OREGON BOARD OF NURSING

SENTINEL

[VO.41 • NO 3 • SUMMER 2022]

Division 1 of the Oregon Nurse Practice Act is for Everyone

Also in this issue

Professional Boundaries in Healthcare: Be Aware of These Red Flags

Delegate or Assign: What is the Difference?

Official Publication of the Oregon State Board of Nursing

We take care of you, so that you can take care of our community.

JOIN THE GOOD SHEPHERD FAMILY!

Home Health Nurses — Hospice Nurses

- No call
- Career development
- Continuing education support
- Flexible scheduling
- Sign on bonus up to 20k
- Additional certification pay

GOOD SHEPHERD
HEALTH CARE SYSTEM

Patients First. Always!

Apply today at www.gshealth.org/careers

Oregon State Board of Nursing
17938 SW Upper Boones Ferry Road
Portland, OR 97224-7012

Business Hours:
Monday-Friday
8:00 am – 5:00 pm
FAX: 971-673-0684
www.oregon.gov/OSBN

Staff are available to assist you during business hours via email:
oregon.bn.info@osbn.oregon.gov.
Please allow up to 48 hours for a response.

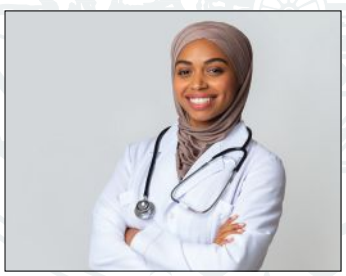
SENTINEL

[VO.41 • NO. 3 • SUMMER 2022]

table of CONTENTS

Page 6

Page 8



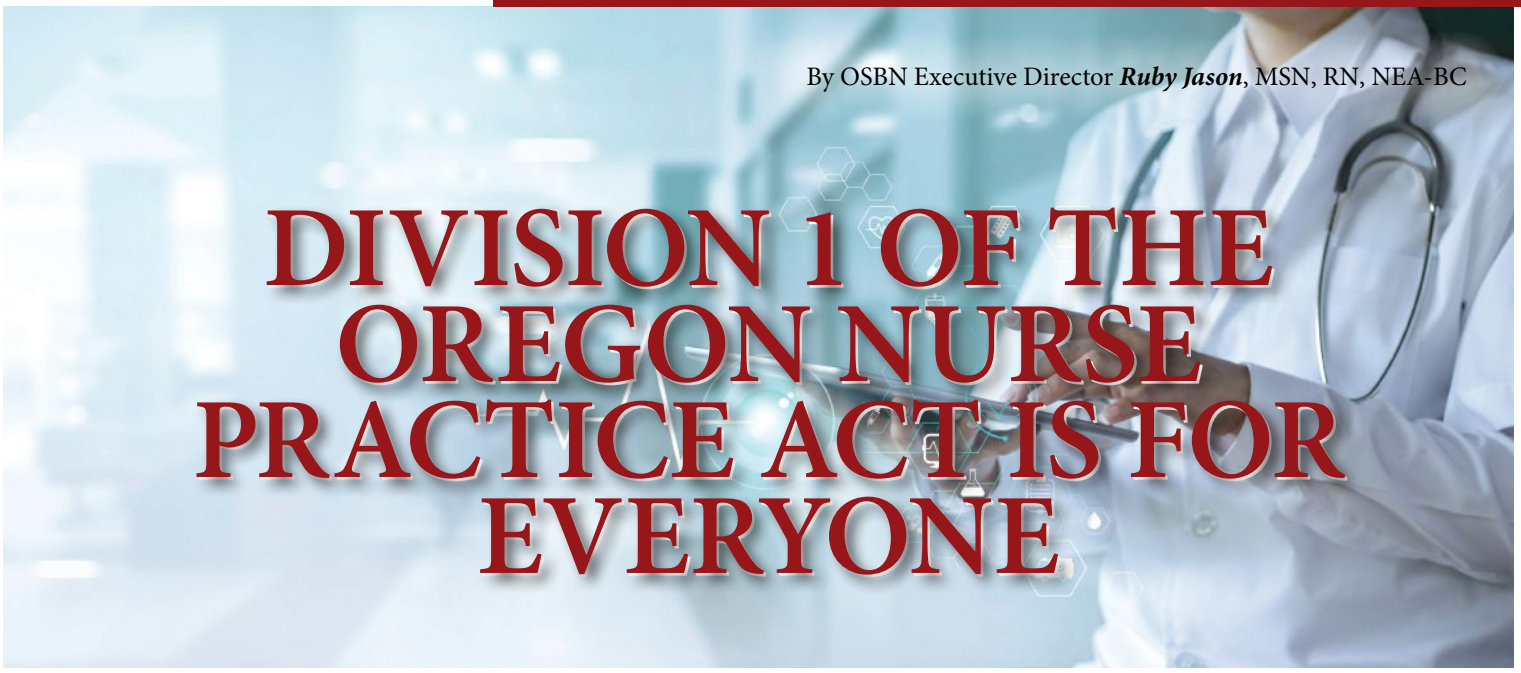
Page 12

All Board Meetings, except Executive Sessions, are open to the public.

PCI Publishing Concepts, Inc.

Created by Publishing Concepts, Inc.
David Brown, President • 1-800-561-4686 ext.103
dbrown@pcipublishing.com
For Advertising info contact
Jesseca Youngblood • 1-800-561-4686 ext. 115
jyoungblood@pcipublishing.com

EDITION 55



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

DIVISION 1 OF THE OREGON NURSE PRACTICE ACT IS FOR EVERYONE

There are currently 17 divisions in the Oregon Nurse Practice Act (NPA). Each division is dedicated to a specific license type describing the education requirements, licensing requirements and the legal standards of practice. Frequently overlooked is **Division 851-001, which contains information applicable to all those licensed or certified by the Oregon State Board of Nursing (OSBN)**. This article is intended to provide the reader with a brief synopsis of information found in each of the sections that comprise OAR 851-001. This article describes all sections of 851-001, but those sections of particular interest are marked with an asterisk (*).

851-001-0000 – Notice of Proposed Rule Making: The OSBN has legislative authority to write administrative rule to implement statute. This section describes the timeline requirements the OSBN must meet for notifying the public of the rule hearing.

851-001-0005 – Model Rules of Procedure: Requires the OSBN to adopt the Attorney General Model Rules during a contested case. "Contested Case" refers to the process a licensee or certificate holder uses when they disagree with the OSBNs determination of the disciplinary sanction against their license or certificate due to a violation of the practice act. In Oregon, the license is considered a property right and as such, before the OSBN can impose a final determination, the licensee or certificate holder has the right to contest the OSBN's decision.

***851-001-0007 – Hearing Request:** Provides information regarding timelines the license holder must meet to successfully file a hearing request to contest the OSBN determined sanction.

851-001-0008 – Agency Representation at Hearings: For civil penalties not exceeding $2,900 for a nurse working in the state of Oregon without a valid license, Oregon statute allows the OSBN staff to represent the OSBN in a settlement hearing. In all other situations, an Assistant Attorney General from the Office of the Attorney General represents the OSBN.

***851-001-0009 – Imposition of Civil Penalties** authorizes the OSBN to levy monetary penalties in addition to discipline sanctions on a license or certificate. This describes the minimum and maximum fines per occurrence the OSBN is allowed to impose.

***851-001-0010 – Notification Procedure** identifies the entities receiving copies of final OSBN sanctions and notifies the public of where public disciplines will be posted.

***851-001-0030- Social Security Numbers (SSN)** are required for licensure or certification. This section describes the entities with whom the OSBN is authorized to send your SSN, if needed. The OSBN will not share your SSN unless there is a need to do so. This section also describes the documents required if the applicant does not have an SSN. It is not legal to make up an SSN or borrow an SSN; if the OSBN discovers an attempt to do so, the OSBN is obligated to report the applicant to the Social Security Administration. Submitting an application to the OSBN gives permission to share your SSN, if needed, with the listed entities and for the describes uses.

851-001-0100- Delegation of Signature Authority allows the executive director or designee to sign certain forms in lieu

of the OSBN president. This authority is only granted to OSBN staff by rule and delegation of the OSBN.

***851-001-0115 – Criminal Background Checks for Licensure or Certification by the OSBN including Initial, Renewal, Reactivations, Reinstatements or Endorsements.** Identifies what criteria the OSBN will utilize when evaluating past criminal convictions and egregious arrests to determine a fitness to practice nursing. For initial, reactivation, reinstatements, and endorsement application the background check consists of a national fingerprint check, whereas renewal are done by using an Oregon State database only.

851-001-0122 – Criminal Background Checks for employees of, those seeking to be employed by, or providing services or seeking to provide services as a contractor or volunteer for the OSBN describes the process used to determine the fitness of employees and vendors doing business with the OSBN. The criteria differ slightly from applicants; therefore, it has its own section.

