

OREGON BOARD OF NURSING

SENTINEL

[VO.39 • NO.3 • AUGUST 2020]

NEW LICENSING REQUIREMENTS FOR ALL NURSES

Also in this issue

CURRENT NURSE PRACTICE ACT RULEMAKING UPDATES

NEW APPLICATION BACKGROUND QUESTIONS PROVIDE CLARITY

Official Publication of the Oregon State Board of Nursing

43rd Annual NPO Education Conference

Oct. 16-17, 2020 Virtual Event



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Featured Presenters

Monica McLemore, RN, MPH, PhD, FAAN



At the University of California, San Francisco, Monica McLemore is a tenured associate professor in the Family Health Care Nursing Department, an affiliated scientist with Advancing New Standards in Reproductive Health, and a member of the Bixby Center for Global Reproductive Health.

Her program of research is grounded in reproductive justice, a lens used to understand reproductive health and rights for people with the capacity for pregnancy. Her work is grounded in the hypothesis that if we center the most marginalized people, care improves for everyone.

Susan King, MSN, RN, CEN, FAAN



Susan King MSN, RN, CEN, FAAN is the former Executive Director of the Oregon Nurses Association, retiring in 2017. She continues a clinical practice in emergency nursing in a Portland-area emergency department.

Susan has been an influential presence in the Nurse Practitioner (NP) landscape for over three decades. She has been a champion for the role of the nurse, student nurse, and advanced practice nurse, especially NPs.

Conference Fees & Registration

- NPO member and NP student registration: **\$99**
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David Brown, President • 1-800-561-4686 ext.103
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LICENSING REQUIREMENTS FOR ALL NURSES CHANGING IN JANUARY 2021

Following a years-long public rule writing effort, the Board of Nursing approved significant changes to the Standards for Licensure of RNs and LPNs (which includes all advanced practice nurses) during the June 2020 board meeting. The changes are embodied in Division 31 (OAR 851-031) of the Nurse Practice Act, and includes a major change to the practice requirement nurses must meet for license renewal.

The intent of the rule changes is to update outdated language and requirements, and use clarifying language to allow the licensee and the public to understand the section more easily. Please remember that all definitions used by the Board are explained in Division 6 of the Practice Act (OAR 851-006). If a definition is not found in Division 6, then the word is used in the practice act as defined in normal language found in the online Merriam-Webster® dictionary.

This is an overview of significant changes; changes with the most significant impact are underlined. Please consult the OSBN website for more information.

OAR 851-031-0001: Name, Address, and Employer of Record:

- Moves these requirements from the last paragraph of the division to the very front to emphasize importance of these requirements.
- The licensee must update their name as it appears on their license. Licensees with name changes are prohibited from using their new name in their practice until it is updated with the Board.
- Requires the licensee to update their current home and e-mail address with the Board.
- Requires licensees to update their employer information with each renewal. Although the licensees do take a survey regarding their employment, this information is collected by the Oregon Health Authority and not the Board. It is required that the Board be kept informed of the start and end date of all licensee employment where the use of a nursing license is required.

"The competency requirement is changing from 960 hours in five years to 400 hours in two years."

- Updates language regarding fitness to practice language. The Board has jurisdictional authority to determine "fitness to practice" which is separate and independent from the employer's "fitness for duty" requirements.
- Emphasizing that the applicant or licensee takes accountability for the information submitted on the application. There are employers, such as nurse travel companies, who fill out the information; this does not absolve the applicant from total accountability of the information contained in their application.
- English proficiency is required of all licensees and applicants. For those applicants whose nursing education was not in English and they were not initially licensed in another state, the

Board has added the Occupational English Test (OET) as one of three tests acceptable to establish proficiency.

- All licensees will be required to repeat fingerprints with every other renewal (every four years). The renewal applicant will bear the cost of obtaining fingerprints. The rationale is that with the current system, the Board does not have any access to convictions that may have occurred

OAR 851-031-0006: General Eligibility Requirements for All Initial Applications for License and Licensure Renewal:

outside of Oregon. The number of nurses practicing in and out of state requires that additional background evaluations are implemented.

- Pain management requirements do not change other than evidence of completion of the required hours now must be shown at the first renewal. Previously this was due by the second renewal. Those who graduated from Oregon nursing programs after January 1, 2009, have the six hours of pain management in their pre-licensure program, and are required to provide evidence of completing the one-hour Oregon Pain Management requirement.
- Any initial or renewal applications received after July 1, 2021, must show two hours of cultural competency education. Education program or employer required cultural competency programs may be used. The OSBN website will have links to the recommended courses if your employer or program did not offer discrete cultural competency programs. This is a legislatively required mandate. Instructions on how to meet of this requirement will be included on all applications.

OAR 851-031-0015: Eligibility for Licensure by Examination for Graduates of Programs in the United States with a Designated NCLEX Program Code.

- All approved pre-licensure nursing programs are assigned an NCLEX program code. These codes are not assigned by the OSBN; they are assigned by the NCLEX testing program. This verifies that the applicant graduated from an approved program.
- Graduates of the Air Force or US Army Practical Nurse Program may challenge the LPN exam without further education. Specific program numbering is detailed in the rule.
- Participants of an accelerated Master's program who enrolled after July 1, 2021, will be required to be awarded a BSN in order to apply for Oregon RN licensure and complete the APRN portion of their program. Current Oregon statute requires "graduation" from a pre-licensure program, which requires the awarding of a degree. Clarification from the Attorney General's office is that a letter of equivalency does not equate to

being awarded a degree. This will not affect those attending in-state accelerated programs since they do award a degree. This does, however, affect those who wish to attend an out-of-state program not awarding a degree after completion of the RN segment of their program. Those already enrolled and accepted in their program prior to July 1, 2021, will be allowed to obtain an RN license with a letter of equivalency.

- New nurses: New graduates from PN or RN nursing education programs must now apply for their first nursing licenses within two years of graduation. Previously, applicants had five years post-graduation to obtain a license. Due to the rapidly changing requirements of safe nursing practice, this lapse of time was deemed too long between education and beginning practice.

OAR 851-031-0021; 851-031-0026; 851-031-0027; 851-031-0032 are applicable to graduates from programs without an NCLEX code, such as graduates from Canada and Puerto Rico. Nursing education in Puerto Rico is frequently taught in Spanish, and

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"I enjoy working at St. Anthony Hospital because of the positive work environment. As I am new to the nursing profession, I feel supported and welcome in each department. My co-workers are always open to offering their advice and suggestions when questions arise. Coming to work is enjoyable because of the staff I work with are upbeat and energetic."

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taking the NCLEX is not required to practice nursing in Puerto Rico. OAR 851-031-0026 also applies to nurses who are licensed in another country and who will be attending an Oregon graduate program where there is a hands-on clinical component.

OAR 851-031-0039 (Endorsement of license) and 851-031-0048 (Renewal of license):

This is perhaps the most impactful change in the entire division. Competency validation for a licensee in Oregon is continued practice. The requirement is changing from 960 hours in five years to 400 hours in two years for endorsement and renewal. The Board will phase in this requirement for those awarded a license prior to August 1, 2020, in that the applicant must attest to 400 hours in the previous two years by the second renewal cycle when these rules become effective.

For example:

- License was awarded in 2010 and is renewed every even year.
- When the license is renewed in 2022, the current requirement of 960 practice hours in the previous five years applies.
- When the license is renewed in 2024, the new requirement that the nurse has practiced at least 400 hours in the previous two years applies.
- If the applicant does not have the hours at the time of renewal in 2024, specific numbers of Continuing Education credits (CE) will be required to maintain the license based on the number of years the nurse has been out of practice. If the nurse has no practice hours in the five years preceding application, then regardless of the number of CEs taken, the applicant will need to either take the current NCLEX exam or attend a reentry program.

Beginning January 1, 2021, if a license is not renewed within 30 days from its expiration date, the applicant will need to apply for re-activation in addition to the \$100 penalty for late renewal. Previous rule gave the applicant 60 days prior to requiring reactivation.

OAR 851-031-0085 (Inactive Nurse) and OAR 851-031-0086 (Retired Nurse):

The rule changes clarify the fact that being an inactive nurse or a retired nurse does not authorize the licensee to practice nursing in Oregon nor call themselves a “nurse.” Oregon statute authorizes only those holding an active license to call themselves a nurse, or display to the public that they are a nurse regardless of the number of years in the profession. “Nurse” is a legal title and not a description of the profession. Retired or inactive nurses who continue to call themselves a nurse are subject to civil penalty for practicing without a license. Applying for a retired nurse license status with the Board only authorizes use of the “RN-Retired” signature. Retirement from employment and retiring the license are not linked. The licensee must apply to the Board to inactivate or retire their license.

“All licensees will be required to repeat fingerprints with every other license renewal.”

OAR 851-031-0088 – Registered Nurse First Assistant (RNFA) Status:

There is no license designation for “RNFA,” however for nurses to call themselves an RNFA and bills as an RNFA, they must be on the Board’s website RNFA list. If an organization

determines that specific RNs will be educated and competency validated to perform the function of an RNFA they may do so per their policies, but the RN is not allowed to call themselves an RNFA or bill separately as an RNFA. The term “RNFA” is only authorized to those meeting the requirement as described in this chapter of the practice act. Advanced practice nurses are not authorized to call themselves an “RNFA” or bill as an “RNFA” unless they meet the qualifications as described in this chapter. Education or licensure as an advanced practice nurse does not qualify the nurse to call themselves or bill as an RNFA. Please see the interpretive statement on the OSBN website about advanced practice nurses working as an RNFA.

