving the Board-approved certificate of completion; and/or,</td>
</tr>
<tr>
<td></td>
<td>The certificate of completion contains information not consistent with the student record.</td>
</tr>
<tr>
<td>☐ 1 = NOT MET</td>
<td>Evidence indicates that the students were not given the Board-approved certificate of completion; and/or,</td>
</tr>
</tbody>
</table>
• Adequate information was not provided to assess compliance.

4. Responsibility to Students

☐ 3 = MET
• Any and all recommendations from the last survey are addressed and now are in compliance

☐ 2 = PARTIALLY MET
• One or more recommendations from the last survey is/are inadequately addressed

☐ 1 = NOT MET
• One or more recommendations from the last survey remain(s) unaddressed.

Total Score (10 - 20 possible):     Percentage:

OAR 851-061-0120

Facilities and Services

1. Facilities and Services

☐ 3 = MET
• All educational facilities are in substantial compliance with all applicable federal and state standards including being a Board-approved site.

☐ 2 = PARTIALLY MET
• One of the educational facilities is not in substantial compliance with all applicable federal and state standards; and/or
• Evidence indicates inconsistent compliance with all applicable federal and state standards.

☐ 1 = NOT MET
• Two or more of the educational facilities are not in substantial compliance with all applicable federal and state standards.

2. Facilities and Services

☐ = NOT APPLICABLE

☐ 3 = MET
• Classroom(s) fully meets standards.

☐ 2 = PARTIALLY MET
• Classroom(s) partially meets standards.

☐ 1 = NOT MET
• Evidence indicates that the classroom(s) standards are not met; and/or,
• Adequate information was not provided to assess compliance.

3. Facilities and Services

☐ 3 = MET
• Lab facilities fully meet standards.

☐ 2 = PARTIALLY MET
• Lab facilities partially meet standards.

☐ 1 = NOT MET
• Evidence indicates that the lab facility standards are not met; and/or,
• Adequate information was not provided to assess compliance.

4. Facilities and Services

☐ 3 = MET
• Clinical affiliation agreement provides for private meeting space for educational program faculty and students’ use during all instructional hours throughout the clinical experience; and,
• Evidence supports standard being fully met.

☐ 2 = PARTIALLY MET
• Evidence does not support clinical affiliation agreement provision for private meeting space; and/or,
• Private meeting space is not available during all instructional hours throughout the clinical experience.

☐ 1 = NOT MET
• Evidence does not support standard being met; and/or,
• Adequate information was not provided to assess compliance.

5. Facilities and Services

☐ 3 = MET
• Evidence of appropriate, required resources being available to all faculty and students.

☐ 2 = PARTIALLY MET
• Evidence that resources are not consistently available to all faculty and students; and/or,
• Resources are outdated or irrelevant.

☐ 1 = NOT MET
• Evidence indicates that the resource standards are not met; and/or,
### 6. Facilities and Services

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 = MET</td>
<td>Any and all recommendations from the last survey are addressed and now are in compliance</td>
</tr>
<tr>
<td>2 = PARTIALLY MET</td>
<td>One or more recommendations from the last survey is/are inadequately addressed</td>
</tr>
<tr>
<td>1 = NOT MET</td>
<td>One or more recommendations from the last survey remain(s) unaddressed.</td>
</tr>
</tbody>
</table>

Total Score (10 - 20 possible): [ ]
Percentage: [ ]

---

### OAR 851-061-0123 Standards for Approval: Records

1. **Records**

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 = MET</td>
<td>Program files and student records were readily available to Board representative, and Program files and student records fully meet standards.</td>
</tr>
<tr>
<td>2 = PARTIALLY MET</td>
<td>System of records was not immediately available to Board representative, or Program files and/or student records are unorganized, requiring the surveyor to request missing information; and/or, Evidence indicates that compliance with one or two of the standards is inadequate or not consistent, and/or, Program managers were hesitant to make program files or student records available.</td>
</tr>
<tr>
<td>1 = NOT MET</td>
<td>Evidence that program files and student records do not meet standards; and/or, Program managers refused to share program files or student records; and/or, Inadequate evidence was present to confirm compliance.</td>
</tr>
</tbody>
</table>

2. **Records**

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 = MET</td>
<td>Any and all recommendations from the last survey are addressed and now are in compliance</td>
</tr>
<tr>
<td>2 = PARTIALLY MET</td>
<td>One or more recommendations from the last survey is/are inadequately addressed</td>
</tr>
<tr>
<td>1 = NOT MET</td>
<td>One or more recommendations from the last survey remain(s) unaddressed.</td>
</tr>
</tbody>
</table>

Total Score (10 possible): [ ]
Percentage: [ ]

---

### OAR 851-061-0126 Evaluation

1. **Evaluation**

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 = MET</td>
<td>The educational program has a current, systematic plan of evaluation for the entire curriculum, and. A clearly-defined timeframe and process includes measurable benchmarks to be achieved.</td>
</tr>
</tbody>
</table>

---
2. Evaluation  

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>MET</td>
</tr>
<tr>
<td>2</td>
<td>PARTIALLY MET</td>
</tr>
<tr>
<td>1</td>
<td>NOT MET</td>
</tr>
</tbody>
</table>

- **OAR 851-061-0126(2)**  
  - **3 = MET**: Evidence supports full compliance with evaluation of all required elements at least every two years.  
  - **2 = PARTIALLY MET**: Evidence indicates that evaluation of one or two elements in the standard is inadequate or not consistent.  
  - **1 = NOT MET**: Evidence indicates that evaluation of three or more of the elements is inadequate or not consistent; and/or, Adequate information was not provided to assess compliance.

3. Evaluation  

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>MET</td>
</tr>
<tr>
<td>2</td>
<td>PARTIALLY MET</td>
</tr>
<tr>
<td>1</td>
<td>NOT MET</td>
</tr>
</tbody>
</table>

- **OAR 851-061-0126 Overall**  
  - **3 = MET**: Evidence of specific expectations of measureable achievement for each program outcome and for each end-of-program student learning outcome.  
  - **2 = PARTIALLY MET**: Non-measureable achievement goals; and/or, Program outcomes and end-of-program student learning outcomes are not specific.  
  - **1 = NOT MET**: Inadequate evidence of measureable achievements.

<table>
<thead>
<tr>
<th>Total Score (20 possible):</th>
<th>Percentage:</th>
</tr>
</thead>
</table>

**Scores:**  
- OAR 851-061-0075 Total Score: _____ Percentage: _____  
- OAR 851-061-0080 Total Score: _____ Percentage: _____  
- OAR 851-061-0090 Total Score: _____ Percentage: _____  
- OAR 851-061-0100 Total Score: _____ Percentage: _____  
- OAR 851-061-0120 Total Score: _____ Percentage: _____  
- OAR 851-061-0123 Total Score: _____ Percentage: _____  
- OAR 851-061-0126 Total Score: _____ Percentage: _____

**Recommendation**  
- 6-month Approval  
- 1-year Approval  
- 2-year Approval  
- Other

- Two or more with < 75%, 6 month approval recommended  
- Two or more 76-89%, 1-year approval recommended  
- If all standards are 90-100% in all sub-sections: 2-year approval recommended
TO: Oregon State Board of Nursing

FROM: Tracy Gerhardt
Licensing Manager

DATE: August 11, 2020

RE: Licensing Report

1. **Statistics: Licensing and Certification**

<table>
<thead>
<tr>
<th>Type of License or certification</th>
<th>05/12/2020</th>
<th>08/11/2020</th>
<th>+ or -</th>
</tr>
</thead>
<tbody>
<tr>
<td>CNA</td>
<td>19,275</td>
<td>19,312</td>
<td>+37</td>
</tr>
<tr>
<td>CMA</td>
<td>903</td>
<td>884</td>
<td>-24</td>
</tr>
<tr>
<td>LPN</td>
<td>5,771</td>
<td>5,791</td>
<td>+20</td>
</tr>
<tr>
<td>RN</td>
<td>65,760</td>
<td>67,132</td>
<td>+1372</td>
</tr>
<tr>
<td>CRNA</td>
<td>670</td>
<td>666</td>
<td>-4</td>
</tr>
<tr>
<td>NP</td>
<td>5,035</td>
<td>5,172</td>
<td>+137</td>
</tr>
<tr>
<td>CNS</td>
<td>170</td>
<td>165</td>
<td>-5</td>
</tr>
<tr>
<td>NE</td>
<td>51</td>
<td>47</td>
<td>-4</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>97,308</strong></td>
<td><strong>99,169</strong></td>
<td><strong>+1529</strong></td>
</tr>
</tbody>
</table>

2. **Licensing Highlights**

*Staffing:* Recruiting for one PSR3.
Memorandum

DATE: August 14, 2020

TO: Oregon State Board of Nursing

FROM: Ruby R. Jason, MSN, RN, NEA-BC
Executive Director

RE: Rogue Community College (RCC) Nursing Program and Practical Nursing Program Relocation and Increase in Enrollment

Paula Calcaterra, MSN, RN, CNE, Nursing Department Chair at RCC, has sent notification to the Board of their relocation to the Health Professions Center at the Table Rock campus. This move triples the classroom space, including expansion of simulations space along with two dedicated pre-brief/debrief rooms. The clinical skills lab will increase to eight beds and will be equipped for mid-fidelity simulation. The need for a certified healthcare simulation nursing educator has been identified and funding is being pursued.

RCC also notifies the Board about the planned increase in enrollment which will be accommodated by the increased space in their new facility.

RCC invites a site visit by the Board after the move is completed in the fall of 2020.
June 1, 2020

Ruby Jason, MSN, RN, NEA-BC
Executive Director
Nancy Irland, DP, NMNP, CNM
Policy Analyst; Nursing Education & Assessment

Hi Ruby & Nancy,

Rogue Community College Nursing Program and Practical Nursing Program will be relocating to the new Health Professions Center at our Table Rock campus. The new space is considerably larger than our existing spaces. We will have triple the classroom space in our new facility. We will have three times the simulation space including three (3) hi-fi sim suites with control rooms and two (2) large dedicated pre-brief/debrief rooms. We will also have a dedicated virtual reality simulation room. Our clinical skills lab will increase to eight (8) beds and be equipped for mid-fidelity simulation.

As discussed previously last fall we plan to accept eight (8) additional PN students this winter term (2020), two (2) additional advanced placement LPN students in the winter of 2021 (total 10). We have adequate faculty, simulation, and clinical to absorb 10 additional pre-licensure students in the 2020/2021 academic year. We have also identified the need for a certified healthcare simulation nursing educator and are pursuing the funding and filling of that position.

We will not take possession of the new facility until sometime in August and I anticipate the OSBN may desire a site visit that we can schedule once the move is completed in the fall of 2020. If further information is needed on the new Health Professions Center, please contact me.

Please let me know what other information would be helpful to the Board.

Sincerely,

Paula
Paula Calcaterra, MSN, RN, CNE
Nursing Department Chair
Rogue Community College
3345 Redwood Hwy.
Grants Pass, OR 97527
Pcalcaterra@roguecc.edu
541-956-7013 (office)
509-780-8865 (cell- text only)
541-471-3566 (fax)
208-983-1077 (home)
Concorde Career College, an LPN program located in Portland, submitted their 2017-2020 NCLEX® improvement plan. This plan is required due to an overall two-year NCLEX® pass rate of the 2017-2019 scores of 81.4%. ORS 851-031-0025 (3) (b) requires a two year pass rate of 85% or higher. The program did meet the one year passing score requirement of 70%, with a passing average of 82.9%

In compliance with the cited rule, Gwen Collins, MSN, RN, Director of Nursing for Concorde Career College has submitted the attached improvement plan.
July 31, 2020

Ruby R. Jason, MSN, RN, NEA-BC  
Executive Director  
Oregon State Board of Nursing  
17938 SW Upper Boones Ferry Road  
Portland, OR 97224-7012

Re: NCLEX Pass Rate Improvement Plan 2017-2020

Dear Ms. Jason,

The following is a plan for improvement related to the NCLEX® Pass Rates for Concorde Career College – Portland. The following are areas of improvement on which our plan focuses:

- NCLEX® Preparation
- Student Benchmarks
- Faculty Development

The narrative below is intended to highlight the areas we reviewed and the data supporting such. Our action plan is displayed in an enclosed chart that highlights the areas for improvement, our strategy to address each area, and the progress we are making to date.

Data on graduates from November 2017 through May 2020 has been used to develop this plan as the first quarter 2020 results demonstrate a decrease in pass rates. Our review included an in depth look at the Curriculum delivery, Green Light process, results of HESI standardized predictors, remediation processes and faculty development.

Continuing students are evaluated on their nursing knowledge and clinical judgement based on standardized exams, and remediation of those exams, which are placed throughout the curriculum. During the pandemic, we have been offering a 2-day NCLEX virtual review conducted by an experienced nurse educator in the beginning of their final term. The NCLEX review also is offered to graduates who have not passed their NCLEX® on their first attempt, as well as recent graduates waiting to take the NCLEX®.

The ORBON approved our request to implement a revised curriculum. The revised curriculum was launched in
November 2019 with the first cohort scheduled to graduate in October 2020. The revised curriculum provides increased rigor and mandates a minimum of 78% to pass each course. Previously, a minimum of 75% was needed to pass a course. Each course is 10 weeks in length, which assists in consistency and ability to monitor students’ instructional needs. Standardized exams are strategically placed in each term to allow for remediation prior to the final exam. The first standardized exam in each course administered in week 5 allows students to practice and remediate the exam in preparation for the course final exam. This exam does not count towards a grade. The final exam is weighted at 25% of the course grade. The goal is to have all students score a minimum of 850 on their final exam of the program - the PN Exit. A white paper issued by Elsevier, the creator of the standardized HESI exams used in our program, provides that students who score an 850 raw score or better on HESIs have a 97% probability of passing the NCLEX exam on their first attempt.

I have been the DON since September 9, 2017. I am dedicated to working diligently with the faculty and Concorde nursing leadership to offer consistent onboarding, mentoring and education to assist all nursing faculty, especially those new to academia. During my tenure as the DON, faculty turnover has decreased and there has been an increase in faculty education and participation in the changes to the curriculum. Faculty use course surveys and exam results as evidence to assist in making decisions related to curriculum revision and delivery. Resources and training are provided to faculty to assist them in learning various teaching strategies and identify students at risk early in the program. Faculty provide individualized coaching throughout the program to promote increased student graduation rates and NCLEX® pass rate on the first attempt.

We are constantly evaluating the outcomes of exams and observing instructors and material delivery methods and appreciate the opportunity to study our program in depth and continuously evaluate outcomes. We thank you for your time and consideration.

Sincerely,

Gwen M. Collins, MSN, RN
Director of Nursing Education
Concorde Career College
Portland, OR
## Name of NCLEX® Improvement Plan:

2020 NCLEX® Improvement Plan

## Campus:

Concorde Career College – Portland

## Name of individual(s) submitting this report:

Gwen M. Collins, MSN, RN  
Director of Nursing

## Today's Date:

07/31/2020

## Reasons for NCLEX® failure:

- Low predictor scores
- Graduate Green Light process
- Length of time to test between graduation and NCLEX exam

## Correlation between HESI Specialty Exam Score, Green Light, Days to Test, and NCLEX-PN® Pass Rate

<table>
<thead>
<tr>
<th>Cohort Graduation Date</th>
<th># of Grads</th>
<th>Grads with HESI Specialty Exam Score Below 850</th>
<th>Graduates 1st Time NCLEX® Pass</th>
<th>Graduates 1st Time NCLEX® Failure</th>
<th>Graduates Untested</th>
<th>Cohort Average Days To Test</th>
<th># Grads Participate in Green Light</th>
<th>Cohort NCLEX® Pass Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>11/30/2017</td>
<td>14</td>
<td>N/A</td>
<td>12</td>
<td>2</td>
<td>0</td>
<td>82</td>
<td>N/A</td>
<td>85.71%</td>
</tr>
<tr>
<td>04/04/2018</td>
<td>13</td>
<td>N/A</td>
<td>10</td>
<td>2</td>
<td>0</td>
<td>126</td>
<td>N/A</td>
<td>69.23%</td>
</tr>
<tr>
<td>07/03/2018</td>
<td>13</td>
<td>4</td>
<td>8</td>
<td>3</td>
<td>0</td>
<td>60</td>
<td>7</td>
<td>83.33%</td>
</tr>
<tr>
<td>11/28/2018</td>
<td>11</td>
<td>3</td>
<td>8</td>
<td>1</td>
<td>0</td>
<td>113</td>
<td>9</td>
<td>72.7%</td>
</tr>
<tr>
<td>03/31/2019</td>
<td>15</td>
<td>4</td>
<td>14</td>
<td>1</td>
<td>0</td>
<td>45</td>
<td>3</td>
<td>93.33%</td>
</tr>
<tr>
<td>6/16/2019</td>
<td>13</td>
<td>8</td>
<td>11</td>
<td>2</td>
<td>0</td>
<td>78</td>
<td>7</td>
<td>84.62%</td>
</tr>
<tr>
<td>11/17/2019</td>
<td>26</td>
<td>9</td>
<td>17</td>
<td>4</td>
<td>5</td>
<td>48</td>
<td>7</td>
<td>80.95%</td>
</tr>
<tr>
<td>5/8/2020</td>
<td>9</td>
<td>5</td>
<td>3</td>
<td>0</td>
<td>6</td>
<td>33</td>
<td>3</td>
<td>100%</td>
</tr>
<tr>
<td>Action Item</td>
<td>Data Analysis</td>
<td>Responsible Individual or Team</td>
<td>Completion Date</td>
<td>Action Item Details/Additional Resources Required to Complete Action Item</td>
<td>Updates and Progress</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-------------</td>
<td>---------------</td>
<td>-------------------------------</td>
<td>-----------------</td>
<td>------------------------------------------------------------------------</td>
<td>----------------------</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assess results of each standardized HESI exam and investigate reasons for students not meeting the HESI benchmark of 850. Compile data from results and develop strategies to implement as student resources</td>
<td>HESI Results</td>
<td>Leadership Director of Nursing Faculty</td>
<td>Completed Each Quarter beginning January 2018</td>
<td>Remediation plan per policy # 90-048 <em>(Appendix A)</em> is mandatory to complete prior to administration of the next HESI exam. All students remediate with minimum requirement of two hours of reading in the lowest areas based on scores. Continue to educate students on importance of remediation process.</td>
<td>November 2019 - Implemented new curriculum that allows administration of a HESI standardized exam in the 5th week of each term for remediation purpose only. This allows us to assess student’s growth, knowledge and clinical judgement. 2021 Objective: • Students are to pass the final HESI PN exit with 850 or greater to complete program. If less than 850, provide 1:1 tutoring and remediation to retest up to 2 times.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strengthen Subject Matter Expertise with continued faculty development</td>
<td>Ensure faculty are oriented to policies and procedures New faculty will complete onboarding Canvas course Faculty classroom observations each quarter and minimum</td>
<td>Academic Dean Director of Nursing Faculty</td>
<td>Ongoing</td>
<td>Continue to develop instructors in classroom management and curriculum and educational changes with four campus wide in-services, three online Max Knowledge courses and encouragement to attend ongoing professional development as indicated. Review of student end of course evaluations to provide ongoing faculty development.</td>
<td>Instructors have ongoing and constant training on revised curriculum implemented in 11/2019 With the revised curriculum, we implemented an instructor created exam remediation policy.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Action Item</td>
<td>Data Analysis</td>
<td>Responsible Individual or Team</td>
<td>Completion Date</td>
<td>Action Item Details/Additional Resources Required to Complete Action Item</td>
<td>Updates and Progress</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-------------</td>
<td>---------------</td>
<td>-------------------------------</td>
<td>-----------------</td>
<td>-------------------------------------------------</td>
<td>----------------------</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| Students – improve NCLEX-PN preparation to increase first time pass rates | Standardized Exam scores Green Light Process completion | Instructors Director of Nursing Students | Ongoing | Establish means and ways of students to participate in educational process  
- Representation at faculty meetings  
- Instill importance of standardized exam  
- Improving soft skills and professionalism | New curriculum has (CPSO) courses throughout program to assist students with soft skills and confidence building.  
Instructor generated exams have increased # of select “all that apply” questions and follow Blooms taxonomy |
| Faculty and Director discuss results of proctored assessments to review individual student areas of weakness and identify concepts that may need reinforcement and/or indicate areas for improved instructional delivery.  
Following exam administration, instructors perform an analysis of the exam to drive necessary revisions. | Continuous faculty development in the following areas:  
- Bloom taxonomy  
- Teaching strategies  
- Curriculum delivery  
- Item writing  
- Testing Analysis  
- Elsevier products  
- NCLEX® Blueprinting |
<table>
<thead>
<tr>
<th>Action Item</th>
<th>Data Analysis</th>
<th>Responsible Individual or Team</th>
<th>Completion Date</th>
<th>Action Item Details/Additional Resources Required to Complete Action Item</th>
<th>Updates and Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>receives assistance as needed to assist in their understanding of the Evolve Adaptive assignments.</td>
<td>Green Light process has been the student’s responsibility after graduation for preparation of NCLEX with intermittent contact from DON to offer assistance and encourage students to complete.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Students who score below 78% on faculty created exams are to receive individualized advisement from faculty and/or DON. All faculty who are involved with student academics provide feedback related to student needs.</td>
<td>With the implementation of the revised curriculum - Green light process will be administered throughout Term 5. Upon completion and remediation students will be able to apply for NCLEX exam at time of graduation.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Students are encouraged to use the resources available such as faculty/peer tutoring, online adaptive learning products, additional skills lab and student services for assistance in personal issues.</td>
<td>2- day live review has been implemented in the first 2 weeks of Term 5 to assist with PN Exit Standardized Exam results</td>
</tr>
</tbody>
</table>
PURPOSE

Overall academic success in the nursing program directly correlates to passage of the NCLEX examination on the graduate’s first attempt. Therefore, each student is required to work with an assigned Faculty Advisor starting with the first core nursing course. The Faculty Advisor will work with their assigned student(s) on an Academic and NCLEX Success Plan with the goal of assisting the student to achieve overall program and NCLEX success. The Academic and NCLEX Success Plan will include this Remediation Policy, Faculty Advisor/student meetings and general faculty guidance regarding academic and NCLEX success.

POLICY

Remediation is defined as “The process of identifying the need to take action to remedy a situation that, if left unresolved, will result in unfavorable outcomes, whereas implementing intervention strategies will successfully address the situation” (Cullieton, 2009).

This policy describes exam remediation requirements for nursing students during Terms one through five of their core nursing courses (hereinafter, “Remediation Plan”). Students are required to remediate course content and concepts on all versions taken of the HESI Specialty and Exit Exams. The remediation requirements are dependent on the student’s HESI scores for each exam. The HESI Specialty and Exit exams are tools utilized to identify and measure content and concept areas of mastery and opportunity. The Remediation Plan is the manner by which content and concepts will be reinforced or learned throughout the program.

The remediation plan set forth more fully in the Green Light policy (incorporated herein by reference) will apply for students enrolled in the NCLEX-PN preparation course taken during their final term of the nursing program.

FACULTY EXAM REMEDIATION: Students who do not score a minimum of 76% on a faculty created exam must prepare and submit a Remediation Plan and Contract for approval to their academic faculty. They must then complete the remediation specified in the contract. The Remediation Plan must be completed within four (4) days of having taken the exam. Suggestions for items to include in the remediation plan can be found herein below in the Remediation Sources and Mandates section of this policy.

In the event the student fails to remediate a faculty exam within the specified time frame, the student will have ten percent deducted from the grade earned on the next faculty exam administered. Should the student fail to remediate the last faculty exam administered in the course, then the final exam grade will be subject to a ten percent deduction.

HESI EXAM REMEDIATION: HESI Exam Scores can be indicative of the student’s level of performance regarding success in the program and on the NCLEX exam. Students with lower HESI scores require more intense remediation.

1. If a HESI score of 900 or higher or a minimum conversion score of 90% is earned, the student must only complete the online remediation provided in the HESI Student Access specific to the exam.
2. If a HESI score is less than 900 or the conversion score is less than 90%, the student must complete a Remediation Plan that includes, but is not limited to, the following requirements:
   a. For each of the six (6) content areas identified by the HESI Exam Analysis for EAQ (“HESI Analysis”) the student must:
      i. Handwrite notes which include a minimum of three (3) key points for each content area.; and
      ii. Read the congruent content area in the course text book and course text book supplements; and
      iii. Complete a practice test in an area that matches one of the six content areas
      iv. Complete and remediate a 10-question custom EAQ and achieve a minimum score of 76% on each EAQ. The student must continue to take 10-question EAQs in the subject area until the minimum score of 76%
is achieved on the custom EAQ. Only one content area may be selected for each custom EAQ (as opposed to combining multiple topic areas into a quiz with more questions); and

v. Attend all test preparation reviews or workshops that may be offered from time-to-time; and

vi. Keep all completed HESI Analysis Forms and handwritten notes in a personal student remediation binder and review during scheduled faculty/student meetings that occur throughout the program to discuss content strengths and areas of opportunity.

3. Students must complete their Remediation Plan on their own and the sharing of information or working with other students will be considered academic dishonesty and may lead to student dismissal.

4. If a student is enrolled in a course which offers only one version of the HESI exam in that course then the student will have approximately four (4) days from the time their HESI remediation report is generated to: (i) develop their Remediation Plan, (ii) complete the remediation requirements, and (iii) submit the plan to the applicable faculty member. Students must complete and submit their Remediation Plan within the four (4) day timeframe in order to sit for the upcoming HESI Specialty exam in the upcoming course.

5. If a student is enrolled in a course which offers two versions of the HESI exam, then the following mandate will apply with respect to remediation requirements for both versions of the HESI exam offered in the course:

First (or the only) HESI version remediation requirements: Students have approximately four (4) days from the time their HESI remediation reports for the first version of the HESI Specialty Exam or Exit Exam are generated to: (i) develop their Remediation Plan, (ii) complete the remediation requirements, and (iii) submit the plan to the applicable faculty member. Students must complete and submit their Remediation Plan within the four (4) day timeframe in order to sit for the second version of the HESI Specialty exam.

Second HESI version remediation requirements: The second version of the HESI Specialty Exam or Exit Exam must be remediated as required by the Remediation Plan. Because the second version of the HESI exam is typically administered in the last week of each course, the remediation plan for the second version of the HESI exam (Second Remediation Plan) must be completed and submitted to the upcoming course faculty of the then current course (Current Course). Refer to the Remediation Schedule for Second Remediation Plan due dates.

Faculty Review and Requirement for Second HESI version: The outgoing faculty member will be responsible to: (i) review the student’s HESI exam results; (ii) select the top six (6) areas to be remediated by placing the topics on the HESI Analysis Form and (iii) provide the completed HESI Analysis form to the upcoming course faculty within the first week of the new term. The then Current Course faculty will provide the HESI Analysis Form to the student for the student to fully remediate the Second HESI exam version. If the Second Remediation Plan is not completed and timely submitted, the student will not be eligible to sit for the first version (or, as applicable, only version) of the HESI exam in the Current Course. If the student is unable to sit for the first (or the only) version of the HESI exam in the Current Course due to failure to complete and submit their Second Remediation Plan, the student will receive a grade of zero for the first (or the only) version of the HESI exam in the Current Course.

Students will be considered for either the first and/or second version of the HESI Specialty Exam or Exit Exam until they complete their remediation plan(s) within the time frames specified in this policy. If the student is unable to sit for either the first or second version of the HESI exam due to failure to timely submit their remediation plan(s), the student will receive a grade of zero for the applicable exam and subject to their final course grade, may not progress to the next course or ultimately through the program.

REMEDICATION RESOURCES AND MANDATES: For remediation to be considered complete (as determined by the course faculty or Director of Nursing) the student should be aware of the following resources and mandates:

1. Remediation hours and activity will be monitored within Evolve to verify the required hours and activity details.
2. Access all recommended categories of remediation in the HESI remediation for the specific exam.
3. Access and Review the online HESI remediation.
4. Review Specialty and Subspecialty areas.
6. View and submit practice questions in each area that is in the HESI remediation packet, if applicable.
7. View and submit case studies, HESI practice tests, and patient reviews, if applicable.
8. View multimedia if applicable.
9. Only creating and printing study packets will not count as completing remediation, student must spend time studying the material that is recommended.
10. The total time spent under the online remediation will count towards the required remediation hours.

**Required Student Remediation Time Commitment and activities based on HESI scores for both versions of HESI exam are as follows**

<table>
<thead>
<tr>
<th>HESI Score</th>
<th>1- Complete online remediation provided in HESI Student Access specific to the Exam.</th>
</tr>
</thead>
<tbody>
<tr>
<td>900 or above or conversion score of 90% or higher</td>
<td>2- A minimum of two (2) hours of study is required.**</td>
</tr>
<tr>
<td>HESI Score 850-899 or conversion score less than 90%</td>
<td>1- Complete online remediation provided in the HESI Student Access specific to the Exam.</td>
</tr>
<tr>
<td></td>
<td>2- Handwrite notes for each of the six (6) content areas identified by the HESI Analysis.</td>
</tr>
<tr>
<td></td>
<td>3- Complete 10-question custom EAQs for each of the six (6) content areas identified by the HESI Analysis.</td>
</tr>
<tr>
<td></td>
<td>4- Score a minimum of 76% on custom EAQs for each of the six (6) content areas.</td>
</tr>
<tr>
<td></td>
<td>5- A minimum of four (4) hours of study is required.**</td>
</tr>
<tr>
<td>HESI Score 800-849 or conversion score less than 90%</td>
<td>1- Complete online remediation provided in the HESI Student Access specific to the Exam.</td>
</tr>
<tr>
<td></td>
<td>2- Select one HESI Case Study from one of the six (6) top areas identified by the HESI Analysis and complete with minimum 76% score.***</td>
</tr>
<tr>
<td></td>
<td>3- Handwrite notes for each of the six (6) content areas as identified by the HESI Analysis.</td>
</tr>
<tr>
<td></td>
<td>4- Complete 10-question custom EAQs for each of the six (6) content areas identified by the HESI Analysis.</td>
</tr>
<tr>
<td></td>
<td>5- Score a minimum of 76% on custom EAQs for each of the six (6) content areas.</td>
</tr>
<tr>
<td></td>
<td>6- Complete 1 HESI practice test in an area congruent to one of the six (6) content areas and score a minimum of 76%.</td>
</tr>
<tr>
<td></td>
<td>7- A minimum of six (6) hours of study is required.**</td>
</tr>
<tr>
<td>HESI Score 700 – 799 or conversion score less than 90%</td>
<td>1- Complete online remediation provided in the HESI Student Access specific to the Exam.</td>
</tr>
<tr>
<td></td>
<td>2- Select one HESI Case Study from one of the six (6) areas identified by the HESI Analysis and complete with minimum 76% score.***</td>
</tr>
<tr>
<td></td>
<td>3- Handwrite notes for each of the six (6) content areas identified by the HESI Analysis.</td>
</tr>
<tr>
<td></td>
<td>4- Complete 10-question custom EAQs for each of the six (6) content areas identified by the HESI Analysis.</td>
</tr>
<tr>
<td></td>
<td>5- Score a minimum of 76% on custom EAQs for each of the six (6) content areas.</td>
</tr>
<tr>
<td></td>
<td>6- Complete 2 HESI practice tests in two areas congruent to two of the six (6) content areas and score a minimum of 76%.</td>
</tr>
<tr>
<td></td>
<td>7- A minimum of eight (8) hours of study is required.**</td>
</tr>
<tr>
<td>HESI Score 699 and below</td>
<td>1- Complete online remediation provided in the HESI Student Access specific to the Exam.</td>
</tr>
<tr>
<td></td>
<td>2- Select two HESI Case Studies in two of the six (6) areas identified by the HESI Analysis and complete with minimum 76% score.***</td>
</tr>
<tr>
<td></td>
<td>3- Handwrite notes for each of the six (6) content areas identified by the HESI Analysis.</td>
</tr>
<tr>
<td></td>
<td>4- Complete 10-question custom EAQs for each of the six (6) content areas identified by the HESI Analysis.</td>
</tr>
<tr>
<td></td>
<td>5- Score a minimum of 76% on custom EAQs for each of the six (6) content areas.</td>
</tr>
<tr>
<td></td>
<td>6- Complete 3 HESI practice tests in areas congruent to three of the six (6) content areas and score a minimum of 76%.</td>
</tr>
<tr>
<td></td>
<td>7- A minimum of ten (10) hours of study is required.**</td>
</tr>
</tbody>
</table>

*Student may develop other forms of remediation for faculty created exams that are subject to faculty approval (document how this completion of remediation will be determined). See suggestions found in the Remediation Resources and Mandates section of this policy.

**Student must be logged into their HESI Student Access account and the online test specific remediation content for the number of hours specified. Students should not print and log out of HESI remediation to study. Time spent in remediation content is monitored and student can break up the required remediation hours into multiple sessions.

***HESI Case Studies and Patient Reviews that are not used in class assignments may be used for remediation.
### PVN HESI Report Analysis for Student Remediation Plan Using EAQ (HESI Analysis)

**Student Name:** ___________________________  **Date:** ________________

**Type of HESI exam being remediated (Circle exam):**

<table>
<thead>
<tr>
<th>Specialty Exams</th>
<th>Dosage Calculations</th>
<th>Nutrition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fundamentals</td>
<td>Obstetrics/Maternity</td>
<td>Comprehensive Exam 1</td>
</tr>
<tr>
<td>Gerontology</td>
<td>Pediatrics</td>
<td>Comprehensive Exam 2</td>
</tr>
<tr>
<td>Management</td>
<td>Pharmacology</td>
<td>Comprehensive Exam 3</td>
</tr>
<tr>
<td>Medical/Surgical</td>
<td>Psychiatric/Mental Health</td>
<td>Multidisciplinary Quiz</td>
</tr>
</tbody>
</table>

**Raw HESI Score and Conversion HESI Score:**  
Version 1 ________  Version 2 ________

**Identified Strengths:**

<table>
<thead>
<tr>
<th>HESI Category</th>
<th>HESI Score in this Category</th>
<th># of Questions in this Category</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Student Action Plan**

**HESI Category**  
(Based on the data from the on-line generated remediated plan from the HESI exam select the Top 6 Areas that you are going to focus on for remediation)

<table>
<thead>
<tr>
<th>HESI Category</th>
<th>Number of Hours of HESI Remediation</th>
<th>Number of Custom Quizzes in EAQ (Must achieve a minimum 76%).</th>
<th>Name of HESI Case Study or Studies (Must achieve score of 76%).</th>
<th>Date for Completing Remediation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Plan approved by: ________________________________ (Printed faculty name).  **Date:** ________________

I, ________________________________ (Printed student name) verify that I have completed the above remediation plan on ________________ (date).

**Faculty Checklist (Initial in applicable box):**

<table>
<thead>
<tr>
<th>Remediation</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>HESI Analysis Form completed?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hand written notes completed?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>On-line time requirement completed?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EAQ for each of 6 areas done with minimum 76% completed?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HESI exam remediated from actual test report completed?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Case stud(ies) completed?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient Reviews completed?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
PVN Contract for Faculty Exam Remediation

Student Name: ____________________________
Date Assigned: ____________________________
Course: ____________________________
Exam #: ____________________________
Exam Score: ____________________________
Date of Completion: ____________________________

<table>
<thead>
<tr>
<th>Suggested Resources</th>
<th>Assigned</th>
<th>Content:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Handwritten Notes</td>
<td>□Yes □ No</td>
<td></td>
</tr>
<tr>
<td>Media videos</td>
<td>□Yes □ No</td>
<td></td>
</tr>
<tr>
<td>Assigned Reading</td>
<td>□Yes □ No</td>
<td></td>
</tr>
<tr>
<td>EALs Chapter Review</td>
<td>□Yes □ No</td>
<td></td>
</tr>
<tr>
<td>Skills Lab</td>
<td>□Yes □ No</td>
<td></td>
</tr>
<tr>
<td>EAQs (Mastery &amp; Custom Quizzes)</td>
<td>□Yes □ No</td>
<td></td>
</tr>
<tr>
<td>Case Study or Patient Review</td>
<td>□Yes □ No</td>
<td></td>
</tr>
<tr>
<td>Other Assignment by Faculty</td>
<td>□Yes □ No</td>
<td></td>
</tr>
</tbody>
</table>

Plan approved by: ____________________________ (Print Faculty Name)
____________________________________________ (Faculty Signature)

I, ____________________________ (student name and signature) verify that I have completed the above remediation plan by ____________ (date).

Date verified and accepted by Faculty: ____________________________
**Approved Oregon Clinical Placements for APRN Students Enrolled in Programs Out-of-State**

9/10/2020 Public Board Meeting

Data Includes Placements Granted from May 14, 2020 - August 13, 2020 (During COVID-19 Pandemic)

As of August 13, 2020, the non-Oregon based APRN programs placed the following number of students and clinical placements:

<table>
<thead>
<tr>
<th>Educational Institution</th>
<th>Term</th>
<th># of Students</th>
<th># of Clinical Placements</th>
<th>Most Recent Approval/Update per Term</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bradley University</td>
<td>Summer 2020</td>
<td>3</td>
<td>3</td>
<td>7/24/2020</td>
<td></td>
</tr>
<tr>
<td>Creighton University</td>
<td>Fall 2020</td>
<td>3</td>
<td>3</td>
<td>7/31/2020</td>
<td></td>
</tr>
<tr>
<td>Frontier Nursing University</td>
<td>Summer 2020</td>
<td>27</td>
<td>122</td>
<td>6/23/2020</td>
<td></td>
</tr>
<tr>
<td>Georgetown University</td>
<td>Summer 2020</td>
<td>1</td>
<td>1</td>
<td>7/10/2020</td>
<td></td>
</tr>
<tr>
<td>Gonzaga University</td>
<td>Summer 2020</td>
<td>22</td>
<td>34</td>
<td>7/22/2020</td>
<td></td>
</tr>
<tr>
<td>Maryville University</td>
<td>Summer 2020</td>
<td>35</td>
<td>65</td>
<td>7/31/2020</td>
<td></td>
</tr>
<tr>
<td>Maryville University</td>
<td>Fall 2020</td>
<td>19</td>
<td>27</td>
<td>8/6/2020</td>
<td></td>
</tr>
<tr>
<td>Northwest Nazarene University</td>
<td>Summer 2020</td>
<td>3</td>
<td>5</td>
<td>7/23/2020</td>
<td>Two students’ scheduled clinicals were cancelled.</td>
</tr>
<tr>
<td>Northwest Nazarene University</td>
<td>Fall 2020</td>
<td>1</td>
<td>1</td>
<td>7/27/2020</td>
<td></td>
</tr>
<tr>
<td>Saint Mary’s College</td>
<td>Fall 2020</td>
<td>1</td>
<td>2</td>
<td>7/27/2020</td>
<td></td>
</tr>
<tr>
<td>Simmons University</td>
<td>May Session 2020</td>
<td>8</td>
<td>13</td>
<td>7/24/2020</td>
<td></td>
</tr>
<tr>
<td>Simmons University</td>
<td>July Session 2020</td>
<td>5</td>
<td>7</td>
<td>7/6/2020</td>
<td></td>
</tr>
<tr>
<td>Texas Tech University</td>
<td>Summer 2020</td>
<td>1</td>
<td>3</td>
<td>6/5/2020</td>
<td></td>
</tr>
<tr>
<td>University of South Alabama</td>
<td>Summer 2020</td>
<td>7</td>
<td>13</td>
<td>7/6/2020</td>
<td></td>
</tr>
<tr>
<td>University of South Alabama</td>
<td>Fall 2020</td>
<td>3</td>
<td>4</td>
<td>7/31/2020</td>
<td></td>
</tr>
<tr>
<td>Vanderbilt University</td>
<td>Summer 2020</td>
<td>4</td>
<td>11</td>
<td>7/31/2020</td>
<td></td>
</tr>
<tr>
<td>Washington State University</td>
<td>Summer 2020</td>
<td>1</td>
<td>1</td>
<td>6/12/2020</td>
<td></td>
</tr>
<tr>
<td>Western University of Health Sciences</td>
<td>Summer 2020</td>
<td>4</td>
<td>21</td>
<td>7/22/2020</td>
<td></td>
</tr>
</tbody>
</table>

**Total Number of Oregon Students:** 148

**Total Number of Clinical Placements:** 336

**Total Number of Universities:** 14 (of 40 Universities)
### Approved Oregon Clinical Placements for Pre-licensure Students Enrolled in Programs Out-of-State

**09/10/2020 Public Board Meeting**  
Data Includes Placements Granted from May 14, 2020 to August 13, 2020 (Time period during COVID-19 Pandemic)

As of August 13, 2020, the non-Oregon based pre-licensure programs placed the following number of students and clinical placements:

<table>
<thead>
<tr>
<th>Educational Institution</th>
<th>Term</th>
<th># of Students</th>
<th># of Clinical Placements</th>
<th>Most Recent Approval Date per Term</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>University of Wisconsin Oshkosh</td>
<td>Summer Term</td>
<td>3</td>
<td>4</td>
<td>7/24/2020</td>
<td></td>
</tr>
</tbody>
</table>

Total Number of Oregon Students: 3

Total Number of Clinical Placements: 4

Total Number of Universities: 1 (of 8 Colleges/Universities)
TO: All Interested Parties

FROM: Ruby R. Jason
Executive Director

DATE: August 2020

SUBJECT: ADMINISTRATIVE RULEMAKING HEARING REGARDING THE ADOPTION OF THE AMENDMENTS TO OAR 851-001 (RULES OF PRACTICE AND PROCEDURE)

On Tuesday, September 8, 2020, at 6:30 p.m., the Oregon State Board of Nursing will hold a hearing regarding the adoption of the proposed amendments to Chapter 851, Division 1, of the Oregon Administrative Rules regarding Rules of Practice and Procedure. Due to the COVID-19 pandemic and gathering restrictions, the administrative rule hearing will be held utilizing electronic media only. Please access the link on the main page of the OSBN website, www.Oregon.gov/OSBN, for instructions on how to provide verbal testimony during the Administrative Rule Hearing.

If you are unable to attend the hearing, you may submit written comments on the proposed rules no later than 5:00 p.m. on September 4, 2020, and they will be incorporated into the testimony received at the hearing. The Board will consider the testimony and vote on the Administrative rule amendments during the Board meeting on September 10, 2020. Please send comments to peggy.lightfoot@state.or.us. Note: Comments sent to any other e-mail shall not be considered.

Attached is a copy of the Notice of Proposed Rulemaking for this hearing. The Board is authorized by ORS 678.380 to establish and amend such rules.

The Board looks forward to receiving your input.
NOTICE OF PROPOSED RULEMAKING
INCLUDING STATEMENT OF NEED & FISCAL IMPACT

CHAPTER 851
BOARD OF NURSING

FILING CAPTION: Make permanent the temporary rules in response to Governor’s Emergency Declaration regarding COVID-19

LAST DAY AND TIME TO OFFER COMMENT TO AGENCY: 09/08/2020 8:00 PM
The Agency requests public comment on whether other options should be considered for achieving the rule's substantive goals while reducing negative economic impact of the rule on business.

CONTACT: Peggy Lightfoot
971-673-0638
peggy.lightfoot@state.or.us
17938 SW Upper Boones Ferry Road
Portland, OR 97224

Filed By: Peggy Lightfoot
Rules Coordinator

HEARING(S)
Auxiliary aids for persons with disabilities are available upon advance request. Notify the contact listed above.

DATE: 09/08/2020
TIME: 6:30 PM
OFFICER: Kathleen (Kat) Chinn, Board President
ADDRESS: Oregon State Board of Nursing
17938 SW Upper Boones Ferry Road
Portland, OR 97224

SPECIAL INSTRUCTIONS:
Due to the COVID-19 pandemic and gathering restrictions, it is possible that the administrative rule hearing will be held utilizing electronic media only. Please check the OSBN website (www.oregon.gov/OSBN) prior to the hearing date to determine if the hearing has changed to electronic media, and how to obtain access.

NEED FOR THE RULE(S):
To make permanent the temporary rules previously adopted.

DOCUMENTS RELIED UPON, AND WHERE THEY ARE AVAILABLE:
Governor’s Emergency Declaration Executive Order 20-03
FISCAL AND ECONOMIC IMPACT:
Immediate impact is to the Board in a loss of revenue for endorsements, renewals, and certain re-activations of licenses. All emergency measures are without charge to the applicant or licensee.

COST OF COMPLIANCE:
(1) Identify any state agencies, units of local government, and members of the public likely to be economically affected by the rule(s). (2) Effect on Small Businesses: (a) Estimate the number and type of small businesses subject to the rule(s); (b) Describe the expected reporting, recordkeeping and administrative activities and cost required to comply with the rule(s); (c) Estimate the cost of professional services, equipment supplies, labor and increased administration required to comply with the rule(s).

DESCRIBE HOW SMALL BUSINESSES WERE INVOLVED IN THE DEVELOPMENT OF THESE RULE(S):
Rules were written at the direction of the Governor's Office, no small business involvement.

WAS AN ADMINISTRATIVE RULE ADVISORY COMMITTEE CONSULTED? NO IF NOT, WHY NOT?
There was no time to convene a Rule Advisory Committee. Temporary rules were adopted per the Governor's Emergency Declaration to address COVID-19.

ADOPT: 851-001-0145
RULE SUMMARY: The proposed rule revisions assures compliance with Executive Order 20-03 to expand the nursing workforce. Identifies rules regarding emergency authorizations to allow expansion of the state's nursing workforce during a declared emergency. Eliminates certain steps in the qualification requirements to expedite authorizations.

CHANGES TO RULE:

851-001-0145
Emergency Declaration Response
In the event that the Governor issues an emergency declaration requiring an expansion of the workforce of licensees and certificate holders of the Board, the safety of the public will remain the focus of any Board initiated suspension or alteration of licensing rules. If expansion is needed, the following will be considered and, if needed, be implemented by Board staff:

(1) Develop a process for Emergency Authorization to practice in Oregon based upon the following minimum criteria:
(a) The applicant must have an active, unencumbered license to practice in another state or US territory as verified using the NURSYS database as primary source verification.
(b) The applicant must show that they have been offered employment in a healthcare organization, public health, clinic or other organization needing healthcare providers to address the emergency.
(c) The employer must complete an application naming the same individual as being offered employment.
(d) All emergency authorizations will be rescinded when the Governor withdraws the Emergency Declaration. Exception can be made for a two week period if the employer notifies the Board that ability to care for patients will be affected with the sudden exit of the additional staff.

(2) Oregon retired nurses or those with an inactive license may have their license reinstated provided they still meet the competency criteria established by the Board. Those who do not have the practice hours to establish competency will be referred to SERV-OR for additional volunteer opportunities. For the purposes of reactivation of these licenses, employment criteria as described in section 1 of this rule does not apply.

(3) The Board will consult with the Department of Human Services to develop criteria for the expansion of the Certified Nursing Assistant workforce for nursing homes and long term care facilities in accordance with federal
guidelines. Acute care facilities may adopt policies and procedures to validate competency for selected staff to assume needed patient care duties. The term Certified Nursing Assistant, nursing assistant, or nurse aide must not be used for these facility specific staff.

(4) At the direction of the Board, procedures for the implementation of a Graduate Nurse Certification (GN) will be authorized. The following criteria must be met:

(a) The graduate applicant does not have the ability to schedule the NCLEX® exam due to exam suspension during the emergency.

(b) GN certification will be granted for a period of 3 months or until the emergency declaration is rescinded, whichever comes first. Once expired or rescinded, the graduate must no longer work under the expired permit and must refrain from practice pending the issuance of an active nursing license.

(c) Utilization of graduates, assigned duties and responsibilities, and policies related to GNs will fall under the supervision and license of the senior nursing officer of the employer.

Statutory/Other Authority: ORS 678.031, ORS 678.021, ORS 678.040, ORS 678.050, ORS 678.101, ORS 678.150

Statutes/Other Implemented: ORS 678.040, ORS 678.050
Emergency Declaration Response

In the event that the Governor issues an emergency declaration requiring an expansion of the workforce of licensees and certificate holders of the Board, the safety of the public will remain the focus of any Board initiated suspension or alteration of licensing rules. If expansion is needed, the following will be considered and, if needed, be implemented by Board staff:

1. Develop a process for Emergency Authorization to practice in Oregon based upon the following minimum criteria:
   a. The applicant must have an active, unencumbered license to practice in another state or US territory as verified using the NURSYS® database as primary source verification.
   b. The applicant must show that they have been offered employment in a healthcare organization, public health, clinic or other organization needing healthcare providers to address the emergency.
   c. The employer must complete an application naming the same individual as being offered employment.
   d. All emergency authorizations will be rescinded when the Governor withdraws the Emergency Declaration. Exception can be made for a two week period if the employer notifies the Board that ability to care for patients will be affected with the sudden exit of the additional staff.

2. Oregon retired nurses or those with an inactive license may have their license reinstated provided they still meet the competency criteria established by the Board. Those who do not have the practice hours to establish competency will be referred to SERV-OR for additional volunteer opportunities. For the purposes of reactivation of these licenses, employment criteria as described in section 1 of this rule does not apply.

3. The Board will consult with the Department of Human Services to develop criteria for the expansion of the Certified Nursing Assistant workforce for nursing homes and long term care facilities in accordance with federal guidelines. Acute care facilities may adopt policies and procedures to validate competency for selected staff to assume needed patient care duties. The term Certified Nursing Assistant, nursing assistant, or nurse aide must not be used for these facility specific staff.

4. At the direction of the Board, procedures for the implementation of a Graduate Nurse Certification (GN) will be authorized. The following criteria must be met:
   a. The graduate applicant does not have the ability to schedule the NCLEX® exam due to exam suspension during the emergency.
   b. GN certification will be granted for a period of 3 months or until the emergency declaration is rescinded, whichever comes first. Once expired or rescinded, the graduate must no longer work under the expired permit and must refrain from practice pending the issuance of an active nursing license.
   c. Utilization of graduates, assigned duties and responsibilities, and policies related to GNs will fall under the supervision and license of the senior nursing officer of the employer.
TO: All Interested Parties

FROM: Ruby R. Jason
Executive Director

DATE: August 2020

SUBJECT: ADMINISTRATIVE RULEMAKING HEARING REGARDING THE ADOPTION OF THE AMENDMENTS TO OAR 851-006 (STANDARD DEFINITIONS)

On Tuesday, September 8, 2020, at 6:30 p.m., the Oregon State Board of Nursing will hold a hearing regarding the adoption of the proposed amendments to Chapter 851, Division 6, of the Oregon Administrative Rules regarding Standard Definitions. Due to the COVID-19 pandemic and gathering restrictions, the administrative rule hearing will be held utilizing electronic media only. Please access the link on the main page of the OSBN website, www. Oregon.gov/OSBN, for instructions on how to provide verbal testimony during the Administrative Rule Hearing.

If you are unable to attend the hearing, you may submit written comments on the proposed rules no later than 5:00 p.m. on September 4, 2020, and they will be incorporated into the testimony received at the hearing. The Board will consider the testimony and vote on the Administrative rule amendments during the Board meeting on September 10, 2020. Please send comments to peggy.lightfoot@state.or.us. Note: Comments sent to any other e-mail shall not be considered.

Attached is a copy of the Notice of Proposed Rulemaking for this hearing. The Board is authorized by ORS 678.380 to establish and amend such rules.

The Board looks forward to receiving your input.
NOTICE OF PROPOSED RULEMAKING
INCLUDING STATEMENT OF NEED & FISCAL IMPACT

CHAPTER 851
BOARD OF NURSING

FILING CAPTION: To amend and revise OAR 851-006

LAST DAY AND TIME TO OFFER COMMENT TO AGENCY: 09/08/2020 8:00 PM

The Agency requests public comment on whether other options should be considered for achieving the rule's substantive goals while reducing negative economic impact of the rule on business.

CONTACT: Peggy Lightfoot
971-673-0638
peggy.lightfoot@state.or.us

17938 SW Upper Boones Ferry Road
Portland, OR 97224

Filed By:
Peggy Lightfoot
Rules Coordinator

HEARING(S)
Auxiliary aids for persons with disabilities are available upon advance request. Notify the contact listed above.

DATE: 09/08/2020
TIME: 6:30 PM
OFFICER: Kathleen (Kat) Chinn, Board President
ADDRESS: Oregon State Board of Nursing
17938 SW Upper Boones Ferry Road
Portland, OR 97224

SPECIAL INSTRUCTIONS:
Due to the COVID-19 pandemic and gathering restrictions, it is possible that the administrative rule hearing will be held utilizing electronic media only. Please check the OSBN website (www.oregon.gov/OSBN) prior to the hearing date to determine if the hearing has changed to electronic media, and how to obtain access.

NEED FOR THE RULE(S):
To continue the process of updating and adding definitions related to OAR 851 as divisions are amended or at the direction of the Board.

DOCUMENTS RELIED UPON, AND WHERE THEY ARE AVAILABLE:
None.
FISCAL AND ECONOMIC IMPACT:

No significant economic impact to the agency.

COST OF COMPLIANCE:

(1) Identify any state agencies, units of local government, and members of the public likely to be economically affected by the rule(s). (2) Effect on Small Businesses: (a) Estimate the number and type of small businesses subject to the rule(s); (b) Describe the expected reporting, recordkeeping and administrative activities and cost required to comply with the rule(s); (c) Estimate the cost of professional services, equipment supplies, labor and increased administration required to comply with the rule(s).

None.

DESCRIBE HOW SMALL BUSINESSES WERE INVOLVED IN THE DEVELOPMENT OF THESE RULE(S):

Small businesses were not involved.

WAS AN ADMINISTRATIVE RULE ADVISORY COMMITTEE CONSULTED? NO   IF NOT, WHY NOT?

Due to the specificity of definitions used in rule and at the direction of the Board, no Rule Advisory Committee was consulted.

AMEND: 851-006-0000

RULE SUMMARY: Proposed revisions are to continue the process of updating and adding definitions related to OAR 851 as divisions are amended or at the direction of the Board.

CHANGES TO RULE:

851-006-0000

Standard Definitions

Definitions not found are assumed to be common use as found in Merriam-Webster online. www.merriam-webster.com ¶

(1) “Abstinence” means the avoidance of all intoxicating substances, including but not limited to prescription or over-the-counter drugs with a potential for abuse or the potential to develop a substance use disorder. Marijuana (either recreational or medical) and alcohol while legal, any monitoring program prohibits the use of either substance. This definition does not include medically appropriate prescriptions.¶

(2) “Academic Progression”, for the purposes of these rules, means the methods used by a program of nursing education to measure the progress of the student in achieving the overall academic goals and standards of the program.¶

(3) “Accreditation” means a voluntary, non-governmental peer review process by the higher education community. For the purpose of these rules, institutional accreditation applies to the entire institution, whereas nursing program accreditation applies to program accreditation by a national nursing accreditation organization recognized by the United States Department of Education.¶

(4) “Accrediting agency” means a regional accrediting association or national accrediting agency approved by the U.S. Department of Education (US DOE) and/or the Council on Higher Education Accreditation (CHEA).¶

(5) “Activities of Daily Living” means those self-care activities which a person performs independently, when able, to sustain personal needs and/or to participate in society. Activities of daily living include activities such as bathing, dressing, eating, drinking, ambulating, and toileting.¶

(6) “Address of Record” means the current home address of a licensee, submitted on the initial application or by written notification of change.¶

(7) “Administration of Medications” means removal of an individual dose from a previously dispensed, properly labeled container (including a unit dose container), verifying it with the order of the Licensed Independent
Practitioner, giving the individual dose to client for which it is ordered with prompt and appropriate documentation.

(8) "Advanced Practice Registered Nurse (APRN)" means a clinical nurse specialist, certified registered nurse anesthetist, or nurse practitioner licensed by the Board.

(9) "Alternative to Discipline (ATD)" means that in the state of Oregon, the Alternative to Discipline program for Registered Nurses and Licensed Practical Nurses with diagnosed Substance Use Disorder (SUD) or Mental Health issues is known as the Health Professionals Services Program. Successful completion of this program results in no public discipline being attached to the license.

(10) "Analgesia", for the purposes of these rules, means a neurologic or pharmacologic state in which painful stimuli are moderated such that, although still perceived, they are no longer painful.

(11) "Anesthesia", for the purposes of these rules, means a drug-induced state that causes insensitivity to pain and often loss of consciousness, especially as artificially induced by the administration of gases or the injection of drugs. The client’s ability to independently maintain ventilator function is often impaired and may require assistance in maintaining patent airway. Cardiovascular function may also be impaired.

(12) "Anesthesia care" means the Certified Registered Nurse Anesthetist (CRNA) independent or collaborative performance of any act involving the treatment of a client presenting for a procedure including, but not limited to, sole or concurrent use of sedation, analgesia or anesthesia.

(13) "Anesthesia plan" means a plan of intervention by a Certified Registered Nurse Anesthetist (CRNA) for services and anesthesia care within the CRNA scope of practice.

(14) "Approval", for the purposes of these rules, means that as authorized in ORS 678.150(3), is the process by which the Board evaluates and grants official recognition and status to nursing education programs that meet Board established uniform and reasonable standards. The status assigned may be Developmental Approval, Initial Approval or Approval.

(15) "Approval by the Office of Degree Authorization" means the approval, under ORS 348.606, to provide any part of a program leading to the award of college credit or to an academic degree.

(16) "Approved certifying body" means a national organization which engages in certification or recertification of Advanced Practice Nurses and is recognized by the Board for purposes of determining qualifications for initial and renewal of licensure.

(17) "Articulation Agreement" means the process of comparing or matching the coursework completed in one educational institution with the courses or requirements of another institution to assure that a student may transfer credit from one program to another without having to repeat any coursework. For the purpose of these rules, articulation specifically relates to courses completed or required within a nursing education program.

(18) "Assessment" means the first step in the nursing process. In this phase, subjective and objective data is gathered about the patient, client, family or community that the nurse is working with. Objective data, or data that can be collected through examination, is measurable. This may include vital signs or observable behaviors. The data is analyzed and evaluated by the Registered Nurse (RN) in order to develop the plan of care. Data may be collected by other healthcare providers, however, the RN is accountable for validating the information in order to develop the plan of care. This definition is also applicable to the term "comprehensive nursing assessment".

(19) "Assign" means directing and distributing, within a given work period, the work that each staff member is already authorized by license or certification and organizational position description to perform.

(20) "Board", for the purposes of these rules, means the Oregon State Board of Nursing. This term refers to the nine members of the Governor-appointed public body legislatively authorized to supervise the practice of nursing and certified nursing assistants per ORS 678.010 through 678.448.

(21) "Board Order" means the document describing the terms and conditions of the public discipline imposed by the Board.

(22) "Business Day" means Monday through Friday 0800-1630, except legal holidays as defined in ORS 187.010 or 187.020.

(23) "Certificate of Completion" means a document meeting the standards described in rule and awarded upon successfully completing all requirements of a nursing assistant or medication aide training program.
(24) “Certified Medication Aide, (CMA)” means a certified nursing assistant (CNA) who has successfully completed additional training in administration of non-injectable medications, holds current Oregon CMA certification, and performs CMA authorized duties under supervision of a licensed nurse.

(25) “Certified Nursing Assistant, (CNA)” means an individual who holds current Oregon certification; whose name is listed on the CNA Registry; and through their position as a CNA assists a licensed nurse in the provision of nursing care. The phrase certified nursing assistant and the acronym CNA are generic and may refer to a CNA 1, a CNA 2 or all CNAs.

(26) “Client” means an individual, family, facility resident or group engaged in a professional relationship with a licensee and the recipient of nursing services. For the purposes of these rules the terms “client”, “patient” and “resident” are interchangeable and have the same meaning.

(27) “Clinical” means direct, hands-on, planned learning activities with real or simulated patients across the lifespan. These activities are overseen by qualified faculty who provide feedback to students in support of their learning. It includes care or activities that impact care provided in a patient care environment. Up to 20% or 49% of these hours may be in simulation if the standards established in OAR 851-021-0050(5)(h) are met.

(28) “Clinical Direction” means the communication between the registered nurse (RN) or licensed independent practitioner (LIP) to the licensed practical nurse (LPN) for the implementation of the nursing plan of care or provider treatment plan. The LPN communicates any concerns or issues regarding the plan implementation. The RN or LIP must review the LPN communication to determine if the plan requires revision. Any revisions are communicated to the LPN for implementation. While Clinical Direction does not specifically require supervision of tasks or interventions directed by the plan of care or treatment plan, the LPN may not implement these interventions unless part of the education program preparing the LPN for licensure or competency has been validated.

(29) “Clinical Nurse”, for the purposes of these rules, means a registered nurse (RN) or licensed practical nurse (LPN) employed by a healthcare facility who has agreed to serve in this role in a one-day capacity with one student in a faculty-led placement. It is recommended that the clinical nurse has been licensed and in practice for at least two (2) years.

(30) “Clinical Practice Experience” means supervised experiences allowing the student to understand, perform, and refine professional competencies at the appropriate program level. The experience allows students to implement concepts and skills previously covered in didactic course work.

(31) “Clinical Supervisor”, means for the purposes of these rules, the Oregon licensed advanced practice nurse, other than the faculty of record, who is employed or contracted by the graduate education program to perform clinic practicum site visits to determine the student and preceptor’s adherence to and achievement of specific course goals and objectives.

(32) “Clinical Preceptor” means a health care provider employed by a healthcare facility, clinic, or in private practice who is qualified by specific education and clinical competency to provide direct supervision of the clinical practice experience of pre-licensure nursing students in a Final Practicum experience or graduate nursing students in an Oregon or out of state based advanced nursing program. A preceptor may also be referred to, in some facilities, as a Clinical Teaching Associate.

(33) “Clinical Teaching Associate” means a licensed nurse who has undergone specific education and training to serve as a role model, resource, and coach. For nursing assistant or medication aide students, the clinical teaching associate functions under the direction of the program director or primary instructor.

(34) “Clock hours” means a calculation where one academic quarter unit equals 30 hours of clinical experience and one academic semester hour equals 45 hours of clinical experience.

(35) “CNA Abuse Registry” means the list of Oregon certified nursing assistants who have received a finding of Substantive Abuse by the Department of Human Services (DHS). Federal law prohibits employment of these individuals in nursing home facilities. The list is maintained by the Board but authority to place or remove an individual from the list lies within the authority of DHS.

(36) “CNA Registry” means the listing of Oregon certified nursing assistants (CNA) maintained by the Board. This list is comprised of CNAs who have successfully completed a state-approved nursing assistant training program.
and competency evaluation that meet the Omnibus Reconciliation Act of 1987 (OBRA) standards. ¶

(346) “Community-Based Setting” means a setting that does not exist primarily for the purposes of providing nursing or medical care, but where nursing care could be required intermittently. These settings include adult foster homes, assisted living facilities, child foster homes, schools and twenty-four hour residential care facilities. ¶

(352) “Competency” means demonstrating specified levels of knowledge, technical skill, ability, ethical principle, and clinical reasoning that are relevant to the practice role, practice setting, prevailing standards, and client safety. All licensees and certificate holders of the Board are expected to have demonstrated competencies prior to accepting an assignment or, for advanced practice nurses, prior to performing an intervention beyond their education program and national certification. For the purposes of these rules this definition is also applicable with the terms “competence” and “competencies”. ¶

(368) “Completed Application” means an application for licensure or certification where all required fields are completed, attestation is validated by the applicant and all appropriate fees are posted by the Board as paid. The application process does not commence until the application is complete. An incomplete renewal application will not be recognized as timely. ¶

(379) “Context of Care” means the environment where the practice of nursing occurs. Defining a specific context of care includes, but is not limited to, the following variables: the practice setting, the licensee’s role within the setting, the regulations governing the setting, the policies and procedures of the setting, specialty nursing practice standards applicable to the nursing activity, and the ability of the client to engage in their own care. The context of care determines how the requirements of the practice act are demonstrated by the nurse. ¶

(388) “Continuing Education hours” means contact hours of education. One contact hour is equal to 60 minutes of instruction. Ten contact hours are equal to one Continuing Education Unit (CEU). ¶

(3941) “Course Progression”, for the purposes of these rules, means the student’s progress in a single, specific course to measure the student’s progress towards fulfilling the specific course objectives and requirements. ¶

(402) “Credentials Evaluation” means an independent determination by a Board approved vendor, through review of transcripts and other relevant material, whether an International educational program is or is not equivalent to nursing education in the United States. ¶

(4032) “Delegation Process” means the process utilized by a registered nurse (RN) to authorize an unregulated assistive person to perform a nursing procedure for a client for which the RN retains accountability for the outcome. The delegation process must only occur in those settings that do not mandate the presence of 24/7 nursing services per any law, rule, or regulation. ¶

(444) “Delinquent Renewal” means late receipt of a completed renewal application and fee up to 120 days following license expiration. A completed and incomplete application received after the timeline described in ORS 678.101 (1) will be assessed a $100 delinquent fee for nurses and $5 for certified nursing assistants For advanced practice nurses, the delinquent fee will be assessed on both the registered nurse (RN) and the nurse practitioner, clinical nurse specialist, or certified registered nurse anesthetist application. Board system timestamps will be the determiner of a delinquent application. ¶

(425) “Dedicated Education Unit” means a client care unit that focuses on teaching nursing students through a partnership between the (1) unit nurse, who has knowledge of current clinical procedures and system functions; (2) the faculty member who provides expertise in educating students; and (3) the nursing student. Unit nurses receive specific education in the curriculum and outcomes expected of the students. Each unit nurse may be responsible for up to two students as a long-term preceptor for the student’s clinical experiences. The unit nurse may be referred to as a clinical preceptor. ¶

(436) “Diagnosis”, for the purposes of these rules, means the formulation by a Nurse Practitioner or Clinical Nurse Specialist of the source or nature of a disease or other physical or mental condition. ¶

(47) “Discrete pharmacology course” means an advanced pharmacology course with pharmacologically specific requirements, objectives, and content, which is offered for academic or continuing education credit, and is not integrated into other coursework or continuing education offerings. ¶

(448) “Dispensing” means to provide medications directly to the client bypassing the pharmacist and pharmacy, in
compliance with state and federal rules including, but not limited to, the Board of Nursing, Board of Pharmacy and the Oregon Health Authority. Dispensing authority may be attached to the license of a Nurse Practitioner or Clinical Nurse Specialist through application to the Board while the Board of Pharmacy retains authority over the process of dispensing. ¶

(459) “English Language Proficiency” means the ability to use and comprehend spoken and written English at a level sufficient for safety within the scope of practice. ¶

(4650) “Examination” means the licensing examination endorsed by the National Council of State Boards of Nursing (NCSBN), which may be the State Board Test Pool Examination (SBTPE) or the NCLEX-RN® or -PN®. Also means the Board approved examination administered to determine minimum competency for certified nursing assistant and certified medication aide authorized duties. ¶

(4751) “Expired license or expired certificate” means that the license or certificate has lapsed and is void. The licensee or certificate holder has not renewed Oregon licensure or been granted retired or inactive status and is not authorized to practice nursing but may elect to return to active status by meeting Board requirements. ¶

(4852) “Extended campus site” means any location of an institution, other than the main campus, at which the institution offers at least 50 percent of a nursing education curriculum. ¶

(4953) “Facility-Based Program” means an approved nursing assistant or medication aide training program offered by a licensed nursing facility. ¶

(505) “Faculty-Led Clinical Experiences”, also known as “cohort placement”, means placement of a group of up to eight students where the nursing faculty member guides the selection of student experiences and provides oversight by being present on the unit or readily available to the students for the entire duration of the clinical shift. ¶

(515) “Faculty member” means an individual nurse educator or nurse educator associate who are in a program of nursing education and the individual nurse primary instructor or clinical teaching associate in a program educating certified nursing assistants and certified medication aides who are licensed as required by Board rules. ¶

(526) “Faculty of Record”, for the purposes of these rules, means the faculty member who is actively engaged in delivering course content, has the ability to assess students, assign and change grades, and who students will be asked to evaluate at the end of the term. Also referred to as the “instructor of record”. ¶

(57) “Federal regulations concerning substance abuse testing”, for the purposes of these rules, means as used in ORS 676.190(4) (l), requiring a “licensee to submit to random drug or alcohol testing in accordance with federal regulations” and refers to licensees who are selected for random testing by a scientifically valid method, such as a random number table or a computer-based random number generator that is matched with licensees’ unique identification numbers or other comparable identifying numbers. Under the selection process used, each covered licensee shall have an equal chance of being tested each time selections are made, as described in 40 CFR 199.105(c)(5) (2011). Random drug tests must be unannounced and the dates for administering random tests must be spread reasonably throughout the calendar year, as described in 40 CFR 199.105(c)(7) (2011). ¶

(538) “Final clinical practicum” means the final portion of pre-licensure student’s clinical education experience. Also refers to titles such as “integrative practice,” capstone,” “immersion,” and others. The student is assigned one-to-one to a registered nurse clinical preceptor for registered nurse students or a licensed independent practitioner (LIP) for clinical preceptor for practical nurse students for this experience. The nursing faculty member is not continuously present, but provides oversight for the experience and meaningful presence. ¶

(549) “Fitness to practice evaluation” means the process a qualified evaluator uses to determine if the licensee can safely perform the essential functions of the licensee’s health practice. Fitness to Practice evaluation may be in addition to a Treatment Program Evaluation. ¶

(5560) “Focused Assessment”, for the purposes of these rules, means recognizing the patient’s priority condition at the time of the intervention. The nurse gathers and records assessment data and demonstrates attentiveness by observing, monitoring, and reporting signs and symptoms, and changes in the patient’s condition in an ongoing manner. For the licensed practical nurse (LPN) this is reported to the registered nurse (RN) or the licensed independent practitioner (LIP). ¶

(561) “Focused Plan of Care” means the process by which the licensed practical nurse (LPN) determines the
client’s priorities within the established plan of care during the interaction with the LPN. The LPN reviews the plan of care and determines, based on the information gathered what items in the plan of care as developed by the registered nurse or the treatment plan as developed by the licensed independent practitioner, are most pertinent during the interaction. If the LPN determines that the observations may require a change in the plan of care, the LPN must discuss these documented observations with the RN or LIP. Only the RN may author and update the nursing plan of care while only the LIP may author or update the treatment plan.

“Full-time” for the purposes of these rules, means at least 32 hours of regularly scheduled work each week.

“Functional impairment” means providing care at the authorized level of licensure or certification when unable or unfit to perform procedures or make decisions due to physical, mental, or substance use disorder. This impairment is evidenced by documented deterioration of functioning in the practice setting or by assessment of a health care provider qualified to diagnosis the condition or status.

“Health Care Team” means those working with the client to achieve the client’s identified outcomes. The composition of the health care team is appropriate to the context of care and must always include the client. The team is not limited to licensed health professionals.

“Holistic Health Care” means an approach to diagnosis and treatment of clients, which considers the status of the whole person: physical, emotional, social, spiritual, and environmental.

“Inactive license or certificate” means that the licensee or certificate holder is not currently authorized to practice in Oregon but may elect to return to active practice by meeting Board requirements. Application for inactive status is required.

“Independent third-party evaluator” means an individual who is approved by the Board, but is not an employee or contractor of the Board, to evaluate, diagnose, and offer treatment options for substance use disorders, mental disorders, or co-occurring disorders.

“Independant Training Program” means an approved nursing assistant or medication aide training program that is not a facility-based program.

“Individual monitoring or compliance record”, for the purposes of these rules, means the official permanent documentation, written or electronic, which contains all information required for those licensees or certificate holders who, by Board order or stipulated agreement, have been placed in monitored practice. This record will be the official Board document to determine compliance with the Board order or stipulated agreement.

“Individual Scope of Practice” means, for the purposes of these rules, an individual licensee’s demonstrated competency that has been developed and maintained through practice experience and through engagement in independent and formal learning experiences. Scope of practice is based on the individual licensee having the knowledge, skills, abilities, and competencies to perform a task or intervention, accept a client assignment, and take on different roles within nursing. The Scope Decision Tree is used by the Board to establish if a nurse is working in or out of scope. Scope of Practice refers only to nurses. Certified nursing assistants and medication aides have authorized duties identified in Board rule and their practice must not be expanded beyond those specific duties except through the delegations as described in OAR 851-047.

“Individualized Re-entry Plan” means a plan developed by the re-entry nurse to utilize formal course work and supervised clinical practice for the purpose of meeting requirements for re-entry. Individualized plans must be approved prior to implementation by the re-entry nurse.

“Instruction-directed” means an online training that is managed, directed, and facilitated through interaction between learners and identified instructor. Learning activities may occur through either synchronous or asynchronous interaction between the instructor and students, and among students.

“Interim Consent Order (ICO)” means a voluntary agreement in which a licensee voluntarily steps away from practice during the investigation and until further order of the Board. ICOs are used when the nurse or certificate holders continued practice may be a risk to the public based upon the received complaint or information gathered during the investigation.

“International Nurse” means an individual who is credentialed to practice as a nurse in a country other than the United States or its jurisdictions and the nurse has not taken the SBTPE or the English language NCLEX.
"Legend Drug" means a drug that is approved by the US Food and Drug Administration that can be dispensed to the public only with a prescription from an LIP with prescriptive privilege.

"Licensed Independent Practitioner (LIP)" means a health care professional who is authorized by Oregon statute and permitted by law and regulation to independently diagnose and treat. An individual, as permitted by law and regulation to provide care and services without direction or supervision within the scope of the individual's license and consistent with privileges granted by the organization where the LIP is credentialed.

"Licensee" means the Registered Nurse (RN), Registered Nurse Emeritus (RN-E), Licensed Practical Nurse (LPN), Licensed Practical Nurse Emeritus (LPN-E), Nurse Practitioner (NP), Clinical Nurse Specialist (CNS), Certified Registered Nurse Anesthetist (CRNA) as licensed pursuant to ORS Chapter 678.

"Limited License" means a registered nurse or practical nurse license with conditions which specifically limit its duration and generally used for re-entry into practice or for short term educational experiences for international nurses.

"Major Curriculum Change" means a change that results in a refocus of purpose and objectives, a substantive change in program structure or method of instructional delivery, or a change that modifies 10% or more of the credit hours in the curriculum.

"Monitored Practice" means practice under the direct supervision of a worksite monitor by agreement or Board order. To perform the role of a worksite monitor requires specific Board approved education and placement on the approved worksite monitoring list maintained by Board compliance staff.

"Monitored Supervision" means that a registered nurse assesses and plans for care of the client, assigns or delegates duties to the nursing assistant according to the nursing care plan, and evaluates client outcomes as an indicator of certified nursing assistant or certified medication aide competency.

"Name of Record" means the name to which the applicant is legally entitled, submitted on the initial application, or changed at the written request of the applicant with documentation of the legal basis for the change. The licensee or certificate holder shall continue to sign all practice documents with the name of record until the official name change has been processed by the Board and the name of record reflects the current name used by the licensee or certificate holder.

"National Board Certification" means current certification as an advanced practice nurse in a role and population focus through testing accredited by the National Commission on Certifying Agencies or the American Boards of Nursing Specialties, as approved by the Board.

"Non-Oregon Based Program" means an academic program, not located in Oregon, recognized by the United States Department of Education (DOE) or the Council of Higher Education Accreditation (CHEA) that offers a degree to students in preparation for nursing licensure. The Board has no approval authority over these programs but requires Board approval when these programs have clinical placements in Oregon.

"Non-Traditional Dispensing" means using automation, such as vending machines, dispensing drugs for therapies greater than 72 hour supply and providing refills at the point of care. The rules regarding these sites falls under the jurisdiction of the Board of Pharmacy. This level of dispensing requires registration with the Oregon Board of Pharmacy. Nurse Practitioners and Clinical Nurse Specialists registered with the Oregon Board of Pharmacy will be subject to annual fees, inspections, and compliance standards.

"Noninjectable Medication" means any medication, including controlled substances, which is not administered by the arterial, intradermal, subcutaneous, intramuscular, intraosseous, epidural, intrathecal or intravenous route.

"Nurse Aide Registry" means the listing of certified nursing assistants maintained by the appropriate state agency in another state or jurisdiction of the United States. In Oregon, this list is referred to as the "CNA registry".

"Nurse Administrator", for the purposes of these rules, means a registered nurse who is responsible and accountable for the nursing educational department, division or program regardless of the official title assigned by any specific institution.

"Nurse Educator" means a registered nurse who, as a member of the nursing faculty, is responsible for the development and implementation of the nursing program including curriculum, policies, student advising, and...
evaluation, mentoring and collaborating with nurse educator associates and clinical teaching associates. This may include a full-time or part-time position. For the purposes of these rules, this includes all nurse faculty members, regardless of rank, who have responsibility for development and implementation of the program.

“Nurse Educator Associate” or “Adjunct Faculty” means a registered nurse who may contribute to classroom and clinical instruction in collaboration with and under the direction of the nurse educator.

“Nurse Emeritus” means the licensee retired from practice who has been granted Emeritus Licensure allowing the practice of practical nursing or registered nursing to occur in a volunteer or other non-compensatory basis. The Nurse Emeritus must develop a Board approved plan for showing continued competency with nursing interventions applicable to the practice setting. This license is not renewed but must be applied for every two years to include the continued competency plan for the next two years. This license type is based upon the competency plan and not practice hours.

“Nursing practice experience” means a combination of four modalities to refine professional competencies at the appropriate program level: 1) skills laboratory, which includes skills application using a variety of equipment and teaching methodologies; 2) clinical, which is care or activities that impact care provided in a patient care environment; 3) simulation, which is care provided in a simulated patient care environment; and, 4) final clinical practicum, defined elsewhere. The experience allows students to implement concepts and skills previously covered in didactic course work.

“Nursing Practice Percentages” means at least 80% of all clinical hours in programs without a nationally certified simulation coordinator must be allocated as direct patient care or activities that impact care provided in a patient care environment. Programs with a nationally certified simulation coordinator must allocate at least 51% of clinical hours for direct patient care and/or activities that impact care provided in a patient care environment. Hours must be allocated appropriately to adequately prepare students for professional practice. This percentage is determined by the standards established in OAR 851-021-0050(5)(h). To calculate, subtract the number of clock hours allocated for skills laboratory from the total of Nursing Practice Experience hours. Multiply the difference by the appropriate percentage (80% or 51% as established in OAR 851-021-0050(5)(h). If substituting 1 hour of simulation for 2 hours of clinical practice, as established in OAR 851-021-(0050)(5)(g) divide the remaining 20% or 49% hours by 2 to calculate total clock hours of simulation.

“Nurse Practitioner” (NP) means an advanced practice registered nurse who is licensed by the Board to independently assume responsibility and accountability for the care of clients. The title nurse practitioner and population foci of practice shall not be used unless the individual is licensed by the Board.

“Nurse Practitioner Orders” means written or verbal instructions or directions by the nurse practitioner for interventions, diagnostic tests, evaluations, drugs, or treatment modalities. Nurse practitioners may establish protocols and standing orders.

“Nursing Judgment” means the intellectual process the nurse exercises in forming an opinion and reaching a clinical decision based on analysis of evidence or data.

“Nursing Procedure” means a health-related procedure that is commonly taught in nursing education programs and normally performed by the registered nurse or licensed practical nurse when implementing the nursing plan of care.

“Nursing Process” means the critical thinking model used by nurses that directs the development of or revision of the plan of care. The components of the nursing process are: assessment, identification of client needs or risks, identification of expected outcomes, planning how care will be implemented, implementation of the plan, and evaluation of the plan for continuation or revision.

“OBRA” means the Omnibus Budget Reconciliation Act of 1987, successor legislation and written directives from the Center for Medicare and Medicaid Services (CMS). This act established the minimum requirements for the training and assessment of certified nursing assistant and delegated to the individual states the authority to implement these requirements.

“Official Transcript” means a validation received directly from the school, bearing the official seal or other designation identified by the school, showing the date of graduation or program completion and the degree, diploma or certificate awarded.
"Online Program" means an interactive computer based training program that provides at least the equivalent of the Board required classroom, laboratory, and clinical hours under the supervision of a Board approved primary instructor. Graduate online programs must be accredited by a national nursing program accrediting body and all online programs must approved by the state in which the program is based.

"On-line program provider" means a provider that has a proven track record of successfully providing professional development, training and educational programs in both classroom and on-line environments, either directly or in partnership, in the previous 24 months of application, and meets all Board requirements.

"Other medical services" means the services conventionally recognized and agreed to be part of the practice of anesthesia.

"Out-of-State Nursing Program" means a program in the United States that is approved or accredited by the licensing board for nurses in the particular state or U.S. territory, or the appropriate accrediting agency for that state or U.S. territory.

"Outcomes", for the purposes of these rules, means statements of the expected knowledge, skills, attitudes, values and abilities to be gained by students through completion of the nursing education program or a segment thereof.

"Paid Employment", for the purposes of these rules, means performing certified nursing assistant (CNA) authorized duties for pay with supervision by an registered nurse or licensed practical nurse or monitoring by an RN who works for the same employer as the CNA.

"Physical Impairment", for the purposes of these rules, means the ability to move, coordinate actions, or perform physical activities is significantly limited or delayed and is exhibited by difficulties in one or more of the following areas: physical and motor tasks; independent movement, performing activities of daily living.

