OREGON BOARD OF NURSING

# SENTINEL

[ VO.41 ▪ NO 2 ▪ SPRING 2022 ]

## NURSING PRACTICE AS A NURSE MANAGER

*Also in this issue*

The APRN Entrepreneur Who Owns Their Own Business

Retirement: To Practice or Not to Practice

*Official Publication of the* Oregon State Board of Nursing


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# SENTINEL

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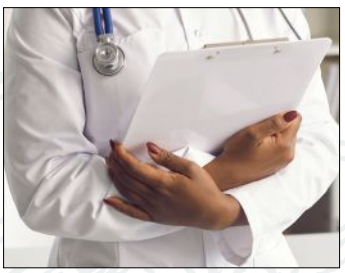

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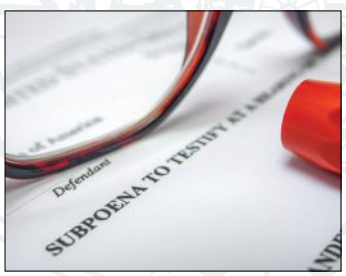


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**EDITION 54**

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

# NURSING PRACTICE AS A NURSE MANAGER

*This article is not intended to orient RNs to the practice of nursing management, but to raise questions for each nursing manager and director to consider in their practice.*

## A new definition of legal practice in Oregon

Many in the nursing community associate direct patient care, the completion of care orders, and associated tasks as the practice of nursing. The perception is that nursing practice only occurs in a direct care setting, and that those who do not provide direct care are only "practicing nursing." The Oregon Nurse Practice Act (NPA) disagrees.

For many decades, nursing education and nursing employment has stressed the "acute care" model as being "the model" of what nursing is legally intended to be. Over these same decades, nursing has branched out: some returning to the roots of nursing practice in community-based care, some providing direction for quality programs, or public health. Others review documentation to support claims for payment, or work in regulation, long-term care, or the management of the nursing environment of care. This article will focus on registered nurses who have continued their practice of nursing through the practice of nursing management.

As of January 2022, the legal practice of nursing has changed to reflect what society has asked of nursing, applying the knowledge of nursing beyond the nurse-direct patient dyad. The Oregon State Board of Nursing (OSBN) determined that if only direct care was recognized in a legal definition, nurses may be under the assumption that their practice as managers does not constitute nursing practice, and those who practice direct care may not recognize the practice of those who are outside direct care. This could lead to unintended violations of the NPA. The new definition of nursing communicates to nurses that all individuals with a license issued by the OSBN are accountable to the NPA.

Worldwide, nurses are being recognized as the focal point of care, not only during sickness, but also in health and wellness. The International Council of Nurses (ICN) is a federation of more than 130 national nurses' associations, including the American Nurses Association (ANA), representing more than 27 million nurses worldwide. Oregon recognizes that the influence and application of nursing practice is worldwide and that nursing in Oregon is only a small part of the international nursing community. To expand the practice of nursing beyond the bedside, the ICN definition of nursing was the model for the development of Oregon's definition of nursing.

Oregon Revised Statute 678.010 (7) (a) defines the practice of nursing as:

"The 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 illnesses and management of changes throughout a person's life."

## Reviewing this definition within the context of nursing management

The Oregon Nurse Practice Act defines the standards of nursing practice for anyone issued a license in the state of Oregon. The standards found within the NPA are applicable to all licensees in any context, in any environment, and with any client as long as the individual is claiming that practice for the maintenance of competency and renewal of their nursing license. There are no "tasks" listed in the NPA. There is no mention of any task of patient care that some have come to define as the practice of nursing (IV's, ventilators, vital signs, I/O, etc.). What is in the standards are the requirements for the steps nurses must take to assure the

safety of those clients for which the nurse has accepted accountability.

The first step for managers to understand their legal practice of nursing as managers is the identification of the client. Who is your client? Expanding nursing practice from a direct care client/nurse relationship to an entire unit or workgroup consisting of those who provide and those who are receiving care requires new skills and new thinking on the part of the manager. The assignment the manager has accepted under their license now encompasses the care environment of a single (or perhaps multiple) care units, whether those units are acute care, long-term care, home care, public health, community-based care, etc. For Directors of Nursing, the most senior nurse in the organizational management structure, their assignment is the entire environment of care where nursing care is delivered within a facility or organization.

Once the client is identified, the next task for the manager is to review the NPA and determine how the same statements that once directed their individual client care are now applicable to their expanded practice.

Oregon Administrative Rule (OAR) chapter 851 builds on Oregon Revised Statute (ORS) 678 with specificity that further defines the legislative intent of nursing practice. This is where the OSBN has the jurisdiction to implement the authority provided by statute to supervise and direct the practice of nursing in Oregon.

## How to apply the NPA to the practice of nursing management

OAR 851-045-0060 (1) legally recognizes that RN practice encompasses a variety of roles.

OAR 851-045-0060 (2) defines the standards to ethical practice, accountability of services provided and competency. Within this specific rule:

2(e): States that "the RN is accountable for individual RN actions." This requires the nurse manager to accept accountability for their decisions. This would include decisions that come from the organization that may be problematic for the manager to implement. As with any decision in nursing, the ultimate decider is, "is this safe for the client assignment I have taken under my license?" This may place the manager in a position of determining if carrying out an organizational directive is safe and, if not, how it can be made safe. If it cannot be made safe, the manager must decide whether to implement the directive and accept accountability should this decision lead to an investigation by the Board.

2 (f) states "Maintain competency in one's RN practice role." This is often overlooked by many managers. Most managers know how to be a direct care RN, but what have they done to expand competency in this role such as assuring that those working in their area(s) are competent to do so? Are the inventory levels in your area(s) adequate to meet the needs of the daily work? Is your schedule balanced and equitable? Does your budget anticipate what will occur in the next budget cycle? Does the manager understand the processes within an organization to problem-solve issues that affect the individual working in the area and the quality of the care that is delivered?

Directors or Senior Nursing Officers: how is a new manager oriented and competency validated within your organization? OAR 851-0600 (4) (a) states that the "RN may assign another RN nursing interventions that fall within the RN scope of practice and that the licensee receiving the assignment possesses the competency to perform safely." What are the educational offerings, courses, or seminars that will allow the nurse to transition from direct care to the expanded role of nursing management?

OAR 851-045-0060 (3) defines the standards of the RN's responsibility for nursing practice through the application of scientific evidence, practice experience and nursing judgement. The knowledge obtained through nursing education, continuing education, and previous practice is what the nurse manager will utilize to perform a comprehensive assessment on their client. Using the nursing process as defined in this section of the NPA, the nurse manager is directed to develop a plan of care for their client. Through the collection of information from all available sources, are there issues within the area that prevents optimal safety for staff and those who receive care? Infection rates too high, or recidivism too frequent? Equipment that is out of date or procedures that do not clarify the expectations of performance? High vacancy or absentee rates? What are the most important issues or barriers facing the care area? This would be how the manager develops a plan of care, by defining the risks and opportunities that will allow the environment to function safely. This could also mean that the manager has determined there are individuals within that environment who are problematic. The manager would need to develop the necessary knowledge on how to address this concern. Are methods available instead of or in addition to Human Resource and collective bargaining processes?

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ORS 851-045-0060 (8) directs the RN regarding the leadership and quality of care. All RNs are accountable for assuring that the organizational policies and procedures maintain safety and quality. In most organizations, managers are accountable for authoring and implementing these policies. Does the manager have the skill set to understand how policies are developed and written in language that will communicate their intent and requirements?

The RN who accepts the assignment as a manager must obtain new knowledge and skills and cannot depend on direct care skills to guide a successful transition to the practice of nursing management. Nurses within the care area also are required to acknowledge the role of a manager with an RN license as a specific practice of nursing, encompassing, and expanding beyond direct care.

This article is not intended to familiarize the RN with the practice of nursing management. The OSBN does offer educational presentations to nursing management staff to further identify with this expansion of their practice. If further information is needed, please access our website, www.oregon.gov/osbn to request a presentation specifically developed for the practice of nursing management.

