OREGON BOARD OF NURSING

SENTINEL

[VO.42 • NO 1 • WINTER 2023]

Crisis Standards of Care: From the Perspective of the Practice Act

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EDITION 57

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

TRANSITION

Hello everyone. Effective January 31, 2022, my time as the Executive Director of the Oregon State Board of Nursing (OSBN) will end after nine years. It is time for the next generation of nurses to assume leadership positions and for my generation to step aside and allow others to build on what we have left behind, refresh ideas, and continue to work on issues my generation failed to address.

In this, my last article for the Sentinel as the Executive Director, I want to share with you the most important thing I have learned over these past nine years. Nurses do not realize how much autonomy of thought and decision making is provided to them by the Nurse Practice Act (NPA). For most nurses, the NPA is a mostly misunderstood document, if it is read at all. The policies and procedures governing the workplace are frequently considered "standards of care" and if those standards are violated, the nurse is under the impression that their license is at risk under the NPA.

The independent scope of practice will always be the decisions a nurse makes using nursing knowledge, skills, abilities, and competencies by evaluating client data and determining the risks your client faces during the time the client is cared for under your license. The process used to mitigate those risks is the nursing plan of care. The nurse is always held accountable under their license for the decisions made and the actions taken in the practice of nursing regardless of role, environment of care, or position held within the employment setting. The plan of care is routinely relegated to "just one more piece of documentation" however, it is a legal requirement of nursing practice and what you will be held accountable to if investigated by the Board.

To be an independent thinker, the nurse must have a practice well-grounded in the legal and professional practice of nursing. In this edition of the Sentinel, the article "Crisis Standards of Care: The Requirements of the NPA" there is more information regarding the requirements of the practice act and your practice, not to be confused with the requirements of your employer and provider orders.

When I was appointed to this position, my major goal was to bring the Board and the NPA out in the open. Not as something that is to be feared or used as a threat, but as a partner in assuring the same thing that all of us want--safe practice and safe decision making. To that end we have hosted several hundred in-service presentations that have reached thousands of nurses and other members of the healthcare team. The Board is held accountable by the people of Oregon to assure that the nurse and nursing assistants caring for them have met minimum education and competency validation requirements. If the nurse or nursing assistant fails to uphold the legal standards of the NPA, then the Board is obligated to investigate to determine if the individual can still call themselves a "nurse" or a "nursing assistant." I am not sure if I have succeeded in this goal; I am certain that those who come after me will still have much work to do.

If I have somewhat succeeded, it is due to the staff of the OSBN. The staff is an incredible resource to the people of Oregon. These individuals assure that the laws regarding the qualifications and the standards of the NPA are enforced every day. The complexity and volume of work is little understood by those outside of the agency. Applicants who are frustrated that their licenses haven't been issued in a couple weeks—or even a couple days—don't realize that behind the scenes is a series of multiple legislatively required steps that, if not done correctly, could impact the safety of the public by allowing unqualified applicants to be licensed. Concerns about why the Board did or did not discipline a licensee also often stem from misunderstandings about how the investigative and discipline process is controlled by the administrative laws of the state. The Board cannot act outside of those laws and those laws do not always result in the desired outcome.

I leave this job with a mixture of sincere sadness to leave the staff of the OSBN and the excitement of the next chapter of my life.

My best wishes with all of you and, on a winter's day when you are forced to stay inside and you are looking for something to do, read the NPA. You might be surprised at what you find.

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

CRISIS STANDARDS OF CARE: FROM THE PERSPECTIVE OF THE PRACTICE ACT

All nurses are educated as generalists. After graduation and obtaining a license, we go about finding employment. Hopefully we can find employment in an area of nursing that fits with our ideas of what we wanted our career as nurses to be. As our experience as a nurse grows, we lose that generalist thinking and become an "xx nurse" (ICU, Public Health, Med/Surg, ED, Pediatric, Clinic, etc.). We begin to identify ourselves with our practice area and cease just calling ourselves a "nurse;" we add a descriptor of what we now identify our practice to be.

If we work for a specific employer for some time, we then also begin identifying with the standards of performance the employer requires. What comprises appropriate documentation, for instance, or which screens and lists must be verified, such a medical reconciliation and fall screens. Regardless of whether we work inpatient, outpatient, community, public health, informatics, etc., our employers require very specific tasks to be completed to fulfill the requirement of the position we have in the organization. Not only do we now have an identity as a "xx nurse," but we also begin to identify ourselves as how nursing is done in accordance with employer requirements.

Then comes a crisis. Needs outstrip resources. The employer finds that the routine can no longer be supported, that resources must be allocated differently and sparingly. There is anger, frustration, and thoughts of, "I need more resources to give the care that my patient/client deserves and that I am used to giving." There is thinking that if care cannot be delivered as it was before the crisis, nurses' licenses could be at risk. The phrase, "I could lose my license," is one that the Oregon State Board of Nursing (OSBN) hears frequently as nurses turn to the OSBN for help as they grapple with "crisis standards of care."

Because they identify with a specific area of nursing and identifying their practice with the standards of their employer, many nurses come to believe that the nursing they routinely practice is what is required by the Nurse Practice Act (NPA) and that anything less may be a violation of the NPA and could lead to discipline or revocation of license.

Over the past three years, due to a pandemic that does not seem to be going away, it has become apparent to the OSBN that there are a fair number of nurses who are not aware of the requirements of the legal practice of nursing. The OSBN is charged by the Oregon State Legislature to write administrative rules that provide for a minimum level of safe practice for nurses licensed in Oregon. If a nurse's practice possibly violates these rules, then the OSBN is obligated to investigate the nurse and, based upon a preponderance of evidence, determine if a sanction on the license is warranted.

The OSBN is often asked the question "what is considered safe practice?" What follows is a description of what the Board considers to be safe practice as per Oregon Administrative Rule 851-045, *The Standards and Scope of Practice for Registered Nurses and Licensed Practical Nurses.*

- The nurse must assess their client (synonymous with "patient") to gather information needed to determine the greatest risks faced by the client during their interaction with the health care system and the nurse. There is no requirement in the practice act for the nurse to collect this data themselves. Collecting data is not an assessment, it is simply data and can be collected by any member of the healthcare team. For the nurse to use the data in their assessment, the nurse must trust the data or validate the data through whatever measures the nurse deems necessary. This is one of those areas where many nurses have formed the opinion that (1) collecting data is an assessment, and that (2) only the nurse is allowed to collect the data. This is not legally correct. The assessment comes when the nurse, through their knowledge and experience, reviews and interprets the data to determine the risks faced by the client at the time the nurse is interacting with the client.
- After the analysis of the data, the nurse is legally required to determine how best to mitigate the risk for the client. This is called the "plan of care" (more on that in the next bullet point). During times of crisis standards of care, it may be that resources can only mitigate the most significant risk. Not all risks can be

mitigated and that is not required by the NPA, but what is/are the risks that, if not mitigated, can cause the client significant harm or even death. This type of allocation of resources goes against what most health care professional believes about their practice. Nurses are educated to be the advocate, to get the client to their best state of wellness, with resources to assist continued recovery or adaptability. During crisis standards of care, this may not be possible. There might only be enough resources to mitigate the greatest risk the client faces. Nurses must assess needs and how those scarce resources may best be used not only for this client, but the next one, and the next one, and the next one…. The NPA does not require that all needs of the client are met, just the ones that mitigate the greatest risk.

- The plan of care. For many this is relegated to something done every 24 hours, or something that nurses do to satisfy employer (or Joint Commission, DNV, CMS, etc.) requirements. The plan of care, in some cases, has been relegated to "just something else that needs to be documented." Legally, the plan of care developed from the data collected and assessed by the nurse is the legal practice of nursing. If the OSBN investigators do not find evidence that the data plus the assessment equaled a plan of care that was appropriate for the client and their specific situation, then this is a violation of the NPA and, no surprise to many, is the most common reason nurses are sanctioned for practice by the Board. If you have routinely just filled in the blanks or used the same plan of care for most, if not all, your clients, then you have violated the practice act. The law requires a plan of care based upon the nurse's assessment that is used to mitigate risk; there is no ability for any crisis standard to fall below this legal requirement. The opinion of many nurses is that the nursing plan of care takes a backseat to provider orders. Legally this is not the case. Based on the assessment of the nurse, and per OAR 851-045, the nurse "may" implement provider orders if the order is in the best interest of the client. The NPA expectation is that the nurse is an agent for the provider to implement their medical plan of care but only if the nurse agrees that the orders fit the needs of the client.
- "But we are too busy to develop a specific plan of care for each client!" is usually heard by the OSBN when asked about the plan of care. The tasks of nursing and the interventions nurses identify as their practice are not part of the NPA. There are no rules in the NPA stating that only a nurse can start an IV or give medications or use a central line. The OSBN was not given legislative authority to assign specific tasks to nursing, other than delegation in the community-based care setting. The OSBN was given the legislative authority to describe only the authorized duties of the certified nursing assistant. The minimum legal safe practice of a nurse, regardless of resource availability is the assessment of gathered data, determining what data is important to incorporate into a plan of care, develop the plan, implement, and evaluate. So, as it turns out, the legal practice of nursing is the Nursing Process. No matter what your role is in nursing, be it direct care, management, case management, etc., the law requires you to utilize the nursing process and the plan of care to mitigate the risks for your client based upon the available resources. This is what is considered safe practice: utilizing your nursing knowledge, education, competencies, and judgements to develop a plan of care to mitigate the greatest risk to the client.

