

OREGON BOARD OF NURSING

SENTINEL

[VO.42 • NO 3 • SUMMER 2023]



Nurse Intern Licenses Now Available

Also in this issue

**Prusak Joins OSBN
as New Executive Director**

**Revised RN Delegation Process Rules
Coming August 1**

Official Publication of the Oregon State Board of Nursing



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NURSE INTERN LICENSES NOW AVAILABLE

The Oregon nurse intern license is a new license offered to qualified nursing students by the Oregon State Board of Nursing. The Oregon state legislators passed House Bill 4003 during the 2022 Regular Legislative Session which created this new license type. The purpose of this license is to expand the workforce of qualified healthcare providers and to give nursing students an opportunity to orient to the practice environment prior to licensure as an LPN or RN.

The nurse intern (NI) is a member of the healthcare team in the facility where they are employed. They must work under the direct supervision of an RN who agrees to provide direct supervision of the NI. The RN may direct and dispense work assignments to the NI that the NI is authorized to do by their license type and organizational description to perform. The RN must not direct the NI to perform any tasks that are not approved by rule.

The authorized functions of the NI are certified nursing

assistant (CNA) 2 authorized duties pursuant to OAR 851-063-0035. These rules may be found on the Oregon State Board of Nursing website under the Nurse Practice Act tab, as well as on the Oregon Secretary of State's website. The NI may also administer many medications when competency to do so has been validated by the employing organization and keeps with the level of their nursing education.

The Nurse Intern is prohibited from:

- Functioning outside of direct RN supervision
- Functioning in any supervisory role
- Engaging in independent nursing practice
- Assigning any activity or plan of care intervention to another member of the health care team
- Delegating performance of a nursing procedure in a community-based setting
- Administering blood or blood products
- Carrying out procedures on central lines

- Administering chemotherapy, intravenous medications, or controlled substances.

To be eligible for a NI license, all applicants must be currently enrolled in a nursing program and meet the following requirements:

- Submit a no-cost nurse intern license application, available in the online Oregon State Board of Nursing Nurse Portal.
- The nursing program director or their designee provides verification that the applicant has successfully completed at least one full year of their education, that at least one term or semester included a course with a direct care component of practice experience, that the student is in good standing with their program.
- Successfully pass the CNA exam offered by our testing partner, Headmaster. Applicants that hold active NA (nursing assistant) certification are not required to pass the exam again to qualify for the NI license. An applicant that is not a currently certified NA, may take the exam once per term or semester. If they “no show” for the scheduled exam or do not pass, the application will be closed, and the applicant may apply for licensure again the following term or semester.
- Pass a criminal background check. If the applicant is not already an active license or certificate holder of the Oregon State Board of Nursing, they must submit a national fingerprint criminal background check per application instructions. If the applicant is currently licensed or certified, the Board will perform a state based, non-fingerprint criminal background check.

FAQS ABOUT THE NURSE INTERN LICENSE

Q. I’m a new graduate. May I obtain a nurse intern license while I wait for my LPN/RN license?

A. No. Only currently enrolled nursing students are eligible for the nurse intern license. Oregon does not currently offer a graduate nursing license.

Q. When does an NI license expire?

A. An NI license expires 30 days after the end of the term or semester listed on the Dean’s confirmation. To renew an NI license, a renewal application and new Dean confirmation must be received before the expiration of the license. No extensions are offered.

Q. Can I start working as an NI while I wait for my NI license to be issued?

A. No. You must be licensed to work as a nurse intern or to use the title of nurse intern.

Q. Do I have to have a nurse intern license to continue in my nursing program?

A. No. The Oregon State Board of

Nursing does not require nursing student to hold a nurse intern License to participate in a nursing program.

Q. Will I get additional credit from my nursing program for my work as an NI?

A. Nursing programs are not required to offer additional credit to nursing students working as nurse interns. However, they are not prohibited from doing so. It is up to the program to determine if additional credit will be offered.

Q. Is there more that I should know about the nurse intern license?

A. The Oregon Nurse Practice Act has an entire division devoted to the nurse intern license. This article and FAQ are not meant to be an exhaustive resource regarding this license type. Please see OAR 851-041 on the Oregon State Board of Nursing or Oregon Secretary of State website for all information about nurse intern licenses.

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LICENSING FAQs

Q: Am I required to submit fingerprinting for my application?

A: Quite possibly! For anything other than an on-time renewal (90 days before, or 30 days after your expiration date), it is likely that you are required to submit fingerprints through our vendor, Fieldprint Inc. The best way to know if you need fingerprints is to review your application instructions to see if your application type requires it. It is vital to review and follow these instructions, so your application is processed most efficiently.

Q: How long does it take on-time renewals to process?

A: Typically, within a business day.

Q: How long does it take to renew an expired license (aka a reactivation)?

A: This varies and is dependent on how quickly you submit the required items listed in your application instructions. Background checks often take several weeks to process and are required for reactivation applications.

Q: The OSBN website is telling me that I need a PIN to renew my license, but I was never mailed a PIN; how do I get a PIN?

A: If you are reaching a renewal website that requires a PIN number, you have inadvertently navigated to a non-OSBN website to attempt to renew your license. This often happens when search engines misdirect people. The OSBN renewal site does not require a PIN. Please ensure that the website you are using is specific to OSBN and has a .gov domain.

Q: It seems that whenever I have a problem with the OSBN website, Board staff ask me to send a screen shot. Why can't board staff help without a screen shot?

A: Our licensing system is built to ensure privacy of our users, so we cannot see what information is being displayed to you when you are logged into the Nurse Portal. Vital diagnostic information may be displayed on your screen. Sending screen shots to board staff can sometimes feel intimidating but is a necessary step so staff can determine what may be causing problems for you. If you do not know how to take a screen shot from your device, ask a friend or coworker for assistance, or use the internet to search for a tutorial. A wonderful guide for a number of platforms can be found here for review: <https://www.pcmag.com/news/how-to-take-a-screenshot-on-any-device>



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NURSES ARE MOVING TO EUGENE: TOP 5 REASONS

Eugene, Oregon is having a moment. In recent years, populations have shifted as the workforce reevaluates the value of community and where to best find it. Located in the heart of the Willamette Valley, Oregon's second largest city is drawing adventure-seekers and families alike. What do they have in common? They're nurses.

1 Competitive Salaries: Registered nurse salaries in Eugene are competitive and highly attractive paired with the more affordable cost of living. PeaceHealth, one of Eugene and Springfield's premier medical employers, currently offers between \$41.39 and \$65.60 per hour to RNs along with bonuses and relocation.

2 Cost of Living: With the cost of living sky-high and rising across urban areas in the Pacific Northwest, Eugene's more affordable housing and its rich cultural, social and family-friendly reputation is drawing RNs from across the United States.

3 Work-Life Balance: Eugene's relaxed pace and lower rates of congestion contribute to—what many consider—a better work-life balance. Without traffic and long waits, Nurses are finding that they have more time for personal activities and enjoying the city's vibrant social scene and surrounding natural beauty.

4 Quality of Life: Eugene consistently ranks high in terms of quality of life. The city offers a mild climate, abundant outdoor recreational opportunities, a vibrant arts and culture scene, top-rated schools and a strong sense of community. These factors contribute to an overall high quality of life for registered nurses and their families.

5 Career Advancement: Eugene/Springfield's healthcare sector is thriving, providing exciting opportunities for new nurses and those with experience seeking to advance their careers. Nurses are increasingly looking for opportunities to specialize and grow in a supportive community like Eugene's.

“We’re seeing more and more nurses coming to the Eugene area looking for and finding a welcoming, supportive community to build their careers and their lives.”

said Heather Wall, Chief Nursing Officer at PeaceHealth Sacred Heart Medical Center in Springfield, OR.