References:

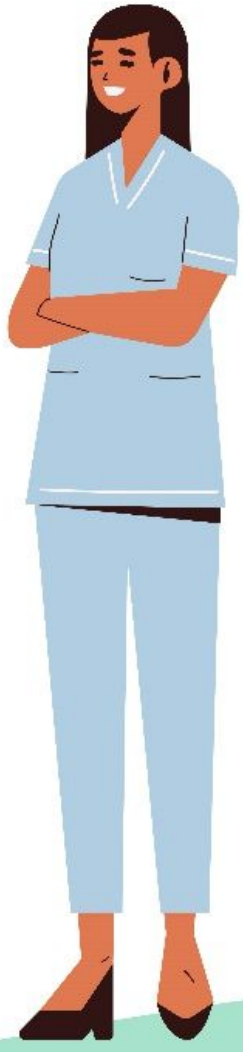
ORS 678
ORS 851-045
https://www.icn.c pulled from the website 3/2022.



# *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.

RN WELL-BEING PROJECT

**SCAN THIS CODE**
to access more resources
from the RN Well-Being Project

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

# THE APRN ENTREPRENEUR WHO OWNS THEIR OWN BUSINESS

APRNs are owning and operating their own businesses at much greater rates post-pandemic here in Oregon and across the country. Some of these businesses are traditional practice models while others provide non-conventional and alternative care options for clients. There are some important clarifications and distinctions to be aware of to avoid potential harm to clients, risk to your nursing license, and pitfalls in business ownership.

First and foremost, the OSBN is the regulatory authority for nursing practice in our state and our guidelines and practice parameters are outlined in the Nurse Practice Act in order to provide safe client care as well as public protection.

Business ownership itself falls under the jurisdiction of the Oregon Secretary of State, Corporate Division. In 2011, with the passage of HB 3247, calling for "One Stop Shop for Business," the agency developed an online portal to provide resources to Oregonians seeking business ownership.

There are several different types of business structures, legal and tax requirements for each structure, as well as other local, state, and federal regulations that businesses are required to comply with such as liability and management control. Additionally, professional advocacy organizations (NPO, ORANA, ACNM, AANP, ANCC, NCC, NAPNAP) can provide resources for their APRN members pursuing business ownership.

## Know the practice of APRNs

An important distinction to keep in mind is that the APRN is an independent licensed practitioner; therefore, "working under the supervision of a physician" does not replace education and competency validation in the management of patients. A physician who works alongside an APRN does not supervise the practice of nursing at the advanced level.

It is your individual responsibility to be informed and understand the requirements of the NPA, specifically Division 45, which includes writing policies and procedures for practice (even if you are an employee of one) that are required within the setting of your new business and documentation standards. Any licensed nurses you may employ must also abide by the standards of the practice act, etc. Additionally, the APRN Entrepreneur needs to be familiar with Division 55, which outlines detailed parameters for opening and closing a practice, records maintenance and storage, as well as office-based procedure requirements.

## Know Thyself

The NPA does not include a list of tasks and procedures that a nurse may or may not perform. It is the responsibility of the APRN to identify and self-determine if tasks or procedures they seek to perform are within the standard of prevailing practice and in alignment with the laws in Oregon. These standards are easily available in specialty practice guidelines, national certification standards, and peer reviewed scientific literature. For the APRN seeking guidance, a useful resource is the OSBN APRN Scope Decision Algorithm, a useful resource when making these determinations (located on the OSBN website).

The practice act requires APRNs to document how competence was achieved and maintained when performing procedures. Should any question of competency arise, the APRN would need to provide evidence of all completed education and competency validation pertinent to the provision of care at the advanced practice level.

## Policies and Procedures Are Your Friend

Establishing policies and procedures for your business that

are in alignment with the NPA, as well as state and federal laws, will provide for safe, consistent care to your clients and save you from potential liability. Development of protocols for your services provided such as staff roles and requirements, billing practices, documentation standards, protected storage and transference of medical records, infection control, material waste storage and disposal, will provide structure and organization for your business.

In addition to policies, there are numerous print sources as well as electronic data bases that provide APRN providers peer reviewed data, references, and treatment protocols. Studies have consistently demonstrated that utilizing protocols and checklists in practice settings greatly improve safety and decrease errors. APRNs who practice without guidelines, protocols, and practice standards separate themselves from their profession and put not only their clients but their business and nursing career in jeopardy.

## In Closing

There will always be new and emerging trends in healthcare, so it is up to the individual APRN to ensure that they have the knowledge, skills, ability, credentialing, and legal authority to provide safe and appropriate care to their clients.

When considering starting your own business, consult the experts available to you. Once in business, practice defensively utilizing evidenced based recommendations and treatment algorithms for you and your patient's protection.



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

# RETIREMENT: TO PRACTICE OR NOT TO PRACTICE

For those who are recently enjoying retirement or preparing to begin the retirement journey, an important question must be answered: To practice or not to practice? Whether the answer is yes or no, there are considerations to be explored for both.

## Option 1: Non-Renewal of License

Not renewing one's nursing license is an option for the licensee who knows that, once retired, they will no longer be practicing nursing. Plainly stated: no nursing license equals no nursing practice.

Just to hit the point home, this nursing practice prohibition is the real deal. Without ownership of a valid and current Oregon nursing license, it is unlawful to refer to oneself as a nurse; represent oneself as a nurse; use the title nurse; engage in nursing practice; or make an offer of nursing services. This holds true regardless of how many years one has devoted to the profession.

## Option 2: Honorary Title of Retired Nurse

For the nurse who knows that their practice journey is ending yet wishes to continue to identify with the nursing profession in title only, Retired Nurse status is your option. The Retired Nurse title is purely honorary and holds no nursing practice authority.

To apply for Retired Nurse status, an applicant must hold a current unencumbered Oregon nursing license or have previously held an Oregon nursing license in good standing. An applicant cannot be the subject of any current or pending investigation or action by the Board. The applicant must also sign a disclaimer acknowledging that Retired Nurse status is not an authorization to practice nursing. There is no fee for requesting retired licensure status.

The benefit of Retired Nurse status is that the holder may legally identify themselves as "Retired" in conjunction with their former license type: RN, Retired; LPN, Retired; NP, Retired; CNS, Retired; or CRNA, Retired.

It bears repeating that the person granted Retired Nurse status cannot practice nursing in any way, shape, or form. To learn more about Retired Nurse Status, see Oregon Administrative Rule (OAR) 851-031-0086.

If one is not quite ready for self-prohibition of nursing practice, Oregon's Nurse Practice Act holds additional options for consideration.

## Option 3: Renewal of License

Plain and simple, this is a regular renewal of one's Oregon nursing license. Regular licensure renewal is an option for the nurse who has accrued 400 hours of nursing practice under the license type sought, in two years immediately preceding one's application. This option is often chosen by the recently retired nurse.

While this full scope of practice option provides the nurse with additional time to decide if they are truly ready to release the practice, each passing week, month, and year not engaging in the practice of nursing diminishes licensure options at one's next renewal cycle.

## Option 4: Nurse Emeritus License

The RN and the LPN who have been granted Retired Nurse Status by the Board may apply for a Nurse Emeritus (E) license commensurate with their former license type: RN-E or LPN-E. The Nurse Emeritus license allows for full scope of practice in a voluntary capacity only.

There is no Nurse Emeritus licensure as a nurse practitioner, clinical nurse specialist, or certified registered nurse anesthetist.

This means that the advanced practice RN would apply for RN-E licensure and engage in volunteer practice as a registered nurse.

Application for an initial Nurse Emeritus license process involves several steps including attestation to 400 hours of nursing practice under the type of license sought in the two years immediately preceding application; attestation to 10,000 lifetime nursing practice hours; and submission of a completed Volunteer Nurse Emeritus Professional Practice Competency Plan.

The applicant's competency plan must identify:

- Their chosen volunteer nursing practice role;
- The setting/location where their volunteer practice will occur;
- How competency for their volunteer practice role has been attained; and
- A plan for ongoing education to maintain practice competency in their volunteer role.

The Board is the final determiner of whether an applicant's competency plan is adequate for their identified volunteer practice role.

There is no minimum nursing practice hour requirement for the RN-E or LPN-E. It is the licensee's active implementation of their professional practice competency plan that demonstrates their continued competency in nursing practice to the Board.

The RN-E and LPN-E license is valid for two years and is not renewable. This means that the actively licensed Nurse Emeritus who wishes to continue in their volunteer role must reapply for emeritus licensure. The reapplication process for the actively licensed Nurse Emeritus requires attestation to 10,000 or more lifetime practice hours and submission of an updated professional practice competency plan. At the time of publication, the fee for application and reapplication for RN-E or LPN-E is set at $50.

