



OREGON BOARD OF NURSING
SENTINEL

[VO.28 • NO.2 • JUNE 2009]

ARE ALL RNS CREATED EQUAL?

*An Investigative Scenario Involving Improper
Assignment & Acceptance of Care*

Demystifying the LPN Role for Acute Care

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SENTINEL

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2009 BOARD MEMBERS

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Terms: 4/12/04 - 12/31/06, 1/1/07- 12/31/09

Mr. McDonald is a Family Nurse Practitioner with the Multnomah County Health Department HIV Health Services Center and the Kaiser Health Plan Emergi-Center. He received his Bachelor of Science degree from the University of Oregon School of Nursing (now OHSU), in Eugene, and his Master of Science degree in Community Health Nursing from Arizona State University in Tempe, Ariz.

JULIA WILLIS, LPN, BOARD SECRETARY

Term: 3/21/07 - 12/31/09 (eligible for reappointment)

Ms. Willis is the health services specialist for Quail Run Assisted Living in Albany, Ore., and is one of two Licensed Practical Nurses on the Board. She received her Practical Nurse certificate from Emily Griffith Opportunity School in Denver, Colo.

KAY CARNEGIE, RN

Term: 1/1/09 - 12/31/11 (eligible for reappointment)

Ms. Carnegie is currently the associate dean of Health Sciences at Chemeketa Community College. She received her BSN from Illinois Wesleyan University, in Bloomington, Ill., and her Master's degree from the University of Portland in Portland, Ore. She serves in the nurse educator position on the Board.

CLAUDIA COON, LPN

Term: 3/21/07 - 12/31/09 (eligible for reappointment)

Ms. Coon is the nurse for a Special Education Life Skills class in the Multnomah Education Service District in Portland, Ore., and is one of two Licensed Practical Nurses on the Board. She received her Practical Nurse diploma from Boise State University in Boise, Idaho.

CHERYL COSGROVE, RN

Terms: 5/09 - 12/31/11 (eligible for reappointment)

Ms. Cosgrove is a staff nurse at Grande Ronde Hospital in La Grande and has more than 30 years of nursing experience. She received her Associate Degree in Nursing from Evergreen Valley College in San Jose, Calif., and her Bachelor of Science in Nursing and Master of Nursing degrees from OHSU in Portland, Ore. She is one of two direct-patient care RNs on the Board.

PATRICIA MARKESINO, RN

Terms: 1/23/06 - 12/31/08, 1/1/09 - 12/31/11

Ms. Markesino serves in the nurse administrator position on the Board. She received her Bachelor of Science in Nursing from Wayne State University in Detroit, Mich., and her Master of Business Administration from the University of Portland, Portland, Ore.

LINDA MILL, RN

Term: 1/1/09 - 12/31/11 (eligible for reappointment)

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

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Term: 1/1/07- 12/31/09 (eligible for reappointment)

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

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Terms: 1/1/04 - 12/31/06, 1/1/07- 12/31/09

Ms. Williamson is one of two public members on the Board. She received her Associate's degree from New York City Community College in Brooklyn, N.Y., and her Bachelor's degree in Business Administration from Portland State University, Portland, Ore.

2009 BOARD MEETING DATES

Wed. 06/17 9:00 a.m. OSBN Board Meeting--Day 1

Thurs. 06/18 9:00 a.m. OSBN Board Meeting--Day 2

Thurs. 07/16 5:00 p.m. OSBN Board Meeting, via Teleconference

Thurs. 08/20 5:00 p.m. OSBN Board Meeting, via Teleconference

Wed. 09/16 9:00 a.m. OSBN Board Meeting--Day 1

Thurs. 09/17 9:00 a.m. OSBN Board Meeting--Day 2

Thurs. 10/15 5:00 p.m. OSBN Board Meeting, via Teleconference

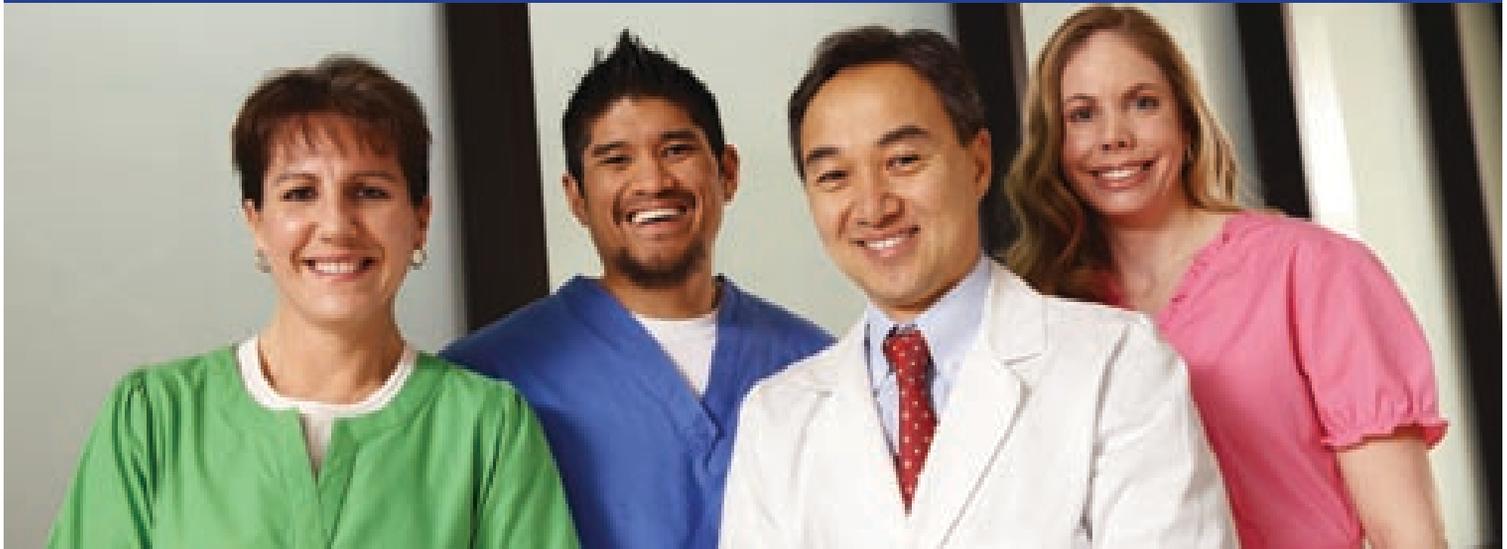
Wed. 11/18 9:00 a.m. OSBN Board Meeting--Day 1

Thurs. 11/19 9:00 a.m. OSBN Board Meeting--Day 2

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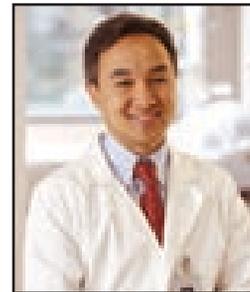
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ARE ALL RNS CREATED EQUAL?

An Investigative Scenario Involving Improper Assignment and Acceptance of Care

The following is a fairly common scenario presented to the Investigations and Compliance Department regarding a question of improper assignment and acceptance of care. Read the scenario and determine for yourself if there is a violation of the Oregon Nurse Practice Act. The nurses' names are fictitious, but the circumstances are based on commonly reported events.

Nurse Jane has been a RN for 15 years and has specialized in oncology for the past 13 years. She worked very hard to become certified in oncology and felt at ease dealing with dying patients in their terminal stage of illness. Recently, after suffering from a personal financial hardship, she answered an advertisement to begin supplementing her income working with a temporary staffing agency. Based on her expert knowledge and experience, she requested and assumed she would work in various hospitals in their oncology units.

Upon arriving at her first weekend staffing assignment, she presented to the oncology unit for a short orientation prior to beginning her shift. Nurse Jane was greeted by the house supervisor, RN Rita, and was immediately told that the facility had a low census on the oncology unit and Nurse Jane's services were needed elsewhere in the hospital, specifically in the labor and delivery (L&D) department. Two L&D nurses had called in sick, and there were two mothers in active labor who had medical orders for continuous fetal heart tone monitoring.