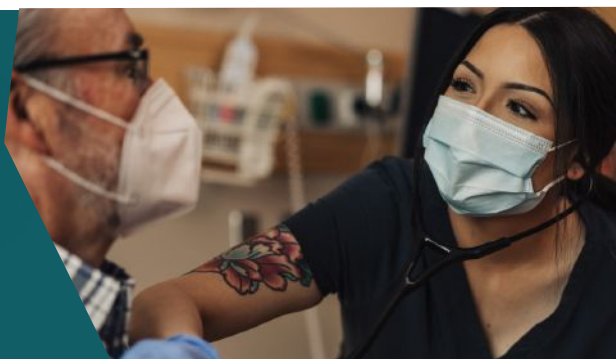


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OSBN, ONA, AND OCN:

WHAT EACH DOES FOR PUBLIC SAFETY AND THE NURSING PROFESSION

It is not uncommon for nurses and the public to confuse the purposes of the Oregon State Board of Nursing (OSBN), the Oregon Nurses Association (ONA), and the Oregon Center for Nursing (OCN). Because of the close physical locations of the OSBN and ONA offices (just down the road from each other), visitors occasionally end up at the wrong building. The OSBN also receives requests for data regarding faculty shortages, workforce distribution, etc., which fall in the Oregon Center for Nursing's purview. Hopefully, the following will help clarify some of the confusion.

Oregon Board of Nursing (OSBN)	Oregon Nurses Association (ONA)	Oregon Center for Nursing (OCN)
17938 SW Upper Boones Ferry Rd Portland, Oregon 97224-7012	18765 SW Boones Ferry Rd Tualatin, Oregon 97202-8496	5000 N. Willamette Blvd Portland, Oregon 97203
Office hours: 8am-4pm M-F	Phone: 503-293-0011 Inside Oregon only: 800-634-3552	Phone: 503-305-4732
Website: www.oregon.gov/osbn	Website: www.oregonrn.org	Website: www.oregoncenterfornursing.org
General E-mail: Oregon.bn.info@state.or.us	E-mail: ona@oregonrn.org	E-mail: admin@oregoncenterfornursing.org
Mission: <i>The Oregon State Board of Nursing protects the public safety by regulating nursing education, licensure, and practice.</i>	Mission: <i>The Oregon Nurses Association is a professional organization and labor union representing registered nurses. ONA's mission is to advocate for nursing, quality health care and healthy communities.</i>	Mission: <i>Facilitates research and collaboration for Oregon's Nursing workforce to support informed, well prepared, diverse and exceptional nursing professionals.</i>
Primary Focus: Legislatively authorized to supervise the practice of nursing to assure public safety. Responsible for the Nurse Practice Act (NPA) to assure safe standards of practice.	Primary Focus: Advocacy for the nursing profession as a professional organization. Labor representation for the nurses within an ONA Collective Bargaining Agreement.	Primary Focus: Researches and distributes information regarding the nursing workforce; subject matter expert state wide regarding trends in nursing related to workforce distribution, faculty shortages, and future trends.

Oregon Board of Nursing (OSBN)	Oregon Nurses Association (ONA)	Oregon Center for Nursing (OCN)
Description	Description	Description
<p>State government regulatory body established by Oregon Revised Statute 678. Part of the Executive Branch of state government.</p> <p><i>Established in 1911.</i></p>	<p>501(c) 5 non-profit Affiliated with the American Nurses Association, American Federation of Teachers, and AFL-CIO</p> <p><i>Founded in 1904.</i></p>	<p>501(c) 3 non-profit Affiliated and sponsored by over 40 statewide organizations. Support from the State of Oregon comes from a \$9 surcharge fee for each RN/LPN renewal and licensure endorsement.</p> <p><i>Founded in 2002.</i></p>
<p>Carries out its mission by:</p> <ol style="list-style-type: none"> 1. Issuing licenses to qualified applicants for RN, LPN, NP, CRNA, and CNS. Issues certificates to CNA and CMAs. 2. Has legal jurisdiction over individual licenses and certificates. 3. Investigates complaints of unsafe practice. 4. Utilizes the laws governing safe practice (the NPA) to determine if a license or certificate should be disciplined. 5. Writes NPA administrative rule to ensure public safety, and address changing contexts of care and evolution of practice. 6. Establishes Scope and Standards of Practice for nurses in Oregon to ensure public safety. 7. Establishes Authorized Duties for CNA/CMA to ensure public safety. 8. Establishes interpretive Statements for nursing practice within the context of the NPA. 9. Approves all pre-licensure RN/LPN educational programs and post-graduate programs (for preparation of advanced practice nurses) located in Oregon. 10. Approves all CNA1, CNA2, and CMA training programs in Oregon. 	<p>Carries out its mission by:</p> <ol style="list-style-type: none"> 1. Supports nursing practice through sponsoring education, conferences and events for the advancement of nursing practice. 2. Influences legislation on health care policies and health issues and the role of nursing at all levels in the health care delivery system. 3. Provides expertise and consultation to members, PNCCs and Bargaining Units about a wide variety of occupational, health and safety issues. Also represent members' issues on state coalitions related to issues such as safe patient handling and emergency preparedness. 4. Publishes reports and documents focusing on data gathered about practice problems, practice roles or practice innovation. 5. Collective Bargaining through negotiations with healthcare entities. 6. Representation of members with regard to assuring the agreements in the Collective Bargaining Agreement are maintained. 	<p>Carries out its mission by:</p> <ol style="list-style-type: none"> 1. Conducts research studies on the nursing workforce in Oregon including projected supply and demand of nurses and workforce shortages in nursing education and practice. 2. Distributes information free of charge about nursing workforce to residents of Oregon and interested parties. 3. Convenes nursing organizations to address issues and recommendations identified through nursing workforce research. 4. Developed a Toolkit for nurses who are considering volunteering to be on boards to enhance the presence of nursing at the highest organizational level. 5. Library of Podcasts, articles and other resources for nurses at all levels of practice. 6. Sponsors conferences and events of interest to the public and to nurses.

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NURSING PRACTICE

Oregon Board of Nursing (OSBN)	Oregon Nurses Association (ONA)	Oregon Center for Nursing (OCN)
Description	Description	Description
<p>Organizational Structure: All Board members are appointed by the Governor and confirmed by the Senate:</p> <ul style="list-style-type: none"> • 2 direct care RNs • 1 nurse practitioner representing all advanced practice nurses. • 1 RN representing nursing education faculty. • 1 RN representing nurses practicing in the area of administration. • 1 LPN • 1 CNA • 2 public members <p><i>Terms are for 3 years, with one renewal appointment for a maximum of 6 years.</i></p>	<p>Organizational Structure: 11 member Board of Directors structured into an Executive Committee and Directors. Elected to serve in staggered, two-year terms, with one additional two-year term possible.</p> <p>Governing Body is the House of Delegates consisting of:</p> <ul style="list-style-type: none"> • Credentialed delegates selected by the members in good standing of the constituent associations; • The ONA Board of Directors; and • OSNA delegates (Oregon Student Nurses Association). 	<p>Organizational Structure: 14 member Board of Directors selected as per organizational By-Laws.</p> <ul style="list-style-type: none"> • Board of Nursing represented by an Ex-Officio (non-voting) member from Board staff appointed by the OSBN Executive Director. • Other Board members represent ONA and various healthcare organizations, nursing employers, education programs, and individuals interested in the work done by the OCN.
<p>OSBN Staff: Executive Director: Hired by the Board, reports directly to the Governor. Administrator over the work of the agency and liaison between the Board and stakeholders.</p> <p>Board Staff Departments:</p> <ul style="list-style-type: none"> • Licensing • Investigations • Policy Analysts for: • Pre-licensure education, RN/LPN practice, CNA programs, and advanced practice • Communications/IT • Administration <p><i>Please see the OSBN website or the Sentinel for names of current Board members. Staff directory found on the Department of Administrative Services State Agency Directory.</i></p>	<p>ONA Staff:</p> <ul style="list-style-type: none"> • Organization Executive Director • Director for Labor • Director of Government Relations • Director of Nursing Practice and Professional Services <p><i>Please see ONA website for current listing of Board members and staff.</i></p>	<p>OCN staff:</p> <ul style="list-style-type: none"> • Executive Director • Operations Assistant • Research Director • Program Director • Communications Specialist <p><i>Please see OCN website for current listing of Board members and staff.</i></p>

By OSBN Communications Manager **Barbara Holtry**

PRUSAK JOINS OSBN AS NEW EXECUTIVE DIRECTOR



Rachel Prusak, MSN, RN, FNP-C was appointed Executive Director of the Oregon State Board of Nursing during a public Board meeting July 19, 2023. Prusak assumed her duties July 20, replacing interim director Barbara Holtry. The agency's previous director, Ruby Jason, MSN, RN, NEA-BC, retired January 31, 2023.