A copy of the new rules will be available on the OSBN website by October 1 so that licensees may familiarize themselves with the new requirements.



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MAJOR CHANGES AHEAD FOR ADVANCED PRACTICE NURSES IN THE OREGON NURSE PRACTICE ACT

The administrative rules in the Nurse Practice Act (NPA) describing standards for education, practice, and licensing requirements have been completely revised to address the changing healthcare environment and the demands on care provided by APRNs. During the June 2020 meeting, the Board repealed the current rule divisions focused on advanced practice nursing (OAR 851-50, -51, -52, and -56) to make way for a new rule structure with new divisions. All the rule changes (repeals and additions) become effective January 1, 2021.

For the purposes of this article and Board rules the term “APRN” is used to describe those practitioners who are licensed as nurse practitioners (NP), clinical nurse specialists (CNS), and certified registered nurse anesthetists (CRNA). Oregon, unlike other states, does not issue an APRN license allowing the APRN to signify their specialty and population focus as part of their credentials. Oregon issues very specific license types and, for NPs, further issues licenses specific to the practitioners’ population focus. In Oregon, advanced practice nurses are not authorized to use the title “APRN” prior to identifying themselves as they are licensed by the Board. However, for clarity and brevity, the Board authorized these divisions to place all advanced practice license types under the term “APRN.” Disclaimers about the APRN title are included in the title section of Division 53.

Previously, APRN rules were divided into separate divisions in the NPA according to license type. Division 50 was exclusively for NPs, 52 was exclusively for CRNAs, and 54 was exclusively for CNSs. Division 56 was only about prescriptive and dispensing authority. At the direction of the Board, the public rule advisory committee created three new divisions that address subjects as opposed to license type:

- Standards for Education Programs (Division 51),
- Licensure requirements (Division 53), and
- Scope and Standards of Practice (Division 55).

The previous Division 56 was incorporated into both Division 53 (where licensing requirements for prescriptive authority are described) and Division 55 (which now includes standards for prescription writing and dispensing, including medication recordkeeping). The changes allow APRNs and the public to find APRN education standards, licensing standards (regardless of

license type), and standards of practice for all APRN license types more easily. Grouping the rules by subject also makes it easier to update standards going forward.

The following is a brief overview of the changes; those of most significance are underlined.

Division 51: Standards of Education Programs Preparing Nurses for Advanced Practice

OAR 851-051-0020: Oregon-Based Educational Programs Requirements for Board Approval

- Focus is on the similarity between all APRN education programs.
- In previous language, transcripts for advanced practice education had to contain specific course titles such as “Advanced Health Assessment,” “Advanced Physiology and Pathophysiology,” or “Advanced Pharmacology.” Recognizing that the concepts taught in these programs are more important than their exact name, and different institutions may name their courses differently, the rules now indicate that graduate courses must encompass the concepts inherent in these courses.
- Allows physician assistants to act as APR student preceptors. Describes qualifications for preceptors, including minimum practice hours, and requires that 51% of preceptor hours must be with an APRN within the same APRN role. Rationale: advanced practice nursing is considered the practice of nursing. There are currently clinical experiences precepted by physicians focusing on the medical model and not the model of advanced nursing practice.

OAR 851-051-0060: Clinical Practicum in Oregon For APRN Students Enrolled in a Non-Oregon Based Graduate Program

- Updates language for the clinical placements of students from out-of-state programs that supports video technology for the purposes of academic progression.
- Changes language to focus on the Oregon-licensed preceptor qualifications.

Division 53: Standards for Licensure of Advanced Practice Registered Nurses

OAR 851-053-0005: Application for Initial Licensure to Practice as an APRN in Oregon (including those licensed in another state or country)

- Provides for APRNs who graduated prior to Jan 1, 1986 the requirement for education in the concepts in advanced pharmacology, anatomy and pathophysiology, advanced assessment are waived provided the applicant meets certain requirements. Rationale: Over time, as APRN (particularly NP) education has changed over the decades some practitioners have proven themselves safe to practice for decades but due to previous licensing language were prohibited from endorsing their license into Oregon.
- Allows advanced practice nurses who do not work in direct care, supervise direct care APRNs, teach pharmacology management to an APRN level course or evaluate medication management procedures (such as being on P/T committees) to petition the Board to exempt them from the requirement of prescriptive authority. Rationale: The prescriptive authority requirement has prevented APRNs from moving into administrative or management positions where medication management is not part of their practice. The intent is to have the APRN take advantage of career progression opportunities.

OAR 851-053-0015: License renewal

- As with the RN license, all APRNs must now show 400 hours of practice within two years. Hours of APRN practice counts for both RN and APRN renewal.
- Deleted the previous wording that an APRN needed 196 hours of practice in the first two years after graduation to apply for a license in Oregon. All criteria for a first time license after graduation is now based upon the two-year post-graduation period.
- New language requires CNSs to be nationally certified if there is a national certification in their specialty.
- Requires all APRNs to review an interactive online “Prescription and Dispensing Authority in Oregon” presentation with every renewal, not just at initial licensure. Rationale: Board review indicated that medication management is the most consistent practice reason APRNs are investigated by the Board. Maintaining an online interactive program will allow the Board to update information as DEA schedules change and medication management rules from the Board of

Pharmacy, etc. are updated.

- Added language to describe what activities count towards the 150 hours of medication management required to maintain prescriptive authority.

OAR 851-053-0020: License Re-activation

As with the RN license, reduces the number of days for working without a license before re-activation is required from 60 days to 30 days.

OAR 851-053-0030: Re-entry into Practice

Clarifies that APRNs who cannot meet the 400 hours of practice in two years must re-activate their RN license prior to being allowed to participate in APRN re-entry. Whereas RNs can substitute CEs for some practice hours, this is not possible for APRNs. New language changing the number of clinical hours required for re-entry.

Division 55: Scope and Standards for Practice for the Advanced Practice Nurse

OAR 851-055-0010: Scope and Standards of Practice for All Licensed Advanced Practice Registered Nurses.

- Clarifies that, per statute, only NPs and CNSs may formulate a diagnosis as defined in OAR 851-006-0000, and that CRNAs are not authorized by statute to diagnose.
- Clarifies that APRNs utilizing imaging modalities must do so in accordance with the statute and rules of the Oregon Board of Medical Imaging. This does not apply to ordering examinations; this is with regard to operating the imaging equipment and the supervision of the imaging technician during the procedure.
- Removes language describing the specific scope of each NP population focus. Clarifies that the Board recognizes NP population focus is based on education as an NP and national certification.

OAR 851-055-0050: Expanding Scope of Practice within OSBN Issued APRN License

Clarifies language on expanding scope of APRN practice. Clarifies that if an APRN performs services for which there is another Oregon license type (such as esthetics), the APRN will provide the public with the same level of service as required by the other Oregon healthcare licensing Board. Example: The APRN offering non-ablative laser skin treatments must have the

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same number of radiation safety and laser safety hours as an advanced esthetician. The education of an APRN does not contain esthetics; the public must know that whichever license type provides service, safety standards are the same.

OAR 851-055-0080: Office Based Procedure Care Standards for Nurse Practitioners and Clinical Nurse Specialists

Describes standards for any office-based procedure utilizing analgesic or anesthetic agents. CRNA office-based standards are found in OAR 851-055-0030 and were not revised from previous language.

The Board will continue to provide information to licensees as these new rules move toward implementation on January 1, 2021.

Complete drafts of the new rules will be available for review on the OSBN website after October 1.

The minutes of the rule advisory committee that developed the rule language were posted on the OSBN website after every meeting, as required by Oregon law. The opportunity for public comment and concerns occurred during the rule hearings conducted during the Board's June 2020 meeting. For the next several months, Board staff will work on internal processes to assure these new rules are implemented as written.



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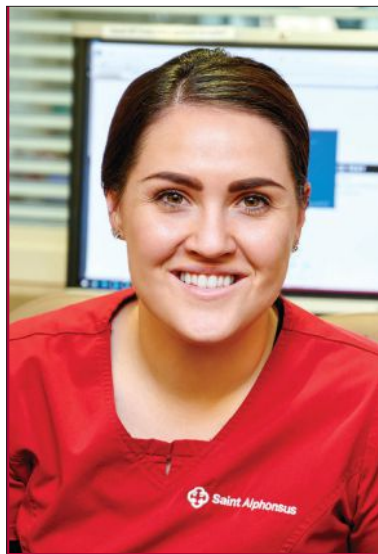
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CURRENT NURSE PRACTICE ACT RULEMAKING UPDATES

Four sections of the Nurse Practice Act are making their way through the public rulemaking process. Rules are reviewed approximately every five years to ensure continued relevance, efficiency, and effectiveness, in accordance with the Board's mission of public safety. All public rulemaking meetings and hearings are posted on the OSBN's Upcoming Meetings and Minutes webpage at www.oregon.gov/osbn/Pages/board-meetings.aspx. Rule hearings are held during the Tuesday night session of each in-person Board meeting. Information about how to provide testimony for rule hearings is posted on the Meetings webpage. The following is a brief update on the progress of each division.