## Live Long and Prosper

To learn more about the Retired Nurse status, licensure renewal, and Nurse Emeritus Licensure, access OAR 851-031 Standards for Licensure of Registered Nurses and Licensed Practical Nurses using the Nurse Practice Act link at www.oregon.gov/OSBN. Utilize the Forms link at the same URL to access both the Retired Nurse status application form and Nurse Emeritus Licensure form.

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

# TERMINATION OF THE CLIENT RELATIONSHIP

*Please note: Originally published in 2016, this article has been updated.*

## Defining The Issue

A frequently asked question at the Board is how APRNs should terminate a client relationship. There are different circumstances that led either the provider or the client to this juncture that include but are not limited to: closure of a practice, a prolonged leave of absence of a provider, change of workplace, third party payer (insurance) coverage changes, or a client choosing different treatment options. Termination can come about from either the practitioner or the client.

## Legal Parameters

The Board's statement on Patient Abandonment (last updated in September 2020) is applicable to all Oregon APRNs and defines patient abandonment as a nurse "disengaging themselves from an established nurse/client relationship without communicating reasonable notice and information about the patient or group of patients to a qualified person." A common example of this is when an APRN provider terminates a relationship without proper notice allowing the client to make other arrangements for their medical care. Consider seeking legal counsel related to the closure of a practice as appropriate.

## Timely Notification

Oregon Administrative Rule 851-055- 0090 (3)(a) requires APRNs who are opening, closing, or transferring a practice to notify the Board (whether in direct or indirect client care) of their current practice address. Each change in practice setting and mailing address must be submitted to the Board no longer than 30 days after the change.

Timely notice of termination – The Center for Medicaid and Medicare Services (CMS) and the Oregon Medical Board recommend at least 30 days' notice. Depending on availability of other practitioners to assume care, a longer notice period may be necessary.

Notify pertinent parties of practice closure – this includes the Board, employees, insurance carriers, the Drug Enforcement Agency (if a DEA number exists), insurance panels, and the Center for Medicare/Medicaid Services (National Provider Identifier). In addition, you must provide proper notification to referring providers, hospitals where you may hold privileges, professional organizations, malpractice insurance carrier, post office (provide a forwarding address), or other subscriptions.

OAR 851-055-0090 (3) (b) requires practitioners to notify clients by letter that the practice will end with the effective date and include:

A. The location of records and process to request them.
B. Advice to seek the services of another health care provider.
C. Notification to the client regarding how long the APRN will continue to refill prescriptions while the client obtains a new provider.

It's important to review the client's medications and consider maintenance of prescriptions to cover transition time, if appropriate. Destroy all prescription pads with provider identification.

## Records Management

OAR 851-055-0090 (3)(c) states that if a practice changes ownership, all medical records must be the responsibility of the new owner to protect and maintain.

Seven years is a commonly recommended length of time for record retention. Record retention for nurse practitioners (CNMs) involved in births or care of minors need to consider record retention for seven years past the age of majority.

Establishing a method for archiving records and allowing for access may be set up through a vendor. Storage needs to be secure and allow for retrieval of records. Practitioners cannot store patient records with the Board of Nursing.

Following these important steps and the Nurse Practice Act will keep your clients informed and protect your nursing license.

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

# CAMP NURSING:
## WHAT YOU NEED TO KNOW IN 2022

The arrival of summer brings an increase in both the average daily temperature and in the number of campers heading off to organized camps including private camps, faith-based camps, sports camps, and not-for-profit camps. The arrival of summer also brings an increase in the number of questions received by OSBN staff from registered nurses (RN) and licensed practice nurses (LPN) asking about the nurse's scope of practice in a camp setting. Common questions include: *"Can I give shots at camp?," "What happens if a camper or staff have a medical emergency?" and "What do I need to know to be a camp nurse?"*

All of these are good questions. However, Oregon's Nurse Practice Act (NPA) doesn't contain any laws (Oregon Revised Statutes or ORS) or rules (Oregon Administrative Rules or OAR) specific to camp nursing. As it exceeds the scope of this article to recap all 140-plus standards on essential levels of safe practice for the nurse in any setting or role (including the camp nurse), this article will provide only basic considerations on Oregon nursing licensure and on scope of practice – you know where to find the rest (www.oregon.gov/osbn)! Factors beyond the NPA that inform the context of care of nursing practice in a camp setting will be presented.

### Oregon's Nurse Practice Act

***Oregon Nursing Licensure***

Pursuant to Oregon Revised Statutes (ORS) 678.021, an Oregon State Board of Nursing (OSBN) issued license is required to practice nursing with persons inside of Oregon's borders. This means that when a camp is located inside of Oregon's borders, a OSBN license is required to engage in the practice of nursing at that camp.

It is important to note, however, that ORS 678.031 identifies seven specific situations where this law does not apply. Two of these situations hold potential applicability to a nurse who practices in a camp setting:

1. ORS 678.031 (1): A nurse who is employed by an institution or agency of the federal government. As applied to camp nursing, this means that the nurse who is employed by and practicing in a camp of an institution or agency of the federal government may not need to hold Oregon nursing licensure. The requirement for Oregon nursing licensure would be based on the policies of the federal employer.
2. ORS 678.031 (7)(g): A non-resident nurse who is licensed and in good standing in another state; and on a temporary

assignment not-to-exceed 90 days for the benefit of the general public; and providing health care for students who attend school outside of Oregon; and who are participating in a school sponsored event in Oregon. As applied to camp nursing, this means the out-of-state nurse that meets these requirements can practice nursing at the school-sponsored camp in Oregon without holding an Oregon nursing license.

***License Type and Scope of Practice***

A clear knowledge of the scope and standards of practice applicable to one's license type is necessary for public safety and for personal safe practice. This includes recognizing when a particular practice role or assignment is within the scope of practice authorized for one's nursing license type and when it is not.

While both the RN and the LPN are independent in the scope of practice for their type of license (and individually accountable for their actions), the LPN's independent engagement in practical nursing practice must occur under the clinical direction and clinical supervision of a RN or a licensed independent practitioner (e.g., a medical doctor or nurse practitioner). This means that when there is no RN or LIP to provide clinical direction to the LPN's practice in the camp setting, there is no legal authority for LPN practice.

Within the broader scope of practice set forth with RN licensure and LPN licensure is the nurse's individual scope of practice. Individual scope of practice is a nurse's demonstrated competency that has been developed and maintained through practice experience and through engagement in independent and formal learning experiences. Individual scope of practice is based on the nurse having the knowledge, skills, abilities, and competencies necessary to accept a client assignment, perform a procedure or intervention and take on different roles within the practice of nursing.

This means that the nurse who is considering the acceptance of a camp nursing position holds the legal responsibility to do so only when the requirements of the position are within their individual scope of practice.

To attain an awareness of the knowledge, skills, abilities, and competencies necessary to take on a camp nursing practice role, one must look beyond the practice act.

## Beyond the Nurse Practice Act

***Position Description***

The position description for paid or volunteer camp nurse position is a sound place to start. The position description should identify and describe the major duties of the role, specific responsibilities, and any supervisory relationships.

Typically, responsibilities of the camp RN include preventative, routine, and emergency care for both campers and staff; the administration of medications to campers; and, providing education for campers and staff on preventive health issues, communicable diseases, heat-related illness, and/or emergency response preparedness at the camp location.

The position description for a camp LPN should identify the camp's RN, NP, or MD as the licensed health care practitioner providing clinical direction and supervision to the person holding the LPN position. The prudent LPN will ask if the RN, NP, or MD position has been filled. Without a duly licensed person in the position of camp RN, NP, or MD to provide clinical direction and supervision of the camp LPN, there is no legal authority for the LPN to practice.

***Camp Nursing Practice Standards and Competencies***

With the major duties and specific responsibilities of the camp nurse position identified, the prudent nurse will explore camp nursing-specific practice standards and practice competencies necessary to fulfill the responsibilities of the position. The nurse who is considering a camp nurse position should look to a specialty nursing practice organization such as the Association of Camp Nurses (ACN). The ACN has published Scope and Standards of Camp Nursing Practice (2017); maintains an online journal covering topics pertinent to camp nursing; provides on-line continuing education; and maintains a library of practice guidelines.

