

The Ohio Nurse Practice Act

ONA # 13,968-I

1 Contact Hour for Category A

HOW TO RECEIVE CREDIT

- Read the enclosed course.
- Complete the questions at the end of the course.
- Return your completed Evaluation to CME Resource by mail or fax, or complete online at www.NetCE.com. (If you are a Florida nurse or a behavioral health professional, please return the included Answer Sheet.) Your postmark or facsimile date will be used as your completion date.
- Receive your Certificate(s) of Completion by mail, fax, or email.

Faculty

Sally Anthony, MS, RN, Paralegal, received her paralegal certification in 1992. She received her Master's degree in health education in 1982 and has been a registered nurse for 27 years. As a medical-legal consultant for the past 11 years she has worked with attorneys on medical malpractice cases and personal injury cases. In addition, she donates her time to work with legal interns at the Gonzaga University Legal Assistance program. Her nursing practice has taken place in a variety of clinical settings that are as diverse as post-open heart advanced care and child legislative testimony. She had also worked as a health educator, consulting nurse, psychiatric/chemical dependency assistant nurse manager, regional poison center director and medical-surgical nurse. She currently works as a medical-legal consultant and is an award winning medical writer.

Faculty Disclosure

Contributing faculty, Sally Anthony, MS, RN, Paralegal, has disclosed no relevant financial relationship with any product manufacturer or service provider mentioned.

Division Planner

Jane C. Norman, RN, MSN, CNE, PhD

Division Planner Disclosure

The division planner has disclosed no relevant financial relationship with any product manufacturer or service provider mentioned.

Reading Committee

Karen Brindza, LPN

Reading Committee Disclosure

The reading committee member has disclosed no relevant financial relationship with any product manufacturer or service provider mentioned.

Audience

This one contact hour course is designed for all Ohio registered and licensed practical nurses.

Accreditation

CME Resource is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

Designation of Credit

CME Resource designates this continuing education activity for 1 ANCC contact hour.

CME Resource designates this continuing education activity for 1.2 hours for Alabama nurses.

AACN Synergy CERP Category B.

Individual State Nursing Approvals

In addition to states that accept ANCC, CME Resource is approved as a provider of continuing education in nursing by: Alabama, ABNP0353 (valid through December 12, 2013); California, CEP9784; California BVNPT Provider #V10662; Florida Provider #50-2405; Iowa, #295; Kentucky, 7-0054, Kentucky Board of Nursing approval of an individual nursing continuing education provider does not constitute endorsement of program content; Texas, ANCC/Type I Provider.

Special Approval

This continuing nursing education activity was approved by the Ohio Nurses Association (OBN-001-91), an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation. Ohio Nurses Association #13,968-I, 1 Contact hour for Category A, approval valid through February 19, 2011.

About the Sponsor

The purpose of CME Resource is to provide challenging curricula to assist healthcare professionals to raise their levels of expertise while fulfilling their continuing education requirements, thereby improving the quality of healthcare.

Our contributing faculty members have taken care to ensure that the information and recommendations are accurate and compatible with the standards generally accepted at the time of publication. The publisher disclaims any liability, loss or damage incurred as a consequence, directly or indirectly, of the use and application of any of the contents. Participants are cautioned about the potential risk of using limited knowledge when integrating new techniques into practice.

Disclosure Statement

It is the policy of CME Resource not to accept commercial support.

Course Objective

The purpose of this course is to provide basic knowledge of the current Ohio Revised Code for registered nurses (RN) and licensed practical nurses (LPN). Ohio nurses are legally obligated to be aware of standards that govern professional accountability. Information contained in this course is not intended to be used in lieu of lawful guidelines, but as a learning tool that increases the understanding of some regulations as they apply to nurses who are licensed within the state of Ohio.

Learning Objectives

Upon completion of this course, you should be able to:

1. Identify the organization and mission of the Ohio Board of Nursing.
2. List the components of the nursing process, as related to the practice of registered nurses and licensed practical nurses in the state of Ohio.
3. Recognize the importance of safe nursing practice.
4. Identify nursing violations that may result in the revocation of a license.