Division 47—Community-Based Care Nursing (in progress)

The draft Division 47 rules (OAR 851-047) identify acceptable levels of safe practice for the registered nurse who engages in delegation process in a community-based setting. As defined by the Nurse Practice Act, a community-based setting is one 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, private homes, child foster homes, schools and twenty-four hour residential care facilities.

A virtual meeting will be held in August to collect stakeholder feedback on two proposed division 047 companion documents. The first draft document is designed to prompt the RN who is formally ending their duty of care to a client to memorialize important client information for their client's health care team in the client's health record in a manner that promotes the continued safety of the client.

The second draft document is intended for use by the RN who is considering the acceptance of transfer of RN service responsibilities for a client directly from another RN. The document is designed to prompt the RN to meet acceptable levels of safe registered nursing practice of nursing as required in any RN practice role. The document would be used when RN service responsibilities include the management of the client's chronic but stable condition through interventions that include the performance of a nursing procedure that the client is unable to perform for themselves.

Division 49—Protocols (in progress)

Public rulemaking on Division 49 draft rules (OAR 851-049) continues to be open but meetings have been delayed due to the declared COVID-19 pandemic. The draft Division 49 rules address standards for licensed nurse protocol utilization; communication of a re-authorization of a prescription; administration of over-the-counter medication by use of a symptom-based protocol; and RN dispensing. To receive notification of when work will commence on the draft rules, subscribe to the RN/LPN Information list serve. (All Board subscription lists may be found at the bottom of the OSBN home page www.oregon.gov/osbn)

Division 61—NA/MA Training Program Standards (rule hearing scheduled)

The Division 61 proposed rules are scheduled for a rule hearing during the September 8, 2020, board meeting. Any questions or comments on these proposed changes can be sent to OSBN NA/MA Policy Analyst Debra Buck at debra.buck@state.or.us.

Proposed revisions to the nursing assistant level one, level two, and medication aide education program standards include:

- Changing terminology from “training” to “education” to reflect the judgment and reasoning required in the nursing assistant and medication aide roles.
- Requiring 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.

- Using a rubric to guide the timing of the next survey site visit.
- Increasing the expected frequency of program policy review from at least once every two years to annually.
- Adding an option to use tax documents to demonstrate financial viability.
- Clarifying the program director, primary instructor, and clinical teaching associate qualifications.
- Broadening the long-term care experience requirement for nursing assistant level one program to include more than just nursing experience in a licensed nursing facility.
- Adding a requirement for the level two program to be under the supervision of faculty who have had nursing experience in an acute care facility.
- Reducing 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.
- Making the faculty-to-student ratios the same in the classroom setting for nursing assistant level one, level two, and medication aide training programs.
- Making the nursing assistant level one and level two faculty-to-student ratios consistent in the clinical setting.
- Ensuring there is at least one fully functional bed for every five students in the lab setting.
- Adding a requirement for clinical facility to provide a private meeting space for faculty and students during the clinical experience.
- Setting a standard for an evaluation plan.

Division 21—Nursing Education Program Standards (rule hearing scheduled)

The Division 21 proposed rules are scheduled for a rule hearing during the September 8, 2020, board meeting. Instructions will be posted to the Board website in August for those who wish to provide testimony for the hearing. Proposed rule changes include:

- Approval of New Nursing Education Programs (851-021-0010): New requirement for a signed articulation

agreement with at least one other nursing program that is either Oregon-based or on-line that meet Oregon's requirements for RN licensure.

- Periodic Evaluation of Nursing Education Programs (851-021-0015)
 - Number of faculty approved by exception will be monitored through the annual survey and at site surveys.
 - A rubric will be used during site surveys for periodic evaluation to provide consistency and transparency.
 - Any failure to address previously identified survey recommendations may result in a deficiency.
- NCLEX Standards (851-021-0018)
 - To eliminate confusion, NCLEX standards were given their own section for easy reference.
 - The Board representative will round NCLEX pass rates up or down to the nearest percentage when reporting quarterly and annual pass rates to the Board.
 - Nursing programs must maintain a 75% first-time pass rate for two consecutive 12-month periods, and a 90% total pass rate for the most recent 12

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Don't Forget to Renew!



Nursing licenses and nursing assistant certificates expire every two years, on your birthday. This means you need to renew—at the latest—the day before your birthday; if you wait until your birthday to renew, it will be too late. If you were born in an odd year, you need to renew your license or certificate this year (if you haven't already). And if you were born in an even year, you will need to renew your license next year. You may check your license status and expiration date using the Board's License Verification system: <http://osbn.oregon.gov/OSBNVerification/Default.aspx>.

If your current email address is on file with the Board office, you should receive a courtesy reminder before your license expiration date; the board sends out email reminders at 90, 60, and 15 days prior to an expiration date. However, it is ultimately the licensee's responsibility to renew her/his license.

Don't risk possible civil penalties by practicing without a license—renew on time.

months. The first-time pass rate is necessary for comparison of Oregon’s nursing programs with other programs nationally.

- Denial or Withdrawal of Approval (851-021-0020): New statement: “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.”
- Reports and Approvals (851-021-0025)
 - o A program that has obtained initial approval by the board and plans to change the number of clinical clock hours for simulation must now submit a report at least 90 days before implementation of that change, among other things.
 - o Board approval is now required at least six months before implementing use of simulation in place of a portion of direct patient care.
 - o Section (4)(g) lists the faculty appointments that must be approved by the board before the applicant assumes the program assignment. Approvals for faculty without exception (those not on this list) are made at the discretion of the program’s nurse administrator and do not require approval by the Board.
- Standards for Approval: Organization and Administration (851-021-0040)
 - o During periods when the nurse administrator role is temporarily unfilled, the program must now designate an interim nurse administrator within 15 days of the vacancy.
- Specific policies regarding client and student safety in clinical practice such as error reporting and frequency of faculty visitation in the various clinical experiences must be made available to students and to the public by the program.
 - o Standards for Approval: Nursing Faculty (851-021-0045)
 - a. 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.
 - b. If currently or previously professionally licensed, faculty members must provide evidence of an unencumbered license in their specialty at the time of most recent licensure.
 - c. A faculty appointment form must be completed by the nurse administrator and approved by the

Board representative before such faculty assumes program responsibilities.

- d. No exceptions will be granted for non-nurse faculty members.
 - Standards for Approval: Curriculum (851-021-0050)
 - o This is the first time that simulation is referenced in Division 21, and it allows for substitution of simulation for direct patient care, as supported by nursing literature. Before a program replaces a portion of direct patient care with simulation, Board approval is required.
 - o The percentage of direct patient care that may be replaced by simulation is determined by whether or not a program has a nurse faculty member certified in simulation in the simulation coordinator role.
 - o Programs must “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.”
 - Standards for Approval: Students (851-021-0055): Students must be informed before admission that the OSBN has limits on eligibility for licensure. 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.
 - Standards for Out-of-State Student Clinical Experience in Oregon (851-021-0090)
 - o Out-of-state programs seeking to place cohorts of students in Oregon facilities must obtain approval from the Board at least six months before student placement.
 - o Any planned increases or decreases in the number of students in Oregon clinical cohort placements must be preceded by a petition to the Board at least six months before the planned change for approval from the Board. Petition must include evidence that additional out-of-state students will not adversely impact current Oregon nursing program clinical placements.
- To receive notifications from the OSBN regarding task forces/committees, special meetings, possible changes to the Nurse Practice Act, and other subjects of interest to nurses, subscribe to an OSBN list serve. All Board list serve subscriptions are located at the bottom of the OSBN home page: www.oregon.gov/osbn.

By OSBN Licensing Manager *Tracy Gerhardt* and Investigations Manager *Jacy Gamble*

NEW APPLICATION BACKGROUND QUESTIONS PROVIDE CLARITY

New background questions are coming this fall to all Oregon State Board of Nursing (OSBN) applications as part of a continuous improvement process conducted by Board staff.

The mission of the OSBN is to protect the public by regulating nursing education, licensure, and practice. One of the most important ways the Board ensures that only duly qualified applicants are granted licenses or certificates in Oregon is by having a robust background check process. This includes using tools such as fingerprint checks, Oregon Law Enforcement Data System Checks, and thorough background disclosure questions during the application process.

As part of the Board's commitment to the values of integrity, collaboration, stewardship, simplicity, and innovation, Board staff frequently review established processes to determine if they are helping contribute to the mission and if there is room for efficiencies. Recently, representatives from all OSBN departments worked together to review current application background disclosure questions. Based on feedback received from applicants, staff determined that the current questions are not posed in a way that makes it easily understandable as to what information needs to be disclosed. In addition, the group researched which questions were directly relevant to determine whether or not the Board should be concerned about the safety of the public with regard to the applicant.

When an applicant is unsure of what needs to be disclosed to the Board during the application process, they may share

The mission of the OSBN is to protect the public by regulating nursing education, licensure, and practice

something irrelevant to the practice of nursing, or they may not share something that should be disclosed. Either scenario leads to delays in the processing of applications as every application is inspected by hand (sometimes by many hands).