Nurse Jane contemplated her situation, balancing her reluctance to work in L&D, considering her past

13 years experience had been with oncology patients, and the fact that she really needed the supplemental income to help with her personal financial crisis. She recalled she had not cared for L&D patients since prior to her work with oncology patients. She thought about refusing the assignment but did not want to lose her job with the temporary staffing agency. Nurse Jane explained to RN Rita that she had not worked in L&D in more than 13 years and genuinely felt uneasy about reading and interpreting fetal heart tone monitoring strips.

Without hesitation, RN Rita explained to Nurse Jane that as a RN, she should be able to handle any type of nursing assignment requested of her. She escorted Nurse Jane to L&D and gave her a short overview of the unit and made nursing assignments. Nurse Jane accepted the assignment and responsibility for two patients in active labor, one of whom was receiving a pitocin infusion with an order for continuous fetal heart tone monitoring.

Take a moment to consider the risk of this scenario for the patients and unborn babies. Although Nurse Jane had been a RN for 15 years, was she competent to assume care of L&D patients? Was RN Rita correct in assuming that a RN should be able to handle any assignment requested of him or her? Did improper assignment and acceptance of duties occur?

To best answer these questions, let us first consider what the Oregon Nurse Practice Act administrative rules say about assignment. Division 45 (Oregon

Administrative Rule 851-045-0030(2) (a)) defines assignment as "the act of directing and distributing, by a licensed nurse, and within a given work period, the work that each staff member is already authorized to perform." Certainly, it is within the scope of practice for the RN to work in L&D. Then, what is the problem? You will want to read on in Division 45, because the rules also say that the licensed nurse is only to accept assignments for which she/he is educationally prepared and has the current knowledge,



skills and ability to safely perform (OAR 851-045-0040(3)(d)). It also says that she/he retains professional accountability when accepting, assigning, or supervising nursing care and interventions (OAR 851-045-0040(h)). So, if a nurse assigns another nurse to perform functions for which the assigned nurse is not prepared or a nurse accepts an assignment without

current competency, it is considered “conduct derogatory to the standards of nursing.” These standards are also located in Division 45 under OAR 851-045-0070(1)(e)(4)(c).

Another source of help in sorting out this issue is the Board’s policy on scope of practice decision making, found at http://oregon.gov/OSBN/pdfs/policies/scope_decision_tree.pdf.



It explains that we (each nursing licensure category) all have a broad scope which includes all of the activities in which a nurse may engage at her/his level of licensure. Within that broader scope, however, the scope for each individual nurse will vary according to practice experiences and professional development activities. Each nurse may effectively change her/his individual scope through in-service education, continuing education and practice experience.

Considering this information, RN Rita responded incorrectly that a RN should be able to handle any nursing assignment simply because she is a RN. The lack of current experience and knowledge was not taken into consideration when

RN Rita assigned the care of the L&D patients to Nurse Jane. Nurse Jane was not prepared to assume care of these specialized patients and voiced her concerns to RN Rita. RN Rita chose to ignore the fact that Nurse Jane had not worked with laboring patients in more than 13 years and felt uncomfortable reading and interpreting fetal heart tone monitoring strips. In addition, the lack of training and experience in L&D was compounded by the lack of thorough orientation to the unit and its policies and procedures.

Nurse Jane acted irresponsibly in accepting an assignment to care for specialized patients when she had not

care, including but not limited to, inappropriately assigning or accepting a patient assignment and assuming duties and responsibilities in the practice of nursing when competency has not been maintained may compromise the health and safety of patients and are grounds for disciplinary action against the nurse’s license.

What should a nurse do when asked to assume an assignment in an area which she/he has not maintained competency? If she/he refuses, the nurse may be fearful of losing her/his job based on the employer’s expectations. After all, employers do expect nurses to work and take care of patients and as a result

The bottom line is that professional nurses are ultimately accountable for maintaining their competence to care for their patients prior to accepting a patient assignment.

achieved/maintained competency. Her knowledge and experience for more than a decade had been focused in the care of terminally ill patients, and although she voiced her concerns over her inability to read and interpret fetal heart tone monitoring strips, she accepted the assignment anyway. Prior to a nurse assuming a role or assignment, it is her/his duty and responsibility to ensure she/he is trained and competent to care for her/his patients. According to OAR 851-0070(4) (b), the function of an RN is to practice to the essential standards of acceptable and prevailing nursing practice. Most assuredly, the standards of practice of L&D nurses have changed since Nurse Jane’s last stint in caring for such patients more than a decade earlier.

A RN should be mindful that in accordance with the Nurse Practice Act, negligently or willfully acting in a manner inconsistent with the health and safety of patients under the licensee’s

develop and enforce personnel policy and procedures. This is sometimes known as being caught between a rock and a hard place. The answer to this dilemma needs to be addressed by both the employer and the nurse. Nurses and employers share the goal to provide the best care possible for their patients. The question should be: “What would it take to get the nurse to a competent level of practice for the assignment?” What educational courses or training could the employer provide to assist a nurse? In addition, the nurse should consider independently seeking information from outside sources, training centers and continuing educational units. The bottom line is that professional nurses are ultimately accountable for maintaining their competence to care for their patients prior to accepting a patient assignment.

Based on an article by Ann Ricks, RN, BSN, Mississippi Board of Nursing

By RN/LPN Practice Consultant **Marilyn Hudson, RN, MSN, CNS**
and Education Consultant **Karen Burke, RN, MS**

DEMYSTIFYING THE LPN ROLE FOR ACUTE CARE

Did you know that in 1970, Licensed Practical Nurses made up about 25 percent of the total Oregon nursing population and that in 2009, that number has dropped to 8 percent? Although the number of LPNs nationally is unclear, data taken from the 2000 Census and reflected in a 2004 report from the Health Resources and Services Administration (HRSA) showed that Oregon had the lowest per capita number of LPNs of anywhere in the country.

According to information from the Oregon State Board of Nursing database (June 30, 2008), 29 percent of Oregon LPNs work in licensed nursing facilities, whereas only 17 percent work in hospitals.

So, what's going on here? Somewhere along the way, the LPN role has been forgotten in Oregon. There have certainly been market forces impacting this and changes in the way we deliver care. However, it has also become clear

that part of the problem is that registered nurses, particularly those working in acute care, often don't understand the role of the LPN very well and have determined that it is just easier to have other individuals such as certified nursing assistants or unlicensed staff help with the nursing work.

In order to understand the role of the LPN better, it's important to start with Board rules and policies. In June 2008, new administrative rules ([\[oregon.gov/OSBN/adminrules.shtml\]\(http://oregon.gov/OSBN/adminrules.shtml\)\) and several new Board policies \(\[http://oregon.gov/OSBN/Position_Papers.shtml\]\(http://oregon.gov/OSBN/Position_Papers.shtml\)\) were adopted to update and clarify the RN and LPN scopes and standards of practice. The table below summarizes some of the basic differences in RN and LPN scopes of practice.](http://</p>
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Frequently, it's also difficult to figure out what the LPN may do regarding intravenous therapy. You will want to refer to the Board's policy on Infusion Therapy (www.oregon.gov/OSBN/pdfs/policies/infusion2.pdf), as it includes information on core competencies for both RNs and LPNs, listings for additional competencies and limitations for LPN practice related to infusion therapy.

REGISTERED NURSE (RN)	LICENSED PRACTICAL NURSE (LPN)
<ul style="list-style-type: none"> Conduct and document <i>comprehensive</i> and focused nursing assessments. Analyze and synthesize data. 	<ul style="list-style-type: none"> Conduct and document initial and ongoing <i>focused</i> nursing assessments. Distinguish abnormal from normal data.
<ul style="list-style-type: none"> <i>Establish</i> and document nursing diagnoses as a basis for the plan of care. 	<ul style="list-style-type: none"> Select nursing diagnostic statements and make reasoned conclusions.
<ul style="list-style-type: none"> <i>Develop and coordinate</i> a comprehensive or focused plan of care. 	<ul style="list-style-type: none"> <i>Contribute</i> to the development of the comprehensive plan of care. <i>Develop focused</i> plans of care.
<ul style="list-style-type: none"> Implement the plan of care and document interventions and client responses. 	<ul style="list-style-type: none"> Implement the plan of care and document interventions and client responses.
<ul style="list-style-type: none"> Evaluate client responses to interventions using outcome data. 	<ul style="list-style-type: none"> Evaluate client responses to interventions using outcome data.
<ul style="list-style-type: none"> Collaborate with the interdisciplinary team. Makes referrals, as needed, and <i>follows-up</i> on referrals. 	<ul style="list-style-type: none"> Collaborate with the interdisciplinary team. Makes referrals, as needed.