INTRODUCTION

Registered nurses (RNs) and licensed practical nurses (LPNs) in Ohio are legally bound to “practice in accordance with acceptable and prevailing standards of safe nursing care” [1]. This course will acquaint nurses with the basics of the Ohio Revised Code, which is the legal parameter for evaluating and disciplining nurses within this State. According to state law, the Ohio Board of Nursing (Board) is required to review each of its rules at least once every five years. The Ohio Legislature is responsible for updating or modifying the Ohio Code. The Board evaluates reported deviation from standards with relation to intent, pattern and circumstance. After evaluating a possible violation, a nurse is adjudicated through due process action. The Board may revoke or place restrictions on the nurse's license, reprimand, and levy a fine or take no action when standards have been breached with regard to competent practice, nursing process, patient safety, or proper delegation.

Thus, it becomes the prudent practice for each Ohio nurse to become familiar with the basic standards of practice and the laws and rules that govern the major areas of practice for both the RN and LPN.

BOARD ORGANIZATION/MISSION

The Ohio Board of Nursing, as an agency of the state, is charged with the responsibility of administering and enforcing Chapter 4723 of the Ohio Revised Code (the law that regulates the practice of nurses and dialysis technicians), as well as protecting the public from unsafe practices [5]. The Board consists of 13 members and includes eight registered nurses, four licensed practical nurses, and one consumer member that represents the interests of consumers of healthcare. A president and vice-president are elected from among the members; these positions are one-year terms. Board members serve four years, commencing on the first day of January and ending on the thirty-first day of December. In addition, the Board employs a full-time Executive Director who is a registered nurse.

The Board's mission is "to actively safeguard the health of the public through the effective regulation of nursing care" [5].

STANDARDS OF PRACTICE: 4723-4 OAC

The basic standards of competent practice directly impact how both the RN and LPN provide care [2]. Not only must the nurse possess the knowledge of lawful and current care standards, but the knowledge must be demonstrated through *consistent practice* and *intervention* to prevent unauthorized, inappropriate, erroneous, illegal, contraindicated, or intentional nonperformance of care.

STANDARDS FOR APPLYING THE NURSING PROCESS AS A REGISTERED NURSE

According to Ohio law, the practice of nursing as a registered nurse is defined as "providing to individuals and groups nursing care requiring specialized knowledge, judgment, and skill derived from the principles of biological, physical, behavioral, social, and nursing sciences" [2]. The Ohio Administrative Code (OAC) further identifies care that falls within the RN's scope of practice as [2]:

