

**BEFORE THE OREGON
STATE BOARD OF NURSING**

In the Matter of) **STIPULATED ORDER FOR**
Rebecca Parker, NP) **PROBATION**
)
License No. 091007142RN,) **Reference No. 11-03093**
091007142CNM, 200150132 FNP

The Oregon State Board of Nursing, (Board) is the agency responsible for licensing and regulating nurse practitioners in the State of Oregon. Rebecca Parker, hereinafter referred to as "Licensee," is a Family Nurse Practitioner and Certified Nurse Midwife in the State of Oregon. The Board issued Licensee a certificate as a certified nurse midwife on February 19, 1997, and a family nurse practitioner certificate on October 10, 2001.

On May 6, 2011, Licensee was reported to the Board for managing the care of CJ, a postdate multiparous (Gravida 7 Para 4) patient in Ashland, Oregon while she resided in Portland, Oregon. According to the report, Licensee failed to do proper prenatal screening tests during the patient's pregnancy, failed to follow up on abnormal lab tests, and failed to arrange appropriate medical back up for the patient. Additionally Licensee did not physically examine the patient after her due date, planned to induce labor with Castor oil and acupuncture at 43+ weeks gestation and failed to provide the patient's prenatal records by fax in a timely manner.

The patient, CJ, presented to the Ashland Emergency Room on May 6, 2011, with watery brown discharge and contractions. CJ was at 43 weeks gestation, with elevated blood pressure. When labor failed to progress, CJ's labor was induced with Pitocin. Following the delivery the baby was visibly postdate, had thick meconium, and oligohydramnios. The baby had unstable blood sugars and a positive antibody screen. The cord was wrapped around the baby's neck and requiring that it be cut on the perineum. The baby was taken to the resuscitation center after initially crying and the baby's Apgar scores were recorded to be "3/5/8" at one minute, five minutes and 10 minutes following delivery.

CJ reported to the attending physician that Licensee was planning on driving to Ashland on May 8, 2011, to "induce the labor with Castor oil and acupuncture." The Board opened an investigation into the matter.

Licensee stated during an interview with Board staff that at the time she accepted CJ as a client, she was still spending time in Ashland, and CJ and her family had indicated that they planned to move to Portland in early 2011. She stated that their plans changed sometime in March 2011. She stated that she did not believe that the change of plans regarding CJ's relocation was cause for a transfer of care, as she was still in Ashland on a regular basis.

Licensee acknowledged that if a client is having a birth in another city, it is customary to set up a back-up provider. She stated that in her practice, it is the client's responsibility to follow

through with obtaining back up care, and that she does not communicate with the physician regarding the prenatal care that she is personally providing. She stated that the patient would be responsible for communicating information between the physician and herself.

Licensee stated that she believed that she had ordered the standard prenatal panel of tests during CJ's pregnancy. She acknowledged that there was some discrepancy between CJ's estimated due date by ultrasound, and the date of her last menstrual period.

Licensee stated that on April 18, 2011, she believed CJ's gestational period was at 40 weeks 3 days, and she was attempting to assist in ripening her cervix. She stated that at her visit on April 24, 2011, she discussed using acupuncture and Castor oil to "get things going" if CJ did not go into spontaneous labor. She stated that she arranged for an ultrasound and Biophysical profile testing (BPP).

Licensee stated that the lab delayed her receipt of the lab report by using the wrong fax number. The report showed CJ's BPP results which had dropped to 4/8, late which was concerning to her. Licensee stated that she contacted CJ and encouraged her to get the baby delivered, and planned to drive down to Ashland to assist CJ. She acknowledged that because of the BPP results, it was no longer safe to deliver the baby at home.

On May 3, 2011, Licensee spoke with CJ and learned that she was having some fluid leakage. On May 6, 2011, Licensee reported that CJ contacted her in Portland and reported that she was having contractions, and was going to the hospital.

During the course of the investigation, the Board obtained information that indicated Licensee's care of CJ fell significantly below community standards in a number of ways.

CJ became Licensee's patient while living in Ashland, Oregon. During the course of her pregnancy, Licensee relocated to Portland, Oregon. Licensee continued to assume primary care of CJ, although she was now living almost five hours away from her. Licensee failed to assist CJ with transitioning to another provider so that she would have care available at all times

Licensee indicated that she had a relationship with a family practice physician in Ashland, who along with two other physicians that would be available to provide backup care for CJ during her pregnancy or delivery. There was no a formal "back-up" agreement between Licensee and these providers, so that her patients would have care if they went to the hospital.

Licensee did not document any consultation with an MD despite numerous issues with CJ's health. She did not check that CJ was able to establish care with a suggested provider, or that she had established care with any other physician, and ultimately CJ had to go to the hospital to be cared for by the on-call physician, without records.

