

OREGON BOARD OF NURSING

# SENTINEL

[ VO.43 • NO. 4 • FALL 2024 ]

## AI in Healthcare: A Powerful Tool, but Not a Replacement for Human Expertise



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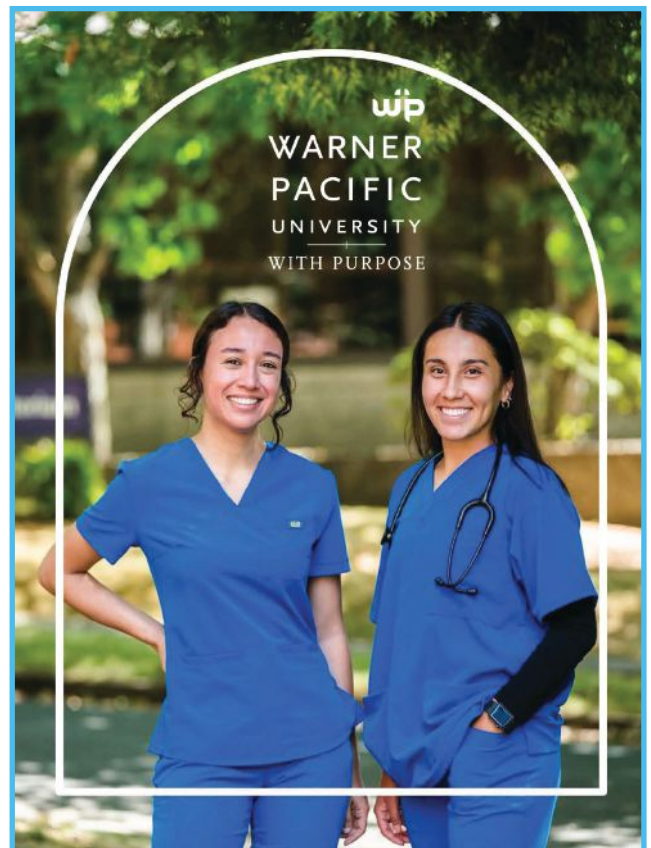
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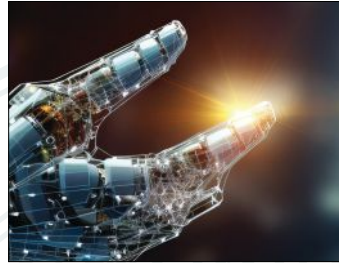
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# SENTINEL

[ VO.43 • NO. 4 • FALL 2024 ]

## table of CONTENTS



Page 8



Page 12



Page 22

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

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EDITION 64

Director's Message..... 4

AI in Healthcare:  
 A Powerful Tool, but not a Replacement  
 For Human Expertise..... 8

OSBN Prescriptive Authority Video for  
 Oregon APRNs..... 10

Nursing Names 2024 Outstanding Nurse  
 Preceptor Award Recipients..... 12

Revised RN Delegation Rules  
 Now in Effect..... 14

Fraud Detection Guidance for Employers  
 and Educators..... 16

CNA and CMA Competency Exam  
 Changes Increase Patient Safety..... 17

Removing Barriers Changes to OSBN Rules  
 for APRN Clinical Placements..... 18

CNA Consolidation:  
 What You Need to Know..... 20

Nursing Education:  
 Approval vs Accreditation..... 22

You Ask, We Answer..... 24

Highlights from the  
 September 2024 Board Meeting..... 30

- 26** 2024 Board Members
- 27** 2024-25 Board Meeting Dates
- 28** Board Disciplinary Actions



# OSBN'S PIVOTAL DECISION TO REENGAGE IN THE ALTERNATIVE TO DISCIPLINE PROGRAM

In September 2022, the Oregon State Board of Nursing voted to cease participation in the Health Professional Service Program (HPSP). As a result, OSBN licensees who have come to the Board's attention no longer have access to a confidential alternative-to-discipline (ATD) program, and nurses who attempt to self-refer are denied.

Upon arriving at OSBN a year ago, I reviewed past meeting minutes of public meetings to understand what the Board considered when making this decision. The main factors, it was concluded, were low engagement, high cost, and inequity of program structure by not including CNAs. I discovered when OSBN ceased participation, there were 612 participants between 2010 and 2022. Overall, the success rate was 58.7%. The national average of nurses successful in ATD programs is approximately 61%. This is something to investigate, as this success rate is less than the success rate of physicians (80%), pharmacists (75%), and dentists (75%).

After reviewing the minutes, I noticed that the past Board's vote focused on the price per licensee. Over the past year, the discussion has focused on the price per licensee we save by supporting their wellness and keeping them in the workforce. I researched the history of ATD programs, how they are set up in Oregon, and best practices nationwide to update the Board with data to support discussion at public meetings over the past year.

In 1958, the Federation of State Medical Boards (FSMB) made a groundbreaking move by identifying drug addiction and alcoholism among physicians as a disciplinary issue. This early recognition paved the way for developing model rehabilitation programs, approved for nationwide use as an alternative to automatic discipline for healthcare providers in need. These initiatives acknowledged the unique role of healthcare professionals as safety-sensitive workers responsible for their

patient's health and safety and the importance of promoting provider well-being.

The American Nurses Association (ANA) and National Council State Boards of Nursing (NCSBN) played a pivotal role in advocating for recovery and re-entry into practice for healthcare professionals. Their efforts led to establishing the first alternative-to-discipline program for nurses in Florida in 1983, marking a significant step in protecting healthcare professionals and the public with compassion and effectiveness. In 1984, the ANA adopted a resolution advocating nonpunitive state assistance programs and treatment before disciplinary action. The ANA's endorsement of the ATD approach showed recognition of its value and effectiveness in addressing substance use and other mental health disorders among healthcare professionals. Boards of nursing began recognizing the disease model of addiction. They started moving away from the discipline-first approach for nurses with diagnosed substance use disorder and other potentially impairing illnesses.

Today, substance use disorders are considered an occupational hazard in the healthcare industry. Recent data collected from the Nurse Work Life and Wellness Survey, a comprehensive study on the well-being of nurses, resulted in 9.9% of nurse respondents reporting prescription-type misuse and 15.6% reporting other drug misuse. Overall, 11.4% of nurses screened positive for substance use problems, and 6.6% screened positive for substance use disorder.

The primary mission of ATD programs is to protect the public by enhancing the health of medical professionals, thereby contributing to quality patient care. This mission underscores the crucial role of these programs and instills a sense of responsibility and commitment in healthcare professionals and regulatory boards. However, it's important to note that six states, including Oregon, currently lack access to programs

*continued on page 6 >>*



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that provide nurses with an alternative-to-discipline during recovery.

The ATD programs also support workforce retention and increased long-term recovery rates. The ATD approach's confidentiality also reduces stigma and shame, opening the door to early identification, access to treatment, and monitoring.

The Board concluded that alternative-to-discipline programs enhance a board's ability to quickly assure public protection by promoting early identification through regular screenings, intervention, and evidence-based treatment for providers with substance use disorder and other potentially impairing illnesses. The benefits to the nurse include demonstrating to the Board in a non-disciplinary and nonpublic manner that they can remain safe and sober while retaining their license. This early

identification and intervention process is critical to these programs, ensuring that potential issues are addressed before they negatively impact patient care. This explains why the Board voted at the September 2024 meeting to reengage in HPSP.

I am now working with the other health professional regulatory boards enrolled in HPSP (Oregon Medical Board, Oregon Board of Pharmacy, and Oregon Board of Dentistry) on a request for a proposal to bring final information to the Board to vote to reengage in February 2025. During the upcoming months, I will work to update OSBN policies so that we follow best practices for ATD. I am also committed to following other states' implementing strategies to increase enrollment. For example, Alabama launched a public awareness campaign in 2017 that doubled the number of nurses in its monitoring program, and Florida developed supervisor training

for monitoring and training for all licensed nurses to increase their ability to recognize on-the-job impairment.

Please stay tuned for further updates on restoring the ability of Oregon nurses to self-refer to an alternative-to-discipline program.

#### Bibliography/Resources

Federation of State Physician Health Programs (2019). Physician Health Program Guidelines. Federation of State Physician Health Programs Inc.

National Council of State Boards of Nursing (2011). Substance Use Disorder in Nursing: A Resource Manual and Guidelines for Alternative and Disciplinary Monitoring Programs. National Council of State Boards of Nursing Inc.

Trinkoff A. M., Selby V. L., et al (2022). The Prevalence of Substance Use and Substance Use Problems in Registered Nurses: Estimates from the Nurse Work Life and Wellness Study. *Journal of Nursing Regulation* 12(4)

### Mission Statement:

The Oregon State Board of Nursing protects the public through regulatory excellence and promoting the wellness of nursing professionals.

