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**SENTINEL**

[ VO.31 · NO.1 · MAR. 2012 ]

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BOUNDARIES**

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# SENTINEL

[ VO.31 - NO.1 - MAR. 2012 ]



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**CREATED BY:**  
 Publishing Concepts, Inc.  
**Virginia Robertson, Publisher**  
 vrobertson@pcipublishing.com  
 14109 Taylor Loop Road  
 Little Rock, AR 72223



EDITION 13

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## 2012 OSBN BOARD MEETING DATES

03/21/2012 WEDNESDAY **5:00 PM**  
OSBN Board Meeting, via Teleconference

04/18/2012 WEDNESDAY **8:30 AM**  
OSBN Board Meeting--Day 1

04/19/2012 THURSDAY **8:30 AM**  
OSBN Board Meeting--Day 2

05/16/2012 WEDNESDAY **5:00 PM**  
OSBN Board Meeting, via Teleconference

06/20/2012 WEDNESDAY **8:30 AM**  
OSBN Board Meeting--Day 1

06/21/2012 THURSDAY **8:30 AM**  
OSBN Board Meeting--Day 2

07/18/2012 WEDNESDAY **5:00 PM**  
OSBN Board Meeting, via Teleconference

08/15/2012 WEDNESDAY **5:00 PM**  
OSBN Board Meeting, via Teleconference

09/19/2012 WEDNESDAY **8:30 AM**  
OSBN Board Meeting--Day 1

09/20/2012 THURSDAY **8:30 AM**  
OSBN Board Meeting--Day 2

10/17/2012 WEDNESDAY **5:00 PM**  
OSBN Board Meeting, via Teleconference

11/14/2012 WEDNESDAY **8:30 AM**  
OSBN Board Meeting--Day 1

11/14/2012 WEDNESDAY **8:30 AM**  
OSBN Board Meeting--Day 1

**10/17/2012 WEDNESDAY 5:00 p.m.**  
OSBN Board Meeting, via Teleconference

11/15/2012 THURSDAY **8:30 AM**  
OSBN Board Meeting--Day 2

*All meetings are located at the OSBN Office,  
17938 SW Upper Boones Ferry Rd, Portland*

## OREGON BOARD OF NURSING

# OREGON STATE BOARD OF NURSING MEMBERS

### **KAY CARNEGIE, RN, BOARD PRESIDENT**

**Term: 1/1/09 - 12/31/11, 1/1/12 – 12/31/14**

Ms. Carnegie is currently the Dean of Health Sciences at Chemeketa Community College. She received her BSN from Illinois Wesleyan University, in Bloomington, Ill., and her master's degree from the University of Portland in Portland, Ore. She serves in the Nurse Educator position on the Board.

### **JULIA WILLIS, LPN, BOARD SECRETARY**

**Term: 3/21/07 - 12/31/09, 1/1/10 – 12/31/12**

Ms. Willis is the Health Services Specialist for Quail Run Assisted Living in Albany, Ore., and serves in the Licensed Practical Nurse position on the Board. She received her Practical Nurse certificate from Emily Griffith Opportunity School in Denver, Colo.

### **DONNA CAIN, CNA**

**Term: 6/1/10 - 12/31/12**

Ms. Cain is a CNA 2-Acute Care at Rogue Valley Medical Center and has 11 years of experience. She is currently a Patient Care Tech in the Central Transportation Department and also is on-call for CCU and ICU. She received her nursing assistant training from the Asante Health System Training Program in Medford, Ore. Ms. Cain serves in the Certified Nursing Assistant position on the Board.

### **GARY HICKMANN, RN**

**Term: 3/1/12 - 12/31/14**

Mr. Hickmann is a staff nurse at St. Charles Medical Center in Bend and has 23 years of nursing experience. He received his Associate Degree in Nursing from Central Oregon Community College in Bend. He is one of two direct-patient care RNs on the Board.

### **LINDA MILL, RN**

**Term: 1/1/09 - 12/31/11, 1/1/12 – 12/31/14**

Ms. Mill is a staff nurse in at Bay Area Hospital in Coos Bay and has more than 20 years of nursing experience. She received her Associate Degree in Nursing from Southwestern Oregon Community College in Coos Bay, Ore. Ms. Mill is one of two direct-patient care RNs on the Board.

### **BENJAMIN SOUEDE, JD, PUBLIC MEMBER**

**Term: 3/1/10 - 12/31/12**

Souede is an attorney with Lane Powell, PC, in Portland, Ore. He received two Bachelor's degrees (political science and history) from the University of Pennsylvania in Philadelphia, Pa., and his jurist doctorate from Harvard Law School in Cambridge, Mass. He is a former senior advisor and speechwriter to former Senator Hillary Rodham Clinton. Souede resides in Portland, Ore.

### **MAX TENSCHER, RN, FNP**

**Term: 3/1/10 - 12/31/12**

Tenschler is a Family Nurse Practitioner and currently owns Integrative Primary Care Associates, in Portland, Ore. He received his Associate's Degree from Shasta College in Redding, Calif., and his nurse practitioner certificate from the University of California in Davis, Calif. He has more than 30 years of nursing experience and resides in West Linn, Ore.

### **REBECCA UHERBELAU, PUBLIC MEMBER**

**Term: 1/1/07- 12/31/09, 1/1/10-12/31/12**

Ms. Uherbelau is one of two public members on the Board. Ms. Uherbelau is the Communications Consultant for the Oregon Education Association. She resides in Portland.

