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SENTINEL

[VO.41 • NO 4 • FALL 2022]

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SEXUAL ASSAULT EXAMINATIONS PRACTICE STATEMENT UPDATED

This article presents recent Board-approved updates to the Oregon State Board of Nursing (OSBN) interpretive statement on the registered nurse (RN) who performs sexual assault examinations (SAE). This interpretive statement was originally adopted by the Board in 2003 and is designed to assist the RN in determining whether it is within their individual scope of practice to perform a sexual assault examination.

The interpretive statement is presented below in its entirety. Updates include:

- Statement on the responsibility of the RN whose practice role includes assigning the performance of a SAE to another RN.
- Statement on the responsibility of the RN whose practice role includes SAE-related policy development, revision and implementation.
- Inclusion of additional peer-reviewed authoritative references and the update of existing references.

You can find the policy on the OSBN website here: https://www.oregon.gov/osbn/documents/IS_Sane.pdf.

THE REGISTERED NURSE WHO PERFORMS SEXUAL ASSAULT EXAMINATIONS

Purpose

This Interpretive Statement is designed to assist the registered nurse (RN) in determining whether it is within their individual scope of practice to perform a sexual assault examination of a sexual assault victim. The definition of individual scope of practice is codified in Chapter 851 Division 006 of the Nurse Practice Act (NPA).

This Interpretive Statement is to be used in conjunction with OSBN's Scope of Practice Decision-Making Framework for the RN and the LPN which is retrievable at www.oregon.gov/osbn/Pages/interpretive-statements.aspx.

The abbreviations SAE for sexual assault examination, and SANE for Sexual Assault Nurse Examiner, will be used through this interpretive statement.

Background

The care of the patient who has experienced sexual assault is unique in that it requires both the provision of patient-centered comprehensive healthcare and the preservation of the evidentiary material that may be used by the criminal

justice system (International Association of Forensic Nurses, 2022; U.S. Department of Justice, 2013). Applied this means that in addition to holding accountability for the protection of the public and for the safety of their patient, the individual RN who performs a sexual assault examination also holds accountability for the proper collection and preservation of the evidentiary material that may be used by the criminal justice system. The individual RN who makes the decision to proceed with a sexual assault examination of a victim when such action is outside of the RN's individual scope of practice has prevented the prosecution of perpetrators.

It is the opinion of the Board that a SAE is outside the scope of practice of the LPN. While Oregon's NPA does not specifically prohibit the LPN from performing a SAE, the comprehensive examination and interpretation of collected data necessary to perform a prosecutable SAE exceeds the parameters of focused assessment allowed with LPN licensure.

Important: The Board's scope of practice decisioning framework should be utilized by the RN who engages in SAE policy development, implementation and evaluation, and by

the RN who assigns the performance of an SAE to another RN. Utilization of the decisioning framework promotes the authorship and implementation of prudent practice policies and the protection of persons receiving nursing services. RN policy development, policy implementation, and assignments made that are not consistent with the decisioning criteria presented in the Board's Scope of Practice Decision-Making Framework demonstrate conduct derogatory to the practice of nursing pursuant to OAR 851-045-0070. For example:

- Developing, modifying, or implementing policies that jeopardize client safety;
- Assigning persons to perform functions for which they are not prepared to perform or that are beyond their scope of practice, authorized duties, or job functions; and
- Aiding, abetting, or assisting an individual to violate or circumvent any law, rule or regulation intended to guide the conduct of nurses or other health care providers.

It is the opinion of the Board that a SAE is outside the scope of practice of the LPN. While Oregon's NPA does not specifically prohibit the LPN from performing a SAE, the comprehensive examination and interpretation of collected data necessary to perform a prosecutable SAE exceeds the parameters of focused assessment allowed with LPN licensure.

Application of Scope of Practice Decision-Making Framework

Application of the Scope of Practice Decision-Making Framework cues the nurse to identify the specific practice activity, intervention or role in question. Once identified, the nurse is prompted to answer a specific "yes" or "no" question concerning their self-identified activity, intervention or role.

Based on a nurse's response to the first question posed by the decisioning framework, the nurse will be directed to take one of two possible actions:

1. The nurse will be directed to STOP. When the nurse is directed to STOP, the activity, intervention or role is determined to be not within their individual scope of practice. Based on OAR 851-045 standards, the nurse is responsible to decline the assignment. Performing acts beyond the authorized scope or accepting an assignment when individual competency necessary to safely perform the assignment have not been established or maintained is juxtaposed to client safety and conduct derogatory to the practice of nursing.
2. The nurse will be promoted to proceed to the next question of the decision-making framework.

For the nurse who is prompted to proceed to the next question, the same decisioning framework applies. At any time, the nurse's response to a question directs a STOP, the

nurse must stop and not proceed with the activity, intervention or role as it is outside of their individual scope of practice based on the criteria presented in the question.

It is only when the nurse has been prompted to progress through all questions and responds "yes" to the final question, that the nurse may consider the activity, intervention or role to be within their individual scope of practice and appropriate to carry out to acceptable and prevailing standards of safe nursing practice.

The remainder of this Interpretive Statement presents the Scope of Practice Decision-Making Framework with the provision of specific information to be applied by the RN who is considering an assignment to perform a forensic examination of a sexual assault victim.

Identify, describe or clarify the activity, intervention or role under consideration.

The activity under consideration is an RN's performance of a sexual assault examination.

1. **Is the activity, intervention or role prohibited by the Nurse Practice Act laws and rules or any other applicable laws, rules, regulations or accreditation standards?**

Oregon's Nurse Practice Act

Oregon's NPA does not preclude the performance of a SAE from the scope of practice of the RN. As such, it is the opinion of the Board that a SAE is within the scope of RN licensure when the requirements of the decision-making framework are met by the individual RN.

Laws and Rules or any other Applicable Laws, Rules, Regulations or Accreditation Standards

There are no prohibitions from other Oregon health care licensing Boards regarding the RN licensee performing a SAE or functioning as a certified Oregon Sexual Assault Nurse Examiner (SANE).

2. **Is performing the role, intervention or activity consistent with professional nursing standards, evidence-based nursing and other health care literature?**

International Association of Forensic Nurses (IANF) has published an authoritative body of literature and knowledge specific to the SANE and related topics. Publications include Sexual Assault Nurse Examiner Education and Certification (2022); Sexual Assault Nurse Examiner Education Guidelines, Adult and Pediatric (2018); Forensic Nurse Death Investigator Education Guidelines

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(2013); Intimate Partner Violence Nurse Examiner Education Guidelines (2020); and Core Competencies for Advanced Practice Forensic Nursing (2004).

The American Nurses Association (ANA) in conjunction with the IAFN has published *Forensic Nursing: Scope and Standards of Practice*, 2nd ed. (2017).

The peer-reviewed publication of the IANF, *Journal of Forensic Nursing*, contains empirical studies, review and theoretical articles, methodological and concept papers, and case reports that address the provision of care to victims and perpetrators of violence, trauma, and abuse.

The US Department of Justice has also established National Training Standards for Sexual Assault Medical Forensic Examiners and professional certification exists for both the Adult and Pediatric SANE. As such, it is the opinion of the Board that the performance of a SAE by an RN is consistent with professional nursing standards, evidence-based nursing and health care literature.

3. Are there practice setting policies and procedures in place to support the nurse’s performance of the activity, intervention or role?

Institutional, organizational or facility policies and procedures must be formulated to adhere to prevailing rules and regulations of the state of Oregon; e.g., Oregon Revised Statutes (ORS) 147.403 Policies, guidelines and training requirements for providers of medical care to sexual assault victims and prevailing Federal regulations for hospitals in the Veterans Administration System.

Institutional, organizational or facility policies may not supersede state and federal requirements. Any policy that describes the education, training, and competency validation for an RN performing a sexual assault examination contrary to the Oregon SAE/SANE Certification Commission is in violation of the requirements of the Oregon State Attorney General.

4. Has the nurse completed the necessary education to safely perform the role, intervention or activity?

The Oregon SAE/SANE Certification Commission has established standards for the training and education requirements required of all Oregon RNs who wish to perform SAE. The commission has also established SANE certification requirements to ensure that RNs have the necessary training and qualifications to provide medical forensic care that meets the highest standards using a victim-centered approach. The Oregon SAE/SANE Certification Commission is the determiner if the RN requesting to perform SAE has met the standards.

While the OSBN has no jurisdiction regarding SAE educational requirements, an OSBN staff member

holds a position on Oregon SAE/SANE Certification Commission and serves as a liaison between the Board and the Commission.

5. Is there documented evidence of the nurse’s current competence (knowledge, skills, abilities and judgment) to safely perform the role, intervention or activity?