The ACN website (www.campnurse.org/) also provides links to other camp-related resources and to organizations such as the American Camp Association (ACA). The ACA publishes resources for camp staff and publishes camp standards. While not all camps are members of or certified by the ACA, the organization's published camp standards serve as a measure of quality to which camp services may be evaluated and measured. As many of the ACA standards are directly related to camper and staff health and safety, the standards can serve the camp nurse as an additional resource for policy development and systems development which will be addressed shortly.

***Camper Demographics***

Based on the camp's participant focus, the prudent camp nurse will explore nursing practice competencies pertinent to the demographics of the camp participants. For example, in a camp for children with intellectual and developmental disabilities (I/DD), the prudent camp nurse will possess current knowledge about the developmental stage of the campers, their presenting conditions, and possess competencies with I/DD nursing practice.

## Other Safe Practice Considerations

Before starting a camp nurse position, the nurse should have a clear understanding of camp policies that are related to the responsibilities of the camp nurse position. This may include policies on preventative, routine, and emergency care of camp participants; the administration of medications; teaching and health promotion activities; and emergency response preparedness.

When such policies exist, the nurse holds the responsibility to ensure that policy content is consistent with the laws and rules

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governing nursing practice in Oregon, current evidence-based literature, professional camp nursing standards and guidelines, and if applicable Oregon Health Authority organizational camp laws and rules.

When such policies exist, but the nurse finds that one or more is not consistent with any of the above identified laws, rules, standards, guidelines, or literature, the nurse who accepts the camp nursing position holds the responsibility to amend the inconsistent policy(ies). This is of critical importance for two reasons. First, public safety. Second, it is conduct derogatory to the practice of nursing to implement policies that jeopardize client safety or compel an individual to violate or circumvent any law, rule or regulation intended to guide the conduct of nurses or other health care providers.

When no such policies exist and a nurse accepts the camp nurse position, the nurse holds the responsibility to ensure such policies are developed.

When the nurse finds that no such policies exist and the decides to decline the position, the prudent nurse doesn't just cut bait and run. The nurse still holds the responsibility to communicate the need for such camp polices to the person in the organization who can address the issue. For those asking "why," it's the right thing to do. Once the nurse accepts their license to practice in the state of Oregon, they become an agent of the state in keeping the public safe.

In closing, be mindful that in addition to the NPA laws and rules that buttress safe nursing practice in our state, there are other factors that inform the role and responsibilities of the camp nurse. The nurse who accepts a camp nursing position holds the responsibility to self-regulate their own actions in a manner that is consistent with the laws and rules of the NPA, consistent with professional and specialty nursing practice standards and guidelines, consistent with current literature and with any law and rule with jurisdiction over what happens in the camp setting.

# COVID-19 IMPACT ON NURSING WORKFORCE WILL OUTLAST PANDEMIC


Although Oregon's pandemic state of emergency will end April 1, the Oregon Center for Nursing (OCN) suggests the pandemic's impact on the nursing workforce will last much longer. A new OCN research brief estimates it will take between 4.3 and 5.7 years for Oregon's nursing workforce to recover to pre-pandemic levels.

"We continue to watch multiple trends in the nursing workforce and workforce utilization," said Jana Bitton, OCN Executive Director. "Most pressing is how will Oregon's healthcare system respond when professionals working under emergency authorizations can no longer provide services in Oregon."

To respond to pandemic surges and fill vacant positions in hospitals and other care settings, the Oregon State Board of Nursing granted emergency authorizations for nurses licensed outside Oregon to become licensed to work in Oregon. In February 2022, more than 5,000 registered nurses held such authorizations.

In addition to emergency authorizations, OCN continues to monitor the impact of contract/travel nurse employment and look for evidence of Oregon nurses leaving the profession.

"The end of the pandemic does not mean these issues magically go away," said Bitton. "The nursing workforce will continue to grapple with these issues well past the pandemic. Their cumulative effect may not be known for some time."

OCN's latest research brief is available on the Reports page at www.oregoncenterfornursing.org.

*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.*

# NEW DATABASE BRINGS CHANGES FOR OSBN USERS

As mentioned in the February issue of Sentinel, work continues on implementation of the OSBN's new database. At press time, the go-live target date is August 29. Called the Optimal Regulatory Board System (or ORBS® for short), it's a comprehensive and secure cloud-based system designed specifically for nursing regulation by the National Council of State Boards of Nursing (NCSBN).

In addition to replacing the OSBN's current database, there are five related products developed for ORBS® that will replace other OSBN services, including the online licensing system. All the changes will provide for a modern, integrated experience for both internal and external users. External users will notice changes to five current OSBN services:

- Licensing portal. Current licensees will need to create a new username and password before using the new ORBS® licensing portal, but the process is essentially the same.
- Complaint portal. Users who wish to submit a complaint regarding a nurse or nursing assistant will experience a greatly improved and modern user interface.
- License Verification System. The current OSBN license verification system will be replaced by the ORBS® verification system.
- Graduation portal. The current portal used by Oregon nursing education programs to verify that their students have graduated will be replaced by the ORBS® affidavit of graduation portal. Detailed user information will be sent to all Oregon nursing program deans and directors soon.
- Employer subscription service. The current OSBN paid subscription service for employers to be notified about changes to their employees' licenses will be replaced by the NCSBN's Nursys® e-Notify subscription service (https://www.nursys.com/EN/ENDefault.aspx). E-Notify is free, but only provides verifications for RNs, LPNs, and APRNs. At go-live, the OSBN will suspend CNA notifications until a later date.

Additional information about the changes will be available in the coming months on the OSBN website and through targeted messaging.

ORBS Optimal Regulatory Board System

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

# YOU'VE RECEIVED A SUBPOENA FROM OSBN. WHAT DOES THAT MEAN?


When the Board of Nursing conducts an investigation, there are many tools staff use during the investigative process. One of the most common resources at the Board's disposal is the authority to issue subpoenas for various records. When a Board investigator determines that records are needed to conduct the investigation, they can issue a subpoena. The subpoena directs the custodian of records, a supervisor, or Human Resources staff of a facility or organization to provide specific records, which can be personnel records, patient records, internal investigative documents, or many other types of information. If you are ever on the receiving end of a subpoena, please read it closely to ensure that you provide all the requested information.

Each subpoena also contains the legal citation granting the Board the authority to issue a subpoena. The subpoenas are legally enforceable, which means that failure to produce the requested records by the deadline or failure to request an extension can result in the Department of Justice taking action to compel the recipient to produce the requested documents. The Oregon State Board of Nursing is a HIPAA exempt entity, so there is no need to redact any information in the documents. It is important to remember that the subpoenas are for documents only. You do not need to appear personally. Please pay attention to the due date for the requested records.

All investigations conducted by the Board of Nursing are confidential. Every subpoena issued includes a cover letter that describes the methods available to submit the documents. The cover letter also requests the recipient keep the subpoena confidential. There are several reasons that the receipt of a subpoena should be kept confidential. The issuance of a subpoena does not mean that the licensee or certificate holder identified on the subpoena has done anything wrong or has (or will) receive discipline from the Board. A subpoena—by itself—does not mean that a licensee or certificate holder is restricted from practicing nursing or are a danger to the public. The integrity of the investigation can be compromised when the recipient of the subpoena shares that information with other people. This can also cause worry and stress to the licensee or certificate holder or promote the spread of rumors from other staff if they find out that the Board is asking for records related to themselves or their co-workers.

If you receive a subpoena and have any questions about it, the name and contact information of the assigned OSBN investigator is located on the subpoena and cover letter.

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

# YOU ASK, WE ANSWER

## COMMON QUESTIONS REGARDING THE OREGON NURSE PRACTICE ACT

**Q: I am an RN who performs telephone triage at a large medical office. How can I be sure that my advice regarding over-the-counter (OTC) medications stays within my scope of practice if I have no standing orders?**

**A:** While an RN may certainly make the decision to recommend a particular OTC to a patient, the issue is whether the RN is making a diagnosis as to the correct treatment of the patient's condition. There is no legal authority for the RN to do so. While there is no prescription needed for OTC medications, that is not the issue; once you have a license, the equation changes.

The RN who makes the decision to recommend a particular OTC to a patient is attesting under their license that the condition of the patient warrants the medication and to do so would require an actual diagnosis. Even though this may seem like a minor issue, it may lead to litigation if the RN diagnosed incorrectly, and the chosen treatment caused harm to the client. It may also lead to discipline action against the RN's license if such a complaint were to be brought to the attention of the Board.

