

*Health Professions  
Quality Assurance Division*

**1995-97 Biennial Report  
of  
The Health Professions  
Quality Assurance and  
Regulatory Activities**

**June 1998**



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July 13, 1998

The Honorable Gary Locke  
Washington State Governor  
Post Office Box 40002  
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Dear Governor Locke:

The Washington State Department of Health (DOH) is pleased to provide the fifth Biennial Report of the Disciplinary Process, as required by RCW 18.130.310.

The Department of Health was created in 1989 to focus on the preservation and improvement of public health, monitoring of health care costs, and the setting and maintenance of standards for quality in health care delivery facilities and professionals. It is also responsible for the general oversight and planning for all the state's activities as they relate to the health of its citizenry.

The Department of Health, Health Professions Quality Assurance Division is responsible for promoting the effective partnership among the department, professional licensing boards, commissions, committees, councils, the public, and health professions to improve the quality of health care in the state of Washington. Health Professions Quality Assurance manages professional licensing and disciplinary programs to promote access to high quality, cost-effective health services; maintains open and continuing consultation with boards, commissions, committees, councils, and other stakeholders to help achieve program goals and objectives; and promotes health care consumer protection, including protection from impaired providers.

The division provides credentials for 51 different types of health professions to include more than 365,000 health care providers, of which 220,000 hold current, active credentials. The division works with 23 boards, commissions, committees, and councils in regulating these health professions.

This report provides information on quality assurance mechanisms and disciplinary activities for all health professions, including tables for easy reference. The data submitted is for the 1995-97 biennium.

During the upcoming biennium, major emphasis will be placed on enhancing the disciplinary process and regulatory reform. Developing and implementing technical assistance plans and procedures will play a major role in the disciplinary process.

Sincerely,

KRISTINE VAN GORKOM  
Deputy Secretary

Enclosure



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## Executive Summary

This is the fifth biennial report of the Department of Health on quality assurance mechanisms and regulatory actions for health care professionals as required under the Uniform Disciplinary Act, RCW 18.130.310.

Expectations on the part of consumers concerning the quality of care they receive continue to increase and the workload of the programs has increased during the last few years. Consumer awareness, mandatory malpractice, peer review, and facility reporting has led to a significant increase in the number of complaints the Department received.

- During the 1989-91 biennium the department received 4,874 complaints relating to health care professionals. This last biennium it received 8,874 complaints (about 4% of practitioners). This represents a 45% increase since 1989.
- The number of active licensees has increased from 164,355 in 1991 to 220,868 in 1997 (a 26% increase).
- During the past few years a greater emphasis has been placed by the Department of Health on settling disciplinary cases in lieu of formal hearing. Last biennium the disciplining authorities conducted formal hearings in approximately 13% of the disciplinary cases (a slight increase over last biennium).

To help alleviate some of the burden on the disciplinary authorities, several boards and commissions have opted to delegate decision making on cases to the presiding officers at the Office of Professional Standards. This, along with the use of case disposition guidelines, has helped the disciplinary authorities in focusing their attention on serious cases.

One hundred seventy three unlicensed practice investigations were conducted last biennium, an increase of twenty-two from the 1993-95 biennium. Responsibility and funding for unlicensed practice activity for the investigation and subsequent legal action against unlicensed individuals lies solely with the Secretary of the Department of Health rather than with the individual boards and commissions. Due to limited allocations and minimal resources for unlicensed practice, the Department will focus its resources on only those unlicensed practice cases which present a substantial risk to the public.

This report contains a great deal of quantitative data relating to disciplinary actions taken against health care practitioners.

It is interesting to note that four primary violations account for 77.4% of the violations cited. This is consistent with what is found in the literature concerning trends nation wide.

- Incompetence, negligence or malpractice (32.7%) (RCW 18.130.180 (4))
- Drug or alcohol related cases (18.9%) (RCW 18.130.180 (6), RCW 18.130.180 (23) and some of RCW18.130.170)

- Abuse of a client or patient (15.3%) (RCW 18.130.180 (24))
- Violation of any state or federal statute (10.5%) (RCW 18.130.180 (7))

Of the 932 orders written, the disciplinary authorities imposed rehabilitative sanctions 50% of the time. The practitioners were allowed to remain in practice while fulfilling the conditions of the order. In 34% of the cases, practitioner's licenses were revoked or indefinitely suspended - an increase of 14% over last biennium. In 12% of the cases the practitioner's license was suspended with rehabilitative conditions required prior to practicing again. The remaining 4% were reprimanded or asked to pay a fine (a 10% decrease from last biennium). Statistical analysis tend to demonstrate that the Uniform Disciplinary Guidelines are being appropriately applied.

The disciplinary process continues to evolve into a complex and costly legal process. Legislative and legal communities' emphasis on consistency and uniformity has resulted in continual review and enhancement of uniform procedures.

Finally, throughout the last biennium, the division took great strides in implementing many quality assurance mechanisms. These mechanisms are assisting the public and practitioners in obtaining the most up to date information and help available.



# Section 1

**Regulatory Reform, Quality Assurance Framework and Strategies  
within Health Professions Quality Assurance**

Health Professions Quality Assurance Division has several quality assurance mechanisms to assist both the public and the health care professionals obtain the most up to date information and help available. Regulatory reform provides an excellent venue for both public outreach and input into our regulatory framework. The division has an automated verification service which allows hospitals, insurance providers, and managed health care organizations obtain information on health care providers 24 hours a day. Our public disclosure process allows individuals access to information concerning health care professionals licensure and disciplinary status. Technical assistance in the form of brochures and the internet also gives individuals access to information available. These mechanisms assist both the consumers and the practitioners in obtaining current information concerning the roles and responsibilities of the department and the disciplinary authorities and also provide consumers avenues to assist them in making educated decisions about their health care providers.