"Plan of Care" means the comprehensive plan authored by the registered nurse (RN) that communicates the client's identified problems or risks, identifies measurable client outcomes, and identifies nursing interventions chosen to mitigate the identified problems or risks. The plan of care is developed by the nursing process and can only be authored by the RN. The APRN care orders are also considered a plan of care.

"Post-master's certificate", for the purposes of these rules, means a certificate from an accredited graduate nursing education program that prepares licensed advanced practice nurse to expand their scope to a different population focus which may be in addition to their current license designation. To incorporate the new population focus into their practice, the nurse must apply and meet the requirements for an additional license from the Board designating the new population.

"Practice requirement" means the number of practice hours designated by the Board within a given timeframe to qualify for initial license or certification by endorsement or renewal of an Oregon license or certificate.

"Pre-licensure Program" means a program of study in which achievement of the educational requirements for nursing licensure are accomplished. A program educates the individual to qualify for initial licensure as a nurse.

"Professional Boundaries" means the Nurse and client therapeutic relationship limitations that guide appropriate and professional interactions. The licensee or certificate holder and the client establish a relationship where the client depends on the licensee or certificate holder to have the knowledge, skills, abilities, and competencies to provide the care needed by the client. This relationship has a space between the needs of the client and the ability of the licensee or certificate holder to provide that care. That space is a professional boundary and is applicable in and out of the practice setting. The licensee or certificate holder has power in that the client is dependent upon the provision of care and the client is vulnerable to the influences of this power. Violation of this space between power and vulnerability through the blending of the personal and professional relationship constitutes a boundary violation.

"Protocol", for the purposes of these rules, means a medical order for treatment or a medication that contains pre-identified inclusion or exclusion criteria identified by the provider.

"Public Discipline" means Board action against a licensee or certificate holder resulting in public reporting of the discipline, including posting on the OSBN website and in the OSBN publications. Public discipline is a
permanent document that remains publicly displayed for the life of the license or certificate even after all requirements of the Board order are satisfied.

(106.15) "Reactivation" means the process of re-issuing a license or certificate that has expired for 61 days or more provided that the applicant meets all other licensure renewal criteria.

(107.16) "Re-entry" means the process of re-issuing a license or certificate that has lapsed and the applicant does not meet the Board requirements for reactivation. For Nurse Practitioners, Certified Registered Nurse Anesthetists and Clinical Nurse Specialists this will require re-entry of their registered nurse (RN) license first prior to being allowed to begin the process of having the advanced practice license re-issued. An advanced practice license is predicated on first having an active RN license.

(108.17) "Reasoned Conclusion" means the RN's identification of client problems or risks through the application of scientific evidence, clinical experience, and nursing knowledge to comprehensive assessment data. Reasoned conclusions are also known as nursing diagnostic statements.

(109.18) "Reinstatement" means the process of re-issuing a license when the license or certificate has been subject to disciplinary sanction by the Board in the form of a voluntary surrender or revocation. The application for reinstatement will be considered no sooner than three years after surrender or revocation date.

(110.9) "Representative of the Board" means the Board staff member or Board designee who has been delegated by the authority of the Board to perform the necessary responsibilities as allowed by statute or rule.

(111.20) "Retired Nurse" means an honorary title given a nurse previously licensed in good standing in Oregon and does not authorize the nurse to practice nursing as defined in the practice act. The retired nurse must not provide health education, health counseling, develop a plan of care for or with the client, nor is the retired nurse authorized to perform interventions common to the practice of nursing.

(112.1) "SARA" means the State Authorization Reciprocity Agreement, a voluntary agreement among member states and US territories that establishes comparable national standards for interstate offering of postsecondary distance education courses and programs.

(113.22) "Self referred licensee" means an eligible licensee who entered participation in the Health Professional Services Program (HPSP), an alternative to discipline program, without referral from the Board. The Board will have no knowledge of the entry of the licensee into the HPSP program unless there is substantive non-compliance at which time the HPSP administering vendor will notify the Board for any action or follow-up.

(114.23) "Self-Regulation" means the licensee takes personal responsibility and accountability for maintaining safe practice while adhering to legal, ethical, professional practice and performance standards.

(115.24) "Simulation" means a teaching method used to replicate clinical practice as closely as possible to teach theory, assessment, technology, pharmacology, and skills. There are various types of simulation on a continuum of low-fidelity, mid-fidelity, and high-fidelity, which refers to the degree to which simulation replicates the real patient care situationability of the simulation to reproduce the reactions, interactions, and responses of the real-world counterpart including physical, psychological, and environmental elements. Low fidelity simulation is used to build knowledge and concrete learning. The intent of this level of simulation is to develop the technical skills of nursing. This may include static models and two-dimensional displays. Mid-Fidelity simulation is used to build competence. The intent of this level of simulation is to apply technical skills and critical thinking skills in the practice of nursing. These simulations contain concrete and cognitive learning scenarios and may include computer based, self-directed learning systems simulations with a two dimensional focused experience to problem solve, perform a skill, and make decisions. High-Fidelity simulation is used to build performance and action. The intent of this level of simulation is to use technical skills with a larger focus on clinical judgment and the emotional/subjective components of nursing practice. These are simulation experiences that are extremely realistic and provide a high level of interactivity and realism for the learner. They include concrete, cognitive, and emotional learning with the use of any mode or method of simulation including human, manikin, task trainer, or virtual reality.

(116.25) "Skills Laboratory" means providing a learning methodology to build competency in knowledge, skills application, critical thinking, and professional values in a laboratory setting.

(117.26) "Stable and Predictable Condition" for the purposes of these rules, means a situation where the client's
clinical and behavioral state is known, not characterized by rapid changes, and does not require frequent reassessment and evaluation. This includes clients whose deteriorating condition is expected such as the client receiving hospice services.

(1427) "Statewide Need", for the purposes of these rules, means the assessment and documentation of the need for the nursing program in relation to plans for total state resources and the need for entry level nurses in the state.

(1428) "Stipulated Agreement" means the documented terms and conditions of public discipline agreed to by the licensee and approved by Board order. The agreement allows for closure of the investigation and settlement of the compliant against the licensee/certificate holder.

(1429) "Structured contact or continuing education hours" means Continuing Medical Education (CME), Continuing Education Unit (CE) and other activities for which the licensee receives academic or continuing education credit as evidenced by certificate or transcript of completion or transcript. Structured hours are evidenced based and relates to the licensee's area of practice, have specific objectives, and measure the attainment of those objectives at the end of the course or presentation. Structured hours are accredited by an authority authorized to accredit continuing education.

(1430) "Symptom-Based Protocol", for the purposes of these rules, means a protocol to administer an over-the-counter medication to a client based only upon the client's presenting symptoms.

(131) "Substance use disorder" means a problematic pattern of use of an intoxicating substance leading to clinically significant impairment or distress which is determined by the number of diagnostic criteria occurring within a 12 month period as outlined in the Diagnostic and Statistical Manual of Mental Disorders (DSM). The symptoms associated with a substance use disorder fall into four major groupings: impaired control, social impairment, risky use, and pharmacological criteria (e.g. tolerance and withdrawal). The severity of a substance use can be specified as mild, moderate, or severe.

(1324) "Substantial non-compliance" means that a licensee is in violation of the terms of the monitoring agreement or Board Order in a way that gives rise to concerns about the licensee's ability or willingness to participate in the HPSP or is in violation of the Board Order. Substantial non-compliance and non-compliance include, but are not limited to, the factors listed in ORS 676.190(1)(f). Conduct that occurred before a licensee entered into a monitoring agreement does not violate the terms of that monitoring agreement, notwithstanding a complaint to the Board regarding conduct related to the reason for entering the monitoring agreement or stipulated Order.

(12233) "Supervision, Direct", for the purposes of these rules, means that the licensed nurse is physically present and accessible in the immediate client care area, is available to intervene if necessary, and periodically observes and evaluates the skills and abilities of the certified nursing assistant or certified medication aide in the performance of authorized duties.

(1234) "Supervision, Indirect", for the purposes of these rules, means the licensed nurse regularly observes, provides guidance, direction, oversight, and evaluation of the skills and abilities of the certified nursing assistant (CNA) or certified medication aide (CMA) to perform authorized duties in care settings when the licensed nurse is not continually present. This is not synonymous with the delegation process because this is supervision of duties the CNA/CMA is already authorized to perform.

(12435) "Total Pass Rate" means a calculation that includes all first time and repeat test takers. For nursing programs, this includes all graduates who pass the NCLEX® examination within 12 months of program completion.

(12536) "Traditional Dispensing" means the labeling and distribution of a medication to the client, which is pre-packaged by a manufacturer registered with the Oregon Board of Pharmacy or repackaged by a pharmacist licensed with the Oregon Board of Pharmacy.

(12637) "Unit or Credit" means for the program on academic quarters, one unit or credit is defined as one academic clock hour per week for ten to twelve weeks or three academic clock hours of practicum per week for ten to twelve weeks. For the program on academic semesters, one unit or credit is defined as one academic clock hour per week for fourteen to sixteen weeks or three academic clock hours of practicum per week for fourteen to
sixteen weeks. ¶

(12738) "Unregulated Assistive Person (UAP)" means a person whose position description or job within an organization or client healthcare team does not require licensure or certification by a state of Oregon health related licensing agency. The UAP includes, but is not limited to, the person working in the following positions: medical assistant, certified medical assistant, registered medical assistant, home care worker, emergency department technician, labor and delivery technician, direct care staff, traditional health worker, volunteer. Status as a UAP includes those who have state of Oregon issued health-related licensure or certification but who holds into a position where their license or certificate is not a requirement. A licensee or certificate holder working as a UAP must not count the hours worked towards licensure or certificate renewal. ¶

(12839) "Unstable Condition" means a situation where the client's clinical and behavioral status is of a serious nature, critical, fluctuating, expected to rapidly change, and in need of the continuous reassessment and evaluation of a licensed nurse.
Statutory/Other Authority: ORS 678.150
Statutes/Other Implemented: ORS 678.150
Standard Definitions

851-006-0000
Definitions
Definitions not found are assumed to be common use as found in Merriam-Webster online.
www.merriam-webster.com

(1) “Abstinence” means the avoidance of all intoxicating substances, including but not limited to prescription or over-the-counter drugs with a potential for abuse or the potential to develop a substance use disorder. Marijuana (either recreational or medical) and alcohol while legal, any monitoring program prohibits use of either substance. This definition does not include medically appropriate prescriptions.

(2) “Academic Progression”, for the purposes of these rules, means the methods used by a program of nursing education to measure the progress of the student in achieving the overall academic goals and standards of the program.

(3) “Accreditation” means a voluntary, non-governmental peer review process by the higher education community. For the purpose of these rules, institutional accreditation applies to the entire institution, whereas nursing program accreditation applies to program accreditation by a national nursing accreditation organization recognized by the United States Department of Education.

(4) “Accrediting agency” means a regional accrediting association or national accrediting agency approved by the U.S. Department of Education (US DOE) and/or the Council on Higher Education Accreditation (CHEA).

(5) “Activities of Daily Living” means those self-care activities which a person performs independently, when able, to sustain personal needs and/or to participate in society. Activities of daily living include activities such as bathing, dressing, eating, drinking, ambulating, and toileting.

(6) “Address of Record” means the current home address of a licensee, submitted on the initial application or by written notification of change.

(7) “Administration of Medications” means removal of an individual dose from a previously dispensed, properly labeled container (including a unit dose container), verifying it with the order of the Licensed Independent Practitioner, giving the individual dose to client for which it is ordered with prompt and appropriate documentation.

(8) “Advanced Practice Registered Nurse (APRN)” means a clinical nurse specialist, certified registered nurse anesthetist, or nurse practitioner licensed by the Board.

(9) “Alternative to Discipline (ATD)” means that in the state of Oregon, the Alternative to Discipline program for Registered Nurses and Licensed Practical Nurses with diagnosed Substance Use Disorder (SUD) or Mental Health issues is known as the Health Professionals Services Program. Successful completion of this program results in no public discipline being attached to the license.

(10) “Analgesia”, for the purposes of these rules, means a neurologic or pharmacologic state in which painful stimuli are moderated such that, although still perceived, they are no longer painful.

(11) “Anesthesia”, for the purposes of these rules, means a drug-induced state that causes insensitivity to pain and often loss of consciousness, especially as artificially induced by the
administration of gases or the injection of drugs. The client’s ability to independently maintain 
ventilator function is often impaired and may require assistance in maintaining patent airway. 
Cardiovascular function may also be impaired.

(12) “Anesthesia care” means the Certified Registered Nurse Anesthetist (CRNA) independent or 
collaborative performance of any act involving the treatment of a client presenting for a 
procedure including, but not limited to, sole or concurrent use of sedation, analgesia or 
anesthesia.

(13) “Anesthesia plan” means a plan of intervention by a Certified Registered Nurse Anesthetist 
(CRNA) for services and anesthesia care within the CRNA scope of practice.

(14) “Approval” for the purposes of these rules, means that as authorized in ORS 678.150(3), is the 
process by which the Board evaluates and grants official recognition and status to nursing 
education programs that meet Board established uniform and reasonable standards. The status 
assigned may be Developmental Approval, Initial Approval or Approval.

(15) “Approval by the Office of Degree Authorization” means the approval, under ORS 348.606, 
to provide any part of a program leading to the award of college credit or to an academic degree.

(16) “Approved certifying body” means a national organization which engages in certification or 
recertification of Advanced Practice Nurses and is recognized by the Board for purposes of 
determining qualifications for initial and renewal of licensure.

(17) “Articulation Agreement” means the process of comparing or matching the coursework 
completed in one educational institution with the courses or requirements of another institution 
to assure that a student may transfer credit from one program to another without having to repeat 
any coursework. For the purpose of these rules, articulation specifically relates to courses 
completed or required within a nursing education program.

(18) “Assessment” means the first step in the nursing process. In this phase, subjective and 
objective data is gathered about the patient, client, family or community that the nurse is working 
with. Objective data, or data that can be collected through examination, is measurable. This may 
include vital signs or observable behaviors. The data is analyzed and evaluated by the 
Registered Nurse (RN) in order to develop the plan of care. Data may be collected by other 
healthcare providers, however, the RN is accountable for validating the information in order to 
develop the plan of care. This definition is also applicable to the term “comprehensive nursing 
assessment”.

(19) “Assign” means directing and distributing, within a given work period, the work that each staff 
member is already authorized by license or certification and organizational position description 
to perform.

(20) “Board”, for the purposes of these rules, means the Oregon State Board of Nursing. This term 
refers to the 9 members of the Governor-appointed public body legislatively authorized to 
supervise the practice of nursing and certified nursing assistants per ORS 678.010 thru 678.448.

(21) “Board Order” means the document describing the terms and conditions of the public discipline 
imposed by the Board.

(22) “Business Day” means Monday through Friday 0800-1630, except legal holidays as defined in 
ORS 187.010 or 187.020.

(23) “Certificate of Completion” means a document meeting the standards described in rule and 
awarded upon successfully completing all requirements of a nursing assistant or medication 
aide training program.

(24) “Certified Medication Aide, (CMA)” means a certified nursing assistant (CNA) who has 
successfully completed additional training in administration of non-injectable medications, holds 
current Oregon CMA certification, and performs CMA authorized duties under supervision of a 
licensed nurse.

(25) “Certified Nursing Assistant, (CNA)” means an individual who holds current Oregon 
certification; whose name is listed on the CNA Registry; and through their position as a CNA
assists a licensed nurse in the provision of nursing care. The phrase certified nursing assistant and the acronym CNA are generic and may refer to a CNA 1, a CNA 2 or all CNAs.

(26) “Client” means an individual, family, facility resident or group engaged in a professional relationship with a licensee and the recipient of nursing services.

For the purposes of these rules the terms “client”, “patient” and “resident” are interchangeable and have the same meaning.

(27) “Clinical” means direct, hands-on, planned learning activities with real or simulated patients across the lifespan. These activities are overseen by qualified faculty who provide feedback to students in support of their learning. It includes care or activities that impact care provided in a patient care environment. Up to 20% or 49% of these hours may be in simulation if the standards established in OAR 851-021-0050(5)(h) are met.

(28) “Clinical Direction” means the communication between the registered nurse (RN) or licensed independent practitioner (LIP) to the licensed practical nurse (LPN) for the implementation of the nursing plan of care or provider treatment plan. The LPN communicates any concerns or issues regarding the plan implementation. The RN or LIP must review the LPN communication to determine if the plan requires revision. Any revisions are communicated to the LPN for implementation. While Clinical Direction does not specifically require supervision of tasks or interventions directed by the plan of care or treatment plan, the LPN may not implement these interventions unless part of the education program preparing the LPN for licensure or competency has been validated.

(29) “Clinical Nurse”, for the purposes of these rules, means a registered nurse (RN) or licensed practical nurse (LPN) employed by a healthcare facility who has agreed to serve in this role in a one-day capacity with one student in a faculty-led placement. It is recommended that the clinical nurse has been licensed and in practice for at least two (2) years.

(30) “Clinical Practicum Supervisor” means for the purposes of these rules, the Oregon licensed advanced practice nurse, other than the faculty of record, who is employed or contracted by the graduate education program to perform clinic practicum site visits to determine the student and preceptor’s adherence to and achievement of specific course goals and objectives.

(31) “Clinical Preceptor” means a healthcare provider employed by a healthcare facility, clinic, or in private practice who is qualified by specific education and clinical competency to provide direct supervision of the clinical practice experience of pre-licensure nursing students in a Final Practicum experience or graduate nursing students in an Oregon or out of state based advanced nursing program. A preceptor may also be referred to, in some facilities, as a Clinical Teaching Associate.

(32) “Clinical Teaching Associate” means a licensed nurse who has undergone specific education and training to serve as a role model, resource, and coach. For nursing assistant or medication aide students, the clinical teaching associate functions under the direction of the program director or primary instructor.

(33) “Clock hours” means a calculation where one academic quarter unit equals 30 hours of clinical experience and one academic semester hour equals 45 hours of clinical experience.

(34) “CNA Abuse Registry” means the list of Oregon certified nursing assistants who have received a finding of Substantive Abuse by the Department of Human Services (DHS). Federal law prohibits employment of these individuals in nursing home facilities. The list is maintained by the Board but authority to place or remove an individual from the list lies within the authority of DHS.

(35) “CNA Registry” means the listing of Oregon certified nursing assistants (CNA) maintained by the Board. This list is comprised of CNAs who have successfully completed a state-approved nursing assistant training program and competency evaluation that meet the Omnibus Reconciliation Act of 1987 (OBRA) standards.
“Community-Based Setting” means a setting that does not exist primarily for the purposes of providing nursing or medical care, but where nursing care could be required intermittently. These settings include adult foster homes, assisted living facilities, child foster homes, schools and twenty-four hour residential care facilities.

“Competency” means demonstrating specified levels of knowledge, technical skill, ability, ethical principle, and clinical reasoning that are relevant to the practice role, practice setting, prevailing standards, and client safety. All licensees and certificate holders of the Board are expected to have demonstrated competencies prior to accepting an assignment or, for advanced practice nurses, prior to performing an intervention beyond their education program and national certification. For the purposes of these rules this definition is also applicable with the terms

“Completed Application” means an application for licensure or certification where all required fields are completed, attestation is validated by the applicant and all appropriate fees are posted by the Board as paid. The application process does not commence until the application is complete. An incomplete renewal application will not be recognized as timely.

“Context of Care” means the environment where the practice of nursing occurs. Defining a specific context of care includes, but is not limited to, the following variables: the practice setting, the licensee’s role within the setting, the regulations governing the setting, the policies and procedures of the setting, specialty nursing practice standards applicable to the nursing activity, and the ability of the client to engage in their own care.

“Continuing Education hours” means contact hours of education. One contact hour is equal to 60 minutes of instruction. Ten contact hours are equal to one Continuing Education Unit (CEU).

“Course Progression”, for the purposes of these rules, means the student’s progress in a single, specific course to measure the student’s progress towards fulfilling the specific course objectives and requirements.

“Credentials Evaluation” means an independent determination by a Board approved vendor, through review of transcripts and other relevant material, whether an International educational program is or is not equivalent to nursing education in the United States.

“Delegation Process” means the process utilized by a registered nurse (RN) to authorize an unregulated assistive person to perform a nursing procedure for a client for which the RN retains accountability for the outcome. The delegation process must only occur in those settings that do not mandate the presence of 24/7 nursing services per any law, rule, or regulation.

“Delinquent Renewal” means late receipt of a completed renewal application and fee up to 30 days following license expiration. A completed and incomplete application received after the timeline described in ORS 678.101 (1) will be assessed a $100 delinquent fee for nurses and $5 for certified nursing assistants For advanced practice nurses, the delinquent fee will be assessed on both the registered nurse (RN) and the nurse practitioner, clinical nurse specialist, or certified registered nurse anesthetist application. Board system timestamps will be the determiner of a delinquent application.

“Dedicated Education Unit” means a client care unit that focuses on teaching nursing students through a partnership between the (1) unit nurse, who has knowledge of current clinical procedures and system functions; (2) the faculty member who provides expertise in educating students; and (3) the nursing student. Unit nurses receive specific education in the curriculum and outcomes expected of the students. Each unit nurse may be responsible for up to two students as a long-term preceptor for the student’s clinical experiences. The unit nurse may be referred to as a clinical preceptor.

“Diagnosis”, for the purposes of these rules, means the formulation by a Nurse Practitioner or Clinical Nurse Specialist of the source or nature of a disease or other physical or mental condition.

“Discrete pharmacology course” means an advanced pharmacology course with pharmacologically specific requirements, objectives, and content, which is offered for academic
or continuing education credit, and is not integrated into other coursework or continuing education offerings.

(48) "Dispensing” means to provide medications directly to the client bypassing the pharmacist and pharmacy, in compliance with state and federal rules including, but not limited to, the Board of Nursing, Board of Pharmacy and the Oregon Health Authority. Dispensing authority may be attached to the license of a Nurse Practitioner or Clinical Nurse Specialist through application to the Board while the Board of Pharmacy retains authority over the process of dispensing.

(49) “English Language Proficiency” means the ability to use and comprehend spoken and written English at a level sufficient for safety within the scope of practice.

(50) “Examination” means the licensing examination endorsed by the National Council of State Boards of Nursing (NCSBN), may mean the State Board Test Pool Examination (SBTPE) or the NCLEX-RN® or -PN®. Also means the Board approved examination administered to determine minimum competency for certified nursing assistant and certified medication aide authorized duties.

(51) “Expired license or expired certificate” means that the license or certificate has lapsed and is void. The licensee or certificate holder has not renewed Oregon licensure or been granted retired or inactive status and is not authorized to practice nursing but may elect to return to active status by meeting Board requirements.

(52) “Extended campus site” means any location of an institution, other than the main campus, at which the institution offers at least 50 percent of a nursing education curriculum.

(53) “Facility-Based Program” means an approved nursing assistant or medication aide training program offered by a licensed nursing facility.

(54) “Faculty-Led Clinical Experiences”, also known as “cohort placement”, means placement of a group of up to eight students where the nursing faculty member guides the selection of student experiences and provides oversight by being present on the unit or readily available to the students for the entire duration of the clinical shift.

(55) “Faculty member” means an individual nurse educator or nurse educator associate who are in a program of nursing education and the individual nurse primary instructor or clinical teaching associate in a program educating certified nursing assistants and certified medication aides who are licensed as required by Board rules.

(56) “Faculty of Record”, for the purposes of these rules, means the faculty member who is actively engaged in delivering course content, has the ability to assess students, assign and change grades, and who students will be asked to evaluate at the end of the term. Also referred to as the “instructor of record”.

(57) “Federal regulations concerning substance abuse testing”, for the purposes of these rules means as used in ORS 676.190(4)(I), requiring a “licensee to submit to random drug or alcohol testing in accordance with federal regulations” and refers to licensees who are selected for random testing by a scientifically valid method, such as a random number table or a computer-based random number generator that is matched with licensees’ unique identification numbers or other comparable identifying numbers. Under the selection process used, each covered licensee shall have an equal chance of being tested each time selections are made, as described in 40 CFR § 199.105(c)(5) (2011). Random drug tests must be unannounced and the dates for administering random tests must be spread reasonably throughout the calendar year, as described in 40 CFR § 199.105(c)(7) (2011).

(58) "Final clinical practicum” means the final portion of pre-licensure student’s clinical education experience. Also refers to titles such as "integrative practice," capstone," "immersion," and others. The student is assigned one-to-one to a registered nurse clinical preceptor for registered nurse students or a licensed practical nurse for clinical preceptor for practical nurse students for this experience. The nursing faculty member is not continuously present, but provides oversight for the experience and meaningful presence.
“Fitness to practice evaluation” means the process a qualified evaluator uses to determine if the licensee can safely perform the essential functions of the licensee’s health practice. Fitness to Practice evaluation may be in addition to a Treatment Program Evaluation.

“Focused Assessment”, for the purposes of these rules, means recognizing the patient’s priority condition at the time of the intervention. The nurse gathers and records assessment data and demonstrates attentiveness by observing, monitoring, and reporting signs and symptoms, and changes in the patient’s condition in an ongoing manner. For the licensed practical nurse (LPN) this is reported to the registered nurse (RN) or the licensed independent practitioner (LIP).

“Focused Plan of Care” means the process by which the licensed practical nurse (LPN) determines the client’s priorities within the established plan of care during the interaction with the LPN. The LPN reviews the plan of care and determines, based on the information gathered what items in the plan of care as developed by the registered nurse or the treatment plan as developed by the licensed independent practitioner, are most pertinent during the interaction. If the LPN determines that the observations may require a change in the plan of care, the LPN must discuss these documented observations with the RN or LIP. Only the RN may author and update the nursing plan of care while only the LIP may author or update the treatment plan.

“Full-time” for the purposes of these rules, means at least 32 hours of regularly scheduled work each week.

“Functional impairment” means providing care at the authorized level of licensure or certification when unable or unfit to perform procedures or make decisions due to physical, mental, or substance use disorder. This impairment is evidenced by documented deterioration of functioning in the practice setting or by assessment of a health care provider qualified to diagnosis the condition or status.

“Health Care Team” means those working with the client to achieve the client’s identified outcomes. The composition of the health care team is appropriate to the context of care and must always include the client. The team is not limited to licensed health professionals.

“Holistic Health Care” means an approach to diagnosis and treatment of clients, which considers the status of the whole person: physical, emotional, social, spiritual, and environmental.

“Inactive license or certificate” means that the licensee or certificate holder is not currently authorized to practice in Oregon but may elect to return to active practice by meeting Board requirements. Application for inactive status is required.

“Independent third-party evaluator” means an individual who is approved by the Board, but is not an employee or contractor of the Board, to evaluate, diagnose, and offer treatment options for substance use disorders, mental disorders, or co-occurring disorders.

“Independent Training Program” means an approved nursing assistant or medication aide training program that is not a facility-based program.

“Individual monitoring or compliance record”, for the purposes of these rules, means the official permanent documentation, written or electronic, which contains all information required for those licensees or certificate holders who, by Board order or stipulated agreement, have been placed in monitored practice. This record will be the official Board document to determine compliance with the Board order or stipulated agreement.

“Individual Scope of Practice” means, for the purposes of these rules, an individual licensee’s demonstrated competency that has been developed and maintained through practice experience and through engagement in independent and formal learning experiences. Scope of practice is based on the individual licensee having the knowledge, skills, abilities, and competencies to perform a task or intervention, accept a client assignment, and take on different roles within nursing. The Scope Decision Tree is used by the Board to establish if a nurse is working in or out of scope. Scope of Practice refers only to nurses. Certified nursing assistants and medication aides have authorized duties identified in Board rule and
their practice must not be expanded beyond these specific duties except through the
degulations as described in OAR 851-047.

(71) “Individualized Re-entry Plan” means a plan developed by the re-entry nurse to utilize formal
course work and supervised clinical practice for the purpose of meeting requirements for re-
try. Individualized plans must be approved prior to implementation by the re-entry nurse.

(72) “Instructor-directed” means an online training that is managed, directed, and facilitated
through interaction between learners and identified instructor. Learning activities may occur
through either synchronous or asynchronous interaction between the instructor and students,
and among students.

(73) “Interim Consent Order (ICO)” means a voluntary agreement in which a licensee voluntarily
steps away from practice during the investigation and until further order of the Board. ICOs are
used when the nurse or certificate holders continued practice may be a risk to the public based
upon the received complaint or information gathered during the investigation.

(74) “International Nurse” means an individual who is credentialed to practice as a nurse in a
country other than the United States or its jurisdictions and the nurse has not taken the SBTPE
or the English language NCLEX®.

(75) “Legend Drug” means a drug that is approved by the US Food and Drug Administration that
can be dispensed to the public only with a prescription from an LIP with prescriptive privilege.

(76) “Licensed Independent Practitioner (LIP)” means a health care professional who is
authorized by Oregon statute and permitted by law and regulation to independently diagnose
and treat. An individual, as permitted by law and regulation to provide care and services without
direction or supervision within the scope of the individual’s license and consistent with privileges.

(77) “Licensee” means the Registered Nurse (RN), Registered Nurse Emeritus (RN-E), Licensed
Practical Nurse (LPN), Licensed Practical Nurse Emeritus (LPN-E), Nurse Practitioner (NP),
Clinical Nurse Specialist (CNS), Certified Registered Nurse Anesthetist (CRNA) as licensed
pursuant to ORS Chapter 678.

(78) “Limited License” means a registered nurse or practical nurse license with conditions which
specifically limit its duration and generally used for re-entry into practice or for short term
educational experiences for international nurses.

(79) “Major Curriculum Change” means a change that results in a refocus of purpose and
objectives, a substantive change in program structure or method of instructional delivery, or a
change that modifies 10% or more of the credit hours in the curriculum.

(80) “Monitored Practice” means practice under the direct supervision of a worksite monitor by
agreement or Board order. To perform the role of a worksite monitor requires specific Board
approved education and placement on the approved worksite monitoring list maintained by
Board compliance staff.

(81) “Monitored Supervision” means that a registered nurse assesses and plans for care of the
client, assigns or delegates duties to the nursing assistant according to the nursing care plan,
and evaluates client outcomes as an indicator of certified nursing assistant or certified
medication aide competency.

(82) “Name of Record” means the name to which the applicant is legally entitled, submitted on the
initial application, or changed at the written request of the applicant with documentation of the
legal basis for the change. The licensee or certificate holder shall continue to sign all practice
documents with the name of record until the official name change has been processed by the
Board and the name of record reflects the current name used by the licensee or certificate
holder.

(83) “National Board Certification” means current certification as an advanced practice nurse in a
role and population focus through testing accredited by the National Commission on Certifying
Agencies or the American Boards of Nursing Specialties, as approved by the Board.

(84) “Non-Oregon Based Program” means an academic program, not located in Oregon,
recognized by the United States Department of Education (DOE) or the Council of Higher
Education Accreditation (CHEA) that offers a degree to students in preparation for nursing licensure. The Board has no approval authority over these programs but requires Board approval when these programs have clinical placements in Oregon.

(85) “Non-Traditional Dispensing” means using automation, such as vending machines, dispensing drugs for therapies greater than 72 hour supply and providing refills at the point of care. The rules regarding these sites falls under the jurisdiction of the Board of Pharmacy. This level of dispensing requires registration with the Oregon Board of Pharmacy. Nurse Practitioners and Clinical Nurse Specialists registered with the Oregon Board of Pharmacy will be subject to annual fees, inspections, and compliance standards.

(86) “Noninjectable Medication” means any medication, including controlled substances, which is not administered by the arterial, intradermal, subcutaneous, intramuscular, intraosseous, epidural, intrathecal or intravenous route.

(87) “Nurse Aide Registry” means the listing of certified nursing assistants maintained by the appropriate state agency in another state or jurisdiction of the United States. In Oregon, this list is referred to as the “CNA registry”.

(88) “Nurse Administrator”, for the purposes of these rules, means a registered nurse who is responsible and accountable for the nursing educational department, division or program regardless of the official title assigned by any specific institution.

(89) “Nurse Educator” means a registered nurse who, as a member of the nursing faculty, is responsible for the development and implementation of the nursing program including curriculum, policies, student advising, and evaluation, mentoring and collaborating with nurse educator associates and clinical teaching associates. This may include a full-time or part-time position. For the purposes of these rule, this includes all nurse faculty members, regardless of rank, who have responsibility for development and implementation of the program.

(90) “Nurse Educator Associate” or “Adjunct Faculty” means a registered nurse who may contribute to classroom and clinical instruction in collaboration with and under the direction of the nurse educator.

(91) “Nurse Emeritus” means the licensee retired from practice who has been granted Emeritus Licensure allowing the practice of practical nursing or registered nursing to occur in a volunteer or other non-compensatory basis. The Nurse Emeritus must develop a Board approved plan for showing continued competency with nursing interventions applicable to the practice setting. This license is not renewed but must be applied for every two years to include the continued competency plan for the next two years. This license type is based upon the competency plan and not practice hours.

(92) “Nursing practice experience” means a combination of four modalities to refine professional competencies at the appropriate program level: 1) skills laboratory, which includes skills application using a variety of equipment and teaching methodologies; 2) clinical, which is care or activities that impact care provided in a patient care environment; 3) simulation, which is care provided in a simulated patient care environment; and, 4) final clinical practicum, defined elsewhere. The experience allows students to implement concepts and skills previously covered in didactic course work.

(93) “Nursing Practice Percentages” means at least 80% of all clinical hours in programs without a nationally certified simulation coordinator must be allocated as direct patient care or activities that impact care provided in a patient care environment. Programs with a nationally certified simulation coordinator must allocate at least 51% of clinical hours for direct patient care and/or activities that impact care provided in a patient care environment. Hours must be allocated appropriately to adequately prepare students for professional practice. This percentage is determined by the standards established in OAR 851-021-0050(5)(h). To calculate, subtract the number of clock hours allocated for skills laboratory from the total of Nursing Practice Experience hours. Multiply the difference by the appropriate percentage (80% or 51% as established in OAR 851-021-0050(5)(h). If substituting 1 hour of simulation for
2 hours of clinical practice, as established in OAR 851-021-(0050)(5)(g) divide the remaining
20% or 49% hours by 2 to calculate total clock hours of simulation.

(94) “Nurse Practitioner (NP)” means an advanced practice registered nurse who is licensed by
the Board to independently assume responsibility and accountability for the care of clients.
The title nurse practitioner and population foci of practice shall not be used unless the
individual is licensed by the Board.

(95) “Nurse Practitioner Orders” means written or verbal instructions or directions by the nurse
practitioner for interventions, diagnostic tests, evaluations, drugs, or treatment modalities. Nurse
practitioners may establish protocols and standing orders.

(96) “Nursing Judgment” means the intellectual process the nurse exercises in forming an opinion
and reaching a clinical decision based on analysis of evidence or data.

(97) “Nursing Procedure” means a health-related procedure that is commonly taught in nursing
education programs and normally performed by the registered nurse or licensed practical nurse
when implementing the nursing plan of care.

(98) “Nursing Process” means the critical thinking model used by nurses that directs the
development of or revision of the plan of care. The components of the nursing process are:
assessment, identification of client needs or risks, identification of expected outcomes, planning
how care will be implemented, implementation of the plan, and evaluation of the plan for
continuation or revision.

(99) “OBRA” means the Omnibus Budget Reconciliation Act of 1987, successor legislation and
written directives from the Center for Medicare and Medicaid Services (CMS). This act
established the minimum requirements for the training and assessment of certified nursing
assistant and delegated to the individual states the authority to implement these requirements.

(100) “Official Transcript” means a validation received directly from the school, bearing the official
seal or other designation identified by the school, showing the date of graduation or program
completion and the degree, diploma or certificate awarded.

(101) “Online Program” means an interactive computer based training program that provides at least
the equivalent of the Board required classroom, laboratory, and clinical hours under the
supervision of a Board approved primary instructor. Graduate online programs must be
accredited by a national nursing program accrediting body and all online programs must
be approved by the state in which the program is based.

(102) “On-line program provider” means a provider that has a proven track record of successfully
providing professional development, training and educational programs in both classroom and
on-line environments, either directly or in partnership, in the previous 24 months of application,
and meets all Board requirements.

(103) “Other medical services” means the services conventionally recognized and agreed to be part
of the practice of anesthesia.

(104) “Out-of-State Nursing Program” means a program in the United States that is approved or
accredited by the licensing board for nurses in the particular state or U.S. territory, or the
appropriate accrediting agency for that state or U.S. territory.

(105) “Outcomes”, for the purposes of these rules, means statements of the expected knowledge,
skills, attitudes, values and abilities to be gained by students through completion of the nursing
education program or a segment thereof.

(106) “Paid Employment”, for the purposes of these rules, means performing certified nursing
assistant (CNA) authorized duties for pay with supervision by an registered nurse or licensed
practical nurse or monitoring by an RN who works for the same employer as the CNA.

(107) “Physical Impairment”, for the purposes of these rules, means the ability to move, coordinate
actions, or perform physical activities is significantly limited or delayed and is exhibited by
difficulties in one or more of the following areas: physical and motor tasks; independent
movement, performing activities of daily living.
(108) “Plan of Care” means the comprehensive plan authored by the registered nurse (RN) that communicates the client’s identified problems or risks, identifies measurable client outcomes, and identifies nursing interventions chosen to mitigate the identified problems or risks. The plan of care is developed by the nursing process and can only be authored by the RN. The APRN care orders are also considered a plan of care.

(109) “Post-master’s certificate” for the purposes of these rules, means a certificate from an accredited graduate nursing education program that prepares licensed advanced practice nurse to expand their scope to a different population focus which may be in addition to their current license designation. To incorporate the new population focus into their practice, the nurse must apply and meet the requirements for an additional license from the Board designating the new population.

(110) “Practice requirement” means the number of practice hours designated by the Board within a given timeframe to qualify for initial license or certification by endorsement or renewal of an Oregon license or certificate.

(111) “Pre-licensure Program” means a program of study in which achievement of the educational requirements for nursing licensure are accomplished. A program educates the individual to qualify for initial licensure as a nurse.

(112) “Professional Boundaries” means the Nurse and client therapeutic relationship limitations that guide appropriate and professional interactions. The licensee or certificate holder and the client establish a relationship where the client depends on the licensee or certificate holder to have the knowledge, skills, abilities, and competencies to provide the care needed by the client. This relationship has a space between the needs of the client and the ability of the licensee or certificate holder to provide that care. That space is a professional boundary and is applicable in and out of the practice setting. The licensee or certificate holder has power in that the client is dependent upon the provision of care and the client is vulnerable to the influences of this power. Violation of this space between power and vulnerability through the blending of the personal and professional relationship constitutes a boundary violation.

(113) “Protocol”, for the purposes of these rules, means a medical order for treatment or a medication that contains pre-identified inclusion or exclusion criteria identified by the provider.

(114) “Public Discipline” means Board action against a licensee or certificate holder resulting in public reporting of the discipline, including posting on the OSBN website and in the OSBN publications. Public discipline is a permanent document that remains publicly displayed for the life of the license or certificate even after all requirements of the Board order are satisfied.

(115) “Reactivation” means the process of re-issuing a license or certificate that has expired for 61 days or more provided that the applicant meets all other licensure renewal criteria.

(116) “Re-entry” means the process of re-issuing a license or certificate that has lapsed and the applicant does not meet the Board requirements for reactivation. For Nurse Practitioners, Certified Registered Nurse Anesthetists and Clinical Nurse Specialists this will require re-entry of their registered nurse (RN) license first prior to being allowed to begin the process of having the advanced practice license re-issued. An advanced practice license is predicated on first having an active RN license.

(117) “Reasoned Conclusion” means the RN’s identification of client problems or risks through the application of scientific evidence, clinical experience, and nursing knowledge to comprehensive assessment data. Reasoned conclusions are also known as nursing diagnostic statements.

(118) “Reinstatement” means the process of re-issuing a license when the license or certificate has been subject to disciplinary sanction by the Board in the form of a voluntary surrender or revocation. The application for reinstatement will be considered no sooner than 3 years after surrender or revocation date.
“Representative of the Board” means the Board staff member or Board designee who has been delegated by the authority of the Board to perform the necessary responsibilities as allowed by statute or rule.

“Retired Nurse” means an honorary title given a nurse previously licensed in good standing in Oregon and does not authorize the nurse to practice nursing as defined in the practice act. The retired nurse must not provide health education, health counseling, develop a plan of care for or with the client, nor is the retired nurse authorized to perform interventions common to the practice of nursing.

“SARA” means the State Authorization Reciprocity Agreement, a voluntary agreement among member states and US territories that establishes comparable national standards for interstate offering of postsecondary distance education courses and programs.

“Self referred licensee” means an eligible licensee who entered participation in the Health Professional Services Program (HPSP), an alternative to discipline program, without referral from the Board. The Board will have no knowledge of the entry of the licensee into the HPSP program unless there is substantive non-compliance at which time the HPSP.

“Self-Regulation” means the licensee takes personal responsibility and accountability for maintaining safe practice while adhering to legal, ethical, professional practice and performance standards.

“Simulation” means a teaching method used to replicate clinical practice as closely as possible to teach theory, assessment, technology, pharmacology, and skills. There are various types of simulation on a continuum of low-fidelity, mid-fidelity, and high-fidelity, which refers to the ability of the simulation to reproduce the reactions, interactions, and responses of the real-world counterpart including physical, psychological, and environmental elements. Low fidelity simulation is used to build knowledge and concrete learning. The intent of this level of simulation is to develop the technical skills of nursing. This may include static models and two-dimensional displays. Mid-Fidelity simulation is used to build competence. The intent of this level of simulation is to apply technical skills and critical thinking skills in the practice of nursing. These simulations contain concrete and cognitive learning scenarios and may include computer based, self-directed learning systems simulations with a two dimensional focused experience to problem solve, perform a skill, and make decisions. High-Fidelity simulation is used to build performance and action. The intent of this level of simulation is to use technical skills with a larger focus on clinical judgment and the emotional/subjective components of nursing practice. These are simulation experiences that are extremely realistic and provide a high level of interactivity and realism for the learner. They include concrete, cognitive, and emotional learning with the use of any mode or method of simulation including human, manikin, task trainer, or virtual reality.

“Skills Laboratory” means providing a learning methodology to build competency in knowledge, skills application, critical thinking, and professional values in a laboratory setting.

“Stable and Predictable Condition” for the purposes of these rules, means a situation where the client's clinical and behavioral state is known, not characterized by rapid changes, and does not require frequent reassessment and evaluation. This includes clients whose deteriorating condition is expected such as the client receiving hospice services.

“Statewide Need”, for the purposes of these rules, means the assessment and documentation of the need for the nursing program in relation to plans for total state resources and the need for entry level nurses in the state.

“Stipulated Agreement” means the documented terms and conditions of public...
discipline agreed to by the licensee and approved by Board order. The agreement allows for closure of the investigation and settlement of the compliant against the licensee/certificate holder.

(129) “Structured contact or continuing education hours” means Continuing Medical Education (CME), Continuing Education Unit (CE) and other activities for which the licensee receives academic or continuing education credit as evidenced by certificate of completion or transcript. Structured hours are evidenced based and relates to the licensee’s area of practice, have specific objectives, and measure the attainment of those objectives at the end of the course or presentation. Structured hours are accredited by an authority authorized to accredit continuing education.

(130) “Symptom-Based Protocol”, for the purposes of these rules, means a protocol to administer an over-the-counter medication to a client based only upon the client’s presenting symptoms.

(131) “Substance use disorder” means a problematic pattern of use of an intoxicating substance leading to clinically significant impairment or distress which is determined by the number of diagnostic criteria occurring within a 12 month period as outlined in the Diagnostic and Statistical Manual of Mental Disorders (DSM). The symptoms associated with a substance use disorder fall into four major groupings: impaired control, social impairment, risky use, and pharmacological criteria (e.g. tolerance and withdrawal). The severity of a substance use can be specified as mild, moderate, or severe.

(132) “Substantial non-compliance” means that a licensee is in violation of the terms of the monitoring agreement or Board Order in a way that gives rise to concerns about the licensee’s ability or willingness to participate in the HPSP or is in violation of the Board Order. Substantial non-compliance and non-compliance include, but are not limited to, the factors listed in ORS 676.190(1) (f). Conduct that occurred before a licensee entered into a monitoring agreement does not violate the terms of that monitoring agreement, notwithstanding a complaint to the Board regarding conduct related to the reason for entering the monitoring agreement or stipulated Order.

(133) “Supervision, Direct”, for the purposes of these rules, means that the licensed nurse is physically present and accessible in the immediate client care area, is available to intervene if necessary, and periodically observes and evaluates the skills and abilities of the certified nursing assistant or certified medication aide in the performance of authorized duties.

(134) “Supervision, Indirect”, for the purposes of these rules, means the licensed nurse regularly observes, provides guidance, direction, oversight, and evaluation of the skills and abilities of the certified nursing assistant (CNA) or certified medication aide (CMA) to perform authorized duties in care settings when the licensed nurse is not continually present. This is not synonymous with the delegation process because this is supervision of duties the CNA/CMA is already authorized to perform.

(135) “Total Pass Rate” means a calculation that includes all first time and repeat test takers. For nursing programs, this includes all graduates who pass the NCLEX® examination within 12 months of program completion.

(136) “Traditional Dispensing” means the labeling and distribution of a medication to the client, which is pre-packaged by a manufacturer registered with the Oregon Board of Pharmacy.

(137) “Unit or Credit” means for the program on academic quarters, one unit or credit is defined as one academic clock hour per week for ten to twelve weeks or three academic clock hours of practicum per week for ten to twelve weeks. For the program on academic semesters, one unit or credit is defined as one academic clock hour per week for fourteen to sixteen weeks or three academic clock hours of practicum per week for fourteen to sixteen weeks.

(138) “Unregulated Assisting Person (UAP)” means a person whose position description or job within an organization or client healthcare team does not require licensure or certification by a state of Oregon health related licensing agency. The UAP includes, but is not limited to, the person working in the following positions: medical assistant, certified medical assistant,
registered medical assistant, home care worker, emergency department technician, labor and delivery technician, direct care staff, traditional health worker, volunteer. Status as a UAP includes those who have state of Oregon issued health-related licensure or certification but who holds into a position where their license or certificate is not a requirement. A licensee or certificate holder working as a UAP must not count the hours worked towards licensure or certificate renewal.

(139) “Unstable Condition” means a situation where the client's clinical and behavioral status is of a serious nature, critical, fluctuating, expected to rapidly change, and in need of the continuous reassessment and evaluation of a licensed nurse.
TO: All Interested Parties  
FROM: Ruby R. Jason  
Executive Director  
DATE: August 2020  
SUBJECT: ADMINISTRATIVE RULEMAKING HEARING REGARDING THE ADOPTION OF THE AMENDMENTS TO OAR 851-021 (STANDARDS FOR THE APPROVAL OF EDUCATION PROGRAMS IN NURSING PREPARING CANDIDATES FOR LICENSURE AS PRACTICAL OR REGISTERED NURSES)

On Tuesday, September 8, 2020, at 6:30 p.m., the Oregon State Board of Nursing will hold a hearing regarding the adoption of the proposed amendments to Chapter 851, Division 21, of the Oregon Administrative Rules regarding Standards for the Approval of Education Programs in Nursing Preparing Candidates for Licensure as Practical or Registered Nurses. Due to the COVID-19 pandemic and gathering restrictions, the administrative rule hearing will be held utilizing electronic media only. Please access the link on the main page of the OSBN website, www.Oregon.gov/OSBN, for instructions on how to provide verbal testimony during the Administrative Rule Hearing.

If you are unable to attend the hearing, you may submit written comments on the proposed rules no later than 5:00 p.m. on September 4, 2020, and they will be incorporated into the testimony received at the hearing. The Board will consider the testimony and vote on the Administrative rule amendments during the Board meeting on September 10, 2020. Please send comments to peggy.lightfoot@state.or.us. Note: Comments sent to any other e-mail shall not be considered.

Attached is a copy of the Notice of Proposed Rulemaking for this hearing. The Board is authorized by ORS 678.380 to establish and amend such rules.

The Board looks forward to receiving your input.
NOTICE OF PROPOSED RULEMAKING
INCLUDING STATEMENT OF NEED & FISCAL IMPACT

CHAPTER 851
BOARD OF NURSING

FILING CAPTION: Revisions to rules regarding Nursing Education Program Standards for Licensure as Practical or Registered Nurses

LAST DAY AND TIME TO OFFER COMMENT TO AGENCY: 09/08/2020 8:00 PM
The Agency requests public comment on whether other options should be considered for achieving the rule's substantive goals while reducing negative economic impact of the rule on business.

CONTACT: Peggy Lightfoot
971-673-0638
peggy.lightfoot@state.or.us

17938 SW Upper Boones Ferry Road
Portland, OR 97224

Filed By: Peggy Lightfoot
Rules Coordinator

HEARING(S)
Auxiliary aids for persons with disabilities are available upon advance request. Notify the contact listed above.

DATE: 09/08/2020
TIME: 6:30 PM
OFFICER: Kathleen (Kat) Chinn, Board President
ADDRESS: Oregon State Board of Nursing
17938 SW Upper Boones Ferry Road
Portland, OR 97224

SPECIAL INSTRUCTIONS: Due to the COVID-19 pandemic and gathering restrictions, it is possible that the administrative rule hearing will be held utilizing electronic media only. Please check the OSBN website (www.oregon.gov/OSBN) prior to the hearing date to determine if the hearing has changed to electronic media, and how to obtain access.

NEED FOR THE RULE(S):
OAR 851-021 was reviewed in its entirety, since it had not been reviewed since 2010. Many changes in nursing education, such as simulation, have become standard in the past decade and stakeholders had requested clarity on simulation rules. In addition, during site surveys, confusion and uncertainty about the actual requirements of some of the standards was evident. This was due to broad language that often invited various interpretations. Clarity around the intent of the standards was necessary.
FISCAL AND ECONOMIC IMPACT:
There will be a small economic impact to nursing programs. Revisions to OAR 851-021 will require that any program using simulation must have a faculty member designated as simulation coordinator of the simulation activities. This faculty member must be nationally certified as a simulation specialist “within one year of employment if hired after January 1, 2024, or within three years of employment if hired before that time.” Revised OAR 851-021-0050 Standards for Approval: Curriculum (5)(b)(c).

COST OF COMPLIANCE:
(1) Identify any state agencies, units of local government, and members of the public likely to be economically affected by the rule(s). (2) Effect on Small Businesses: (a) Estimate the number and type of small businesses subject to the rule(s); (b) Describe the expected reporting, recordkeeping and administrative activities and cost required to comply with the rule(s); (c) Estimate the cost of professional services, equipment supplies, labor and increased administration required to comply with the rule(s).
Cost of certification through one of the companies that offer certification in simulation, is $395.00

DESCRIBE HOW SMALL BUSINESSES WERE INVOLVED IN THE DEVELOPMENT OF THESE RULE(S):
One of the representatives on the Advisory Committee for Education Standards (ACES), the rule advisory committee, is an RN and manager of the Immigrant Nurse Credentialing (INC) Program Immigrant and Refugee Community Organization (IRCO), a small business that supports immigrant nurses in obtaining nursing experience and licensing in Oregon.

WAS AN ADMINISTRATIVE RULE ADVISORY COMMITTEE CONSULTED? YES

RULES PROPOSED:

AMEND: 851-021-0010

CHANGES TO RULE:
851-021-0010
Approval of Nursing Education Programs

(1) Step 1 - Letter of Intent and Preliminary Application
(a) An institution or consortium of accredited institutions wishing to establish a new program in nursing shall submit a letter of intent and preliminary application to develop.
(a) At least one year in advance of the anticipated opening date, an institution or a program that is part of a multi-
state corporate structure wishing to establish a new program in nursing must give written notification of intent to
establish a new nursing education program to the Board representative, chief nurse executives of planned clinical
sites, and to nursing program administrators of all existing OSBN-approved programs. ¶
(b) The letter of intent must include information about size and type of program proposed, projected start date,
student enrollment and planned clinical sites. ¶
(c) The nurse administrators and chief nurse executives, duly notified, have the option of responding. Such
response must be sent to the appropriate Board representative within 30 days from the date on the letter of
intent, and must address potential adverse impacts to other program to the Board in advance of anticipated
opening date. ¶
(d) The Board representative must retain the letters of response and send a copy of the letters to the applicant
within 45 days of the date on the applicant’s letter of intent. Such letters must be included in the applicant’s
preliminary application when submitted. ¶
(2) Step 2 - Preliminary Application ¶
(a) After receiving the letters of intent and response from the Board representative, the applicant may make
application for Preliminary approval. ¶
(b) The preliminary application shall address at least the following information: ¶
(A) Purpose, size, and type of program proposed; ¶
(B) Studies documenting the statewide need for graduates of the program. The study should also specifically
address the need for the program in relation to the nursing needs of the geographical area to be served; ¶
(C) An analysis of potential impact on other nursing programs in the state including: ¶
(i) An analysis of current usage of potential clinical sites in area(s) proposed for student placements including
impact on other programs placing students in clinical sites; and ¶
(ii) Projected number of faculty positions and availability of qualified faculty in the area(s) proposed for clinical
placements; ¶
(D) Evidence of administrative and financial support for development of a; and ¶
(iii) Letters of response from Oregon-approved nursing programs addressing specific concerns regarding adverse
impact on current programs; ¶
(D) Evidence of interactions with the Nurse Administrators of currently approved nursing programs in area of
planned clinical placements to discuss the impact on those nursing programs; ¶
(E) Anticipated student enrollment and proposed date of enrol availability of adequate practice sites for the
program with supporting documentation from persons assigned to coordinate clinical placements for each facility
showing facility size, average client numbers, number of other programs hosted, and potential available placement
spaces; ¶
(F) For consortium applicants, any charters, contracts and other documents that show: Plans for informing
potential students of expected transportation and distance requirements for clinical experiences; ¶
(G) Evidence of administrative and financial support for development of a nursing program; ¶
(H) Relationships among member institutions; Evidence of the appointment of a qualified Nurse Administrator; ¶
(ii) Member institutions’ commitment to the consortium and the proposed nursing program; and ¶
(iii) Mechanisms within the consortium for attainment and maintenance of Board standards for nursing education
programs; and ¶
(I) Anticipated student enrollment and proposed date of enrollment; ¶
(J) A program that is part of a multi-state corporate structure must address the current number of new programs
in an approval process in other states, the program outcomes for nursing programs in other states inclusive of
licensing examination pass rates, student retention rates, employment rates, the current faculty vacancy rate; and ¶
(i) Provide any contracts, charters, or documents that reflect the relationship of the Oregon program to the
corporate structure; and
(ii) Evidence of local control of faculty hiring, budget, and curriculum
(K) The Board representative must summarize the content of the letters of response and bring that summary to
the Board;
(GL) The applicant shall respond to any Board requests for additional information;
(HM) The Board, after timely review and consideration of the information contained in the letter of intent and any
supplementary information, shall either grant or deny permission to begin development of a nursing
program, including rationale for the decision;
(IN) The Board shall provide notice to the nurse administrator and academic administrator of all Oregon-approved
nursing education programs within 30 days of Board decision regarding approval to develop a nursing program;
(J) If permission is granted:
(i) The applicant may begin preparing the Application for Developmental Approval as established in OAR 851-021-0010(3); and,
(ii) The Board representative must provide notice to the nurse administrator and academic administrator of an
all Oregon-approved nursing education program shall have 30 days from notification of new program
development to respond to the Board addressing potential adverse impact to their program within 30 days of Board
decision regarding approval to develop a nursing program;
(KO) If the applicant is denied permission to begin development of a nursing program:
(i) The applicant may submit a revised letter of intent and preliminary application no sooner than six months from
the previous submission;
(L) If the applicant is denied permission to begin development of a nursing program, a hearing before the
Board may be requested and the provisions of the Administrative Procedures Act shall apply; and,
(MIII) If the applicant does not submit a complete developmental approval application within twelve months after
the date of the Board granting permission to proceed, the permission to begin program development shall expire.
(23) Step 3 - Application for Developmental Approval:
(a) An institution or consortium of accredited institutions program that has received approval of their letter of
intent to develop a nursing program may make application for developmental approval.
(b) The developmental approval application shall include at least the following information:
(A) Evidence of accreditation of the institution, or of all member institutions in a multi-state consortium,
corporate structure by an appropriate regional or national accrediting association or agency;
(iii) Approval as a degree-granting institution of higher education in Oregon; and,
(ii) Accreditation by a regional association or national agency recognized by the Council on Higher Education
Accreditation (CHEA);
(B) Letters of response from Oregon-approved United States Department of Education (USDE);
(B) Evidence of the appointment of a qualified nurse administrator and sufficient administrative support for
program development:
(C) Evidence of the appointment of a qualified nurse administrator and sufficient administrative support for
program development as specified in OAR 851-021-0045;
(C) Evidence that the parent institution or controlling body agrees to center the administrative control of the
nursing program in the nursing program administrator and shall continue to provide the support and resources
necessary to maintain the standards for approval as specified in OAR 851-021-0045;
(D) Administration and organizational plan delineating lines of authority and decision making impacting the
nursing program;
(E) Description of proposed instructional modalities and resources to support these modalities with dates of
availability;
(F) Availability of adequate practice sites for the program with supporting documentation from persons assigned
to coordinate clinical placements for each facility;
(G) Availability of adequate educational facilities, services, and resources for, and clinical placement sites for the entire length of the program;

(H) Evidence of financial resources adequate for planning, implementation and continuation of the program, including proposed operating costs;

(I) Tentative timetable for planning the program;

(J) Tentative start date for the program; and

(K) Current institution catalog(s).

c) The applicant shall inclusive of all published information provided to students on accreditations and approvals;

(L) Signed agreement(s) for the articulation of program graduates into the next level of nursing education. The agreement(s) must be with an Oregon-based program or an on-line program that meets criteria for Oregon RN licensure and does not require residency of any length outside of Oregon. Such articulation agreement must define specific accepted credits for progression in the RN program.

i) Programs leading to a certificate or degree in practical nursing must have an agreement that prepares candidates for licensure as a registered nurse; and,

ii) Programs leading to an associate degree in nursing must have an agreement with program leading to a baccalaureate or higher degree in nursing.

c) The applicant must respond to the Board’s request(s) for additional information.

d) If the Board, after timely review and consideration of the information contained in the application and any supplementary information, including response statements from other programs, shall either approves or denies the application and notify the applicant, including, the applicant must be notified in writing by the Board representative within 20 business days of the Board’s decision with rationale for the decision.

e) If developmental approval is denied:

(A) The program may submit a revised developmental application no sooner than six months from the previous submission.

(B) If developmental approval is denied, the applicant may request a hearing before the Board and the provisions of the Administrative Procedures Act apply; and,

(C) If the applicant does not submit an application for initial approval within twelve months after the date designated for initiating the program in the approved plan, the developmental approval must expire.

(3) Step 4 - Initial Approval:

(a) Initial approval status may be applied for when documented evidence that the following conditions have been met:

(A) Application as described in OAR 851-021-0010(2) has received Board approval;

(B) Evidence of approval for the new program has been obtained from the appropriate agencies or bodies that review and approve new programs for public and private educational institutions:

(i) An institution shall provide one copy of the report that was submitted to each agency and a copy of the letter(s) indicating that approval for the program have been granted;

(ii) A consortium program that is part of a multi-state corporate structure must provide documentation that each member institution has approved the program, as well as documentation of agency approval as above; and,

(iii) An institution licensed by the Oregon Department of Education, Private Career Schools section shall provide documentation of current licensure;

(C) There is a timetable for onboarding faculty allows adequate time for faculty to assist with curriculum development;

(D) Evidence that a sufficient number of qualified nurse educators, other required educators and administrative support services to initiate the program are in place a minimum of six months prior to the beginning of the courses;

(E) A written proposed program plan, including curriculum developed in accordance with the Standards for Approval, on of budgeted funds to cover faculty salaries;

(F) Evidence that the following have been submitted to the appropriate Board representative a minimum of three
(3) months prior to the offering of the first course to nursing students;

(E) There is evidence of initiation of the program:

(i) A tentative written proposed program plan, including curriculum developed in accordance with the Standards for Approval;

(ii) Readiness for admission of students in educational and clinical facilities including clinical placement sites for the maximum number of students enrolled at one time a minimum of three months prior to the offering of the first course to nursing students;

(F) Policies for admission and progression are in place a minimum of three months prior to the offering of the first course to nursing students;

(G) There is a:

(iii) Policies for admission and progression;

(iv) A comprehensive plan for evaluation of the nursing program that addresses key outcomes a minimum of three months prior to the offering of the first course to nursing students and links courses as a unified whole;

(H) There is a Board-approved, signed agreement(s) for the articulation of program graduates into the next level of nursing education a minimum of three months prior to the offering of the first course to nursing students:

(i) Programs leading to a certificate or degree in practical nursing shall have an agreement with an Oregon-approved program preparing candidates for licensure as a registered nurse; and

(ii) Programs leading to an associate degree in nursing shall have an agreement with an Oregon-approved program leading to a baccalaureate or higher degree in nursing established in OAR 851-021-0010 (3)(b)(L)

(b) Following Board receipt and review of the information required in OAR 851-021-0010(3)(a), the Board may grant or deny initial approval;

(c) If initial approval is granted, a site visit may be conducted by a representative(s) of the Board;

(d) Initial approval must be received by a program prior to publication of the program and recruitment or acceptance of students for admission to the first class of nursing students;

(e) A new program may admit only one class of students per year until the entire curriculum has been taught and a full survey visit has been completed;

(f) If initial approval is denied, the applicant may request a hearing before the Board and the provisions of the Administrative Procedures Act shall apply;

(g) Interim visits and/or progress reports may be requested by the Board at any time during the initial approval phase and/or following initial approval as deemed necessary by the Board; and

(h) If the institution or consortium does not admit a class within twelve months after the date designated for initiating the program, the initial approval shall expire.

(45) Step 5 - Final Approval:

(a) Eligibility for final approval occurs after the graduation of the first class of students;

(b) Within six months following graduation of the first class, the program shall submit a self-study report addressing compliance with the Standards for Approval (OAR 851-021-0040 through 851-021-0070) and a survey visit shall be made for consideration of approval of the program;

(c) The decision of the Board to grant or deny approval shall be based upon review of a self-study report submitted by the program addressing compliance with Board standards, of the success rate of graduates on the national licensure examination, and of a survey report by a representative(s) of the Board; and

(d) If approval is denied, the applicant may request a hearing before the Board and the provisions of the Administrative Procedures Act shall apply.

Statutory/Other Authority: ORS 678.15360, ORS 678.34150, ORS 678.3640
Statutes/Other Implemented: ORS 678.150, ORS 678.360
RULE SUMMARY: Division 21 was reviewed in its entirety, since it had not been reviewed since 2010. The chapter was revised for clarity. Substantive change in this chapter: added statement that knowingly providing false or misleading statements to Board representative may require a visit by Board representative; and added reference to the use of a rubric for site survey evaluations.

CHANGES TO RULE:

851-021-0015
Periodic Evaluation of Nursing Education Programs¶

(1) Procedures for Periodic Evaluation:¶
(a) All nursing education programs shall be required to demonstrate continuing compliance with the Standards for Approval at least every eight years for continued approval; except that continued approval may be granted for up to ten years when the program has received national accreditation for ten years. A nursing program may be the recipient of a site survey for any one of the following three reasons:¶
(1) Nursing Program Survey Request: The nursing program may request a survey or site visit at any time. Such request must be in writing and include the purpose(s) for the visit;¶
(b2) The Board shall require a survey visit for consideration of continued approval, an
Periodic Evaluations related to possible non-compliance with standards: The Board may require survey visits or interim progress reports at any time. The following situations may be cause for a survey visit to determine if the minimum standards for nursing programs are being met. These situations may include, but are not limited to the following:¶
(Aa) Reports relating to violations of OAR 851-021-0040 through 851-021-0070;¶
(Bb) Denial, withdrawal or change of program or institution accreditation status by an accrediting agency recognized by the U. S. Department of Education;¶
(Cc) Knowingly providing false or misleading information to Board representative, students or the public concerning the nursing program;¶
(Dd) Violation of Board rules;¶
(Ee) Inability to secure or retain a qualified director or faculty, resulting in substandard supervision and instruction of students; or¶
(Ff) Failure to achieve NCLEX pass rate standards: per OAR 851-021-0018; and,¶
(ii) A first attempt pass rate of 70% or higher over two consecutive one year periods, or¶
(iii) A two-year pass Evidence of non-compliance with remediation plan by programs with deficiencies or violations.¶
(3) Survey Visits to Determine Continued Approval:¶
(a) All nursing education programs without national nursing accreditation are required to demonstrate continuing compliance with the Standards for Approval at least every eight years for continued approval.¶
(b) Programs that have received national accreditation may be surveyed in conjunction with the national nursing accreditation body survey visits. The Board representative must write a separate survey report. Continued approval may be granted of 85% or higher over three consecutive years when the program has received national accreditation for ten years.¶
(c) The nursing program may request a survey or site visit. Such request shall be in writing and include the purpose(s) for the visit; such visit must be made by a representative(s) of the Board on dates mutually acceptable to the Board representative and the program.
(d) A program shall submit a narrative self-evaluation report(s) that provides evidence of compliance with the Standards for Approval at least one month prior to the scheduled survey visit;¶
(A) The self-evaluation report prepared for the national nursing education accreditation body may be substituted in lieu of the Board’s survey report if a national accreditation survey is scheduled for that year; and,¶
(B) If the national self-evaluation report is submitted in lieu of the Board’s survey report, the program shall
submit an addendum to the self-evaluation report that addresses the Standards for Approval and that provides a guideline as to where the Standards are discussed in the self-evaluation report.

(e) The survey visit shall be made by a representative(s) of the Board on dates mutually acceptable to the Board and the program. A Board survey visit may be conducted in conjunction with the national nursing accreditation body survey visit. The Board representative shall write a separate survey report; program may be asked to participate in scheduling survey visit activities.

(f) During the survey visit the Board representative may review and analyze various sources of information regarding program performance, including, but not limited to:

(A) Periodic Board of Nursing survey visits, as necessary;
(B) Results of ongoing program evaluation; and,
(C) Other sources of evidence regarding achievement of program outcomes including, but not limited to:
   (i) Student retention, attrition, and on-time program completion rates;
   (ii) Sufficient and adequate type and number of faculty, faculty competence and faculty retention and turnover;
   (iii) Number and percentage of faculty with approval by exception;
   (iv) Adequate laboratory and clinical learning experiences;
   (v) NCLEX pass rates per OAR 851-021-0018;
   (vi) Trend data and action planning related to NCLEX performance;
   (vii) Trend data and action planning related to employer and graduate satisfaction;
   (viii) Performance improvement initiatives related to program outcome; and,
   (ix) Program complaints and grievance review and resolution.

(g) Nursing programs shall be evaluated by use of a rubric to guide in the timing of the next site survey. Board representative retains authority to suggest the number of years granted for approval regardless of score.

(h) Each standard is evaluated as "met", "partially met" or "not met." The surveyors' comments are included for most standards and in every case when a standard was partially met or not met.

(A) Standards partially met are deemed sufficiently met to merit the recommendation for approval.
(B) "Recommendations" in the summary of the report are intended as advisory to the nursing program and college. "Advisory" means that the recommendations, or alternative means to meet the same standard, are intended to be corrected and implemented before the next survey, but do not require a formal report to the Board.
(C) Any failure to address previously-identified survey recommendations may result in a deficiency.
(D) If the Board determines that a deficiency exists, notice will be given in writing to the controlling body, specifying the deficiency(ies) and prescribing the timeframe within which the deficiency(ies) must be corrected.
(E) Any violation of standards or failure to address previously-identified survey deficiencies in the time prescribed by the Board may result in closure as established in OAR 851-021-0020.

(f) The program shall be asked to participate in scheduling survey visit activities; Continuing approval will be granted upon the Board's verification that the program is in compliance with the Board's nursing education administrative rules and has the continued support of the parent institution or governing body to maintain compliance as specified in OAR 851-021-0045.

(i) The surveyor may share initial recommendations, deficiencies, and violations with the program at the end of the site survey, with the understanding that all are in draft format until final modification or approval by the Board.

(k) A draft of the survey visit report shall be made available to the program for review and corrections in factual data; before review by the Board.

(l) The administrator of the program and/or designee(s) shall be invited to be present during the presentation of the survey report to the Board.

(m) Following the Board's review and decision, written notification regarding approval of the program, commendations, recommendations or notice of deficiencies with a specified time frame within which the deficiencies must be corrected, shall or violations that must be corrected within a specified time frame must be sent to the administrator of the institution and Board representative to the administrator of the nursing
(2n) An approved nursing program that becomes accredited by a national nursing accreditation body between OSBN survey visits, may have the next scheduled survey visit adjusted to provide for a review schedule not to exceed a ten year time period the next review to align with the accreditation review cycle.

Statutory/Other Authority: ORS 678.340, ORS 678.360
Statutes/Other Implemented: ORS 678.360
ADOPT: 851-021-0018

RULE SUMMARY: New NCLEX standards and relocation from OAR 851-021-0025.

CHANGES TO RULE:

851-021-0018

NCLEX Standards

(1) All NCLEX pass rates are rounded up or down to the nearest percentage. ¶
(2) First time and total pass rates are calculated annually in January on the basis of a program's pass rate over a 12-month period from January 1 through December 31 of the previous calendar year in the following manner: ¶
   (a) The Board representative will obtain information from the NCSBN website about pass rates for first-time and repeat test-takers and send the information to the nursing programs in January. ¶
   (b) First-time pass rates are calculated by the NCSBN. ¶
   (c) The total pass rate is calculated by the nursing program and reported to the Board representative in the required annual report. ¶
(3) A program must maintain the following: ¶
   (a) At least a 75% first-time pass rate or higher for 2 consecutive 12-month periods as described above; and, ¶
   (b) A 90% total pass rate or higher of all test-takers that includes first-attempt and repeaters for the most recent 12 months as described above.

Statutory/Other Authority: ORS 678.150
Statutes/Other Implemented:
AMEND: 851-021-0020

RULE SUMMARY: Added that a nursing program providing false, misleading or deceptive statements or documentation to the Board may be cause for program approval to be withdrawn.

CHANGE TO RULE:

851-021-0020
Denial or Withdrawal of Approval ¶

(1) If, in the opinion of the Board, the standards established for approval of new or existing nursing education programs are not being met, notice thereof shall must be given in writing to the controlling body, nursing program and to the parent program, specifying the deficiency(ies) and prescribing the time within which the deficiency(ies) must be corrected.¶

(2) Approval may be withdrawn if a program fails to correct the deficiency(ies) or achieve specified NCLEX pass rate standards within the time specified after a hearing in which such facts are established.¶

(3) Approval may be withdrawn if a nursing program, the parent institution, or governing body knowingly makes any false, misleading, or deceptive statements, or submits or causes to be submitted any false, misleading or deceptive information or documentation to the board or any representative of the board.

Statutory/Other Authority: ORS 678.340, ORS 678.360
Statutes/Other Implemented: ORS 678.360
RULE SUMMARY: Added the word “Approvals” to the title, defined “Major curriculum change,” moved plans for increase or decrease in student enrollment from “reports” to “approvals” within the same chapter, and added requirement for a report to the Board at 1 year after increase in student enrollment. Also, removed NCLEX standards from this chapter and created new chapter of its own, OAR 851-021-0018. Added rule requiring evidence of compliance with specific criteria related to simulation and NCLEX scores and Board approval before a program may initiate simulation as a substitute for direct patient care. Also, added a rule requiring a report to the Board at least 90 days prior to increasing the number of clock hours in simulation to replace direct patient care, once initial approval has been granted.

CHANGES TO RULE:

851-021-0025
Reports and Approvals ¶
(1) Program Changes Requiring Notification Reports to the Board ¶
(1) The program shall notify the Board representative in writing within 30 days of development of the following circumstances: ¶
(a) Change in the nurse administrator of the program; ¶
(b) A significant increase or decrease in planned enrollment that may affect the overall faculty-student ratio or the capacity of institutional facilities or regional practice sites; must be accompanied by a request for approval of interim or replacement Nurse Administrator as established in OAR 851-021-0025(5)(g); ¶
(b) Plans to move the entire program to a new location within the current geographic service area; ¶
(A) The program must notify the Board representative in writing of the following: ¶
(i) Address of the new location; ¶
(ii) Rationale for moving the nursing program; ¶
(iii) Anticipated date of completed move; and ¶
(iv) Anticipated impact on students and faculty. ¶
(B) The Board representative may complete a site survey at a mutually-agreed-upon time to confirm compliance with OAR 851-021-0065 (1) and (2)(d). ¶
(c) Major changes in availability of adequate practice clinical sites for the program that results in reduction in student enrollment or faculty positions; ¶
(d) Change in accreditation status of the nursing program or the controlling body; and ¶
(e) Major reductions in the financial support for the program; ¶
(f) Appointment of new faculty members. ¶
(2) Program Changes Requiring Board of Nursing Approval ¶
(2) NCLEX first attempt pass rate standards and reports. In the event the program fails to maintain any one, or all of the NCLEX standards established in OAR 851-021-0018, a program must present to the Board representative a written plan, in conformance with Board policy, to evaluate, improve, and monitor graduate performance on the licensing examination, for presentation to the Board. ¶
(3) Programs that have received initial approval for the use of simulation in clinicals as established in subsection (4)(b), and seek to increase those hours and percentages must present written notification to the board representative. This report must: ¶
(a) Be given at least 90 days prior to making the change; ¶
(b) Provide evidence of initial approval for simulation use as established in subsection (4)(b); ¶
(c) Include percentage and clock hours of clinicals currently allocated to simulation and direct patient care and planned percentage and clock hour increases; ¶
(d) Demonstrate evidence of meeting simulation standards as established in OAR 851-021-0050(5); and ¶
(e) Demonstrate evidence of meeting NCLEX pass rate standards as established in OAR 851-021-0018.
Program Changes Requiring Board of Nursing Approval:

(4) All of the following proposed program changes must be submitted to the Board representative for inclusion in the Board agenda as indicated:

(a) Change of Administrative Control:

(A) When control of an educational program is transferred from one institution to another, a report must be submitted to the Board representative by the receiving institution containing the following information:

(i) Rationale for change;

(ii) Anticipated effects on students, faculty and resources;

(iii) Administrative and organizational plans, including a sound operational budget;

(iv) Plans for the orderly transition of the program; and,

(v) Application for new program as delineated in OAR 851-021-0010, unless this requirement is waived by the Board of Nursing.

(B) The institution relinquishing the program shall notify the Board of Nursing in writing of the intent to transfer the program, and must submit to the Board the information requested of programs undergoing voluntary termination (OAR 851-021-0035(1)).

(b) Before the initial use of simulation experiences to replace portions of direct patient care for clinicals, all programs must:

(A) Request approval for a major curriculum change as established in subsection 4(c)(B)(iv) at least six months prior to making the change;

(B) Demonstrate evidence of program readiness to comply with simulation rules as established in OAR 851-021-0050(5);

(C) Demonstrate evidence of meeting NCLEX pass rate standards as established in OAR 951-021-0018; and,

(D) Include planned percentage and clock hours of clinicals allocated to both simulation and direct patient care.

(c) Major Curriculum Change:

(A) When a nursing education program anticipates a major curriculum change in courses required for the nursing program, such change shall be submitted to the Board representative for approval at least three months prior to implementation.

(B) A major curriculum change means:

(i) A revision of the length of the program;

(ii) A revision of the objectives of the program;

(iii) Any revision of the curriculum of a program that affects the ability of the program to comply with the requirements of the curriculum as established in OAR 851-021-0050; and

(iv) A revision of the type or amount of clinical experience approved for the program such as replacing a portion of clinicals with simulation.

(C) A change in the order in which courses must be taken is not considered a major curriculum change.

(D) The following materials shall be submitted with the request for curriculum changes:

(i) Rationale for proposed changes including the anticipated effect on faculty, students, resources and facilities;

(ii) Presentation of the differences between the current curriculum and the proposed curriculum;

(iii) A timetable for implementation of change; and

(iv) Methods of evaluation that will be used to determine the effects of the change.

(e) Exceptions to qualified faculty members under OAR 851-021-0045(8);

(d) Addition of an extended campus site or distance nursing education option:

(A) The program shall submit a letter of intention to expand offerings to an extended campus site, or moving the program to a new location outside of the current geographic service area;

(A) The program must submit to the board representative a letter of intent to make changes as indicated above, at least six months prior to the planned implementation;

(B) The letter of intent shall include at least the following information:
(i) Plan for qualified faculty for the program at the extended site or with addition of distance education technology;

(ii) Description of available and proposed education facilities and delivery modalities, services and resources with dates of availability;

(iii) Availability of adequate practice sites and provisions for faculty supervision of clinical experiences;

(iv) Plans for informing potential students of expected transportation and distance requirements for clinical experiences; and,

(v) Tentative time schedule for planning, initiating, and evaluating the program.

(C) The Board may deem the addition of an extended campus site or distance nursing education option as the equivalent of a new program, and require application under OAR 851-021-0010. Notice to the applicant shall include the rationale for the Board decision.

(e) Proposed demonstration project(s) that significantly alter the approved curriculum, model of clinical practices or faculty-to-student ratio.

(A) The program shall submit a letter of intention to implement such a project at least three six months prior to the planned implementation.

(B) The letter of intention shall include at least the following information:

(i) Description of the proposed project, including purpose;

(ii) Description of mechanisms and procedures for student safety and learning effectiveness;

(iii) Plan for evaluation of the project and reporting findings back to the Board; and,

(iv) Tentative time schedule for planning, initiating, and evaluating the program.

(3f) NCLEX first attempt pass rate standards and reports.

(a) The pass rate will be calculated annually on the basis of a Plans for an increase or decrease in student enrollment that may affect the overall faculty-student ratio or the capacity of institutional facilities or regional practice sites. The plan must be submitted to the Board representative for approval at least six months prior to the beginning of the student enrollment change in a report containing the following:

(A) Rationale for increase or decrease;

(B) A program shall present a written plan, in conformance with Board policy, to evaluate and improve graduate performance on the licensing examination in the event that the program fails to maintain an average and communities within the geographic service area including:

(i) Projected number of faculty positions and availability of qualified faculty in the area(s) proposed for clinical placements;

(ii) An analysis of the available clinical sites for the program, including the types of placement organizations expected to provide for the increase in student enrollment showing facility size, average client numbers, number of other programs hosted, and potential available placements;

(iii) Plans for informing potential students of expected transportation and distance requirements for clinical experiences; and,

(iv) Evidence of meeting with the Nurse Administrator of currently approved nursing programs within the geographic service area of planned clinical placements to discuss the impact of an enrollment increase;

(C) Anticipated effects on students, faculty and clinical resources; and,

(D) Administrative and organizational plans, including an operational budget to support increased enrollment.

(E) Within one year following the start of the planned change in student enrollment, the program must submit a report to the Board, addressing the following:

(i) Impact on clinical sites;

(ii) Impact on clinical faculty;

(iii) Student attrition rate of;

(A) An 85% pass rate or higher over a two year period, or;

(B) A 70% pass rate or higher over a one year period.
(4) Annual Reports:

(iv) Evidence of compliance with proposed plan, or rationales for non-compliance or change in plan.

(g) The following faculty appointments require an official approval letter by the Board representative before the applicant assumes the program assignment:

(A) Nurse Administrator;

(B) Interim Nurse Administrator during vacancy of the position to confirm compliance with qualifications in OAR 851-021-0045(7)(a)(8)(a), or exception as indicated; and,

(C) Statistical data and qualitative program information shall be required to be submitted to the Board annually on a form supplied by the Board. Exceptions to the appointment of qualified faculty members under OAR 851-021-0045(7);

(D) Non-nurse faculty as established in OAR 851-021-0045(5)(b).

(5) Annual Reports:

(a) Program information must be submitted to the Board annually on a form supplied by the Board, using submission instructions provided by the Board representative or designee; and,

(b) The annual report shall include information to enable monitoring of continued compliance with the Board’s rules. Required reports may include data for aggregate and trend analysis.

(6) General Guidelines for Reports:

(a) The Board shall review reports submitted reports and letters of intent for approval, or continued approval of nursing education programs or proposals for major curriculum change only at times when the Board is in formal session;

(b) A copy of the report(s) shall be in the Board Office during posted public meeting dates; and,

(b) Materials to be reviewed at public Board meetings as described above, must be in the Board Office and accessible to the Board representative or designee by the posted filing date for interested parties, which is generally at least six weeks prior to the Board meeting.

Statutory/Other Authority: ORS 678.150
Statutes/Other Implemented: ORS 678.150
RULE SUMMARY: Deleted requirement of accreditation by CHEA and changed it to USDE. Addition of the requirement of mentoring and adjustments in teaching load for new faculty and their mentors.

