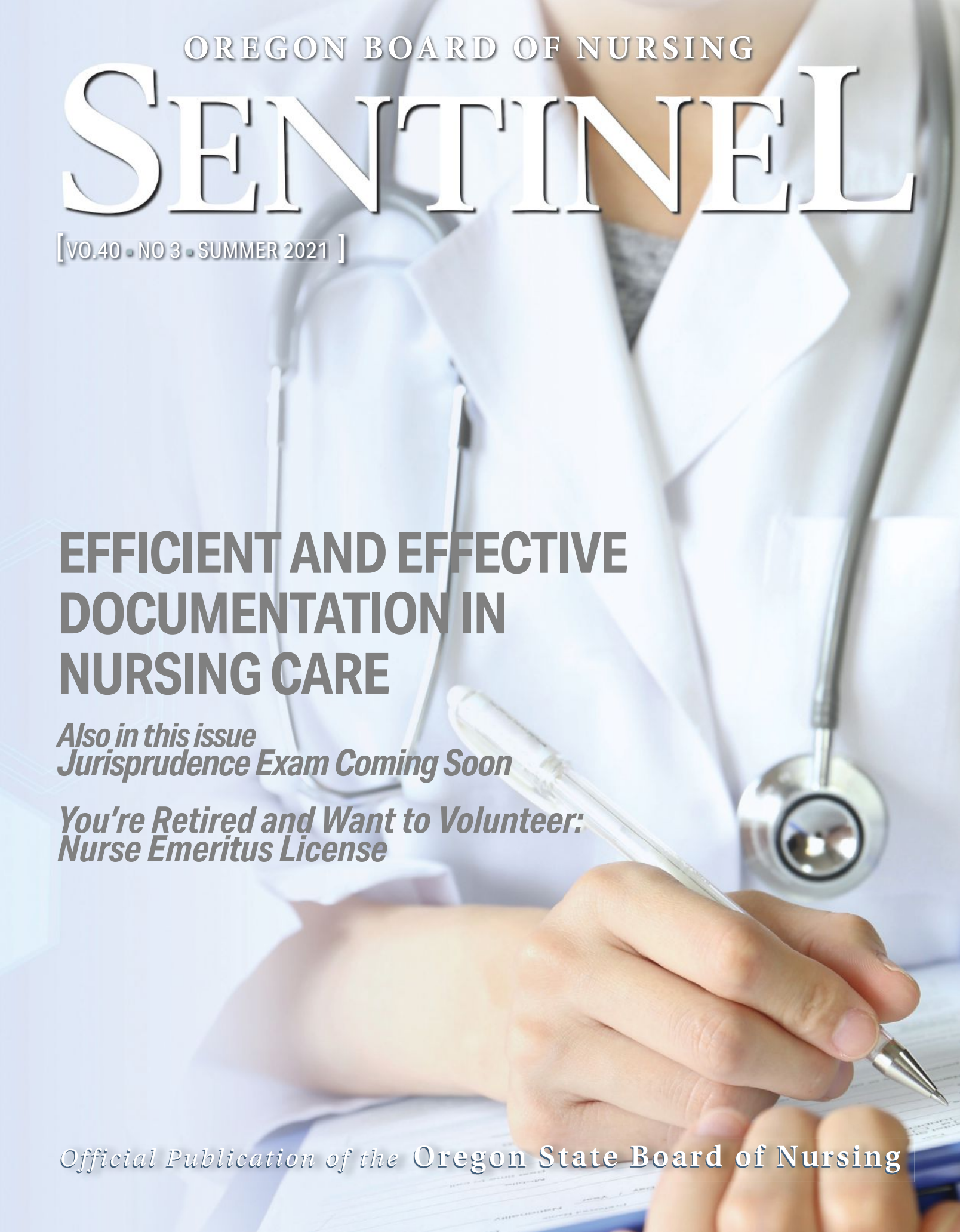
OREGON BOARD OF NURSING

SENTINEL

[VO.40 • NO 3 • SUMMER 2021]



EFFICIENT AND EFFECTIVE DOCUMENTATION IN NURSING CARE

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EDITION 51

By OSBN Investigations Consultant ***Barbara J Limandri***, PhD, PMHCNS-BC, PMHNP

EFFICIENT AND EFFECTIVE DOCUMENTATION IN NURSING CARE

We have all been taught the standard nursing process as the basis for how we practice, including assessment, planning, intervention, and evaluation. The implied essential element is that this process is documented in the patient record as the medium for communicating clinical decision-making for all involved in that patient. Without the written record affirming the process, that process has not occurred. What needs to be recorded and how and when it is recorded is crucial to communicating necessary information. This article will review the purpose and uses of nursing documentation, basic principles, common pitfalls, and recommendations for accurate, effective, and efficient documentation of nursing care.

Purpose and Uses of Nursing Documentation

Nursing documentation primarily refers to what is recorded in the patient medical record, but also includes related documents supportive to clinical practice including agency policies for patient and personnel. The overall purpose is to clearly communicate with all those involved in patient care to maintain quality of care and safety as well as provide a database for quality assurance audit and research.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a federal law enforced by the US Department of Health and Human Services (HHS) to protect the privacy and security of specific health information. This law applies to healthcare providers, health insurance plans, healthcare clearinghouses, and business associates in limiting the permitted use and disclosures of protected health information (Centers for Disease Control and Prevention, 2018). The content of the patient record can only be disclosed by permission of the patient and when required by law; and is available to all those involved in the patient care including primary care, specialty providers, and insurers (to a limited extent). Therefore, the information must be clear, complete, and accurate.

The overall purpose of documentation is to communicate with all those involved in the patient care so care can be coordinated and integrated safely and thoroughly. The standard of care proposed by the American Nurses Association (American Nurses Association, 2010) notes that timely documentation includes:

- Assessments.
- Clinical problems.
- Communications with other health care professionals involved with the patient.
- Communication with and education of patient, family, and patient's designated support person.
- Medication records.
- Order acknowledgement, implementation, and management.
- Patient clinical parameters.

- Patient responses and outcomes, including changes in the patient's status.
- Plans of care that reflect the social and cultural framework of the patient.
- In addition to communicating with other professionals, information from the record can be used for credentialing of health care practitioners and agencies, evidence in legal matters, regulation, and legislation to improve the quality of patient care, reimbursement for healthcare services, research, and quality process and performance improvement.

Basic Principles

High quality documentation needs to be accurate, relevant, clear, concise, and complete. To be clear, only standardized terminology, acronyms, and symbols may be used. Idiosyncratic acronyms or abbreviations may not be understood by readers outside of the local area when records are sent elsewhere. Abbreviations could have many contradictory and ambiguous meanings that at the least confuses communications with others and at the worst contributes to dangerous errors. The Joint Commission published a list of Do Not Use abbreviations (The Joint Commission, 2001) to avoid in relation to medications. Although avoiding any abbreviations in patient records may be cumbersome, limiting abbreviations to only standardized ones or spelling out first time use with the abbreviation in parenthesis would simplify notations. Additionally, accepted abbreviations could be listed in the preface to the electronic health record (Kuhn, 2007).

Entries need to be complete and authentic. Use of templates or boiler plates in electronic health records (EHR) can be convenient time savers in recording common assessments, but require attention to accuracy in having done the assessment. For example, the Mental Status Examination has 10-12 elements to be assessed and unless each are specifically assessed, checking the boxes would convey false information that could lead to misdiagnosis and treatment. Judicious use of templates can best be accompanied by brief narratives that are specific to the patient for more accurate assessments. Additionally, standardized screening tools and detailed assessment tools can be embedded in the EHR for more complete assessment, e.g. the Patient Health Questionnaire-9 for depression screening and the Columbia Suicide Severity Rating Scale following a positive depression screen for suicide risk assessment. A common error in documentation is conducting a screening assessment but failing to follow up with a detailed assessment with a positive screen.

Assessment is followed by diagnosis and treatment plan. The traditional medical model is highly symptom-focused; however, the holistic model is person-centered and recovery-oriented (Cusack, Killoury, Nugent, 2017). The planning process is an active partnership with the client in understanding how symptoms affect the person in living, their anticipation about recovery and coping with chronic effects, and their engagement in treatment. The challenge is conveying the interpersonal process used to achieve the collaboration with the client in arriving at the treatment plan. The treatment plan includes medications that are related not to the diagnosis but to the physiologic mechanism that underlies the symptoms; non-pharmacologic interventions including diet, exercise, and behavior modifications; and involvement of appropriate supports in assisting the patient to achieve recovery.

The conclusion to the initial assessment is a clinical formulation that summarizes the patient history, current health state and contributory factors, cultural and environmental stressors, patient strengths, and conclusions in the form of diagnosis and patient problems. Finally, the clinical formulation describes the agreed upon plan of care and goals or expected outcomes within an estimated timeframe, and collaboration with other providers and supportive persons. Follow-up notes should reflect the overall treatment plan as well as address emergent problems. Again, the session note should reflect the clinical reasoning involved in the treatment plan, which includes the biological targets of pharmacotherapy as well as the physical and psychosocial targets of non-pharmacotherapy.

Treatment Agreements and Standardized Measures

To aid in clarity of treatment for difficult situations, it helps to have policies and contractual agreements developed in advance. Common situations include chronic pain management and when controlled substances will be prescribed. Such policies permit approaching the patient in a nonjudgmental way and conveys thoughtfulness in evidence-based practice.

When controlled substances are included in the pharmacological care, a written Controlled Substance Treatment Agreement (see appendix for sample) informs the client of treatment policies, including risks for habituation and dependence, how often refills can be made, how early refill requests will be managed, what the client can expect if they lose a prescription, any plan for random or regular urine drug screens, and that the Prescription Drug Monitoring Program (PDMP) will be checked prior to refills. The patient signs the agreement, receives a copy and the original is scanned into the EHR. In tapering a patient off a controlled substance, e.g. benzodiazepines, a contract that is individualized but conforms to a standardized taper program assures the patient that the taper considers their needs even as it involves some uncomfortable decisions. Again, the contract needs to show shared decision making, is written, signed by both the patient and the nurse, and a copy given to the

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patient with the original contained in the medical record. With each visit the chart note should refer to the taper, and reflect the PDMP results. The chart note needs to explain any variation from contracted agreement and modification of the agreement.