Pursuant to statute, the Oregon SAE/SANE Certification Commission is responsible for the state certification of RNs who perform SAE. The Commission also maintains a record of RNs who hold current OR-SANE certification.

While it is not required in Oregon to be a Certified SANE in order to perform a SAE, RNs without certification must provide proof of current SANE competency that is congruent with the Commission’s standards. The Oregon SAE/SANE Certification Commission is the determiner if the RN requesting to perform SAE has met the standards.

6. Does the nurse have the appropriate resources to perform the activity, intervention, or role in the practice setting?

Pursuant to oar 851-006, the term appropriate resources means the human and material support necessary to perform the activity, intervention or role safely, including any necessary emergency management.

7. Would a reasonable and prudent nurse perform the role, intervention or activity in this setting?

A reasonable and prudent nurse is one that uses good judgment in providing nursing care according to accepted standards and that another nurse with similar education and experience in similar circumstances would provide (National Council of State Boards of Nursing, 2016, p. 21).

National and state standards for education and competency verification exist and are required in Oregon. National and State certification programs exist. Therefore, it is the opinion of the Board, that performance of an SAE is an activity that a reasonable and prudent RN who has followed statutorily required education and training would perform.

8. Is the nurse prepared to accept accountability for the role, intervention or activity for the related outcome?

The individual RN remains accountable for their nursing actions and for the outcome of nursing services provided. The RN who proceeds to perform a SAE understands the requirements of the assignment. Education, training, competency validation can provide the RN the knowledge of how to manage consequence whereby appropriate, effective, and timely application of consequence management becomes an RN self-regulatory issue.

Summary

The RN whose answer to each respective question posed prompts progression through all questions, including a “yes” response to the final question, may consider the performance of a sexual assault examination to be within their individual scope of practice and appropriate to carry out to acceptable and prevailing standards of safe nursing practice.

For information on the SANE and the Medical Screening Examination (MSE) required under the Emergency Medical Treatment & Active Labor (EMTALA) Act of 1986, please review the OSBN EMTALA Interpretive Statement.

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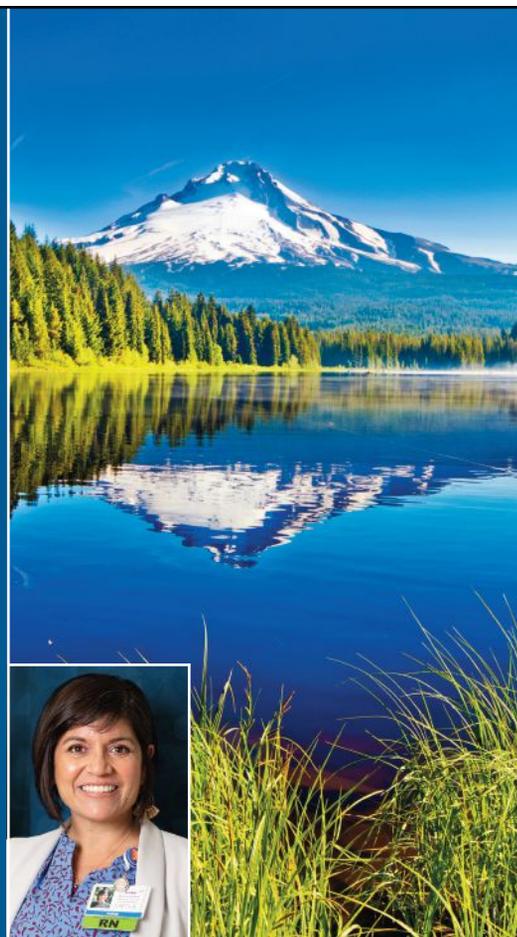
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— Dawn Opbroek, RN, BSN, CEN,
Nurse Manager Emergency Dept.



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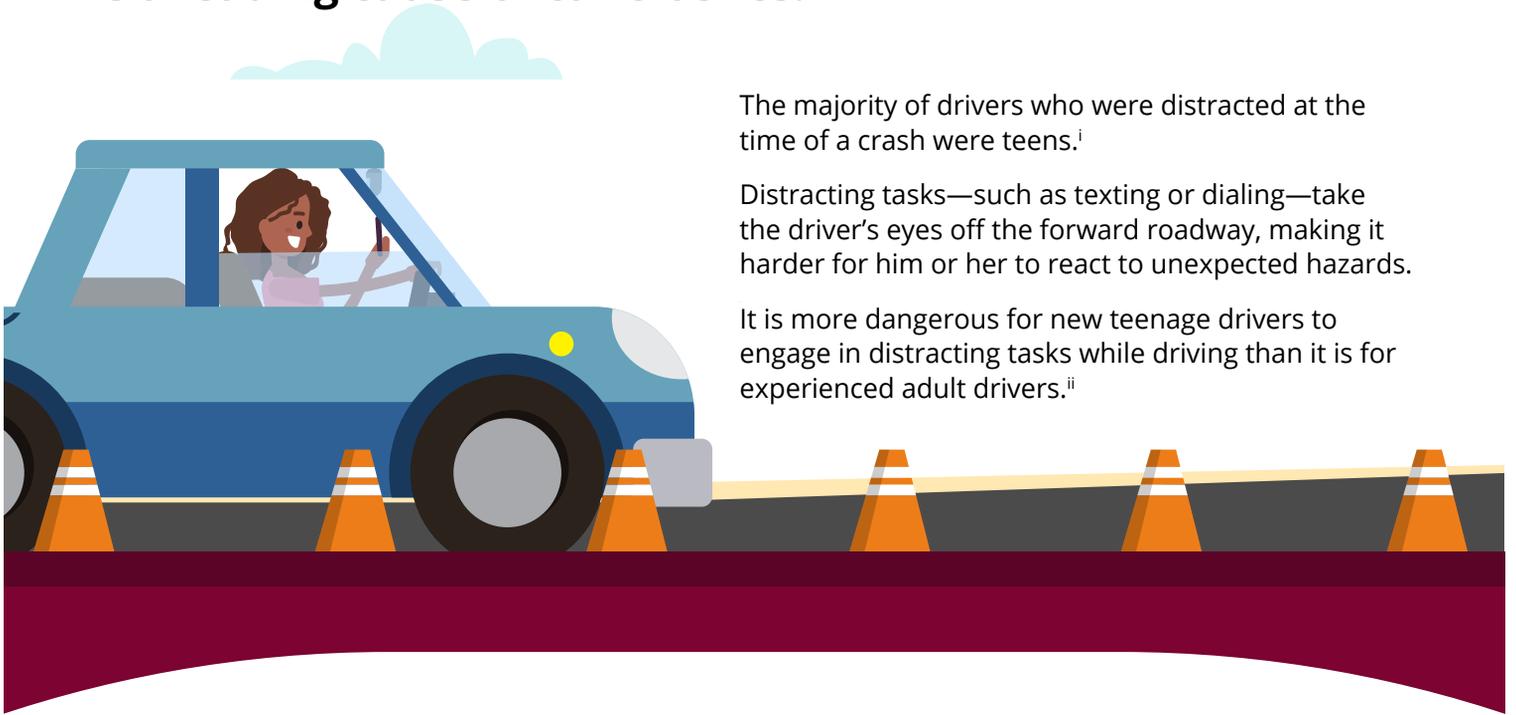
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What You Should Know About Distracted Driving

Distracted driving, also called driver inattention, is a leading cause of car crashes.



The majority of drivers who were distracted at the time of a crash were teens.ⁱ

Distracting tasks—such as texting or dialing—take the driver’s eyes off the forward roadway, making it harder for him or her to react to unexpected hazards.

It is more dangerous for new teenage drivers to engage in distracting tasks while driving than it is for experienced adult drivers.ⁱⁱ

Tasks that take the driver’s eyes off the forward roadway, including reaching for things, increase crash risk!ⁱⁱⁱ



Sending or checking texts



Using a phone to make a call, check social media, take pictures, or play music



Looking at a map or GPS app



Eating or drinking



Talking to passengers, especially other teens



Adjusting seats, windows, mirrors, or a radio



Eunice Kennedy Shriver National Institute of Child Health and Human Development



OREGON PDMP UPDATE 2022

This summer the Oregon Secretary of State (SOS) Office released a follow up audit to their original report (2018) of the Oregon Health's Authority's (OHA) implementation of the Prescription Drug Monitoring Program (PDMP). The original SOS audit made 12 recommendations to the OHA with the goal of continuing to reduce inappropriate use and misuse of opioids in our state.

This most recent audit found that of the 12 original recommendations only four had been fully implemented and three only partially implemented. This most recent report points to needed changes in Oregon Regulatory Statute, in order to maximize continued regular use of the PDMP by prescribers.