CHANGES TO RULE:

851-021-0040
Standards for Approval: Organization and Administration

(1) The controlling body shall have an institution that must be accredited by an appropriate regional or national accrediting association or agency and meet all current standards of the accreditor.
(a) Institutions offering registered nurse programs shall have a degree-granting institution of higher education in Oregon; and, ¶
(b) Must be accredited by a regional association or national agency recognized by the Council on Higher Education Accreditation (CHEA).
(2) There shall be a description or organizational chart that clearly illustrates communication and decision making.
(2) The mission, goals, and expected program outcomes must be consistent with relevant processes within the nursing program, and accountability and communicational nursing standards and guidelines for the preparation of the nursing program to the controlling body.
(3) There shall be adequate professionals.
(3) There must be evidence of adequate human, physical, and financial support resources for the development, implementation, stability and continuation of the program, including required prerequisite and support courses if applicable.
(4) The authority and responsibility for the direction of the program shall center the administrative control of the nursing program in the nursing program administrator and providing the support and resources necessary to maintain the standards for approval as specified in subsection (5) below.
(a) During periods when the program shall be temporarily unfilled, an interim nurse administrator must be designated as a qualified nurse administrator as specified within 15 days to maintain ongoing nursing leadership.
(b) The interim designee shall serve in that role during the interim after approval by the Board representative as established in OAR 851-021-0025(f).
(c) An appointment by exception may be requested if necessary as established in OAR 851-021-0045.
(5) The nurse administrator shall have institutional authority and administrative responsibility for the program, including:
(a) Leadership within the faculty for the development, implementation, and evaluation of the program, including curriculum and instructional delivery;
(b) Creation and maintenance of an environment conducive to teaching and learning, including coordination and support of faculty assignments;
(c) Liaison with executive administrators and administrative and student service units of the institution;
(d) Participation in institutional policy and program decisions that affect teaching and learning within the nursing program;
(e) Participation in preparation of the budget;
(f) Administration of the budget;
(g) Facilitation of faculty and faculty member professional development;
(h) Participation in faculty member performance reviews and policies;
(i) Recommendation for faculty member appointment, promotion, tenure and retention; and, ¶
(j) Liaison with the Board related to the program’s continuing compliance with the required elements of these rules.
(6) The nurse administrator shall have a description or organizational chart available to faculty and staff that
clearly illustrates communication and decision making processes within the nursing program, and accountability and communication of the nursing program to the college administrative executives.¶

(7) The Nurse Administrator must have sufficient time provided for carrying out administrative responsibilities. Instructional responsibilities and responsibilities for administration of other programs shall must be consistent with the scope of the administrative responsibility for the nursing program.¶

(78) Nursing education program policies and procedures shall be in written form, congruent with those of the institution, and shall be reviewed periodically. The Nurse Administrator must provide evidence of a written plan to orient and provide mentoring for new nursing faculty, including demonstrable evidence of adjustment in workload for new faculty and mentor to allow adequate time for successful onboarding.¶

(8) Nursing education program policies and procedures shall be in written form, congruent with those of the institution, and shall be reviewed periodically. The Nurse Administrator must provide evidence of a written plan to orient and provide mentoring for new nursing faculty, including demonstrable evidence of adjustment in workload for new faculty and mentor to allow adequate time for successful onboarding.¶

(9) Faculty and students must participate in program evaluation.¶

(10) Student complaints and grievances must be defined, reviewed, and processed in accordance with established policies.¶

(11) The policies of the parent institution and the nursing education program must be congruent, fair and equitable, current, published and accessible to the public. The following must be accessible to all applicants and students:¶

(a) Admission policies and practices;¶

(b) Policy on advanced placement, articulation agreements, and transfer of credits;¶

(c) The number of credits required for completion of the program;¶

(d) Tuition, fees, and other program costs;¶

(e) Policies and procedures for withdrawal, including refund of tuition or fees;¶

(f) The grievance and complaint procedures;¶

(g) Specific policies regarding client and student safety in clinical practice such as error reporting, and frequency of faculty visitation in final practicum and community health clinical experiences;¶

(h) Policies related to student assessment including grading, appeal process, submission and grading of written work; and,¶

(i) Criteria for successful progression in the program, including graduation requirements.

Statutory/Other Authority: ORS 678.150, ORS 678.340
Statutes/Other Implemented: ORS 678.150, ORS 678.360
RULE SUMMARY: Clarified requirements for non-nurse educators in programs without a parent institution, changed requirement of faculty appointment form for "all" faculty to require faculty appointment form just for faculty needing exceptions. Also, separated faculty to student ratios by clinical experience site instead of all together, for clarity.

CHANGES TO RULE:

851-021-0045
Standards for Approval: Nursing Faculty

1. The Nursing program faculty shall include a sufficient number of qualified Nurse Educators and Nurse Educator Associates to meet the identified learning outcomes of the nursing education program.

2. The Nurse Administrator and each nurse faculty member shall hold a current, unencumbered license to practice as a registered nurse in Oregon and be academically and experientially qualified for the position to which she/he is appointed.

3. Faculty teaching in clinical settings shall also hold a registered nurse license to practice and meet requirements in the state in which the clinical experience is occurring.

4. Each non-nurse faculty member shall be academically and experientially qualified for his/her responsibilities.

5. The nurse administrator and each faculty member shall demonstrate professional competence and continued development in nursing, nursing education, and assigned teaching responsibilities.

   a. The nurse administrator and each faculty member shall periodically review assigned teaching responsibilities, evaluating and revising professional development plans as indicated; and

   b. The institution and nurse administrator shall support faculty in developing and maintaining competence in assigned teaching responsibilities, maintain current knowledge of nursing practice for the registered nurse and the licensed practical nurse, and be academically and experientially qualified for the level of appointment.

6. Qualifications for practical nurse programs:

   a. The Nurse Administrator shall:

      A. Hold at least a master’s degree in nursing with documentation of preparation and/or experience in curriculum and teaching; and

      B. Have at least four years of full-time nursing experience or the equivalent, of which two years shall have been in a teaching patient care, and two years must have been as a Nurse Educator or administrative position in a nursing education program.

   b. Each Nurse Educator shall:

      A. Hold at least a baccalaureate degree in nursing; and

      B. Have at least three years of full-time patient care nursing experience.

   c. Each Nurse Educator Associate shall:

      A. Hold at least a baccalaureate degree in nursing; and

      B. Have at least two years of nursing experience.

   d. Each clinical lab teaching assistant shall:

      A. Hold a degree or certificate that is, at a minimum, equivalent to that for which students are being prepared; and

      B. Have at least two years of full-time patient care nursing experience.

   e. If the institutional program in practical nursing is embedded within a program in registered nursing, all faculty member appointments shall meet the qualifications required for registered nurse programs.

7. Qualifications for registered nurse programs:

   a. The Nurse Administrator shall:

      A. Hold at least a master’s degree in nursing with documentation of preparation and/or experience in curriculum and teaching in a nursing program. In addition, for baccalaureate degree nursing programs, the Nurse Administrator shall hold an earned doctorate degree; and

      B. Have at least five years of full-time nursing experience, of which At least two of these must have been in
patient care nursing and at least three of those years shall have been in a nurse educator or administrative position in a PN or RN nursing education program.

(b) Each nurse educator shall:

(A) Hold at least a master's degree in nursing or a baccalaureate degree in nursing, and master's in a related field with a post-master's certificate in nursing from a program that is at least two semesters or three quarters in length;

(B) Have at least three years of full-time nursing experience in patient care;

(C) Document or demonstrate competency in education through experience, educational preparation or continuing education.

(c) Each nurse educator associate shall hold at least a bachelor's degree in nursing with no less than two years of full-time nursing experience in patient care.

(d) Each clinical lab teaching assistant shall:

(A) Hold at least the educational level of preparation for which students are being taught; and

(b) Have at least two years of nursing experience.

In a nursing program where there is no parent institution, non-nurse faculty members who teach non-nursing didactic courses in that nursing program must be educationally and clinically prepared in the same specialty area(s) as the theory they teach and must show evidence of at least two years of professional experience in that specialty.

(a) If currently or previously professionally licensed, each faculty member must provide evidence of an unencumbered license in their specialty at the time of most recent licensure.

(b) A faculty appointment form must be completed by the nurse administrator and approved by the Board representative before such faculty assumes program responsibilities.

(c) No exceptions will be granted for non-nurse faculty members.

(6) Faculty appointments for faculty without exception are made at the discretion of the Nurse Administrator and do not require Board approval or notification. However, the Board maintains the authority to conduct audits of a program's faculty education and experience at any time to confirm compliance with standards.

(a) When a program is found to be non-compliant with required faculty education and experience, monitoring may be necessary.

(b) Have at least two years of nursing experience. Monitoring may require the program to notify the Board in writing within 30 days of appointment of all new faculty members for up to twelve months or until a pattern of compliance is demonstrated in the opinion of the Board.

(7) Appointment by Exception is required for nursing faculty teaching in a nursing program when indicated:

(a) If currently or previously professionally licensed, each faculty member must provide evidence of an unencumbered license in their specialty at the time of most recent licensure.

(b) A faculty appointment form must be completed by the nurse administrator and approved by the Board representative before the faculty member assumes the program assignment.

(c) No more than 25% of the total faculty that includes both part-time and full-time, may be approved by exception.

(d) Any exceptions to the minimum qualifications for nursing program faculty appointments as indicated in subsections (3) and (b4), (e), and all faculty appointments as indicated in subsection (d5) of this rule shall be submitted in writing to the Board and shall include rationale for the request and describe recruitment efforts; and

(b) As established in OAR 851-021-0025 (4)(a), (b), (c), (d), (e) and (7)(a), exception request must be approved by the Board representative before the faculty member assumes the program assignment.

(c) No more than 25% of the total faculty that includes both part-time and full-time, may be approved by exception.

(d) Any exceptions to the minimum qualifications for nursing program faculty appointments as indicated in subsections (3) and (b4), (e), and all faculty appointments as indicated in subsection (d5) of this rule shall be submitted in writing to the Board and shall include rationale for the request. The Board representative;

(8) Following evidence that substantial effort has been made to recruit a qualified faculty member without success, the Board representative may grant exceptions to nursing faculty for any of the following circumstances:

(a) The education and experience qualifications are deemed equivalent to the requirements; or

(b) The individual has a baccalaureate in nursing, a masters or doctorate in a related field, and relevant nursing experience, and the background of the individual is related to the teaching assignment and is complementary to the faculty mix; or

(c) Substantial effort has been made to recruit a qualified faculty member, and the appointed individual is pursuing the needed qualifications; or

(d) Substantial effort has been made to recruit a qualified faculty member, and the appointed individual is
pursuing the needed qualifications. Reports on progress toward meeting the minimum qualifications must be provided as requested by the Board representative; or.

(d) The individual without full qualification is appointed for one year. The exception may be extended for one year annually for a maximum of two times, with documentation of either continued and unsuccessful recruitment for a qualified replacement, or a plan to establish eligibility under exception (c) above.

(9) Special Provision for Nursing Faculty: Nurse Administrators and faculty members employed as such in Oregon during the 1984-85 academic year may be appointed after September 1, 1985 without meeting new requirements under paragraphs 6(a)(A), 6(b)(A), 7(a)(A) and 7(b)(A) of this rule.

(10) Faculty Member/Student Ratio:

(a) The number of faculty members appointed shall be not less than one faculty member to every eight students having experience in one or more practice. Nursing program faculty may include full-time and part-time faculty members. Faculty must participate in curriculum implementation and program evaluation.

(11) Nurse faculty members must have the authority and responsibility to:

(a) Maintain documentation of professional development activities that any given time. A lower ratio shall apply when nursing faculty determine that student/client safety and learning effectiveness warrant; demonstrate links between annual evaluation of competency, professional goals, planned professional development activities, and completion of these activities;

(b) Determine student admission, progression, and graduation eligibility;

(bc) Factors to be considered in determining the faculty member/student ratio shall be:

(A) Objectives to be achieved; Provide feedback to students with timely posting of assignment grades;

(d) Implement formal clinical evaluation tools at mid-term and at the completion of each clinical course;

(Be) Preparation and expertise of faculty members: Define expected levels of performance for students in each clinical term;

(Cf) Use of clinical teaching associate; Develop, implement, and evaluate the curriculum and learning outcomes;

(Dg) Level of students;

(E) Number, type, and condition of client; Provide opportunity for students to evaluate teaching effectiveness;

(Fh) Number, type, and location of practice sites; and,

(Gi) Adequacy of the ratio for nurse faculty to provide mechanisms for student input into and/or participation in decisions related to the nursing program.

(12) Faculty Operations must show the following:

(i) Assess students' capability to function safely within the practice situation;

(ii) Select standard format for faculty meeting minutes to capture meaningful discussions, decision-making, and follow-up; and,

(b) Policy and guide student experience; and

(iii) Evaluate indicate a timetable for regular review of nursing program policies, as well as student, performance.

(c) Clinical teaching associates may be used within the following guidelines: program, and course outcomes, with curriculum evaluations that include faculty input.

(13) The Nurse Administrator and each nurse faculty member must demonstrate professional competence and continued development in nursing, nursing education, and assigned teaching responsibilities.

(Aa) There shall be a written plan for the clinical learning experience consistent with these rules;

(Bb) Clinical teaching associates shall be selected according to written criteria developed by faculty, and agreed to by responsible person(s) in the practice site;

(Cc) A faculty member shall be available to the clinical teaching associate(s) while students are involved in the clinical learning experience;

(Dd) The faculty member shall confer with each clinical teaching associate and student (individually or in groups) regularly during the clinical learning experience;

(Ee) Use of clinical teaching associates does not modify the requirement for faculty member/student ratio, except
that the ratio may be modified for final practica.¶

(11) Principal responsibilities of the faculty shall be to:
(a) Develop, implement and evaluate the organizing framework and learning outcomes of the program;
(b) Construct, implement, evaluate and revise the curriculum;
(c) Develop, implement and evaluate policies and standards for the advising, selection, admission, advanced placement, progression and graduation of nursing students within the framework of the policies of the educational institution;
(d) Develop, integrate and evaluate student learning experiences including selection of learning activities, appropriate use of emerging teaching and learning methodologies, assessment and guidance of the student and evaluation of client and student safety;
(e) Develop, implement and evaluate policies for assessing student achievement in terms of course and program learning outcomes;
(f) Evaluate student learning and performance, assign grades for courses according to policies, determine student progression within the program, and recommend successful candidates for the degree or certificate;
(g) Develop, implement and evaluate policies and procedures necessary for the operation of the program;
(h) Provide for student evaluation of teaching effectiveness;
(i) Provide for evaluation of faculty members within the framework of the educational institution;
(j) Orient and provide on-going guidance for nurse educator associates, clinical teaching associates, and nursing staff in practice sites related to the program goals, learning outcomes and expected competencies of the students;
(k) Participate in review of the total nursing program;
(l) Participate in determining academic policies and procedures of the institution;
(m) Participate cooperatively with other nursing programs and agencies to develop appropriate and equitable access to practice sites; and
(n) Provide mechanisms for student input into and/or participation in decisions related to the nursing program.

(12) Faculty Organization shall be as follows:
(a) The nursing faculty shall participate through faculty meetings or other methods in developing, implementing and evaluating the program and curriculum and other responsibilities of the faculty;
(b) Minutes of faculty and committee meetings, including actions taken, shall be recorded and available for reference; and
(c) Faculty participation in decisions related to developing, implementing, and evaluating the curriculum, and to establishing or modifying nursing program policies shall be documented. Nurse Administrator and each faculty member must periodically review assigned teaching responsibilities, evaluating and revising professional development plans as indicated.

(13) The institution and Nurse Administrator must support faculty in developing and maintaining competence in assigned teaching responsibilities; and
(c) Links between evaluation of competency, professional goals, planned professional development activities, and completion of these activities must be evident in the Faculty Academic Performance Evaluation form for the Nurse Administrator and for each faculty member.

(14) Faculty providing oversight in clinical settings must also hold a registered nurse license to practice and meet requirements in the state in which the clinical experience is occurring.

(15) Policy and student evaluation forms indicate that nursing faculty have ultimate responsibility for student evaluations and progression in the program following clinical experiences, with input from clinical preceptors, clinical nurses, and agency staff as appropriate. In the final clinical practicum experience, clinical preceptor input is documented as informational only.

(16) Faculty Member-to-Student Ratio in Faculty-led Clinical Experiences:
(a) Faculty-led clinical practice must include development of skills in direct patient care and may include mid-fidelity or high-fidelity simulation substitutions per Board rules as established in OAR 851-021-0050(5).
(b) The number of faculty members appointed for oversight of direct patient care must be not less than one faculty
member to every eight students having experience in one or more clinical units in the same facility at any given
time. A lower ratio may apply when nursing faculty determine that student and client safety and learning
effectiveness warrant.
(c) Recommended ratios must include consideration for the clinical faculty to adequately perform the
responsibilities noted in sub section (e)(G) of this rule.
(d) For simulated clinical practice, program policy must define the ratio of nursing faculty members and staff-to-
active student participants to follow the program’s adopted simulation professional standards. The number of
active student participants must allow for appropriate evaluation by the nurse faculty member.
(e) Nursing program policy must include factors to be considered in determining the faculty member-to-student
ratio in each clinical setting, such as:
(A) Objectives to be achieved;
(B) Preparation and expertise of faculty member;
(C) Level of students;
(D) Simulation (low fidelity, mid fidelity, high fidelity);
(E) Number, type and condition of clients; (F) Number, type, and location of clinical sites; and;
(G) Adequacy of the ratio for nurse faculty to:
(i) Assess students’ capability to function safely within the clinical situation;
(ii) Select and guide student experience; and;
(iii) Evaluate student performance.
(f) Faculty must provide students with a written plan for the clinical learning experience to enhance
communication with clinical partners and bridge the gap between education and practice as established in OAR
851-021-0050(4)(d);
(g) Faculty must remain in the same facility as the student group throughout the clinical shift and must maintain a
meaningful presence, as defined in program policy, with Clinical Nurses and students at the practice site.
(h) Rotate-out or observation experiences that involve 4 to 24 hours away from the primary faculty-led clinical
group to other clinical units or areas within the same facility (e.g. surgical suite) are those required as part of the
curriculum. This does not include students who rotate to campus-based simulation lab or skills lab.
(17) Faculty Member-to-Student Ratio in Dedicated Education Units (DEU):
(a) The faculty member-to-student ratios may be modified in the DEU with the use of DEU-specific clinical
preceptors.
(b) Clinical Preceptors may be used within a DEU as described by the following guidelines:
(A) There must be a written plan for the clinical learning experience consistent with these rules;
(B) Faculty must orient and provide on-going guidance for Clinical Preceptors in practice sites related to the
program goals, teaching strategies, learning outcomes, and expected competencies of the students;
(C) Clinical Preceptors must be selected according to written criteria developed by faculty and agreed to by
responsible person(s) in the practice site;
(D) Faculty are not required to remain in the same facility as the student group throughout the clinical shift, but
must maintain a meaningful presence with Clinical Preceptors and students at the practice site, as described in the
curriculum;
(E) The faculty member must confer with each Clinical Preceptor and student (individually or in groups) regularly
during the clinical learning experience as described in the curriculum; and;
(F) Each Clinical Preceptor in the DEU may have oversight of two students. The ratio may be modified for final
clinical practica.
(18) Faculty Member-to-Student Ratio in the Community Health Nursing Experiences:
(a) The number of faculty members appointed must be at least one faculty member to every eight students having
experience in community health settings. A lower ratio may apply when nursing faculty determine that student
and client safety and learning effectiveness warrant. The program must establish reasonable faculty-student
ratios to:
(A) Allow for appropriate supervision and evaluation of the learning experience; and,
(B) Support student achievements of course outcomes.

(b) The faculty member of record is not required to be consistently on-site, but must provide meaningful presence and appropriate, in-person participation with the student and agency staff member or clinical nurse, as described in the curriculum.

(c) A faculty member must be readily available to the agency staff or clinical nurse while students are involved in the clinical learning experience.

(19) Faculty Member-to-Student Ratio in the Final Clinical Practicum Experience:

(a) The program must establish reasonable faculty-to-student ratios to:

(A) Allow for appropriate supervision and evaluation of the learning experience; and,

(B) Support student achievements of course outcomes.

(b) Each Clinical Preceptor may have oversight of one student.

(c) The faculty member of record is not required to be consistently on-site, but must provide meaningful presence and appropriate, in-person participation in the student-preceptor-faculty triad as described in the curriculum.

(d) A faculty member must be readily available to the Clinical Preceptor(s) while students are involved in the clinical learning experience; and,

(e) Clinical evaluation checklists for each student provide evidence that final student evaluation is completed by the faculty member in consultation with the Clinical Preceptor.

Statutory/Other Authority: ORS 678.150, ORS 678.340, ORS 678.360

Statutes/Other Implemented: ORS 678.150, ORS 678.360
851-021-0050
Standards for Approval: Curriculum

(1) Curriculum shall must:
(a) Prepare the student to achieve the nursing competencies necessary at the level of licensure for safe practice based on current standards of care;
(b) Reflect the identified mission, goals, and learning outcomes of the nursing education program; and,
(c) Be consistent with the law governing the practice of nursing.

(2) Curriculum plan shall identify:
(a) Competencies or learning outcomes at the course and program level;
(b) Learning activities to develop identified competencies. Courses, learning activities and clinical practicum shall

Student course syllabi must include:
(a) The course description;
(b) Course outcomes and content outline;
(c) The learning environments and activities;
(d) Allocation of clock hours for didactic content, direct-care clinicals, skills lab, moderate and high fidelity simulation for skills acquisition, and final practicum;
(e) In addition, allocation of simulation clock hours to replace direct patient care must be listed separately from simulation for skills acquisition;
(f) Both the number of clock hours and the percentage of direct patient care hours that are substituted with simulation must be listed, as well as the ratio of simulation to direct patient care used, as established in subsection 5(g) and,
(g) Methods and frequency of evaluation of student performance, including all evaluation tools used in the course.

(3) Patient care experiences must occur in a variety of clinical settings and must include:
(a) Integrating patient safety principles throughout the didactic and clinical coursework including the importance and process of error reporting;
(b) Implementing evidence-based practice to integrate best research with clinical expertise and patient values for optimal care, including skills to identify and apply best practices to nursing care;
(c) Providing patient-centered, culturally competent care that recognizes that the patient or designee is the source of control and full partner in providing coordinated care by:
(A) Respecting patient differences, values, preferences and expressed needs;
(B) Involving patients or designees in decision-making and care management;
(C) Coordinating and managing patient care across settings; and,
(D) Explaining appropriate and accessible interventions to patients and populations that may positively affect their ability to achieve healthy lifestyles;
(d) Collaborating with inter-professional teams to foster open communication, mutual respect, and shared decision-making in order to achieve quality patient care.

(4) Clinical Nurses and Clinical Preceptors:
(a) Must be licensed at or above the level of licensure that an assigned student is seeking; (b) Such license must be in the jurisdiction where he or she is mentoring students;
(c) May serve as a teacher, mentor, and role model, in a clinical setting;
(d) May enhance faculty-directed clinical learning experiences after a student has received basic instruction for that specific learning experience from a faculty member;
(e) Must be provided with written information about student preparation and expected patient care experiences;
and,

(f) Clinical Preceptors must be selected by nursing staff members in leadership roles in the facility who can confirm demonstrated competencies related to the area of assigned clinical teaching responsibilities and the choice must be approved by faculty.

(5) Programs may use only mid-fidelity or high-fidelity simulation as a component of direct patient care experiences. For all programs using simulation experiences as a component of direct patient care experience, the nursing education program must:

(a) Request board approval initially, as established in OAR 851-021-0025(4)(b);

(b) Demonstrate meeting NCLEX pass rate standards as established in OAR 851-021-0018;

(c) Create a framework that provides adequate resources (fiscal, human, and material) to support the simulation;

(d) Designate a nursing faculty member as simulation coordinator of the simulation team to ensure simulation quality and integrity;

(e) Provide evidence that the simulation coordinator obtained national certification in simulation within one year of employment if hired after January 1, 2024, or within three years of employment if hired before that time;

(f) Incorporate national professional simulation standards;

(g) Demonstrate that the ratio of simulation to clinical hours does not exceed one hour of simulation to replace two hours of clinical practice or current national simulation guidelines;

(h) Provide evidence that the simulation component does not exceed 49% of total clinical practice hours in a program with a nationally certified simulation coordinator; 20% of total clinical practice hours if the simulation coordinator is not nationally certified as established in subsection (6)(b)(C) and (D);

(i) Skills lab experiences using low fidelity simulation must not be counted as simulated clinical practice to replace direct patient care hours.

(j) Demonstrate that policies and procedures are in place to ensure quality-consistent simulation experiences for students. These policies and procedures must include:

(A) Simulation experiences relate to program and course level outcomes;

(B) The requirement of measureable outcomes for each simulation-based experience;

(C) Job descriptions for simulation faculty members/facilitators; and,

(D) Evidence of a plan for orienting simulation faculty members to their roles;

(k) Demonstrate that the simulation program has an adequate number of trained simulation faculty members to support the learners in simulation-based experiences;

(l) Show evidence of appropriate, designated physical space for education, storage, and debriefing;

(m) Demonstrate that the simulation program utilizes a method to debrief the observed simulations that is consistent with current national simulation guidelines;

(n) Collect and retain evaluation data regarding the effectiveness of the facilitator;

(o) Collect and retain evaluation data regarding the effectiveness of the simulation experience; and,

(p) Provide a means for faculty members to participate in simulation-related professional development and certifications.

(6) Curriculum plan must identify:

(a) Learning outcomes at the program and course level that serve as unified scaffolds that support each other;

(b) Learning activities to develop identified competencies. Courses, learning activities and clinicals must be organized in such a manner to have sufficient proximity in time to allow the student to form necessary links of theoretical knowledge, clinical reasoning, and deliberate practice;

(A) Clinical practica shall include simulated experiences and must include sufficient direct patient care hours to achieve identified competencies, course and program outcomes;

(B) All clinical practica shall be directed and supervised by a nurse educator or nurse educator associate;

(C) If simulation coordinator is nationally certified, both mid and high fidelity simulation may be used to satisfy up to 49% of clinicals. This does not include final clinical practicum hours;

(D) If simulation coordinator is not nationally certified, simulation experiences may replace only up to 20% of
direct patient care hours; and,

(C) All programs shall include no less than six (6) contact hours of learning activities related to pain management.

(c) Requirements of the educational institution for graduation; and,

(d) Total units required for graduation.

(3) Practical Nurse Programs:

(a) High-stakes, standardized examination scoring must not be used to determine a student's graduation or progression in a nursing education program that prepares students for initial nurse licensure. The program shall have a process and procedure for remediation of students who do not pass the standardized examinations.

(b) The use of one internal, non-standardized assessment event that is the sole or primary determinant of progression or program completion is also not consistent with current evidence-based education practices.

(4) Practical Nurse Programs:

(a) As indicated in OAR 851-0045-0050, the Board recognizes that the LPN has a supervised practice that occurs at the clinical direction and under the clinical supervision of the RN or LIP who have authority to make changes in the plan of care.

(b) In practical nursing programs, the course content and clinical experience required shall be a minimum of 42 quarter units or 28 semester units including:

(A) Biological, applied, social, and behavioral sciences and humanities: minimum of 18 quarter units or 12 semester units; and,

(B) Practical Nursing: minimum of 24 quarter units or 16 semester units of which no less than 12 quarter or eight semester units shall be clinical practicum units (360 clock hours) or eight semester units (360 clock hours) must be clinical practicum as established in OAR 851-021-0050 (6)(b)(A)(B).

(b) The Practical Nurse program shall provide theory and faculty-supervised clinical practice in nursing to achieve competencies within the practical nurse scope of practice, including those related to:

(A) Creating and maintaining a safe environment of care;

(B) Demonstrating professional, legal, and ethical behavior in nursing practice;

(C) Applying knowledge and problem-solving skills in collecting data and performing focused nursing assessments of the health status of an individual;

(D) Participating in the planning of the nursing care needs of an individual;

(E) Participating in the development and modification of the nursing care plan;

(F) Providing safe, clinically competent, culturally sensitive, and client-centered care for the promotion, restoration and maintenance of wellness or for palliation across the lifespan and settings of care;

(G) Functioning as a member of the interdisciplinary healthcare team;

(H) Applying leadership and management skills to assign, direct and supervise care provided by nursing assistive personnel;

(I) Using technology to facilitate communication, manage information, and document care; and

(J) Providing cost-effective nursing care and participating in quality improvement strategies.

(K) Participating in health teaching and counseling to promote, attain, and maintain the optimum health level of an individual; and,

(L) Assisting in the evaluation of an individual's response to a nursing intervention and the identification of an individual's needs.

(410) Registered Nurse Program:

(a) Registered nurse curricula must meet all institutional requirements for and culminate in the award of an associate, baccalaureate, masters, or doctoral degree.

(b) In registered nurse programs, the course content and clinical experience required shall be a minimum of 84 quarter units or 56 semester units including:

(A) Physical, biological, social and behavioral sciences and humanities: minimum of 36 quarter units or 24 semester units; and

(B) Nursing: minimum of 48 quarter units or 32 semester units of which no less than 24 quarter units (720 clock
hours) or 16 semester units must be clinical practicum as established in OAR 851-021-0050 (6)(b)(A)(B).

(c) The Registered Nurse program shall provide theory and faculty-supervised clinical practice in nursing to develop competencies at the registered nursing scope of practice related to:

(A) Creating and maintaining a safe environment of care; safe and effective environment of nursing care rendered directly or indirectly;

(B) Demonstrating professional, ethical and legal behavior in nursing practice;

(C) Using problem-solving skills, reflection, and clinical judgment in nursing practice;

(D) Prescribing/directing, managing to assess the health status of individuals and groups of individuals and to identify health care problems that are amenable to nursing intervention;

(E) Establishing goals to meet identified health care needs and providing safe, clinically competent, culturally sensitive, client-centered and evidence-based care to promote, restore and maintain wellness or for palliation across the lifespan and settings of care;

(F) Providing culturally sensitive and evidence-based teaching, counseling, and advocacy for individuals, families and groups;

(G) Participating within and providing leadership for an interdisciplinary team by implementing the strategy of care, including administering medications and treatments as prescribed by those health care providers authorized to prescribe medication;

(H) Applying leadership skills to identify the need for and to promote change;

(I) Using communication and information technology effectively and appropriately; to collaborate with other health professionals in the management of health care;

(J) Applying and integrating principles of community health and community-based care into practice; and

(K) Integrating concepts of resource utilization, quality improvement and systems to enhance care delivery;

(L) Delegating nursing interventions that may be performed by others per the OSBN-defined concept of Delegation in community-based care per OAR 851-045-0047; and

(M) Baccalaureate and basic masters or doctoral programs shall also include competencies related to:

(i) Applying epidemiological, social, and environmental data and principles to identify and implement health promotion goals and strategies for communities and populations;

(ii) Assuming leadership and effecting change through participation in teams and beginning application of management knowledge;

(iii) Identifying and implementing measures to improve access to healthcare for individuals and underserved groups;

(iv) Using the principles and practice of research to validate and improve nursing care for individuals, families, and groups; and

(v) Using teaching-learning principles to assist colleagues and healthcare providers to improve nursing care quality.

(511) Programs providing distance nursing education shall:

(a) Deliver the approved curriculum through learning activities designed to allow students to achieve stated learning outcomes or competencies;

(b) Provide learning activities that are sufficiently comprehensive to achieve stated program outcomes and competencies; and

(c) Support instructor-student interaction and meaningful student interaction.

(612) Programs that provide for advanced placement of students shall develop and use policies designed to assure that such students meet the equivalent of the program’s current curriculum and competencies.

Statutory/Other Authority: ORS 678.150, ORS 678.340, ORS 678.360

Statutes/Other Implemented: ORS 678.150, ORS 678.360
The program in nursing is accountable to students by providing that:

1. The program in nursing is accountable to students by providing students the opportunity to acquire and demonstrate the knowledge, skills, and abilities required for safe and effective nursing practice, in theory and clinical experience, through faculty oversight.

2. While in their program of study, students must be held accountable for demonstration of professional behavior, including honesty and integrity.

3. Admission, readmission, transfer, progression, retention, dismissal and graduation requirements are available to the students in written form and are consistent with those of the sponsoring institution. Where necessary, policies specific to nursing students may be adopted if justified by the nature and purposes of the nursing program.

4. Students are admitted without discrimination as to age, race, religion, gender, sexual preference, national origin or marital status.

5. Facilities and support services of the program and its sponsoring institution are documented and available to students.

6. Distance nursing education programs are effectively supported through accessible modes of delivery, resources, and student support.

7. Student rights and responsibilities are available in written form.

8. Students are required to submit to a criminal background check to identify criminal convictions that may:
   a. Pose a risk to public safety;
   b. Preclude the ability to complete required clinical practica; or,
   c. Result in Notice to Deny Licensure on application for initial licensure in Oregon.

9. There is a signed agreement for the articulation or program graduates into the next level of nursing education as follows:
   a. Programs leading to a certificate or degree in practical nursing shall have an agreement.
   Students must complete screening for substances that might impact safety in clinical learning per the rules of the Oregon Health Authority.

10. Students are informed before admission that the OSBN has limits on eligibility for licensure, as defined in OAR 851-031-0006 (1)(a)(b). Ultimately, licensure may be denied to students with an Oregon approved program preparing criminal offense and those with a major physical or mental candidates for licensure as a registered nurse; or

11. Programs leading to an associate degree in nursing shall have an agreement that could affect their ability to practice nursing safely.

12. Board-approved signed agreement(s) for the an Oregon approved program leading to a baccalaureate or higher degree in nursing articulation of program graduates into the next level of nursing education as established in OAR 851-021-0010 (3)(b)(L).

Statutory/Other Authority: ORS 678.150, ORS 678.340, ORS 678.360
Statutes/Other Implemented: ORS 678.150, ORS 678.360
AMEND: 851-021-0060

RULE SUMMARY: Shortened the "Records" section to include only items required for site surveys and not standard requirements pertaining to the parent institution.

CHANGES TO RULE:

851-021-0060
Standards for Approval: Records

(1) Program records—A system of records shall [must be maintained and be made available to the Board representative and shall include but not be limited to:

(a) Reports relating to institutional and program accreditation by any agency or body;

(b) Course outlines;

(c) Minutes of faculty and committee meetings;

(d) Reports of standardized tests; and

(e) Survey reports.

(2) Record(s) shall be maintained for each student, available to the Board representative, and shall include:

(a) Student application;

(b) Student transcript, which must be maintained indefinitely;

(c) Current record of achievement; and

(d) Other records in accordance with state or federal guidelines, program or institution policy, record retention schedule or statute of limitations.

(3) The program shall make provisions for the protection of student and graduate records against loss, destruction and unauthorized use.

(4) Information describing the curriculum shall be published in the college catalog, maintained in archives, and made available upon request, preparation, licensing, and continuing education of all faculty as established in 851-021-0045.

Statutory/Other Authority: ORS 678.150, ORS 678.340, ORS 678.360
Statutes/Other Implemented: ORS 678.150, ORS 678.360
AMEND: 851-021-0065

RULE SUMMARY: Revised for clarity.

CHANGES TO RULE:

851-021-0065
Standards for Approval: Facilities and Services ¶

(1) Educational facilities shall include: ¶
(a) Classrooms, laboratories and conference rooms adequate in number, size and type according to the number of students and educational purposes for which the rooms are used; ¶
(b) Offices and conference rooms available and adequate in number and size to meet faculty needs for individual student counseling and faculty meetings; ¶
(c) Space provided for secretarial staff, files, storage and equipment; and, ¶
(d) Telephones, computers, equipment and support adequate in number and capacity to conduct program business. ¶

(2) Educational services and resources shall include: ¶
(a) Adequate secretarial staff support services; ¶
(b) Adequate and current library services, holdings, and electronic learning resources; ¶
(c) Adequate student support services such as academic advising, financial aid advising, and academic bookstore services; and, ¶
(d) Adequate technology to support teaching and learning. ¶

(3) Institutions offering distance nursing education programs shall or using web-based learning management systems must provide ongoing and appropriate technical, design, and production support for faculty members and technical support services for students. ¶

(4) Selection of practice sites shall be based on written criteria established by faculty. ¶

(5) Required elements in clinical affiliations agreements. There is a written agreement that is in effect between the authorities responsible for the educational program and the nursing service or other relevant service of the practice site. The agreement shall include but not be limited to provisions that: ¶
(a) Ensure that faculty members have authority and responsibility to select appropriate learning experiences in collaboration with practice site; ¶
(b) Clearly specify whether or not clinical teaching associates Preceptors will be provided by the site, and how they will be selected and function; and, ¶
(c) The practice sites shall be designee must attest to the clinical affiliation contract being fully approved by the appropriate accreditation, evaluation or licensing bodies, if such exist.

Statutory/Other Authority: ORS 678.150, ORS 678.360
Statutes/Other Implemented: ORS 678.150, ORS 678.340, ORS 678.360
Standards for Approval: Evaluation

(1) There is a comprehensive nursing program has a current, systematic plan for evaluation of the entire curriculum. Nursing education program that includes systematic assessment and analysis of:
(a) Compliance with the OSBN Standards for Approval for nursing education programs;
(b) Policies and procedures must be in written form, congruent with those of the institution, and must show evidence of ongoing, periodical reviews in a clearly-defined timeframe and process that includes:
   (a) Evaluative criteria - which components will be evaluated;
   (b) Methodology - how the data will be collected;
   (c) Frequency of evaluation - when the data will be collected;
   (d) Assignment of responsibility - who will be responsible for data collection; and,
   (e) Indicators of program and instructional effectiveness - benchmarks to be achieved.
(2) The plan of evaluation contains evidence of:
(a) Compliance with the OSBN Standards for Approval for nursing education programs;
(b) Specific expectations of measureable achievement for each program outcome and for each end-of-program student learning outcome;
(c) Internal and external measures of Graduate achievement of identified program competencies and learning outcomes;
(d) NCLEX pass rate data, trends, and contributing factors;
(e) Curriculum design including nursing and other required courses, course sequencing and scheduling;
(f) Effectiveness of instructional strategies and methodologies sufficient and appropriate data and data analysis to inform program decision-making for the maintenance and improvement of each program outcome and each end-of-program student learning outcome;
(f) Pre-determined intervals, methods, and completion of assessments for curriculum design including course sequencing and scheduling to support program outcomes and each end-of-program student learning outcome;
(g) Faculty sufficient in number, preparation, experience and diversity to effectively achieve course and program outcomes and maintain client and student safety; and,
(h) Resources, including human, physical, and financial resources to support the number of enrolled students, instructional delivery and achievement of program learning outcomes.
(23) There is evidence that the comprehensive plan for evaluation is being implemented and that evaluative data is used for ongoing program improvement.
Statutory/Other Authority: ORS 678.150, ORS 678.340, ORS 678.360
Statutes/Other Implemented: ORS 678.150, ORS 678.360
ADOPT: 851-021-0080

RULE SUMMARY: New chapter number: moved Standards for Re-Entry Programs from 851-031-0080 to Division 21.

CHANGES TO RULE:

851-021-0080
Standards for Re-Entry Programs

(1) Re-entry programs must be approved by the Board before their implementation and at least every 5 years thereafter.

(a) An application for program approval must include:

(A) The intended size and type of re-entry program;

(B) A written program plan addressing the standards for approval in subsection (2) of this rule;

(C) Projected number and type of faculty; and

(D) Description and availability of educational and clinical practice facilities and resources, as appropriate.

(b) Program changes requiring Board approval:

(A) Change in program director;

(B) Major change in curriculum or instructional design; and

(C) Intent to close or substantially reduce program enrollment.

(2) Standards for Approval:

(a) Faculty qualifications:

(A) The program director, each nurse educator, nurse educator associate, clinical nurse, and clinical preceptor must hold a current unencumbered license to practice as a registered nurse in Oregon.

(B) The re-entry program director and all nurse educators must:

(i) Hold a minimum of a bachelor's degree in nursing;

(ii) Have no less than three years of registered nursing experience; and

(iii) Provide evidence of evidence of at least three years of academic preparation or experience in education.

(C) Each nurse educator associate must have no less than three years of registered nursing experience and evidence of no less than two years of academic preparation or experience in teaching.

(D) Each clinical nurse and clinical preceptor must:

(i) Agree to directly supervise and evaluate the re-entry nurse;

(ii) Have no less than two years of registered nursing experience, of which at least six months must be in the setting in which the clinical experience is to occur; and

(iii) Be recommended by the nurse executive or immediate supervisor in that setting.

(b) Faculty Responsibilities. The faculty must:

(A) Plan, implement, evaluate, and revise the educational program;

(B) Select and evaluate clinical facilities for supervised clinical practice;

(C) Develop and use written examinations and clinical performance measures based on the registered or practical nurse scope of practice to evaluate student achievement of program outcomes and required competencies;

(D) Develop, implement, and evaluate policies related to student admission, retention, and progression, and polices related to program operations; and

(E) Provide for student evaluation of the program.

(c) Program curriculum:

(A) Curriculum must be consistent with the law governing the practice of nursing as defined in division 45 and division 47 of the Nurse Practice Act;

(B) Curriculum plan must identify:

(i) Course length, methods of instruction, and planned learning experiences;

(ii) Course content and practice requirements for completion of the program; and

(iii) Outcomes achieved on completion of the program.

(C) The curriculum must include, but not be limited to, a minimum of 120 hours of instruction in current nursing
practice which must be completed prior to beginning clinical practice, encompassing:

(i) The scope of nursing practice, legal and ethical perspectives, the current health care system, and working within interdisciplinary teams;

(ii) The nursing process, critical thinking, prioritizing, decision-making, and cultural competence in nursing practice;

(iii) The prescribing, directing, managing, assigning, delegating, and supervising of nursing care;

(iv) Nursing care of clients with alterations in health;

(v) Current nursing procedures and processes including use of technology in patient management, nursing practice and documentation;

(vi) Comprehensive nursing assessment;

(vii) Documentation including legal aspects of documentation; and,

(viii) Application of pharmacologic knowledge and administration of medications.

(d) Supervised clinical practice:

(A) The student must hold a limited license at the level for which the re-entry course is being taken prior to engaging in supervised clinical practice to meet competency requirements;

(B) Supervised clinical practice must be appropriate to the student's level of licensure and plan for competency development;

(C) Prior to required supervised clinical practice, the facility must provide relevant orientation appropriate to the planned clinical experience;

(D) Instructor-supervised clinical practice may be provided; and,

(E) The faculty-to-student ratio for instructor-supervised clinical practice must be no greater than 1:8. A lower ratio may apply when dictated by student and client safety and learning effectiveness.

(e) Documentation of successful completion of the re-entry program must include:

(A) Completion of program outcomes;

(B) Completion of required supervised clinical practice hours;

(C) Achievement of course competencies; and,

(D) Recommendation for licensure by the re-entry program director and the clinical preceptor.

(f) The program must notify the Board in writing of each student's successful completion of the program, withdrawal from the program prior to completion, or failure to meet required outcomes.

Statutory/Other Authority: ORS 678.150, ORS 678.113

Statutes/Other Implemented:
AMEND: 851-021-0090

RULE SUMMARY: Re-wrote the standards for out-of-state clinical experiences to be more equitable, with Oregon Nursing Programs, whether or not the program is sending a cohort of students or an individual student. The list of requirements for cohort clinical experience petitions was reformatted to be more equitable with new program applications for Oregon nursing programs. Added the option of Board staff to send request to Oregon nursing programs for letters of concern or support before approving out-of-state cohort placements for clinicals in Oregon sites. Clarified that Oregon-licensed RN faculty must be included in the clinical experience for out-of-state programs sending students to Oregon.

CHANGES TO RULE:

851-021-0090

Standards for Out-of-State Student Clinical Experience in Oregon ¶

(1) All out-of-State Nursing Programs who seek to routinely send groups of students seeking to place one or more students in Oregon for a clinical experience must obtain approval prior to student placements in the clinical site;

(2) The Board representative or designee, after timely review and consideration of the petition and any supplemental information, may grant or deny the petition, or bring it to the full Board for a decision.

(3) All requests for final clinical experience in Oregon:

(a) The program shall petition the Board for approval to provide clinical experience in Oregon. The petition shall include:

(A) Justification or rationale for use of Oregon facilities;

(B) Practicum and student cohort placements must include evidence that the responsible faculty member is licensed in Oregon, meets standards as established in OAR 851-021-0045(2)(3)(4) and provides meaningful presence as established in OAR 851-021-0045 (16)(g), (17)(E), (18)(b)(c), (19)(c)(d).

(4) For precepted, final practicum clinical experiences, an application with student names must be submitted on the form provided by the Board.

(5) Because faculty-led, cohort clinical experiences may affect clinical site and preceptor availability for Oregon based Nursing Programs, a program that plans to place 1 or more cohorts in Oregon must complete a written application in addition to the petition form provided by the Board, and send it to the Board representative at least six months prior to student placements. Approval must be obtained prior to placing the students in the clinical site.

(a) The initial application must include:

(A) Justification or rationale for use of Oregon facilities including description of clinical sites and experiences and planned duration of cohort placements;

(B) Anticipated student enrollment and proposed date of enrollment including the estimated number of students to be placed in Oregon clinical site(s);

(C) Attestation of affiliation agreement with clinical site;

(D) Number of clock hours planned annually for clinical experiences;

(E) Documentation of home board approval including time frame and any recommendations which are outstanding;

(F) Evidence of institutional accreditation by a regional accreditation body or national agency recognized by the Council on Higher Education Accreditation (CHEA), United States Department of Education (USDE);

(G) Analysis of potential impact on nursing program current usage of planned clinical sites in areas where clinical placements are planned;

(H) Analysis of current usage of planned clinical sites in areas where clinical placements are planned;

(I) Anticipated student enrollment and proposed date of enrollment including the estimated number of students to be placed;

Evidence of interactions with the Nurse Administrators of currently approved nursing programs in
area of planned clinical placements to discuss the impact on those nursing programs.

(I) Name and credentials of the faculty member of record;

(J) Evidence of availability of faculty in Oregon where clinical site(s) placements are planned;

(GK) List name and credentials of all the faculty members with academic and licensure credentials providing clinical oversight;

(HL) Evidence of availability of planned mechanism for faculty in areas where clinical placements are planned providing meaningful presence as established in OAR 851-021-0045 (16)(g), (17)(E), (18)(b)(c), (19)(c)(d).

(IM) Evidence that faculty and preceptors providing direct clinical supervision are licensed in Oregon and meet standards as established in OAR 851-021-0045(2), (6), (7), and (10)and (4);

(N) Name and credentials of a contact person within the Oregon clinical facility.

(JO) NCLEX pass rate, number of candidates and number passing for the past two years ending on the most recent SeptDecember 30th.

(Kb) The Board, after timely review and consideration of the petition and any supplemental information, shall either grant or deny the petition to place students in Oregon-based clinical experience representative may send notice of the planned cohort placements to nurse administrators of Oregon nursing programs and request letters of support or concern prior to submission of the application to the Board. The letters of response must be included in the materials for the board's review.

(c) The Board representative may request evidence from the nursing program of the following, including but not limited to:

(A) A written agreement with the Oregon clinical facility;

(B) Learning objectives to guide the student experience;

(C) Specific policies regarding client and student safety such as error reporting, frequency of faculty visitation, etc.;

(D) Evidence of the provision of meaningful presence by faculty providing oversight;

(E) Qualifications for selection of Clinical Preceptor(s);

(F) Provision that the agency may unilaterally nullify the contract in the event of issues with client safety; and

(G) Other information as needed.

(d) An out-of-state Nursing Program which has previously received approval to send 1 or more student cohorts for faculty-led clinical experiences in Oregon and seeks to increase or decrease the number of student cohorts, must submit a petition at least six months prior to making the change, and obtain approval prior to placement of additional students. The petition must include at least the following:

(A) Updates to the information required for initial petition as established in subsection (5)(A)(a) above, or attestation that the information has not changed; and

(B) A written agreement with the Oregon clinical facility that additional students from the out-of-state nursing program will not adversely impact current Oregon Nursing Program clinical placements.

(be) The program shall provide an annual report on a form supplied by the Board to include at least the following information:

(A) Curriculum change that affects the use of Oregon facilities for clinical experience;

(B) Plans for a significant increase in planned enrollment that may impact regional practice sites;

(C) Any change in provisions for client/student safety;

(D) List of all faculty members with academic and licensure credentials;

(E) Any change in approval/ accreditation status during the annum;

(F) Copy of progress reports (if any) to the home board during the annum; and

(G) NCLEX pass rate, number of candidates and number of candidates passing for the previous calendar year ending SeptDecember 30.

(cf) The OSBN may conduct a complete visit to survey of the program of nursing to determine its eligibility for approval at any time, or may accept all or part of the survey and findings on approval from the home state or nursing specialty accreditation organization.

(26) Nursing programs with faculty and facilities located in Oregon and approved by another state as of April 1,
1998:

(a) The program shall meet the reporting requirements established in OAR 851-021-0025 for Oregon approved nursing programs.

(b) In addition, the program shall:

(A) Report any change in approval/accreditation status within 30 days of such change;

(B) Report plans for a significant increase in planned enrollment that may impact regional practice sites including plans for provision of clinical placement(s) for additional student(s);

(C) Submit to the Board representative, a copy of any progress reports (if any) required by the home board;

(D) Annually submit the annual NCLEX pass rate, number of candidates and number of candidates passing for the previous calendar year ending September 30, and;

(E) Demonstrate attainment of OSBN standards for approval through OSBN participation in the regular survey visit conducted by the home board and/or nursing specialty accreditation organization.

(c) The OSBN may conduct a complete visit of the program to determine its eligibility for approval at any time, or may accept all or part of the survey and findings on approval from the home state or nursing specialty accreditation organization.

(3) Nursing programs that do not regularly send clinical sections to Oregon sites, and that seek to place an individual student for precepted experience:

(a) The program shall petition the Board for approval to provide clinical experience in Oregon. The petition shall include:

(A) Justification or rationale for use of Oregon facilities including description of clinical sites and experiences and the provisions that will be used for client/student safety;

(B) Documentation of home board approval including time frame and any currently outstanding recommendations;

(C) Evidence of accreditation by a regional association or national agency recognized by the Council on Higher Education Accreditation (CHEA);

(D) Name and credentials of the contact faculty member;

(E) Name and credentials of a contact person within the Oregon clinical facility;

(F) Evidence that faculty providing clinical supervision meet standards as established in OAR 851-021-0045(2), (6), (7), and (10).

(b) The program shall have a written agreement with the Oregon clinical facility including but not limited to:

(A) Learning objectives to guide the student experience;

(B) Provisions for client/student safety;

(C) Faculty member of record with provision for availability;

(D) Qualifications for selection of preceptor(s);

(E) Provision that the agency may unilaterally nullify the contract in the event of issues with client safety.

Statutory/Other Authority: ORS 678.031, ORS 678.150, ORS 678.340, ORS 678.360
Statutes/Other Implemented: ORS 678.031, ORS 678.150, ORS 678.340, ORS 678.360
REPEAL: 851-021-0120

RULE SUMMARY: The Oregon Nursing Services program was defunded several years ago and no longer exists, language in this rule is obsolete.

CHANGE TO RULE:

851-021-0120
Nursing-Critical Shortage Area Defined for the Purpose of the Oregon Nursing Services Program
(1) For the purposes of the Oregon Nursing Services Program, a student loan repayment program administered by the Oregon Student Assistance Commission, a “nursing-critical shortage area” means:
(a) A locality or practice setting defined by the Office of Rural Health as “frontier” or “rural”; and/or
(b) A practice specialty determined to be “critical” by the Board of Nursing, in consultation with the Office of Rural Health.
(2) A complete list of practice settings and/or practice specialties considered to be “critical” will be identified annually in Board policy.
Statutory/Other Authority: ORS 678.031, 678.150
Statutes/Other Implemented: ORS 678.031
851-021-0000

Purpose of Standards

To foster the safe and effective practice of nursing by graduates of nursing education programs by setting standards that promote adequate preparation of students for nursing practice. These standards will:

(1) Serve as a guide for the development of new nursing education programs.

(2) Enable innovative responses of established nursing education programs to a changing health care environment.

(3) Provide criteria for the approval of new and established nursing education programs.

(4) Facilitate interstate endorsement of graduates from Board approved nursing programs.

(5) Provide for sanctions for nursing education programs that do not maintain compliance with Board established standards.

Stat. Auth.: ORS 678.150, ORS 678.340 & ORS 678.360
Stats. Implemented: ORS 678.150 & ORS 678.360
Hist.: NB 1-1990, f. & cert. ef. 4-2-90; Renumbered from 851-020-0001; NB 4-1996, f. & cert. ef. 9-3-96; BN 1-2001, f. & cert. ef. 2-21-01

851-021-0010

Approval of New Nursing Education Programs

(1) Step 1 - Letter of Intent:

(a) At least one year in advance of the anticipated opening date, an institution or a program that is part of a multi-state corporate structure wishing to establish a new program in nursing must give written notification of intent to establish a new nursing education program to the Board representative, chief nurse executives of planned clinical sites, and to nursing program administrators of all existing OSBN-approved programs.

(b) The letter of intent must include information about size and type of program proposed, projected start date, student enrollment and planned clinical sites.

(c) The nurse administrators and chief nurse executives, duly notified, have the option of responding. Such response must be sent to the appropriate Board representative.
within 30 days from the date on the letter of intent, and must address potential adverse impacts to other programs or clinical entities.

(d) The Board representative must retain the letters of response and send a copy of the letters to the applicant within 45 days of the date on the applicant’s letter of intent. Such letters must be included in the applicant’s preliminary application when submitted.

(2) Step 2 - Preliminary Application

(a) After receiving the letters of response from the Board representative, the applicant may make application for Preliminary approval.

(b) The preliminary application must address at least the following information:

(A) Purpose, size, and type of program proposed;

(B) Studies documenting the statewide need for graduates of the program. The study should also specifically address the need for the program in relation to the nursing needs of the geographical area to be served;

(C) An analysis of potential impact on other nursing programs in the state including:
   (i) An analysis of current usage of potential clinical sites in area(s) proposed for student placements including impact on other programs placing students in clinical sites;
   (ii) Projected number of faculty positions and availability of qualified faculty in the area(s) proposed for clinical placements; and,
   (iii) Letters of response from Oregon-approved nursing programs addressing specific concerns regarding adverse impact on current programs;

(D) Evidence of interactions with the Nurse Administrators of currently approved nursing programs in area of planned clinical placements to discuss the impact on those nursing programs;

(E) Availability of adequate practice sites for the program with supporting documentation from persons assigned to coordinate clinical placements for each facility showing facility size, average client numbers, number of other programs hosted, and potential available placements;

(F) Plans for informing potential students of expected transportation and distance requirements for clinical experiences;

(G) Evidence of administrative and financial support for development of a nursing program;

(H) Evidence of the appointment of a qualified Nurse Administrator and sufficient administrative support staff for program development;

(I) Anticipated student enrollment and proposed date of enrollment;

(J) A program that is part of a multi-state corporate structure must address the current number of new programs in an approval process in other states, the program outcomes for nursing programs in other states inclusive of licensing examination pass rates, student retention rates, employment rates, the current faculty vacancy rate; and:
   (i) Provide any contracts, charters, or documents that reflect the relationship of the Oregon program to the corporate structure; and
   (ii) Evidence of local control of faculty hiring, budget, and curriculum;

(K) The Board representative must summarize the content of the letters of response and bring that summary to the Board;

(L) The applicant must respond to any Board requests for additional information;
The Board, after timely review and consideration of the information contained in the letter of intent and any supplementary information, must either grant or deny permission to begin development of a nursing program, including rationale for the decision;

If permission is granted:
(i) The applicant may begin preparing the Application for Developmental Approval as established in OAR 851-021-0010(3); and,
(ii) The Board representative must provide notice to the Nurse Administrator and academic administrator of all Oregon-based nursing education programs within 30 days of Board decision regarding approval to develop a nursing program;

If the applicant is denied permission to begin development of a nursing program:
(i) The program may submit a revised letter of intent and preliminary application no sooner than six months from the previous submission;
(ii) A hearing before the Board may be requested and the provisions of the Administrative Procedures Act must apply; and,
(iii) If the applicant does not submit a complete developmental approval application within twelve months after the date of the Board granting permission to proceed, the permission to begin program development must expire.

Step 3 - Application for Developmental Approval:
(a) An institution or program that has received approval of their letter of intent to develop a nursing program may make application for developmental approval.
(b) The developmental approval application must include at least the following information:

(A) Evidence of accreditation of the institution and all entities that are part of a multi-state corporate structure by an appropriate regional or national accrediting association or agency:
(i) Approval as a degree-granting institution of higher education in Oregon; and,
(ii) Accreditation by a regional association or national agency recognized by the United States Department of Education (USDE);
(B) Evidence of the appointment of a qualified Nurse Administrator as specified in OAR 851-021-0045;
(C) Evidence that the parent institution or controlling body agrees to center the administrative control of the nursing program in the nursing program administrator and shall continue to provide the support and resources necessary to maintain the standards for approval as specified in OAR 851-021-0045;
(D) Administration and organizational plan delineating lines of authority and decision making impacting the nursing program;
(E) Description of proposed instructional modalities and resources to support these modalities with dates of availability;
(F) Availability of adequate practice sites for the program with supporting documentation from persons assigned to coordinate clinical placements for each facility;
(G) Availability of adequate educational facilities, services, resources, and clinical placement sites for the entire length of the program;
(H) Evidence of financial resources adequate for planning, implementation and continuation of the program, including proposed operating costs;
(I) Tentative timetable for planning the program;

(J) Tentative start date for the program;

(K) Current institution catalog(s) inclusive of all published information provided to students on accreditations and approvals; and,

(L) Signed agreement(s) for the articulation of program graduates into the next level of nursing education. The agreement(s) must be with an Oregon-based program or an on-line program that meets criteria for Oregon RN licensure and does not require residency of any length outside of Oregon. Such articulation agreement must define specific accepted credits for progression in the RN program.

(i) Programs leading to a certificate or degree in practical nursing must have an agreement that prepares candidates for licensure as a registered nurse; and,

(ii) Programs leading to an associate degree in nursing must have an agreement with program leading to a baccalaureate or higher degree in nursing.

(c) The applicant must respond to the Board's request(s) for additional information.

(d) If the Board, after timely review and consideration of the information contained in the application and any supplementary information, including response statements from other programs, either approves or denies the application, the applicant must be notified in writing by the Board representative within 20 business days of the Board's decision with rationale for the decision.

(e) If developmental approval is denied:

(A) The program may submit a revised developmental application no sooner than six months from the previous submission;

(B) The applicant may request a hearing before the Board and the provisions of the Administrative Procedures Act must apply; and,

(C) If the applicant does not submit an application for initial approval within twelve months after the date designated for initiating the program in the approved plan, the developmental approval must expire.

(4) Step 4 - Initial Approval:

(a) Initial approval status may be applied for with documented evidence that the following conditions have been met:

(A) Application as described in OAR 851-021-0010(2) has received Board approval;

(B) Evidence of approval for the new program has been obtained from the appropriate agencies or bodies that review and approve new programs for public and private educational institutions:

(i) An institution must provide one copy of the report that was submitted to each agency and a copy of the letter(s) indicating that approval for the program have been granted;

(ii) A program that is part of a multi-state corporate structure must provide documentation that each member institution has approved the program, as well as documentation of agency approval as above; and,

(iii) An institution licensed by the Oregon Department of Education, Private Career Schools section must provide documentation of current licensure;

(C) A timetable for onboarding faculty allows adequate time for faculty to assist with curriculum development;

(D) Evidence that a sufficient number of qualified nurse educators, other required educators and administrative support services are in place a minimum of six months prior to the beginning of the courses;
(E) Documentation of budgeted funds to cover faculty salaries;

(F) Evidence that the following have been submitted to the appropriate Board representative a minimum of three (3) months prior to initiation of the program:

(i) A tentative written proposed program plan, including curriculum developed in accordance with the Standards for Approval;

(ii) Readiness for admission of students in educational and clinical facilities including clinical placement sites for the maximum number of students enrolled at one time;

(iii) Policies for admission and progression;

(iv) A comprehensive plan for evaluation of the nursing program that addresses key outcomes and links courses as a unified whole; and,

(v) Board-approved, signed agreement(s) for the articulation of program graduates into the next level of nursing education as established in OAR 851-021-0010 (3)(b)(L).

(b) Following Board receipt and review of the information required in OAR 851-021-0010(3), the Board may grant or deny initial approval;

(c) If initial approval is granted, a site visit may be conducted by a representative(s) of the Board;

(d) Initial approval must be received by a program prior to publication of the program and recruitment or acceptance of students for admission to the first class of nursing students;

(e) A new program may admit only one class of students per year until the entire curriculum has been taught and a full survey visit has been completed;

(f) If initial approval is denied, the applicant may request a hearing before the Board and the provisions of the Administrative Procedures Act must apply;

(g) Interim visits and progress reports may be requested by the Board at any time during the initial approval phase and following initial approval as deemed necessary by the Board; and,

(h) If the institution or consortium does not admit a class within twelve months after the date designated for initiating the program, the initial approval must expire.

(5) Step 5 - Final Approval:

(a) Eligibility for final approval occurs after the graduation of the first class of students;

(b) Within six months following graduation of the first class, the program must submit a self-study report addressing compliance with the Standards for Approval (OAR 851-021-0040 through 851-021-0070) and a survey visit must be made for consideration of approval of the program;

(c) The decision of the Board to grant or deny approval must be based upon review of a self-study report submitted by the program addressing compliance with Board standards, of the success rate of graduates on the national licensure examination, and of a survey report by a representative(s) of the Board; and,

(d) If approval is denied, the applicant may request a hearing before the Board and the provisions of the Administrative Procedures Act must apply.
851-021-0015

Periodic Evaluation of Nursing Education Programs

A nursing program may be the recipient of a site survey for any one of the following three reasons:

1. Nursing Program Survey Request: The nursing program may request a survey or site visit at any time. Such request must be in writing and must include the purpose(s) for the visit.

2. Periodic Evaluations related to possible non-compliance with standards:
   - The Board may require survey visits or interim progress reports at any time to determine if the minimum standards for nursing programs are being met. These situations may include, but are not limited to the following:
     a. Reports relating to violations of OAR 851-021-0040 through 851-021-0070;
     b. Denial, withdrawal or change of program or institution accreditation status by an accrediting agency recognized by the U. S. Department of Education;
     c. Knowingly providing false or misleading information to Board representative, students or the public concerning the nursing program;
     d. Violation of Board rules;
     e. Inability to secure or retain a qualified director or faculty, resulting in substandard supervision and instruction of students;
     f. Failure to achieve NCLEX pass rate standards per OAR 851-021-0018; and,
     g. Evidence of non-compliance with remediation plan by programs with deficiencies or violations.

3. Survey Visits to Determine Continued Approval:
   - All nursing education programs without national nursing accreditation are required to demonstrate continuing compliance with the Standards for Approval at least every eight years for continued approval.
   - Programs that have received national accreditation may be surveyed in conjunction with the national nursing accreditation body survey visits. The Board representative must write a separate survey report. Continued approval may be granted for up to ten years when the program has received national accreditation for ten years.
   - The survey visit must be made by a representative(s) of the Board on dates mutually acceptable to the Board representative and the program.
   - A program must submit a narrative self-evaluation report(s) that provides evidence of compliance with the Standards for Approval at least one month prior to the scheduled survey visit:
     A. The self-evaluation report prepared for the national nursing education accreditation body may be substituted in lieu of the Board’s survey report if a national accreditation survey is scheduled for that year; and,
     B. If the national self-evaluation report is submitted in lieu of the Board’s survey report, the program must submit an addendum to the self-evaluation report that addresses the Standards for Approval and that provides a guideline as to where the Standards are discussed in the self-evaluation report.
   - The program may be asked to participate in scheduling survey visit activities.
   - During the survey visit the Board representative may review and analyze various sources of information regarding program performance, including, but not limited to:
     A. Periodic Board of Nursing survey visits, as necessary;
     B. Results of ongoing program evaluation; and,
     C. Other sources of evidence regarding achievement of program outcomes including, but not limited to:
         i. Student retention, attrition, and on-time program completion rates;
(ii) Sufficient and adequate type and number of faculty, faculty competence and faculty retention and turnover;

(iii) Number and percentage of faculty with approval by exception;

(iv) Adequate laboratory and clinical learning experiences;

(v) NCLEX pass rates per OAR 851-021-0018;

(vi) Trend data and action planning related to NCLEX performance;

(vii) Trend data and action planning related to employer and graduate satisfaction;

(viii) Performance improvement initiatives related to program outcome; and,

(ix) Program complaints and grievance review and resolution.

(g) Nursing programs shall be evaluated by use of a rubric to guide in the timing of the next site survey.

(A) Board representative retains authority to suggest the number of years granted for approval regardless of score.

(B) The final decision is made by the Board.

(h) Each standard is evaluated as "met", "partially met" or "not met." The surveyors’ comments are included for most standards and in every case when a standard was partially met or not met.

(A) Standards partially met are deemed sufficiently met to merit the recommendation for approval.

(B) “Recommendations” in the summary of the report are intended as advisory to the nursing program and college. “Advisory” means that the recommendations, or alternative means to meet the same standard, are intended to be corrected and implemented before the next survey, but do not require a formal report to the Board.

(C) Any failure to address previously-identified survey recommendations may result in a deficiency.

(D) If the Board determines that a deficiency exists, notice will be given in writing to the controlling body, specifying the deficiency(ies) and prescribing the timeframe within which the deficiency(ies) must be corrected.

(E) Any violation of standards or failure to address previously-identified survey deficiencies in the time prescribed by the Board may result in closure as established in OAR 851-021-0020.

(i) Continuing approval will be granted upon the Board’s verification that the program is in compliance with the Board’s nursing education administrative rules and has the continued support of the parent institution or governing body to maintain compliance as specified in OAR 851-021-0045.

(j) The surveyor may share initial recommendations, deficiencies, and violations with the program at the end of the site survey, with the understanding that all are in draft format until final modification or approval by the Board.

(k) A draft of the survey visit report may be made available to the program for review and corrections in factual data before review by the Board.

(l) The administrator or designee(s) of the program may be invited to be present during the presentation of the survey report to the Board.

(m) Following the Board’s review and decision, written notification regarding approval of the program, or notice of deficiencies or violations that must be corrected within a specified time frame must be sent by the Board representative to the administrator of the nursing education program within 30 business days.

(n) An approved nursing program that becomes accredited by a national nursing
accreditation body between OSBN survey visits, may have the next scheduled survey visit adjusted to provide for the next review to align with the accreditation review cycle.

Stats. Implemented: ORS 678.360
Hist.: NER 37, f. & ef. 7-18-77; NB 1-1990, f. & cert. ef. 4-2-90; Renumbered from 851-020-0032; NB 4-1996, f. & cert. ef. 9-3-96; BN 1-2001, f. & cert. ef. 2-21-01; BN 3-2008, f. & cert. ef. 6-24-08

851-021-0018
NCLEX Standards
(1) All NCLEX pass rates are rounded up or down to the nearest percentage.
(2) First time and total pass rates are calculated annually in January on the basis of a program's pass rate over a 12-month period from January 1 through December 31 of the previous calendar year in the following manner:
   (a) The Board representative will obtain information from the NCSBN website about pass rates for first-time and repeat test-takers and send the information to the nursing programs in January.
   (b) First-time pass rates are calculated by the NCSBN.
   (c) The total pass rate is calculated by the nursing program and reported to the Board representative in the required annual report.
(3) A program must maintain the following:
   (a) At least a 75% first-time pass rate or higher for 2 consecutive 12-month periods as described above; and,
   (b) A 90% total pass rate or higher of all test-takers that includes first-attempt and repeaters for the most recent 12 months as described above.

851-021-0020
Denial or Withdrawal of Approval
(1) If, in the opinion of the Board, the standards established for approval of new or existing nursing education programs are not being met, notice thereof must be given in writing to the nursing program and to the parent program, specifying the deficiency(ies) and prescribing the time within which the deficiency(ies) must be corrected.
(2) Approval may be withdrawn if a program fails to correct the deficiency(ies) or achieve specified NCLEX pass rate standards within the time specified after a hearing in which such facts are established.
(3) Approval may be withdrawn if a nursing program, the parent institution, or governing body knowingly makes any false, misleading, or deceptive statements, or submits or causes to be submitted any false, misleading or deceptive information or documentation to the board or any representative of the board.

Stats. Implemented: ORS 678.360
Hist.: NER 30, f. & ef. 1-27-76; NB 1-1990, f. & cert. ef. 4-2-90; Renumbered from 851-020-0036; NB 4-1996, f. & cert. ef. 9-3-96; BN 3-2008, f. & cert. ef. 6-24-08
Reports and Approvals

Program Changes Requiring Reports to the Board.

(1) The program must notify the Board representative in writing within 15 days of development of the following circumstances:
   (a) Change in the nurse administrator of the program. Must be accompanied by a request for approval of interim or replacement Nurse Administrator as established in OAR 851-021-0025(5)(g);
   (b) Plans to move the entire program to a new location within the current geographic service area:
      (A) The program must notify the Board representative in writing of the following:
          (i) Address of the new location;
          (ii) Rationale for moving the nursing program;
          (iii) Anticipated date of completed move; and,
          (iv) Anticipated impact on students and faculty.
      (B) The Board representative may complete a site survey at a mutually-agreed-upon time to confirm compliance with OAR 851-021-0065 (1) and (2)(d).
   (c) Major changes in availability of adequate clinical sites for the program that results in reduction in student enrollment or faculty positions;
   (d) Change in accreditation status of the nursing program or the controlling body; and,
   (e) Major reductions in the financial support for the program.

(2) NCLEX first attempt pass rate standards and reports. In the event the program fails to maintain any one, or all of the NCLEX standards established in OAR 851-021-0018, a program must present to the Board representative a written plan, in conformance with Board policy, to evaluate, improve, and monitor graduate performance on the licensing examination, for presentation to the Board.

(3) Programs that have received initial approval for the use of simulation in clinicals as established in subsection (4)(b), and seek to increase those hours and percentages must present written notification to the board representative. This report must:
   (a) Be given at least 90 days prior to making the change;
   (b) Provide evidence of initial approval for simulation use as established in subsection (4)(b);
   (c) Include percentage and clock hours of clinicals currently allocated to simulation and direct patient care and planned percentage and clock hour increases;
   (d) Demonstrate evidence of meeting simulation standards as established in OAR 851-021-0050(5); and,
   (e) Demonstrate evidence of meeting NCLEX pass rate standards as established in OAR 851-021-0018.

(4) Program Changes Requiring Board of Nursing Approval. All of the following proposed program changes must be submitted to the Board representative for inclusion in the Board agenda as indicated:
   (a) Change of Administrative Control:
      (A) When control of an educational program is transferred from one institution to another, a report must be submitted to the Board representative by the receiving institution containing the following information:
          (i) Rationale for change;
          (ii) Anticipated effects on students, faculty and resources;
          (iii) Administrative and organizational plans, including a sound operational budget;
          (iv) Plans for the orderly transition of the program; and,
(v) Application for new program as delineated in OAR 851-021-0010, unless this requirement is waived by the Board of Nursing.

(B) The institution relinquishing the program must notify the Board of Nursing in writing of the intent to transfer the program, and must submit to the Board the information requested of programs undergoing voluntary termination (OAR 851-021-0035(1)).

(b) Before the initial use of simulation experiences to replace portions of direct patient care for clinicals, all programs must:

(A) Request approval for a major curriculum change as established in subsection 4(c)(B)(iv) at least six months prior to making the change;

(B) Demonstrate evidence of program readiness to comply with simulation rules as established in OAR 851-021-0050(5);

(C) Demonstrate evidence of meeting NCLEX pass rate standards as established in OAR 951-021-0018; and,

(D) Include planned percentage and clock hours of clinicals allocated to both simulation and direct patient care.

(c) Major Curriculum Change:

(A) When a nursing education program anticipates a major curriculum change in courses required for the nursing program, such change must be submitted to the Board representative for approval at least six months prior to offering the first nursing course under the new curriculum. The Board representative or designee is responsible for submitting the documents for inclusion in the next Board agenda as indicated.

(B) A major curriculum change means:

(i) A revision of the length of the program;

(ii) A revision of the objectives of the program;

(iii) Any revision of the curriculum of a program that affects the ability of the program to comply with the requirements of the curriculum as established in OAR 851-021-0050; and,

(iv) A revision of the type or amount of clinical experience approved for the program such as replacing a portion of clinicals with simulation.

(C) A change in the order in which courses must be taken is not considered a major curriculum change.

(D) The following materials must be submitted with the request for curriculum changes:

(i) Rationale for proposed changes including the anticipated effect on faculty, students, resources and facilities;

(ii) Presentation of the differences between the current curriculum and the proposed curriculum;

(iii) A timetable for implementation of change; and,

(iv) Methods of evaluation that will be used to determine the effects of the change.

(d) Addition of an extended campus site or distance nursing education option, or moving the program to a new location outside of the current geographic service area:

(A) The program must submit to the board representative a letter of intent to make changes as indicated above, at least six months prior to the planned implementation;

(B) The letter of intent must include at least the following information:
Plan for qualified faculty for the program at the extended site or with the addition of distance education technology;

Description of available and proposed education facilities and delivery modalities, services and resources with dates of availability;

Availability of adequate practice sites and provisions for faculty supervision of clinical experiences;

Plans for informing potential students of expected transportation and distance requirements for clinical experiences; and,

Tentative time schedule for planning, initiating, and evaluating the program;

(C) The Board may deem the addition of an extended campus site or distance nursing education option as the equivalent of a new program, and require application under OAR 851-021-0010. Notice to the applicant must include the rationale for the Board decision.

(e) Proposed demonstration project(s) that significantly alter the approved curriculum, model of clinicals or faculty-to-student ratio.

(A) The program must submit a letter of intent to implement such a project at least six months prior to the planned implementation.

(B) The letter of intent must include at least the following information:

(i) Description of the proposed project, including purpose;

(ii) Description of mechanisms and procedures for student safety and learning effectiveness;

(iii) Plan for evaluation of the project and reporting findings back to the Board; and,

(iv) Tentative time schedule for planning, initiating, and evaluating the program.

(f) Plans for an increase or decrease in student enrollment that may affect the overall faculty-student ratio or the capacity of institutional facilities or regional practice sites. The plan must be submitted to the Board representative for approval at least six months prior to the beginning of the student enrollment change in a report containing the following:

(A) Rationale for increase or decrease;

(B) An analysis of potential impact on other nursing programs and communities within the geographic service area including:

(i) Projected number of faculty positions and availability of qualified faculty in the area(s) proposed for clinical placements;

(ii) An analysis of the available clinical sites for the program, including the types of placement organizations expected to provide for the increase in student enrollment showing facility size, average client numbers, number of other programs hosted, and potential available placements;

(iii) Plans for informing potential students of expected transportation and distance requirements for clinical experiences; and,

(iv) Evidence of meeting with the Nurse Administrator of currently approved nursing programs within the geographic service area of planned clinical placements to discuss the impact of an enrollment increase;

(C) Anticipated effects on students, faculty and clinical resources; and,

(D) Administrative and organizational plans, including an operational budget to support increased enrollment.

(E) Within one year following the start of the planned change in student enrollment, the program must submit a report to the Board, addressing the following:
(i) Impact on clinical sites;
(ii) Impact on clinical faculty;
(iii) Student attrition rate; and,
(iv) Evidence of compliance with proposed plan, or rationales for non-compliance or change in plan.

(g) The following faculty appointments require an official approval letter by the Board representative before the applicant assumes the program assignment:
(A) Nurse Administrator;
(B) Interim Nurse Administrator during vacancy of the position to confirm compliance with qualifications in OAR 851-021-0045(7)(a)(8)(a), or exception as indicated;
(C) Exceptions to the appointment of qualified faculty members under OAR 851-021-0045(7); and,
(D) Non-nurse faculty as established in OAR 851-021-0045(5)(b).

(5) Annual Reports:
(a) Program information must be submitted to the Board annually on a form supplied by the Board, using submission instructions provided by the Board representative or designee; and,
(b) The annual report must include information to confirm continued compliance with the Board’s rules. Required reports may include data for aggregate and trend analysis.

(6) General Guidelines for Reports:
(a) The Board must review submitted reports and letters of intent for approval, or continued approval of nursing education programs or proposals for major curriculum change only when the Board is in formal session during posted public meeting dates; and,
(b) Materials to be reviewed at public Board meetings as described above, must be in the Board Office and accessible to the Board representative or designee by the posted filing date for interested parties, which is generally at least six weeks prior to the Board meeting.

Stat. Auth.: ORS 678.150
Stats. Implemented: ORS 678.150
Hist.: NER 4-1985, f. & ef. 7-10-85; NB 1-1990, f. & cert. ef. 4-2-90; Renumbered from 851-020-0071; NB 1-1993(Temp), f. & cert.e f. 2-8-93; NB 6-1993, f. & cert. ef. 6-22-93; NB 2-1996, f. & cert. ef. 3-12-96; NB 4-1996, f. & cert. ef. 9-3-96; BN 1-2001, f. & cert. ef. 2-21-01; BN 3-2008, f. & cert. ef. 6-24-08; BN 9-2013, f. 12-3-13, cert. ef. 1-1-14

851-021-0030
Consultative Services
Consultative services shall be provided by the Board at the request of a program or institution offering or planning to offer a program.

Stat. Auth.: ORS 678.150
Stats. Implemented: ORS 678.150
Hist.: NB 1-1990, f. & cert. ef. 4-2-90; Renumbered from 851-020-0072; NB 4-1996, f. & cert. ef. 9-3-96
851-021-0035

Closing of an Approved Nursing Education Program

(1) Voluntary closing. When the governing institution anticipates the closing of a nursing education program, it must notify the Board in writing, stating the reason, plan and date of the intended closing. Notice of intent to discontinue a nursing program must be transmitted to the Board at least 30 days prior to public announcement. The governing institution must choose one of the following closing procedures:

(a) The program must continue until the last class enrolled is graduated:
   (A) The program must continue to meet the standards for approval until all of the enrolled students have graduated;
   (B) The date of closure is the date on the degree, diploma or certificate of the last graduate; and,
   (C) The governing institution must notify the Board of the closing date.

(b) The program must close after the governing institution has assisted in the transfer of students to other approved programs:
   (A) The program must continue to meet the standards required for approval until all students are transferred;
   (B) A list of the names of students who have been transferred to approved programs and the date on which the last student was transferred must be submitted to the Board by the governing institution; and,
   (C) The date on which the last student was transferred must be the closing date of the program.

(2) Closing as a result of denial or withdrawal of approval. When the Board denies or withdraws approval of a program, the governing institution must comply with the following procedures:

(a) The program must close after the institution has made a reasonable effort to assist in the transfer of students to other approved programs. A timeframe for the transfer process must be established by the Board;

(b) A list of the names of students who have transferred to approved programs and the date on which the last student was transferred must be submitted to the Board by the governing institution; and,

(c) The date on which the last student was transferred must be the closing date of the program unless otherwise designated by the Board.

(3) Provision must be made for custody of records as follows:

(a) Safe storage of vital records, including permanent records of all graduates of the program; and,

(b) Notification to the Board in writing as to where the records will be stored and how they may be accessed by appropriate request.

Stat. Auth.: ORS 678.150
Stats. Implemented: ORS 678.150
Hist.: NB 1-1990, f. & cert. ef. 4-2-90; Renumbered from 851-020-0073; NB 4-1996, f. & cert. ef. 9-3-96
Standards for Approval: Organization and Administration

(1) The parent institution must be accredited by an appropriate regional or national accrediting association or agency and meet all current standards of the accreditor.
   (a) Institutions offering registered nurse programs must be approved as a degree-granting institution of higher education in Oregon; and,
   (b) Must be accredited by a regional association or national agency recognized by the United States Department of Education (USDE).

(2) The mission, goals, and expected program outcomes must be consistent with relevant professional nursing standards and guidelines for the preparation of nursing professionals.

(3) There must be evidence of adequate human, physical, and financial resources for the development, implementation, stability and continuation of the program, including required prerequisite and support courses if applicable.

(4) As required for initial approval, the parent institution must show evidence of ongoing compliance with centering the administrative control of the nursing program in the nursing program administrator and providing the support and resources necessary to maintain the standards for approval as specified in subsection (5) below.
   (a) During periods when the role is temporarily unfilled, an interim nurse administrator must be designated within 15 days to maintain ongoing nursing leadership.
   (b) The interim designee shall serve in that role during the interim after approval by the Board representative as established in OAR 851-021-0025(4)(f),
   (c) An appointment by exception may be requested if necessary as established in OAR 851-021-0045(7).

(5) The Nurse Administrator must have institutional authority and administrative responsibility for the program, including:
   (a) Leadership within the faculty for the development, implementation, and evaluation of the program, including curriculum and instructional delivery;
   (b) Creation and maintenance of an environment conducive to teaching and learning, including coordination and support of faculty assignments;
   (c) Liaison with executive administrators and administrative and student service units of the institution;
   (d) Participation in institutional policy and program decisions that affect teaching and learning within the nursing program;
   (e) Participation in preparation of the budget;
   (f) Administration of the budget;
   (g) Facilitation of faculty and faculty member professional development;
   (h) Participation in faculty member performance reviews and policies;
   (i) Recommendation for faculty member appointment, promotion, tenure and retention; and,
   (j) Liaison with the Board related to the program’s continuing compliance with the required elements of these rules.

