



OREGON BOARD OF NURSING
SENTINEL

[VO.35 • NO.2 • MAY 2016]

**SERV-OR: Advance Disaster
Preparedness Volunteer
Registry for Oregon**

**Feedback Sought
on Draft Revisions
to Standards and
Scope of Practice
for the LPN and RN**

**TO PRESCRIBE
OR NOT TO
PRESCRIBE –
What Constitutes
“Pharmacological
Management” and Does
Your Documentation
Support Your Decision?**

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7:30 a.m. - 4:30 p.m.

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- Kathleen Chinn, RN, FNP
- Beverly Epeneter, Ed.D., RN
- Barbara Gibbs, LPN, *Board Secretary*
- Colin Hunter, JD, *Public Member*
- Bonnie Kostelecky, RN,
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SENTINEL

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EDITION 30

2016 OREGON STATE BOARD OF NURSING MEMBERS



DONNA CAIN, CNA

Term: 6/1/10 – 12/31/12, 1/1/13 – 12/31/15

Ms. Cain is a CNA 2-Acute Care at Rogue Valley Medical Center and has more than 10 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.



COLIN HUNTER, JD

PUBLIC MEMBER

Term: 10/1/15 – 12/31/15, 1/1/16 – 12/31/18

Mr. Hunter is an attorney with the Angeli Ungar Law Group in Portland, Ore. He received his Bachelor's degree from Claremont McKenna College in Claremont, Calif., and his juris doctorate from the University of California, Berkeley, School of Law. Mr. Hunter resides in Portland, Ore.



KATHLEEN CHINN, RN, FNP

Term: 1/1/16 – 12/31/18

Ms. Chinn is a Family Nurse Practitioner with the PeaceHealth Senior Health and Wellness Center in Eugene, Ore. She received her Associate Degree in Nursing from Lane Community College in Eugene, Ore., and her Bachelor of Science in Nursing and Master's degrees from Oregon Health Sciences University in Portland, Ore. She has almost 20 years of nursing experience and resides in Eugene, Ore.



BONNIE KOSTELECKY, RN

BOARD PRESIDENT

Term: 6/1/12 – 12/31/14, 1/1/15 – 12/31/17

Ms. Kostelecky was most recently the Operations Manager for the Portland VA Medical Center Primary Care Clinic in West Linn, Ore. She received a BA in Nursing from Jamestown College, in Jamestown, N.D., and her Masters of Science in Community Nursing from OHSU. She serves in the Nurse Administrator position on the Board.



BEVERLY EPENETER, ED.D., RN

Term: 1/1/15 – 12/31/17

Dr. Epeneter is an Associate Dean of Nursing at the Linfield-Good Samaritan School of Nursing. She received her Nursing Diploma from Good Samaritan Hospital School of Nursing, her Bachelor of Science from the University of Oregon School of Nursing, her Master's degree in Nursing also from U of O, and her Doctor of Education from Portland State University. She serves in the Nurse Educator position on the Board.



BOBBIE TURNIPSEED, RN

Term: 1/1/16 – 12/31/18

Ms. Turnipseed is a staff nurse at St. Alphonsus Medical Center in Ontario and has more than 30 years of nursing experience. She received her Associate Degree in Nursing from Boise State University in Boise, Idaho. Ms. Turnipseed is one of two direct-patient care RNs on the Board. She resides in Ontario, Ore.



BARBARA GIBBS, LPN

BOARD SECRETARY

Term: 5/1/13 – 12/31/15, 1/1/16 – 12/31/18

Ms. Gibbs is a staff nurse at Good Shepherd Medical Center in Hermiston, Ore., and received her degree from Blue Mountain Community College in Pendleton, Ore. She serves in the LPN position on the Board and has more than 30 years of nursing experience.



RYAN WAYMAN

PUBLIC MEMBER

Term: 4/1/13 – 12/31/15, 1/1/16 – 12/31/18

Mr. Wayman is one of two public members on the Board. He is an executive senior partner at MassMutual Financial Group-Oregon and resides in Portland.

BOARD MEMBER OPENINGS:

The Oregon State Board of Nursing has current openings for a direct-care Registered Nurse and a Certified Nursing Assistant. Interested parties should visit the Governor's Boards and Commissions webpage (<http://www.oregon.gov/gov/admin/Pages/Boards-and-Commissions.aspx>) for information on how to apply.

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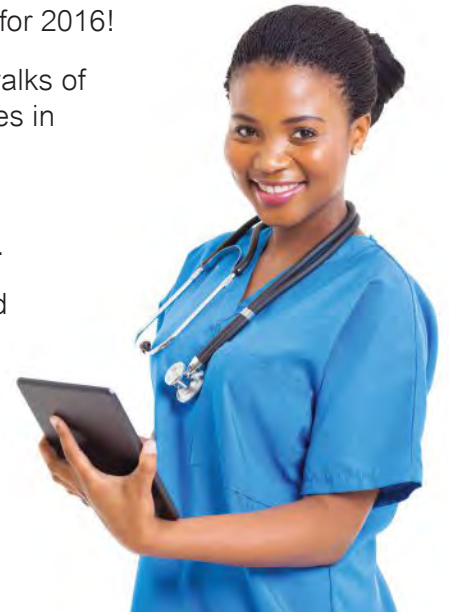
ONF offers a range of scholarships to ensure diverse individuals from all walks of life can afford to enter the nursing profession and pursue advanced degrees in nursing practice. Find the scholarship that is right for you and apply today.

- **The Centennial Education Scholarship** is awarded to new nursing students who are enrolled in an accredited nursing program in Oregon.
- **The ONF-Smith Education Scholarship** is open to individuals enrolled in an undergraduate or graduate nursing program.

ONF also works with the Nurse Practitioners of Oregon (NPO) to support the education of our colleagues, whether they are RNs seeking to become an NP or an NP who is continuing their education.

- **The NPO Nanette Clapper Memorial Scholarship** supports emerging NP leaders who are furthering their education.

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Oregon's Nurse Practice Act

By OSBN Consultant *Helen N. Turner, DNP, APRN, PCNS-BC, AP-PMN, FAAN*

TO PRESCRIBE OR NOT TO PRESCRIBE – What Constitutes “Pharmacological Management” and Does Your Documentation Support Your Decision?

Prescriptive authority is granted to Advanced Practice Registered Nurses (APRNs) in Oregon by the Legislature per Oregon Revised Statute (ORS) Chapter 678. These laws are defined in Oregon Administrative Rule (OAR) Chapter 851, Division 56 through the Oregon State Board of Nursing’s (OSBN) rulemaking process. Requirements for renewal of prescriptive authority are outlined in Division 56, section 0014. The OSBN receives frequent queries regarding the renewal requirements, especially about the “150 hours utilizing applied pharmacological management of patients.”

What practice behaviors count toward the 150 hours? Writing the prescription? Researching and considering potential drug-drug interactions? Consideration of non-traditional prescribing? Being sure the medication is within your scope of practice? Ordering and interpreting diagnostic tests? Patient education about the medication, expected results, possible side effects, how to properly store or destroy unused medication, follow up? The answer is ALL of these count toward the 150 hours.