Recommendation Implementation Status

1. **Implemented**-Maintain an ongoing partnership with health licensing boards to target outreach efforts to get all required prescribers registered with the PDMP.
2. **Implemented**- Provide guidance, including examples, to prescribers on ways to integrate accessing the PDMP database into their daily workflow.
3. **Implemented**- Verify practitioner specialty information with the respective health licensing board and update the PDMP database with this information.
4. **Not implemented**-Develop a process for, and facilitate the sharing of, data between PDMP and Medicaid to help ensure completeness of PDMP prescription history and to allow Medicaid to better monitor the prescription behavior of its clients. Legislation will need to be brought forward to impact this recommendation to allow Medicaid to better monitor their patient prescriptions.
5. **Partially implemented**-Identify and propose drugs of concern, such as gabapentin, to the Board of Pharmacy and Legislature that should be added to the state's-controlled substance schedule and collected by the PDMP. As of January 2020, Gabapentin prescriptions in Oregon are now tracked with the implementation of HB 2257. While there is no current procedure for adding specific medications to the PDMP, language could be added to existing legislation to formalize this process.
6. **Implemented**-Work with the PDMP vendor and the Board of Pharmacy to make sure prescriptions made by X-waivered prescribers are included in the PDMP database.
7. **Partially implemented**- Expand statutes to allow the PDMP to conduct and share analyses on prescription data, including:
 - Analyzing prescriber, pharmacy, and patient prescription practices. (Implemented with HB 2257. Prescriber reports are generated quarterly displaying prescribers' prescriptions compared to their peers in the same specialty area of practice.)
 - Making prescriber report cards available. (Implemented with HB 2257. These detailed reports indicate prescribers with high volumes of opioid fills, patients who received an opioid from four or more prescribers in the last six months, high numbers of recent opioid fills, and the number of patients who received both an opioid and benzodiazepine prescriptions filled in the same month.)
8. **Not implemented**-Seek legislative action to address the issue of prescribers not registering with the PDMP as required and pharmacies not submitting corrected data within statutory requirements. Legislation will need to be brought forward to impact this recommendation; however, the Nurse Practice Act in Division 55 requires all APRNs with DEA licenses to register with the PDMP.
9. **Not implemented**-Provide further authority to the Clinical Review Subcommittee to require the justification of practices

deemed concerning and allow the collaboration with licensing boards and law enforcement for concerning practices. Legislation will need to be brought forward to impact this recommendation; law enforcement and regulators cannot access PDMP data on providers or patients without a court order or an active board investigation.

10. Not implemented- Expand authority for other professional and state entities authorized access to PDMP information. Legislation will need to be brought forward to impact this recommendation; patient and provider privacy concerns are delaying expanding authorized access to other entities

11. Not implemented- Require and set parameters for when prescribers must query the PDMP database to review a patient's prescription history. This should include, at a minimum, requiring the querying of the PDMP database prior to prescribing controlled substances and substances of concern, and for dispensers to query the database prior to issuing a medication and periodically while the patient is taking those medications. Legislation will need to be brought forward to impact this recommendation; PDMP Advisory Commission is in favor of mandatory use of the PDMP.

12. Partially implemented- Allow for additional information to be collected by the PDMP. This should include:

- prescriptions for Schedule V controlled substances and other drugs of concern;
- applicable prescriptions from other types of pharmacies, not solely retail pharmacies;
- applicable prescriptions prescribed by veterinarians;
- method of payment used to pay for the prescription;
- patients who are restricted or have a "lock-in" to a single prescriber and a single pharmacy for obtaining

controlled substances; and,

- diagnosis code related to the prescription. (The diagnosis code related to the controlled substance prescription is now reported to the PDMP, implemented with HB 2257. All other aspects of this recommendation require legislation brought forward to impact this recommendation.)

Where do we go from here?

Individual APRN prescribers have the ability to practice prudent controlled substance prescribing practices in order to prevent misuse, abuse, and diversion of these medications. With the upcoming legislative session in 2023, these continued PDMP recommendations from the SOS will likely become the requirement in ORS. We continue to make progress here in Oregon and opioid prescribing has dropped here and nationwide. However, our work continues more than ever more with clients dying from illicitly manufactured fentanyl and fentanyl analogs.

APRNs are urged to:

- Register with the PDMP.
- Regularly review your individual patient PDMP report prior to prescribing.
- Consider becoming an X waive provider.
- Improving care for patients with pain and substance use disorders.
- Provide access and information on

harm reduction for at risk clients by:

- Prescribing naloxone.
- Syringe services.
- Fentanyl testing strips.
- Work collaboratively with others to provide community and state efforts to improve outcomes and save lives.

For more information:

- Oregon Health Authority Recommendation Follow-up Report Some Constraints Still Remain in Oregon's Prescription Drug Monitoring Program
- 2019-Final-Legislative-Report-002.pdf (oregonpharmacy.org)
- Oregon Secretary of State Administrative Rules
- End the Epidemic (end-overdose-epidemic.org)

References

- ¹Oregon Health Authority Recommendation Follow-up Report Some Constraints Still Remain in Oregon's Prescription Drug Monitoring Program
- ²2019-Final-Legislative-Report-002.pdf (oregonpharmacy.org)
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A NEW LOOK FOR OSBN ONLINE LICENSING SERVICES

The Oregon State Board of Nursing is pleased to announce the launch of our new online licensing portal. The new portal is part of the OSBN's switch to the new ORBS database, which has been mentioned in previous issues of Sentinel in 2022.

The new portal launched October 10 and improves the licensing experience for licensees and applicants. It allows licensees to upload documents and manage their own information whenever it suits their schedule.

Some highlights of the new nurse portal:

- Licensees can reset their own passwords and generate their own account validation emails (if the first one goes astray).
- Every application type is available in the portal, eliminating paper applications.
- License and certificate holders can log in at any time of the day or night to update their personal information, submit a name change, or manage their employment history.
- The application status wizard is no longer a separate link; it's built into the nurse portal, so applicants can log into their account to check the progress of their application.
- Licensees can use the portal's message center to send and receive secure messages to the OSBN.
- If an applicant discovers that they've made a mistake entering information (before payment), they can delete the entire application and start over.
- Supporting documents may be uploaded directly to the Board within the portal instead of having to email or mail them separately.
- Payments are processed in real-time.

Please note that all previously existing online accounts have been deleted; users will need to create a new user profile before logging in for the first time.

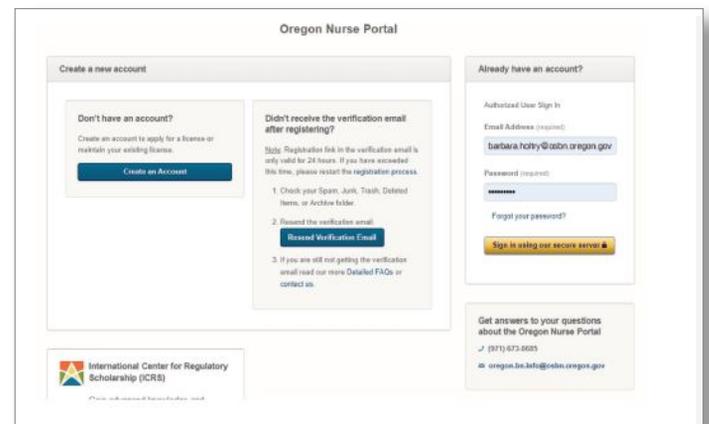
In addition, users should sign up with a personal email address to establish their account; emails sent to their work or school email may be blocked by the institution. Mobile devices

(smart phones/tablets) are not supported.

In addition to the licensing portal, four other OSBN online services have been updated:

- the OSBN verification system
- complaint portal,
- graduate portal for nursing program deans and directors, and
- the employer verification subscription service.