**Q: I provide registered nursing services for an elderly couple that live next door. The husband can no longer perform his wife's daily insulin injections. The wife has found a friend of theirs who is willing to give her the insulin shots if I teach him how. I know I have the competencies to do this safely, but can I?**

**A:** When you follow the rules, yes. In addition to following/applying the scope and standards of practice for the RN in Chapter 851 Division 045, you will also need to apply Division 48 Standards for the Registered Nurse Who Teaches a Designated Caregiver How to Execute a Medical Order.

In Chapter 851 Division 048, the Board recognizes there are situations where an immediate family member may not be available to execute or carry out a medical order for another family member. The Division 048 standards identify RN responsibilities when teaching a friend or neighbor, chosen by the person requiring care, how to execute a medical order for that person. This practice authority is granted by the Board as 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 carrying out the order on their behalf.

**Q: My residential facility administrator (who is not an RN) just told me that when an RN transfers a client's nursing service and delegation responsibilities to another RN, the new RN (me) assumes care and then has 180 days to assess each client and observe the delegated care providers to do the procedures. Is this correct? I just accepted seven clients who all have active delegations.**

**A:** The information provided to you is not correct.

Prior to accepting the transfer of a client that includes responsibilities for an unregulated assistive person's (UAP) performance of the client's nursing procedure, the RN holds the responsibility to determine that the client's situation remains safe for the UAP to continue to perform the procedure. The knowledgeable RN knows that once a transfer of responsibility for a client (and for the UAP authorized to perform their procedure) is accepted, the RN becomes accountable for the outcome of the delegation. The prudent RN knows that this necessitates assessment and analysis of data to determine that their decision supports the safety of the client.

The laws and rules of the NPA do not include a grace period on RN

accountability for decisions and actions taken with one's client. Once a transfer is accepted, the RN is accountable for the safety of their client and the outcome of the delegation.

Please note: If the delegation transfer process communicated in your question happens to be supported by organizational policy, be mindful that it is conduct derogatory to the practice of nursing to implement policies that jeopardize client safety. Evaluating and applying the content of the following authoritative peer-reviewed resources and NPA Divisions will prove beneficial in the development of RN delegation process policies that promote client safety:

- American Nurses Association (2021). Nursing: Scope and standards of practice (4th. ed.). Silver Spring, Maryland: Author.
- National Council of State Boards of Nursing (2016). National guidelines for nursing delegation. Journal of Nursing Regulation, 7(1), p 5-14.
- Oregon Secretary of State. Oregon Administrative Rules Chapter 851 Division 45. Standards and Scope of Practice for the Licensed Practical Nurse and Registered Nurse.
- Oregon Secretary of State. Oregon Administrative Rules Chapter 851 Division 47. Standards for Community Based Care Registered Nurse Delegation.

**Q: "Can Psychiatric Mental Health Nurse Practitioners (PMHNP) order and infuse ketamine to clients in their office?"**

**A:** Yes, if when utilizing the OSBN's Scope of Practice Decision Making Algorithm for the advanced practice registered nurse (APRN), the APRN is able to determine that they are able to perform the activity, intervention, or role to acceptable and prevailing standards of safe care. PMHNPs are able to diagnose post traumatic stress disorder (PTSD) and order appropriate treatment medications and modalities. It is as equally important for the PMHNP to consider the ethics of prescribing and providing a medication that is not reimbursed by 3rd party payers (insurers). Finally, the administration of ketamine in an office-based setting must follow the Office Based Procedure Care and Standards (851-055-0080).

**Q: "Can a Certified Registered Nurse Anesthetist (CRNA) open a ketamine clinic?"**

**A:** Yes, but with some important distinctions. In 2019, the Oregon Association of Nurse Anesthetists, the CRNA Oregon based professional organization, came to the Board asking for a legal opinion to be issued on this topic. To summarize the legal opinion of the Oregon Department of Justice: Yes, CRNAs may operate a Ketamine infusion clinic with some limitations related to Oregon Regulatory Statute and Oregon Administrative Rules regarding business practices.

1. Clients/patients will need to have a diagnosis of PTSD or treatment resistant depression (TRD) from a licensed independent mental health provider (Psychiatrist, PMHNP) and a referral for ketamine treatment. The effectiveness of the treatment must be evaluated through an ongoing therapeutic relationship with the referring licensed independent mental health provider. While the CRNA may infuse the drug, the CRNA cannot attest to its effectiveness in treating the underlying diagnosis.
2. The administration of ketamine in an office-based setting must follow the Office-Based Procedure Care and Standards (OAR 851-055-0080).

*continued on page 22 >>*

<< continued from page 21

3. It is equally important to consider the ethics of prescribing and providing a medication that is not reimbursed by 3rd party payers.

**Q: "Can a Certified Nurse Midwife (CNA) offer Aesthetic Medicine procedures"?**

**A:** It depends. Whenever you are trying to determine if a specific activity, intervention, or role is within your scope of practice, we first recommend that you utilize our Scope of Practice Decision Making Algorithm (located on the OSBN website). While the APRN, including the CNM, has independent scope and authority in midwifery, that scope and authority must remain within their national certification as a CNM. Aesthetic medicine is not part of any CNM education program and is not included in the national certification standards for the profession of midwifery

Whenever there is a complaint to the board, we immediately determine if the task performed by the licensee was within their knowledge, skills, and ability to perform. It is your sole responsibility to establish and maintain your competency level in any task that you perform within your scope of practice as a RN or CNM.

Aestheticians are licensed under the Oregon Health Licensing Office and their scope is described in their practice act. You need to consult their board for what procedures they can perform and which ones they cannot perform and determine if you are eligible for licensing in this role. Important distinctions also include that you cannot delegate any procedure to someone who is regulated by another board. You can only delegate to unlicensed and unregulated staff and then when you do, they work under your license.

APRNS are licensed independent practitioners and, as such, can assess and plan care for a patient which would include cosmetic procedures. You would need to develop a documented plan of care for the patient based upon your assessment, direct the aesthetician regarding the plan and the parameters for when the Botox should not be injected and when you need to be called/notified etc. You should maintain and establish methods for providing ongoing assessment of the patient to assure that your plan of care for the patient remains appropriate.

Please consult the Board of Certified Advanced Estheticians or the Board of Cosmetology for information regarding the scope of practice for their licensees.

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

# PRE-LICENSURE NURSING EDUCATION RULE CHANGES

Oregon Administrative Rule 851-021 (Division 21) of the Oregon Nurse Practice Act (NPA), *Standards for the Approval of Education Programs* in ***Nursing Preparing Candidates for Licensure as Practical or Registered Nurses*** has recently been overhauled. Several of the changes in Division 21 reduced redundancy and clarified expectations, language, and timelines. The rule was also reorganized to allow information to flow better.

The Purpose of Standards were changed for Division 21 to create language that was consistent throughout the rule and the practice act. The new Purpose of Standards reads:

*To foster the safe and effective practice of nursing by graduates of nursing education programs by setting standards that promote adequate preparation of students for nursing practice. To include the following:*

*(1) Standards for the development of new nursing education programs.*

*(2) Enable innovative responses of established nursing education programs to a changing health care environment.*

*(3) Provide criteria for the approval of new and established nursing education programs.*

*(4) Provide sanction standards for nursing education programs that do not maintain compliance with OAR 851-021.*

*(5) Set standards for approval of learning experiences for students enrolled in programs outside of Oregon.*

*(6) Set standards for nurse re-entry programs.*

The Board added geographic region to OAR 851-021-0010(b) (Approval of New Nursing Education Programs) to enable nurse administrators of established nursing programs to be informed early in the process that a new nursing program may be established in their region. This gives nurse administrators of established program the opportunity to respond with a letter of support or concern related to the possibility of a new program being established.

OAR 851-021-0018 (NCLEX® Standards) received a big change in that nursing programs must now have a minimum of 75% first-time pass rate or higher for the most recent 12-month period; or a 90% total pass rate or higher of all test-takers that includes first-attempt and repeaters for the most recent 12 months. This is a change from having to meet both metrics simultaneously.

OAR 851-021-0045 (Standards for Approval: Nursing Faculty) now allows the nurse educator to hold at least a master's degree in nursing or a baccalaureate degree in nursing and a master's or doctoral degree in related field. The requirement of an additional post-master's certificate in nursing was removed.

