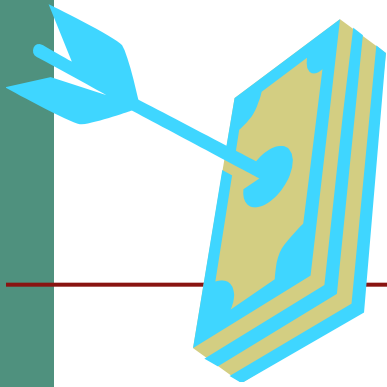




Nursing Regulation in Oregon

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Outcomes for Today

- Explain nursing as a regulated profession.
- Describe the role of OSBN and its relationship with the nurse.
- Explain scope and practice standards.
- Discuss relationships between the nurse, assistive personnel, and the nursing student.
- Describe professional responsibilities.

Mission Statement

- The Oregon State Board of Nursing **safeguards the public's health** and well-being by providing guidance for, and regulation of, entry into the profession, nursing education and continuing safe practice.

What Is the Role of the Board of Nursing?

- **Public protection** – main responsibility.
 - Determines requirements for licensure.
 - Sets and interprets standards and scope of practice for nurses and nursing assistants.
 - Make and enforce rules based on statutes.
 - Identifies inappropriate conduct.
 - Takes disciplinary action regarding licensure.
 - Approves nursing programs.
 - Proposes legislative concepts.
 - Establishes public policy on nursing regulatory issues.

What the Board Doesn't Do

- Serve as a membership organization for nurses.
- Regulate conditions of employment.
- Regulate practice settings.
- Make or change regulations without a public process.





Practice of Nursing

- “Practice of nursing” means:
diagnosing and treating human responses to actual or potential health problems through such services as **identification** thereof, **health teaching**, **health counseling** and **providing care** supportive to or restorative of life and well-being and including the performance of such additional services requiring education and training which are recognized by the nursing profession as proper to be performed by nurses licensed under ORS 678.010 to 678.410 and **which are recognized by rules of the board.**



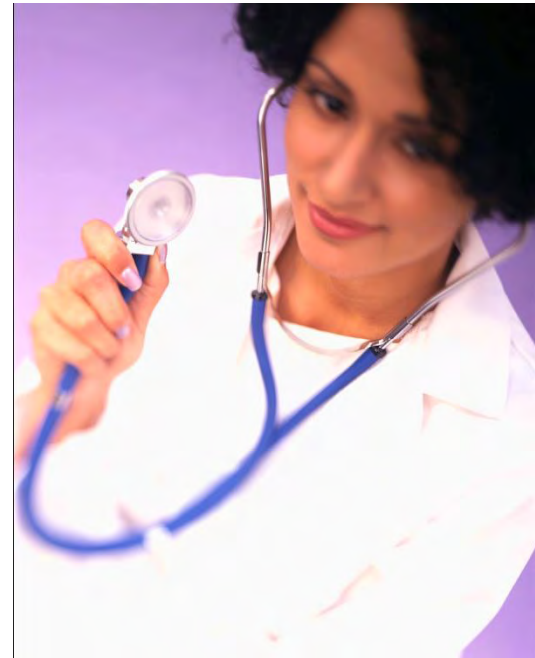
Practice of Nursing, continued

- “Practice of nursing” includes executing medical orders as prescribed by licensed independent practitioners (such as physicians, nurse practitioners, dentists) but.....
- DOES NOT include such execution by a member of the immediate family for another member or execution by a person designated by or on behalf of a person requiring care as provided by board rule where the person executing the care is not licensed under ORS 678.010 t 678.410.
- Includes providing supervision of nursing assistants and other support personnel.

Practice of Registered Nursing

(Statutory Definition)

- “Practice of registered nursing” means the application of knowledge drawn from broad in-depth education in the social and physical sciences in assessing, planning, ordering, giving, delegating, teaching and supervising care which promotes the person’s optimum health and independence.