In an effort to clarify the types of information that should be shared during the application process, Board staff updated many of the background questions. The Board considered and approved the proposed questions during the June 2020 Board meeting, determining that the new questions are more specific and clear in regard to what must be disclosed. The new

questions will be included in all licensing applications as soon as all programming can be completed.

Some examples of coming changes include:

- Asking specifically about the diagnosis and/or treatment of any substance abuse disorders within the two years preceding application and requesting information about the applicant's sobriety date (if applicable).
- Providing clear examples of what types of legal situations must be reported (pleading guilty, convictions, pleading no contest, entering into an Alford plea for a felony or misdemeanor).
- Clarification of when and what types of investigations, notices of civil judgement, and license restrictions must be disclosed.

Board staff are working to implement the new questions in OSBN paper and online applications this fall.

The screenshot shows the top navigation bar of the Oregon State Board of Nursing website. The navigation menu includes: Home, Forms, Nurse Practice Act, License Verification, FAQs, Application Status, Online Services (highlighted with a blue box), and Board Information. Below the navigation bar is the main header area, which features the Oregon State Board of Nursing logo on the left, the text "Oregon State Board of Nursing" in a large font, and the tagline "The OSBN protects the public by regulating nursing education, licensure, and practice." on the right. There is also a small graphic of a house with a green roof and a yellow window, with the text "STAY HOME. SAVE LIVES." below it.

THE PRACTICE OF NURSING: A BRIEF REFRESHER



This article presents definitions of nursing from a global and national professional perspective, shares excerpts from nursing literature, and provides Oregon’s legal definition of the practice of nursing. The goal of this article is to provide content upon which a licensee may reflect to deepen their understanding of nursing practice regardless of their nursing practice role.

What is the practice of nursing?

For the majority of the Board’s licensees, this is not a challenging question. The majority understand that the practice of nursing is the diagnoses and treatment of human responses to actual or potential health problems. At the RN level of licensure, diagnosis, and treatment occurs through the RN’s engagement in cognitive processes to analyze client data against their own nursing knowledge and practice experience relative to a clinical situation. Nursing is a thinking profession.

For a few licensees however, the question what is the practice of nursing proves challenging. This challenge is evidenced by a question frequently posed to Board staff: “Is my job nursing practice?” While the short answer to the question is always no (i.e., no job on this planet magically turns hours spent into nursing practice), the question communicates a learning need that needs to be addressed.

This article by no means attempts to distill an entire undergraduate nursing education program curriculum down to 900 words or less. Instead, this article presents select definitions of nursing to which the nurse may evaluate their activities on the job.

Beginning globally, one looks to the International Council of Nurses’ (ICN) definition of nursing. ICN publishes both a short and long version. The short version states¹: “Nursing encompasses autonomous and collaborative care of individuals of all ages, families, groups and communities, sick or well and in all settings. Nursing includes the promotion of health,

prevention of illness, and the care of ill, disabled, and dying people. Advocacy, promotion of a safe environment, research, participation in shaping health policy and in patient and health systems management, and education are also key nursing roles.”

The longer ICN definition states in part²: “Nursing, as an integral part of the health care system, encompasses the promotion of health, prevention of illness, and care of physically ill, mentally ill, and disabled people of all ages, in all health care and other community settings. Within this broad spectrum of health care, the phenomena of particular concern to nurses are individual, family, and group “responses to actual or potential health problems” (ANA, 1980, P.9). These human responses range broadly from health restoring reactions to an individual episode of illness to the development of policy in promoting the long-term health of a population.”

ICN’s authoritative definitions identify and discuss:

- The nurse as the provider of cares or services;
- The range of cares or services provided by the nurse across the health-illness continuum;
- The recipient of the nurse’s cares or services as an individual, family, group, or community; and
- The nurse’s provision of cares and services in all settings.

Let us apply these ICN definitions to the RN who practices in the role of hospital unit’s nurse manager. The role of the RN in this position is to promote a safe, healthy environment that supports the work of subordinate health care team members. The specific

services provided by the RN manager are those that maintain an environment that fosters a culture where interdisciplinary team members are able to contribute to optimal patient outcomes and grow professionally.³ The recipient of the RN's services (i.e., client) in this nursing practice consists of the group health care team members for whom the RN is responsible to manage.

Nationally, we can look to the American Nurses Association (ANA). This professional nursing association's authoritative publication *Nursing: Scope and Standards of Practice 3rd ed.*⁴ defines nursing as: "The protection, promotion, and optimization of health and abilities, prevention of illness and injury, facilitation of healing, alleviation of suffering through diagnosis and treatment of human response, and advocacy in the care of individuals, families, groups, communities, and populations (p.88)." This definition is concise and to the point.

Let us apply this ANA definition to the RN Emeritus who volunteers at a free health clinic in a large city. The RN's volunteer role at the clinic is to provide health education, health promotion, and injury prevention classes to small groups of the clinic's patients. The RN develops, implements, and evaluates evidence-based teaching plans that address each groups' knowledge and developmental learning needs; address participants' readiness and ability to learn; and that are respectful of participants' values, health beliefs, health practices, spirituality, culture, and socioeconomic status. The RN provides quarterly education outcome data to the clinic's administration and Board of directors.

In looking to nursing literature, Phillips⁵ and Rodgers⁶ communicate that nursing is a basic science and the art of nursing is the practitioner's application of that science for the well becoming of people. The literature also posits that the person who engages in nursing is a knowledge worker or person whose main capital is knowledge and who is predominantly concerned with generating, interpreting, and applying information⁷.

Let us apply this definition to the RN who is providing nursing services a family member who is home recovering from surgery. A professional nursing practice relationship is established with the family member as the RN begins to notice and collect pertinent information relative their loved one's health situation. The RN applies scientific evidence, nursing knowledge, and their own practice experiences in interpretation of the information. The outcome of this cognitive process is the RN's identification of reasoned conclusions or nursing diagnostic statements regarding their loved one's responses to their recovery from surgery. The RN identifies measurable outcomes for prioritized actual or potential responses and generates a nursing plan of care with interventions designed to assist their loved one along their journey to becoming well. The RN is continually noticing and

interpreting information related to their loved one's response to interventions. The RN adjusts the plan of care according to further application of scientific evidence, nursing knowledge, and their own practice experiences.

As one reflects on the definitions and practice examples provided thus far, be mindful that Oregon's nurse practice act (NPA) contains our state's legal definition of practice of nursing. The definition is located at ORS 678.010(8)⁸. In part, the definition identifies practice of nursing as "...diagnosing and treating human responses to actual or potential health problems through services such as identification thereof, health teaching, health counseling and providing care supportive to or restorative of life and well-being..."

This legal definition is further interpreted by Division 45 (OAR 851-045) Standards and Scope of Practice in the Nurse Practice Act. The Division 45 standards identify specific actions and behaviors that demonstrate safe and acceptable levels of registered nursing and licensed practical nursing practice. Division 45 identifies for the RN and the LPN their separate and distinct scope of practice authorities in the utilization of nursing process in the diagnosis and treatment of human responses to actual or potential health problems.

The burden rests with each individual RN and individual LPN to practice within the boundaries of the NPA and maintain documentation of nursing practice.

The bottom line is that it is not the job, job title, or reimbursement for nursing services that makes a job nursing practice; it is the individual nurse's application of scientific evidence, nursing knowledge, and their own practice experiences in carrying out the actions and behaviors that demonstrate the practice of nursing as defined and interpreted by Oregon's Nurse Practice Act.

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Schools Transition to Virtual Simulation During Pandemic

As the COVID-19 pandemic descended in March 2020, colleges and universities across the United States closed classrooms and transitioned to Zoom lectures. Nursing programs, however, faced a unique challenge. Not only did they need to quickly switch to online lectures, nursing programs needed a way to provide clinical placements when facilities across most of Oregon cancelled the hands-on learning experiences for students. Enter virtual simulation.

Virtual simulation, delivered via computer, allows students to practice and develop their clinical reasoning and judgement skills, and make decisions about patient care. Students are presented with a virtual patient, the patient's medical record, and asked to guide their care. According to OHSU Clinical Assistant Professor Nick Miehl, PhD, RN, CHSE, the experience takes about six hours per case study. "The hands-on portion runs about 30 minutes, but there is pre-work for the students to prepare for the simulation and post-work including reflective activities and debriefing with faculty."

While simulated experiences have been part of nursing education for decades, some schools, like Clatsop Community College, had no prior experience. "We reached out to our network of community college partners and solicited feedback on what virtual simulation vendors other programs would recommend," said Doris Jepson, MSN, RN, Director of Nursing and Allied Health. "Our faculty then worked together to evaluate and select the tools we're using." Other programs, like Oregon Health and Science University (OHSU), planned to use virtual simulation at some locations, but rapidly expanded to offer virtual simulation at all five campuses in the state.

Though an unexpected departure from the Spring term syllabus, programs found the introduction of virtual simulation had some hidden benefits. Paula Gubrud-Howe,

EdD, RN, Associate Professor at OHSU added, "It's clearly a very powerful learning experience. The program allows for mastery learning, meaning students can go back and repeat the simulations multiple times until they master the skills." According to Jepson, "Typically, at this stage of student learning, simple tasks are frightening. But faculty report the students seem more confident and less afraid. Students can make mistakes in the virtual environment and can learn a great deal from that." Jepson's student, Logan Burkhart, added, "In a real clinical situation, you only get one chance at an interaction, and while you may be able to learn from it, I found it was helpful to be able to learn from a situation and then repeat the situation to reinforce the changes I would have liked to make."