Using standardized measures for screening and detailed assessments makes documentation of assessments and treatment approaches more accurate and efficient. The Joint Commission provides guidelines for selecting and evaluating tools to monitor clinical progress (The Joint Commission, 2021). Examples of measurements include behavioral healthcare instruments available through the Diagnostic Statistical Manual, 5th ed (American Psychiatric Association, 2021), screening and assessment tools for substance use disorders, safety plan intervention for suicide prevention (Stanley & Brown, 2021). Many of these tools can be embedded in the EHR and completed by the patient while waiting for their appointments, in which case the session note should reflect the summary of the tools, how the results were discussed with the patient, and any interventions in response to the results.

Electronic Health Records

Most healthcare settings currently use some form of electronic health records as an outgrowth of the HIPAA. Although EHRs were thought to reduce time needed to document healthcare, many times the formats are redundant, ambiguous, and cumbersome thereby requiring more time to record and/or leaving gaps in data input. They are difficult to individualize to the patient without using drop down narrative boxes. Consequently, the nurse may fail to record pertinent data about this particular patient because of lack of an appropriate box to check or more detail is needed than a checked box permits. In such cases the nurse needs to be more diligent in writing out a detailed narrative.

Summary and Tips

Incomplete, inaccurate, and ambiguous clinical notes defeat the purpose of communication and collaboration in health care and leaves the nurse open for error and liability. Documentation is an essential part of nursing care, yet it is often overlooked in our basic and continuing education. Unfortunately, documentation takes time away from the interpersonal part of nursing, is the least interesting part of our job, the most time consuming, and the least likely to be reimbursed. Every time nurses write a note in the health record they need to consider why they are writing this note, who will be reading this note, and how will this sound if read aloud in a courtroom. Because any documentation has the potential as evidence in litigation.

Some tips to consider in documentation:

- Use standardized measurement tools and checklist judiciously.
- Always reflect in the narrative note how the measurement tool is incorporated into the care.
- Avoid using abbreviations and acronyms and when using them use only approved and standard abbreviations.
- Place a list of abbreviations and acronyms used in a preface or index to the record.
- Use drop-down narrative windows to provide individualized explanations when check boxes are vague.
- Write session notes as soon after the session as possible and within four days.
- Proofread every note before signing the finished note.
- Work with administration to improve EHR formats to fit your practice more effectively and efficiently.

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APPENDIX
Controlled Substances Treatment Agreement

Stimulant (narcotic) treatment for ADHD is used to decrease your ADHD symptoms and to improve what you're able to do each day. Along with this treatment, other medical care may be prescribed to help improve your ability to do daily activities. This may include exercise, use of non-narcotic medication, psychological counseling or other therapies or treatment.

I, _____, understand the compliance with the following guidelines is important in continuing ADHD treatment with the Center for ADHD, Inc. I understand that I have the following responsibilities and agree to adhere to all of the following rules while I am under the care of this clinic.

1. I will take medications as prescribed.
2. I will not increase or decrease without the approval of my physician/APRN.
3. I will not obtain medications from several prescribers, but my prescriber only. (Under certain circumstances, if I obtain any additional narcotic from other prescribers such as primary care physician or emergency room physician, then I will immediately notify the clinic.)
4. I will not share the medication with anyone including family members.
5. I will not sell the medication.
6. I will not get replacement from any lost or stolen medication regardless of the circumstance.
7. I will not get early refills.
8. I will notify if I abuse alcohol or use other illicit drugs along with ADHD medication.
9. I agree to periodic random drug screening tests.
10. I agree to periodic random pill counts.
11. I agree to participate in adjunctive management programs such as: psychological testing, counseling therapy, behavioral modification, school-based interventions, job modifications if recommended by the prescriber.
12. I will not request prescription refills when the clinic is closed after hours or on weekends.
13. If I am pregnant or intend to get pregnant, I am required to notify the clinic immediately to discuss tapering off stimulants that could potentially harm the fetus. I understand that failure to do so may result in discharge from the clinic. I will not hold the clinic responsible for any harm that may occur to me and/or my unborn.
14. I understand the prescriber will check the Prescription Drug Monitoring Program online prior to writing each prescription to check for recent prescriptions.

I, _____, understand that this prescriber may stop prescribing the medication or change the treatment plan if I failed to follow the above recommendations. I have read this document, understand and have had all my questions answered satisfactorily. I consent to the use of stimulants to help control my ADHD and I understand that my treatment with stimulants I will be carried out as described above.

Print Patient Name Patient Signature & Date

Print Witness Name Witness Signature & Date

Print Prescriber Name

Prescriber Signature & Date

By OSBN Executive Director ***Ruby Jason***, MSN, RN, NEA-BC

BOARD ENACTS RULE CHANGES AFFECTING ALL NURSES

After receiving public testimony regarding proposed rules, the Oregon State Board of Nursing has passed new rules within the Nurse Practice Act to be implemented on July 1, 2021. All licensees and certificate holders must comply with these new rules as a condition of licensure and certification. It is up to each licensee to review these rules and apply them to their own license type. This list is not all-inclusive, but a summary of changes most pertinent to the licensees and certificate holders of the Board.

Time frame for licensure after graduation: The certified nursing assistant rules have not changed. For licensed practical nurses and registered nurses, previous rules allowed application submission within five years of graduation from a Board-approved program for US graduates, or within two years of completion of a re-entry to nursing program. For those applicants educated outside of Oregon or the US and were never licensed in another state or country, the requirement was to pass the licensure exam no later than three years post-graduation. To eliminate this disparity, the new rules specify that all these licensees must apply for licensure within two years of graduation. It is the responsibility of all licensees to review these rules and determine applicability to their own situation. All advanced practice nurses must follow the rules in OAR 851-031-0048 for their RN license and OAR 851-053-0015.

Competency Validation for renewal of license or certification, endorsement of a license from another state, or internationally educated and licensed nurses from another country: In Oregon competency is validated through continued practice. Previously the requirement was 960 hours in five years. Due to the changes seen in nursing practice, the Board felt that being out of practice for the allowable five years too long to stay competent and safe in practice. The new rules require all licensed nurses, including advanced practice nurses, to provide evidence of 400 hours of practice every two years. Certified nursing assistants already have this requirement. Understanding that some Oregon licensed nurses may already be out of practice with the understanding that there was a five-year timeframe, the Board will phase-in the new two-year requirement, as outlined in OAR 851-031-0048. It is the responsibility of all licensees to review these rules and determine applicability to their own situation. All advanced practice nurses must follow the rules in OAR 851-031-0048 for their RN license and OAR 851-053-0015 for their advanced practice license.

Accelerated Master's Programs both in Oregon and Out of State: Oregon statute ORS 678.040 states that to qualify for a nursing license, the applicant must have graduated from a Board-approved program. For the purposes of the Nurse Practice Act, this means having received a degree from the program that initially qualified you to sit for the NCLEX with either an associate or bachelor's degree. Many accelerated programs leading to licensure as an advanced practice nurse require the first year of study to be equivalent to an RN degree. However, rather than graduating, the program supplies the board with an "equivalency" letter. While this has been accepted in the past, clarification from the Board's legal counsel has shown this violates the licensing statute and will no longer be accepted. In recognition that there may be those already enrolled in such programs, the Board passed OAR 851-031-0015 (C) that states those applicants who initially enroll in an accelerated master's program after July 1, 2021, must graduate with a degree from their initial licensing program. This would mean that those currently in such a program would be able to apply for Oregon licensure as an RN based on the "equivalency letter." It is the responsibility of all licensees to review these rules and determine applicability to their own situation.

Specific rules for graduates with international education, graduates from Canada and Puerto Rico: OAR 851-031-0021, OAR 851-031-0026, OAR 851-031-0027, OAR 851-031-0032 describe new rules specific to graduates of these programs. Although Puerto Rico is a territory of the United States and not considered a foreign country, graduates in Puerto Rico do not take the national nursing exam (NCLEX). Those graduates take a test written specifically for Puerto Rico, and thus do not qualify for licensure in the US unless they also take the NCLEX. Since January 1, 2015, Canadian nurses in all provinces (except

Quebec) take the English language NCLEX test. Canadian graduates prior to that date are deemed to have been educated in a foreign country and must follow the rules regarding foreign educated applicants.

Education verification for applicants graduating prior to programs prior to 1989: If the applicant was educated and graduated prior to 1989, there is still a requirement that there is proof of NCLEX or the State Test Pool Exam.

ADVANCED PRACTICE NURSES

The previous rules regarding advanced practice nurses (OAR 851-050, OAR 851-052, OAR 851-0054, and OAR 851-056) have been restructured according to licensing topic instead of license type. These new rules consolidate all nurse practitioners (NP), clinical nurse specialists (CNS), and certified registered nurse anesthetist (CRNA) into the following:

- Standards for Advanced Practice Education Programs—OAR 851-051
- Standards for Licensure (including prescriptive authority)—OAR 851-053
- Standards and Scope of Practice (including standards for prescriptive authority)—OAR-851-055

These divisions have been retitled as "APRN" for ease of use. However, there is no license type "APRN" in Oregon and NPs, CRNAs, and CNSs are required to identify themselves by their legal license type and not as an "APRN."

Most sections apply to all advanced practice license types. Where specific language was needed for specific license types the rules have been broken out under the same section so that the reader only needs to access one section of the practice act rather than sections specific to a particular license.

Since all previous rules have been deleted, it is important that advanced practice licensees review all the new rule divisions to understand possible changes in their practice. Below are some change highlights, but should not be considered as the all-inclusive list of changes:

Deletion of course requirements if applicant graduated from advanced practice program prior to specific dates: Previous rules required all applicants to show evidence of education during their graduate courses in advanced pharmacology, advanced physical assessment, and advanced pathophysiology (the 3 P's). Recognizing that these courses were not always offered during the history of these programs the Board rules now state that NPs graduating prior to January 1, 1989, CNSs who graduated prior to June 1, 2015, and CRNAs who graduated prior to January 1, 2015, do not need to specifically have the above specifically named courses if the provisions of OAR 851-053-0005 (1) (f) are met.