Read on for information on other changes that have been implemented with the switch to the new database:

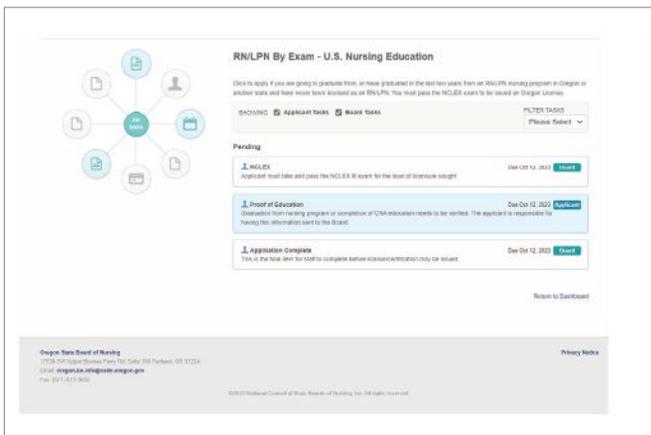


Consolidated NP License Numbers

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

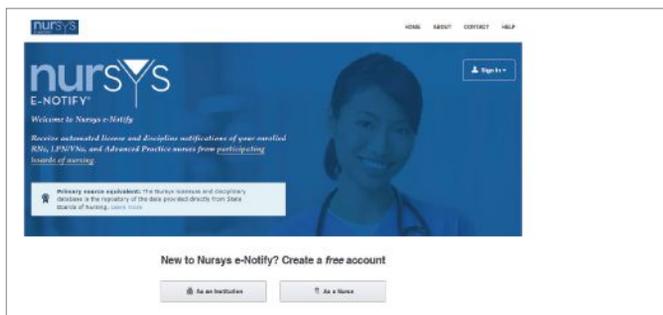
Keep Track of Your Application Status

Applicants who submit applications *after* 10-10-22 can keep track of their application's progress by logging into their OSBN online account. Once logged in, they can see their submitted application and click on "View Status." Then they'll see the list of pending tasks that needs to be performed, and whether they need to provide the Board with information. *Please note: Applicants who submitted their applications prior to the system's 10-10-22 go live date can continue to monitor their application status via the OSBN's old application status wizard.*



RNs, LPNs, APRNs Renewal Reminders

As of October 10, the Oregon State Board of Nursing discontinued courtesy renewal reminders for LPNs, RNs, and APRNs. All Oregon nurses are encouraged to sign up for the free Nursys e-Notify system if they want to receive reminders about their license renewal. Go to <https://www.nursys.com/EN/ENDefault.aspx#> and click on "As a Nurse." Follow the directions to create a free nurse account. For more information regarding e-Notify, visit <https://www.nursys.com/Assets/videos/en-nurse-video.mp4>. Nursys and e-Notify are systems developed by the National Council of State Boards of Nursing. It is each licensee's responsibility to renew their license on time, as required by the Oregon Nurse Practice Act. Sign up for e-Notify to avoid late renewal fees and possible civil penalties.



Employer Subscription Service

The employer subscription service is a method for employers to receive notifications about changes to their employees' licenses or certificates. It makes it easier for employer human resource departments to keep up with sometimes hundreds of licenses or certificates. However, with the change to the ORBS database, the OSBN has retired its in-house verification service and encourages all subscribers to sign up for the free Nursys® e-Notify subscription service (<https://www.nursys.com/EN/ENDefault.aspx>).

E-Notify is free, but only provides verifications for RNs, LPNs, and APRNs. The OSBN will suspend CNA notifications at the go-live date and reevaluate the need at a later date.



Individual Licensee Look-Up/Verification

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

If you have any questions, about the new OSBN licensing portal, please contact us at Oregon.bn.info@osbn.oregon.gov.

OSBN, ONA, AND OCN: WHAT EACH DOES FOR PUBLIC SAFETY AND THE NURSING PROFESSION

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

<p>Oregon Board of Nursing (OSBN)</p> <p>17938 SW Upper Boones Ferry Rd Portland, Oregon 97224-7012</p> <p>Office hours: 8am-4pm M-F</p> <p>Website: www.oregon.gov/osbn</p> <p>General E-mail: Oregon.bn.info@state.or.us</p>	<p>Oregon Nurses Association (ONA)</p> <p>18765 SW Boones Ferry Rd Tualatin, Oregon 97202-8496</p> <p>Phone: 503-293-0011 Inside Oregon only: 800-634-3552</p> <p>Website: www.oregonrn.org</p> <p>E-mail: ona@oregonrn.org</p>	<p>Oregon Center for Nursing (OCN)</p> <p>5000 N. Willamette Blvd Portland, Oregon 97203</p> <p>Phone: 503-342-4048</p> <p>Office Hours: 8am-5pm M-F</p> <p>Website: www.oregoncenterfornursing.org</p> <p>E-mail: ocnadmin@up.edu</p>
<p>Mission: The Oregon State Board of Nursing protects the public safety by regulating nursing education, licensure, and practice.</p>	<p>Mission: The Oregon Nurses Association is a professional organization and labor union representing registered nurses. ONA’s mission is to advocate for nursing, quality health care and healthy communities.</p>	<p>Mission: Facilitates research and collaboration for Oregon’s Nursing workforce to support informed, well prepared, diverse and exceptional nursing professionals.</p>
<p>Primary Focus: Legislatively authorized to supervise the practice of nursing to assure public safety. Responsible for the Nurse Practice Act (NPA) to assure safe standards of practice.</p>	<p>Primary Focus: Advocacy for the nursing profession as a professional organization. Labor representation for the nurses within an ONA Collective Bargaining Agreement.</p>	<p>Primary Focus: Researches and distributes information regarding the nursing workforce; subject matter expert state wide regarding trends in nursing related to workforce distribution, faculty shortages, and future trends.</p>

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

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

Before you go

CHECKLIST

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



TAKE A MOMENT

Look around you and reflect on the day.



IDENTIFY ONE THING

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



FIND THREE THINGS

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



ACKNOWLEDGE

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



ARE YOU OK?

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



LOOK AT YOUR COLLEAGUES

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



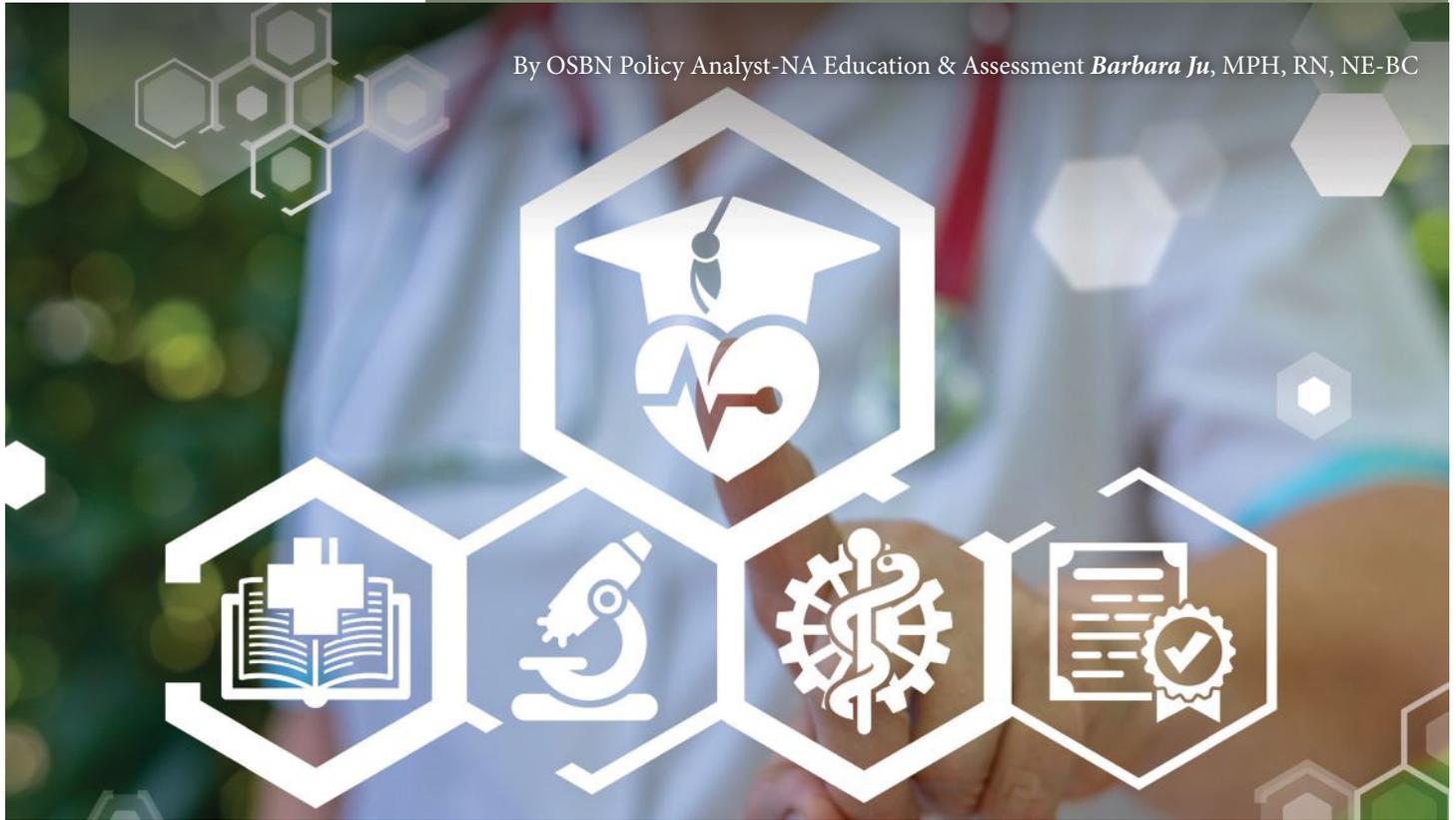
BREATHE

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



The RN Well-Being Project.