### Vision Statement:

A safe and healthy public promoted through a healthy and diverse nursing workforce.

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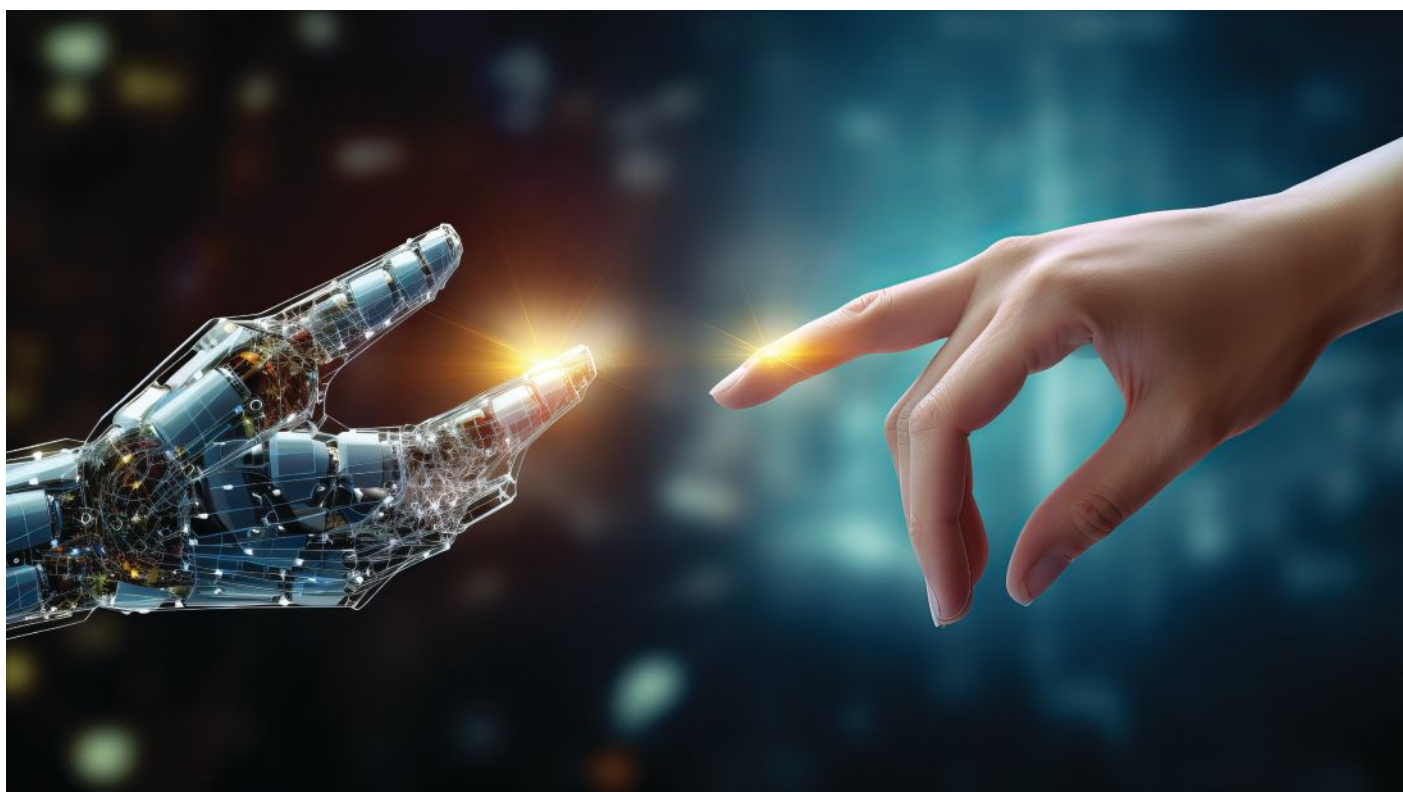
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# AI IN HEALTHCARE: A POWERFUL TOOL, BUT NOT A REPLACEMENT FOR HUMAN EXPERTISE



In recent years, artificial intelligence (AI) has gained considerable momentum in many fields including healthcare, offering significant benefits to allied health professionals and specifically advanced practice registered nurses (APRNs). However, despite the undeniable advantages AI brings, it's crucial to balance technological innovation with the timeless, human-centric aspects of care—particularly physical assessment and clinical judgment.

## Benefits of AI in Healthcare

1. **Enhanced Diagnostics and Precision Medicine:** AI algorithms, particularly in imaging and diagnostics, have shown promise in detecting conditions such as cancer, cardiovascular diseases, and neurological disorders at early stages. These systems analyze large volumes of data far faster and more accurately than humans, aiding in early intervention and personalized treatment plans.



For example, AI-driven diagnostic tools can rapidly analyze radiological scans and detect abnormalities that might be missed by the human eye. AI can also predict patient outcomes based on large datasets of patient information, tailoring treatment plans to individual patient profiles.

2. **Streamlining Administrative Tasks:** AI can automate routine administrative tasks such as scheduling, billing, and even managing electronic health records (EHRs). This frees up more time for providers to focus on patient care rather than paperwork.
3. **Improving Patient Monitoring:** Wearable devices powered by AI can continuously monitor patients' vital signs, alerting providers to potential problems before they escalate. This is particularly beneficial in chronic disease management, where constant monitoring can reduce hospitalizations and improve patient outcomes.
4. **Data-Driven Decision Support:** AI systems can assist in clinical decision-making by offering evidence-based recommendations and predicting potential complications. This is particularly useful in complex cases where multiple factors need to be considered.

healthcare. Patients value the empathy, reassurance, and trust that come with face-to-face interactions with nurses and providers. The "old-fashioned" skills of physical assessment, bedside manner, and clinical judgment remain irreplaceable in providing holistic, compassionate care.

3. **Over-reliance on Technology:** There is a concern that as AI systems become more integrated into healthcare, providers may become overly reliant on these tools, potentially diminishing their own critical thinking skills. Clinical intuition and years of accumulated experience cannot be replaced by AI. It is essential for nurses and providers to continue honing their physical assessment skills, listening to patient narratives, and using their judgment to provide safe, effective care.
4. **More decisions, questions arise about accountability.** If an AI system makes an incorrect diagnosis or recommendation, who is responsible—the provider or the developers of the AI? Legal and ethical frameworks for the use of AI in healthcare are still evolving, creating uncertainty in terms of liability and patient safety.

## Concerns About AI in Healthcare

1. **Potential for Errors:** Despite its accuracy in certain areas, AI is not infallible. AI algorithms depend on the data they are trained on, and if the data is incomplete, biased, or inaccurate, the resulting recommendations could be flawed. Moreover, AI systems may lack the ability to interpret nuances in patient presentations or account for rare or atypical conditions, potentially leading to errors in diagnosis or treatment plans.
2. **Loss of Human Touch:** While AI excels at processing large amounts of data and identifying patterns, it cannot replicate the human connection essential to

## Balancing AI with Human Expertise

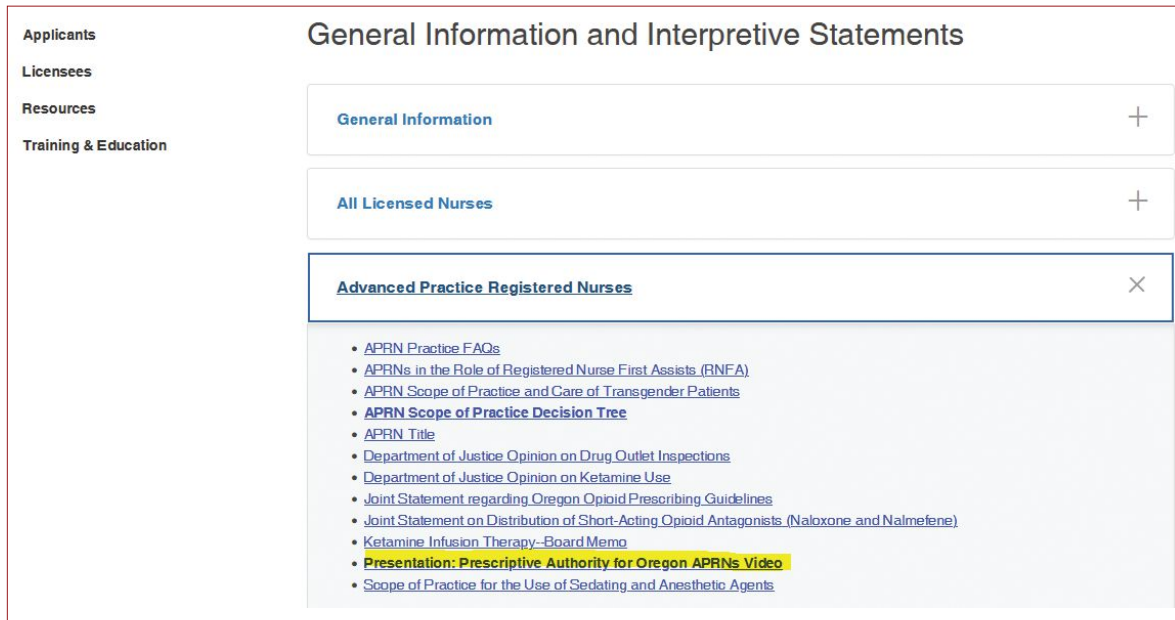
AI is undoubtedly transforming the healthcare arena by improving efficiency, accuracy, and patient outcomes. However, the role of healthcare providers, particularly APRNs, is more important than ever. Clinicians must use AI as a tool to complement, not replace, their skills.