What if you decide not to prescribe a medication? The expectation is you will consider many of the same things as mentioned above, but your decision is not to prescribe — this too is considered applied pharmacological management.

Patient assessment, diagnosis, and implementation of a treatment plan do not have to result in a written prescription to be considered pharmacological management. The assumption is that the same level of critical thinking and clinical judgement is used in deciding whether or



not to prescribe. However, your responsibility does not end with making this decision. It is imperative for an APRN with prescriptive authority to document the medical decision-making. Many of the discipline cases brought before the Board are due to inadequate documentation.

Excerpts from Division 56 (OAR 851-056-0014) of the Nurse Practice Act

- (3) (a) Evidence of active national certification for specialty role as required by applicable licensure, attesting to completion of continuing education required for maintaining national certification; or
- (b) 45 structured contact hours of continuing education in the two years prior to renewal of their license. At least 15 of the completed CE hours must be in pharmacotherapeutic content at the APRN level congruent with their specialty role; and
- (4) Evidence of a minimum of 150 hours utilizing applied pharmacological management of patients congruent with their specialty role within the two years preceding renewal; or
 - (a) Completion of a 45 contact hour pharmacology course within the two years preceding renewal which meets Board requirements; or
 - (b) Graduation from a clinical nurse specialist, certified registered nurse anesthetist or nurse practitioner program within the two years preceding renewal.

The APRN may be able to verbally articulate appropriate medical decision-making, but often it is not reflected in the charting.

When a complaint is filed with OSBN, the investigation process includes reviewing the records, interviewing witnesses and other personnel, and possibly a review by an expert in the same specialty. The APRN may be able to verbally articulate appropriate medical decision-making, but often it is not reflected in the charting. We've all heard (and probably even said), "If it isn't documented, it hasn't been done."

The documentation must include an assessment (history and physical), treatment(s) ordered, informed consent for treatment, and the rationale for each order. Patient education must also be documented with attention to potential impairment from either the medical condition or potentially sedating medications. Document safety review of the risks and hazards of impairment in relation to ability to perform potentially hazardous tasks such as falls, driving, using power tools, or operating heavy equipment.

OSBN investigators look for documentation to support the APRN's medical decision-making. Detailed documentation allows the investigators to put all the necessary pieces of the case together. The more information the investigators can obtain from the records, the less likely action will be taken against the APRN — as long as there is no violation of the nurse practice act.

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By *DeWayne Hatcher*, SERV-OR Systems Coordinator, Oregon Health Authority

SERV-OR: Advance Disaster Preparedness Volunteer Registry for Oregon

The State Emergency Registry of Volunteers in Oregon, aka SERV-OR, is looking for nurses, nursing assistants and other medical providers who want to be part of the state's response plan to disasters.



SERV-OR is part of a nationwide network of state programs designed to verify the qualifications of healthcare providers in advance, creating a volunteer pool capable of assisting in disasters, public health emergencies and public health improvement initiatives at the local and state level. The Oregon SERV-OR program is federally funded through the U.S. Department of Health and Human Services (HHS). HHS works with all states to establish common credentialing standards. SERV-OR operates and is organized within the Oregon Health Authority, Public Health Division, Health Security, Preparedness and Response program.

SERV-OR volunteers are able to serve as they choose, within their community, state or across state lines. During a Governor's declared disaster or public health emergency, registered SERV-OR volunteers deployed by the State of Oregon are covered for liability and workers compensation. In Oregon there are nearly 2,700 healthcare volunteers made up of licensed or certified healthcare providers. Over 1,100 of these volunteers are in nursing professions.

SERV-OR has two major divisions. The first division is the State Managed Volunteer Pool (SMVP). These SMVP volunteers are unaffiliated and operate as individual provider resources for the State of Oregon. The second division is the county-based Medical Reserve

those who are not – no matter how well intentioned. For example, during Hurricane Katrina, physical operations for the Louisiana Boards of Nursing, Medical Examiners, and Pharmacy were limited or shut down. Registering and verifying the credentials of health professional volunteers on-site immediately following a major disaster can be difficult or impossible. By registering in advance, valuable time is saved in emergency sit-

Most disasters, public health threats and medical emergencies are dealt with at the local level. The SERV-OR program provides Oregon the ability to quickly identify, contact, and deploy health professional volunteers during disasters and public health emergencies, such as mass vaccination clinics or trauma surge.

Corps (MRC) organizations. A volunteer can belong to one or both of these volunteer divisions.

Why pre-register? Taking advantage of a volunteer's time and capabilities presents a major challenge during an emergency response. We have learned much from recent large disasters in the U.S. It is common for large groups of people to travel to a disaster zone to volunteer medical assistance. In most cases, authorities are unable to distinguish those who are qualified from

uations and questions regarding liability protections are solved.

Most disasters, public health threats and medical emergencies are dealt with at the local level. The SERV-OR program provides Oregon the ability to quickly identify, contact, and deploy health professional volunteers during disasters and public health emergencies, such as mass vaccination clinics or trauma surge. Most recently in November of 2015, SERV-OR deployed 10 healthcare professionals to Douglas County for 16 weeks to

serve the community by providing cognitive behavioral therapies and case management for those dealing with the consequences of the tragic Umpqua Community College school shooting. Two of those invaluable healthcare providers were nurses.

Statewide efforts, exercises, and planning are also addressing large emergency events, such as a Cascadia Subduction Zone earthquake. For the past three years, SERV-OR has participated in a live large-scale exercise with volunteers, local hospital, county, state, military and emergency preparedness and response organizations. These exercises are meant to simulate earthquake and tsunami, providing a platform to practice a coordinated medical response. In 2015, SERV-OR deployed 40 civilian medical and behavioral health providers. SERV-OR strike teams are intended to augment and integrate into larger 12-person multi-organizational Medical Rapid Response Teams (MRRT), including the civilian Oregon Disaster Medical Team (ODMT) and the various specialized military first-responder groups. Training includes systems and environment, medevac, field triage, equipment, communications, establishing medical staging areas and patient collection points, performing primary and secondary triage, establishing a field hospital to hold patients and support medical evacuation. In June 2016, we will have increased our SERV-OR volunteers participating in the exercise to 60.

If you are interested in registering for SERV-OR, have questions or want more information about trainings, please visit our website at <http://public.health.oregon.gov/Preparedness/SERV-OR/Pages/index.aspx>, call 877-343-5767 or email serv.or@state.or.us.

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Feedback Sought on Draft Revisions to Standards and Scope of Practice for the LPN and RN

New definitions, practice-setting neutral terms, and new RN scope-of-practice standards are just a few of the changes being proposed in the revised Division 45 rules in the Nurse Practice Act (aka Oregon Administrative Rule 851-045). The Oregon State Board of Nursing is seeking feedback on the draft rules now, with a hearing for adoption tentatively scheduled for September.