Rachel Prusak holds a Bachelor of Science in Nursing from Northeastern University and a Master of Science in Nursing from the Frontier School of Nursing. She is a board-certified family nurse practitioner and most recently served as faculty in the family nurse practitioner

program for the OHSU School of Nursing in Portland, Ore. Prusak served as a state representative in the Oregon Legislature from 2019-2022, chairing the House Healthcare Committee in 2021 and 2022. She has worked on the frontlines of healthcare, dedicating herself to vulnerable communities for over two decades, most recently providing primary, palliative, and hospice care to chronically ill community members who reside at home or in long-term care facilities. She also served as an ambassador to the national health service corps

working in underserved communities across the country.

Prusak's selection follows a national search with broad participation by agency staff and stakeholders. "I'm honored that during a nurse workforce crisis, the OSBN voted me to be their next executive director," she says. "I look forward to getting to know the Board and agency staff, learning from them, and working with them. My commitment to the nursing profession and protecting the public is unwavering."

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WHY THE NURSE PRACTICE ACT DOES NOT CONTAIN A LIST OF EASY ANSWERS

Author's Note: Much of the content in this article was written by Ruby Jason, MSN, RN, NEA-BC, and published in the February 2019 OSBN Sentinel. It is presented here having been refreshed, kneaded, and polished. It is also presented as a tribute to Ruby and her tenure as Executive Director of the Oregon State Board of Nursing (2013 to 2023). Her competencies in nursing administration and nursing regulation coupled with her tireless commitment to public safety, has resulted in immeasurable improvements within the Board of Nursing State Agency and in nursing regulation at the state and national level. The depth and breadth of my knowledge in the field of nursing regulation has been greatly enhanced by her vision, leadership, intelligence, and grace. Thank you, Ruby.

A common scenario: A nurse searches through Oregon's Nurse Practice Act (NPA) looking for anything that will authorize or permit their performance of a specific health-related task or other specific plan of care intervention.

When the nurse doesn't find what is sought, this happens: "If the act does not list items within the scope of a nurse, then what purpose does it serve?" It is here where the nurse must take pause and refresh their understanding of the purpose of Oregon's NPA.

To understand the purpose of the NPA in regulation of the practice of nursing, one must first possess a proper understanding of the legal definition of the practice of nursing. Then, one must understand how the language in Chapter 851 Division 045 of the NPA reflects that definition by describing the actions of the RN and the LPN in implementing legal practice. The understanding of both is based upon the following:

1. In Oregon, the regulatory body holding the authority to issue a license to practice nursing and whereby granting a person the legal ability to call themselves a "nurse" is the Oregon State Board of Nursing (OSBN). This authority is grounded in Oregon Revised Statutes (ORS) 678.150. While an individual will complete a nursing education program and pass National Council Licensure Examination (NCLEX) testing to become a nurse, they cannot call themselves a "nurse" or engage in the practice of nursing until authorized to do so by the OSBN.
2. The OSBN has the authority to deny licensure to any applicant who does not meet the standard of being a duly

qualified candidate. This means that graduation from a nursing education program and a passing NCLEX score does not guarantee the legal title of "nurse" will be offered to the applicant for licensure.

3. It is through this legal titling, and only through this titling, that an individual may call themselves a "nurse" and engage in the practice of nursing. Removal of this titling by the OSBN, or failure to renew the license, prohibits the individual from engaging in the practice of nursing, from seeking employment as a nurse, and from using the title of "nurse."

Legal Definition of the Practice of Nursing

ORS 678.010 (7)(a) states: "Practice of nursing" means autonomous and collaborative care of persons of all ages, families, groups and communities, sick and well, and in all settings to promote health and safety, including prevention and treatment of illness and management of changes throughout a person's life.

So, what does this mean? It means the practice of nursing is the analysis of the response an individual, group, family, or community (i.e., client) has to their current state of health that brought them into contact with the nurse. This also means that there are no defined tasks or health-related procedures that are proprietary to the practice of nursing.

Under the requirements of the NPA, engagement in the practice of nursing requires the nurse to generate their own plan of care for their client's overall response to their current state of health.

While the nurse's plan of care can include tasks or interventions that have been authorized by a licensed independent practitioner (LIP) whose practice focuses on medical diagnosis and treatment, the LIP's plan is separate from the nurse's plan of care.

Descriptions of the Practice of Nursing

To illustrate the practice of nursing, consider the following situation: A 36-year-old woman with four children under the age of 10, has just been given a terminal diagnosis while undergoing treatment authorized by an LIP. The RN assesses the woman's human response and prioritizes her care, focusing on support of the woman's priorities regarding her current state of health. Is the woman able to focus on her own care needs when she is more concerned about what will happen to her children when she dies? Is the woman's priority caring for her own needs or the needs of her children? It is the RN who assesses these issues and plans the care and intervention.

Now let's look at how the NPA describes the RN's practice of nursing as applied to this situation through statements found in Oregon Administrative Rules (OAR) Chapter 851 Division 045 of the NPA:

OAR 851-045-0060(2)(a): *The RN shall base their practice on current and evolving nursing science, other sciences, and the humanities.*

OAR 851-045-0060(3)(a) through (c): *Evaluating the data from the comprehensive assessment, the RN shall develop reasoned conclusions that identify problems or risks presented by the client. The RN shall develop a client-centered plan of care based on analysis of the client's problems or risks that establishes priorities in the plan of care; identifies measurable outcomes; and includes nursing interventions to address prioritized reasoned conclusions.*

OAR 851-045-0060(5): *The RN shall advocate for the client's right to receive appropriate care, including client centered care and end of life care that is respectful of the clients, needs choices and dignity. The RN shall communicate the client's choices, concerns, and special needs to other members of the health care team.*

As shown through these statements, the NPA describes how the RN implements the legal definition of the practice of nursing. Using the same client situation, let's look at how the NPA describes the LPN's practice of nursing.

continued on page 14 >>



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OAR 851-045-0050(2)(a): *The LPN shall base their practice on current and evolving nursing science, other sciences, and the humanities.*

OAR 851-045-0050(3)(a) through (c): *Within the parameters of the RN's plan of care, the LPN shall conduct a focused assessment of the client to identify the client's priority condition at the time of their interaction. Based on their focused assessment, the LPN shall develop a focused plan of care to prioritize interventions when interacting with their client.*

OAR 851-045-0050(5): *The LPN shall advocate for the client's right to receive appropriate care, including client centered care and end of life care that is respectful of the clients, needs choices and dignity. The LPN shall communicate the client's choices, concerns, and special needs to the RN and to other members of the health care team.*

Note that the OAR 851-045 descriptions of the practice of nursing for each license type use the term “client” to identify the recipient of nursing services. By OAR 851-006 definition, the term client “...means an individual, family, facility resident or group engaged in a professional relationship with a licensee and the recipient of nursing services.” As applied to the hospital staff nurse, their client is the individual person seeking services at the hospital. As applied to the chief nursing officer, their client is the nursing delivery system in their hospital/facility. As applied to the nurse informaticist, their client is the hospital staff nurse who uses their facility's informatics system to deliver care. Based on the latter, let's review the OAR 851-045 statements from our example to describe the practice of nursing by a nurse informaticist.

OAR 851-045-0060(2)(a): *The nurse informaticist must base their practice on current knowledge of the practice of nursing and in the technologies of information systems used by nurses, to ensure that nurses are able to implement their practice.*

ORS 851-045-0060(3)(b) through (f): *Evaluating the data gathered during their comprehensive assessment regarding the context of care of hospital staff nurses in the facility, the nurse informaticist shall develop reasoned conclusions that identify problems or risks presented by their client. The nurse informaticist shall develop a plan for informatics implementation that establishes priorities in the plan, identifies measurable outcomes, and includes strategies to address prioritized reasoned conclusions. The nurse informaticist shall implement the plan, evaluate the plan, and modify the plan as the needs of their client changes or if the system is not workable in the context of care.*

ORS 851-045-0060(5): *The nurse informaticist is accountable to communicate the needs of their client to those responsible for the overall system. The nurse informaticist is accountable to respect the practice of nursing and assure that the needs of the nurses with regard to their ability to care for their clients is developed within the implementation plan.*

There is not the need for the nurse informaticist is to address every concern, however, the nurse informaticist is accountable for knowing that the system works in each context of care in which it is used, including the education necessary for nurses to use the systems.