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By OSBN Advanced Practice Consultant **Tracy Klein, PhD, FNP, FAANP**, and  
OSBN Nursing Education Consultant **Joy Ingwerson, RN, MSN**

## FURTHERING YOUR NURSING EDUCATION: *What is a “Board Approved” Program?*

Many questions come to the Board about career change or expansion of current skills through new educational credentials. The Oregon State Board of Nursing approves some nursing programs, while others have no formal review or requirements for approval. The following article addresses common questions regarding the Board’s role in educational oversight for the nursing profession.

### What is a “Board Approved Program”?

Programs that prepare students for a license or certificate through the Board of Nursing are required to be approved by the Board through a formal process of review and periodic in-person survey. Approval signifies that a program meets minimum educational requirements as specified in regulation. Approval also signifies that students are deemed qualified to sit for national exams (such as the NCLEX®) that lead to certification or licensure. The Board currently provides review and approval of all Oregon-based nurse practitioner, Registered Nurse, practical nurse, medication aide, and nursing assistant programs. The Board also approves PN/RN re-entry programs and does individual approval of re-entry plans for others. The Board is in the process of developing regulations that will assist review of Clinical Nurse Specialist and Certified Registered Nurse Anesthesia programs, the latter of which also has its own national program accreditation process separate from the Boards of Nursing.



### What Types of Nursing Programs are not “Board Approved”?

The Board currently approves only programs that lead to licensure or certification. Examples of programs that are not Board approved include:

- Continuing education programs.
- PhD or DNP programs, unless completion leads to first licensure or certification.

- Registered Nurse First Assistant certification programs.
- Technician programs such as Pharmacy Tech, OR Tech, or Psychiatric Tech.
- RN-BSN programs.
- Other post-licensure programs, such as AD-MSN, BSN-MSN, MSN-PhD.

### What is the Difference Between Approval and Accreditation?

While these terms are sometimes used synonymously, they can be viewed as distinct. In general, approval of a program is a required process (approval by a state board of nursing or approval through the U.S. Department of Education, for example). Accreditation is defined in the Division 21 Oregon Administrative Rules as:

*A voluntary, non-governmental peer review process by the higher education community. For purposes of these rules, institutional accreditation applies to the entire institution, whereas nursing program accreditation applies to program accreditation by the CCNE or the NLNAC. [81-021-0005(1)]*

Although accreditation is considered voluntary for the school itself, it is frequently required in order for students to receive financial aid, licensure, or other state and federal services. Existing Oregon law, for example, requires that in order to be valid for public or licensed employment in Oregon, a degree must be earned at one of the following:

- An institution accredited by a U.S.

accreditor recognized as such by the U.S. Department of Education. Licensure by another state (except for the New York Board of Regents) does not by itself meet this standard.

- A foreign institution having the foreign equivalent of U.S.-approved accreditation as determined by ODA.
- A U.S. institution approved by ODA subsequent to evaluation.

### If the Board Doesn't Approve a Program, How is the Program Quality Evaluated?

For programs not approved by a board of nursing, it is helpful to look at the accreditations held by the college and/or the nursing program specifically. The accreditation held by the college or university overall will either be regional or national. A good source to identify those accreditation agencies that meet U.S. Department of Education standards is the Council for Higher Education (CHEA). Most colleges have a section of their website that lists accreditations held. Checking to see that the accreditation agency is recognized by CHEA is helpful.

For the nursing program specifically, seeking voluntary accreditation through either the Commission on Collegiate Nursing Education (CCNE) or the National for Nursing Accrediting Commission (NLNAC) shows the program's desire to meet a higher standard. If a program shows this accreditation is in place, it can be confirmed on the website of these accrediting agencies.

### How has the Increase in On-Line Programs Impacted Accreditation and Approval?

The increase in programs offered asynchronously or synchronously on-line has certainly raised questions about approvals and accreditation. Large

on-line programs may have students enrolled from any state or even around the globe. The responsibility for regulation of education programs rests with the states, however. In Oregon, the Office of Degree Authorization (ODA) has rules that apply to any program, in any state, that has Oregon residents enrolled. So, these programs need to seek the appropriate level of review from the ODA for the degree to be recognized in Oregon. This level of review is intended to be a protection for students enrolled in on-line programs.

Another impact from the increase in on-line or distance education is an increase in the number of agencies that claim to accredit these programs. One fraudulent on-line program lists three legitimate sounding accreditation agencies. Websites for these agencies can even be found. But, these agencies are not recognized by the U.S. Department of Education as legitimate accreditation bodies. Just looking at what a college website lists for their accreditation agencies is not adequate research before enrollment.

### What Are Some Resources that Address Accreditation and Approval Processes?

Here are some links that can be very helpful to consult when considering enrollment in any nursing program:

- Council for Higher Education: <http://chea.org/>
- Oregon Department of Education: <http://www.ode.state.or.us/home/>
- Oregon Office of Degree Authorization: <http://www.oregonstudentaid.gov/oda.aspx>
- Commission on Collegiate Nursing Education (CCNE): <http://www.aacn.nche.edu/ccne-accreditation>
- National League for Nursing Accrediting Commission: <http://nlac.org/home.htm>

Subscribing to one or more of the Board of Nursing public mailing lists, called a list-serv, is a quick and convenient method for its licensees and the public to keep abreast of the latest information on nursing scope-of-practice issues, nursing assistants, administrative rule changes, advanced practice issues and upcoming Board meetings.