Division 45 establishes acceptable levels of safe practice for the individual LPN and RN. These rules also serve as a guide for the Board in evaluating safe and effective nursing practice, and determining when nursing practice is below the expected standard of care. They also serve as a framework for the evaluation of continued competence in nursing practice.

The last substantive revisions to this Division of the NPA occurred in June 2008. The current draft's journey started June of 2014 as Board staff began drafting language that would better align Division 45's conduct derogatory standards with Division 63's *conduct unbecoming* standards for the Certified Nursing Assistant and Certified Medication Aide.

Stakeholder meetings were convened from September 2014 through August 2015 with Board staff providing updates on the draft rule activity and soliciting input at various stakeholder meetings and education outreach venues. As of this Sentinel publication date, the draft rules are available for review on the OSBN Board Meeting Notices, Agendas, and

The first new RN standard identifies education and supervision requirements for the RN in the role of registered nurse as first assistant.

Draft Rules webpage and remain open for public comment.

The following summarizes the proposed draft changes to date:

- Terms that infer facility or institutional based practice have been replaced with practice setting neutral terms.
- New scope of practice standards related to *safe practice, licensure level and role disclosure, and documentation of nursing practice* have been added that are applicable to all licensees.
- Scope of practice standards related to accepting and implementing orders have been expanded to identify from whom the licensee may accept and implement orders.

- Four scope of practice standards previously shared by all licensees are now codified separately for LPN level licensure and for RN level licensure. These are the standards related to:

- ethical practice, accountability for services provided, and competency,
- client advocacy,
- assigning and supervising care, and
- environment of care.

Two new RN scope of practice standards are proposed. The first new RN standard identifies education and supervision requirements for the RN in the role of registered nurse as first assistant. These are requirements formerly found in Board policy.

The second new RN standard identifies the authority of an RN who is employed by a school to accept orders from a licensed physician or osteopath in another state or US territory when the order is related to the treatment of a student who has been enrolled at the school for not more than 90 days. This standard reflects the requirements of House Bill 3149 of the 2015 Legislative Session.

Please take this opportunity to access and read the draft Division 45 rules. They can be retrieved at www.oregon.gov/OSBN/pages/draft_policies_rules.aspx. If you wish to provide input on the draft rules, please follow the directions posted on the webpage.

By OSBN Nursing Practice and Evaluation Policy Analyst **Gretchen Koch, MSN, RN**

YOU ASK – WE ANSWER

Common Questions Regarding the Oregon Nurse Practice Act

QUERY: *Can you tell me where I can find a clear explanation of the differences in scope of practice between LPNs and RNs? I get asked this frequently and I'm not entirely sure myself.*

DISCUSSION: The answers you seek are found within Oregon Administrative Rule Chapter 851 Division 45 *Standards and Scope of Practice for the LPN and RN*. This is the Division of the Nurse Practice Act that establishes acceptable levels of safe practice for the LPN and RN. When you read Division 45, you will note distinct differences between the two licensure levels. The following will address two of those differences.

The first difference in scope of practice is found in Division 45's scope of practice standards for the LPN related to *nursing practice implementation* or 851-045-0050(2). Nursing practice implementation for the LPN occurs under the clinical direction of an RN or under the clinical direction of a licensed independent practitioner (a health care professional authorized by the state of Oregon to independently diagnose and treat such as an MD or Nurse Practitioner). These standards apply to LPN practice in any setting and in any practice role. This means that there is no independent practice role for the LPN in Oregon.



- When under the clinical direction of a RN, the LPN's nursing practice is directed by the RN via the RN-authored plan of care for the client. The LPN engages in activities as assigned by the RN. The RN then holds responsibility to supervise the LPN to whom nursing activities are assigned by monitoring performance, progress, and outcomes.
- When under the clinical direction and LIP, the LPN's nursing practice is directed by the LIP-authored plan of care for the client.

This is in contrast to the RN level of licensure where there is no requirement for clinical direction or supervision; the RN may autonomously engage in nursing practice as allowed by the Nurse Practice Act. However, the RN's *context of care* may necessitate the RN's engagement in a supervised practice role (context of care is defined in Division 45). An example of this would be the RN in the role of Registered Nurse as first assistant.

The next distinction between the two licensure levels is found within the same scope of practice standards for nursing practice implementation. This distinction involves the depth and breadth of nursing assessment that may be completed by the licensee. The LPN may conduct a *focused assessment*. This is in contrast to the *comprehensive assessment* at the RN level of licensure. Both terms are defined in Division 45.

As you read Division 45, you will note additional differences in scope in practice between the two licensure levels. You will also find differences in the statutory definitions of *practice of practical nursing* and *practice of registered nursing* in ORS 678.010. You can access both Division 45 and ORS 678 from the OSBN home page www.oregon.gov/OSBN/, or from the Oregon Secretary of State webpage: http://arcweb.sos.state.or.us/pages/rules/oars_800/oar_851/851_045.html.

OREGON'S NEW NURSES EXPERIENCE JOB SEARCH SUCCESS

Oregon's newest nurses have overwhelmingly positive job search experiences, according to "Oregon's Newly Licensed Nurse Workforce," a new report released in February 2016 by the Oregon Center for Nursing (OCN).

"More than 80 percent of newly licensed nurses are working and of that 83 percent found their job within one to three months of being licensed as a nurse," says Jana R. Bitton, OCN's Executive Director. "Until this study, information on Oregon's newest nurses was largely anecdotal. We now have detailed information on what these nurses experience as they look for their first jobs."