While all nurses do not provide direct care, all nursing practice is related in some way, directly or indirectly, to the safety of the public. In our examples, the nurses caring for the 36-year-old are accountable for her safe care, and the nurse informaticist is accountable to assure those nurses have informatics systems that aide in communicating the care provided through the practice of nursing.

Context of Care

There is a term used in the NPA to identify the unique framework of factors that are inherent to environments where nurses engage in the practice of nursing; factors which heavily inform the types of nursing services provided. This framework of factors is known as the context of care. Factors that define a specific context of care include the type of environment (e.g., setting) and services delivered therein; applicable regulations governing said environment and services rendered; the nurse's role within the environment; professional and specialty nursing practice standards applicable to the nurse's role; nursing practice policies and procedures; and the ability of the client to self-direct the planned nursing strategies or interventions to which they consent.

Regardless of a nurse's context of care, the NPA requires the nurse to have their own plan of care for their client's overall response. No nurse with an Oregon license is exempt from this requirement of the NPA—including the nurse whose practice and resulting plan of care does not involve hands-on direct care. **This is why the NPA doesn't contain lists of specific health-related tasks or other specific plan of care interventions that are approved for every individual nurse based on license type.** Clearly, if the practice act was a “laundry list” of tasks and procedures, these could not be applicable to all the settings in which the nurse has a role.

It is hoped that the information provided in this article has increased (or reinforced) your knowledge of the purpose of Oregon's NPA and aided in your understanding of the legal definition and descriptions of the practice of nursing. The bottom line is that regardless of whether a nurse's client is an individual person, a nursing system in a hospital/facility, or an organization's nursing staff, the practice of nursing and the legal requirements of the practice remain the same.

Post script: To determine whether a specific health-related task, plan of care intervention, or practice role falls within your individual scope of practice and is appropriate for performance in your *practice of nursing* in your context of care, please access the Board's Scope of Practice Decision-Making Framework at www.oregon.gov/osbn/documents/IS_Scope_Decision_Tree.pdf



Scan to view the Board's Scope of Practice Decision-Making Framework



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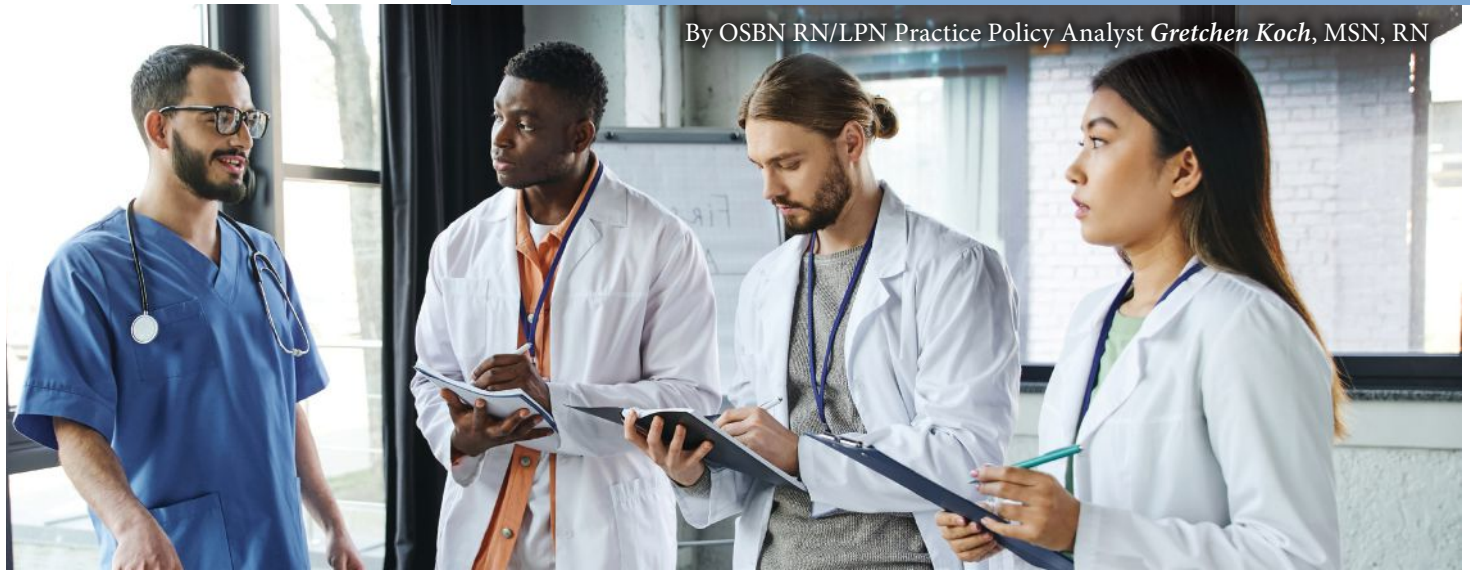
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REVISED RN DELEGATION PROCESS RULES COMING AUGUST 1

Effective August 1, 2023, Board-approved revisions to Oregon Administrative Rules (OARs) Chapter 851 Division 047 Standards for Registered Nursing Delegation Process go into effect. The revised OARs were adopted by the Board at the June 22, 2023, public Board meeting.

While the content of this article provides an overview of the recently adopted rule revisions, it is intended for general knowledge only, is not to be used as a substitute for accessing and reading OAR 851-047, and is not legal advice on Oregon nursing law.

Background

RN delegation process rules apply only to the RN who practices in a community-based setting. For the purposes of Oregon's Nurse Practice Act, a community-based setting is defined as one that does not exist for the expressed purpose of medical or nursing services delivery but where such services could be provided intermittently. Examples of practice settings that meet

the definition include, but are not limited to, private homes, foster homes, assisted living facilities, schools, and 24-hour residential care facilities.

As a registered nursing practice authority, delegation process provides for an RN to teach their client's unregulated assistive person (UAP) care team member how to perform their client's ordered health-related procedure, to competency validate the UAP's performance of the procedure on the client, and then authorize that UAP to perform the procedure for the client for ongoing periods of time.

Where to Find the Rules

As of August 1, 2023, the revised Division 047 OARS will be accessible via the Nurse Practice Act link located on the top menu bar of the Oregon State Board of Nursing home page.

Review of Revisions

Previous standards that are no longer in the rules:

- Standards on teaching of noninjectable medication administration and on teaching

the performance of tasks for an anticipated emergency are no longer contained in Division 047. Standards on both registered nursing practice authorities were moved to the Division 045 OARs on August 1, 2022.

- Standards that duplicated language in ORS 678.036 on civil liability protection for the RN who delegates have been removed. The ORS 678.036 statute remains current and enacted.
- Standards that provided for an RN to rescind a UAP's authorization to perform a nursing procedure and then immediately assign the same procedure to the same UAP has been removed.
- The prohibition on delegating the performance of an intramuscular injection to a UAP has been removed.

New Rule Numbers

Compared to the 2004 delegation process rules that codified all delegation

standards under a single rule number, the revised rules separate the standards into seven different rule numbers for ease of reading.

0030 General Provisions: This rule number identifies general obligations or requirements of the RN whose nursing practice includes delegation process.

851-047-0045 RN Authorization of a UAP's performance of a Nursing Procedure: This rule number identifies the process an RN is responsible to complete when authorizing a UAP's performance of a nursing procedure for a specific client. The codified process remains consistent with the process codified in the 2004 delegation rules.

Standards on the RN's responsibilities for educating the UAP on the client's chronic condition and the performance of the nursing procedure are expanded. This expansion includes the RN's responsibility to include their written instructions for the performance of the nursing procedure on the client within their learning content.

Clarified in the revised rules is the RN's responsibility to provide a one-on-one visit with the UAP to address questions the UAP and client may have, amend the written instructions as deemed appropriate by the RN, and to directly observe and validate the UAP's accurate performance of the nursing procedure.

The rules identify the RN's responsibility to complete the above process step prior to authorizing the UAP's performance of the procedure for the client. The revised standards also specify data that must be evaluated by an RN whereby a clinical judgment can be made regarding the UAP's authorization period for their performance of the procedure on the client.

This rule number contains new standards. The new standards identify the RN's responsibility to:

- Instruct the UAP to utilize the RN's instructions for the procedure's performance each time they perform the nursing procedure for the client,

- Document a recommendation that identifies for the client's health care team how the client might continue to receive their ordered procedure in the event the RN is no longer a member of the team, and the procedure remains ordered for the client,
- Update the plan of care to communicate that the performance of the client's nursing procedure has been delegated to a UAP, and
- Continue to engage in nursing practice with their client pursuant to OAR 851-045.