Even though rules and policies are important, it also helps to understand practical applications. The following scenarios will help you to understand roles that are appropriate for the LPN in acute care and may provide food for thought when making staffing decisions in the future.

You are working on a unit staffed with both RNs and LPNs. The following patients are examples of the types of patients on the unit. How can the care of these patients be assigned?

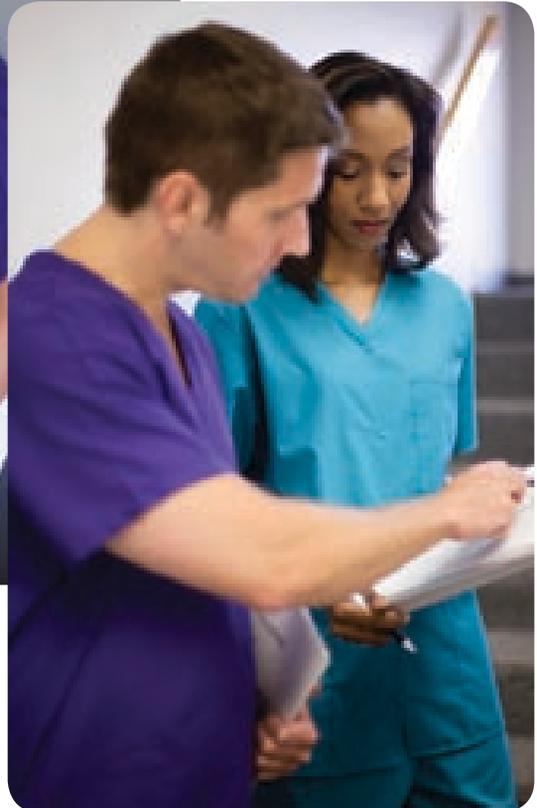
1. MJ is a 43-year-old woman who returned to the floor two hours ago

With the need for more nurses projected several years into our future, let's not forget these valuable members of our healthcare team.

medications for hypertension, heart failure and Type 2 diabetes. Her oral medications are currently controlling these diseases, except her blood sugars are slightly higher than normal.

3. RH is a 62-year-old man and a new admission (within the past 10 minutes) from the ED. Although a stroke has not been confirmed, he has signifi-

pervision including care planning, consultation and supervisory assistance. This doesn't mean that the RN needs to be physically present for all care or "sign-off" on the care provided by the LPN. There must, however, be ongoing communication so that the LPN is able to easily report results of focused assessments (noting changes in condition or variations from what would normally be expected), or recommendations for



following an open cholecystectomy. She has a T-tube to gravity drainage, a PCA pump for pain management and is receiving IV fluids at the rate of 125 ml/hr. She has no other complicating medical conditions.

2. BN is an 82-year-old woman admitted on a previous shift from an assisted living facility with a probable UTI. She has an indwelling catheter and is receiving IV antibiotics every six hours in addition to her multiple oral

cant right-sided weakness and expressive aphasia. He has known cardiovascular and peripheral vascular disease and hypertension.

While the RN has the ultimate responsibility and accountability for managing the nursing care of each client, the LPN may be assigned to care for any one of these clients. The LPN's practice is a clinically directed one, which means the RN must provide su-

a care plan change based on a focused assessment (focused plan of care).

The complexity and stability of the patient also drives how much of the care is provided by whom. MJ, in the first

continued on page 10

SCOPE OF PRACTICE

scenario, is a relatively young, otherwise healthy individual. BN, in the second scenario, certainly has more complex needs but is in mostly stable condition. With documented knowledge and competency, the LPN can manage the IVs and medications for these patients as well. RH, in the third scenario, would be arguably as complex but is clearly less stable than the other two patients. He would undoubtedly require a comprehensive nursing assessment within a short time of his admission, a nursing activity that is appropriate for the RN to perform. He would

Hopefully, by having a better understanding of the LPN role, RNs will feel more comfortable working with the LPN in acute care and will be able to make appropriate patient assignments.

also require care plan development, which can be accomplished with LPN assistance. So, while the RN would need to be more closely involved in the management of RH's care, including

supervision of the LPN providing care, the LPN could still be assigned to the care of RH.

Hopefully, by having a better understanding of the LPN role, RNs will feel more comfortable working with the LPN in acute care and will be able to make appropriate patient assignments. With the need for more nurses projected several years into the future, let's not forget these valuable members of our healthcare team.

Thanks to Joy Ingwerson, RN, MSN, Apollo College Practical Nursing Program for assistance with this article.

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YOUR BOARD IN ACTION

Highlights from the April 2009 Board Meeting

RULES ADOPTED

The Board adopted administrative rules (OAR 851-061-0090) that changed the student-to-instructor ratio for nursing assistant and medication aide training programs. The change will mandate a ratio of 20-to-1 for NA level-1 and medication aide classroom instruction; a 32-to-1 ratio for NA level-2 classroom instruction; a 10-to-1 ratio for NA level-2 lab instruction; and a ratio of 8-to-1 for NA level-2 clinical experience.

The Board also adopted a change in OAR 851-063-0035 to coordinate the language between the CNA 2 curriculum policy and the authorized duties for CNA 2s in Acute Care.

RULEMAKING—FIRST READINGS

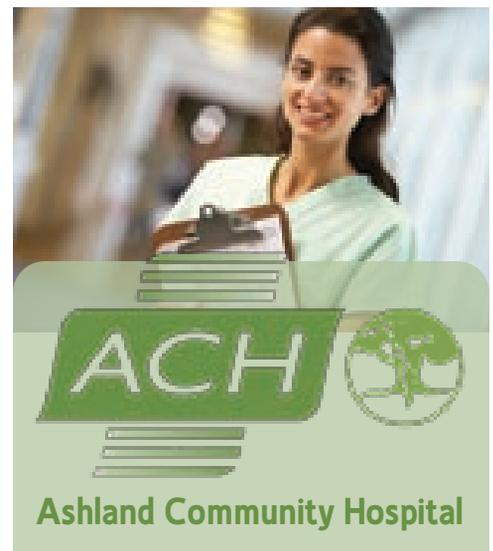
The Board accepted proposed rule language to OAR 851-031-0090 and 851-62-0120 that will require nurses and nursing assistants to provide employer information to the Board within 30 days of being hired.

NURSING EDUCATION

The Board approved the NCLEX pass-rate program improvement re-

ports from Clatsop Community College in Astoria, the OHSU direct-entry masters program in Portland, Treasure Valley Community College in Ontario, and Umpqua Community College in Roseburg.

The Board approved Valley Medical College's practical nursing program for two years and granted Sumner College initial approval for a practical nursing program.



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NURSING ASSISTANT CORNER

WHICH WORK HOURS COUNT FOR CERTIFIED NURSING ASSISTANT (CNA) OR MEDICATION AIDE (CMA) RENEWAL?

One of the most persistent questions received at the Board of Nursing office is from CNAs who are having trouble calculating their work hours for renewal.

According to Oregon Statute, ORS 678.440(4), a “nursing assistant” means a person who assists licensed nursing personnel in the provision of nursing care. In Oregon Administrative Rule 851-062-0010(6), a certified nursing assistant I (CNA I) is defined as a person who holds a current Oregon CNA I certificate and who assists licensed nursing personnel in the provision of nursing care.

CNA 2s and certified medication aides (CMA) are CNA 1s with additional training. Both CNA 2s and CMAs have to maintain a current, unencumbered CNA 1 certificate in addition to their CNA 2 and/or CMA.

A CNA or CMA’s certificate expires biennially the midnight before the individual’s birthdate (just like a nursing license). To be eligible to renew, the CNA or CMA has to have at least 400 hours of paid employment as a CNA within the CNA or CMA authorized duties, under supervision or monitoring by a nurse, in the two years immediately preceding the certificate expiration date. A CNA who has been certified less than two years does not need to meet this employment requirement on their first renewal.

PAID EMPLOYMENT

When the individual works for an employer like a hospital or nursing home, it is easy to show that it is paid employment. Sometimes it is not that simple. A CNA caring for their own parent often has questions about whether this counts as paid employment towards their renewal. If the parent qualifies for Medicaid and the state is paying the CNA under a program like Client-Employed Provider Program (CEP), it may count. However, if the CNA is just doing what they would do as a child of their parent and is not getting routine reimbursement from the parent or state, it probably will not count. Volunteer time does not count for CNA/CMA renewal.