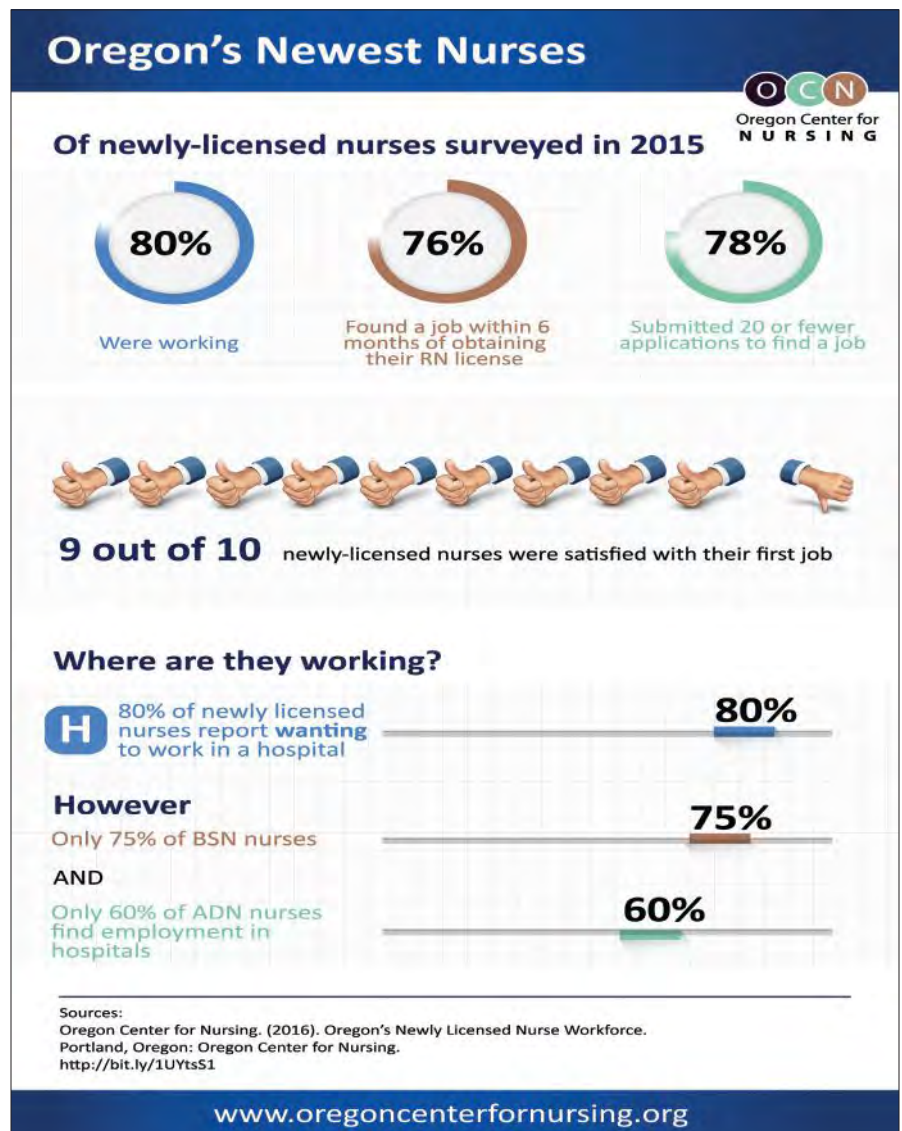
OCN conducted its study by contacting Oregon Registered Nurses who obtained their license in the past year via examination, an indicator they recently completed a nursing program. Survey participants provided information about their job search, current employment and where they would ideally like to be working.

"Data on the experiences new nurses have entering the job market is extremely important" Bitton says. "This information will help nurses leaving school understand what's ahead, assist nursing programs in preparing students for a changing healthcare environment and inform employers where new nurses are seeking and finding jobs."

The full study, "Oregon's Newly Licensed Nurse Workforce" is available to download on the Publications page of the OCN website. An infographic, highlighting key findings from the report, is also available.

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. OCN fulfills its mission through nurse workforce research, building partnerships, and advocating for nursing and healthcare. For more information about OCN, please visit www.oregoncenterfornursing.org.





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By OSBN Training & Assessment Policy Analyst *Debra K. Buck, RN, MS*

TESTMASTER UNIVERSE (TMU) MAKES NA/MA TEST SCHEDULING EASIER

The long-awaited TestMaster Universe[®], D&S Diversified Technologies LLP dba Headmaster’s comprehensive testing software program for Oregon nursing assistant (NA) and medication aide (MA) testing, is scheduled to go-live soon. Known as TMU, the software is Windows-based and was developed by Headmaster with faculty and students in mind.

BASIC PROCESS

Access, navigation, and data-entering is organized under various TABS. TMU refers to instructors or trainers as “Faculty,” test candidates as “Students,” and training programs are “Facilities.” Oregon State Board of Nursing (OSBN) approved faculty for NA and/or MA training programs will log-in with a unique email address and a PIN# that the instructor will

set for themselves. TMU will prompt the OSBN-approved faculty member to choose the appropriate discipline and Facility (training program) after log-in. ***No more remembering several different ID and PIN#’s.***

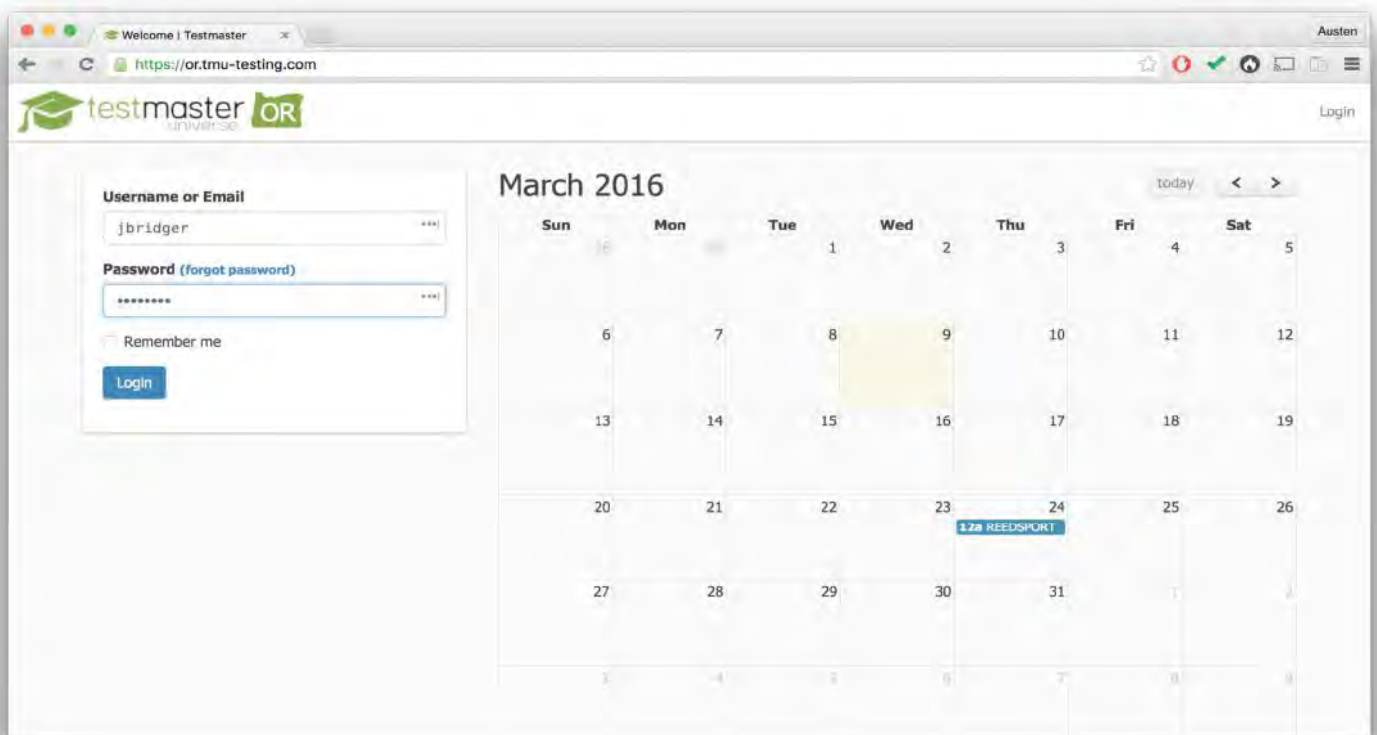
At the start of training, faculty of training programs will enter the same demographic information in the TestMaster Universe[®] database as they previously did using the WebEtest[®]