OSBN Organizational Chart

- Governor
 - Board of Nursing – *appointed by Governor*
 - Executive Director *and Board Staff*
 - Human Resources
 - Investigations
 - Licensing
 - Fiscal Services
 - Communications
 - Nursing Consultation



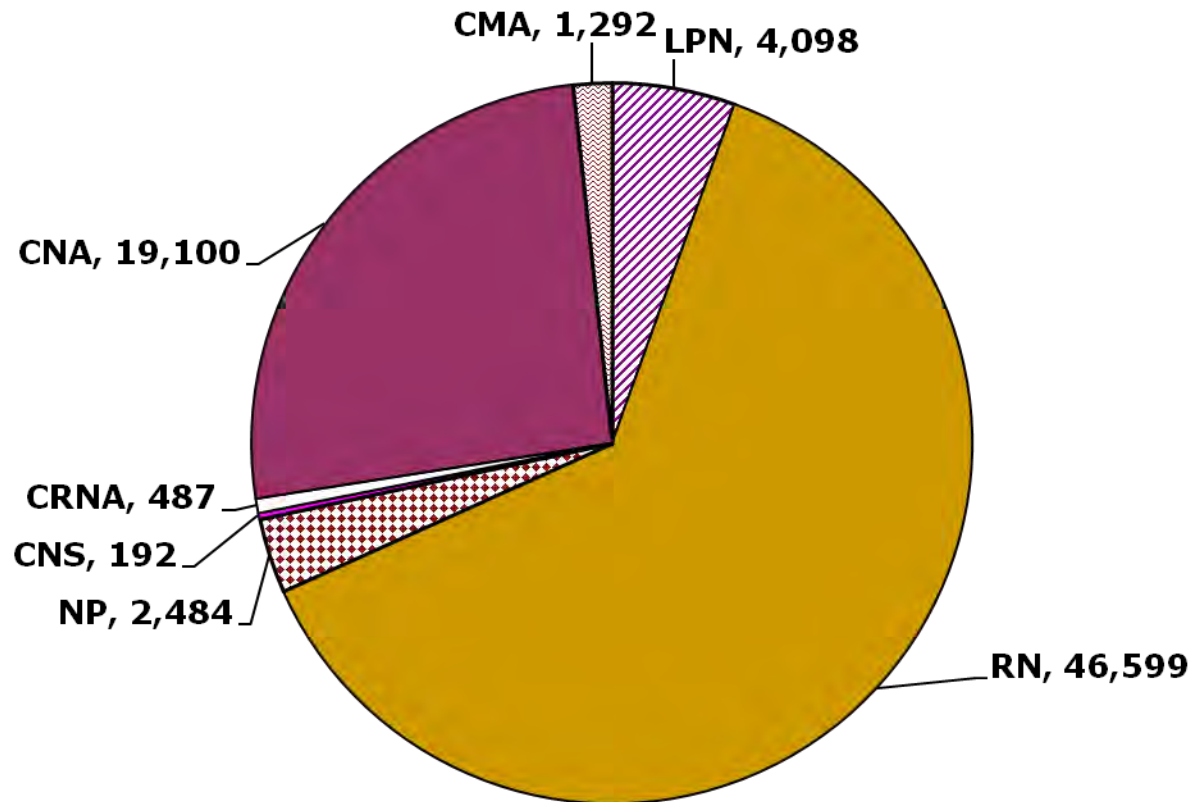
OSBN Board Members

- Nine members appointed by the governor for 3 year terms.
 - 5 RNs (2 in direct care, 1 manager, 1 educator, 1 nurse practitioner)
 - 1 LPN
 - 1 CNA (per new legislation)
 - 2 consumer members



Nursing Licensees in Oregon

(Data current as of October 1, 2010)



Entering a Regulated Profession

- What does “entering a regulated profession” mean for you?



Entering a Regulated Profession (cont'd.)

- Legislative decisions affect you.
- You must meet standards to be licensed.
- Your practice is regulated by the Nurse Practice Act and the OSBN.
- You must practice within scope and standards set by law.
- Failure to function within standards and scope may subject you to disciplinary action.

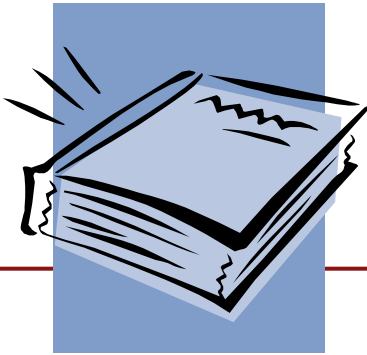
Real Life Regulation

- You are in the early part of your orientation to a new nursing position. When you ask the Charge Nurse about getting an order for Nystatin for a patient's rash she instructs you to take the Nystatin from another patient's supply to use on this patient. She says she will get an order to "cover you" from the physician.
- What should you do?