Is this level of care satisfying to most nurses? No, it is not. Merely mitigating risk is not the heart of nursing, but it is the basic legal practice according to the law that defines safe nursing practice in Oregon.

During these times of crisis standards of care, does the employer recognize this basic rule of law? The role of nursing administration and nursing management during these times is to define the crisis standards of care based primarily on the NPA and what resources can be made available. The questions needing to be asked in assessing the environment to allow nurses to mitigate risk for their client are, but not limited to, the following:

- What are the crisis standard of care documentation requirements? The practice act requires the following in documentation: (1) that the nurse documents their interventions timely, to include identifying late entries, (2) that the nurse does not falsify any of their documentation, including witnessing wastage not really seen, interventions that have not yet happened, or going in to complete documentation for someone else, (3) that the nurse updates the plan of care when the assessment shows an update is needed. That's all. Any other documentation requirements are those of the employer, the accrediting agencies, government payors, etc., but not the practice act. This allows nursing departments to streamline their documents used during a crisis to capture the important information needed to mitigate client risk and stay within the legal practice of nursing. The employer, of course, can require more documentation based upon the needs of the organization in terms of reimbursement, accreditation rules, etc. The nurse must be able to identify what is the legal requirement of documentation and never fall below that standard.
- During crisis standard of care, are providers still writing the same orders with the same routines as during non-crisis times? Providers must also recognize the crisis and that it is nursing who does the bulk of care in any organization. Can orders be modified in some areas to authorize the nurse to take vital signs, for example, based on their own assessment of the client? Can provider orders be streamlined towards risk mitigation for the client rather than the routine orders of activity, frequency of vital signs, collect I/O? Can some routine provider orders be replaced to be done as per the nursing assessment?
- Medication administration: There is nothing in the practice act stating when medications must be given (such as within half an

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hour of the scheduled time). When giving a medication the nurse must know the action and the peak effect that the medication has on the client. Can the nurse determine which medication can be delayed a bit to allow for time to provide the vital medications to all their clients, and then provide the non-vital medications outside of routine?

- Should the model of care change during crisis standards of care? The NPA does not describe any models of care (primary, team, etc). LPNs are nurses and have the same responsibility and legal authorizations to provide interventions based on their knowledge, skill, abilities, competencies, and available resources as RNs. The only legal prohibition on the LPN is the ability to provide an assessment of collected data and develop/revise the plan of care. CNAs are only allowed to perform authorized duties as described in OAR 851-063. However, are the nurses allowing the CNAs to work at the top of their authorized duties? The OSBN often finds that most nurses are not familiar with the complete list of authorized duties allowed under the NPA. (The list of authorized duties can be found here: https://secure.sos.state.or.us/oard/displayDivisionRules.action?selectedDivision=3942.) If the CNAs are not performing their authorized duties, then is the RN performing tasks that can be legally assigned to another health care team member?

The OSBN can provide consultation for those organizations struggling with these crisis standards. The OSBN can assist in clarifying what the law always requires, regardless of resource availability. The requirements of the practice act are frequently misunderstood. The actual level of practice required by the NPA goes back to the baseline of nursing practice. The OSBN staff can assist organizations of all types to understand how to (1) keep their patients/clients safe, and (2) allow the nurse to practice within their legal scope of practice despite scarcity of resources.

To request a consultation please submit a request via the OSBN website: https://www.oregon.gov/osbn/Pages/Presentation_Request.aspx.

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

MULTISTATE LICENSURE: 2022 SURVEY RESULTS

Multistate licensure for health professionals continues to be an active discussion at both state and national levels, with the thrust being towards greater portability of licensure. State lines are blurring as telehealth becomes a frequent method of healthcare delivery. Hospital systems, particularly those in cities near state borders, are expanding and their licensed staff requires licensing in several states if they want to work at all facilities within the system.

What exactly is "multistate" licensure? Specific to nursing regulation, a multistate license means a license to practice as an RN or LPN issued by a home state licensing board that authorizes the nurse to practice in their home state and in all states that issue multistate licenses. In the US, the Nurse Licensure Compact (NLC) is the pathway for multistate licensure.

Multistate licensure is made possible when the legislature of a U.S. state, district, territory, or commonwealth enacts the NLC. Currently, there are 39 NLC member jurisdictions in the U.S.

The topic of multistate licensure has been discussed in Oregon for more than 20 years. However, never has the landscape of healthcare and nursing changed as rapidly as it is now, due to a combination of need, technology, and federal healthcare reform. In November 2022, Oregon State Board of Nursing board members directed OSBN staff to survey licensees on their knowledge of and interest in multistate nursing licensure via the NLC. Based on this direction, Board staff queried Oregon's 85,000-plus licensed RNs and LPNs through an email distributed survey and 12,309 licensees responded.

The survey results will be presented to the Board at the February 23, 2023, public board meeting.

December 2022 NLC survey respondent summary:

- 78.21 percent of respondents had previously heard of the NLC, while 21.79 percent had not previously heard of the NLC.
- 77.44 percent indicated that having a multistate license would be of benefit in their current practice role while 22.56 percent indicated that it would not be of benefit.
- 89.81 percent indicated that having a multistate license would be of benefit to their future career choices and 10.19 percent indicated that it would not be of benefit.
- 89.41 percent indicated that they would apply for a multistate license while 10.59 percent indicated they would not.
- 7.27 percent held no opinion on Oregon joining the NLC.
- 2.14 percent were opposed to Oregon joining the NLC.
- 90.59 percent were in favor of Oregon joining the NLC.

The OSBN holds no authority to initiate NLC membership or to impose multistate licensure in Oregon. Such action can only occur through change in Oregon Revised Statutes by Oregon's Legislative Assembly. Currently, two bills (HB2748 and HB2408) to enact the NLC in Oregon have been introduced in the 2023 legislative session, which began January 17. In the next several months, the Board will evaluate what administrative rule changes may be necessary in case the legislature chooses to change the current method of state-based licensure this year or in the future.

For more information, contact OSBN interim director Barbara Holtry at barbara.holtry@osbn.oregon.gov.

By OSBN Interim Executive Director ***Barbara Holtry***

BOARD OF NURSING 2023-25 BUDGET SNAPSHOT

The 2023 Oregon Legislative Session is upon us, and the Board of Nursing is tracking several bills, in addition to preparing for its budget presentation before the Joint Committee on Ways and Means Human Services Subcommittee. Although the Board is an Other Funded agency, in that it is supported mainly by licensing fees and receives no General Fund money, it must receive approval from the Legislature to spend those funds.

The mission of the Board of Nursing is to protect the public by regulating nursing education, licensure, and practice. The Board has a total of nine members, and is comprised of two public members, one licensed practical nurse, one certified nursing assistant, and five registered nurses. The five RNs include a nurse practitioner, a nurse administrator, a nurse educator, and two non-supervisory direct-care nurses.

The Board and its staff of 54 regulate the practice of more than 105,900 nurses and nursing assistants. The agency is comprised of six sections: Licensing, Investigations, Administration, Fiscal Services, Communications/IT, and Policy, which includes guidance for nursing practice and educational programs.

As stated earlier, the Board receives no Oregon General Fund money, but it does receive a small amount of federal funds specifically for the regulation of nursing assistants. Ninety-two percent of the Board's $20.9 million budget comes from license fees, and eight percent from federal funds routed through the Department of Human Services.