NPs who do not need prescriptive authority for their practice: Previous rules required all NPs to have prescriptive privilege, whereas this privilege was optional for CNSs and CRNAs. Under OAR 851-053-0005 (4), NPs now can request exemption from this requirement if their role does not include direct patient care, including faculty who provide supervision of clinical practicum. An NP must have prescriptive privilege if they participate in any patient care activity, including approving drugs, writing drug policies, etc. Exemptions are provided by the Board on a case-by-case basis. Specific criteria will be available on the Board's website.

Elimination of practice act specific definitions of NP specialty: Unlike other states, Oregon NPs are licensed per specific population group and are legally required to practice within the definition of their population foci. Previous rules provided a definition for the scope of practice for each licensed NP specialty, which resulted in frequent updates to keep up with evolving education and national certification of NPs. Under the new rules, the definitions have been removed and language now indicates that the scope of practice of an NP in a specific licensed population is based upon education and national certification. During the June 2021 Board meeting, the Board also directed staff to begin a review of how Oregon licenses NPs by specialty, and if it is time for the Oregon State Board of Nursing to follow the consensus model for NP licensing. This is particularly pertinent for women's health nurse practitioners who were previously limited to caring only for the sexual partners of their clients. Their scope is now aligned with their education and national certification, which could include care of a male for sexually transmitted diseases who are not partners of their clients and transgender care.

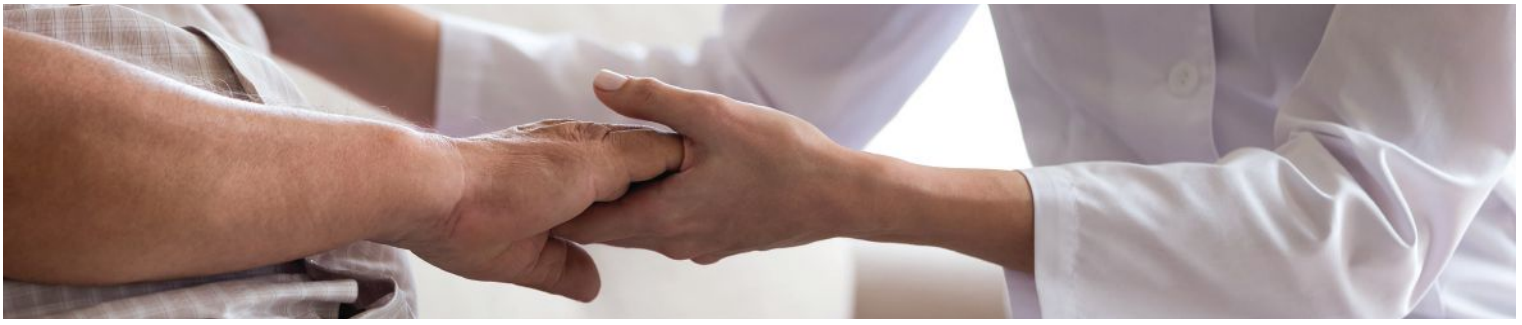
National Certifications for CNSs: Unlike NPs and CRNAs, national certification for CNSs was optional due to the lack of certifications available in all specialties, despite CNSs being recognized as advanced practice registered nurses. The new rules require CNSs to obtain national certification if there is a certification in their specialty. This is subject to audit by OSBN licensing staff. If audited, the non-certified CNS would need to show that there is no direct link between their practice and a national CNS certification.

Standards for Office Procedures for NPs and CNSs: While the CRNA licensees already had these standards in previous rules, new rules are now applicable to those CNSs and NPs who perform in-office procedures. These rules were developed in cooperation with the medical and dental boards after the OSBN received a directive from the Oregon House Healthcare Committee to assure that the safety of in-office procedures was being regulated by the licensing boards.

Please remember that these rules are about your Oregon nursing license. They may be more specific than your facility rules. These rules can be found in OAR 851-055-0080 via the OSBN website or the Oregon Secretary of State website.

By DHS Abuse Prevention Project Coordinator ***Nelsa Brodie***

NURSES ARE VITAL IN REPORTING ELDER ABUSE AND PROTECTING VULNERABLE OREGONIANS



Each year, the Oregon Department of Human Services (ODHS) and our partners receive thousands of reports of abuse and exploitation of vulnerable older adults in both community and facility settings. Last year, although reporting was lower due to the pandemic and wildfires, we still received over 46,000 reports. The most common forms of abuse in the community are financial exploitation, (which can leave its victims penniless), neglect and physical abuse. In facilities, neglect is the most frequent abuse seen.

Older adults and people with disabilities who are abused often suffer in silence. Frequently, their abuser is someone they know and trust, such as a spouse, partner, family member or caregiver. As Oregon's population ages, it will be important to better understand our roles in helping to keep our elders safe.

Many older people are too ashamed to report mistreatment. They're afraid if they make a report it will get back to the abuser and make the situation worse or that they will be forced to move from the facility where they live.

- One of our key partners in helping us protect vulnerable Oregonians by reporting abuse are nurses and those in the medical profession. As mandatory reporters of abuse, you are often on the front line, being our eyes and ears to the victims.

With that said, we have a few tips we would like to share with our Oregon nursing partners:

- Oregon has set up a toll-free confidential abuse hotline where you can report abuse from anywhere in the state: 1-855-503-SAFE (7233). This resource connects the caller to the closest local adult protective services office. You don't need to be certain that abuse has occurred to make the call. We will ask you what you observed or learned, what your concerns are and if the person you are concerned about has shared anything with you. Adult protective services will follow up.
- Your caring approach matters. Nurses interacting with their patients have opportunities to identify, assess, and report elder abuse. Victims are often scared and reluctant to provide information unless they feel it is safe to do so, therefore, your approach will make a difference whether they share information or not. "Is there anything you would like to share with me?" is a disarming and often successful question to ask a potential victim.
- Education and awareness are critical. Elder abuse education can be crucial to helping caregivers, including nursing assistants and other medical staff, understand the seriousness and scope of this problem and the signs, symptoms, and recommended reporting practices. ODHS has brochures and trainings available to assist. Just email APS.TechAssistance@dhsoha.state.or.us and we can provide materials and training.
- It is important to stay connected to the services in your community so that when a situation arises you can help your patient or family with appropriate resources. Oregon's Aging and Disability Resource Connection (ADRC) is an excellent resource to keep handy: https://www.adrcoforegon.org/consumersite/index.php .

We cannot thank our nursing partners enough for your important role in keeping Oregonians safe from abuse. We look forward to continuing to support you and answer any questions you may have. Please use us as a resource: APS.TechAssistance@dhsoha.state.or.us .

Nelsa Brodie is an abuse prevention project coordinator for the adult protective service unit of the Aging and People with Disabilities Program in the Oregon Department of Human Services.

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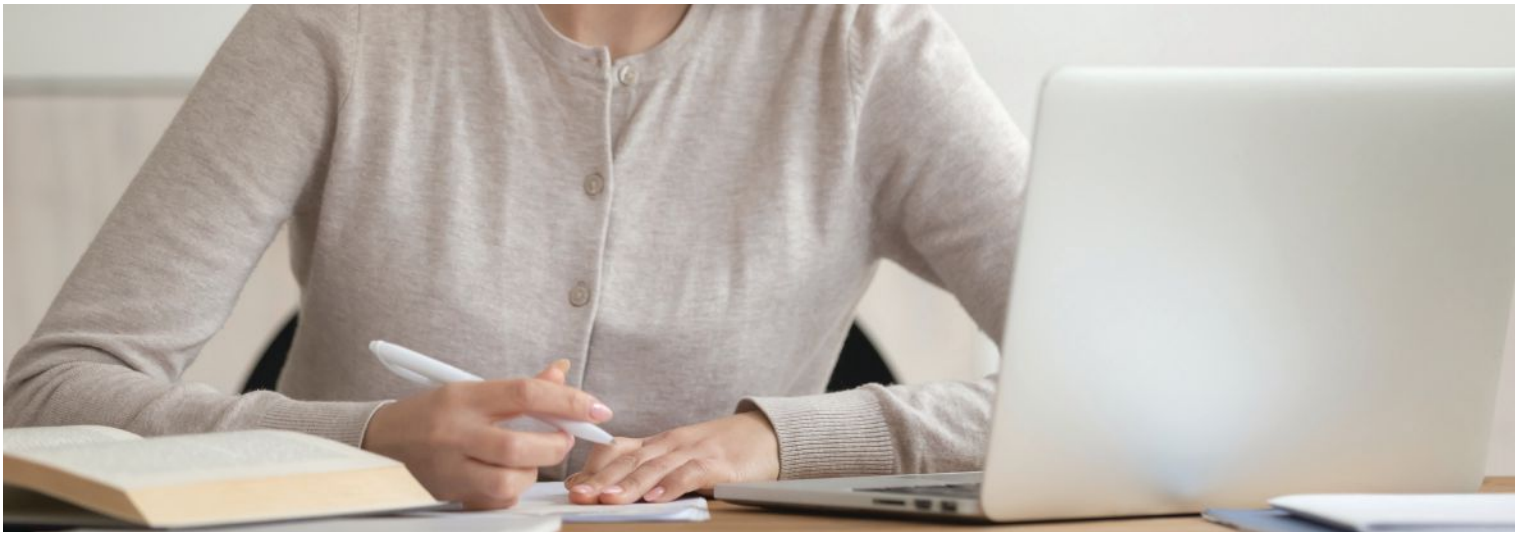
By OSBN RN/LPN Practice Policy Analyst ***Gretchen Koch***, MSN, RN

JURISPRUDENCE EXAM COMING SOON



Nurses who have read the standards in Oregon Administrative Rule 851-045 know they hold the responsibility to know the Oregon statutes and regulations governing their nursing practice and to practice within those legal boundaries. Commencing in the fall of 2022, all licensed nurses will have a chance to test their knowledge.

On June 11, 2020, the Board directed Board staff to develop an on-line jurisprudence examination. The exam will test licensure applicants' knowledge and understanding of the laws and regulations of Oregon's Nurse Practice Act (NPA). The purpose of the exam is public safety; ensuring that every applicant who seeks to provide nursing services to persons inside our state's borders understands the statutes and rule governing their practice. There will be no charge for the exam.