Educators from Clatsop Community College and OHSU agree virtual simulation won't completely replace the experience gained through hands-on clinical placements, including practice communicating with patients and co-workers, balancing the needs to multiple patients at once, and observing an interdisciplinary team in action. Burkhart said, "Even though the virtual simulation helped you know what you should do, it gives you no ability to practice how you should do it. You are nearly unable to communicate with the patient in the way you wish. I think communicating with patients and asking appropriate questions is a key skill we need to work on developing."

In the end, virtual simulation may be here to stay in Oregon's nursing programs. Gubrud-Howe, EdD, RN, said, "We're pretty convinced OHSU will be using virtual simulation at some level in the future." Faculty at Clatsop Community College are also exploring ways to supplement hands-on clinical time with virtual simulation and case studies.

How Nursing Education Programs are currently using Educational Technology

The technology landscape for nursing programs is constantly evolving as administrators and educators try to keep up with the demands of the workplace and meeting the ways students learn. Nursing programs across the country currently utilize a wide range of learning tools, from virtual learning to adaptive quizzing, mobile apps and electronic health record applications, to educate and inform. **Here's an overview of how nursing programs are using current educational technologies.**



Nursing programs that have larger numbers of students tend to adopt new technologies at a faster pace than nursing programs that accept fewer students. The exception: adaptive quizzing, which is currently being used equally among all nursing programs surveyed.



OREGON CENTER FOR NURSING REPORT FINDS INTERSECTION BETWEEN PRACTICE SETTINGS AND YEARS OF NURSING EXPERIENCE

The Oregon Center for Nursing (OCN), the state’s leading nursing workforce research organization, today released a new report showing how nurses’ tendencies to work in certain settings change as they gain more nursing experience.

“The results of this study clearly show that nurses with less than 20 years of experience are more likely to work in a hospital setting,” said Research Director Dr. Rick Allgeyer, PhD. “As nurses gain more experience they move on to other settings, like public health, home health and nursing education.”

The study was conducted by analyzing licensing records for more than 20,000 Oregon nurses. While the probability of a nurse working in a hospital declined as the nurse gained more experience, the probability of a nurse working in a clinic, home health, hospice, and public health increased as the nurse gained more experience.

“This study has wide implications for the nursing workforce,”



explained Executive Director Jana Bitton, MPA. “It may mean hospitals should start looking at nurses to leave their work setting if they have more than 20 years of experience. It also shows a need to help experienced nurses transition into more community-based settings.”

The results of OCN’s study are available at www.oregoncenterfornursing.org.

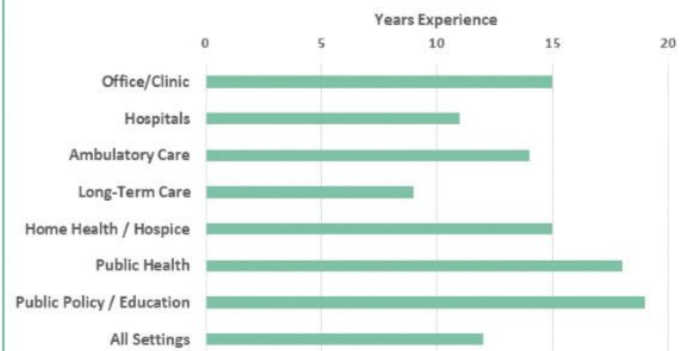
OCN is a nonprofit organization created by nursing leaders in 2002. OCN facilitates research and collaboration for Oregon’s nursing workforce to support informed, well-prepared, diverse, and exceptional nursing professionals. Recognized by the Oregon state legislature as a state advisor for nursing workforce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

Probability of Practicing in Hospital Setting by Years of Experience

Years of Experience	Hospitals	All Other Settings
1-5	70.3%	29.7%
6-10	64.5%	35.5%
11-15	68.3%	31.7%
16-20	63.0%	37.0%
21-25	52.4%	47.6%
26-30	49.7%	50.3%
31-35	47.7%	52.3%
36-40	46.3%	53.7%
41-45	37.8%	62.2%

Source: OHA, Public Use Nursing Workforce Data File, 2018

Median Years of Experience



Source: OHA, Public Use Nursing Workforce Data File, 2018

DISCIPLINARY CASE STUDIES: DRUG DIVERSION

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

Case Study #1

The Board received a report in 2019 that IV drug paraphernalia determined to belong to a registered nurse (RN) was discovered in the workplace. A pharmacy audit and medication administration investigation revealed a concerning pattern of medication withdrawals by the RN. RN met with managers and admitted to diverting medications, primarily opioids, over a two-year period, with escalating use in the previous two months. RN admitted some of the drug use occurred while on duty.

RN admitted taking the unused portion of patient medications, discarded medication from sharps containers, and PRN medications that patients didn't request, for the RN's personal use. While there was no evidence that patients were deprived of needed medication, RN placed patients at risk for harm by falsifying patient records to indicate administration of medications that did not occur, and misrepresenting patients' conditions and need for pain medication. The matter was reported to the Drug Enforcement Administration and local law enforcement.

RN self-reported the above actions to the Board of Nursing and agreed to sign an Interim Order by Consent, restricting RN from nursing practice until further order of the Board. RN entered residential treatment for substance use disorder, followed by intensive outpatient treatment and medication-assisted therapy, recovery support meetings, and ongoing individual counseling, and maintained abstinence from all substances as evidenced by frequent random drug tests. RN signed both a Stipulated Agreement for Probation and an application for the Health Professionals' Services Program (HPSP), and completed remedial coursework. Based on the facts of the case, the Board approved RN's enrollment in the HPSP for four years of monitoring. RN was permitted to return to practice approximately six months after the initial self-report, with restricted access to narcotics and other work setting restrictions. At 18 months from the initial investigation

by the Board, RN remains in compliance with all terms and conditions of the monitoring agreement.

Case Study #2

In 2019, the Board received a complaint from the employer of a registered nurse (RN) regarding concerns brought to the RN's manager that indicated "sloppy" practice related to narcotic administration and narcotic wasting. The facility's pharmacy conducted a review of narcotic pulls and administration, which showed indicators of poor practice with narcotic administration and narcotic wasting by the RN. RN was contacted over the phone by the employer to let the RN know that they were placing the RN on administrative paid leave pending the outcome of the investigation. RN immediately resigned her position.

Upon contact with Board investigative staff, the RN stated that she had already checked into an inpatient substance use treatment program and agreed to voluntarily sign an Interim Consent Order (ICO) that restricted the RN from practicing nursing until further order of the Board.

RN met with Board investigator after completion of the inpatient treatment program. During the interview with Board staff, RN admitted being addicted to opiates since 2001, which started after RN had a major surgery. RN explained that she diverted oxycodone from her employer when she ran out of her prescribed oxycodone, or took pills from sick family members who were prescribed pain medications. RN said that she diverted Fentanyl only recently, and that patients coming out of surgery had already been given pain medications and rarely woke up to ask for more. So RN would withdraw the medications and document in the medical record that the patient took them, when in fact the RN took them for personal use.

RN told Board staff that she wished to voluntarily surrender her license. She signed a Stipulation for Voluntary Surrender of RN License, which the Board subsequently accepted during the next available Board meeting.

YOU ASK, WE ANSWER

Q: Is it legal for one RN to accept a verbal medical order from another RN?

A: This seemingly simple question has many layers; layers that must be peeled back to reveal the answer.

First layer – Oregon’s Nurse Practice Act:

RNs do not have authority to independently diagnose a medical condition, prescribe a medical order for treatment of the condition, or then direct another RN (or anyone) to act upon the order. If this is the scenario behind the question, the answer is no. Chapter 851 division 045 (OAR 851-045) of the practice act contains a fixed list of Oregon-licensed health professionals from whom orders for client treatment may be accepted and implemented; the registered nurse is not on the list.

Division 45 of the practice act does not expressly prohibit the RN from acting upon a prescriber’s order that has been communicated to the RN by someone other than the prescriber. However, the RN who arrives at the clinical decision to act upon such a communication remains 100% accountable for their actions; actions for which the RN holds the responsibility to carry out in adherence to chapter 851 division 045 standards that establish acceptable levels of safe RN practice in Oregon.

Let us reverse the scenario. Division 45 of the practice act does not expressly prohibit the RN from communicating a prescriber’s order to another party when that party has a need to know. Again, the RN who carries out such communication remains 100% accountable for their actions; actions for which the RN holds



the responsibility to carry out in adherence to Division 45 standards that establish acceptable levels of safe RN practice in Oregon.

Division 45 of Oregon’s Nurse Practice Act (NPA) contains more than 70 RN-applicable legal practice standards that establish acceptable levels of safe practice. These practice standards identify the responsibilities of the RN when accepting and implementing an order.

Second layer – The Setting:

A RN’s practice role and the focus of practice will inform the manner in which RN services are provided. This means that at the actions a RN will take when encountering a prescriber’s medical order may vary depending on the RN’s practice setting and the policies of the setting.