The Board removed prescriptive language from OAR 851-021-0050 (Standards for Approval: Curriculum) regarding clinical hour requirements and simulation that allow nurse educators to be experts in their fields and provide innovative and exciting new opportunities to their nursing students in the classroom, lab, and community settings.

OAR 851-021-0090 was renamed: Standards for Out-of-State Programs Seeking Nursing Practice Experience in Oregon. This new title brings clarifying language to this section of rule. In the January 2021 version of Division 21, the rules under this section brought expectations of out-of-state school up to the same expectations as in state Oregon schools. Language was further developed to ensure these out-of-state programs are meeting these requirements and ensuring that the Board is aware of all students from these school who are placed in a clinical site in Oregon.

The new Division 21 rules will go into effect on August 1, 2022.

*Dr. Tracy Thompson, Policy Analyst, Nursing Education would like to thank the ACES group for the hours of work that was given to overhauling Division 21. This was and will continue to be very important work for the future of nursing education in Oregon.*

By OSBN Licensing Manager ***Tracy Gerhardt*** and NA/MA Policy Analyst ***Barbara Ju,*** RN

# CNA FREQUENTLY ASKED QUESTIONS

**Q: How can I contact the Oregon State Board of Nursing to ask questions about licensure?**

**A:** Please email us at oregon.bn.info@osbn.oregon.gov. We will respond within two business days. All licensing questions are answered in a written format to ensure there is a complete and accurate record for reference. Additionally, OSBN is a hybrid workplace in which most staff telework; email correspondence provides better opportunity for your question to be answered in a timely manner.

**Q: How long is my renewal going to take?**

**A**: Renewal applications for licensure or certification with OSBN are manually reviewed by Board Staff. 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 renewal application up to 90 days prior to expiration

**Q: I only want to renew my CNA 2, not my CNA 1. How do I do this?**

**A:** You must renew your CNA 1 certification for your CNA 2 status to be available. Unlike the CNA 1, the CNA 2 is not a certificate issued by Oregon State Board of Nursing. CNA 2 only means you have education in addition to the CNA 1 education and certification.

**Q: How do I renew or reactivate my CNA 2 if I let my CNA 1 expire?**

**A:** Regarding renewal: If your CNA 1 certification has been expired for 30 days or less, you may complete the renewal process as per OAR 851-062-0070. To qualify you must have 400 hours of paid work in CNA position within the last two years with active CNA certification. If it has been less than two years since your initial certification was issued or you passed the Board-approved competency examination within the last two years, you are exempt from the 400-hour paid employment requirement. If you are a nursing student currently enrolled in an approved U.S. nursing education program, you may renew without documentation of paid employment. If you are a currently licensed RN or LPN, you may use your RN or LPN practice hours within the last two years as part or all of the required 400 hours of paid employment. Once the renewal process is complete with the Oregon State Board of Nursing (OSBN), the CNA 1 certification will be made current, and the CNA 2 will be made active.

Regarding reactivation: If your CNA 1 certification has been expired for more than 30 days but less than two years, you may no longer renew and are required to complete the reactivation process as per OAR 851-062-0071. To qualify you must have 400 hours of paid work in CNA position within the last two years with active CNA certification. If it has been less than two years since your initial certification was issued or you passed the Board-approved competency examination within the last two years, you are exempt from the 400-hour paid employment requirement. If you are a nursing student currently enrolled in an approved U.S. nursing education program, you may reactivate without documentation of paid employment. If you are a currently licensed RN or LPN, you may use your RN or LPN practice hours within the last two years as part or all of the required 400 hours of paid employment.

If you cannot meet the paid employment requirement, you would be required to complete the reactivation process by examination. Once a completed reactivation by examination application has been received, Board staff will approve you to test with the testing administration company (Headmaster/TMU). You would have one year from date of application to pass the competency examination. Once the reactivation process is complete with the OSBN, the CNA 1 certification will be made current, and the CNA 2 will be reactivated. As the CNA2 designation is not a certification, you would not need to complete any additional processes to gain an active status for the CNA 2 when the CNA 1 is current.

**Q: I don't want to take a CNA training course. May I challenge the CNA test without training?**

**A:** No. Challenges to the CNA exam are not permitted in Oregon Administrative Rule.

**Q: I am a CNA from another state. How do I apply for reciprocity in Oregon?**

**A:** The Oregon State Board of Nursing does not have a reciprocity agreement with any other state. You may apply for CNA by endorsement. In the endorsement process, Board staff will review the training you have completed, and your hours worked as a CNA in your state to determine if you qualify for Oregon CNA certification.

**Q: I work in a hospital in another state. Can I have a CNA 2 by endorsement?**

**A:** No. Because authorized duties vary from state to state, you must complete an OSBN approved CNA 2 training program and pass the programs competency evaluation.

**Q: I am working as a home caregiver (or as an EMT, or other technician role). Can I use those hours to renew/reactivate my CNA certification?**

**A:** No. Hours worked in various technician roles do not count for renewal of the CNA certificate. See CNA authorized duty FAQs on the OSBN website, "May a CNA1 or CNA2 take a 'technician' position?"

For the certified nursing assistant working in various community-based settings (facilities or private homes) that are licensed by the Oregon Department of Human Services, such as a home caregiver, only the hours accrued performing CNA authorized duties under the monitored supervision of an RN who works for the same employer as the CNA may be counted.

There must be a formal legal relationship with the RN who will provide monitored supervision of the CNA working for the same employer or through a contractual agreement. When there is no RN monitored supervision of the CNA, hours worked by the CNA do not count towards renewal of CNA certification.

Monitored supervision means that an RN assesses and writes the plan of care for a client, assigns authorized duties to the CNA according to the plan of care, and evaluates client outcomes as an indicator of CNA's competency. If the care setting has an LPN, the RN may assign to the LPN some components of monitored supervision of the CNA's performance of authorized duties.

**Q: I own an adult foster home (AFH). Can I use the hours I work there to renew/reactivate my CNA certification?**

**A:** Only the hours accrued performing CNA authorized duties under the monitored supervision of an RN who works for the same employer as the CNA may be counted. The RN hired by the CNA/owner of the AFH, may not meet the formal legal relationship needed between the RN and the owner/CNA. There must be a formal legal relationship with the RN who will provide monitored supervision of the CNA working for the same employer or through a contractual agreement. When there is no RN monitored supervision of the CNA, hours worked by the CNA do not count towards renewal of CNA certification. If the CNA/owner can provide evidence the relationship between the CNA/owner and the RN meets the requirements of the rule, the hours accrued performing CNA authorized duties may be counted.

Monitored supervision means that an RN assesses and writes the plan of care for a client, assigns authorized duties to the CNA according to the plan of care, and evaluates client outcomes as an indicator of CNA's competency. If the care setting has an LPN, the RN may assign to the LPN some components of monitored supervision of the CNA's performance of authorized duties.

Only the CNA who is also certified medication aide (CMA) carrying out assigned authorized duties, e.g., medication administration under the monitored supervision of the RN, may count hours accrued administering a client's medications towards CNA and CMA certification renewal. The CNA who does not have a CMA certification also cannot count the hours accrued from medication administration for certification renewal. This does not prohibit the CNA from administering medications but prohibits the CNA (without CMA certification) from counting these hours for certification renewal.

# 2022 OSBN BOARD MEMBERS

## JUDITH WOODRUFF, JD
***BOARD PRESIDENT***
TERM: 1/1/20 – 12/31/22
Ms. Woodruff received her juris doctorate from the University of Oregon School of Law. During her legal career, she worked as an Assistant Attorney General with the Oregon Department of Justice and served as an Administrative Law Judge. She also worked in philanthropy and non-profit organizations, including over a decade with the Northwest Health Foundation as the Senior Program Director, focused on healthcare workforce development. Ms. Woodruff serves as one of two public members on the Board, and she resides in Portland, Ore

## SHERYL OAKES CADDY, JD, MSN, RN, CNE
***BOARD SECRETARY***
TERM: 1/1/18 – 12/31/20, 1/1/21 – 12/31/23
Ms. Oakes-Caddy is an Associate Professor at Bushnell University, Ore. She has more than 30 years of clinical nursing practice. She received her Associate of Science in Nursing from Linn-Benton Community College in Albany, Ore., her Bachelor of Science in Nursing from Oregon Health Sciences University in Portland, Ore., her Master of Science in Nursing from Walden University, Baltimore, Md., and her Doctor of Jurisprudence from Willamette University School of Law in Salem, Ore. Ms. Oakes-Caddy serves in the Nurse Educator position on the Board and resides in Lebanon, Ore..