Successful completion of the free exam will become a requirement to obtain and to keep licensure as a nurse practitioner, clinical nurse specialist, certified registered nurse anesthetist, registered nurse (RN), and licensed practice nurse (LPN). A jurisprudence exam is also under development for persons seeking certification as a nursing assistant (CNA) and medication aid (CMA).

Most health licensing boards in the U.S. require their applicants to pass a jurisprudence examination to obtain licensure. Oregon health licensing boards that currently require passage of a jurisprudence exam for licensure include the boards of Pharmacy, Psychology, Naturopathic Medicine, Physical Therapy, and Dentistry.

A study guide for the exam is currently in development and will be available on-line by December 2021. The study guide will present the purpose of Oregon's Nurse Practice Act, the relationship each licensee and certificate holder has with the Board of Nursing, and the legal requirements of that relationship as identified in Oregon's Nurse Practice Act.

For nursing licensure applicants, the study guide will also address individual self-regulation in the practice of nursing and how to determine if a specific role, intervention, or activity is within one's scope of practice. For certified nursing assistant applicants, the study guide will address chapter 851 Division 063 authorized duties.

The target date for implementation of the exam is winter 2022. Get a jump-start on refining your knowledge now. Start by accessing a free peer-reviewed article retrievable through most search engines: Russell, K.A. (2017). Nursing practice acts guide and govern nursing practice. Journal of Nursing Regulation, 8(3), p. 18-25. Then, access Oregon's Nurse Practice Act via the Oregon State Board of Nursing webpage at www.oregon.gov/osbn/Pages/laws-rules.aspx.

By OSBN Fiscal Manager ***John Etherington***

NEW BIENNIUM BUDGET PASSED BY LEGISLATURE

The Oregon State Board of Nursing 2021-2023 budget has been passed by the Oregon Legislature and signed by Governor Kate Brown. The OSBN is an "Other Funded" agency, which means it is supported primarily by licensing fees and receives no General Fund money. Although the Board receives no Oregon General Fund money, it does receive federal funds specifically for the regulation of nursing assistants. Nine percent of the Board's budget comes from federal funds channeled through the Department of Human Services. The remainder (91 percent) of the $20 million budget comes from licensing fees. Expenditures for the OSBN are comprised of:

- 59 percent salaries, wages, and benefits,
- 38 percent spent on services and supplies, which includes the Health Professionals' Services Program (HPSP), and
- 3 percent is sent to distribution to nonprofit organizations.

Expenditure and Revenue reports are presented to the Board quarterly at public Board meetings.

By OSBN Licensing Manager ***Tracy Gerhardt***

YOU'RE RETIRED AND WANT TO VOLUNTEER: NURSE EMERITUS LICENSE

When nurses retire at the end of their careers, they have a few options regarding their nursing license. They can:

1. Let their licenses expire.
2. Apply for Retired status. This allows them to use "RN (or LPN) Retired" in their signatures, although they cannot practice nursing.
3. Apply for a Nurse Emeritus license.

Nurse emeritus licensure is an option for the RN or LPN that has retired from active practice but would still like to continue to practice as a nurse in an unpaid volunteer capacity only. The practice act states that only those with an active Oregon license can call themselves a nurse and practice nursing. If the nurse formally retires their license through the Board, they cannot volunteer as a nurse, nor state to the public they are a nurse based solely on their years as a nurse. The practice act states that in order to maintain a license, there are a minimum active practice hours required every two years. In recognition that the nurse emeritus may not meet the minimum active practice requirement through volunteer activities, the Board requires these nurses to prove their continued competency by developing, implementing, and maintaining their own competency development program related to their volunteer work as a nurse. The nurse emeritus license allows for the continued practice at the registered nurse or licensed practical nurse level. The nurse emeritus license is not available at the nurse practitioner, certified registered nurse anesthetist, or clinical nurse specialist license type. Licensees must retire those licenses (or let them expire) and volunteer at the RN level of practice only.

To qualify for initial nurse emeritus licensure, applicants must:

- Submit a complete and paid application for licensure. The fee is $50 and is non-refundable.
- Hold an unencumbered RN or LPN license at time of application.
- Have 10,000 lifetime practice hours.
- Have 400 hours of practice in the two years preceding the application.
- Provide a professional practice competency plan that includes what the nurse emeritus volunteer role will be, the practice setting where the volunteering will occur, documentation that demonstrates how competency for the volunteer practice has been attained, and a detailed plan for continued learning to maintain competency for the volunteer practice role.

A nurse utilizing nurse emeritus licensure will use the title RN-E or LPN-E.

Initial nurse emeritus licensure is valid for up to two years and follows the same licensure calendar as the other Oregon State Board of Nursing licenses as set forth in ORS 678.101(1). License renewal is not automatic; prior to the expiration of the nurse emeritus license, the nurse emeritus may reapply with a new completed application and explanation of how competency has been maintained and how competency will be maintained during the upcoming licensing cycle.

More information regarding this license type may be found in the Oregon Nurse Practice Act 851-031-0087.

By OSBN RN/LPN Practice Policy Analyst ***Gretchen Koch,*** MSN, RN

NEW NPA RULES REGARDING EXECUTION OF ORDERS

On June 17, 2021, the Board approved rule language for a new division of the Nurse Practice Act (Division 49), entitled Standards for Licensed Nurse Protocol Development and Utilization, Communicating a Prescriber's Re-authorization of a Prescription and RN Dispensing. The new rules became effective on July 1, 2021.

This new division further interprets RN and LPN scope of practice in the execution of a medical order for a treatment or a medication that contains inclusion or exclusion criteria pre-identified by the prescriber. This type of medical order is defined by Chapter 851 Division 006 of the NPA and is termed a protocol.

In addition to identifying acceptable levels of safe nursing practice for RNs and LPNs who practice in settings where a protocol is utilized in the execution of a medical order, the new rules identify standards related to the following:

- RN participation in protocol development;
- Communicating a re-authorization of a client's prescription; and
- RN dispensing in a setting certified by the Board of Pharmacy as a Community Health Clinic.

The new rules are accessible through the Board's website (click on Nurse Practice Act) and through the Secretary of State Oregon Administrative Rules website.

By OSBN RN/LPN Practice Policy Analyst ***Gretchen Koch, MSN, RN***

YOU ASK, WE ANSWER

Q: I'm an RN and have been asked by a husband and wife who are neighbors to provide private in-home nursing care to the wife who wishes to die at home. Both have requested that I do nothing to prolong her life or provide any life-saving measures. Her husband says I do not need to provide any documentation unless I want to. I have no home health experience and feel that I might be putting my license in jeopardy due to my inexperience providing this type of care. I am unsure how to determine if this is an assignment that is safe and legal for me to accept. Can you please provide direction?

A: To accept an assignment under your license you must possess the knowledge, technical skill, ability, ethical principle, and clinical reasoning that are relevant to the practice role, practice setting, prevailing standards, and client safety. Once you accept an assignment, you are stating to your client and to the public that you have the necessary skills to deliver safe care in your practice of nursing.

There also can be no exception to your responsibly to document your nursing practice; i.e., providing a comprehensive assessment of the client, identification of problems/risks based on the analysis and synthesis of assessment data, and development of a plan of care. Those three things—documentation, assessment, and planning of care—are the legal requirements of nursing practice.

The decision to accept this assignment is up to you. If an issue happens and it is reported to the Board then it will be your responsibility, and yours alone, to make an account for the Board that identifies what prepared you to safely accept this assignment under your license.

Q: As a RN Case Manager, is it within my scope of practice to replace a percutaneous endoscopic gastrostomy tube?

A: Oregon's Nurse Practice Act (NPA) does not contain lists of health-related procedures that are approved for performance based on one's nursing licensure level or practice role. This means that the NPA does not expressly permit or expressly prohibit the activity in question.

You will need evaluate other factors such as the regulations governing your practice setting and services provided therein; policies and procedures of the setting; whether the activity is consistent with evidence-based nursing and healthcare literature; whether performance of the activity is supported by organizational policy; whether you possesses the competencies necessary to safely engage in the activity; and more.

As such, I am directing you to the Board's Scope of Practice Decision Making Framework (found on the OSBN website). This OSBN interpretive statement will help you navigate through the multiple factors that must be in place for you to consider if an activity is within your individual scope of practice.

Q: How many residents can be assigned to one certified nursing assistant?

A: Oregon's Nurse Practice Act does not regulate staffing in any setting. It is typically the laws and rules of the setting where the CNA works that regulate staffing and CNA-to-resident ratios. For example, the Oregon Department of Human Services regulates CNA staffing ratios in nursing facilities.

Q: Can an RN or LPN order medication refills for an expired prescription?

A: No. The RN or the LPN may not independently prescribe or order medications. When a prescription has expired or all refills on an existing prescription have been dispensed, there is no longer an active prescription in place. A new prescription must be generated by a person authorized by the State of Oregon to prescribe. Prescribing is beyond the scope of practice for the RN and the LPN.

Q: I am an RN and have been offered a full-time certified nursing assistant (CNA) position. Can I work as a CNA?

A: Only if you hold current nursing assistant certification issued by the Board of Nursing.

The RN who is certified as a nursing assistant could accept a CNA position and would need to be clear with their employer that work in the position is limited to the authorized duties for the CNA. Please note

that hours worked in a CNA position cannot be counted as RN nursing practice hours.

This is very different from the situation where an RN is assigned and accepts a shift assignment to complete duties typically assigned to a CNA as the assigned work falls within RN scope of practice. The RN accepting such an assignment is responsible to disclose their role for the assigned shift to the client health care team, remains accountable for their actions and decisions, and cannot refer to themselves "CNA".

Q: Are all disciplinary actions taken by the Board against a licensee public information?

A: Yes. All disciplinary actions taken by the Board are public information and are posted on the Board's website. Proposed disciplinary actions, such as notices of proposed revocation and suspension, are also public and posted to promote transparency and public safety.

By OSBN Investigators ***Dave Bowman*** and ***Maria Parish***

DISCIPLINARY CASE STUDY: NP PRESCRIBING

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 #1

This case study involves a complaint received by the Board regarding a Nurse Practitioner (NP) licensed in Oregon and multiple other states who wrote at least 34 prescriptions for several patients in another state where the NP did not have prescriptive authority. Upon receiving this information, the Oregon Board of Nursing began an investigation into these allegations.