851-047-0050 Ongoing RN Evaluation of the Safety of the Delegation: This rule number contains standards formerly known as periodic inspection, supervision, and re-evaluation standards. The revised standards identify an RN's responsibility to provide ongoing evaluation of the safety of a delegation for their client following their authorization of a UAP to perform their client's nursing procedure.

The revised standards specify data that must be evaluated by an RN whereby a clinical judgment can be made on the continued safety of the delegation for the client and on the UAP's authorization period for performance of the procedure on the client.

New standards include the responsibility of the RN to communicate the UAP's authorization period for performance of the procedure on the client to other health care team members who need to know and to keep current the recommendation to the client's health care team on how the client might continue to receive the procedure in the event the RN is no longer a member of the team.

0055 Limitations on the RN's Delegation of the Administration of Medication by the Intravenous Route: The revised rules contain the same limitations on the delegation of intravenously administered medication as in the 2004 rules. For example, only the RN who is an employee of a licensed home health agency, a licensed home infusion agency, or a

licensed hospice agency may authorize a UAP to perform intravenous medication administration for their client.

0060 Rescinding the UAP's Authorization to Perform a Nursing Procedure on a Client: Standards codified under this rule number identify an RN's responsibility to end a UAP's authorization to perform a nursing procedure for their client for any one of eight situations. The revised standards clarify the RN's responsibility to document the date, time, and reason the UAP is no longer authorized to perform the nursing procedure for the client. Clarified through the revised standards is the responsibility of the RN to inform the UAP and other health care team members that the UAP is no longer authorized to perform the nursing procedure for the client.

851-047-0065 Rescinding the delegation for a client and UAP: This rule number contains standards applicable to the RN who is ending their therapeutic relationship with their client.

The standards under this rule number identify that for the delegation of a procedure performed for a client by a UAP to no longer be considered under the accountability of the RN's license, the RN must rescind delegation. The standards also clarify that the act of transferring a delegation to another RN still requires the rescinding RN to formally end their nursing relationship with the client and the UAP.

There are additional standards under this rule number applicable to the RN who transfers their delegation to another RN, the RN who does not have another RN to whom to transfer a delegation, and standards applicable to the RN in certain practice situations.

0070 Accepting a Hand-off of Nursing Services Provision and Delegation Process Responsibilities for a Client and a UAP from another RN: This rule number contains standards applicable to the RN who is presented with a hand-off of a client that

continued on page 18 >>

NURSING PRACTICE

includes delegation process responsibilities from another RN. The standards identify specific conditions that must be considered by the RN in their decision to accept, or to not accept, the hand-off. These conditions include (but are not limited to):

- Having knowledge that the responsibilities of the hand-off are within the RN's individual scope of practice.
- Arriving at the clinical judgment that the client's situation is safe for delegation.
- Having knowledge that the teaching plan content for the UAP on the client's condition and their performance of the nursing procedure meets the requirements of the rules.
- Having knowledge that the

written instructions for the UAP's performance of the nursing procedure on the client meet the requirements of the rules.

The revised standards identify the responsibility of the RN to validate and evaluate specific data to determine the UAP's authorization period for performance of the procedure on the client; a period that cannot exceed 60 days.

A new standard is the responsibility of the RN to communicate the duration of the UAP's authorization period with other health care team members who need to know. Also new is the responsibility of the RN to document a recommendation for the client's health care team that identifies how the client might continue to receive their ordered nursing procedure in the event the RN is no longer a member of the

team, and the procedure remains ordered for the client.

Additionally, standards under this rule number clarify the RN's responsibility to document the date and time the hand-off is accepted; the date and time the UAP is authorized under their delegated authority to perform the nursing procedure for the client; and the UAP's authorization period for performance of the procedure on the client.

In closing, the RN who utilizes delegation process within their community-based nursing practice holds the responsibility to read the August 1, 2023, rules in their entirety. This action will provide for the RN to engage in professional practice evaluation whereby ensuring practice that is consistent with these rules.

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THE OCN AWARDS MORE THAN \$496,400
IN GRANTS FOR NURSE WELLNESS-FOCUSED PROJECTS



Oregon Center for
N U R S I N G

There were more than 6,675 nurses working in long-term care settings across Oregon in 2020, according to the Oregon Health Authority. In July, the Oregon Center for Nursing (OCN) awarded \$496,496 in grant funding to support mental health and emotional wellness initiatives for the nursing professionals working in these environments.

The grants will support the nursing workforce of long-term care environments across Oregon, including memory care, hospice, and skilled nursing facilities. Selected projects addressed specific work-related stressors and were designed in collaboration with the nursing staff at each organization. Funding was made possible by the generous support of the Oregon Department of Human Services (ODHS).

"These professionals often function in much more isolated roles with different team dynamics and work environments than other nurses," said Jana Bitton, Executive Director of OCN. "The Oregon Center for Nursing is thrilled to support these projects

addressing the unique challenges this workforce population faces."

OCN began funding well-being projects in early 2023. The organization has awarded \$846,143 in grant money for nursing-focused mental and emotional wellness across the state.

OCN is your nonprofit workforce center working to advance the nursing profession across Oregon, with initiatives including the RN Well-being Project. Learn more about the project research and OCN's recently funded projects at oregoncenterfornursing.org.

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Licensees and certificate-holders who wish to receive renewal reminders may do so by signing up for either e-Notify or the OSBN reminder service, depending on their license type. In addition, employers who want to keep track of their employees' license status can sign up for a no-cost subscription and make changes to their employee list easily as needed

e-Notify for RNs, LPNs, APRNs Renewal Reminders

All Oregon nurses are encouraged to sign up for the free Nursys e-Notify system if they want to receive reminders about their license renewal. Go to <https://www.nursys.com/EN/ENDefault.aspx#> and click on "As a Nurse." Follow the directions to create a free nurse account. For more information regarding e-Notify, visit https://www.nursys.com/_Assets/videos/en-nurse-video.mp4. Nursys and e-Notify are systems developed by the National Council of State Boards of Nursing. It is each licensee's responsibility to renew their license on time, as required by the Oregon Nurse Practice Act. Sign up for e-Notify to avoid late renewal fees and possible civil penalties.



OSBN CNA/CMA Renewal Reminders

All Oregon CNAs and CMAs are encouraged to sign up for the free OSBN subscriber system if they want to receive reminders about their license renewal. Go to <https://osbn.oregon.gov/CNASubscription>. Follow the directions to create a free account and enter your own CNA certificate number to track. It is each licensee's responsibility to renew their certificate on time, as required by the Oregon Nurse Practice Act. Sign up for the CNA subscriber system to avoid late renewal fees and possible civil penalties.



OSBN - CNA/CMA Verification Subscription Service

Welcome to the Oregon State Board of Nursing's free CNA employer subscription service. This automated verification system provides daily or weekly notifications to an employer of the current license status for all of its CNAs and CMAs. It's an easy-to-use, free subscription service that automatically notifies an employer when a change occurs to one of their employees' license statuses, including any current discipline and when licenses are due to renew. (If you need to monitor a list of RNs or LPNs, please visit the Nursys e-Notify site to sign up: <https://www.nursys.com/en/endefault.aspx>)

This service is a tool for employers and organizations who want to receive free automated CNA certificate status updates. You can:

- Manage a list of your facility's CNAs or CMAs.
- Receive regular email notifications when a CNA's certification status or discipline status changes.

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Employer Subscription Service for RNs/LPNs/APRNs

The free 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 has retired its in-house verification service and encourages all subscribers to sign up for the free Nursys® e-Notify subscription service (<https://www.nursys.com/EN/ENDefault.aspx>).

Employer Subscription Service for CNAs/CMAs

CNA employers who want to keep up with their employees' certification status, can sign up for the free OSBN CNA Subscription Service. Go to <https://osbn.oregon.gov/CNASubscription>. Follow the directions to create a free account. Subscribers can receive daily or monthly updates for a list of CNAs or CMAs. The new service allows subscribers to easily upload their own employee lists and make ongoing updates.

Individual Licensee Look-Up/Verification

Separate from the subscription service is the OSBN License Verification Portal. The public has been able to verify individual Oregon nurses or nursing assistants since 2004. This service hasn't changed; it's just received a design and security update. It provides license and certificate details for individual nurses and nursing assistants, just as the previous system did.