NURSE SUPERVISION OR MONITORING

There is also the relationship with the nurse that needs to be considered in determining if the CNA/CMA’s hours count towards renewal. A CNA does not function independently of the licensed nurse. Working under nurse supervision means that the licensed nurse is physically present and accessible in the immediate client care area, is available to intervene if necessary, and periodically observes and evaluates the skills and abilities of the CNA/CMA. CNAs (both 1 and 2) and CMAs who work in settings such as



hospitals and nursing homes must have the registered nurse (RN) or licensed practical nurse (LPN) occasionally watch them perform the authorized duties and then evaluate whether the CNA is capable of performing that task safely.

In settings other than community-based care like hospitals and nursing homes, RNs may delegate to CNAs or CMAs tasks of nursing that may not be within the CNA/CMA’s normal

duties but always fall within the Board-approved CNA/CMA’s authorized duties. CNA authorized duties can be found on the Board of Nursing’s Web site at www.oregon.gov/OSBN/pdfs/npa/Div63.pdf. However, some employers are asking CNAs to do tasks outside of their authorized duties. A CNA performing tasks outside of the authorized duties cannot represent him/herself as a CNA. To obtain more information on the role of the nurse in delegating to and supervising CNAs in settings other than community-based care, please refer to the Board’s policies found at www.oregon.gov/OSBN/pdfs/policies/NurseDelegation.pdf and www.oregon.gov/OSBN/pdfs/policies/LNsupervision.pdf.

A CNA/CMA may also work in a community-based care setting where there is no regularly scheduled presence of a RN; instead, a RN monitors the CNA. “Monitoring” means that a RN assesses and plans for the care of the client, assigns duties to the nursing assistant according to the nursing care plan, and evaluates client outcomes as an indicator of the CNA/CMA’s competency.

Some types of community-based settings where a CNA/CMA may count their hours for employment towards certificate renewal include:

- Assisted living facilities.
- Correctional facilities.
- Foster homes.
- Private homes.
- Public schools.
- Residential care facilities.
- Other settings where the RN is not regularly scheduled for supervision but does monitor the CNA’s performance of authorized duties or delegated tasks.

A CNA in these settings can count all hours spent performing authorized duties and duties delegated by the RN

WANTED: CERTIFIED NURSING ASSISTANTS (CNAS)

The Board is looking for CNAs who are interested in providing input and feedback on the development of rules and policies related to CNA issues. If you are a CNA and would like to volunteer for this effort, please e-mail debra.buck@state.or.us and ask to be placed on the CNA stakeholder e-mail list. You will receive e-mail notices of meetings being held by the Board to discuss topics of interest to CNAs and will receive draft rule and policy language for review and comment.

in accordance with Division 47 of the Nurse Practice Act, as long as their performance is “monitored” by the RN.

CNAS ARE RESPONSIBLE

Not all CNAs working in community-based care recognize their relationship with the RN. Frequently, the CNA does not know if the RN planned the care of the client and assigned the duties to them. Time spent performing duties assigned by plans written by non-nurses do not count towards the CNA’s renewal. It is the CNA’s responsibility to make sure that their work setting meets the requirements for their work hours to count for their renewal.

CERTIFIED MEDICATION AIDE (CMA) CONTINUING EDUCATION

CMAs are required to participate in at least eight hours of medication-related continuing education in the 24 months immediately prior to the expiration of their CMA certificate. For the CMA who has been certified less than two years, the continuing education requirement is prorated depending on how long they have had their CMA certificate.

There are several ways to obtain the required continuing education. CMAs may ask their employer to provide in-service training by a licensed nurse on topics relevant to the CMA role and responsibilities. CMAs also may take

classes from one of the Board-approved medication aide training programs. Other options include completing non-injectable medication-related continuing education in recognized nursing journals or attending classes geared for medication aides taught by a pharmacist or a representative of a pharmaceutical company.

CMAs can now record their continuing education with the Board of Nursing as they obtain it, instead of providing it all at the time of their certificate renewal. Start by logging on to www.oregon.gov/OSBN. Under Online Services, click on “Renewals for Licenses and Certification.” Certificate holders will need to register as a new user the first time that they log onto the system.

TIP FOR NURSING ASSISTANT AND MEDICATION AIDE INSTRUCTORS

Nursing assistant and medication aide instructors need to download the most current copy of the Oregon Nursing Assistant Candidate Handbook before they start each cohort of students. This is the best way to ensure that the students are getting the most up-to-date information on the state competency testing. These handbooks are found at <http://www.hdmaster.com/>, under the pertinent column (Nurse Aide or Medication Aide), click on Oregon. The handbook is located under the candidate column.

PEOPLE OF PROVIDENCE:

The Mission Continues

It has always been about serving the poor and vulnerable. The Mission begun by Emilie Gamelin, a young widow in Quebec 166 years ago, is today lived out by thousands of people, including more than 16,000 Providence Health & Services employees in Oregon.

It was the same Mission that Mother Joseph and the Sisters of Providence brought to the Pacific Northwest's pioneers, orphans and Native Americans in 1856. The same Mission that two years later led them to build the region's first permanent hospital, St. Joseph Hospital, in Vancouver, Wash. The same Mission that inspired Mother Joseph, a master architect and builder, to build St. Vincent, Oregon's first hospital, in 1875.

It is the same heritage that is embraced today by the people of Providence—nurses, physicians, therapists, technicians, housekeepers, researchers, support staff, and all who teach, heal, strengthen and comfort those who are poor, vulnerable, sick, injured and alone.

“As a Sister of Providence, I see the Mission come to life when we transform hurt into hope,” says Sister Karin Dufault, S.P., Ph.D., R.N., executive director, Supportive Care Coalition: Pursuing Excellence in Palliative Care.



A precursor to today's Providence Health & Services, St. Vincent Hospital was built in 1875 and was Oregon's first hospital.

A timeless calling

The calling to give hope to those who hurt resonates throughout each Providence hospital, clinic, nursing facility and business entity. From southwest Washington to Medford, from Seaside to Hood River, people of Providence serve patients and families in myriad ways.

“I believe in the power of hope,” says Sister Karin, herself a cancer survivor. “We can help people live fully at each phase of illness by understanding what is most important to them and by addressing not just their pain, should they have any, but their suffering.”

Patient care teams at Providence hospitals address the needs of the patient's body, mind and spirit through care provided with compassion, respect and excellence. Their collective commitment to always providing the best possible care has created an outstanding environment for both patients and health professionals. This is reflected by multiple national honors, including:

- **Magnet-hospital designation:** Providence St. Vincent Medical Center and Providence Portland Medical Center are the first hospitals in Oregon to earn this award. Through the Magnet Recognition Program

for Excellence in Nursing Services, the American Nurses Credentialing Center recognizes facilities that provide the very best nursing care and encourages an environment where nurses do the highest quality work. In May 2009, Providence St. Vincent earned redesignation for the third time, a feat achieved by only 2 percent of hospitals nationwide.

- **Thomson Reuters 100 Top Hospitals:** Providence St. Vincent is the only hospital in Oregon to make the 2009 list – as it has done nine times before. Known formerly as Solucient 100 Top Hospitals, the study evaluates hospital performance in: mortality, medical complications, patient safety, average length of stay, expenses, profitability, cash-to-debt ratio, patient satisfaction, and adherence to clinical standards of care.
- **Top 10 Most Integrated:** For the ninth consecutive year, Providence Health & Services – Oregon Region has attained a national “top 10” ranking on SDI’s list of 100 most highly integrated health care networks. Providence ranks seventh in the nation, fourth in the West and first in Oregon, according to the national research firm.
- **Gold LEED Certification:** Newly built Providence Newberg Medical Center became the nation’s “greenest” hospital in 2006 when it earned Gold LEED (Leadership in Energy and Environmental Design) certification. As the nation’s first hospital to accomplish this, Providence Newberg is a leader in creating a healthy hospital environment through design, construction and material selection.