### **Quality Rule Making**

During the 1995-97 biennium, the Department of Health (DOH) significantly changed its orientation on rule making. The department implemented the substantial changes to the Administrative Procedures Act (APA) that occurred in 1995. The changes to the APA placed more emphasis on stake holder involvement in rule making, statutory authority for rule making, and analysis of the cost of compliance with regulation. These changes inspired DOH to revise its rule making process and Health Professions Quality Assurance implemented those changes.

The values expressed in Governor Locke's Executive Order on Regulatory Improvement and Executive Order on Quality Improvement were also incorporated during the 1995-97 biennium. Regulations are now written only when necessary and are written with the people who will be affected by the rules as well as the people who are interested in the rules. Regulations that are no longer needed are being repealed. These rule making principles have improved our regulatory process and reduced regulatory requirements.

#### Rule Inventory

By the year 2000, all of HPQA's rules that have a significant impact on practitioners will be reviewed in accordance with Governor Locke's Executive Order on Regulatory Improvement. To begin this four year process, HPQA created and completed an inventory of its 1746 rules. Each rule was analyzed to determine its level of controversy. Stake holder involvement was solicited to discover areas of concern. With this information HPQA was able to determine 335 rules did not need to be reviewed and, more importantly, to prioritize the review of the over 1400 rules remaining.

#### Policy Inventory

All HPQA policies and interpretive statements were reviewed to determine if they should be amended, eliminated, retained in their current form, or adopted as a rule. Key questions asked were: Does the policy subject individuals to a penalty? Does the policy establish qualifications

for licensure? Does the policy establish any procedure for a hearing? If the response to any of these questions was yes, the policy was scheduled for adoption as a rule.

#### Establishing Uniform Administrative Procedures for Regulating Health Care Practitioners

Significant progress was made on another important rules project, the implementation of HB 2151. This bill mandated the consolidation of the administrative procedures for licensure into a single chapter, instead of duplicating the procedures in each profession's rules as in the past. This effort will result in a new chapter that will explain how all health care providers obtain and renew their credentials. During the 1995-97 biennium, professions were surveyed, stake holder involvement was solicited and draft rules were written.

#### The Future

In the 1995-97 biennium, work began on the repeal of 79 old, outdated, and redundant rules. The crucial, first stages (identification and initial filing) of HPQA's inaugural expedited repeal were completed by the end of the biennium. Following the inventory of rule reviews, will be the actual rule reviews. Each rule designated as significant or controversial will be reviewed according to the seven criteria listed in the executive order.

Rule making philosophy and procedures changed dramatically during the 1995-97 biennium. Stake holder involvement, statutory authority, benefit cost analysis are now part of the rule making process. Required rule reviews will increase rule making activity, both the number of rules that will be amended and repealed. HPQA anticipates a full rule making schedule during the next biennium.

### **Interpretive and Policy Statements**

During the 1995-97 biennium, legislation was passed that impacted interpretive and policy statements. RCW 18.130.065 mandates that the Secretary of the Department of Health review and coordinate all proposed interpretive statements, policy statements and declaratory orders and to inform the boards or commissions of the results of the review and provide any comments or suggestions deemed appropriate. Additionally, RCW 34.05.230 mandates whenever an agency issues an interpretive or policy statement, it must submit to the code reviser for publication in the state register a statement describing the subject matter of the interpretive or policy statement and list a contact person.

DOH and HPQAD have adopted policies giving direction to staff on the process to follow for implementing these legislative mandates. Since July 1996, the secretary's designee has initiated a review of approximately 210 proposed issues or implemented policy and interpretive statements affecting the health care professions. These recommendations have improved the quality of policy and interpretive statements and provide for greater consistency across professions. The types of recommendations the secretary has provided include:

- making minor technical changes to policy or interpretive statements to add missing or clarifying language

- consulting with the Assistant Attorney General
- consulting with other professions on interpreting practice parameter issues that may effect their profession
- taking issues to HPQAD workgroups for review and input
- incorporating policy or interpretive statement in existing rule
- explaining to the public the rationale for the decision or interpretation

The Secretary's review of policy and interpretive statements has increased the communication between the different health care professions as well as division staff. There is more sharing of information at the initial stages of consideration. In some cases there has been a decrease in workload as there is the ability to use or to expand on policy statements issued by other professions.

### **Automated Verification Service**

This past biennium, the division implemented a voice response system for verification of health profession licenses, certifications and registrations. The Automated Verification Service (AVS) is available 24 hours a day, seven days a week and can be accessed two ways, either by telephone or by computer modem. Primary users of the AVS are hospitals, insurance carriers and managed care organizations. Credentialed persons can also call the AVS to verify their own credential, whether their renewal has been processed and whether they have any open or closed complaints. In the first year of use, AVS paid for itself in the money which was spent by one profession alone in providing credentialing verification data. This system is available for all 51 health care professions within the division. Approximately 405,000 verifications have been made since implementation. The AVS system has benefited staff by reducing the time necessary to provide this information, as well as benefiting hospitals, insurance carriers, managed care organizations and health care providers who are provided with easy access to practitioner information.

### **Public Disclosure**

The Health Professions Quality Assurance Division processed over 17, 500 requests for public disclosure this past biennium. Types of public disclosure requests the division receives varies considerably. Requests include copies of disciplinary case files, complaint files, credentialing application files and verifications of credentialing status. Public disclosure requests are a major workload for division staff. The division is committed to responding to these requests promptly and with legal accuracy. In order to establish a uniform approach by employees in dealing with the Public Records Act, the division formed a workgroup to write a division policy on public disclosure. To assist staff in understanding the importance and complexity of public disclosure, there was staff training on implementation of the policy. Areas addressed by the policy includes how to take a public disclosure request, what information is legally not discloseable and how much the requester can be charged for their request. Public disclosure requests are very time consuming as there is so much information that cannot be released to the public. Complete files

need to be copied, non-releasable information is then blacked out and the entire file with blacked out information is recopied. Staff must then list in a cover letter all materials not releasable and the reasons why they are not releasable. By creating the policy and training staff, the division has seen improvement in the way its minimal resources are utilized to process the major workload of public disclosure requests.