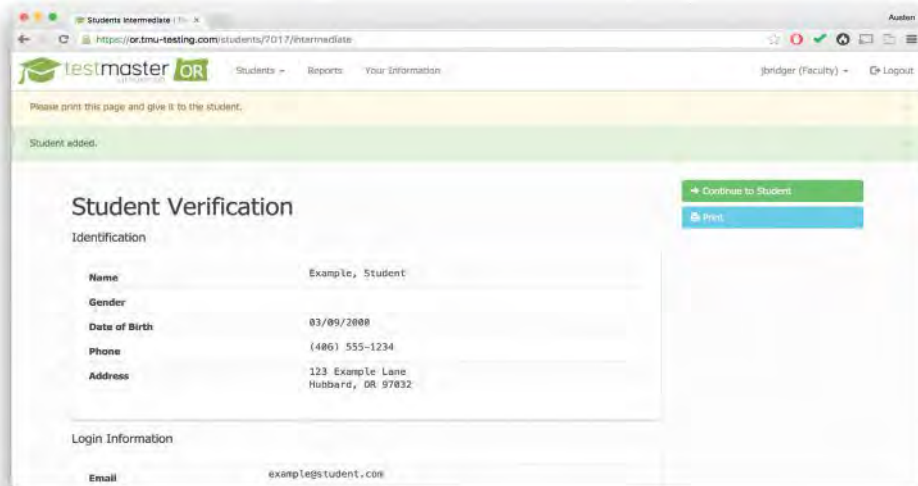
software. It is extremely important that the demographic data entered is accurate.

The Verification Form is still available with the demographic information entered for each candidate, which can be printed and given to the candidate to check that the information entered in the database is correct.

Once a student completes training, the Board-approved faculty enters the student’s training completion hours and date. The student’s certificate of completion is then available to print.

The On-Line Training Program Reports are available from the Faculty or Facility Report Tab.

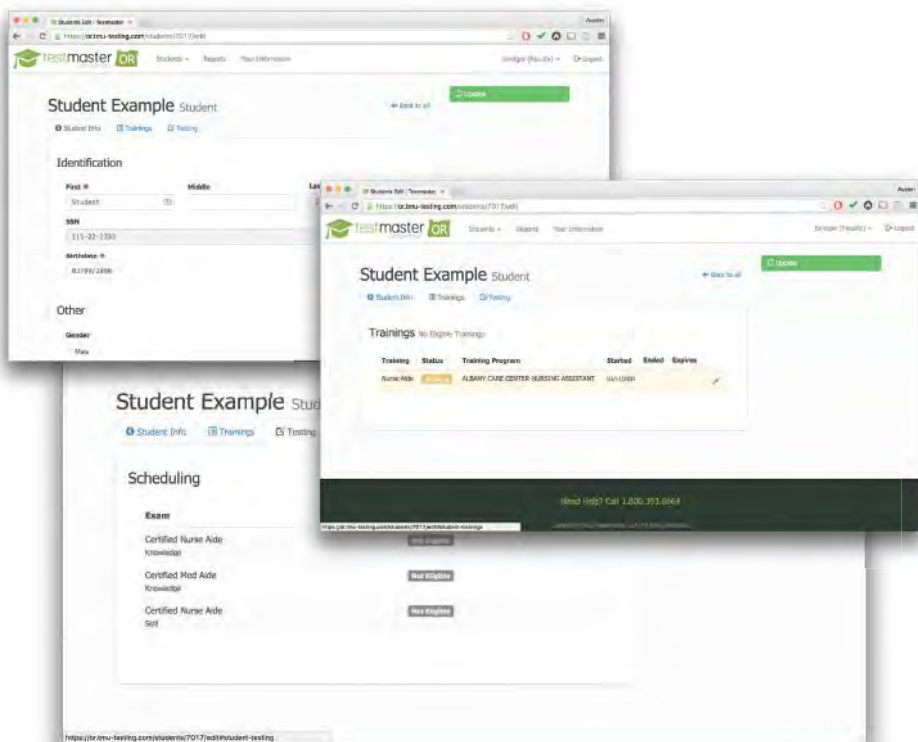




Students have access to their own record online, just like they did in WebEtest. They are able to log-in with their email address and PIN# (that they will set) and view if they have been released to test by OSBN. Once released/approved for testing, a test candidate can schedule a test date online or call Headmaster at 800-393-8664 for assistance. A test candidate using his/her unique email and PIN may view test results after 5:00 pm Pacific Time, the

same day Headmaster has scored a test. Headmaster staff is now working one-on-one with Board-approved training program faculty to give them a tour of the TMU functions and screens. The Headmaster staff welcomes calls and feedback about their services anytime at 1-800-393-8664.

For more information regarding CNA testing, please contact Debra Buck or Nancy Goodding at the OSBN office, 971-673-0685.



2016 OSBN BOARD MEETING DATES

05/11/2016 WEDNESDAY **4:30 PM**
OSBN Board Meeting via Teleconference
(Mostly Executive Session)

06/14/2016 TUESDAY **6:30 PM**
OSBN Board Meeting

06/15/2016 WEDNESDAY **8:30 AM**
OSBN Board Meeting (Mostly Executive Session)

06/16/2016 THURSDAY **8:30 AM**
OSBN Board Meeting

07/13/2016 WEDNESDAY **4:30 PM**
OSBN Board Meeting via Teleconference
(Mostly Executive Session)

08/10/2016 WEDNESDAY **4:30 PM**
OSBN Board Meeting via Teleconference
(Mostly Executive Session)

09/07/2016 WEDNESDAY **8:30 AM**
OSBN Board Meeting (Mostly Executive Session)

09/08/2016 THURSDAY **8:30 AM**
OSBN Board Meeting

09/09/2016 FRIDAY **8:30 AM**
OSBN Board Work Session

10/12/2016 WEDNESDAY **4:30 PM**
OSBN Board Meeting via Teleconference
(Mostly Executive Session)

11/15/2016 TUESDAY **6:30 PM**
OSBN Board Meeting

11/16/2016 WEDNESDAY **8:30 AM**
OSBN Board Meeting (Mostly Executive Session)

11/17/2016 THURSDAY **8:30 AM**
OSBN Board Meeting

12/14/2016 WEDNESDAY **4:30 PM**
OSBN Board Meeting via Teleconference
(Mostly Executive Session)

All Board Meetings, except Executive Sessions, are open to the public. All meetings are located at the OSBN Office, 17938 SW Upper Boones Ferry Rd, Portland.

By OSBN Education and Assessment Policy Analyst *Joy Ingwerson, MSN, RN, CNE*

GIVING BACK: Nurse Emeritus Status

The word “volunteer” is probably one that has a positive connotation for many and the number of hours nurses volunteer their time to help others is significant. As of January 1, 2016, a specific licensure category became available for the nurse who is ready to retire from paid employment, but still wants to utilize their nursing knowledge and years of experience in various settings. The license is for the nurse emeritus and allows for the nurse to enact a nursing role (at the Registered Nurse or practical nurse level) in a volunteer position.