Subscribers will receive regular e-mail updates regarding Board meeting agendas; upcoming Oregon Administrative Rule hearings affecting the OSBN and scopes-of-practice; CNAs; CMAs; RNs; LPNs; Nurse Practitioners; CNSs; and, CRNAs. The following are the internet links to visit to set-up your subscription:

#### Board meeting agendas:

[http://listsmart.osl.state.or.us/mailman/listinfo/osbn\\_bd\\_mtg\\_agenda](http://listsmart.osl.state.or.us/mailman/listinfo/osbn_bd_mtg_agenda)

#### Rule hearing notices:

[http://listsmart.osl.state.or.us/mailman/listinfo/osbn\\_rule\\_hearing\\_notif](http://listsmart.osl.state.or.us/mailman/listinfo/osbn_rule_hearing_notif)

#### Information regarding RNs and LPNs, including scopes-of-practice:

<http://listsmart.osl.state.or.us/mailman/listinfo/rnandlpn>

#### Information regarding Advanced Practice nursing:

<http://listsmart.osl.state.or.us/mailman/listinfo/aprnboardnews>

#### Information regarding CNAs and CMAs, including authorized duties:

<http://listsmart.osl.state.or.us/mailman/listinfo/cnaprogram>

**For more information, contact the OSBN office at 971-673-0685.**

## MAINTAINING PROFESSIONAL BOUNDARIES

**Sometimes, it can be difficult to know where the boundaries between clients and caregivers lie. The following are two examples of boundary problems.**



### **SCENARIO #1**

A co-worker tells you that she has something to show you. The co-worker retrieves her cell phone from her pocket and brings up her Facebook page. Even though her photos don't show anyone's face, you recognize the photos on her page as having been taken at your place of employment, and involving uncomplimentary images of your clients. What principles guide the nursing assistant's response to this situation?

*The nursing assistant must always act in the best interest of the client.*

Even though the clients or employment setting are not identified, this misconduct can have problematic consequences for the client and his/her family and friends. For example, an earlier post by the co-worker may have mentioned the employment setting. A client's relative, while searching the internet for the facility in order to obtain its contact phone number, may find the co-worker's post, causing them and the client emotional distress. Nursing assistants must avoid situations that could compromise the past, present, and future well-being of his/her clients (Aylott, 2011).

*Nursing assistants have an ethical and legal responsibility to maintain their client's privacy and confidentiality.*

Taking and sharing pictures of clients has the potential for long-term consequences for the client, the nursing assistant, and the employment setting. Violating a client's right to privacy (not having his/her name, picture, or private affairs made public without his/her consent) is a violation of the Nurse Practice Act; failing to respect the client's rights and dignity is conduct unbecoming a nursing assistant (Oregon State Board of Nursing, 2010). Clients need to be confident

that their most personal information and basic dignity will be protected by the nursing assistant (National Council of State Boards of Nursing, 2011b). Nursing assistants using social media must remain aware of professional boundaries and their client's privacy rights (Hader & Brown, 2010).

*The nursing assistant has a responsibility to report, to the appropriate authorities, unethical or illegal behavior of any healthcare provider.*

Failing to report unethical or illegal practice by any health care provider is conduct unbecoming for a nursing assistant (Oregon State Board of Nursing, 2010). If the nursing assistant witnesses unethical or illegal behavior, he/she is obligated to report to their supervisor and/or the state agency that provides protective services.

### **FAQs:**

**Question:** I am a CNA. Is it okay for me to "Google" my clients on my personal time?

*Answer:* Not a good idea. The internet can contribute to the blurring of professional boundaries. Any information gained could be perceived as influencing the care that you provide to the client. It is important to remember that online behavior is traceable.

**Question:** A family member of a recent client of mine in the hospital has sent me a request for an e-friendship. Should I accept this request?

*Answer:* Accepting this request could have untoward consequences in the future. You have already started



down the slippery slope of crossing the boundary by the giving the family member your personal information so that they could make this request. Establish clear, professional boundaries about who you connect with, and be cautious in disclosing personal information.

Check out [https://www.ncsbn.org/Social\\_Media.pdf](https://www.ncsbn.org/Social_Media.pdf) for more information on this topic.

**SCENARIO #2**

Another common dilemma for nursing assistants is how to respond when the client or the family of the client wants to give a gift to the nursing assistant. Clients and their families are frequently very thankful for the genuine, competent care given by nursing assistants. They want to thank the

caregiver(s). Nursing assistants cannot accept gifts or money from clients or their family members or friends (Alvare, Fuzy, & Rymer, 2009; Dugan, 2008 and Oregon Home Care Commission, March 2009). What principles guide the nursing assistant's response to this situation?

**Sick people may be dependent and vulnerable.**

When an individual is ill, they may feel upset and useless because that can't do the normal daily activities that bring them pleasure and self-worth. These feelings tend to increase, the more they have to depend on others to help them. Being admitted to a health care facility separates the individual from the people that give them their sense of love and belonging. This separation

may make the ill person vulnerable to the attention of a caregiver.

**No client should feel that they have to give gifts in order to receive care.**

The role of the nursing assistant is personal care. The nature of the nursing assistant's job gets them close to the client. It is a position of power and control over an individual and great caution must be taken to not take advantage of the individual during this vulnerable time. Nursing assistants are not to use the client relationship to exploit the client by gaining property or other items of value from the client for either personal gain or sale, beyond the compensation for services.