The RN is always responsible to ensure that practice setting policies affecting

nursing practice direct actions that are consistent with, and not in violation of, the Division 45 standards that establish acceptable levels of safe RN practice in Oregon.

Such practice setting policies may identify that a RN may take action upon a prescriber’s order that is communicated by a prescriber’s authorized agent. For the purposes of this response, an authorized agent is a person authorized to communicate the prescriber’s order on behalf of the prescriber.

Such practice setting policies may identify that the RN may act as the agent who communicates the prescriber’s order to another party. This type of policy is sometimes seen in settings where the RN or an unregulated assistive person (e.g., a medical assistant, unit clerk, administrative assistant, or scribe) acts as the agent who communicates the prescriber’s order to a pharmacy, another clinic, etc.

When the RN is acting as the prescriber’s authorized agent, it is important for the RN to be aware that the recipient of the information has a responsibility to adhere to governance that is applicable to their setting. This means that the laws, rules, and/or policies governing the setting may or may not allow them to accept a prescriber’s order that is communicated by a prescriber’s agent.

Third layer – the individual nurse:

This brings us to the third and final layer, and back to the original question: Is it legal for one RN to accept a verbal medical order from another RN? The

answer is: It can be when the RN who receives the communication is authorized within their practice setting to do so and does so in adherence with Division 45 standards of practice. This would be a great time to access and read your Division 45 standards. It will also behoove you to access and review your employer's policies that identify how a prescriber's order is handled within your practice setting and by whom.

Q: If I am following a standing order, isn't my nursing license protected?

A: No. Oregon's Nurse Practice Act makes no expressed "protections" for a nurse's license when the nurse is following any order, regardless of the type: standing, verbal, electronic, embedded in a protocol, or otherwise.

The individual licensed nurse is always accountable for their actions

and responsible for the safety of their patient. The legal practice standards that identify the nurse's responsibilities when accepting and implementing any order are located in chapter 851 division 045 of the practice act

Q: If my church's summer day camp doesn't close due to the pandemic, I may have the opportunity to be camp nurse. I need to learn more about camp nursing to decide if this is something that I can safely do. Can you help?

A: Oregon's Nurse Practice Act does not specifically address camp nursing. However, the May 2019 issue of the OSBN Sentinel publication contains an article titled Camp Nursing: What you need to know in 2019. The article's contents remain pertinent. You can download the publication from the OSBN website at <https://www.oregon.gov/osbn/Pages/publications.aspx>



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FEE CHANGES REFLECT FAIRNESS AND USEFULNESS

During the February 2020 board meeting, the Oregon State Board of Nursing adopted several fee changes in the interest of equity and simplicity, or in response to legislative mandate. These changes include establishment of fees that are needed for applications and testing. They also include the elimination of fees for CNA and CMA training programs. See a brief overview of the affected fee changes below:

- Established temporary permit for spouses of active duty military stationed in Oregon application fee: Senate Bill 688 (2019) required occupational licensing Boards to adopt rule allowing for a spouse of an active duty military member to receive a temporary permit to work in Oregon based upon the criteria of the bill. Fee of \$50 is for the processing of the application. Effective January 1, 2020.
- Established CMA testing exam fee of \$25: Based on feedback from CMA applicants, clarification of the exam fee was needed.
- Increased CNA exam by Student Nurse application fee by \$46: New rules in OAR 851-062 to require nursing students who wish to work as a CNA during their nursing education to take and pass the CNA Examination. The fee for a student nurse to obtain a CNA certification by examination now mirrors the fee of a non-nursing student obtaining a CNA certification by examination.
- Eliminated CNA training program and instructor approval fees: The Board determined that fees for training programs were difficult to collect due to programs' beginning and ending date information.
- Decreased CMA initial certification by exam application fee by \$13 to mirror fee charges for other CMA applications.

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Alaska Native People Shaping Health Care

2020 OSBN BOARD MEMBERS



MICHELLE CHAU, LPN **BOARD SECRETARY**

TERM: 1/1/19 – 12/31/21

Ms. Chau is a Panel Manager for the Multnomah County Health Department in Portland, Ore. She completed her practical nursing program at Mt. Hood Community College in Gresham, Ore., and has a Bachelor of Science degree in Advanced Chemistry, Biology, and General Science from Oregon State University in Corvallis, Ore. She has 10 years of nursing experience, and serves in the Licensed Practical Nurse position on the Board.



KATHLEEN CHINN, RN, FNP **BOARD PRESIDENT**

TERMS: 1/1/16 – 12/31/18, 1/1/19 – 12/31/21

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



ANNETTE COLE, RN **PRESIDENT-ELECT**

TERM: 1/1/18 – 12/31/20

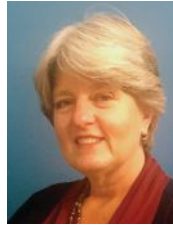
Ms. Cole is the Vice President of Patient Care Services and Chief Nursing Officer at Sky Lakes Medical Center in Klamath Falls and has 30 years of nursing experience. She received her Bachelors of Science in Nursing degree from the Oregon Institute of Technology in Klamath Falls, Ore., and her Masters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



ADRIENNE ENGHOUSE, RN

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

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



SHERYL OAKES CADDY, JD, MSN, RN, CNE

TERM: 1/1/18 – 12/31/20

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



BOBBIE TURNIPSEED, RN

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

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



JUDITH WOODRUFF, JD **PUBLIC MEMBER**

TERM: 1/1/20 – 12/31/22

Ms. Woodruff received her juris doctorate from the University of Oregon School of Law. During her legal career, she worked as an Assistant Attorney General with the Oregon Department of Justice and served as an Administrative Law Judge. She also worked in philanthropy and non-profit organizations, including over a decade with the Northwest Health Foundation as the Senior Program Director, focused on healthcare workforce development. Ms. Woodruff serves as one of two public members on the Board, and she resides in Portland, Ore.



MICHAEL WYNTER-LIGHTFOOT **PUBLIC MEMBER**

TERM: 2/14/20 – 12/31/22

Mr. Wynter-Lightfoot retired in 2019 after seven years serving as the Student Success Advocate for Portland Public Schools. He received his Associate of Science degree from Rockland Community College in Suffern, N.Y. Mr. Wynter-Lightfoot is one of two public members on the Board, and he resides in Milwaukie, Ore.

CNA Member Needed: The Oregon State Board of Nursing is seeking a CNA member for a term that begins immediately and ends 12/31/21. To apply, visit the [Governor's Boards and Commissions webpage](#). For more information on the specific duties of an OSBN board member, visit the board's [About Us](#) webpage, or contact OSBN Communications Manager Barbara Holtry at barbara.holtry@state.or.us.

2020 OSBN BOARD MEETING DATES

August 5, 2020 Board Meeting (Primarily Executive Session)	4:30 p.m.	November 17, 2020 Board Meeting	6:30 p.m.
September 8, 2020 Board Meeting	6:30 p.m.	November 18, 2020 Board Meeting (Primarily Executive Session)	8:30 a.m.
September 9, 2020 Board Meeting (Primarily Executive Session)	8:30 a.m.	November 19, 2020 Board Meeting	8:30 a.m.
September 10, 2020 Board Meeting	8:30 a.m.	December 9, 2020 Board Meeting (Primarily Executive Session)	4:30 p.m.
October 7, 2020 Board Meeting (Primarily Executive Session)	4:30 p.m.		

Please visit the OSBN website meeting page at www.oregon.gov/osbn/Pages/board-meetings for agendas, materials, and logistical details.



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DISCIPLINARY ACTIONS

Actions taken in April, May, and June 2020. Public documents for all disciplinary actions listed below are available on the OSBN website at www.oregon.gov/OSBN (click on 'Look Up a Nurse or Nursing Assistant').