## **Adjudicative Clerk Office**

The Adjudicative Clerk Office, a new service unit within Health Professions Quality Assurance, opened its doors July 1, 1997. The goal of the Clerk's Office is to consolidate administrative adjudicative tasks. The new office will provide uniformity, consistency, and efficiency in the adjudicative process. It will streamline administrative functions from programs and the Office of Professional Standards, allowing timely statistical reporting, central tracking, and document handling.

## **Resource Documents Available From Health Professions Quality Assurance**

To obtain any of the following documents please contact the Health Policy and Constituent Relations Office at (360) 586-0055 or write to PO Box 47860, Olympia, Washington, 98504-7860.

### **Adjudicative Clerk Office Informational Document**

The scope of the Adjudicative Clerk Office is divided into three major subsections: maintaining official records, scheduling, and service of legal documents. An informational document with more details on the Adjudicative Clerk Office is also available.

### **Automated Verification Service (AVS) Brochure**

This brochure provides information about our voice response system for verification of health profession credentials (licenses, certifications and registrations). The brochure explains step by step how to access verifications. The verifications are considered to be official verifications for credentialing purposes. The brochure also outlines the basic hardware and software requirements needed to complete a verification by computer.

### **Guide On The Complaint Process**

This brochure explains who Health Professions Quality Assurance is, what they do, and guidance on how to receive information about a health care professional. It also explains what the complaint process is and gives guidance on how to file a complaint.

### **Health Professions Quality Assurance Credentialing Overview**

This document provides information such as the division's mission, focus, overview and organization. It provides individual profession information such as:

- Fee schedules
- Number of exams per year
- The renewal cycle
- Continuing education requirements
- Staff contact person(s)
- Number of active credentialed providers
- Regulations
- Board description and length of terms

### **Investigation And Discipline Processes Brochure**

This brochure explains the investigative, settlement and hearing processes.

### **Public Disclosure Brochure**

This brochure explains what public records are and how to request them. It also explains what kind of information is not discloseable, the cost of obtaining records, and the timelines for public disclosure requests.

### **Washington Health Professional Services (WHPS) Brochure**

WHPS is a confidential program for chemically impaired health professionals. This brochure provides information about what the program does and how it can help practitioners in need. It provides examples of signs that may indicate a professional is experiencing problems, as well as information about confidentiality and referrals.

## **Health Professions Quality Assurance Home Page Development [www.doh.wa.gov](http://www.doh.wa.gov)**

Development of Health Profession Quality Assurance's home page is well under way. When completed, the page will include the following information:

- Overview of Health Professions Quality Assurance
- Information about Boards, Commissions, Committees and Councils
- Regulations
- The complaint process
- Frequently asked questions
- Individual profession information
- Links to areas of interest

Each profession is also developing its own web page. The Medical Quality Assurance Commission and Board of Pharmacy web pages are currently on line. Other profession pages will soon follow. Individual profession pages provide the following information:

- Mission statement/goals & objectives

- Board, Commission, Committee or Councils member names and expiration date of terms
- Composition of Board, Commission, Committee or Councils
- Meeting schedule for the upcoming year
- Fee schedule
- Staff roster/main contact
- RCWs relating to the profession
- WACs relating to the profession
- Complaint form (if available)

# Section 2

**Regulatory Data for 1995-97 Biennium**



The next several pages focus specifically on the findings and disposition of cases. Uniform Disciplinary Guidelines were developed in 1993 to assist the disciplining authorities in determining what sanctions to impose on practitioners who violate the UDA. Since October 1993, the disciplining authorities have collectively implemented the uniform disciplinary guidelines as one step towards achieving uniformity and consistency in the disciplinary process. The guidelines assist us in further evaluating the disciplinary process for uniformity and consistency.

The decision-making process the disciplining authorities utilize to determine what needs to be done to protect the public is very complex and essentially qualitative in nature. The disciplining authority must weigh the nature and evidence surrounding the complaint and make decisions concerning the practitioner's ability to safely and competently practice the profession.

This section of the report contains quantitative data concerning the disciplinary actions taken against health care professionals. Disciplinary actions taken against practitioners between July 1995 and June 1997 are analyzed. The report focuses specifically on the findings and disposition of cases. These findings include cases closed by stipulated informal dispositions (STIDS) and cases adjudicated through settlements and formal hearings. Cases settled through a STIDS are not considered formal disciplinary actions. The issuance of a stipulated informal disposition is an informal method used by the disciplinary authorities to resolve the case.

In order to make comparisons, a primary violation was determined for each case. The primary violations include drug-related offenses, physical or sexual abuse of a patient, incompetence or negligence, the violation of federal or state statutes regulating the profession, and non-compliance with previous disciplinary orders. Most orders contain more than one violation. In cases where there could be more than one primary violation, a judgment was made based on the manner in which the order was written and where the emphasis was placed.

An exploratory analysis is used to help us understand the relationship between sanctions and violations. The analysis is presented both in the aggregate and by profession.