What Is the Nurse Practice Act?

- A state law governing the practice of nursing.
- The law includes:
 - Statute (Oregon Revised Statute or ORS)
 - Administrative rule (Oregon Administrative Rule or OAR).





Oregon Nurse Practice Act

- Available on OSBN web site at:
www.oregon.gov/osbn
- Pertinent sections:
 - Division 31 Licensing
 - Division 45 Scope & Standards of Practice
 - Division 63 Standards & Authorized Duties for CNAs and CMAs
 - Division 47: Delegation in Community-Based Care
- Read contextually.
- Keep abreast of changes.

What is Scope of Practice?

- All of the activities in which a nurse may engage at his/her level of licensure.
- Each nurse has an *individual scope* within broader scope.
- Individual scope determined by in-service education, continuing education, practice experience, etc.



Scope of Practice (cont'd.)

- Documentation of how competency in new nursing activity is achieved and how it is maintained is required.
- Activities within scope must be recognized by nursing profession as proper to be performed by Oregon nurse.
- Scope, therefore, cannot be expanded by those outside of nursing (e.g. by physician).

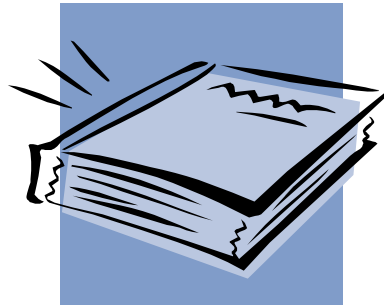
Division 45:

Domains of Nursing Practice

- Nursing Practice Implementation
- Collaboration with an Interdisciplinary Team
- Leadership
- Quality of Care
- Health Promotion
- Cultural Sensitivity
- Client Advocacy
- Environment of Care
- Ethics, including Professional Accountability and Competence
- Nursing Technology
- Assigning & Supervising
- Accepting, Implementing Orders for Client Care/Treatment
- Delegating & Supervising Care (RN only)

Structure for Rules

- Domains of nursing practice.
 - Section for all licensed nurses (RNs and LPNs) if all elements in domain are the same.
 - Separate RN and LPN sections if any elements in the domain differ.



Definitions

- Provide context for phrases used in each division of administrative rules.

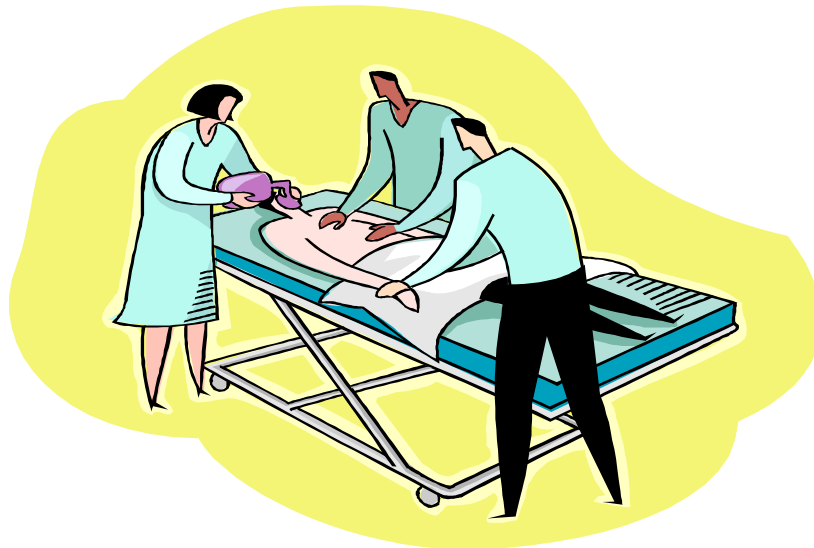


Responsibilities of all licensed nurses...

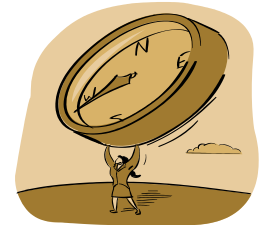
- Client advocacy:
 - Appropriate, person-centered care and end-of-life care.
 - Nurse intervenes to promote and optimize health and alleviate suffering.
 - Appropriate & accurate information.
 - Communicate client choices, concerns, special needs.
 - Protects clients' rights to engage in or refuse to engage in research.

Responsibilities of all licensed nurses...(cont'd.)