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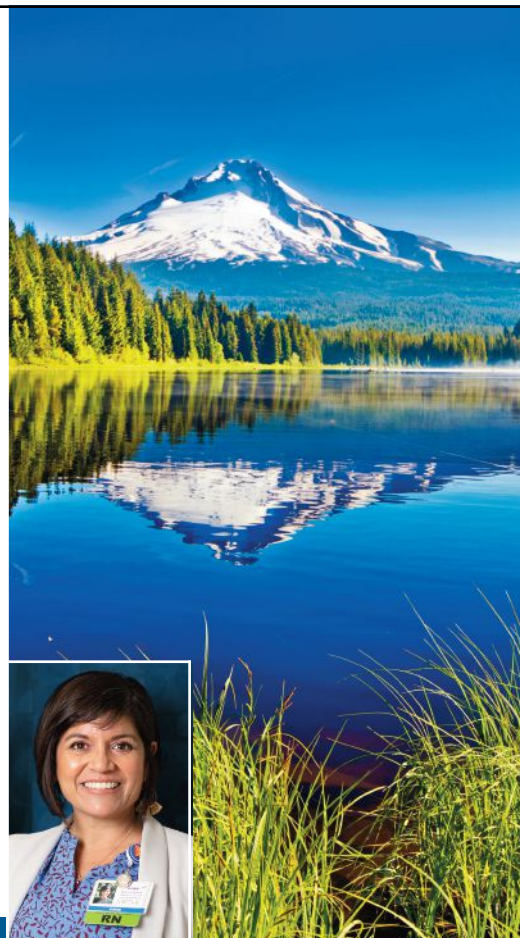
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— Dawn Opbroek, RN, BSN, CEN,
Director of Emergency Services





APRN UPDATES DEA REMOVES REQUIREMENT FOR X-WAIVER

Section 1262 of the Consolidated Appropriations Act, 2023 (also known as Omnibus bill), removed the federal requirement for practitioners to have a waiver to prescribe medications, like buprenorphine, for the treatment of opioid use disorder (OUD). With this provision, effective immediately, SAMHSA will no longer be accepting NOIs (waiver applications).

All practitioners who have a current DEA registration that includes Schedule III authority, may now prescribe buprenorphine for Opioid Use Disorder

in their practice if permitted by applicable state law and SAMHSA encourages them to do so.

An OSBN rule hearing is scheduled on August 22, 2023, for OAR 851-055 and it is anticipated that 851-055-0078 (APRN Controlled Substance Rules), section (6) will be updated to rescind this previous federal requirement in the Nurse Practice Act. If these proposed changes are adopted it is anticipated this change will be effective in Oregon on October 1, 2023.

New Education Requirement for DEA prescribers

The Consolidated Appropriations Act of 2023 additionally enacted a new one-time, eight-hour training requirement for all Drug Enforcement Administration (DEA)-registered practitioners on the treatment and management of clients with opioid or other substance use disorders. The training requirement Medication Access and Training Expansion (MATE) Act is in effect as of June 2023.

This training does not have to occur in one session. It can be cumulative across

multiple sessions that equal eight hours of training. This new DEA education mandate is a federal requirement for over 2 million DEA prescribers nationwide after removing the previous X-waiver requirements.

DEA registrants will need to attest to completion of this education with their next DEA license renewal.

Advantages of Prescribing Buprenorphine for Clients with Opioid Use Disorder (OUD)

1. Expanding access to treatment for individuals struggling with opioid addiction, especially in areas where there may be a shortage of specialized addiction treatment APRNs.
2. Improving client outcomes including reduced illicit opioid use, overdose risk, and criminal activities associated with addiction.
3. Enhancing client engagement by strengthening ongoing relationships with clients, providing comprehensive care, and addressing any other medical or psychosocial needs.
4. Reducing stigma by integrating addiction treatment into care settings without requiring specialized addiction treatment.
5. Supporting harm reduction by reducing the risk of overdose, infectious diseases (like HIV or hepatitis), and other health complications associated with illicit opioid use.
6. Promoting long-term recovery by helping clients stabilize their lives, reduce the risk of relapse, and support long-term recovery.

Potential Risks associated with Writing Prescriptions for Buprenorphine

Diversion and misuse may occur when clients sell or share their prescribed medication instead of using it as intended.

Inadequate client assessment is a risk If

APRNs do not adequately evaluate clients for their suitability for buprenorphine treatment, they may inadvertently prescribe the medication to individuals who may not benefit from it or who have contraindications that increase the risk of adverse effects.

Lack of comprehensive care by focusing on prescribing buprenorphine without addressing the underlying factors contributing to addiction or providing the necessary psychosocial support, the overall treatment outcomes may be compromised.

Risk of overdose and respiratory depression especially when used in higher doses or in combination with other sedating substances. APRNs must be knowledgeable about appropriate dosing, potential drug interactions, and signs of overdose to minimize the risk of

these complications.

Legal and regulatory considerations require APRNs to comply with specific legal and regulatory requirements, such as obtaining the necessary training, and adhering to prescribing limits. Failure to comply with these regulations can result in legal consequences and impact the provider's APRN licensure and prescriptive authority.

Client non-adherence may occur if clients struggle with specific requirements, it can reduce the effectiveness of the treatment and increase the risk of relapse.

Prescribing Naloxone Alongside Buprenorphine

Overdose risk reduction: Providing naloxone to clients simultaneously with buprenorphine helps ensure they have access to a potentially life-saving

continued on page 24 >>



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better prepared to respond to emergencies and potentially save lives.

Community impact: By expanding access to naloxone, APRNs contribute to broader harm reduction efforts and help combat the opioid crisis.

Buprenorphine and Naloxone Key points:

It's important to note that while buprenorphine prescribing has significant benefits, it should be done within appropriate clinical guidelines and with careful consideration of each client's individual needs.

APRNs need to discuss the importance of naloxone with their clients, provide proper education on its use, and ensure that clients, as well as their family members or close contacts, are aware of its availability and how to use it effectively in an emergency situation.

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Scan for more Information: Oregon State Board of Nursing: Ask a Scope-of-Practice Question: State of Oregon



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References:

U.S. Department of Justice website H.R.2617 - 117th Congress (2021-2022): Consolidated Appropriations Act, 2023 | Congress.gov | Library of Congress

SAMHSA - Substance Abuse and Mental Health Services Administration Clinical Guidelines for the Use of Buprenorphine in the Treatment of Opioid Addiction | Official web site of the U.S. Health Resources & Services Administration (hrsa.gov)



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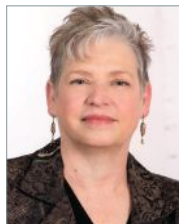


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2023 OSBN BOARD MEMBERS



JUDITH WOODRUFF, JD
PUBLIC MEMBER, 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.



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.



MARGARET HILL
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.

2023 OSBN BOARD MEETING DATES

August 16, 2023	4:30 p.m.	Board Meeting (Primarily Executive Session)	November 15, 2023	9 a.m.	Board Meeting (Primarily Executive Session)
September 20, 2023	9 a.m.	Board Meeting (Primarily Executive Session)	November 16, 2023	9 a.m.	Board Meeting
September 21, 2023	9 a.m.	Board Meeting	December 20, 2023	4:30 p.m.	Board Meeting (Primarily Executive Session)
October 18, 2023	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.

Don't Forget to Renew!



Nursing licenses and nursing assistant certificates expire every two years, on your birthday. If you were born in an odd year, you need to renew your license or certificate this year (if you haven't already).

If you were born in an even year, you will need to renew your license next year.

Nurses may sign up for Nursys E-Notify®, a free service from

the National Council of State Boards of Nursing: <https://www.nursys.com/EN/ENDefault.aspx>. This service will allow you receive license expiration reminders, receive status updates to your license, and track your license verifications for endorsement (if applicable).

It is ultimately the licensee's responsibility to renew their license. Don't risk possible civil penalties by practicing without a license-renew on time.