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



CNA2 PROGRAMS MAY ISSUE CERTIFICATES OF COMPLETION

CNA2 education programs may now issue a certificate of completion to students, thanks to a September 15, 2022, Board decision.

According to OAR 851-061-0090(4), to become a CNA2 in Oregon, an individual must complete a Board approved CNA2 education program. There is no state certification exam associated with obtaining a CNA2 designation; it is obtained through additional education only.

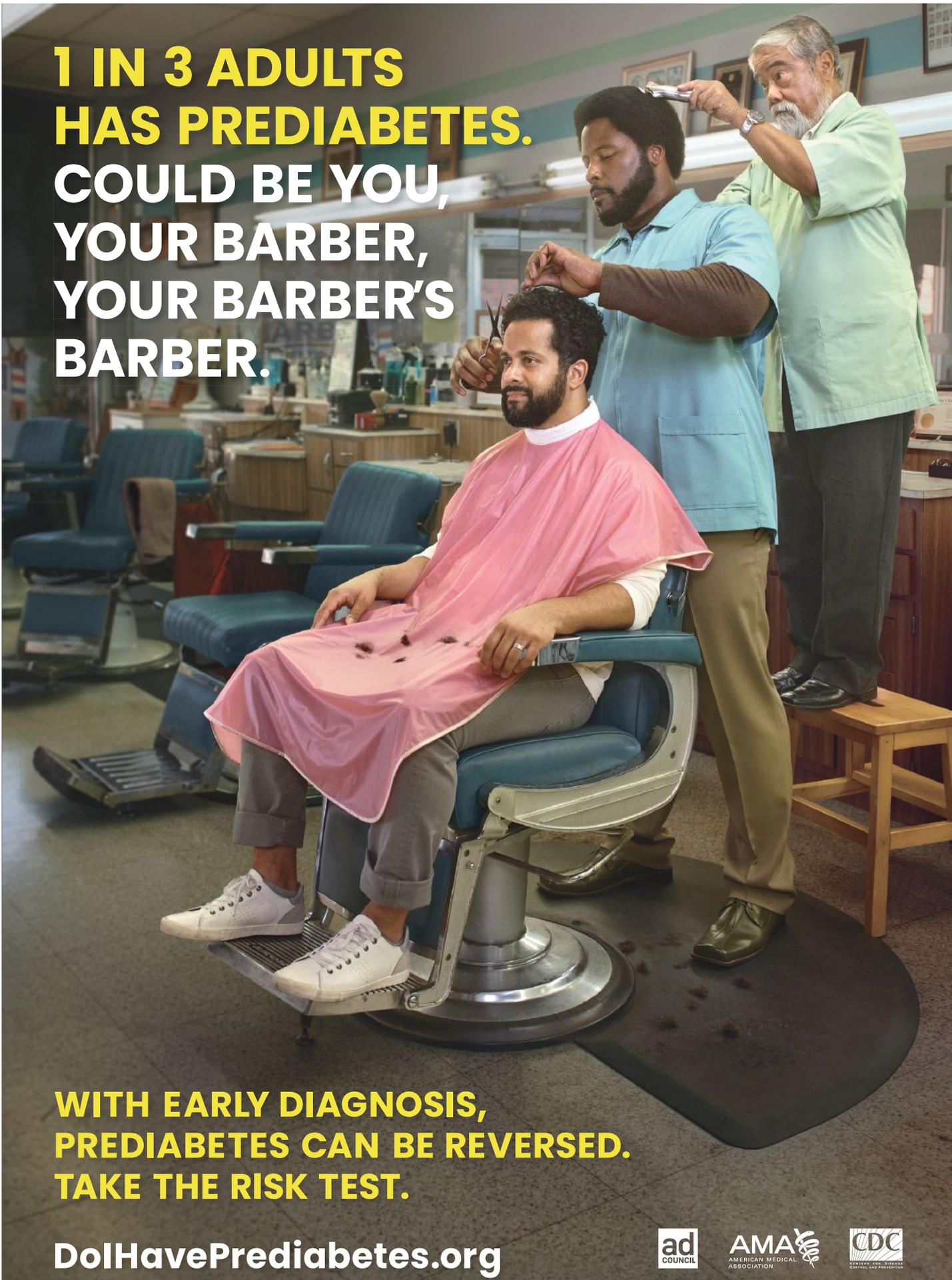
CNA2 education programs are required to submit to the Oregon State Board of Nursing (OSBN) a “CNA2 Course Summary Report” listing all students who have successfully completed the CNA2 education program. This CNA2 education completion information is then entered into the CNA2 Registry by an OSBN licensing technician. The turnaround time for OSBN to enter this education information can vary from days to weeks, as seen during the COVID-19 Pandemic. This delay has led to dissatisfaction

from program directors and students stating the delay can and has impacted employment offers.

To address this inherent delay, the Board granted approval for education programs to issue a certificate of completion to students who successfully complete the required education and competency validation. This certificate of completion is designed to serve as a real-time proof to all interested parties including employers and potential employers that the individual has successfully completed the required education and competency validation until the CNA2 status can be verified through the OSBN license verification website.

Direct questions to Barbara Ju, Policy Analyst-NA Education & Assessment, OSBN by email: Barbara.ju@osbn.oregon.gov; phone: 971-413-0267.

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YOU ASK, WE ANSWER

COMMON QUESTIONS REGARDING THE OREGON NURSE PRACTICE ACT

Q: My job is with a company here in Oregon where I provide RN care management and telephone triage services. I'm curious about what happens when we receive triage calls from our clients who have traveled out of state. An RN who I work with told me that we can provide services to the clients because our Oregon RN license will cover us; but I have always understood that my Oregon-RN license stops at the border. Who is right?

A: You are. The Oregon State Board of Nursing-issued RN license grants its owner the authority to engage in the practice of nursing with the client who is physically located in the state of Oregon. Once your client is outside of Oregon, it is the state, territory, district, province, commonwealth, or country where the client is physically located that holds legal authority over nursing licensure and practice within their borders.

To determine the nursing licensure and practice laws that govern the location of a client, you will need to contact the nursing regulatory body (e.g., nursing regulatory Board, agency, or organization) with jurisdiction over that location.

Q: I live in Florida and work for a major health insurance company. My position here requires RN licensure and I provide care management/telephone triage services for our Florida clients. The company just took on Oregon-



based clients and I will be providing the same services to people in Oregon. Since I won't be providing hands-on or bedside care, do I need an Oregon nursing license?

A: Yes. An Oregon State Board of Nursing issued RN license is required to engage in the practice of nursing with a client physically located in the state of Oregon.

It is important to remember that the practice of nursing is not defined by, nor limited to, the performance of hands-on physical care. The practice of nursing is the autonomous and collaborative care of persons of all ages, families, groups and communities, sick and well, and in all settings to promote health and safety,

including prevention and treatment of illness and management of changes throughout a person's life.

Q: Can an RN work as an LPN, CNA, CMA, or LPN?

A: The RN who seeks employment in a certified nursing assistant (CNA) position, a certified medication aide (CMA) position, or in a licensed practical nurse (LPN) position must hold the appropriate certification or licensure from the Board of Nursing. This means that to work in a CNA position, one must hold certification as a nursing assistant; to work in a CMA position, one must hold certification as a medication aide; to work in a LPN position, one must hold LPN licensure.

With ownership of a current RN license, one may apply for certification as a nursing assistant or medication aide through the Board. When accepting an employment position as a CNA or CMA with the appropriate Board-issued certificate in place, the CNA/CMA (who also holds licensure as an RN) must be clear with their employer that their work is limited to the authorized duties allowed for their certification type and their name badge must identify their certification type.

The person holding current RN licensure may apply for licensure as an LPN only after the successful completion of a practical nursing education program. When accepting an LPN employment

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position, the LPN (who also holds licensure as an RN) must be clear with their employer that their work is limited to LPN scope of practice and their name badge must identify LPN licensure.

The above-described situations are not the same as when an RN accepts a shift assignment to complete duties typically carried out by an LPN, CNA, or CMA health care team member. This is because such assigned duties fall within the RN scope of practice. The RN who accepts such an assignment remains accountable for their actions and decisions, is responsible to disclose their role for the assigned shift to the client health care team (which includes the client), and cannot identify themselves as a “LPN,” “CNA,” or “CMA” when carrying out their assignment.

Q: May an RN or LPN order medication refills for an expired prescription without a new prescriber order?