Senate Bill 547, which was passed in 2015, builds on previous statutory language related to the retired nurse. To seek nurse emeritus status, the nurse must make a request to formally retire the license and apply for the nurse emeritus license. Both actions can be completed on one form, located on the OSBN website. There is no requirement to obtain a nurse emeritus license upon retirement, but if a licensee wishes to continue to practice nursing in retirement, the nurse emeritus license is required.

The nurse emeritus license is an option for those nurses who:

- Can attest to having at least 10,000 hours of lifetime nursing experience (approximately five years of full-time employment).
- Have held or currently hold an Oregon nursing license.

- Are ready to retire the nursing license.
- Have a specific area of volunteer practice in mind.
- Complete the required application form and submit the payment of \$50 (for the two-year renewal cycle).

Since the possible areas of practice for those with nurse emeritus status can vary greatly, each nurse applying for this license needs to provide the Board with a Professional Practice Competency Plan. The form for this plan is included with the license application, and two examples of how to complete the form are provided. The nurse defines where they intend to practice, how frequently the volunteer activity will occur, the typical duties expected, past experience in these areas and how competency will be obtained or maintained. The completion

of this form links to self-regulation by the nurse who is validating their competency and has a plan to maintain competency in the defined area of practice. See the example of a completed Professional Practice Competency Plan below.

A few individuals have sought this license type already in 2016 with practice taking place in a variety of settings. The following questions and answers may help others who might be considering a change of license status:

Q: What is the scope of practice for the nurse emeritus?

A: The nurse emeritus is held to the same scope of practice as the regular license which is found in The Nurse Practice Act.

Q: Is the nurse emeritus license a “real” license?

A: Yes. This is a recognized license type and is an active license. The individual holding the nurse emeritus license is allowed only to function in the area identified by the Professional Practice Competency Plan, however.

Q: What if a new volunteer opportunity

SAMPLE COMPETENCY PLAN

VOLUNTEER ACTIVITY PLANNED	PLANNED FREQUENCY OF ACTIVITY	TYPICAL DUTIES	PAST EXPERIENCE WITH THESE DUTIES	PLAN FOR ACQUISITION OR MAINTENANCE OF COMPETENCIES FOR THESE DUTIES	PLANNED DATE OF COMPLETION
Conduct B/P screening at local senior center	Not more than once a month for two hours	Take B/P's Conduct brief history review related to CV system and any pertinent medications Provide health teaching tools to selected individuals based on findings	Worked on a med-surg unit for 10+ years Have been providing these screenings for the last year	Review current American Heart Association guidelines related to B/P normals annually Review the US Preventive Service B/P Screening Guidelines annually Ensure all health teaching tools are evidence-based Observations of B/P technique at least once each year by another nurse	By birthday each year By birthday each year Before each screening session By birthday each year

arises that wasn't on the Professional Practice Competency Plan submitted at the time of application for nurse emeritus status?

A: The licensee would submit a new Plan to the Board for review outlining the new opportunity.

Q: What if a retired nurse only wants to be available to help in the event of a disaster situation?

A: Nurse emeritus status may be sought but is not needed. In a declared disaster situation, laws allow the appointed governmental officials to assign anyone to provide aid. A particular disaster relief organization may require a nurse to hold an active or emeritus license, however, to be sent to help in an area of need that may not be an official declared disaster area.

Q: Should I seek a nurse emeritus status license if I am going to be volunteering time for an average of 16 hours/month (960 hours in five years)?

A: This is up to the licensee. The number of hours would be enough to maintain the regular, active license. The cost to renew is less, however. The regular, active license allows one more options (could seek employed hours, for example).

Q: If I volunteer for an organization and they cover my costs to attend a training workshop, is that considered compensation? Does it impact my status as a volunteer with that organization?

A: No. The term "compensation" in the law would be seen as the typical compensation relationship between an employee and an employer

(wages). Covering the cost of training would be done by an organization for THEIR benefit rather than the benefit of the volunteer thus is not intended as compensation for the volunteer.

Q: How does the retired NP apply for nurse emeritus status?

A: The same application process is used as described above. The law as currently written does limit nurse emeritus practice to the scope of registered nursing or practical nursing, however.

For more information, please contact the OSBN office at 971-673-0685 or review information contained in the Nurse Emeritus License Application on the OSBN website: www.oregon.gov/OSBN/pdfs/form/LIC-115.pdf.

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MEET THE TEAM

The Board of Nursing is much more than just “that place where you get your license renewed every two years.” To achieve our mission of public protection, our team is hard at work approving educational and training programs, providing outreach presentations to employers and licensees, answering scope-of-practice questions, investigating possible violations of the Nurse Practice Act, maintaining our online systems, and, yes, issuing licenses. In each issue of the Sentinel, we’ll introduce you to two of the team members who make everything work.



GINGER SIMMONS

Although she’s only worked for the Board of Nursing since 2012, Administrative Assistant Ginger Simmons is no stranger to state service. She’s worked for four state agencies in the past 15 years, with a sprinkling of private sector positions added for variety.

Simmons is the daughter of an Air Force veteran and spent her formative years in New York, South Carolina,

Illinois, Ohio, and the Philippines. “My parents were from the Northwest, so when my father retired, they moved back here,” she explains. She received her Bachelor of Arts degree from Western Washington University in Bellingham, Wash., and has stayed in either Oregon or Washington since then.

She worked at several hospitals, including St. Joseph’s Hospital in Bellingham and Providence St. Vincent Medical Center in Beaverton, but has spent the bulk of her career at various Oregon state agencies. Simmons spent four years each at the Board of Investigators, the Mortuary and Cemetery Board, and the Racing Commission.

At the OSBN, Simmons supports the Nursing Education and Advanced Practice Policy Analysts. She assists licensees and the public in understanding the Board’s rules and directly interacts with Oregon’s Board-approved nursing programs to obtain data and necessary documentation. “All my knowledge of hospitals helps me here. I also have a good working knowledge of how state government works — how agencies operate. This is a good place for me,” she explains.

She also works closely with advanced practice online educational programs located throughout the country to help them meet the requirements for students in Oregon. “Although the program is located elsewhere, they must have faculty licensed in Oregon to perform onsite visits at the clinical site,” she explains. In addition, she supports the Board’s Advanced Practice Rule Advisory Committee and the Nursing Education Advisory Group. “The NEAG recently conducted a survey to

gather data regarding clinical placements in the state and now they’re interpreting the data. It’s been an interesting process.”

From what she’s seen through her work with the Board’s stakeholder groups, she’s inspired by the dynamic nature of nursing. “Nursing is a great place to be. The whole environment is changing so quickly. It’s exciting.”

In her spare time, Simmons spends time with her family and on agility training with her border collie-lab mix dog, named Jet. She’s learning to play the piano and guitar, and is putting her English degree to good use by writing children’s books. “I’m too chicken to publish,” she says with a laugh. “But I should. Maybe someday!”