*continued on page 10*

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***The nursing assistant is the one who establishes and maintains the boundaries.***

It is the nursing assistant's responsibility to set and maintain boundaries. Clients should be able to count on the nursing assistant to act in their best interest and respect their dignity. It is always the responsibility of the health care professional to establish appropriate boundaries with present and former clients (National Council of State Boards of Nursing, 2011a).

***Repeated boundary crossings over a period of time will contribute to confusion between the needs of the nursing assistant and those of the client.***

Boundary violations can be unintentional. The nursing assistant should examine all client encounters for potential boundary conflicts (National Council of State Boards of Nursing, 2011a). Boundary violations can be brief, subtle breaches of conduct that do not cause distress for the nursing assistant or client until harmful consequences occur (National Council of State Boards of Nursing). Always act in the best interest of the client.

***Nursing assistants, who are overworked, have poor relationships at home, or who are prone to substance abuse may be more susceptible for boundary violations with clients.***

It is important for the nursing assistant to be aware of factors that may make them a higher risk for boundary violations. If the nursing assistant is unsure how to maintain a proper emotional distance from clients, he/she should seek help from their supervisor.



**Clients and their families are frequently very thankful for the genuine, competent care given by nursing assistants.**

**FAQs:**

**Question:** I am a CNA working with a client in her home. My client has offered to loan me money for my unexpected car repairs to make it easier for me to get to her home. Since the client would benefit, can I accept this loan?

*Answer: No, do not borrow money or property from the client under any circumstance.*

**2. Question:** I am a CNA. A recent client of mine in the nursing home has been discharged home. After the client was discharged, he sent flowers to

me as a thank you for the care that I provided him. What should I do?

*Answer: Report the gift to your supervisor. Your supervisor can provide guidance with facility policies and appropriate options for response to client. It is possible that the client could be re-admitted and if you accept the gift, it could lead to conflict in the future.*

**3. Question:** Is it ever appropriate for the nursing assistant to receive a thank you gift from a client?

*Answer: Report all offers of gifts to your supervisor. Your company policy may make it okay for a client to give a gift for the entire healthcare team to enjoy, e.g., a box of candy.*

Check out [https://www.ncsbn.org/ProfessionalBoundaries\\_Complete.pdf](https://www.ncsbn.org/ProfessionalBoundaries_Complete.pdf) for more information on this topic.

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## PLANNING FOR THE FUTURE

The current Certified Nursing Assistant (CNA) testing contract expires in April 2013. Employers and trainers of nursing assistants are invited to attend one of the following meetings to discuss current issues and trends in nursing assistant training and gather input for the next CNA Testing Contract.

**Baker City:** Thursday, Sept. 6, at Blue Mountain Community College Baker City Campus, 3275 Baker Street, Baker City.

**Florence:** Friday, May 18, at Lane Community College Florence Campus, Room 103, 3149 Oak Street, Florence.

**Hermiston:** Wednesday, Sept. 5, at Good Shepherd Health Care, Conference Center 2, 610 NW 11th, Hermiston.

**Portland:**

Thursday, July 26, at the Board of Nursing conference room, 17938 SW Upper Boones Ferry Rd, Portland.

Tuesday, Nov. 20, at the Board of Nursing conference room, 17938 SW Upper Boones Ferry Rd, Portland.

**Roseburg:** Thursday, April 26, at Umpqua Community College, Wayne Crooch Building Room 10, 1140 Umpqua College Rd, Roseburg.

All of the meetings will be from 9 a.m. to 3 p.m. You may register for one of the meetings by emailing penny.patterson2@state.or.us. Each person's attendance will be limited to one meeting only, to allow more individuals to provide input. There will be a limit of 20 participants for most of the meetings, so register early to reserve your preferred date.



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## Board Plans to Increase Late Renewal Fee

Nurses who choose to renew their licenses after their expiration date will pay more for the privilege as of August 1, 2012. Rather than pursue a civil penalty of \$50 a day for working without a license, the Oregon State Board of Nursing plans to raise the delinquent renewal fee from \$12 to \$100.

"We've been concerned by the number of nurses who are allowing their licenses to expire, but keep working. And, a \$12 penalty really isn't much of a deterrent," says OSBN Executive Director Holly Mercer. "Raising the fee to \$100 not only gets the message across that working without a license won't



be tolerated, but it also could save the nurse from having a civil penalty on his or her licensing record."

The change will affect only RNs, LPNs, and advanced practice nurses. The delinquent renewal fee is in place up to 60 days after a license expires; after that point, a nurse will have to pay a reactivation fee that includes fingerprints, the delinquent renewal fee, and face potential civil penalties if they have continued to work with an expired license.

The rule change is scheduled to appear before the Board for a vote during the June 21 Board Meeting. For more information on the rule hearing, visit the OSBN website at [www.oregon.gov/OSBN/draft\\_policies\\_rules.shtml](http://www.oregon.gov/OSBN/draft_policies_rules.shtml).

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## YOUR BOARD IN ACTION

*Highlights from the November 2011  
and February 2012 Board Meeting*

### RULES ADOPTED

The Board adopted proposed rule language in November 2011 to Division 2 of the Nurse Practice Act (OAR 851-02-0000) stating that no fees will be assessed while a licensee or certificate-holder is on active duty with the uniformed services of the United States. In addition, licensees or certificate-holders must notify the Board within 60 days of their honorable discharge.