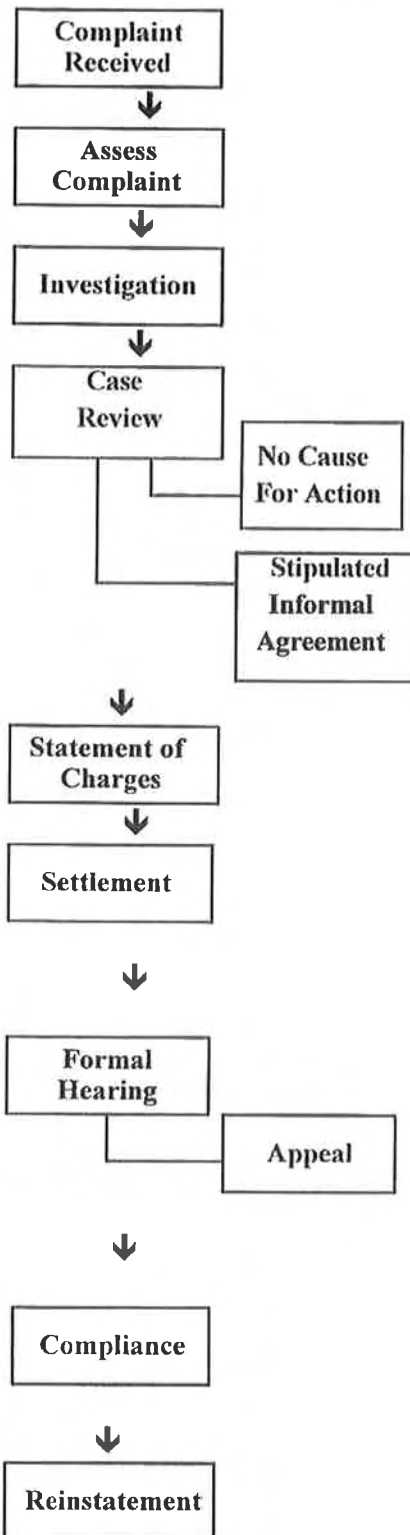
- The different types of sanctions were broken down into conceptual categories for analysis: removal from practice, removal from practice with conditions, rehabilitative, and deterrent.
  - \* Removal from practice are those cases in which the practitioner's license was revoked or was indefinitely suspended.
  - \* Removal from practice with conditions are those orders in which the respondent's license was suspended for any length of time and conditions for rehabilitation and reinstatement were identified. These conditions are imposed to rehabilitate the respondent and get him or her back into practice.
  - \* Rehabilitative sanctions include probation, substance abuse treatment and monitoring, counseling and continuing education. Stayed suspensions are considered rehabilitative since, in essence, the practitioner is placed on probation.
  - \* Deterrent sanctions include requests for voluntary compliance, reprimands, and fines.

- The categories of the primary violations are used as the unit of analysis to explore the range of sanctions imposed. For example, what sanctions are imposed on practitioners when they have been charged with substance abuse?
- Sanctions are then used as the unit of analysis to explore the kinds of sanctions imposed for the various types of violations (e.g., what violations result in the revocation of a licensee)?
- A comparison between the types of orders (STIDS, Agreed Orders, Default Orders, or Final Orders) and the sanctions imposed is also reviewed.
- The severity of the violation in relationship to the sanctions imposed is explored.

In addition to the 932 cases cited in this report the department began suspending licenses for non payment of student loans. The suspension of credentials for non payment is non-discretionary. If a lending agency certifies to the department that a practitioner is default with their student loan, the department must suspend their license (RCW 18.135.125). The department received notice that there were nine chiropractors, two nurses and one dentist in default of their student loans. We notified the practitioners that if they did not come into compliance with the lending institution their license would be suspended. Six practitioners came into compliance and over \$230,000 is now being repaid. The other practitioners licenses were suspended.

The next page is a graphic illustration of the complaint and disciplinary process. Legislation passed in 1997 will impact the disclosure of complaints from now on. Complaints which do not warrant an investigation and are closed will only be subject to public disclosure upon a written public disclosure request.

## Current Disciplinary Process



Complaints are received from a variety of sources and reflect widely varying degrees of seriousness.

Upon receipt of a complaint, a file is set up, licensure status is checked and former cases are traced.

Cases requiring investigation are forwarded to a health professional investigator to gather the facts surrounding the case.

Individual members of the disciplinary authority receive cases and make recommendations for no cause for action or a decision regarding the issuance of a statement of allegations or statement of charges.

Stipulated informal agreements are a non-reportable method for the disciplinary authority to allow for the informal resolution of allegations in cases where there is evidence of a violation of the uniform disciplinary act but where the imposition of sanctions would not provide additional protection to consumers.

Information obtained in the investigation substantiate the allegations and statement of charges are issued.

Settlement conference is made available to all respondents who have formally received a statement of charges. The desired outcome of the settlement conference is a mutually agreed upon Stipulation and Agreed Order which can be presented to the disciplining authority for approval.

The cases are presented by an Assistant Attorney General. Final orders called Findings of Fact, Conclusion of Law may mandate revocation, suspension, restriction or limitation. All statement of charges and final orders are publicly disclosed. The respondent has the right to appeal the decision of the disciplining authority to the superior court.

The monitoring of the conditions stipulated in the final order such as practice reviews, urinalysis reports, patient notification progress reports, and continuing education.

When conditions of compliance are met, the respondent requests a removal of the disciplining authorities' jurisdiction and the license becomes unencumbered.

Tables 1 and 2 represent workload activity for the 1995 - 1997 biennium. The number of complaints received between July 1995 and June 1997 was 8,874. The total number of investigations completed was 5,147.

Profession	Number of Active Licensees	Administrative Investigations Completed	Field Investigations Completed	Unlicensed Practice Investigations
Acupuncturist	290	0	0	5
Adult Family Home Provider & Resident Manager	1,563	21	4	46
ARNP	2,593	2	26	0
Audiologist	154	0	0	0
Chiropractor	1968	8	49	5
Chiropractic X-Ray Technician	210	0	0	0
Counselor	14,849	323	121	15
Dental Hygienist	3,616	0	3	1
Dentist	4,597	22	415	4
Denturist	103	1	10	32
Dietitian	643	0	0	0
Dispensing Optician	851	0	11	7
Apprentice Dispensing Optician	897	0	0	0
Health Care Assistant	7,827	0	5	1
Hearing Instrument Fitter/Dispenser	410	51	8	3
Hypnotherapist	310	1	4	1
Marriage & Family Therapist	756	7	8	0
Massage Therapist	6,218	5	10	19
Medical Physician	16,790	0	1914	9
Mental Health Counselor	2,915	21	19	0
Midwife	110	0	1	1
Naturopathic Physician	323	1	4	6
Nursing Assistant	45,157	498	212	3
Nursing Home Administrator	486	5	5	0
Nursing Pool Operator	76	0	0	0
Nutritionist	30	0	0	0
Occupational Therapist	1,957	3	1	0
Occupational Therapy Assistant	485	0	1	0
Ocularist	10	0	0	0
Optometrist	1,332	24	8	1
Osteopathic Physician	642	0	0	0