851-001-0125 – Appealing a Fitness Determination for employees of, for those seeking be employed by, or providing services or seeking to provide services as a contractor or volunteer for the OSBN. If an applicant is denied a license based on the OSBN's review of the criminal background information, the applicant is allowed to follow the contested case process previously mentioned. If the denial of employment or contract was the result of a criminal background check this section explains the procedure to be used.

***851-001-0135 – Record Keeping and Confidentiality** identifies the OSBNs obligation to keep all criminal background information confidential. This section also describes how an applicant may view their own criminal background results if they wish to review information on which an OSBN fitness determination was made. The OSBN does not permanently retain these documents. They are destroyed according to a Federal Bureau of Investigation (FBI) requirement.

***851-001-0145- Emergency Declaration Response** describes the OSBN's authority to adapt licensing procedures if an emergency declaration, such as the Governor's COVID-19 declaration, is issued. This is where criteria for emergency authorizations and exemptions for some educational programs are described.

***851-001-0150-Violations of Declared Governor's Emergency Declaration.** Based upon direction from the Governor's office, this section describes activities that would violate the Governor's emergency declaration. Since this is in rule, if the OSBN receives a complaint regarding a licensee engaging in any of these activities, the OSBN is obligated to open an investigation and, based upon the preponderance of evidence, the licensee could face OSBN sanctions.

***851-001-0160-Compliance with the Oregon Health Authority's (OHA) COVID-19 Requirements.** This is another rule generated by the Governor's and OHA's response to COVID-19. All healthcare licensing boards were required to write rule describing that violating the OHA vaccine rules would be considered conduct derogatory to the practice of nursing or conduct unbecoming a nursing assistant. The OSBN has no authority to inspect or independently locate any licensee or certificate holder violating this requirement. All OSBN investigations are instigated based on receipt of a complaint.

***851-001-0170 – Health Care Interpreters.** This is the newest rule in this division, passed during the June 2022 OSBN meeting as temporary rule. Temporary rule is what state agencies use to implement a rule without a public hearing to meet legislative timelines. These rules are legal for a maximum of 180 days. Prior to 180 days, the OSBN must hold a public hearing and vote if the rules will be made permanent or be allowed to expire. This rule implements HB 2359 that affects all healthcare providers who accept public funds (usually Medicaid/Medicare) for services. This is not only applicable to nurse entrepreneurs who own their own business and bill under their own number, but also those licensees and certificate holders who work for organizations who accept public funds for payment. This rule requires, with a few exceptions, that those licensed or certified by the OSBN must consult with the healthcare interpreter registry administered by the Oregon Health Authority when communicating with a patient who prefers to communicate in a language other than English or who communicates in a signed language. Please familiarize yourself with this rule, which takes language directly from the HB 2359 document. As with any other rule, the OSBN only has the authority to open an investigation if a complaint is submitted regarding violation of this rule.

Check the OSBN website

The entire Nurse Practice Act is available on the OSBN website (www.oregon.gov/osbn). The OSBN hopes that this article has provided you with enough information to appreciate the importance of this division to the practice of all licensees and certificate holders.

By OSBN Investigations Manager ***Jacy Gamble***

PROFESSIONAL BOUNDARIES IN HEALTHCARE: BE AWARE OF THESE RED FLAGS

National surveys have repeatedly shown that nursing remains the most respected and trusted of professions. That trust is essential and the relationship between nurses and nursing assistants with patients must be one based on mutual respect, with the needs of the patient being the primary objective. It is the expectation that the nurse or CNA will use their professional knowledge, skills, and abilities to act in the best interest of the patient. Maintaining professional boundaries is essential to ensure a therapeutic patient relationship and failing to do so can be a considered conduct derogatory to the standards of nursing and is a violation of the Oregon Nurse Practice Act (NPA). This article will explore some ways in which nurses and nursing assistants violate professional boundaries, how they can identify red flags in their practice, strategies they can use to evaluate a situation that might lead to a boundary violation, and methods to use to ensure they are maintaining a professional patient relationship.

Boundary violations can be described as the gap between the healthcare provider's power and the patient's vulnerability. Due to a CNA or nurse's access to sensitive personal information and the patient themselves, the provider is in a position of power over the patient. The Oregon State Board of Nursing (OSBN) frequently receives complaints related to alleged boundary violations by nurses. The complaints consist of allegations such as:

- a nurse or nursing assistant accepting money or other things of value from a patient,
- sexual or intimate relationships between a provider and patient,
- personal friendships,
- sharing personal or sensitive information with a patient,
- entering into a business relationship with patients (buying a vehicle, renting a room to a patient, helping a patient move, etc.),
- sharing confidential information about a patient,
- making derogatory remarks about a patient on their social media.

Red Flags

When an investigation related to alleged boundary violations is conducted by an OSBN investigator, there are usually red flags that were present prior to the actual violations. It is important that nurses and nursing assistants know how to identify and pay attention to those red flags. Some of the red flags that may indicate a provider is engaged in, or is at risk of engaging in a violation of professional boundaries include:

- Engaging in behaviors that could be considered "flirting" or becoming overinvolved with a patient.
- Showing favoritism or preferential

"Maintaining professional boundaries is essential to ensure a therapeutic patient relationship and failing to do so can be a considered conduct derogatory to the standards of nursing and is a violation of the Oregon Nurse Practice Act (NPA)."

treatment or spending more time than necessary with a patient.
- Keeping secrets with a patient or having "inside jokes."
- Sharing personal or intimate information about yourself.
- Speaking negatively about other employees or managers.
- Meeting a patient outside of the healthcare setting.

So, what if a nurse runs into a former patient outside of the healthcare setting and the nurse and former patient are interested in exploring a personal or intimate relationship? Does maintaining professional boundaries mean that a nurse can never date or become friends with a former patient? In this scenario, there are several factors that a nurse should consider when determining whether a personal relationship with a former patient is appropriate.

Those factors include:
- The nature of the nurse-patient relationship and type of care provided (a one-time treatment versus ongoing care for chronic illnesses).
- The length of time since the care was provided.
- Does the nurse have continued access to the patient's health information, and could that information create problems that can affect the relationship?
- Is the relationship potentially harmful in any way to the patient?

Investigations of potential boundary violations and interviews with nurses and nursing assistants have revealed various motivations for conduct that led to boundary violations, such as feeling sorry for a patient or empathizing with their situation, wanting to help patients, providers experiencing strong personal or intimate feelings toward a patient, or intentionally engaging in violations that can lead to personal gain for the nurse or nursing assistant.

Be Self-Aware

It is vital that nurses and nursing assistants are knowledgeable about professional boundaries and ensure that they pay attention to potential red flags before they become violations of the Nurse Practice Act. Additional examples of boundary violations can be found in the case studies on page 18. Nurses and nursing assistants must be familiar with the reporting requirements of their employer as well as their responsibilities under the Nurse Practice Act. Recognizing red flags and having the courage to report and redirect the behavior is essential to the delivery of safe, patient-centered care, and maintaining a professional and therapeutic patient relationship.

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

DELEGATE OR ASSIGN: WHAT IS THE DIFFERENCE?

The Board has received reports about confusion regarding two very separate and distinct nursing practice authorities: delegation process and assignment. While it is understood that both present as an option for the RN when implementing the plan of care, there is expressed confusion related to 1) the practice settings in which either activity many occur, and 2) the accountability held by the registered nurse (RN) who delegates and by the RN and the LPN who assigns.

This article presents the two practice authorities, and licensee accountability for each authority, based on Oregon's Nurse Practice Act (NPA).

Delegation Process

Delegation process has a specific meaning in Oregon's NPA. As defined in Oregon Administrative Rule (OAR) Chapter 851 Division 006 (851-006-45), it is the process utilized by an RN to authorize an unregulated assistive person (UAP) to perform a nursing procedure for their client for which the RN retains accountability for the outcome. The licensed practical nurse (LPN) cannot delegate as they are not authorized by the NPA to do an independent assessment of the client.

Proper understanding of delegation process requires one to know the meaning of the term nursing procedure. Pursuant to OAR 851-006-101, nursing procedure means a health-related procedure identified within the RN's plan of care that is commonly taught in nursing education programs and normally performed by the RN or LPN when implementing the plan of care. Delegation process can present as an option for the RN when the plan of care for their community-based client includes the performance of a health-related procedure (nursing procedure) that the client is unable to perform for themselves.

Standards for community-based RN delegation are in OAR 851-047 and may only be applied by an RN when practice occurs in a community-based setting. Pursuant to OAR 851-006-37, a community-based setting means a setting that does not exist primarily for the purposes of providing nursing or medical services, but where nursing services could be required intermittently. These settings include, but are not limited to, private homes, foster homes, assisted living facilities, schools and twenty-four-hour residential care facilities; most any environment where people live, engage in recreational activities, attend school or work.

Conversely, this means that delegation process does not occur in the acute care or

ambulatory care setting, or in any health care facility where nursing care is provided 24-hours a day seven days a week (such as a hospital or nursing facility).