- Environment of Care
 - Promote environment conducive to safety and comfort for all levels of care including self-care and end-of-life care.



Responsibilities of all licensed nurses...(cont'd.).



- Ethics (including professional accountability and competence).
 - Knows legal boundaries & responsibilities.
 - Accountability, honesty, & integrity.
 - Obtains instruction & supervision as needed.
 - Only accepts assignments when educationally prepared and competent.
 - Notifies employer of ethical objection.
 - Documents competency.
 - Reports unsafe nursing practice.
 - Maintains professional boundaries, confidentiality.

Responsibilities of all licensed nurses...(cont'd.)

- Nursing technology
 - Acquires, maintains knowledge and skills for informatics, technologies.
 - Promotes selection and use compatible with client safety, dignity and rights.



Responsibilities of all licensed nurses...(cont'd.)

- Assign & supervise care
 - Assign tasks of nursing that fall within scope of practice or authorized duties.
 - Supervise by monitoring performance, progress and outcomes.
 - Match client needs with available, qualified personnel, resources, and supervision needed.
 - Follow-up as needed.



Responsibilities of all licensed nurses...(cont'd.)



- Accept and Implement Orders
 - Accept and implement orders from licensed health care professionals authorized by OR statute to diagnose and treat.
 - Accept and implement recommendations in collaboration with other health care professionals.
 - Rules specific to CRNAs and PAs.
 - Must have knowledge order is within professional's scope and is consistent with plan of care.
 - Authority and responsibility to question any order which is unclear, unsafe, contraindicated or inconsistent with plan of care.



RNs & LPNs

■ Nursing Practice Implementation

- LPNs practice under clinical direction of RN or other licensed provider who has authority to make changes in plan of care.
- LPNs perform initial and ongoing focused assessments. RNs perform initial and ongoing comprehensive and focused assessments.

Comprehensive Assessment

The **extensive collection** and **analysis** of data for the purpose of judging a client's health status and actual or potential health needs. Comprehensive assessment involves, but is not limited to, the **synthesis** of the biological, psychological, social, sexual, economic, cultural and spiritual aspects of the client's condition or needs, within the environment of practice, for the **purpose of establishing nursing diagnostic statements**, and developing, implementing and evaluating a **plan of care**.

Focused Assessment

An **appraisal of a client's status and situation at hand**, through observation and collection of objective and subjective data. Focused assessment involves **identification of normal and abnormal findings**, anticipation and recognition of changes or potential changes in client's health status, and may **contribute to a comprehensive assessment** performed by the Registered Nurse.

RNs & LPNs (cont'd.)

- Nursing Practice Implementation
 - RNs establish nursing diagnostic statements; LPNs select them from available resources.
 - RN develops plan of care; LPN contributes to development.
 - Both responsible for implementation and evaluation.



RNs & LPNs (cont'd.)

- Collaboration with an Interdisciplinary Team
 - All licensed nurses responsible for collaborating, making referrals.
 - RN has additional language about ensuring follow-up on referrals.



RNs & LPNs (cont'd.)

- Leadership (includes policy development)
 - RN formulates, interprets, implements, evaluates policies, protocols, etc. LPN contributes to this.
 - RN assumes responsibility for development and mentoring of other staff. LPN assists.
 - RN uses evidence to identify needed changes in practice; LPN identifies changes in clients and practice environment requiring policy change.



RNs & LPNs (cont'd.)

- Delegation (RN only)
 - Delegates to other OR licensed nurses and CNAs/CMAs tasks of nursing that may not be within normal duties.
 - May delegate to Unlicensed Assistive Personnel (UAPs).
 - May delegate tasks, but not nursing process.
 - Delegates only within scope for nursing.
 - Maintains responsibility for delegation based on professional judgment.
 - Considers competence, training, experience and facility policies when delegating.
 - Matches client needs with available, qualified personnel, resources & supervision.
 - May not delegate IV insertion or removal or IV meds (to CNAs/CMAs or UAPs).
 - Delegation in CBC settings per Division 47.

RNs & LPNs (cont'd.)

■ Quality of Care

- Both identify factors which affect quality of care.
- RN develops QI standards and processes. LPN contributes to this.
- RN measures outcomes of nursing care and LPN participates in this.



RNs & LPNs (cont'd.)