Table 1: Adjudicative Workload Data for 1995-97 Biennium

Profession	Number of Active Licensees	Administrative Investigations Completed	Field Investigations Completed	Unlicensed Practice Investigations
Osteopathic Physician Assistant	50	0	0	0
Pharmacist	5,855	2	267	0
Pharmacy Technician	3,655	1	32	0
Pharmacy Firms	1,358	0	53	0
Pharmacy Intern	630	0	0	0
Physical Therapist	3,542	6	6	0
Physician Assistant	1,020	0	0	1
Podiatric Physician	276	0	0	0
Practical Nurse	14,259	7	208	0
Psychologist	1,466	19	9	3
Radiologic Technologist	2,925	3	1	1
Registered Nurse	58,120	57	314	3
Respiratory Therapist	1,914	0	7	1
Sex Offender Treatment Provider	154	0	0	0
Speech Language Pathologist	388	0	0	0
Social Worker	2,341	12	9	0
Veterinarian	2,558	46	50	6
Animal Technician	557	0	0	0
Veterinary Med Clerk	166	0	0	0
X-Ray Technologist	1,466	32	0	0
Total	220,868	1178	3795	174

Table 2: Workload Activity for 1995-97 Biennium 1

Profession	Number of Complaints	Closed No Cause For Action	Closed No Jurisdiction	Complaint Withdrawn	Closed Other	# of Allegations or Charges Withdrawn
Acupuncturist	5	10	2	0	0	0
Adult Family Home Provider & Resident Manager	98	13	1	0	0	0
ARNP	25	2	0	0	0	0
Audiologist	0	0	0	0	0	0
Chiropractor	179	134	5	4	1	0
Chiropractic X-Ray Technician	0	0	0	0	0	0
Counselor	253	252	24	2	0	5
Dental Hygienist	13	10	0	0	0	0
Dentist	784	536	125	0	0	9
Denturist	12	6	0	0	0	0
Dietitian	0	0	0	0	0	0
Dispensing Optician	15	6	0	0	0	0
Apprent. Dispensing Optician	6	8	0	0	0	0
Health Care Assistant	17	12	7	0	0	0
Hearing Instrument Fitter/Dispenser	116	57	3	9	1	2
Hypnotherapist	4	10	0	0	0	0
Marriage & Family Therapist	28	37	0	0	0	1
Massage Therapist	44	26	0	0	1	1
Medical Physician	2080	1223	29	0	0	24
Mental Health Counselor	71	80	2	0	0	1
Midwife	4	5	3	0	0	0

<sup>1</sup> Workload activities carry over from previous biennium therefore numbers may not balance.

Table 2: Workload Activity for 1995-97 Biennium 1

Profession	Number of Complaints	Closed No Cause For Action	Closed No Jurisdiction	Complaint Withdrawn	Closed Other	# of Allegations or Charges Withdrawn
Naturopathic Physician	7	17	0	0	0	0
Nursing Assistant	2651	1465	143	3	0	84
Nursing Home Administrator	105	37	0	0	0	0
Nursing Pool Operator	0	0	0	0	0	0
Nutritionist	0	0	0	0	0	0
Occupational Therapist	12	2	2	1	0	0
Occupational Therapy Assistant	5	2	0	0	0	0
Ocularist	0	0	0	0	0	0
Optometrist	148	32	0	0	3	0
Osteopathic Physician	145	121	1	16	0	1
Osteopathic Physician Assistant	0	0	0	0	0	0
Pharmacist	269	75	1	0	114	3
Pharmacy Technician	33	13	0	0	1	0
Pharmacy Firms	53	25	1	0	18	0
Pharmacy Intern	0	1	0	0	0	0
Physical Therapist	27	12	6	0	0	1
Physician Assistant	0	0	0	0	0	0
Podiatric Physician	49	14	9	0	0	0
Practical Nurse	461	125	7	1	8	1
Psychologist	143	125	11	0	0	1
Radiologic Technologist	4	3	0	0	0	0
Registered Nurse	743	168	31	8	9	7
Respiratory Therapist	16	13	4	0	0	0
Sex Offender Treatment Provider	22	22	0	0	0	0
Social Worker	48	51	3	0	0	1

Table 2: Workload Activity for 1995-97 Biennium 1

Profession	Number of Complaints	Closed No Cause For Action	Closed No Jurisdiction	Complaint Withdrawn	Closed Other	# of Allegations or Charges Withdrawn
Speech Language Pathologist	0	0	0	0	0	0
Veterinarian	154	122	4	0	1	0
Animal Technician	1	0	0	0	0	0
Veterinary Med Clerk	0	0	0	0	0	0
X-Ray Technologist	24	33	0	0	0	0
<b>Total</b>	<b>8874</b>	<b>4905</b>	<b>424</b>	<b>44</b>	<b>157</b>	<b>142</b>



The information contained in Table 3 identifies the types of orders for the professions (refer to Table A1 in Appendix A for the detailed information by profession). Of the 51 professions regulated, 33 professions had disciplinary activity resulting in 932 orders written. Although "Stipulation to Informal Dispositions" (STIDS) are not considered to be a formal disciplinary action since a statement of charges is not issued, they are included in the analysis since sanctions were imposed. Refer to appendix C for definition of terms utilized.