A: No. The RN or LPN may not independently prescribe or independently order medications.

When a prescription has expired or when all refills on an existing prescription have been dispensed, there is no longer an active prescription in place. A new prescription must be generated by a person who is authorized by the State of Oregon to prescribe. Neither the RN nor the LPN is authorized to prescribe in the state of Oregon.

Q: What does the Nurse Practice Act (NPA) say about cardiopulmonary resuscitation (CPR) training and training on the use of an automated external defibrillator (AED)?

A: The NPA is silent on both. This means that neither CPR training nor AED training is a requirement to obtain a nursing license, to renew a nursing license, or to engage in the practice of nursing.

Requirements for CPR and/or AED training are typically a function of the following: The laws and rules governing one’s practice setting or practice unit, credentialing standards applicable to a setting, practice setting policies, the requirements of one’s position description, and individual professional competency attainment and maintenance of competencies.



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OREGON CENTER FOR NURSING RECOGNIZES PRECEPTORS ACROSS THE STATE

As Oregon's healthcare providers continue to address unprecedented staffing needs within their facilities, the Oregon Center for Nursing (OCN) is celebrating the vital work of nurse preceptors through the second annual Oregon Outstanding Nurse Preceptor Awards. In conjunction with Nursing Professional Development Week, OCN will recognize and honor 14 nurses who serve a critical role in supporting Oregon's nursing workforce.

Nurse preceptors are a key part of successful onboarding and retention of new nursing staff. They support student learning, onboard experienced nurses new to organizations and help newly graduated nurses transition into practice.

"Even though nurse preceptors play a vital role in health care organizations, they often feel overlooked," says Jana Bitton, Executive Director of the Oregon Center for Nursing. "In a time when the nursing profession as a whole feels undervalued and overworked, we are proud to be able to honor the incredible contributions of Oregon's nurse preceptors."

Nursing leaders from health care facilities throughout Oregon nominated a preceptor colleague for this award. Outstanding preceptors were honored at a virtual event hosted by OCN, recognized within their organization and community, and received a cash award.

The Oregon Outstanding Nurse Preceptors for 2022 are:

- Lindsay Earp, Grande Ronde Hospital
- Tracy Holliday, St Anthony Hospital
- Megan Kruse, Lake District Hospital

- Shirley Lawrence, Asante Health System
- Robin Massey, Bay Area Hospital
- Zerek Selby, Legacy Health
- Sarah Soria-Machado, McKenzie Willamette Medical Center
- Colin McGuigan, St Charles Medical Center
- Kimberly Stevens, Sky Lakes Medical Center
- Cristina Tamayo, Samaritan North Lincoln Hospital
- Teresa Thomas, OHSU
- Stephanie Vail, Adventist Health Portland
- Jerry Whitmore, PeaceHealth Riverbend
- Meredith Willett, VA Portland

More information about these outstanding nurse leaders can be found at <https://oregoncenterfornursing.org/nurse-preceptors>.

ABOUT OREGON CENTER FOR NURSING

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



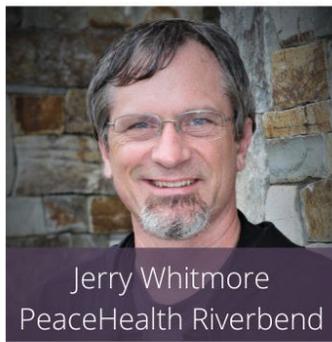
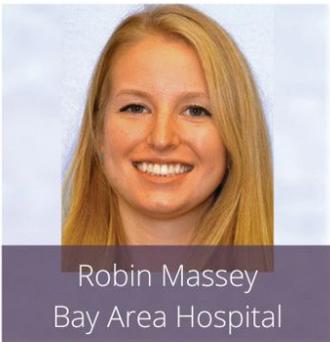


Oregon Center for
NURSING

CELEBRATE

14

OUTSTANDING
OREGON
NURSE
PRECEPTORS



Not pictured: **Colin McGuigan**, St. Charles Medical Center
Cristina Tamayo, Samaritan North Lincoln Hospital

Learn more about these nurse leaders at
oregoncenterfornursing.org/nurse-preceptors

OREGON CENTER FOR NURSING OFFERS GRANTS TO SUPPORT NURSES' WELL-BEING

The Oregon Center for Nursing (OCN) announces the availability of grant funding to organizations addressing well-being challenges in their nursing workforce. The grants are available through funding secured as part of OCN's RN Well-Being Project, an initiative designed to provide research and resources on the mental and emotional well-being of Oregon's nurses and to implement evidence-based interventions to positively impact nurses' mental health.

Grants of up to \$50,000 will be awarded to qualified and selected applicants. Ideal projects will use an evidence-informed approach to address a specific well-being challenge within the work environment identified through a nurse's lens.

The grant application cycle will open November 16 and close January 20, 2023. Interested individuals can sign up to attend an information webinar on November 16 to learn more about the application process, project expectations and have questions answered.

"This granting opportunity was made possible through congressional directed spending sponsored by Senator Jeff Merkley, as well as grant funds from the Oregon Department of Human Services, Kaiser Permanente and BALA Footwear," said Bitton. "We are thrilled to be able to support innovative projects around Oregon and collaborate to share best practices with the entire nursing community."

More information on the RN Well-Being Project, the upcoming grant opportunity, and informational webinar are available at <https://oregoncenterfornursing.org/rn-well-being-project/>.

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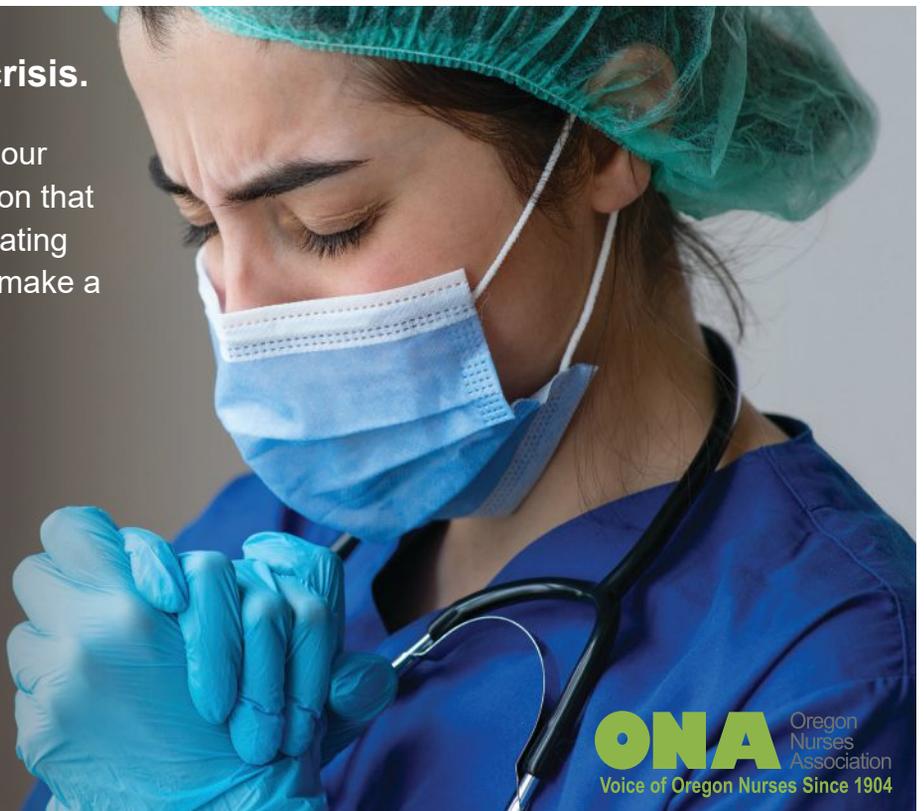


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2022 OSBN BOARD MEMBERS



JUDITH WOODRUFF, JD **BOARD PRESIDENT**

TERM: 1/1/20 – 12/31/22

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



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

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

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



MICHELLE CHAU, LPN

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

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



DEVORAH BIANCHI, RN

TERM: 1/1/21 – 12/31/23

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



AARON GREEN, CNA **PRESIDENT-ELECT**

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

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



MICHAEL WYNTER-LIGHTFOOT **PUBLIC MEMBER**

TERM: 2/14/20 – 12/31/22

Mr. Wynter-Lightfoot retired in 2019 after seven years serving as the Student Success Advocate for Portland Public Schools. He received his Associate of Science degree from Rockland Community College in Suffern, N.Y. Mr. Wynter-Lightfoot is one of two public members on the Board, and he resides in Milwaukie, Ore.