Delegation process requires the RN to observe and assess their client's presenting situation and arrive at clinical judgments specific to: the client's condition and needed frequency for ongoing assessment, the nursing procedure, the individual UAP, and the environment of care where the nursing procedure would be performed by the UAP. The RN who determines that their client's situation meets the conditions for delegation pursuant to OAR 851-047 standards, and who validates the UAP's safe performance of the nursing procedure by the UAP on the client, holds the authority to authorize the UAP to perform the nursing procedure for the client for a limited period.

In addition to meeting OAR 851-045 nursing practice responsibilities with their client, the RN who delegates remains responsible to provide ongoing assessment of their client and ongoing observation of the UAP's performance of the procedure on the client at the frequency determined during the delegation process - or more frequently if their client's status changes.

Note: In any practice role, the RN is accountable for their actions. The RN who authorizes a UAP's performance of a nursing procedure through delegation process retains accountability for the outcome of that action. Oregon Revised Statue 678.036(3) does provide civil liability protections for the RN who delegates; however, at the end of the day the UAP is working "under the license" of the RN.

Assignment

The term assign has a specific meaning in Oregon's NPA. Pursuant to OAR 851-006-20, assign means directing and distributing, within a given work period, the work that each health care team member is already authorized by license or certification and organizational position description to perform. Making a prudent assignment requires the RN to be knowledgeable of their co-workers' respective scope of practice authorities, authorized duties, and job responsibilities in the practice setting.

continued on page 10 >>

<< continued from page 9

Oregon's NPA does not restrict the activity of making an assignment to any particular practice environment. An employer's nursing policies combined with a nurse's position description should identify for the nurse whether the activity is a function of the nurse's practice role.

Who assigns to whom?

When an RN practices with another nurse (RN or LPN), and the activity to be performed falls within nursing scope of practice and is one recognized to be performed by nurses in the setting, then that activity may be assigned by the RN to the other nurse pursuant to OAR 851-045.

When an RN practices with a certified nursing assistant 1 (CNA 1), a certified nursing assistant 2 (CNA 2), or a certified medication aide (CMA), the RN is limited to assigning only those activities that are:

- Listed in OAR 851-063 as an authorized duty for the nursing assistant certificate type, and
- Authorized for performance in the setting.

When the RN practices with a person whose role or position within the organization does not require health-related licensure or certification by the state of Oregon, that health care team member is recognized by the RN as a UAP. When the activity to be performed falls within the UAP's position description, and there is documented education and current competency validation of the UAP having been done by the organization employing both the RN and the UAP, then that activity is work the UAP is already authorized to perform and thus may be assigned to the UAP by the RN. UAP staff members include, but are not limited to, those in the following organizational job positions: medical assistant, certified medical assistant, registered medical assistant, emergency department technician, labor and delivery technician, direct support professional, etc.

> "Delegation…is the process utilized by an RN to authorize an unregulated assistive person (UAP) to perform a nursing procedure for their client for which the RN retains accountability for the outcome."

Oregon's NPA does not limit the activity of making an assignment to the RN. An RN's clinical direction of LPN practice can include direction to an LPN to assign the performance of plan of care interventions to another LPN, to a CNA, or to a UAP pursuant to OAR 851-045. Prior to making an assignment, the LPN must have knowledge of their LPN co-workers' scope of practice authorities, CNA and CMA authorized duties, and job responsibilities of the UAP in the practice setting.

And finally, when the nurse adheres to OAR 851-045 by assigning to health care team members the work they are already authorized by license or certification and organizational position description to perform in the setting and ensuring that assignments made are appropriate given their client's status, the recipient of the nurse's assignment does not work under the license of the nurse. This is because:

- Any nurse who accepts an assignment is accountable under their nursing license for their own actions.
- Any CNA who accepts an assignment is accountable under their certification for their own actions.
- Accountability for the UAP who accepts an assignment falls to the employer as it is the employer who sets education requirements, competencies, authorized activities, and supervisory requirements.

It is important to note that when a nurse chooses to make an assignment to a UAP that is outside of the employer-authorized activities, then the responsibility and liability for the UAP's performance of the activity falls to the individual nurse making the assignment.

Summary

In summary, both RN delegation process and RN and LPN assignment are grounded in nursing practice pursuant to OAR 851-045. The practice authority of delegation process is limited to the RN whose practice occurs in a community-based setting whereas the practice authority of assignment is not limited by practice setting or license type. Through delegation process, the RN authorizes a UAP to perform a nursing procedure under the RN's delegated authority while retaining accountability for the outcome. The RN who makes a proper assignment (pursuant to OAR 851-045) is not accountable for the actions of the person to whom the assignment is made.

Take this opportunity to refresh your knowledge of OAR 851-045 standards (specific to your license type) on responsibilities when assigning and supervising care. RNs practicing in a community-based setting can access OAR 851-047, read the self-study course on RN delegation process which is accessible via the Board's Delegation Information webpage (https://www.oregon.gov/osbn/pages/delegation.aspx), and access authoritative literature on delegation published by the National Council of State Boards of Nursing and by American Nurses Association.

By OSBN APRN Practice & Education Policy Analyst ***Sarah Wickenhagen***, DNP, FNP-C, RN

IS IT TIME FOR OREGON TO EMBRACE THE APRN NURSE LICENSURE COMPACT?

Healthcare regulation in the US, since the early 18th century has always taken place at the state level . Health care licensing boards in individual states make decisions about their unique licensing requirements and scope of practice restrictions for nursing in order to provide public protection for their citizens. With numerous technological advances and the explosion of telehealth services in response to the pandemic, it is getting increasingly difficult for patients, nursing and regulators to use 18th century healthcare regulatory rational in a 21st century reality.

In many ways, state boundaries in Oregon are more figurative than literal particularly in areas like Portland-Vancouver (OR/WA border) and Ontario-Fruitland (OR/ID border). So how do health regulatory boards across the country provide patient protection and allow for freedom of movement for nurses in a healthcare shortage?

The National Council of State Boards of Nursing (NCSBN) responded to this call for action with their multistate licensure APRN nurse compact. Basically, the compact would allow an APRN who holds a multistate license from one of the compact states to work in any of the compact states on the same license. Holding a multistate license is optional; APRNs could choose to hold only a single state license. But if they hold a multistate license, they could work in any compact state and only pay for one license.

Separate from the compact for RNs and LPNs, the APRN compact was initially introduced in 2002, revised in 2015, and again updated in 2020. This model legislation includes eleven individual articles that identify the purpose, general provisions, application process, coordination, administration, and rulemaking authority. To date, three states have passed this legislation: North Dakota, the first to adopt in April 2021, Delaware in August 2021, and most recently Utah in March 2022. New York and Maryland have bills that are not yet enacted. An important distinction about the ARPN compact is that it will only become active when a minimum of seven states adopt the model legislation .

It should be stated that the APRN nurse compact is not without controversy. National and state professional advocacy organizations like the American Association of Nurse Practitioners (AANP), the National Association of Pediatric Nurse Practitioners (NAPNAP), Nurse Practitioners of Oregon (NPO), and ARNPs United have all stated publicly their concern about these model rules being a potential step backwards and more restrictive for APRN practice . On the other hand, there are several other professional organizations—the American Organization for Nursing Leadership (AONL), the American Telemedicine Association (ATA), and the Alliance for Connected Care (ACC), amongst others —that feel the compact is the path forward for the profession and an incredible opportunity to expand access to care in other states where our colleagues are currently restricted in their scope.

So, what is the controversy?

Concern 1

The APRN compact requires 2,080 practice hours to be eligible to participate in a multistate license. This number of hours is a legislative compromise with stakeholders for those states who do not have independent practice authority for their APRNs. At the time the compact model legislation was agreed upon, those at the table felt it a necessary stipulation to get the legislation fully adopted across the country. This is difficult for Oregon APRNs to understand, as we have had no such practice requirement or restrictions here. Of note, Delaware, which recently adopted

this legislation, additionally introduced a companion bill that removed the 2080-hour requirement from that state's statute in the belief the hour requirement was not necessary.

Concern 2

The administration of the compact itself is handled by NCSBN and state licensure board appointees/representatives. Not all state's licensing boards have administrators who are themselves APRNs. A potential solution to address this concern, suggested by AANP and NAPNAP, is to appoint APRN consultants to advise NCSBN administrators.

Concern 3

The multi-state licensee will have only one home state, their state of residence, which is the one claimed for tax purposes. Only the licensing rules of the home state need to be maintained to keep a multi-state license. Many states require very specific continuing education (CE) to address specific issues in that state. A multi-state licensee will not be required to complete these CEs if not required by their home state. This may impact their knowledge, when working somewhere other than their home state, of how a state addresses specific healthcare needs for their population.

So, is it time to consider adoption of the APRN compact in Oregon?

In previous discussions, the Oregon Board of Nursing has stated that this legislation was not ready for adoption nor necessary here in Oregon. If professional advocacy organizations or health systems decide to pursue this path, they would need to introduce a bill to the Oregon Legislature for potential adoption.