During the investigation, the Board received additional information about the NP having other pending investigations involving prescribing controlled medications without prescriptive authority. One state reported summarily suspending the NP's nursing license based on allegations that: 1) NP was calling in prescriptions to patients in that state without prescriptive authority, 2) NP was providing substandard patient care and making diagnoses without in-person review of symptoms and, 3) was providing nursing care solely through text messaging on many occasions. Another state revoked NP's license due to similar violations, while an additional state accepted a voluntary surrender of NP's license.

During the OSBN investigation, it was learned that the NP failed to disclose to the OSBN any of the pending investigations and/or disciplinary actions. When contacted by the Board investigator, NP stated that she did not wish to stipulate to any disciplinary action in Oregon, and instead wanted to allow her NP license to expire and would not be renewing her license. The Board voted to issue a Notice of Proposed Revocation of the NP and Registered Nurse (RN) licenses. The NP failed to request a hearing within the allotted 20 days, and the Board entered a Final Order of Revocation by Default.

Case #2

The Board received a complaint alleging that Nurse Practitioner (NP) deviated from the accepted standard of practice related to prescribing and delivery of care and was not adhering to the clinic's prescribing policies for controlled substances and documentation.

A Board audit of several months of the NP's patient charts and controlled substance prescribing records identified a pattern of prescribing controlled substances to patients without documenting appropriate assessments, medical history, origin of pain, rationale for prescribing, and pain and function scores or assessments. The records reviewed demonstrated a lack of an individual plan for management of chronic pain with measurable goals for improved function. The NP failed to establish and enforce treatment agreements (pain contracts) including urine drug screens on patients for whom opiates were prescribed. There was no evidence that a morphine equivalent dosage calculation was applied in prescribing, and prescriptions for narcotics were increased or changed without documentation of the NP's rationale. For patients above 120 morphine equivalents daily, discussion of taper was not consistently documented.

Further review of selected patient charts found that NP failed to meet the standard of care in the following areas:
1) documenting all elements of the office visit,
2) developing comprehensive plan of care, interventions, and treatments,
3) providing effective coordination of care to address the physical and mental health needs of these patients, and
4) documenting appropriately in a timely manner.

The NP reported inheriting several patients from other practices who were already being prescribed high levels of opiates, and that there were too many high acuity patients and not enough time to assess patients and complete documentation during the workday. The NP stated that due to the complex patient population, heavy caseload, and the complicated electronic health record system, it was difficult to meet practice standards. Licensee completed additional continuing education in primary care, chronic pain management, psychopharmacology, and psychiatric patient management.

NP agreed to sign a Stipulation for Probation to enable to Board to determine if the NP's practice could be improved with sufficient oversight and monitoring to meet standards for safe prescribing and delivery of care to patients.

By OSBN Licensing Manager ***Tracy Gerhardt***

COMMON LICENSING QUESTIONS

1. **Q: When should I apply for my renewal?**
   A: Licensees may apply to renew their license up to 90 days in advance of expiration. As renewals are processed individually by Board staff and are not instantaneous upon application submission, we recommend submitting your renewal well before your expiration date.

2. **Q: Where can I get verification of my license?**
   A: The Oregon State Board of Nursing website has a license verification tool that is in real time. Visit https://osbn.oregon.gov/OSBNVerification/Default.aspx for verification.

3. **Q: If I change employers, do I need to notify the Board?**
   A: Yes. Any licensed nurse actively practicing nursing must report their current nursing employer and the employer's address. Any change must be made within 30 days. You may update your employer information any time at our online self-service licensing portal at https://osbn.oregon.gov/OSBNLicense/Account?returnUrl=~/.

4. **Q: How can I contact the Oregon State Board of Nursing to ask questions about licensure?**
   A: Please email us at Oregon.bn.info@osbn.oregon.gov. We will respond within two business days.

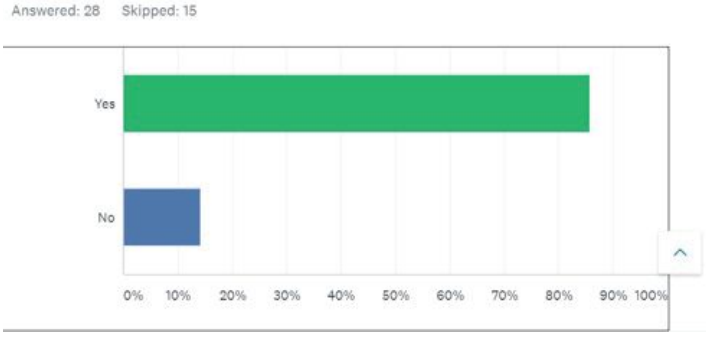
By OSBN Policy Analyst for NA Education and Assessment ***Debra K. Buck,*** MS, RN

TEMPORARY PERSONAL CARE ASSISTANTS

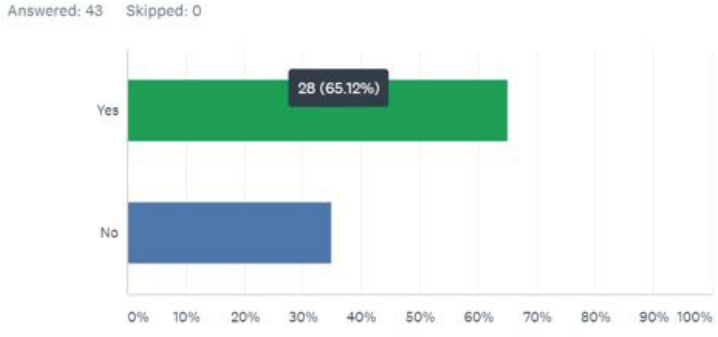
Due to the staffing challenges associated with the COVID-19 pandemic, under the authority of the Centers for Medicare and Medicaid Services (CMS) Section 1135 Blanket Waiver and Governor Brown's Executive Order No. 20-03, on March 30, 2020, the Oregon Department of Human Services authorized licensed nursing facilities in Oregon to utilize temporary personal care assistants. Once the state of emergency is lifted, these temporary personal care assistants must complete the Nurse Aide Training and Competency Evaluation Program (NATCEP), per the federal regulations, within four months to continue providing certified nursing assistant duties. Personal care assistants can find a Board-approved nursing assistant level one education program at https://www.oregon.gov/osbn/Pages/NA-MA-program.aspx .

To see if there would be an impact on the nursing assistant education programs in Oregon, on June 4, 2021, a short Survey Monkey questionnaire was sent to all licensed nursing facility administrators using the March 22, 2021 Oregon Department of Human Services (ODHS), Safety, Oversight & Quality Unit list. The survey was delivered to 123 administrators; 43 administrators responded to the survey, for a 35% response rate. Below are the findings from that query.

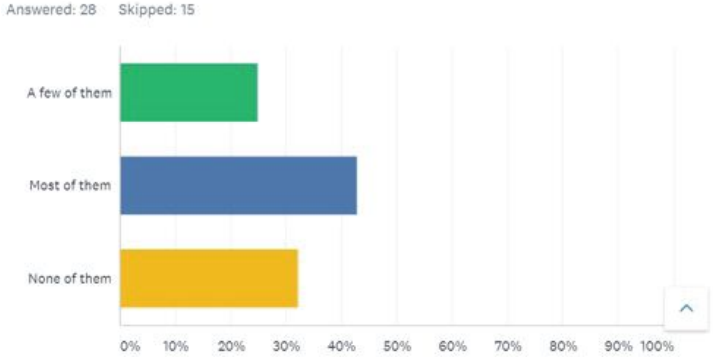
Is there a plan for getting your temporary personal care assistants into a nursing education progam once the emergency status is over?



Has your facility hired individuals as temporary personal care assistants?



Are your temporary personal care assistants currently enrolled in a nursing assistant education program?



OCN CONVENES NURSE STAKEHOLDERS ACROSS OREGON

When COVID-19 appeared on the West Coast in early 2020, nurses and health care organizations were inundated with questions. It became clear information was a critical commodity in the rapidly changing times.

With a mission to facilitate research and collaboration for Oregon's nursing workforce, the Oregon Center for Nursing (OCN) organized a weekly "Friday Huddle," inviting educators, clinicians, policymakers, and stakeholders across Oregon to gather weekly to discuss and share information, data and strategies to navigate the nursing workforce.

"When we first started our Friday Huddles in March 2020, we thought we were presenting a short-term solution to a global health crisis," said Jana Bitton, Executive Director of OCN. "We've been amazed and humbled by the number of individuals who've attended our Huddles and shared their knowledge and expertise with our community."

Over the course of 2020, OCN's Friday Huddles covered a range of topics, including social unrest, activism and wildfire responses. Some of the most recurring themes included staffing, case surges, recruitment strategies, clinical placement availability and alternatives, stress and mental health resources for providers, and nursing regulation changes.

More than 250 individuals attended a Friday Huddle in 2020, with participants gathering for more than 1500 combined hours of networking, information sharing and collegial support.

Participants have found the Huddles effective in solving on the spot dilemmas. Melody Routley, Program Manager at Kaiser Permanente shared, "I huddle to gain validation that my organization is not alone in our response to the COVID pandemic and to get new information to share with my department."

Anne Hansen, Clinical Nurse Specialist for Asante agreed. "I like hearing what people are doing around the state and having access to different people from a variety of organizations."

"It started as a Zoom meeting, and now we're a community," said Bitton.

To learn more about OCN's Friday Huddle or to join a future Huddle, go to https://oregoncenterfornursing.org/friday-huddles/.

About the Oregon Center for Nursing

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.

The 2020 National Nursing Workforce Survey

Background

Every two years, the National Council of State Boards of Nursing (NCSBN) and the National Forum of State Nursing Workforce Centers (Forum) conduct the only national-level survey focused on the entire U.S. nursing workforce. The survey generates data on the supply of registered nurses (RNs) and licensed practical nurses/licensed vocational nurses (LPNs/LVNs). These data are especially crucial in providing information on emerging nursing issues which in 2020 was the significant burden placed on nurses and the healthcare system by the coronavirus (COVID-19) pandemic.

Purpose

To provide data critical to planning for enough adequately prepared nurses and ensuring a safe, diverse, and effective healthcare system.