In February 2012, the Board adopted proposed rule language to Division 62 of the Nurse Practice Act (OAR 851-062-0110(2)) regarding the renewal of medication aide certification.

### RULEMAKING—FIRST READING

The Board accepted proposed rule language during the February 2012 meeting to Divisions 45, 50, 52 and 54 of the Nurse Practice Act regarding Oregon students who are enrolled, or want to enroll, in nurse practitioner programs outside the Board's jurisdiction.

In addition, the Board accepted proposed changes to Division 2 to increase the delinquent renewal fee for LPN, RN, and advanced practice license applications from \$12 to \$100 (see story on page 13).

Rule hearings on the proposed changes will be held during the April 19, 2012 Board meeting.

### POLICIES ADOPTED

The Board approved a revision of the

existing policy entitled, "Authorized Orders for Client Care," and a new policy, "Standing Orders Used by RNs and LPNs." Both are products of the Nursing Practice Committee, and can be found on the OSBN website, [www.oregon.gov/osbn/Position\\_Papers.shtml](http://www.oregon.gov/osbn/Position_Papers.shtml).

### EDUCATION

During the February 2012 meeting, the Board approved the following school's RN education programs for up to eight years: Mt. Hood Community College's, located in Gresham; Walla Walla University School of Nursing, located in Portland; and, Clatsop Community College, located in Astoria. The Board also granted initial approval in February for a RN program at Sumner College, located in Portland. Approval for up to four years was granted to Concorde Career College's practical nursing program, also located in Portland.

The Board also approved in February the OHSU master's level and DNP nurse practitioner programs for six months, and directed that a second survey of the programs by Board staff be completed by August 31, 2012. In addition, a final overview survey was requested to be conducted no later than September 2013.

*For complete meeting minutes, please visit the OSBN website at [www.oregon.gov/OSBN/meetings](http://www.oregon.gov/OSBN/meetings). Board meeting agendas and rule hearing notices are posted on the OSBN website ([www.oregon.gov/OSBN/draft\\_policies\\_rules.shtml](http://www.oregon.gov/OSBN/draft_policies_rules.shtml)) at least 15 days*

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## NURSING PRACTICE

By OSBN RN/LPN Practice Consultant **Marilyn McGuire-Sessions, RN, MS**

# Nurses Wanted

## OSBN Nursing Practice Committee Now Seeking Volunteers

*The Oregon State Board of Nursing is looking for a few good nurses to replace several members of the OSBN Nurse Practice Committee (NPC) whose two-year commitments will end in June 2012. The committee is charged with revising, updating, and creating nursing practice policies for Board approval. Currently, the NPC is focusing on the use of standing orders in nursing practice.*



### **The committee's goals include:**

- Review/revise current OSBN practice policies, position statements and administrative rules, as directed and with the schedule set by the Board and Board staff, including responding to requests formally submitted using the "Request for OSBN Issue Review" form (available on the OSBN website).
- Respond, as directed by the Board, to the changing healthcare environment by addressing scope-of-practice issues and developing policies and position statements as needed.
- Discuss and deliberate scope-of-practice issues when requested, and make recommendations to the Board regarding specific issues.

Nurses who are selected to serve on the NPC will be forwarded to the Board for appointment during the April 2012 Board meeting. The term for new members would begin in June 2012 with the remaining meeting dates of:

- June 1, 2012
- September 13, 2012
- November 5, 2012

The application for the Nurse Practice Committee can be found at [www.oregon.gov/OSBN/pdfs/NPCmteApplication.pdf](http://www.oregon.gov/OSBN/pdfs/NPCmteApplication.pdf). For more information, contact OSBN RN/LPN Practice Consultant Marilyn McGuire-Sessions, MSN, RN, at [Marilyn.McGuire-Sessions@state.or.us](mailto:Marilyn.McGuire-Sessions@state.or.us).



By OSBN RN/LPN Practice Consultant *Marilyn McGuire-Sessions, RN, MSN*

## *RNs Now Considered Mandatory Reporters of “Non-Accidental” Injuries*

Thanks to House Bill 2014, passed in 2011, all Registered Nurses are now required to report non-accidental injuries that they discover during the course of their practice. Oregon law (ORS 146.750) defines non-accidental injuries as “physical injury caused by a knife, gun, pistol, or other dangerous or deadly weapon; or serious physical injury.”

The change means that Oregon Registered Nurses and advanced practice nurses are considered mandatory reporters of non-accidental injuries, which, in turn, extends the liability protections to all providers identified in the statute when making the mandatory report.

For example, this change in statute now affords protection for those RNs who perform sexual assault examinations where the above types of injuries may be encountered.


For more information, review the bill on the Oregon State Legislature website (<http://www.leg.state.or.us/11reg/measpdf/hb2000.dir/hb2014.en.pdf>) or e-mail [marilyn.mcquire-sessions@state.or.us](mailto:marilyn.mcquire-sessions@state.or.us).