For more information, please see

- About the Compact | APRN Compact https://www.aprncompact.com/about.htm
- APRN Compact Licensure (aanp.org)

References

Mullangi, S., Agrawal, M., & Schulman, K. (2021). The COVID-19 pandemic—An opportune time to update medical licensing. JAMA Internal Medicine, 181(3), 307–308. https://doi.org/10.1001/jamainternmed.2020.8710

National Council State Boards of Nursing Website. 1pager_APRNCompact_2022.pdf

Kaplan, L. (2021). Should NPs Advocate for the APRN Compact? The Nurse Practitioner, 46 (10), 14-15.

NCSBN, Ibid.

Ibid.

By Oregon Center for Nursing Executive Director ***Jana R. Bitton,*** MPA

RN WELL-BEING PROJECT ILLUMINATES NURSING WORKPLACE NEEDS

A statewide survey conducted by the Oregon Center for Nursing (OCN) detailed the workplace interventions that nurses feel are necessary to improve their mental and emotional well-being.

Aiding workplaces in developing those interventions is the central goal of OCN's RN Well-Being Project, which launched last year and has garnered national attention for the important work it's doing.

With assistance from the Oregon State Board of Nursing, OCN sent an anonymous online survey to about 80,000 licensed nurses. More than 4,300 RNs completed the survey, said Rick Allgeyer, research director at OCN.

Some of the initial takeaways were striking, according to OCN Program Director Dawne Schoenthal. "There were some responses that were uniform, regardless of the setting of the nurse, and that speaks volumes," she says.

By and large, the infographic reflects nurses' near-universal desire for changes to their work environments to support their well-being, including dedicated paid time for learning, additional supervisor support, revisions to policies and procedures, and emotional health resources, Allgeyer said.

OCN created an infographic, designed to be printed and distributed, with the hope that its messages make it onto the desks of decision-makers.

The survey and infographic make clear that even as health experts start retiring the word "pandemic" in favor of "endemic," the strains on the nursing workforce remain as severe as ever. Regardless of coronavirus, an overstressed and understaffed nursing workforce presents a public health concern.

"Honestly, if we don't have the workforce to care for our patients, then that's a crisis," Schoenthal emphasized. "We have sick people that are going to continue to get sick. We have an aging population and we have very little staff to care for them. That's why this is important – so that patients, as they get sick, there will be someone there for them."

OCN's latest infographic can be downloaded on the RN Well-Being Project page at www.oregoncenterfornursing.org.

Scan to view

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.

HOW ARE OREGON'S NURSES?

RN WELL-BEING PROJECT

The pandemic has impacted the well-being of registered nurses in Oregon. More than 5,000 nurses responded to the RN Well-Being Project survey to tell us how they were doing at the start of year.

Fact:
Oregon nurses are not ok. Individual accounts and research have shown that our nursing workforce is under more strain than ever before.

FEELINGS

- 83% Stress*
- 80% Frustration
- 68% Anxiety, exhaustion, and burnout
- 62% Being overwhelmed and undervalued
- 60% Being unappreciated

*The highest reports of stress were reported in LTC, Home Health/Hospice, and Hospital settings.

EMOTIONAL SUPPORT AT WORK

- YES 33%
- NO 49%
- UNSURE 18%

Fact:
Healthcare workers showed about five times higher rate of symptoms than the estimated prevalence of PTSD in the general population.

SYMPTOMS

Nurses reporting a **WORK-RELATED STRESSOR** **97%**

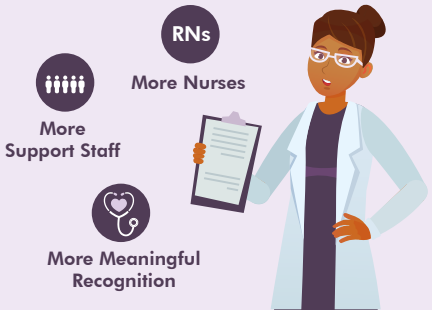
TOP WORK STRESSORS

1. heavy or increased workload
2. uncertainty about when things will settle down
3. burnout

95:100 Nurses feel their **WORK ENVIRONMENTS** can **CHANGE** to support their well-being.

Fact:
It takes years to create a qualified, educated, experienced registered nurse. There is a very real need to protect and retain our current nursing workforce.

NURSES NEED...



NURSES WANT...

- 32% Dedicated paid time to learn
- 30% More supervisor support
- 26% Revisions to policy/procedures
- 25% Emotional health resources

Source:
Oregon Center for Nursing. RN Well-Being Mental Health Survey, April 2022.

OCN Oregon Center for NURSING

oregoncenterfornursing.org

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

BOARD VOTES TO IMPLEMENT NEW PUBLIC HEARING PROCESS

Oregon Revised Statute (ORS) 678.150 (6) (a) authorizes the Oregon State Board of Nursing (OSBN) to exercise general supervision over the practice of nursing in this state. ORS 678.442 (1) authorizes the Board to establish standards for certifying a nursing assistant (CNA) and discipline those CNAs practicing outside those standards. The method used to define the supervision and standards for those licensed and certified by the OSBN is called "rulemaking." Statute gives the OSBN the authority to write the rules all individuals licensed and certified by the OSBN must follow to continue holding a license or certification to practice in Oregon.

The legislative statutes and rules written by the OSBN make up the Oregon Nurse Practice Act (NPA). The OSBN primary focus is to assure the public that individuals licensed or certified by the Board meet the minimum education and competency standards. The NPA defines for the public and for licensees/certificate holders the rules regarding education, licensure, standards of practice and describes behaviors and actions that are below the accepted public safety standards. Therefore, "rule writing" is an essential function of the Board in communicating the laws of practice for licensees and the public.

For the purposes of this article, OSBN will refer to the nine individuals appointed by the Governor that comprise the Board of Nursing. Rule writing begins with the OSBN voting to open specific rules based upon need for revision to current rules, update rules, or adopt new rules in response to legislative changes or changes to federal laws. The OSBN directs board staff to begin work on rules and the rule writing is assigned to specific staff members. Often, a Rule Advisory Committee (RAC) is convened through a public announcement. Licensees, certificate holders, and the public are all eligible to be members of the RAC. The board staff selects RAC members based on the requirement of diverse membership. The RAC will review draft rules and provide feedback to board staff regarding their perception if the rule (1) meets the standards of public safety, and (2) does not place barriers to the practitioners in implementation that would negatively impact practice. The primary consideration for rule writing is public safety, not the profession.

Once rule writing is completed, the board staff member will present the proposed draft rules to the OSBN. The OSBN will vote on either sending the rules back to the RAC for rework, or vote to schedule a public hearing, during which testimony may be given regarding the proposed draft rules. Per Oregon Public Meeting Law, before any rule is approved by the OSBN, the public and profession can provide testimony in support of or opposition to the proposed rule. It is this rule hearing procedure has recently been revamped by the OSBN.

In the past, rule hearings were held on Tuesday nights with the nine OSBN members present to hear testimony. The OSBN would then vote on the draft rules two days later (Thursday) during a public board meeting. For a rule to become part of the practice act, the OSBN must vote during a public meeting.

As nursing and the influence of nursing on public safety has increased, so has the complexity of rulemaking. It was clear to the OSBN that thoughtful consideration of the draft rules and the submitted testimony would require more than two days, particularly if the OSBN was engaged in an all-day executive session meeting on the intervening Wednesday.

The OSBN directed board staff to develop a new process. Presented February 2022, the OSBN voted to adopt a new process as follows:

1. The OSBN directs staff to schedule a rulemaking hearing.
2. The scheduled hearing is posted in a public notice as required by the

Secretary of State (SoS) and public meeting laws.

3. Public notice provides instructions and deadlines for those wishing to provide either oral or written testimony.
4. The board Rule Hearings Officer, a member of board staff, presides over the hearing. The hearing is conducted without the nine OSBN members being present.
5. All written and recorded testimony is collected and sent directly to the OSBN members for their review no later than one month before the public vote to adopt the rule language is held. This vote is usually scheduled for the Thursday of the in-person OSBN meetings held in February, April, June, September, November, and December. However, the vote can be scheduled for one of the virtual meetings held in the remaining months if there is a deadline for specific legislative rule implementation.
6. If the OSBN, based on testimony, votes to not adopt the draft rules, the OSBN will request staff to consider how concerns presented during testimony should be or can be addressed based on the premise of public safety. If new draft language is prepared, then the RAC will have another opportunity to review the language prior to being presented again to the OSBN. Steps one through 6 are repeated until the OSBN votes to adopt the rule language.
7. Once the rule language is adopted, the rules are filed with the SoS. Rules are not considered effective until they are posted on the SoS website, which may come several months after the rules were adopted.