Name	License Number	Discipline	Effective Date	Violations
Meredith J. Abdi	201905587RN	Voluntary Surrender	6-10-20	Violating the terms and conditions of a Board Order.
Stewart Abraham	201901324RN	Voluntary Surrender	5-6-20	Demonstrated incidents of intimidating and reckless behavior, and engaging in abusive behavior towards a coworker.
Melanie A. Abrigo	201602464RN	Probation	4-8-20	12-month probation. Failing to document nursing interventions in a timely manner, and failing to conform to the essential standards of acceptable nursing practice.
Carolyn M. Anderson	201140050RN	Reprimand	6-10-20	Failing to conform to the essential standards of acceptable nursing practice.
Maribel Arango	200611462CNA	Revocation	5-6-20	Using intoxicants to the extent injurious to herself or others.
Abraham I. Arceo	201404699RN	Reprimand	4-8-20	Failing to take action to preserve client safety, failing to communicate client status information to members of the healthcare team, and failing to conform to the essential standards of acceptable nursing practice.
Cynthia M. Backstrom	077038446RN	Suspension	6-10-20	Minimum 14-day suspension. Failing to cooperate with the Board during an investigation.
Alma Bajagilovic	RN Applicant	Voluntary Withdrawal	4-8-20	Failing to cooperate fully with the Board during the course of an investigation.
Billi Jo Banks	201905193RN	Revocation	4-8-20	Misrepresentation during the licensing process, and failing to fully cooperate with the Board during the course of an investigation.
Brandon D. Banuelos	201508623CNA	Voluntary Surrender	6-10-20	Leaving a CNA assignment without notifying appropriate supervisory personnel.
Sara J. Barnes	200641759RN	Suspension	5-6-20	90-day suspension. Unauthorized removal of facility property from the workplace, disclosing the contents of the examination, and failing to conform to the essential standards of acceptable nursing practice.
Gregory B. Bauer	201111733CNA	Revocation	5-6-20	Violating the terms and conditions of a Board Order, engaging in unacceptable behavior in the presence of a client, and failing to respect a client's dignity and rights.
Stephan R. Bayley	200642222RN	Probation	6-10-20	12-month probation. Failing to respect client dignity and rights, unauthorized removal of property from the workplace, and performing acts beyond his authorized scope of practice.
Stephanie E. Bennefield	200843163RN	Probation	4-8-20	24-month probation. Due to a previous revocation.
Skyler A. Bettis	201506505CNA	Reprimand	5-6-20	Reprimand with conditions. Failing to maintain professional boundaries and using his role as a CNA to solicit money from a client for personal gain.
Kolten L. Bice	202004616CNA	Probation	6-10-20	12-month probation. Due to a documented mental impairment.
Deanna S. Bingham	201503830LPN	Suspension/Probation	6-10-20	12-month suspension, followed by 24-month probation. Stealing money from a client, and failing to answer questions truthfully.
Stephanie L. Brookens	093000540RN	Suspension	6-10-20	Minimum 14-day suspension. Failing to cooperate with the Board during an investigation.
Sarah C. Brownlee	CNA Applicant	Application Denied	6-10-20	Failing to cooperate with the Board during an investigation.
Jennifer C. Cain	201809768RN	Reprimand/Civil Penalty	5-6-20	\$500 civil penalty. Failing to take action to preserve client safety based on nursing assessment and judgement, failing to clinically supervise persons to whom an assignment has been made, and failing to conform to the essential standards of acceptable nursing practice.
Margarita F. Castillo-Juarez	201702071CNA	Suspension	6-10-20	Minimum 14-day suspension. Failing to cooperate with the Board during an investigation.
Jena D. Christiansen	200742215RN	Probation	5-6-20	24-month probation, contingent upon conditions. Using intoxicants to the extent injurious to herself or others.
Donna M. Collins	200940273RN	Revocation	4-8-20	Unauthorized removal of medications from anyone in the workplace, failing to accurately document nursing interventions, and failing to cooperate fully with the Board during the course of an investigation.
Ross W. Cordes	098006707RN	Voluntary Surrender	6-10-20	Violating the terms and conditions of a Board Order and practicing while impaired.
Andrew M. Crowder	201391145RN	Reprimand	6-10-20	Leaving a nursing assignment without notifying appropriate personnel, and failing to answer questions truthfully.
Mavis C. Dahl	200841635RN	Probation	4-8-20	24-month probation. Due to a previous revocation for using intoxicants to an extent injurious to herself or others.
Dwight J. Q. Dampier	201605028CNA	Application Denied	6-10-20	For abusing a person, failing to respect the dignity and rights of a client, and failing to report his felony arrest within 10 days.
Donald A. Davis	201242368RN	Probation	6-10-20	24-month probation. Using intoxicants to the extent injurious to himself or others.
Wendy J. Dawdy	200943291RN	Voluntary Surrender	5-6-20	Failing to cooperate with the Board during the course of an investigation.
Megan H. Donahue	201800682CNA	Suspension	4-8-20	Minimum 14-day suspension. Failing to cooperate with the Board during an investigation.
Bobbie M. Felton	200942261RN	Voluntary Surrender	4-8-20	Violating the terms and conditions of a Board Order.
Elizabeth S. Feustel	201704588RN	Voluntary Surrender	4-8-20	Practicing nursing while impaired, and for using intoxicants to the extent injurious to herself or others.
Ada M. Fisher	201705068RN	Reprimand	5-6-20	Failing to document nursing interventions in a timely and accurate manner, and failing to communicate client status information to members of the health care team.

Name	License Number	Discipline	Effective Date	Violations
Jennifer J. Flannery	200141500RN	Civil Penalty	5-6-20	\$250 civil penalty. Failing to conform to the essential standards of acceptable nursing practice.
Kari L. Fosdick	000041135CNA	Revocation	4-8-20	Violating the terms and conditions of a Board Order, and failing to cooperate fully with the Board during the course of an investigation.
Shara Fuller	201804340LPN	Reprimand	5-6-20	Failing to respect the rights of clients, documenting services that were not provided, and entering inaccurate documentation into a health record.
Joshua N. Gaffney	RN Applicant	Voluntary Withdrawal	5-6-20	Due to criminal convictions.
Wendy R. Garcia	201220018CMA	Voluntary Surrender	4-8-20	Failing to document medications as administered, and failing to administer medications as ordered by a LIP.
Linda A. Gruenwald	200450037NP	Suspension	4-8-20	90-day suspension. Neglecting a client, failing to take action to preserve client safety, and failing to conform to the essential standards of acceptable nursing practice.
Guadalupe Gutierrez	200510455CNA	Probation	6-10-20	24-month probation. Using intoxicants to the extent injurious to herself or others.
Nicole R. Hall	201608512CNA	Revocation	6-10-20	Willful misrepresentation in applying for a CNA certificate, and using intoxicants to the extent injurious to herself or others.
Gina M. Haynes	201130370LPN	Probation	4-8-20	24-month probation. Practicing nursing while unable due to a mental impairment, for engaging in unacceptable behavior in the presence of a client, and failing to answer questions truthfully.
Jennifer L. Hayward	201042886RN	Voluntary Surrender	6-10-20	Failing to comply with the terms and conditions of the Health Professionals' Services program.
Christina M. Heil	200730414LPN	Civil Penalty	6-10-20	\$5,000 civil penalty. Practicing nursing without a current Oregon nursing license.
Elisabeth M. Hernandez	201406369RN	Civil Penalty	6-10-20	\$2,500 civil penalty. Practicing as a Clinical Nurse Specialist without a current Oregon CNS license.
Diane M. Jacobson	200310770CNA	Voluntary Surrender	5-6-20	Violating a person's rights of privacy and confidentiality.
John P. Janssens	089003208RN	Reprimand	6-10-20	Performing acts beyond his authorized scope, and failing to conform to the essential standards of acceptable nursing practice.
Steven L. Kauffman	201600477CNA	Probation	4-8-20	12-month probation. Failing to report a DUII conviction to the Board within 10 days of the conviction, and failing to answer questions truthfully during the certification process.
Michelle L. Keefer	200942115RN	Reprimand	4-8-20	Reprimand with conditions. Client neglect and failing to conform to the essential standards of acceptable nursing practice.
Tony D. Klein	201040837RN	Reprimand/Civil Penalty	6-10-20	\$2,500 civil penalty. Failing to answer questions truthfully on a license application.
Christine I. Knosp	200641952RN	Reprimand	5-6-20	Client abuse and neglect, failing to clinically supervise persons to whom an assignment has been made, and failing to take action to promote client safety.
Theodore Q. Kobara	200941399RN	Probation	4-8-20	24-month probation. Failing to respect the dignity and rights of clients, failing to document nursing interventions in a timely manner, client abuse, and failing to conform to the essential standards of acceptable nursing practice.
Taliah M. Koupal	201800037LPN	Voluntary Surrender	4-8-20	Stealing supplies from her client, obtaining unauthorized prescription drugs, and failing to conform to the essential standards of acceptable nursing practice.
Sandra L. Krieg	RN Applicant	Voluntary Withdrawal	5-6-20	Multiple arrests.
Monika S. Krumenaker	090006223RN	Voluntary Surrender	5-6-20	Failing to accurately document nursing interventions, falsifying data, and failing to conform to the essential Standards of acceptable nursing practice.
Shaun A. Manning	201708648CNA	Application Denied	5-6-20	Using intoxicants to the extent injurious to himself or others, and demonstrated incidents of reckless behavior.
Marisa E. McCormick	201601620CNA	Voluntary Surrender	4-8-20	Using intoxicants to the extent injurious to herself or others.
Kari K. McKinley	200743411RN	Revocation	4-8-20	Failing to maintain professional boundaries with a client, exploiting a client for personal gain, and practicing nursing while impaired.
Stephanie L. McSherry	200830305LPN	Probation	6-10-20	24-month probation. Using intoxicants to the extent injurious to herself or others, and practicing while impaired.
Marlene I. Meadows	200940077RN	Civil Penalty	4-29-20	\$2,500 civil penalty. Practicing nursing without a current license.
Teresa L. Moen	201601355RN	Suspension/Probation	6-10-20	Two-month suspension, followed by 24-month probation. Violating the terms and conditions of a Board Order.
Traci G. Moore	201130158LPN	Voluntary Surrender	5-6-20	Failing to comply with the terms and conditions of the Health Professionals' Services Program.
Beth A. Morrison	201340416RN	Suspension	4-8-20	Minimum 14-day suspension. Failing to cooperate with the Board during an investigation.
Talisa C. Myers	200811711CNA	Suspension/Probation	5-6-20	30-day suspension, followed by 24-month probation. Using intoxicants to the extent injurious to herself or others, and performing CNA duties while impaired.
Krista B. Nelson	201807614CNA	Reprimand	6-10-20	Entering false documentation into a health record, and failing to conform to the essential standards of acceptable CNA performance.
Scott W. Pecora	092006299RN/ 200150056NP	Voluntary Surrender	6-10-20	Violating the terms and conditions of a Board Order.
Taylor L. Perkins	201340136RN/ 201350032NP	Suspension	5-6-20	Minimum 14-day suspension. Failing to cooperate with the Board during an investigation.
Zelia M. Petty	201391532CNA	Probation	5-6-20	12-month probation. Neglecting a person and using intoxicants to the extent injurious to herself or others.
Andrea L. Prendergast	201807281CNA	Suspension	6-10-20	Minimum 14-day suspension. Failing to cooperate with the Board during an investigation.