## MICHELLE CHAU, LPN
TERM: 1/1/19 – 12/31/21, 1/1/22 – 12/31/24
Ms. Chau is a Panel Manager for the Multnomah County Health Department in Portland, Ore. She completed her practical nursing program at Mt. Hood Community College in Gresham, Ore., and has a Bachelor of Science degree in Advanced Chemistry, Biology, and General Science from Oregon State University in Corvallis, Ore. She has 10 years of nursing experience, and serves in the Licensed Practical Nurse position on the Board.

## DEVORAH BIANCHI, RN
TERM: 1/1/21 – 12/31/23
Ms. Bianchi is a staff nurse at Sacred Heart Medical Center at Riverbend in Springfield and has 20 years of nursing experience. She received her Associate of Science in Nursing degree from Excelsior College in Albany, NY, her Bachelor of Science in Maternal and Child Health: Human Lactation from The Union Institute and University in Cincinnati, Ohio, and her Bachelor of Science in Nursing from Western Governors University in Salt Lake City, Utah. Ms. Bianchi is one of two direct-patient care RNs on the Board. She resides in Eugene, Ore.

## AARON GREEN, CNA
***PRESIDENT-ELECT***
TERM: 10/1/20 – 12/31/21, 1/1/22 – 12/31/24
Mr. Green is a CNA2 at McKenzie Willamette Medical Center in Springfield, Ore. He serves in the CNA position on the Board. He has eight years of experience as a CNA and resides in Springfield.

## MICHAEL WYNTER-LIGHTFOOT
***PUBLIC MEMBER***
TERM: 2/14/20 – 12/31/22
Mr. Wynter-Lightfoot retired in 2019 after seven years serving as the Student Success Advocate for Portland Public Schools. He received his Associate of Science degree from Rockland Community College in Suffern, N.Y. Mr. Wynter-Lightfoot is one of two public members on the Board, and he resides in Milwaukie, Ore.

## YVONNE DUAN, RN, FNP
TERMS: 1/1/22 – 12/31/24
Ms. Duan is a Family Nurse Practitioner and CEO of Renew Aesthetic Clinic in Portland, Ore. She received her medical doctor degree from North China Coal Medical College in Tang Shan, China, her Master Degree in Nursing from the University of Manitoba in Winnipeg, Canada, and her FNP post-master certificate from the University of Kentucky in Lexington, Ky. She resides in Beaverton, Ore.

## ANGELA POWELL, RN
TERM: 4/19/21 – 12/31/23
Ms. Powell is a staff nurse at Mercy Medical Center in Roseburg and has 15 years of nursing experience. She received her Associate of Science in Nursing degree from Umpqua Community College in Roseburg, her Bachelor of Science in Nursing from OHSU in Portland, Ore., and her Master of Science in Nursing from Capella University in Minneapolis, Minn. Ms. Powell is one of two direct-patient care RNs on the Board. She resides in Roseburg, Ore.

## SARAH HORN, RN
TERM: 1/1/21 – 12/31/23
Ms. Horn is the Chief Nursing Officer at Salem Hospital in Salem and has 20 years of nursing experience. She received her Bachelor of Science in Nursing degree from the University of Portland in Portland, Ore., and her Master in Business Administration degree from the Marylhurst University in Portland, Ore. Ms. Horn serves in the Nurse Administrator position on the Board. She resides in Albany, Ore.

# DISCIPLINARY ACTIONS

*Actions taken in January, February, and March 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 |
|---|---|---|---|---|
| Julie L. Aldous | 088003073RN | Suspension | 1-12-22 | Minimum 14-day suspension. Failing to cooperate with the Board during an investigation. |
| Justine B. Allen | CNA Applicant | Voluntary Withdrawal | 3-16-22 | Conduct the is substantially related to her fitness and ability to perform CNA authorized duties. |
| Carissa M. Andersen | 201211510CNA/ 201602530CMA | Suspension | 1-12-22 | 30-day suspension. Demonstrated incidents of abusive behavior, failing to respect the dignity and rights of clients, and failing to answer questions truthfully during the course of an investigation. |
| Karen L. Aulis | 094006079RN | Reprimand/Civil Penalty | 1-12-22 | $1,500 civil penalty. Violating a person's right to privacy and confidentiality. |
| Shannon C. Blood | 201392933NP-PP | Voluntary Surrender | 3-16-22 | Violating the terms and conditions of a Board Order. |
| Autumn M. Brown | 201230109LPN | Probation | 2-16-22 | Six-month probation. Practicing nursing while impaired and using intoxicants to the extent injurious to herself or others. |
| Vicki R. Browning | 092000671RN | Voluntary Surrender | 2-16-22 | Practicing nursing while impaired. |
| Rachel B. Carson | 201807190RN | Voluntary Surrender | 2-16-22 | Failing to take action to preserve client safety and failing to conform to the essential standards of acceptable nursing practice. |
| Tosha M. Carter | 200643136RN | Probation | 1-12-22 | 24-month probation. Failing to document information pertinent to a client's care and engaging in unacceptable behavior in the presence of the client's family. |
| Amanda M. Ciraulo | L202200555RN | Probation | 1-12-22 | 24-month probation contingent upon her enrollment in a re-entry program (and other conditions) due to use of intoxicants to the extent injurious to herself or others. |
| Becky J. Clausen | 200130441LPN | Voluntary Surrender | 1-12-22 | Obtaining unauthorized controlled medications and failing to conform to the essential standards of acceptable nursing practice. |
| Glenna A. Croff | 200810889CNA | Reprimand | 1-12-22 | Using intoxicants to the extent injurious to herself or others. |
| Chachona C. Dalton | 200641473RN | Probation | 3-16-22 | 12-month probation. Practicing nursing while impaired and using intoxicants to the extent injurious to herself or others. |
| Alexandrea L. Dibala | 201130485LPN | Reprimand/Civil Penalty | 2-16-22 | $1,000 civil penalty. Violating the rights of privacy and confidentiality of a client and engaging in unsecured transmission of protected client data. |
| Kayla Dixson | 202003022RN | Revocation | 1-12-22 | Violating the terms and conditions of a Board Order. |
| Kayleigh M. Eltrich | 201801725CNA | Suspension | 1-12-22 | Minimum 14-day suspension. Failing to cooperate with the Board during an investigation. |
| Melanie M. Estes | 200940437RN | Revocation | 1-12-22 | Violating the terms and conditions of a Board Order. |
| Rashad A. Furqan | 201130249LPN | Reprimand | 2-16-22 | Failing to take action to preserve client safety and failing to conform to the essential standards of acceptable nursing practice. |
| Leanne Gettmann | 201709875CNA | Suspension | 1-12-22 | Minimum 14-day suspension. Failing to cooperate with the Board during an investigation. |
| Denise Gontiz | 201800340NP-PP | Reprimand | 1-12-22 | Failing to accurately document nursing interventions and failing to conform to the essential standards of acceptable nursing practice. |
| Curtis T. Green | 202108826RN | Voluntary Surrender | 2-16-22 | Obtaining unauthorized controlled medications and using intoxicants to the extent injurious to himself or others. |
| Hawni C. Grillone | 099007885RN | Reprimand | 2-16-22 | Failing to clinically supervise persons to whom an assignment was made and failing to conform to the essential standards of acceptable nursing practice. |
| Taylor M. Groh | 201600161CNA/ 201906405RN | Voluntary Surrender | 2-16-22 | Obtaining unauthorized prescription medications and failing to administer medications in a lawful manner. Failing to document nursing interventions in a timely manner and failing to take action to preserve client safety. |
| Bridget D. Guinn | 201405801LPN | Reprimand | 2-16-22 | Engaging in unacceptable behavior in the presence of a client. |
| Marilyn K. Hanley | 201708414RN | Reprimand | 3-16-22 | Abusing and neglecting a client and failing to conform to the essential standards of acceptable nursing practice. |
| James W. Hart | 091003303RN | Voluntary Surrender | 2-16-22 | Practicing nursing when unable due to a mental impairment and failing to conform to the essential standards of acceptable nursing practice. |
| Kirstin B. Hartman | 201906759CNA | Probation | 1-12-22 | 24-month probation. Performing authorized duties while impaired. |
| Thor F. Hauff | 201391413NP-PP | Reprimand/Civil Penalty | 3-16-22 | $1,500 civil penalty. Failing to document nursing interventions and failing to conform to the essential standards of acceptable nursing practice. |
| Richelle Haynes-Brown | 202004524CNA | Suspension | 2-16-22 | Minimum 14-day suspension. Failing to cooperate with the Board during an investigation. |
| Rebecca S. Herren | 201142200RN | Probation | 3-16-22 | 24-month probation. Practicing nursing while unfit due to a mental impairment. |
| Beata Jachacy | 200843358RN | Reprimand | 3-16-22 | Failing to take action to preserve client safety and failing to conform to the essential standards of acceptable nursing practice. |
| Erica C. Knepper | 099007067RN | Reprimand | 2-16-22 | Failing to take action to preserve client safety and failing to conform to the essential standards of acceptable nursing practice. |
| David F. Krussow | 200141226RN | Suspension | 2-16-22 | 30-day suspension. Performing acts beyond his authorized scope and failing to conform to the essential standards of acceptable nursing practice. |