Licensees, certificate holders, and members of the public are encouraged to participate in the revision, adoption, and additions to the NPA. Please access the Board's website at www.oregon.gov/osbn; on the front-page there is a section entitled "OSBN Proposed Administrative Rules." This will provide information regarding proposed rule changes and other information to help you stay informed on the activities of the OSBN.

By OSBN Chief Investigator ***Nakeita West*** and Investigator ***Chad Steele***

DISCIPLINARY CASE STUDY: BOUNDARY VIOLATIONS

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

This case study involves a complaint received by the Board regarding a Registered Nurse (RN) who had befriended a resident of the care facility where she was employed. The complaint alleged that upon discharge, the resident moved into the home of the RN.

An investigation was opened and during an interview with the RN conducted by Board staff, the RN admitted that she became close with the resident, moved the resident into her home upon the resident's discharge and began receiving rental payments from the resident in the amount of $600 per month. The RN said that they allowed the resident to live with them because the resident has recently lost her husband and the RN felt bad for her. It was also found during the investigation that the RN was suffering from substance use and mental health issues. The RN had previously completed probation with the Board for substance use issues, and the current investigation revealed the RN had relapsed with alcohol and drugs.

The Board found that the RN violated the Nurse Practice Act (NPA) by engaging in conduct derogatory to the standards of nursing by failing to establish and maintain professional boundaries with a client and for practicing nursing when physical or mental ability to practice is impaired. The Board issued a Notice of Proposed Revocation. The RN did not request a hearing and a Final Order of Revocation by Default was issued. All Final Orders of Revocation require that licensees must wait at least 3 years before re-applying for their license.

Case Study #2

This case study involves a complaint received by the Board regarding a Registered Nurse (RN) who was alleged to have engaged in an intimate relationship with a patient and had forged COVID-19 vaccine cards. The RN worked at a pain clinic and the employer investigation revealed an intimate relationship between the RN and the patient. The RN was terminated from employment after the investigation by the employer.

The Board opened an investigation into the allegations. During the investigation, the RN reported meeting the patient at her workplace and beginning a personal relationship with the patient. The RN and patient moved in together after several months. The investigation found that while they were living together, the patient continued to see their pain doctor and the RN (who was still employed at that time) monthly for prescription refills, which included random drug screens to ensure compliance with the patient's pain contract. Review of the patient's medical records revealed that the RN continued treating the patient and signed off on several of the patient's rapid drug screen results while they were living together and before the employer was aware of the allegations. The RN refused to discuss the allegations of fraudulent Covid-19 cards with Board staff.

The RN elected to sign a Stipulated Order for Voluntary Surrender of their RN license for violations of the Nurse Practice Act related to conduct derogatory to the standards of nursing by failing to fully cooperate with the Board's investigation and failing to establish or maintain professional boundaries with a client. The Board accepted the Voluntary Surrender which requires the RN wait three years to re-apply for their license.

Another Valuable Resource

Nursys e-Notify is a free notification service for nurses and institutions that provides automated license status updates.

Nurses can sign up to receive license expiration reminders and status updates via email or SMS for all of their licenses from e-Notify participating boards of nursing.

Institutions can enroll their entire nurse list and e-Notify will send regular updates of changes to licenses from e-Notify participating boards of nursing.

By OSBN Practice & Evaluation Policy Analyst ***Gretchen Koch***, MSN, RN and
OSBN APRN Practice & Education Policy Analyst ***Sarah Wickenhagen***, DNP, FNP-C, RN

YOU ASK, WE ANSWER

COMMON QUESTIONS REGARDING THE OREGON NURSE PRACTICE ACT

Q: I would like to know if it is within the scope of practice of the RN in Oregon to administer propofol either through IV push or on a medication pump in the non-intubated patient for the purposes of therapeutic sedation. These patients would not be in a procedure, would not be intubated, and would be in an ICU setting. I have always understood that the administration of propofol in the non-intubated patient was outside of an RN's scope.

A: It depends. Oregon's Nurse Practice Act does not contain a one-size-fits-all list of activities, interventions or roles authorized for performance by all RNs. The answer must be arrived at by the individual RN through use of the Oregon State Board of Nursing Scope of Practice Decision Making-Framework. This Interpretive Statement provides a standardized, decision-making framework for all licensed nurses in all settings with respect to their education, role, function, and accountability within the scope of nursing practice.

The Board's Interpretive Statements may be accessed via the OSBN Practice Statements and FAQs webpage. It will behoove you to access both the original Scope of Practice Decision-Making Framework and the Interpretive Statement link titled Use of Sedation and Anesthetic Agents. The former presents the decision-making framework; the latter contains the decision-making framework with content and citations specific to the use of sedation in patient care.

Q: I was recently hired by a school district and part of my responsibilities include teaching district staff/teachers how to administer medications to students. A few of my students have prn orders for medications like rectal Diastat and nasal Versed to be administered in the event the student experiences prolonged seizure activity. It is my understanding that this is something that I have the authority to teach to the staff and teachers. However, in talking with another RN who works here, she states that she "delegates" these types of medications. Who is right?

A: You are! In a community-based care setting, such as a public school, the RN holds the scope of practice authority to teach the administration of non-injectable medications to unregulated assistive personnel which would include the administration of prn medications such as rectal Diastat or nasal Versed. This RN practice authority is codified in Oregon Administrative Rule Chapter 851 Division 045.

Q: I thought there used to be Board advisory guidelines that talked about scope of practice for infusion therapies. I can't find it, and I want to know if an LPN can administer intravenous (IV) medications.

A: The Oregon State Board of Nursing has retired its advisory guidelines on infusion therapy. Because an individual nurse's engagement in any activity, intervention, or role far exceeds the role, intervention, or activity alone, nurses are directed to access the Board's Scope-of-Practice Decision-Making Framework Interpretive Statement. The statement is available on the OSBN Practice Statements and FAQs webpage.

Q: If I am following a prescriber's standing order, is my nursing license protected?

A: Oregon's Nurse Practice Act (NPA) makes no expressed "protections" for a nurse's license in any practice situation. The NPA exists for the protection of the public.

The individual licensed nurse is always accountable for their actions and responsible for the safety of their client. The legal practice standards on the nurse's responsibilities when accepting and implementing any order are located in OAR Chapter 851 Division 045 of the NPA.

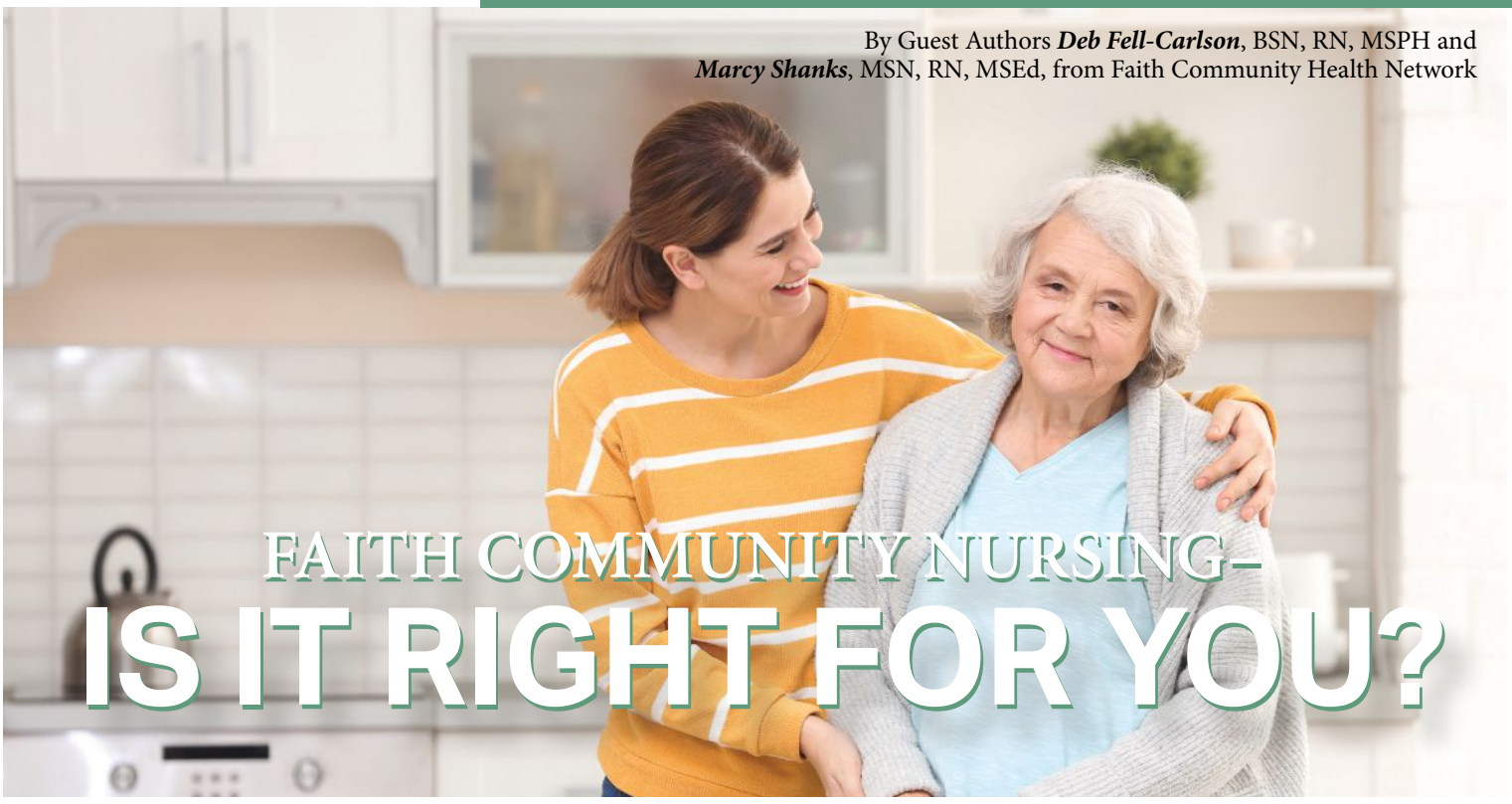
Q: I am an Oregon-licensed RN and want to know if there are any restrictions on my ability to continue to provide telehealth nursing visits for clients who reside in California now that we are no longer under a public health emergency.
A: This question can only be answered by the California Board of Registered Nursing (CBRN). The legal jurisdiction over the practice of nursing has always been held by the state where the client/patient is physically located.
It is important to know that during the nationally declared COVID-19 public health emergency, the U.S. Department of Health & Human Services (HHS) Centers for Medicare & Medicaid Services (CMS) enacted policy changes specific to telehealth provider billing only. The CMS policy changes did not annul any state-based health practitioner licensure laws.
While virtually all states enacted laws or policies to expedite the practice of qualified out-of-state health practitioners with their citizens, each state's actions occurred based on their own laws and rules meaning the requirements put in place by each state differed. Per the CBRN website, California's Emergency Medical Services Authority's out of state medical personnel authorization approvals ended on June 30, 2022.