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DISCIPLINARY ACTIONS

Actions taken in April, May, and June 2023. 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
Kimberly L. Akinola	202104979LPN	Reprimand	6-21-23	Performing acts beyond her authorized scope and failing to accurately document nursing interventions.
Dragos A. Angel	200640152RN	Reprimand	6-21-23	Failing to maintain professional boundaries with a client.
Kevin M. Bates	201801380RN	Suspension/Probation	5-17-23	60-day suspension, followed by 24-month probation. Engaging in abusive behavior towards a coworker.
Debra I. Blondo	087000100RN	Reprimand	5-17-23	Improperly delegating the performance of a nursing procedure to a UAP and failing to conform to the essential standards of acceptable nursing practice.
Brittney Caldera	201700145RN	Civil Penalty	4-19-23	\$750 civil penalty. Practicing without a valid Oregon license.
Scott Carter	201703579RN	Reprimand	5-17-23	Falsifying data.
Penny S. Casperson	201700817RN	Voluntary Surrender	5-17-23	Performing acts beyond her authorized scope and failing to conform to the essential standards of acceptable nursing practice.
Margarita F. Castillo-Juarez	201702071CNA	Voluntary Surrender	4-19-23	Failing cooperate with the Board during an investigation.
Carmela Castro	202208590RN	Voluntary Surrender	4-19-23	Demonstrated incidents of dishonesty.
Barrium D. Clinton	CNA Applicant	Application Denied	4-19-23	Jeopardizing the safety of a person under his care and failing to implement the plan of care developed by the RN.
Mercedes K. Cortes	201401141CNA	Revocation	4-19-23	Failing to cooperate with the Board during an investigation and failing to provide documents requested by the Board.
Christina F. De Paz	201600112LPN	Suspension	6-21-23	30-day suspension with conditions. Demonstrated incidents of dishonesty and fraud.
Patricia L. Donnelly	201608623RN	Civil Penalty	5-17-23	\$3,000 civil penalty. Violating a person's rights to privacy and confidentiality and failing to conform to the essential standards of acceptable nursing practice.
Stacie L. Duell	200641553RN	Probation	5-17-23	24-month probation. Using intoxicants to the extent injurious to herself or others.
Kalie K. Dutra	201610164LPN	Reprimand/Civil Penalty	6-21-23	Reprimand with conditions and \$1,500 civil penalty. Violating a client's right to privacy and confidentiality, engaging in unsecured transmission of protected client data, and failing to cooperate with the board during an investigation.
Nancy A. Erb	095007161RN	Revocation	4-19-23	Violating the terms and conditions of a Board Order.
Jeffery M. Foley	201040647RN	Reprimand	6-21-23	Demonstrated incidents of violent and abusive behavior.
Jaleen L. Ford	201407547NP-PP	Voluntary Surrender	5-17-23	Failing to properly assess and document client assessment when prescribing drugs.
Dylan T. Fore	202202778LPN/ 202001240CNA	Voluntary Surrender	5-17-23	Obtaining unauthorized medications and failing to administer medications in a lawful manner.
Tiffany Fregoso	202005781RN	Voluntary Surrender	6-21-23	Demonstrated incidents of abusive behavior and failing to report incidents of abuse, neglect, or mistreatment.
Angela A. Gage	CNA Applicant	Voluntary Withdrawal	6-21-23	Failing to cooperate with the Board during an investigation.
Alma A. Garboden	200943262RN	Civil Penalty	5-17-23	\$7,000 civil penalty. Violating a person's rights of privacy and confidentiality by accessing information without proper authorization or need to know.
Leanne Gettmann	201709875CNA	Revocation	6-21-23	Leaving a nursing assistant assignment without properly notifying appropriate supervisory personnel and failing to cooperate with the Board during an investigation.
Michelle A. Green	202109822LPN	Suspension	6-21-23	120-day suspension with conditions. Documenting nursing practice that did not occur and failing to conform to the essential standards of acceptable nursing practice.
Kevin Guirand	RN Applicant	Voluntary Withdrawal	6-21-23	Failing to meet the Board's educational requirements for licensure.
Rachel A. Hayes	200913315CNA	Revocation	6-21-23	Abusing a person and failing to cooperate with the Board during an investigation.
Fylecia A. M. Hennebeck	201404942RN	Civil Penalty	5-17-23	Practicing nursing without a current Oregon license.
William W. Henry	201405532RN	Probation	6-21-23	24-month probation. Unauthorized removal of drugs from the workplace, entering inaccurate information into a health record, and documenting nursing practice that did not occur.
Nicole A. Jacobsen	200912263CNA	Reprimand	4-19-23	Resorting to misrepresentation during the certification process and failing to answer questions truthfully.
Marta Jimenez	202209144RN	Revocation	5-17-23	Due to disciplinary action taken in Texas.
Mary W. Kimile	RN Applicant	Voluntary Withdrawal	6-21-23	Failing to meet the Board's educational requirements for licensure.

Name	License Number	Discipline	Board Vote	Violations
Wendy K. Kucherhan	200041384RN	Revocation	6-21-23	Performing acts beyond her authorized scope, failing to clinically supervise persons to whom an assignment has been made, and failing to conform to the essential standards of acceptable nursing practice.
Robin W. Larson	201911408RN	Probation	5-17-23	24-month probation. Practicing nursing while impaired and using intoxicants to the extent injurious to herself or others.
Kylie K. Leach	201808910RN	Voluntary Surrender	6-21-23	Obtaining unauthorized medications, failing to maintain boundaries with a client, and failure to report her conviction of a crime within 10 days of the conviction.
Rodica Malos	200150094NP	Revocation	5-17-23	Failing to document nursing interventions in an accurate and timely manner, failing to communicate client status information to members of the healthcare team, and failing to conform to the essential standards of acceptable nursing practice.
Karen S. McCreary	090003356RN	Reprimand	5-17-23	Failing to implement the plan of care and failing to conform to the essential standards of acceptable nursing practice.
Erica L. McGuffin	201900020LPN	Voluntary Surrender	5-17-23	Failing to administer medications in a lawful manner and obtaining unauthorized medications.
Anne M. Meeks	200940236RN	Probation	5-17-23	24-month probation. Previously using intoxicants to the extent injurious to herself or others.
Mary Mehaffey	079043656RN	Voluntary Surrender	6-21-23	Violating the terms and conditions of a Board Order.
Random Mitchell	201602432RN	Reprimand	5-17-23	Failing to conform to the essential standards of acceptable nursing practice.
Joshua J. Montiel	202003165CNA	Reprimand	5-17-23	Performing acts beyond his authorized CNA duties and failing to document information pertinent to the client's care.
Sandra L. Moreno-Alvarado	CNA Applicant	Application Denied	5-17-23	Failing to answer application questions truthfully.
Elizabeth W. Nganga	202202499RN	Voluntary Withdrawal	5-17-23	Failing to meet the Board's educational requirements for licensure.
Danielle L. Ott	201502219CNA	Civil Penalty	4-19-23	\$1,600 civil penalty. Working as a CNA without a valid Oregon certificate.
Cindy Park	201702105RN	Reprimand	6-21-23	Failing to take action to preserve a client's safety and failing to conform to the essential standards of acceptable nursing practice.
Mackenzie R. Parrish-Civil	202209365CNA	Reprimand	5-17-23	Abusing a person and failing to take action to preserve a person's safety.
Nancy E. Parrott	000032554CNA	Revocation	5-17-23	Failing to respect the dignity and rights of clients and engaging in other unacceptable behavior in the presence of the client.
Renee D. Reiser	200742941RN	Probation	5-17-23	12-month probation. Failing to document client care information and failing to conform to the essential standards of acceptable nursing practice.
Carol D. Rosander	094003212RN	Civil Penalty	4-19-23	\$2,000 civil penalty. Practicing without a valid Oregon license.
Julie G. Smith	096007118RN	Voluntary Surrender	4-19-23	Failing to clinically supervise a person to whom an assignment has been made.
Vladimir St. Louis	RN Applicant	Voluntary Withdrawal	6-21-23	Failing to meet the Board's educational requirements for licensure.
Jacqueline L. Stinnett	201907300RN	Reprimand	5-17-23	Administering unauthorized medications to a person.
Penny Stocks	200340314RN	Reprimand	4-19-23	Failing to take action to preserve client safety and failing to accurately document nursing interventions.
Melody L. Stockstill	000000421CNA	Voluntary Surrender	4-19-23	Functioning as a CNA without current certification as a nursing assistant.
Laura B. Stoudenmire	201800328RN	Voluntary Surrender	4-19-23	Possessing unauthorized controlled medications and failing to report to the Board her arrest for a felony crime within 10 days.
Trudy E. Urban	091007006RN	Probation	6-21-23	36-month probation. Using intoxicants to the extent injurious to herself or others.
Michael A. White	202104416RN	Reprimand	6-21-23	Implementing policies that jeopardize client safety and failing to conform to the essential standards of acceptable nursing practice.
David L. Wright	000008218CNA	Revocation	5-17-23	Violating the terms and conditions of a Board Order.
Nicole E. Wytcherley	202009311CNA	Voluntary Surrender	5-17-23	Failing to report her felony arrest within 10 days of the arrest.