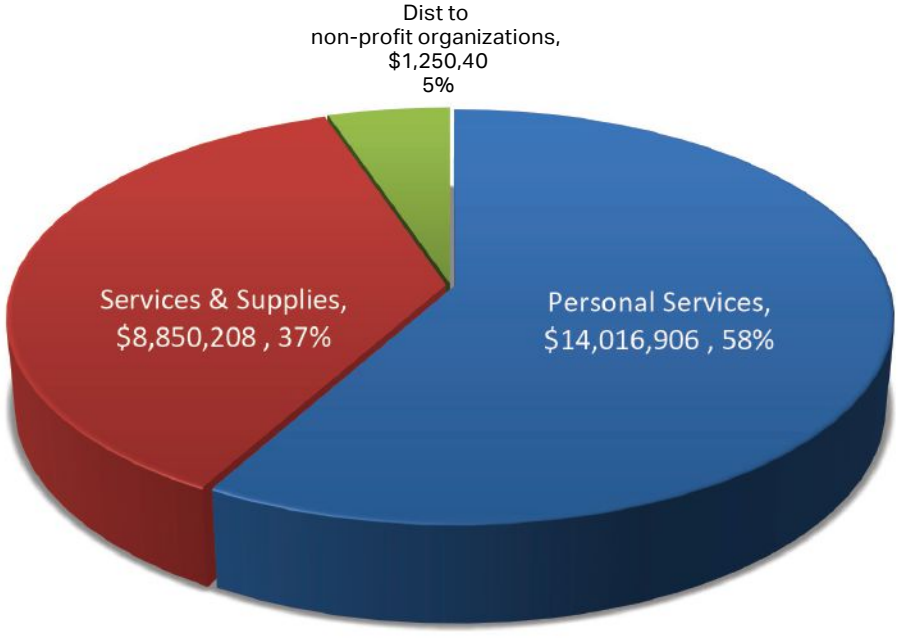
As for expenditures, 58 percent is spent on personal services, 37 percent goes to services and supplies, and 5 percent is distributed to the Oregon Center for Nursing (from the surcharge on exam and endorsement applications). The budget includes a package to make permanent two limited duration positions in Licensing that were added in June 2022.

"The two limited duration positions were added to help process the extraordinarily high number of endorsement applications received after the Governor's emergency declaration ended in April 2022," says OSBN interim director Barbara Holtry. "Board staff processed and issued licenses by endorsement to 9,737 nurses and nursing assistants between May and December 2022, 46% more than last year."

To learn more about the various bills filed for this year's legislative session, visit the Legislature's website at www.leg.state.or.us/bills_laws. For more information, contact Holtry at barbara.holtry@osbn.oregon.gov.

OSBN Stats Fiscal Year 2022 (ended 6/30/22)	
Staff	51
Number of Nurses/Nursing Assistants:	105,928
Number of Active Licenses:	114,265
Renewal Applications Processed:	42,246
Exam Applications Processed:	5,345
Endorsement Applications Processed:	12,085
Complaints Received	1,333
Investigative Cases Closed:	837

OBSN Budget Expenditures 2023-25



OSBN WORKS TO REMOVE BARRIERS FOR CNA APPLICANTS

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

Following the Board direction to solicit community feedback regarding the current education and competency validation rules in Oregon, Board staff held a public listening session on August 22, 2022. The public listening session was open to any member of the public to provide suggestions on how to reduce barriers to becoming a certified nursing assistant (CNA) in Oregon.

General themes from the 10 participants who attended the public listening session relate to the education program, state competency examination (exam), personal barriers, and endorsement requirements. First, the feedback indicated the education program is too long, and that the current nursing assistant (NA) curriculum contained too much theory rather than emphasizing on the skills/tasks to becoming a competent and safe CNA. The state exam is reported to have linguistic issues; it doesn't use federal plain language and is not written at the 6th grade reading level, making it difficult for English learners to pass the knowledge portion. It is also reported that the exam lacked validity, contained cultural bias, and limited testing availability in rural areas. Other barriers cited were personal or financial issues related to daycare or the need to work while attending an education program. It was also shared that neighboring states have less stringent education requirements, making it enticing for some to consider completing an NA program out of state and then apply for certification by endorsement in Oregon.

During October 2022, Board staff facilitated many review sessions in collaboration with the testing vendor, Headmaster, and 16 program directors and faculties to review over 1,100 current NA active test bank questions. The review sessions were held to verify and validate the questions were in alignment with the curriculum, identify any cultural biases, and to ensure the questions and answer choices are clear and easy to follow by removing any unnecessary distractors. (Please see accompanying article regarding competency exam changes on page 16) The testing vendor reported, currently they have 13 test observers with several traveling to different rural areas and that additional testing sessions are scheduled as needed with availably of test observers. Annually about 500 testing sessions are being offered.

Additionally, Board staff administered a web survey to the National Council of Boards of Nursing (NCSBN) members to seek information in other jurisdictions regarding NA regulations with a 50% response rate. The NCSBN survey revealed that the education requirements varied quite a bit between states with a range of 75 to 140 education hours required with some states in motion to increase their education requirements. The passing scores also varied from state to state with a range of 70% to 80% with Oregon at 73%.

Education requirements in our neighboring states vary a great deal with Nevada at 75 hours (60 hours of classroom/lab and 15 hours of clinicals); Idaho at 120 hours (80 hours of classroom/lab and 40 hours of clinicals); and Washington currently requiring 85 hours (45 classroom/lab and 40 hours of clinicals). With rulemaking in process, Washington may increase to 138 hours (92 hours of classroom/lab and 40 hours of clinicals) to add content related to dementia, mental health, and developmental disabilities.

At the November 2022 Board meeting, the Board authorized Board staff to develop a task force to propose alternatives to the current NA program curriculum content to remove unnecessary content that do not enhance the care of our clients. A public membership recruitment letter and application form were sent and posted on the OSBN website with a due date of December 27, 2022, which was extended to January 11, 2023, to recruit more balanced members across the state. The task force is anticipated to meet starting end of January to early February with a plan to present the proposed recommendations to the Board at the April or June 2023 Board meeting.

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

IS PROTECTING YOUR OWN LIFE DURING AN ACTIVE SHOOTER SITUATION AT WORK PATIENT ABANDONMENT?

Whether certain behavior does or does not constitute patient abandonment is a common discussion amongst nurses and non-nurses alike. This very discussion ensued at the September 2022 Board meeting, as related to recent active shooter events that have occurred in locations where nurses and nursing assistants work.

Based on this discussion, the Board directed Board staff to research the question of whether the nurse or nursing assistant who leaves their patient behind during an active shooter incident is committing patient abandonment. The question was researched, and the following findings were communicated to the Board at the November 2022 Board meeting.

Question: Is protecting your own life during an active shooter situation at work patient abandonment?

Based on the Oregon NPA, the answer is no. There exists no legal nursing practice standard in Oregon's Nurse Practice Act (NPA) that requires a license or certificate holder of the Board to place patient safety over their own personal safety.

Beyond the NPA, the answer remains the same. Even though virtually all current literature is silent on the question at hand, one authoritative professional publication is not: American Nurses Association's authoritative professional practice statement Risk and Responsibility in Providing Nursing Care[1]. This six-page authoritative professional practice statement presents and discusses limits to the personal risk of harm nurses can be expected to accept as an ethical duty to their patients and society. The document states: "There is no ethical expectation nor obligation inherent in the nurse's duty to care that requires nurses must sacrifice or trade their own safety or health for the benefit of others (p. 5)."

Based on this information, the Board directed in November

that two actions be taken. First, Board staff will draft a new interpretive statement that articulates the fact that there is nothing in the NPA that requires the nurse or nursing assistant to place patient safety over their own personal safety. This draft statement will go before the Board for discussion and potential adoption at the February 2023 Board meeting. Second, the currently published Interpretive Statement on Patient Abandonment will be revised to communicate the same information.

American Nurses Association (2022). Position Statement: Risk and Responsibility in Providing Nursing Care. ANA Center for Ethics and Human Rights

By OSBN RN/LPN Education Policy Analyst ***Tracy A. Thompson,*** DNP, RN

THE OREGON NURSE INTERN LICENSE

In January of 2022, the Oregon Legislature passed House Bill (HB) 4003 creating the Oregon Nurse Intern Licensure. In response to this house bill, Oregon Administrative Rule (OAR) 851-041 was written. This rule informs the standards for the nurse intern licensure and functions.

The nurse intern must be a student in good standing in a pre-licensure, registered nurse (RN), education program, have completed at least one year of their program, and have completed a face-to-face nursing practice experience rotation. The nurse intern must also be a certified nursing assistant (CNA) in the state of Oregon or take and pass the CNA exam.

Highlights of the approved functions for an Oregon nurse intern include:

- The nurse intern can participate in the nursing process if they are supervised by a registered nurse;
- The pre-licensure nursing program can award clinical credit for nursing intern hours in place of a traditional cohort clinical model; and
- The nurse intern can participate in medication administration within guidelines set forth in OAR 851-0041.

Alternatively, the nurse intern cannot function outside of direct RN supervision, function in any supervisory role, engage independently in the nursing process, assign any activity or plan of care intervention to another health care team member, delegate the performance of a nursing procedure in a community-based setting, administer blood or blood products, carry out procedures on central lines, or administer chemotherapy, intravenous medications, or controlled substances.