Licensee was asked to provide the Board with a set of protocols from her practice that dictate what conditions require consultation, transfer of care, or transfer from home to hospital birth, along with documentation of a relationship with a consulting physician. Licensee failed to

provide any such records for her practice in the Ashland or Portland area. .

CJ had hypertension throughout the pregnancy, which is a risk factor that might have suggested home birth was not her safest option. There is no documentation in the chart that Licensee was aware of the abnormal Blood Pressures (BPs) or addressed them in any way. This is a condition that should require consultation with the backup physician, and a plan made for surveillance.

Licensee failed to discern an Estimated Delivery Date (EDD) and use it consistently in planning CJ's care. Two dates appear throughout Licensee's documented care to CJ, and served to confuse the picture when CJ became post-dates. A 13-week ultrasound is very accurate, much more so than an uncertain Last Menstrual Period (LMP). The Maternal Fetal Monitoring specialist who saw CJ and performed the ultrasound explicitly addressed this in his report to Licensee. Licensee failed to follow other recommendations of this consulting specialist.

Licensee did not order the appropriate screening for diabetes for CJ. CJ did not receive the suggested number of titers for the anti-c antibody, or the appropriate follow-up testing for fetal anemia. Additionally, the follow up recommendations that CJ receive a test every 2 weeks from 24 weeks on, made by the consulting specialist were not followed by Licensee.

Licensee's failure to order the tests and check on the results is evidence of why long-distance medical care is not appropriate. Had these tests had been done on schedule; the fact that they were rising would have been detected sooner and assisted with decision making about the timing of delivery.

Prolonged pregnancy is a significant risk for fetal compromise. Licensee appears to have recognized this and ordered appropriate post-dates testing. Licensee failed to document her attempts to communicate the significance of this information and recommendations that CJ should be induced by 42 weeks in the absence of any risk factors; sooner given the antibody sensitization and CJ's hypertension in CJ's patient record.

Licensee also failed to communicate the significance of the post-dates testing results to CJ on May 3, 2011, when they were significantly abnormal at 42 and 43 weeks. A BPP of 4/8 should have prompted an induction, especially in a post-dates pregnancy, and the Amniotic Fluid Index (AFI) of 5.9 was a further concern. In one of the hospital notes, there was a suggestion that the patient was leaking fluid at that time. This is not reflected in Licensee's documentation, but CJ should have been questioned about that possibility, and perhaps examined to rule out ruptured membranes

The pathology report on the placenta indicated both meconium staining and chorioamnionitis. Although meconium could have been normal due to the gestational age, the chorio indicates the presence of infection, possibly from leaking fluid for several days before the induction.

Licensee fell below the standard of care when she failed to see this patient after April 26, 2011. The standard of care is to see women weekly at the end of pregnancy to check their BP, check for proteinuria, and to discern ongoing fetal well-being.

Licensee's earlier visits with the patient included a urine test for pH. This is not an appropriate test. All pregnant women are screened for protein and glucose in their urine, especially in the later weeks of pregnancy. This did not occur, and CJ was found to have 2+ proteinuria on admission to the hospital.

Hypertension does not appear on CJ's problem list, although it was clinically significant. CJ was a 35 year old African American woman whose mother was hypertensive. CJ was induced at 34 weeks with her last pregnancy when pregnant for twins. This medical procedure is generally done if the mother develops pre-eclampsia (PET), a common complication of twin pregnancies.

Chronic hypertension is a significant risk for PET, and when a woman develops PET superimposed on her chronic hypertension, the potential for her to be extremely sick is significant. CJ's conditions indicated the need for collaborative management with an obstetrician, increased blood pressure surveillance, often a 24 hour urine collection at 28 weeks and again if proteinuria develops, serial blood labs, ultrasound to monitor fetal growth, teaching about the signs and symptoms to watch for, and prompt delivery at term if their condition worsens. The records do not reflect that Licensee ordered these tests. Licensee failed to document that she provided any of this care, placing both mother and baby at risk.

Licensee failed to appropriately plan for responding to CJ's positive antibody screen, by documenting an inappropriate plan to give Rhogam at 28 weeks. Licensee failed to document important teaching about warning signs, the specific concerns about CJ's pregnancy, preparation for labor, and other critical topics.