(6) There must be a description or organizational chart available to faculty and staff that clearly illustrates communication and decision making processes within the nursing program, and accountability and communication of the nursing program to the college administrative executives.

(7) The Nurse Administrator must have sufficient time provided for carrying out administrative responsibilities. Instructional responsibilities and responsibilities for administration of other
programs must be consistent with the scope of the administrative responsibility for the nursing program.

(8) The Nurse Administrator must provide evidence of a written plan to orient and provide mentoring for new nursing faculty, including demonstrable evidence of adjustment in workload for new faculty and mentor to allow adequate time for successful onboarding.

(9) Faculty and students must participate in program evaluation.

(10) Student complaints and grievances must be defined, reviewed, and processed in accordance with established policies.

(11) The policies of the parent institution and the nursing education program must be congruent, fair and equitable, current, published and accessible to the public. The following must be accessible to all applicants and students:

(a) Admission policies and practices;
(b) Policy on advanced placement, articulation agreements, and transfer of credits;
(c) The number of credits required for completion of the program;
(d) Tuition, fees, and other program costs;
(e) Policies and procedures for withdrawal, including refund of tuition or fees;
(f) The grievance and complaint procedures;
(g) Specific policies regarding client and student safety in clinical practice such as error reporting, and frequency of faculty visitation in final practicum and community health clinical experiences;
(h) Policies related to student assessment including grading, appeal process, submission and grading of written work; and,
(i) Criteria for successful progression in the program, including graduation requirements.

Stat. Auth.: ORS 678.150 & 678.340
Stats. Implemented: ORS 678.150 & 678.360
Hist.: NER 30, f. & ef. 1-27-76; NER 37, f. & ef. 7-18-77; NER 3-1983, f. & ef. 12-1-83; NER 2-1985, f. & ef. 4-5-85; NB 1-1990, f. & cert. ef. 4-2-90; Renumbered from 851-020-0051; NB 4-1996, f. & cert. ef. 9-3-96; BN 1-2001, f. & cert. ef. 2-21-01; BN 7-2003, f. & cert. ef. 7-7-03; BN 3-2008, f. & cert. ef. 6-24-08

851-021-0045

Standards for Approval: Nursing Faculty

(1) Nursing program faculty must include a sufficient number of qualified Nurse Educators and Nurse Educator Associates to meet the identified learning outcomes of the nursing education program.

(2) The Nurse Administrator and each nurse faculty member must hold a current, unencumbered license to practice as a registered nurse in Oregon, maintain current knowledge of nursing practice for the registered nurse and the licensed practical nurse, and be academically and experientially qualified for the level of appointment.

(3) Qualifications for practical nurse programs:

(a) The Nurse Administrator must:

(A) Hold at least a master's degree in nursing with documentation of preparation or experience in curriculum and teaching; and,
(B) Have at least four years of full-time nursing experience or the equivalent, of which two years must have been in patient care, and two years must have been as a Nurse Educator or administrative position in a nursing education program.

(b) Each Nurse Educator must:
(A) Hold at least a baccalaureate degree in nursing; and,

(B) Have at least three years of full-time patient care nursing experience.

(c) Each Nurse Educator Associate must:

(A) Hold at least a baccalaureate degree in nursing; and,

(B) Have at least two years of full-time patient care nursing experience.

(d) If the institutional program in practical nursing is embedded within a program in registered nursing, all faculty member appointments must meet the qualifications required for registered nurse programs.

(4) Qualifications for registered nurse programs:

(a) The Nurse Administrator must:

(A) Hold at least a master's degree in nursing with documentation of preparation and experience in curriculum and teaching in a nursing program. In addition, for baccalaureate degree nursing programs, the Nurse Administrator must hold an earned doctorate degree; and,

(B) Have at least five years of full-time nursing experience. At least two of these must have been in patient care nursing and at least three of these years must have been in a Nurse Educator or administrative position in a PN or RN nursing education program.

(b) Each Nurse Educator must:

(A) Hold at least a master's degree in nursing or a baccalaureate degree in nursing and master's in a related field with a post-master's certificate in nursing from a program that is at least two semesters or three quarters in length;

(B) Have at least three years of full-time nursing experience in patient care; and,

(C) Document or demonstrate competency in education through experience, educational preparation or continuing education.

(c) Each Nurse Educator Associate must hold at least a bachelor's degree in nursing with no less than two years of full-time nursing experience in patient care.

(5) In a nursing program where there is no parent institution, non-nurse faculty members who teach non-nursing didactic courses in that nursing program must be educationally and clinically prepared in the same specialty area(s) as the theory they teach and must show evidence of at least two years of professional experience in that specialty.

(a) If currently or previously professionally licensed, each faculty member must provide evidence of an unencumbered license in their specialty at the time of most recent licensure.

(b) A faculty appointment form must be completed by the nurse administrator and approved by the Board representative before such faculty assumes program responsibilities.

(c) No exceptions will be granted for non-nurse faculty members.

(6) Faculty appointments for faculty without exception are made at the discretion of the Nurse Administrator and do not require Board approval or notification. However, the Board maintains the authority to conduct audits of a program's faculty education and experience at any time to confirm compliance with standards.

(a) When a program is found to be non-compliant with required faculty education and experience, monitoring may be necessary.

(b) Monitoring may require the program to notify the Board in writing within 30 days of appointment of all new faculty members for up to twelve months or until a pattern of compliance is demonstrated in the opinion of the Board.

(7) Appointment by Exception is required for nursing faculty teaching in a nursing program when indicated:
(a) Such request for appointment by exception must include rationale for the request and describe recruitment efforts; and,
(b) As established in OAR 851-021-0025 (4)(f), exception request must be approved by the Board representative before the faculty member assumes the program assignment.
(c) No more than 25% of the total faculty that includes both part-time and full-time, may be approved by exception;
(d) Any exceptions to the minimum qualifications for nursing program faculty appointments as indicated in subsections (3) and (4), and all faculty appointments as indicated in subsection (5) of this rule must be submitted in writing to the Board representative;

(8) Following evidence that substantial effort has been made to recruit a qualified faculty member without success, the Board representative may grant exceptions to nursing faculty for any of the following circumstances:
(a) The education and experience qualifications are deemed equivalent to the requirements;
(b) The individual has a baccalaureate in nursing, a masters or doctorate in a related field, and relevant nursing experience, and the background of the individual is related to the teaching assignment and is complementary to the faculty mix; or,
(c) The appointed individual is pursuing the needed qualifications. Reports on progress toward meeting the minimum qualifications must be provided as requested by the Board representative; or,
(d) The individual without full qualification is appointed for one year. The exception may be extended annually for a maximum of two times, with documentation of either continued and unsuccessful recruitment for a qualified replacement, or a plan to establish eligibility under exception (c) above.

(9) Special Provision for Nursing Faculty: Nurse Administrators and faculty members employed as such in Oregon during the 1984-85 academic year may be appointed after September 1, 1985 without meeting new requirements under paragraphs (3) and (4) of this rule.

(10) Nursing program faculty may include full-time and part-time faculty members. Faculty must participate in curriculum implementation and program evaluation.

(11) Nurse faculty members must have the authority and responsibility to:
(a) Maintain documentation of professional development activities that demonstrate links between annual evaluation of competency, professional goals, planned professional development activities, and completion of these activities;
(b) Determine student admission, progression, and graduation eligibility;
(c) Provide feedback to students with timely posting of assignment grades;
(d) Implement formal clinical evaluation tools at mid-term and at the completion of each clinical course;
(e) Define expected levels of performance for students in each clinical term;
(f) Develop, implement, and evaluate the curriculum and learning outcomes;
(g) Provide opportunity for students to evaluate teaching effectiveness;
(h) Collaborate with other nursing programs and agencies to develop appropriate and equitable access to clinical sites; and,
(i) Provide mechanisms for student input into and/or participation in decisions related to the nursing program.

(12) Faculty Operations must show the following:
(a) A standard format for faculty meeting minutes to capture meaningful discussions, decision-making, and follow-up; and,
(b) Policy and evidence indicate a timetable for regular review of nursing program policies, as well as student, program, and course outcomes, with curriculum evaluations that include faculty input.

(13) The Nurse Administrator and each nurse faculty member must demonstrate professional competence and continued development in nursing, nursing education, and assigned teaching responsibilities.

(a) The Nurse Administrator and each faculty member must periodically review assigned teaching responsibilities, evaluating and revising professional development plans as indicated;

(b) The institution and Nurse Administrator must support faculty in developing and maintaining competence in assigned teaching responsibilities; and,

(c) Links between evaluation of competency, professional goals, planned professional development activities, and completion of these activities must be evident in the Faculty Academic Performance Evaluation form for the Nurse Administrator and for each faculty member.

(14) Faculty providing oversight in clinical settings must also hold a registered nurse license to practice and meet requirements in the state in which the clinical experience is occurring.

(15) Policy and student evaluation forms indicate that nursing faculty have ultimate responsibility for student evaluations and progression in the program following clinical experiences, with input from clinical preceptors, clinical nurses, and agency staff as appropriate. In the final clinical practicum experience, clinical preceptor input is documented as informational only.

(16) Faculty Member-to-Student Ratio in Faculty-led Clinical Experiences:

(a) Faculty-led clinical practice must include development of skills in direct patient care and may include mid-fidelity or high-fidelity simulation substitutions per Board rules as established in OAR 851-021-0050(5).

(b) The number of faculty members appointed for oversight of direct patient care must be not less than one faculty member to every eight students having experience in one or more clinical units in the same facility at any given time. A lower ratio may apply when nursing faculty determine that student and client safety and learning effectiveness warrant.

(c) Recommended ratios must include consideration for the clinical faculty to adequately perform the responsibilities noted in sub section (e)(G) of this rule.

(d) For simulated clinical practice, program policy must define the ratio of nursing faculty members and staff-to-active student participants to follow the program’s adopted simulation professional standards. The number of active student participants must allow for appropriate evaluation by the nurse faculty member.

(e) Nursing program policy must include factors to be considered in determining the faculty member-to-student ratio in each clinical setting, such as:

   (A) Objectives to be achieved;
   (B) Preparation and expertise of faculty member;
   (C) Level of students;
   (D) Simulation (low fidelity, mid fidelity, high fidelity);
   (E) Number, type and condition of clients;
   (F) Number, type, and location of clinical sites; and,
   (G) Adequacy of the ratio for nurse faculty to:
       (i) Assess students’ capability to function safely within the clinical situation;
       (ii) Select and guide student experience; and,
       (iii) Evaluate student performance.
Faculty must provide students with a written plan for the clinical learning experience to enhance communication with clinical partners and bridge the gap between education and practice as established in OAR 851-021-0050(4)(d);

Faculty must remain in the same facility as the student group throughout the clinical shift and must maintain a meaningful presence, as defined in program policy, with Clinical Nurses and students at the practice site.

Rotate-out or observation experiences that involve 4 to 24 hours away from the primary faculty-led clinical group to other clinical units or areas within the same facility (e.g. surgical suite) are those required as part of the curriculum. This does not include students who rotate to campus-based simulation lab or skills lab.

Faculty Member-to-Student Ratio in Dedicated Education Units (DEU):
(a) The faculty member-to-student ratios may be modified in the DEU with the use of DEU-specific clinical preceptors.
(b) Clinical Preceptors may be used within a DEU as described by the following guidelines:
   (A) There must be a written plan for the clinical learning experience consistent with these rules;
   (B) Faculty must orient and provide on-going guidance for Clinical Preceptors in practice sites related to the program goals, teaching strategies, learning outcomes, and expected competencies of the students;
   (C) Clinical Preceptors must be selected according to written criteria developed by faculty and agreed to by responsible person(s) in the practice site;
   (D) Faculty are not required to remain in the same facility as the student group throughout the clinical shift, but must maintain a meaningful presence with Clinical Preceptors and students at the practice site, as described in the curriculum;
   (E) The faculty member must confer with each Clinical Preceptor and student (individually or in groups) regularly during the clinical learning experience as described in the curriculum; and,
   (F) Each Clinical Preceptor in the DEU may have oversight of two students. The ratio may be modified for final clinical practica.

Faculty Member-to-Student Ratio in the Community Health Nursing Experiences:
(a) The number of faculty members appointed must be at least one faculty member to every eight students having experience in community health settings. A lower ratio may apply when nursing faculty determine that student and client safety and learning effectiveness warrant. The program must establish reasonable faculty-student ratios to:
   (A) Allow for appropriate supervision and evaluation of the learning experience; and,
   (B) Support student achievements of course outcomes.
(b) The faculty member of record is not required to be consistently on-site, but must provide meaningful presence and appropriate, in-person participation with the student and agency staff member or clinical nurse, as described in the curriculum.
(c) A faculty member must be readily available to the agency staff or clinical nurse while students are involved in the clinical learning experience.

Faculty Member-to-Student Ratio in the Final Clinical Practicum Experience:
(a) The program must establish reasonable faculty-to-student ratios to:
   (A) Allow for appropriate supervision and evaluation of the learning experience; and,
   (B) Support student achievements of course outcomes.
(b) Each Clinical Preceptor may have oversight of one student.
(c) The faculty member of record is not required to be consistently on-site, but must provide meaningful presence and appropriate, in-person participation in the student-preceptor-faculty triad as described in the curriculum;

(d) A faculty member must be readily available to the Clinical Preceptor(s) while students are involved in the clinical learning experience; and,

(e) Clinical evaluation checklists for each student provide evidence that final student evaluation is completed by the faculty member in consultation with the Clinical Preceptor.

Stat. Auth.: ORS 678.150, 678.340 & 678.360
Stats. Implemented: ORS 678.150 & 678.360
Hist.: NER 30, f. & ef. 1-27-76; NER 37, f. & ef. 7-18-77; NER 3-1984, f. & ef. 10-4-84; NER 2-1985, f. & ef. 4-5-85; NER 4-1985, f. & ef. 7-10-85; NB 1-1990, f. & cert. ef. 4-2-90; Renumbered from 851-020-0061; NB 4-1996, f. & cert. ef. 9-3-96; BN 1-2001, f. & cert. ef. 2-21-01; BN 7-2001, f. & cert. ef. 7-9-01; BN 3-2008, f. & cert. ef. 6-24-08; BN 17-2010, f. & cert. ef. 11-29-10

851-021-0050
Standards for Approval: Curriculum

(1) Curriculum must:
   (a) Prepare the student to achieve the nursing competencies necessary at the level of licensure for safe practice based on current standards of care;
   (b) Reflect the identified mission, goals, and learning outcomes of the nursing education program; and,
   (c) Be consistent with the law governing the practice of nursing.

(2) Student course syllabi must include:
   (a) The course description;
   (b) Course outcomes and content outline;
   (c) The learning environments and activities;
   (d) Allocation of clock hours for didactic content, direct-care clinicals, skills lab, moderate and high fidelity simulation for skills acquisition, and final practicum;
   (e) In addition, allocation of simulation clock hours to replace direct patient care must be listed separately from simulation for skills acquisition;
   (f) Both the number of clock hours and the percentage of direct patient care hours that are substituted with simulation must be listed, as well as the ratio of simulation to direct patient care used, as established in subsection 5(g) and,
   (g) Methods and frequency of evaluation of student performance, including all evaluation tools used in the course.

(3) Patient care experiences must occur in a variety of clinical settings and must include:
   (a) Integrating patient safety principles throughout the didactic and clinical coursework including the importance and process of error reporting;
   (b) Implementing evidence-based practice to integrate best research with clinical expertise and patient values for optimal care, including skills to identify and apply best practices to nursing care;
   (c) Providing patient-centered, culturally competent care that recognizes that the patient or designee is the source of control and full partner in providing coordinated care by:
      (A) Respecting patient differences, values, preferences and expressed needs;
      (B) Involving patients or designees in decision-making and care management;
      (C) Coordinating and managing patient care across settings; and,
(D) Explaining appropriate and accessible interventions to patients and populations that may positively affect their ability to achieve healthy lifestyles.

d) Collaborating with inter-professional teams to foster open communication, mutual respect, and shared decision-making in order to achieve quality patient care.

(4) Clinical Nurses and Clinical Preceptors:
   (a) Must be licensed at or above the level of licensure that an assigned student is seeking;
   (b) Such license must be in the jurisdiction where he or she is mentoring students;
   (c) May serve as a teacher, mentor, and role model, in a clinical setting;
   (d) May enhance faculty-directed clinical learning experiences after a student has received basic instruction for that specific learning experience from a faculty member;
   (e) Must be provided with written information about student preparation and expected patient care experiences; and,
   (f) Clinical Preceptors must be selected by nursing staff members in leadership roles in the facility who can confirm demonstrated competencies related to the area of assigned clinical teaching responsibilities and the choice must be approved by faculty.

Programs may use only mid-fidelity or high-fidelity simulation as a component of direct patient care experiences. For all programs using simulation experiences as a component of direct patient care experience, the nursing education program must:

(a) Request board approval initially, as established in OAR 851-021-0025(4)(b);
(b) Demonstrate meeting NCLEX pass rate standards as established in OAR 851-021-0018;
(c) Create a framework that provides adequate resources (fiscal, human, and material) to support the simulation;
(d) Designate a nursing faculty member as simulation coordinator of the simulation team to ensure simulation quality and integrity;
(e) Provide evidence that the simulation coordinator obtained national certification in simulation within one year of employment if hired after January 1, 2024, or within three years of employment if hired before that time;
(f) Incorporate national professional simulation standards;
(g) Demonstrate that the ratio of simulation to clinical hours does not exceed one hour of simulation to replace two hours of clinical practice or current national simulation guidelines.
(h) Provide evidence that the simulation component does not exceed 49% of total clinical practice hours in a program with a nationally certified simulation coordinator; 20% of total clinical practice hours if the simulation coordinator is not nationally certified as established in subsection (6)(b)(C) and (D);
(i) Skills lab experiences using low fidelity simulation must not be counted as simulated clinical practice to replace direct patient care hours.
(j) Demonstrate that policies and procedures are in place to ensure quality-consistent simulation experiences for students. These policies and procedures must include:
   (A) Simulation experiences relate to program and course level outcomes;
   (B) The requirement of measureable outcomes for each simulation-based experience;
   (C) Job descriptions for simulation faculty members/facilitators; and,
   (D) Evidence of a plan for orienting simulation faculty members to their roles;
   (k) Demonstrate that the simulation program has an adequate number of trained simulation faculty members to support the learners in simulation-based experiences;
   (l) Show evidence of appropriate, designated physical space for education, storage, and debriefing.
(m) Demonstrate that the simulation program utilizes a method to debrief the observed simulations that is consistent with current national simulation guidelines.

(n) Collect and retain evaluation data regarding the effectiveness of the facilitator;

(o) Collect and retain evaluation data regarding the effectiveness of the simulation experience; and,

(p) Provide a means for faculty members to participate in simulation-related professional development and certifications.

(6) Curriculum plan must identify:

(a) Learning outcomes at the program and course level that serve as unified scaffolds that support each other;

(b) Learning activities to develop identified competencies. Courses, learning activities and clinicals must be organized in such a manner to have sufficient proximity in time to allow the student to form necessary links of theoretical knowledge, clinical reasoning, and deliberate practice:

(A) Clinicals may include simulated experiences and must include sufficient direct patient care hours to achieve identified competencies, course and program outcomes;

(B) All clinicals must include at least 51% of actual patient care hours;

(C) If simulation coordinator is nationally certified, both mid and high fidelity simulation may be used to satisfy up to 49% of clinicals. This does not include final clinical practicum hours;

(D) If simulation coordinator is not nationally certified, simulation experiences may replace only up to 20% of direct patient care hours; and,

(E) All programs must include no less than six (6) contact hours of learning activities related to pain management.

(c) Requirements of the educational institution for graduation; and,

(d) Total units required for graduation.

(7) High-stakes, standardized examination scoring must not be used to determine a student's graduation or progression in a nursing education program that prepares students for initial nurse licensure. The program shall have a process and procedure for remediation of students who do not pass the standardized examinations.

(8) The use of one internal, non-standardized assessment event that is the sole or primary determinant of progression or program completion is also not consistent with current evidence-based education practices.

(9) Practical Nurse Programs:

(a) As indicated in OAR 851-0045-0050, the Board recognizes that the LPN has a supervised practice that occurs at the clinical direction and under the clinical supervision of the RN or LIP who have authority to make changes in the plan of care.

(b) In practical nursing programs, the course content and clinical experience required must be a minimum of 42 quarter units or 28 semester units including:

(A) Biological, applied, social, and behavioral sciences and humanities: minimum of 18 quarter units or 12 semester units; and,

(B) Practical Nursing: minimum of 24 quarter units or 16 semester units of which no less than 12 quarter units (360 clock hours) or eight semester units (360 clock hours) must be clinical practicum as established in in OAR 851-021-0050 (6)(b)(A)(B).

(c) The Practical Nurse program must provide theory and faculty-supervised clinical practice in nursing to achieve competencies within the practical nurse scope of practice, including those related to:
(A) Creating and maintaining a safe environment of care;
(B) Demonstrating professional, legal, and ethical behavior in nursing practice;
(C) Collecting data and performing focused nursing assessments of the health status of an individual;
(D) Participating in the planning of the nursing care needs of an individual;
(E) Participating in the development and modification of the nursing care plan;
(F) Providing safe, clinically competent, culturally sensitive, and client-centered care for the promotion, restoration and maintenance of wellness or for palliation across the lifespan and settings of care;
(G) Functioning as a member of the interdisciplinary healthcare team;
(H) Using technology to facilitate communication, manage information, and document care;
(I) Providing cost-effective nursing care and participating in quality improvement strategies;
(J) Participating in health teaching and counseling to promote, attain, and maintain the optimum health level of an individual; and,
(K) Assisting in the evaluation of an individual’s response to a nursing intervention and the identification of an individual’s needs.

(10) Registered Nurse Program:
(a) Registered nurse curricula must meet all institutional requirements for and culminate in the award of an associate, baccalaureate, masters, or doctoral degree.
(b) In registered nurse programs, the course content and clinical experience required must be a minimum of 84 quarter units or 56 semester units including:
   (A) Physical, biological, social and behavioral sciences and humanities: minimum of 36 quarter units or 24 semester units; and,
   (B) Nursing: minimum of 48 quarter units or 32 semester units of which no less than 24 quarter units (720 clock hours) or 16 semester units (720 clock hours) must be clinical practicum as established in OAR 851-021-0050 (6)(b)(A)(B).
(c) The Registered Nurse program must provide theory and faculty-supervised clinical practice in nursing to develop competencies at the registered nursing scope of practice related to:
   (A) Creating and maintaining safe and effective environment of nursing care rendered directly or indirectly;
   (B) Demonstrating professional, ethical and legal behavior in nursing practice;
   (C) Using problem-solving skills, reflection, and clinical judgment in nursing practice to assess the health status of individuals and groups of individuals and to identify health care problems that are amenable to nursing intervention;
   (D) Prescribing nursing interventions and assessing responses to those interventions in order to direct, manage, delegate, and supervise nursing care for individuals, families, or groups;
   (E) Establishing goals to meet identified health care needs and provide safe, clinically competent, culturally sensitive, client-centered and evidence-based care to promote, restore and maintain wellness or for palliation across the lifespan and settings of care;
   (F) Providing culturally sensitive and evidence-based teaching, counseling, and advocacy for individuals, families and groups;
   (G) Participating within and providing leadership for an interdisciplinary team by implementing the strategy of care, including administering medications and...
(H) Applying leadership skills to identify the need for and to promote change;
(I) Using communication and information technology effectively and appropriately to collaborate with other health professionals in the management of health care.
(J) Applying and integrating principles of community health and community-based care into practice;
(K) Integrating concepts of resource utilization, quality improvement and systems to enhance care delivery;
(L) Delegating nursing interventions that may be performed by others per the OSBN-defined concept of Delegation in community-based care per OAR 851-045-0047; and,
(M) Baccalaureate and basic masters or doctoral programs must also include competencies related to:
   (i) Applying epidemiological, social, and environmental data and principles to identify and implement health promotion goals and strategies for communities and populations;
   (ii) Assuming leadership and effecting change through participation in teams and beginning application of management knowledge;
   (iii) Identifying and implementing measures to improve access to healthcare for individuals and underserved groups;
   (iv) Using the principles and practice of research to validate and improve nursing care for individuals, families, and groups; and,
   (v) Using teaching-learning principles to assist colleagues and healthcare providers to improve nursing care quality.

(11) Programs providing distance nursing education must:
   (a) Deliver the approved curriculum through learning activities designed to allow students to achieve stated learning outcomes or competencies;
   (b) Provide learning activities that are sufficiently comprehensive to achieve stated program outcomes and competencies; and,
   (c) Support instructor-student interaction and meaningful student interaction.

(12) Programs that provide for advanced placement of students must develop and use policies designed to assure that such students meet the equivalent of the program's current curriculum and competencies.

Stat. Auth.: ORS 678.150, 678.340 & 678.360
Stats. Implemented: ORS 678.150 & 678.360
Hist.: NER 30, f. & ef. 1-27-76; NER 37, f. & ef. 7-18-77; NER 2-1985, f. & ef. 4-5-85; NB 3-1988, f. & cert. ef. 7-5-88; NB 1-1990, f. & cert. ef. 4-2-90; Renumbered from 851-020-0056; NB 4-1996, f. & cert. ef. 9-3-96; BN 1-2001, f. & cert. ef. 2-21-01; BN 3-2008, f. & cert. ef. 6-24-08; BN 9-2013, f. 12-3-13, cert. ef. 1-1-14

851-021-0055 Standards for Approval: Students
The program in nursing is accountable to students by providing that:
(1) The program in nursing is accountable to students by providing students the opportunity to acquire and demonstrate the knowledge, skills, and abilities required for safe and effective nursing practice, in theory and clinical experience, through faculty oversight.
(2) While in their program of study, students must be held accountable for demonstration of professional behavior, including honesty and integrity.

(3) Admission, readmission, transfer, progression, retention, dismissal and graduation requirements are available to the students in written form and are consistent with those of the sponsoring institution. Where necessary, policies specific to nursing students may be adopted if justified by the nature and purposes of the nursing program.

(4) Students are admitted without discrimination as to age, race, religion, gender, sexual preference, national origin or marital status;

(5) Support services of the program and its sponsoring institution are documented and available to students;

(6) Distance nursing education programs are effectively supported through accessible modes of delivery, resources, and student support;

(7) Students are required to submit to a criminal background check to identify criminal convictions that may:
   (a) Pose a risk to public safety;
   (b) Preclude the ability to complete required clinicals; or,
   (c) Result in Notice to Deny Licensure on application for initial licensure in Oregon.

(8) Students must complete screening for substances that might impact safety in clinical learning per the rules of the Oregon Health Authority.

(9) Students are informed before admission that the OSBN has limits on eligibility for licensure, as defined in OAR 851-031-0006 (1)(a)(b). Ultimately, licensure may be denied to students with a criminal offense and those with a major physical or mental condition that could affect their ability to practice nursing safely.

(10) Board-approved, signed agreement(s) for the articulation of program graduates into the next level of nursing education as established in OAR 851-021-0010 (3)(b)(L).

Stat. Auth.: ORS 678.150, 678.340 & 678.360
Stats. Implemented: ORS 678.150 & 678.360
Hist.: NB 1-1990, f. & cert. ef. 4-2-90; Renumbered from 851-020-0068; NB 4-1996, f. & cert. ef. 9-3-96; BN 3-2008, f. & cert. ef. 6-24-08; BN 17-2010, f. & cert. ef. 11-29-10

851-021-0060

Standards for Approval: Records
A system of records must be maintained and be made available to the Board representative and shall include but not be limited to:

(1) Reports relating to institutional and program accreditation by any agency or body;

(2) Student complaints and grievances filed with the program to confirm adherence to program and college policy;

(3) Other records in accordance with state or federal guidelines, program or institution policy, record retention schedule or statute of limitations; and,

(4) Reports relating to education, preparation, licensing, and continuing education of all faculty as established in 851-021-0045.

Statutory/Other Authority: ORS 678.150, 678.340 & 678.360
Statutes/Other Implemented: ORS 678.150 & 678.360
History:
BN 3-2008, f. & cert. ef. 6-24-08
Standards for Approval: Facilities and Services

1. Educational facilities must include:
   (a) Classrooms, laboratories and conference rooms adequate in number, size and type according to the number of students and educational purposes for which the rooms are used;
   (b) Offices and conference rooms available and adequate in number and size to meet faculty needs for individual student counseling and faculty meetings;
   (c) Space provided for secretarial staff, files, storage and equipment; and,
   (d) Telephones, computers, equipment and support adequate in number and capacity to conduct program business.

2. Educational services and resources must include:
   (a) Adequate staff support services;
   (b) Adequate and current library services, holdings, and electronic learning resources;
   (c) Adequate student support services such as academic advising, financial aid advising, and academic bookstore services; and,
   (d) Adequate technology to support teaching and learning.

3. Institutions offering distance nursing education programs or using web-based learning management systems must provide ongoing and appropriate technical, design, and production support for faculty members and technical support services for students.

4. Selection of practice sites must be based on written criteria established by faculty.

5. Required elements in clinical affiliations agreements. There is a written agreement that is in effect between the authorities responsible for the educational program and the nursing service or other relevant service of the practice site. The agreement must include but not be limited to provisions that:
   (a) Ensure that faculty members have authority and responsibility to select appropriate learning experiences in collaboration with practice site;
   (b) Clearly specify whether or not Clinical Preceptors will be provided by the site, and how they will be selected and function; and,
   (c) The practice site designee must attest to the clinical affiliation contract being fully approved by the appropriate accreditation, evaluation or licensing bodies, if such exist.

Stat. Auth.: ORS 678.150 & 678.360
Stats. Implemented: ORS 678.150, 678.340 & 678.360
Hist.: NER 4-1985, f. & ef. 7-10-85; NB 1-1990, f. & cert. ef. 4-2-90; Renumbered from 851-020-0076; NB 4-1996, f. & cert. ef. 9-3-96; BN 1-2001, f. & cert. ef. 2-21-01; BN 3-2008, f. & cert. ef. 6-24-08; BN 17-2010, f. & cert. ef. 11-29-10

Standards for Approval: Evaluation

1. The nursing program has a current, systematic plan of evaluation for the entire curriculum. Nursing education program policies and procedures must be in written form, congruent with those of the institution, and must show evidence of ongoing, periodical reviews in a clearly-defined timeframe and process that includes:
(a) Evaluative criteria - which components will be evaluated;
(b) Methodology - how the data will be collected;
(c) Frequency of evaluation - when the data will be collected;
(d) Assignment of responsibility - who will be responsible for data collection; and,
(e) Indicators of program and instructional effectiveness - benchmarks to be achieved.

(2) The plan of evaluation contains evidence of:
(a) Compliance with the OSBN Standards for Approval for nursing education programs;
(b) Specific expectations of measureable achievement for each program outcome and for each end-of-program student learning outcome;
(c) Internal and external measures of Graduate achievement of identified program competencies and learning outcomes;
(d) NCLEX pass rate data, trends, and contributing factors;
(e) Sufficient and appropriate data and data analysis to inform program decision-making for the maintenance and improvement of each program outcome and each end-of-program student learning outcome;
(f) Pre-determined intervals, methods, and completion of assessments for curriculum design including course sequencing and scheduling to support program outcomes and each end-of-program student learning outcome;
(g) Faculty sufficient in number, preparation, experience and diversity to effectively achieve course and program outcomes and maintain client and student safety; and,
(h) Resources, including human, physical, and financial resources to support the number of enrolled students, instructional delivery and achievement of program learning outcomes.

(3) There is evidence that the comprehensive plan for evaluation is being implemented and that evaluative data is used for ongoing program improvement.

Stat. Auth.: ORS 678.150, 678.340 & 678.360
Stats. Implemented: ORS 678.150 & 678.360
Hist.: NER 30, f. & ef. 1-27-76; NB 1-1990, f. & cert. ef. 4-2-90; Renumbered from 851-020-0081; NB 4-1996, f. & cert. ef. 9-3-96; BN 1-2001, f. & cert. ef. 2-21-01; BN 3-2008, f. & cert. ef. 6-24-08

851-021-0080
Standards for Re-Entry Programs
(1) Re-entry programs must be approved by the Board before their implementation and at least every 5 years thereafter.
(a) An application for program approval must include:
(1) The intended size and type of re-entry program;
(2) A written program plan addressing the standards for approval in subsection (2) of this rule;
(3) Projected number and type of faculty; and,
(D) Description and availability of educational and clinical practice facilities and resources, as appropriate.
(b) Program changes requiring Board approval:
(A) Change in program director;
(B) Major change in curriculum or instructional design; and,
(C) Intent to close or substantially reduce program enrollment.
(2) Standards for Approval:
(a) Faculty qualifications:
(A) The program director, each nurse educator, nurse educator associate, clinical nurse, and clinical preceptor must hold a current unencumbered license to practice as a registered nurse in Oregon.

(B) The re-entry program director and all nurse educators must:
(i) Hold a minimum of a bachelor’s degree in nursing;
(ii) Have no less than three years of registered nursing experience; and
(iii) Provide evidence of evidence of at least three years of academic preparation or experience in education.

(C) Each nurse educator associate must have no less than three years of registered nursing experience and evidence of no less than two years of academic preparation or experience in teaching.

(D) Each clinical nurse and clinical preceptor must:
(i) Agree to directly supervise and evaluate the re-entry nurse;
(ii) Have no less than two years of registered nursing experience, of which at least six months must be in the setting in which the clinical experience is to occur; and,
(iii) Be recommended by the nurse executive or immediate supervisor in that setting.

(b) Faculty Responsibilities. The faculty must:

(A) Plan, implement, evaluate, and revise the educational program;

(B) Select and evaluate clinical facilities for supervised clinical practice;

(C) Develop and use written examinations and clinical performance measures based on the registered or practical nurse scope of practice to evaluate student achievement of program outcomes and required competencies;

(D) Develop, implement, and evaluate policies related to student admission, retention, and progression, and polices related to program operations; and,

(E) Provide for student evaluation of the program.

(c) Program curriculum:

(A) Curriculum must be consistent with the law governing the practice of nursing as defined in division 45 and division 47 of the Nurse Practice Act;

(B) Curriculum plan must identify:
(i) Course length, methods of instruction, and planned learning experiences;
(ii) Course content and practice requirements for completion of the program; and,
(iii) Outcomes achieved on completion of the program.

(C) The curriculum must include, but not be limited to, a minimum of 120 hours of instruction in current nursing practice which must be completed prior to beginning clinical practice, encompassing:
(i) The scope of nursing practice, legal and ethical perspectives, the current health care system, and working within interdisciplinary teams;
(ii) The nursing process, critical thinking, prioritizing, decision-making, and cultural competence in nursing practice;
(iii) The prescribing, directing, managing, assigning, delegating, and supervising of nursing care;
(iv) Nursing care of clients with alterations in health;
(v) Current nursing procedures and processes including use of technology in patient management, nursing practice and documentation;
(vi) Comprehensive nursing assessment;
(vii) Documentation including legal aspects of documentation; and,
(viii) Application of pharmacologic knowledge and administration of medications.

(d) Supervised clinical practice:
   
   (A) The student must hold a limited license at the level for which the re-entry course is being taken prior to engaging in supervised clinical practice to meet competency requirements;
   
   (B) Supervised clinical practice must be appropriate to the student's level of licensure and plan for competency development;
   
   (C) Prior to required supervised clinical practice, the facility must provide relevant orientation appropriate to the planned clinical experience;
   
   (D) Instructor-supervised clinical practice may be provided; and,
   
   (E) The faculty-to-student ratio for instructor-supervised clinical practice must be no greater than 1:8. A lower ratio may apply when dictated by student and client safety and learning effectiveness.

(e) Documentation of successful completion of the re-entry program must include:
   
   (A) Completion of program outcomes;
   
   (B) Completion of required supervised clinical practice hours;
   
   (C) Achievement of course competencies; and,
   
   (D) Recommendation for licensure by the re-entry program director and the clinical preceptor.

(f) The program must notify the Board in writing of each student's successful completion of the program, withdrawal from the program prior to completion, or failure to meet required outcomes.

Stat. Auth.: ORS 678.150
Stats. Implemented: ORS 678.113 & 678.150
Hist.: NB 5-1987, f. & ef. 7-1-87; NB 1-1994, f. & cert. ef. 4-1-94; Renumbered from 851-020-0189;
NB 12-1997, f. & cert. ef. 9-29-97; BN 10-1998, f. & cert. ef. 8-7-98; BN 1-2003, f. & cert. ef. 3-6-03;
BN 12-2006, f. & cert. ef. 10-5-06

851-021-0090

Standards for Out-of-State Student Clinical Experience in Oregon

(1) All out-of-state nursing programs seeking to place one or more students in Oregon for a clinical experience must obtain approval prior to student placements in the clinical site;

(2) The Board representative or designee, after timely review and consideration of the petition and any supplemental information, may grant or deny the petition, or bring it to the full Board for a decision.

(3) All requests for final clinical practicum and student cohort placements must include evidence that the responsible faculty member is licensed in Oregon, meets standards as established in OAR 851-021-0045(2)(3)(4) and provides meaningful presence as established in OAR 851-021-0045 (16)(g), (17)(E), (18)(b)(c), (19)(c)(d).

(4) For precepted, final practicum clinical experiences, an application with student names must be submitted on the form provided by the Board.

(5) Because faculty-led, cohort clinical experiences may affect clinical site and preceptor availability for Oregon based Nursing Programs, a program that plans to place 1 or more cohorts in Oregon must complete a written application in addition to the petition form provided by the Board, and send it to the Board representative at least six months prior to student placements. Approval must be obtained prior to placing the students in the clinical site.
(a) The initial application must include:

(A) Justification or rationale for use of Oregon facilities including description of clinical sites and experiences and planned duration of cohort placements;

(B) Anticipated student enrollment and proposed date of enrollment including the estimated number of students to be placed in Oregon clinical site(s);

(C) Attestation of affiliation agreement with clinical site;

(D) Number of clock hours planned annually for clinical experiences;

(E) Documentation of home board approval including time frame and any recommendations which are outstanding;

(F) Evidence of institutional accreditation by a regional accreditation body or national agency recognized by the United States Department of Education (USDE).

(G) Analysis of current usage of planned clinical sites in areas where clinical placements are planned;

(H) Evidence of interactions with the Nurse Administrators of currently approved nursing programs in area of planned clinical placements to discuss the impact on those nursing programs;

(I) Name and credentials of the faculty member of record;

(J) Evidence of availability of faculty in areas where clinical placements are planned;

(K) Name and credentials of the faculty member providing clinical oversight;

(L) Evidence of a planned mechanism for faculty providing meaningful presence as established in OAR 851-021-0045 (16)(g), (17)(E), (18)(b)(c), (19)(c)(d);

(M) Evidence that faculty and preceptors providing direct clinical supervision are licensed in Oregon and meet standards as established in OAR 851-021-0045(2), (3), and (4);

(N) Name and credentials of a contact person within the Oregon clinical facility;

(O) NCLEX pass rate, number of candidates and number passing for the past two years ending on the most recent December 31st.

(b) The board representative may send notice of the planned cohort placements to nurse administrators of Oregon nursing programs and request letters of support or concern prior to submission of the application to the Board. The letters of response must be included in the materials for the board’s review.

(c) The Board representative may request evidence from the nursing program of the following, including but not limited to:

(A) A written agreement with the Oregon clinical facility;

(B) Learning objectives to guide the student experience;

(C) Specific policies regarding client and student safety such as error reporting, frequency of faculty visitation, etc.;

(D) Evidence of the provision of meaningful presence by faculty providing oversight;

(E) Qualifications for selection of Clinical Preceptor(s);

(F) Provision that the agency may unilaterally nullify the contract in the event of issues with client safety; and

(G) Other information as needed.

(d) An out-of-state Nursing Program which has previously received approval to send 1 or more student cohorts for faculty-led clinical experiences in Oregon and seeks to increase or decrease the number of student cohorts, must submit a petition at least six months prior to making the change, and obtain approval prior to placement of additional students. The petition must include at least the following:
(A) Updates to the information required for initial petition as established in subsection (5)(A)(a) above, or attestation that the information has not changed; and, (B) A written agreement with the Oregon clinical facility that additional students from the out-of-state nursing program will not adversely impact current Oregon Nursing Program clinical placements.

(e) The program shall provide an annual report on a form supplied by the Board to include at least the following information:

(A) Curriculum change that affects the use of Oregon facilities for clinical experience;
(B) Plans for a significant increase in planned enrollment that may impact regional practice sites;
(C) Any change in provisions for client/student safety;
(D) List of all faculty members with academic and licensure credentials;
(E) Any change in approval/accreditation status during the annum;
(F) Copy of progress reports (if any) to the home board during the annum; and
(G) NCLEX pass rate, number of candidates and number of candidates passing for the previous calendar year ending December 31.

(f) The OSBN may conduct a complete survey of the program of nursing to determine its eligibility for approval at any time, or may accept all or part of the survey and findings on approval from the home state or nursing specialty accreditation organization.

(6) Nursing programs with faculty and facilities located in Oregon and approved by another state as of April 1, 1998:

(a) The program must meet the reporting requirements established in OAR 851-021-002 and for Oregon approved nursing programs.

(b) In addition, the program must:

(A) Report any change in approval/accreditation status within 30 days of such change;
(B) Report plans for a significant increase in planned enrollment that may impact regional practice sites including plans for provision of clinical placement(s) for additional student(s);
(C) Submit to the Board representative, a copy of any progress reports required by the home board;
(D) Submit the annual NCLEX pass rate, number of candidates and number of candidates passing for the previous calendar year ending December 31; and,
(E) Demonstrate attainment of OSBN standards for approval through OSBN participation in the regular survey visit conducted by the home board and/or nursing specialty accreditation organization.

(c) The OSBN may conduct a complete survey of the program to determine its eligibility for approval at any time, or may accept all or part of the survey and findings on approval from the home state or nursing specialty accreditation organization.
version are satisfied in favor of the Administrative Order. The Oregon Administrative Rules and the Oregon Bulletin are copyrighted by the Oregon Secretary of State.
TO: All Interested Parties

FROM: Ruby R. Jason
Executive Director

DATE: August 2020

SUBJECT: ADMINISTRATIVE RULEMAKING HEARING REGARDING THE ADOPTION OF THE AMENDMENTS TO OAR 851-031 (STANDARDS FOR LICENSURE OF REGISTERED NURSES AND LICENSED PRACTICAL NURSES)

On Tuesday, September 8, 2020, at 6:30 p.m., the Oregon State Board of Nursing will hold a hearing regarding the adoption of the proposed amendments to Chapter 851, Division 31, of the Oregon Administrative Rules regarding Standards for Licensure of Registered Nurses and Licensed Practical Nurses. Due to the COVID-19 pandemic and gathering restrictions, the administrative rule hearing will be held utilizing electronic media only. Please access the link on the main page of the OSBN website, www.Oregon.gov/OSBN, for instructions on how to provide verbal testimony during the Administrative Rule Hearing.

If you are unable to attend the hearing, you may submit written comments on the proposed rules no later than 5:00 p.m. on September 4, 2020, and they will be incorporated into the testimony received at the hearing. The Board will consider the testimony and vote on the Administrative rule amendments during the Board meeting on September 10, 2020. Please send comments to peggy.lightfoot@state.or.us. Note: Comments sent to any other e-mail shall not be considered.

Attached is a copy of the Notice of Proposed Rulemaking for this hearing. The Board is authorized by ORS 678.380 to establish and amend such rules.

The Board looks forward to receiving your input.
NOTICE OF PROPOSED RULEMAKING
INCLUDING STATEMENT OF NEED & FISCAL IMPACT

CHAPTER 851
BOARD OF NURSING

FILING CAPTION: Additional revisions to OAR 851-031; rules adopted on June 11, 2020, not yet effective

LAST DAY AND TIME TO OFFER COMMENT TO AGENCY: 09/08/2020 8:00 PM
The Agency requests public comment on whether other options should be considered for achieving the rule's substantive goals while reducing negative economic impact of the rule on business.

CONTACT: Peggy Lightfoot
971-673-0638
peggy.lightfoot@state.or.us

17938 SW Upper Boones Ferry Road
Portland, OR 97224

Filed By:
Peggy Lightfoot
Rules Coordinator

HEARING(S)
Auxiliary aids for persons with disabilities are available upon advance request. Notify the contact listed above.

DATE: 09/08/2020
TIME: 6:30 PM
OFFICER: Kathleen (Kat) Chinn, Board President
ADDRESS: Oregon State Board of Nursing
17938 SW Upper Boones Ferry Road
Portland, OR 97224

SPECIAL INSTRUCTIONS:
Due to the COVID-19 pandemic and gathering restrictions, it is possible that the administrative rule hearing will be held utilizing electronic media only. Please check the OSBN website (www.oregon.gov/OSBN) prior to the hearing date to determine if the hearing has changed to electronic media, and how to obtain access.

NEED FOR THE RULE(S):
Add additional language to proposed rules to clarify timelines for renewal eligibility.
To assure that references to other rule sections align with correct rule.
Changes the number of days a license can be expired before fingerprints are required to align with other sections of proposed rules.

DOCUMENTS RELIED UPON, AND WHERE THEY ARE AVAILABLE:
FISCAL AND ECONOMIC IMPACT:
No economic impact, no fee changes, no change in licensing requirements.

COST OF COMPLIANCE:
(1) Identify any state agencies, units of local government, and members of the public likely to be economically affected by the rule(s). (2) Effect on Small Businesses: (a) Estimate the number and type of small businesses subject to the rule(s); (b) Describe the expected reporting, recordkeeping and administrative activities and cost required to comply with the rule(s); (c) Estimate the cost of professional services, equipment supplies, labor and increased administration required to comply with the rule(s).

Cost of compliance within the agency remains unchanged.

DESCRIBE HOW SMALL BUSINESSES WERE INVOLVED IN THE DEVELOPMENT OF THESE RULE(S):
None.

WAS AN ADMINISTRATIVE RULE ADVISORY COMMITTEE CONSULTED? NO IF NOT, WHY NOT?
A request for Rule Advisory Committee participants was posted on three occasions, there were no participants.

RULES PROPOSED:

ADOPT: 851-031-0001

RULE SUMMARY: The Board adopted rule revisions on June 11, 2020, through the rulemaking process; the rules are not yet in effect.

Additional revision is necessary to change “home” address to “mailing” address in OAR 851-031-0001(2)(a), (b) and (d).

CHANGES TO RULE:

851-031-0001
Name, Address and Employer of Record
(1) Name of Record:
(a) A licensee of the Board must establish and keep his/her current legal name on file with the Board at all times.
(b) The name currently on file with the Board must be considered the name of record.
(c) At the time of a name change, the licensee must send a signed, written notification of change of name to the Board, accompanied by legal proof of that name change. Legal proof must be in the form of official records such as a birth certificate, marriage certificate or a court order/decree.
(d) Upon receipt of notification and legal proof of name change, the Board will change its records to reflect the licensee's name change.
(e) The name of record must be the same name used for nursing practice. Licensees must continue to sign nursing documents under the legal name on the license until the Board effects a change to the license.
(2) Address of Record:
(a) Licensee must keep his/her current mailing address and e-mail on file with the Board at all times.
(b) The mailing address and e-mail address currently on file with the Board is considered the address of record.
(c) The Board will send the Board Newsletters and all correspondence, including license renewal notices, to the licensee's e-mail address of record. Failure to receive notification of upcoming licensure renewal must not be justification for any untimely renewal.
(d) A Notice of Proposed Disciplinary Action sent to the licensee at the licensee's mailing address of record by
certified mail or registered mail, is sufficient notice even if the licensee fails to, or refuses to, respond to the postal service “return receipt” and never receives the notice. Such mailing permits the Board to proceed with disciplinary action in the absence of a request for a hearing.¶

(3) Employer of Record: Any licensed nurse actively practicing nursing must report his/her current nursing employer(s) and employer’s mailing address(es) to the Board. All employers, where the licensed nurse is working within his/her given scope of practice, must be reported. Each change in employer and employer’s mailing address must be submitted to the Board no later than 30 days after the change.

Statutory/Other Authority: ORS 678.150
Statutes/Other Implemented: ORS 678.150
RULE SUMMARY: The Board adopted rule revisions on June 11, 2020, through the rulemaking process; the rules are not yet in effect. Revisions are necessary to add the word "convicted" to OAR 851-031-0006(1)(b), which was inadvertently left off.

CHANGE TO RULE:

851-031-0006
General Eligibility, Limits on Eligibility, and Requirements Requirements for All Initial Applications for License and Licensure Renewal

(1) Limits on Eligibility:
(a) Graduation or program completion from an approved nursing program as documented in an offIf an applicant has a major physical transcript or credor ments evaluation for graduates of non-Oregon nursing programs. Graduates of nursing programs will provide evidence of graduation through Board designated procedures.

(A) An applicant for the condition that could affect the applicant's ability to practice a nurse examination shall show evidence of having completed a state approved Practical Nursing, Diploma, Associate Degree, Baccalaureate Degree or Master’s Degree Program in Nursing.

(B) An applicant for the registered nurse examination shall show evidence of having completed, a state approved pre-licensure, Diploma, Associate Degree, Baccalaureate Degree or Master’s Degree Program in Nursing.

(C) An applicant who graduated from a nursing program outside the United States shall show evidence that the program is equivalent to Practical Nursing, Diploma, Associate Degree, Baccalaureate Degree or Master’s Degree Program in Nursing in the U.S.

(b) Successful completion of the examination; and

c) Current or recent nursing practice as def eing safely, a physical or psychological assessment may be required to assist in the determination as to whether or not the applicant's physical or mental health is adequate to serve the public safely. This assessment will be part of the investigative process that could lead to denial or other disciplined in OAR 851-031-0006(3)(d); and

(d) English language proficiency as defined in OAR 851-031-0006(3)(e).

(2) Limits on Eligibility including possible revocation:

(a) If an applicant has a major physical or mental condition that could affect the applicant's ability to practice nursing safely, a physical or psychological assessment may be required, to assist in the determination as to whether or not the applicant's physical or mental health is adequate to serve the public safely.

(b) If an applicant has been arrested, charged or convicted of any criminal offense, pled guilty, convicted, completed a diversion program, pled no contest, or submitted an Alford Plea of any criminal offense that has not been expunged, a determination shall then must be made as to whether the arrest, charge or conviction bears a demonstrable relationship to the practice of nursing, in which case licensure may be denied. If the conviction does relate to the practice of nursing, licensure may be denied or otherwise disciplined up to, and including revocation.

(c) If the applicant has past, current or pending disciplinary action in another licensing jurisdiction, the Board shall must investigate and may deny or otherwise discipline including possible revocation of licensure.

(d) If the applicant falsifies an application, supplies misleading information or withholds information, such action may be grounds for denial or revocation.

(e) No state constructed examination, challenge examination or other method of licensure examination will be accepted.

(f) The Board shall be the sole judge of all credentials determining eligibility for licensing and for license renewals.

(3) General Eligibility Requirements:

(a) EA completed application using forms and per the instructions on forms provided by the Board, and payment of appropriate fees established by the Board.
(b) For graduates of non-Oregon nursing programs, official transcript or credentials evaluation:

(A) Graduates of United States schools of nursing must document graduation or program completion.

(B) Graduates of schools of accountability for assuring outside the United States must document graduation and educational equivalency with a credentials evaluation that the appropriate forms are completed.

(eb) Documentation of successful completion of the examination Board approved examination based upon the graduation date of the applicant:

(A) A registered nurse applicant for licensure shall have achieved the following minimum score on the licensure examination:

(i) Between June 1951 up to and including February 1982, a standard score of 350 or above in each of the five test sections comprising the examination; State Board Test Pool Examination (SBTPE) examination.

(ii) Between July 1982 through June 1988, a comprehensive standard minimum score of 1600 or above; on the NCLEX® comprehensive exam.

(iii) Beginning February 1989, a designation of a "Pass" score on the NCLEX-RN®.

(B) A practical nurse applicant for licensure shall have achieved the following minimum standard score on the licensure examination:

(i) Between June 1951 up to and including April 1988, a comprehensive standard score of 350 or above; on the Vocational Nursing Exam.

(ii) Beginning October 1988, a designation of a "Pass" score.

(d) Documentation of meeting the nursing practice requirement on the NCLEX-PN®.

(Ac) 960 hours of nursing practice, at the level of license sought, within the five years immediately preceding application for licensure; or

(B) Graduation from a Board-approved school of nursing or completion of an approved program within the five years immediately preceding application for licensure; or

(C) Completion of an Oregon State Board of Nursing approved reentry program at the level of license sought, within the two years immediately preceding issuance of licensure. No challenge or state constructed examination or other method of licensure examination will be accepted.

(ed) Documentation of English language All applicants must show English proficiency by one of the following methods:

(A) Graduation from or completion of an approved nursing program in the United States, its territories and jurisdictions, in which:

(i) All classroom instruction was in English; and

(ii) All nursing textbooks were in English; and

(iii) The preponderance of clinical experience was in English; or

(B) Graduation from a school of nursing outside of the United States in which:

(i) All classroom instruction was in English; and

(ii) All nursing textbooks were in English; and

(iii) The preponderance of clinical experience was in English; or

(C) Documentation of nursing practice, in English, at level of license sought, in another state in the United States, for at least 9648 hours, in the two years preceding application for licensure; or

(D) Successful completion of one of the following:

(i) CGFNS Certificate; or

(ii) Passing a score of 83 on the Test of English as a Foreign Language (TOEFL) within two years of application for licensure with an overall score as follows:

(I) TOEFL written 560;

(II) TOEFL CBT (computer based test) 220;

(III) TOEFL iBT (internet based test) 83; or

(iii) Passing the Test of English for International Communication (TOEIC) examination iBT within two years of application for licensure with a minimum score of 780; or
(ivj) Passing the International English Language Testing System (IELTS) (Academic Module) within two years of application for licensure with an overall score of 6.5 with a minimum of 6.0 all modules; or
(v) VISA screen certificate iii) Occupational English Test (OET) taken within two years of application submission with a “B” in all categories; or
(vi) Passing the English NCLEX® examination in another state; or
(vii) Graduation from a post-licensure nursing education program in the United States.¶
(f) Use of documented legal name for licensure. Documents which may be submitted to document a legal name change include birth certificate, marriage license, c
All initial and reactivation applicants will be subject to a national fingerprint-based criminal background check as described in OAR 851-001-0115. Renewal applicants will be subject to a state-based criminal background check through the Oregon Law Enforcement Data System (LEDS) and, in addition, will be subject to a national fingerprint based criminal background check every second renewal (every 4 years) after initial licensure.¶
(f) An initial renewal or reactivation applicant must have documentation of the Pain Management Education through the Oregon Pain Commission plus six hours of continuing education units and in accordance with ORS 413.590. The applicant will provide documentation to the Board through submission of certificates of completion if such certifications are not currently on file with the Board. Applicants graduating from an Oregon Licensed Practical Nurse or Registered Nurse program after January 1, 2009 do not need to complete the additional 6 hours of continuing education as it was provided in their education. These applicants must still provide evidence of completion of the Pain Management Education through the Oregon Pain Management Commission.¶
(g) An initial or renewal applicant submitting an application after July 1, 2021, must attest to having at least 2 hours of cultural competency education in the two years preceding the receipt of a completed application.
Statutory/Other Authority: ORS 678.150, ORS 678.040, ORS 678.050, ORS 678.055, ORS 678.080, ORS 678.101, ORS 678.113
Statutes/Other Implemented: ORS 678.040, ORS 678.050, ORS 678.150, ORS 678.055, ORS 678.080, ORS 678.101, ORS 678.113
RULE SUMMARY: The Board adopted rule revisions on June 11, 2020 through the rulemaking process; the rules are not yet in effect. Revisions are necessary for clarification in OAR 851-031-0048(1)(b), that for renewal of license, a nurse who has graduated within the previous two years preceding the receipt of the renewal application may waive the 400 hours of practice in two year requirement. Due to licenses being renewed based on the birthdate of the applicant, it is feasible that a newly licensed nurse will not have practiced for 400 hours before their license is due for renewal. Additional revision to change the effective date to January 1, 2021, to align with the implementation date of these rules.

CHANGES TO RULE:

851-031-0048
 Renewal of License
 Eligibility for Renewal of License. For renewal of licensure, the applicant must attest to:¶
 (1) (a) 400 hours of nursing practice, at the level of license sought, within the two years immediately preceding renewal application; or ¶
 (b) Graduation from a Board-approved Oregon, or out of state school of nursing, within the two years immediately preceding renewal application; or ¶
 (c) Completing a re-entry program meeting the requirements of OAR 851-021-0080; or OAR 851-031-0065 within the two years immediately preceding application for licensure renewal. ¶
 (2) Registered nurses and licensed practical nurses initially licensed prior to January 1, 2021, must attest to having 400 hours of practice in the previous two years by their second renewal cycle after implementation of these rules. ¶
 (3) Applicants who cannot attest to 400 hours of practice in the past two years preceding application for renewal must:¶
 (a) For less than 600 hours of practice in the last three years, the applicant must submit documentation of 20 hours of continuing education related to their area of nursing practice, employer required continuing education does not qualify; or ¶
 (b) For less than 800 hours of practice in the last four years, the applicant must submit documentation of 30 hours of continuing education related to their area of practice, employer required continuing education does not qualify. ¶
 (c) For less than 960 hours of practice in the last five years, the applicant must apply for practice re-entry per OAR 851-031-0061. ¶
 (4) Renewal applications will not be processed until all fees have been submitted. The time of application submittal as per Board records must be the official time of licensure renewal. There is no grace period for licensure renewal. The licensee must submit, prior to 12:01 a.m. on the date of their birthday in odd years for those born in an odd year and in even years for those born in even years, a completed application as prescribed by the Board. An application for renewal not completed within 30 days of expiration date must be considered void, and the applicant will need to apply for license re-activation as per OAR 851-031-0051. ¶
 (5) Applications received after the timeframe described in section (4) of this rule are subject to a penalty fee of $100 in addition to the renewal fee. ¶
 (6) Renewal applicants will be subject to a national fingerprint based criminal background check paid for by the applicant every second renewal. Renewals not requiring a fingerprint based renewal will be subject to a no cost Oregon based non-fingerprint background check performed by Board staff. ¶
 (7) All renewal applications are subject to random audit for validation of attested practice.

Statutory/Other Authority: ORS 678.150
Statutes/Other Implemented: ORS 678.021, ORS 678.040, ORS 678.050, ORS 678.150
ADOPT: 851-031-0055

RULE SUMMARY: The Board adopted rule revisions on June 11, 2020, through the rulemaking process; the rules are not yet in effect. Additional revisions are necessary to delete the word “full” which could be confused with all Board members needing to be present; it now simply states “the Board”.

CHANGES TO RULE:

851-031-0055
License Reinstatement

(1) Reinstatement is required for Board ordered revocation or stipulated agreement for voluntary surrender.¶

(2) An applicant for reinstatement of license must:¶
(a) Apply for reinstatement eligibility based upon Board order for revocation or signed stipulation for voluntary surrender and per OAR 851-001-0015.¶
(b) Completed application for reinstatement must be submitted no sooner than three years after initiation of the revocation or voluntary surrender. Applications received prior to the three year anniversary date of the order or stipulation will not be processed.¶
(c) After receipt of all required licensing documents the application must be forwarded to the investigations department and assigned to a Board Investigator. Once the investigation is complete, a report will be submitted to the Board for consideration to grant or deny reinstatement.¶
(d) If reinstatement is awarded by the Board, the licensee or certificate holder will be required to validate competency for practice through re-entry into practice as per OAR 851-031-0061.

Statutory/Other Authority: ORS 678.150
Statutes/Other Implemented: ORS 678.021, ORS 678.040, ORS 678.050, ORS 678.101, ORS 678.150
RULE SUMMARY: The Board adopted rule revisions on June 11, 2020, through the rulemaking process; the rules are not yet in effect. Revision to OAR 851-041-0085(2) is necessary to clarify that an unencumbered license must be held before a request for Inactivation of the license is approved. This is to avoid confusion that a “reprimand” is a discipline but does not encumber the license. Revisions also align wording with the language under “retired” nurse. Additional revisions are necessary to change the reference in OAR 851-031-0085(4) from 0055 to 0051.

CHANGES TO RULE:

851-031-0085
Inactive Nurse ¶

(1) Inactive Nurse status does not authorize nursing practice, either for compensation or as a volunteer, or the use of the title “nurse.” A full license to practice nursing is required to practice nursing in Oregon or to use the title “nursing in Oregon” in any setting. ¶

(2) A nurse currently licensed in good standing in Oregon and not currently under investigation by the Board, and hold a current unencumbered license may apply for Inactive Nurse status. ¶

(3) To receive Inactive Nurse status a nurse shall: ¶

(a) Request inactive status; and ¶
(b) Notify the Board of the reason for requesting this status; and ¶
(c) Sign a disclaimer acknowledging that Inactive Nurse status is not an authorization to practice nursing. ¶

(4) To reactivate a license from Inactive Nurse status a nurse must: ¶

(a) Meet all requirements for licensure renewal until such a time that the nurse applies for re-activation. ¶
(b) Provide nursing history if applicable. A nurse who does not meet the nursing practice requirement is required to complete the re-entry requirements specified in Board rules. ¶
(c) Pay fee established by the Board. ¶

(5) For two (2) years from the effective date of these rules, a nurse shall submit an application with appropriate fees as per OAR 851-031-0051 If practice whose license has expired within the last two (2) years may apply for Inactive Nurse status by meeting the requirements of criteria as listed in OAR 851-031-0051 is not met, the applicant will need to complete re-entry per OAR 851-031-0085(3)61.

Statutory/Other Authority: ORS 678.021, ORS 678.03450
Statutes/Other Implemented: ORS 678.021, ORS 678.03450
RULE SUMMARY: The Board adopted rule revisions on June 11, 2020, through the rulemaking process; the rules are not yet in effect. Additional revisions to OAR 851-031-0087(8) are necessary to align the Nurse Emeritus fingerprint requirement with that of previous sections regarding a decrease from 60 days to 30 days from the date a license expires and the need for fingerprints before renewal or issuance of a Nurse Emeritus license.

CHANGES TO RULE:

851-031-0087
Nurse Emeritus
(1) The nurse granted Retired Nurse Status may apply for Nurse Emeritus licensure. The Nurse Emeritus license allows the continued practice of nursing in a voluntary capacity only. The Nurse Emeritus license provides for practice at the Registered Nurse or Licensed Practical Nurse level. There is no Nurse Emeritus status for Nurse Practitioners, Clinical Nurse Specialists, or Certified Registered Nurse Anesthetists.

(2) An applicant for initial Nurse Emeritus licensure must submit the following:
(a) Appropriate forms and fee including attestation of 10,000 lifetime practice hours.
(b) Attestation to having 400 hours of practice in the past two years;
(c) A professional practice competency plan that includes:
(A) Identification of one’s volunteer practice role; and
(B) Identification of the setting where volunteer practice will occur; and
(C) Documentation that demonstrates how competency for the volunteer practice role has been attained; and
(D) A plan for continued independent or formal learning to maintain competency specific to one’s volunteer practice role.

(3) A nurse holding Nurse Emeritus licensure must indicate such by using the title:
(a) RN-E or
(b) LPN-E.

(4) A Nurse Emeritus license is valid for up to two years following the licensure calendar cycle set forth in ORS 678.101(1).

(5) A Nurse Emeritus license is not renewable by usual Board renewal procedures. The Nurse Emeritus must submit a completed application and describe how competency has been maintained, and how competency will be maintained, during the next two year cycle. Word for word competency plans from previous applications will not be accepted as a continuing competency plan. The Board is the final determiner if the competency plan is adequate for the practice of each Nurse Emeritus.

(6) For a Nurse Emeritus to continue practicing nursing, the application for license should be received by the Board prior to the expiration date of the current Nurse Emeritus license.

(7) If the initial Nurse Emeritus license has expired for more than one year, the Nurse Emeritus must show evidence of how competency has been maintained during the intervening time between expiration and application.

(8) A fingerprint-based criminal records check per OAR 125-007 is required when application for Nurse Emeritus license is made if an active license has not been held for more than 30 days from the date of application.

Statutory/Other Authority: ORS 678.055
Statutes/Other Implemented: ORS 678.055
Name, Address and Employer of Record

(1) Name of Record:
(a) A licensee of the Board must establish and keep his/her current legal name on file with the Board at all times.
(b) The name currently on file with the Board must be considered the name of record.
(c) At the time of a name change, the licensee must send a signed, written notification of change of name to the Board, accompanied by legal proof of that name change. Legal proof must be in the form of official records such as a birth certificate, marriage certificate or a court order/decree.
(d) Upon receipt of notification and legal proof of name change, the Board will change its records to reflect the licensee's name change.
(e) The name of record must be the same name used for nursing practice. Licensees must continue to sign nursing documents under the legal name on the license until the Board effects a change to the license.

(2) Address of Record:
(a) Licensee must keep his/her current home mailing address and e-mail on file with the Board at all times.
(b) The home mailing address and e-mail address currently on file with the Board is considered the address of record.
(c) The Board will send the Board Newsletters and all correspondence, including license renewal notices, to the licensee's e-mail address of record. Failure to receive notification of upcoming licensure renewal must not be justification for any untimely renewal.
(d) A Notice of Proposed Disciplinary Action sent to the licensee at the licensee's home mailing address of record by certified mail or registered mail, is sufficient notice even if the licensee fails to, or refuses to, respond to the postal service "return receipt" and never receives the notice. Such mailing permits the Board to proceed with disciplinary action in the absence of a request for a hearing.

(3) Employer of Record: Any licensed nurse actively practicing nursing must report his/her current nursing employer(s) and employer's mailing address(es) to the Board. All employers, where the licensed nurse is working within his/her given scope of practice, must be reported. Each change in employer and employer's mailing address must be submitted to the Board no later than 30 days after the change.
Stat. Auth: ORS 678.150
Stat. Implemented: ORS 678.150

851-031-0006
General Eligibility Requirements for All Initial Applications for License and Licensure Renewal

(1) Limits on Eligibility:
(a) If an applicant has a major physical or mental condition that could affect the applicant's ability to practice nursing safely, a physical or psychological assessment may be required to assist in the determination as to whether or not the applicant's physical or mental health is adequate to serve the public safely. This assessment will be part of the investigative process that could lead to denial or other discipline including possible revocation.
(b) If an applicant has pled guilty, convicted, completed a diversion program, pled no contest, or submitted an Alford Plea of any criminal offense that has not been expunged, a determination must be made whether the conviction bears a demonstrable relationship to the practice of nursing. If the conviction does relate to the practice of nursing, licensure may be denied or otherwise disciplined up to, and including revocation.
(c) If the applicant has past, current or pending disciplinary action in another licensing jurisdiction, the Board must investigate and may deny or otherwise discipline including possible revocation of licensure.
(d) If the applicant falsifies an application, supplies misleading information or withholds information, such action may be grounds for denial or revocation.
(e) The Board is the sole judge of all documents and credentials determining eligibility for licensing and for license renewal.

(2) General Eligibility Requirements:
(a) A completed application per the instructions on forms provided by the Board. The Board determines the format for form submission. The applicant takes accountability for assuring that the appropriate forms are completed.
(b) Documentation of successful completion of the Board approved examination based upon the graduation date of the applicant:
(A) A registered nurse applicant for licensure must have achieved the following minimum score on the licensure examination:
   (i) Between June 1951 up to and including February 1982, a standard score of 350 or above in each of the five test sections comprising the State Board Test Pool Examination (SBTPE) examination.
   (ii) Between July 1982 through June 1988, a comprehensive standard minimum score of 1600 or above on the NCLEX® comprehensive exam.
   (iii) Beginning February 1989, a designation of a "Pass" score on the NCLEX-RN®.
(B) A practical nurse applicant for licensure must have achieved the following minimum standard score on the licensure examination:
   (i) Between June 1951 up to and including April 1988, a comprehensive standard score of 350 or above on the Vocational Nursing Exam.
(ii) Beginning October 1988, a designation of a "Pass" score on the NCLEX-PN®.

(c) No challenge or state constructed examination or other method of licensure examination will be accepted.

(d) All applicants must show English proficiency by one of the following methods:
   (A) Graduation from an approved nursing program in the United States, its territories and jurisdictions, in which:
      (i) All classroom instruction was in English; and
      (ii) All nursing textbooks were in English; and
      (iii) The preponderance of clinical experience was in English; or
   (B) Graduation from a school of nursing outside of the United States in which:
      (i) All classroom instruction was in English; and
      (ii) All nursing textbooks were in English; and
      (iii) The preponderance of clinical experience was in English; or
   (C) Documentation of nursing practice, in English, at level of license sought, in another state in the United States for at least 400 hours in the two years preceding application for licensure; or
   (D) Successful completion of one of the following:
      (i) A score of 83 on the Test of English as a Foreign Language (TOEFL) iBT within two years of application for licensure; or
      (ii) Passing the International English Language Testing System (IELTS) (Academic Module) within two years of application for licensure with an overall score of 6.5 with a minimum of 6.0 all modules; or
      (iii) Occupational English Test (OET) taken within two years of application submission with a "B" in all categories; or
      (iv) Passing the English NCLEX® examination in another state; or
      (v) Graduation from a post-licensure nursing education program in the United States.

(e) All initial and reactivation applicants will be subject to a national fingerprint-based criminal background check as described in OAR 851-001-0115. Renewal applicants will be subject to a state-based criminal background check through the Oregon Law Enforcement Data System (LEDS) and, in addition, will be subject to a national fingerprint based criminal background check every second renewal (every 4 years) after initial licensure.

(f) An initial renewal or reactivation applicant must have documentation of the Pain Management Education through the Oregon Pain Commission plus six hours of continuing education units and in accordance with ORS 413.590. The applicant will provide documentation to the Board through submission of certificates of completion if such certifications are not currently on file with the Board. Applicants graduating from an Oregon Licensed Practical Nurse or Registered Nurse program after January 1, 2009 do not need to complete the additional 6 hours of continuing education as it was provided in their education. These applicants must still provide evidence of completion of the Pain Management Education through the Oregon Pain Management Commission.

(g) An initial or renewal applicant submitting an application after July 1, 2021, must attest to having at least 2 hours of cultural competency education in the two years preceding the receipt of a completed application.
Eligibility for Licensure by Examination for Graduates of Programs in the United States with a designated NCLEX® Program Code

(1) Graduation from an approved nursing program, as defined in ORS 678.040(2)(3)
   (a) An applicant for the practical nurse examination must show evidence of having graduated from a pre-licensure program preparing graduates for a licensed Practical Nurse or Registered Nurse program or have graduated from the Air Force 4N051 5 skill level or the Army 68WM6 Licensed Practical Nurse Program.
   (b) An applicant for the registered nurse examination must show evidence of having graduated from, a registered nurse pre-licensure Diploma, Associate Degree, Baccalaureate Degree program.
   (c) Participants enrolling in an accelerated master's program after July 1, 2021, must provide evidence of an awarded degree in Nursing to apply for licensure as a registered nurse. A letter of equivalency will not be accepted as a qualification for licensure per ORS 678.040(1)(2). The Master's degree will be accepted as qualifying for licensure if the applicant has not been previously licensed nor taken the NCLEX® prior to finishing the program.

(2) Successful completion of the Board defined examination for nursing licensure.

(3) Limits on Eligibility for Licensure by Examination:
   (a) Applicants for initial licensure by examination, not previously licensed in another state or country, will be permitted to test no more than two years following program graduation.
   (b) Applicants who have graduated from the military courses referenced in section (1)(a) of this section will be eligible to sit for the NCLEX-PN® by providing a DD 214 indicating training in the required military education and must be currently enlisted or within two years of discharge.
   (c) An applicant who fails to pass the examination in two years will not be eligible to reapply for licensure by examination unless the applicant graduates from an additional nursing program. A nursing re-entry program would not qualify the applicant for license by examination for those who have not been previously licensed.

(4) To qualify for a license the applicant must:
   (a) Submit a completed application; and
   (b) Graduate from an Oregon Board approved school of nursing or graduation from a non-Oregon state approved nursing program within the two years immediately preceding application for licensure and verified through Board defined procedures or qualify as a military practice nurse as defined in section (3)(b) of this rule; and
   (c) Register and pay fees to the testing service authorized to administer the NCLEX-RN® or NCLEX-PN® examination.

(5) Results of Examination:
   (a) All applicants must pass the NCLEX® prior to being authorized to practice as a licensed nurse in Oregon. No temporary practice permits are issued by the Board.
   (b) An applicant who passes the examination will be granted a license to practice nursing in Oregon after all other requirements for licensure have been met.
(c) An applicant who fails the licensing examination must meet requirements for reexamination.
(d) Reexamination following one or more failure(s):
   (A) An applicant notification of failed exam and instructions for reexamination will be mailed to the applicants address as listed with the authorized testing service.
   (B) An applicant for reexamination must file the required application and fee with the board before being eligible to take the examination.
   (C) The applicant must register and pay the fee to the authorized NCLEX® testing service
   (D) Per NCLEX® requirements, an applicant will be authorized to test no sooner than the 46th day following the previous test date. There is no limit to the number of times a candidate may re-test during the two year post-graduation timeframe.

Stat. Auth: ORS 678.040, 678.150
Stat. Implemented: ORS 678.040, 678.150

851-031-0021
Licensure by Examination for Graduates of Nursing Programs Outside of the U.S. or from Programs without an NCLEX® program code and who have less than 400 hours in 2 years:
(1) Graduates from nursing programs in Canada also refer to OAR 851-031-0027.
(2) Graduates from nursing programs in Puerto Rico also refer to OAR 851-031-0032.
(3) Applicants with no nursing experience will not be eligible for Oregon licensure if the completed application is received more than two years after graduation.
(4) Applicants must have graduated from a nursing program approved by the applicable education approval body in the country or jurisdiction where the program is located.
(5) Applicants must provide a credentials evaluation of the completed program from a Board approved credentials evaluation services that shows substantial equivalency with programs of the same level in the U.S. and for the applied level of licensure.
(6) Proof of English proficiency as described in OAR 851-031-0006(2)(d).
(7) Must take and pass the English version of the NCLEX® examination within two years of graduation.
(8) Applicants who have failed the examination must be held to the re-examination requirements of OAR 851-031-0015(5).

Stat. Auth: ORS 678.040, 678.150
Stat. Implemented: ORS 678.040, 678.150

851-031-0026
Licensure by Examination for graduates of nursing programs outside of the U.S. or from Programs without an NCLEX® program code and who meet the practice requirements of 400 hours of nursing practice in the two years preceding receipt of a completed application. This section is also applicable to internationally educated and licensed applicants who will be attending a graduate program that includes a hands-on practice practicum.
(1) Applicants must provide a credentials evaluation of the completed program from a
Board approved credentials evaluation service that shows substantial equivalency with programs of the same level in the U.S. and for the applied level of licensure.

(2) Verification of practice hours must be received directly from the employer. The verification must contain the level of practice and a listing of nursing duties, the number of hours worked, and signed by an administrator of the facility. This letter must be presented in English, a translated copy of the original letter from a Board approved translation service will be accepted as long as it is accompanied by the primary source letter in its original language.

(3) Applicants who are approved to practice nursing in another country and have practiced in a nursing role outside of the U.S. and who have never held a U.S. nursing license must take the English version of the NCLEX® prior to being awarded a license to practice in Oregon.

(4) Applicants eligible for licensure under this section must pass the NCLEX® prior to application expiration or will be required to enroll and pass a nursing re-entry program.

(5) Applicants who have failed the examination will be held to the re-examination requirements of OAR 851-031-0015 (5).

(6) Applicants with 400 hours of nursing practice within two years must meet the requirements of this section prior to being allowed to voluntarily take a re-entry course.

Stat. Auth: ORS 678.040, 678.150
Stat. Implemented: ORS 678.040, 678.150

851-031-0027
Licensure by Examination for Graduates of Programs in Canada
(1) Applicants from programs preparing graduates for licensure as registered nurses with graduation dates prior to January 1, 2015, must meet the requirements in OAR 851-031-0021 or 851-031-0026.
(2) Applicants from programs preparing graduates for licensure as registered nurses that have a designated, program-specific NCLEX-RN® program code, and who graduated on or after January 1, 2015, must meet the licensure requirements in OAR 851-031-0015.
(3) The English language version of the NCLEX-RN® is the only version acceptable for licensure.
(4) The NCLEX® is not available for graduates of Canadian Practical Nurse Programs who must apply for Oregon licensure as per the requirements of OAR 851-031-0021 or 851-031-0026.

Stat. Auth: ORS 678.040, 678.150
Stat. Implemented: ORS 678.040, 678.150

851-031-0032
Licensure by Examination for Graduates of Programs in Puerto Rico
(1) Applicants from nursing programs in Puerto Rico who have not been previously licensed or do not meet the minimum 400 practice hours in the two years preceding receipt of a completed application and whose course instruction and textbooks were primarily in Spanish, and have not taken the English version of the NCLEX-RN® or NCLEX-PN® must meet the requirement in OAR 851-031-0021 with the exception of section (5) of the rule if
the program was accredited by a national nursing program accreditation agency at the time of graduation.

(2) Applicants from Puerto Rico who are licensed in Puerto Rico and have 400 or more hours of practice in the two years preceding receipt of the application, but have not taken the English NCLEX®, must qualify under OAR 851-031-0026 when:
   (a) Course instruction and textbooks were primarily in Spanish; and
   (b) Applicants were Licensed in Puerto Rico by successfully completing the Spanish language Nursing Examination applicable to Puerto Rican licensure requirements.
   (c) For these applicants no credential evaluation is required.

Stat. Auth: ORS 678.040, 678.150
Stat. Implemented: ORS 678.040, 678.150

851-031-0035
Temporary License for Spouses and Domestic Partners of Active Duty Armed Forces of the United States Stationed in Oregon

(1) A temporary license to practice Registered Nursing (RN) or Licensed Practical Nursing (LPN) shall be issued to the spouse of active duty armed forces personnel when the following requirements are met:
   (a) A completed application and payment of fee is received by the Board; and
   (b) Submission of a copy of the military orders assigning the active duty member to an assignment in Oregon; and
   (c) The spouse holds a current license in another state to practice nursing at the level of application; and
   (d) The license is unencumbered and verified as active and current through processes defined by the Board.

(2) The temporary license shall expire on the following date, whichever occurs first:
   (a) Oregon is no longer the duty station of the active armed forces member; or
   (b) The license in the state used to obtain a temporary license expires; or
   (c) Two years after the issuance of the temporary license; or
   (d) When no longer a spouse or domestic partner of an active duty armed forces member.

(3) This temporary license is not renewable. If the dates in section two of this rule are exceeded and the spouse continues to practice in Oregon, the spouse must apply for an active Oregon license. The active license must be obtained using the processes and fees established for permanent licensure. Continuing to work in Oregon when the temporary license has expired will be considered practicing without a valid license and is subject to Board action.

Stat. Auth: ORS 678.040, 678.150
License by Endorsement:

(1) Applicant must meet all standards for eligibility established in OAR 851-031-0006 and have completed at least 400 hours of verifiable practice within two years preceding submission of a completed application.

(2) Per ORS 678.050(3)(b) the Board cannot accept third party payment for any endorsement application and the licensee must attest to having self-completed the application.

(3) Requirements and procedures for Licensure by Endorsement:

   (a) Using instructions provided by the Board, the applicant must arrange for:

      (A) Primary source verification from original licensing state or U.S. jurisdiction showing successful completion of the examination as defined in OAR 851-031-0006(2)(b); and

      (B) Transcript documenting graduation from a pre-licensure program used to originally qualify the applicant for nursing licensure. If the program no longer exists, the applicant must provide verification from the state in which the program was located stating that the program was authorized as a degree, diploma, or certification awarding nursing program in that state at the time of graduation and the applicant must provide documents that a degree in nursing was received from the program. The Board is the sole judge of acceptable documentation.

      (C) If internationally educated, a credential evaluation from a board approved credential evaluation service, documenting graduation from a pre-licensure program that originally qualified the applicant for nursing licensure. The age of the credential evaluation report is not relevant as long as the report is the original report establishing educational equivalency during initial licensure in the U.S.

   (b) An application for licensure by endorsement which has not resulted in the issuance of a license within one (1) calendar year of payment posting will be considered void.

   (c) Nurses licensed prior to 1989 without verification of passing the State Pool Test Board (SPTB) or verification of other U.S. entry level competency examination must have their application reviewed by the full Board for determination if documents qualify for Oregon licensure.

(4) Applicants from Puerto Rico who have been initially licensed in Puerto Rico and have taken the English language NCLEX-RN® or NCLEX-PN® must meet the requirements of this section to qualify for endorsement.

(5) Applicants from Canada qualify for endorsement if they graduated after January 1, 2015, and meet the requirements of this rule. Section (3)(a)(C) of this rule does not apply.

(6) The Board is the sole judge of all documents and credentials.