Q: Regarding House Bill 3369. Effective Jan 2022. The new OMMP form, and their website, imply that NP's can now recommend medical marijuana and sign the form. However, I do not see anything on the OSBN website regarding this. Before doing this, I wanted to verify that it is now in our scope to do so.
A: Yes, you are correct NPs, CRNAs and CNSs were all added to the list of recognized "attending providers." APRNs must review patient medical records at the client's request, complete a physical exam, along with a follow up care plan, all of which need to be document in the patient's treatment record. To recommend OMMP, the APRN must determine if the client's medical condition meets qualifying criteria. For complete information please see the OMMP Attending Provider rules, located on the Oregon Health Authority (OHA) website as it falls under their jurisdiction, which is why it is not listed on our website.

Q: Do CRNA's have prescriptive authority by default just by having an Oregon CRNA license, or does it have to be applied for separately?
A: Since 2013, prescriptive authority is optional for CRNAs in Oregon per regulatory statute. It remains optional as not all CRNAs want to independently prescribe medications. If you would like to obtain prescriptive privileges, you will need to complete the CRNA-PP application available on our website. Additionally, you will need to review the OSBN APRN Prescriptive and Dispensing Authority presentation on the OSBN website and print out your certificate as part of the application.

Q: May APRNs provide advice/care to Oregon patients who are traveling outside Oregon or the United States?
A: The Nurse Practice Act is silent on this issue. The jurisdiction over practice is determined by the state where the patient is located. Telehealth and telemedicine fall under the same licensure rules in every jurisdiction, meaning that you must be licensed in the state where the patient is located. The legal reason is that licensing and boards of nursing exist to protect the public, and state government has jurisdiction only over the "public" located within their borders (even if they are just visiting).
Traveling is a grey area. There are clients who are gone for weeks and months at a time and that is difficult to navigate for providers and regulatory authorities. In the event the client needed a prescription, it is also dependent on state regulations. Many pharmacies will honor prescriptions from out of state providers when their patients are traveling, but some will not.
Many states are looking for solutions to address these unique situations that include telehealth licensing options or multistate licensure compacts. Please see article in this issue (page 12).

By Guest Authors ***Deb Fell-Carlson***, BSN, RN, MSPH and
Marcy Shanks, MSN, RN, MSEd, from Faith Community Health Network



FAITH COMMUNITY NURSING– IS IT RIGHT FOR YOU?

Are you a Registered Nurse (RN) feeling a nudge to use your nursing expertise in service to your faith community? Have you heard about Faith Community Nursing and are curious about this little-known practice specialty? Are you familiar with Faith Community Nursing and are seeking information on how you can become a Faith Community Nurse (FCN) in Oregon?

Faith Community Nursing as a Community Health Improvement Strategy

A Faith Community Nurse is not simply an RN who happens to be a member of a faith community. Faith Community Nursing, sometimes called Congregational Nursing or Parish Nursing, is a growing nursing practice specialty recognized by the American Nurses Association (ANA) and defined by the ANA Faith Community Nursing Scope and Standards of Practice. Faith Community Nursing emphasizes a holistic approach to nursing in a faith community setting with a focus on intentional care of the spirit. The Robert Wood Johnson Foundation says it well; Faith Community Nursing is listed as one of their "What works for health" strategies:

"Faith community nurses (FCNs) are registered nurses positioned within a faith community or working in a health care system and serving as a liaison to congregations. FCNs focus largely on health promotion, managing chronic disease, and injury prevention, but also often function as health counselors, patient navigators, and advocates. FCNs support the physical, psychological, and spiritual well-being of their patients. FCNs, also known as parish or congregational nurses, are usually members of the faith communities they serve; FCNs may also provide care to patients from the broader community. Faith community nursing is common in Christian denominations, though FCNs also support temples, synagogues, mosques, and faith-based community agencies."

Faith Community Nursing brings nursing expertise directly to the people in their community where it is so desperately needed to improve healthcare access, equity, and literacy. This could be in the form of health education or coaching, advocacy, counseling, health navigation, or spiritual support. FCNs might also come alongside faith community leadership to provide spiritual support and the gift of presence to hospitalized and homebound faith community members. FCNs often serve as health advisors to faith community leaders, a role which has emerged as essential in recent years, especially in large congregations.

Nursing Process is Fundamental to Faith Community Nursing

As with any nursing practice, the nursing process is fundamental to faith community nursing practice. FCNs may engage with individuals in their faith community, but most often they are applying the nursing process steps to the faith community as a population; in essence, the faith community becomes the

"client." Because each faith community has differing needs, faith community nursing may look quite different in one faith community than in another – even if they are in the same neighborhood. Faith community nursing practice also differs in faith communities located in socioeconomically depressed areas as compared to affluent areas, and in rural areas as compared to urban. In rural areas with many small faith communities, FCNs might partner to serve more than one faith community. In contrast, a large faith community may have several FCNs serving their many members as part of a broader Health Ministry.

Becoming a Faith Community Nurse

FCNs have an independent scope of practice. They are typically not tied to a facility where a prescriber is writing orders or within an agency subject to institutional policy. This autonomy in practice and applying the nursing process to a population in lieu of an individual may require a shift in thinking for the nurse who has been practicing in a traditional healthcare setting. Although the nursing process steps are the same in a faith community setting, they may require a new set of skills to apply them effectively. The Westberg Institute for Faith Community Nursing publishes a widely used curriculum to prepare RNs for this fulfilling nursing leadership role based on the most current ANA Faith Community Nursing Scope and Standards. Organizations seeking to deliver the course are required to apply to be Educational Partners and appoint a Lead Educator to assure content fidelity. Prospective FCNs are encouraged to take this Foundations of Faith Community Nursing course prior to entering Faith Community Nursing practice.

The Foundations of Faith Community Nursing course is led by a licensed RN and welcomes actively licensed RNs and

RN Emeritus nurses of all faith traditions. The course prepares RNs to stand in the gap; to bridge the health care system and faith community, to promote health and spiritual healing, and to intervene when social determinants of health negatively impact the health of individuals or groups. To that end, the course covers a broad range of topics, including spiritual care, communication and collaboration, violence, grief and loss, assessing a faith community within the context of the nursing process and using those findings to develop a tailored professional nursing practice, identifying and accessing resources to meet faith community needs, and ethical, legal, and documentation considerations. The course provides a minimum of 36 hours of focused instruction and is offered nationwide throughout the year. Some courses – not all – offer continuing education units. Some courses are offered virtually to be accessed from anywhere and some are offered in a traditional classroom setting. Course listings – included courses offered in Oregon - can be found on the Westberg Institute of Faith Community Nursing website or by searching for "Foundations of Faith Community Nursing Course" online.