The above behavior constitutes violations of ORS 678.111 (1) (b),(f), and (g); and OAR 851-045-0070 (1) (a), (b), and (d), (3) (a), (b), (g) and (4) (b);and (7) (a) and (10) (f) which read as follows:

678.111 Causes for denial, revocation or suspension of license or probation, reprimand or censure of licensee. In the manner prescribed in ORS chapter 183 for a contested case:

- (1) Issuance of the license to practice nursing, whether by examination or by indorsement, of any person may be refused or the license may be revoked or suspended or the licensee may be placed on probation for a period specified by the Oregon State Board of Nursing and subject to such condition as the board may impose or may be issued a limited license or may be reprimanded or censured by the board, for any of the following causes:
 - (b) Gross incompetence or gross negligence of the licensee in the practice of nursing at the level for which the licensee is licensed.
 - (f) Conduct derogatory to the standards of nursing.
 - (g) Violation of any provision of ORS 678.01 0 to 678.445 or rules adopted thereunder.

**Conduct Derogatory to the Standards of Nursing Defined
851-045-0070**

Nurses, regardless of role, whose behavior fails to conform to the legal standard and accepted standards of the nursing profession, or who may adversely affect the health, safety, and welfare of the public, may be found guilty of conduct derogatory to the standards of nursing. Such conduct shall include, but is not limited to, the following:

(1) Conduct related to the client's safety and integrity:

(a) Developing, modifying or implementing standards of nursing practice/care which jeopardize patient safety.

(b) Failing to take action to preserve or promote the client's safety based on nursing assessment and judgment.

(d) Failing to modify, or failing to attempt to modify the plan of care as needed based on nursing assessment and judgment, either directly or through proper channels.

(3) Conduct related to communication:

(a) Inaccurate recordkeeping in client or agency records.

(b) Incomplete recordkeeping regarding client care; including, but not limited, to failure to document care given or other information important to the client's care or documentation which is inconsistent with the care given.

(g) Failing to maintain client records in a timely manner which accurately reflects management of client care, including failure to make a late entry within a reasonable time period.

(h) Failing to communicate information regarding the client's status to members of the health care team (physician, nurse practitioner, nursing supervisor, nurse co-worker) in an ongoing and timely manner; and

(4) Conduct related to achieving and maintaining clinical competency:

(b) Failing to conform to the essential standards of acceptable and prevailing nursing practice. Actual injury need not be established.

(7) Conduct related to the licensee's relationship with the Board:

(a) Failing to provide the Board with any documents requested by the Board.

(10) Conduct related to advanced practice nursing:

(f) Ordering unnecessary laboratory or other diagnostic tests or treatments for the purpose of personal gain.

Licensee denies the allegations but acknowledges that the above behavior, if proven at hearing, would constitute grounds for disciplinary action by the Board. Licensee wishes to cooperate with the Board in resolving the present disciplinary matter. Therefore, Licensee wishes to enter into a stipulated agreement for probation of her Registered Nurse License and Nurse Practitioner Certificates, and it is agreed that: That the Nurse Practitioner license of 091007142 RN, certificate 091007142 CNM, and certificate 200150132 FNP be placed on Probation. The Licensee's compliance with this agreement will be monitored by the Oregon State Board of Nursing from date of signature on the Stipulated Order.

Licensee must complete a twenty-four (24) month period of probation upon final signature of this order. During that time period Licensee must be supervised by a Board approved Certified Nurse Midwife and/or Family Nurse Practitioner, or licensed healthcare practitioner holding a higher level of licensure in the field of obstetrics and family practice when practicing. Licensee will bear the cost of the supervisor. During that time, all of Licensee's charts will be reviewed by said Board approved supervisor. All births performed by Licensee shall be supervised by said Board approved supervisor, and Licensee shall perform a minimum of eight (8) births during that time as a part of a minimum of 1200 of practice hours so that she is able to exercise the full extent of scope of duties in order to demonstrate her competency. The hours spent on the births shall count in the calculation of the minimum number of practice hours.

Licensee shall not enter any agreement to perform prenatal care for, or the delivery of infants for clients seeking a home birth for a period of not less than six months.

After a period of six months, should Licensee demonstrate to her supervisor, that she has met the standards of practice as a Certified Nurse Midwife as defined by the American College of Nurse Midwives and the Oregon State Board of Nursing, Licensee may petition the Board to expand her practice to include clients seeking supervised home birth. At no time during the period of Probation shall Licensee perform a home birth without direct supervision. Licensee may also make a request to the Board after six months and proof of competency, to provide care for clients in a facility that has on staff at all times, a Certified Nurse Midwife and/or Family Nurse Practitioner available to Licensee for consultation and supervision.

Any period in which Licensee does not practice in the State of Oregon will not count toward the probationary period.

Licensee must comply with the following terms and conditions of probation:

- 1) Licensee shall not violate the Nurse Practice Act (ORS 678) or the rules adopted thereunder.
- 2) Licensee shall have thirty-six (36) months from Board acceptance of this Stipulation to complete twenty- four (24) months of monitored practice.

