



**Oregon SBON
Nursing Scope of Practice
2008 Revisions
OARs
851-045-0030 to 851-045-0100**

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Why the Revision?

- First Nurse Practice Act edit in 10 years
 - Division 45
- Clarifies **ALL** licensed nurses practice
 - Practices including both LPNs and RNs
 - Includes wider variety of nurse practice settings
- Differentiates LPN and RN practices
 - Practices exclusive to the title



Nursing Practice re-categorized into Thirteen Domains with standards

- Nursing Practice Implementation
- Collaboration with an Interdisciplinary Team
- Assigning/Supervising Care
- Leadership
- Quality of Care
- Health Promotion
- Cultural Sensitivity



Nursing Practice re-categorized into
Thirteen Domains with standards cont.

- Patient Advocacy
- Environment of Care
- Ethics, Competence & Professional
Accountability
- Nursing Technology
- Delegating/Supervising
- Accepting, Implementing Orders for
Client Care/Treatment



What is Scope of Practice ?

- General Scope of Practice (SOP)
 - All activities in which a nurse may engage at his/her level of licensure
- Individual Scope of Practice (SOP)
 - Determined by inservices, CEUs, practice experience, etc.



How is the standard related to the Domain?

- Defines the expectation within each domain, Example:
 - Domain: Patient Advocacy
 - Standard: Nurses advocate for the client's right to person-centered care and end-of-life care.



What is in the Nurse Practice Act aka Division 45?

- Scope of Practice for LPN and RN
- Standards of Practice for LPN and RN
- Definitions
- Conduct Derogatory to Standards
- Denial of Licensure Standards
- Mandatory Reporting Standards
 - Violation of ORS 678-nursing errors



SOP Domains for All Nurses

- Accepting and implementing orders

- Accepting Orders

- NPs, CNS, DDS, MDs, chiropractors, optometrists, podiatrists, naturopaths are authorized to independently dx and rx in Oregon*

- Accepting Recommendations for Care

- PAs, CRNAs, OTs, PTs, RNs, RTs, Speech Therapists, Social Workers, Acupuncturists, Dietitians, Pharmacists, and Psychologists are authorized to recommend collaborative care in Oregon*



SOP Domains for All Nurses

- Assigning and supervising care
 - New policy "Licensed Nurse Supervision in Settings Other Than Community-Based Care"
- Environment of Care
- Technology
 - Acquiring & maintaining pertinent skill sets
- Ethics, Accountability and competence
 - Professional Boundaries



Professional Boundaries Cont.

- Definition:
 - Spaces between Nursing Power and client vulnerability
 - Nursing power secondary to PHI access
- Violation:
 - can result when there is confusion re: the needs of the nurse and the needs of the client



Boundary Violations Cont.

- Excessive personal disclosure
 - No business or personal relationships
 - Post-termination relationships?
- Secrecy
- Role reversal or confusion
- Sexual misconduct – breach of trust
 - Reasonably interpreted as sexual by the client



Professional Boundaries Cont.

- Complex , situational, ambiguous
- Zone of helpfulness vs over or under involved
 - Super nurse
 - Disinterest, neglect, distancing
- Client safety is top priority
- National Council 312-525 3600



SOP domains for LPNs

- SOP definition
 - “Participates” in policy and research
- Nursing Practice implementation
 - Under the clinical direction of an RN
- Interdisciplinary team collaboration
- Leadership responsibilities
 - Contributes and assists



LPN domains continued

- Quality of Care responsibilities
 - Contributes and participates
 - Follow up as needed
- Health Promotion responsibilities
 - Selects or implements
- Cultural sensitivity responsibilities
 - Basic knowledge base



SOP domains for RNs

- SOP definition
 - LPNs and consultation, education, administration, case management, APN and nursing informatics
- Nursing Practice implementation
- Interdisciplinary team collaboration
- Leadership responsibilities
 - Assumes, formulates, interprets, evaluates



RN domains continued

- Quality of Care responsibilities
 - Identifies, applies, measures
 - Follow up as needed
- Cultural sensitivity responsibilities
 - Broad knowledge base
- Health Promotion responsibilities
 - Develops, implements and evaluates



RN domains continued

- Delegation and supervision
 - May only delegate tasks, not nursing process
 - Maintains responsibility after delegation
 - May delegate to OR licensed nurses, CMAs, CNAs tasks that may not be within normal duties, but are within scope of authorized duties
 - May delegate to Unlicensed Assistive Personnel (UAPs)
 - May not delegate IV insertion, removal or IV meds



RN and LPN differences

- Language linking level of LPN supervision and client acuity is gone
 - LPN practice must be directed by RN*
 - LPNs perform focused assessments, contribute to care plans and select nursing diagnostic statements from resources
 - RNs perform comprehensive assessments, develop and change care plans and establish nursing diagnostic statements
- * or other licensed authority



RN and LPN differences cont.

- RN has responsibility for follow up on referrals
- RN formulates, interprets, evaluates leadership policies&protocols; LPN contributes
- RN uses evidence to id policy change; LPN reports client & environment changes that may require policy change
- RN develops and mentors staff; LPN assists



RN and LPN differences cont.

- RN measures outcomes of care; LPN participates
- RN develops evidence-based care plan; LPN selects them
- RN applies a broad knowledge of cultural sensitivity; LPN applies a basic knowledge



All Nurses share:

- Responsibility for implementation and for evaluation of outcomes
- Responsibility for promotion of a safe environment for all levels of care including self-care and end-of-life care
- Client advocacy re: refusal or right to engage in research



All Nurses have responsibility:

- To assign tasks that fall within SOP or authorized duties
- To supervise by monitoring performance, progress and outcomes
- To match client needs with available resources, personnel and supervision
- To follow up as needed



Conduct Derogatory to the Standards of Nursing

- Ten general categories
 - Conduct related to:
 - The client's safety & integrity
 - Federal or state statute/rule violations
 - Communication
 - Achieving and maintaining clinical competency
 - Impaired function
 - Licensure or certification violations
 - Licensee's relationship with the Board
 - The client's family
 - Co-workers
 - Advanced practice nursing



Conduct Derogatory to the Standards of Nursing

■ Alterations

- Abuse definition
- Sexual preference changed to sexual orientation
- Methadone language altered to include other medications
- Language added re: APN
- Health problems changed to health needs



Conduct Derogatory to the Standards of Nursing cont.

■ Additions

- Failure to complete a nursing assignment
- Attempting sexual contact with a client
- Failure to maintain professional boundaries
- Failure to report actual/suspected child/elder abuse



Mandatory Reporting

- Language added to require nurses to report knowledge of a nurse being arrested for a crime which relates adversely to the practice of nursing or the ability to safely practice nursing.



Role of the OSBN

- Public protection
- To identify inappropriate nursing conduct and performance
- To take disciplinary action regarding nursing licensure
- To determine nursing licensure requirements
- Approve nursing programs
- To set nursing standards and SOP



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<http://egov.oregon.gov/DHS/ph/ah/sbhc/sbhc.shtml>

- Have questions? If we run out of time, please use the following email address for questions regarding this presentation:
 - [**SBHC_Program @state.or.us**](mailto:SBHC_Program@state.or.us)



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