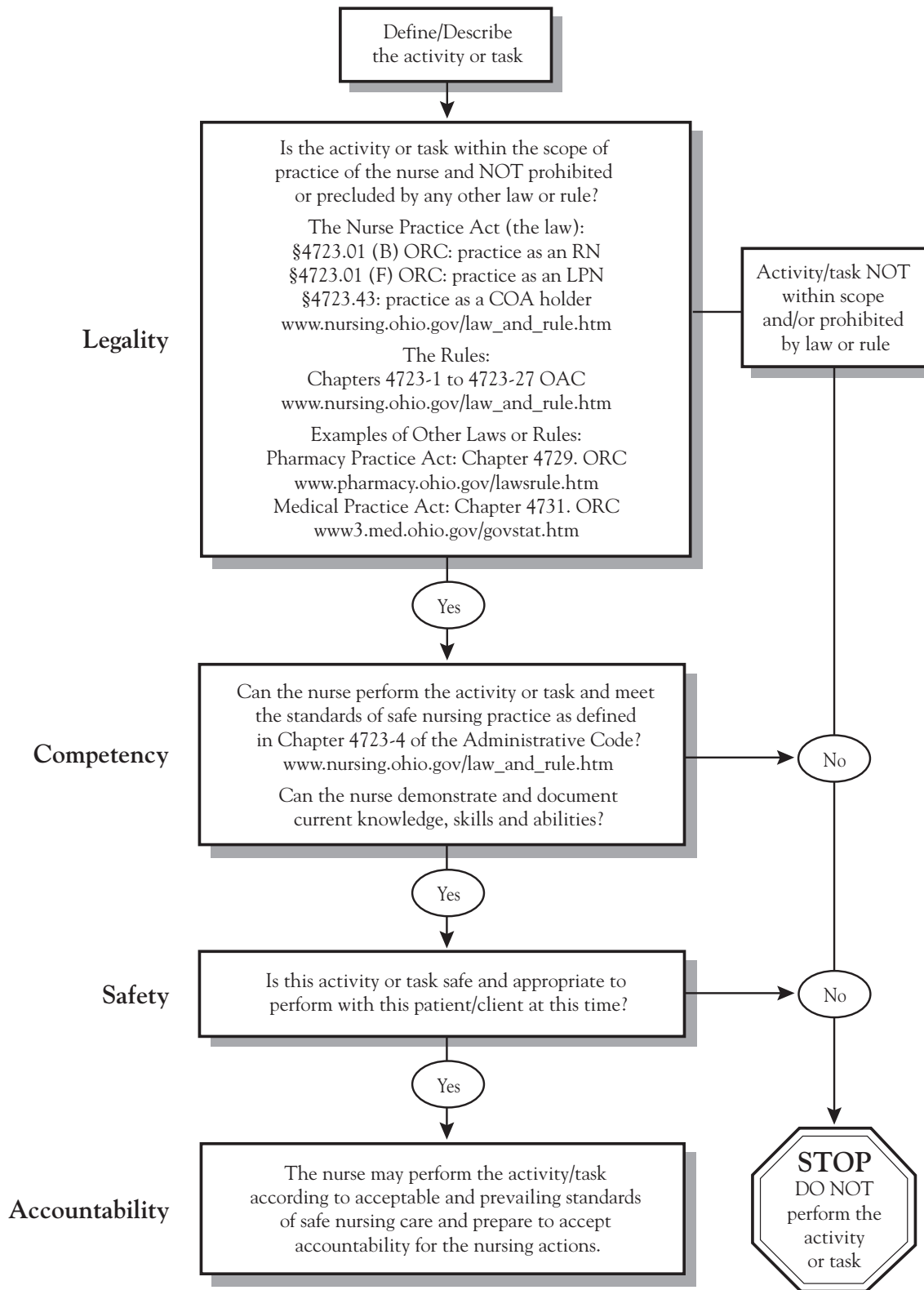
- Identifying patterns of human responses to actual or potential health problems amenable to a nursing regimen
- Executing a nursing regimen through the selection, performance, management, and evaluation of nursing actions
- Assessing health status for the purpose of providing nursing care
- Providing health counseling and health teaching
- Administering medications, treatments, and executing regimens authorized by an individual who is authorized to practice in Ohio and is acting within the course of the individual's professional practice
- Teaching administering, supervising, delegating, and evaluating nursing practice

The Board has also provided a tool for scope of practice decision making (**Figure 1**). This tool may be helpful in determining if an activity or task is within the defined scope of practice.

In conjunction with knowledge, the RN uses the nursing process of **assessment**, **analysis**, **planning**, **implementation**, and **evaluation** to perform duties as outlined by the Ohio Revised Code.

- An RN's **assessment** must be conducted and documented to allow for its use as a basis for nursing intervention.
- An RN's **analysis** of individual patient needs should utilize skills and reasoning to establish, accept, or modify a nursing diagnosis.
- An RN's **planning** for care involves the development or modification of an ongoing regimen. The plan is based on the individual needs of the patient and the care setting. It must be communicated to other team members in a timely fashion to allow for input and modification or implementation.

**SCOPE OF PRACTICE DECISION MAKING MODEL
OHIO BOARD OF NURSING**



Source: Ohio Board of Nursing, Decision Making Model. Pub No: OBN-103.
Available at <http://www.nursing.ohio.gov/pdfs/Decmodel.pdf>.
Reprinted with permission from the Ohio Board of Nursing.