| Name | License Number | Discipline | Board Vote | Violations |
|---|---|---|---|---|
| Micheal B. Lachappelle | 201609743RN | Suspension | 2-16-22 | Minimum 14-day suspension. Failing to cooperate with the Board during an investigation. |
| Jill M. Lamb | 092000103RN | Civil Penalty | 2-12-22 | $1,450 civil penalty. Practicing nursing without a current license. |
| Amber L. Lawhon | 200510468CNA/ 200820053CMA | Reprimand | 3-16-22 | Performing acts beyond the authorized duties and failing to administer medications as ordered by a LIP. |
| Reginald Lizieu | 201803869LPN | Reprimand | 3-16-22 | Failing to take action to preserve client safety, entering inaccurate documentation into a health record, and failing to conform to the essential standards of acceptable nursing practice. |
| Jessica E. Loesch | 202102094RN | Reprimand | 1-12-22 | Violating a person's right to privacy and confidentiality. |
| Moses J. Lopez | 201012935CNA | Probation | 3-16-22 | 12-month probation. Engaging in abusive and threatening behavior towards co-workers. |
| Stephanie L. McSherry | 200830305LPN | Revocation | 3-16-22 | Violating the terms and conditions of a Board Order. |
| Marci L. McWilliams | 200730287LPN | Civil Penalty | 2-12-22 | $1,650 civil penalty. Practicing nursing without a current license. |
| Randi S. Monson | 096000361RN | Denial/Civil Penalty | 1-12-22 | $4,500 civil penalty. Failing to answer application questions truthfully and practicing nursing without a current Oregon license. |
| Mariah D. Myrland-Bruell | 201802703LPN | Voluntary Surrender | 1-12-22 | Demonstrated incidents of dishonesty, aiding an individual to circumvent any law, rule, or regulation, and the unauthorized removal of property from the workplace. |
| Ryan G. Nelson | 201143309RN | Voluntary Surrender | 3-16-22 | Violating the terms and conditions of a Board Order. |
| Cindy Park | 201702105RN | Reprimand | 2-16-22 | Failing to take action to promote client safety, failing to accurately document nursing interventions, and failing to conform to the essential standards of acceptable nursing practice. |
| Micaela K. Poland | 201710360CNA | Voluntary Surrender | 1-12-22 | Exploiting her position for personal gain and demonstrated incidents of dishonesty and fraud. |
| Heidi N. Reyes-Mendez | 201310908CNA | Reprimand | 3-16-22 | Abusing a person and engaging in other unacceptable behavior towards a client. |
| Charlton M. Sakari | CNA Applicant | Voluntary Withdrawal | 3-16-22 | Violating the terms and conditions of a Board Order. |
| Vanassa R. Sanders | 200830286LPN | Reprimand/Civil Penalty | 3-16-22 | $3,000 civil penalty. Failing to maintain professional boundaries with a client, failing to answer questions truthfully, and failing to conform to the essential standards of acceptable nursing practice. |
| Jason R. Schmitz | 202011448CNA | Suspension | 1-12-22 | 90-day suspension with conditions. Failing to respect the dignity and rights of clients, demonstrated incidents of abusive behavior, and failing to implement the plan of care developed by the RN. |
| Juli Schurmann | 200950045NP | Voluntary Surrender | 1-12-22 | Prescribing drugs to people who were not her clients, failing to accurately document nursing interventions, and failing to conform to the essential standards of acceptable nursing practice. |
| Holly A. Smith | 201130075LPN | Civil Penalty | 2-25-22 | $1,500 civil penalty. Practicing nursing without a current license. |
| Jody A. Stark | 200550081NP | Reprimand | 1-12-22 | Failing to accurately document nursing interventions, failing to properly assess and document client assessment when prescribing drugs, and failing to conform to the essential standards of acceptable nursing practice. |
| Carl F. Stuebner | 094006570RN | Suspension | 1-12-22 | Minimum 14-day suspension. Failing to cooperate with the Board during an investigation. |
| Rebecca S. Tomlinson | 000027005CNA | Voluntary Surrender | 3-16-22 | Violating the terms and conditions of a Board Order. |
| Michelle A. Townsend | 200140055RN | Civil Penalty | 1-12-22 | $1,500 civil penalty. Practicing nursing without a current Oregon license. |
| Nancy M. Wanetick | 201043445RN | Revocation | 2-16-22 | Violating the terms and conditions of a Board Order. |
| Kevin D. West | CNA Applicant | Voluntary Withdrawal | 2-16-22 | Misrepresentation during the certification process. |
| Michael L. Whightsil | 201508816LPN | Suspension | 2-16-22 | 14-day suspension. Engaging in threatening behavior towards a coworker and demonstrated incidents of intimidating behavior. |
| Nicole A. Whitley | 202106307RN | Voluntary Surrender | 1-12-22 | Failing to conform to the essential standards of acceptable nursing practice. |
| Teri J. Willis | 088000328RN | Suspension | 1-12-22 | 14-day suspension. Engaging in abusive behavior towards coworkers. |
| Allison I. Wine | CNA Applicant | Voluntary Withdrawal | 2-16-22 | Conduct unbecoming a nursing assistant. |

## OSBN EMAIL ADDRESSES HAVE CHANGED

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


## Don't Forget to Renew!

Nursing licenses and nursing assistant certificates expire every two years, on your birthday. If you were born in an even year, you need to renew your license or certificate this year (if you haven't already). And if you were born in an odd year, you will need to renew your license next year. You may check your license status and expiration date using the Board's License Verification system: http://osbn.oregon.gov/OSBNVerification/Default.aspx.

If your current email address is on file with the Board office, you should receive a courtesy reminder before your license expiration date; the board sends out email reminders at 90, 60, and 15 days prior to an expiration date. However, it is ultimately the licensee's responsibility to renew her/his license.

Don't risk possible civil penalties by practicing without a license— renew on time.

# 2022 OSBN BOARD MEETING DATES

| | | |
|---|---|---|
| May 18, 2022 | 4:30 p.m. | Board Meeting (Primarily Executive Session) |
| June 14, 2022 | 6:30 p.m. | Board Meeting |
| June 15, 2022 | 9 a.m. | Board Meeting (Primarily Executive Session) |
| June 16, 2022 | 9 a.m. | Board Meeting |
| July 13, 2022 | 4:30 p.m. | Board Meeting (Primarily Executive Session) |
| August 17, 2022 | 4:30 p.m. | Board Meeting (Primarily Executive Session) |
| September 13, 2022 | 6:30 p.m. | Board Meeting |
| September 14, 2022 | 9 a.m. | Board Meeting (Primarily Executive Session) |
| September 15, 2022 | 9 a.m. | Board Meeting |
| October 12, 2022 | 4:30 p.m. | Board Meeting (Primarily Executive Session) |
| November 15, 2022 | 6:30 p.m. | Board Meeting |
| November 16, 2022 | 9 a.m. | Board Meeting (Primarily Executive Session) |
| November 17, 2022 | 9 a.m. | Board Meeting |
| December 14, 2022 | 4:30 p.m. | Board Meeting (Primarily Executive Session) |

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

## BEING "CARDLESS" PROMOTES PUBLIC SAFETY

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

1. OSBN online verification system: http://osbn.oregon.gov/OSBNVerification/Default.aspx.
2. OSBN auto-verification system for large numbers of licenses: https://osbn.oregon.gov/OBNPortal/DesktopDefaultaspx?tabindex=0&tabid=5&utyp=5
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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