A nurse intern candidate that meets licensing requirements can submit a no-fee application on the Oregon State Board of Nursing (OSBN) website (click on Online Licensing). Like other licensing types in Oregon a nurse intern candidate may not practice as or identify themselves as a nurse intern without an active Oregon license.

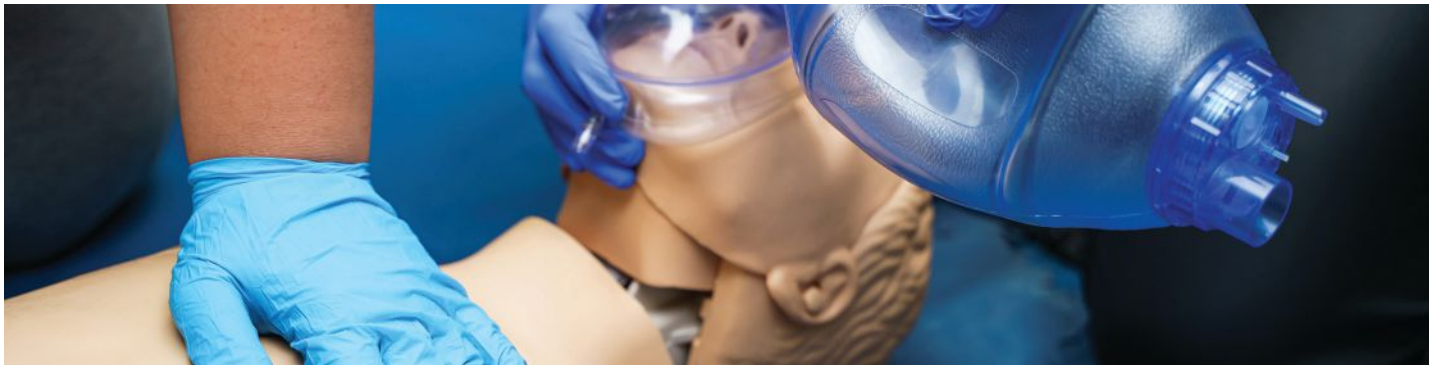
A nurse intern license expires 30 days after the end of every term or semester of the licensees nursing program. If the licensee wishes to maintain an active license, they must submit a new application prior to the expiration of their license. No renewal of the nurse intern license will be granted if the completed application is received after the expiration date.

OAR 851-041 includes conduct unbecoming a nurse intern and licenses should familiarize themselves with the complexity of this section of rule as well as the nurse interns duty to report.

Interested parties can find the full rule on the OSBN website under the Nurse Practice Act tab, Division 41.

By OSBN RN/LPN Education Policy Analyst ***Tracy A. Thompson,*** DNP, RN

SIMULATION IN PRE-LICENSURE NURSING EDUCATION



Simulation in pre-licensure nursing education is a safe learning environment for nursing students to participate in clinical learning scenarios through a variety of modalities. Nursing students implement the nursing process in these scenarios while acquiring new knowledge and critical thinking skills. The standard for any simulation scenario starts with a pre-brief of the scenario and ends with a debrief. Both of which are facilitated by a trained nursing faculty member.

Simulation has been around since 1911 when a low-fidelity mannequin was used to instruct nursing students how to, "…turn, transfer, and dress patients" (Gleason, 2022).

Types of simulation include unfolding case studies, low-fidelity mannequins, high-fidelity mannequins, standardized patients, partial-task simulators, role-playing, virtual reality, e-learning, or a combination of two or more of the above (Gleason, 2022).

Unfolding case studies have been shown to improve nursing student clinical reasoning and critical thinking skills while presenting a patient scenario that unfolds in an unpredictable manner. Low-fidelity mannequins are used in cardiopulmonary resuscitation (CPR) courses and skills labs. High-fidelity mannequins come in a variety of functions from realistic breath sounds, to vomiting, to the ability to react to medications administered through an intravenous (IV) route. Partial-task simulators are also used in CPR courses and skills labs. The most used partial-task simulators are genitalia to allow for foley catheter insertion practice and IV arms.

During the Covid-19 pandemic, pre-licensure nursing education programs turned to virtual-reality and e-learning simulations. These online learning environments range from the nursing student navigating their way through a patient scenario in a virtual hospital to interacting with other healthcare providers in that virtual environment to provide comprehensive, interdisciplinary care to their virtual patients.

Role-playing and standardized patient simulations involve real life "patients." This might be in the form of a fellow nursing student role-playing as the patient in the scenario or a paid actor with a script in the standardized patient model.

A new type of simulation emerging in pre-licensure nursing education gives the nursing student real-life scenarios that resulted in poor patient outcomes. The nursing student in turn creates a care plan related to these scenarios along with an educational guide in the attempt to avoid poor patient outcomes in the future. This plan is presented to the healthcare system as a teach back.

Simulation is used in many of the pre-licensure nursing education programs in the State of Oregon. A program must designate a simulation coordinator who must have foundational and annual education in simulation. Simulation may count for up to 49% of nursing practice experience hours over the course of an entire nursing program. Each nursing faculty member that is involved with simulation must also have foundational and annual education in simulation. Programs must have written policies and procedures that address short-term and long-term plans for integrating simulation into curriculum and a method of debriefing each simulated activity. Additionally, programs must develop criteria to evaluate the relationship of simulation-based experiences to course outcomes and development of required competencies and allow students to evaluate the simulation experience on an ongoing basis.

The evidence for the use of simulation in pre-licensure nursing education is clear. Simulation is an educational solution that is effective in producing competent nurses that have the knowledge, skills, and abilities to enter the workforce safely as new graduates.

References:

Gleason, B. (2022). Types of Simulation in Nursing Education. Nurse Journal

2023 BRINGS CHANGES TO NA AND MA COMPETENCY EXAMS

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

During its November 2022 meeting, the Oregon Board of Nursing approved the October CNA and Certified Medication Aide (CMA) 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, selected knowledge test items and the steps of the manual CNA skill examination (exam). Changes to the CNA and CMA competency exams went into effect January 1, 2023.

No changes were made to the Nursing Assistant (NA) Knowledge Exam which will remain at 80 questions. The manual skills exam time will decrease from 45 minutes to 35 minutes to complete three to four tasks. After 20 minutes, candidates will be alerted that 15 more minutes remain. This change was made after many years of testing trends showing that candidates can finish in an average of 22 minutes, and also brings Oregon in line with other states' testing times for 30-35 minutes.

Changes to the NA skills include:

- Catheter Care of a Male with Hand Washing: changed to make the language clearer and more explicit on the purpose of the skill testing. The step of "Use soap and water to carefully wash around the catheter where it exits the urethra" will be replaced with: "Use soap and water to carefully wash around the penis where the catheter exits the body."
- Bed Bath (Partial – Face, Am, Hand, and Underarm): changed to address multiple options to cover the client, not limited to only bath blanket or sheet as previously stated
- The step of "Covers client with a bath blanket or sheet" will be replaced with: "Keeps client covered (towel, bath blanket, gown or sheet)"
- The step of "Removes remaining top bed covers. (Note: Folds bed covers to bottom of bed or places aside.)" will be removed
- Making an Unoccupied Bed: will be removed as this is a basic skill covered in lab
- Perineal Care for a Female with Hand Washing changed to remove the following unnecessary step: The step of "Re-covers the exposed area with the client's gown."
- Perineal Care for a Male Client, Changing a Soiled Brief with Hand Washing: changed to remove the following unnecessary step: The step of "Re-covers the exposed area with the client's gown."
- Re-Position Client on Side in Bed: changed to clarify: changed to make the actor positioning more clear, which is

in center of bed. "Change actor set up from actor off to one side of the bed with: Actor in center of bed"