	Agreed Orders	Default Orders	Final Orders	STIDS	Total
Secretary Professions	75	105	51	34	265
Boards and Commissions	290	113	70	194	667
Total	365	218	121	228	932

Tables 4-6 contain the breakdown of the category of sanctions imposed in the orders. Table 4 compares the category of sanctions by secretary controlled professions and board or commission controlled professions. Tables 5 and 6 contain the breakdown of the category of sanctions imposed in the orders according to the types of orders.

	Removal from Practice	Removal with Conditions	Rehabilitative	Deterrent	Total
Secretary Professions	144	24	93	4	265
Board and Commissions	170	91	375	31	667
Total	314	115	468	35	932

Secretary Professions	Removal from Practice	Removal with Conditions	Rehabilitative	Deterrent	Total
Agreed Orders	12	13	48	2	75
Default Orders	103	2	0	0	105
Final Orders	29	7	14	1	51
STIDS	0	2	31	1	34
Total	144	24	93	4	265

Board or Commission Professions	Removal from Practice	Removal with Conditions	Rehabilitative	Deterrent	Total
Agreed Orders	52	51	173	14	290
Default Orders	100	12	1	0	113
Final Orders	18	24	27	1	70
STIDS	0	4	174	16	194
Total	170	91	375	31	667

It is interesting to note that 93.1% of the time a default order ends up with the practitioner's license being revoked or being indefinitely suspended. This could be explained by the fact that the disciplining authority has limited information on which to make a decision. The practitioner has not made any attempt to defend him or herself or supply the disciplining authority with additional information concerning the allegation for them to make a decision. Just like last biennium, a Pearson's  $\chi^2$  analysis shows a significant difference ( $P < .005$ ) between the types of sanctions imposed in the secretary-controlled professions and the boards and commissions. The secretary-controlled professions removed practitioners from practice far more than board or commission-controlled professions. The board or commission professions tend to apply deterrent sanctions or rehabilitate the practitioner more often than the secretary-controlled professions. The reason for this could be because there are proportionately more default cases for secretary professions (39.8%) than for board or commission cases (16.7%).

Figures 1-3 give a visual representation of the relative proportion of sanctions imposed by the secretary-controlled professions and the board or commission-controlled professions. Table A2 and figures B1 through B8 in the appendices detail the category of sanctions by profession.

Figure 1: Category of Sanctions Imposed for Secretary-Controlled Professions (N=265)

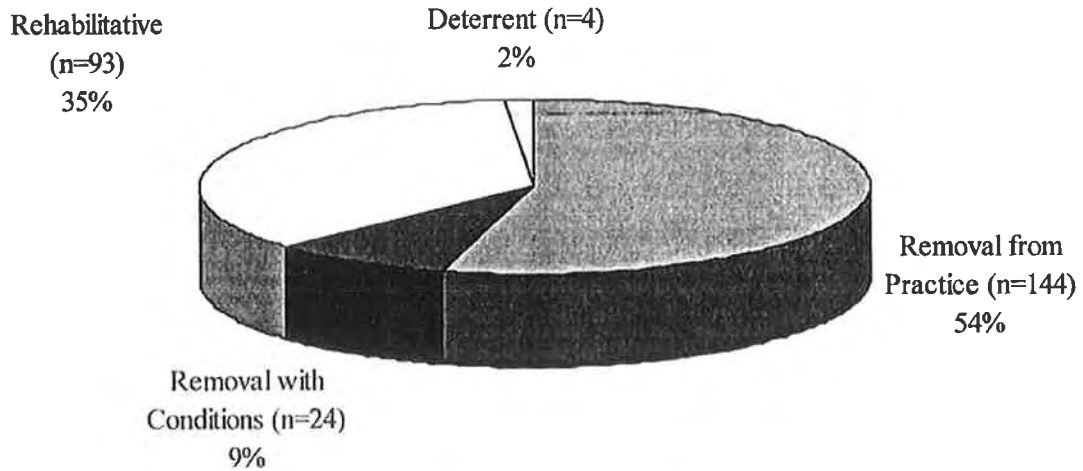


Figure 2: Category of Sanctions Imposed for Board or Commission-Controlled Professions (N=667)

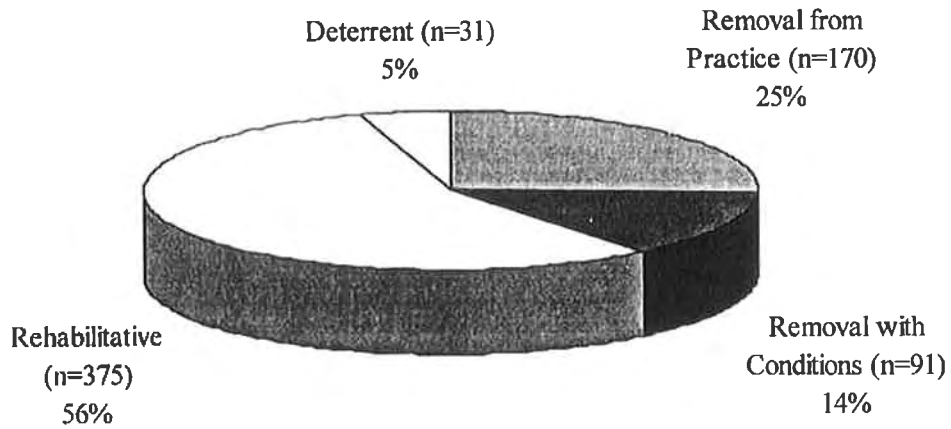
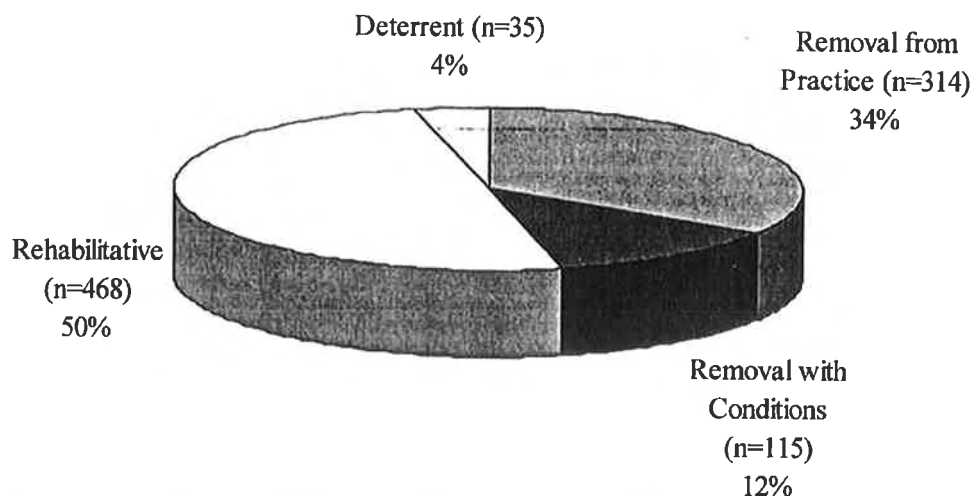