YVONNE DUAN, RN, FNP

TERMS: 1/1/22 – 12/31/24

Ms. Duan is a Family Nurse Practitioner and CEO of Renew Aesthetic Clinic in Portland, Ore. She received her medical doctor degree from North China Coal Medical College in Tang Shan, China, her Master Degree in Nursing from the University of Manitoba in Winnipeg, Canada, and her FNP post-master certificate from the University of Kentucky in Lexington, Ky. She resides in Beaverton, Ore.



ANGELA POWELL, RN

TERM: 4/19/21 – 12/31/23

Ms. Powell is a staff nurse at Mercy Medical Center in Roseburg and has 15 years of nursing experience. She received her Associate of Science in Nursing degree from Umpqua Community College in Roseburg, her Bachelor of Science in Nursing from OHSU in Portland, Ore., and her Master of Science in Nursing from Capella University in Minneapolis, Minn. Ms. Powell is one of two direct-patient care RNs on the Board. She resides in Roseburg, Ore.



SARAH HORN, RN

TERM: 1/1/21 – 12/31/23

Ms. Horn is the Chief Nursing Officer at Salem Hospital in Salem and has 20 years of nursing experience. She received her Bachelor of Science in Nursing degree from the University of Portland in Portland, Ore., and her Master in Business Administration degree from the Marylhurst University in Portland, Ore. Ms. Horn serves in the Nurse Administrator position on the Board. She resides in Albany, Ore.



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DISCIPLINARY ACTIONS

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

Name	License Number	Discipline	Board Vote	Violations
Daniel R. Arthur	080046352N1	Probation	9-14-22	12-month probation. Failing to accurately document nursing practice, failing to communicate client information to members of the health care team, and failing to conform to the essential standards of acceptable nursing practice.
Merritt W. Awbrey	201330023LPN	Reprimand	9-14-22	Falsifying data.
Kimberly D. Baker	202108596CNA	Reprimand	8-17-22	Failing to respect client dignity and rights.
Vince Banta	201143365SRN	Probation	9-14-22	24-month probation. Using intoxicants in a manner dangerous to himself or others.
Kylee J. Barrett	CNA Applicant	Application Denied	9-14-22	Failing to cooperate during an investigation.
Cody T. Bedard	202100119RN	Probation	9-14-22	12-month probation. Using intoxicants in a manner dangerous to himself or others and demonstrated incidents of violent behavior.
Rachel E. Beyer	098003060RN	Probation	7-13-22	12-month probation. Neglecting a client, falsifying data, and failing to conform to the essential standards of nursing practice.
Stacey L. Boeholt	201242364RN	Probation	8-17-22	24-month probation. Practicing nursing while impaired.
Wendy S. Brady	201908280RN	Reprimand/Civil Penalty	8-17-22	\$2,500 civil penalty, reprimand with conditions. Conduct derogatory to the standards of nursing and failing to conform to the essential standards of acceptable nursing practice.
Sharon S. Brim	097000131RN	Civil Penalty	8-8-22	\$1,300 civil penalty. Practicing nursing without a current Oregon license.
Andrea C. Brown	099000645RN	Civil Penalty	9-14-22	\$1,750 civil penalty. Practicing nursing without a current Oregon license.
Michelle D. Butcher	200741419RN	Probation	9-14-22	Eight-month probation. Unauthorized removal of medications from the workplace, falsifying data, and using intoxicants in a manner dangerous to herself or others.
Sara A. Cabbitto	201605915LPN	Suspension/Civil Penalty	7-13-22	12-month suspension and \$2,500 civil penalty. Violating the terms and conditions of a Board Order, demonstrated incidents of dishonesty, and entering inaccurate documentation into a health record.
Michael E. Christian	202104932LPN	Reprimand	8-17-22	Engaging in other unacceptable behavior toward a client.
Aubrey J. Comstock	RN Applicant	Voluntary Withdrawal	8-17-22	Using intoxicants in a manner dangerous to herself or others.
Bradley S. Dalling	201811292CRNA 201811282RN	Suspension/Probation	7-13-22	CRNA suspended for 12 months, followed by two years of probation. RN on probation until his CRNA suspension and probation is completed. For falsifying data, using intoxicants to the extent injurious to himself or others, obtaining unauthorized medications, and entering inaccurate documentation into a health record.
Marisela de la Cruz	201320070CMA	Reprimand	9-14-22	Falsifying medication administration records and failing to administer medications as ordered by a licensed independent practitioner.
Edward L. Dietrich	201340634RN	Reprimand/Civil Penalty	7-13-22	\$500 civil penalty. Unauthorized removal of client information from the workplace and conduct derogatory to the standards of nursing.
Kara N. Ferguson	201241368RN	Probation	8-17-22	24-month probation. Using intoxicants in a manner dangerous to herself or others.
Denise C. Graham	201800519RN	Civil Penalty	8-11-22	\$300 civil penalty. Practicing nursing without a current Oregon license.
Margaret A. Griffith	083043001RN	Voluntary Surrender	8-17-22	Violating the terms and conditions of a Board Order.
Marisel Hall	201602856RN	Voluntary Surrender	8-17-22	Demonstrated incidents of dishonesty and fraud.
Darlene M. Hawley	000026917RN	Voluntary Surrender	9-14-22	Neglecting a client, failing to document client care information, and failing to conform to the essential standards of acceptable nursing practice.
Bruce W. Hazen	098006738RN	Reprimand	9-14-22	Performing acts beyond his authorized scope, entering incomplete documentation into a health record, and failing to communicate client status information to other members of the healthcare team.
Melissa C. Hoonhout	201707577RN	Probation	9-14-22	24-month probation. Demonstrated incidents of reckless behavior.
Jessica Hubbard	201901170RN	Reprimand	7-13-22	Reprimand with conditions. Falsifying data and demonstrated incidents of dishonesty.
Pamela L. Inman	083044914LPN	Civil Penalty	8-17-22	\$1,600 civil penalty. Practicing nursing without a current Oregon license.
Jennifer Jablin	201150179NP	Probation	8-17-22	12-month probation. Failing to take action to preserve client safety and failing to conform to the essential standards of acceptable nursing practice.
Jaclyn V. Jardine	202108837NP-PP	Civil Penalty	9-14-22	\$2,500 civil penalty. Practicing nursing without a current Oregon license.
Demario J.V. Johnson	CNA Applicant	Voluntary Withdrawal	9-14-22	Misrepresentation during the application process.
Lauren A. Johnson	201406648RN	Reprimand/Civil Penalty	9-14-22	\$1,000 civil penalty. Violating a person's rights to privacy and confidentiality.
Elizabeth A. Johnston	200940201RN	Probation	7-13-22	24-month probation. Neglecting a client and failing to conform to the essential standards of acceptable nursing practice.
Chester Jones IV	RN Applicant	Voluntary Withdrawal	7-13-22	Failing to answer questions truthfully on an application for licensure.
Tina D. Kearney	200130062LPN	Voluntary Surrender	8-17-22	Failing to maintain professional boundaries with a client, soliciting money and property from a client, and demonstrated incidents of abusive behavior.