- Assisting a Client to Use a Bedpan with Hand Washing: changed to reflect hand hygiene may be completed by client or provide assistance if needed. The step of "Reworded 6.1.2022: Provides hand hygiene for the client. (Candidate may use a wet washcloth, -or- they may rub hand sanitizer over all surfaces of the client's hands, -or- they may use a disposable wipe to provide hand hygiene for the client.)" will be replaced with: Provides hand hygiene for the client. (Candidate may provide a wet washcloth, -or- hand sanitizer, -or- a disposable wipe to provide hand hygiene for the client.)
- Putting on and Removing Gown and Gloves, Measure and Record Output from Urinary Drainage Bag with Hand Washing: changed to align with curriculum content
- The step of "Does not touch the graduate with any portion of the tubing" will no longer be a key step
- The step of "Places the graduate on the previously placed barrier" will be a key step
- The step of "With graduate at eye level, measures output. Amount the OBSERVER sees at eye level in the graduate _____ ml" will be removed
- Ambulation of a Client Using a Gait Belt: changed to reflect current safe practice by adding "maintain contact with the gait belt"
- The step of "Stabilizes client with other hand by holding forearm, shoulder or using other appropriate method to stabilize client" will be removed
- The step of "Ambulates client 10 steps to the wheelchair" will be replaced with: "Ambulates client 10 steps to the wheelchair while maintaining contact with the gait belt"
- Ambulation of a Client With a Walker Using a Gait Belt: changed to clarify the use of gait belt in the skill if gait belt applied
- The step of "Places gait belt around client's waist" will be: Added between step #6 and #7
- The step of "Removes gait belt" will be replaced with "Removes gait belt, if placed"
- Taking and Recording Blood Pressure (One-Step Procedure): changed to remove unnecessary step: The step of "Locates brachial artery with fingertips."
- Range of Motion (ROM) Lower Extremities (Hip and Knee): changed to focus on the skill being tested: The step of "Positions client in good body alignment for this task," will be removed
- Range of Motion (ROM) Upper Extremities (One Shoulder): changed to focus on the skill being tested. The step of "Positions client in good body alignment for this task" will be removed.
- Undressing and Dressing a Client: changed to test the skill of dressing only and rationale for beginning with the weak side
- The title name will change to Dressing a Client.
- The step of "Removes gown from unaffected side first. (Note: Record which side (right/left) _____ you saw removed first.) will be replaced with "Removes client's gown" and will no longer be a key step.
- The step of "During the next two steps, always dresses client beginning with the weak side first" will be removed.
- The step of "When dressing the client in a shirt/blouse, the candidate inserts their hand through the sleeve of the shirt/blouse and grasps the hand of the client. (Note: Record which side (right/left) _____ you saw shirt/blouse dressed first.) will be replaced with: ***"When dressing the client in a shirt/blouse, beginning with the weak side first, the candidate inserts their hand through the sleeve of the shirt/blouse and grasps the hand of the client. (Note: Record which side (right/left) _____ you saw shirt/blouse dressed first.)"***

Medication Aide (MA) Test Plan:

- The MA Exam will remain at 80 questions.
- Categories are grouped to reflect the key concepts being tested:
  - Authorized Duties will be combined with Regulations to make 14 questions.
  - Documentation will be combined with Terminology to make 7 questions.
  - Error Reporting will be combined with Roles and Responsibilities to make 16 questions.
  - Medication Administration/Client rights will increase to 25 questions.
  - Medication Effects will decrease to 18 questions.

Nursing Assistant Test Advisory Panel Participants:

Amy Owens-Headmaster staff
Barbara Ju, MPH, RN, NE-BC-Board staff
Carole Nice, MHA, RN-Dallas Retirement Village
Christine Heisler, RN-Marquis Companies
Deb Scott, RN- Caregiver Training Institute, LLC
Donell Ricketts, BSN-RN-Headmaster staff
Julie Bucher, RN- Caregiver Training Institute, LLC
Kala Linville, BSN, RN-Oregon EmpRes Healthcare
Lisa McCulloch, BSN, RN-Keizer Court
Lisa Rye, RN-Mt Hood Community College
Mary Ann Vaughan, BSN, BA, BS, NRP, RN-EMT Associates

The new CNA Testing and Certification candidate handbook is available at D&S - Oregon (hdmaster.com) and the current Medication Aide Testing and Certification candidate handbook is available at D&S - Oregon CMA (hdmaster.com).

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

APRN UPDATES FOR 2023

Important information for Oregon Family and Pediatric Nurse Practitioners

As of January 1, 2023, Oregon will no longer waive any element of the federal Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program requirements. This change affects children under age 21 in Oregon.

States are required to provide comprehensive services and furnish all Medicaid coverable, appropriate, and medically necessary services needed to correct and ameliorate health conditions, based on federal guidelines. In Oregon, EPSDT constitutes the child and youth benefit within the Oregon Health Plan.

The Centers for Medicare and Medicaid Services (CMS) requires that states follow a periodicity schedule for children's services. Oregon uses the Bright Futures periodicity schedule.

The Oregon Health Authority is providing upcoming educational sessions for providers who serve children covered under the Oregon Health Plan (OHP). Provider education (no-cost) is scheduled:

- **Session One**: January 24, 2023, from Noon - 1 pm. Overview of the EPSDT policy change and implementation. Register here: https://www.zoomgov.com/meeting/register/vJItdumorT8oH4rMXC81lzetQsxsfNMiHDg
- **Session Two:** February 7, 2023 from Noon – 1 pm. Ensuring EPSDT access - documenting medical necessity, prior authorization and related processes for Open Card patients. Register here: https://www.zoomgov.com/meeting/register/vJItc-Copz8oGIcpxF3BQWwG0ahpIrclYPs

Both sessions will be recorded, and webinar materials will be made available in Spanish.

Additional information may be found at: www.oregon.gov/EPSDT, including:

- EPSDT Guidance Document for CCOs
- EPSDT Policy Change Memo for OHP providers
- EPSDT Guidance for OHP Providers
- EPSDT Fact Sheet for OHP members (available soon in additional languages)

Possible Changes to APRN Education and Scope of Practice Divisions

Draft language was recently developed and submitted for a rule hearing on January 17, 2023, for both Division 51 and Division 55. Proposed amendments were vetted by a rules advisory committee (RAC) of APRNs peers from around the state.

Changes were recommended for Division 51 after board staff identified a need for clarity and parity between programs based in Oregon and also outside Oregon as well as expanding preceptor options for students due to the nursing shortage and significant difficulty associated with finding clinical placements.

Changes were also suggested for Division 55, allowing prescriptive authority to become optional for NPs as it is currently for CRNAs and CNSs. Further recommendations included language that would provide clarification about the requirements for dispensing privileges for APRNs who provide greater than 72 hrs. worth of medications to their clients.

A summary of the proposed changes is listed below:

- **851-051** Title- Shortened to "Standards for Approval of Education Programs Preparing Nurses for Advanced Practice." A statement was added clarifying use APRN abbreviation use is for brevity.
- **851-51-0020 Oregon-based Educational Programs Requirements for Board Approval**
  - (4) Removed "and students" from section discussing faculty requirements.
  - (5) Removed "Oregon Based" from this requirement as these requirements will be for both Oregon and Non-Oregon based programs going forward for parity.
  - (5)(d) Removed "of record" to allow for programs to make the of determination of primary faculty vs OSBN making this determination requirement.
  - (5)(e) Clarification of APRN faculty duties/requirements including academic and course progression through remote technology, on site visits, high fidelity simulation.
  - (5)(f) Clarification of NON APRN faculty criteria, educational requirements.
  - (5)(g) Clarification of NON APRN faculty/preceptors

allowing for other allied health professionals as appropriate, and housekeeping edits.
  - (5)(g)(e) Removed the 51% majority of clinical practicum experiences to be with APRN.
  - (5)(h) APRN students in their clinical learning experience, must hold a current unencumbered RN license in the state(s) that correspond to their practicum placement(s).
- **851-051-0060 Clinical Practicum in Oregon for APRN Students Enrolled in a Non-Oregon Based Graduate Program**
  - Complete revision to require equivalent to 851-0020
  - (1)(A) Additional requirement of Academic Progression, no OREGON APRN licensure required.
  - (1)(B) Additional requirement of Clinical Practice Course Progression, **OREGON APRN license required**.
  - (3) All petitions subject to audit.
  - (4) The Board has the ability to deny or withdraw clinical placements at any time.
- **851-055 Title shortened to Scope and Standards of Practice for the Advanced Practice Registered Nurse**. A statement was added clarifying use APRN abbreviation use is for brevity.
- **851-55-0070 Standards for Prescriptive –Privilege:** (2) Prescriptive privilege optional for all APRN (NP, CNS, CRNA). Previously this was mandatory for NPs and only optional for CNS and CRNA
- **851-055-0076 Drug Delivery and Dispensing:** Clarifies the need for dispensing authority if giving more than a 72-hour supply of prepackaged medications or patient assistance medications

The final decision to implement these proposed changes will be determined by the Board at the February 23 board meeting. For more information, please visit the OSBN website (click on Meetings) for RAC meeting minutes, hearing notices, and if you would like to submit written comments to the Board on these proposed changes.

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

YOU ASK, WE ANSWER

COMMON QUESTIONS REGARDING THE OREGON NURSE PRACTICE ACT

Q: A patient in my clinic just told me that one of our medical providers, whom she sees for consult visits, has been aggressively texting her. The patient showed me screenshots of the text messages which are demeaning, threatening, and contain provocative pictures/selfies of the provider. Where am I supposed to report this?