Stat. Auth.: ORS 678.150
Stats. Implemented: ORS 678.040, ORS 678.050 & ORS 678.150
1 employed and be placed on the work schedule if the following conditions are met:
2
(1) Employer submits written notification to the Board of Nursing by the day the nurse is placed on staff indicating:
3   (a) Date nurse(s) placed on staff;
4   (b) Name(s) of nurse(s);  
5   (c) Jurisdiction(s) of current licensure of nurse(s) so hired indicating evidence used to determine current unencumbered licensure;
6   (d) Nature of staffing shortage; and
7   (e) There is no labor dispute affecting nurse staffing.
8
(2) A nurse contracted or hired under ORS 678.031(6)(e):
9   (a) Must apply for an Oregon license to practice nursing by the day the nurse is placed on staff.
10   (b) A nurse who has not applied for an Oregon license by the day placed on staff must be subject to a civil penalty for practicing nursing without an Oregon license as per ORS 678.021.
11   (c) The Board may deny or withdraw approval of the nurse at any time during the licensing process if the nurse does not meet the qualifications for licensure. Once denial of approval is provided, the employer must not utilize the nurse in the practice of nursing. If the nurse continues in the practice of nursing in Oregon, both the nurse and the employer may be subject to Board sanction and civil penalty.
12   (d) The employer and the nurse are each accountable for verifying if the license has been issued after the first 30 days of the nurse being placed on the schedule. If no license has been issued, the employer must contact the Board for a one time extension for an additional 30 days.
13   (e) If no license has been issued by the 60th day of the initial placement of the nurse on the schedule, the employer must cease using the nurse until such a time that a license is issued. Failure to comply may result in Board sanction and civil penalty for the employer and the nurse.

Stat. Auth.: ORS 678.150
Stats. Implemented: ORS 678.031 & ORS 678.150

851-031-0048
Renewal of License
Eligibility for Renewal of License.
For renewal of licensure, the applicant must attest to:

(1) (a) 400 hours of nursing practice, at the level of license sought, within the two years immediately preceding renewal application; or
(b) Graduation from a Board-approved Oregon, or out of state school of nursing, within the two years immediately preceding renewal application; or
(c) Completing a re-entry program meeting the requirements of OAR 851-021-0080; or OAR 851-031-0065 within the two years immediately preceding application for licensure renewal.

(2) Registered nurses and licensed practical nurses initially licensed prior to January 1, 2021, must attest to having 400 hours of practice in the previous two years by their second renewal cycle after implementation of these rules.

(3) Applicants who cannot attest to 400 hours of practice in the past two years preceding application for renewal must:
(a) For less than 600 hours of practice in the last three years, the applicant must submit documentation of 20 hours of continuing education related to their area of nursing practice, employer required continuing education does not qualify; or

(b) For less than 800 hours of practice in the last four years, the applicant must submit documentation of 30 hours of continuing education related to their area of practice, employer required continuing education does not qualify.

(c) For less than 960 hours of practice in the last five years, the applicant must apply for practice re-entry per OAR 851-031-0061.

(4) Renewal applications will not be processed until all fees have been submitted. The time of application submittal as per Board records must be the official time of licensure renewal. There is no grace period for licensure renewal. The licensee must submit, prior to 12:01 a.m. on the date of their birthday in odd years for those born in an odd year and in even years for those born in even years, a completed application as prescribed by the Board. An application for renewal not completed within 30 days of expiration date must be considered void, and the applicant will need to apply for license re-activation as per OAR 851-031-0051.

(5) Applications received after the timeframe described in section (4) of this rule are subject to a penalty fee of $100 in addition to the renewal fee.

(6) Renewal applicants will be subject to a national fingerprint based criminal background check paid for by the applicant every second renewal. Renewals not requiring a fingerprint based renewal will be subject to a no cost Oregon based non-fingerprint background check performed by Board staff.

(7) All renewal applications are subject to random audit for validation of attested practice.

Stat. Auth.: ORS 678.150
Stats. Implemented: ORS 678.021, 678.040, 678.150

851-031-0051
License Re-Activation

(1) Reactivation of license is required if the license has been expired more than 30 days. An applicant for reactivation of license must:

(a) Submit a fully completed application established by the Board;

(b) Submit fingerprints as per the application instructions;

(c) Meet the nursing practice requirement of 400 hours in the two years preceding receipt of a completed application and if practice hours were obtained in another state other than Oregon, the applicant must arrange for primary source verification of license from the state(s) where practice hours were met.

(2) Applicants who have previously worked as a licensed nurse not meeting the practice requirements must apply for re-entry per OAR 851-031-0061.

Stat. Auth.: ORS 678.150
Stats. Implemented: ORS 678.021, 678.040, 678.050, 678.150

851-031-0055
License Reinstatement

(1) Reinstatement is required for Board ordered revocation or stipulated agreement for voluntary surrender.

(2) An applicant for reinstatement of license must:
(a) Apply for reinstatement eligibility based upon Board order for revocation or signed stipulation for voluntary surrender and per OAR 851-001-0015.
(b) Completed application for reinstatement must be submitted no sooner than three years after initiation of the revocation or voluntary surrender. Applications received prior to the three year anniversary date of the order or stipulation will not be processed.
(c) After receipt of all required licensing documents the application must be forwarded to the investigations department and assigned to a Board Investigator. Once the investigation is complete, a report will be submitted to the full Board for consideration to grant or deny reinstatement.
(d) If reinstatement is awarded by the Board, the licensee or certificate holder will be required to validate competency for practice through re-entry into practice as per OAR 851-031-0061.

Stat. Auth.: ORS 678.150
Stats. Implemented: ORS 678.021, ORS 678.040, ORS 678.050 & ORS 678.150

851-031-0061
Application for re-entry into practice
Applicants not meeting the 960 hours of practice in 5 years are not eligible for license renewal or re-activation and must:
(1) Complete an application for re-entry using forms and procedures provided by the Board; and
(2) Complete an additional application for a limited license and attend and pass a Board approved nursing re-entry program; or
(3) Complete an additional application for a limited license and provide documentation of an individualized re-entry plan as described in OAR 851-031-0065; or
(4) Pass the NCLEX-RN® or NCLEX-PN® within one year of re-entry application.

Stat. Auth.: ORS 678.150
Stats. Implemented: ORS 678.021, ORS 678.040, ORS 678.050 & ORS 678.150

851-031-0065
Standards for individualized re-entry plans
The applicant choosing to complete an individualized plan for re-entry must submit, in writing, the following for Board approval:
(1) Summary of nursing education and practice with rationale for use of an individualized plan for re-entry into nursing practice;
(2) Anticipated timeframe for completing all required components, including acquisition/demonstration of current knowledge and required supervised clinical practice;
(3) Clinical competencies/outcomes to be achieved and the mechanism for evaluating competence in nursing practice on completion of the plan;
(4) Plan for obtaining and demonstrating knowledge/competence in nursing.
(5) Plan for obtaining 120 hours of theory and 160 hours of clinical supervision at the appropriate level of licensure. An additional 160 hours may be required by the Board based upon preceptor feedback. The plan must identify:
(a) The agency or agencies and contact person(s) where required supervised clinical experience will be obtained. A signed contract/agreement with each agency is
required. The contract/agreement must include but is not limited to:

(A) Learning objectives/outcomes for the re-entry experience;
(B) Provisions for client and re-entry nurse safety;
(C) Unit(s) on which the experience is to occur with the name of the preceptor on each unit, if applicable;
(D) A provision allowing the agency to nullify the contract/agreement in the event of client safety issues.

(b) The name and credentials of the registered nurse preceptor(s). Each nurse preceptor must:

(A) Hold a current unencumbered registered nursing license in Oregon;
(B) Agree to directly supervise and evaluate the re-entry nurse;
(C) Have no less than two years of registered nursing experience, of which at least six months must be in the setting in which the clinical experience is to occur; and
(D) Be recommended by the nurse executive or immediate supervisor in that setting.

(6) Documentation of successful completion of the individualized re-entry plan must be provided in writing, and must include:

(a) Completion of program objectives/outcomes;
(b) Completion of required supervised clinical practice hours;
(c) Achievement of predetermined competencies; and
(d) Recommendation for licensure by clinical preceptor and nurse manager.

Stat. Auth.: ORS 678.150
Stats. Implemented: ORS 678.050, 678.113 & 678.150

851-031-0075
Limited Licenses for Internationally Educated and Licensed Nurses (IELN)

(1) Refer to OAR 851-031-0026 for license requirements for IELN nurses attending a graduate program requiring a clinical practicum component.

(2) IELN nurses attending a research PhD program are not required to obtain a full or limited license provided that no direct care is provided and that patient interaction is restricted to investigation protocol data collection and are under the supervision and nursing license of the Principle Investigator. Non-nurse Principle Investigators are not authorized to supervise IELN PhD students.

(3) A limited license is not required for an observation only experience. The sponsor, faculty or preceptor will be accountable if the IELN observer is allowed to provide any type of patient care intervention, this constitutes practicing without a license.

(4) A limited license is required for those IELN nurses who are attending a continuing education program or clinical experience as part of an exchange program or a program offering a precepted experience of nursing practice in Oregon. The IELN works under the supervision of the faculty or sponsor; the preceptor is accountable for removing the IELN from the clinical experience if the preceptor deems the IELN is providing unsafe patient care. The IELN has a limited license and is accountable for their practice; however, the sponsor will be held accountable for allowing an IELN who has been reported to be unsafe to continue to participate in the clinical experience. The IELN must have a faculty or sponsor who has an unencumbered Oregon RN license who will take accountability for the experience of the IELN and assure that the clinical experience is commensurate with the IELNs current scope of practice.
practice and that specific learning objectives are formulated.

(5) Requirements for a limited license under this section:
   (a) A completed application per Board processes including the name of the program
       and accountable Oregon licensed sponsor, faculty, or preceptor.
   (b) Primary source verification that the nurse is in good standing with their country's
       nursing licensure authority.
   (c) The limited license is valid for one year or when the program is completed,
       whichever is least.

Stat. Auth. ORS 678.050, 678.150
Stat. Implemented. ORS 678.050

851-031-0085
Inactive Nurse
(1) Inactive Nurse status does not authorize nursing practice, either for compensation or as
    a volunteer, or the use of the title "nurse". An active license is required to practice nursing
    in Oregon or to use the title "nurse" in any setting.
(2) A nurse currently licensed in Oregon and not currently under investigation by the Board, or
    under current Board discipline, may apply for Inactive Nurse status and hold a current
    unencumbered license may apply for Inactive Nurse status.
(3) To receive Inactive Nurse status a nurse must:
    (a) Request inactive status; and
    (b) Sign a disclaimer acknowledging that Inactive Nurse status is not an authorization
        to practice nursing.
    (c) Inactive status exempt the nurse from licensure renewal until such a time that the
        nurse applies for re-activation.
(4) To reactivate a license from Inactive Nurse status a nurse must submit a completed re-
    activation application with appropriate fees as per OAR 851-031-0051. If practice hour
    criteria as listed in OAR 851-031-0055 is not met, the applicant will need to complete
    re-entry per OAR 851-031-0061.

Stat. Auth.: ORS 678.021, 678.050
Stats. Implemented: ORS 678.021, 678.050

851-031-0086
Retired Oregon Nurse Status
(1) A nurse who holds an active unencumbered Oregon nursing license is eligible to apply
    for Retired Nurse status.
(2) All of the licenses held by the nurse must be retired simultaneously.
(3) To receive Retired Nurse status a nurse must:
    (a) Not be the subject of any current or pending investigation or action by the Board; and
    (b) Indicate an intent to retire from nursing practice; and
    (c) Apply using forms and instructions provided by the Board; and
    (d) Sign a disclaimer acknowledging that Retired Nurse status is not an authorization
        to practice nursing.
(4) A nurse with Retired Nurse Status must indicate “Retired” when using the title nurse. (e.g.
    RN, Retired; LPN, Retired; NP, Retired; CNS, Retired; CRNA, Retired). This
requirement does not apply to the nurse with a retired license but has applied for and granted Nurse Emeritus licensure per OAR 851-031-0087.

Stat. Auth: ORS 678.031, 678.050
Stats. Implemented: ORS 678.031 & 678.050

851-031-0087
Nurse Emeritus

(1) The nurse granted Retired Nurse Status may apply for Nurse Emeritus licensure. The Nurse Emeritus license allows the continued practice of nursing in a voluntary capacity only. The Nurse Emeritus license provides for practice at the Registered Nurse or Licensed Practical Nurse level. There is no Nurse Emeritus status for Nurse Practitioners, Clinical Nurse Specialists, or Certified Registered Nurse Anesthetists.

(2) An applicant for initial Nurse Emeritus licensure must submit the following:
   (a) Appropriate forms and fee including attestation of 10,000 lifetime practice hours.
   (b) Attestation to having 400 hours of practice in the past two years;
   (c) A professional practice competency plan that includes:
      (A) Identification of one’s volunteer practice role; and
      (B) Identification of the setting where volunteer practice will occur; and
      (C) Documentation that demonstrates how competency for the volunteer practice role has been attained; and
      (D) A plan for continued independent or formal learning to maintain competency specific to one’s volunteer practice role.

(3) A nurse holding Nurse Emeritus licensure must indicate such by using the title:
   (a) RN-E; or
   (b) LPN-E.

(4) A Nurse Emeritus license is valid for up to two years following the licensure calendar cycle set forth in ORS 678.101(1).

(5) A Nurse Emeritus license is not renewable by usual Board renewal procedures. The Nurse Emeritus must submit a completed application and describe how competency has been maintained, and how competency will be maintained, during the next two year cycle. Word for word competency plans from previous applications will not be accepted as a continuing competency plan. The Board is the final determiner if the competency plan is adequate for the practice of each Nurse Emeritus.

(6) For a Nurse Emeritus to continue practicing nursing, the application for license should be received by the Board prior to the expiration date of the current Nurse Emeritus license.

(7) If the initial Nurse Emeritus license has expired for more than one year, the Nurse Emeritus must show evidence of how competency has been maintained during the intervening time between expiration and application.

(8) A fingerprint-based criminal records check per OAR 125-007 is required when application for Nurse Emeritus license is made if an active license has not been held for greater than 6030 days from the date of application.

Stat. Auth. ORS 678.055
Stat. Implemented ORS 678.055
Registered Nurse First Assistant (RNFA) Status

The Board must maintain a registry of RNFAs authorized to independently bill for services as an RNFA:

1. All Registered Nurses and Advanced Practice Nurses independently billing as an RNFA and identifying themselves as RNFA must apply for placement on the registry pursuant to ORS 678.366. Failure to comply with the rules of this section and the nurse portraying themselves as RNFAs and independently billing for RNFA services shall be considered a violation of the Nurse Practice Act, which could result in Board sanctions against the nurse’s license.

2. Nurses are exempt from this registry requirement if:
   - (a) The nurse is assigned the role of first assist by their employer and is practicing under the rules as outlined in OAR 851-045-0060(12)(b)&(c); and
   - (b) Have comparable education and competency validation to perform the functions of an RNFA; and
   - (c) Does not identify themselves as an RNFA on either any name badge or to the client; and
   - (d) Does not independently bill for RNFA services.

3. An applicant for initial placement on the registry must:
   - (a) Hold a current, unencumbered Registered Nurse license in the State of Oregon;
   - (b) Submit a registry application; and
   - (c) Submit evidence of current certification as a Registered Nurse First Assistant (CRNFA) from a national certifying body; or
   - (d) Submit evidence of current certification as a Certified Nurse - Operating Room (CNOR) and submit documentation showing successful completion of a RNFA program which meets the Association of PeriOperative Registered Nurses' "AORN Recommended Education Standards for RN First Assistant Programs" as stated in the 2005 or subsequent AORN Standards, Recommended Practices, and Guidelines.

4. To be maintained on the RNFA registry the nurse must:
   - (a) Submit the registry application and evidence of current certification as a RNFA from a national certifying body; or
   - (b) Submit the registry application and evidence of current certification as a CNOR, continuing education hours and type equivalent to that required of nurses nationally certified as RNFAs.

The official copy of an Oregon Administrative Rule is contained in the Administrative Order filed at the Archives Division, 800 Summer St. NE, Salem, Oregon 97310. Any discrepancies with the published version are satisfied in favor of the Administrative Order. The Oregon Administrative Rules and the Oregon Bulletin are copyrighted by the Oregon Secretary of State.
TO: All Interested Parties

FROM: Ruby R. Jason
Executive Director

DATE: August 2020

SUBJECT: ADMINISTRATIVE RULEMAKING HEARING REGARDING THE ADOPTION OF THE AMENDMENTS TO OAR 851-061 (STANDARDS FOR EDUCATION PROGRAMS FOR NURSING ASSISTANTS AND MEDICATION AIDERS)

On Tuesday, September 8, 2020, at 6:30 p.m., the Oregon State Board of Nursing will hold a hearing regarding the adoption of the proposed amendments to Chapter 851, Division 61, of the Oregon Administrative Rules regarding Standards for Education Programs for Nursing Assistants and Medication Aides. Due to the COVID-19 pandemic and gathering restrictions, the administrative rule hearing will be held utilizing electronic media only. Please access the link on the main page of the OSBN website, www.Oregon.gov/OSBN, for instructions on how to provide verbal testimony during the Administrative Rule Hearing.

If you are unable to attend the hearing, you may submit written comments on the proposed rules no later than 5:00 p.m. on September 4, 2020, and they will be incorporated into the testimony received at the hearing. The Board will consider the testimony and vote on the Administrative rule amendments during the Board meeting on September 10, 2020. Please send comments to peggy.lightfoot@state.or.us. Note: Comments sent to any other e-mail shall not be considered.

Attached is a copy of the Notice of Proposed Rulemaking for this hearing. The Board is authorized by ORS 678.380 to establish and amend such rules.

The Board looks forward to receiving your input.
NOTICE OF PROPOSED RULEMAKING
INCLUDING STATEMENT OF NEED & FISCAL IMPACT

CHAPTER 851
BOARD OF NURSING

FILING CAPTION: Proposed Revisions to Standards for Training Programs for Nursing Assistants and Medication Aides

LAST DAY AND TIME TO OFFER COMMENT TO AGENCY: 09/08/2020 8:00 PM
The Agency requests public comment on whether other options should be considered for achieving the rule's substantive goals while reducing negative economic impact of the rule on business.

CONTACT: Peggy Lightfoot
971-673-0638
peggy.lightfoot@state.or.us

17938 SW Upper Boones Ferry Road
Portland, OR 97224

Filed By:
Peggy Lightfoot
Rules Coordinator

HEARING(S)
Auxiliary aids for persons with disabilities are available upon advance request. Notify the contact listed above.

DATE: 09/08/2020
TIME: 6:30 PM
OFFICER: Kathleen (Kat) Chinn, Board President
ADDRESS: Oregon Board of Nursing
17938 SW Upper Boones Ferry Road
Portland, OR 97224

SPECIAL INSTRUCTIONS:
Due to the COVID-19 pandemic and gathering restrictions, it is possible that the administrative rule hearing will be held utilizing electronic media only. Please check the OSBN website (www.oregon.gov/OSBN) prior to the hearing date to determine if the hearing has changed to electronic media, and how to obtain access.

NEED FOR THE RULE(S):
Division 61 of the Oregon Nurse Practice Act was reviewed in its entirety for clarity and relevancy. Proposed changes include: Changing terminology from “training” to “education” to reflect the judgment and reasoning required in the nursing assistant and medication aide roles. Adding of new purpose statement, to provide for sanctions for nursing assistant and medication aide education aide education programs that do not maintain compliance with Board established standards.
Adding a new requirement for a written agreement with any clinical facility that is not a part of the controlling institution.
Removing the requirement for an on-line provider to have a proven track record of successfully providing professional development, training and educational programs in both classroom and on-line environments in Oregon, either directly or in partnership, in the previous 24 months.

Adding a new section on periodical evaluation of nursing assistant or medication aide education programs for consistency in rule language throughout the Nurse Practice Act. Introduces the use of a rubric to guide the timing of the next survey site visit.

Changing the pass rate standard to make it more realistically obtainable.

Changing the expected frequency of program policy review from at least once every two years to annually.

Adding option to use tax documents to demonstrate financial stability.

Broadening long term care experience requirement for nursing assistant level one program to include more than just nursing experience in a licensed nursing facility. Addition of a requirement for level two program to be under the supervision of faculty who have had nursing experience in an acute care facility. Reduces the RN experience requirement for the medication aide program primary instructor from three years to two years to align with the nursing assistant level one and level two program requirements.

Makes the faculty to student ratios the same in the classroom setting for nursing assistant level one, level two, and medication aide training programs. Also makes the nursing assistant level one and level two faculty to student ratios consistent in the clinical setting.

Ensures at least one fully functional bed for every five students in the lab setting and adds a requirement for clinical facility to provide a private meeting space for faculty and students during the clinical experience.

Adds new section setting a standard for the program to have an evaluation plan.

DOCUMENTS RELIED UPON, AND WHERE THEY ARE AVAILABLE:


Division 61 of the Oregon Nurse Practice Act located at https://www.oregon.gov/osbn/Pages/laws-rules.aspx

FISCAL AND ECONOMIC IMPACT:

None.

COST OF COMPLIANCE:

(1) Identify any state agencies, units of local government, and members of the public likely to be economically affected by the rule(s). (2) Effect on Small Businesses: (a) Estimate the number and type of small businesses subject to the rule(s); (b) Describe the expected reporting, recordkeeping and administrative activities and cost required to comply with the rule(s); (c) Estimate the cost of professional services, equipment supplies, labor and increased administration required to comply with the rule(s).

There will be some minimal costs associated with creating an evaluation plan if the program doesn't already have a plan in place.

DESCRIBE HOW SMALL BUSINESSES WERE INVOLVED IN THE DEVELOPMENT OF THESE RULE(S):

Some members of the CNA/CMA Advisory Group represent small businesses and they were involved in the development of these rules.

WAS AN ADMINISTRATIVE RULE ADVISORY COMMITTEE CONSULTED? NO  IF NOT, WHY NOT?
An Administrative Rule Advisory Committee was not assembled. However, these changes were drafted with consultation from the CNA/CMA Advisory Group and other interested stakeholders.

RULES PROPOSED:

AMEND: 851-061-0010

RULE SUMMARY: Change of terminology from “training” to “education” to reflect the judgment and reasoning required in the nursing assistant and medication aide roles. Addition of new purpose statement, to provide for sanctions for nursing assistant and medication aide education aide education programs that do not maintain compliance with Board established standards.

CHANGES TO RULE:

851-061-0010
Purpose of Standards ¶

To foster the safe and effective performance of duties by graduates of nursing assistant and medication aide training education programs by setting standards which promote adequate preparation of students. These standards will:

(1) Serve as a guide for the development and approval of new nursing assistant and medication aide training education programs.

(2) Create minimum standards and provide general parameters for Board-approved curriculum of established nursing assistant and medication aide training education programs.

(3) Allow flexibility in the manner of teaching the required curriculum when not in conflict with the parameters of Board-approved curriculum.

(4) Provide for sanctions for nursing assistant and medication aide education programs that do not maintain compliance with Board established standards.

Statutory/Other Authority: ORS 678.440, ORS 678.444
Statutes/Other Implemented: ORS 678.440, ORS 678.444
AMEND: 851-061-0030

RULE SUMMARY: Re-formatted and re-worded for clarification and to reflect current procedures. Addition of new requirement for a written agreement with any clinical facility that is not a part of the controlling institution. Also removes the requirement for an on-line provider to have a proven track record of successfully providing professional development, training and educational programs in both classroom and on-line environments in Oregon, either directly or in partnership, in the previous 24 months.

CHANGES TO RULE:

851-061-0030
Process for Program Approval

(1) Any person, partnership, association, corporation, or limited liability company desiring to offer training other than just nursing assistant or medication aide training to non-employed students will need to be licensed through the Oregon Higher Education Coordinating Commission in addition to meeting the Board's standards as described in these rules.

(2) All nursing assistant level one, level two, or medication aide training programs shall must be Board-approved prior to being offered. Retroactive approval shall not be granted.

(3) Application for initial approval of level one, level two, and medication aide training programs: A facility, agency, on-line program provider, or individual wishing to establish a new nursing assistant level one, level two, or medication aide training program shall make application to the Board at least 45 days in advance of expected start date. The application for initial approval of a training program shall must include:

(a) A completed application form provided by the Board;

(b) Appropriate fee Tentative time schedule for initiating the programs;

(c) Faculty names and qualifications;

(d) Names of Completed application form provided by the Board with resume for all faculty.

(d) Names and addresses of all classroom and clinical facilities;

(e) Name of person authorized to accept service of notices issued by the Board;

(f) Program rationale, philosophy and purpose;

(g) Program outline;

(A) Objectives;

(B) Curriculum content divided into number and sequence of didactic and clinical hours; and

(C) Teaching methodology;

(h) Evaluation method;

(A) Laboratory and clinical skills checklist approved by the Board;

(B) Final exam; and

(C) In addition, for level 2 training programs, a Board-approved competency validation;

(i) Student enrollment agreement and disclosure statement that includes:

(A) Beginning and ending dates of the training;

(B) An outline of the instructional program as required by these rules for which the student is enrolled;

(C) Fees, tuition, and other program costs (books, clothing, etc.) itemized separately;

(D) A published cancellation and refund policy, procedure, and schedule that is fully explained during orientation, prior to the beginning of instruction, and requires no less than:

(i) If the training program discontinues after the fees and tuition have been paid, the program provider must refund the tuition and fees in full if the closure happens before the course is completed;

(ii) If the student cancels enrollment in writing three days before the commencement of the first day of classes or three days before they receive access to the on-line didactic program, all tuition and fees paid to the program specific to the enrollment agreement, will be refunded, less a cancellation fee that cannot exceed ten percent of the tuition and fees paid; and

(iii) Clearly stated reasons for which a refund will not be granted; and
(E) Information about how the student can file a complaint about the program with the Board.

(f) Tentative time schedule for initiating the program; and

(k) Plan for Explanation of what job placement assistance will consist of from the training the student can expect from the education program.

(4) A site visit may be conducted by representatives of the Board.

(5) The program director will be notified of approval or non-approval. Following receipt of notification from the Board of approval or non-approval:

(a) A program that is approved may begin classes according to the schedule submitted;

(b) A program that is not approved will be notified of the deficiencies and will be re-evaluated after appropriate modifications are made;

(c) A program denied approval may petition the Board for reconsideration.

(6) An approved nursing assistant level one, level 2, or medication aide training program:

(a) Shall be required to demonstrate ongoing compliance with the standards of approval at least every two years for continued approval;

(b) Shall be surveyed for consideration of continued approval and may have a survey visit or interim self-evaluation report required by the Board at any time;

(c) May be subject to scheduled or non-scheduled site visits for continued approval or any other purpose at any time;

(d) Shall submit an interim self-evaluation during the intervening year or as requested by the Board on forms provided by the Board;

(e) Shall have records available for review;

(f) Shall have adequate financial support for the stability and continuation of the program.

(7g) An on-line provider shall have a proven track record of successfully providing professional development, training and educational programs in both classroom and on-line environments in Oregon, either directly or in partnership, in the previous 24 months, and meet all Board requirements prior to being approved. Written agreement with any clinical facility that is not a part of the controlling institution. Written agreements must:

(a) Change of program ownership:

(A) If the change only causes minor changes, there is no need to seek new approval of the program;

(B) If the change causes a substantial difference as determined by the Board through the impact on the students, faculty, and Board, it should be mutually agreed upon with the clinical facility;

(B) Be periodically reviewed;

(C) Include provisions for adequate notice of termination;

(D) Specify the responsibility, or program resources, an applicant for the education and approval for the program shall be required.

(b) Changes in course content, lab/clinical skill checklist, final exam, certificate of completion, program director, primary instructor, clinical teaching associate, policies and procedures related to attendance, course requirements, cancellation of program to the facility and the responsibility of the facility to the education program; and

(E) Identify functions and refunds, or classroom or clinical training sites shall be submitted to the Board for approval. Responsibilities of the parties involved.

Statutory/Other Authority: ORS 678.440, ORS 678.444
Statutes/Other Implemented: ORS 678.444
RULE SUMMARY: New section on periodical evaluation of nursing assistant or medication aide education programs for consistency in rule language throughout the Nurse Practice Act. Introduction of the use of a rubric to guide the timing of the next survey site visit.

CHANGES TO RULE:

851-061-0035
Periodic Evaluation of Nursing Assistant or Medication Aide Education Programs

A nursing assistant or medication aide education program may be the recipient of a site survey for any one of the following reasons:

1. Nursing Assistant or Medication Aide Education Program Survey Request: The education program may request a survey or site visit at any time. Such request must be in writing and must include the purpose(s) for the visit.

2. Periodic Evaluations related to possible non-compliance with federal or state standards.

3. Survey Visits to Determine Continued Approval:
   a. All nursing assistant and medication aide education programs are required to demonstrate continuing compliance with the Standards for Approval at least every two years for continued approval.
   b. The survey visit must be made by representative(s) of the Board on dates mutually acceptable to the Board representative and the program.
   c. A program must submit a narrative self-evaluation report that provides evidence of compliance with the Standards of Approval between on-site visits.
   d. The program may be asked to participate in scheduling survey site visits.
   e. During an announced or unannounced survey site visit, the Board representative must have access to, review and analyze various sources of information regarding program performance; including, but not limited to:
      i. All education program and student records;
      ii. Students, staff, and faculty;
      iii. Previous Board of Nursing survey reports, as necessary;
      iv. Results of ongoing program evaluation; and
      v. Other sources of evidence regarding achievement of program outcomes including, but not limited to:
         A. Student retention, attrition, and on-time program completion rates;
         B. Sufficient and adequate type and number of faculty, faculty competence and faculty retention and turnover;
         C. Adequate laboratory and clinical learning experiences;
         D. Pass rates on Board-approved competency examination;
         E. Trend data and action planning related to pass rate on Board-approved competency examination;
         F. Performance improvement initiatives related to program outcomes; and
         G. Program complaints and grievance review and resolution.
   f. The education program will be evaluated by use of a rubric to guide the timing of the next survey site visit:
      i. Each standard will be evaluated as "met", "partially met" or "not met";
      ii. The Board representative's comments will be included for most standards and in every case when a standard is partially met or not met;
      iii. Standards partially met will be deemed sufficiently met to merit the recommendation for continued approval;
      iv. Recommendations in the summary of the report are intended as advisory to the education program. Recommendations, or alternative approach to meet the standard, are intended to be implemented before the next survey visit;
      v. Any failure to address previously-identified survey recommendations may result in a deficiency;
      vi. If a deficiency exists, notice will be given in writing to the education program director specifying the deficiency(ies) and prescribing the timeframe within which the deficiency(ies) must be corrected;
      vii. Any violation of standards or failure to address previously-identified survey deficiencies, in the time
prescribed by the Board, may result in withdrawal of program approval as established in OAR 851-061-0050.

(g) Continuing approval will be granted upon the Board’s ratification.

(A) Board representative retains authority to recommend the length of approval granted regardless of rubric score; and

(B) The final decision is made by the Board.

Statutory/Other Authority: ORS 678.444, ORS 678.440
Statutes/Other Implemented: ORS 678.444
851-061-0040
Inactive Status or Closure of a Program

(1) Voluntary Inactive Status. A training education program may be granted temporary inactive status for up to two years:
   (a) The program director shall must notify the Board in writing of the intended inactive date and the plan for allowing the currently enrolled students to complete the program.
   (b) The program shall must be continued until the committed class schedule of currently enrolled students is completed.

(2) Involuntary Inactive Status. A training education program will be placed on temporary inactive status for up to one year for the following reasons:
   (a) To allow an opportunity for the program to take corrective action; or
   (b) After a period of 12 months during which no classes were taught.

(3) Process to reinstate active status: A training education program may be reinstated subsequent to voluntary or involuntary inactive status by submitting satisfactory evidence that the program meets Board standards.

(4) Voluntary Closing. When a facility, institution or individual considers closing a training education program, the program director shall must:
   (a) Notify the Board in writing of the intended closing date and the plan for allowing the currently enrolled students to complete the program.
   (b) Continue the program until the committed class schedule of currently enrolled students is completed.
   (c) Provide for the custody of the records:
      (A) If the training education program closes but the educational institution or licensed health care agency continues to function, the institution shall must assume responsibility for the records of the students and the graduates. The Board of Nursing shall must be advised of the arrangements made to safeguard the records.
      (B) If the facility-based or independent training education program ceases to exist, the Board of Nursing shall must be consulted within 30 days about the maintenance of student records.

Statutory/Other Authority: ORS 678.440, ORS 678.444
Statutes/Other Implemented: ORS 678.440, ORS 678.444
AMEND: 851-061-0050

RULE SUMMARY: Re-worded for clarification and ease of reading. Alteration of pass rate standard to make it more realistically obtainable.

CHANGES TO RULE:

851-061-0050
Denial or Withdrawal of Program Approval ¶

(1) The Board may deny or withdraw approval if standards for approval of new or existing nursing assistant level one, level two, or medication aide training programs are not being met:
(a) Notice of the deficiency(ies) shall will be given in writing to the program director;
(b) The program director may submit evidence of correction to the Board;
(c) The Board may withdraw program approval immediately or prescribe the time within which the deficiency(ies) shall must be corrected;
(d) The approval may be withdrawn if the program fails to correct the deficiency(ies) within the time specified;
(e) A program may request a hearing if the approval is withdrawn; and
(f) The withdrawal may be effective after the last currently enrolled student has completed the program.

(2) Pursuant to Federal Regulations the Board shall must deny approval to a training program and shall withdraw approval from a previously approved training program offered by or in a licensed nursing facility or a skilled nursing facility which, in the previous two years:
(a) Is operating under a waiver for coverage by licensed nurses; or
(b) Has been subject to an extended survey or partial extended survey; or
(c) Has been subject to imposition of a denial of payment, temporary manager, or termination; or
(d) Has been assessed a civil money penalty of not less than $10,483 or more for deficiencies in nursing facility standards.

(3) A program or facility that has had its approval denied or withdrawn pursuant to OAR 851-061-0050(2) may apply to the Department of Human Services for a Waiver of Program Prohibition.

(4) The Board may withdraw program approval of a nursing assistant level one, level two, or medication aide training program if:
(a) The program cannot provide satisfactory evidence that the standards for nursing assistant level one, level two, or medication aide training programs are consistently maintained as determined by a survey visit or interim self-evaluation report which may be required by the Board at any time, for any purpose, and may be announced or unannounced; or
(b) No classes have been taught for 24 consecutive months; or
(c) The average pass rate for graduates of the program falls below 85% over a two year period; or
(d) A training 70% for the first-time candidates taking the Board-approved competency examination for two consecutive 12-month periods or below 85% for the first attempt and all subsequent attempts of all exam-takers for the most recent 12 months; or
(e) An education site visit is not permitted or, records are not available for review, or access to students or faculty is denied; or
(f) The clinical facility fails to permit a site visit of the training program; or
(g) The parent institution or governing body knowingly makes any false, misleading, or deceptive statements, or submits or causes to be submitted any false, misleading or deceptive information or documentation to the Board or any representative of the Board.

(5) When program approval is withdrawn, the program shall must:
(a) Submit a plan to the Board within ten working days for completion of the currently enrolled students;
(b) Allow students who have started a training program from which approval has been withdrawn currently enrolled students to complete the course; and
(c) Submit the required student information to the Board, using the Board approved format, when the students
have completed the course.

(6) The Board may reinstate approval of the nursing assistant level one, level two, or medication aide training program upon submission of satisfactory evidence that the program meets the Board standards.

Statutory/Other Authority: ORS 678.440, ORS 678.444
Statutes/Other Implemented: ORS 678.444
REPEAL: 851-061-0060
RULE SUMMARY: Proposed deletion as this is also covered in OAR 851-061-0035.

CHANGES TO RULE:

851-061-0060
Consultation and Technical Assistance by a Representative of the Board.
(1) A program may request consultation or technical assistance from Board staff in meeting standards for nursing assistant or medication aide training programs.
(2) Requests for site visit shall be in writing and include the purpose(s) for the visit.
Statutory/Other Authority: ORS 678.440, 678.444
Statutes/Other Implemented: ORS 678.444
AMEND: 851-061-0070

RULE SUMMARY: Re-worded for clarification and to reflect current procedures.

CHANGES TO RULE:

851-061-0070
Reports and Approvals ¶

(1) Program changes requiring Board approval:
(a) Change of program ownership:
(A) When ownership of a training in education program changes, a report must be submitted to the Board, in writing within 15 days, to the Board representative containing the following information:
(ai) Anticipated effects on students, faculty and resources; and
(bii) Plans for the orderly transition of the program.
(B) If the change in ownership only causes minor changes to the program, as determined by the Board representative, there is no need to seek new approval of the program.
(C) If the change causes a substantial impact on the students, faculty or program resources, as determined by the Board representative, an application and approval for the program will be required.
(b) Changes in course content, lab/clinical skill checklist, final exam, certificate of completion, program director, primary instructor, clinical teaching associate, policies and procedures related to attendance, course requirements, cancellation and refunds, or classroom or clinical sites must be submitted to the Board for approval prior to implementation.
(2) Program data to be sent to Board:
(a) Nursing assistant level one and medication aide training education programs shall register with the Board:
(i) By the end of the second class day, each student's:
(ii) Name;
(iii) Date of birth;
(iv) Board approved unique identifier; and
(v) Current addresses.
(B) Within two weeks of completion of a class, each student's:
(i) Name;
(ii) Date of birth;
(iii) Board approved unique identifier;
(iv) Current addresses;
(v) E-mail address; and
(vi) Phone number.
(B) Within 14 days of program completion, each student's:
(i) Number of classroom and clinical hours completed;
(vi) Date of program completion;
(b) Nursing assistant level two training education programs shall submit to the Board, within two weeks of completion of a class, verification of each student's program completion by the Board approved format.
Statutory/Other Authority: ORS 678.440, ORS 678.444
Statutes/Other Implemented: ORS 678.440, ORS 678.444
RULE SUMMARY: Re-worded for clarification. Changes the expected frequency of program policy review from at least once every two years to annually. Addition of option to use tax documents to demonstrate financial stability.

CHANGES TO RULE:

851-061-0075
Standards for Approval: Organization and Administration ¶

(1) Training education program policies and procedures shall must be in written form and shall include date initiated, date reviewed, at least one date revised, and must be every two years.¶

(2) Training education program director at least annually.¶

(2) Education programs implementing program changes cannot require students who are currently enrolled to complete the requirements of a revised program. Enrolled students are to be taught out under the program must be allowed to complete the program requirements identified in their most current signed enrollment agreement. Exceptions may be allowed when and if the school and student mutually agree to the program change(s) and a new or amended enrollment agreement is negotiated, accepted, and signed by the student and school. Examples of program changes as used in this rule include, but are not limited to, increase or decrease of hours required, changes in the schedule of hours of instruction, adding or dropping course requirements, increasing program costs or fees, or changes in the payment plan.¶

(3) Training education program shall must be financially viable for the stability and continuation of the program.¶

(a) Training education program providers in assisted living, licensed nursing, and residential care facilities licensed by the Department of Human Services or the Health Authority and training education programs licensed by the Department of Education are exempt from demonstrating financial viability to the Board.¶

(b) Training education program providers not identified in OAR 851-061-0075(3)(a), will provide financial statements or tax documents to demonstrate:¶

(A) Assets equal to or greater than liabilities;¶

(B) No operating loss in any year of more than 10% of their net worth; and¶

(C) No operating loss of any amount for two consecutive years.¶

(c) A training education program that is unable to verify financial viability may be required to carry a bond, get a letter of credit, or escrow unearned tuition.¶

(4) All training education program advertising, sales, collection, credit or other business practices are conducted in a manner that does not violate ORS 646.608.

Statutory/Other Authority: ORS 678.440, ORS 678.444
Statutes/Other Implemented: ORS 678.440, ORS 678.444
AMEND: 851-061-0080

RULE SUMMARY: Re-formatted and re-worded for clarification. Broadens long term care experience requirement for nursing assistant level one program to include more than just nursing experience in a licensed nursing facility. Addition of a requirement for level two program to be under the supervision of faculty who have had nursing experience in an acute care facility. Reduces the RN experience requirement for the medication aide program primary instructor from three years to two years to align with the nursing assistant level one and level two program requirements.

CHANGES TO RULE:

851-061-0080
Standards for Program Approval: Faculty Qualifications and Responsibilities

(1) The training of nursing assistants level one shall be by or under the supervision of a program director or primary instructor who has at least:

(a) Hold a current Oregon RN license;

(b) Have at least two years of RN nursing experience that includes at least one year of direct care; and

(c) Have evidence of completion of a course on teaching adults, or one year of nursing experience teaching a licensed nursing facility.

(2) The program director shall hold:

(A) As faculty in a nursing education program;

(B) In a staff development role; or

(C) As a current, unencumbered license to practice as a RN in Oregon. An RN who has an encumbered license may be considered on an individual basis; and

(2) An applicant for program director whose RN license has been previously disciplined or is under current discipline will be subject to further evaluation by Board staff.

(a) For a Supervision of level-one nursing assistant level one and level two training program, education must be done by:

(A) A program director who has at least three years of nursing experience, including at least one year of working in direct patient care; and one of the following: the provision of long-term care facility services; or

(B) One year of experience on a nursing faculty;

(C) Evidence of academic preparation for teaching adults; or

(D) Evidence of equivalent experience.

(b) For a Supervision of level-two nursing assistant education aide training program, must be done by:

(A) A program director who has at least three years of nursing experience as a RN, including in an acute care facility; or

(b) All primary instructors must have at least one year as a nurse educator or nurse administrator.

(3) The program director shall:

(a) Act as liaison with the Board related to the program's continuing compliance with the required elements of these rules;

(b) Implement and maintain a program that complies with all Board standards contained in these rules;

(c) Assume the ultimate responsibility for the implementation of the Board-approved curriculum;

(d) Have sufficient time provided for carrying out administrative responsibilities. Number of faculty, students, classes in progress, and locations utilized for classroom and clinical training are to be considered in determining appropriate time allocated;

(e) Recruit, supervise, and evaluate qualified primary instructors and clinical teaching associates;

(f) Provide or arrange for the orientation of the primary instructors and clinical teaching associates to their role and responsibilities;

(g) Develop and implement written policies necessary for the operation of the program, including those
(g) Ensure that all students have initiated a criminal history check that meets the laws governing the clinical site facility prior to entering the program and that all students are eligible pursuant to laws governing the clinical site facility to participate in the program's clinical experiences.

(hi) Coordinate classroom and clinical sites and activities;

(i) Ensure that the classroom, lab, and clinical environment is conducive to teaching and learning;

(j) Ensure that the clinical setting provides an opportunity for the students to perform the skills taught in the curriculum;

(k) Ensure that a Board-approved primary instructor or clinical teaching associate is on the premises at all times during scheduled clinical hours;

(lm) Supervise or coordinate supervision of students in the clinical setting or assign this responsibility to the primary instructor.

(m) Provide or arrange for the orientation of the primary instructors and clinical teaching associates to their role and responsibilities.

(n) Assess students' reactions to course content, instructional effectiveness, and other aspects of the learning experience through an anonymous and confidential process;

(o) Submit program data upon request of the Board on forms provided by the Board;

(p) Submit required reports;

(q) Verify that the training facility in which the training program is offered or utilized for the clinical experience is licensed under the appropriate licensing agency and is in substantial compliance with all standards for licensure;

(r) Verify that a facility utilized for out-of-state clinical experience:

(A) Has not been found within the preceding two years, by the state survey and certification agency, using the currently applicable Center for Medicare and Medicaid Services regulations, to be categorized as providing substandard quality of care;

(B) Is no more than 50 miles from an Oregon border; and

(C) Has given permission for site visits by Board staff.

(s) For medication aide training programs, determine student eligibility by verifying that the applicant:

(A) Holds a current certificate to practice as a CNA 1 on the CNA Registry prior to starting and throughout the medication aide training program;

(B) Has graduated from an approved basic nurse aide training program at least six months prior to enrollment in the medication aide training program; and

(C) Meets the employment requirement of at least six months of full-time experience as a nursing assistant or the equivalent in part-time experience since graduation from a basic nursing assistant training program unless the applicant is exempt under OAR 851-062-0090.

(t) For level two training programs, determine student eligibility by verifying that the applicant holds a current certificate to practice as a CNA 1 on the CNA Registry prior to starting and throughout the level two training program.

(4) The primary instructor shall hold a current, unencumbered license for level one and level two practice as a RN in Oregon. An RN who has an encumbered license may be considered on an individual basis must:

(a) Hold a current Oregon RN license;

(b) Have at least two years' experience as an RN; and

(ac) For a nursing assistant level one and level two training program, have two years of classroom teaching adults, or one year of experience as an RN and teaching experience in teaching adults.

(7) Educational preparation for teaching adults.

(ba) For a medication aide training program, hold a current Oregon RN license;

(b) Have at least three years of RN nursing experience, that include:

(A) One year as a nurse educator, a primary instructor in a nursing assistant training program or as a nurse educator.
administrator, and¶
(B) One year was at least one year.¶
(A) Experience as a nurse educator or in staff development role, or as a primary instructor in a nursing assistant education program; and¶
(B) Working within the particular type of clientele or providing clinical instruction in a setting with the particular type of clientele with whom students will have their clinical experience.¶
(c) May be the director of nursing service in a long provision of long-term care facility services.¶
(8) An applicant for primary instructor whose RN license has been previously disciplined or is under current discipline only if there is evidence of formal arrangements for the one will be subject to further evaluation by Board staff.¶
(9) A Director of Nursing position to be filled by another qualified nurse during prohibited from being the period of primary instruction.¶
(510) The primary instructor must:¶
(a) Implement the required Board-approved curriculum;¶
(b) Provide effective teaching strategies in an environment that encourages student and instructor interaction;¶
(c) Supervise and be present in the classroom at least 75% of the time that classes are being taught, or for on-line programs, be available for consultation and additional clarification at least every 72 hours;¶
(d) Evaluate competency of students; and¶
(e) In addition, the primary instructor of a medication aide training program, the primary instructor shall in addition to the above, must:¶
(A) Obtain approval from a facility prior to using a facility employee as a clinical teaching associate. The facility has the right to refuse such approval;¶
(B) Ensure that each student’s clinical experience includes administration of medications by all approved routes of administration and includes administration of a variety of medications; and¶
(C) Supervise the clinical experience for all medication aide students. Clinical teaching associates may be used as appropriate.¶
(611) Other personnel from the healthcare professions may supplement the instructor in their area of expertise:¶
(a) For a nursing assistant level one and level two training education program, the program director or primary instructor may:¶
(A) Involve as trainers for a specific portion of the nursing assistant training education, other licensed nursing personnel or other licensed health care professionals who have at least one year of experience in their field.¶
(B) Use an approved clinical teaching associate who shall:¶
(i) Hold a current, unencumbered license to practice nursing in Oregon. A licensed nurse who has an encumbered license may be considered on an individual basis Oregon RN or LPN license; and¶
(ii) Have the equivalent of at least one year of experience as a licensed nurse.¶
(b) For a medication aide training education program, the clinical teaching associate shall:¶
(A) Hold a current, unencumbered license to practice nursing in Oregon. A licensed nurse who has an encumbered license may be considered on an individual basis Oregon RN or LPN license;¶
(B) Have the equivalent of at least one year full time experience as a licensed nurse and shall have three to six months’ nursing experience in a facility licensed the same as the setting in which the medication aide student will be passing medications;¶
(C) Provide direct supervision of students; and¶
(D) Have only the responsibility for clinical precepting during the scheduled clinical experience.¶
(c) An applicant whose nursing license has been previously disciplined or is under current discipline will be subject to further evaluation by Board staff.¶
(d) Certified medication aides, resident care managers, and directors of nursing are prohibited from acting as clinical teaching associates for medication aide students.¶
(e) A Board-approved clinical teaching associate may assist the primary instructor in the classroom or lab setting to meet the faculty-to-student ratios.
RULE SUMMARY: Re-worded for clarification. Makes the faculty to student ratios the same in the classroom setting for nursing assistant level one, level two, and medication aide training programs. Also makes the nursing assistant level one and level two faculty to student ratios consistent in the clinical setting.

CHANGES TO RULE:

851-061-0090 Standards for Program Approval: Curriculum

(1) Board-approved curriculum shall must be used in approved nursing assistant level one, level two, and medication aide training programs.

(2) A nursing assistant level one training program shall must consist of:

(a) At least 155 hours of instruction divided into 80 hours of classroom and lab instruction and 75 hours of supervised clinical experience;

(b) At least 24 hours of supervised classroom/laboratory instruction with return student demonstrations of learned skills to determine comprehension and competency, in addition to facility orientation, preceding the students’ care of clients; and

(c) At least 75 hours of supervised clinical experience in a hospital, licensed nursing, residential care, or assisted living facility that has an RN on duty during all scheduled student clinical hours, is in substantial compliance with all standards of licensure, and provides an opportunity for the student to perform the skills taught in the Board’s approved curriculum.

(3) An on-line nursing assistant level one training program shall must consist of:

(a) At least the equivalent of 53 hours according to the nationally recognized standard of content to credit ratio;

(b) At least 27 hours of supervised laboratory instruction provided no later than two weeks after the successful completion of the on-line portion of the curriculum. The laboratory portion of the program shall must include return student demonstration of learned skills to determine comprehension and competency, in addition to facility orientation, preceding the students’ care of clients;

(c) At least 75 hours of supervised clinical experience in a hospital, licensed nursing, residential care, or assisted living facility that has an RN on duty during all scheduled student clinical hours, is in substantial compliance with all standards of licensure, and provides an opportunity for the student to perform the skills taught in the Board’s approved curriculum;

(d) Ongoing technical support services to sustain the electronically offered program including provisions for staffing, reliability, privacy, and security;

(e) Ongoing technical support services for students on each required educational technology hardware, software, and delivery system.

(4) A nursing assistant level two training program shall must consist of:

(a) At least 88 hours of instruction divided into 60 hours of classroom/lab instruction and 28 hours of supervised clinical experience in a hospital, licensed nursing, residential care, or assisted living facility that has a RN on duty during all scheduled student clinical hours, is in substantial compliance with all standards of licensure, and provides an opportunity for the student to perform the skills taught in the Board’s approved curriculum; and

(b) Board approved competency validation.

(5) Medication aide training program shall must consist of:

(a) At least 84 hours of instruction divided into at least 60 hours of classroom/lab instruction and at least 24 hours of 1:1 supervised clinical experience.

(b) All clinical hours shall must be completed at one site (licensed nursing facility, hospital, assisted living facility, or residential care facility).

(c) All required clinical hours shall must be in medication administration related activities.

(6) Admission requirements for medication aide training programs shall must be:

(a) Current, CNA 1 status on the Oregon CNA Registry maintained by the Board.
(b) Documentation of graduation from an approved basic nursing assistant level 1 training program at least six months prior to enrollment in the medication aide training program; and

(c) Documentation of at least six months full time experience as a nursing assistant level 1 or the equivalent in part time experience since graduation from a basic nursing assistant training program; and

(7) An on-line nursing assistant level two or medication aide training program shall consist of:

(a) At least the nationally recognized standard of content to credit ratio to meet the Board’s curriculum policy for the specific training program;

(b) Supervised laboratory instruction that meets the Board’s approved curriculum provided no later than two weeks after the successful completion of the on-line portion of the curriculum. The laboratory portion of the program shall include return student demonstration of learned skills to determine comprehension and competency, in addition to facility orientation, preceding the students’ care of clients;

(c) Supervised clinical experience in a hospital, licensed nursing, residential care, or assisted living facility that has an RN on duty during all scheduled student clinical hours, is in substantial compliance with all standards of licensure, and provides an opportunity for the student to perform the skills taught in the Board’s approved curriculum;

(d) Ongoing technical support services to sustain the electronically offered program including provisions for staffing, reliability, privacy, and security; and

(e) Ongoing technical support services for students on each required educational technology hardware, software, and delivery system.

(8) Classroom and clinical faculty/student ratios for nursing assistant level one, level two, and medication aide training programs:

(a) Classroom:

(A) The ratio of students per instructor Board-approved faculty in the classroom shall be such that each trainee is provided with RN assistance and supervision and be no more than 30 students per instructor for nursing assistant level one training programs, 20 students per instructor for medication aide training programs, and 32 students per instructor for medication aide, and CNA level two training programs.

(B) The amount of students assigned per instructor Board-approved faculty with self-directed, on-line instruction shall be such that each trainee student is provided with consultation and additional clarification by a Board-approved instructor faculty within 72 hours of a trainee student’s inquiry.

(C) The ratio of students per instructor with instructor Board-approved faculty with faculty-directed, on-line instruction shall be such that each trainee student is provided with consultation and additional clarification by a Board-approved instructor faculty within 72 hours of a trainee student’s inquiry, and the class size shall be no more than 230 students per instructor Board-approved faculty per on-line classroom.

(b) Lab: The ratio of students per instructor Board-approved faculty in nursing assistant level one, level two, and medication aide training programs shall be no more than 10 students per instructor Board-approved faculty at all times during the lab experience.

(c) Clinical:

(A) The ratio of students per instructor Board-approved faculty in a nursing assistant level one training program shall be no more than ten students per instructor at all times during the clinical experience.

(B) The ratio of students per instructor in a nursing assistant level two training program shall and level two education program must be no more than eighteen students per instructor Board-approved faculty at all times during the clinical experience.

(C) The ratio of students per instructor Board-approved faculty in a medication aide training program shall begin with a ratio of one clinical teaching associate to one medication aide student during the first 24 hours of the clinical experience. Less intensive supervision (either more students per instructor/clinical teaching associate or less direct supervision by instructor/clinical teaching associate Board-approved faculty or less direct supervision by Board-approved faculty) may occur after the first 24 hours, with satisfactory evaluation and approval of the primary instructor and clinical teaching associate.

(9) Clinical experience and demonstration of competency for nursing assistant level one and medication aide
training education programs:

(a) A clinical schedule shall be prepared by program faculty for all students prior to the beginning of the clinical experience/course start date, and provided to the clinical facility director of nursing, the clinical teaching associate, and the student.

(b) Student practice and demonstration of competency for nursing assistant level one and medication aide training education programs:

(A) Students may provide direct client care within their authorized duties under the supervision of an Board-approved faculty member.

(B) Students shall be identified as students at all times while in the clinical area.

(C) Students must not be counted as staff or utilized as staff during the hours that are scheduled for clinical experience.

(D) Students may be on a unit, floor or wing of a facility only under direct supervision of a qualified faculty member.

(E) Students shall not be on a unit, floor, or wing without a CNA or licensed nurse.

(F) Students shall provide care only to the level they have been taught and determined competent by the approved clinical teaching associate.

(c) In addition, for medication aide training education programs, the clinical experience shall be progressive with the Board-approved clinical teaching associate observing the medication administration and gradually increasing the number of clients to whom the student is administering medications.

(10) Program completion:

(a) Completion of a nursing assistant level one or medication aide training education means that:

(A) The student has successfully completed 100% of the required classroom and clinical hours and content in the curriculum;

(B) The student has successfully demonstrated the required skills on the laboratory and clinical skills checklist;

(C) The student has achieved a score of 75% or higher on the program’s final examination;

(D) The student has successfully completed the clinical portion of the program no later than four months following the last date of classroom instruction or within four months after the successful completion of the on-line portion of the program; and

(E) In addition, for nursing assistant level one training education programs, the student has successfully completed current, adult CPR certification in accordance with Board-approved curriculum.

(b) Completion of a nursing assistant level two training education means that:

(A) The student has successfully completed 100% of the required classroom and clinical hours and content in the curriculum; and

(B) The student has successfully completed the competency validation.

Statutory/Other Authority: ORS 678.440, ORS 678.444
Statutes/Other Implemented: ORS 678.444
Standards for Program Approval: Responsibility to Students

The nursing assistant level 1 and medication aide training programs will be accountable to students by:

(1) Providing reasonable assurance that expectations of becoming a certified nursing assistant or medication aide will be met, as evidenced by maintaining:

(a) At least a 70% pass rate for first-time candidates taking the Board-approved competency examination for two consecutive 12-month periods; and

(b) An 85% or higher total pass rate that includes first-attempt and all subsequent attempts of all exam-takers for the most recent 12 months.

(2) Informing students of the following information:

(a) That for facility-based nursing assistant level 1 programs, no student who is employed by, or who has received an offer of employment from a facility on the date on which the student begins training will be charged for any portion of the program, including any fees for textbooks or other required course materials in accordance with federal regulations.

(b) The Department of Human Services and Board of Nursing’s criminal history requirements and policies. This information must be provided to students prior to admission to the program.

(3) Issuing the Board-approved certificate of completion or making an appropriate notation on a transcript for a graduate who has successfully completed the training. The certificate is to be printed on one side of a standard letter-sized piece of paper and is to include:

(a) Name of individual;

(b) Board-approved unique identifier;

(c) Date of birth;

(d) Name of training program;

(e) Number of classroom hours;

(f) Number of clinical hours;

(g) Date the training program was most recently approved by the Board;

(h) Signature of the program director or primary instructor; and

(i) Date of completion.

Statutory/Other Authority: ORS 678.440, ORS 678.444
Statutes/Other Implemented: ORS 678.444
REPEAL: 851-061-0110

RULE SUMMARY: Proposed deletion as the content moved to new section OAR 851-061-0123 for consistency in Nurse Practice Act.

CHANGE TO RULE:

851-061-0110
Standards for Program Approval: Records.
(1) Nursing assistant level 1, level 2, and medication aide training program records shall:
   (a) Be maintained for a period of seven years;
   (b) Be maintained in a secure and dry manner;
   (c) Include the following program files that are dated and contain:
      (A) Faculty name and qualifications;
      (B) Curricula, including the teaching methodology;
      (C) Course schedules, including classroom and supervised clinical hours;
      (D) Laboratory and clinical skill checklists;
      (E) Final exams;
      (F) Documentation of Board approvals and re-approvals; and
      (G) Policies, including but not limited to attendance, behavioral expectations, course requirements including satisfactory progress standards, criminal history checks, dress code, cancellations and refunds, and administration of examinations.
   (d) Include student records that contain:
      (A) Course start date;
      (B) Document signed by student stating that they have received, read, and understand the disclosure statement, enrollment agreement, and program policies;
      (C) Student progress record;
      (D) Laboratory and clinical skills checklist;
      (E) Attendance record;
      (F) Examination scores;
      (G) Proof of CPR certification (nursing assistant level 1 training program);
      (H) Proof of the criminal history check;
      (I) Date of completion; and
      (J) Record of student completion:
         (i) Facility-based and independent programs shall maintain a copy of the student certificate of completion;
         (ii) Community College and High School programs may meet this standard by appropriate notation on student transcript.
      (K) Date the student was employed (if applicable).

Statutory/Other Authority: ORS 678.440, 678.444
Statutes/Other Implemented: ORS 678.444
RULE SUMMARY: Re-worded for clarification. Requires at least one fully functional bed for every five students in the lab setting and adds a requirement for clinical facility to provide a private meeting space for faculty and students during the clinical experience.

CHANGES TO RULE:

851-061-0120
Standards for Approval: Facilities and Services ¶

(1) Facilities used for training must be in compliance with all applicable federal and state standards. ¶

(2) For programs other than on-line programs, the training classroom must be large enough to meet the students' and instructor's basic needs and must have:
   (a) Temperature controlled environment; ¶
   (b) Adequate ventilation; ¶
   (c) A clean, quiet, and undisturbed environment; ¶
   (d) Conditions that are safe and conducive to learning; ¶
   (e) Functional and adequate lighting; and ¶
   (f) Seating and note-taking surfaces for each student. ¶

(3) Laboratory facilities must have:
   (a) Materials, equipment, and supplies needed for student practice of all required skills and be taught in the curriculum; ¶
   (b) The laboratory facility available for the students' and instructor's use during instructional hours throughout the training period; and ¶
   (c) At least one fully functional bed for every five students. ¶

(4) Clinical facilities must provide private meeting space for education program faculty and students' use during instructional hours throughout the clinical experience. ¶

(45) Resources must include:
   (a) Needed A-V equipment or modules; and ¶
   (b) Access to library resources.

Statutory/Other Authority: ORS 678.440, ORS 678.444
Statutes/Other Implemented: ORS 678.444
851-061-0123
Standards for Program Approval: Records
A system of records must be maintained and be made available to the Board representative and include:¶
(1) Nursing assistant level 1, level 2, and medication aide education program records must:¶
(a) Be maintained for a period of seven years;¶
(b) Be maintained in a secure and dry manner;¶
(c) Include the following program files that are dated and contain:¶
(A) Faculty name and qualifications;¶
(B) Curricula, including the teaching methodology;¶
(C) Course schedules, including classroom and supervised clinical hours;¶
(D) Laboratory and clinical skill checklists;¶
(E) Final exams;¶
(F) Documentation of Board approvals and re-approvals; and¶
(G) Policies, including but not limited to attendance, behavioral expectations, course requirements including satisfactory progress standards, criminal history checks, dress code, cancellations and refunds, and administration of examinations.¶
(d) Include student records that contain:¶
(A) Course start date;¶
(B) Document signed by student stating that they have received, read, and understand the disclosure statement, enrollment agreement, and program policies;¶
(C) Student progress record;¶
(D) Laboratory and clinical skills checklist;¶
(E) Attendance record;¶
(F) Examination scores;¶
(G) Proof of CPR certification (nursing assistant level 1 education program);¶
(H) Proof of the criminal history check;¶
(I) Date of completion; and¶
(J) Record of student completion;¶
(i) Facility-based and independent programs shall must maintain a copy of the student certificate of completion;¶
(ii) Community College and High School programs may meet this standard by appropriate notation on student transcript.¶
(K) Date the student was employed (if applicable).
Statutory/Other Authority: ORS 678.440, ORS 678.444
Statutes/Other Implemented: ORS 678.444
ADOPT: 851-061-0126

RULE SUMMARY: New section setting a standard for the program to have an evaluation plan.

CHANGES TO RULE:

851-061-0126

Standards for Approval: Evaluation

(1) An education program must provide and implement a plan to evaluate the program that includes:

(a) Frequency of evaluation;

(b) Evaluative criteria;

(c) Person responsible for evaluation criteria;

(d) Results of the evaluation; and

(e) Actions taken to improve the program.

(2) The program must evaluate the following elements at least every two years:

(a) Student evaluations of the education program;

(b) Pass rates on the Board-approved competency examination for each admission cohort;

(c) Student attrition rates during the education for each admission cohort;

(d) Resolution of student complaints and grievances in the past two years;

(e) Program policies and procedures;

(f) Feedback from clinical education sites; and

(g) Feedback from employers of graduates.

Statutory/Other Authority: ORS 678.444, ORS 678.440
Statutes/Other Implemented: ORS 678.444
AMEND: 851-061-0130

RULE SUMMARY: Re-worded for clarification.

CHANGES TO RULE:

851-061-0130
Interstate Programs Standards for Out-of-State Student Clinical Experience in Oregon

(1) Out-of-State Programs who seek to send student(s) for clinical experience in Oregon shall **must** meet the requirements established in OAR 851-061-0090(8)(c) and 851-061-0090(9)(b).

(2) Programs with faculty and facilities located in Oregon and approved by another state **shall** be required to obtain approval as a program in Oregon.

Statutory/Other Authority: ORS 678.440, ORS 678.444
Statutes/Other Implemented: ORS 678.444
Division 61

Standards for Education Programs for Nursing Assistants and Medication Aides

851-061-0010
Purpose of Standards
To foster the safe and effective performance of duties by graduates of nursing assistant and medication aide education programs by setting standards which promote adequate preparation of students. These standards will:

(1) Serve as a guide for the development and approval of new nursing assistant and medication aide education programs.
(2) Create minimum standards and provide general parameters for Board-approved curriculum of established nursing assistant and medication aide education programs.
(3) Allow flexibility in the manner of teaching the required curriculum when not in conflict with the parameters of Board-approved curriculum.
(4) Provide for sanctions for nursing assistant and medication aide education programs that do not maintain compliance with Board established standards.

Stat. Auth.: ORS 678.440 & 678.444
Stats. Implemented: ORS 678.440 & 678.444
Hist.: BN 6-1999, f. & cert. ef. 7-8-99; BN 1-2004, f. 1-29-04, cert. ef. 2-12-04

851-061-0030
Approval of New Nursing Assistant or Medication Aide Education Program
(1) Any person, partnership, association, corporation, or limited liability company desiring to offer education other than just nursing assistant or medication aide education to non-employed students will need to be licensed through the Oregon Higher Education Coordinating Commission in addition to meeting the Board’s standards as described in these rules.
(2) All nursing assistant level one, level two, or medication aide education programs must be Board-approved prior to being offered.
(3) Application for initial approval of level one, level two, and medication aide education programs:
A facility, agency, on-line program provider, or individual wishing to establish a new nursing assistant level one, level two, or medication aide education program shall make application to the Board at least 45 days in advance of expected start date. The application for initial approval of an education program must include:
(a) A completed application form provided by the Board;
(b) Tentative time schedule for initiating the programs;
(c) Completed application form provided by the Board with resume for all faculty;
(d) Names and addresses of all classroom and clinical facilities;
(e) Name of person authorized to accept service of notices issued by the Board;
(f) Program rationale, philosophy and purpose;
(g) Program outline:
   (A) Objectives;
(B) Curriculum content divided into number and sequence of didactic and clinical hours; and

(C) Teaching methodology.

(h) Evaluation method:
   (A) Laboratory and clinical skills checklist approved by the Board;
   (B) Final exam; and
   (C) In addition, for level 2 education programs, a Board-approved competency validation.

(i) Student enrollment agreement and disclosure statement that includes:
   (A) Beginning and ending dates of the education;
   (B) An outline of the instructional program as required by these rules for which the student is enrolled;
   (C) Fees, tuition, and other program costs (books, clothing, etc.) itemized separately;
   (D) A published cancellation and refund policy, procedure, and schedule that is fully explained during orientation, prior to the beginning of instruction, and requires no less than:
      (i) If the education program discontinues after the fees and tuition have been paid, the program provider must refund the tuition and fees in full if the closure happens before the course is completed;
      (ii) If the student cancels enrollment in writing three days before the commencement of the first day of classes or three days before they receive access to the online didactic education, all tuition and fees paid to the program specific to the enrollment agreement, will be refunded, less a cancellation fee that cannot exceed ten percent of the tuition and fees paid; and
      (iii) Clearly stated reasons for which a refund will not be granted; and
   (E) Information about how the student can file a complaint about the program with the Board; and
   (F) Explanation of what job placement assistance the student can expect from the education program.

(4) A site visit may be conducted by representatives of the Board.

(5) The program director will be notified of approval or non-approval. Following receipt of notification from the Board of approval or non-approval:
   (a) A program that is approved may begin classes according to the schedule submitted;
   (b) A program that is not approved will be notified of the deficiencies and will be re-evaluated after appropriate modifications are made;
   (c) A program denied approval may petition the Board for reconsideration.

(6) An approved nursing assistant level one, level 2, or medication aide education program:
   (a) Must be required to demonstrate ongoing compliance with the standards of approval at least every two years for continued approval.
   (b) Must be surveyed for consideration of continued approval and may have a survey visit or interim self-evaluation report required by the Board at any time.
   (c) May be subject to scheduled or non-scheduled site visits for continued approval or any other purpose at any time.
   (d) Must submit an interim self-evaluation during the intervening year or as requested by the Board on forms provided by the Board.
   (e) Must have records available for review.
   (f) Must have adequate financial support for the stability and continuation of the program.
   (g) Must have a written agreement with any clinical facility that is not a part of the controlling institution. Written agreements must:
      (A) Be mutually agreed upon with the clinical facility;
(B) Be periodically reviewed;
(C) Include provisions for adequate notice of termination;
(D) Specify the responsibility of the education program to the facility and the responsibility of the facility to the education program; and
(E) Identify functions and responsibilities of the parties involved.

Stat. Auth.: ORS 678.440 & 678.444
Stats. Implemented: ORS 678.444
Hist.: BN 6-1999, f. & cert. ef. 7-8-99; BN 5-2002, f. & cert. ef. 3-5-02; BN 1-2004, f. 1-29-04, cert. ef. 2-12-04; BN 7-2006, f. & cert. ef. 5-8-06; BN 2-2008, f. & cert. ef. 2-25-08; BN 2-2011, f. & cert. ef. 7-11-11; BN 13-2013, f. 12-3-13, cert. ef. 1-1-14; BN 5-2014, f. 12-1-14, cert. ef. 1-1-15; BN 6-2017, f. 7-3-17, cert. ef. 8-1-17; BN 11-2017, amend filed 12/05/2017, effective 01/01/2018

Periodic Evaluation of Nursing Assistant or Medication Aide Education Programs

A nursing assistant or medication aide education program may be the recipient of a site survey for any one of the following reasons:

(1) Nursing Assistant or Medication Aide Education Program Survey Request: The education program may request a survey or site visit at any time. Such request must be in writing and must include the purpose(s) for the visit.

(2) Periodic Evaluations related to possible non-compliance with federal or state standards.

(3) Survey Visits to Determine Continued Approval:
   (a) All nursing assistant and medication aide education programs are required to demonstrate continuing compliance with the Standards for Approval at least every two years for continued approval;
   (b) The survey visit must be made by representative(s) of the Board on dates mutually acceptable to the Board representative and the program;
   (c) A program must submit a narrative self-evaluation report that provides evidence of compliance with the Standards of Approval between on-site visits.
   (d) The program may be asked to participate in scheduling survey visit activities;
   (e) During an announced or unannounced survey site visit, the Board representative must have access to, review and analyze various sources of information regarding program performance; including, but not limited to:
      (A) All education program and student records;
      (B) Students, staff, and faculty;
      (C) Previous Board of Nursing survey reports, as necessary;
      (D) Results of ongoing program evaluation; and
      (E) Other sources of evidence regarding achievement of program outcomes including, but not limited to:
         (i) Student retention, attrition, and on-time program completion rates;
         (ii) Sufficient and adequate type and number of faculty, faculty competence and faculty retention and turnover;
         (iii) Adequate laboratory and clinical learning experiences;
         (iv) Pass rates on Board-approved competency examination;
         (v) Trend data and action planning related to pass rate on Board-approved competency examination;
         (vi) Trend data and action planning related to employer and graduate satisfaction;
         (vii) Performance improvement initiatives related to program outcomes; and
         (viii) Program complaints and grievance review and resolution.
(f) The education program will be evaluated by use of a rubric to guide the timing of the next survey site visit:
   (A) Each standard will be evaluated as “met”, “partially met” or “not met”;
   (B) The Board representative’s comments will be included for most standards and in every case when a standard is partially met or not met;
   (C) Standards partially met will be deemed sufficiently met to merit the recommendation for continued approval;
   (D) Recommendations in the summary of the report are intended as advisory to the education program. Recommendations, or alternative approach to meet the standard, are intended to be implemented before the next survey visit;
   (E) Any failure to address previously-identified survey recommendations may result in a deficiency;
   (F) If a deficiency exists, notice will be given in writing to the education program director specifying the deficiency(ies) and prescribing the timeframe within which the deficiency(ies) must be corrected;
   (G) Any violation of standards or failure to address previously-identified survey deficiencies, in the time prescribed by the Board, may result in withdrawal of program approval as established in OAR 851-061-0050;

(g) Continuing approval will be granted upon the Board’s ratification:
   (A) Board representative retains authority to recommend the length of approval granted regardless of rubric score; and
   (B) The final decision is made by the Board.

851-061-0040 Inactive Status or Closure of a Program
(1) Voluntary Inactive Status. An education program may be granted temporary inactive status for up to two years:
   (a) The program director must notify the Board in writing of the intended inactive date and the plan for allowing the currently enrolled students to complete the program.
   (b) The program must be continued until the committed class schedule of currently enrolled students is completed.

(2) Involuntary Inactive Status. An education program will be placed on temporary inactive status for up to one year for the following reasons:
   (a) To allow an opportunity for the program to take corrective action; or
   (b) After a period of 12 months during which no classes were taught.

(3) Process to reinstate active status: An education program may request reinstatement subsequent to voluntary or involuntary inactive status by submitting satisfactory evidence that the program meets Board standards.

(4) Voluntary Closing. When a facility, institution or individual discontinues an education program, the program director must first:
   (a) Notify the Board in writing of the intended closing date and the plan for allowing the currently enrolled students to complete the program.
   (b) Continue the program until the committed class schedule of currently enrolled students is completed.
   (c) Provide for the custody of the records:
   (A) If the education program closes but the educational institution or licensed health care agency continues to function, the institution must assume responsibility for the records of the students and the graduates. The Board of Nursing must be advised of the arrangements made to safeguard the records.
If the facility-based or independent education program ceases to exist, the Board of Nursing must be consulted within 30 days about the maintenance of student records.

Stat. Auth.: ORS 678.440 & 678.444
Stats. Implemented: ORS 678.440 & 678.444
Hist.: BN 6-1999, f. & cert. ef. 7-8-99; BN 1-2004, f. 1-29-04, cert. ef. 2-12-04; BN 2-2011, f. & cert. ef. 7-11-11; BN 5-2014, f. 12-1-14, cert. ef. 1-1-15

851-061-0050
Denial or Withdrawal of Program Approval

(1) The Board may deny or withdraw approval if standards for approval of new or existing nursing assistant level one, level two, or medication aide education programs are not being met:
   (a) Notice of the deficiency(ies) will be given in writing to the program director;
   (b) The program director may submit evidence of correction to the Board;
   (c) The Board may withdraw program approval immediately or prescribe the time within which the deficiency(ies) must be corrected;
   (d) The approval may be withdrawn if the program fails to correct the deficiency(ies) within the time specified;
   (e) A program may request a hearing if the approval is withdrawn; and
   (f) The withdrawal may be effective after the last currently enrolled student has completed the program.

(2) Pursuant to Federal Regulations the Board must deny approval to a education program and withdraw approval from a previously approved education program offered by or in a licensed nursing facility or a skilled nursing facility which, in the previous two years:
   (a) Is operating under a waiver for coverage by licensed nurses; or
   (b) Has been subject to an extended survey or partial extended survey; or
   (c) Has been subject to imposition of a denial of payment, temporary manager, or termination; or
   (d) Was assessed a civil money penalty of not less than $10,483 or more for deficiencies in nursing facility standards.

(3) A program or facility that has had its approval denied or withdrawn pursuant to OAR 851-061-0050(2) may apply to the Department of Human Services for a Waiver of Program Prohibition.

(4) The Board may withdraw program approval of a nursing assistant level one, level two, or medication aide education program if:
   (a) The program cannot provide satisfactory evidence that the standards for nursing assistant level one, level two, or medication aide education programs are consistently maintained as determined by a survey visit or interim self-evaluation report which may be required by the Board at any time, for any purpose, and may be announced or unannounced; or
   (b) No classes have been taught for 24 consecutive months; or
   (c) The pass rate for graduates of the program falls below 70% for the first-time candidates taking the Board-approved competency examination for two consecutive 12-month periods or below 85% for the first attempt and all subsequent attempts of all exam-takers for the most recent 12 months; or
   (d) An education site visit is not permitted, records are not available for review, or access to students or faculty is denied; or
   (e) The clinical facility fails to permit a site visit of the education program; or
(f) The parent institution or governing body knowingly makes any false, misleading, or deceptive statements, or submits or causes to be submitted any false, misleading or deceptive information or documentation to the Board or any representative of the Board.

(5) When program approval is withdrawn, the program must:
(a) Submit a plan to the Board within ten working days for completion of the currently enrolled students;
(b) Allow currently enrolled students to complete the course; and
(c) Submit the required student information to the Board, using the Board approved format, when the students have completed the course.

(6) The Board may reinstate approval of the program upon submission of satisfactory evidence that the program meets the Board standards.

Stat. Auth.: ORS 678.440 & 678.444
Stats. Implemented: ORS 678.444
Hist.: BN 6-1999, f. & cert. ef. 7-8-99; BN 1-2004, f. 1-29-04, cert. ef. 2-12-04; BN 6-2008, f. & cert. ef. 6-24-08; BN 2-2011, f. & cert. ef. 7-11-11; BN 5-2014, f. 12-1-14, cert. ef. 1-1-15; BN 14-2017, amend filed 12/05/2017, effective 01/01/2018

851-061-0070
Reports and Approvals

(1) Program changes requiring Board approval:
(a) Change of program ownership:
(A) When ownership of an education program changes, a report must be submitted, in writing within 15 days, to the Board representative containing the following information:
(i) Anticipated effects on students, faculty and resources; and
(ii) Plans for the orderly transition of the program.
(B) If the change in ownership only causes minor changes to the program, as determined by the Board representative, there is no need to seek new approval of the program.
(C) If the change causes a substantial impact on the students, faculty or program resources, as determined by the Board representative, on the students, faculty, or program resources, an application and approval for the program will be required.
(b) Changes in course content, lab/clinical skill checklist, final exam, certificate of completion, program director, primary instructor, clinical teaching associate, policies and procedures related to attendance, course requirements, cancellation and refunds, or classroom or clinical sites must be submitted to the Board for approval prior to implementation.

(2) Program data to be sent to Board:
(a) Nursing assistant level one and medication aide education programs shall register with the Board:
(A) By the end of the second class day, each student’s:
(i) Name;
(ii) Date started education program;
(iii) E-mail address; and
(iv) Phone number.
(B) Within 14 days of program completion, each student’s:
(i) Number of classroom and clinical hours completed; and
(ii) Date of program completion;
(b) Nursing assistant level two education programs must submit to the Board, within two
weeks of completion of a class, verification of each student’s program completion by the
Board approved format.

Stat. Auth.: ORS 678.440 & 678.444
Stats. Implemented: ORS 678.440 & 678.444
Hist.: BN 6-1999, f. & cert. ef. 7-8-99; BN 1-2004, f. 1-29-04, cert. ef. 2-12-04; BN 6-2008, f. & cert. ef.
6-24-08; BN 5-2014, f. 12-1-14, cert. ef. 1-1-15

851-061-0075
Standards for Approval: Organization and Administration

(1) Education program policies and procedures must be in written form, include date initiated, date
reviewed, and date revised, and must be reviewed by education program director at least
annually.

(2) Education programs implementing program changes cannot require students who are currently
enrolled to complete the requirements of a revised program. Enrolled students must be allowed
to complete the program requirements identified in their most current signed enrollment
agreement. Exceptions may be allowed when and if the school and student mutually agree to
the program change(s) and a new or amended enrollment agreement is negotiated, accepted,
and signed by the student and school. Examples of program changes as used in this rule
include, but are not limited to, increase or decrease of hours required, changes in the schedule
of hours of instruction, adding or dropping course requirements, increasing program costs or
fees, or changes in the payment plan.

(3) Education program must be financially viable for the stability and continuation of the program.
(a) Education program providers in assisted living, licensed nursing, and residential care
facilities licensed by the Department of Human Services or the Health Authority and
education programs licensed by the Department of Education are exempt from
demonstrating financial viability to the Board.
(b) Education program providers not identified in OAR 851-061-0075(3)(a), will provide
financial statements or tax documents to demonstrate:
   (A) Assets equal to or greater than liabilities;
   (B) No operating loss in any year of more than 10% of their net worth; and
   (C) No operating loss of any amount for two consecutive years.
(c) An education program that is unable to verify financial viability may be required to carry
a bond, get a letter of credit, or escrow unearned tuition.

(4) All education program advertising, sales, collection, credit or other business practices are
conducted in a manner that does not violate ORS 646.608.

Stat. Auth.: ORS 678.440 & 678.444
Stats. Implemented: ORS 678.440 & 678.444
Hist.: BN 2-2011, f. & cert. ef. 7-11-11

851-061-0080
Standards for Program Approval: Faculty Qualifications and Responsibilities

(1) The education program director must:
   (a) Hold a current Oregon RN license;
   (b) Have at least two years of RN nursing experience that includes at least one year of direct
care; and
(c) Have evidence of completion of a course on teaching adults, or one year of experience teaching adults:
   (A) As faculty in a nursing education program;
   (B) In a staff development role; or
   (C) As a nurse administrator.

(2) An applicant for program director whose RN license has been previously disciplined or is under current discipline will be subject to further evaluation by Board staff.

(3) Supervision of level-one nursing assistant education must be done by:
   (a) A program director who has at least one year of nursing experience in the provision of long-term care facility services; or
   (b) All primary instructors must have at least one year of nursing experience in the provision of long-term care facility services.

(4) Supervision of level-two nursing assistant education must be done by:
   (a) A program director who has at least one year of nursing experience in an acute care facility; or
   (b) All primary instructors must have at least one year of nursing experience in an acute care facility.