A timeless commitment

The vision and commitment exhibited by those early Sisters of Providence continues today:

- **iMRI technology:** In 2009, Providence Brain Institute at Providence St. Vincent Medical Center will open a new neurosurgical suite unlike any on the West Coast. It will house the most advanced interoperative magnetic resonance imaging system, one of only 16 such iMRI suites in the world.
- **More care at the coast:** Oregon’s coastal residents will gain state-of-the-art surgical care when Providence Seaside Hospital completes a major expansion in the fall of 2009. The new construction will include three surgical suites, a post-anesthesia care unit and post-operative recovery rooms.

- **Growing to serve:** Providence Hood River Memorial Hospital celebrated a 36,000-square-foot expansion in March 2009. The hospital offers a new family birth center, expanded surgery center, diagnostic imaging center and infusion services.
- **The Center of Hope:** In 2008, the 11-story Providence Cancer Center opened at Providence Portland Medical Center. At the most technologically advanced, compassionately designed cancer center on the West Coast, people with cancer meet with internationally renowned



researchers, physicians and specialists, all under the same roof. They can receive state-of-the-art treatment, talk to a counselor, learn about clinical trials, and get a healing massage, all in the same afternoon.

The Sisters of Providence are now turning to lay leaders to continue the Mission of service to the poor and vulnerable. Lay nurse leaders from across the five-state Providence network recently met and crafted this nursing vision for Providence Health & Services:

“Providence nurses embrace their heritage of compassion, courage and leading-edge care as a steadfast, sacred presence in protecting and easing the way for those in need.”

To become part of this heritage through a career within Providence Health & Services, please call toll-free 1-877-JOIN-PHS or 503-215-5770 in Portland, or visit www.providenceiscalling.org.

Directory of OSBN APPROVED NURSING SCHOOLS

ASSOCIATE DEGREE PROGRAMS

Blue Mountain Community College

Web site: www.bluecc.edu
2411 N.W. Cardin
P.O. Box 100
Pendleton, OR 97801
(541) 278-5881
FAX: (541) 276-6119

Central Oregon Community College

Web site: www.cocc.edu
2600 N.W. College Way
Bend, OR 97701
(541) 383-7540
FAX: (541) 317-3064

Chemeketa Community College

Web site: www.chemek.cc.or.us
4000 Lancaster Drive N.E. or
P.O. Box 14007
Salem, OR 97309
(503) 399-5058
FAX: (503) 365-4658

Clackamas Community College

Web site: www.clackamas.edu
19600 S. Molalla Ave.
Oregon City, OR 97045
(503) 657-6958, Ext. 2855
FAX: (503) 655-5153
Accepted students are co-admitted to the OHSU Bachelor of Science in Nursing program.

Clatsop Community College

Web site: www.clatsopcc.edu
1653 Jerome
Astoria, OR 97103
(503) 338-2436
FAX: (503) 325-5738

Columbia Gorge Community College

Web site: www.cgcc.cc.or.us
400 East Scenic Dr.
The Dalles, OR 97058
541-506-6140
FAX: 541-506-2226

Lane Community College

Web site: www.lanecc.edu/nursing
4000 E. 30th Avenue
Eugene, OR 97405
(541) 463-5618
FAX: (541) 463-4151
Accepted students are co-admitted to the OHSU Bachelor of Science in Nursing program.

Linn-Benton Community College

Web site: www.linnbenton.edu
6500 S.W. Pacific Blvd.
Albany, OR 97321
(541) 917-4514 or (541) 917-4511
FAX: (541) 917-4527

Mt. Hood Community College

Web site: www.mhcc.cc.or.us
26000 S.E. Stark
Gresham, OR 97030
(503) 491-6701
FAX: (503) 492-6047
Accepted students are co-admitted to the OHSU Bachelor of Science in Nursing program.

Oregon Coast Community College

Web site: www.occc.cc.or.us/programs/nursing/index.html
332 S.W. Coast Highway
Newport, OR 97365-4928
(541) 574-7124
FAX: (541) 265-3820

Portland Community College

Web site: www.pcc.edu
12000 S.W. 49th or P.O. Box 19000
Portland, OR 97280
(503) 977-4205
FAX: (503) 977-8860

Rogue Community College

Web site: www2.roguecc.edu/AlliedHealth/Nursing/home.htm
3345 Redwood Highway
Grants Pass, OR 97527
(541) 956-7308
FAX: (541) 471-3566
Accepted students are co-admitted to the OHSU Bachelor of Science in Nursing program.

Southwestern Oregon Community College

Web site: www.socc.edu
1988 Newmark Ave.
Coos Bay, OR 97420
(800) 962-2838 or (541) 888-7340
FAX: (541) 888-7285
Accepted students are co-admitted to the OHSU Bachelor of Science in Nursing program.

Treasure Valley Community College

Web site: www.tvcc.cc/Nursing/index.htm
650 College Blvd.
Ontario, OR 97914
(541) 881-8822, Ext. 345
FAX: (541) 881-2768

Umpqua Community College

Web site: www.umpqua.edu
1140 College Rd., or P.O. Box 967
Roseburg, OR 97470
(541) 440-4613
FAX: (541) 677-3298
Accepted students are co-admitted to the OHSU Bachelor of Science in Nursing program.

BACCALAUREATE DEGREE PROGRAMS

Concordia University

Web site: www.cu-portland.edu/som/nursing/
2811 N.E. Holman Street
Portland, OR 97211-6099
(503) 288-9371

George Fox University

Web site: <http://www.georgefox.edu/academics/undergrad/departments/nursing/index.html>
414 N. Meridian Street, #6238
Newberg, OR 97132-2697
(503) 554-2951
FAX: (503) 554-1300

Linfield-Good Samaritan School of Nursing

Web site: www.linfield.edu/portland
2255 N.W. Northrup, Room 304
Portland, OR 97210-2952
(503) 413-8480
FAX: (503) 413-6846
Also offers an online RN-to-BSN program.

Oregon Health & Science University (OHSU) School of Nursing--Portland

Web site: www.ohsu.edu/son
3455 S.W. U.S. Veterans Hospital Rd. (SN-5S)
Portland, OR 97239-2941
Program information: (503) 494-7725, or E-mail: proginfo@ohsu.edu
(503) 494-7444
FAX: (503) 494-4350
Also offers RN-to-BSN program.

OHSU School of Nursing at Eastern Oregon University

Web site: www.eou.edu/ohsu
1 University Blvd.
LaGrande, OR 97850
Program information: (503) 494-7725 or, E-mail proginfo@ohsu.edu
(541) 962-3383
FAX: (541) 962-3737

OHSU School of Nursing at Oregon Institute of Technology
 Web site: www.oit.edu/academic
 3201 Campus Drive
 Klamath Falls, OR 97601
 Program information: (503) 494-7725, or E-mail proginfo@ohsu.edu
 (800) 422-2017 or (541) 552-6226 FAX: (541) 885-1855

OHSU School of Nursing at Southern Oregon University
 Web site: www.sou.edu/nursing
 1250 Siskiyou Blvd.
 Ashland, OR 97520
 Program information: (503) 494-7725, or E-mail proginfo@ohsu.edu
 (541) 552-6226
 FAX: (541) 552-6055

OHSU School of Nursing at Western Oregon University
 Web site: www.ohsu.edu/son
 345 N. Monmouth
 Monmouth, OR 97361
 Program information: (503) 494-7725, or E-mail proginfo@ohsu.edu
 (503) 494-7725

University of Portland School of Nursing
 Web site: www.nursing.up.edu
 5000 N. Willamette Blvd.
 Portland, OR 97203
 (503) 943-7211
 FAX: (503) 943-7729

Walla Walla College School of Nursing
 Website: www.wallawalla.edu/nursing
 10345 S.E. Market St.
 Portland, OR 97216
 (503) 251-6115
 FAX: (503) 251-6249
 Also offers RN-to-BSN program.

PRACTICAL NURSE PROGRAMS

Apollo College
 Web site: www.apollo.edu
 2004 Lloyd Center, 3rd Floor
 Portland, OR 97232
 (503) 761-6100
 FAX: (503) 761-3351

Blue Mountain Community College
 Web site: www.bluecc.edu
 2411 NW Cardin
 P.O. Box 100
 Pendleton, OR 97801
 (541) 278-5877
 FAX: (541) 278-3754
 Has PN curriculum the first year of Associate Degree in Nursing (ADN) program.

Central Oregon Community College
 Web site: www.cocc.edu
 2600 N.W. College Way
 Bend, OR 97701
 (541) 383-7540
 FAX: (541) 317-3064
 Has PN curriculum the first year of Associate Degree in Nursing (ADN) program.