A: Thank you for asking the question. In addition to adhering to any policy and/or directive your employer may have on such matters, as a licensed Oregon nurse or nursing assistant, you are obligated to make a report of this provider to their Oregon health licensing board.

This legal requirement is set forth in Oregon Revised Statutes 676.150. This ORS applies to all persons licensed, certified, or registered by any one of the 23 Boards identified in the statute. Please access and read the statute directly.

Q: I am a Director of Nursing Services (DNS) at a nursing facility and want to know if it is legal for our LPNs to administer intravenous (IV) medications through a peripherally inserted central catheter (PICC line).

A: There is no one-size-fits-all answer to this question. This is because Oregon's Nurse Practice Act (NPA) does not contain lists of activities, interventions, or roles that are expressly approved or expressly prohibited for performance by every nurse.

To determine whether it is appropriate for LPNs in your specific nursing facility to administer IV medications through a PICC line, you will need to utilize the Board's Interpretive Statement Scope of Practice Decision-Making Framework. The decisioning algorithm presented within this statement presents specific questions that are to be applied by the nurse to the activity, intervention, or role in question. It is only when a nurse's response to each question allows progression through all questions, and the nurse has an affirmative response to the final question, that the nurse may engage in the self-identified activity, intervention, or role to acceptable and prevailing standards of safe nursing practice.

In your RN practice role as DNS, you can utilize this Interpretive Statement to identify all that must be in place at your nursing facility to allow for the administration of IV medications to patients through a PICC line by LPNs and by the individual LPN who receives the assignment to do so.

Q: In the event my LPN practice hours are audited, what counts as retrievable evidence of my nursing practice as an LPN?

A: This is a great question. Retrievable evidence that can demonstrate an LPN's engagement in nursing practice will vary based on their practice role and practice setting. Evidence for one LPN might consist of an employer-generated organizational chart that identifies who supervises whom (with license types identified) in their practice of nursing. Evidence could also include the LPN's job/position description that identifies both LPN practice responsibilities and to whom the LPN reports clinically.

Documentation of LPN practice in a role or setting where the documents identified above do not exist, an LPN may be asked to submit documentation of their actual engagement in practical nursing practice. This means submitting to the Board evidence that demonstrates the LPN's focused assessment and focused plan of care for a client, implementation of the focused

plan of care, evaluation of client responses, and their communication with the RN or licensed independent practitioner whose plan of care or treatment plan is directing the LPN's practice with the client.

For additional information, please access the Board's Interpretive Statement Nursing Practice Hour Requirement for the Registered Nurse and Licensed Practical Nurse which is available on the Board's Practice Statement and FAQ webpage.

Q: What are the Board's legal standards for nursing practice that occurs using telehealth technologies?

A: Regardless of one's modality of nursing practice, the individual nurse is responsible to adhere to the scope and standards of practice located in OAR 851-045 of Oregon's Nurse Practice Act. This means that the very same legal standards and scope of nursing practice apply whether one's practice of nursing occurs using a specific telehealth technology, through more traditional methods, or a combination of both.

To determine whether a specific telehealth technology is within your own individual scope of practice, please utilize the Board's Scope of Practice Decision-Making Framework Interpretive Statement.

Q: Is it true that Oregon nurses are able to receive confidential mental health visits for free? If yes, can you provide me with the information about this program?

A: Yes; OSBN licensees (CNAs, LPNs, RNs, and APRNs) may request up to eight appointments a calendar year directly through the Oregon Wellness Program (OWP). This program promotes health care professionals' well-being through free complimentary counseling, education, and research. OWP provides this care with complete privacy and confidentiality. No diagnosis is reported to third parties and no insurance is billed. Information is not disclosed to others without written consent.

Oregon nurses may select an OWP affiliated provider of their choice via the OregonWellnessProgram.Org website or by phone at (541) 242-2805.

Q: May APRNs continue to provide advice/care to Oregon patients who move outside the state?

A: The Nurse Practice Act is silent on this issue. The jurisdiction over practice is determined by the state where the patient is located. Telehealth and telemedicine fall under the same licensure rules in every jurisdiction, meaning that you must be licensed in the state where the patient is located. The legal reason is that licensing and boards

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of nursing exist to protect the public; state government has jurisdiction only over the "public" located within their borders (even if they are just visiting).

Many states are looking for solutions to address these unique situations that include federal telehealth licensing options or multistate licensure compacts.

To care for patients who reside in a different state, you will need to become licensed in the state where the patient is physically located. See the cross-jurisdictional table below which identifies our border states and their unique licensing requirements.

See Cross Jurisdictional Diagram below.

Q: Do all APRNs with prescriptive authority need to register with the Oregon Prescription Drug Monitoring Program?

A: All Oregon APRNs who obtain a DEA license are required to register with the Oregon Prescription Drug Monitoring Program (PDMP). This is codified in the Nurse Practice Act in OAR 851-055-0078 Rules Relating to Controlled Substances: (4) All APRNs with a DEA number must register with the Oregon Prescription Drug Monitoring Program.

Historically, Oregon APRNs were the largest group of providers registered with the PDMP. A recent audit of registrations noted that those numbers have dropped. It is imperative that APRNs understand this legal requirement and that if they are not registered with the PDMP, they are in possible violation of the NPA and subject to discipline against their license.

For more information on how to register for the Oregon PDMP, visit the Oregon Health Authority's website: https://www.oregon.gov/oha/ph/preventionwellness/safeliving/pdmp/pages/index.aspx.

APRN Cross Walk

State	License Types	Geographic Boundary /Compact State	Practice Authority	RN Fees Initial/Renewal	APRN Fees Initial/Renewal	CE Requirement vs Practice Hours RN/APRN
Oregon	CNS, NP, CRNA • APRN **is not** a license type • RN is required • CNMs are considered NPs in Oregon	Oregon • Up to a $5000 fine or civil penalty for practicing without a license • Reported to NURSYS database	**Full Practice**	$195/145 Every other year on/before your birthdate	$150/105 +75 prescriptive authority (1 time fee)	0/0 CE with national certification For NPs licensed prior to January 2011, national certification is not required for renewal. Instead, a minimum of 45 hours of continuing education in the population foci is required **400 practice hours/2 years** NEW* Every renewal 2-hour cultural competence continuing education **One-time requirement** 7 hours on pain management 1 hour must be the Oregon Pain Management Commission module
Washington	CNS, CNP, CRNA, CNM • ARNP **is a** license type • RN is required	Washington • Fine or civil penalty for practicing without a license • Reported to NURSYS database	**Full Practice**	$125 +5 on 12/1/22 + $50 fingerprints Annually	$125+5 on 12/1/22 Every 2 years	8/30 CE +15 hours in APRN pharmacology *One time 6 hr. requirement for suicide training **192 hrs. of active practice/2 years**
Idaho	CNS, CNP, CRNA, CNM • APRN **is a** license type • RN is required	**Idaho** ***RN Compact License** • Fine or civil penalty for practicing without a license • Reported to NURSYS database	**Full Practice**	$138/90 August 31st Odd Years	$118/90	15/30 CE +10 hours in APRN pharmacology **200 practice hours/2 years**
California	• Nurse Anesthetist (NA) • Nurse-Midwife/Furnishing (NMW/NMF) • Clinical Nurse Specialist (CNS) • Nurse Practitioner/Furnishing (NP/NPF)	California • Fine or civil penalty for practicing without a license • Reported to NURSYS database	**Restricted**	$300/190 2 Birthdays, expires last day of the month of licensee's birth	$500 $500 $500 $500 • No Fee for PMHNP Renewal $150 $+22 Furnishing = Prescriptive Authority	30/30 CE **No practice requirement**
Montana	CNS, CNP, CRNA, CNM • APRN **is a** license type • RN is required	**Montana** ***RN Compact License** • Fine or civil penalty for practicing without a license • Reported to NURSYS database	**Full Practice**	$200/100 Dec 31st Every other year	$50 $75 Additional certifications $100 Prescriptive Authority	24/24 CE +12 in APRN pharmacology **No practice requirement** **Last Updated 10.24.22 S. Wickenhagen**

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

LICENSING FAQS

Q: I need to renew my license but haven't logged in since the Oregon State Board of Nursing changed licensing systems. What should I do?

A: From a computer or laptop, you will need to create a new account in the Oregon State Board of Nursing Nurse Portal here: https://osbn.boardsofnursing.org/orbn. Your license information has transferred to our new system. However, you will still need to create a new account to access your Nurse Portal records. Phones and other devices are not supported, so use a computer or laptop. You will need to search for your name and verify your identity with your year of birth and last four digits of your SSN. Use your personal email to establish your account; emails sent to your work or school email may be blocked by the institution. This will prevent you from being able to validate your credentials and log in.