The FCN and Social Determinants of Health

The Centers for Disease Control and Prevention describes social determinants of health (SDOH) as conditions in the places where people live, learn, work, and play that affect a wide range of health and quality-of-life risks and outcomes. They include basic needs such as housing, food, financial support, and education. Healthcare needs are often pushed aside until those basic needs can be addressed. FCNs are in an ideal position to identify and assess for these basic needs and plan interventions. SDOH interventions commonly used by FCNs may include referral to local resources for education, financial supports for food and housing, and assisting with securing employment. Seeing these referrals through to completion is a key FCN role in some faith communities and can make the difference between safe, warm housing or living on the street for an elderly or disenfranchised faith community member. These interventions, along with general FCN advocacy, health monitoring, and emotional and spiritual support derived from nursing diagnosis are in line with the scope and standards for nursing. Interventions may include nursing care for which the nurse is licensed or is competent to provide (Westberg Institute, 2019).

Retire, Yes, but Don't Retire Your License

RNs retiring from a long successful career in a traditional healthcare practice setting need not retire their RN license! Faith Community Nursing is an ideal way to stay current and actively practice nursing. Faith Community Nurses

continued on page 24 >>

<< continued from page 23

may choose any of a variety of practice opportunities after course completion. Paid Faith Community Nurse positions may be found in large faith communities, in faith-based health systems, in emergency response settings, and, surprisingly, in some workplaces across the United States, however, Faith Community Nurses most often practice as well-respected unpaid professionals within their faith communities. Some states are exploring creative public-sector funding streams for Faith Community Nurses as it becomes obvious that they can be critical partners to improve health literacy, equity, and healthcare access, especially in rural areas and socioeconomically depressed urban settings. Regardless of practice setting, Faith Community Nursing is a rewarding career, and provides a viable nursing practice opportunity for seasoned RNs to maintain licensure outside of traditional nursing practice employment.

Faith Community Nursing is Not New to Oregon

FCNs enjoyed a robust presence in Oregon in past decades and were integral to Oregon's community health system. Maria Waters, Faith Liaison with the Oregon Health Authority, stated in a 2021 meeting that, historically, prior to transitioning to the Coordinated Care Organization (CCO) model, Faith Community Nurses were vital and active partners in Oregon's Medicaid system serving Oregon's most vulnerable populations. The FCN role was perceived as less and less important as emphasis on the CCO model increased. This resulted in waning interest in pursuing this practice specialty and a resultant decline in Oregon's FCN population. This is unfortunate; there is a growing number of homeless and disenfranchised in Oregon who are in desperate need of health services, yet are beyond the reach of the CCO.

FCNs were "lost in the shuffle," but this is changing.

A small contingency of trained FCNs have established the Faith Community Health Network (FCHN) in Lebanon, Oregon to train, support, and sustain RNs entering Faith Community Nursing practice. The Network was recently awarded non-profit status as a 509(a)(2) public charity, eligible to receive tax deductible donations.

In the fall of 2021, the FCHN was awarded a grant from Supporting Health for All through Reinvestment (the SHARE Initiative) through the Inter-Community Health Network Coordinated Care Organization (IHN-CCO) to partially fund the 2021 Foundations of Faith Community Nursing course, to equip the 10 Linn County FCNs completing the course with technology for FCN-specific documentation, consistent access to Connect Oregon (an important community resource referral platform), and to streamline communication with providers when needed. Housing supports and increasing health equity were specific areas of emphasis. These FCNs are in various stages of launching their FCN practice.

Westberg Foundations of Faith Community Nursing Course

The FCHN has recently become an approved Westberg Institute Foundations of Faith Community Nursing Educational Partner. They will offer the Foundations of Faith Community Nursing course annually, each late summer or fall over six days, in two-day sessions (Mondays and Tuesdays), spaced two weeks apart. The course will be delivered over Zoom to increase access to rural RN Oregonians. The 2022 course will begin on August 29, 2022. The FCHN invites RNs from across Oregon and from all faiths to join with them in this exciting nursing practice.

References

American Nurses Association (2017) Faith Community Nursing Scope and Standards, 3rd Edition

Centers for Disease Control and Prevention, Social Determinants of Health: https:/www.cdc.gov/socialdeterminants/index.htm

Robert Wood Johnson Foundation, What works for health/strategies: https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/faith-community-nursing

Westberg Institute for Faith Community Nursing Events: https://community.westberginstitute.org/event.html

By OSBN Communications Manager ***Barbara Holtry***

VERIFICATION SUBSCRIBERS WILL SOON SWITCH TO E-NOTIFY

As mentioned in the February and May issues of Sentinel, work continues to implement the OSBN's new database and several accompanying services. At press time, the go-live target date is October 10. One of the forthcoming changes will be a switch for current subscribers to the OSBN employer verification service.

The employer subscription service is a method for employers to receive notifications about changes to their employees' licenses or certificates. It makes it easier for employer human resource departments to keep up with sometimes hundreds of licenses or certificates. However, with the change to the ORBS database, the OSBN is retiring the current verification service and encouraging all subscribers to sign up for the NCSBN's free Nursys® e-Notify subscription service (https://www.nursys.com/EN/ENDefault.aspx).

E-Notify is free, but only provides verifications for RNs, LPNs, and APRNs at this time. The OSBN will suspend CNA notifications at the go-live date and reevaluate the need at a later date.

Called the Optimal Regulatory Board System (or ORBS® for short), the new database is a comprehensive and secure cloud-based system designed specifically for nursing regulation by the National Council of State Boards of Nursing (NCSBN).

In addition to the change to e-Notify, there are four related products developed for ORBS® that will replace other OSBN services:

- Licensing portal. Current licensees will need to create a new username and password before using the new ORBS® licensing portal, but the process is essentially the same.
- Complaint portal. Users who wish to submit a complaint regarding a nurse or nursing assistant will experience a greatly improved and modern user interface.
- License Verification System. The current OSBN license verification system will be replaced by the ORBS® verification system.
- Graduation portal. The current portal used by Oregon nursing education programs to verify that their students have graduated will be replaced by the ORBS® affidavit of graduation portal. Detailed user information will be sent to all Oregon nursing program deans and directors soon.

All the changes will provide for a modern, integrated experience for both internal and external users. Additional information about the changes will be available in the coming months on the OSBN website and through targeted messaging.

2022 OSBN BOARD MEMBERS

JUDITH WOODRUFF, JD
BOARD PRESIDENT
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

SHERYL OAKES CADDY, JD, MSN, RN, CNE
BOARD SECRETARY
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..

MICHELLE CHAU, LPN
TERM: 1/1/19 – 12/31/21, 1/1/22 – 12/31/24

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.

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.

AARON GREEN, CNA
PRESIDENT-ELECT
TERM: 10/1/20 – 12/31/21, 1/1/22 – 12/31/24

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.

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.

YVONNE DUAN, RN, FNP
TERMS: 1/1/22 – 12/31/24

Ms. Duan is a Family Nurse Practitioner and CEO of Renew Aesthetic Clinic in Portland, Ore. She received her medical doctor degree from North China Coal Medical College in Tang Shan, China, her Master Degree in Nursing from the University of Manitoba in Winnipeg, Canada, and her FNP post-master certificate from the University of Kentucky in Lexington, Ky. She resides in Beaverton, 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.

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.

DISCIPLINARY ACTIONS

Actions taken inApril, May, and June 2022. Public documents for all disciplinary actions listed below are available on the OSBN website at www.oregon.gov/OSBN (click on 'License Verification').