Figure 1

- An RN's **implementation** involves the performance in the administration of care that is within the RN's scope of practice, knowledge, or abilities. In some cases, this also involves collaboration in the administration of care that has been ordered by a licensed practitioner.
- An RN uses all relevant resources for **evaluation** of the patient's response to treatment. These resources include the patient, treatment team, data, and information from appropriate family members or significant others. After performing the evaluation, the RN must communicate the patient's response to others who are involved in the patient's care and seek medically prescribed modification when indicated by prudent nursing judgment.
- This data will be interpreted by an RN or other certified practitioner for the purpose of **planning** an individualized system of care for each patient, as well as acting as notification of the possible need for modification of a new or ongoing plan or emergent intervention.
- The LPN will then be involved in the **implementation** of the intervention when directed by an appropriate licensed practitioner. The LPN may perform tasks alone when they are within her scope of practice, with a group of treatment team members, or solely under the supervision of the licensed practitioner.
- While contributing to ongoing care in a skillful and efficacious manner, the LPN is able to observe client outcomes and provide further **evaluation** reports to the directing RN and documentation for members of the treatment team.

STANDARDS FOR APPLYING THE NURSING PROCESS AS A LICENSED PRACTICAL NURSE

The LPN provides care under the direction of an RN, physician, or other legally recognized medical practitioner that is consistent with her scope of practice, education, and skills. When the LPN is properly trained and supervised, this care may consist of special tasks. The practical nurse *contributes* to the **assessment, planning, implementation, and evaluation** of care while communicating information to others.

- The knowledge and ability of the LPN are important contributions to the **assessment** of the effect of medical orders and nursing diagnoses. Therefore, it is important that this information, whether objective or subjective, be imparted in a careful and timely fashion.

STANDARDS OF NURSING PRACTICE PROMOTING PATIENT SAFETY

In addition to competency, licensed nurses have the responsibility to provide safe patient care. This requires the nurse, at all times, to [4]:

- Display the applicable title or initials to identify the nurse's relevant licensure as a registered nurse or licensed practical nurse.
- Identify to each client the nurse's title or initials when engaged in nursing practice through telecommunications.
- Delegate a nursing task only in accordance with Board rules.
- Report and document nursing assessments or observations in a complete, accurate, and timely manner. This includes care provided by the nurse for the client, and the client's response to that care.
- Report to the appropriate practitioner errors in or deviations from the current valid order.

The OAC 4723-4-06 states that all licensed nurses must take measures to promote a safe environment for each client. Specifically, this includes delineating, establishing, and maintaining professional boundaries with each client. When providing direct nursing care to a client, licensed nurses should treat each client with courtesy, respect, and with full recognition of dignity and individuality. During examination or treatment and in the care of personal or bodily needs, privacy should be respected and given. Licensed nurses should not engage in behavior that causes or may cause physical, verbal, mental, or emotional abuse to a client.

Licensed nurse are strictly prohibited from misappropriating client property or becoming inappropriately involved in personal relationships. This includes [4]:

- Engaging in behavior to seek or obtain personal gain at the client's expense or behavior that may reasonably be interpreted as such an attempt
- Engaging in behavior that constitutes or may reasonably be interpreted as inappropriate involvement in the client's personal relationships

This delineation extends to engaging in inappropriate sexual relationships with clients. A licensed nurse shall not [4]:

- Engage in sexual conduct with a client
- Engage in conduct in the course of practice that may reasonably be interpreted as sexual
- Engage in any verbal behavior that is seductive or sexually demeaning to a client
- Engage in verbal behavior that may reasonably be interpreted as seductive, or sexually demeaning to a client

Clients are always presumed incapable of giving free, full, or informed consent to sexual activity with the nurse.

Patient Safety in Ohio

Because the issue of patient safety is of such importance to nursing practice, the Board and the Ohio Nurses Association have joined with eleven other organizations to form Ohioans First, an initiative designed to “identify and promote safeguards in our healthcare system” [6]. The guiding principles of Ohioans First are [6]:

- All stakeholder activity reflects a shared fundamental commitment to safe health care for every Ohioan.
- All stakeholders act collaboratively and encourage coordinated efforts to achieve improvements in patient safety in Ohio.
- All stakeholders strive to develop safe care strategies that embrace cultures of change and the encourage learning, responsibility, accountability, and improvement.

DISCIPLINARY ACTIONS

A nurse who commits fraud through misrepresentation or deception when applying for renewal of a nursing license may have his or her license revoked by the Board. The Board may also deny, revoke, suspend, or place restrictions on any nursing license for a multitude of reasons. Violations can be grouped into general areas; the following is not meant to be an inclusive account of every type of infringement (please refer to Section 4723.28 of the Ohio Revised Code for a complete list of violations) [7].