3) Licensee shall notify the Board, in writing, prior to any change of address or employment setting, during the probation period.

4) Licensee shall maintain an active license.

5) Licensee shall complete the following continuing education courses within six months of beginning probation:

75 contact hours from Modules obtained from the American College of Nurse Midwives, and 30 Continuing education courses (CEU's) for Family Nurse Practitioners

All courses shall be pre-approved by Board staff, and Licensee shall provide proof of completion of each course either through certificates of completion or transcripts. Should Licensee fail to complete these courses during the six month period of Probation, Licensee shall remain on restricted practice from supervised home births until such time as she completes the courses and shows proof.

6) Licensee shall inform the Board in advance of any absences from Oregon and/or move from Oregon to another licensing jurisdiction. If licensee leaves the State and is unable to practice in the State of Oregon, her probationary status will be re-evaluated.

7) Licensee shall present herself, in person or by phone, to designated Board staff for interviews on a monthly basis during the probationary period. Frequency of contact may be reviewed and revised periodically at the discretion of Board staff.

8) Licensee shall notify the Board of any citations, arrests, or convictions for any offense, whether a felony, misdemeanor, violation, or citation, except for traffic or pedestrian violations or citations, within seven (7) days of the occurrence.

9) Licensee will not look for, accept, or begin a new nursing position without the approval of the Board. This includes changes of the employer itself or changes within the facility or institution.

10) Licensee shall inform current and prospective employers of the probationary status of her license, the reasons for her probation, and terms and conditions of probation. If there is a Nurse Executive, that person is to be informed of licensee's probationary status. The Nurse Executive will receive copies of the Stipulation for Probation and Board Order when Licensee is employed.

11) Licensee shall work under the direct supervision of another licensed healthcare professional, functioning at the same or higher level of licensure, who is working in the same physical location and readily available to observe practice and provide assistance. Licensee shall be employed in a setting where another licensed healthcare professional, functioning at the same or higher level of licensure agrees to submit written evaluations of work performance (on forms provided by the Board) every three (3) months during the probationary period. The licensed healthcare professional must submit the quarterly evaluation within 10 days of the due

date. If the evaluation is not received at such time, Board staff will contact the *supervisor* to remind them. If the Board does not receive the report within 5 business days from the time the *supervisor* is contacted, the probationer will be restricted from practice.

12) Between regular reporting periods, the licensed healthcare professional or comparable person, shall inform the Board of any instance of the probationer's non-compliance with the terms and conditions of this Stipulation for Probation, or of any other concern there may be regarding her work-related conduct or personal behavior that may affect her ability to practice as a nurse.

13) Licensee shall notify the Board when there is a change in status of employment including resignations or terminations.

14) Licensee shall not work in any practice setting in which on-site supervision is not available. This generally includes home health agencies, traveling agencies, nursing float pools, temporary agencies, assisted living facilities, adult foster care, independent consulting contracts, home hospice, and night shifts outside of acute care settings.

15) Licensee shall cease practicing as a nurse if there are concerns about her ability to practice safely or at the request of Board staff. Practice may resume when approved by the Board staff, in consultation with her employer or work site.

16) Licensee shall cooperate fully with the Board in the supervision and investigation of her compliance with the terms and conditions of this Stipulation.

17) If, after 18 months, Licensee has completed all of the affirmative requirements of the probation and demonstrate to her supervisor that she has met the standards of practice as a Certified Nurse Midwife as defined by the American College of Nurse Midwives and the Oregon State Board of Nursing, Licensee may petition the Board to terminate her probation at that time.

Licensee understands that the conduct resulting in the violations of law, described in this Stipulation are considered by the Board to be of a grave nature and if continued, constitutes a serious danger to public health and safety.

Licensee also understands that in the event she engages in future conduct resulting in violations of the law or terms of probation the Board may take further disciplinary action against her license, up to and including revocation of her license to practice as a Nurse Practitioner.

Licensee understands that this Stipulation will be submitted to the Board of Nursing for approval and is subject to the Board's confirmation.

Licensee understands that by entering into the stipulated agreement, she waives the right to an administrative hearing.

Licensee states no promises, representation, duress, or coercion has been used to induce her to sign this Stipulation.

Licensee understands that this Stipulation is a public record.

Licensee has read this Stipulation, understands the Stipulation completely, and freely signs the Stipulation.

IT IS SO AGREED:

SIGNATURE & DATED COPY ON FILE

Rebecca Parker, NP

Date

ORDER

IT IS SO ORDERED:

BOARD OF NURSING FOR THE STATE OF OREGON

SIGNATURE & DATED COPY ON FILE

Kay Carnegie, RN, MS
Board President

Date