(5) The program director must:
   (a) Act as liaison with the Board related to the program's continuing compliance with the required elements of these rules;
   (b) Implement and maintain a program that complies with all Board standards contained in these rules;
   (c) Assume the ultimate responsibility for the implementation of the Board-approved curriculum;
   (d) Have sufficient time provided for carrying out administrative responsibilities. Number of faculty, students, classes in progress, and locations utilized for classroom and clinical training are to be considered in determining appropriate time allocated;
   (e) Recruit, supervise, and evaluate qualified primary instructors and clinical teaching associates;
   (f) Provide or arrange for the orientation of the primary instructors and clinical teaching associates to their role and responsibilities.
   (g) Develop and implement written policies necessary for the operation of the program, including those maintained under OAR 851-061-0110(1)(c)(G);
   (h) Ensure that all students have initiated a criminal history check that meets the laws governing the clinical site facility prior to entering the program and all students are determined eligible to participate in the program's clinical experiences.
   (i) Coordinate classroom and clinical sites and activities;
   (j) Ensure that the classroom, lab, and clinical environment is conducive to teaching and learning;
   (k) Assure that the clinical setting provides an opportunity for the students to perform the skills taught in the curriculum;
   (l) Ensure that a Board-approved primary instructor or clinical teaching associate is on the premises at all times during scheduled clinical hours;
   (m) Supervise or coordinate supervision of students in the clinical setting or assign this responsibility to the primary instructor.
   (n) Assess students' reactions to course content, instructional effectiveness, and other aspects of the learning experience through an anonymous and confidential process;
   (o) Submit program data upon request of the Board on forms provided by the Board;
   (p) Submit required reports;
Verify that the training facility in which the education program is offered or utilized for the clinical experience is licensed under the appropriate licensing agency and is in substantial compliance with all standards for licensure;

Verify that a facility utilized for out-of-state clinical experience:
(A) Has not been found within the preceding two years, by the state survey and certification agency, using the currently applicable Center for Medicare and Medicaid Services regulations, to be categorized as providing substandard quality of care;
(B) Is no more than 50 miles from an Oregon border; and
(C) Has given permission for site visits by Board staff.

For medication aide education programs, determine student eligibility by verifying that the applicant:
(A) Holds a current certificate to practice as a CNA 1 on the CNA Registry prior to starting and throughout the medication aide education;
(B) Has graduated from an approved basic nurse aide education program at least six months prior to enrollment in the medication aide education program; and
(C) Meets the employment requirement of at least six months of full time experience as a nursing assistant or the equivalent in part time experience since graduation from a basic nursing assistant education program unless the applicant is exempt under OAR 851-062-0090.

For level two education programs, determine student eligibility by verifying that the applicant holds a current certificate to practice as a CNA 1 on the CNA Registry prior to starting and throughout the level two education.

Education primary instructor for level one and level two must:
(a) Hold a current Oregon RN license.
(b) Have at least two years’ experience as an RN; and
(c) Have evidence of completion of a course on teaching adults, or one year or experience teaching adults.

Education primary instructor for medication aide must:
(a) Hold a current Oregon RN license;
(b) Have at least two years of RN nursing experience that includes at least one year:
   (A) Experience as a nurse educator or in staff development role, or as a primary instructor in a nursing assistant education program; and
   (B) Working in the provision of long-term care facility services.

An applicant for primary instructor whose RN license has been previously disciplined or is under current discipline will be subject to further evaluation by Board staff.

A Director of Nursing is prohibited from being the primary instructor.

The primary instructor must:
(a) Implement the required Board-approved curriculum;
(b) Provide effective teaching strategies in an environment that encourages student and instructor interaction;
(c) Supervise and be present in the classroom at least 75% of the time that classes are being taught, or for on-line programs, be available for consultation and additional clarification at least every 72 hours;
(d) Evaluate competency of students; and
(e) The primary instructor of a medication aide program, in addition to the above, must:
   (A) Obtain approval from a facility prior to using a facility employee as a clinical teaching associate. The facility has the right to refuse such approval;
   (B) Ensure that each student's clinical experience includes administration of medications by all approved routes of administration and includes administration of a variety of medications; and
(C) Supervise the clinical experience for all medication aide students. Clinical teaching associates may be used as appropriate.

(11) Other personnel from the healthcare professions may supplement the instructor in their area of expertise:

(a) For a nursing assistant level one and level two education program, the program director or primary instructor may:
   (A) Involve as trainers for a specific portion of the nursing assistant education, other licensed nursing personnel or other licensed health care professionals who have at least one year of experience in their field.
   (B) Use an approved clinical teaching associate who must:
      (i) Hold a current Oregon RN or LPN license; and
      (ii) Have the equivalent of at least one year of experience as a licensed nurse.

(b) For a medication aide education program, the clinical teaching associate must:
   (A) Hold a current Oregon RN or LPN license;
   (B) Have the equivalent of at least one year full time experience as a licensed nurse and must have six months' nursing experience in a facility licensed the same as the setting in which the medication aide student will be passing medications;
   (C) Provide direct supervision of students; and
   (D) Have only the responsibility for clinical precepting during the scheduled clinical experience.

(c) An applicant whose nursing license has been previously disciplined or is under current discipline will be subject to further evaluation by Board staff.

(d) Certified medication aides, resident care managers, and directors of nursing are prohibited from acting as clinical teaching associates for medication aide students.

(e) A Board-approved clinical teaching associate may assist the primary instructor in the classroom or lab setting to meet the faculty-to-student ratios.

Stat. Auth.: ORS 678.440 & 678.444
Stats. Implemented: ORS 678.440 & 678.444
Hist.: BN 6-1999, f. & cert. ef. 7-8-99; BN 18-2002, f. & cert. ef. 10-18-02; BN 1-2004, f. 1-29-04, cert. ef. 2-12-04; BN 11-2004, f. & cert. ef. 7-13-04; BN 7-2006, f. & cert. ef. 5-8-06; BN 2-2008, f. & cert. ef. 2-25-08; BN 2-2011, f. & cert. ef. 7-11-11; BN 13-2013, f. 12-3-13, cert. ef. 1-1-14; BN 5-2014, f. 12-1-14, cert. ef. 1-1-15

851-061-0090 Standards for Program Approval: Curriculum

(1) Board-approved curriculum must be used in approved nursing assistant level one, level two, and medication aide education programs.

(2) A nursing assistant level one education program must consist of:
   (a) At least 155 hours of instruction divided into 80 hours of classroom and lab instruction and 75 hours of supervised clinical experience;
   (b) At least 24 hours of supervised classroom/laboratory instruction with return student demonstrations of learned skills to determine comprehension and competency, in addition to facility orientation, preceding the students’ care of clients; and
   (c) At least 75 hours of supervised clinical experience in a hospital, licensed nursing, residential care, or assisted living facility that has an RN on duty during all scheduled student clinical hours, is in substantial compliance with all standards of licensure, and provides an opportunity for the student to perform the skills taught in the Board’s approved curriculum.
(3) An on-line nursing assistant level one education program must consist of:

(a) At least the equivalent of 53 hours according to the nationally recognized standard of content to credit ratio;

(b) At least 27 hours of supervised laboratory instruction provided no later than two weeks after the successful completion of the on-line portion of the curriculum. The laboratory portion of the program must include return student demonstration of learned skills to determine comprehension and competency, in addition to facility orientation, preceding the students’ care of clients;

(c) At least 75 hours of supervised clinical experience in a hospital, licensed nursing, residential care, or assisted living facility that has an RN on duty during all scheduled student clinical hours, is in substantial compliance with all standards of licensure, and provides an opportunity for the student to perform the skills taught in the Board’s approved curriculum;

(d) Ongoing technical support services to sustain the electronically offered program including provisions for staffing, reliability, privacy, and security; and

(e) Ongoing technical support services for students on each required educational technology hardware, software, and delivery system.

(4) A nursing assistant level two education program must consist of:

(a) At least 88 hours of instruction divided into 60 hours of classroom/lab instruction and 28 hours of supervised clinical experience in a hospital, licensed nursing, residential care, or assisted living facility that has a RN on duty during all scheduled student clinical hours, is in substantial compliance with all standards of licensure, and provides an opportunity for the student to perform the skills taught in the Board’s approved curriculum; and

(b) Board approved competency validation.

(5) Medication aide education program must consist of:

(a) At least 84 hours of instruction divided into at least 60 hours of classroom/lab instruction and at least 24 hours of 1:1 supervised clinical experience.

(b) All clinical hours must be completed at one site (licensed nursing facility, hospital, assisted living facility, or residential care facility).

(c) All required clinical hours must be in medication administration related activities.

(6) Admission requirements for medication aide education programs must be:

(a) Current, CNA 1 status on the Oregon CNA Registry maintained by the Board;

(b) Documentation of graduation from an approved basic nursing assistant level 1 education program at least six months prior to enrollment in the medication aide education program; and

(c) Documentation of at least six months full time experience as a nursing assistant level 1 or the equivalent in part time experience since graduation from a basic nursing assistant education program.

(7) An on-line nursing assistant level two or medication aide education program must consist of:

(a) At least the nationally recognized standard of content to credit ratio to meet the Board’s curriculum policy for the specific education program;

(b) Supervised laboratory instruction that meets the Board’s approved curriculum provided no later than two weeks after the successful completion of the on-line portion of the curriculum. The laboratory portion of the program must include return student demonstration of learned skills to determine comprehension and competency, in addition to facility orientation, preceding the students’ care of clients;

(c) Supervised clinical experience in a hospital, licensed nursing, residential care, or assisted living facility that has an RN on duty during all scheduled student clinical hours, is in substantial compliance with all standards of licensure, and provides an opportunity for the student to perform the skills taught in the Board’s approved curriculum;
(d) Ongoing technical support services to sustain the electronically offered program including provisions for staffing, reliability, privacy, and security; and

(e) Ongoing technical support services for students on each required educational technology hardware, software, and delivery system.

(8) Classroom and clinical faculty/student ratios for nursing assistant level one, level two, and medication aide education programs:

(a) Classroom:
   (A) The ratio of students per Board-approved faculty in the classroom must be such that each trainee is provided with RN assistance and supervision and be no more than 30 students per instructor for nursing assistant level one, medication aide, and CNA level two education programs.
   (B) The amount of students assigned per Board-approved faculty with self-directed, on-line instruction must be such that each student is provided with consultation and additional clarification by Board-approved faculty within 72 hours of a student’s inquiry.
   (C) The ratio of students per Board-approved faculty with faculty-directed, on-line instruction must be such that each student is provided with consultation and additional clarification by Board-approved faculty within 72 hours of a student’s inquiry, and the class size must be no more than 30 students per Board-approved faculty per on-line classroom.

(b) Lab: The ratio of students per Board-approved faculty in nursing assistant level one, level two, and medication aide education programs must be no more than 10 students per Board-approved faculty at all times during the lab experience.

(c) Clinical:
   (A) The ratio of students per Board-approved faculty in a nursing assistant level one and level two education program must be no more than ten students per Board-approved faculty at all times during the clinical experience.
   (B) The ratio of students per Board-approved faculty in a medication aide education program must begin with a ratio of one clinical teaching associate to one medication aide student during the first 24 hours of the clinical experience. Less intensive supervision (either more students per Board-approved faculty or less direct supervision by Board-approved faculty) may occur after the first 24 hours, with satisfactory evaluation and approval of the primary instructor and clinical teaching associate.

(9) Clinical experience and demonstration of competency for nursing assistant level one and medication aide education programs:

(a) A clinical schedule must be prepared by program faculty for all students prior to the course start date, and provided to the clinical facility director of nursing, the clinical teaching associate, and the student.

(b) Student practice and demonstration of competency for nursing assistant level one and medication aide education programs:
   (A) Students may provide direct client care within their authorized duties under the supervision of a Board-approved faculty member.
   (B) Students must be identified as students at all times while in the clinical area.
   (C) Students must not be counted as staff or utilized as staff during the hours that are scheduled for clinical experience.
   (D) Students may be on a unit, floor or wing of a facility only under direct supervision of a qualified faculty member.
   (E) Students must not be on a unit, floor, or wing without a CNA or licensed nurse.
   (F) Students must provide care only to the level they have been taught and determined competent by the approved clinical teaching associate.
In addition, for medication aide education programs, the clinical experience must be progressive with the Board-approved clinical teaching associate observing the medication administration and gradually increasing the number of clients to whom the student is administering medications;

(10) Program completion:
   (a) Completion of a nursing assistant level one or medication aide education means that:
      (A) The student has successfully completed 100% of the required classroom and clinical hours and content in the curriculum;
      (B) The student has successfully demonstrated the required skills on the laboratory and clinical skills checklist;
      (C) The student has achieved a score of 75% or higher on the program’s final examination;
      (D) The student has successfully completed the clinical portion of the program no later than four months following the last date of classroom instruction or within four months after the successful completion of the online portion of the program; and
      (E) In addition, for nursing assistant level one education programs, the student has successfully completed current, adult CPR certification in accordance with Board-approved curriculum.
   (b) Completion of a nursing assistant level two education means that:
      (A) The student has successfully completed 100% of the required classroom and clinical hours and content in the curriculum; and
      (B) The student has successfully completed the competency validation.

Stat. Auth.: ORS 678.440 & 678.444
Stats. Implemented: ORS 678.444

851-061-0100 Standards for Program Approval: Responsibility to Students
The nursing assistant level 1 and medication aide education programs will be accountable to students by:
   (1) Providing reasonable assurance that expectations of becoming a certified nursing assistant or medication aide will be met, as evidenced by maintaining:
      (a) At least a 70% pass rate for first-time candidates taking the Board-approved competency examination for two consecutive 12-month periods; and
      (b) An 85% or higher total pass rate that includes first-attempt and all subsequent attempts of all exam-takers for the most recent 12 months.
   (2) Informing students of the following information:
      (a) That for facility-based nursing assistant level 1 programs, no student who is employed by, or who has received an offer of employment from a facility on the date on which the student begins the educational program will be charged for any portion of the program, including any fees for textbooks or other required course materials in accordance with federal regulations.
(b) The Department of Human Services and Board of Nursing’s criminal history requirements and policies. This information must be provided to students prior to admission to the program.

(3) Issuing the Board-approved certificate of completion or making an appropriate notation on a transcript for a graduate who has successfully completed the education.

851-061-0120
Standards for Approval: Facilities and Services

(1) Facilities used for education must be in compliance with all applicable federal and state standards.

(2) For programs other than on-line programs, the classroom must be large enough to meet the students’ and instructor’s basic needs and must have:

(a) Temperature controlled environment;

(b) Adequate ventilation;

(c) A clean, quiet, and undisturbed environment;

(d) Conditions that are safe and conducive to learning;

(e) Functional and adequate lighting; and

(f) Seating and note-taking surfaces for each student.

(3) Laboratory facilities must have:

(a) Materials, equipment, and supplies needed for student practice of all required skills taught in the curriculum;

(b) The laboratory facility available for the students’ and instructors’ use during instructional hours throughout the education period; and

(c) At least one fully functional bed for every five students.

(4) Clinical facilities must provide private meeting space for education program faculty and students’ use during instructional hours throughout the clinical experience.

(5) Resources must include:

(a) Needed A-V equipment or modules; and

(b) Access to library resources.

851-061-0123
Standards for Program Approval: Records

A system of records must be maintained and be made available to the Board representative and include:

(1) Nursing assistant level 1, level 2, and medication aide education program records must:

(a) Be maintained for a period of seven years;

(b) Be maintained in a secure and dry manner;

(c) Include the following program files that are dated and contain:

(A) Faculty name and qualifications;

(B) Curricula, including the teaching methodology;

(C) Course schedules, including classroom and supervised clinical hours;
(D) Laboratory and clinical skill checklists;
(E) Final exams;
(F) Documentation of Board approvals and re-approvals; and
(G) Policies, including but not limited to attendance, behavioral expectations, course requirements including satisfactory progress standards, criminal history checks, dress code, cancellations and refunds, and administration of examinations.

(d) Include student records that contain:
(A) Course start date;
(B) Document signed by student stating that they have received, read, and understand the disclosure statement, enrollment agreement, and program policies;
(C) Student progress record;
(D) Laboratory and clinical skills checklist;
(E) Attendance record;
(F) Examination scores;
(G) Proof of CPR certification (nursing assistant level 1 education program);
(H) Proof of the criminal history check;
(I) Date of completion; and
(J) Record of student completion:
   (i) Facility-based and independent programs must maintain a copy of the student certificate of completion;
   (ii) Community College and High School programs may meet this standard by appropriate notation on student transcript.
(K) Date the student was employed (if applicable).

Stat. Auth.: ORS 678.440 & 678.444
Stats. Implemented: ORS 678.444
Hist.: BN 6-1999, f. & cert. ef. 7-8-99; BN 1-2004, f. 1-29-04, cert. ef. 2-12-04; BN 11-2004, f. & cert. ef. 7-13-04; BN 2-2011, f. & cert. ef. 7-11-11

851-061-0126
Standards for Approval: Evaluation
(1) An education program must provide and implement a plan to evaluate the program that includes:
   (a) Frequency of evaluation;
   (b) Evaluative criteria;
   (c) Person responsible for evaluation criteria;
   (d) Results of the evaluation; and
   (e) Actions taken to improve the program.
(2) The program must evaluate the following elements at least every two years:
   (a) Student evaluations of the education program;
   (b) Pass rates on the Board-approved competency examination for each admission cohort;
   (c) Student attrition rates during the education for each admission cohort;
   (d) Resolution of student complaints and grievances in the past two years;
   (e) Program policies and procedures;
   (f) Feedback from clinical education sites; and
   (g) Feedback from employers of graduates.

851-061-0130
Standards for Out-of-State Student Clinical Experience in Oregon

(1) Out-of-State Programs who seek to send student(s) for clinical experience in Oregon must meet the requirements established in OAR 851-061-0090(8)(c) and 851-061-0090(9)(b).

(2) Programs with faculty and facilities located in Oregon and approved by another state will be required to obtain approval as a program in Oregon.

Stat. Auth.: ORS 678.440 & 678.444
Stats. Implemented: ORS 678.444
Hist.: BN 1-2004, f. 1-29-04, cert. ef. 2-12-04; BN 2-2011, f. & cert. ef. 7-11-11

The official copy of an Oregon Administrative Rule is contained in the Administrative Order filed at the Archives Division, 800 Summer St. NE, Salem, Oregon 97310. Any discrepancies with the published version are satisfied in favor of the Administrative Order. The Oregon Administrative Rules and the Oregon Bulletin are copyrighted by the Oregon Secretary of State.
Memorandum

To: Oregon State Board of Nursing Members

From: Debra K. Buck, MS, RN
Policy Analyst - Nursing Assistant Education and Assessment

Date: August 13, 2020

Re: Proposed changes to Division 63: Standards and Authorized Duties for the Certified Nursing Assistant (CNA) and Certified Medication Aide (CMA)

Per the Board’s direction, the Certified Nursing Assistant (CNA)/Certified Medication Aide (CMA) Advisory Group and other interested stakeholders have reviewed Division 63. Please see the attached latest draft of the proposed changes to Division 63.

The significant recommended changes to Division 63 authorized duties include:

- Adding new authorized duties to CNA 1:
  - Applying a simple dressing to a dry, non-infected wound;
  - Applying and removing delivery device and turning continuous positive airway pressure (CPAP) or bi-level positive airway (BiPAP) devices on and off;
  - Placing external catheter and connecting to suction;
  - Recognizing and reporting relevant observations of domestic violence, mental illness or substance abuse;
  - Protecting client, self, and other individuals when in a situation where an individual’s behavior is escalating out of control;
  - Providing trauma-informed care;
  - Appropriately executing tools for behavior management;
  - Utilizing appropriate harmless release techniques;
  - Applying anti-fungal cream and powder;
  - Changing a suction canister;
  - Removing mask after nebulizer treatment;
  - Scanning glucometer sensor;
  - Using touch to massage non-diseased tissue; and
  - Caring for the deceased individual including removing non-surgically inserted tubes:
- Feeding tube;
- Rectal bag;
- Foley catheter;
- Nasogastric tube; and
- Saline lock.

• Providing clarification for the following CNA 1 authorized duties:
  o Giving Chlorhexidine bath;
  o Providing catheter care including the application of and removal of external urinary catheters and changing catheter bag;
  o Nail care for fingernails and toenails on person with no visually compromised skin or compromised circulation: soaking and washing, trimming with standard clippers with a depth no greater than 6mm, applying lotion, and recognizing risk factors;
  o Oral hygiene to include brushing and flossing teeth and may include medicated mouthwash and toothpaste, inserting, removing and cleaning dentures, caring for implants, and performing mouth care on a comatose person; and
  o Shaving to include use of: electric razor, cartridge or disposable razor; and
  o Skin care to include pediculicides that can be obtained without a prescription, applying topical barrier creams, ointments, and wipes for skin care, and applying anti-fungal ointments and powders.

• Moving authorized duties from CNA 2 to CNA 1:
  o Coaching and mentoring nursing assistant students;
  o Clipping hair in preparation for surgical procedure;
  o Changing a wound vacuum canister;
  o Assisting an individual in and out of Continuous Passive Motion (CPM) machine;
  o Measuring, recording, and emptying output from drainage devices and closed drainage systems;
  o Performing fingerstick capillary blood test; and
  o Assisting with complementary therapies such as aromatherapy and using pre-recorded audio/visuals for guided imagery, deep relaxation.

• Adding new CNA 2 authorized duties:
  o Assisting with breastfeeding by supporting and reinforcing instructions.
  o Assisting with human breast milk pumping;
  o Handling, storing, and transporting breast milk;
  o Preparing infant formula or breast milk for feeding;
  o Assisting with and feeding infants by bottle;
  o Attaining transcutaneous bilirubin meter reading;
  o Irrigating ears;
  o Measuring arm and leg circumference;
  o Measuring blood pressure with a Doppler;
  o Obtaining a throat swab; and
  o Performing newborn critical congenital heart disease screening utilizing pulse oximetry.
• Allowing a CNA 1 or 2 to perform the following with additional training and competency validation outside of the training program:
  o Bladder scanning;
  o Child safety seat checks;
  o Discontinuing a saline lock;
  o Discontinuing a urethrally inserted catheter;
  o Phlebotomy; and
  o Telemetry monitoring.

This draft is before you at this time to allow an opportunity to discuss the proposed changes and to obtain permission to move forward with Administrative Rule Hearing for OAR 851-063-0030 through 851-063-0100.
Division 63

Standards and Authorized Duties for the Certified Nursing Assistant and Certified Medication Aide

851-063-0010
Purpose of Authorized Duties and Standards
(1) To identify the range of authorized duties which may be performed by the certified nursing assistant (CNA) and certified medication aide (CMA) in the process of assisting a licensed nurse;
(2) To serve as a guide to the Board to evaluate safe and effective assistance in nursing care; and
(3) To establish standards and conduct unbecoming for CNAs and CMAs.

Stat. Auth.: ORS 678.440, 678.442 & 678.444
Stats. Implemented: ORS 678.440, 678.442 & 678.444
Hist.: BN 6-1999, f. & cert. ef. 7-8-99; BN 3-2004, f. 1-29-04, cert. ef. 2-12-04; BN 7-2014, f. 12-3-14, cert. ef. 1-1-15

851-063-0030
Authorized Duties and Standards for Certified Nursing Assistants
(1) Under the supervision and at the direction of a licensed nurse, the CNA may provide care and assist clients with the following tasks:
   (a) Tasks associated with collaboration with health care team:
      (A) Accepting assignments and delegations;
      (B) Handing off care to another nursing assistant;
      (C) Coaching and mentoring nursing assistant students; and
      (D) Orienting other nursing assistants to workflow and environment.
   (ab) Tasks associated with communication and interpersonal skills:
      (A) Answering and placing call signals;
      (B) Coaching and mentoring other nursing assistants;
      (CB) Communicating with clients, family members, and co-workers;
      (DC) Maintaining confidentiality;
      (ED) Reporting abuse, mistreatment, and neglect; and
      (FE) Utilizing de-escalation techniques.
   (bc) Tasks associated with person-centered care.
      (A) Following the individual’s plan of care and providing feedback to nurse on care plan;
      (B) Organizing daily routines for a group of people according to the individuals’ preferences and the individual care plans; and
      (C) Protecting and respecting a person’s rights.
   (cd) Tasks associated with infection control and prevention including Standard or Transmission Based Precautions:
      (A) Assisting with coughing and deep breathing;
      (A) Handwashing and hand hygiene;
(B) Bedmaking and handling of linen
(C) Caring for the client’s environment
(D) Handling and disposal of hazardous wastes
(E) Handling of contaminated materials
(F) Handwashing and hand hygiene
(G) Implementing precautions associated with communicable and infectious diseases
(H) Implementing neutropenic precautions
(I) Maintaining client cleanliness and grooming
(J) Utilizing personal protective equipment
(K) Giving Chlorhexidine bath
(L) Executing neutropenic precautions
(M) Handling of contaminated materials
(N) Handling of disposal of hazardous wastes
(O) Changing a wound vacuum canister
(P) Applying a simple dressing to a dry, non-infected wound

Tasks associated with safety and emergency procedures:
(A) Implementing bleeding, cervical, hip, and sternal precautions
(B) Moving and transferring clients
(C) Transporting clients in wheelchairs or other specialized chairs
(D) Turning and positioning clients
(E) Using lifts and safe client handling devices
(F) Turning oxygen on and off or transferring oxygen between wall, concentrator, and tank at pre-established flow rate for stable individuals
(G) Managing hazards in the workplace
(H) Preventing burns
(I) Preventing falls
(J) Performing cardiopulmonary resuscitation

Tasks associated with activities of daily living (ADL):
(A) Assisting with nutrition and hydration:
   (i) Measuring and recording height and weight
   (ii) Measuring and recording intake and output
   (iii) Positioning clients for nutritional and fluid intake
   (iv) Preventing choking and aspiration
   (v) Preventing dehydration
   (vi) Thickening liquids
   (vii) Utilizing techniques for assisting with eating
(B) Assisting with elimination:
   (i) Administering bowel evacuation suppositories that are available without a prescription
   (ii) Administering enemas
   (iii) Assisting with the use of bedpan and urinal
   (iv) Assisting with toileting
   (v) Providing perineal and incontinence care
   (vi) Collecting specimens; sputum, stool, and urine including clean catch urine specimens
   (vii) Providing catheter care including the application of and removal of external urinary catheters
(ix) Changing catheter bag;
(x) Removing external urinary catheter;
(vxi) Providing ostomy care for established, healthy ostomy including cleaning the ostomy site and emptying the ostomy bag or changing the dressing or ostomy appliance or bag; and
(vxii) Providing perineal and incontinence care; Collecting specimens; sputum, stool, and urine including clean catch urine specimens.

(C) Assisting with personal care:
(i) Bathing;
(ii) Providing comfort care;
(iii) Dressing and undressing;
(iv) Grooming to include: application and care of dentures, eye glasses, and hearing aids.
   (I) Application and care of eye glasses; and
   (II) Application and care of hearing aids.

(v) Nail care for fingernails and toenails of persons on person with uncompromised no visually compromised skin or compromised circulation;
   (I) Soaking and washing;
   (II) Trimming with standard clippers with a depth no greater than 6mm;
   (III) Applying lotion; and
   (IV) Recognizing risk factors.

(vi) Oral hygiene;
   (I) Brushing and flossing teeth; and may include medication mouthwash and toothpaste;
   (II) Inserting, removing, and cleaning dentures;
   (III) Caring for implants; and
   (IV) Performing mouth care on a comatose person.

(vii) Personal care considerations for persons who have tubes or special equipment;

(viii) Shampooing and caring for hair;

(ix) Shaving; and
   (I) Electric razor;
   (II) Cartridge or disposable razor; and
   (III) Recognizing safety risks.

(x) Skin care to include: application of non-prescription pediculicides; application of topical barrier creams and ointments for skin care; maintenance of skin integrity; prevention of pressure, friction, and shearing; and use of anti-pressure devices;
   (I) Pediculicides that can be obtained without a prescription;
   (II) Applying topical barrier creams, ointments, and wipes for skin care;
   (III) Applying anti-fungal ointments and powders;
   (IV) Maintaining skin integrity;
   (V) Preventing pressure, friction, and shearing; and
   (VI) Using pressure relieving devices;

(xi) Sleep to include:
   (I) Applying and removing delivery device and turn continuous positive airway pressure (CPAP) or bi-level positive airway (BiPAP) devices on and off; and
(II) Promoting sleep.

(D) Assisting with positioning devices and restraints;

(E) Assisting with restorative care:

(i) Ambulating;

(ii) Applying, turn on and off, sequential compression devices;

(iii) Assisting a person in and out of continuous passive motion (CPM) machine;

(iv) Assisting with and encouraging the use of self-help devices for ambulation, dressing, eating, grooming, positioning and transferring, and other personal care tasks;

(iv) Assisting with bowel and bladder training;

(v) Assisting with ADL programs;

(vi) Assisting with the use of crutches, walkers, or wheelchairs;

(vii) Assisting with warm and cold therapies;

(viii) Caring for, applying, and removing antiembolus stockings, braces, orthotic devices, and prosthetic devices;

(ix) Elevating extremities;

(x) Maintaining alignment;

(xi) Performing range of motion exercises;

(xii) Reinforcing task sequence by breaking down tasks into small, obtainable steps;

(xiii) Reinforcing the use of an incentive spirometer;

(xiv) Using footboards; and

(xv) Utilizing devices for transferring, ambulation, and alignment.

(fg) Tasks associated with collaboration with health care team:

(A) Recognizing and reporting relevant observations of domestic violence, mental illness or substance abuse;

(B) Protecting client, self, and other individuals when in a situation where an individual’s behavior is escalating out of control;

(C) Providing trauma-informed care;

(D) Appropriately executing tools for behavior management; and

(E) Utilizing appropriate harmless release techniques.

(h) Tasks associated with technical skills:

(A) Changing a suction canister;

(B) Measuring, recording, and emptying output from drainage devices and closed drainage systems;

(C) Performing fingerstick capillary blood test;

(D) Removing mask after nebulizer treatment; and

(E) Scanning glucometer sensor.

(gi) Tasks associated with observation and reporting:

(A) Observing and reporting changes of condition to licensed nurse; and

(B) Measuring and recording:

(i) Temperature, apical and radial pulse, respiration and blood pressure (manual and electronic-forearm, lower leg, thigh, upper arm and orthostatic blood pressure readings);

(ii) Emesis;

(iii) Liquid stool;

(iv) Pain level using a facility approved pain scale;

(v) Pulse oximetry; and

(vi) Urinary output, both voided and from urinary drainage systems.
(C) Relieving pain:
   (i) Assisting with complementary therapies such as aromatherapy and using
       pre-recorded audio/visuals for guided imagery; deep relaxation;
   (ii) Planning activities in relation to pain;
   (iii) Providing comfort measures;
   (iv) Reporting to the nurse;
   (v) Repositioning; and
   (vi) Using touch to massage non-diseased tissue.

(hj) Tasks associated with documentation.
   (A) Recording care provided; and
   (B) Documenting incidents.

(ik) Tasks associated with end of life care.
   (A) Providing comfort care for the dying individual and their family; and
   (B) Caring for the deceased individual including removing non-surgically inserted
       tubes:
       (i) Feeding tube;
       (ii) Rectal bag;
       (iii) Foley Catheter;
       (iv) Nasogastric tube; and
       (v) Saline lock.

(l) Tasks associated with caregiver self-care.

(2) The CNA may, as an unlicensed person, provide care as delegated or assigned by a nurse in a
    CBC community-based care setting.

(3) ORS 678.440(5) defines the term “nursing assistant” as a person who assists licensed nursing personnel in the provision of nursing care. Consistent with that definition, a CNA must either:
   (a) Be regularly supervised by a licensed nurse; or
   (b) Work under licensed nurse monitoring in a CBC community-based care setting or other
       setting where there is no regularly scheduled presence of a licensed nurse provided
       there is periodic supervision and evaluation of clients.

(4) Under no circumstance shall a CNA work independently without supervision or monitoring by a
    licensed nurse who provides assessment of clients as described in OAR 851-063-0030(3)(a)(b).

(5) A CNA may accept verbal or telephone orders for medication from a licensed health care
     professional who is authorized to independently diagnose and treat only when working in the
     following settings under the specified administrative rule:
     (a) When working in Adult Foster Homes, as permitted under OAR Chapter 411, division 50;
     (b) When working in Residential Care Facilities, as permitted under OAR Chapter 411, division 54;
        and
     (c) When working in Assisted Living Facilities, as permitted under OAR Chapter 411, division 54.

(6) A CNA may add phlebotomy to the authorized duties when the individual CNA has:
   (a) Obtained and holds current phlebotomy certification from one of the following: American
       Society for Clinical Pathology (ASCP) Board of Certification, National Phlebotomy
       Association (NPA), Association of Phlebotomy Technicians (ASPT), American
       Association of Bioanalysts (ABOR), American Certification Agency for Healthcare
       Professionals (ACA), American Medical Technologists (AMT), or successful completion
       of phlebotomy specific military education program; and
   (b) Maintained competency in performing phlebotomy; and
   (c) Been assigned the task by an Oregon licensed nurse according to the employer’s policy.

(7) A CNA may add child safety seat check to the authorized duties when the individual CNA has:
   (a) Successfully completed a national child passenger safety certification program;
   (b) Maintained competency in child passenger seat safety; and
A CNA may add telemetry monitoring to the authorized duties when the individual CNA has:

- Successfully completed a dysrhythmia recognition course;
- Maintained competency in rhythm interpretation; and
- Been assigned the task by an Oregon licensed nurse according to the employer’s policy.

A CNA may add to the authorized duties discontinuing a saline lock, discontinuing a urethrally inserted catheter, or scanning a bladder when:

- An RN who has the knowledge and skills necessary to teach the task(s):
  - Develops the educational curriculum;
  - Teaches the Board-approved curriculum to the CNA employed at a specific site; and
  - Develops the mechanisms for validating that the CNA has initial and ongoing competency to perform the task; and
- The CNA has:
  - Successfully completed education on the task;
  - Maintained competency in the task; and
  - Been assigned the task by an Oregon licensed nurse according to the employer’s policy.

Standards of Care for Certified Nursing Assistants. In the process of client care the CNA shall consistently:

- Apply standard precautions according to the Centers for Disease Control and Prevention guidelines;
- Use hand hygiene between episodes of care;
- Use appropriate body mechanics to prevent injury to self and client;
- Follow the care plan as directed by the licensed nurse;
- Use appropriate communication with client, client’s family and friends, and coworkers;
- Use alternatives to physical restraints, or apply physical restraints as directed by the licensed nurse;
- Determine absence of pulse or respiration, and initiate an emergency response;
- Report to the licensed nurse any recognized abnormality in client’s signs and symptoms;
- Record observations and measurements, tasks completed, and client statements about condition or care;
- Apply safety concepts in the workplace;
- Report signs of abuse, neglect, mistreatment, misappropriation or exploitation;
- Demonstrate respect for rights and property of clients and coworkers; and
- Maintain client confidentiality.

Stats. Implemented: ORS 678.440, ORS 678.442, 678.444
Hist.: BN 6-1999, f. & cert. ef. 7-8-99; BN 3-2004, f. 1-29-04, cert. ef. 2-12-04; BN 11-2009, f. & cert. ef. 12-17-09; BN 11-2010, f. & cert. ef. 6-25-10; BN 1-2011(Temp), f. 6-6-11, cert. ef. 6-23-11 thru 12-20-11; BN 4-2011, f. & cert. ef. 10-6-11; BN 7-2014, f. 12-3-14, cert. ef. 1-1-15

851-063-0035

Authorized Duties and Standards for CNA 2 Categories of Care

Under the supervision and at the direction of a licensed nurse, a CNA 2, in addition to the CNA authorized duties, may provide care and assist clients with the following:

- Tasks associated with collaboration with health care team:
  - Receiving report from outgoing staff;
  - Giving report to oncoming staff;
(ab) Tasks associated with communication and interpersonal skills including crisis intervention: (A) Coaching and mentoring peers; and (B) Crisis intervention.
(c) Tasks associated with person-centered care: (A) Meeting individual person’s needs, preference, and abilities; and (B) Providing culturally competent care.
(d) Tasks associated with infection control and prevention including Standard or Transmission-Based Precautions: (A) Obtaining a throat swab; (B) Obtaining urine specimen from port of catheter; and (C) Working in positive and negative airflow rooms.
(e) Tasks associated with safety and emergency procedures: (A) Implementing preventive/protection strategies; (B) Minimizing safety risks; and (C) Transporting a person.
(f) Tasks associated with activities of daily living: (A) Assisting with nutrition and hydration of infants and children: (i) Assisting with breastfeeding by supporting and reinforcing instructions; (ii) Assisting with human breast milk pumping; (iii) Handling, storing, and transporting breast milk; (iv) Preparing infant formula or breast milk for feeding; and (v) Assisting with and feeding infants by bottle. (B) Adding fluid to established post pyloric, jejunostomy and gastrostomy tube feedings; (C) Changing established post pyloric, jejunostomy and gastrostomy tube feeding bags; (D) Pausing and resuming established post pyloric, jejunostomy and gastrostomy tube feedings to provide personal care; (E) Discontinuing a urethrally inserted catheter; (F) Performing range of motion on persons with complex medical problems: fragile skin, at risk for pathological fractures, spasticity, and contractures; (G) Therapeutic positioning in a variety of situations and considering a person’s condition including but not limited to bridging and proning; and (H) Using adaptive, assistive and therapeutic equipment: (i) Ankle and foot orthotics; (ii) Braces; (iii) Established traction equipment: remove and re-apply; (iv) Foot lifter; and (v) Splints.
(g) Tasks associated with mental health and social service needs.
(h) Tasks associated with technical skills: (A) Adjusting oxygen rate of flow; (B) Attaining transcutaneous bilirubin meter reading; (C) Discontinuing a saline lock; (D) Interrupting and re-establishing nasogastric (NG) suction; (E) Irrigating ears; (F) Measuring arm and leg circumference; (G) Measuring blood pressure with a Doppler;
Performing newborn critical congenital heart disease screening utilizing pulse oximetry;
Performing dipstick urine test;
Placing electrodes/leads and run electrocardiogram (EKG);
Placing electrodes/leads for telemetry;
Removing casts in non-emergent situations;
Scanning bladder;
Screening newborn hearing;
Setting up traction equipment;
Suctioning nose or oral pharynx; and
Testing stool for occult blood.

Tasks associated with observation and reporting:
Recognizing and reporting changes that deviate from an individual’s norm;
Observing and collecting pain responses; and
Performing comfort and pain relief measures;
Providing input on an individual’s response to interventions and care plan approaches.

Relieving pain:
Assisting with complementary therapies such as using pre-recorded audio/visuals for guided imagery: deep relaxation.
Planning activities in relation to pain;
Providing comfort measures;
Reporting to the nurse;
Repositioning; and
Using touch to massage non-diseased tissue.

Understanding the concept of Situation, Background, Assessment (Observation), Recommendation, and Read-back/Review (SBARR).

Tasks associated with person-centered care:
Embracing the friendship philosophy of care;
Positively impacting the environment for person with dementia; and
Cultural responsiveness.

Tasks associated with technical skills:
Adjusting oxygen rate of flow;
Applying and removing delivery device and turning continuous positive airway pressure (CPAP) or bilevel positive airway (BiPAP) devices on and off;
Bladder scanning;
Clipping hair in preparation for surgical procedure;
Discontinuing saline lock;
Fingerstick capillary blood testing;
Interrupting and re-establishing nasogastric (NG) suction;
Obtaining nasal or rectal swab;
Placing electrodes/leads and run electrocardiogram (EKG);
Placing electrodes/leads for telemetry;
Removing casts in non-emergent situations;
Screening newborn hearing;
Setting up traction equipment;
Suctioning nose or oral pharynx;
Testing stool for occult blood; and
Urine dip stick testing.

Tasks associated with infection prevention and control:
Establishing and maintaining a sterile field;
(B) Obtaining urine specimen from port of catheter;
(C) Discontinuing Foley catheters;
(D) Measuring, recording and emptying output from drainage devices and closed drainage systems; and
(E) Changing wound vac canisters.

(f) Tasks associated with safety:
(A) Implementing preventive/protective strategies; and
(B) Minimizing safety risks.

(g) Tasks associated with promoting nutrition and hydration:
(A) Adding fluid to established post pyloric, jejunostomy and gastrostomy tube feedings;
(B) Changing established tube feeding bags; and
(C) Pausing and resuming established post pyloric, jejunostomy and gastrostomy tube feedings to provide personal care;

(h) Tasks associated with promoting functional abilities:
(A) Assisting persons in and out of continuous passive motion (CPM) machines;
(B) Performing range of motion on persons with complex medical problems: fragile skin, at risk for pathological fractures, spasticity, and contractures;
(C) Therapeutic positioning in a variety of situations and considering a person’s condition including but not limited to bridging and proning; and

(D) Use of adaptive, assistive and therapeutic equipment:
(i) Ankle and foot orthotics;
(ii) Braces;
(iii) Established traction equipment: remove and re-apply;
(iv) Foot lifter; and
(v) Splints.

(i) Tasks associated with end-of-life care:
(A) Comfort care; and
(B) Removal of non-surgically inserted tubes and devices from post-mortem

(j) Tasks associated with documentation.

(k) Tasks associated with end-of-life care:
(A) Supporting palliative and hospice care; and
(B) Caring for organ and tissue donor.

(2) Standards of Care for CNA 2. In the process of client care the CNA 2 shall consistently apply standards set for CNA 1s and:
(a) Establish competency as a CNA 2;
(b) Maintain competency as a CNA 2;
(c) Perform only authorized duties for which the CNA 2 has established competency.

Stat. Auth.: ORS 678.440 & 678.442
Stats. Implemented: ORS 678.440 & 678.442
Hist.: BN10-2007, f. & cert. ef. 10-1-07; BN 2-2009, f. & cert. ef. 5-15-09; BN 11-2009, f. & cert. ef. 12-17-09; BN 11-2010, f. & cert. ef. 6-25-10; BN 7-2014, f. 12-3-14, cert. ef. 1-1-15

851-063-0070
Authorized Duties and Standards for Certified Medication Aides
(1) Under supervision by a licensed nurse, a CMA may administer:
(a) Oral, sublingual and buccal medications;
(b) Eye medications with the exception of eye medications to new post-operative eye clients;
(c) Ear medications;
(d) Nasal medications;
(e) Rectal medications;
(f) Vaginal medications;
(g) Skin ointments, topical medications including patches and transdermal medications;
(h) Medications by gastrostomy and jejunostomy tubes;
(i) Premixed medication delivered by Aerosol/Nebulizer; and
(j) Medications delivered by metered hand-held inhalers.

(2) Administration of PRN Medications. A CMA may administer PRN medications (including controlled substances) to stable clients according to physician’s or nurse practitioner’s orders in the following circumstances:

(a) In response to specific client requests:
   (A) Client request must be reported to licensed nurse; and
   (B) Client response must be reported to licensed nurse.

(b) At the direction of the licensed nurse, when:
   (A) A licensed nurse assesses the patient prior to administration of the PRN medications; and
   (B) A licensed nurse assesses the patient following the administration of the PRN medication.

(3) A CMA may:

(a) Administer regularly scheduled controlled substances;
(b) Jointly witness wasted controlled substances with a licensed nurse;
(c) Count controlled substances with a licensed nurse or another CMA;
(d) Perform capillary blood glucose (CBG);
(e) Turn oxygen on and off at predetermined, established flow rate;
(f) Add fluid to established jejunostomy or gastrostomy tube feedings and change established tube feeding bags; and
(g) Accept verbal or telephone orders for medication from a licensed health care professional who is authorized to independently diagnose and treat. Such acceptance can occur only when the CMA is working in the following settings under the specified administrative rules:
   (A) Adult Foster Homes, as permitted under OAR Chapter 411, division 050;
   (B) Residential Care Facilities, as permitted under OAR Chapter 411, division 054;
   and
   (C) Assisted Living Facilities, as permitted under OAR Chapter 411, division 054.

(4) A CMA may not administer medications by the following routes:

(a) Central lines;
(b) Colostomy;
(c) Intramuscular;
(d) Intrathecal;
(e) Intravenous;
(f) Nasogastric;
(g) Nonmetered inhaler;
(h) Subcutaneous;
(i) Intradermal;
(j) Urethral;
(k) Epidural; or
(l) Endotracheal.

(5) A CMA may not administer the following kinds of medications:

(a) Barium and other diagnostic contrast media; or
(b) Chemotherapeutic agents except oral maintenance chemotherapy.

(6) A CMA may not administer medication by, nor assume responsibility for, medication pumps, including client controlled analgesia.
A CMA may not act as a clinical teaching associate to a student in a medication aide training program.

In a community-based care setting, a CMA may, as an unlicensed person, provide care as delegated or assigned by a licensed nurse.

Standards of Care for a certified medication assistant. In the process of client care a CMA shall consistently apply standards set for CNAs and:

(a) Establish competency as a CMA;
(b) Maintain competency as a CMA;
(c) Perform within Authorized Duties;
(d) Follow written instructions of a LIP—an individual authorized by law to independently diagnose and treat as transcribed in the medication administration record (MAR); and
(e) Accurately record on the MAR medications administered, medications withheld or refused and the reason why a medication was withheld or refused.

Stats. Implemented: ORS 678.440, 678.442 & 678.444
Hist.: BN 6-1999, f. & cert. ef. 7-8-99; BN 3-2004, f. 1-29-04, cert. ef. 2-12-04; BN 7-2014, f. 12-3-14, cert. ef. 1-1-15

851-063-0090
Conduct Unbecoming a Nursing Assistant
A CNA, regardless of job location, responsibilities, or use of the title "CNA," whose behavior fails to conform to the legal standard and accepted standards of the nursing assistant profession, or who may adversely affect the health, safety or welfare of the public, may be found guilty of conduct unbecoming a nursing assistant. Such conduct includes but is not limited to:

(1) Conduct, regardless of setting, related to general fitness to perform nursing assistant authorized duties:
   (a) Demonstrated incidents of violent, abusive, intimidating, neglectful or reckless behavior; or
   (b) Demonstrated incidents of dishonesty, misrepresentation, or fraud.

(2) Conduct related to achieving and maintaining clinical competency:
   (a) Failing to conform to the essential standards of acceptable and prevailing nursing assistant performance of duties. Actual injury need not be established;
   (b) Performing acts beyond the authorized duties except for as allowed for in these rules;
   (c) Assuming duties and responsibilities for a person’s care without documented preparation for the duties and responsibilities and when competency has not been established and maintained; or
   (d) Performing new nursing assistant techniques or procedures without documented education specific to the technique or procedure and supervised clinical experience to establish competency.

(3) Conduct related to client safety and integrity:
   (a) Failing to take action to preserve or promote a person’s safety based on nursing assistant knowledge, skills, and abilities;
   (b) Failing to implement the plan of care developed by the registered nurse;
   (c) Failing to report changes in a person’s status from the last assessment plan of care made by the registered nurse;
   (d) Jeopardizing the safety of a person under the CNA’s care;
   (e) Leaving or failing to complete a nursing assistant assignment without properly notifying appropriate supervisory personnel and confirming that nursing assistant responsibilities will be met;
(f) Failing to report through proper channels information or facts known regarding the incompetent, unethical, unsafe, or illegal practice of any health care provider pursuant to ORS chapter 676;

(g) Failing to respect the dignity and rights of the person receiving nursing services, regardless of social or economic status, age, race, religion, gender, gender identity, sex, sexual orientation, national origin, nature of health needs, other physical attributes, or disability;

(h) Failing to report actual or suspected incidents of abuse, neglect, or mistreatment;

(i) Engaging in or attempting to engage in sexual misconduct with a client in any setting;

(j) Engaging in sexual misconduct in the workplace; or

(k) Failing to maintain professional boundaries.

(4) Conduct related to communication:

(a) Failing to accurately document nursing assistant activities and tasks;

(b) Failing to document nursing assistant activities and task implementation in a timely, accurate, thorough, and clear manner. This includes failing to document a late entry within a reasonable time period;

(c) Failing to communicate information regarding the person’s status to the supervising nurse or other appropriate member of the healthcare team in an on-going and timely manner and as appropriate to the context of care; or

(d) Destroying an agency record, a person’s health record, or any document prior to the destruction date indicated for the type of recorded data or document;

(e) Directing another individual to falsify, alter or destroy an agency record, a person’s health record, or any document prior to the destruction date indicated for type of recorded data or type of document;

(f) Failing to communicate information regarding the person’s status to individuals who are authorized to receive the information and need to know.

(5) Conduct related to interactions with the client’s family:

(a) Failing to respect the person’s family and the person’s relationship with their family;

(b) Using one’s title/position as a nursing assistant to exploit a person’s family for personal gain or for any other reason;

(c) Stealing money, property, services or supplies from the family;

(d) Soliciting or borrowing money, materials or property from the family; or

(e) Engaging in unacceptable behavior towards or in the presence of the client’s family. Such behavior includes but is not limited to using derogatory names, derogatory or threatening gestures, or profane language.

(6) Conduct related to relationships with co-workers and health care team members:

(a) Engaging in violent, abusive or threatening behavior towards a co-worker; or
(b) Engaging in violent, abusive or threatening behavior that relates to the performance of safe care to a person.

(7) Conduct related to safe performance of authorized duties:
(a) Performing authorized duties when unable/unfit to perform nursing assistant activities or tasks due to:
   (A) Physical impairment as evidenced by documented deterioration of functioning in the work setting or by the assessment of a LIP—an individual qualified by law to diagnose physical condition/status; or
   (B) Psychological or mental impairment as evidenced by documented deterioration of functioning in the work setting or by the assessment of a LIP—an individual qualified by law to diagnose mental condition/status.
(b) Performing authorized duties when physical or mental ability to perform is impaired by use of a prescription or non-prescription drug, medication, alcohol, or a mind-altering substance; or
(c) Using a prescription or non-prescription drug, medication, alcohol, or a mind-altering substance to an extent or in a manner dangerous or injurious to the nursing assistant or others, or to an extent that such use impairs the ability to perform the authorized duties safely.

(8) Conduct related to other federal or state statutes/rule violations:
(a) Aiding, abetting or assisting an individual to violate or circumvent any law, rule or regulation intended to guide the conduct of the nursing assistant or other healthcare provider;
(b) Violating the rights of privacy, confidentiality of information, or knowledge concerning the person, unless required by law to disclose such information;
(c) Discriminating against a person on the basis of age, race, religion, gender, gender identity, sex, sexual preference, national origin or disability;
(d) Abusing a person;
(e) Neglecting a person;
(f) Failing to report actual or suspected incidents of abuse through the proper channels in the workplace and to the appropriate state agencies;
(g) Failing to report actual or suspected incidents of abuse to the appropriate state agency;
(h) Engaging in other unacceptable behavior towards or in the presence of the client. Such behavior includes but is not limited to using derogatory names, derogatory or threatening gestures, or profane language;
(i) Soliciting or borrowing money, materials, or property from the client;
(j) Stealing money, property, services or supplies from the client;
(k) Possessing, obtaining, attempting to obtain, furnishing or administering prescription or controlled drugs—medications to any person, including self, except as directed by a LIP—an individual authorized by law to prescribe drugsmedications;
(l) Unauthorized removal or attempted removal of any drugs—medications, supplies, property, or money from any person or setting;
(m) Unauthorized removal of client records, client information, or facility property, policies or written standards from the workplace;
(n) Using one’s role or title as a nursing assistant to solicit or borrow money, materials, property or possessions from a client or the client’s family for personal gain or sale to defraud a person of their personal property or possessions;
(o) Violating a person’s rights of privacy and confidentiality of information by accessing or sharing information without proper authorization to do so or without a demonstrated need to know;
(p) Engaging in unsecured transmission of protected client data;
Failure to report to the Board the CNA’s own arrest for a felony crime within ten days of the arrest; or

Failure to report to the Board the CNA’s own conviction of a misdemeanor or a felony crime within ten days of the conviction.

(9) Conduct related to certification violations:

(a) Resorting to fraud, misrepresentation, or deceit during the application process for licensure or certification, while taking the examination for licensure or certification, while obtaining initial licensure or certification or renewal of licensure or certification;

(b) Functioning as a certified nursing assistant without current certification as a nursing assistant;

(c) Functioning as a certified medication assistant without current certification as a medication assistant;

(d) Representing oneself as a CNA 1 or CNA 2 without current, valid CNA certification;

(e) Using another licensee’s nursing license or nursing assistant certificate for any purpose;

(f) Impersonating any applicant or acting as a proxy for the applicant in any nursing assistant examination;

(g) Disclosing contents of the competency examination or soliciting, accepting or compiling information regarding the contents of the examination before, during or after its administration; or

(i) Altering a certificate of completion of training education or nursing assistant certification issued by the Board.

(10) Conduct related to the certification holder’s relationship with the Board:

(a) Failing to fully cooperate with the Board during the course of an investigation, including but not limited to waiver of confidentiality, except attorney-client privilege.

(b) Failing to answer truthfully and completely any question asked by the Board on an application for certification, renewal of certification, during the course of an investigation, or any other question asked by the Board;

(c) Failing to provide the Board with any documents requested by the Board; or

(d) Violating the terms and conditions of a Board order.

Stat. Auth.: ORS 678.442
Stats. Implemented: ORS 678.442
Hist.: BN 6-1999, f. & cert. ef. 7-8-99; BN 9-2002(Temp), f. & cert. ef. 3-5-02 thru 8-1-02; BN 16-2002, f. & cert. ef. 7-17-02; BN 12-2009, f. & cert. ef. 12-17-09; BN 4-2010(Temp), f. & cert. ef. 4-19-10 thru 10-15-10; BN 15-2010, f. & cert. ef. 9-30-10; BN 7-2014, f. 12-3-14, cert. ef. 1-1-15

851-063-0100

Conduct Unbecoming a Certified Medication Aide
A certified medication aide is subject to discipline as a CNA as described in these rules. In addition, a CMA is subject to discipline for conduct unbecoming a medication aide. Such conduct includes but is not limited to:

(1) Failing to administer medications as ordered by a LIP, an individual authorized by law to prescribe medications;

(2) Failing to document medications as administered, medications withheld, wasted, or refused and as well as the reason a medication was withheld, wasted, or refused.
(3) Violating the individual’s rights, including the right to refuse medication;

(34) Altering or falsifying medication administration record;

(45) Altering or falsifying CNA or CMA certificate;

(56) Diverting drugs for use by self or others;

(67) Accepting a verbal order or telephone order for medication from an individual authorized by law to prescribe medications, except as allowed in authorized duties;

(78) Performing acts beyond the authorized duties for which the individual is certified;

(89) Working as a CMA without CMA Certification;

(910) Performing client care tasks other than authorized in these rules;

(1011) Representing oneself as a CMA without current CMA certification; or

(1112) Failing to conform to the standards and authorized duties in these rules.

Stat. Auth.: ORS 678.442

Stats. Implemented: ORS 678.442

Hist.: BN 6-1999, f. & cert. ef. 7-8-99; BN 3-2004, f. 1-29-04, cert. ef. 2-12-04; BN 7-2014, f. 12-3-14, cert. ef. 1-1-15

The official copy of an Oregon Administrative Rule is contained in the Administrative Order filed at the Archives Division, 800 Summer St. NE, Salem, Oregon 97310. Any discrepancies with the published version are satisfied in favor of the Administrative Order. The Oregon Administrative Rules and the Oregon Bulletin are copyrighted by the Oregon Secretary of State.
Memorandum

To: Oregon State Board of Nursing

From: Gretchen Koch RN, MSN
Policy Analyst, Nursing Practice and Evaluation

Date: August 13, 2020


On Friday, September 4, 9:00 a.m. to 11:00 a.m., Board staff will host a virtual Division 049 Rulemaking Advisory Committee (RAC) meeting. This will be the RAC’s first meeting since the Governor’s office directed Board staff to cease work on the rules due to the SARS-CoV-2 pandemic.

I anticipate that the draft rules will be ready for a motion to proceed to public hearing at the November 19, 2020 public Board meeting.

Discussion:
Draft: Chapter 851 Division 49

Standards for Licensed Nurse Protocol Utilization,

Communication of Prescriber’s Re-authorization of a Prescription, Administration of Over-the-counter Medication by use of a Symptom-Based Protocol, and RN Dispensing

851-049-0000

Rule Summary, Statement of Purpose and Intent

(1) ORS 678.150 establishes the Board’s authority to supervise the practice of nursing and to determine the scope of nursing practice. Pursuant ORS 678.010(8)(b)(A), the practice of nursing includes executing medical orders prescribed by a physician, dentist, clinical nurse specialist, nurse practitioner, certified registered nurse anesthetist or other health care provider licensed or certified by this state and authorized by the board by rule to issue orders for medical treatment. When engaging in registered nursing practice, the RN may encounter a medical order that may be implemented for their client when the client meets pre-identified criteria as set forth by the prescriber. The acceptance and execution of such an order necessitates the RN to determine whether the client meets or does not meet identified criteria and to determine the safety of the order for the client based on the RN’s collection, validation, and evaluation of evidence and data. For the purposes of these rules, a medical order for a treatment or a medication that contains pre-identified inclusion or exclusion criteria identified by the prescriber shall be called a protocol.

(2) These rules identify acceptable levels of safe nursing practice for:

(a) The RN who practices in an environment where a protocol is used in the execution of a medical order for a client; and

(b) The LPN who accepts an assignment to execute a medical order contained within a protocol.

(3) These rules also identity acceptable levels of safe nursing practice for:

(a) The RN and the LPN, here forward identified as nurse, who communicate a prescriber’s reauthorization of a client’s prescription to a pharmacy; and,

(b) The RN who dispenses medication in a setting certified by the Board of Pharmacy as a Community Health Clinic.
Scope of Practice Standards for RN Protocol Utilization

(1) Standards related to the responsibility of the RN in protocol development.

(a) The RN who holds a nurse administrator practice position within an organization shall participate in the development of any protocol that describes the decision making and actions of the RN. The RN shall ensure that the protocol:

(A) Is developed considering input from RNs practicing within the organization;
(B) Is based on nationally recognized evidence-based guidelines and recommendations;
(C) Identifies a decision making algorithm to which the RN will adhere in the determination of client inclusion in the protocol;
(D) Identifies alternative actions or exceptions that allow for individual client circumstances as assessed and interpreted by the RN; and
(E) Identifies a pathway for the RN to notify the prescriber when the RN’s assessment and interpretation of evidence and data leads to the clinical decision that the client does not meet protocol inclusion.

(b) The RN who holds a nurse administrator practice position within an organization shall assure that organizational policy does not impede the individual licensed nurse from fulfilling nursing practice responsibilities identified in the practice act including OAR 851-045-0040(5)(c) and (f).

(c) The RN who practices in a setting or organization where there is no nurse administrator practice position assumes the responsibility for fulfilling the requirements pursuant to 851-049-0005 (1) (a) and (b).

(2) Standards related to the responsibility of the RN who utilizes a protocol in the provision of nursing services.

(a) The RN shall be accountable for individual actions related to protocol utilization.

(b) The RN shall make an independent clinical judgment to utilize, or to not utilize, a protocol for a client based on the analysis of data and evidence relevant to:

(A) The prescriber’s plan for the client;
(B) The medical order contained within the protocol;
(C) The client’s response to their health situation;
(D) The protocol’s inclusion criteria; and
(E) The protocol’s exclusion criteria if present.
(c) The RN shall not execute the medical order contained in the protocol for the client when
the RN reaches the independent clinical judgment that:
   (A) The medical order contained within the protocol is unsafe or is not appropriate for
       the client; or
   (B) The client does not meet protocol inclusion criteria, or
   (C) The client meets exclusion criteria.

(d) The RN may execute the medical order contained in the protocol for the client when the
RN arrives at the independent clinical judgment that:
   (A) The medical order within the protocol is safe and appropriate for the client.
   (B) The client meets protocol inclusion criteria; and
   (C) The client does not meet exclusion criteria.

(e) The RN shall communicate their independent clinical judgment regarding protocol
utilization for the client with the prescriber as appropriate to:
   (A) The client’s response to their condition, and
   (B) The context of care.

(f) There is no authority for any person or organization to compel an RN to utilize a
protocol for a client when the RN concludes that such action would be unsafe for the
client.

(g) The RN who concludes that the medical order within the protocol is safe and
appropriate for the client and that the client meets protocol inclusion criteria, may
assign execution of the medical order contained within the protocol to an LPN as
appropriate to the context of care.

(h) The RN who concludes that the medical order within the protocol is safe and
appropriate for the client and that the client meets protocol inclusion criteria, may
assign execution of the medical order contained within the protocol to an unregulated
assistive person as appropriate to the context of care.

(3) The RN shall document all actions and decisions required by these rules as required by 851-
045-0040(4).

851-049-0010
Scope of Practice Standards for LPN Protocol Utilization

(1) LPN practice shall only occur under the clinical direction of an RN, or under the clinical
direction of a licensed independent practitioner (LIP).
(a) When LPN practice occurs under the clinical direction of an RN, the LPN may accept and act upon an assignment from the RN to execute a medical order contained with a protocol when:

(A) The LPN verifies that the RN making the assignment has determined the client meets protocol inclusion criteria; and

(B) The LPN adheres to LPN scope and standards of practice identified in chapter 851 division 45 including 851-045-0040(5)(c) and (f).

(b) When LPN practice occurs under the clinical direction of an LIP, the LPN may accept and act upon clinical direction from the LIP to execute a medical order contained with a protocol when:

(A) The LPN verifies that the LIP directing the action has determined the client meets protocol inclusion criteria; and

(B) The LPN adheres to LPN scope and standards of practice as identified in chapter 851 division 45 including 851-045-0040(5)(c) and (f).

(2) There is no authority for an LPN to independently execute a medical order contained within a protocol. The independent nursing judgment regarding a client’s appropriateness for protocol inclusion exceeds the dependent and directed scope of practice of the LPN.

(3) The LPN shall document all actions and decisions required by these rules as identified in 851-045-0040(4).

851-049-0015
Scope of Practice Standards for the Nurse’s administration of an over-the-counter Medication to a Client by use of a Symptom-Based Protocol

(1) Over-the-counter medications are those medications that are neither legend drugs nor controlled substances meaning they may be purchased and administered by the public without a prescription.

(2) For the purposes of these rules, a symptom-based protocol means a protocol directing the administration of an over-the-counter medication to a client based only upon the client’s presenting symptoms.

(3) The RN shall participate in the developed of a symptom-based protocol that describes the decision making and actions of the RN pursuant to rule number 851-049-0005 (1)(a) through (c).
(4) The RN shall not administer an over-the-counter medication to a client in the absence of a symptom-based protocol allowing this action or in absence of a client-specific order for the over-the-counter medication.

(5) The RN shall adhere to 851-049-0005(2) through (3) when:
(a) Utilizing a symptom-based protocol for the administration of an over-the-counter medication; and
(b) Making an assignment to an LPN or to a UAP for execution of an over-the-counter medication order contained within a symptom-based protocol.

(6) The LPN shall adhere to 851-049-0010 (1) through (3) when accepting and acting upon an assignment from an RN or direction from an LIP to administer an over-the-counter medication identified in a symptom-based protocol.

**851-049-0020**

Scope of Practice Standards related to the Nurse’s Responsibility when Communicating a Re-authorization of a Client’s Prescription

(1) As identified in Oregon Board of Pharmacy OAR 855-041-1125, after one year from date of issue, a prescription for a non-controlled substance becomes invalid and must be re-authorized by the prescriber.

(2) Prior to an RN or an LPN communicating a prescriber’s re-authorization of a client’s prescription, the nurse must confirm that:
(a) The prescriber has authorized the continuing of the medication for the client through a new prescription order; or
(b) The prescriber’s plan of care or treatment plan for the client identifies:
   (A) The client’s ongoing medication needs;
   (B) Authorizes ongoing renewal of the prescription for the client; and
   (C) Identifies exceptions to prescription reauthorization for the client.

(3) The nurse shall decline to communicate a prescriber’s re-authorization of the client’s prescription when the nurse determines that standards identified in OAR 851-045-0040(5) (a) through (f) cannot be met.

(4) The nurse may communicate a prescriber’s re-authorization of the client’s prescription when:
(a) The prescriber has re-authorized the prescription for the client; and
(b) The nurse has meet standards identified in OAR 851-045-0040(5) (a) through (f).
Standards Related to the responsibility of the RN who Dispenses Medication in a setting that is registered with the Board of Pharmacy as a Community Health Clinic

(1) Use of the term “Dispense” or “Dispensing” in chapter 851 division 049 is as defined by Board of Pharmacy ORS 689.005(9) and means the preparation and delivery of a prescription drug pursuant to a lawful order of a practitioner in a suitable container appropriately labeled for subsequent administration to or use by a patient or other individual entitled to receive the prescription drug.

(2) The administrative law that designates the RN’s ability to dispense a medication is found in Board of Pharmacy OAR 855-043 practitioner dispensing rules.

(3) As identified in Board of Pharmacy OAR 855-043 practitioner dispensing rules, the RN may only dispense a medication in a setting that is registered with the Board of Pharmacy as a Community Health Clinic (CHC).

(4) There is no authority for an RN to dispense a medication in a setting that is not registered with the Board of Pharmacy as a CHC.

(5) The RN who dispenses a medication in a Board of Pharmacy-registered CHC shall practice within the context of care of the setting. This includes, but is not limited to:

(a) Adherence to requirements of Board of Pharmacy OAR 855-043 practitioner dispensing rules which identify that:

(A) Dispensing shall only occur pursuant to the order or prescription by a person authorized by their Board to prescribe a drug or established by the medical director or clinic practitioner with prescriptive and dispensing authority as identified in OAR 855-043-0700(2).

(B) The RN may only dispense a drug listed in, or for a condition listed in, the formulary of the CHC pursuant to 855-043-0740(3);

(C) The RN may only dispense a legend or non-prescription drug to a client for the purpose of birth control, caries prevention, the treatment of amenorrhea, the treatment of a communicable disease, hormone deficiencies, urinary tract infections or sexually transmitted diseases pursuant to 855-043-0700(1); and

(D) The RN may only provide over-the-counter drugs in accordance with established CHC protocols pursuant to 855-043-0740(2).
(b) Adherence to other laws and regulations governing the setting.

(c) Ensuring that the development, modification and implementation of policies that describe the decision making and actions of the RN who dispenses a medication in a Board of Pharmacy-registered CHC are consistent with the following:

(A) Board of Nursing OAR 851-045 scope and standards of practice;

(B) Board of Pharmacy OAR 855-043 practitioner dispensing rules; and

(C) Professional nursing standards, evidence-based nursing and health care literature.
Memorandum

To: Oregon State Board of Nursing

From: Gretchen Koch RN, MSN
       Policy Analyst, Nursing Practice and Evaluation

Date: August 13, 2020

Re: Draft Interpretive Statements related to RN practice in Community-Based Care Settings.

Two draft interpretive statements are presented for your review and discussion:

1. The RN who ends their Therapeutic Nurse/Client Relationship with a Client who receives nursing services in a Community-based Setting
2. The RN who accepts a Delegation Transfer

I acknowledge that I had previously discussed the creation of form-type documents designed to prompt the completion of specific RN actions when a hand-off occurs between two RNs that involves delegation responsibilities. The fact is that a listing of such actions already exists in Chapter 851 Division 45 and Division 47 of the practice act.

There also currently exists multiple fill-in-the-blank attestation forms published by businesses, facilities, and by individual RNs designed to capture the completion of delegation transfer actions. It is my opinion that publishing one more form is not warranted and would promote the myth that an RN’s use of a form automatically demonstrates engagement in nursing practice and fulfills both legal and professional practice responsibilities.

The draft interpretive statements serve to further interpret statutes and rules in place to promote client safety, and safe nursing practice, when an RN is ending their nursing
services to a client in a community based setting and when an RN considers the acceptance of a delegation transfer from another RN. The draft statements may also serve to abate the need for prescriptive rule language regarding delegation transfers.

Both interpretive statements will be discussed with the Board’s community-based stakeholders during a virtual meeting that is scheduled for August 24, 2020 (post Board materials submission deadline). A summary of stakeholder feedback will be provided at the September 10th, 2020 Board meeting.

Discussion:
The RN who ends their Therapeutic Nurse/Client Relationship with a Client
who receives nursing services in a Community-based Setting

Purpose
The Oregon State Board of Nursing (OSBN) is authorized by Oregon Revised Statutes
Chapter 678 to exercise general supervision over the practice of nursing in Oregon. This
general supervision exists for the protection of the public and consists of the regulation
of nursing licensure, education, and practice. The OSBN further interprets statute and
rule and issues opinions in the form of interpretive statements that are advisory in
nature and used as guidelines for safe nursing practice. This document provides
guidance on the nursing practice responsibilities of the RN when ending their
therapeutic nurse/client relationship with a client in a community-based practice
setting.

Background/Significance
Effective communication is crucial in the delivery of health related services including
registered nursing services. Lack of communication has been established as a leading
cause of unanticipated events in care settings resulting in death or physical or
psychological injury to a client, not related to the natural course of the client’s known
conditions (Cowan, Brunero, Lou, Bilton & Lamont, 2018; Stewart & Hand, 2017; The
Joint Commission, 2017). Taxonomy of Error, Root Couse Analysis and Practice-
responsibility (TERCAP) data published by National Council of State Boards of Nursing
(NCSBN, 2016) further identifies that the lack of proper transfer of client information is
the most common systems factor impacting nursing practice breakdown in nursing
disciplinary cases.

Settings that exist for the purpose of providing medical services and nursing care
employ documentation systems that capture nursing services provision and
communications between health care team members. The policies of the setting direct
the RN’s documentation of the client’s plan of care, the assessment upon which the plan is based, interventions for the client based on their history and presenting needs, and the effectiveness of those interventions. An RN’s documented adherence to such policies demonstrates the RN’s commitment to providing safe, effective and ethical services. Such adherence also serves to transfer knowledge about the client’s health history, health needs, and current plan of care facilitating safe care transitions and continuity of care.

Settings that do not exist for the sole purpose of providing medical services or nursing care but where nursing services could be required intermittently, may or may not employ documentation systems that memorialize nursing services provision and communication between health care team members. Defined by the practice act as community-based settings, these settings include private homes, congregate living communities, foster homes and schools.

**Board Statement**

Both legal and professional nursing standards articulate the responsibility of the RN to facilitate safe transitions and continuity of care delivery. The RN who makes the decision to end their therapeutic nurse/client relationship with a community-based client holds the responsibility to facilitate a safe transition and continuity of care delivery. This responsibility applies whether or not another RN has been identified to provide services to the client.

The RN who is leaving is responsible to transfer knowledge about the client including their identified care needs, health goals, and recommendations on how the client’s identified care needs may continue to be met by the remaining health care team members. The RN’s recommendations will be based on the safety of the client and available resources. Such transfer of knowledge shall be documented and available to client health care team members who will remain with the client.
While the content of the information provided to the client’s health care team will vary based on the client’s unique situation, the RN’s documentation of the information shall occur in a manner that promotes the safety of the client, protects confidentiality client information, and is timely, accurate, thorough, and clear.

The Board acknowledges that a common nursing plan of care intervention for the client in a community-based setting is the delegation of a nursing procedure to an unregulated assistive person (UAP) to perform. When this situation is present for the RN who is ending their therapeutic nurse/client relationship with a client, the knowledge transferred by the RN to the team shall include recommendations on how the procedure could continue to be provided for the client following the RN’s departure. The RN’s recommendation will be based on the safety of the client and available resources.

**Authority for Approval:** ORS 678

**History of Document:** Presented to Board for discussion on September 10, 2020

The Oregon State Board of Nursing (OSBN) is authorized by Oregon Revised Statutes Chapter 678 to exercise general supervision over the practice of nursing in Oregon to include regulation of nursing licensure, education, and practice in order to assure that the citizens of Oregon receive safe and effective care. The OSBN further interprets statute and rule and issues opinions in the form of policies and interpretive statements, which are advisory in nature and used as guidelines for safe nursing practice.
The RN who accepts a Delegation Transfer

Statement of Purpose
The Oregon State Board of Nursing (OSBN) is authorized by Oregon Revised Statutes Chapter 678 to exercise general supervision over the practice of nursing in Oregon. This general supervision exists for the protection of the public and consists of the regulation of nursing licensure, education, and practice. The OSBN further interprets statute and rule and issues opinions in the form of interpretive statements that are advisory in nature and used as guidelines for safe nursing practice. This document provides guidance on essential levels of safe practice for the RN who is considering the acceptance of an assignment of nursing services responsibilities from another RN that include responsibilities for an unregulated assistive person’s (UAP) authorization to and performance of a client’s nursing procedure. Chapter 851 Division 006 of the Nurse Practice Act (NPA) defines all italicized terms.

Background/Significance
Delegation transfer is a term used by RNs to denote the real-time hand-off of nursing services responsibilities for a client between two RNs with the receiving RN formally accepting all responsibilities related to the authorization of a UAP to perform a maintenance nursing procedure for the client.

Board complaint investigations involving delegation transfers often reveal that the RN who accepts a delegation transfer does so in the absence of documented adherence to essential levels of safe practice identified by the Board in Chapter 851 Division 045 and Division 047. Common deviations from the legal standards of Division 045 and Division 047 include:

• Failure to engage in nursing practice with the client prior, during and/or after acceptance of the assignment;
• Not understanding the rules governing delegation;
• Not possessing the competencies necessary to safely delegate and supervise; and,
• Failure to document an accounting of one’s decision that the UAP’s continued performance of the nursing procedure on the client continues to be a safe maintenance health care option for the client.
The RN who knowingly or who unknowingly disregards the legal scope and standards of practice and delegation process, remains accountable for their actions, accountable for the resultant outcome, and risks investigation by the Board if a complaint is made.

**Board Statement**

Within the independent scope of registered nursing practice is each RN’s *individual scope of practice* that has been developed and maintained through practice experience and through engagement in independent and formal learning experiences. The decision to accept or decline an assignment remains the sole decision of the RN based on their individual scope of practice. This action of *self-regulation* by the individual RN is paramount to the safety of those receiving nursing services.

**Accepting or Declining the Assignment**

The RN’s decision to accept or decline a client assignment made directly by another RN that includes a delegation transfer must be made in adherence to the essential levels of safe practice identified by the Board in Chapter 851 Division 045 and Division 047. This means the RN must:

- Receive the assignment directly from the RN who currently provides nursing services to the client. When the previous RN is not directly available to engage in a transfer, delegation transfer in not an option. A third party cannot transfer a delegation on behalf of an RN.

- Possess the competencies necessary to provide safe nursing services relative to the client’s clinical situation and to safely delegate. In the absence of one or both, the RN holds the responsibility to decline the assignment. Assuming duties and responsibilities within the practice of nursing when competency has not been established or maintained is conduct derogatory to the practice of nursing.

- Understand Oregon’s chapter 851 Division 047 rules governing delegation. The RN who is not knowledgeable of the Oregon statutes and regulations governing RN delegation holds the responsibility to decline the assignment.

- Possess clinical knowledge about the client and their situation. This occurs through the RN’s collection and analysis of client data against their own nursing knowledge and practice experience relative to the client’s clinical situation. This assessment step required by both legal and professional nursing practice standards underpins the RN’s independent diagnosis the client’s response to their condition for which the nursing procedure is ordered.
When the RN determines the client’s response to their condition is unpredictable, fluctuating, expected to change rapidly and requires the continuous assessment and evaluation of a licensed nurse, the RN holds the responsibility to decline the delegation transfer responsibilities. The RN can still make the decision to provide nursing services for the client; however, the RN’s plan of care interventions would not include delegation.

When the RN determines the client’s response to their condition is stable and predictable, the RN must still engage in additional data analysis in order to arrive at a prudent decision regarding acceptance of the responsibilities for the UAP’s authorization to perform the procedure.

Additional Data Analysis

The RN must have knowledge that the order for the nursing procedure is current and is appropriate for the client and their situation. If a problem is noted, the RN is responsible to advocate for the client’s right to receive appropriate care. The outcome of this action may or may not negate the delegation transfer.

The RN is responsible to evaluate the previous RN’s teaching plan. This action allows the RN to determine whether the teaching plan is evidence-based, addresses UAP learning needs, contains learning content as specified in Division 047 and is pertinent to the needs and preferences of the client.

- The RN who identifies the need for corrections within the previous RN’s teaching plan is responsible to make the needed corrections or may choose to generate their own teaching plan.
- The RN who determines the previous RN’s teaching plan to be acceptable, may choose to accept and utilize the plan.

The RN is responsible to evaluate the previous RN’s written instructions for the UAP’s performance of the procedure on the client. This action allows the RN to determine whether the instructions are evidence-based, consistent with the requirements in Division 047, and consistent with the needs and preferences of the client. While the RN’s diligence in fulfilling this practice responsibility is a critical for the safety of the client, it UAP to whom a nursing procedure has been delegated.

- The RN who identifies the need for corrections within the instructions may choose to correct the instructions or generate their own instructions. When this occurs, the RN becomes responsible to
provide a teaching and learning experience for the UAP on the corrected or new instructions and evaluate the UAP’s learning outcomes.

• The RN who determines the previous RN’s instructions to be acceptable, may choose to accept and utilize the instructions.

The RN is responsible to evaluate the competence of the UAP’s performance of the procedure per the written instructions. This action allows the RN to determine whether the UAP accurately performs the procedure for the client as per the written instructions. The prudent RN will demonstrate adherence to this responsibility though their analysis of data including previous documentation generated by the UAP when performing the procedure for the client; the client’s reported experience when the UAP; and, by observing the UAP in their performance the procedure for the client.

• The RN who determines the UAP does not follow the written instructions is responsible to decline the UAP’s continued authorization to perform the procedure on the client. The RN can still make the decision to provide nursing services for the client; however, the RN’s plan of care interventions would not include delegation to this UAP.

• The RN who determines the UAP accurately follows the written instructions in their performance of the procedure on the client may choose to accept the assignment.

Note: The RN who is transferring the delegation and the RN who is considering accepting the assignment must both agree to the transfer. At any time, the RN who is making the assignment may decide that delegation transfer is not a safe maintenance care option for the client and choose to rescind the UAP’s authorization to perform the procedure for the client.

Acceptance of the delegation transfer
Both RN’s must document the reason for the transfer and the date and time the transfer takes effect. Such documentation must contain the signatures of both RNs and include the date and time their signatures were affixed to the document. Post transfer, the RN who accepts the assignment assumes accountability for the UAP’s continued authorization to perform the procedure on the client and the outcome of the delegation.
Authority for Approval: ORS 678

History of Document: Presented to Board for discussion on September 10, 2020

The Oregon State Board of Nursing (OSBN) is authorized by Oregon Revised Statutes Chapter 678 to exercise general supervision over the practice of nursing in Oregon to include regulation of nursing licensure, education, and practice in order to assure that the citizens of Oregon receive safe and effective care. The OSBN further interprets statute and rule and issues opinions in the form of policies and interpretive statements, which are advisory in nature and used as guidelines for safe nursing practice.
Memorandum

To: Oregon State Board of Nursing

From: Gretchen Koch RN, MSN
Policy Analyst, Nursing Practice and Evaluation

Date: August 13, 2020

Re: Update on Jurisprudence Examination Development

At the June 11, 2020 public Board meeting, direction was given to Board staff to proceed with the development of an on-line jurisprudence examination to evaluate applicants’ and licensees’ knowledge and understanding of the laws and regulations of Oregon’s Nurse Practice Act (NPA). Successful completion of the exam would become a requirement for all applicants, applicant renewals, delinquent renewals, reactivations, reinstatements and application for a limited license. The online jurisprudence exam would be administered at no charge to the applicant. Target date for implementation, including rule writing is July 1, 2021.

Board staff held a meeting on July 20, 2020 to discuss and plan for the exam’s development. Those in attendance were Board members Judith Woodruff and Sheryl Caddy, and Board staff Wendy Bigelow, Debra Buck, and myself.

It was determined that study guides will be developed for the respective exams. Study exam content organization will be consistent across all three exams with the learning objectives and learner content appropriate to license level or certification.

Exam and study guide will include content currently provided in the public education outreach presentation: Your Daily Relationship with the Board. This includes content on Oregon’s NPA; what the NPA means to the individual licensee; and the scope of practice decision making framework for APRN, RN, LPN; and for the CNA, authorized duties. The workgroup discussed learning scenarios would be included in the study guide and tested.
in the exam related to care team members, self-regulation of actions, abusive/intimidating/reckless behavior, social media, client confidentiality, professional boundaries, diversion, documentation, mandatory reporting. Division 006, General Definitions, to be an appendix to the study guide.

The project is in its infancy and there is an enormous amount of work to be completed. Identification of a testing vendor, coordination with IT and licensing, completion and publishing of jurisprudence exam study guides, length of testing time, question pool development and inter-rater reliability testing, passing criteria, rule writing, exam policy/statement (unless everything is covered by rule writing), etc. I will keep you appraised on the work done at future Board meetings.

Discussion:
Memorandum

DATE: August 18, 2020

TO: Oregon State Board of Nursing

FROM: Ruby R. Jason, MSN, RN, NEA-BC
Executive Director

RE: Ratification of Disciplinary Board Meeting Minutes April 2020-July 2020

The recent move to virtual Board meetings has created new processes and workflows for the agency to assure that the Board is in compliance with Oregon Public Meeting Law. While there has been access for the public to listen in on Board meetings during sessions designated as “public”, the Board may need to remedy the access the public had to the Board meetings of April 2020-July 2020. It was noted that the Board, while stating it was in “public session” prior to each vote, there was no unmuting of the lines so that the public could hear the vote. In review of this issue, it appeared that no member of the public was on the line during these meetings. This follows the “in-person” pattern of no member of the public attending the disciplinary meeting when they were held at the Board office. While the Board offices remained accessible to the public and the meetings were publicly noticed, there has been no attendance of either the public or members of the press in the six years I have been the Executive Director.