Methods

This study used a national, randomized sample survey of 157,459 licensed RNs and 172,045 LPNs/LVNs. Data from 42,021 RN respondents and 39,765 LPN/LVN respondents were collected between February 19, 2020, and June 30, 2020. Data included nurse demographics, educational attainment, employment, practice characteristics, and trends.

Results

The total number of active RN and LPN/LVN licenses in the United States were 4,198,031 and 944,813, respectively. The median age of RNs was 52 years and 53 years for LPNs/LVNs. The nursing workforce has become more diverse than in any other study year as nurses between 19 and 49 years of age have introduced greater racial diversity. Findings suggest the nursing workforce is becoming increasingly more educated and experienced. An average of 83% of all nurses who maintain licensure are employed in nursing with roughly two-thirds working full-time. Hospitals and nursing/extended care facilities continue to be the primary practice setting for RNs and LPNs, respectively. More than one-fifth of all nurses reported they plan to retire from nursing over the next 5 years. Nursing incomes have remained essentially flat over time.

Conclusion

Employment setting, age, diversity, and education have all changed over the last 2 years. Challenges will continue in the nursing workforce such as matching workforce diversity to the population, compensation, and opportunities; preparing for the large numbers of nurses retiring; exploring the role of nurses in new practice settings; and changes in healthcare delivery modalities such as telehealth.

Keywords

- U.S. nursing workforce
- nursing demographics
- nursing education
- nursing licensure
- nursing employment
- nursing diversity
- telehealth

Executive Summary

Worldwide, the coronavirus (COVID-19) pandemic has simultaneously strained healthcare infrastructures and demonstrated the agility and resilience of frontline healthcare professionals. In the United States, significant demand has been placed on the nursing workforce as cases continue to rise (National Council of State Boards of Nursing [National Council of State Boards of Nursing, 2020). The collection of nursing data is especially crucial during this time because of the burden on our healthcare delivery systems. Evidence on the supply of nurses can be used to help curb potential shortages, guide recruitment efforts, influence policy decisions, and plan for future healthcare challenges (Fraher et al., 2020).

Since 2013, the NCSBN and the National Forum of State Nursing Workforce Centers (Forum) have collaborated every 2 years to conduct a national sample survey of registered nurses (RNs) and licensed practical nurses/licensed vocational nurses (LPNs/LVNs) in the United States. A team of scientists from both organizations developed and analyzed the data. The purpose of this study is to provide the most accurate data available on the characteristics of the U.S. nursing workforce. This study presents a national, randomized sample survey of 157,459 licensed RNs and 172,045 LPNs/LVNs. Data were collected between February 19, 2020, and June 30, 2020, from 42,021 RN respondents and 39,765 LPN/LVN respondents. Data collected included nurse demographics, educational attainment, employment, practice characteristics, and trends of the U.S. nursing workforce as of 2020. The data are also compared with data from previous Workforce Surveys. The 2020 data provide a portrait of the current state of the nursing workforce in the United States. Healthcare policy makers and leaders in nursing education and practice can use this evidence-based research when making decisions that impact the future of nursing in America.

Selected Survey Results

Size of the Workforce

As of December 31, 2019, the total number of active RN licenses in the United States was 4,948,914, an increase of 309,366 (6.7%), and active LPN/LVN licenses was 996,154 (National Council of State Boards of Nursing, 2020), an increase of 20,166 (2.1%), compared to 2017. After adjusting for nurses with multiple licenses, the total number of active RNs in the United States was 4,198,031, an increase of 246,970 (6.3%), and active LPN/LVNs was 944,813 (National Council of State Boards of Nursing, 2020), an increase of 24,070 (2.6%), compared to 2017.

Aging of the Workforce

The median age of RNs was 52 years, up from 51 years in 2017. Nurses aged 65 years or older account for 19.0% of the RN workforce, up from 14.6% in 2017 and 4.4% in 2013. They also comprise the largest age category. The median age of LPNs/LVNs was 53 years, up from 52 years in 2017. LPNs/LVNs who are aged 65 years or older account for 18.2% of the workforce. This cohort has grown by 5.0 percentage points since 2017 and by 8.3 percentage points since 2015. The aging of the nurse workforce is expected to continue: In 2020, more than one-fifth of all nurse respondents replied positively when asked if they plan to retire in the next 5 years.

Gender, Race, and Ethnicity

Males accounted for 9.4% of the RN workforce, an increase of 0.3 percentage points since 2017. Additionally, males accounted for 8.1% of all LPNs/LVNs, an increase of 0.4 percentage points since 2017. In 2020, a third gender response option of "other" was added to the survey and was selected by 0.1% of nurses. Nearly 81% of RNs reported being White/Caucasian. RNs who reported being Asian accounted for 7.2% of the workforce, representing the largest non-Caucasian racial group in the RN workforce. Black/African American RNs increased from 6.0 % in 2013 to 6.7 % in 2020 and the proportion of RNs reporting being Hispanic/Latinx also increased from 2017. LPNs/LVNs who reported being Black/African American represent the second largest racial group in the workforce (17.2%) after White/Caucasian (69.5%). LPNs/LVNs who reported being Hispanic/Latinx account for 10.0% of the workforce, an increase of 2.6 percentage points since 2017.

Education

Approximately 42% of nurses in 2020 reported the baccalaureate nursing degree as their first U.S. nursing license, an increase of 5.8 percentage points from 2013. The percentage of respondents who initially earned a diploma or associate degree decreased by 7.5 points. Diploma (almost 50%) and associate degree (17.2%) were associated with RNs who were aged 65 years or older. Increasingly, a baccalaureate degree is more common in younger age groups for initial licensure (13.5% for RNs younger than 30 years and aged 30-34 years), which suggests the RN workforce is becoming increasingly educated at initial licensure. The most common highest level of nursing education is a baccalaureate degree across all groups (65.2% of RNs), which increased by 7.8 percentage points between 2013 and 2020. RNs achieving a

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doctorate of nursing practice (DNP) as their highest level of nursing education increased by a full percentage point from 0.4% in 2013 to 1.4% in 2020.

In 2020, 81.5% of LPN/LVN respondents reported a vocational/practical certificate for their first nursing license. Interestingly, the proportion of LPNs/LVNs with an associate or baccalaureate degree increased over the years, while the number of those qualifying with a vocational/practical certificate and diploma has decreased. The highest level of nursing education reported by LPNs/LVNs were vocational/practical certificate (72%), diploma (12.2%), associate degree (12.7%), and baccalaureate degree (3.1%).

Licensure

Less than 1% of RNs also held an LPN/LVN license, while 6.6% held an advanced practice registered nurse (APRN) credential, which represents the highest proportion of RNs not credentialed as an APRN since 2013, dropping 3.4 percentage points since 2017. RNs responding to the survey were licensed for a median of 20 years. Most RNs (93.9%) reported receiving their entry-level nursing education in the United States and 24% reported holding a multistate license. Of those nurses reporting possession of a multistate license, 33% use that license for physical crossborder practice.

LPN/LVN respondents reported they were licensed for a median of 17 years. In 2020, 21.2% of LPNs/LVNs reported holding a multistate license. Of those LPNs/LVNs reporting possession of a multistate license, 21.9% use that license for physical crossborder practice.

Employment and Salary

The major portion of responding RNs (84.1%) were actively employed in nursing, with 64.9% employed in nursing full time. This represents a 0.5% decrease in the proportion of RNs working full time from 2017 (65.4%). Hospital was the primary nursing practice setting selected by RNs (54.8%), representing a decrease of 0.9 percentage points from 2017. Ambulatory care setting was the second most frequently selected setting by 9.7% of RNs, followed by home health at 4.5% and the nursing home/extended care setting at 4.4%.

Staff nurse was the title that most closely corresponded to the primary nursing position by 60.1% of respondents, up from 58.0% of 2017 respondents. The APRN title decreased from 10.1% in 2017 to 6.3% in 2020. In 2020, 13.4% of RNs reported their primary practice specialty was acute care/critical care, compared to 14.0% in 2017. The second most frequently selected specialty was medical-surgical at 8.5%, down from 8.6% of RN respondents in 2017. When Survey respondents were asked, "In your primary nursing practice position, do you spend the majority of your time providing direct patient care?" More than two-thirds, (68.6%) of RNs and 77.8% of LPNs/LVNs responded "yes".

The median pretax annual earnings for responding RNs increased from $60,000 in 2015 to $70,000 in 2020, constituting 3.3% growth in earnings during the 5-year period. Categorically, the percentage of respondents earning less than $40,000 annually decreased by 0.4 percentage points, the percentage making between $40,000 and $60,000 decreased by 3.9 percentage points. Since 2015, median earnings have risen in all states.

Among responding LPNs/LVNs, 65.7% reported being actively employed in nursing full time, which is consistent with the 2017 survey (65.0%). The most notable increase was among those who selected retired, which increased from 8.7% in 2017 to 11.3% in 2020.

The median pretax annual earnings for responding LPNs/LVNs increased from $38,000 in 2015 to $40,000 in 2017 and $44,000 in 2020. This constitutes a 3.2% simple annual growth in earnings during the 5-year period (0.1% lower than the growth in reported RN incomes during the same period). The largest increase has been in the $60,000 to $80,000 category, which has increased by 8.4 percentage points since 2015.

Telehealth Utilization

Telehealth utilization by nurses has remained relatively unchanged since 2017, with approximately 50% of RNs and LPNs/LVNs responding that they use telehealth technologies when providing nursing services. Considering that this survey was collected when healthcare delivery systems were transitioning to more telehealth due to the pandemic, it is expected that there will be a future trend toward an increase in time spent by nurses utilizing telehealth.

Conclusion

The nursing workforce in 2020 was more demographically diverse and representative of the country's population than in any other year in which this study was conducted. Although these data indicate that persons of color are still not adequately represented in the RN workforce, as younger nurses have entered the workforce, they have introduced greater racial diversity.

The proportion of nurses reporting a plan to retire from nursing over the next 5 years is on the rise, so the U.S. healthcare system needs to be prepared for large numbers of nurses leaving the profession in the near future. This may be even more critical as we face the COVID-19 pandemic, which may accelerate the retirement rate given that persons older than 60 years are at increased risk for severe symptoms from COVID-19.