SUZANNE MEADOWS

OSBN Nurse Investigator Suzanne Meadows joined the Board in 2004, but she enjoys the challenges of her job as much now as she did a dozen years ago. “Every case is a little different, which keeps things interesting,” she explains.

Although she grew up in the Pacific Northwest, Meadows chose the University of Wyoming in Laramie, Wyo., to obtain her Bachelor of Science in Nursing degree. "It was a great experience to be in such a small town, even though it could snow any day of the year." Living in such a rural community piqued her interest in community-based home health, which she practiced for a few years in a small town in Nevada and in Portland, Ore., before joining the Board as an investigator. "I liked home health, but I wanted the stability of working for the state," she says. "It was a good fit for my family at the time."

As an investigator, Meadows deals with cases in which a complaint has been submitted regarding a licensee. She gathers pertinent information

about the case and synthesizes it into a report that is presented to the Board during one of its monthly meetings. It's a role she takes very seriously.

"I interview licensees, employers, and witnesses, and gather information such as patient records or police reports. I also compare the facts I've gathered to the Nurse Practice Act. It all comes together to prepare the best report possible," she explains. "The Board trusts us to get the facts straight so that they can make the best decision possible. If we don't do our job, the Board can't do theirs."

Meadows says one of the best things about the job is that it demands that she keeps current with the nuances of various practice settings, as well as the standards of care within a setting. "We're

dealing with people's livelihoods. It's important to get it right."

The best advice she can give graduating nurses is to be true to themselves. "Own your practice, no matter what the pressures are," she says. "It can be difficult when you're new and dealing with employer policies and the dynamics in your unit. However, nurses need to understand the contract between themselves and the Board to abide by the Nurse Practice Act. It's that simple."

Meadows enjoys spending her down time with her family and summers in her flower garden. "I prefer vintage, old-fashioned flowers. Peonies are my favorite." An avid foodie, she also loves to cook; Pinterest is her main go-to for its wealth of recipes. "That's what I want to do when I finally retire—cook more!"

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YOUR BOARD IN ACTION

Highlights from the November 2015 and February 2016 Board Meetings

RULE HEARINGS

In November 2015, the Board adopted proposed rule language to Division 31 (Standards for Licensure of RNs and LPNs) to add a new license category for Nurse Emeritus. The new license type was approved during the 2015 Legislative Session and was to become available in January 2016.

The Board also adopted temporary rules for Division 56 (APRN Prescriptive and Dispensing Authority) in November to add definitions for “traditional” and “non-traditional” dispensing, and to remove references to the dispensing test. The rules were created in cooperation with the Oregon Board of Pharmacy.

In February 2016, the Board adopted proposed rule language to Division 52 (Standards for CRNAs). There was discussion regarding fluoroscopy education, and that APRNs must also abide by regulations adopted by other boards, such as the Board of Medical Imaging.

EDUCATION AND TRAINING

In November, the Board approved the Sumner College associate degree nursing program, located in Portland, for up to five years. The Board also approved membership changes to the OSBN’s APRN Rules Advisory Committee, and the creation of a stakeholder group to review CNA and CMA curriculums and rules.

In February, the Board approved the Oregon Health Sciences University’s Pediatric Nurse Practitioner program, located in Portland, for up to five years, and Rogue Community College’s Associate Degree nursing program, located in Medford, for up to eight years. NCLEX improvement plans were accepted from Breckinridge School of Nursing, George Fox University, Linfield-Good Samaritan School of Nursing, Treasure Valley Community College, and the University of Portland School of Nursing.

ADMINISTRATION

Board Officer elections for 2016 were held during the November meeting. Bonnie Kostelecky, RN, was elected President, replacing Gary Hickmann, RN, and Barbara Gibbs, LPN, will serve as Secretary, replacing Donna Cain, CNA.

The Board also reviewed and approved in February several legislative concepts for the 2017 Legislative Session. Most changes will update or clarify statutory language, although a placeholder was requested for the possibility of adding two additional members to the Board. The placeholder concept will be discussed further at the June 2016 Board Meeting.

For complete meeting minutes, please visit the OSBN website at www.oregon.gov/OSBN/meetings. Board meeting agendas, administrative rule hearing notices, and proposed rule language are posted on the OSBN website (www.oregon.gov/OSBN/draft_policies_rules.shtml) at least 15 days prior to each meeting.

MEET YOUR BOARD MEMBERS



Kathleen Chinn, RN, FNP, is a Family Nurse Practitioner with the PeaceHealth Senior Health and Wellness Center in Eugene, Ore. Ms. Chinn was confirmed by the Oregon Senate on November 19, 2015, replacing Max Tenscher, RN, FNP, in the Nurse Practitioner position on the Board. She received her Associate Degree in Nursing from Lane Community College in Eugene, Ore., and her Bachelor of Science in Nursing and Master’s degrees from Oregon Health Sciences University in Portland,

Ore. She has almost 20 years of nursing experience and resides in Eugene, Ore.

Bobbie Turnipseed, RN, is a staff nurse at St. Alphonsus Medical Center in Ontario and has more than 30 years of nursing experience. She received her Associate Degree in Nursing from Boise State University in Boise, Idaho. Ms. Turnipseed was also confirmed by the Senate on November 19, and replaced Linda Mill, RN, as one of two direct-patient care RNs on the Board. She resides in Ontario, Ore.



DISCIPLINARY ACTIONS

Taken during the February and March 2016 Board Meetings. Public documents for all disciplinary actions listed below are available on the OSBN website at www.oregon.gov/OSBN (click on 'Look Up a Nurse or Nursing Assistant').