Nurses must continue to engage in "old-fashioned" physical assessments, listen to patients' concerns, and apply their clinical knowledge and intuition to deliver comprehensive care. AI can help optimize care, but it is the human touch that ultimately makes healthcare effective and compassionate.

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# OSBN PRESCRIPTIVE AUTHORITY VIDEO FOR OREGON APRNS



The Oregon State Board of Nursing (OSBN) has recently released an essential video resource for all Advanced Practice Registered Nurses (APRNs) practicing in the state. The Prescriptive Authority for Oregon APRNs video, now available on the OSBN website, provides crucial updates and guidance to ensure APRNs remain compliant with state laws and federal regulations regarding prescribing practices.

**Key Highlights of the Video:**

1. **Comprehensive Overview of Prescriptive Authority:** The video covers the legal and regulatory frameworks surrounding prescriptive authority, with a particular focus on Division 55 of the Oregon Nurse Practice Act. APRNs are reminded of the importance of adhering to these requirements to maintain safe, ethical, and legal prescribing practices.
2. **DEA Requirements for Controlled Substances:** It outlines the DEA’s stipulations for APRNs prescribing controlled substances, offering clear guidance on proper record-keeping, secure prescription practices, and the steps needed to renew DEA registrations. These

protocols ensure compliance with federal laws and help prevent misuse of prescribed medications.

3. **Harm Reduction and Patient Safety:** In alignment with Oregon’s public health initiatives, the video emphasizes harm reduction strategies. APRNs are encouraged to engage in thoughtful, patient-centered prescribing, particularly with high-risk medications like opioids. The normalization of marijuana use among patients is also addressed, with recommendations for safe and effective care.
4. **Mandatory for License Renewal:** A key takeaway from this video is its mandatory status for all APRNs in Oregon. Viewing the video is a requirement during each license renewal period to ensure that practitioners remain up to date with evolving standards of care. This helps APRNs stay informed about the latest regulations and best practices in prescriptive authority, promoting both patient safety and professional accountability.

APRNs in Oregon can access the video directly on the OSBN website via the interpretive statements page or through the Prescriptive Authority for Oregon APRNs presentation.





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## Practice Update: Stimulant Prescribing Trends and Concerns

In a recent educational webinar, the Drug Enforcement Agency (DEA) reviewed stimulant prescribing data collected by the FDA and the Centers for Disease Control and Prevention (CDC). The data revealed a troubling rise in prescriptions for Schedule II stimulants, including amphetamines, dextroamphetamine, methylphenidate, and methamphetamine.

### Key Findings:

- From 2012 to 2023, prescriptions for these stimulants have tripled nationwide.
- A significant concern is that nurse practitioners were found to write the highest number of stimulant prescriptions.
- The most common diagnosis associated with these prescriptions is adult Attention Deficit Hyperactivity Disorder (ADHD), for which no specific clinical practice guidelines currently exist.

This surge in stimulant prescriptions presents a public health and patient safety concern due to the risk of medication misuse. Patients who cannot obtain these medications from legitimate sources may resort to illicit, diverted, or counterfeit alternatives, which can contain dangerous substances like fentanyl or other synthetic drugs.

### Call to Action for APRNs

APRNs must remain vigilant in their prescribing practices and stay informed on the latest trends and risks associated with stimulant medications, it is essential in ensuring the safety and well-being of patients.

#### References:

Drug Enforcement Agency (DEA) Educational Webinar on Stimulant Prescribing (2024).  
FDA & CDC Prescribing Data (2024).

Oregon State Board of Nursing (OSBN) – Prescriptive Authority for Oregon APRNs Video.



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# NURSING NAMES 2024 OUTSTANDING NURSE PRECEPTOR AWARD RECIPIENTS





In September, the Oregon Center for Nursing (OCN) celebrated honorees of the 2024 Oregon Outstanding Nurse Preceptor Awards, recognizing 20 exceptional preceptors for their vital contributions to the nursing profession. In its fourth year, the annual event celebrates the critical role nurse preceptors play in strengthening and furthering Oregon's healthcare workforce.

“Nursing preceptors are an essential piece of successful nursing transition and employee retention,” says Jana Bitton, Executive Director of OCN. “Their mentorship helps new nurses and those transitioning to new specialties thrive, ensuring a stronger, more resilient healthcare system for Oregonians.”

Preceptorship is vital in employee onboarding, guiding both new graduates and experienced nurses as they adapt to new roles and environments. Healthcare systems across the state nominated an organizational honoree who demonstrated excellence in mentorship, leadership, and support. Additionally, the Oregon Outstanding Nurse Preceptor Awards feature the “Impact Award,” a peer-nominated honor recognizing nurses who have made a profound difference in their colleagues' careers.

Recipients were celebrated during a virtual ceremony on Wednesday, September 18, 2024. This year's Outstanding Nurse Preceptor Award winners include:

- Cyntia Pope, Registered Nurse at Sky Lakes Medical Center
- Andrew Wright, Staff Nurse at McKenzie-Willamette Medical Center
- Cortney Hett, Nurse Case Manager, Home Health at Kaiser Permanente
- Chrissy Doud, Registered Nurse at Grande Ronde Hospital
- Lora Rood, Staff Nurse at Bay Area Hospital
- T'ien Corum, Registered Nurse at Legacy Health
- Sarah Holm, Registered Nurse at Oregon Health and Sciences University
- Diane Paquette, Clinical Nurse at Salem Health
- Miranda Palmer, Staff Nurse at PeaceHealth
- Kimberly Richards, PMHNP at Sequoia Mental Health Services
- Amelia Guzman Steimel, Community Health Nurse at Multnomah County
- Jennifer Krieger, Registered Nurse at Adventist Health
- Shayne Rickman, Registered Nurse at Providence Hood River Memorial Hospital
- Angela Buller, Staff Nurse at St. Charles Medical Center
- Allison Coughlin, Registered Nurse at St. Charles Medical Center
- Bryce Burkett, Registered Nurse at Kaiser Permanente
- Robin Lazarun, School Nurse at Multnomah Education Service District
- Jennifer O'larte, Registered Nurse Team Lead at Kaiser Permanente
- Maryann Elias, Registered Nurse at Samaritan Health
- Mandy Maul, Clinical RN at Oregon Health and Sciences University



The OCN serves as Oregon's nonprofit nursing workforce center, working to advance the nursing profession across the state. The organization fulfills its mission of supporting “informed, well-prepared, diverse, and exceptional nursing professionals” through research, education, and programming like the annual Oregon Outstanding Preceptor Awards. Established

by nursing leaders in 2002, OCN is regarded by nurse leaders, educators, and the Oregon state legislature as a leader and advisor for nursing workforce issues, including well-being, job satisfaction, and retention.

More information about OCN and this year's Outstanding Nurse Preceptors is available at [oregoncenterfornursing.org/nurse-preceptors-awards](https://oregoncenterfornursing.org/nurse-preceptors-awards).

# REVISED RN DELEGATION RULES NOW IN EFFECT

The Oregon State Board of Nursing adopted revised Oregon Administrative Rules (OAR) Chapter 851 Division 47 Standards for Registered Nurse Delegation Process in a Community-Based Setting during the August 26, 2024, special Board meeting. The adopted rules went into effect on September 1, 2024.

Commonly referred to as Division 47 of the Nurse Practice Act (NPA), these rules contain standards for RN delegation that occurs in a community-based setting. These rules provide the option for an RN to authorize an unregulated assistive person (UAP) to perform a health-related procedure from within the plan of care for their client when the RN determines such action is safe for the client.

Overall changes made to the rules include the addition of Oregon Revised Statute 678.150(6)(i)(B) & (8) (2023 edition) language for RN delegation in a community-based setting. Also, the titles of rule numbers have been simplified and the rules emphasize the individual RN's responsibility for client safety based on their own clinical judgment.