Q: How long is my renewal going to take?

A: Most renewal applications are processed immediately upon payment. Occasionally, Board staff must manually renew an application. This review may take up to seven working days based on the number of incoming applications at a given time. Do not wait until the last minute to renew. You are eligible to submit your application for renewal up to 90 days prior to expiration.

Q: How do I contact the Board to ask licensing questions?

A: If you have a question about licensing qualifications, applications, etc., please contact us via the Message Center in the Oregon State Board of Nursing Nurse Portal. All licensing questions are answered in a written format to ensure there is a complete and accurate record for reference.

Q: I want to talk to someone in person or drop off some documents. May I come into the OSBN office?

A: Yes. Our hours are 8 am to 4 pm Monday through Friday. Please note that OSBN is a hybrid workplace where most staff telework. In office staff may not be able to answer your questions and you will be directed to the Message Center in the Nurse Portal. We can accept documents and route them to the appropriate staff member.

Documents may also be sent to:
Oregon State Board of Nursing
17938 SW Upper Boones Ferry Rd
Portland, OR 97224

Q: I cannot locate my dispensing privilege license number. Where did it go?

A: Your dispensing privilege is no longer a separate license in addition to your APRN license. You will see dispensing privilege as a notification on your APRN license instead. You may still dispense medications.

Q: I hold an FNP and an ANP. Why is only one license number showing on the verification screen?

A: The board voted in February 2022 that when the new database was implemented, it would no longer issue separate license numbers for different specialties. So, nurse practitioners who have held multiple license numbers will find their record on the new OSBN license verification site now only lists the NP number they have held the longest. All their specialties (whether active or expired) will be listed under their name and that license number. The change only affects NPs who hold or have held more than one NP license.

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.

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

NURSES ARE SUBJECT OF INTEREST FOR OREGON LEGISLATURE

The Oregon Center for Nursing (OCN) recently partnered with the University of California San Francisco (UCSF) to complete "The Future of Oregon's Nursing Workforce: Analysis and Recommendations," a comprehensive report commissioned by the Oregon Health Authority (OHA) as required by Oregon's state legislature.

Beyond size and characteristics of Oregon's nursing workforce, the report also considered nursing education capacity, transition to practice for newly graduated nurses, nurse compensation and workload, burnout and retention issues, inter-state migration of nurses, and the impact of the COVID-19 pandemic on the nursing workforce.

"For more than 20 years, OCN has produced reports on Oregon's nursing workforce," said OCN Executive Director Jana Bitton. "This study provided an opportunity to use our rich, historical data, along with national data sources to explain recent changes to our workforce."

This report ends with key policy recommendations for the legislature to consider regarding workforce retention, the educational pipeline, scope of practice, pursuing local solutions to nurse distribution problems, and more.

OCN, UCSF, and OHA have worked to distribute the report and its findings to key policymakers including the Oregon Health Policy Board, the Oregon House Committee on Health Care, and Senate Committees on Health Care and Education.

The full report, "The Future of Oregon's Nursing Workforce: Analysis and Recommendations," can be accessed on the OCN and the Oregon Health Care Workforce Committee's websites.

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

2023 OSBN BOARD MEMBERS

JUDITH WOODRUFF, JD
BOARD PRESIDENT

TERM: 1/1/20 – 12/31/22

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

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

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

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

MICHELLE CHAU, LPN

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

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

DEVORAH BIANCHI, RN

TERM: 1/1/21 – 12/31/23

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

AARON GREEN, CNA
PRESIDENT-ELECT

TERM: 10/1/20 – 12/31/21, 1/1/22 – 12/31/24

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

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.

Seeking New Public Member

The Oregon State Board of Nursing currently has one open position for a public member. Public members cannot be nurses or nursing assistants or have a nurse or nursing assistant in their immediate family. Please visit the Governor's Boards and Commissions webpage (https://www.oregon.gov/gov/Pages/board-list.aspx) to apply. Contact OSBN Interim Executive Director Barbara Holtry to learn more about the duties of a board member: barbara.holtry@osbn.oregon.gov.

DISCIPLINARY ACTIONS

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

Name	License Number	Discipline	Board Vote	Violations
Ryan A. Adame	201501925CNA	Revocation	10-12-22	Failing to maintain professional boundaries and engaging in sexual misconduct in the workplace.
Christopher A. Andersen	200942511RN	Reprimand	10-12-22	Failing to conform to the essential standards of acceptable nursing practice.
Aaryo Bakhtiar	202000790CRNA	Multiple Disciplines	10-12-22	Voluntary Surrender of CRNA. RN suspended for 15 days, 201404127RN followed by 60 months of probation, and imposed a $500 civil penalty for violating the rights of privacy, unauthorized removal of medications from the workplace, and engaging in violent, abusive, or threatening behavior towards a coworker.
Donna M. Barkdoll	200441004RN	Probation	12-14-22	24-month probation. Using intoxicants to the extent injurious to herself or others and failing to report a conviction of a misdemeanor within 10 days.
Nathan J. Beach	201903663LPN	Probation	11-16-22	12-month probation. Failing to accurately document nursing practice, failing to take action to preserve client safety, and failing to conform to the essential standards of acceptable nursing practice.
Richard M. Booth	202008766LPN	Reprimand	10-12-22	Failing to document nursing interventions in a timely manner and failing to conform to the essential standards of acceptable nursing practice.
James E. Calcagno	201607202RN	Voluntary Surrender	11-16-22	Failing to conform to the essential standards of acceptable nursing practice.
Charlene M. Carey	089003068LPN	Probation	10-12-22	12-month probation. Failing to accurately document nursing practice, failing to communicate client status information to the healthcare team, and failing to take action to preserve client safety.
Diane Davis	201030372LPN	Voluntary Withdrawal	11-16-22	Failing to provide the Board with requested documents.
Kelly E. Deering	200742016RN	Probation	10-12-22	24-month probation. Practicing nursing while impaired.
Jill C. Deis	201700229LPN	Reprimand	10-12-22	Engaging in other unacceptable behavior towards a client and failing to answer questions truthfully.
Jamie S. Falconer	201391677RN	Voluntary Surrender	11-16-22	Practicing nursing while impaired.
Rebecca E. Garza	201609512LPN	Suspension/Probation	12-14-22	30-day suspension, followed by 24-month probation. Failing to maintain professional boundaries with a client, engaging in sexual contact with a client in any setting, and failing to conform to the essential standards of acceptable nursing practice.
George Gichuru	CNA Applicant	Application Denied	10-12-22	Failing to cooperate with the Board during the course of an investigation.
Kimberly A. Gilder	201141857RN	Reprimand	11-16-22	Conduct derogatory to the standards of nursing.
Courtney A. Gulyak	201603604RN	Reprimand/Civil Penalty	11-16-22	$500 civil penalty. Entering inaccurate documentation into an agency record.
Danielle Holcombe-Hoag	200741954RN	Voluntary Withdrawal	11-16-22	Using intoxicants in a manner dangerous or injurious to herself or others.
Danysha Hudson	CNA Applicant	Voluntary Withdrawal	11-16-22	Physical condition that prevents her from performing CNA duties safely.
Susan M. Huggins	096006628RN	Voluntary Surrender	12-14-22	Failing to comply with the terms and conditions of the Health Professionals' Services Program.
Marta Jimenez	202209144RN	Suspension	12-14-22	Minimum 14-day suspension. Failing to cooperate with the Board during an investigation.
Marie I. Johnson-Blount	201703975LPN	Suspension	12-14-22	Minimum 14-day suspension. Failing to cooperate with the Board during an investigation.
Karen L. Keuneke	082010483RN	Civil Penalty	10-12-22	$1,475 civil penalty. Practicing nursing without a current Oregon license.
Kristy N. Lomax	200140166RN	Civil Penalty	12-14-22	$500 civil penalty. Practicing nursing without a current Oregon license.
Zipporah Maina	201908415RN	Suspension	11-16-22	14-day suspension. Improperly delegating the performance of a nursing procedure to a UAP and failing to clinically supervise a UAP to whom a procedure had been delegated.
Trisha J. Mannix	200942239RN	Voluntary Surrender	12-14-22	Violating the terms and conditions of a Board Order.
Tonya L. Marino	000044589CNA	Revocation	12-14-22	Demonstrated incidents of dishonesty and falsifying data.
Elizabeth A. McKenney	200542193RN	Civil Penalty	12-14-22	$1,000 civil penalty. Misrepresentation in applying for a license renewal.
Julianna Mears	092007235RN	Probation	11-16-22	24-month probation after she completes re-entry. Due to a previous license revocation.
Rebecca M. Meek	CNM	Voluntary Surrender	11-16-22	Failing to accurately document nursing interventions and practice, failing to take action to preserve client safety, and failing to communicate client status information to members of the healthcare team.
David R. A. Mendez	202105988LPN	Suspension/Civil Penalty	12-14-22	14-day suspension and $2,400 civil penalty. Misrepresentation during the licensure process and failing to answer questions truthfully.
Davina M. Mooney	201810621CNA	Reprimand/Civil Penalty	12-14-22	$500 civil penalty. Violating a person's rights to privacy and confidentiality.
June I. D. Morales	201407328LPN	Reprimand	11-16-22	Reprimand with conditions. Failing to document nursing interventions and practice, failing to communicate client status information to other members of the healthcare team, and failing to conform to the essential standards of acceptable nursing practice.
Tracy L. Murphy	201502812RN	Reprimand	10-12-22	Performing acts beyond her authorized scope, failing to clinically supervise a UAP to whom a nursing procedure was delegated, and failing to communicate client status information to other members of the healthcare team.
Monica Mwangi	202005096CNA	Reprimand	11-16-22	Neglecting a person, failing to accurately document CNA activities and tasks, and jeopardizing the safety of a person under the CNA's care.