All of this, though, is not relevant to the issue. The Public Meeting Law requires the opportunity for public attendance to all issues and votes noticed as a public meeting.

This issue has been remedied as of the August 2020 Board meeting. It is required that the Board ratify all of the actions of the specific Board meetings in a public session when the public is given the opportunity to listen to the vote.

M.S.C ______________________________, ___________________________ that the Board Disciplinary Meeting Minutes of April 2020, May 2020, June 2020, and July 2020 be/not be ratified as presented/modified.
BOARD MEETING
April 8-9, 2020
MINUTES

CALL TO ORDER

Board President Kathleen (Kat) Chinn, called the regular meeting of the Oregon State Board of Nursing to order. The Board meeting was held at the Oregon State Board of Nursing in Portland, Oregon. To comply with COVID-19 gathering restrictions, the Board meeting was held using electronic media.

PUBLIC MEETING NOTICE

A notice of the meeting was published on the Board of Nursing's website and sent out to the interested parties list by Executive Director, Ruby Jason, in accordance with the Open Meeting Law. The Board met in Executive Session during portions of the meeting as authorized by ORS 192.345, 192.355 and ORS 192.660.

ROLL CALL — Present/Absent

—Board Members
Caddy, Present
Chau, Present
Chinn, Present
Cole, Present
Enghouse, Present
Turnipseed, Present
Woodruff, Present
Wynter-Lightfoot, Present

QUORUM

There being a quorum present, the Board President declared the Board eligible to conduct its business.

Introductions: staff and Board members

—Staff Members Present at Various Times

| Bigelow | Koch |
| Bowman | Lamont |
| Buck | Messina |
| Etherington | Montalvo |
| Ficarra | Parish |
| Gamble | Shults |
| Gerhardt | Steele |
| Holtry | Taube |
| Irland | Wade |
| Jason | West |
| Johnson | Lightfoot |
| Ju | Noel |
| Kilborn | Rauch, Legal Counsel |
**Consent Agenda**

MSC Cole, Chau 8 Ayes

Based on the procedural record and evidence presented, the Consent Agenda was accepted as modified.

Cases moved to Full Agenda:
- 17-02230
- 20-00202
- 20-03555
- 20-00702
- 20-00706
- 20-00643
- 20-00805
- 17-02229
- 17-02231
- 20-00097
- 20-00451
- 17-02232

Final Orders of Suspension by Default:
- Megan Donahue, CNA
- Beth Morrison, RN

Final Orders of Revocation by Default:
- Billi Banks, RN
- Donna Collins, RN
- Kari Fosdick, CNA
- Kari McKinley, RN

Case Status Reports Reviewed:
- 19-01011
- 19-01173
- 20-00657
- 20-00171
Cases approved for Dismissal:

20-00245
20-00468
20-00392
20-00379
20-00726
20-00683
20-00704
20-00644
19-00591
20-00700
18-01347
20-00233
20-00790
20-00504
20-00733
20-00297
20-00574
20-00383 – Cole, Chau 7 Ayes, 1 Recusal - Caddy
19-01406
20-00471
20-00718
20-00441
20-00784
20-00157
20-00642

The Board accepted Staff recommendations to dismiss all no NPA Violation and Application and Renewal cases presented on the Consent Agenda.

Full Agenda
Casesthrew Consent Agenda:
MSC Cole, Chau 8 Ayes
Approved for Dismissal:
17-02230
MSC Cole, Chau
That based on the evidence presented, the Stipulation for Withdrawal of Application, signed by:
Alma Bajagilovic, RN
Kara Stuart, RN
Be adopted.
8 Ayes

MSC Cole, Chau
That based on the evidence presented in the following:
Gregory Bauer, CNA
Be issued a Notice of Proposed Revocation.
8 Ayes

MSC Cole, Chau
That based on the evidence presented, the Stipulation for Voluntary Surrender, signed by:
Bobbie Felton, RN
Elizabeth Feustel, RN
Wendy Garcia, CMA
Taliah Koupal, LPN
Marisa McCormick, CNA
Angela Sparks, RN
Be adopted.
8 Ayes

MSC Turnipseed, Chau
That based on the evidence presented, the Stipulation for Reprimand, signed by:
Abraham Arceo, RN
<table>
<thead>
<tr>
<th>Name</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Michelle Keefer, RN</td>
<td>Be adopted.</td>
</tr>
<tr>
<td>William Robnett, CNA</td>
<td></td>
</tr>
<tr>
<td>Margaret Ruiz Tower, LPN</td>
<td></td>
</tr>
<tr>
<td>Be adopted.</td>
<td>7 Ayes, 1 Absent - Cole</td>
</tr>
<tr>
<td>MSC Turnipseed, Chau</td>
<td></td>
</tr>
<tr>
<td>That based on the evidence presented in case numbers:</td>
<td></td>
</tr>
<tr>
<td>20-00697</td>
<td>Be dismissed.</td>
</tr>
<tr>
<td>7 Ayes, 1 Absent - Cole</td>
<td></td>
</tr>
<tr>
<td>MSC Turnipseed, Chau</td>
<td></td>
</tr>
<tr>
<td>That based on the evidence presented, the Stipulation for Probation, signed by following:</td>
<td></td>
</tr>
<tr>
<td>Melanie Abrigo, RN</td>
<td>Be adopted.</td>
</tr>
<tr>
<td>Stephanie Bennefield, RN</td>
<td></td>
</tr>
<tr>
<td>Mavis Dahl, RN</td>
<td></td>
</tr>
<tr>
<td>Steven Kauffman, CNA</td>
<td></td>
</tr>
<tr>
<td>Theodore Kobara, RN</td>
<td></td>
</tr>
<tr>
<td>Jammie Wells, RN</td>
<td></td>
</tr>
<tr>
<td>Be adopted.</td>
<td>6 Ayes, 2 Absent - Cole, Enghouse</td>
</tr>
<tr>
<td>MSC Turnipseed, Chau</td>
<td></td>
</tr>
<tr>
<td>That based on the evidence presented in the following:</td>
<td></td>
</tr>
<tr>
<td>Sean Wisdom, CNA</td>
<td>Be issued a Notice of Proposed Revocation.</td>
</tr>
<tr>
<td></td>
<td>6 Ayes, 2 Absent - Cole, Enghouse</td>
</tr>
<tr>
<td>MSC Caddy, Chau</td>
<td></td>
</tr>
<tr>
<td>That based on the evidence presented, the Stipulation for Suspension, signed by following:</td>
<td></td>
</tr>
<tr>
<td>Linda Gruenwald, NP</td>
<td>Be adopted.</td>
</tr>
<tr>
<td></td>
<td>6 Ayes, 2 Absent - Cole, Enghouse</td>
</tr>
<tr>
<td>Name</td>
<td>Action</td>
</tr>
<tr>
<td>--------------</td>
<td>---------------------------------------------</td>
</tr>
</tbody>
</table>
| MSC Caddy, Chau | That based on the evidence presented in the following:  
Donna Collins, RN  
Be issued a Notice of Proposed Revocation.  
9 Ayes |
| MSC Turnipseed, Chau | That based on the evidence presented in the following:  
Sarah Brownlee, CNA  
Lorna Fortuna, RN  
Be issued Notices of Proposed Denial.  
6 Ayes, 2 Absent - Cole, Enghouse |
| MSC Turnipseed, Chau | That based on the evidence presented in the following:  
Christina Heil, LPN  
Be issued a Notice for Proposed $5000 Civil Penalty  
6 Ayes, 2 Absent - Cole, Enghouse |
| MSC Caddy, Chau | That based on the evidence presented in the following:  
Michael Shaffer, CNA  
Be issued a Notice of Proposed Revocation.  
7 Ayes, 1 Absent - Cole |
| MSC Turnipseed, Chau | That based on the evidence presented in the following:  
20-00143  
Enterprise into HPSP be granted with Last Chance Letter  
6 Ayes, 1 Recusal - Cole, 1 Absent - Caddy |
### MSC Turnipseed, Chau

That based on the evidence presented in the following:

Jennifer Hayward, RN  
Scott Pecora, NP  

Be issued a Notice of Proposed Revocation.

6 Ayes, 1 Recusal - Cole, 1 Absent - Caddy

### MSC Cole, Caddy

That based on the evidence presented, the Stipulation for Probation, signed by:

Gina Haynes, LPN

Be adopted.

7 Ayes, 1 Absent - Enghouse

### MSC Cole, Chau

That based on the evidence presented, the ALJ Proposed Order be accepted and a Final Order of Revocation

Carol Swier, RN

Be issued.

7 Ayes, 1 Absent - Enghouse

### MSC Turnipseed, Chau

That based on the evidence presented, the Request for Stay of Revocation

Carol Swier, RN

Be denied.

6 Ayes, 1 Recusal – Cole, 1 Absent - Enghouse

Adjourned 1:15 pm
THURSDAY, APRIL 9, 2020

Board Kathleen (Kat) Chinn called the meeting to order at 9:00 a.m. A quorum was present.

Introductions: staff and Board members

PUBLIC SESSION

REVIEW OF MEETING AGENDA

ADDITIONS, MODIFICATIONS, REORDERING OF AGENDA

There were no requests for additions or modifications of the agenda.

FINANCIAL REVIEW AND LICENSING UPDATE

Executive Director Ruby Jason provided an overview and information pertaining to the financial status of the agency. The agency financial outlook remains strong, with the projected revenue of 19.3 million, currently at 19.2 million. In response to the COVID-19 situation, the agency is issuing emergency authorizations at no cost to applicants, resulting in a slight reduction in revenue. One of the issues for the agency may be the financial effect of the COVID-19 pandemic on the licensees and residents of the state.

APPROVAL OF BOARD MEETING MINUTES

C-M1 Approval of Minutes from the February 11-13, 2020 Board Meeting
C-M2 Approval of Minutes from the March 11, 2020 Teleconference Board Meeting

M.S.C. Cole, Chau
that the Board Meeting Minutes be approved as presented
Ayes 8

APPROVAL OF CONSENT AGENDA

C-A1 Fiscal Status Report
C-A2 Communications and IT Report
C-A3 Discipline by License Type
C-A4 Discipline by NPDB by License Type
C-L1 Ratification of NA/MA Training Program Approvals and Withdrawals
C-L2 Memo on Proposed Changes to CNA 2 Authorized Duties
C-L3 Licensing Report
C-E1 Northwest Christian University Name Change to Bushnell University
C-E2 IOT NCLEX® Improvement Plan
C-E3 PCC Increase in Enrollment by 10 Students in Fall, 2020
C-AP1 Approved Clinical Placements for Advanced Practice Students Enrolled in Programs Out-of-State and Non-Oregon Based Programs

M.S.C. Cole, Chau
that the Consent Agenda items be approved as presented
Ayes 8
Executive Director Ruby Jason reported on the status of the agency related to the COVID-19 emergency declaration. By order of the Governor, the OSBN offices are closed to public access. The Licensing Department phone lines have been turned off due to the reduction of onsite staff; most correspondence is via email. Staff are teleworking as appropriate and some staff have been relocated to the annex office. The COVID-19 link on the website is being updated as new information is received. Fees will be waived for reactivation of retired or inactive RN and LPN licenses and CNA certifications; to date, the agency has approved 25 applications, and has declined 12 for lack of practice hours, with several pending mostly due to incomplete applications. Board staff are referring all individuals who do not qualify for reactivation to the State Emergency Registry of Volunteers in Oregon Advisory Committee (SERV-OR). Emergency authorizations have been issued for nurses who hold a current license in another state. To date, the agency has issued 152 authorizations with 92 of those, or 61%, for telehealth authorizations for practitioners who do not intend to come into Oregon, but rather provide telehealth services for Oregonians. Most of those providers are from Washington who have patients who live in Oregon and are unable to travel to Washington for their care. The list of approved individuals are listed on the OSBN website license verification page under “authorization to practice during declared emergency” – the list is updated daily. The NCLEX® has been a source of stress, particularly for the graduates who either have graduated or will be graduating. The NCLEX® has been modified; now a minimum of 60 questions, and a maximum of 130 questions. Currently, only a select number of testing centers are open. There may be action necessary to allow graduate nurses (GNs) to work before they take the NCLEX® exam. Policy Analyst – Education and Assessment, Dr. Nancy Irland has been working with school programs to approve alternate methods for students to complete clinical hours. Dr. Irland explained that she has received information from most of the nursing programs, indicating that they are substituting vSim (virtual patient simulations), Zoom, and online evolving case studies, to assess the students’ competencies for clinical hours. All of the programs have submitted plans for approval, they are required to have at least 50% of direct patient care for clinical hours, and all of them have met that requirement. The programs are working to determine if nursing students in their last semester can return to the facilities to help complete their required clinical hours as well as be an adjunct to hospital staff. That arrangement would be between the facility and the program and would not require Board approval. Many organizations have requested that the Board approve a fast-track for CNA certification. The American Healthcare Association and the National Center for Assisted Living are offering a free 8 hour online “Temporary Nurse Aide Training Course”. Policy Analyst – CNA/CMA Training and Assessment, Debra Buck is reminding facilities that individuals taking this or similar training cannot be referred to as nursing assistants or nurse aides in Oregon per ORS 678.448, and this training should not be confused with nursing assistant training. CMS is not waiving §483.35(c), which requires facilities to ensure that nurse aides are able to demonstrate competency in skills and techniques necessary to care for residents’ needs. Ms. Buck explained that there have been questions from the nursing assistant training programs related to COVID-19 and the impact on the students and their programs, and the challenges of access to clinical sites. In a March 18, 2020 letter to LTC providers, Michael McCormick, Interim Director, Aging and People with Disabilities Program, of the Oregon Department of Human Services (DHS), named “prospective staff seeking employment” as essential individuals. This opened up clinical sites to students who were prospective staff seeking employment at the clinical site. Nursing assistant training program faculty are also working on alternate plans for completing clinical hours, developing scenarios and case studies that represent the outcomes expected in the clinical experience. There are currently seven nursing assistant training programs who have approved alternate clinical plans, many other programs are working on plans in preparation for the future. DHS submitted a request to the Centers for Medicare & Medicaid Services (CMS) for an extension on the 120 days. DHS received a blanket waiver from CMS which includes waiving the 120 day limit to how long an NA can work in the nursing facility without being certified as long as the individual is trained and competent in providing nursing and nursing related services.

Ms. Jason reported that she is communicating with the Oregon Center for Nursing (OCN) and the Oregon Nurses Association (ONA), and is in frequent contact with the Governor’s office. On Friday, April 10th, she will participate in a live Facebook event in coordination with the ONA which will allow licenses and the public access to ask questions.
PRACTICE AND EVALUATION

PR1. Update on Draft OAR 851-047: Transfer of Duty of Care for a Client Between Two RNs

Nursing Practice and Evaluation Policy Analyst Gretchen Koch reminded the Board that she provided an update of the draft administrative rule revisions for OAR 851-047 at the February Board meeting, at which time she presented the concept of developing a document for use when the responsibility for care of a client who has an active delegation is being handed off between two RNs. Ms. Koch referred to the two draft documents included in the Board meeting materials, explaining that the first form is for use by the RN who is ending their duty of care to a client in a community-based care setting for whom a care provider is currently authorized by that RN to provide a health-related procedure for that client. The document would be applicable whether or not the RN chooses to transfer the care of the client, and all responsibilities for RN delegation processes, to another RN. The second document is designed to be used by the RN who is accepting the assignment of care for the client and all responsibilities for delegation process for the care provider from the RN who is ending their duty of care. The intent being to prompt actions and behaviors which evidence shows promotes better client outcomes and prompt adherence to the essential levels of safe practice in OAR 851-045. The purpose is to guide the RN’s completion, documentation, and organization of important information that would remain in a client’s health record, or in their own home, and remain there for those who will be there to continue to care for the client. Prior to the COVID-19 declared emergency, there was a meeting scheduled with the community-based care stakeholders to discuss the draft forms and obtain feedback; the meeting has been postponed. After stakeholder input has been received, the draft forms will be presented to the Board at a future Board meeting.

PR2. Update on Draft OAR 851-049: Standards for Licensed Nurse Protocol Utilization, Communication of Medication Refills, and RN Dispensing

Ms. Koch referred to the draft revisions to OAR 851-049 included in the Board meeting materials, and explained that the draft is a second version and responds to the comments communicated by the Rule Advisory Committee members and other stakeholders. As reported at the February 13, 2020, Board meeting, a good portion of the comments received on the draft rules concerned matters or issues over which the Board has no jurisdiction. The draft language changes are designed to mitigate such misunderstandings by using direct language that directly communicates the individual licensed nurse’s responsibilities. Each rule number heading and the standards which follow identify whether the content applies to the RN, to the LPN, or to both the RN and LPN. A new section was added specific to the responsibilities of the LPN. The scheduled rule advisory committee work on draft rules has been delayed while the declared COVID-19 emergency is in effect. There was discussion and suggestions for language clarification, and Board direction to Board staff to continue work on revisions to Division 49.

PR3. Scope of Practice Decision Making Framework Interpretive Statements Updates

Ms. Koch referred to the two updated scope of practice decision making framework interpretive statements, Provision of Foot Care by the Registered Nurse and the Licensed Practical Nurse and The Nurse Who Participates in Cosmetic Procedures. Ms. Koch referred to the draft statements included in the Board meeting materials stating that each statement included added content discussion under each respective question, followed by instructions based on the nurse responding yes, or responding no. Language was also amended under the prudent nurse question to identify the meaning of the prudent nurse standard. There was Board discussion and suggested language revisions for clarification.

M.S.C. Cole, Chau
that the Interpretive Statements presented be approved as modified
Ayes 8
PR4. Environmental Scan

Ms. Koch reported that she is a member of the State Emergency Registry of Volunteers in Oregon Advisory Committee (SERV-OR). In light of the current pandemic, she provided the Board members with a background on SERV-OR, which is a database of licensed healthcare professionals who have registered to volunteer in response to federal, state, or local emergencies, and sponsored by the Oregon Health Authority, Public Health Division in partnership with national Medical Reserve Corps. SERV-OR utilizes its secure database to register, credential, and alert volunteer health providers in response to: planned community service events, public health improvement initiatives, preparedness exercises, or a declared disaster or public health emergency, such as the Governor Brown’s declaration of emergency due to coronavirus (covid-19) outbreak in Oregon. In the spring of 2018, Board staff added a link from the RN and LPN licensure renewal page on the OSBN website to the SERV-OR information and registration page. Also of interest is that the registry program was the impetus for the Oregon nurse emeritus license; it was found that nurses who were actively practicing during SERV-OR exercises and deployments but not practicing elsewhere, were not able to sustain the 960 practice hours in five year requirement for license renewal. To remedy this, a statutory change created the Oregon nurse emeritus license with the Board enacting rules requiring the nurse emeritus licensure applicant to generate a professional practice competency plan specific to their chosen volunteer practice role and practice setting that they must adhere to under their nurse emeritus license. Ms. Koch reported that in February 2020, she attended, and successfully completed, the U.S. Department of Homeland Security FEMA Critical Infrastructure and Resiliency Awareness Training, which covered federal policy, and provided an overview of the various critical infrastructure sects including the one-directional and multi-directional dependencies between individuals and groups.

Ms. Koch reported that she was recently in contact with Jamie Smith, the current Multnomah Education Service District School Health Services Coordinator and former State School Nurse Consultant with Oregon Health Authority. It was discussed that when school resumes in the fall, the first day of school will bring hundreds of thousands K-12 students through the doors. Per Oregon Department of Education (ODE) data published in 2019, there were approximately 600,000 students state-wide receiving school health services 340 RNs. The average school RN who delegates the performance of an student’s health-related procedure to a specific staff member will schedule that staff’s authorized period for performance of the procedure such that when school begins in the fall, that specific staff member continues to be authorized to perform the student’s needed procedure. With the closure of schools for the remainder of the school year by order of the Governor, the 2020/2021 school year will open with no staff being authorized to perform any health-related procedures for any student. While real-time school setting delegation data is not available at this time, 2019 ODE data shows approximately 30,000 students classified as medically complex, fragile, or nurse-dependent - which is in addition to general population of students, and those students who will be new to a school and may arrive with a health-related procedure they are unable to do for themselves. Ms. Koch stated that she will meet with the current State School Nurse Consultant to discuss issues that the Board may need to address.

The Word Health Organization just released their State of the World’s Nursing 2020 report, which provides the latest, most up-to-date evidence and policy options for the global nursing workforce. The report contains information such as nursing program education requirements, and competency requirements with different nursing regulatory bodies.

Board President Chinn suggested that the Board host some type of event to celebrate “Year of the Nurse 2020.” Kat will work with the agency’s Employee Activities Committee (EAC), Board staff, and Board member representation to plan an event, possibly during the November 2020 Board meeting.

ADVANCED PRACTICE

AP1. Divisions 51, 53, and 55 Revisions: Update

Ms. Jason reminded the Board that draft rules for the APRN divisions have been before the Board at previous Board meetings for review. Additional revisions have been made, particularly related to re-entry requirements. Ms. Jason reviewed the proposed revisions included in the Board meeting materials, pointing out substantive
changes including revisions to requirements of non-Oregon based graduate programs. There were suggested changes and corrections to the draft.

M.S.C. Turnipseed, Chau
that based on the information presented, Board staff move forward to Administrative Rule Hearings for OAR 851-051, 851-053, and 851-055 as modified
Ayes 7, Absent 1 (Cole)

AP2. Oregon Health & Science University: Advanced Practice Nursing Program Report

Ms. Jason referred to the survey results of the OHSU Advanced Practice Nursing Program, included in the Board meeting materials. The survey was conducted by Dr. Sarah Wickenhagen, contracted by the OSBN to conduct the advanced practice education program surveys. The result of the survey was that all requirements were met, an improvement from the past survey. Ms. Jason will notify Susan Bakewell-Sachs, Dean - OHSU Nursing Program, as to the decision of the Board to approve the OHSU Advanced Practice Nursing Education Program for five years, to January 2025.

M.S.C. Turnipseed, Chau
that based on the information presented, the OHSU Advanced Practice Nursing Education programs are approved for five years until January 2025
Ayes 7, Absent 1 (Cole)

EDUCATION

E1. Institute of Technology Remediation

Dr. Irland introduced Shawn Boethin, Nurse Administrator, and Kaylee Vickers, Campus President. During the February 2020 Board meeting, the Board voted on the July 2019 site survey deficiencies and violations; this was a vote to approve the IOT Nursing Program for one year, until February 2021. There was a second vote, intended to be for approval of the suggested remediations in the site survey, not for actual remediations reported on in the hard copies presented by Mr. Boethin during the meeting. Dr. Irland referred to the Board meeting materials, including the table with the review of responses, IOT’s responses, and copies of documents that the Board received at the February 13, 2020, Board meeting.

The IOT program was established in 2009 and during their first site survey in May 2011, they were cited for not having an articulation agreement, at which time a recommendation was given; to date they have not obtained one. Instead, they have relied on a “letter of understanding” with Chemeketa Community College and most recently with Sumner College. These letters state that the RN program is open for reviewing student transcripts; they are not articulation agreements. It was noted that after the February 2020 Board meeting Sumner rescinded their letter of understanding. At the February Board meeting, the Board gave IOT until their site survey in February of 2021 to establish an articulation agreement. Mr. Boethin and Ms. Vickers answered questions from the Board members related to the articulation agreement and planned improvements.

Board Direction to Board staff that the program administration work with Dr. Irland, and revisit the remediation plan at the June Board meeting.

LUNCH BREAK

E2. New Location for Linfield College School of Nursing

Dr. Irland reported that in January of 2020, Dr. Kim Jones, Professor and Dean, Linfield School of Nursing, notified the Board of a planned move to a new location in January of 2021. Dr. Irland referred to the Board materials which
included a copy of the letter received from Dr. Jones, and a floor plan of the new space. Dr. Jones was present via audio, and answered questions from the Board. The projected plan is to move staff to the new space in the fall of 2020, with students and faculty moving to the new space in January 2021. There were questions from the Board regarding if a shift of clinical sites would be necessary as a result of the move. Dr. Jones responded that the plan is to significantly increase simulation up to 49%, currently at 20% to 22%. Dr. Jones will submit a formal notification for an increase in student enrollment; the report will be presented to the Board at the June Board meeting.

E3. Mt. Hood Community College (MHCC) Nursing Program Closure

Dr. Irland reported that Sheryl Caddy, Dean, MHCC Nursing Program, submitted a notice of intent to close the Practical Nursing Program. In compliance with OAR 851-021-0035(1)(a) the program will not close until their final cohort graduates in March of 2021. Ms. Caddy explained the background of the decision for the closure, which was based on the program’s budget, a funding shortfall from the state, and a drop in general enrollment. The practical nursing program was one of seven programs that were eliminated. However, there is consideration for the program to be reactivated in the future. Ms. Caddy explained that the school recognizes that there are issues with closing the program, one being that there are no other practical nursing programs in Oregon north of Eugene, and that there is a need for a practical nursing program in the Portland area. Some of the issues surrounding the decisions to close the program had to do not only with the cost of the program, but the way that the program was set up, including the prerequisite courses, which essentially made it a five-term program. The practical nursing program students that just started the program will graduate at the end of next winter term, in March of 2021. At that time, work will begin to look at restructuring the program, including looking at consolidating the program into a three-term program, while meeting all of the requirements.

E4. Environmental Scan

There was no information to report in the environmental scan.


Dr. Irland referred to the addendum included with the Board meeting materials, and reminded the Board that at the February 2020 Board meeting, the Board approved to proceed with administrative rule hearing for OAR 851-021. Due to additional questions and information regarding clinical substitutions during the COVID-19 pandemic, Board staff withdrew the administrative hearing to make additional revisions for clarity related to simulation hours. Dr. Irland referred to the draft of OAR 851-021, which included new definitions and the addition of clock hours in the curriculum requirements for clinical practice. OAR 851-021 currently requires 12 quarter units of clinical practice in PN programs and 24 quarter units in RN programs. The rule advisory committee was queried for information related to clock hours. To provide clarity and standardization, Dr. Irland recommended additional revisions prior to administrative rule hearing as outlined in the draft provided in the Board meeting materials, as well as the addition of definitions including the definition of “clock hours.” Dr. Irland reviewed the proposed changes to OAR 851-021, and the addition of definitions, which would be added to OAR 851-006 - Definitions. There were comments from the Board and discussion regarding the draft revisions mainly related to counting low-fidelity, mid-fidelity, and high-fidelity simulation experience. Board direction to Board staff to send a request to the programs for additional information, and present a revised draft to the Board at the May Board meeting. Dr. Irland indicated that programs had recently submitted their current clinical and simulation clock hours in response to clinical substitutions during the Covid-19 emergency and would therefore not need to query the deans and directors for the hours allotted to clinical experiences. The use of these hours was agreed to by the board.
ADMINISTRATION

A1. Update on Draft OAR 851-031 Revisions

Ms. Jason referred to the draft revisions to OAR 851-031 included in the Board meeting materials, which included additional revisions based on Board input and direction, as well as interpretation from Board legal counsel. Ms. Jason reviewed the proposed revisions. There were questions and comments from the Board; Board staff will research continuing education offered in other states that require continuing education for competency validation.

M.S.C. Enghouse, Chau
that based on the information presented, Board staff move forward to Administrative Rule Hearing for OAR 851-031 as modified
Ayes 8

A2. Update on Draft OAR 851-006 Revisions

Ms. Jason requested that based on previous discussion of definitions related to proposed revisions to Division 21, that the agenda item be moved to the May 6, 2020 Board meeting to allow time to align and add definitions.

A3. Temporary Rulemaking – OAR 851-001-0145

Ms. Jason explained that the proposed temporary rules are valid for 180 days, at which time they will be finalized through the administrative rule making process for permanent rules. During the COVID-19 emergency declaration, the Board received notice from Board legal counsel and the Governor’s legal counsel indicating that under certain sections of the Board’s current statute, the Board has authority to reactivate certain licenses. Ms. Jason referred to the suggested section to be adopted, OAR 851-001-0145 – *Emergency Declaration Response*. There was Board discussion to add Graduate Nurse (GN) language; a student who has graduated, but has not yet taken the NCLEX®, nor obtain licensure. Board direction to Board staff to prepare an interpretive statement to further define rule.

M.S.C. Cole, Chau
that the proposed amendments to OAR 851-001 be adopted as modified and will be designated as OAR 851-001-0145
Ayes 8

EXECUTIVE SESSION

MSC Cole, Chau
That based on the evidence presented in the following:
20-00954
The Notice of Proposed Revocation be Withdrawn and the case be Dismissed with a last chance letter and HPSP be extended for two additional years from the date of March 5, 2020.
8 Ayes

NEXT BOARD MEETINGS

The next scheduled Board Meetings will be on May 6, 2020, and June 9-11, 2020, at the Board offices, 17938 S.W. Upper Boones Ferry Road, Portland, Oregon.
ADJOURNMENT

Adjourned at 3:23 p.m.
CALL TO ORDER

Board President Kathleen (Kat) Chinn, called the regular meeting of the Oregon State Board of Nursing to order at 3:35 p.m. The Board meeting was held in the conference room of the offices of the Oregon State Board of Nursing in Portland, Oregon.

PUBLIC MEETING NOTICE

A notice of the meeting was published on the Board of Nursing's website and sent out to the interested parties list by Executive Director, Ruby Jason, in accordance with the Open Meeting Law. The Board met in Executive Session during portions of the meeting as authorized by ORS 192.345, 192.355 and ORS 192.660.

ROLL CALL — Present/Absent

—Board Members
  Caddy, Present
  Chau, Present
  Chinn, Present
  Cole, Present
  Enghouse, Present
  Turnipseed, Present
  Woodruff, Present
  Wynter-Lightfoot, Present

QUORUM

There being a quorum present, the Board President declared the Board eligible to conduct its business.

Introductions: staff and Board members

—Staff Members Present at Various Times

Bigelow                  Messina
Blomquist                Montalvo
Bowman                   Parish
Buck                     Steele
Dawsey                   Taube
Ficarra                  Traynor
Gamble                   Wade
Irland                   West
Jason                    Lightfoot
Ju                       Noel
Kilborn                  Rauch, Legal Counsel
Lamont
PUBLIC SESSION

ADDITIONS, MODIFICATIONS, REORDERING OF AGENDA

Pursuant to Oregon statute, additional topics can be considered by the Board without being included in the meeting notice, if the subject is one that needs immediate attention, and there is not sufficient time to post a public notice. Executive Director Ruby Jason requested that an item be added to the agenda, A3. Nurses Working Under Emergency Authorizations.

ADMINISTRATION

A1. Update on Revisions to OAR 851-006 Related to Definitions

Ms. Jason referred to the draft revisions of OAR 851-006 included in the Board meeting materials, and reminded the Board that there was a discussion during a previous Board meeting regarding the need to add and revise some of the definitions. Ms. Jason reviewed the proposed revisions, some of which were new definitions as a result of work by the Advisory Committee for Education Standards (ACES). There was a suggestion from the Board that the ACES reconvene to do additional work on the proposed definitions of Clinical Practica, Clinical Practice Experience, and Clinical Experience Percentages in OAR 851-006. Additional revisions to be brought back before the Board at the June Board meeting; if the Board approves the revisions, the administrative rule hearing will be scheduled during the September Board meeting. Revisions to OAR 851-021 will be delayed as the referenced definitions are also included in the proposed draft of that rule chapter.

A2. Clinical Practicum During the COVID-19 Emergency

Ms. Jason explained that due to the COVID-19 Emergency, there are no current plans for healthcare organizations to permit the re-entry of students into established clinical practicum sites. When the Board originally approved online clinical practica due to the COVID-19 Emergency, programs were permitted to submit alternative plans for the current term to Board staff for approval. There is no provision for the current alternative to continue another term. Education programs have requested guidance on the criteria for further disruption of face-to-face clinical practicums; this is inclusive of all education and training programs; LPN, RN, APRN, and CNA. Another issue that programs are facing are those that have hybrid-online learning formats, which balances online and in-person learning, and whether or not the schools could continue with online didactic learning. Due to the COVID-19 Emergency, the programs have requested that they continue to offer online lectures, in lieu of in-person classes. Per OAR 851-021, online offerings require Board approval six months prior to the start of the program. Currently, all of the programs are online. There was Board discussion and Board direction that the programs be instructed to submit a request to the Board if they intend to continue online lectures, and submit a request for an exception to OAR 851-021. The exception would not be a permanent change to the programs, and would require a one-year review of outcomes.

M.S.C. Enghouse, Chau
that the Board adopt the following regarding the current impact to face-to-face clinical practicums for nursing education programs by allowing programs to continue online clinical practicums through the summer term
Ayes 8

M.S.C. Enghouse, Chau
that the Board allow education and training programs that initiated online didactic content delivery in response to the COVID-19 Emergency Response, and wish to continue with the online modality permanently, to petition for an exception to current Administrative Rule that requires six months notice prior to a curriculum change, and that programs provide a one year report to the Board if they apply for an exception, and all exceptions and progress reports requested be reviewed and approved by the Board.
Ayes 8
A3. Nurses Working Under Emergency Authorizations

At a previous Board meeting, the Board authorized certain exceptions to the licensing application process, suspending certain criteria in order to increase the nursing workforce during the COVID-19 Emergency. As a result, Emergency Authorizations are provided to nurses who have not been licensed in Oregon previously, and who have a license in good standing in another state. The Emergency Authorization was to last the term of the Emergency Declaration. Board staff requested Board direction to modify the processes, which were originally developed in collaboration with the Oregon Health Authority (OHA) and the Governor’s Office. Currently, the OSBN is allowing inactive or retired nurses who have a minimum of 960 hours of practice to be reactivated with no fees and no background checks. Initially, there was an influx of licensees requesting this exemption, and there may now be a need to adjust the processes. For reactivations, there was no required background check; the new proposed process requires a state-based non-fingerprint background check which has a one-day turn-around, and the licensee would be required to identify where they will work once the license is reactivated, including volunteering at SERV-OR (State Emergency Registry of Volunteers in Oregon). Once reactivated, the license would be valid until the next renewal license period; the OSBN will only reactive retired licenses for an individual who responds to the COVID-19 issue. For long-term care facilities, there is already a statutory allowance, ORS 678.031 and ORS 678.034, which allows emergency authorizations in long-term care facilities, as long as the individual has provided the OSBN with an endorsement application. Ms. Jason proposed that the Board adjust the process to allow long-term care facilities an exemption from the Emergency Authorization per statutory authority, while keeping the Emergency Authorization process in place for acute care. There was Board discussion regarding the Governor’s phase-in plan to open facilities county-by-county. The Governor’s office mandated that the Emergency Authorizations stay in affect for the following reasons: as counties open up, and as testing increases, it is unsure if there will be a second wave of coronavirus, which is likely to be even more devastating. Rather than rescind the program, Board staff proposed to keep it going to see if there is a second wave. The OSBN will continue to address the emergency, with a focus on public safety. The Governor’s plan currently is to open up facilities county-by-county. There may not be a need for Emergency Authorizations requests that are being received, but the way the system is programed, the OSBN cannot determine authorizations by county.

Renewal applications have been deferred, and the OSBN will continue with the deferrals. Initially, the deferral period was up to 60 days; the proposed change is to the length. Board staff will petition the Board for direction as to when to stop deferrals. For the individual whose license is expired, there will be a statement on the website that, due to the COVID-19 issue, license renewals are deferred. In consultation with the Governor’s office, the Board will determine when the deferment is no longer applicable and the licensee will have 30 days to pay full renewal fees due on their license after the deferral is rescinded. Hospitals have been informed of the renewal deferral option. The OSBN will have a public information/public messaging plan to make sure that there is clarity as to how the processes have changed.

EDUCATION

E1. Update on Draft OAR 851-021 Revisions

The agenda item was tabled; Division 21 updates will be presented to the Board at the June Board meeting, possibly as an addendum.
### EXECUTIVE SESSION

**Consent Agenda**

MSC Enghouse, Chau 8 Ayes

Based on the procedural record and evidence presented, the Consent Agenda was accepted as modified.

<table>
<thead>
<tr>
<th>Cases moved to Full Agenda:</th>
</tr>
</thead>
<tbody>
<tr>
<td>19-00001</td>
</tr>
<tr>
<td>20-00516</td>
</tr>
<tr>
<td>20-00517</td>
</tr>
<tr>
<td>20-00659</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Final Orders of Denial of Application by Default</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shaun Manning, CNA</td>
</tr>
<tr>
<td>David Stillman, RN</td>
</tr>
<tr>
<td>Nikolina Willingham, CNA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Final Orders of Revocation by Default:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maribel Arango, CNA</td>
</tr>
<tr>
<td>Gregory Bauer, CNA</td>
</tr>
<tr>
<td>Michael Shaffer, CNA</td>
</tr>
<tr>
<td>Sean Wisdom, CNA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ratify Interim Order By Consent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tyler Berch, CRNA</td>
</tr>
<tr>
<td>Mark Strassell, RN</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Case Status Reports reviewed:</th>
</tr>
</thead>
<tbody>
<tr>
<td>20-00247</td>
</tr>
<tr>
<td>19-01354</td>
</tr>
<tr>
<td>20-00470</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cases approved for Dismissal – Confirmed HPSP Enrollment:</th>
</tr>
</thead>
<tbody>
<tr>
<td>20-00143</td>
</tr>
<tr>
<td>20-00486</td>
</tr>
</tbody>
</table>
Cases approved for Dismissal:
20-00139
19-00002
19-01413
20-00353
20-00572
18-00774
20-00097
20-00640

The Board accepted Staff recommendations to dismiss all no NPA Violation and Application and Renewal cases presented on the Consent Agenda

**Full Agenda**

Cases pulled from Consent Agenda:

MSC Enghouse, Chau  8 Ayes

Approved for Dismissal:
19-00001
20-00516
20-00659

MSC Enghouse, Chau

That based on the procedural record and evidence presented, to issue a Final Order of Suspension by Default and a Notice of Proposed Revocation be issued:

Taylor Perkins, NP

Be adopted and issued.

8 Ayes

MSC Enghouse, Chau

That based on the evidence presented in the following:

20-00382

To dismiss case and grant reinstatement of RN license

8 Ayes
<table>
<thead>
<tr>
<th>MSC Enghouse, Chau</th>
</tr>
</thead>
<tbody>
<tr>
<td>That based on the evidence presented, the Stipulation for Application Withdrawn, signed by:</td>
</tr>
<tr>
<td>Joshua Gaffney, RN</td>
</tr>
<tr>
<td>Be adopted.</td>
</tr>
<tr>
<td>8 Ayes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MSC Enghouse, Chau</th>
</tr>
</thead>
<tbody>
<tr>
<td>That based on the evidence presented, the Stipulation for $250 Civil Penalty, signed by:</td>
</tr>
<tr>
<td>Jennifer Flannery, RN Reentry Limited</td>
</tr>
<tr>
<td>Nancy Zavacki, RN</td>
</tr>
<tr>
<td>Be adopted.</td>
</tr>
<tr>
<td>8 Ayes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MSC Enghouse, Chau</th>
</tr>
</thead>
<tbody>
<tr>
<td>That based on the evidence presented, the Stipulation for Voluntary Surrender, signed by:</td>
</tr>
<tr>
<td>Stewart Abraham, RN</td>
</tr>
<tr>
<td>Wendy Dawdy, RN</td>
</tr>
<tr>
<td>Traci Moore, LPN</td>
</tr>
<tr>
<td>Sandra Rogers, LPN</td>
</tr>
<tr>
<td>Donna White, CNA</td>
</tr>
<tr>
<td>Izabella Zobova, RN</td>
</tr>
<tr>
<td>Be adopted.</td>
</tr>
<tr>
<td>8 Ayes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MSC Caddy, Chau</th>
</tr>
</thead>
<tbody>
<tr>
<td>That based on the evidence presented, the Stipulation for Reprimand, signed by:</td>
</tr>
<tr>
<td>Christine Knosp, RN</td>
</tr>
<tr>
<td>Be adopted.</td>
</tr>
<tr>
<td>7 Ayes, 1 Recusal - Turnipseed</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MSC Caddy, Chau</th>
</tr>
</thead>
<tbody>
<tr>
<td>That based on the evidence presented, the Stipulation for Reprimand, signed by:</td>
</tr>
<tr>
<td>Skyler Bettis, CNA</td>
</tr>
<tr>
<td>Ada Fisher, RN</td>
</tr>
<tr>
<td>Shara Fuller, LPN</td>
</tr>
<tr>
<td>Barbara Salmons, RN</td>
</tr>
<tr>
<td>Be adopted.</td>
</tr>
<tr>
<td>8 Ayes</td>
</tr>
</tbody>
</table>

**MSC Caddy, Chau**

That based on the evidence presented, the Stipulation for Voluntary Surrender, signed by:

- Diane Jacobson, CMA
- Monika Krumenaker, RN

Be adopted.

8 Ayes

**MSC Enghouse, Chau**

That based on the evidence presented, the Stipulation for Reprimand with $500 Civil Penalty, signed by:

- Jennifer Cain, RN

Be adopted.

8 Ayes

**MSC Enghouse, Chau**

That based on the evidence presented, the Stipulation for Probation, signed by:

- Zelia Petty, CNA
- Jena Christiansen, RN

Be adopted.

8 Ayes

**MSC Enghouse, Chau**

That based on the evidence presented, the Stipulation for Withdrawal of Application, signed by:

- Adam Raffel, RN

Be adopted.

8 Ayes
<table>
<thead>
<tr>
<th>MSC Cole, Chau</th>
</tr>
</thead>
<tbody>
<tr>
<td>That based on the evidence presented, the Stipulation for 90 Day Suspension, signed by:</td>
</tr>
<tr>
<td>Sara Barnes, RN</td>
</tr>
<tr>
<td>Be adopted.</td>
</tr>
<tr>
<td>8 Ayes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MSC Caddy, Chau</th>
</tr>
</thead>
<tbody>
<tr>
<td>That based on the evidence presented in the following:</td>
</tr>
<tr>
<td>Ashlee McKenzie, CNA</td>
</tr>
<tr>
<td>Simon Walusimbi, LPN</td>
</tr>
<tr>
<td>Be issued a Notice of Proposed Denial.</td>
</tr>
<tr>
<td>8 Ayes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MSC Caddy, Enghouse</th>
</tr>
</thead>
<tbody>
<tr>
<td>That based on the evidence presented in the following:</td>
</tr>
<tr>
<td>Nicole Hall, CNA</td>
</tr>
<tr>
<td>Larry Wilt, RN</td>
</tr>
<tr>
<td>Be issued a Notice of Proposed Revocation.</td>
</tr>
<tr>
<td>8 Ayes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MSC Caddy, Chau</th>
</tr>
</thead>
<tbody>
<tr>
<td>That based on the evidence presented in the following:</td>
</tr>
<tr>
<td>Hiwot Alemu, CNA</td>
</tr>
<tr>
<td>Be issued a Notice of Proposed Revocation.</td>
</tr>
<tr>
<td>8 Ayes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MSC Caddy, Chau</th>
</tr>
</thead>
<tbody>
<tr>
<td>That based on the evidence presented in case number:</td>
</tr>
<tr>
<td>18-00572</td>
</tr>
<tr>
<td>Be dismissed and allowed to complete probation.</td>
</tr>
<tr>
<td>8 Ayes</td>
</tr>
<tr>
<td>MSC Caddy, Chau</td>
</tr>
<tr>
<td>-----------------</td>
</tr>
<tr>
<td>That based on the evidence presented in the following:</td>
</tr>
<tr>
<td>Joy Diede, RN</td>
</tr>
<tr>
<td>End probation with 13 months completed.</td>
</tr>
<tr>
<td>8 Ayes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MSC Enghouse, Chau</th>
</tr>
</thead>
<tbody>
<tr>
<td>That based on the evidence presented in the following:</td>
</tr>
<tr>
<td>Cory Churner, LPN</td>
</tr>
<tr>
<td>Amend Notice of Proposed Revocation.</td>
</tr>
<tr>
<td>8 Ayes</td>
</tr>
</tbody>
</table>

**Addendum**

<table>
<thead>
<tr>
<th>MSC Caddy, Chau</th>
</tr>
</thead>
<tbody>
<tr>
<td>That based on the evidence presented in the following:</td>
</tr>
<tr>
<td>Ryan Herinckx, RN</td>
</tr>
<tr>
<td>Be issued a Notice of Proposed Revocation.</td>
</tr>
<tr>
<td>8 Ayes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MSC Enghouse, Chau</th>
</tr>
</thead>
<tbody>
<tr>
<td>That based on the evidence presented in the following:</td>
</tr>
<tr>
<td>Candy Mull, RN</td>
</tr>
<tr>
<td>Amend Notice of Proposed Revocation.</td>
</tr>
<tr>
<td>8 Ayes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MSC Enghouse, Chau</th>
</tr>
</thead>
<tbody>
<tr>
<td>That based on the evidence presented, the Stipulation for Withdrawal of Application, signed by following:</td>
</tr>
<tr>
<td>Sandra Krieg, RN</td>
</tr>
<tr>
<td>Be adopted.</td>
</tr>
<tr>
<td>8 Ayes</td>
</tr>
</tbody>
</table>
MSC Enghouse, Chau

That based on the evidence presented, the Stipulation for Suspension followed by Probation, signed by:

Talisa Myers, CNA

Be adopted.

8 Ayes

**NEXT BOARD MEETINGS**

The next scheduled Board Meeting will be held on June 9-11, 2020, at the Board offices, 17938 S.W. Upper Boones Ferry Road, Portland, Oregon. Due to COVID-19 restrictions, the Board meeting may be held utilizing electronic media only.

**ADJOURNMENT**

Adjourned at 6.56 p.m.
BOARD MEETING
June 9-11, 2020
M I N U T E S

CALL TO ORDER
Board President Kathleen (Kat) Chinn, called the regular meeting of the Oregon State Board of Nursing to order. The Board meeting was held at the Oregon State Board of Nursing in Portland, Oregon. To comply with COVID-19 gathering restrictions, the Board meeting was held using electronic media.

PUBLIC MEETING NOTICE
A notice of the meeting was published on the Board of Nursing's website and sent out to the interested parties list by Executive Director, Ruby Jason, in accordance with the Open Meeting Law. The Board met in Executive Session during portions of the meeting as authorized by ORS 192.345, 192.355 and ORS 192.660.

ROLL CALL — Present/Absent
—Board Members
Caddy, Present
Chau, Present
Chinn, Present
Cole, Present
Enghouse, Present
Turnipseed, Absent June 9, Present June 10 and June 11
Woodruff, Present
Wynter-Lightfoot, Present

QUORUM
There being a quorum present, the Board President declared the Board eligible to conduct its business.

Introductions: staff and Board members

—Staff Members Present at Various Times
Bigelow
Blomquist
Bowman
Buck
Etherington
Ficarra
Gamble
Gerhardt
Holtry
Irland
Jason
Johnson
Ju
Kilborn

Koch
Lamont
Messina
Montalvo
Moser
Parish
Shults
Steele
Taube
Traynor
West
Lightfoot
Noel
Rauch, Legal Counsel
TUESDAY, JUNE 9, 2020
PUBLIC SESSION – 6:30 p.m.

Administrative Rule Hearing – OAR 851-031

The proposed rule revisions related to OAR 851-031, regarding Standards for Licensure of Registered Nurses and Licensed Practical Nurses were included in the Board meeting materials.

The hearing opened at 6:34 p.m.

There was no verbal or written testimony given in favor of, nor in opposition to, the amendments to OAR 851-031.

The hearing closed at 6:35 p.m.

Administrative Rule Hearing – OAR 851-051

The proposed rule revisions related to OAR 851-051, regarding Standards for Approval of Education Programs for the Advanced Practice Registered Nurse: Nurse Practitioners, Clinical Nurse Specialists, and Certified Registered Nurse Anesthetists were included in the Board meeting materials.

The hearing opened at 6:35 p.m.

There was no verbal or written testimony given in favor of, nor in opposition to, the adoption of OAR 851-051. Executive Director Ruby Jason pointed out corrections necessary for the purpose of clarification.

The hearing closed at 6:38 p.m.

Administrative Rule Hearing – OAR 851-053

The proposed rule revisions related to OAR 851-053, regarding Standards for Licensure of Advanced Practice Registered Nurses (APRN) were included in the Board meeting materials.

The hearing opened at 6:39 p.m.

There was no verbal or written testimony given in favor of, nor in opposition to, the adoption of OAR 851-053. Ms. Jason reported that she received correspondence from Julie Weis, legal counsel for the Oregon Association of Nurse Anesthetists (ORANA), who pointed out a discrepancy in the language in OAR 851-053-0005(1)(f); a correction would be required to align with the dates with language in OAR 851-051-0020(3).

The hearing closed at 6:41 p.m.

Administrative Rule Hearing – OAR 851-055

The proposed rule revisions related to OAR 851-055 regarding Scope and Standards of Practice for the Advanced Practice Registered Nurse were included in the Board meeting materials.

The hearing opened at 6:41 p.m.

There was no verbal or written testimony given in favor of, nor in opposition to, the adoption of OAR 851-055.

The hearing closed at 6:42 p.m.
Administrative Rule Hearing – OAR 851-050, OAR 851-052, OAR 851-054, and OAR 851-056

The proposed rule revisions related to OAR 851-050, OAR 851-052, OAR 851-054, and OAR 851-056 regarding Nurse Practitioners, Certified Registered Nurse Anesthetists, Clinical Nurse Specialists, and Advanced Practice Registered Nurse Authority to Prescribe and Dispense were included in the Board meeting materials.

The hearing opened at 6:42 p.m.

There was no verbal or written testimony given in favor of, nor in opposition to, the repeal of OAR 851-050, OAR 851-052, OAR 851-054, and OAR 851-056. Ms. Jason explained that the Board directed Board staff to rewrite rule to combine all of the advanced practice rules into three new chapters related to education, licensure, and scope of practice, which requires that the four current divisions related to advanced practice be repealed.

The hearing closed at 6:43 p.m.

The meeting adjourned at 6:47

WEDNESDAY, JUNE 10, 2020
EXECUTIVE SESSION

<table>
<thead>
<tr>
<th>Consent Agenda</th>
</tr>
</thead>
<tbody>
<tr>
<td>MSC Enghouse, Caddy 8 Ayes</td>
</tr>
</tbody>
</table>

Based on the procedural record and evidence presented, the Consent Agenda was accepted as modified.

Cases moved to Full Agenda:

19-01395
20-00418
20-00419
20-00503
20-00931
19-00363
20-00857
20-00246
20-00746
20-00785
20-00792
20-00791
20-00396
19-00296
20-00199
20-00393
19-01441
<table>
<thead>
<tr>
<th>Final Orders of Denial of Application by Default</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sarah Brownlee, CNA</td>
</tr>
<tr>
<td>Dwight Dampier, CNA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Final Order of Civil Penalty by Default</th>
</tr>
</thead>
<tbody>
<tr>
<td>Christina Heil, LPN</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Final Order of Suspension by Default</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cynthia Backstrom, RN</td>
</tr>
<tr>
<td>Stephanie Brookens, RN</td>
</tr>
<tr>
<td>Margarita Castillo Juarez, CNA</td>
</tr>
<tr>
<td>Andrea Prendergast, CNA</td>
</tr>
<tr>
<td>Cortney Stoner, CNA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Final Order of Revocation by Default:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nicole Hall, CNA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ratify Interim Order By Consent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crystal Berru, RN</td>
</tr>
<tr>
<td>Nicole Hall, CNA</td>
</tr>
<tr>
<td>William Kabele, CRNA - PP</td>
</tr>
<tr>
<td>Patricia Paulus, RN</td>
</tr>
<tr>
<td>Karen Wright, RN</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Case Status Reports reviewed:</th>
</tr>
</thead>
<tbody>
<tr>
<td>20-00945</td>
</tr>
<tr>
<td>20-00612</td>
</tr>
<tr>
<td>18-01193</td>
</tr>
<tr>
<td>20-00400</td>
</tr>
<tr>
<td>20-00681</td>
</tr>
<tr>
<td>19-01470</td>
</tr>
<tr>
<td>18-01586</td>
</tr>
<tr>
<td>20-00521</td>
</tr>
</tbody>
</table>
The Board accepted Staff recommendations to dismiss all no NPA Violation and Application and Renewal cases presented on the Consent Agenda.
### Full Agenda

Cases pulled from Consent Agenda:

MSC Cole, Caddy

That based on the evidence presented in case number:

- 19-01395
- 20-00418
- 20-00419
- 20-00503
- 20-00931
- 20-00857
- 20-00246
- 20-00396
- 20-00393
- 19-01441
- 20-00785

Be dismissed.

8 Ayes

MSC Enghouse, Cole

That based on the evidence presented in case number:

- 19-01296

Be dismissed.

5 Ayes, 3 Nays - Caddy, Turnipseed, Wynter-Lightfoot

MSC Cole, Caddy

That based on the evidence presented, the Stipulation for Withdrawal of Application, signed by:

Quenby Ravenwood, RN

Be adopted.

8 Ayes
MSC Cole, Caddy
That based on the evidence presented, the Stipulation for $2500 Civil Penalty, signed by:
Elisabeth Hernandez, RN
Be adopted.
8 Ayes

MSC Cole, Caddy
That based on the evidence presented, the Stipulation for Voluntary Surrender, signed by following:
Meredith Abdi, RN
Brandon Banuelos, CNA
Ross Cordes, NP
Jennifer Hayward, RN
Christine Rivera, RN
Kristi Rumely, RN
Colleen Thurman, NP
Andrew White, RN
Be adopted.
8 Ayes

MSC Cole, Caddy
That based on the evidence presented in the following:
Nicholas Bower, RN
Tanya Calvert, CNA
Brandon Saada, RN
Be issued Notices of Proposed Revocation.
8 Ayes

MSC Cole, Caddy
That based on the evidence presented, the Stipulation for Reprimand, signed by following:
Carolyn Anderson, RN
Andrew Crowder, RN
John Janssens, RN
Krista Nelson, CNA
Victoria Reynolds, LPN
| Jason Weinstein, RN  |
| Shannon White, RN   |
| **Be adopted.**     |
| **8 Ayes**          |

MSC Cole, Caddy

That based on the evidence presented, the Stipulation for Reprimand with $2500 Civil Penalty, signed by:

| Tony Klein, RN  |
| **Be adopted.** |
| **8 Ayes**      |

MSC Cole, Caddy

That based on the evidence presented, the Stipulation for Probation, signed by following:

<table>
<thead>
<tr>
<th>Guadalupe Gutierrez, CNA</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Stephanie McSherry, RN</td>
<td></td>
</tr>
<tr>
<td>Erin Sloan, RN</td>
<td></td>
</tr>
<tr>
<td>Meghan Tilley, RN</td>
<td></td>
</tr>
</tbody>
</table>

**Be adopted.**

8 Ayes

MSC Cole, Caddy

That based on the evidence presented, the Stipulation for 12 Month Suspension followed by 24 Month Probation, signed by:

| Deanna Bingham, LPN |
| **Be adopted.**    |
| **8 Ayes**         |
That based on the evidence presented in the following:

Steven Allen, CNA
Denise Bertrand, RN
Megan Donahue, CNA
Jennifer Muller, NP
Eva Small, RN

Be issued Notices of Proposed Revocation.
8 Ayes

MSC Cole, Caddy
That based on the evidence presented in the following:
Dawn Regier, RN

Be issued a Notice of Proposed Denial.
8 Ayes

MSC Cole, Caddy
That based on the evidence presented in the following:
20-00105

Be issued an order for mental health and substance abuse disorder evaluation.
8 Ayes

MSC Cole, Caddy
That based on the evidence presented in case numbers:
19-00962
20-00657
20-00822

Be dismissed.
8 Ayes
MSC Cole, Caddy
That based on the evidence presented in case numbers:
20-01102
Be dismissed with last chance letter.
8 Ayes

MSC Cole, Caddy
That based on the evidence presented in the following:
David Gakstatter, RN
Leah Leming, RN
Jennifer Quesada, RN
April Sanders, CNA
Be issued Notices of Proposed Denial.
8 Ayes

MSC Cole, Caddy
That based on the evidence presented in the following:
Megan Ross, LPN
To dismiss and allow early completion of probation.
8 Ayes

MSC Cole, Caddy
That based on the evidence presented, the Stipulation for 2 Month Suspension Followed by 24 Month Probation, signed by:
Teresa Moen, RN
Be adopted.
8 Ayes

MSC Cole, Caddy
That based on the evidence presented in case:
20-00117
The case be closed as an inactive investigation and a hold be placed on the contact record.
8 Ayes
MSC Cole, Caddy
That based on the evidence presented, the Stipulation for 24 Month Probation, Signed by Donald Davis, RN
Be adopted.
7 Ayes, 1 Absent - Turnipseed

MSC Cole, Caddy
That based on the evidence presented in case: 19-00129
The case be closed as an inactive investigation and a hold be placed on the contact record.
8 Ayes

MSC Cole, Caddy
That based on the evidence presented, program contract be changed from four year to two year and allow completion. 17-01127
Be approved.
8 Ayes

MSC Cole, Caddy
That based on the evidence presented, the Stipulation for Voluntary Surrender, signed by: Scott Pecora, NP, RN
Be adopted.
8 Ayes

**Public Session:**

Board President Chinn had a discussion with the other Board members regarding OAR 851-010-0024(3), which states “Each Board member shall receive a two day stipend for each regularly scheduled Board meeting preparation”. Board President Chinn directed Board members to contact Executive Assistant Peggy Lightfoot if they do not use the entire two days, so Peggy can adjust the stipend amount so it accurately reflects the amount of time the Board member used to prepare for the meeting.

Adjourned 4:00 pm
THURSDAY, JUNE 11, 2020

Board Kathleen (Kat) Chinn called the meeting to order at 9:00 a.m. A quorum was present.

Introductions: staff and Board members

EXECUTIVE SESSION

MSC Cole, Caddy
That based on the evidence presented in the following:
Taek Huh, LPN
Be issued a Notice of Proposed Revocation.
8 Ayes

MSC Cole, Caddy
That based on the evidence presented, the Stipulation for Probation, signed by:
Stephan Bayley, RN
Kolten Bice, RN
Be adopted.
8 Ayes

PUBLIC SESSION

REVIEW OF MEETING AGENDA

ADDITIONS, MODIFICATIONS, REORDERING OF AGENDA

Agenda items PR1. Temporary Rulemaking – OAR 851-047, and E5. University of Providence, Montana, Petition for Continuous Out-of-State Cohort Clinicals in Medford, were removed from the agenda. There were no other requests for additions or modifications of the agenda.

FINANCIAL REVIEW AND LICENSING UPDATE

Executive Director Ruby Jason provided an overview and information pertaining to the financial status of the agency, included in the Board meeting materials. Renewal fees have been temporarily suspended to assist those whose spouses may have lost their jobs, or laid off during the COVID-19 declared emergency. Any agency expense cuts will be at the direction of the Department of Administrative Services (DAS). Currently, the agency is about $590,000 under expense budget, most of which is due to vacant positions throughout the current fiscal year. Currently, all of those positions are filled.
APPROVAL OF BOARD MEETING MINUTES

C-M1 Approval of Minutes from the April 8-9, 2020 Board Meeting
C-M2 Approval of Minutes from the May 6, 2020 Teleconference Board Meeting

M.S.C. Cole, Chau
that the Board Meeting Minutes be approved as presented
Ayes 8

APPROVAL OF CONSENT AGENDA

C-A1 Fiscal Status Report
C-A2 Communications and IT Report
C-A3 Discipline by License Type
C-A4 Discipline by NPDB by License Type
C-L1 Ratification of NA/MA Training Program Approvals and Withdrawals
C-L2 Licensing Report
C-E1 Institute of Technology NCLEX® Improvement Plan
C-E2 Linfield College Planned Nursing Student Enrollment Increase
C-E3 George Fox University Planned Nursing Student Enrollment Increase
C-E4 Division 21 Annual Survey Report Changes
C-E5 Closure of Immigrant Nurse Credentialing (INC) Program
C-AP1 Approved Oregon Clinical Placements for Advanced Practice Students Enrolled in Programs Out-of-State
C-AP2 Approved Oregon Clinical Placements for Pre-Licensure Students Enrolled in Programs Out-of-State

Regarding Consent Agenda item E5. Education and Assessment Policy Analyst Nancy Irland explained that she was contacted by Dr. Paula Gubrud-Howe, OHSU faculty. Contrary to a letter received from Erik Jensen, INC Program Manager indicating that INC would be closed in June, the program is postponed, it is not closing. The program intends not to have a third cohort during the summer due to the difficulty students are experiencing with online access. The program will pull the next cohort and will contact the Board within six months to inform the Board if they intend to remain open.

Dr. Irland pointed out the change of the annual survey related to Consent Agenda item E4. Beginning January 2021 and continuing every January thereafter, the National Council of State Boards of Nursing (NCSBN) will be conducting the annual survey. The changes will be reflected in the revisions to OAR 851-021.

M.S.C. Cole, Chau
that the Consent Agenda items be approved as modified
Ayes 8

ADMINISTRATIVE RULES

H1. Amendments to OAR 851-031 Regarding Standards for Licensure of Registered Nurses and Licensed Practical Nurses

Ms. Jason proposed a change to 0015(1)(c) to indicate that the requirement includes participants enrolling in an accelerated Master’s program after July 1, 2021, to provide evidence of an awarded degree in nursing in order to apply for licensure as a registered nurse.
M.S.C. Cole, Chau
Ayes 8

H2. Amendments to OAR 851-051 Regarding Standards for Approval of Education Programs for the Advanced Practice Registered Nurse: Nurse Practitioners, Clinical Nurse Specialists, and Certified Registered Nurse Anesthetists

Ms. Jason reminded the Board that all of the changes and updates were pointed out at the Administrative Rule Hearing on June 9; there were minor changes suggested, and no substantive changes.

M.S.C. Cole, Chau
that OAR 851-051 be adopted in its entirety as modified
Ayes 8

H3. Amendments to OAR 851-053 Regarding Standards for Licensure of Advanced Practice Registered Nurses (APRN)

There was no discussion regarding the proposed adoption of OAR 851-053.

M.S.C. Cole, Chau
that OAR 851-053 be adopted in its entirety as modified
Ayes 8

H4. Amendments to OAR 851-055 Regarding Scope and Standards of Practice for the Advanced Practice Registered Nurse (APRN)

There was no discussion regarding the proposed adoption of OAR 851-055.

M.S.C. Cole, Chau
that OAR 851-055 be adopted in its entirety as presented
Ayes 8

H5. Amendments to OAR 851-050, OAR 851-052, OAR 851-054, and OAR 851-056 Regarding Nurse Practitioners, Certified Registered Nurse Anesthetists, Clinical Nurse Specialists, and Advanced Practice Registered Nurse Authority to Prescribe and Dispense

There was no discussion regarding the proposed repeal of OAR 851-050, OAR 851-052, OAR 851-054 and OAR 851-056.

M.S.C. Cole, Chau
that OAR 851-050, OAR 851-052, OAR 851-054, and OAR 851-056 be repealed in their entirety as presented
Ayes 8
NA EDUCATION AND ASSESSMENT

CNA1. Update on OAR 851-061 Revisions Regarding Standards for Training Programs for Nursing Assistants and Medication Aides.

NA Assessment Policy Analyst Debra Buck reviewed the proposed updated revisions to OAR 851-061, most of which were to align and clarify language. Direction from the Board to Board staff to research and obtain advice from Board legal counsel for potential modification to OAR 851-061-0080(4)(r)(C) regarding the requirement that a facility utilized for out-of-state clinical experience has given Board staff permission for site visits.

M.S.C. Cole, Wynter-Lightfoot that based on the information presented, Board staff move forward to Administrative Rule Hearing for OAR 851-061-0010 through OAR 851-061-0130 with potential modification

Ayes 8

CNA2. Update on OAR 851-063 Revisions Regarding Standards for Authorized Duties for the Certified Nursing Assistant and Medication Aide

Ms. Buck reminded the Board that at the February 2020 Board meeting, Board staff presented a draft of proposed revisions to OAR 851-063 to help meet the healthcare needs of all Oregonians, and at that time, the Board gave direction to Board staff to move forward with moving a significant amount of the authorized duties of the nursing assistant of the level two curriculum to the level one curriculum. Since the February Board meeting, a significant amount of feedback was received by Board staff from interested parties regarding the proposed revisions, with concern related to moving a substantial amount of the nursing assistant level two curriculum content to the level one curriculum. Ms. Buck reviewed some of the concerns expressed, the history of CNA authorized duties in Oregon, benefits of a CNA 2 certification type, and a proposed solution. Ms. Buck requested Board direction to either move forward as it was presented in February, or look at an alternative proposal for consideration, which was included in the Board meeting materials. There was Board discussion and direction from the Board to Board staff to convene a workgroup to review the proposal, compare current and proposed rule revisions, make recommendations to the Board related to community needs, and provide a report to the Board at the September Board meeting. Board member representation will include Board member Barbara (Bobbie) Turnipseed.

CNA3. Environmental Scan

Ms. Buck reported that Headmaster, the CNA testing vendor, is moving to electronic testing; the implementation date to move from paper to electronic testing is August 1, 2020. In the meantime, Headmaster has been working with the test observer to get the equipment in place for implementation. The annual faculty workshop on testing policies and procedures was done electronically this year; it included some virtual question and answer sessions. Positive feedback was received regarding electronic testing.

Ms. Buck reported that there is a new national initiative, ConnectToCareJobs.com. The service is focused solely on attracting qualified job candidates to job opportunities in long-term care. The DHS Office of Aging and People with Disabilities is a participant in supporting this initiative as a member of Advancing States. Advancing States’ mission is to design, improve, and sustain state systems delivering long-term services and supports for older adults, people with disabilities, and their caregivers.

PRACTICE AND EVALUATION

PR1. Temporary Rulemaking – OAR 851-047-0000, OAR 851-047-0030, and OAR 851-047-0040

The item was removed from the agenda.
PR2. Update on OAR 851-049 Revisions Regarding Standards for Licensed Nurse Protocol Utilization, Communicating a Re-authorization of a Prescription, Administration of Over-the-counter Medication by use of a Symptom-Based Protocol, and RN Dispensing

Nursing Practice and Evaluation Policy Analyst Gretchen Koch provided an update on the rulemaking process for OAR 851-049. On March 18, 2020, there was a directive received from the Governor’s Health Policy Advisor to delay the process of rulemaking for OAR 851-049 during the declared COVID-19 emergency. Governor Brown’s May 1, 2020 Executive Order No. 20-24 extends the COVID-19 declaration of emergency for an additional 60 days, through July 6, 2020; the stakeholder meetings will reconvene after the restrictions are lifted. Ms. Koch referred to the draft rules included in the Board meeting materials with revisions to date.

PR3. Update on OAR 851-047 Revisions Regarding Standards of Community Based Care Registered Nurse Delegation

Ms. Koch explained that OAR 851-047 relates to long term-care and assisted living; stakeholder work on transfer or care documents related to OAR 851-047 will commence when Oregon is no longer under the COVID-19 declaration of emergency. Ms. Koch stated that she is planning to convene the stakeholder group by mid-July, at which time they will meet virtually to discuss concepts related to the transfer of duty of care language in OAR 851-047.

PR4. Interpretive Statements – Foot Care Provided by the Registered Nurse and Foot Care Provided by the Licensed Practical Nurse

Ms. Koch referred to the updates to the two interpretive statements included in the Board packet. The original interpretive statement was divided into two statements for clarification, separate statements for RN and LPN licensure. There was Board direction to create separate interpretive statements on other topics that apply to both levels of licensure. Ms. Koch pointed out a necessary minor correction.

M.S.C. Enghouse, Chau

that the Interpretive Statement Foot Care Provided by the Registered Nurse and Foot Care Provided by the Licensed Practical Nurse be approved as modified

Ayes 8

PR5. Environmental Scan

Ms. Koch reported that since March 20, 2020, she has participated in the Oregon Center for Nursing (OCN) weekly huddles. The huddles include herself, Ms. Jason, Dr. Irland, and Board Member Annette Cole. The meetings are hosted by the OCN; the purpose is to bring nurses and other professionals together every week to discuss strategies, resources, and help others navigate the impact that COVID-19 is having on the workforce. Over 100 individuals have participated in one or more huddles since they began back in March. Ms. Koch thanked the OCN director, Jana Bitton, and her staff for facilitating the meetings. Ms. Koch stated she believes that the importance of these huddles is going to extend beyond the current pandemic by creating a formal mechanism which allows nursing practice professionals to connect in the absence of practice setting and practice role silos that have kept Oregon’s largest health care provider population separated from one another.

Ms. Koch provided an update on occupational licensure compacts; currently for the nursing compact, there are 34 states currently enacting legislation. For the Physical Therapy Compact, there are 28 participating states and U.S. territories. The Interstate Medical Compact has 31 participating states and U.S. territories. The Emergency Medical Services (EMS) compact has 20 participating states and U.S. territories. Psychology jurisdictional compact has 12, and Audiology and Speech has three. For the advanced practice compact, there are currently three states that are participating.
ADMINISTRATION

A1. Agency Status Report Including COVID-19 Update

Based on the direction from the Department of Administrative Services (DAS), due to the COVID-19 emergency, state agencies will all re-open on the same day. The OSBN has not yet received that information; until that time, the office will remain closed to the public and most staff will work remotely. It is clear that the new technology the agency has acquired to answer the COVID-19 emergency enables employees to continue to work remotely, doing business differently is feasible for the future. Leveraging remote technology to decrease the flow of paper between staff, utilizing video conferencing instead of telephone meetings for investigator interviews, and to perform educational program surveys via video conferencing rather than travel could all be used to meet the mission of the Board in ways we did not appreciate before. Procedures have been implemented to bypass some checkpoints prior to reactivation or license of individuals in order to participate in the COVID-19 issue. As of the previous week, the OSBN reactivated 188 RNs and LPN, and 85 CNAs under the new process for licensees who are requesting to help with the COVID-19 issue. As of the previous week, 259 Emergency Authorizations were issued for NPs, RNs, and LPNs. There were a few cases in which the licensee did not disclose a criminal background, an issue that would not have passed the initial licensing review. This is something that will need to be reconsidered in the event there is another pandemic. Board staff continue to participate in video and audio meetings regarding COVID-19; departmental meetings and staff meetings are being done through audio meetings with staff having the ability to listen in at home or from their desks. The most significant issue for the COVID aftermath will be the effects to the state budget. It is predicted that the state will face a four billion dollar loss in revenue in the 2021-2023 biennium. While the OSBN is not funded by the general state budget, the OSBN is a state agency and is required to comply with state budget directives. To date, there have been no instructions from DAS regarding which agencies will be directed to cut expenses, but that is anticipated. During the July 2020 Board Work Session the Board staff will be presenting a proposal on how the agency can exit the Health Professionals’ Services Program (HPSP), which is an expense to the agency in the amount of $46,240 per month, or $1.1 million per biennium. There are currently 73 Board-referred licensees in the program and eight self-referred licensees, for a biennium cost of about $14,000 per participant. Currently, there is no data available to substantiate if there is a difference in recidivism or employment for being in an alternative to discipline program compared to a publicly monitored program; the burden rests on the employer to allow the individual to return to monitored practice, regardless of the type of program. Because of the expense of the program, in 2009, the Board made the decision that CNAs would not have the option of being placed in an alternative to discipline program. Only three Boards are using an alternative to discipline monitoring program, medicine, dental and nursing. Another expense decrease will need to be the agency’s legal counsel costs. Because of current processes, the number of contested cases remains in the forties, requiring continued expenditure of resources for both the investigator and Board legal counsel. Legal expenses for the current biennium is $853,953; at the current rate, the agency is tracking at spending $1.15 million during the current biennium. Over the next few months, the Board will be provided with staff proposals to revamp several processes related to the opening and settling of investigation cases.

The Board of Medical Imaging has informed the OSBN of a proposed rule regarding advanced practice nurses who use fluoroscopy, that they must complete four hours of continued education per year, or eight hours for a two year renewal. Two of the yearly required four hours must be related to radiation use and safety, and two hours related to the clinical use of fluoroscopy.

Dr. Janet Wessels will be joining the OSBN Board staff on August 24, 2020. Dr. Wessels will be hired into the Education and Advanced Practice Policy Analyst position, combining two positions into one. Dr. Wessels has a BSN from Southern Illinois University, and Master’s and Doctorate of Nursing degree from Frontier University in Kentucky. She is an Advanced Practice Registered Nurse, specializing in Nurse Midwifery in the state of Florida. Ms. Jason provided Dr. Wessel’s experience and background. Dr. Nancy Irland will be leaving state service on June 30, 2020, returning as a consultant for the OSBN to assist in orienting Dr. Wessels into her role. Ms. Jason, with the help of Board staff Gretchen Koch, will be assigned to all communications between nursing programs and the Board. Ms. Jason expressed her appreciation for Dr. Irland’s service to the OSBN.
A2. ORS 676 – Delegation Authority Related to Disclosure of Investigation Information

Ms. Jason referred to a memo in the Board meeting materials. It has been the Board’s understanding that pursuant to ORS 676, which is the overriding statute for all health professional regulatory Boards, the Board can share certain investigation information with either law enforcement or other state agencies. For the Board to share any confidential information with any of the entities described in ORS 676.177, the Board must give the staff the delegated authority to do so. Consultation with Board legal counsel resulted in being unable to find previous delegation for this activity.

ORS 676.175 and ORS 676.180 authorizes that the Board may release information regarding the Board’s decision not to issue a notice of intent to impose a disciplinary sanction on the license of the respondent to the complainant. Currently, other than a courtesy letter sent that the Board did not impose sanctions, no other information is sent to the complainant, resulting in the complainant, in some cases, requesting additional information. Board staff requested the Board to determine that if such information is released, the Board approve delegated authority to Board staff to implement ORS 676.175(2)(b). There was Board discussion and direction for Board staff to develop a standardized process prior to approving. Board staff will work on a process and present to the Board at the September Board meeting.

M.S.C. Enghouse, Chau

that the Board delegates authority to the Executive Director or designee to implement ORS 676.177

Ayes 8

A3. Development of Jurisprudence Exams for Oregon Applicants

Ms. Jason explained that a jurisprudence exam is a test of a state’s rules and laws applicable to licensure. Currently, there are 18 Boards of Nursing in the U.S. that require a jurisprudence exam prior to the applicant being awarded a license. The intent of the exam is to test key statutes and rules of the practice act to assure that applicants have enough practice act knowledge to be awarded Oregon licensure/certification and safely enter into Oregon practice. If approved, Board staff would develop a separate jurisprudence exam for each license type; CNAs, RNs, LPNs, and advanced practice nurses. The exams would be no cost to the applicant, in an online format, and the exam would be required for all first-time licensees, applications by exam, and endorsements. The Board, at its discretion, may write rule to also require renewal applicants to take the exam. Board staff would develop these exams using various resources and references, but would only include the public in the testing phase of the online exam, a focus group for each license type before the exam is implemented. The target for implementation including rule writing will be July 1, 2021. There was Board discussion and direction to include the requirement for license renewals. Board members Sheryl Caddy and Judith Woodruff agreed to be the Board representatives for the focus group, facilitated by Board staff Gretchen Koch.

M.S.C. Cole, Chau

that the Board authorizes Board staff to develop a jurisprudence examination as modified

Ayes 8

A4. Update on OAR 851-006 Revisions Regarding Definitions

Dr. Irland and Ms. Jason reviewed the proposed changes in OAR 851-006, Definitions, included in the Board packet materials including additional proposed definitions. The additional revisions not included in the Board packet draft of OAR 851-006 were Faculty of Record, Clinical Practicum Supervisor, and Course Progression. If approved, the proposed revisions of OAR 851-006 would proceed to an Administrative Rule Hearing, along with OAR 851-021.

M.S.C. Enghouse, Chau

that based on the information presented, Board staff move forward to Administrative Rule Hearing for OAR 851-006

Ayes 8
A5. Request to Begin Rule Writing – OAR 851-001 Regarding Rules of Practice and Procedure

Ms. Jason pointed out that there are instances when an administrative rule division should be applicable to all of the licenses/certifications issued by the Board. One example is Civil Penalties (CP); while ORS 678.117 allows civil penalties to be levied on all license/certification types, the only chapter that includes language regarding CPs is OAR 851-045, Standards and Scope of Practice for the RN/LPN. Pursuant to Board administrative rules, only RN and LPN licensees are subject to CPs, exempting CNA, CMA, NP, CNS, and CRNA licenses and certificates. The rule changes are intended to clarify levying CPs and provide the Board clearer language as to what types of violations can be levied a CP. In keeping with the Board’s attempts to streamline the practice act, rule divisions and chapters regarding singular subjects should be maintained within a single division. An overall review of OAR 851-001 is requested to assure all information contained in the divisions reflects current Attorney General and DAS requirements.

M.S.C. Enghouse, Chau
that OAR 851-001 be opened for review, revisions and possible consolidation of other rules applicable to all license/certification types
Ayes 8

A6. Request to Begin Rule Writing – OAR 851-070 Regarding Fitness for Practice Related to Behavioral Health and Cognitive or Physical Impairment

Ms. Jason explained that Oregon statute requires review of administrative rules every five years. OAR 851-070 underwent a complete revision in 2016. The language has become outdated, including language regarding Health Professionals’ Services Program (HPSP) qualifications and probation monitoring. Language on what would preclude a licensee from being referred to HPSP is also unclear to licensees. Request from Board staff to convene a public stakeholder rule advisory committee for the review and possible revisions to OAR 851-070.

M.S.C. Enghouse, Chau
that Board staff convene a public Rule Advisory Committee for the purpose of possible revisions to OAR 851-070
Ayes 8

A7. Change in Application Disclosure Questions

Ms. Jason explained that Board legal counsel has reviewed statute and suggested changes to license application disclosure questions. In reviewing the disclosure question process, it was noted that the language of current questions has led to some confusion on the part of the applicant as to what is being asked. Due to the Criminal Justice Information Service (CJIS) requirement that the Board is not authorized to directly use CJIS information to open cases, and ORS 678.111(1)(a) which states that the Board may discipline based on convictions, it was determined that rewording of the disclosure questions is required. Ms. Jason referred to the information included in the Board meeting materials, a comparison table with the current disclosure language and the proposed language. The change will go into effect when the processes have been revised. The need for one minor correction was noted.

M.S.C. Enghouse, Chau
that Board staff revise the language of the current disclosure questions with the proposed questions as modified
Ayes 8
ADVANCED PRACTICE

AP1. University of Portland Advanced Practice Nursing Program Site Survey Report

Ms. Jason reported that Board consultant Dr. Sarah Wickenhagen surveyed the Family Nurse Practitioner (FNP) program at the University of Portland (UOP) on May 4-5, 2020, which was conducted using virtual technology. As a result of the survey, there were no “partially met” or “not met” ratings. All areas of OAR 851-050 and OAR 851-056 were met, this was the same outcome as the previous UOP survey conducted by the OSBN five years ago. The program is to be commended for its constant achievement in maintaining the standards of FNP education.

M.S.C. Enghouse, Chau

that the University of Portland be approved for a period of five (5) years until 2025 or until the OSBN survey can coincide with their CCNE survey, whichever is first

Ayes 8

LUNCH BREAK

EDUCATION

E1. Treasure Valley Community College (TVCC) Updates

Dr. Irland thanked Brianne Haun for agreeing to step into the TVCC Interim Director role last summer. In February, 2020, Dr. Irland met with Ms. Haun and the faculty; at that time there was a discussion regarding possible contingency plans with the faculty and college administration if they did not have qualified faculty applications, and requested that the program share their plans; the program complied with the request. Soon after the meeting, Jill Humble, MSEd, RN, was hired to serve as the Executive Director of Nursing and Allied Health, and submitted a letter of contingency plan and answers to follow up questions that were of interest to the Board previously, also in the Board meeting materials. As of May 1, 2020, there were two unfilled faculty positions; the program has since received applications from qualified applicants. A positive step towards recruitment was an increase in salaries. The new director, Jill Humble, along with former Interim Director Brianne Haun were present via conference call to address the Board and answer questions, and Ms. Humble provided an update on recent new faculty. There were questions from the Board regarding the CNA program. Abby Lee, Associate Vice President for Public Affairs, thanked the Board for their direction and support. Edward Aves, Vice President for Academic Affairs, was also available as a representative for the program. Direction from the Board to Board staff to provide an update to the Board at the September Board meeting.