The following is a summary of the Division 47 revisions effective September 1, 2024:

## Highlighted Changes

### **851-047-0000 Statement of Purpose**

- This rule now uses terms found in Chapter 678 statutes that direct the Board to write rules on community-based delegation. Terms used are “other than licensed nursing personnel,” “patient care tasks,” and “tasks related to the administration of medication.” These terms are explained through standards located in subsequent rule numbers.

### **851-047-0030 General Provisions**

- Statutory terms used in 851-045-0000 are explained:
  - “Patient care tasks” and “tasks related to the administration of medication” are nursing procedures. The term nursing procedure is used for the remainder of the Division 47 rules (and defined in

OAR 851-006 Standard Definitions).

- “Other than licensed nursing personal” is an unregulated assistive person. Note: The term unregulated assistive person (UAP) is used for the remainder of the Division 47 rules (and defined in OAR 851-006 Standard Definitions).
- Additional statutory terms are presented: “Procedural guidance,” “initial direction,” and “periodic inspection and evaluation.” These terms are clarified in subsequent rules.
- The ORS 678.036(3) statute is placed into the revised rules: 678.036 (3) A nurse who delegates the provision of nursing care to another person pursuant to ORS 678.150 shall not be subject to an action for civil damages for the performance of a person to whom nursing care is delegated unless the person is acting pursuant to specific instructions from the nurse or the nurse fails to leave instructions when the nurse should have done so.

### **851-047-0045 Process for RN Initial Delegation**

- This rule contains a standard that expressly identifies 10 specific criterion that, when met in total, demonstrate that RN delegation is a safe care delivery option for the RN's client. When the RN determines that each criterion has been met, the RN is then permitted to proceed with the prescribed process for delegation.
- The use of statutory terms “procedural guidance” and “initial direction” are found under this rule number. These terms replace what was formerly identified as educating the UAP about the nursing procedure and evaluating the UAP's learning outcomes.
- In contrast to the previous version of Division 47, the standards are now silent on the RN directly observing the UAP perform the nursing procedure on the client for whom it is ordered. This means the RN holds



discretionary authority to determine the method of evaluation to arrive at the clinical judgment that the specific UAP is safe to perform the nursing procedure on the client.

- The RN who validates the UAP's accurate performance of the procedure may now authorize the UAP to perform the procedure on the client for a period not-to-exceed 90 days. The previous version of the rules limited the RN's authorization of their UAP practice team member to not exceed 60 days.
- The RN is no longer responsible for generating a recommendation on how their client might continue to receive their ordered procedure in the event the RN is no longer a member of the client's practice team.

#### **851-047-0050 Process for Periodic Inspection and Evaluation.**

- This rule number was formerly titled, "Ongoing RN evaluation of the Safety of the Delegation," and is now titled with the statutory terms for the same process: Periodic inspection and evaluation.
- The prescribed process for periodic inspection and evaluation must be carried out by the RN at least once prior to the expiration of the UAP's initial authorized period, and at least once prior to the expiration of any subsequent reauthorization period.
- As in the previous rules, the standards specify when the RN concludes that delegation is not a safe care delivery option for their client, the RN may not reauthorize the UAP's performance of the procedure for the client. However, the revised rules expressly state that nothing in the rules prevents the RN from addressing an issue causing the delegation to be unsafe for their client, from taking action to verify resolution of the issue, and then proceeding with the prescribed periodic inspection and evaluation process.
- Another notable revision under this rule number is that instead of the RN being required to directly observe the UAP perform the procedure on the client, the revised standards identify the RN must: "Directly observe the UAP perform the nursing procedure." The difference being the standard is now silent on who or what is at the receiving end of the UAP's performance of the nursing procedure during the time the RN is adhering to the required process steps of their periodic inspection and evaluation.

#### **851-047-0055 Limitations on the Delegation of a Nursing Procedure related to the Administration of Medication by the Intravenous or I.V. Route**

- Aside from a minor rearrangement of content under this rule number, there is the removal of permission of an RN who is an employee of a licensed home infusion agency, to delegate a nursing procedure related to the administration of a medication by the I.V. route. The reason being is that a home infusion agency is not an agency type licensed by the state of Oregon - whereby this category of employer does not exist.

#### **851-047-0060 Ending a UAP's Authorization to Perform a Nursing Procedure**

- Formerly called rescinding a delegation, this RN action is now called ending a UAP's authorization to perform a nursing procedure.
- The revised standards now identify five (of the former eight) situations where the RN must end a UAP's authorization. The three situations not carried forward are captured by a new standard requiring the RN to end a delegation when it is no longer a safe care delivery option for their client.

#### **851-047-0065 Rescinding the Delegation for a Client and UAP, and 851-047-0070 Requirements of a Synchronous Hand Off by the Accepting RN**

- Both rule numbers have been repealed. This means the rule numbers and their respective standards no longer exist. Note: Per OAR 851-045-0065(6) Standards related to the licensee's responsibility for client advocacy, all RNs (in any Oregon practice setting) are responsible to promote safe client hand offs and care transitions. The term hand off is defined in OAR 851-006 Standard Definitions.

Oregon licensed nurses who practice in a community-based setting and other interested parties are encouraged to read the revised Division 47 rules directly and in their entirety. The rules are accessible through the OSBN's Nurse Practice Act link at [www.oregon.gov/osbn](http://www.oregon.gov/osbn). A video on the Division 47 September 1, 2024, revisions may be accessed on the OSBN's Nurse Practice Act Educational Presentation Materials link at the same URL.

# FRAUD DETECTION GUIDANCE FOR EMPLOYERS AND EDUCATORS

## Purpose

To provide guidance to nursing education programs, employers and others who assess nursing applicants for advanced study, employment, certification and other uses.

## Context

There is no immunity to fraud. It is experienced by almost every sector in the population. It is costly and devastating to those who are subject to it. When it invades the health professions, it becomes a serious health concern, a risk to public safety and violates public trust in the health care system. For this reason, this guidance is issued to nursing programs, employers, accreditors and others to increase awareness and help institute methods of fraud detection and prevention.

Fraud in nursing can present itself via a fraudulent nursing program or other deceitful or counterfeit methods. Mechanisms that may be used to deceive nursing regulatory bodies (NRBs), employers, educators and others can include:

- Obtaining a false nursing diploma/degree without having completed an approved nursing program; this can include a program that sells a nursing diploma/degree without providing sufficient education;
- Buying or forging a counterfeit license;
- Lying about one's experience, background, past work history; or
- Covering up a criminal background. Individuals then use the fake credentials

to apply for a nursing license, apply for a job or enroll in an advanced nursing program. Prevention requires awareness and astute detection methods. It is essential that everyone is aware that fraud exists and of some basic methods that may prevent it. To assist with this identification, basic guidance for detecting fraudulent credentials is provided.

## Recommendations

While there is no guarantee that these recommendations will prevent fraudulent individuals from entering your institution, if your institution does not already employ these methods, they should be added to your current processes for further protection.

1. Provide initial and ongoing fraud detection training for all individuals who will be reviewing and accepting applicants for your institution or agency.
2. Identify and close loopholes that evade rules or the law.
3. Fraudulent individuals look for the easiest entry routes. If your institution/agency has fewer requirements than others, be extra vigilant.
4. Check [nursys.com](https://www.nursys.com) to ensure every applicant has a valid unencumbered license.
5. Make sure the program where the applicant graduated was approved by the NRB in the state where the program is located.
6. Check references. Many cases where the applicant has provided deceitful information on an application can be identified by verifying references.

Special attention should be given to former employers and institutions of higher learning. Ask for a business email address if one is not provided.

7. Review all transcripts and other documents carefully. Details on reviewing transcripts or other documents for potential fraud can be found in NCSBN's Licensure of Internationally Educated Nurses Resource Manual ([https://www.ncsbn.org/public-files/23\\_IEN\\_manual.pdf](https://www.ncsbn.org/public-files/23_IEN_manual.pdf), pages 19–25).
8. Educational institutions and practice settings alike should have an Institution e-Notify account and enroll all their nurses. e-Notify, a component of [nursys.com](https://www.nursys.com) is a free nurse licensure notification system where institutions can receive real-time notifications about nurses enrolled in a nursing education program or employed at their institution. The system provides licensure and publicly available discipline data directly to the institutions as the information is entered into the Nursys database by NRBs.
9. Nursys is the only national nurse licensure and disciplinary database. If an NRB identifies a nurse with fraudulent credentials and revokes his/her license, that information will immediately be reported to the Nursys database and to e-Notify institution account holders. Educators and employers will quickly receive a message about the license revocation and can take appropriate actions.
10. Be alert to red flags such as inconsistencies in the information



By OSBN NA Policy Analyst *Barbara Ju*, MPH, RN, NE-BC

# CNA AND CMA COMPETENCY EXAM CHANGES INCREASE PATIENT SAFETY

on applications and transcripts (e.g., time to completion of degree, sequencing of courses, etc.) or criminal background checks. Although a red flag does not directly indicate guilt or innocence, a red flag serves as a warning sign for inconsistency and the need for additional investigation.

