



# Oregon

Kate Brown, Governor

## Board of Nursing

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March 17, 2017

### Memorandum

**TO:** The Honorable Dan Rayfield, Co-Chair  
The Honorable Elizabeth Steiner Hayward, Co-Chair  
Subcommittee on Human Services  
Joint Committee on Ways and Means  
Oregon State Capitol  
900 Court Street N.E.  
Salem, OR

**FROM:** Ruby Jason, Executive Director  
Oregon State Board of Nursing

**RE:** OSBN Disciplinary Statistics

During our presentation before the committee on March 13, the committee requested information on the following:

1. How many nurses failed to renew their licenses during their first, second, and third licensing renewal cycle? This question was aimed at determining how many nurses obtaining Oregon licenses keep their licenses. Since all advanced practice nurses must also have an RN license, if the RN license is not renewed then the advanced practice license is also not renewed. We started counting from 2010 and then every year to 2016 for licenses not renewed:

Year	RN	CNA
2010	349	486
2011	199	404
2012	180	310
2013	114	192
2014	97	159
2015	71	125
2016	83	99
Total	1093	1775

This data only reflects those not renewing their licenses/certificates. It does not account for those who maintained their licenses/certificates but moved out of state or left a temporary assignment in Oregon but maintained their Oregon licenses/certification.

Of our total RN licensees:

42,368 have Oregon addresses as home of record (73%)

15,701 have a non-Oregon address as their home of record (27%)

2. How many cases are for conduct (public compliant) vs criminal background checks (CBC):

For fiscal year 2016:

Total Cases: 2009

Public Complaint: 811

CBC: 1198

Disciplines: Of the cases above discipline resulted in 213(26%) of the public complaint cases vs 53 (4%) of the CBC cases. Discipline occurred in 13% of cases.

Breakdown of the disciplines:

20% of discipline for “Unable to practice safely by reason of alcohol or other substance abuse”, this does not include those licensees allowed to enter the HPSP program since this would not be considered discipline.

12% of discipline for “Failure to cooperate with a Board investigation”

7% of discipline for “violation of or failure to comply with a Board order”

6% of disciplines for “diversion of a controlled substance”

4% of disciplines for “criminal conviction”

4% for “patient abuse”

3% for “substandard or inadequate care”

The top 5 reasons for discipline are not directly related to a practice breakdown, but rather an issue with the individual rather than their practice.

3. Comparing Oregon Discipline to National Averages:

% of investigated cases resulting in discipline for FY 2016:

Oregon: 13%

National: 26.6%

Although we were not able to obtain exact breakdown of how our tops disciplinary cases compare with the national average, a conversation with Kathleen Russell from the National Council of State Boards of Nursing indicates that Oregon’s rate of impairment disciplines not far from the national average, although the average is difficult to determine due to the variety of alternative to discipline programs within each jurisdiction.

The national TERCAP (Taxonomy of Error, Root Cause Analysis and Practice) project of which Oregon is a part since 2015 will be coming out with an analysis of how Oregon compares to practice breakdown with other states. Oregon submits the data to the national databank and then it will be aggregated and analyzed this next year. At present it is not available for comparison. Given the low % of disciplines associated with practice it will be important to note if Oregon is more likely or less likely to discipline for practice issues. Once data is available to Board will forward to the LFO office.

Please let me know if either the Committee would like further information. The Oregon Board of Nursing would welcome the opportunity to answer any questions committee members may have.