Name	License Number	Discipline	Board Vote	Violations
Gretchen A. Kempfer	201909380RN	Reprimand	8-17-22	Engaging in other unacceptable behavior towards or in the presence of a client.
Steven W. Kennimer	200241434RN	Voluntary Surrender	8-17-22	Violating the terms and conditions of a Board Order.
Veda Kent	200740048RN	Revocation	9-14-22	Violating the terms and conditions of a Board Order, demonstrated incidents of dishonesty, and failing to cooperate during an investigation.
Sara M. King	CNA Applicant	Application Denied	8-17-22	Failing to cooperate with the Board during an investigation.
Kevin D. Knesal	200641700RN	Probation	7-13-22	24-month probation. Using intoxicants to the extent injurious to himself or others.
Misty D. Leach	201601452RN	Reprimand/Civil Penalty	9-14-22	\$3,000 civil penalty. Violating a person's rights to privacy and confidentiality.
Ashley C. Liggins	202113056RN	Probation	8-17-22	12-month probation. Failing to conform to the essential standards of acceptable nursing practice.
Louise E. Lipe	201701129RN	Reprimand	9-14-22	Reprimand with conditions. Falsifying data and demonstrated incidents of dishonesty.
Trisha J. Mannix	200942239RN	Probation	7-13-22	24-month probation. Failing to comply with the terms and conditions of the Health Professionals' Services Program.
Michael R. McCarter	201230420LPN	Voluntary Surrender	8-17-22	Engaging in abusive behavior towards a coworker and engaging in other unacceptable behavior towards or in the presence of a client.
Rebecca R. Moore	085075127RN	Reprimand	9-14-22	Demonstrated incidents of dishonesty and failing to conform to the essential standards of acceptable nursing practice.
Leann R. Morris	CNA Applicant	Application Denied	8-17-22	Misrepresentation in applying for a certificate.
Jenelle A. Moulton	086000476RN	Civil Penalty	9-14-22	\$500 civil penalty. Engaging in unsecured transmission of protected client data and violating the rights of privacy and confidentiality.
Kyla R. Neskahi	202008191RN	Probation	8-17-22	12-month probation with conditions. Falsifying data, failing to document nursing interventions and practice, and failing to conform to the essential standards of nursing practice.
Brittany P. Oliver	202008176LPN	Revocation	8-17-22	Violating the terms and conditions of a Board Order and failing to cooperate during an investigation.
Herma Ornes	200242299RN	Reprimand	8-17-22	Failing to administer medications in a manner consistent with state and federal law, abusing a client, and failing to conform to the essential standards of acceptable nursing practice.
Kimberly A. Owen	200141403RN	Probation	8-17-22	24-month probation. Practicing nursing while impaired and using intoxicants in a manner dangerous to herself or others.
Sophie M. Padilla	CNA Applicant	Application Denied	8-17-22	Failing to cooperate during an investigation.
Edemel E. Pareno	RN Applicant	Voluntary Withdrawal	7-13-22	Resorting to deceit during the application process for licensure.
Carrie Z. Perkins	200930326LPN	Reprimand/Civil Penalty	9-14-22	\$3,000 civil penalty. Violating a person's rights of privacy and confidentiality and failing to answer questions truthfully during an investigation.
Amber D. Reid	000038098CNA	Application Denied	8-17-22	Willful fraud and misrepresentation in applying for a certificate and failing to answer questions truthfully.
Rebecca D. Reynolds	200140380RN	Application Denied	8-17-22	Failing to cooperate with the Board during an investigation and violating the terms and conditions of a Board order.
Robbie L. Robinson	201910926RN/ 20200689NP-PP	Reprimand	9-14-22	Reprimand with conditions for demonstrated incidents of fraud, possessing unauthorized drugs, and prescribing drugs to an individual who is not his client.
Dorothy A. Roman	201341736RN	Revocation	7-13-22	Demonstrated incidents of dishonesty, falsifying data, and failing to cooperate with the Board during an investigation.
Angelina C. Sams	099000651RN	Probation	9-14-22	24-month probation. Due to a physical impairment.
Lisa M. Schuessler	200141684RN	Probation	8-17-22	12-month probation. Conduct derogatory to the standards of nursing.
Tracy L. Smith	RN Applicant	Voluntary Withdrawal	8-17-22	Failing to answer questions truthfully on an application for licensure.
Graziella C. Stanculescu	090006810RN	Reprimand	9-14-22	Reprimand with conditions. Neglecting a client and failing to communicate client status information to members of the healthcare team.
Mindy R. Thomas	201402014LPN	Probation	7-13-22	12-month probation. Due to previous revocation.
Melissa M. Thorp	099000605RN	Civil Penalty	9-23-22	\$1,450 civil penalty. Practicing nursing without a current Oregon license.
Patricia D. Twombly	201402422LPN	Probation	9-14-22	12-month probation. Violating the terms and conditions of a Board Order.
Umpqua Valley Internists	--	Civil Penalty	9-14-22	\$5,000 civil penalty. Employing unlicensed persons to practice registered nursing.
Alejandra M. Unroe	202109895RN	Reprimand	8-17-22	Neglecting a client and failing to conform to the essential standards of acceptable nursing practice.
Shelia K. Wallace	202112056RN	Voluntary Surrender	9-14-22	Due to previous discipline in Texas.
Amber R. Warren	201210583CNA	Probation	9-14-22	24-month probation. Using intoxicants in a manner dangerous to herself or others.
Edward Yeremuk	201800331RN	Reprimand	8-17-22	Reprimand with conditions. Engaging in threatening behavior towards a coworker and failing to conform to the essential standards of acceptable nursing practice.

2022 - 2023 OSBN BOARD MEETING DATES

November 16, 2022	9 a.m.	Board Meeting (Primarily Executive Session)	June 21, 2023	9 a.m.	Board Meeting (Primarily Executive Session)
November 17, 2022	9 a.m.	Board Meeting	July 19, 2023	4:30 p.m.	Board Meeting (Primarily Executive Session)
December 14, 2022	4:30 p.m.	Board Meeting (Primarily Executive Session)	August 16, 2023	4:30 p.m.	Board Meeting (Primarily Executive Session)
January 18, 2023	4:30 p.m.	Board Meeting (Primarily Executive Session)	September 20, 2023	9 a.m.	Board Meeting (Primarily Executive Session)
February 22, 2023	9 a.m.	Board Meeting (Primarily Executive Session)	September 21, 2023	9 a.m.	Board Meeting
February 23, 2023	9 a.m.	Board Meeting	October 18, 2023	4:30 p.m.	Board Meeting (Primarily Executive Session)
March 15, 2023	4:30 p.m.	Board Meeting (Primarily Executive Session)	November 15, 2023	9 a.m.	Board Meeting (Primarily Executive Session)
April 19, 2023	9 a.m.	Board Meeting (Primarily Executive Session)	November 16, 2023	9 a.m.	Board Meeting
April 20, 2023	9 a.m.	Board Meeting	December 20, 2023	4:30 p.m.	Board Meeting (Primarily Executive Session)
May 17, 2023	4:30 p.m.	Board Meeting (Primarily Executive Session)			

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



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

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



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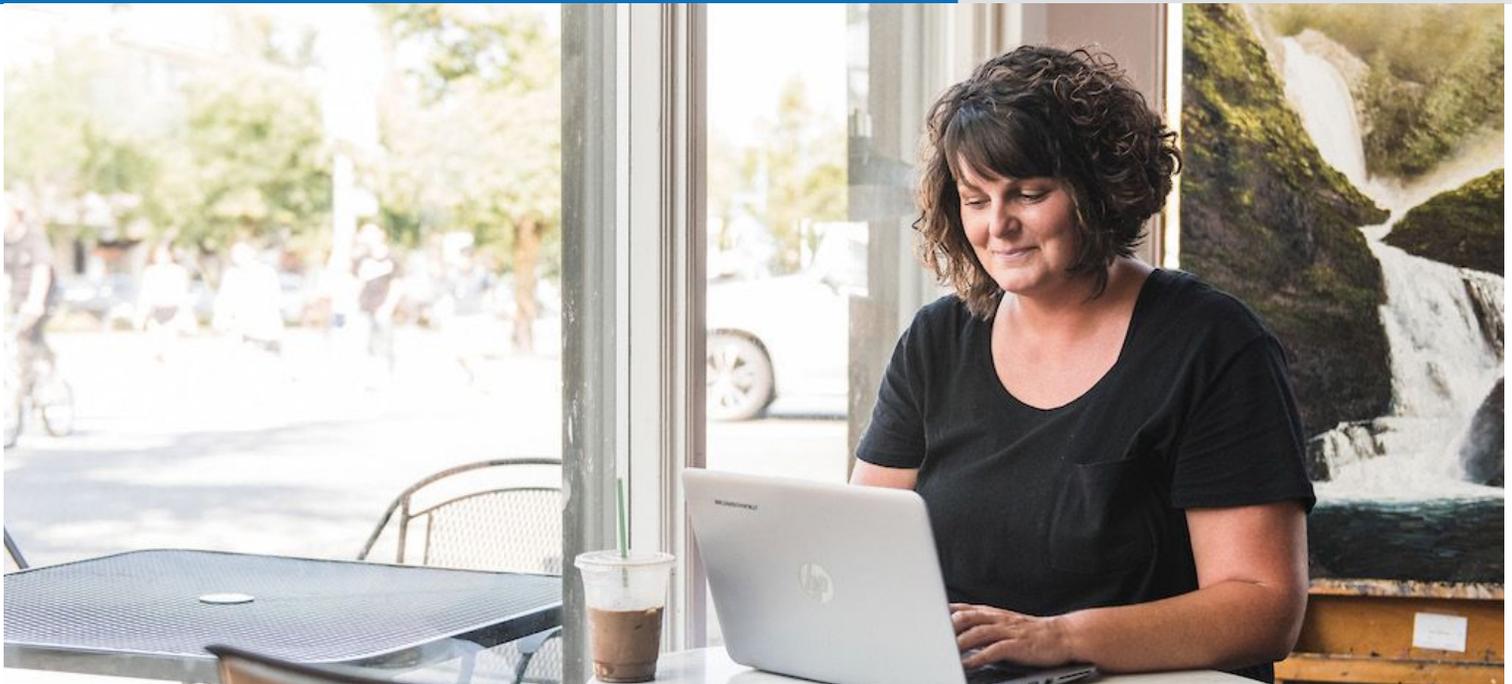


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