Figure 3: Category of Sanctions Imposed for All Professions (N=932).



Five violations account for 74.2% of the time a practitioner's license is revoked or indefinitely suspended:

1. Abuse of a client or patient or sexual contact with a client or patient (RCW 18.130.180 (24)) accounts for 20.4%
2. Incompetence, negligence, or malpractice (RCW 18.130.180 (4)) accounts 15.6%
3. Diversion of controlled substances or legend drugs for personal use (RCW 18.130.160 (6)) accounts for 15.6% (emphasis added)
4. Conviction of a gross misdemeanor or felony relating to the practice of the profession (RCW 18.130.180 (17)) accounts for 12.1%
5. Failure to comply with an order issued by the disciplinary authority (RCW 18.130.180 (9)) accounts for 10.5%

Three violations account for 62.6% of the time a practitioner was removed from practice with conditions for reinstatement imposed.

1. Incompetence, negligence, or malpractice (RCW 18.130.180 (4)) accounts for 22.6%
2. Diversion of controlled substances or legend drugs for personal use (RCW 18.130.160 (6)) account for 20.0% (emphasis added)
3. Abuse of a client or patient or sexual contact with a client or patient accounts for 20.0%

Three violations account for 71.3% of the rehabilitative sanctions:

1. Incompetence, negligence, or malpractice (RCW 18.130.180 (4)) accounts for 46.8%
2. Violation of any state or federal statute regulating the profession (18.130.180 (7)) accounts for 13.0%
3. Abuse of a client or patient or sexual contact with a client or patient accounts for 11.5%

Two violations account for 68.5% of the deterrent sanctions:

1. Violation of any state or federal statute regulating the profession (RCW 18.130.180 (7)) accounts for 37.1%
2. Incompetence, negligence, or malpractice (RCW 18.130.180 (4)) accounts for 31.4%.

Using violations as the unit of analysis, we get a different perspective of the disciplinary activity. The following violations accounted for 77.4% of all primary violations cited.

- Incompetence, negligence, or malpractice accounted for 32.7% of the cases. (RCW 18.130.180 (4))
- Drug and alcohol related cases accounted for 18.9% (personal drug or alcohol abuse or impairment (14.0%) and prescription or drug violations (4.9%)). (RCW 18.130.180 (6), RCW 18.130.180 (23), and some of RCW 18.130.170)
- Abuse of a client or patient or sexual contact with a patient was cited 15.3% of the time (abuse of a client or patient (5.0%) and sexual contact with a patient or client (10.3%)). (RCW 18.130.180 (24))
- Violation of any state or federal statute accounted for 10.5% of the cases. (RCW 18.130.180 (7))

Table 7 identifies the violations and the primary sanctions for the most cited violations. The remainder of the violations cited are presented in aggregate. It should be noted that there is a statistically significant difference in the types of sanctions imposed for three out of the five violations. There is a significant difference ( $P < .005$  using a Pearson's  $\chi^2$ ) in the types of sanctions imposed for incompetence, negligence or malpractice (RCW 18.130.180 (4)), a violation of any state or federal statute (RCW 18.130.180 (7)), drug and alcohol related cases (18.130.180 (6), 18.130.180 (23), and some of 18.130.170) and abuse of a client or patient or sexual contact with a patient (RCW 18.130.180 (24)). This is a change over last biennium where only one violation showed a significant difference in the types of sanctions imposed (violation of any state or federal statute).

Violation cited	Primary sanction	% of sanctions imposed
Incompetence, negligence, or malpractice	Removal from practice	16%
	Removal with conditions	9%
	Rehabilitative	71%
	Deterrent	4%
Violation of any state or federal statute regulating the profession	Removal from practice	16%
	Removal with conditions	8%
	Rehabilitative	63%
	Deterrent	13%
Abuse of a client or patient or sexual contact with a client or patient	Removal from practice	45%
	Removal with conditions	16%
	Rehabilitative	38%
	Deterrent	1%

Table 7: Violations and Primary Sanctions for All Professions between July 1995 and July 1997		
Violation cited	Primary sanction	% of sanctions imposed
Drug related violations: personal drug or alcohol abuse	Removal from practice	48%
	Removal with conditions	25%
	Rehabilitative	26%
	Deterrent	1%
Drug related violations: prescription or drug violations	Removal from practice	22%
	Removal with conditions	7%
	Rehabilitative	72%
	Deterrent	0%
Other violations	Removal from practice	52%
	Removal with conditions	11%
	Rehabilitative	32%
	Deterrent	5%

The following six figures give a visual representation of the data in Table 7.