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# DISCIPLINARY ACTIONS

Name	License Number	Discipline	Effective Date	Violations
Isela Paez Alvarado	201030066LPN	Suspension	11-16-11	Minimum 14-day suspension. Failing to cooperate with the Board during an investigation.
Janet M. Archer	201110582CNA	Suspension	1-18-12	30-day suspension with conditions. Client neglect and failing to perform CNA duties competently.
Katherine K. Balentine	000018596CNA	Voluntary Surrender	2-15-12	Client neglect and failing to communicate information regarding the client's status to the supervising nurse or other appropriate person.
Dana L. Barber	200410107CNA	Suspension	2-15-12	Minimum 14 day suspension. Failing to cooperate with the Board during an investigation.
Gary L. Becker	085080623RN	Voluntary Surrender	2-15-12	Physical condition that prevents him from safely practicing nursing.
Jay W. Bianco	077009690LPN	Suspension	1-18-12	Minimum 14-day suspension. Failing to cooperate with the Board during an investigation.
Angela L. Blake	200110467CNA	Probation	11-16-11	24-month probation. Using intoxicants to the extent injurious to herself or others.
Kelly J. Brannon	200512587CNA	Revocation	11-16-11	Using intoxicants to the extent injurious to herself or others, and failing to provide documents requested by the Board.
Debra S. Brewster	090003253RN	Suspension	2-15-12	60 day suspension with conditions. Client abuse, failing to maintain professional boundaries with a client, and failing to conform to the essential standards of acceptable nursing practice.
Christopher M. Breyer	200111060CNA	Voluntary Surrender	2-15-12	Violating a Board Order.
Jill J. Brown	201113009CNA	Probation	11-16-11	24-month probation. Using intoxicants to the extent injurious to herself or others.
Victoria M. Brown	000032429CNA	Revocation	11-16-11	Client abuse and neglect, and failing to perform CNA duties competently.
Mary T. Burns	095006251RN	Suspension	2-15-12	Minimum of 14 day suspension. Failing to cooperate with the Board during an investigation.
Repelita S. Caluya	088006462RN	Reprimand	2-15-12	Improperly delegating tasks of nursing care to unlicensed persons.
Nai Mai Chao	200913505CNA	Voluntary Surrender	1-18-12	Failing to respect client rights and dignity, and violating client privacy.
Angela D. Constantin	200811669CNA	Voluntary Surrender	2-15-12	Using intoxicants to the extent injurious to herself or others.
Robert L. Cousineau	200041483RN	Revocation	1-18-12	Incomplete recordkeeping, implementing nursing standards that jeopardize patient safety, and failing to conform to the essential standards of acceptable nursing practice.
Charles E. Couture	083038435RN/ 083038435CRNA	Voluntary Surrender	2-15-12	Failing to take action to preserve client safety, incomplete recordkeeping, failing to communicate client information to members of the health care team, and failing to conform to the essential standards of acceptable nursing practice.
David M. Davis	201011312CNA	Voluntary Surrender	11-16-11	Using intoxicants to the extent injurious to himself or others.
Lisa Davis	200913440CNA	Revocation	1-18-12	Exploiting the client relationship for personal gain and failing to cooperate with the Board during an investigation.
Erica L. Day	200541315RN	Reprimand	1-18-12	Performing acts beyond her authorized scope.
Cynthia M. Dove	086000079RN	Voluntary Withdrawal	11-16-11	Unauthorized removal of narcotics from the workplace, and failing to conform to the essential standards of acceptable nursing practice.
Anna M. Fladager	200440846RN	Suspension	11-16-11	Minimum 14-day suspension. Violating the terms and conditions of a Board Order.
Kelly Fletcher	201110939CNA	Suspension	2-15-12	Minimum 14 day suspension. Failing to cooperate with the Board during an investigation.
Dina L. Ford	091000386RN	Revocation	1-18-12	Failing to comply with the terms and conditions of the Health Professionals' Services Program.
Harriet A. M. Ford	200911978CNA	Suspension	1-18-12	Minimum 14-day suspension. Failing to cooperate with the Board during an investigation.