Name	License Number	Discipline	Board Vote	Violations
Jennifer E. Ayars	L202204165RN	Probation	4-13-22	24-month probation contingent on conditions. Conduct related to impairment.
Steve R. Barnard	201405583CNA	Revocation	5-18-22	Abusing a person, using intoxicants to an extent injurious to himself or others, and failing to report a conviction to the Board within 10 days of the conviction.
Margaret C. Bartley	200341136RN	Civil Penalty	4-15-22	$4,400 civil penalty. Practicing nursing without a current license.
Shad J. Bedingfield	201902264RN	Suspension/ Reprimand	5-18-22	15-day suspension/reprimand with conditions. Engaging in abusive behavior towards coworkers.
Emmy L. Brockmann	202201801LPN	Revocation	5-18-22	Failing to comply with the terms and conditions of the Health Professionals' Services Program.
Sara A. Brown	200140446RN	Reprimand	6-15-22	Demonstrated incidents of reckless behavior and failing to conform to the essential standards of acceptable nursing practice.
Dana A. Christensen	201408522RN	Suspension	5-18-22	Minimum 14-day suspension. Failing to cooperate with the Board during an investigation.
Janet Cilia	201708989CNA	Revocation	6-15-22	Leaving a nursing assistant assignment without properly notifying appropriate supervisory personnel and failing to answer questions truthfully.
Rebecca L. Clemens	200130267LPN	Civil Penalty	4-22-22	$1,275 civil penalty. Practicing nursing without a current license.
Renee M. Edwards	200450130NP	Voluntary Surrender	4-13-22	Failing to properly assess and document client assessment when prescribing, prescribing drugs to a person who was not her client, and failing to conform to the essential standards of acceptable nursing practice.
Scott M. Everson	200640271RN	Suspension	5-18-22	30-day suspension. Abusing a client and failing to conform to the essential standards of acceptable nursing practice.
Margaret A. Griffith	083043001RN	Probation	5-18-22	24-month probation. Violating the terms and conditions of a Board Order.
Benjamin S. Guerra	202001432CNA	Voluntary Surrender	6-15-22	Conviction of a crime that bears demonstrable relationship to CNA duties.
Katherine A. Hanna	201140422RN	Suspension	6-15-22	15-day suspension. Demonstrated incidents of violent, abusive, intimidating, neglectful, or reckless behavior and failing to conform to the essential standards of acceptable nursing practice.
Kirstin B. Hartman	201906759CNA	Voluntary Surrender	6-15-22	Violating the terms and conditions of a Board Order.
Lynn M. Hill	200430443LPN	Reprimand	5-18-22	Failing to take action to preserve client safety, failing to document client care information, and failing to conform to the essential standards of acceptable nursing practice.
Gwendolyn Hull	202009982RN	Revocation	6-15-22	Demonstrated incidents of dishonesty, engaging in threatening behavior toward a coworker, and failing to answer questions truthfully.
Guy L. Inzunza	201805445RN	Reprimand	4-13-22	Failing to take action to preserve client safety and failing to conform to the essential standards of acceptable nursing practice.
Marc C. Johnson	202011145RN/ 202100711CRNA	Probation	6-15-22	36-month probation. Practicing nursing while impaired.
Mary E. Kern	093000530RN	Voluntary Surrender	5-18-22	Violating the terms and conditions of a Board Order.
Fallon T. King	201900337CNA	Revocation	6-15-22	Violating the terms and conditions of a Board Order.
Carla J. Kostol	093000636RN	Probation	4-13-22	24-month probation. Using intoxicants to the extent injurious to herself or others.
Barbara Mickel	200930361LPN	Reprimand/Civil Penalty	6-15-22	$700 civil penalty. Violating a person's rights of privacy and confidentiality by accessing information without proper authorization or a demonstrated need to know.
Amanda A. Mims	200810187CNA	Revocation	6-15-22	Performing CNA duties while impaired and using intoxicants to the extent injurious to herself or others.
Lynda J. Mjelde	095006686RN	Probation	5-18-22	24-month probation. Using intoxicants to the extent injurious to herself or others.
Dennis G. Montoya	201805043RN	Suspension	5-18-22	30-day suspension with conditions. Engaging in sexual misconduct with a client in the workplace, failing to maintain professional boundaries with a client, and failing to conform to the essential standards of acceptable nursing practice.
Jeremiah D. Moore	201702552RN	Reprimand	6-15-22	Falsifying data.
June I. D. Morales	201407328LPN	Suspension	4-13-22	Minimum 14-day suspension. Failing to cooperate with the Board during an investigation.
Christine E. O'Connor	201909923NP-PP	Suspension	4-13-22	14-day suspension with conditions. Failing to maintain professional boundaries with a client.
Chayla J. Owen	201710598CNA	Voluntary Surrender	6-15-22	Failing to respect the dignity and rights of clients, and demonstrated incidents of abusive behavior.
Jolene A. Patrick	200941184RN	Voluntary Surrender	4-13-22	Failing to administer medications in a manner consistent with state and federal law.
Amy A. Pritchett	200711239CNA	Application Denied	6-15-22	Failing to answer application questions truthfully and failing to cooperate with the Board during an investigation.

Name	License Number	Discipline	Board Vote	Violations
Jeanniemarie L. Rice	201802384RN	Reprimand	6-15-22	Reprimand with conditions. Performing acts beyond her authorized scope and failing to conform to the essential standards of acceptable nursing practice.
Jennie A. Roberts	201802271CNA	Suspension/ Probation	4-13-22	30-day suspension, followed by 24 months of probation. Demonstrated incidents of dishonesty and fraud.
Julia N. Rodriquez	200840519RN	Probation	6-15-22	24-month probation. Practicing nursing while impaired.
Kari L. Roper	082009968RN	Reprimand	6-15-22	Failing to take action to preserve or promote client safety and failing to conform to the essential standards of acceptable nursing practice.
Danielle E. Schally	201900604LPN	Voluntary Surrender	5-18-22	Using intoxicants to the extent injurious to herself or others.
Kristin J. Schaper	202010317RN	Voluntary Surrender	4-13-22	Practicing nursing while impaired.
Amy C. Schroeder	201504672RN	Reprimand/Civil Penalty	5-18-22	$500 civil penalty. Entering falsified documentation into agency records.
Paige J. D. Sciulli	200141364RN	Probation	5-18-22	24-month probation. Using intoxicants to the extent injurious to herself or others.
Rikki L. Shene	200930518LPN	Civil Penalty	5-9-22	$1,150 civil penalty. Practicing nursing without a current license.
Angele Stanley	097000477RN	Reprimand	5-18-22	Failing to document information pertinent to client care and failing to conform to the essential standards of acceptable nursing practice.
Justin C. Stubbs	201800449CNA	Voluntary Surrender	5-18-22	Exploiting a client for personal gain and stealing money from the client family.
Sheffie D. Surber	200330441LPN	Suspension/Civil Penalty	5-18-22	60-day suspension and $2,000 civil penalty. Failing to maintain professional boundaries with a client, failing to respect the dignity and rights of clients, and violating a person's rights of privacy.
Kimberly D. Swegar	200441361RN	Voluntary Surrender	5-18-22	Conduct substantially related to fitness and ability of licensee.
Shaun D. Tolbert	201906152NP-PP 201905636RN	Voluntary Surrender Probation	4-13-22	Conviction of a crime that bears demonstrable relationship to the practice of nursing.
Dannielle C. Trotter-Snell	201405529CNA	Reprimand	4-13-22	Abusing a person and performing acts beyond her CNA authorized duties.
Gina M. Verley	081001855RN	Suspension	5-18-22	90-day suspension with conditions. Neglecting a client, demonstrated incidents of dishonesty, and failing to conform to the essential standards of acceptable nursing practice.
Darin J. Werlinger	201608744RN	Probation	4-13-22	24-month probation. Using intoxicants to the extent injurious to himself or others.
Frances Wheeler	201390698RN	Voluntary Surrender	5-18-22	Failing to comply with the terms and conditions of the Health Professionals' Services Program.
Tamika H. Winter	LPN Applicant	Voluntary Withdrawal	5-18-22	Using intoxicants to the extent injurious to herself of others.
Edward Yeremuk	201800331RN	Suspension	5-18-22	Minimum 14-day suspension. Failing to cooperate with the Board during an investigation.

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.

Don't Forget to Renew!

Nursing licenses and nursing assistant certificates expire every two years, on your birthday. 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.

2022 OSBN BOARD MEETING DATES

August 17, 2022	4:30 p.m.	Board Meeting (Primarily Executive Session)
September 14, 2022	9 a.m.	Board Meeting (Primarily Executive Session)
September 15, 2022	9 a.m.	Board Meeting
October 12, 2022	4:30 p.m.	Board Meeting (Primarily Executive Session)
November 16, 2022	9 a.m.	Board Meeting (Primarily Executive Session)
November 17, 2022	9 a.m.	Board Meeting
December 14, 2022	4:30 p.m.	Board Meeting (Primarily Executive Session)

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

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. Use the free e-Notify service to keep track of large numbers of licensees with regular updates: https://www.nursys.com/EN/ENDefault.asp
3. National Council for State Boards of Nursing NURSYS license verification and E-NOTIFY systems: https://www.ncsbn.org/license-verification.htm

YOU LOVE WHAT YOU DO, NOW LOVE WHERE YOU DO IT.

OLYMPIC
MEDICAL CENTER

Port Angeles and
Sequim, WA

olympicmedical.org/
careers

Are you ready for a change of scenery? Consider joining our nursing team.

You love caring for patients. Imagine doing that on the Olympic Peninsula surrounded by gorgeous scenery and incredible recreational opportunities. Come join a stable and invested workforce that is caring for our community during the pandemic and beyond. See our open nursing positions with **$10,000 hiring incentives** and apply online today. Learn more by contacting Larsson at lchapman@olympicmedical.org.

Oregon State Board of Nursing
17938 SW Upper Boones Ferry Road
Portland, OR 97224-7012

Join the team that saves lives every day.

Grow your strengths with us.

MLK Community Healthcare thanks our nurses for their commitment to improving our patients' health. We want nurses like you to join us and help better the health of our community.

We give you the tools and resources to learn, grow, and become the best nurse you can be. Join our team and experience how our support can enrich your career.

Featured jobs:

- Emergency Department
- ICU
- Med Surg/Tele

Impact lives, impact your career.

Join our team.

Let's Connect!
careers@mlkch.org
Call/Txt 562-536-5451

MLK Community Healthcare
1680 E. 120th St., L.A. CA 90059
MLKCH.org