The proportion of RNs holding a baccalaureate degree increased for those reporting their highest level of nursing education but remained steady for those reporting the degree held when obtaining their first nursing license. The proportion of RNs holding an associate degree when first licensed increased slightly in 2020. The proportion of LPNs/LVNs earning an associate or baccalaureate degree also

increased, while those with a practical/vocational certificate or nursing diploma declined. The proportion of nurses with 10 or fewer years practicing declined according to survey respondents, while the proportion of those with between 11 and 30 years of experience grew in 2020. Evidence here suggests both RNs and LPNs/LVNs are more educated and more experienced now than in previous years.

Nursing incomes have remained essentially flat over time, with increases that just barely beat out inflation. Of concern are greater- than-average drops in reported median income in specialties related to women and maternal-child health.

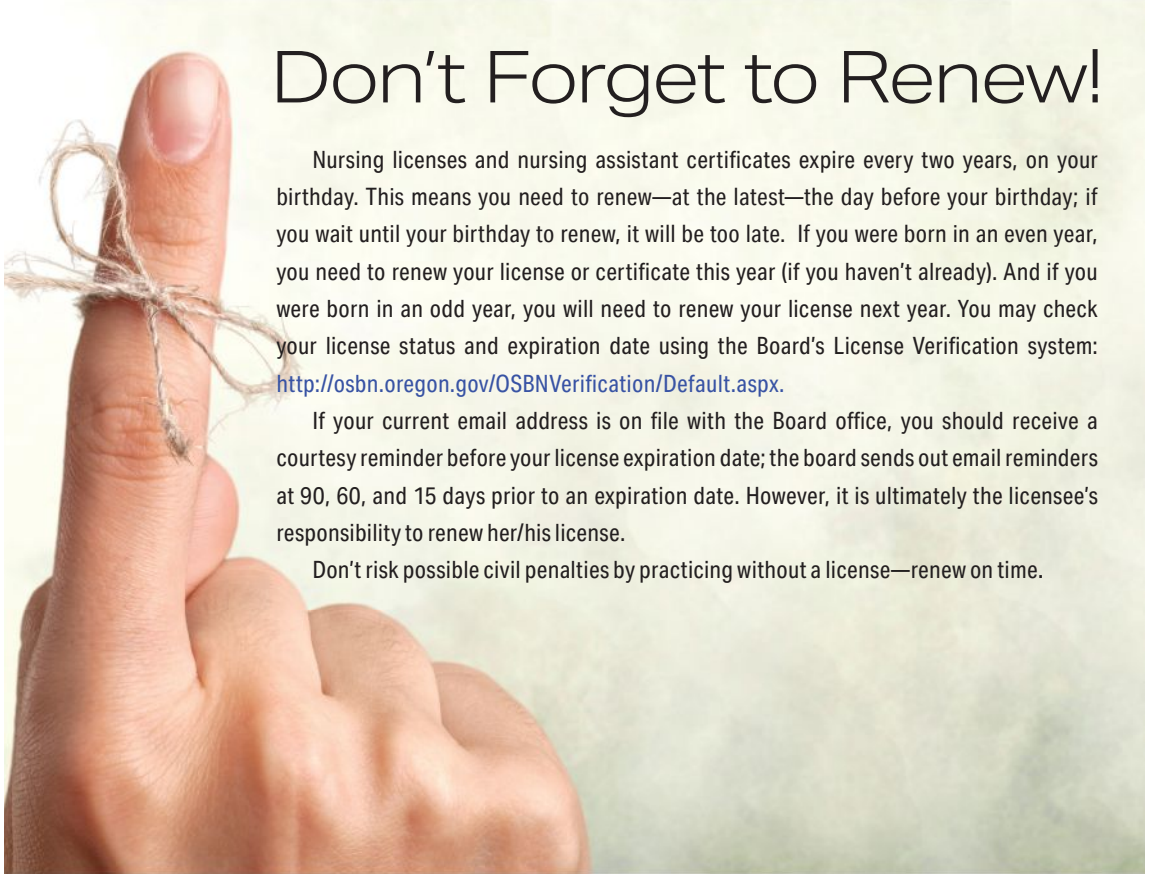
While telehealth has become a major focus of healthcare delivery during the pandemic, it does not seem that there have been major changes to how nurses use telehealth, which may be due to the timing of this survey. It is anticipated that the use of telehealth will change a great deal in the future as our care delivery systems learn how best to utilize nursing services in this new normal.

Over the next few years, new challenges will continue as the nursing workforce undergoes significant changes and healthcare delivery systems adjust to the pandemic. Ongoing monitoring of nursing data will be more important than ever. Ultimately, nursing will continue pursuing the goals of achieving higher levels of education, promoting diversity, and improving data collection regarding the national healthcare workforce increase of 0.4 percentage points since 2017. In 2020, a third gender response option of "other" was added to the survey and was selected by 0.1% of nurses. Nearly 81% of RNs reported being White/Caucasian. RNs who reported being Asian accounted for 7.2%

2021 OSBN BOARD MEETING DATES

August 18, 2021 Board Meeting (Primarily Executive Session)	4:30 p.m.	October 13, 2021 Board Meeting (Primarily Executive Session)	4:30 p.m.
September 14, 2021 Board Meeting	6:30 p.m.	November 16, 2021 Board Meeting	6:30 p.m.
September 15, 2021 Board Meeting (Primarily Executive Session)	8:30 a.m.	November 17, 2021 Board Meeting (Primarily Executive Session)	8:30 a.m.
September 16, 2021 Board Meeting	8:30 a.m.	November 18, 2021 Board Meeting	8:30 a.m.
September 17, 2021 Board Work Session	8:30 a.m.	December 15, 2021 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.



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 even year, you need to renew your license or certificate this year (if you haven't already). And if you were born in an odd 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.

OSBN EMAIL ADDRESSES HAVE CHANGED

The email domain for the Oregon State Board of Nursing has changed from @state.or.us to @osbn.oregon.gov. Please make the change in your address books or email rules so you can continue to receive email from the OSBN.

2021 OSBN BOARD MEMBERS

DEVORAH BIANCHI, RN

TERM: 1/1/21 – 12/31/23

Ms. Bianchi is a staff nurse at Sacred Heart Medical Center at Riverbend in Springfield and has 20 years of nursing experience. She received her Associate of Science in Nursing degree from Excelsior College in Albany, NY, her Bachelor of Science in Maternal and Child Health: Human Lactation from The Union Institute and University in Cincinnati, Ohio, and her Bachelor of Science in Nursing from Western Governors University in Salt Lake City, Utah. Ms. Bianchi is one of two direct-patient care RNs on the Board. She resides in Eugene, Ore.

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.

AARON GREEN, CNA

TERM: 10/1/20 – 12/31/21

Mr. Green is a CNA2 at McKenzie Willamette Medical Center in Springfield, Ore. He serves in the CNA position on the Board. He has eight years of experience as a CNA and resides in Springfield.

SARAH HORN, RN

TERM: 1/1/21 – 12/31/23

Ms. Horn is the Chief Nursing Officer at Salem Hospital in Salem and has 20 years of nursing experience. She received her Bachelor of Science in Nursing degree from the University of Portland in Portland, Ore., and her Master in Business Administration degree from the Marylhurst University in Portland, Ore. Ms. Horn serves in the Nurse Administrator position on the Board. She resides in Albany, Ore.

SHERYL OAKES CADDY, JD, MSN, RN, CNE

TERM: , 1/1/18 – 12/31/20, 1/1/21 – 12/31/23

Ms. Oakes-Caddy is an Associate Professor at Bushnell University, 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.

ANGELA POWELL, RN

TERM: 4/19/21 – 12/31/23

Ms. Powell is a staff nurse at Mercy Medical Center in Roseburg and has 15 years of nursing experience. She received her Associate of Science in Nursing degree from Umpqua Community College in Roseburg, her Bachelor of Science in Nursing from OHSU in Portland, Ore., and her Master of Science in Nursing from Capella University in Minneapolis, Minn. Ms. Powell is one of two direct-patient care RNs on the Board. She resides in Roseburg, 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.