11. Report to your NRB any nurse who has been deceitful, provided fraudulent information to your institution or you feel is unsafe. This will prevent these nurses from moving to another institution and threatening the safety of others. Once the NRB takes action, the information will be placed into Nursys alerting others about that individual.

It is important to recognize that the majority of nurses are honest, competent and caring individuals, so the public has no need for concern. This, however, serves as a reminder to schools and employers that there are occasional opportunists who may cover up their background to obtain a job, attend a nursing program or use fraudulently obtained credentials to pose as a nurse and seek employment.

## CNAs!

Don't forget to sign up to receive renewal reminders via the OSBN CNA reminder service!

It's free and easy. Go to the OSBN website ([oregon.gov/osbn](http://oregon.gov/osbn)) and click on CNA Subscription Service.



During its September 2024 meeting, the Oregon Board of Nursing approved the July nursing assistant (NA) and medication aide (MA) Test Advisory Panel (TAP) recommendations. The TAP members who are current program directors and faculties of NA and MA education programs met to review the Oregon testing data including the minimum passing score, testing trends, attrition summary, test reliability, exit survey summaries, selected knowledge test items, and the steps of the manual NA skill examination (exam). Changes to the NA and MA competency exams went into effect October 1, 2024.

No changes were made to the MA knowledge exam, and it will remain at 60 questions.

The NA knowledge competency exam will continue to have 80 questions. After October 1, 2024, the following changes were made to the NA knowledge competency exam to align with the Board approved NA curriculum weights:

- Care Impaired will increase from 2 to 4 questions.
- Disease Process will increase from 3 to 5 questions.
- Personal Care will decrease from 12 to 10 questions.
- Role and Responsibility will decrease from 8 questions to 6 questions.

### Changes to the NA skills include:

- Bed Bath (Partial – Face, Arm, Hand, and Underarm): changed for safety reasons. The step of “Fills basin with

comfortably warm water” will be added after the step of “Provide privacy - pull curtain.”

- Catheter Care for a Male Client with Hand Washing: changed for safety reasons. One of the existing steps has been updated as a key step.
- Dressing a Bedridden Client: changed for privacy reasons. One of the existing steps has been updated as a key step.
- Perineal Care for a Female with Hand Washing: changed for safety reasons. The step of “Raise the bed to a comfortable working height”: will be added after the step of “Fill a basin with comfortably warm water.”
- Perineal Care for a Male Client, Changing a Soiled Brief with Hand Washing: changed for safety reasons. The step of “Raise the bed to a comfortable working height” will be added after the step of “Fill a basin with comfortably warm water.”
- Range of Motion (ROM) for Client’s Upper Extremities (One Shoulder): changed to be consistent with other task and motions. The step of “Complete abduction and adduction of the shoulder three times” will now read “Complete abduction and adduction of the shoulder at least three times.”

### NA Test Advisory Panel Participants:

- Barbara Ju, OSBN
- Amy Owens, Headmaster
- Brenah Quinn, Headmaster

*continued on page 19 >>*

# REMOVING BARRIERS: CHANGES TO OSBN RULES FOR APRN CLINICAL PLACEMENTS

Oregon nurses who pursued advanced practice registered nursing (APRN) education, and attended programs outside of the state, historically faced barriers when attempting to complete their clinical experiences in Oregon.

Often, these education programs allow nurses to complete their theory coursework online, while arranging and allowing for nurses to gain necessary clinical practice in the areas where they work and live. Previous OSBN administrative rules required that Board staff verify and validate every student, faculty, preceptor, and placement made by an out-of-state program. These rules also required out-of-state schools to hire a nurse faculty member with the same licensure type in Oregon to be able to evaluate students in-person during their clinical experiences.

Analysis of these rules showed that OSBN's process could lead to delays in the education of Oregon advanced practice

nurses and did not align with national regulatory trends. Although these rules and processes were initially developed to ensure public protection, Board staff analyzed more than 10 years of advanced practice clinical placement data and could not identify that these additional processes made Oregon's public safer.

Effective July 1, 2024, Oregon Administrative Rule 851-051-0060 was repealed, eliminating this process for out-of-state programs. Moving forward, Oregon nurses wishing to pursue APRN education will have fewer barriers in working with their education programs to facilitate clinical practice experiences.

For more information, visit the OSBN website ([www.oregon.gov/osbn](http://www.oregon.gov/osbn)) and click on Nurse Practice Act.



<< continued from page 17

- Becky Moore, Moore Nurse Consulting
- Bonnie Marshall, Rogue Valley Manor (RVM)
- Bonnie Wilkerson, Caregiver Training Institute (CTI)
- Carole Nice, Dallas Retirement Village
- Christine Heisler, Marquis
- Erin Hunnicutt, Volare Health
- Karen Harper, Long Term CareWorks (LTCW)
- Kelley Stipe, Clackamas Community College
- Lisa Rye, Mt Hood Community College
- Mary Ann Vaughan, EMT Associates
- Megan Phelps, Oregon Veterans Home-the Dalles
- Michele Decker, Central Oregon Community College
- Nilda Kelly, Treasure Valley Tech

**MA TAP Participants:**

- Barbara Ju, OSBN
- Amy Owens, Headmaster
- Brenah Quinn, Headmaster
- Bonnie Marshall, RVM
- Christine Heisler, Marquis
- Erin Hunnicutt, Volare Health
- Jean Tabor, CTI
- Lisa Rye, Mt Hood Community College
- Mary Ann Vaughan, EMT Associates
- Megan Phelps, Oregon Veterans Home-the Dalles

The new NA Testing and Certification candidate handbook is available at Oregon CNA Testing and Certification and the current Medication Aide Testing and Certification candidate handbook is available at Oregon Medication Aide Testing and Certification ([https://www.hdmaster.com/testing/othertesting/oregon\\_cma/OR\\_CMA\\_Home.htm](https://www.hdmaster.com/testing/othertesting/oregon_cma/OR_CMA_Home.htm)).

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# CNA CONSOLIDATION: WHAT YOU NEED TO KNOW

In support of the new administrative rules consolidating the CNA levels (effective July 1, 2025), the Oregon State Board of Nursing Board (OSBN) hosted virtual lunch & learn education events in August and October to discuss the revised Oregon Administrative Rules (Chapter 851 Division 63 Standards and Authorized Duties for the Certified Nursing Assistant and Certified Medication Aide).

Following is a collection of commonly asked questions with answers including those from the lunch and learn events.

**Q: Will there be any changes to the nursing assistant curriculum currently being taught?**

**A:** No, there will not be any changes to the nursing assistant (NA) curriculum that has been in place since August 1, 2023. NA curriculum task force and rule advisory committee members reviewed the NA curriculum, and no changes or additions were recommended. The Board approved keeping the NA curriculum as was previously approved in 2023.

**Q: Can you do a group teaching for those additional authorized duties?**

**A:** The Oregon State Board of Nursing (OSBN) does not have jurisdiction over education provided by employers post licensure and certification, therefore, OSBN will not be overseeing the teaching or competency validation processes for the “additional authorized duties.”

It is up to each employer to determine teaching and competency validation methodologies. It is required that a Registered Nurse (RN) representing the CNA employment site is teaching and performing competency validation.

**Q: How soon can an organization transition to the CNA role vs CNA 1 and CNA 2?**

**A:** During the June 13, 2024, Board meeting, the Board approved a 12-month transition period to begin July 1, 2024, through June 30, 2025, to allow organizations ample time to train CNAs so they have the skills necessary when the rules go into effect.

**Q: Will nursing students still be able to send in a document showing they have met the skills and sit for the exam?**

**A:** Yes; that is covered in Division 62 Standards for Certification of the Nursing Assistant. Division 62 is currently in the rulemaking process and the nursing student eligibility for CNA certification is proposed to remain.

**Q: If a CNA who is working in home health or hospice has documentation of competency in an additional authorized duty, does this mean that “duty” does not need to be delegated? (I think some of us in community-based care will be confused on this point.)**

**A:** Once a CNA who is employed in a CNA position has received competency validation of an additional authorized duty, an RN working for the same employer may then assign the additional authorized duty (from within the RN plan of care) to the CNA to perform. An LPN with the same employer practicing under the same RN plan of care could also assign the additional authorized duty to the CNA to perform.

When a person (who happens to be a CNA) is working in a position that does not require certification as a nursing assistant, that person is working as an unregulated assistive person (UAP). When said UAP is part of an RN’s practice team, the RN will decide whether an RN plan of care intervention is assigned or delegated to the UAP. This RN decision is based on their application of OAR 851-045 and OAR 851-0047 standards.