Name	License Number	Discipline	Effective Date	Violations
Susan R. Forsting	097006245RN	Voluntary Surrender	1-18-12	Failing to comply with the terms and conditions of the Health Professionals' Services Program.
Suzanne G. Franklin	200141129RN	Voluntary Surrender	1-18-12	Inaccurate recordkeeping, and violating the terms and conditions of a Board Order.
Aqeel A. Furqan	089006130RN	Voluntary Surrender	2-15-12	Conduct derogatory to the standards of nursing.
Lois M. Garner	201011394CNA	Voluntary Surrender	1-18-12	Violating the terms and conditions of a Board Order.
Deena M. Greene	200313405CNA	Revocation	2-15-12	Using the client relationship to exploit the client for personal gain.
Mark R. Gundersen	LPN Applicant	Application Denied	1-18-12	Using intoxicants to the extent injurious to himself or others and failing to answer questions truthfully during the licensure process.
Dawn R. Hall	097000164RN	Voluntary Surrender	2-15-12	Practicing nursing while impaired.
Heidi S. Haney	094006774RN	Probation	2-15-12	24-month probation. Using intoxicants to the extent injurious to herself or others.
Margaret E. Hicks	091003077RN	Probation	2-15-12	Probation extended an additional 12-months for violating a Board Order.
Mae V. Hunt	092003234RN	Voluntary Surrender	11-16-11	Falsifying a client record.
Duane M. Jenner	086000309RN	Voluntary Surrender	11-16-11	Failing to comply with the terms and conditions of the Health Professionals' Services Program.
Erik D. Jensen	093000371RN	Probation	2-15-12	24-month probation. Failing to comply with the terms and conditions of the Health Professionals' Services Program.
Freya M. Jones	201010813CNA	Revocation	2-15-12	Using intoxicants to the extent injurious to herself or others, and failing to cooperate with the Board during the course of an investigation.
Sandra A. Jones	000029232CNA	Revocation	2-15-12	Violating the terms and conditions of a Board Order.
Daja M. Juarez	200810569CNA	Revocation	2-15-12	Using intoxicants to the extent injurious to herself or others, and failing to cooperate with the Board during the course of an investigation.
Richard Kandoll	095003021LPN	Suspension	2-15-12	Minimum of 14 day suspension. Failing to cooperate with the Board during an investigation.
Sandra L. King	200912277CNA	Probation	2-15-12	24-month probation. Using intoxicants to the extent injurious to herself or others.
Roseanne La Mar Rogers	200741962RN	Reprimand	2-15-12	Failing to take action to preserve client safety, and failing to conform to the essential standards of acceptable nursing practice.
Ron D. Lapp	082011874RN	Voluntary Surrender	1-18-12	Violating the terms and conditions of a Board Order.
Neil Larocco	096006633RN	Probation	11-16-11	Two-year probation. Using intoxicants to the extent injurious to himself or others.
Sherry M. Larson	000036231CNA	Voluntary Surrender	11-16-11	Attempting to obtain unauthorized prescription drugs.
Ellen S. Lian	200230006LPN	Reprimand	1-18-12	Reprimand with conditions. Modifying standards of nursing practice, which jeopardize patient safety.
Victoria J. Lovio	200943303RN	Voluntary Surrender	11-16-11	Unauthorized removal of narcotics and supplies from the workplace.
Joseph W. Lucas	201011297CNA	Suspension	2-15-12	Minimum of 14 day suspension. Failing to cooperate with the Board during an investigation.
Rebecca A. Manley	200642001RN	Reprimand	1-18-12	Reprimand with conditions. Inaccurate and incomplete recordkeeping, and failing to conform to the essential standards of acceptable nursing practice.
Cathy D. Martin	097000245RN	Voluntary Surrender	11-16-11	Failing to conform to the essential standards of acceptable nursing practice.
Sandra J. Martin	080044587RN	Voluntary Surrender	1-18-12	Failing to answer questions truthfully during the licensure process.
Valerie K. Martinez	000024372CNA	Reprimand	2-15-12	Failing to respect client rights and dignity, client neglect, and failing to perform CNA duties competently.
Edward Martiszus	000038820RN	Application Denied	1-18-12	Violating the terms and conditions of a Board Order.
Marlene I. Meadows	200940077RN	Reprimand	11-16-11	Reprimand with conditions. Failing to conform to the essential standards of acceptable nursing practice.
Kimmie R. Melgarejo	201010949CNA	Probation	11-16-11	24-month probation.
Melissa R. Metcalf	200342015RN	Probation	2-15-12	24-month probation. Failing to comply with the terms and conditions of the Health Professionals' Services Program.

Name	License Number	Discipline	Effective Date	Violations
Carol Mikowski	090000249RN	Reprimand	2-15-12	Reprimand with conditions. Inaccurate and incomplete recordkeeping, and falsifying an agency record.
Edvard E. Miller	200930023LPN	Voluntary Surrender	2-15-12	Misrepresentation during the licensure process, failing to answer questions truthfully, and First Degree Criminal Mistreatment convictions.
Shirley A. Miller	200241947RN	Revocation	11-16-11	Failing to comply with the terms and conditions of the Health Professionals' Services Program, and failing to cooperate with the Board during an investigation.
Troy G. Monroe	200910407CNA	Revocation	11-16-11	Exploiting the client relationship for personal gain.
Cynthia K. Moran	200540023RN	Suspension	1-18-12	Minimum 14-day suspension. Failing to cooperate with the Board during an investigation.
Susan J. Musser	098006187RN	Voluntary Surrender	2-15-12	Violating the terms and conditions of a Board Order.
Michael L. Myers	200310964CNA	Reprimand	11-16-11	Reprimand with conditions. Engaging in unacceptable behavior toward a client.
Leanna Nolan	083043023LPN	Probation	11-16-11	24-month probation. Using intoxicants to the extent injurious to herself or others.
Keagan C. O'Brien	201110311CNA	Suspension	1-18-12	Minimum 14-day suspension. Failing to cooperate with the Board during an investigation.
Jerie E. Parish	200141850RN	Voluntary Surrender	11-16-11	Using intoxicants to the extent injurious to herself or others.
Steven L. Parker	000010272LPN	Reprimand	2-15-12	Reprimand with conditions. Implementing standards of nursing practice that jeopardize patient safety, and failing to conform to the essential standards of acceptable nursing practice.
Kathleen J. Phillips	081001871RN	Probation	2-15-12	24-month probation. Using intoxicants to the extent injurious to herself or others.
Lindsay A. Purcella	200312957CNA	Revocation	1-18-12	Using intoxicants to the extent injurious to herself or others, leaving an assignment without proper notification, client neglect, and failing to perform CNA duties competently.
Kimberly G. Rabine	201111358CNA	Reprimand	2-15-12	Leaving a nursing assistant assignment without properly notifying appropriate supervisory personnel, and client neglect.
Debbie L. Rediger	079011461RN	Voluntary Surrender	11-16-11	Failing to comply with the terms and conditions of the Health Professionals' Services Program.
Asia L. Reynolds	200711040CNA	Voluntary Surrender	1-18-12	Violating the terms and conditions of a Board Order.
Christopher N. Rice	081001590RN	Suspension	11-16-11	Minimum 14-day suspension. Failing to cooperate with the Board during an investigation.
Jonathan B. Roberson	200712513CNA	Revocation	11-16-11	Failing to comply with the terms and conditions of a Board Order.
Nicole Robustelli	200141391RN	Probation	2-15-12	24-month probation. Using intoxicants to the extent injurious to herself or others.
Gary A. Rogers	000028920CNA	Probation	2-15-12	Probation extended an additional 12-months for violating a Board Order.
Christina L. Santillan	200812701CNA	Revocation	2-15-12	Using intoxicants to the extent injurious to herself or others, and failing to cooperate with the Board during the course of an investigation.
Natasha Seeger	CNA Applicant	Application Denied	1-18-12	Previous convictions and for failing to answer questions truthfully during the certification process.
Karen L. Sercus	094006357RN	Voluntary Surrender	11-16-11	Using intoxicants to the extent injurious to herself or others.
J. Elida Sifuentez	000007387LPN	Reprimand	2-15-12	Reprimand with conditions. Performing acts beyond her authorized scope, and failing to conform to the essential standards of acceptable nursing practice.
Kananionapua Simmons	201040943RN	Voluntary Surrender	2-15-12	Failing to answer questions truthfully.
Elizabeth A. Smith	201010963CNA	Voluntary Surrender	2-15-12	Leaving a nursing assistant assignment without properly notifying appropriate supervisory personnel.
Linda M. Strawn	201041078RN	Voluntary Surrender	2-15-12	Failing to maintain client records in a timely manner, incomplete recordkeeping, and failing to conform to the essential standards of acceptable nursing practice.
Mary E. Sutton	095000375RN	Suspension	2-15-12	Minimum of 14 day suspension. Failing to cooperate with the Board during an investigation.
Virginia L. Tan	200942916RN	Probation	2-15-12	Probation extended an additional 12-months for a Theft conviction.