Chemeketa Community College
 Web site: www.chemek.cc.or.us
 4000 Lancaster Drive NE or
 P.O. Box 14007
 Salem, OR 97309
 (503) 399-5058
 FAX: (503) 365-4658
 Has PN curriculum the first year of Associate Degree in Nursing (ADN) program.

Clatsop Community College
 Web site: www.clatsopcc.edu
 1653 Jerome
 Astoria, OR 97103
 (503) 338-2436
 FAX: (503) 325-5738
 Has PN curriculum the first year of Associate Degree in Nursing (ADN) program.

Columbia Gorge Community College
 Web site: www.cgcc.cc.or.us
 400 East Scenic Dr.
 The Dalles, OR 97058
 541-506-6140
 FAX: 541-506-2226
 Has PN curriculum the first year of Associate Degree in Nursing (ADN) program.

Concorde Career Institute
 Web site: www.concorde.edu/programs/practical-nursing.asp
 1425 NE Irving St., Building 300
 Portland, OR 97232
 (503) 281-4181
 FAX: (503) 281-6739

Mt. Hood Community College
 Web site: www.mhcc.cc.or.us
 26000 S.E. Stark St.
 Gresham, OR 97030
 (503) 491-6727
 FAX: (503) 491-6710

Oregon Coast Community College
 Web site: www.occc.cc.or.us/programs/nursing/index.html
 332 S.W. Coast Highway
 Newport, OR 97365-4928
 (541) 574-7124
 FAX: (541) 265-3820
 Has PN curriculum the first year of Associate Degree in Nursing (ADN) program.

Pioneer Pacific College, Springfield
 3800 Sports Way
 Springfield, OR 97477

Pioneer Pacific College, Wilsonville
 Web site: www.pioneerpacific.edu/Nursing.htm
 27375 S.W. Parkway Ave.
 Wilsonville, OR 97070
 (503) 682-1862
 FAX: (503) 682-6801

Rogue Community College
 Web site: www2.roguecc.edu/AlliedHealth/Practical_Nursing/
 202 S. Riverside
 Medford, OR 97501
 (541) 245-7504
 FAX: (541) 774-4203

Treasure Valley Community College
 Web site: www.tvcc.cc/Nursing/index.htm
 650 College Blvd.
 Ontario, OR 97914
 (541) 881-8822, Ext. 345
 FAX: (541) 881-2768
 Has PN curriculum the first year of Associate Degree in Nursing (ADN) program.

Valley Medical College
 Web site: www.valleymedicalcollege.com
 4707 Silverton Rd. N.E.
 Salem, OR 97305
 (503) 393-9001
 FAX: (503) 363-6483
Currently granted "Initial Approval."

2009 LEGISLATIVE SESSION: Nearing the End

As of this writing, the 2009 Legislative Session is winding down. The Session is scheduled to adjourn June 30, although it may be extended if work on the state budget is not completed. A number of bills that will affect nursing and other healthcare providers are still active. You may learn more about these bills by visiting the Legislature's website (www.leg.state.or.us/bills_laws) or by contacting your district legislators.

The following is a brief description of several bills that affect licensees, the Board itself, or health care in general:

HOUSE BILLS

HB 2058A — The bill would change the composition of the Board of Nursing, by deleting one LPN member and adding one CNA member. In addition, it increases the number of public members on health regulatory boards to two. Since the Board of Nursing already has two public members, it wouldn't be affected. It also specified that Board of Nursing members shall serve at the pleasure of the Governor. At present, Board members may be removed only "for cause."

HB 2059A — Creates requirement that licensees of a health regulatory board report prohibited or unprofessional conduct of other types of health professionals to the appropriate board. For instance, if a nurse witnessed unprofessional behavior by a physician, the nurse would be required to report that physician to the Oregon Medical Board.

HB 2118A — This bill has a number of provisions that effect all health regulatory boards. It has been through several sets of amendments, but its basic elements have remained. It would permit boards to conduct fingerprint-based criminal background checks of board employees.



It also requires that executive directors serve at the pleasure of the Governor, and that executive directors need to submit periodic management reports to the Governor's office.

HB 2345B — Establishes uniform standards for the monitoring of impaired professionals for all health regulatory boards, and requires all boards to contract with an independent entity for monitoring services. The Board participated in the development of amendments to this bill.

HB 2693A — Incrementally increases the number of school nurses during the next 10 years.

HB 3022A — Allows health care practitioners to prescribe antibiotics to partners of patients with gonorrhea or Chlamydia (called Expedited Partner Therapy).

SENATE BILLS

SB 139 — Sponsored by the Oregon Board of Nursing, this bill will delete the requirement for the Board to issue wallet-sized cards as evidence of current licensure.

SB 605 — Removes the requirement for Nurse Practitioners or Clinical Nurse Specialists with dispensing authority to give medications personally to patients.

BOARD OF NURSING LEGISLATIVE BILLS AIM TO IMPROVE PUBLIC SAFETY

The Board of Nursing has two bills this session: Senate Bill 139 has been signed by the Governor and House Bill 5031 is on the way to his desk.

SB 139—This bill removes the requirement for the Board to issue wallet-sized license cards. The change will increase public safety by compelling healthcare employers to verify current license status using the Board's on-line or telephone verification system. Wallet cards are subject to fraud, loss and theft. Additionally, there is an assumption that the card carrier's license status is current as it reads on the card. In fact, the information could be up to two years old. This puts the public at risk, and puts employers at risk for civil penalties and other sanctions (if they employ someone without a current Oregon license). Oregon will join three other states, Maryland, New Hampshire and North Carolina, which have already

continued on page 20

Nursing Opportunities

Your Career. Your Life. *Your Choice.*

The Yakima Valley Farm Workers Clinic is the largest community health center network in the Pacific Northwest. We provide comprehensive medical, dental and social services in over 17 communities. We value nurses as a critical part of our health care team. We also recognize the importance of providing a caring environment for our patients and employees.

We currently have opportunities for:

Clinic Nurse Supervisors | Charge Nurses | Clinic Nurses | Public Health Nurses
No Nights or Weekends

We offer generous benefit packages that include a sign-on bonus and relocation assistance. With locations throughout Washington and Oregon we may have the perfect fit for your skills and lifestyle.

Our mission celebrates diversity. We are committed to equal opportunity employment.



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Farm Workers Clinic**

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Caring
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eliminated license cards. Other states are considering the change.

The Board plans to implement this change on January 1, 2010. Communication will be sent to all licensees who are renewing before that date to advise them of the change. After January 1, employers will need to verify a licensee's license status through the Board's online or telephone verification system, or the National Council for State Boards of Nursing website (<https://www.nursys.com>).

HB 5031 — This bill appropriates the Board of Nursing's budget for the 2009–2011 biennium. The Board is an Other Funded agency; that is, it is funded through license fees, not the state's General Fund. (All Oregon health regulatory boards are Other Funded agencies.) Although the Board does not receive funds from the Legislature, it does need Legislative authority on how to spend its funds.

The Board was granted six additional staff positions. "The agency has been

understaffed for some time, especially compared with other healthcare regulatory boards," explains Executive Director Holly Mercer, RN, JD. "We needed more people to provide the type and quality of services our licensees and the public expect." Only two of the positions would be completely new, a CNA program compliance monitor and a computer systems analyst. The other four (an investigator, a fiscal analyst, a licensing support specialist and a probation compliance monitor) are currently working in the Board office as limited-duration positions. The investigator position, probation compliance monitor and CNA program compliance monitor were approved by the Legislature as permanent positions, and the fiscal analyst, licensing support specialist and computer systems analyst will be limited-duration positions.

The Board also received authority to spend funds for phase 2 of its e-commerce system. Phase 1 is the successful online renewal system; phase 2 will add the ability to accept new licensure applications

through the same electronic process, and enhance public safety by providing disaster recovery/business continuity capabilities.

To pay for these improvements and stabilize the operating budget, the Board was granted authority for a \$40 fee increase for RN license renewals, and a \$10 increase in CNA renewals. The fee increase will take effect in July 2008. The Board discussed the need for this increase with the Oregon Nurses Association, Oregon Healthcare Association, the Department of Human Services, the Oregon Alliance of Seniors and Health Services and during several of its own 2008 public Board Meetings.