E2. Institute of Technology Remediation Response and Revisions

Dr. Irland reminded the Board that at the April Board meeting, the Board reviewed the remediation responses from the Institute of Technology (IOT) to the July 2019 site survey report. At that time, Nurse Administrator Shawn Boethin and Campus President Kaylee Vickers were asked to revise the responses and bring them back before the Board. Dr. Irland referred to the table in the Board meeting materials, which included the revisions that were made, and pointed out two algorithms that have not met the request of the Board; the student complaint grievance procedure and the process for sexual misconduct complaints. Although the nurse administrator is now on the list, it is as the second person to contact, not the first. In addition, the list ends with the words and/or, which means that the nurse administrator may or not be included in the complaint process. OAR 851-021-0040(4) states that the nurse administrator shall have institutional authority and administrative responsibility for the program. By putting the nurse administrator second on the list of and/or, it is not clear that the nurse administrator is ultimately in charge. Dr. Irland suggested a final revision, that the algorithm should begin with “the student reports to the nurse administrator.” In addition, the student may report a complaint to the director of student services, director of education, and/or the campus president. Mr. Boethin and Ms. Vickers commented on the complaint process wording and answered questions from the Board. Direction from the Board to Board staff that the revisions to student complaints and grievance procedures be brought back before the Board at the September Board meeting.
There was discussion and questions from the Board regarding the acknowledgement of responsibility regarding partially met items in the site survey report.

E3. Revised Definitions and Simulation Rules for Division 21

At the April, 2020, Board meeting, new definitions to OAR 851-021 were presented to the Board related to replacing direct care with simulation. At that time, the Board provided direction to Board staff for additional information related to the current use of simulation and specific clock hours that might be allocated to simulation and direct patient care in the future, and to revise the definitions in administrative rule. The simulation information and proposed revisions were brought before the Board at the May Board meeting, but were not discussed by the Board at that time due to Board direction to revise definitions and review both the new definitions and simulation information at the June Board meeting. Dr. Irland referred to the revisions to OAR 851-006 included in the Board meeting materials. There was Board discussion and questions to Board staff related to the proposed revisions and clarifications on simulation.

M.S.C. Enghouse, Chau

that based on the information presented, Board staff move forward to Administrative Rule Hearing for OAR 851-021

Ayes 8

E4. Sumner College Practical Nursing Program - NCLEX® Improvement Plan

Dr. Irland reported that the Sumner College Practical Nursing Program has submitted low NCLEX® pass rates for the past four to five years. When the 2019 reports were reviewed in January of this year, it was noted that their bi-annual pass rate was below 85%. Further investigation showed that they were requested to submit NCLEX® improvement plans in 2016, 2018, and now 2020. After the October 2018 site visit and review of the program, it was noted that the bi-annual pass rate at that time was also below 85%, but an NCLEX® improvement plan was not requested at that time, due to a variety of reasons. Staff performed a site visit in 2017; there was a new nurse administrator and improvements were in place. In January 2020, when the pass rates were low again, Board staff requested that the program provide a report. Dr. Irland referred to the improvement plan included in the Board meeting materials; some of the past improvements include raising the minimum passing percentage for the admission test; in July of 2017 they raised their grading scale to a C- as the lowest passing grade. In January of 2018, the graduates were given a financial incentive to take the NCLEX® within 45 days of graduation. This has been shown nationally to increase pass grades. Improvements in their remediation approach were made in 2017. A contributing factor in the low NCLEX® scores is thought to be related to the fact that in 2018 over 50% of the PN students failed the first attempt, but a high percentage were ESL (English as a Second Language) students, the language barrier may have been an issue. Faculty have started to include more questions that require the student to select all that apply, which is often seen in NCLEX® testing, and students complete the NCSBN eight week NCLEX® review course with immediate feedback on remediation. They also increase the entrance exam passing score that is required for admission; as of March 2020, the plan was to reduce the number of PN students from 48 to 40. There were questions from the Board to the Program representatives, Thomas Hicks, Department Chair of Nursing Programs and Joanna Russell, College President.

M.S.C. Enghouse, Chau

that the Board approve the Sumner College Practical Nursing Program NCLEX® Improvement Plan as submitted and that Board staff complete a focused site survey following at least one term of normal class and clinical modalities to determine whether or not continued program approval be granted

Ayes 8

E5. University of Providence, Montana, Petition for Continuous Out-of-State Cohort Clinicals in Medford

The item was removed from the agenda.
E6. Environmental Scan

Dr. Irland answered questions from the Board regarding schools continuing remote learning through the fall, and stated that she has requested that programs planning to make remote learning a permanent or semi-permanent change submit a program change request to the Board for exception to the requirement of six-months prior notice in advance of the requested change, as requested by the Board at the May Board meeting. Board direction to bring a report to the Board at the July or August Board meeting.

Dr. Irland reported that she received a notice from Blue Mountain Community College related to a decrease in the number of students for the 2020-2021 school year by one cohort, from 24 to 16 students, due to a budget cut related to faculty. Dr. Irland reported that the Pioneer Pacific College PN program has had no classes for the spring term due to the COVID-19 declared emergency; the closure will extend through July.

NEXT BOARD MEETINGS

The next scheduled Board Meetings will be on July 8, 2020, and August 5, 2020.

ADJOURNMENT

Adjourned at 2:30 p.m.
MEETING
July 8, 2020
MINUTES

CALL TO ORDER

Board President, Kathleen Chinn, called the regular meeting of the Oregon State Board of Nursing to order at 4:30 PM. This Board meeting was held in the conference room of the offices of the Oregon State Board of Nursing in Portland, Oregon.

PUBLIC MEETING NOTICE

A notice of this meeting was published on the Board of Nursing's website and sent out to the interested parties list by Ruby Jason, Executive Director, in accordance with the Open Meeting Law. The Board met in Executive Session during the portions of the meeting authorized by ORS 192.355 and ORS 192.660.

ROLL CALL

Board Members
Caddy,
Chau,
Chinn,
Cole,
Enghouse,
Turnipseed,
Woodruff,
Wynter-Lightfoot

QUORUM

There being a quorum present, the Board President declared the Board eligible to conduct its business.

Staff Members Present at Various Times

Bigelow
Bowman
Ficarra
Gamble
Jason
Johnson
Based on the procedural record and evidence presented, the Consent Agenda was accepted as modified.

Cases moved to Full Agenda:
20-00973
20-00652
20-00991
20-00171

Final Orders of Denial of Application by Default
Lorna Fortuna, RN
Ashlee McKenzie, CNA
Simon Walusimbi, LPN

Final Order of Revocation by Default:
Steven Allen, CNA
Denise Bertrand, RN
Nicholas Bower, RN
Tanya Calvert, CNA
Megan Donahue, CNA
Taylor Perkins, NP
Brandon Saada, RN

Ratify Interim Order By Consent
Sarah Smith, CMA

Case Status Reports reviewed:
20-00720
18-01575
19-01115
20-00364
20-00666
20-00897

Cases approved for Dismissal:
20-01000
20-00520
20-00023
20-00985
20-01026
20-00378
20-00649
20-00682
20-00641
20-00339
19-00740
20-00740
18-01237

MSC Enghouse, Chau
that based on the evidence presented in case numbers:
20-00782
Be dismissed.
7 Ayes, 1 Recusal - Cole

The Board accepted Staff recommendations to dismiss all no NPA Violation and Application and Renewal cases presented on the Consent Agenda
### Full Agenda

Cases pulled from Consent Agenda:

MSC Enghouse, Chau

- That based on the evidence presented in case number:
  - 20-00652
  - 20-00991
  - 20-00171

Be dismissed.

8 Ayes

MSC Enghouse, Chau

- That based on the procedural record and evidence presented in:
  - Zachary Cader, CNA

The Final Order of Suspension by Default as set forth in the notice previously issued and a Notice of Proposed Revocation be issued.

8 Ayes

MSC Enghouse, Chau

- That based on the evidence presented, the Stipulation for Withdrawal of Application, signed by the following:
  - Orion Poptean, CNA
  - Dawn Regier, RN

Be adopted.

8 Ayes

MSC Enghouse, Chau

- That based on the evidence presented, the Stipulation for Civil Penalty, signed by the following:
  - Elizabeth Fisher, RN
  - Nicole Lei Fonacier, RN

Be adopted.

8 Ayes

MSC Enghouse, Chau

- That based on the evidence presented, the Stipulation for Voluntary Surrender, signed by the following:
Lois Ashe, RN
Kate De Bruin, RN
Becky Poe, RN
Cheryl Russo, RN
Lyndon White, RN
Ingrid Zeckser, RN
Be adopted.
8 Ayes

MSC Enghouse, Chau
That based on the evidence presented, the Stipulation for Reprimand with $3500 Civil Penalty, signed by:
Tiffany Cox, NP
Be adopted.
8 Ayes

MSC Woodruff, Chau
That based on the evidence presented, the Stipulation for Reprimand, signed by the following:
Neal Boyd, RN
Lacey Haney, RN
Marcene Thomas, RN
Tina Zeeberg Foote, RN
Be adopted.
6 Ayes, 2 Absent - Caddy, Enghouse

MSC Woodruff, Chau
That based on the evidence presented in the following:
Rebeca Campos, RN
Be issued Notices of Proposed Suspension.
6 Ayes, 2 Absent - Caddy, Enghouse

MSC Enghouse, Chau
That based on the evidence presented in the following:
Dana Block, RN
Be issued Notices of Proposed Revocation.
7 Ayes, 1 Absent - Caddy

MSC Enghouse, Chau
That based on the evidence presented, the Stipulation for Probation, signed by the following:
Laura Borud, RN
Jeffrey Goolsby, RN
Lisel Ham, RN
Martin Johnson, RN
Nicole Robustelli, RN
Be adopted.
7 Ayes, 1 Absent - Caddy

MSC Turnipseed, Chau
That based on the evidence presented, the Stipulation for Suspension, signed by following:
Bobbi Marugg, RN
Tracey Tait, RN
Be adopted.
7 Ayes, 1 Recusal - Cole

MSC Turnipseed, Chau
That based on the evidence presented, the Stipulation for Suspension, signed by following:
Douglas Carty, RN
Be adopted.
7 Ayes, 1 Recusal - Enghouse

MSC Enghouse, Chau
That based on the evidence presented, the Stipulation for Suspension followed by Probation, signed by the following:
Tyler Berch, CRNA
Robert Clements, RN
Stephanie Conant, RN
Taek Huh, LPN
Crystal Whited, RN
Be adopted.
8 Ayes

MSC Enghouse, Chau
That based on the evidence presented, the Amended Stipulation for Probation, signed by the following:
Sara Cabitto, LPN
Be adopted.
8 Ayes

MSC Wynter-Lightfoot, Chau
That based on the evidence presented in the following:
Kaylee Christopher, CNA
Be issued a Notice of Proposed Denial.
8 Ayes

MSC Enghouse, Chau
That based on the evidence presented in the following:
Sherri Lynn Crawford, CMA
Warren Duncan, CNA
Kimberlee Shoop Lockett, CNA
Be issued a Notice of Proposed Revocation.
8 Ayes

MSC Enghouse, Chau
That based on the evidence presented in the following:
20-00247
Be ordered to obtain Mental Health and Substance Use Disorder Evaluation by a Board approved evaluator.
8 Ayes

MSC Enghouse, Turnipseed
That based on the evidence presented in case number:
20-00376
The Notice of Proposed Denial be Withdrawn and the case be dismissed.
8 Ayes

MSC Enghouse, Chau
That based on the evidence presented in the following:
Kristie Andreas, NP
Steven Miller, RN
Amended Notice of Proposed Revocation be issued.
8 Ayes

MSC Enghouse, Chau
That based on the evidence presented in the following:
20-00719
20-01004
Be allowed to enter HPSP, dismissal upon enrollment.
8 Ayes

MSC Enghouse, Chau
That based on the evidence presented, the Stipulation for Probation, signed by the following:
Amy Stokes, RN
Andrea Handforth, RN
Wendy Lohan, RN
Be adopted.
8 Ayes
Addendum
MSC Enghouse, Chau
That based on the evidence presented in case numbers:
20-00937
20-01168
Be dismissed.

MSC Enghouse, Chau
That based on the evidence presented, the Stipulation for Withdrawal of Application, signed by:
Tamara Ramsey, NP
Be adopted.
8 Ayes

MSC Enghouse, Chau
That based on the evidence presented, the Stipulation for Suspension With $1500 Civil Penalty, signed by:
Toni Johnson, RN
Be adopted.
8 Ayes

MSC Enghouse, Chau
That based on the evidence presented, the Stipulation for Reprimand, signed by:
Mary Allen, RN
Be adopted.
8 Ayes

MSC Enghouse, Chau
That based on the evidence presented in:
19-01062
To withdraw the pending disciplinary action and dismiss the case.
8 Ayes

Adjourned 6:37 pm
Memorandum

DATE: August 18, 2020

TO: Oregon State Board of Nursing

FROM: Ruby R. Jason, MSN, RN, NEA-BC
      Executive Director

RE: Revision to the Patient Abandonment Interpretive Statement

Feedback from staff of the Investigations Department indicated concern about the current interpretive statement and the differentiation between what constitutes patient abandonment for nurses and what constitutes patient abandonment for nursing assistants. Utilizing information from literature sources and the practice act, OAR 851-045-0070 and OAR 851-063-0090.

As care becomes more community based and nursing assistants play an ever increasing role in the care of vulnerable patients, the duty to a patient should not be differentiated by license type.

Please find (1) the proposed version of the Interpretive Statement and (2) the current version for your comparison.

M.S.C. _________________________, ___________________________, that the proposed revision to the Interpretive Statement, Patient Abandonment, be/not be accepted as presented/modified.
Patient Abandonment

Statement of Purpose
To provide clarification on the frequently used term patient abandonment. This statement is applicable to all OSBN licensees and certificate holders as described.

Definition of Patient Abandonment:
For the purposes of this statement the term “patient” will be used interchangeably and have the same meaning as “client”.
For the purposes of this statement the term “nursing personnel” refers to all licensees (RN, LPN, NP, CNS, CRNA) and certificate holders of the OSBN (CNA, CMA).

Patients under the care of nursing personnel are vulnerable by the virtue of illness, injury, including the dependent nature and unequal power base of the relationship the patient has with nursing personnel. There is a distinction between nursing personnel leaving an employment situation and when abandoning a duty to the patient.
The key component in determining if an action constitutes patient abandonment is the establishment of a relationship between nursing personnel and a group of patients or a single patient. Once that relationship is established the jurisdiction of the Board allows for investigation and possible use disciplinary actions as described in ORS 678.111 and ORS 678.442; an employer has no authority to discipline a license or certificate, however, the employer does have the ability to determine discipline applicable to the employment of nursing personnel.

Two criteria must be met for the action to be patient abandonment:
(1) Nursing Personnel must accept a patient assignment thereby agreeing to provide care and thereby establishing a relationship with the patient or group of patients.
(2) Nursing personnel have disengaged themselves from the above established relationship without giving reasonable notice and information about the patient or group of patients to a qualified person. A qualified person is defined as nursing personnel or other health professional that can continue to care or make arrangements for others to continue care.

Refusal to accept an assignment or establish a care relationship with the patient or patients does not constitute patient abandonment but may constitute employment abandonment, this would then fall under the employer/employee relationship.

The following are examples of patient abandonment:
1. Leaving a nursing unit or patient care setting without notice and report the patient(s) current status to a qualified person.
2. Leaving a facility or workplace when the licensee or certificate holder is the sole provider at their level of license or certification and there is no available replacement at the level of licensure or certification that is required by facility licensing laws to be present.
3. Failure to report for an assignment when the licensee or certificate holder is the sole provider (such as private duty, home health, hospice, etc) without notice to a qualified person.
4. Terminating a contractual or other relationship in which the licensee or certificate holder is the primary or sole provider of care without notice to the patient(s) and/or other person(s) acting on behalf of the patient to make other arrangements.
The responsibility of all nursing personnel licensed by the OSBN is to assure that patient(s) and nursing personnel are not placed in a situation of serious risk when accepting an assignment or engaged in a patient care relationship. If nursing personnel cite a lack of knowledge, skills, competencies or abilities to accept or continue with a patient care relationship, the licensee or certificate holder is required by the Oregon Nurse Practice Act to refuse the assignment. This does not prevent the employer from taking employment actions against nursing personnel. It is an expectation of the Board that nursing personnel are able to articulate the rationale as to why an assignment may put both nursing personnel and patient(s) in a serious risk for harm situation.

The following scenarios do not fall in the category of patient abandonment but may be considered by the employer as employment abandonment:

1. Nursing personnel fail to notify employer and does not appear for scheduled work hours (This does not apply to sole providers such as private duty, home health, hospice, etc).
2. Immediately ending the employment relationship with an employer once the duties to the patient have been completed.
3. Nursing personnel fail to return for scheduled work hours following a scheduled leave of absence and without notice.
4. Nursing personnel resign and fail to provide the amount of notice required by employer policy.

Employers have no legal authority to threaten action against a license or certificate as a means of intimidation to coerce the acceptance of additional work hours or assignment by nursing personnel. The employer may begin employment action against nursing personnel.

During periods of time when there is insufficient nursing personnel to assure mitigation of risk to both personnel and patient(s) it is expected that licensees and certificate holders of the OSBN work with management staff to assure that all resources are employed prior to ending an assignment or care relationship. The Oregon Staffing Laws are not under the jurisdiction of the OSBN, these laws come under the jurisdiction of the Oregon Health Authority (OHA). OSBN and OHA exchange information regarding appropriate investigation jurisdiction.

Advanced Practice Registered Nurses (Clinical Nurse Specialists, Certified Registered Nurse Anesthetists and Nurse Practitioners). In addition to the above, advanced practice nurses have the following obligations:

The legitimate discharge of patients from practice when the Advanced Practice Nurse is that patient’s primary or specialty provider does not constitute patient abandonment provided the discharge includes:

- Provision of written notice which meets community standard and clearly states the date of termination of services.
- Information regarding how the patient can access their records of care.
- Information regarding referral options for continuing care for the condition treated.
- Provision of currently authorized medications which are prescribed by the Advanced Practice Nurse for a limited refill period specified in the notice of termination.

References: Oregon Nurse Practice Act
Authority for Approval: ORS 678
History of Document: Originally adopted September 10, 1993; Revised September 15, 1999; Amended to add the Advanced Practice Registered Nurse November 17, 2005; Revised and formatted to Interpretive Statement December 17, 2015, Updated September 2020.
Patient Abandonment

**Statement of Purpose**
To provide clarification on the frequently used term patient abandonment.

**Background/Significance**
Patient abandonment is a term that is often used by health care regulatory agencies, employers of health care personnel, the nursing profession and consumers. The Board is concerned that the use of the term patient abandonment is not consistent throughout the health care delivery system and is, on occasion, used as a means of intimidation in order to ensure continued staffing at facilities. Because of these concerns, the Board believes that the term patient abandonment should be differentiated from employment abandonment.

**Board Statement**
Recruiting and maintaining appropriate licensed staff is the responsibility of the facility. In addition, it is the responsibility of the nurse to identify problem staffing and report his/her concerns to the appropriate supervisor or employer. If, at the close of shift, the facility does not have sufficient staff to ensure the continuity of nursing care, it is the employer’s responsibility to obtain adequate staff. This effort may include attempts to recruit licensed nurses to work an additional shift or portion of a shift. Failure of a nurse to work beyond his/her scheduled work shift does not constitute patient abandonment as defined by the Board. Failure of a licensed nurse to comply with facility policy involving mandatory overtime is an employment rather than a nursing regulatory issue.

When there are periods of understaffing at a facility, the nurse manager/supervisor may have to reassign staff to different patient care areas as well as approve extended shifts (i.e., double shifts). The nurse manager/supervisor is accountable for assessing the capabilities of personnel in relation to client needs and assigning nursing care functions to qualified personnel. The manager/supervisor’s responsibility also includes making judgments about situational factors which influence the nurse’s capability to deliver safe nursing care to clients. (i.e., the staff nurse who accepts a double shift and returns for the next regularly scheduled shift with only a few hours off may not be able to function safely due to sleep deprivation). The nurse manager/supervisor should be aware that he/she may be subject to disciplinary action by the Board for assigning patient care responsibilities to staff nurses, when the manager knows or has reason to know that such an assignment may affect the competency of the staff nurse and compromise the safe delivery of care.

A licensed nurse is accountable for the nursing care that he/she provides. Before accepting any responsibility within the practice of nursing, the nurse must have the knowledge and skill to safely perform the task, including new tasks that would be performed if the nurse is floated to an unfamiliar patient care area.

If the nurse arrives at work and believes that the unit is understaffed, the nurse should immediately contact the supervisor and request assistance in planning care based on the available resources. Such assistance may include obtaining more staff; negotiating intermittent assistance from the immediate supervisor for delivery of specific care activities; prioritizing the care or activities that will be delivered and notification of other health care providers regarding limitations. There are certain activities that must be carried out regardless of staffing. These activities include accurately administering medications; protecting clients who are at risk for harming themselves; monitoring a client’s response to medical and nursing interventions; notifying the physician of a deteriorating condition or change in patient status and accurate documentation of patient care that has been delivered.

The staff nurse who volunteers to accept an extended assignment of patient care for a specific length of time, the Board believes that the nurse should provide that nursing care until the nurse transfers the responsibility for
patient care to another licensed nurse. The Board believes that patient abandonment occurs when, during the
previous agreed upon work period, the nurse voluntarily removes himself/herself from the immediate setting
where the care is being delivered, and has not given a status report to another qualified nurse who will assume
responsibility for the patient care assignment. Examples of “patient abandonment” include:

- A nurse who accepts an assignment of patient care and leaves the facility. Staff and supervisors are not
  aware that the nurse is not in the facility, nor has the nurse given a status report on his/her patient to
  another qualified nurse who can assume responsibility for the patient care.
- A nurse who sleeps in the break room or an empty patient room without approval that is consistent with
  institutional policy or without supervisory consent/approval, and is unavailable to those patients for
  whom he/she has been assigned to provide care.
- A nurse does not report for an assignment where he/she is the sole provider of care (e.g., private
duty/home health/hospice care).

The following are NOT examples of “patient abandonment,” but are examples of employment issues, and will not
subject the licensee to disciplinary action by the Board:

- A nurse has completed his/her assigned shift, and then notifies the employer that he/she is ending the
  employment relationship with the employer.
- A nurse ends the employment relationship without providing the employer a period of time to obtain a
  replacement for the specific position that was held by the nurse.
- A nurse does not return from a scheduled leave of absence and does not provide the employer notice to
  obtain replacement staff for that specific position.
- A nurse is asked to work beyond his/her regularly scheduled work shift and informs the employer that
  he/she is unable to fulfill that request.

The Board believes that the failure of the licensee to provide the employer with sufficient notice of intent to end
the employment relationship does not constitute patient abandonment. However, the Board does not encourage
licensees to end their employment relationships in such a manner.

**Certified Nursing Assistants and Certified Medication Aides (CNA and CMA)**
The Oregon State Board of Nursing believes that the term “patient abandonment” should be defined for
CNAs/CMAs.

Patient abandonment occurs when a CNA, having accepted an assignment of patient care for a patient or group
of patients for a previously agreed upon work time period, voluntarily removes herself/himself from the setting
where care is being delivered without reporting off to a qualified individual who will assume responsibility for
patient care.

When a CNA accepts and assignment of patient care for a specific length of time, the Board believes that the CNA
should provide care until the CNA can transfer responsibility to another qualified caregiver.

Although the Board encourages CNAs to give adequate notice of intent to resign, the Board believes that failure
to provide an employer with sufficient notice of the intent to resign does not constitute patient abandonment.

CNAs who accept overtime work are accountable for their competence in the performance of patient care during
those extended hours.

Choosing not to work beyond a scheduled work shift does not constitute patient abandonment.

Examples of patient abandonment include the following:

- A CNA accepts an assignment and begins caring for patients, but an hour into the shift leaves the building
without reporting off or notifying anyone in authority that he/she is leaving.

- A CNA does not report for an assignment where he/she is the sole provider of care (e.g., home health or similar settings).
- A CNA sleeps for a portion of his/her shift and is not available for patient care.

The following are examples of employment issues that will not subject the nursing assistant to disciplinary sanctions by the Board:

- A CNA finishes a shift and leaves word that he/she is terminating employment and will not be back.
- A CNA does not return to work following vacation, failing to give the employer the traditional two-week notice.
- A CNA is asked to work beyond his/her regularly scheduled shift and responds that he/she is unable to fulfill the request.

**Advanced Practice Registered Nurses (Clinical Nurse Specialists, Certified Registered Nurse Anesthetists and Nurse Practitioners)**

The legitimate discharge of patients from practice when the Advanced Practice Nurse is that patient’s primary or specialty provider does not constitute patient abandonment. Such a discharge from practice must include:

- Provision of written notice which meets community standard and clearly states the date of termination of services.
- Information regarding how the patient can access their records of care.
- Information regarding referral options for continuing care for the condition treated.
- Provision of currently authorized medications which are prescribed by the Advanced Practice Nurse for a limited refill period specified in the notice of termination.

References: Oregon Nurse Practice Act

Authority for Approval: ORS 678

History of Document: Originally adopted September 10, 1993; Revised September 15, 1999; Amended to add the Advanced Practice Registered Nurse November 17, 2005; Revised and formatted to Interpretive Statement December 17, 2015
Memorandum

DATE:  August 20, 2020
TO:   Oregon State Board of Nursing
FROM: Jacy Gamble, Investigations Manager
       Barbara Holtry, Communications Manager
RE:  Board Update-Requesting Delegation for Specific Sections of ORS 676 related to disclosure of Investigative information

During the June 2020 Board Meeting, Executive Director Ruby Jason presented the Board with information related to the requirements set forth in ORS 676.175 (2b) and ORS 676.180. The information was presented with a request to determine whether or not the Board wished to delegate the authority to Board staff to implement a process by which information is provided to a complainant upon request and notice of the disclosure is sent to the respondent. The Board directed Board staff to develop a proposed process for their review at an upcoming Board meeting to determine whether or not the Board wishes to implement this process. Board staff has begun drafting a process and have identified several questions/ concerns that we would like to further explore prior to proposing a process.

In consultation with AAG Rauch regarding the criteria for determining whether or not to approve the requests for summary information from all complainants, it appears that the way the statute reads, if the Board implements this process, any complainant of a case that did not result in disciplinary action can request a summary of the evidence the Board considered when rendering their decision.

Board staff will also need to determine the contents of the summary response. It’s difficult to standardize what that would look like because it could be a case by case basis. Alternatively, we could establish a general summary response that mentions aggravating and mitigating circumstances the Board considers, whether or not there was an NPA violation, etc. without going into the specific evidence the Board considered in this case. However, one concern Board staff have with either of these approaches is that it’s likely to not satisfy the complainant, and could initiate an additional back and forth discussion about why the Board made its decision, whether or not certain people were interviewed, whether certain evidence was considered, etc. and Board staff would not be able to provide additional information due to the confidentiality laws regarding investigative information. Past experience has shown that many of the complainants who request this additional information are not going to be satisfied with the outcome, despite the reasons given to them in a summary.
An additional concern involves the requirement that the respondent is provided with notification of what the Board plans to release 7 days prior to the release. We would have to determine what our response would be if the respondent requests we not disclose the particular information to the complainant. Board staff’s understanding of the statute is that the respondent does not have to agree to the release of information, and only needs to be notified that we are going to release it. The notification could result in ongoing conversation with the respondent about exactly what we are releasing.

Additionally, AAG Rauch would like to further research the 676.180 statute to determine if the 7 day notification to the respondent requirement applies to complainant notifications.

It appears that some of the other regulatory Boards have chosen not to implement this process. While this decision belongs to each Board, we would like to have a better understanding of the reasons some of the other Boards chose not to implement a process for this statute. And for any Boards that are implementing this statute, Board staff would like to know what process they are using and what they are seeing as a result. Board staff could reach out to the Investigations Managers for some of the other regulatory Boards to discuss this with them so we can provide that information to the Board. Board staff are also concerned about the amount of Board staff resources implementing this process could require. While there is no way to know what that impact will be until we try it, contacting other Boards may help with that analysis.

If the Board determines that they would like to move forward with this process, Board staff is requesting additional time to research some of the issues and bring that information back to the Board with a proposed process during the November 2020 Board Meeting.
DATE: August 18, 2020
TO: Oregon State Board of Nursing
FROM: Ruby R. Jason, MSN, RN, NEA-BC
Executive Director
RE: Health Care Workforce Reporting Program and REALD

Upon renewal of license or certification, prior to renewal completion, applicants are transferred to the Health Care Workforce Reporting Program survey administered by the Oregon Health Authority (OHA) to answer required demographic questions intended to provide the state with information regarding the nursing workforce. All Healthcare licensees of the state are required to take the survey.

Board staff received information regarding changes to the survey that will include questions on Race, Ethnicity, Language, and Disability (REALD). The question on Disability has garnered the most concern as a possible ADA violation. OHA has included an FAQ document explaining the rationale for question inclusion.

This is presented to the Board for information and feedback to OHA.

This data is available to the Board as aggregate and de-identified reports.
Health care Workforce Reporting Program and REALD

Overview

The REALD standards help us increase and standardize Race, Ethnicity, Language, and Disability data collection across the Department of Human Services (DHS) and the Oregon Health Authority (OHA). The REALD standards (sometimes referred to as REAL+D, as the original effort focused on race, ethnicity and language) were developed as a result of House Bill 2134 passed by the Oregon legislature in 2013.

The Health Care Workforce Reporting Program will be updating demographic survey questions in 2021 to reflect these standards. This will allow health care professionals licensed in Oregon to report their demographic identities with more granularity, if they so choose, while also supporting state planning efforts in equitably promoting a diverse and culturally responsive workforce for communities across the State.

The statutory authority for these rules is codified in the Oregon Revised Statutes (ORS 413.042 and 413.161). In 2014 the administrative rules detailing the data collection standards were completed (OARS 943-070-0000 thru 943-070-0070).

Purpose

The REALD standards were developed for all types of health data collection efforts and are essential:

• To understanding, identifying, and eliminating health disparities, or unnecessary and avoidable differences in health and health care delivery;
• To bring recognition and visibility to everyone;
• To standardizing demographic data collection across sources of individual-level data governed by DHS and OHA and their contractors; and,
• To provide necessary granularity for addressing health inequities while also maintaining federal reporting standards.
• To guide development of resources to promote the diversity of the workforce so that it better reflects the populations served

What it will look like

The specific changes in the survey are as follows:

• Race and Ethnicity: Addition of an open-ended prompt to describe identity, the combination of race and ethnicity designations into one question, addition of more granular categories for race and ethnicity, and addition of an option to designate a primary racial or ethnic identity;
• Language: Addition of a question pertaining to English proficiency;
• Disability: Addition of six questions that determine the prevalence of providers with disabilities (as a demographic).

You may preview the REALD questions as they will appear in the surveys here. Please note, licensees may decline to answer all of the REALD questions.
Information for licensees

We understand that many of these questions may seem out of place on surveys that are required by health professionals at time of license renewal. To help introduce the new standards to your licensees, you may wish to share the following with your licensees prior to the survey changes:

“Beginning [next year/at your next renewal/Jan 2021] the Health Care Workforce Survey that you are required to complete as part of your license renewal will include more detailed questions on race, ethnicity, language, and disability (REAL+D). These questions are included to support state planning efforts in equitably promoting a diverse and culturally responsive workforce for communities across the state. While your responses to these questions are extremely valuable in this effort, you are also able to decline to answer any of them and your responses will not affect the renewal of your license. Please visit the REALD website for more information on these data collection efforts.”

Contact us

Contact staff at the Health Care Workforce Reporting Program and the Office of Equity and Inclusion here.
FAQ: Health care Workforce Reporting Program and REALD

This is a subset of FAQ from the REALD implementation guide. You can access the complete FAQ here.

Why is there an open-ended question in addition to the race and ethnic categories?

OARs require the use of an open-ended question to elicit an unprompted response. Having an option to answer an open-ended question is important to people who do not like labels or have other identities outside of categories. The open-ended question provides a way to honor that and helps with data quality, before getting into categories. This question has three key advantages to understand who experience health inequities, as well as to ensure data quality. With this open-ended question, we can: 1. Cross-check the other selections to monitor data quality. 2. Identify new or emerging categories that may be useful to add in the future. 3. Know how a person self-describes their race and ethnicity, which may be useful for research and reporting purposes.

Why don’t we just use the OMB federal standards? Why are the Race and Ethnicity categories combined in REALD?

The Office of Management and Budget (OMB) minimum standards require asking two questions about: 1) Hispanic or Latino ethnicity (Yes or No), and 2) Race in five broad “parent” categories: American Indian or Alaska Native (AIAN), Asian, Black or African American, Native Hawaiian or Other Pacific Islander (NHOPI), and White. There are several limitations with this: 1) the two-question approach produces some ambiguity for participants who identify as Hispanic or Latino, and 2) the collapsing of subgroups within the OMB race categories masks significant differences between subgroups.

In contrast, the REALD standard combines race and ethnic identity into one question. Our goal is to reduce confusion over the difference between race and ethnicity. It is also to improve data quality. The U.S. Census Bureau studied the combined race and ethnicity option. Their results suggest this approach reduces missing data and decreases selection of “some other race.” It also produces higher consistency in race or ethnicity reporting among Hispanics.

Does the OMB allow this? Does REALD roll up into federal standards?

OMB encourages collection of more granular data, as long as categories can be rolled up into the OMB minimum categories. Further, most federal programs allow a combined question as long REALD categories can roll-up into OMB categories.

Why do we ask for primary racial or ethnic identity?

When a person reports more than one racial or ethnic identity, it is preferable to use the identity that reflects the person’s primary racial or ethnic identity. This takes away the need for the analyst to rely heavily on the “multi” category in reporting or research. The “multi” option often masks differences within groups as well. That said, it is also important to recognize and consider those who identify as biracial or multi-racial.
Why the increased granularity in the Race and Ethnicity categories?

A limitation of the current federal OMB categories (with just six broad racial/ethnic categories) is that it

“...mask important disparities in health and health care. More discrete ethnicity groups, based on ancestry, differ in the extent of risk factors, degree of health problems, quality of care received, and outcomes of care. More granular ethnicity data could inform the development and targeting of interventions to ameliorate disparities in health care that contribute to poorer health” (Ulmer et al., 2009, p. 31)

Granularity in data standards increases the validity of responses with people being able to better choose any category that reflects their racial and ethnic identities. For example, the option to identify as Vietnamese may be more acceptable than as “Asian” (Laws & Heckscher, 2002). If people do not “see” themselves in the REALD categories, they may say “other.” There is a trade-off between an increase in validity that comes with granularity, and utility, as noted by Aspinall (2009).

Significant differences between subgroups of broader racial and ethnic categories make combining them misleading. The more we understand the nature of inequities, not only between groups (e.g., between individuals of European descent and those of African descent), but within groups (e.g., subgroups within the Hispanic group), the more we can explore and understand causal mechanisms (Commodore-Mensah, Himmelfarb, Agyemang, & Sumner, 2015).

+++  

Aren’t disability questions like those in the REALD considered protected medical information?

No. These questions focus on “functional limitations” rather than diagnosis, disability identity or impairments. It would be difficult to know the person’s actual medical condition based on answers to these questions.

Why not just ask one disability question?

If we only asked one question, we would not be able to identify and address inequities of different groups of people with disabilities. Not all people with disabilities experience the same inequities. For example, we may find that there is underrepresentation among licensees with respect to hearing and vision limitations. It may be that people who are deaf or have serious difficulty hearing, are less likely to access training and education required for licensure. compared with other people with disabilities. This could prompt us to consider if this is due to communication challenges and limited outreach in the pipeline. As another example, it may be that people who are deaf or have serious difficulty hearing, are less likely to maintain employment, compared to non-disabled people and other people with disabilities. This data could prompt us to consider unique barriers identified by deaf and hard of hearing who work. There may be a separate set of barriers identified by hearing people using wheelchairs, for example. The seven questions help us consider differences among people with disabilities with respect to social and health inequities.

Why ask about age one acquired a condition/disability?

This follow-up question is to acknowledge that disability status can be both or either an upstream determinant of health or a health outcome. Further, one’s exposure to social and educational inequities
(e.g., in educational attainment) is a function of when the person acquired their disability, and how long they have lived with a disability. For example, someone who became hard of hearing before the age of three will have a very different lived experience than someone who became hard of hearing later in life. This is due to differences in language acquisition and language access. This may result in inequities in educational attainment and consequently employment earnings. A study conducted by Loprest and Maag revealed that individuals who acquired a disability before age five, compared with those who acquired a disability later in life, as well as non-disabled people, were less likely to complete high school (2003). It is important to know about these differences within subgroups so we can improve the pipeline in STEM fields for example, with respect to students with disabilities, starting in middle and high school.

References


Memorandum

DATE:  August 24, 2020
TO:  Oregon State Board of Nursing
FROM:  Ruby R. Jason, MSN, RN, NEA-BC
Executive Director
RE:  Rescinding of Renewal Moratorium

Beginning in April 2020, as a response to the COVID-19 Emergency Declaration the Board suspended the renewal of licenses allowing licensees and certificate holders to continue to work with licenses that technically expired but remained active. The intent was to ease the financial burden of the effects of the COVID response as we saw layoffs and decreased workhours not just of our licensees and certificate holders of their family members as businesses shut down and unemployment skyrocketed. The resumption of elective procedures and other adjustments has seen a stabilization of employment for the licensees and certificate holders of the Board.

The Board is “Other Funded” meaning that the Board is funded exclusively through licensing fees. The Board depends of a continuous revenue stream to meet expenses. It is also an unknown as to how many individuals have taken advantage of this moratorium or are simply not intending to renew their license or certificate at all.

Board staff is requesting that this moratorium be in effect until October 31, 2020. Licensees and Certificate holders will have until November 30, 2020 to renew their license without a late fee. Although the last renewal date will indicate Nov 2020, the license would still expire on the usual birthdate as required by ORS 678.101 (1). Since we have no way to determine who is late for their usual renewal or took advantage of the moratorium, even those whose birthdates fall in November 2020 will not be charged the $100 delinquent fee.

MSC _______________________, ______________________________ that the moratorium on renewal of licenses and certificates (be/ not be) ended on October 31, 2020 and that licensees/certificate holders will be required to renew no later than 11:59pm November 30, 2020 without a late fee. Applications received after that date and time (will be/will not be) subject to the $100 delinquent fee.
Memorandum

DATE: August 18, 2020
TO: Oregon State Board of Nursing
FROM: Ruby R. Jason, MSN, RN, NEA-BC
   Executive Director
RE: Approval of Certifying Bodies and Examinations for Advanced Practice Registered Nurses (APRN)

OAR 851-050-0008 of the January 2020 version of OAR 851-050 and the recently approved OAR 851-055-0060, effective January 2021, both require the Board review and approve the accepted national certification exams for APRNs required for licensure in Oregon. These exams measure the initial competency of an APRN and also continuing competency as each requires recertification at set intervals throughout the career of the APRN.

Attached please find a list for your review and approval.

M.S.C. __________________________, __________________________ that the list of national certification exams is approved (as presented/as modified).
<table>
<thead>
<tr>
<th>Certifying Body</th>
<th>Credential Awarded</th>
<th>Initials used</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Nurses Credentialing Center (ANCC)</td>
<td>Family Nurse Practitioner</td>
<td>FNP-BC</td>
</tr>
<tr>
<td></td>
<td>Adult-Gerontology Primary Care Nurse Practitioner</td>
<td>AGPCNP-BC</td>
</tr>
<tr>
<td></td>
<td>Adult-Gerontology Acute Care Nurse Practitioner</td>
<td>AGACNP-BC</td>
</tr>
<tr>
<td></td>
<td>Psychiatric-Mental Health Nurse Practitioner</td>
<td>PMHNP-BC</td>
</tr>
<tr>
<td></td>
<td>Adult-Gerontology Clinical Nurse Specialist</td>
<td>AGCNS-BC</td>
</tr>
<tr>
<td>Certifications “retired” by ANCC but can be maintained as long as renewal requirements are maintained</td>
<td>Acute Care Nurse Practitioner if certified prior to December 31, 2015</td>
<td>ACNP-BC</td>
</tr>
<tr>
<td></td>
<td>Adult Nurse Practitioner if certified prior to December 31, 2014</td>
<td>ANP-BC</td>
</tr>
<tr>
<td>Pediatric Nursing Certification Board (PNCB)</td>
<td>Certified Pediatric Nurse Practitioner-Primary Care</td>
<td>CPNP-PC</td>
</tr>
<tr>
<td></td>
<td>Certified Pediatric Nurse Practitioner-Acute Care</td>
<td>CPNP-AC</td>
</tr>
<tr>
<td>American Association of Critical Care Nurses (AACN)</td>
<td>Adult-Gerontology Acute Care Nurse Practitioner</td>
<td>ACNPC-AG</td>
</tr>
<tr>
<td></td>
<td>Acute Care Adult Nurse Practitioner Renewal only</td>
<td>ACNPC</td>
</tr>
<tr>
<td></td>
<td>Adult-Gerontology Clinical Nurse Specialist, Wellness through acute care</td>
<td>ACCNS-AG</td>
</tr>
<tr>
<td></td>
<td>Pediatric Clinical Nurse Specialist, Wellness through acute care</td>
<td>ACCNS-P</td>
</tr>
<tr>
<td></td>
<td>Neonatal Clinical Nurse Specialist, Wellness through acute care</td>
<td>ACCNS-N</td>
</tr>
<tr>
<td></td>
<td>Acute/Critical Care Clinical Nurse Specialist</td>
<td>CCNS (Adult)</td>
</tr>
<tr>
<td></td>
<td>Acute/Critical Care Clinical Nurse Specialist</td>
<td>CCNS(Pediatric)</td>
</tr>
<tr>
<td></td>
<td>Acute/Critical Care Clinical Nurse Specialist</td>
<td>CCNS(Neonatal)</td>
</tr>
<tr>
<td>American Academy of Nurse Practitioners Certification Board (AANPCB)</td>
<td>Family Nurse Practitioner</td>
<td>FNP-C</td>
</tr>
<tr>
<td></td>
<td>Adult-Gerontology Primary Care Nurse Practitioner</td>
<td>A-GNP-C</td>
</tr>
<tr>
<td></td>
<td>Adult Nurse Practitioner- Renewal only</td>
<td>ANP-C</td>
</tr>
<tr>
<td></td>
<td>Gerontology Nurse Practitioner- Renewal only</td>
<td>GNP-C</td>
</tr>
<tr>
<td>Certifying Body</td>
<td>Credential Awarded</td>
<td>Initials used</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------------</td>
<td>-----------------------------------</td>
<td>---------------</td>
</tr>
<tr>
<td>National Certification Corporation NCC</td>
<td>Neonatal Nurse Practitioner</td>
<td>NNP-BC</td>
</tr>
<tr>
<td>Women’s Health Nurse Practitioner</td>
<td></td>
<td>WHNP-BC</td>
</tr>
<tr>
<td>American Midwifery Certification Board: AMCB</td>
<td>Certified Nurse Midwife</td>
<td>CNM</td>
</tr>
<tr>
<td>National Board of Certification and Recertification for Nurse Anesthetists NBCRNA</td>
<td>Certified Registered Nurse Anesthetist</td>
<td>CRNA</td>
</tr>
</tbody>
</table>
Memorandum

DATE: August 18, 2020

TO: Oregon State Board of Nursing

FROM: Ruby R. Jason, MSN, RN, NEA-BC
Executive Director

RE: Emergency Nurse Practitioner Post-Master’s Certificate Programs

OAR 851-050-0001(5) states that “Post graduate nurse practitioner programs that prepare an individual for a dual role or population certification must meet all competencies designated for the nurse practitioner role including supervised clinical hours of no less than 500 hours for each role or population focus.”

The new APRN approved rules implemented in January 2021, also requires a post-master’s certificate but do not designate specific clinical hour requirements.

There has been an emergence of a new population focus, the Emergency Nurse Practitioner (ENP). Traditionally this practitioner is a Family Nurse Practitioner with continuing education in emergency room practice. Recently there has been the development of hybrid programs (online didactic, face-to-face clinical) and dual track (FNP/ENP) programs. The American Academy of Nurse Practitioners Certification Board (AANPC) offers national certification as an ENP.

Board staff is requesting the Board discuss the addition of an Emergency Nurse Practitioner License being issued to those applicants meeting the criteria of the above cited rule and national certification.

ORS 678.380(3) authorizes the Board may establish categories and define the scope of nurse practitioner practice. Oregon has historically chosen to license each Nurse Practitioner in a population focus. Therefore, the Board must authorize the establishment of this new population focus NP type.

The ENP Exam Blueprint from the AANPC website is found on the next page of the Board packet.

Examples of two programs and their course requirements are on the subsequent page.

The obtaining of a Post-Master’s Certificate as an ENP and a national certification exam, this specialty would meet Board criteria for a separate NP designated population focus.

MSC ___________________________, _______________________, that the Emergency Nurse Practitioner population specialty (be/not be issued) as a Nurse Practitioner type in Oregon provided the applicant adheres to the requirements as spelled out in Board rule for a Post Master’s Certificate or Dual Track Master’s, as well as national certification.
The ENP certification examination is a competency-based examination for certified Family Nurse Practitioners with specialty education and practice in emergency care.

**How many questions are on the examination?**
- There are 150 questions on each examination. A candidate's score is based solely on the 135 scored questions. Of the 150 questions, 15 are pretest questions.
- Pretest questions are used on the examinations to obtain statistical information for determining how well they perform prior to vetting them for use on the scored portion of the examination. The pretest questions cannot be distinguished from those that are scored. A test-taker’s score on pretest questions does not affect a candidate's final score.

### ENP EXAMINATION BLUEPRINT

<table>
<thead>
<tr>
<th>DOMAIN I - Domains</th>
<th>% of ENP exam</th>
<th># of scored items (135 items)</th>
</tr>
</thead>
<tbody>
<tr>
<td>01 - Medical Screening</td>
<td>20</td>
<td>27</td>
</tr>
<tr>
<td>02 - Medical Decision Making/ Differential Diagnosis</td>
<td>27</td>
<td>36</td>
</tr>
<tr>
<td>03 - Patient Management</td>
<td>31</td>
<td>42</td>
</tr>
<tr>
<td>04 - Patient Disposition</td>
<td>14</td>
<td>19</td>
</tr>
<tr>
<td>05 - Professional, Legal, and Ethical Practices</td>
<td>8</td>
<td>11</td>
</tr>
<tr>
<td>TOTAL</td>
<td>100%</td>
<td>135</td>
</tr>
</tbody>
</table>

### PATIENT CONDITIONS/TYPE

<table>
<thead>
<tr>
<th>DOMAIN II - Patient Conditions</th>
<th>% of ENP exam</th>
<th># of scored items (135 items)</th>
</tr>
</thead>
<tbody>
<tr>
<td>06 - Thoracic-Respiratory Disorders</td>
<td>15</td>
<td>20</td>
</tr>
<tr>
<td>07 - Cardiovascular Disorders</td>
<td>12</td>
<td>16</td>
</tr>
<tr>
<td>08 - Dermatologic/Soft Tissue Disorders</td>
<td>8</td>
<td>11</td>
</tr>
<tr>
<td>09 - Abdominal &amp; Gastrointestinal Disorders</td>
<td>14</td>
<td>19</td>
</tr>
<tr>
<td>10 - Musculoskeletal Disorders (Non-traumatic)</td>
<td>11</td>
<td>15</td>
</tr>
<tr>
<td>11 - Renal/Genitourinary Disorders</td>
<td>8</td>
<td>11</td>
</tr>
<tr>
<td>12 - Nervous System Disorders</td>
<td>6</td>
<td>8</td>
</tr>
<tr>
<td>13 - Head, Ear, Eye, Nose, Throat Disorders</td>
<td>11</td>
<td>15</td>
</tr>
<tr>
<td>14 - Traumatic Disorders</td>
<td>8</td>
<td>11</td>
</tr>
<tr>
<td>15 - Psychobehavioral &amp; Other Disorders</td>
<td>7</td>
<td>9</td>
</tr>
<tr>
<td>TOTAL</td>
<td>100%</td>
<td>135</td>
</tr>
</tbody>
</table>
## DOMAINS AND TASKS

**DOMAIN 01 - Medical Screening**
- Perform an appropriately focused history and physical exam based on chief complaint
- Establish patient acuity level
- Stabilize critically ill patient

**DOMAIN 02 - Medical Decision Making/ Differential Diagnosis**
- Develop a narrowed list of differential diagnosis based on the greatest likelihood of occurrence
- Prioritize the list of differential diagnoses, considering the potential diagnoses with the greatest potential for morbidity or mortality

**DOMAIN 03 - Patient Management**
- Order and interpret diagnostic studies based on the pre-test probability of disease and the likelihood of test results altering management
- Perform diagnostic and therapeutic procedures/skills as indicated
- Select and prescribe appropriate pharmaceutical agents using current evidence based practice
- Select other integrative therapeutic interventions
- Collaborate and consult with other healthcare providers to optimize patient management
- Evaluate effectiveness of therapies and treatments provided during observation
- Reassess to identify potential complications or worsening of condition
- Consider additional diagnoses and therapies for a patient who is under observation and change treatment plan accordingly
- Simultaneously manage multiple patients using situational awareness and task switching

**DOMAIN 04 - Patient Disposition**
- Determine appropriate and timely patient disposition including admission, discharge (including follow-up plan), observation, or transfer as appropriate
- Formulate a specific follow-up plan with appropriate resource utilization
- Engage patient and/or surrogate to effectively implement a discharge plan

**DOMAIN 05 - Professional, Legal, and Ethical Practices**
- Record essential elements of the patient care encounter to facilitate correct coding and billing
- Integrate cultural competence into patient care
- Identify needs of vulnerable populations and intervene appropriately
- Manage patient presentation demonstrating knowledge of EMTALA regulations
- Adhere to professional ethical standards of emergency care
### Master's Program (NP Tracks)

<table>
<thead>
<tr>
<th>Course #</th>
<th>Course Title</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spring</td>
<td></td>
<td></td>
</tr>
<tr>
<td>N6271W</td>
<td>Emergency/Trauma Care I</td>
<td>2</td>
</tr>
<tr>
<td>Fall</td>
<td></td>
<td></td>
</tr>
<tr>
<td>N6271B</td>
<td>Emergency/Trauma Care I Clinical (180 hours)</td>
<td>3</td>
</tr>
<tr>
<td>N6272B</td>
<td>Emergency/Trauma Care II Clinical (180 hours)</td>
<td>3</td>
</tr>
</tbody>
</table>

**Total Hours:** 10

### Post-Graduate

<table>
<thead>
<tr>
<th>Course #</th>
<th>Course Title</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spring</td>
<td></td>
<td></td>
</tr>
<tr>
<td>N6271W</td>
<td>Emergency/Trauma Care I</td>
<td>2</td>
</tr>
<tr>
<td>Summer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>N6271B</td>
<td>Emergency/Trauma Care I Clinical (180 hours)</td>
<td>3</td>
</tr>
<tr>
<td>Fall</td>
<td></td>
<td></td>
</tr>
<tr>
<td>N6272W</td>
<td>Emergency/Trauma Care II</td>
<td>2</td>
</tr>
<tr>
<td>N6272B</td>
<td>Emergency/Trauma Care II Clinical (180 hours)</td>
<td>3</td>
</tr>
</tbody>
</table>

**Total Hours:** 10

---

University of Texas Health Science Center, Cizik School of Nursing, Houston  Dual and certificate

### LL

<table>
<thead>
<tr>
<th>Course</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patho &amp; Collaborative Mgmt in Emergent &amp; Critical Care</td>
<td>3</td>
</tr>
<tr>
<td>Trauma, Emergency &amp; Critical Care Clinical I</td>
<td>3</td>
</tr>
<tr>
<td>Total Hours</td>
<td>6</td>
</tr>
</tbody>
</table>

### SPRING

<table>
<thead>
<tr>
<th>Course</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Concepts in Emergency Nursing</td>
<td>3</td>
</tr>
<tr>
<td>Trauma, Emergency &amp; Critical Care Clinical II</td>
<td>3</td>
</tr>
<tr>
<td>Total Hours</td>
<td>6</td>
</tr>
</tbody>
</table>

### VANDERBILT SCHOOL OF NURSING: POST MASTER’S CERTIFICATE PLUS CLINICAL

<table>
<thead>
<tr>
<th>Course</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Memorandum

DATE: August 18, 2020

TO: Oregon State Board of Nursing

FROM: Ruby R. Jason, MSN, RN, NEA-BC
Executive Director

RE: University of Portland: Request to delay report of outcomes to a major curriculum change

During the April 2019 Board meeting the Board approved a motion to accept University of Portland’s (UOP) request for a major curriculum change. Dr. Casey Shillam described the change as “The credits have shifted, from having clinical hours embedded into the didactic credits to have stand-alone didactic and clinical courses.” These changes were effective in the fall of 2019. Then COVID-19 came and upended many curriculum plans. We received the following e-mail message from Dr. Shillam on August, 3, 2020.

Dear Ms. Jason,

The University of Portland School of Nursing has undergone a complete curriculum revision and we’ve received conditional approval from the Board. We are scheduled to submit a 1-year report to the Board for evaluation this month. This past year brought the first year of courses in the upper division of the program. Junior nursing students in the transition cohort took the first two years of the old program of study, and started the new program this past academic year. The plan included them completing 5 consecutive semesters, continuing their acute illness management courses this summer. However, their courses were postponed due to COVID-19 and a lack of clinical placements in the Portland metropolitan area.

With this delay, we will not complete the teaching of the first year of the new program until the end of fall 2020 semester. We will then complete teaching the entire program by August 2021, and will be able to evaluate program outcomes along with NCLEX pass rates by the 4th quarter of next year. With these delays, I would like to request an extension to December 2021 to submit a final curriculum change report. This will allow us an opportunity to evaluate the entire program roll-out and give the Board members a more meaningful understanding of the outcomes.

We appreciate the Board’s consideration of this request.

Wishing you health and wellness,

Dean Shillam
Casey R. Shillam, PhD, RN (she/her/hers)
Dean and Professor
University of Portland School of Nursing, MSC 153

M.S.C. ___________________________ ___________________________ that the final curriculum change report due date be moved to December 2021, to be presented at the February 2022 Board meeting.
Memorandum

DATE: August 18, 2020
TO: Oregon State Board of Nursing
FROM: Ruby R. Jason, MSN, RN, NEA-BC
   Executive Director
RE: Oregon Clinical Site Placement for Clark College and other Out-Of-State Programs

During the August 2020 Board meeting, the Board was presented with information regarding the history of Clark College’s placement of out-of-state cohorts in Oregon. Because of the way Division 21 rules had been interpreted, Clark College is not included in the Out-of-State Clinical Placement for Pre-Licensure Students presented in the consent agenda. Board staff have obtained information from Clark College from their annual reports, the last of which was presented to the Board in 2017.

Of note, previous Clark College reports do not indicate total placements, only verification of the correct faculty/student ratios. In the 2016-2017 report, it was noted that Clark College had a first time pass rate over the two year period of 83.86%. Because Clark is an out of state program, these scores would not fall under the jurisdiction of the OSBN. A follow-up phone call to the Washington State Nursing Commission indicated they were aware of the Clark College scores and had followed up with them per Washington State regulations.

Fall 2016 Clark had 73 student placements along with 9 faculty in the following facilities:
Legacy Good Samaritan: 19
Legacy Emanuel: 3
Adventist: 32
Providence St. Vincent: 10
Providence Portland: 8
Providence Elder Place: 1

Winter 2017 Clarke had 64 student placements along with 8 faculty in the following facilities:
Legacy Good Samaritan: 20
Legacy Emanuel: 1
Adventist: 8
Providence St. Vincent: 8
Providence Portland: 23
Providence Willamette Falls: 3
Shriner: 1
Spring 2017 Clarke had 79 student placements with 4 Faculty in the following facilities: Legacy Good Samaritan: 12 Legacy Emanuel: 2 Adventist: 9 Randall Children’s: 1 Providence St. Vincent: 18 Providence Portland: 14 Providence Willamette Falls: 9 Unity: 14

Currently the Board has approved the following programs for Clinical Placements in Oregon. Not all programs will have students every semester. The data on pre-RN licensure programs was not being reported in the consent agenda along with APRN placement reports until November 2019. Although Clark is listed as an out of state approved program, Clark is not included in the reporting data. The number of clinical placements for each program since the reporting began is listed next to the name of the state where the program is located.

Clark College Washington (not counted)
Creighton University Nebraska
Denver School of Nursing Colorado
Indiana State University Indiana - 10
Lower Columbia College Washington - 1
University of Maine Maine
University of Providence Montana - 5
University of Wisconsin Wisconsin – 39

There are several questions in front of the Board:

1. Does the Board wish to place a limit on the number of out of state students Oregon until the placement of Oregon based program students is completed?
2. Do the out of state programs also need to report their NCLEX® pass rates to the Board? They are currently reported in the annual report as required in OAR 851-021-0090, this information is not reported to the Board.
3. Does the Board wish for Board staff to develop a process for all programs to submit yearly placement petitions?
4. Does the Board wish to approve all out-of-state petitions yearly? If not, under what circumstances does the Board wish to approve the petitions?
5. Does the Board wish the Board staff to develop standards for visits to clinical sites as authorized by OAR 851-021-0090?

M.S.C _____________________________, ____________________________ based upon information and Board discussion, the Board directs Board Staff to implement/ not implement /implement only the identified processes regarding clinical site placements for out of state RN programs.

Clarification of motion:
Implement: 1-5 implemented plus any additional processes as directed by the Board.
Not Implement: no changes in current processes
Implement only the identified processes: Implement only the processes directed by the Board.
Memorandum

DATE: August 18, 2020
TO: Oregon State Board of Nursing
FROM: Ruby R. Jason, MSN, RN, NEA-BC
Executive Director
RE: Annual Education Program Survey Update

During the June 2020 Board meeting the proposed changes to the annual education program survey were presented in the consent agenda. The Board requested additional questions regarding average starting salary of nurse administrators. As a reminder, this new survey will be sent out through the National Council of State Boards of Nursing (NCSBN) to be aggregated with other national data to allow for comparison with Oregon data. The nationally asked questions are derived from the NCSBN study “Regulatory Guidelines and Evidenced Based Quality Indicators for Nursing Education Programs” published as a supplemental to the Journal of Nursing Regulation in July 2020. NCSBN allows states to have customized questions to assure compliance with state specific requirements.

Please note that the new question is added to Oregon specific question 6.

ORS 678.360 (1) requires the Board to send out an annual; survey of educational programs. Board staff requests that the proposed survey replace the current Oregon-only survey.

M.S.C. __________________________, _________________________ that the proposed survey (replaces/does not replace) the current Oregon specific annual survey of education programs.
Prelicensure Annual Report Core Data

Introduction
In collaboration with your board of nursing (BON), NCSBN is assisting with collecting their Annual Report data this year. The survey was designed based on the core data results of a large, mixed-methods study of nursing program quality indicators and warning signs. Your BON may include some additional questions at the end of the survey.

Your BON will receive descriptive results of the nursing programs in their state/jurisdiction, as well as a report of the raw data of each program. Annually, they will receive an aggregate report of all participating BONs so that they can compare their programs to the aggregate.

We are considering this the pilot year for collecting the BONs’ Annual Report data, and we’ll be interested in any suggestions you might have as we go forward in future years.

Directions
Please complete the following survey for each NCLEX code that you have. Since these are core data, all fields are required before you can proceed to the next question. You may go back and make changes, and you may stop, save the survey and then return. You will have 30 days to complete the survey, and we’ll send the results to your BON two weeks after the survey is due. If you have any questions, please email Qiana McIntosh at NCSBN; her email is qmcintosh@ncsbn.org.

Contact Information
Full Name of Program {Free-text entry} ____________________________________________
Mailing Address of the Program {Free-text entry} ____________________________________
City ___________
State ___________
Zip Code _____________
First and Last Name of Person Completing Form {Free-text entry} _______________________
Direct Phone # of Person Completing Form {Numeric response} _______________________________
NCLEX® Program Code {10-character alphanumeric code (e.g., US99999999)}
____________________________________

Program
1. Is the program nationally nursing accredited? Yes No

2. What is the program’s current approval status? [Board of nursing or state-designated program approval status.]
   - ☐ Full Approval
   - ☐ Conditional/Probationary Approval
   - ☐ Non-Approved
   - ☐ Other ______________________

3. What best describes the program’s geographic location?
   - ☐ Urban
   - ☐ Suburban
   - ☐ Rural
   - ☐ Other ______________________
4. What is the institutional ownership?
   - ☐ Public
   - ☐ Private Not for Profit
   - ☐ Private for Profit

5. What is the program type?
   - ☐ Practical Nurse/Vocational Nurse
   - ☐ Diploma
   - ☐ Registered Nurse – Associates
   - ☐ Registered Nurse – Bachelors
   - ☐ Master’s Entry
     - ☐ Accelerated BSN
   - ☐ Other ____________________

6. In what year was the program founded? [Year the nursing program started (might be different than the year the college/university was founded).] {4-digit year} _____________________

7. Does the program have any satellite sites?         Yes {Q8}          No {Skip to Q9}

8. {If yes to Q7} How many total sites, including the home site, does the program have? __________

9. What types of learning modalities does the program offer? [Hybrid is defined as a program that combines elements of online learning and traditional in-person learning.]
   - ☐ In-Person Only {Skip to Q11}
   - ☐ Online Only {Q10}
   - ☐ Hybrid {Q10}

10. What percentage of your program is online? {Sliding scale percentage}

11. What best describes the program’s academic schedule? [A quarter system divides the academic year into four sessions. A trimester divides the academic year into three sessions. A semester system divides the academic year into two sessions.]
    - ☐ Quarters
    - ☐ Trimesters
    - ☐ Semesters
    - ☐ Other

12. Does the program administer a formal student orientation process? [A formal student orientation is the process of introducing new nursing students to program and health care facility policies, procedures, and technologies. This may include but is not limited to the following with the student: student responsibilities/expectations, professional dress/behavior codes, etc.]
    Yes      No
13. Does the program offer English as a second language services for non-native English speakers?  
   [Program offers resources where students with ESL can practice reading, listening, speaking, and writing.]  
   Yes     No

14. Does the program offer disability support services?  
   [Nursing program has procedures for making reasonable accommodations for students who qualify under the American Disabilities Act.]  
   Yes     No

15. Does the program offer support services to help low socioeconomic students access available resources (e.g., peer mentoring services, tuition assistance, a work-study program, etc.)?  
   [Students have books and resources throughout the program and the program has strategies to help students who can’t afford books and resources.]  
   Yes     No

16. Does the program have a formal remediation process in place for students needing academic support?  
   [The remediation process is designed to promote success for students who are at risk of failure and should include the following elements: description of the deficient areas; an outline of specific, measurable goals to demonstrate success; individualized plan for each student; time frame for completion, agreed upon by the faculty and student.]  
   Yes     No

17. Does the program have a formal remediation process in place for students who commit errors/near misses in their clinical experiences?  
   [Program has policies and procedures in place for keeping track of errors and near misses in student clinical experiences and taking action to make system/educational improvements.]  
   Yes     No

18. Has the nursing program experienced major organizational changes over the past year?  
   [Major organizational changes may include but are not limited to: new director, new assistant/associate director, staff layoff, faculty layoff, change in university leadership (e.g., provost or president), collapsing programs, economic efficiencies, etc.]  
   Yes {Q19}     No {Skip to Q20}

19. What major organizational changes has the nursing program experienced in the past year?  
   ☐ New Director  
   ☐ New Assistant/Associate Director  
   ☐ Staff Layoff  
   ☐ Faculty Layoff  
   ☐ Change in University Leadership (e.g., Provost or President)  
   ☐ Collapsing programs (such as downsizing or merging programs)  
   ☐ Economic efficiencies/Budget reductions  
   ☐ Other

20. Does the program offer simulated clinical experience?  
   [Simulation is an activity or event replicating clinical practice using scenarios, high-fidelity manikins, medium fidelity manikins, standardized patients, role playing, skills stations, and/or computer-based critical thinking simulations. (NCSBN’s National Simulation Study definition)]  
   Yes {Q21}     No {Skip to Q23}
21. {If yes to Q20} Are simulation faculty certified? [The Society for Simulation in Healthcare (SSH) provides the Certified Healthcare Simulation Educator (CHSE) certification.]
   Yes        No

22. {If yes to Q20} Is the simulation lab accredited by the Society for Simulation in Healthcare (SSH)?
   Yes        No

23. How many hours do students spend in direct client care? [Faculty supervised care directly with clients.] {Integer} ______________

24. How many hours do students spend in simulation? [Simulation is an activity or event replicating clinical practice using scenarios, high-fidelity manikins, medium fidelity manikins, standardized patients, role playing, and computer-based critical thinking simulations.] {Integer}
   ______________

25. How many hours do students spend in skills lab? [A skills lab is equipped with manikins, task Trainers, and hospital equipment where students can apply basic procedural skills such as administering injections.] {Integer} ______________

Program Director Data
26. Is the program director a nurse? [This would include a nurse with an active or inactive license.]
   Yes {Q27}    No {Skip to Q28}

27. {If yes to Q27} What is the program director’s highest nursing degree achieved?
   - [ ] Diploma
   - [ ] Associate Degree in Nursing
   - [ ] Baccalaureate of Science in Nursing
   - [ ] Master of Science in Nursing
   - [ ] Doctor of Nursing Practice
   - [ ] Doctor of Philosophy in Nursing
   - [ ] Other ________________

28. What is the program director’s highest non-nursing degree achieved?
   - [ ] Associate Degree
   - [ ] Bachelor Degree
   - [ ] Master of Education
   - [ ] Other Master’s Degree
   - [ ] Doctor of Education
   - [ ] Doctor of Philosophy
   - [ ] Other Doctoral Degree
   - [ ] N/A
   - [ ] Other ________________
29. In the past five years, how many directors, including interim directors, has the program had? {Integer} ______________

30. Does the program director have administrative responsibility for allied health? [Allied health is a broad field of health care professions made up of specially trained individuals such as physical therapists and respiratory therapists.]
   Yes  No

31. Does the program have an assistant/associate director?  Yes  No

32. Does the program director have dedicated administrative support? [Administrative support includes general office management such as answering phones and doing clerical work and a variety of other tasks.]
   Yes  No

**Faculty Data**

33. How many full-time faculty are in the prelicensure program? [Full time equivalent (FTE) faculty are expected to work at least 40 hours per week and to teach, participate in curriculum development, hold office hours for student advisement, attend faculty meetings, participate in campus-wide events, attend professional development events, take part in scholarly activities, etc.] {Integer} ______________

34. How many clinical adjunct faculty are in the prelicensure program? [Clinical adjunct faculty are typically staff at the clinical facility that hosts students and they supervise students during clinical rotations.]
   a) Employed by the nursing program {Integer} ______________
   b) Not employed by the nursing program {Integer} ______________

35. How many part-time faculty are in the prelicensure program? [Part-time faculty work less than 40 hours per week and are responsible for assuming teaching responsibilities, usually collaborating with the full-time faculty. They maintain availability to students and communicate effectively with students and colleagues.] {Integer} ______________

36. How many of the full-time faculty have a graduate-level education?
   □ Master of Science in Nursing {Integer} ______________
   □ Master of Science (other than nursing) {Integer} ______________
   □ Other Masters {Integer} ______________
   □ Doctor of Nursing Practice {Integer} ______________
   □ Doctor of Philosophy {Integer} ______________
   □ Other Doctoral Degree {Integer} ______________

37. Please specify the typical number of students to one faculty member for didactic/theory courses? {Integer} ______________

38. Please specify the number of students to one clinical faculty member? [All levels of faculty (full time, part time, and clinical adjunct) in all types of clinical experiences.] {Integer} ______________

39. Does the program offer formal orientation for new adjunct clinical faculty? [Formal orientation for
new adjunct clinical faculty includes overview of the program and the particular course they’re teaching, policies and procedures, teaching responsibilities, supervision of students, role modeling, planning post conferences, evaluation of students, etc.]
Yes No

For the following two questions, we are going to ask you about formal orientation for new faculty. Formal orientation of new faculty includes an overview of the program and faculty resources, policies and procedures, workload, faculty appraisal, curriculum and syllabus development, student assessment, didactic and clinical teaching responsibilities, student advisement, etc.

40. Does the program offer formal orientation for new part-time faculty?
Yes No

41. Does the program offer formal orientation for new full-time faculty?
Yes No

42. Does the program offer formal mentoring for new full-time faculty? [Formal mentoring includes assignment of a seasoned (at least one year of teaching) faculty member who has taught at the same level for the purpose of providing ongoing support, coaching, guidance, and faculty development for new full-time faculty.]
Yes No

Student Data
43. How many students are enrolled in the nursing program as of the beginning of the current academic year? [Includes all prelicensure students.] {Integer} ________________

44. Do you have a maximum enrollment capacity? Yes {Q45} No {Skip to Q46}

45. What is the maximum nursing enrollment capacity for the current academic year? {Integer} __________________

46. What is the total number of students who started in your most recent graduating cohort? {Integer} __________________

47. In your most recent graduating cohort, how many students graduated? {Integer} ________________

48. In your most recent graduating cohort, how many students did not graduate and are still actively pursuing coursework? {Integer} ________________

49. What is the average age of a student enrolled in the program as of the beginning of the current academic year? {Sliding scale, integer} ________________

50. Please provide a detailed breakdown of the racial composition (number in each category) of the students currently enrolled in the program.

☐ American Indian or Alaska Native {Numeric response field, integer} ________________
☐ Asian {Numeric response field, integer} ________________
☐ Black or African American {Numeric response field, integer} ________________
☐ Native Hawaiian or Other Pacific Islander {Numeric response field, integer} ________________
☐ White {Numeric response field, integer} ________________
☐ Multi-Racial {Numeric response field, integer} ________________
51. Please provide a detailed breakdown (number of students in each category) of the ethnic composition of the students currently enrolled in the program.

☐ Hispanic or Latino or Spanish Origin {Numeric response field, integer}  
☐ Non-Hispanic or Latino or Spanish Origin {Numeric response field, integer}  

52. Please provide a detailed breakdown (number of students in each category) by student sex.

☐ Female {Numeric response field, integer}  
☐ Male {Numeric response field, integer}  
☐ Other {Numeric response field, integer}  

Note to Oregon Nurse Administrators: It has been confirmed with the NCSBN that questions #20 and #24 refer to all simulation activities, not just simulation to replace patient care.

Additional Questions for Oregon Nursing Programs

1. Nurse Administrator Name
2. Nurse Administrator credentials
3. Nurse Administrator title
4. Nurse Administrator email
5. Nurse Administrator phone
6. Average starting salary for Nurse Administrator with no previous experience in nursing administration
   a. Less than $50,000
   b. Up to $75,000
   c. Up to $100,000
   d. More than $100,000
   e. Comments
7. Nurse administrator attests to institutionally-approved authority for the program
   a. Yes
   b. No
8. Nurse administrator attests to reporting substantive changes to the board in previous year
   a. Yes
   b. No
   c. If no, explain
9. Nurse administrator attests to reporting violations of OAR 851-021-0040 through 851-021-0070 that may have required a board survey in previous year. Note: This includes responses to reports generated by the OSBN on NCLEX pass rates below standard.
   a. Yes
   b. No
   c. Not applicable—no violations
   d. Explain both yes and no answers
10. Enter the job placement rate by percentage within 6-9 months after graduation
    a. %
    b. Unknown
11. Has the program experienced any significant change in enrollment greater than or less than 25% compared with the prior year’s enrollment? Indicate “increase” or “decrease” in addition to “yes” or “no” answer
   a. Yes
   b. No
   c. Increase
   d. Decrease

12. Enter count of budgeted seats that were not filled between July 1 prior to the start of the previous academic year and June 30 at the end of the academic year
   a. _______

13. Enter count of budgeted nursing faculty positions that were unfilled and active recruitment was in progress on October 15th of the current academic year.
   a. Nurse Educator
      i. Full time
      ii. Part time
   b. Nurse Educator Associate
      i. Full time
      ii. Part time

14. Enter count of nursing faculty currently employed without exception
   a. Nurse Educator
      i. Full time
      ii. Part time
   b. Nurse Educator Associate
      i. Full time
      ii. Part time

15. Enter percentage of faculty currently employed by exception
   a. Nurse Educator
      i. Full time
         1. ≤ 25%
         2. 26-50%
         3. > 50%
      ii. Part time
         1. ≤ 25%
         2. 26-50%
         3. > 50%
   b. Nurse Educator Associate
      i. Full time
         1. ≤ 25%
         2. 26-50%
         3. > 50%
      ii. Part time
         1. ≤ 25%
         2. 26-50%
         3. > 50%

16. Enter total count of faculty currently employed by exception
   a. Nurse Educator
      i. Full time (total number)
      ii. Part time (total number)
   b. Nurse Educator Associate
      i. Full time (total number)
      ii. Part time (total number)
Curriculum

17. Enter total number of academic credits
   a. Total academic credits required for graduation
      i. Quarter hours
      ii. Semester hours
   b. Total Nursing Program-specific credits required
      i. Quarter hours
      ii. Semester hours
   c. OCNE-affiliated
      i. Yes
      ii. No

18. Enter total number of simulation hours that replace direct patient care
19. Enter percentage of clinical clock hours in simulation that replace direct patient care
20. Enter total number of complaints or grievances as defined by program in the previous academic year
21. Is standardized testing used in the program?
   a. Yes
      i. Single attempt
      ii. Multiple attempts
      iii. Maximum number of attempts allowed (___)
   b. Type of test
      i. ATI
      ii. HESI
      iii. Kaplan
      iv. Other (write in)
   c. No
22. If standardized testing is used in the program, is a passing score required for progression?
   a. Yes
   b. No

23. Enter First-time NCLEX pass rate from January 1 through December 31 for the previous calendar year from data provided by the OSBN ________
24. Enter Total pass rate for the previous calendar year for all graduates taking the test within 12 months of graduation, using data provided by the OSBN _______
25. Enter count of clinical placement requests that were denied
   a. Cohort requests
      i. A denial means only a portion of the cohort is placed, or the requested clinical experience on a particular unit is denied
   b. Individual, final practicum clinical preceptor requests
      i. A denial means a clinical experience with a preceptor on any unit for 1 or more students is denied
26. Enter the number of clock hours an average student completes during their final practicum/capstone placement
27. If using simulation to replace direct patient care, enter the percentage of patient care hours in simulation versus direct patient care.
   a. Does this include 2 hours of simulation to replace 1 hour of direct patient care?
      i. Yes
      ii. No
Memorandum

DATE: August 18, 2020

TO: Oregon State Board of Nursing

FROM: Ruby R. Jason, MSN, RN, NEA-BC
      Executive Director

RE: Comparison of National NCLEX® First Time Pass Rates and Oregon First Time Pass Rates

NCLEX® has reported these first time passing rates including, for the first time, COVID era scores. These scores may not truly reflect the effects of online didactic and virtual simulation, particularly for the RN programs due to the small number of first time test takers during the 04/01/2020-06/30/2020 timeframe.

The actual number of test takers in Oregon and Total passed on the first attempt are as follows:

<table>
<thead>
<tr>
<th>Timeframe</th>
<th>Oregon PN attempt</th>
<th>Oregon PN passed</th>
<th>Oregon RN attempt</th>
<th>Oregon RN passed</th>
</tr>
</thead>
<tbody>
<tr>
<td>07/01/2019-09/30/2019</td>
<td>104</td>
<td>86</td>
<td>858</td>
<td>792</td>
</tr>
<tr>
<td>10/01/2019-12/14/2019</td>
<td>136</td>
<td>115</td>
<td>205</td>
<td>188</td>
</tr>
<tr>
<td>01/01/2020-3/31/2020</td>
<td>100</td>
<td>83</td>
<td>138</td>
<td>124</td>
</tr>
<tr>
<td>04/01/6/30/2020</td>
<td>68</td>
<td>57</td>
<td>342</td>
<td>304</td>
</tr>
<tr>
<td>Total</td>
<td>408</td>
<td>341</td>
<td>1543</td>
<td>1408</td>
</tr>
</tbody>
</table>

The national comparison graphs are presented on the next page.

Board staff will continue to update this chart and graphs to track the NCLEX® first time pass rates as the COVID response changes to the nursing programs continues.
National and Oregon Comparison: PN Programs

National and Oregon Comparison: RN Programs
Memorandum

DATE: August 18, 2020

TO: Oregon State Board of Nursing

FROM: Ruby R. Jason, MSN, RN, NEA-BC
Executive Director

RE: Sumner College LPN Program Clinical Practicum Exemption

A one-time exemption is requested by Sumner College LPN program to OAR 851-021-0045(10)(a) for faculty to student ratio of 1:8 for a clinical practicum site. This exemption is requested due to the acceptance of students from the recently closed Pacific Pioneer College (PPC) LPN program. Based on the number of students accepted by Sumner from PPC there is one cohort of 9 students to a single faculty member. Sumner is requesting a one-time, non-precedent setting exception in order to accommodate Sumner and PCC students in the upcoming fall term.

M.S.C. __________________________________, _____________________________ that the Board provide a one-time, non-precedent setting exemption to OAR 851-021-0045 (10) (a) to Sumner College for 9 students to 1 faculty for clinical practicum to accommodate the displaced PPC LPN students.
DATE: August 24, 2020

TO: Oregon State Board of Nursing

FROM: Ruby R. Jason, MSN, RN, NEA-BC
Executive Director

RE: IOT Student Grievance Policy

The Board reviewed Institute of Technology (IOT) remediation plan during the June 2020 Board meeting. After review and discussion, the Board directed IOT to revise the student grievance section of the plan. The Board expressed concern regarding identification of the Nurse Administrator as one of several individuals who could review and investigate the student grievance. The Board directed IOT to assure that the Nurse Administrator was the primary program authority involved in any student grievance including academic and sexual misconduct complaints.

Susan Patterson, MSN, RN, Nursing Administrator for the IOT program submitted the revised plan on August 21, 2020. The submitted plan was in the format of a copy of the revised IOT student handbook. Submitted to the Board is the pertinent section of the handbook describing the Nurse Administrator’s role in student grievances. Should the Board accept this revision, approval will be for the entire IOT plan as modified from the original.

MSC ________________________, ____________________________ that the Institute of Technology Practical Nurse Program’s remediation response (be/not be) approved as modified.
PRACTICAL NURSING
COMPLAINT AND GRIEVANCE PROCESS

We anticipate your time spent with us, as a Practical Nursing student, will be full of learning opportunities that will inspire a love for nursing. Although, as at all great schools, sometimes students at Institute of Technology (IOT) experience situations or problems that are difficult to deal with and students require assistance in resolving them. Realizing that life doesn’t always go as expected, we at IOT have implemented a policy for your expression and reporting of complaints and grievances.

Should the need arise for filing a complaint or grievance, the IOT team wants you to know exactly where to go, what to do, and what to expect. The set pathway has been established to help students come to a quicker and more satisfying resolution, while also feeling supported.

The first step, for a student who has a complaint or grievance, is to address the issue with other(s) involved. By making a reasonable effort to resolve issues informally and personally, further steps might not be necessary. Proceeding in this manner gives everyone involved an opportunity to exchange information, verbalize feelings, and try to clarify misunderstandings that may have occurred. In this step, it is important that each party not only speak, but listen and try to understand what is being said by others.

When resolution still has not met your expectation, we ask that you meet with the Nurse Administrator who will listen and assist you in compiling a written complaint or grievance statement. When the Nurse Administrator is not available, or if you are more comfortable working with the Campus President, Director of Student Services, or Director of Education, any of these professionals may assist you with the process as well. It is very important not to delay so problems can be addressed and resolved quickly.

Once your statement has been made and written out, your complaint or grievance will be processed by the Nurse Administrator. She will interview all parties listed in the document within 48 hours of receiving your written complaint or grievance. In the occasion that the Nurse Administrator is away from the office, the Campus President, Director of Student Services, or Director of Education can certainly help you with the process.

If after completing the pathway thus far, you find you still have not found satisfactory resolution, you are invited to contact Rich Wood, the President and Chief Executive Officer of the Institute of Technology, in Clovis Oregon. His contact information is as follows:

Rick Wood, President/Chief Executive Office
Institute of Technology – Clovis Campus
564 W. Herndon Avenue
Clovis, CA 93612
rwood@selectededucationgroup.com
If at any point, you feel aggrieved by the actions of IOT personnel, we greatly hope you will discuss the feelings with the Nurse Administrator, Campus President, Director of Student Services, or Director of Education. Should you still feel badly about your experience(s) with IOT, you may contact the Oregon State Board of Nursing (OSBN) and/or the Higher Education Coordinating Commission (HECC). The contact information for those agencies are as follows:

Oregon State Board of Nursing (OSBN)
17938 SW Upper Boones Ferry Rd.
Portland OR 97224
(971) 673-0685

Higher Education Coordinating Commission (HECC)
Office of Degree Authorization
3225 25th Street NE
Salem OR 97302

Policies and procedures for Salem-IOT are created to meet the needs of students in a variety of programs. While they are written with similar processes and reporting rules, they may differ slightly due to program preferences, specifications, and rules.

As a valued IOT student, please remember you have rights, regardless of your chosen topic of study. Information regarding your rights can be found through your MyIOT Student Portal. The Nurse Administrator, Campus President, Director of Student Services, and Director of Education will be happy to assist you in the event you ever feel your rights have been violated.