Name	License Number	Discipline	Effective Date	Violations
Jessica H. Quarles	201043300RN	Civil Penalty	6-2-20	\$1,225 civil penalty. Practicing nursing without a current license.
Adam Raffel	RN Applicant	Voluntary Withdrawal	5-6-20	Using intoxicants to the extent injurious to himself or others.
Quenby E. Ravenwood	200341129RN	Voluntary Withdrawal	6-10-20	Performing acts beyond her authorized scope, failing to administer medications in a manner consistent with law, and failing to conform to the essential standards of acceptable nursing practice.
Victoria L. Reynolds	201400870LPN	Reprimand	6-10-20	Failing to take action to preserve client safety, performing acts beyond her authorized scope, and inaccurate documentation.
Christine E. Rivera	200841405RN	Voluntary Surrender	6-10-20	Violating the terms and conditions of a Board Order.
William C. Robnett	201701218CNA	Reprimand	4-8-20	Violating a person's rights of privacy and confidentiality.
Sandra L. Rogers	090003248LPN	Voluntary Surrender	5-6-20	Using intoxicants to the extent injurious to herself or others, and failing to cooperate with the Board during the course of an investigation.
Margaret A. Ruiz-Tower	201700677LPN	Reprimand	4-8-20	Failing to accurately document nursing interventions, and failing to conform to the essential standards of acceptable nursing practice.
Kristi L. Rumely	089003276RN	Voluntary Surrender	6-10-20	Failing to comply with the terms and conditions of the Health Professionals' Services Program.
Barbara L. Salmoms	085075232RN	Reprimand	5-6-20	Failing to take action to preserve client safety, and failing to communicate client status information to members of the healthcare team.
Michael W. Shaffer	201310881CNA	Revocation	5-6-20	Failing to maintain professional boundaries, engaging in sexual misconduct in the workplace, and engaging in abusive behavior towards a coworker.
James J. Skidmore	201391549RN	Civil Penalty	5-5-20	\$625 civil penalty. Practicing nursing without a current license.
Erin M. Sloan	098007135RN	Probation	6-10-20	24-month probation. Failing to comply with the terms and conditions of the Health Professionals' Services Program.
Angela M. Sparks	201142662RN	Voluntary Surrender	4-8-20	Performing acts beyond her authorized scope, and failing to conform to the essential standards of acceptable nursing practice.
David P. Stillman	RN Applicant	Application Denied	5-6-20	Failing to cooperate with the Board during the course of an investigation.
Cortney N. Stoner	201401534CNA	Suspension	6-10-20	Minimum 14-day suspension. Failing to cooperate with the Board during an investigation.
Kara B. Stuart	RN Applicant	Voluntary Withdrawal	4-8-20	Using intoxicants to the extent injurious to herself or others.
Dana Tate	201704203RN	Voluntary Surrender	5-6-20	Using intoxicants to the extent injurious to herself or others, and failing to answer questions completely.
Colleen M. Thurman	201904199RN/ 202000058NP-PP	Voluntary Surrender	6-10-20	Prescribing drugs in an unlawful manner, and prescribing drugs to people who were not her clients.
Meghan L. Tilley	201408789RN	Probation	6-10-20	24-month probation. Failing to comply with the terms and conditions of the Health Professionals' Services Program.
Jason A. Weinstein	201390455RN	Reprimand	6-10-20	Performing acts beyond his authorized scope, failing to take action to preserve client safety, and failing to communicate client status information to members of the healthcare team.
Jammie R. Wells	200341071RN	Probation	4-8-20	24-month probation. Practicing while impaired, and for using intoxicants to an extent injurious to herself or others.
Andrew M. White	201807995RN	Voluntary Surrender	6-10-20	Using intoxicants to the extent injurious to himself or others, and demonstrated incidents of reckless behavior.
Donna M. White	201702956CNA	Voluntary Surrender	5-6-20	Neglecting a person and jeopardizing the safety of a person under her care.
Shannon White	201801435RN	Reprimand	6-10-20	Due to the revocation of her California RN license.
Nikolina Willingham	CNA Applicant	Application Denied	5-6-20	Misrepresentation during the application process, and failing to cooperate with the Board during the course of an investigation.
Sean M. Wisdom	200711758CNA	Revocation	5-6-20	Abusing and neglecting a person, and engaging in other unacceptable behavior towards a client.
Nancy A. Zavacki	077039118RN	Civil Penalty	5-6-20	\$250 civil penalty. Failing to conform to the essential standards of acceptable nursing practice.
Izabella Zobova	201600075RN	Voluntary Surrender	5-6-20	Demonstrated incidents of abusive behavior and dishonesty, and failing to conform to the essential standards of acceptable nursing practice.

BEING "CARDLESS" PROMOTES PUBLIC SAFETY

To promote public safety and help prevent fraud, theft, and misuse of nursing licenses, the Oregon State Board of Nursing no longer issues plastic license cards. There are several ways nurses and employers can look up license numbers and verify the current status of licenses:

1. **OSBN online verification system:**
<http://osbn.oregon.gov/OSBNVerification/Default.aspx>.
2. **OSBN auto-verification system for large numbers of licenses:**
<https://osbn.oregon.gov/OBNPortal/DesktopDefault.aspx?tabindex=0&tabid=5&utyp=5>
3. **National Council for State Boards of Nursing NURSYS license verification and E-NOTIFY systems:**
<https://www.ncsbn.org/license-verification.htm>

MEET THE TEAM

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



RUBY JASON, MSN, RN, NEA-BC

“Just get it done,” is the mantra that has carried OSBN Executive Director Ruby Jason, MSN, RN, NEA-BC through her 30-plus year career. “Operations is my focus,” she says. “Turning over rocks to find out what works, what doesn’t, and how to make it better.”

As a child, she emigrated to the United States with her parents from Holland in the early sixties. Her parents fled to Holland from Indonesia when Sukarno came to power in the aftermath of WWII, and then waited in Holland for 10 years before they could move their large family under the Marshall Plan to the U.S. They settled in the San Francisco Bay area, where Ruby grew up.

Attracted by the G.I. Bill, she joined the Army after high school. “With seven kids in the family, money for college was tight. The Army was my solution.” She was stationed at Fort Hood, Texas, for three years as an environmental health specialist, during which time she married and had her daughter. After her honorable discharge, she lived in Germany for a couple years where her husband was stationed, and then returned to the U.S. to settle in San Antonio, Texas.

She had her second child, received her BSN from the University of Texas Health Science Center School of Nursing, and promptly went on to get her Master of Science in Nursing while working in the neonatal intensive care unit at Santa Rosa Children’s Hospital in San Antonio. “I initially worked at Santa Rosa to pay off my scholarship, but I ended up staying for 13 years,” she says. During that time, she moved progressively through the administrative ranks; staff nurse, charge nurse, nurse manager, nurse supervisor, director of Respiratory Care, director of Resources and Outcomes Management, Emergency Room director, and

finally director of Outpatient Services. “I applied for every promotional opportunity I could.”

After serving three years as director of Emergency Services for the Methodist Health Care System in San Antonio, she returned to California seeking a change in climate. There, she took on the role of Emergency Services director at Kaiser Permanente’s South Bay Medical Center in Harbor City.

In December 2001, OHSU experienced a nursing strike and put out a call for nursing directors that brought her to the Pacific Northwest. She served her first five years in Portland as division director for Doernbecher Children’s Hospital, and then added the role of director of OHSU’s Women’s and Children’s Services for another five years.

“After 10 years, it was time for a change,” she explains. Several of her friends encouraged her to apply for the OSBN director position, and she was intrigued. “Finding the opportunity to do something truly different at this stage in a career is rare.”

Ruby joined the OSBN in February 2014. “My first day was a state-declared snow day—I was shocked. I’d never worked for a place that closed due to weather. That was my introduction to state service.”

She says the most important part of her job is twofold. “Firstly, ensuring the staff have the resources to do their jobs,” she states. “I think I’ve been successful at that, but there’s always more to do, of course.”

“Secondly, ensuring that the Board meets its mission of public safety while acknowledging and incorporating the changing requirements of nursing. The trust the public has in the Board and agency staff—that it can trust the Board’s actions and the information we provide—is paramount.”

Her favorite parts of the job are working with the OSBN staff, and presenting outreach sessions on the Nurse Practice Act to nurses throughout the state. “My favorite audiences are those filled with young managers who are trying to navigate the practice act, understand it, and apply it in their everyday lives,” she explains. In her rare spare time, Jason enjoys hiking and spending time with her son’s family in Hillsboro and her daughter’s family in California. “I had a son and a daughter, and they each had a son and a daughter. There’s a nice symmetry in that!”

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