■ Health Promotion

- RN develops and implements evidence-based health education plans; LPN selects or implements them.
- Both RN and LPN responsible for evaluation of outcomes.



RNs & LPNs (cont'd.)

- Cultural Sensitivity
 - RN applies a broad knowledge of cultural differences; LPN applies a basic knowledge.



Scope Decision Guide

- Since the NPA is not always detailed and prescriptive, a tool assists the nurse in determining if a particular task is within scope.
- Available on OSBN website for quick reference.
- Facility policies will need to be considered.



Conduct Derogatory Categories

- Client safety and integrity.
- Federal or state statute/rule violations.
- Communication.
- Achieving and maintaining clinical competency.
- Impaired function.
- Licensure violations.
- Relationship with the Board.
- Client's family.
- Co-workers.

Mandatory Reporting

- Don't need to report every nursing error.
- Decision to report based on:
 - Past performance history.
 - Pattern of substandard practice.
 - Magnitude of occurrence for actual/potential harm to public.
 - Employer follow-up.



Mandatory Reporting, cont'd.

- Always report the following:
 - A nurse imposter.
 - Practicing nursing with an expired license.
 - Arrest for or conviction of a crime which relates adversely to the practice of nursing.
 - Dismissal from employment due to unsafe practice or conduct derogatory.
 - Client abuse.
 - Substance abuse.

New Mandatory Reporting Law

- Requires a licensee who has reasonable cause to believe that another licensee has engaged in prohibited or unprofessional conduct to report that conduct within 10 days to the other licensee's health professional regulatory board, unless federal laws relating to confidentiality or the protection of health information prohibit disclosure.
- Requires licensee to report to board within 10 days, misdemeanor or felony conviction or felony arrest.
- Requires board that has reasonable cause to believe that licensee has engaged in prohibited conduct, to report that information to the appropriate law enforcement agency not later than 10 working days.

Division 63

Standards & Authorized Duties for CNAs and CMAs

- CNA assists the nurse ORS 678.440(4) defines the term “nursing assistant” as a person who assists licensed nursing personnel in the provision of nursing care.
- CNA must be:
 - Regularly supervised by licensed nurse in setting where nurse is present; or
 - Work in community-based care setting or other setting where there is no regularly scheduled presence of licensed nurse, provided there is periodic supervision and evaluation of clients in accordance with rules of Division 47 (see “Monitoring” definition in Division 63).
- **CNAs do not work independently.**
- CNAs must meet standards including following care plan and reporting abnormalities to licensed nurse.