Although it is difficult to consider raising fees in the current economy, in order to protect the public and meet the demands of the healthcare workforce, it is essential that the Board build upon and strengthen its systems and processes. With these increases, the Board is committed to no further fee increases until at least the 2013–2015 biennium.

OSBN FAST FACTS

- Nine Board members; five RNs, two LPNs and two public members.
- The Board employs a staff of 45.
- Ratio of licensees to staff—approximately 1,600 to 1.
- Board staff gave 72 presentations to schools of nursing and employers regarding various points of the Nurse Practice Act and the National Licensure Exam in 2008.
- Board staff surveyed 63 nursing assistant, medication aide and/or nursing education programs in Fiscal Year 2008.
- As of May 31, 2009, there were 44,323 Registered Nurses; 3,987 Licensed Practical Nurses; 2,289 Nurse Practitioners; 173 Clinical Nurse Specialists; 478 Certified Registered Nurse Anesthetists; 18,099 Certified Nursing Assistants; and 1,282 Certified Medication Aides currently licensed in Oregon.
- Board Compliance staff investigated 2,157 complaints in Fiscal Year 2008.
- In Fiscal Year 2008, Board Licensing staff issued 6,636 new licenses and 30,420 renewals/reactivations.

DISCIPLINARY ACTIONS

Name	License Number	Discipline	Effective Date	Violations
Kristin N. Abbott	200812117CNA	Revocation	4-22-09	Violating the terms and conditions of a Board Order.
Kimberly D. Acord	200612530CNA/ 200820069CMA	Probation	5-14-09	Two-year probation. Using intoxicants to the extent she was unable to perform CNA duties safely.
Pamela M. Alcorn	200610370CNA	Suspension	4-22-09	30-day suspension with conditions. Client neglect and failure to competently perform CNA duties.
Alice A. Andersen	200911059CNA	Probation	4-22-09	Two-year probation. Using intoxicants to the extent she was unable to perform CNA duties safely.
Jane B. Atkin	087006576RN	Reprimand	4-22-09	Inaccurate recordkeeping and failure to conform to the essential standards of acceptable nursing practice.
Kristen N. Awbrey	CNA Applicant	Probation	5-14-09	Two-year probation. Using intoxicants to the extent she was unable to perform CNA duties safely.
Morgan C. Bach	200611099CNA	Suspension	4-22-09	30-day suspension with conditions. Client neglect and failure to competently perform CNA duties.
Patricia J. Barrios	098006303RN	Voluntary Surrender	5-14-09	Failing to conform to the essential standards of acceptable nursing practice.
Kathleen K. Bell	200643070RN	Probation	4-22-09	Two-year probation. Failure to take action to preserve client safety, client neglect inaccurate recordkeeping, and failure to conform to the essential standards of acceptable nursing practice.
Brandi L. Born	099000586RN	Revocation	4-22-09	Failure to comply with the terms and conditions of the Nurse Monitoring Program.
Linda S. Bowers	200511266CNA	Voluntary Surrender	5-14-09	Client neglect, and a physical condition that prevents her from performing CNA duties safely.
Bruce E. Boyd	200230204LPN	Voluntary Surrender	4-22-09	Failure to follow through with the plan of care, client neglect and failure to conform to the essential standards of acceptable nursing practice.
Barbara M. Brown	088003110N1	Reprimand	4-22-09	Prescribing drugs without adequate instructions to the client.
Douglas W. Bunselmeyer	200730154LPN	Suspension	4-22-09	Indefinite suspension. Failure to cooperate with the Board during an investigation.
Eugene W. Bush	089003303RN	Reprimand	4-22-09	Failure to communicate information regarding client status to members of the health care team.
Nicole A. Busse	200310764CNA	Probation	4-22-09	Two-year probation. Using intoxicants to the extent she was unable to perform CNA duties safely.
Jean M. Cannon	089007353RN	Suspension	4-22-09	Indefinite suspension. Failure to cooperate with the Board during an investigation.
Tina R. Carbaugh	200610613CNA	Suspension	4-22-09	30-day suspension with conditions. Altering a client record and performing acts beyond her authorized duties.
Lorri E. Castle	097000338RN	Voluntary Surrender	4-22-09	Failure to comply with the terms and conditions of the Nurse Monitoring Program.
Abby L. Colver	095005008LPN	Voluntary Surrender	4-22-09	Failure to comply with the terms and conditions of the Nurse Monitoring Program.
Theresa Cunningham	200310154CNA	Probation	4-22-09	Two year probation. Using intoxicants to the extent she was unable to perform CNA duties safely.
Judith A. Davis	200242598RN	Suspension	4-22-09	60-day suspension with conditions. Improperly delegating tasks of nursing care, inaccurate recordkeeping, and failing to conform to the essential standards of acceptable nursing practice.
Kayla M. Deichler	200810534CNA	Suspension	4-22-09	Indefinite suspension. Failure to cooperate with the Board during an investigation.
Genevieve D. Dilkes	200440340RN	Voluntary Surrender	5-14-09	Practicing nursing when unable to perform procedures due to psychological impairment as evidenced by documented deterioration of functioning.
Janice K. Dougherty	000034606CNA	Voluntary Surrender	4-22-09	Performing acts beyond her authorized duties.
Cheanice L. Easter	099000330RN	Suspension	4-22-09	30-day suspension with conditions. Improperly delegating tasks of nursing care, inaccurate and incomplete recordkeeping, and failing to conform to the essential standards of acceptable nursing practice.
Fayelene D. Elson	200812201CNA	Probation	5-14-09	Two-year probation. Using intoxicants to the extent she was unable to perform CNA duties safely.
Dianne L. Elton	090006851RN	Voluntary Surrender	4-22-09	Violating the terms and conditions of a Board Order.
Jessica J. Farler	200711231CNA	Reprimand	5-14-09	Reprimand with conditions. Assuming duties when competency has not been established or maintained.
Jolyn M. Fenwick	000039135CNA	Revocation	4-22-09	Violating the terms and conditions of a Board Order.
Carla L. Fies	099000628RN	Voluntary Surrender	4-22-09	Practicing while impaired and using intoxicants to the extent she was unable to practice nursing safely.
Deborah A. Fontaine	093000633RN	Voluntary Surrender	4-22-09	Unauthorized removal of narcotics from the workplace and incomplete recordkeeping.
Rhonda K. Frakes	084053555RN	Voluntary Surrender	4-22-09	Failure to comply with the terms and conditions of the Nurse Monitoring Program.
Alan L. Freytag	094000387RN	Reprimand	4-22-09	Failure to answer questions truthfully.
Landon R. Georgianna	200810896CNA	Voluntary Surrender	5-14-09	Using an intoxicant to the extent he is unable to perform CNA duties safely.
Patricia M. Halfacre	091000140RN	Suspension	4-22-09	Indefinite suspension. Failure to comply with the terms and conditions of the Nurse Monitoring Program.
William F. Hampton	079042565RN	Voluntary Surrender	4-22-09	Practicing nursing while impaired, and inaccurate and incomplete recordkeeping.
George J. Hieter	200811169CNA	Revocation	5-14-09	Using intoxicants to the extent he was unable to perform CNA duties safely.
Denise Howser	200330189LPN	Reprimand	5-14-09	Reprimand with conditions. Falsifying a client record and failure to conform to the essential standards of acceptable nursing practice.
Deborah L. James	200341292RN	Revocation	5-14-09	Unauthorized removal of narcotics from the workplace, inaccurate recordkeeping and failure to cooperate during an investigation.
Margaret R. Jelly	200310701CNA	Voluntary Surrender	5-14-09	Violating the terms and conditions of a Board Order.
Kimberly T. D. Joers	200641699RN	Voluntary Surrender	4-22-09	Violating the terms and conditions of a Board Order.
Wendi S. Johnson	000008900CNA	Voluntary Surrender	5-14-09	Violating the terms and conditions of a Board Order.
Suzann J. Jones	200712031CNA	Voluntary Surrender	4-22-09	Violating the terms and conditions of a Board Order.
Toni N. Justice	200811807CNA	Revocation	4-22-09	Exploiting the client relationship for personal gain.
Krystle M. Kalbasky	200710652CNA	Voluntary Surrender	4-22-09	Failure to respect client rights and dignity.
John L. Kennedy	000019769CNA	Revocation	4-22-09	Engaging in sexual misconduct with a client and client abuse.
Adam J. King	CNA Applicant	Probation	5-14-09	Two-year probation. Using intoxicants to the extent he was unable to perform CNA duties safely.
Sheree V. Kumm	000009933CNA	Voluntary Surrender	4-22-09	Failure to answer questions truthfully during the licensure process.