**Q: Will it be up to each employer to figure out how they want to document the competency of an additional authorized duty or does the OSBN have a suggested form or format?**

**A:** Yes, it is up to each employer to determine which additional authorized duties are needed based upon their client population needs. OSBN does not have suggested competency validation forms for employers to use to document additional authorized duties. If your organization has someone in a clinical educator role, collaborate with them to adopt what they already have in place or develop one that will meet your organization’s

needs. The frequency of competency validation is up to each organization to determine, which may be based on the clients' needs, safety concerns, and other external regulatory bodies' requirements. The OSBN does not have jurisdiction over education provided by employers post licensure and certification, therefore, it will not be overseeing the teaching or competency validation processes.

**Q: Is there a frequency recommended or required for documenting the maintenance of the competency in the additional authorized duty?**

**A:** The OSBN does not have jurisdiction over education provided by employers post licensure and certification, therefore, it will not be overseeing the teaching or competency validation processes. It is up to the organization to determine the frequency and maintenance of the competency of the selected additional authorized duties for their CNAs.

**Q: If a CNA has documentation of a competency in an additional authorized duty and they change employers, will that documentation be valid if they change employers? Or does the new employer need to duplicate the competency evaluation of that additional authorized duty?**

**A:** The teaching and competency validation processes are for each employer to determine and complete. Therefore, the competency form is not a passport that travels with the CNA when they change jobs. This is the same process that exists now for onboarding new nursing staff. Current CNA2s are grandfathered in for initial validation for the additional authorized duties as these are all skills learned in their CNA2 education program, however, they will need to follow ongoing competency validation requirements set forth by your organization.

**Q: Can a CNA2 teach the additional authorized duties to the current CNA1s or do they need to be an RN?**

**A:** It is very specific in the rules that RNs must teach and perform competency validation. Revised Division 63-0030 effective July 1, 2025, authorized duties for CNAs include, "As directed and supervised by a licensed nurse, the CNA may perform the following duties: "orienting other nursing assistants to workflow and environment"."

**Q: Will the State be checking for competency of additional authorized duties of CNA during survey, to ensure that the duties have been trained.**

**A:** Not by the OSBN specifically since it does not have jurisdiction beyond the initial nursing assistant education programs.

However, other regulatory agencies may be checking this during their survey process. For long-term care facilities, this may be during a survey by the Oregon Department of Human Services licensed nursing facility survey team and the Joint Commission for acute care settings looking for documentation to support competency validation for the additional authorized duties determined by the organization.

**Q: Is it common practice for a facility to ask the nursing assistant (NA) education program for a copy of the skills checklist signed off by the NA faculty after the student graduates? The reasoning is that the facility is required to again check off the employee and if the checklists are sent then they don't have to create their own.**

**A:** NA programs are required to maintain student records that include laboratory and clinical skills checklists for seven years. Each organization will need to follow their organizational policy for maintaining an employee education file that may include all competency validation forms for the additional authorized duties they have selected for their CNAs.

An RN representing the CNA employment site can teach performance of the authorized duty and validates that the CNA is competent to perform the duty. The new rule language in OAR 851-063-0035(1) does not state the RN has to be an employee of the organization. An organization may consider contracting with an NA education program to do the teaching and skills validation for the additional authorized duties you want your CNAs to be able to perform in your organization. It will be up to the organization and education program to determine how the documentation supporting education and competency validation are maintained.

For more information on the journey to consolidation of the two CNA levels, please review these previous *Sentinel* articles available on the OSBN website ([www.oregon.gov/osbn/pages/publications](http://www.oregon.gov/osbn/pages/publications)):

- Part 1: *OSBN Works to Remove Barriers for CNA Applicants*—February 2023 *Sentinel*
- Part 2: *OSBN Journey to Removing Barriers to Becoming a CNA in Oregon Continues*—February 2024 *Sentinel*
- Part 3: *Removing Barriers to Becoming a CNA in Oregon: How Do I Apply for My CNA Certificate?* May 2024 *Sentinel*

# NURSING EDUCATION: APPROVAL VS ACCREDITATION



Prospective students often reach out with questions regarding nursing program approval or accreditation. These two terms are frequently used interchangeably, yet they have some important differences, especially as it pertains to the role of the Oregon State Board of Nursing.

## Approval

All nursing education programs in Oregon must have Board approval to operate. ORS 678.340 grants the Board authority to approve new nursing education programs, while ORS 678.360 gives the Board authority to survey established nursing programs to grant continuing approval. Nursing programs

must demonstrate how they meet the educational program standards outlined in the Nurse Practice Act (NPA). Nursing program standards can be found in Divisions 21 and 51 of the NPA and were developed to ensure graduates are prepared for safe entry into practice. The Board is also authorized to deny or withdraw the approval of any program that is not meeting NPA standards or not adequately correcting a known program deficiency. Thus, OSBN's scope relates to program approval.

## Accreditation

Nursing programs can also pursue national nursing accreditation. Whereas the mission of the Board is to ensure public protection, accrediting agencies focus on ensuring



quality in nursing education (Spector et al, 2018). Accreditation has many positive benefits for programs and students. It demands programs embrace a culture of continuous self-evaluation and quality improvement (Oermann et al., 2022), empowers program faculty to self-regulate their programs (Ard et al., 2017), and ensures the programs are meeting national quality standards. Accredited programs must demonstrate how they consistently use data to inform program changes and deliver consistent high-quality education. All aspects of the nursing program must be considered in this process; with continuous evaluation of resources, faculty qualifications and ongoing professional development, student policies and resources, curriculum and clinical placements, and the ultimate success of graduates of the program (Nunn-Ellison et al., 2024; Ellis & Halstead, 2012). Graduation from an accredited nursing program is often a requirement of admission into higher levels of nursing education, such as master's and doctoral programs (Halstead, 2017). When accreditation is issued, by an agency authorized by the US Department of Education, it is a mark of distinction regarding program quality (Halstead, 2017). OSBN is not a nursing program accreditor.

Currently, the NPA requires that all advanced practice registered nursing (APRN) programs have national nursing accreditation. However, national nursing program accreditation is optional for practical nursing (PN) and registered nursing (RN) education programs; instead, the overarching education institution must be accredited. While important, this type of accreditation is not nursing specific. Data from the National Council of State Boards of Nursing (NCSBN) suggests

that requiring national nursing program accreditation at the PN/RN level is a growing trend, with 61% of regulatory boards requiring program accreditation as of 2022. In some states, applicants for licensure must provide evidence of graduating an accredited program to be eligible for a license.

At the direction of the Board, OSBN staff are working to update standards in the NPA for all levels of nursing education and requiring all programs to have national nursing accreditation. By ensuring all nursing programs deliver high quality nursing education, OSBN can better serve its mission of public protection. To learn more about the OSBN's work on these divisions, visit the OSBN website ([www.oregon.gov/osbn](http://www.oregon.gov/osbn)) and visit the meeting calendar.

#### References:

Ard, N., Beasley, S., & Nunn-Ellison, K. (2017). Quality education through accreditation. *Teaching and Learning in Nursing, 12*(2), 85–87. <https://doi.org/10.1016/j.teln.2017.01.007>

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# YOU ASK, WE ANSWER

**Question:** Hello, I am wanting to know more about admission requirements to family nurse practitioner programs. What do I need to complete?

**Answer:** OSBN does not regulate specific admission requirements for any nursing program. It is always best to contact potential programs of interest directly if you have questions about admission requirements.

**Question:** How many hours of clinical are required for registered nursing programs?

**Answer:** The Nurse Practice Act (NPA) is silent on a specific number of clinical hours to be completed by RN students. The NPA does require that clinical nursing practice experiences occur in a variety of settings, involves direct care experiences, a precepted final clinical practicum, and optionally simulation. When used, simulation may not exceed 49% of the overall clinical nursing practice experience. These standards can be found in OAR 851-021-0050. The National Council of State Boards of Nursing identified that, as of 2022, Oregon aligned with 37 nursing regulatory boards in not establishing a set number of hours.

**Question:** I'm RN who left hospital practice three years ago and have been volunteering with my church congregation on matters of health, wellness, and disease prevention. Since I do not do hands-on care,



**does the work I do count as practice hours for the purpose of renewing my license?**

**Answer:** This question is frequently asked by nurses who no longer work in hospitals or other formal health care settings – and the answer is: these hours can count, but it depends.

It depends because no job or role by itself automatically “counts” as nursing practice hours. What counts is an individual RN’s total time engaged in the practice of nursing with documentation of that engagement.