Name	License Number	Discipline	Effective Date	Violations
Shannon M. Annis	200111127CNA	Reprimand	2-17-16	Jeopardizing the safety of a person under her care and leaving a nursing assistant assignment without properly notifying supervisory personnel.
David C. Ashpole	201310715CNA	Voluntary Surrender	2-17-16	Using intoxicants to an extent or in a manner dangerous to himself or others.
Amanda Bemis	201601189RN	Probation	2-17-16	12-month probation. Discipline received in Texas.
Jennifer S.R. Bevan	200412707CNA	Reprimand	2-17-16	Violating a person's rights of privacy and confidentiality.
Rebecca L. Bichler	200911461CNA	Revocation	3-23-16	Demonstrated incidents of dishonesty, and unauthorized removal of any property from any person.
Justin M. Birge	201242010RN	Probation	2-17-16	24-month probation. Failing to comply with the terms and conditions of the Health Professionals' Services Program.
Natalie K. Blevins	201405651CNA	Reprimand	3-23-16	Conduct unbecoming a nursing assistant.
Amy B. Bray	200530277LPN	Probation	3-23-16	24-month probation with conditions. Conduct derogatory to the standards of nursing.
Alyssa D. Brossman	201601219CNA	Probation	2-17-16	24-month probation. Using intoxicants to an extent or in a manner dangerous to herself or others.
Theresa L. Bunker	096006685N1	Reprimand	2-17-16	Failing to maintain professional boundaries with a client, violating the client's rights of privacy and confidentiality, and failing to conform to the essential standards of acceptable nursing practice.
Alice M. Cain	086006315RN	Voluntary Surrender	3-23-16	Practicing nursing while unable to perform due to a mental impairment.
Danielle D. Caldwell	200641214RN	Probation	3-23-16	24-month probation. Using intoxicants to an extent or in a manner dangerous to herself or others.
Caren M. Callaghan	201241854RN	Suspension	2-17-16	Minimum 14-day suspension. Failing to cooperate with the Board during an investigation.
Melissa J. Callahan	201140287RN	Reprimand	2-17-16	Reprimand with conditions. Failing to take action to preserve or promote client safety.
Amanda M. Ciraulo	201242934RN	Suspension	3-23-16	12-month suspension (with credit for eight months served), followed by probation for 24 months. Inaccurate recordkeeping, using intoxicants to an extent or in a manner dangerous to herself or others, and failing to conform to the essential standards of acceptable nursing practice.
John A. Clay	200441562RN	Revocation	3-23-16	Using intoxicants to an extent or in a manner dangerous to himself or others and violating the terms and conditions of a Board Order.
Kelcey L. Cochrane	200941507RN	Probation	2-17-16	24-month probation. Unauthorized removal of drugs from the workplace, and using intoxicants to an extent or in a manner dangerous to herself or others.
Lynn M. Counts	096007077RN	Reprimand	2-17-16	Failing to take action to preserve or promote client safety, failing to communicate information regarding client status to members of the healthcare team, and failing to conform to the essential standards of acceptable nursing practice.
Dina M. Dean	201141780RN	Probation	2-17-16	Six-month probation. Practicing nursing when unable to make decisions or perform procedures due to a psychological or mental impairment.
Lisa Dix	RN Applicant	Application Denied	3-23-16	Failing to provide requested documents to the Board and failing to cooperate with the Board during the course of an investigation.
Laura A. Flanagan	200540390RN	Voluntary Surrender	2-17-16	Practicing nursing when unable to make decisions or perform procedures due to a psychological or mental impairment.
Michael A. Forehand	RN/NP Applicant	Voluntary Withdrawal	2-17-16	Conduct derogatory to the standards of nursing.
Rebecca A. Forte	201403526RN	Voluntary Surrender	3-23-16	Violating the terms and conditions of a Board order.
Alan L. Freytag	094000387RN	Voluntary Surrender	2-17-16	Inaccurate recordkeeping, and failing to communicate information regarding client status to individuals who need to know.
Sylvia Garcia	000002013CNA	Voluntary Surrender	3-23-16	Failing to implement the plan of care and demonstrated incidents of abusive behavior.
Melissa L. Gibson	200542188RN	Application Denied	2-17-16	Convictions for crimes that bear a demonstrable relationship to the practice of nursing, and failure to provide requested documents to the Board.
Curtis J. Hamilton	200530045LPN	Revocation	3-23-16	Inaccurate and incomplete recordkeeping, obtaining unauthorized drugs, and failing to cooperate with the Board during an investigation.
Natalya V. Hasan	099000301RN/ 200450122NP	Voluntary Surrender	2-17-16	Misrepresentation in applying for a license, possessing unauthorized drugs, inaccurate and incomplete recordkeeping, and failing to conform to the essential standards of acceptable nursing practice.
Angielin M. M. Hill	201390028CNA	Probation	3-23-16	24-month probation. Conduct unbecoming a nursing assistant.
Debra J. Hill	201402748CNA	Voluntary Surrender	3-23-16	Misrepresentation during the certification process.
Sukanlaya Hughes	201506460RN/ 201506461NP-PP	Revocation	2-17-16	Misrepresentation during the licensure process, for practicing nursing while unfit, and failing to answer questions truthfully.
Barbara L. Jaques	000007868RN	Suspension	2-17-16	Minimum 14-day suspension. Failing to cooperate with the Board during an investigation.
Karen A. King	200010047CNA/ 200220057CMA	Voluntary Surrender	2-17-16	Using intoxicants to an extent or in a manner dangerous to herself or others.
John K. Kohl	096000317RN	Voluntary Surrender	2-17-16	Violating the terms and conditions of the Health Professionals' Services Program.
Julie L. Lacock	097000178RN	Suspension	2-17-16	180-day suspension. Violating the client's rights of privacy and confidentiality, inaccurate recordkeeping, failing to answer questions truthfully, and failing to conform to the essential standards of acceptable nursing practice.
Lori L. Linton-Nelson	086000481N6	Probation	3-23-16	Six-month probation. Performing acts beyond her authorized scope, failing to maintain professional boundaries with a client, and modifying standards of care which jeopardize patient safety.

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Name	License Number	Discipline	Effective Date	Violations
Jon Millen	RN Applicant	Voluntary Withdrawal	2-17-16	Conviction of a crime that bears demonstrable relationship to the practice of nursing.
Rita I. Murphy	088003117RN	Reprimand	3-23-16	Improperly delegating tasks of nursing care to unlicensed persons.
Jimmy Parks	201503932RN	Voluntary surrender	2-17-16	Misrepresentation during the licensure process and failing to answer questions truthfully.
Sarah J. Pizzi	200810019CNA	Suspension	2-17-16	Minimum 14-day suspension. Failing to cooperate with the Board during an investigation.
Janet L. Ranney	200811211CNA	Revocation	3-23-16	Using intoxicants to an extent or in a manner dangerous to herself or others.
Nathalie L. Rotz	201230192LPN	Voluntary Surrender	2-17-16	Violating the terms and conditions of a Board Order.
Cynthia Severin	201408616RN	Suspension	3-23-16	Minimum 14-day suspension. Failing to cooperate with the Board during an investigation.
Morgan Shook	201310679CNA	Voluntary Surrender	2-17-16	Demonstrated incidents of dishonesty, misrepresentation or fraud.
William J. Slack	200841915RN	Probation	2-17-16	24-month probation. Obtaining unauthorized drugs and practicing nursing while impaired.
Sharon M. Smith	200440299RN	Reprimand	2-17-16	Reprimand with conditions. Failing to take action to preserve or promote client safety.
Michelle A. Spangler	201241678RN	Probation	3-23-16	24-month probation. Unauthorized removal of drugs from the workplace.
Deborah L. Taylor	201243519RN	Voluntary Surrender	3-23-16	Unauthorized removal of drugs from the workplace.
Aloysius P. Velliquette	083038895RN	Voluntary Surrender	2-17-16	Inaccurate and incomplete recordkeeping, failing to supervise persons to whom nursing tasks have been assigned, and performing acts beyond his authorized scope.
Preston D. Walker	201391206CNA	Revocation	3-23-16	Demonstrated incidents of reckless behavior and dishonesty, using intoxicants to an extent or in a manner dangerous to himself or others, and failing to cooperate with the Board during an investigation.
Ashley R. Wiens	CNA Applicant	Voluntary Withdrawal	3-23-16	Conduct unbecoming a nursing assistant.



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