DISCIPLINARY ACTIONS

Actions taken in April, May, and June 2021. 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
Jueth Atigbi-Hansen	201703946NP-PP	Probation/Suspension	6-16-21	12-month probation, followed by a 90-day suspension. Prescribing drugs in an unlawful manner, failing to maintain professional boundaries, failing to document information pertinent to a client's care, and failing to conform to the essential standards of acceptable nursing practice.
Marina A. Belikova	201401474LPN	Civil Penalty	5-25-21	$2,750 civil penalty. Practicing without a current nursing license.
Patty L. Benedict	200910730CNA	Revocation	5-19-21	Using her CNA role to borrow money from a client for personal gain, and failing to cooperate during the course of an investigation.
Susanne C. Benthin	095006618RN	Probation	6-16-21	24-month probation. Using intoxicants to the extent injurious to herself or others, and failing to conform to the essential standards of acceptable nursing practice.
Shannon C. Blood	201392933NP-PP	Probation	5-19-21	12-month probation. Practicing beyond her authorized scope of practice, and failing to conform to the essential standards of acceptable nursing practice.
Rena M. Blue	200642300RN	Probation	4-14-21	24-month probation. Using intoxicants to the extent injurious to herself or others.
Matthew G. Boltz	201806118RN	Voluntary Surrender	4-14-21	Failing to report to the Board his arrest for a felony crime within 10 days.
Sara A. Brown	200140446RN	Reprimand	4-14-21	Violating a person's rights of privacy and confidentiality.
Rebeca Campos	201709185RN	Reprimand	4-14-21	Failing to conform to the essential standards of acceptable and prevailing nursing practice.
Marvin L. Coakley	200430431LPN	Voluntary Surrender	4-14-21	Violating the terms and conditions of a Board Order.
Jaime S. Cook	200442295RN	Voluntary Surrender	5-19-21	Engaging in threatening behavior towards a coworker, failing to respect the dignity and rights of clients, and demonstrated incidents of intimidating and abusive behavior.
Karen L. DeMarco	080045656RN/ 200970009CNS	Reprimand	5-19-21	Reprimand with conditions. Demonstrated incidents of intimidating and abusive behavior and failing to answer questions truthfully.
Kayla Dixson	202003022RN	Probation	4-14-21	24-month probation. Willful misrepresentation in applying for a license, practicing nursing when unfit due to a mental impairment, and failing to answer questions truthfully on an application.
Warren E. Duncan II	201810340CNA	Revocation	5-19-21	Violating the terms and conditions of a Board Order, and failing to cooperate during the course of an investigation.
Melanie M. Estes	200940437RN	Probation	6-16-21	24-month probation. Practicing nursing while unable due to a mental impairment and failing to fully cooperate with the Board during the course of an investigation.
Monica M. Evangelisti	201141749RN	Voluntary Surrender	5-19-21	Practicing nursing while impaired, and using intoxicants to the extent injurious to herself or others.
Wideline Fervil	RN Applicant	Application Denied	6-16-21	Failing to answer application questions truthfully and demonstrated incidents of dishonesty.
Pascal T. Habineza	201800326CNA	Voluntary Surrender	5-19-21	Failing to maintain professional boundaries, and failing to respect the dignity and rights of clients.
Adrienne C. Haynes	202002390CNA	Voluntary Surrender	4-14-21	Abusing a person, failing to maintain professional boundaries, and demonstrated incidents of abusive behavior.
Anne C. Heenan	200050019NP	Probation	6-16-21	24-month probation. Using intoxicants to the extent injurious to herself or others and prescribing drugs for personal use.
Alicia D. Hills	200341250RN	Voluntary Surrender	6-16-21	Violating the terms and conditions of a Board Order.
Sommer T. Hughes	CNA Applicant	Application Denied	4-14-21	Using intoxicants to the extent injurious to herself or others, misrepresentation during the application process for licensure, and failing to fully cooperate with the Board during an investigation.
Duane R. Hunt	082008142LPN	Suspension	5-19-21	Minimum 14-day suspension. Failing to cooperate with the Board during the course of an investigation.
Susan A. Jennings	201393503RN	Reprimand	5-19-21	Failing to report her misdemeanor conviction to the Board within 10 days, and misrepresentation during the license renewal application process.
Rachel D. Jones	200930144LPN	Probation	5-19-21	24-month probation. Practicing nursing while impaired, and using intoxicants to the extent injurious to herself or others.
Neoma J. Keeler	200340207RN	Probation	4-14-21	24-month probation. Using intoxicants to the extent injurious to herself or others.
Sarah J. Kinzey	201601071RN	Reprimand	6-16-21	Failing to respect the dignity and rights of clients, failing to accurately document nursing interventions, and failing to conform to the essential standards of acceptable nursing practice.
Grace A. Koch	000036824RN	Voluntary Surrender	6-16-21	Violating the terms and conditions of a Board Order.
Roxanne D. Kokkeler	095006812RN	Revocation	6-16-21	Practicing nursing without a license, failing to answer questions truthfully, and failing to fully cooperate with the Board during the course of an investigation.
Justine Kuunifaa	201501182LPN	Reprimand	6-16-21	Demonstrated incidents of violent behavior, and conviction of a crime that bears demonstrable relationship to nursing.
Joscelyn S. Leatherman	201603889LPN	Voluntary Surrender	4-14-21	Failing to accurately document nursing interventions and nursing practice implementation.
John Dexter C. Lee	201503781CNA	Voluntary Surrender	4-14-21	Conviction of a crime that bears demonstrable relationship to CNA duties.
Andrew A. Lloyd	201509410RN	Suspension	5-19-21	Minimum 14-day suspension. Failing to cooperate with the Board during the course of an investigation.

Name	License Number	Discipline	Effective Date	Violations
William B. Luchtefeld	201606946RN/ 201606948NP-PP	Voluntary Surrender	5-19-21	Engaging in sexual contact with a client in any setting, engaging in sexual misconduct with a client, abusing a client, and failing to cooperate with the Board during the course of an investigation.
Monica R. Mayer	200041395RN	Civil Penalty	6-16-21	$5,000 civil penalty. Practicing without a current nursing license.
Iris D. McCanless	201404565RN	Reprimand	6-16-21	Failing to maintain professional boundaries with a client and failing to conform to the essential standards of acceptable nursing practice.
Kathy J. McDonald	200941798RN	Probation	5-19-21	12-month probation. Failing to administer medications in a lawful manner, failure to document nursing interventions, and failing to conform to the essential standards of acceptable nursing practice.
Jeffery T. Miller	098006043RN	Voluntary Surrender	5-19-21	Using intoxicants to the extent injurious to himself or others, and failing to conform to the essential standards of acceptable nursing practice.
Jennifer R. Muller	092007161RN/ 201800202NP-PP	Voluntary Surrender	6-16-21	Failing to establish or maintain professional boundaries with a client, falsifying data, failing to document nursing interventions in a timely manner, and failing to conform to the essential standards of acceptable nursing practice.
Joyce Munyan	LPN Applicant	Voluntary Withdrawal	4-14-21	Willful misrepresentation in applying for a license and failing to answer application questions truthfully.
Talisa Myers	202103708RN	Probation	4-14-21	24-month probation. Using intoxicants to the extent injurious to herself or others.
Eveline H. Newell	000007395LPN	Reprimand	6-16-21	Violating a person's rights of privacy and confidentiality.
Joyce A. Niksich	201802082RN	Voluntary Surrender	5-19-21	Practicing nursing when unable due to a physical impairment, and using intoxicants to the extent injurious to herself or others.
Nicodeme Nzisabira	202001087RN	Reprimand/Civil Penalty	5-19-21	$1,000 civil penalty. Deceit during the application process for licensure and failing to conform to the essential standards of acceptable nursing practice.
Charles J. Oladeinde	201910215CNA	Voluntary Surrender	5-19-21	Demonstrated incidents of reckless behavior, performing acts beyond his authorized duties as a CNA, and violating the terms and conditions of a Board Order.
Cassandra E. Osorio	201804683CNA	Voluntary Surrender	5-19-21	Demonstrated incidents of dishonesty.
Anthony C. Pabst	200942540RN	Voluntary Withdrawal	4-14-21	Failing to maintain professional boundaries with a client, incomplete recordkeeping, engaging in other unacceptable behavior towards a client.
Megan H. Parker	200341962RN	Voluntary Surrender	6-16-21	Failing to comply with the terms and conditions of the Health Professionals' Services Program.
Joshua Peterson	202001413RN	Reprimand	4-14-21	Violating a person's rights of privacy and confidentiality.
Stephanie R. Philpot	201405576RN	Probation	6-16-21	24-month probation. Practicing nursing while impaired, the unauthorized removal of medications from the workplace, and using intoxicants to the extent injurious to herself or others.
Darlena R. Pike	201150132NP	Probation	4-14-21	24-month probation. Performing acts beyond her authorized scope, failing to establish professional boundaries with a client, prescribing drugs to a person who is not her client, and failing to properly assess and document client assessment when prescribing.
Joanna M. Rankins	CNA Applicant	Voluntary Withdrawal	6-16-21	Using intoxicants to the extent injurious to herself or others.
Amy R. Raskin	201906226RN	Voluntary Surrender	5-19-21	Failing to conform to the essential standards of acceptable nursing practice.
Danielle J.O. Rodriguez	201601377CNA	Revocation	6-16-21	Demonstrated incidents of dishonesty and failing to answer questions truthfully.
Natasha Rogers	202004178CNA	Voluntary Surrender	6-16-21	Failing to maintain professional boundaries.
Cheri L. Root	200530394LPN	Reprimand	4-14-21	Failing to respect the dignity and rights of clients.
Jami Q. St. Germaine	202104782RN	Probation	5-19-21	12-month probation. Previous discipline in another state.
Jonathan E. Seale	201804547RN	Voluntary Surrender	5-19-21	Violating the terms and conditions of a Board Order.
Michael A. Sheets	093006519RN/ 093006519N1	Probation	5-19-21	12-month probation. Failing to dispense medications in a lawful manner, and failing to conform to the essential standards of acceptable nursing practice.
Holly E. Sobella-Manes	201707881CNA	Reprimand	4-14-21	Abusing a person and engaging in other unacceptable behavior towards a client.
Cinthia R. Sowell	092000598RN	Reprimand	6-16-21	Documenting nursing practice that did not occur and failing to conform to the essential standards of acceptable nursing practice.
Kara B. Stuart	200941108RN	Probation	5-19-21	24-month probation. Using intoxicants to the extent injurious to herself or others. Probation will begin upon completion of conditions listed in the stipulated order.
Jeanna M. Taylor	200841927RN	Voluntary Surrender	5-19-21	Unauthorized removal of drugs from the workplace, and obtaining unauthorized prescription drugs.
Austin J. Teune	201403096RN	Probation	6-16-21	24-month probation. Using intoxicants to the extent injurious to himself or others.
Shaun D. Tolbert	201905636RN/ 201906152NP-PP	Probation	4-14-21	36-month probation. Conviction of a crime that bears demonstrable relationship to the practice of nursing.
Terry L. Valentino	099000494RN	Probation	4-14-21	24-month probation. Engaging in threatening behavior towards coworkers, demonstrated incidents of intimidating behavior, and failing to conform to the essential standards of acceptable nursing practice.
Charles W. Wegener	201811092RN	Voluntary Surrender	6-16-21	Falsifying data, failing to respect the dignity and rights of clients, and failing to conform to the essential standards of acceptable nursing practice.
Courtney A. Zilke	201700557CNA	Revocation	4-14-21	Demonstrated incidents of reckless behavior, failing to maintain professional boundaries, and performing CNA duties while impaired.

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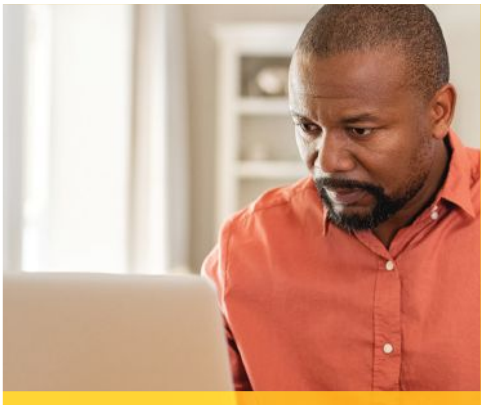

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