The question now becomes: What does engagement in the practice of nursing look like for the RN? The short answer to this question is nursing process - the critical thinking model used by RNs that directs the development or revision of the plan of care.

The same but longer answer is Oregon Administrative Rule (OAR) 851-045-0060 Standards Related to RN Scope in the Practice of Nursing. Section number (2) of this rule identifies specific actions that demonstrate the RN’s engagement in the practice of registered nursing: Assessment of the client to identify their overall response to their current state of health that brought them into contact with the RN; identification of reasoned conclusions based on validation, analysis and synthesis of assessment data; identification of expected outcomes for reasoned conclusions; development of a plan of care; implementation of plan of care; and evaluation of client progress toward expected outcomes.

This means it is the documentation you generate when volunteering with your congregation (i.e., client) on matters of health, wellness, and disease prevention that will either demonstrate (or not demonstrate) the practice of nursing as described above.

I will add here that the above-described nursing process, and Division 45’s codified practice of registered nursing, are both analogous to standards on faith community nursing practice as published in American Nurses Association and Health Ministries Association, Inc. Faith Community Nursing Scope and Standards of Practice (2017). If by chance you have your documentation system set up to reflect adherence to these specialty nursing practice standards, you should be good to go.

Also, for consideration is the method used to quantify practice hours. You may find some direction on this matter in the OSBN Interpretive Statement Nursing Practice Hour Requirement for the Registered Nurse and Licensed Practical Nurse. This interpretive Statement is accessible on the OSBN Practice Statement and FAQ webpage. The best to you in your practice.

**Question: I am a Certified Nursing Assistant 1(CNA) working at a memory care facility and my supervisor is not a nurse. Would my work hours count toward the 400 hours required for renewal?**

**Answer:** No. As a CNA, you cannot work independently; you must work

under supervision by a registered nurse or licensed practical nurse pursuant to the Oregon Administrative Rule (OAR) 851-063-0030 (visit the OSBN website and click on Nurse Practice Act). In addition to the supervision requirement by a registered nurse or licensed practical nurse, it is important to note the definition of paid employment pursuant to OAR 851-006-0160 (1). "Paid Employment," for the purposes of these rules, means performing certified nursing assistant (CNA) authorized duties for pay with supervision by a registered nurse or licensed practical nurse or monitoring by an RN who works for the same employer as the CNA.

If the above requirements are not met, your worked hours may not be

counted towards renewal of your CNA certification.

**Question: Can a Certified Medication Aide (CMA) in Oregon inject Botox?**

**Answer:** No. In Oregon, a CMA is authorized to administer non-injectable medications only. See the Oregon Administrative Rule 851-063-0070(1) (4) (visit the OSBN website and click on Nurse Practice Act) for complete listing of types and routes of medications a CMA may administer and routes of medications a CMA may not administer.

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# 2024 OSBN BOARD MEMBERS



## **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 more than 10 years of nursing experience and serves in the Licensed Practical Nurse position on the Board.



## **MARCUS COOKSEY, RN, FNP**

TERM: 2/8/24 – 12/31/26

Mr. Cooksey is a family nurse practitioner working in the Transitions Services Program for Multnomah County Corrections Health department and has more than 20 years of nursing experience. He received his Master of Science in Nursing from the University of California in San Francisco, Calif. Mr. Cooksey serves as one of the two direct-care RN positions on the Board. He resides in Portland, 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's 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.



## **AARON GREEN, CNA**

### **PRESIDENT**

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.



## **MARGARET HILL** **BOARD SECRETARY** **PUBLIC MEMBER**

TERM: 7/15/23 – 12/31/25

Ms. Hill has almost 30 years of experience in commercial real estate and securities compliance for financial institutions. She has also volunteered for more than 10 years at the Oregon Museum of Science and Industry. She received her Bachelor of Arts degree in economics from California State University in Sacramento, Calif. Ms. Hill serves as one of two public members on the Board and resides in Portland, Ore.



## **JONI KALIS, MPT, MS, PT**

### **PUBLIC MEMBER**

TERM: 2/8/24 – 12/31/26

Ms. Kalis is a physical therapist and manager of the physical rehabilitation department at Samaritan North Lincoln Hospital in Lincoln City, Ore. She has more than 30 years of experience in physical therapy and more than 20 years of experience on regulatory bodies; she most recently served on the board of directors for the Federation of State Boards of Physical Therapy. She received her Bachelor of Science degree from Mankato State University in Mankato, Minn., her Master of Science degree from the University of Arizona in Tucson, Ariz., and her Master of Physical Therapy degree from Northern Arizona University in Flagstaff, Ariz. Ms. Kalis serves as one of two public members on the Board and resides in Lincoln City, Ore.



## **LINDA STANICH, RN**

### **PRESIDENT-ELECT**

TERM: 2/8/24 – 12/31/26

Ms. Stanich is the director of Health Services at Hearthstone at Murrayhill in Beaverton, Ore., and has more than 30 years of nursing experience. She received her Bachelor of Science in Nursing degree from Purdue University in West Lafayette, Ind. Ms. Stanich serves in the Nurse Administrator position on the Board. She resides in Forest Grove, Ore.



## **OLANIKE TOWOBOLA, RN, DNP**

TERM: 2/8/24 – 12/31/26

Ms. Towobola is a registered nurse at the Veterans Affairs Hospital and has 10 years of nursing experience. She received her Bachelor of Science in Nursing degree from Morgan State University in Baltimore, Md., and her Doctor of Nursing Practice degree from Capella University in Minneapolis, Minn. Ms. Towobola serves in one of the two direct-care RN positions on the Board. She resides in Corvallis, Ore.



## **CLAIRE MCKINLEY YODER, PHD, RN, CNE**

TERM: 2/8/24 – 12/31/26

Ms. McKinley Yoder is director and assistant professor at the University of Portland School of Nursing in Portland, Ore., and has more than 25 years of nursing experience. She received her Bachelor of Science degree from Oregon State University, Corvallis, Ore, her Bachelor of Science in Nursing and her Master of Nursing degrees from the University of Pennsylvania in Philadelphia, Pa., and her PhD in Nursing from Villanova University in Villanova, Pa. Ms. McKinley Yoder serves in the Nurse Educator position on the Board. She resides in Portland, Ore.

## 2024-25 OSBN BOARD MEETING DATES

November 20, 2024	9 a.m.	Board Meeting (Primarily Executive Session)
November 21, 2024	9 a.m.	Board Meeting
December 18, 2024	4:30 p.m.	Board Meeting (Primarily Executive Session)
January 15, 2025	4:30 p.m.	Board Meeting (Primarily Executive Session)
February 19, 2025	9 a.m.	Board Meeting
February 20, 2025	9 a.m.	Board Meeting
March 19, 2025	4:30 p.m.	Board Meeting (Primarily Executive Session)
April 16, 2025	9 a.m.	Board Meeting
April 17, 2025	9 a.m.	Board Meeting
May 21, 2025	4:30 p.m.	Board Meeting (Primarily Executive Session)
June 25, 2025	9 a.m.	Board Meeting
June 26, 2025	9 a.m.	Board Meeting
July 23, 2025	4:30 p.m.	Board Meeting (Primarily Executive Session)
August 20, 2025	4:30 p.m.	Board Meeting (Primarily Executive Session)
September 16, 2025	9 a.m.	Board Meeting—Strategic Planning
September 17, 2025	9 a.m.	Board Meeting
September 18, 2025	9 a.m.	Board Meeting
October 15, 2025	4:30 p.m.	Board Meeting (Primarily Executive Session)
November 12, 2025	9 a.m.	Board Meeting
November 13, 2025	9 a.m.	Board Meeting
December 17, 2025	4:30 p.m.	Board Meeting (Primarily Executive Session)

Please visit the OSBN website at [www.oregon.gov/osbn/Pages/board-meetings](http://www.oregon.gov/osbn/Pages/board-meetings) for agendas, materials, time changes, and logistical details. To view all board meetings, visit <https://www.youtube.com/@OregonStateBoardOfNursing/>.

### Thinking About Being a Board Member?

The Board Members that make up the Oregon State Board of Nursing make significant decisions on education, discipline, licensing, and policy. As a member of the Oregon State Board of Nursing, you will be part of a dedicated team that meets virtually for seven months and five times yearly for 2-day in-person meetings. This commitment is a testament to the critical nature of the board's work. If you are passionate about the nursing profession and regulatory excellence, we encourage you to explore the OSBN website and apply through the governor's site. The members in the LPN and CNA seats will term off this year; therefore, those seats will need new members.