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: OSBN online verification system: <https://osbn.boardsfnursing.org/licenselookup>

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

YOU ASK, WE ANSWER

COMMON QUESTIONS REGARDING THE OREGON NURSE PRACTICE ACT

Q: I do RN consultant work with clients in their private homes. My question is whether a client's immediate family member must be delegated by an RN to perform health-related procedures for their family member or if this is something that can be taught?

A: It's the latter. An RN holds the scope of practice authority to teach their client's immediate family member how to carry out medical orders for another family member. Such family members would include a father, mother, grandfather, grandmother, husband, wife, son, daughter, sister, brother, other person related by blood, by marriage, by domestic partnership, or through legal adoption.

This RN practice authority is based on Oregon Revised Statutes 678.010(7) (c) and Oregon Administrative Rules (OAR) 851-045-0060(9). Both of which may be accessed from the Oregon State Board of Nursing homepage.

Additionally, the Board recognizes that there are situations where an immediate family member may not be available to execute medical orders for another family member. In such a situation, the Board believes that a friend or neighbor who is chosen by the person requiring care will act in the best interest of that person in the execution of the medical order on their behalf. The legal nursing practice standards for this RN practice



authority are codified in OAR 851-048 Standards for the Registered Nurse who Teaches a Designated Caregiver How to Execute a Medical Order. This division of the Nurse Practice Act is also accessible from the Board's website.

Q: In a detox setting, is an LPN able to work alone in the building if an RN is readily available by phone?

A: Oregon's Nurse Practice Act (NPA) is silent on the physical proximity of an RN to an LPN in any practice settings. This means that your question can only be answered by the context of care of your practice environment. Context of care is a term defined in Division 006 of the NPA and means the environment where the practice of nursing occurs. Your specific context of care will be defined by variables such as the practice setting

proper, the regulations governing the setting and services provided, policies and procedures of the setting, a licensee's practice role within the setting, specialty nursing practice standards applicable to the nurse's role, the individual client's plan of care including their ability to self-direct the nursing strategies or interventions to which they consent.

Through exploration of these variables, you should find the answer. If you find that an answer is lacking, take this opportunity to exercise your adherence to Division 045 standards on leadership and quality of care by working with your nursing administration team or manager to develop a policy or guidelines on the topic specific to your setting.

Q: Can a nurse take a verbal order from a dietician?

A: A nurse may accept and implement recommendations from a dietician. This practice authority along with practice responsibilities of the nurse who does, are codified at OAR 851-045-0040(5)(d) through (f). The format (e.g., verbal, written, electronic, etc.) in which a recommendation may be accepted will be determined by your context of care (please see the description of this term in the previous question).

Before you go

CHECKLIST



Oregon Center for
NURSING

Getting support and supporting yourself to "leave work at work" is important to help create a work-life balance. Mentally preparing to leave work can make a big difference. Here are some ideas to consider as you end your day.



TAKE A MOMENT

Look around you and reflect on the day.



IDENTIFY ONE THING

Recall one thing that was difficult today. Let the feelings be present for a moment...then allow them to pass by you and be released.



FIND THREE THINGS

Think of three things to be grateful for about your work day. It can be a patient's smile, a colleague's help, or a deep breath you took.



ACKNOWLEDGE

Today may have been hard, but it's not forever. Breathe.



ARE YOU OK?

Really ok? Don't struggle in silence. Connect with someone.



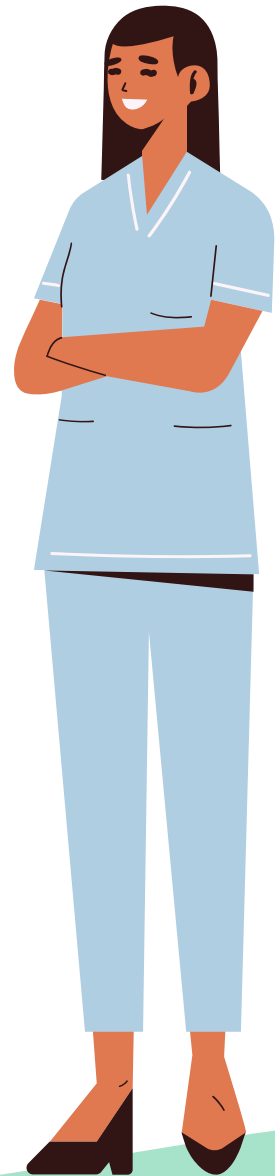
LOOK AT YOUR COLLEAGUES

Are they ok? Don't let them struggle either. Be their support.



BREATHE

With a renewed breath, head home to reset and recharge.



SCAN THIS CODE

to access more resources
from the RN Well-Being Project



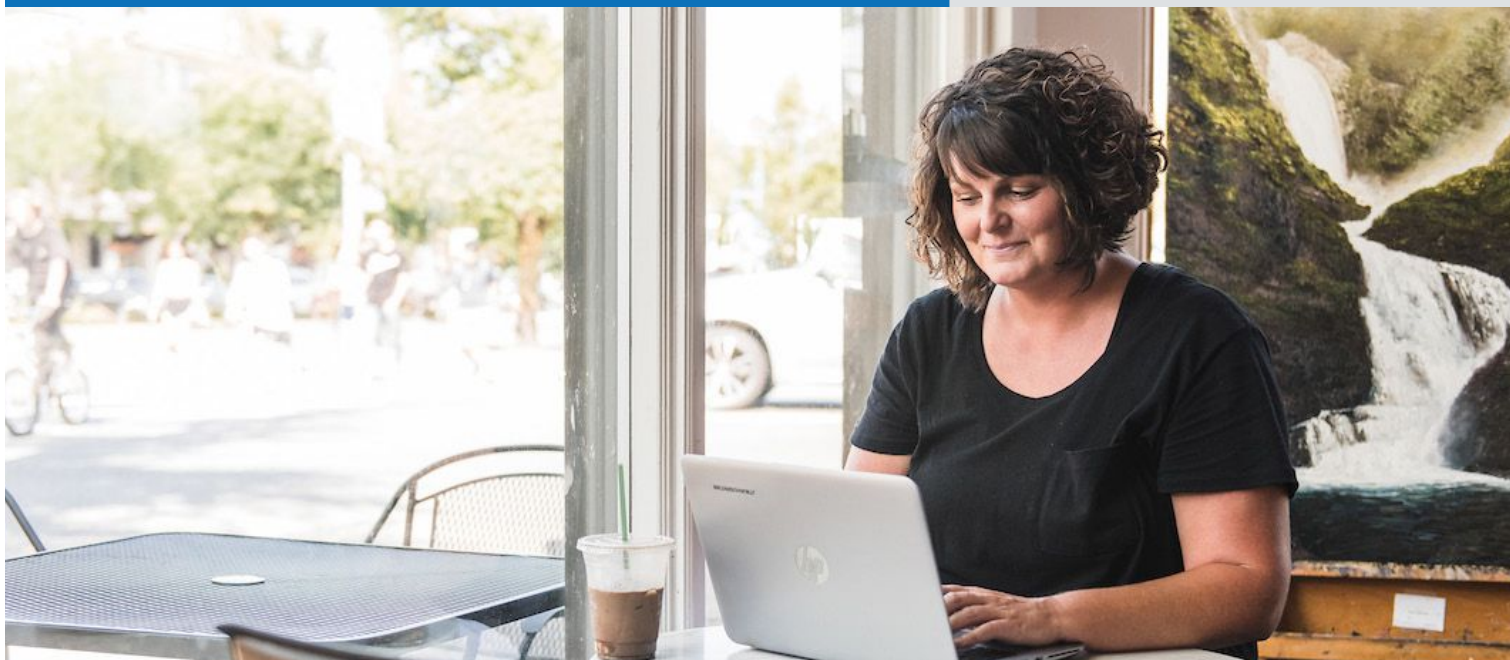


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