Engaging in criminal activity, either in the course of practice or outside of a practice setting, may be grounds for disciplinary action. Criminal activity is defined as being convicted of or pleading guilty to a misdemeanor or felony. In the case of a misdemeanor, there may be a finding of “eligibility for intervention” [7]. The Board may impose sanctions for being convicted of a felony in relation to gross immorality or moral turpitude, the illegal sale of drugs or therapeutic devices, or committing a crime outside of the jurisdiction of the state that would constitute a felony in the state of Ohio [7].

Any action that causes impairment is also grounds for sanction by the Board. This includes self-administering dangerous drugs without a prescription and habitual indulgence of habit-forming drugs, alcohol, or other chemical substances. A physical or mental disability may also impair the nurse's ability to practice according to acceptable and prevailing standards of safe nursing. If a nurse's license has been revoked due to mental illness or incompetence, the Board may restore the license upon proof of competence through adjudication of a probate court [7].

Ethical violations include assaulting or causing harm to a patient; depriving a patient of the means to summon assistance; and using intentional misrepresentation or material deception to obtain money and/or anything of value in the course of practice. The nurse who fails to establish and maintain professional boundaries with a patient or engages in sexually inappropriate behavior, physically or verbally, is also eligible for disciplinary action [7].

Disciplinary action may also result from violating safety precautions. Safety violations include the failure to use universal blood and body fluid precautions, established by rules adopted under section 4723.07 of the Ohio Revised Code, and the failure to practice in accordance with acceptable and prevailing standards of safe nursing care. Engaging in activities that exceed the scope of practice of the licensee is deemed unsafe. In addition, aiding and abetting the practice of nursing by a person who does not hold a license is grounds for sanction by the Board [7].

Before disciplinary action is taken, the Board will conduct a thorough investigation of the situation and its outcomes. Although a single infringement may constitute a violation, most violations "result from a pattern or course of conduct or series of commissions or omissions related to the standards" [1]. If it has been determined that a violation has been committed, the Board will consider any mitigating circumstances, including intent, that may have contributed to the nurse's action or inaction. In keeping with due process, as defined in Chapter 119 of the Ohio Revised Code, the nurse is provided the opportunity for a hearing, the outcome of which may be to deny, revoke, suspend, or place restrictions on the license; reprimand, fine or otherwise discipline the nurse; or take no action [1].

CONCLUSION

It is the responsibility of the Ohio Board of Nursing to enforce the law and rules regulating the practice of nursing as the law is currently stated and not how individuals may wish the law to be. However, as nurses are affected by these rules and regulations, they have the responsibility to keep informed of regulatory changes and provide public comment regarding regulations. All Board meetings, held every two months, are open to the public. In addition, the Board seeks public input through its newsletter, *Momentum*. For those individuals with special concerns, the Board may hold special forum sessions. For more information please contact the Board at 614-466-3947 or <http://www.nursing.ohio.gov>. Practice issues or questions may be sent directly to the Board by email to practice@nursing.ohio.gov.

Works Cited

1. Ohio Board of Nursing. *The Board of Nursing and the Rule Making Process: A Guide to Public Participation*. 2001.
2. Chapters 4723-1 through 4722-23 Ohio Administrative Code.
3. Rules 4723-4-03, 4723-4-04 and 4723-4-05 Ohio Administrative Code.
4. Rule 4723-4-06 Ohio Administrative Code.
5. Ohio Board of Nursing. *The Board of Nursing and the Rule Making Process: A Guide to Public Participation*. June 2005. Available at <http://nursing.ohio.gov/PDFS/rules.pdf>. Last accessed March 28, 2006.
6. Ohioans First. Patient Safety in Ohio: Building a Foundation for Excellence. 2003. Available at http://www.ohioansfirst.org/about_files/principles.pdf. Last accessed March 15, 2007.
7. Section 4723.28 of the Ohio Revised Code
8. Ohio Board of Nursing, Decision Making Model. Pub No: OBN-103. Available at <http://nursing.ohio.gov/pdfs/Decmodel.pdf>. Last accessed March 28, 2006.