Name	License Number	Discipline	Board Vote	Violations
David W. Norton	200340356RN	Suspension	10-12-22	Minimum 14-day suspension. Failing to cooperate with the Board during an investigation.
Christine E. O'Connor	201909923NP-PP	Voluntary Surrender	11-16-22	Violating the terms and conditions of a Board Order and failing to maintain professional boundaries with a client. 201901430RN
Alicia C. Peacock	201243380RN	Voluntary Surrender	10-12-22	Violating the terms and conditions of a Board Order.
Lyndsay L.A. Pique	201606954CNA	Suspension	10-12-22	Minimum 14-day suspension. Failing to cooperate with the Board during an investigation.
Susan D. Purser	087000161RN	Probation	10-12-22	12-month probation. Entering incomplete documentation into a health record and failing to conform to the essential standards of acceptable nursing practice.
Travis Ragland	202108862RN	Suspension	10-12-22	45-day suspension with conditions. Conduct related to coworkers and failing to answer questions truthfully.
Ariana N. Roslie	201810159CNA	Voluntary Surrender	12-14-22	Failing to report a conviction within 10 days.
Mia A. Ruiz (aka Haggard)	000012667CNA	Probation	11-16-22	24-month probation. A conviction of a crime that bears demonstrable relationship to CNA duties, and misrepresentation in applying for a certificate.
David Schaff	201904399RN	Probation	11-16-22	24-month probation. Using intoxicants in a manner dangerous to himself or others.
Lisa K. Schildmeyer	090006206RN	Reprimand	11-16-22	Reprimand with conditions. Failing to accurately document nursing interventions, performing acts beyond her authorized scope, and failing to administer medications in a manner consistent with state and federal law.
Deliza D. Schumacher	202206626RN	Probation	10-12-22	12-month probation. Falsifying data and demonstrated incidents of dishonesty.
Qabana E. Sima	202005088LPN	Suspension	10-12-22	90-day suspension. Engaging in abusive behavior towards a coworker and demonstrated incidents of abusive, intimidating, or reckless behavior.
Regena Tamplen-Fernandez	201502262LPN	Reprimand/Civil Penalty	12-14-22	$1,500 civil penalty. Violating a person's rights to privacy and confidentiality.
Teresa N. Tran	201406788RN	Probation	11-16-22	24-month probation. Failing to comply with the terms and conditions of the Health Professionals' Services Program (HPSP).
Joe J. Vidal	RN Applicant	Voluntary Withdrawal	12-14-22	Current probation of his Texas license.
Brian P. I. Webber	201701658LPN	Probation	11-16-22	24-month probation. A conviction that bears demonstrable relationship to nursing and using intoxicants to the extent injurious to himself or others.
Dane W. Welch	202111427RN	Probation	11-16-22	24-month probation. Using intoxicants to the extent injurious to himself or others.
Rechelle K. Wilkerson	RN Applicant	Application Denied	10-12-22	Due to previous discipline in Kentucky.
Teri J. Willis	088000328RN	Suspension	10-12-22	365-day suspension with conditions. Engaging in abusive behavior towards a coworker and failing to answer questions truthfully.
Jene M. Wittman	200820082CMA/	Voluntary Surrender	12-14-22	Unauthorized removal of medications from any setting and 200510451CNA diverting medication for use by herself or others.
Alexander Yatsko	202208438RN	Probation	11-16-22	24-month probation. Practicing while impaired and using intoxicants to the extent injurious to himself or others.

2023 OSBN BOARD MEETING DATES

February 22, 2023	9 a.m.	Board Meeting (Primarily Executive Session)	August 16, 2023	4:30 p.m.	Board Meeting (Primarily Executive Session)
February 23, 2023	9 a.m.	Board Meeting	September 20, 2023	9 a.m.	Board Meeting (Primarily Executive Session)
March 15, 2023	4:30 p.m.	Board Meeting (Primarily Executive Session)	September 21, 2023	9 a.m.	Board Meeting
April 19, 2023	9 a.m.	Board Meeting (Primarily Executive Session)	October 18, 2023	4:30 p.m.	Board Meeting (Primarily Executive Session)
April 20, 2023	9 a.m.	Board Meeting	November 15, 2023	9 a.m.	Board Meeting (Primarily Executive Session)
May 17, 2023	4:30 p.m.	Board Meeting (Primarily Executive Session)	November 16, 2023	9 a.m.	Board Meeting
June 21, 2023	9 a.m.	Board Meeting (Primarily Executive Session)	December 20, 2023	4:30 p.m.	Board Meeting (Primarily Executive Session)
July 19, 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.

BEING "CARDLESS" PROMOTES PUBLIC SAFETY

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

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

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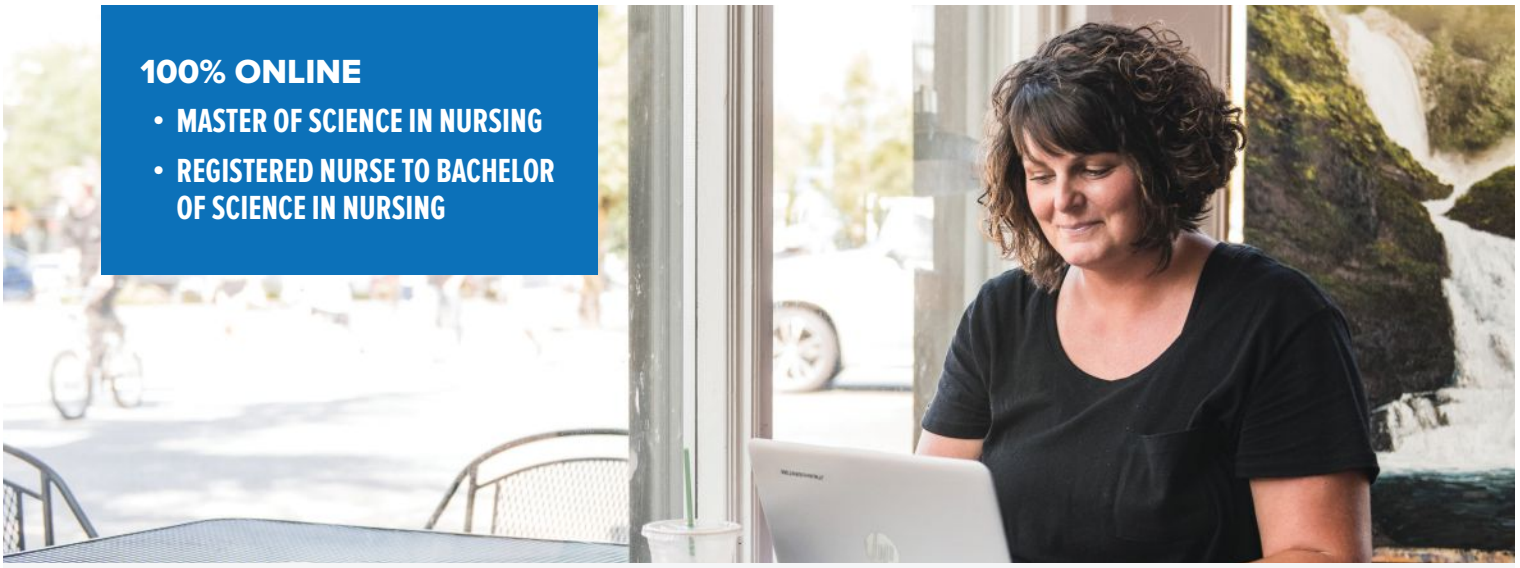

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