Click here to apply for governor-appointed boards:  
[Governor of Oregon: Boards & Commissions : State of Oregon](http://www.governor.oregon.gov/Boards-Commissions)

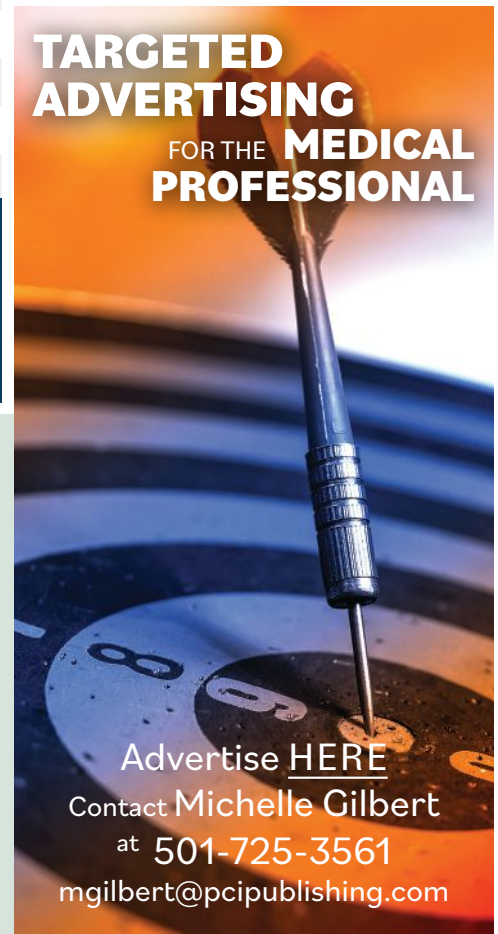
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# DISCIPLINARY ACTIONS

Actions taken in July, August, and September 2024. Public documents for all disciplinary actions listed below are available on the OSBN website at [www.oregon.gov/OSBN](http://www.oregon.gov/OSBN) (click on 'License Verification').

Name	License Number	Discipline	Board Vote	Violations
Quanisha C. Anderson	201602187CNA	Suspension	7-17-24	90-day suspension. Failing to provide documents requested by the Board and failing to cooperate with the Board during an investigation.
Bridget L. Bassett	201908515RN	Probation	9-18-24	24-month probation. Demonstrated incidents of dishonesty.
Berlande Beau brun	202207255RN	Revocation	7-17-24	Suspension of her Illinois license, failing to provide documents requested by the Board, and failing to cooperate during an investigation.
Stephanie L. Bishop	201703298RN	Probation	8-14-24	24-month probation. Unauthorized removal of medications from the workplace.
Maurice E. Boss	201130606LPN	Voluntary Surrender	7-17-24	Failing to take action to preserve client safety, failing to document client care information, and failing to communicate client information to the healthcare team in a timely manner.
Sharla Cooper	201804132LPN	Reprimand	7-17-24	Failing to take action to preserve client safety and failing to conform to the essential standards of acceptable nursing practice.
Gary E. Daniels	200550063NP/ 200540958RN	Probation	9-18-24	24-month probation. Practicing nursing while impaired.
Amber A. Dirksen	201907423RN	Reprimand	7-17-24	Unauthorized removal of client information.
Robert J. Eck	200440031RN	Reprimand	7-17-24	Failing to take action to preserve client safety and failing to conform to the essential standards of acceptable nursing practice.
Dustyne J. Froshiesar	201709262RN	Limitation/Civil Penalty	7-17-24	\$5,000 civil penalty. Willful fraud in applying for license renewal and failing to answer application questions truthfully.
Lucas A. Gravelyn	10023898	Voluntary Surrender	9-18-24	Practicing nursing while impaired and removing drugs from the workplace without authorization.
Lisa Ives-Wallace	RN Applicant	Application Denied	9-18-24	Failing to meet educational requirements for licensure and failing to cooperate with the Board during an investigation.
Alma R. Izquierdo	201704645CNA	Reprimand/Civil Penalty	9-18-24	\$297 civil penalty. Failing to respect client privacy.
Lalane M. Kiel	201609294CNA	Reprimand	7-17-24	Functioning as a CNA without current certification.
Seeta Kollie	10006061	Voluntary Surrender	9-18-24	Failing to meet educational requirements for licensure.
Rachel M. Loan	201503606RN	Civil Penalty	7-17-24	\$3,825 civil penalty. Practicing nursing without a current Oregon license.
Monica L. MacQuarrie	096000578RN	Voluntary Surrender	7-17-24	Violating the terms and conditions of Board Order.
Michaelle Marshall	200640300RN	Reprimand	8-14-24	Failing to respect client dignity and rights, performing acts beyond her authorized scope, and failing to conform to the essential standards of acceptable nursing practice.
Melanie Mbella	RN Applicant	Application Denied	9-18-24	Failing to meet educational requirements for licensure.
Brenda Monroe	RN Applicant	Application Denied	9-18-24	Failing to meet educational requirements for licensure and failing to cooperate with the Board during an investigation.
Babbette L. Murphy	201503555NP-PP	Probation	7-17-24	12-month probation. Failing to accurately document nursing interventions and practice implementation, failing to maintain professional boundaries with a client, and failing to conform to the essential standards of acceptable nursing practice.
Searra A. O'Healy	201709580LPN	Revocation	7-17-24	Practicing nursing while impaired.
Joanna L. Pelton	201600051RN	Probation	9-18-24	24-month probation. Practicing while impaired.
Johnson Pierre-Louis	202208738CNA	Suspension	7-17-24	60-day suspension with conditions. Failing to maintain professional boundaries and failing to answer questions truthfully during an investigation.
Fabian A. Rodriquez	RN/NP Applicant	Application Denied	9-18-24	Failing to answer application questions truthfully.
Tammie L. Smith	RN Applicant	Application Denied	9-18-24	Failing to cooperate with the Board during an investigation.
Bryan J. Spencer	201394143CNA	Reprimand	7-17-24	Engaging in abusive and threatening behavior towards a coworker.
Kristin S. Sunzeri	201505119RN	Voluntary Surrender	9-18-24	Failing to document nursing interventions in a timely, accurate manner and failing to conform to the essential standards of acceptable nursing practice.
Emily C. Trevillyan	099005200LPN	Reprimand	7-17-24	Practicing nursing without a current Oregon license.
Tina M. Yaccarino	202011138CNA	Reprimand	7-17-24	Falsifying data and failing to implement the plan of care developed by the RN.



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# HIGHLIGHTS FROM THE SEPTEMBER 2024 BOARD MEETING

## Rulemaking

The board approved the following proposed rule changes to move forward to an administrative rule hearing:

- Permanent rules for Division 41 (Standards for the Nurse Intern, Licensure and Functions): The Nurse Intern license was created in Oregon by HB 4003 in 2021, following the lead of many other states. It offers aspiring nurses hands-on clinical experience while in their education program. The proposed rule changes eliminate unintended barriers in the current rules.

- Temporary rules for Division 62 (Standards for Certification of Nursing Assistants and Medication Aides): Adds back language that was inadvertently deleted after the Board approval of final adoption at the September 2023 Board meeting.

## Nursing Education

The Blue Mountain Community College registered nurse education program was approved until May 2032. The board also approved the Institute of Technology’s preliminary application for a registered nurse program.

## Administration

The board agreed that a fee increase on RN and LPN initial, renewal, endorsement, reactivation, and reinstatement applications and APRN initial and renewal applications was necessary and should be added to the Agency Request Budget for 2025-27. According to Executive Director Rachel Prusak, the agency’s internal costs and expenditures have risen significantly by \$9.5 million (57%) in the last five years, \$14.4 million (97%) in the last 10 years, and \$15.8 million (119%) since the last fee increase in 2009. During the previous 15 years, the agency has increased by 14 staff positions and must add more to keep pace with the workload and fulfill our mission of public protection.

The board also agreed that Director Prusak should continue to engage in the procurement process for a third-party vendor for the Health Professionals’ Services Program, the OSBN’s alternative-to-discipline program. The board voted in 2022 to cease admitting licensees in the HPSP due to program costs, but agreed during the June 2024 meeting that the agency should seek a path to renew participation in the program in order to better serve its licensees and align with its updated mission, “The Oregon State Board of Nursing protects the public through regulatory excellence and promoting the wellness of nursing professionals.”

*For a copy of meeting materials, complete meeting minutes, or a list of scheduled events, please visit the OSBN website at [www.oregon.gov/OSBN/meetings](http://www.oregon.gov/OSBN/meetings).*

## Amber Zupancic-Albin JD, BSN, RN

Attorney at Law  
Licensed in Oregon  
and Washington

- Nursing License Investigation Representation
- Healthcare Entity/Clinic Formation
- Advice Regarding Healthcare Laws & Regulations



Amber has extensive experience representing nurses under investigation with the Oregon Board of Nursing, helping nurses start their own clinics/practices and providing general healthcare law and regulatory advice.

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