Division 63

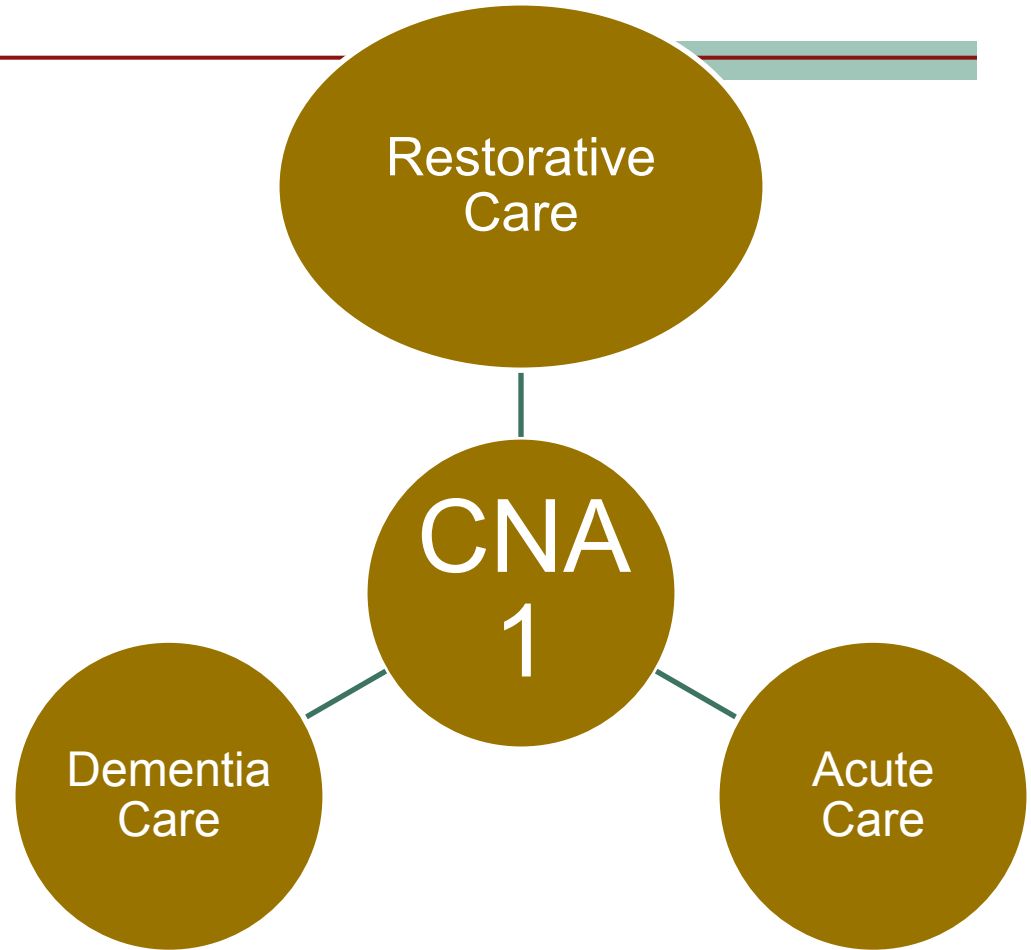
Authorized Duties for CNAs

- CNAs may perform authorized duties – tasks associated with:
 - Personal care.
 - Maintaining mobility.
 - Nutrition & hydration.
 - Elimination.
 - Use of assistive devices.
 - Maintaining environment & client safety.
 - Data gathering, recording & reporting.

CNA 2

■ Level 2 Training

- Available to a CNA 1 to prepare them for a role in one or more of Board approved category areas. CNA 2 must maintain CNA 1 certification.



CNA 2

- Core training curriculum for each CNA 2 category defined.
- Additional authorized duties for individuals who have completed one of CNA 2 special curricula.
- Authorized duties for each type of CNA 2 listed in Division 63.



Authorized Duties & Standards for CMA_s

- Must first be a CNA.
- May administer certain types of medications per rule.
- May administer PRN medications – licensed nurse must assess before and after administration.
- May administer regularly scheduled controlled substances.
- May witness wasted controlled substances with nurse.
- May add fluid to established j-tube/g-tube feedings.
- May accept verbal/telephone orders for medications in **community-based care settings only**.



CNA Scenarios

- You are really busy on your hospital unit – A CNA tells you he/she has discontinued many IVs before. Is it OK for you to ask him/her to d/c it for you?
- You have an order for an enema to be given to a patient on your unit. Can the CNA administer it for you?
- You have a diabetic patient, and the doctor has ordered CBGs for this patient. How do you determine whether or not you can have the CNA perform this task for you?
- You have an elderly patient who needs to have his toenails clipped. What factors should you consider in determining whether or not the CNA can do this?

Nurses' Responsibilities to the Board

- Know the statutes and rules that pertain to nursing.
- For Oregon, practice 960 hours within 5 years.
- Report unsafe practice through channels.
- Keep current name, address and nursing employers on record with the Board.

Other OSBN Information

- On-line web info at www.oregon.gov/OSBN
 - Board Policies.
 - Nurse Practice Act.
 - Links to helpful sites.
 - Current topics.
 - Licensing information (on-line renewal now available).
- Main #: 971-673-0685.

Oregon State Board of
NURSING

Scenario #1

- You have both RNs and LPNs working on your acute care unit. RC is a 47 year old woman admitted for an abdominal hysterectomy. She is also a Type 2 diabetic. Discuss how you would manage her care using both RNs and LPNs.
 - Admission assessment
 - Care plan development
 - IV therapy
 - Discharge teaching

Scenario #2

- You are working in home health. RW is a 76 year old client who has peripheral vascular disease and Type 2 diabetes. You and a LPN are assigned to:
 - Caring for an open wound from an infection he developed after his femoral bypass graft.
 - Assisting with diabetic management.

Scenario #2 - continued

- Please discuss:
 - Management of initial client assessment.
 - Management of initial care plan development.
 - Management of changes to nursing plan of care.
 - Triggers for when the LPN should notify the RN and type of information to report.
 - Documentation responsibilities of both RN and LPN.

Scenario #3

- Using the Scope Decision Guide, decide what steps you would take to determine whether or not RNs in your facility could perform sharp wound debridement.