Name	License Number	Discipline	Effective Date	Violations
Abbalue Tarvins-Dunworth	201011630CNA	Reprimand	11-16-11	Reprimand with conditions. Client neglect and failing to perform CNA duties competently.
Brittany D. Thornton	201012355CNA	Suspension	11-16-11	Minimum 14-day suspension. Failing to cooperate with the Board during an investigation.
Buba Touray	200712352CNA	Revocation	2-15-12	Failing to cooperate with the Board during the course of an investigation and failing to answer questions truthfully.
Joana M. R. Underhill	200810462CNA	Revocation	11-16-11	Felony Sexual Abuse conviction.
Wanda K. Van Ortwick	078041320RN	Voluntary Surrender	2-15-12	Failing to take action to preserve client safety, performing acts beyond her authorized scope, and failing to conform to the essential standards of acceptable nursing practice.
Gayla Fae Vick	075008220LPN	Probation	2-15-12	Probation extended an additional 12-months for violating a Board Order.
Amy L. Wheeler	201042731RN	Reprimand	11-16-11	Failing to conform to the essential standards of acceptable nursing practice.
Heather M. Williams	200611662CNA	Reprimand	11-16-11	Client neglect and failing to perform CNA duties competently.
Carrie A. Withey	201041353RN	Suspension	2-15-12	Minimum of 14 day suspension. Failing to cooperate with the Board during an investigation.

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The Oregon Nurses Association (ONA) was founded in 1904 and is the largest and most influential nursing association in the state. In our over 100 year history, ONA has changed the face of nursing in Oregon by improving working conditions for nurses, advancing nursing practice, and protecting patients' rights.

**By becoming a member, you become part of our collective strength, enabling us to negotiate better wages, improve working conditions, influence policy, ensure the highest quality patient care, and protect nurses' rights in the workplace.**

We accomplish our work through three major program areas:

### Government Relations

ONA's Government Relations staff and volunteers advocate for the best working conditions for our members and the very best health care for our patients. We reach out to community partners, elected officials and other health care organizations advocating for these same goals. Advocacy work in Salem, and through candidate and issue campaigns, helps ONA achieve its policy goals to improve working conditions for Oregon nurses and health care for our patients. Together, our members make a difference in health care policy and legislation.



### Economic and General Welfare

The Economic and General Welfare Department of ONA supplies the legal infrastructure and expertise to registered nurses in over 55 bargaining units to negotiate and enforce professional contracts with their employers throughout Oregon. The contracts ONA nurses obtain raise the bar for wages, benefits, and other conditions of employment for all nurses across the state. More importantly, the contracts give nurses a voice in the workplace to address patient care and safety. Together, we make a difference for nurses in the workplace.



### Professional Services

ONA's Professional Services program provides expertise and consultation to members on a wide variety of nursing practice issues. The program represents the interests of the nursing profession on statewide coalitions, at the Oregon State Board of Nursing, and via partnerships with national and international nursing agencies. In addition, Professional Services coordinates a variety of Continuing Education offerings including conferences, workshops and webinars. They also participate in research that supports evidence-based nursing practice. Professional Services also works directly with ONA's two special interest groups: the Nurse Practitioners of Oregon and the Oregon Council of Clinical Nurse Specialists. Together, we make a difference for nurses and patients in all practice settings.



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