Name	License Number	Discipline	Effective Date	Violations
Ron Lapp	082011874RN	Suspension/ Probation	4-22-09	30-day suspension, followed by two years probation. Engaging in unacceptable behavior in the presence of a client, failure to respect client rights, and failure to conform to the essential standards of acceptable nursing practice.
Mark S. Logue	097000439RN	Reprimand	5-14-09	Reprimand with conditions. Violating the rights of privacy and confidentiality, and failure to conform to the essential standards of acceptable nursing practice.
Ruth E. Lyons	077037900RN	Voluntary Surrender	4-22-09	Discipline in North Carolina.
Rachael F. Maddox	200911063CNA	Probation	4-22-09	Two-year probation. Mental condition that impairs her ability to perform nursing assistant duties safely.
Brandi K. Marshall	200710822CNA	Revocation	4-22-09	Misrepresentation during the licensure process, and failure to answer questions truthfully.
Angela M. Martinez	200710547CNA	Suspension	4-22-09	30-day suspension. Client neglect and leaving a CNA assignment without properly notifying appropriate supervisory personnel.
Terry R. McBride	000006268LPN	Suspension	5-14-09	Indefinite suspension. Failure to cooperate with the Board during an investigation.
Shannon M. Meeker	CNA Applicant	Application Denied	4-22-09	Criminal Mistreatment conviction.
Charles B. Miller	099000302RN	Revocation	5-14-09	Failure to comply with the terms and conditions of the Nurse Monitoring Program.
Debbie M. Miller	200010397CNA	Probation	4-22-09	Two-year probation. Using intoxicants to the extent that she was unable to perform CNA duties safely.
Patricia A. Moon	CNA Applicant	Application Denied	4-22-09	Theft and Forgery convictions, and misrepresentation during the licensure process.
Heather D. Nevins	200011009CNA/ 200520139CMA	Reprimand	4-22-09	Inaccurate and incomplete recordkeeping and failure to administer medications as ordered.
Diane M. Nicholson	000030408CNA	Revocation	4-22-09	Exploiting the client relationship for personal gain, failure to cooperate with the Board during an investigation, and violation of a Board Order.
Tammy L. Paige	096000390RN	Revocation	5-14-09	Practicing nursing when unable to perform due to a mental impairment.
Michelle L. Peters	000027990CNA	Reprimand	4-22-09	Failure to answer questions truthfully.
Michael Pickersgill	000024226CNA	Probation	4-22-09	Two-year probation. Using intoxicants to the extent he was unable to perform CNA duties safely.
Bonnie M. Plumlee	CNA Applicant	Probation	4-22-09	Two-year probation, once certified. Using intoxicants to the extent she was unable to perform CNA duties safely.
Kricket J. Porter	200810653CNA	Voluntary Surrender	4-22-09	Violating the terms and conditions of a Board Order.
Tina Pryor	CNA Applicant	Application Denied	5-14-09	Misrepresentation during the certification process and failure to answer questions truthfully.
Carolyn C. Reuteler	095003031RN	Voluntary Surrender	4-22-09	Violating the terms and conditions of a Board Order.
Amanda Rice	000044665CNA	Revocation	4-22-09	Client abuse and failure to respect client rights.
Valerie D. Robles	000045114CNA	Revocation	4-22-09	Violating the terms and conditions of a Board Order.
Gloria D. Rodli	079003405LPN	Voluntary Surrender	4-22-09	Failure to take action to promote patient safety, and failure to conform to the essential standards of acceptable nursing practice.
Jennifer M. Sanchez	200112863CNA	Suspension	5-14-09	Indefinite suspension. Failure to cooperate with the Board during an investigation.
Debra L. Schwartzkopff	094006259RN	Voluntary Surrender	4-22-09	Mental condition that prevents her from practicing safely.
Dee A. Scoles	087000031RN	Suspension	4-22-09	60-day suspension. Engaging in sexual contact with a client and violating the rights of privacy, confidentiality or knowledge concerning the client.
Nakeia L. Scott	200911051CNA	Reprimand	4-22-09	Failure to answer questions truthfully.
Diana L. Siberz	200130158LPN	Reprimand	4-22-09	Misrepresentation during the licensure process and failure to answer questions truthfully.
Pamela D. Sidor	077038984RN	Voluntary Surrender	4-22-09	Physical condition that prevents her from practicing safely.
Janet Simons	091000101RN	Voluntary Surrender	4-22-09	Practicing while impaired and using intoxicants to the extent she was unable to practice safely.
Andrew B. Smith	200630269LPN	Reprimand	5-14-09	Reprimand with conditions. Client neglect, failure to act to preserve client safety and failure to conform to the essential standards of acceptable nursing practice.
Katherine C. Smith	200341328RN	Suspension	5-14-09	Indefinite suspension. Failure to cooperate with the Board during an investigation.
Kathryn M. Sottile	200611683CNA/ 200720116CMA	Revocation	4-22-09	Client abuse, failing to administer ordered medications, and falsifying the medication administration record.
Michelle A. Steward	200911060CNA	Probation	4-22-09	Two-year probation. Using intoxicants to the extent she was unable to perform CNA duties safely.
Ann M. Stopper	200411017CNA	Suspension	5-14-09	Indefinite suspension. Failure to cooperate with the Board during an investigation.
Kimberly A. Suarez	200213178CNA	Suspension	4-22-09	Indefinite suspension. Failure to cooperate with the Board during an investigation.
Leslie A. Tomlinson	200612094CNA	Voluntary Surrender	5-14-09	Mental condition that prevents her from performing CNA duties safely.
Rosangela Troche	200542582RN	Suspension	5-14-09	60-day suspension with conditions. Deceit in the practice of nursing, and failing to conform to the essential standards of acceptable nursing practice.
Jennifer M. Troutman	000038361CNA	Probation	4-22-09	Two-year probation. Using intoxicants to the extent she was unable to perform CNA duties safely.
Ryan P. Ulbricht	200712511CNA	Reprimand/Probation	4-22-09	Two-year probation. Using intoxicants to the extent he was unable to perform CNA duties safely, and failure to answer questions truthfully.
Jennifer L. Villanueva	096000465RN	Reprimand	4-22-09	Inaccurate and incomplete recordkeeping, performing acts beyond authorized scope, and failure to conform to the essential standards of acceptable nursing practice.
Karyle K. Wallace	080045950RN	Reprimand	4-22-09	Incomplete recordkeeping and failure to conform to the essential standards of acceptable nursing practice.
Melissa R. Waller	200740803RN	Voluntary Surrender	4-22-09	Failure to comply with the terms and conditions of the Nurse Monitoring Program.
Jennifer L. Walsh	097006877RN	Revocation	4-22-09	Practicing nursing while impaired, use of intoxicants to the extent she was unable to practice safely and failure to conform to the essential standards of acceptable nursing practice.
Kira L. Whiteley	200610910CNA	Suspension	4-22-09	30-day suspension. Client abuse and neglect.
Coleen F. Wilson	200840339RN	Voluntary Surrender	4-22-09	Falsifying an agency record and unauthorized removal of narcotics from the workplace.
Nicole M. Zsarko	200312368CNA	Probation	4-22-09	Two-year probation. Using intoxicants to the extent she was unable to perform CNA duties safely.

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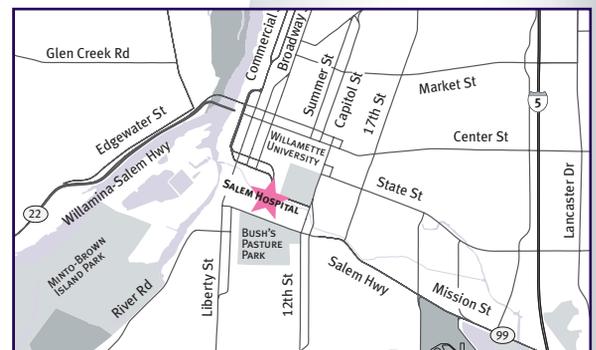
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