Figure 4: Primary Sanctions Imposed for Incompetence, Negligence, or Malpractice (N=305)

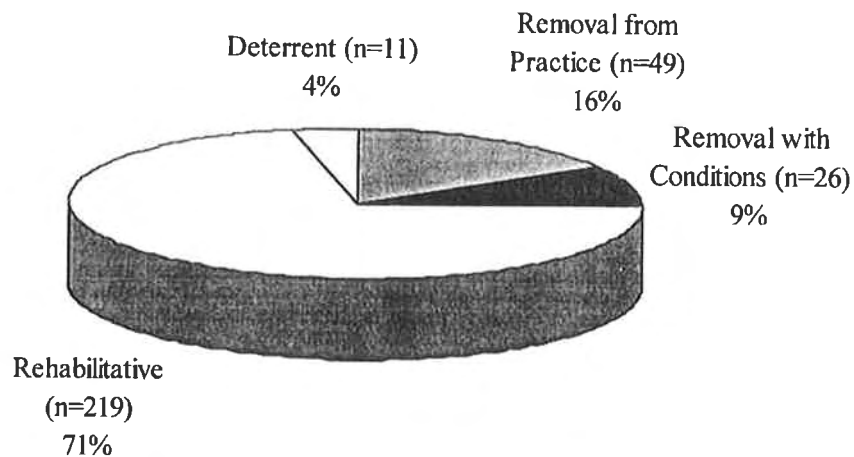


Figure 5: Primary Sanctions Imposed for Violation of any State or Federal Statute Regulating the Profession (N=98)

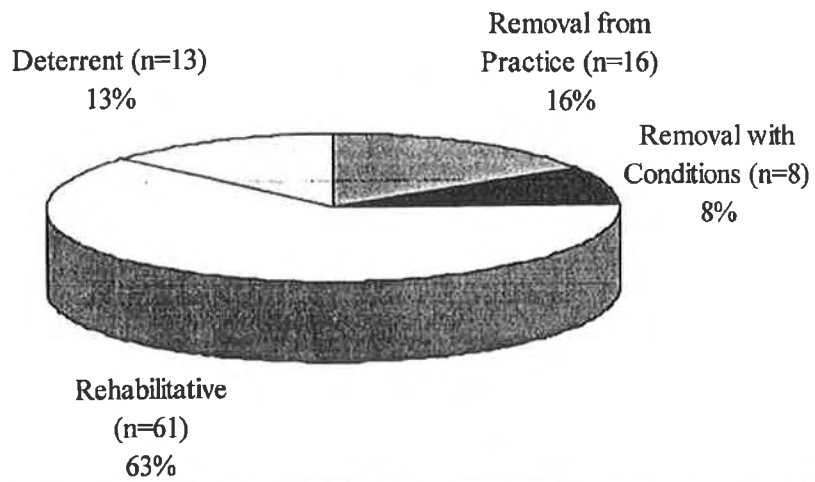


Figure 6: Primary Sanctions Imposed for Abuse of a Client or Patient or Sexual Contact with a Client or Patient (N=143)

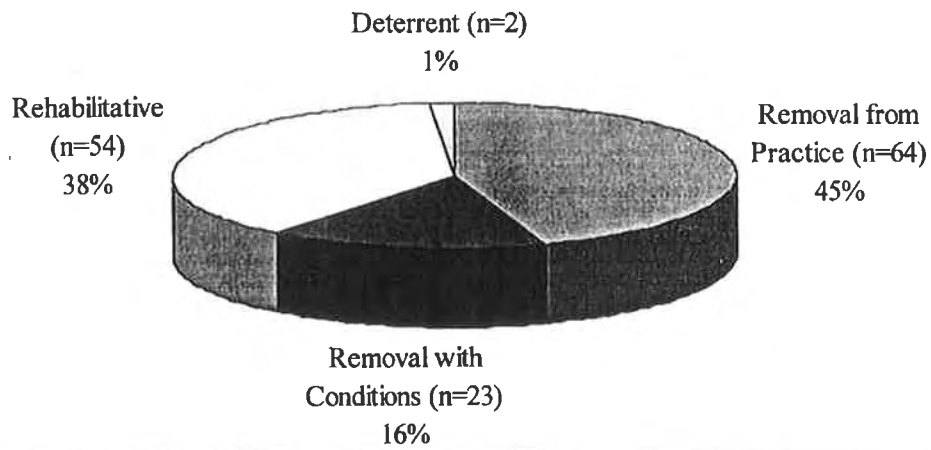


Figure 7: Primary Sanctions Imposed for Drug Related Violations: Personal Drug or Alcohol Abuse (N=130)

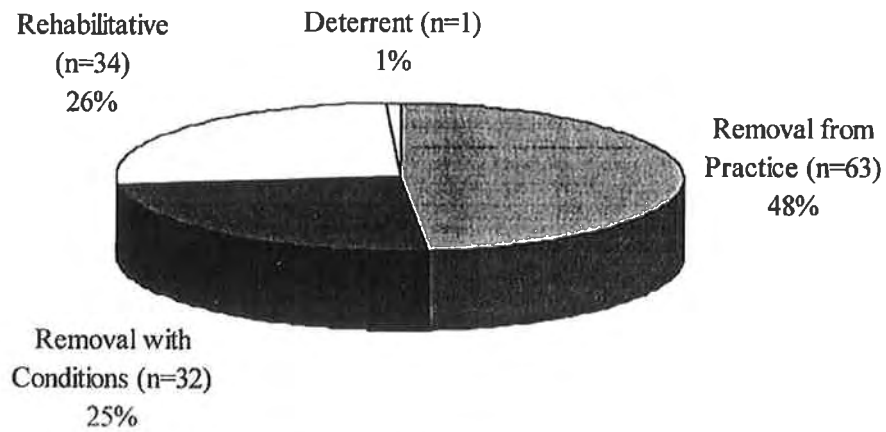


Figure 8: Primary Sanctions Imposed for Drug Related Violations: Prescription or Drug Violations (N=46)

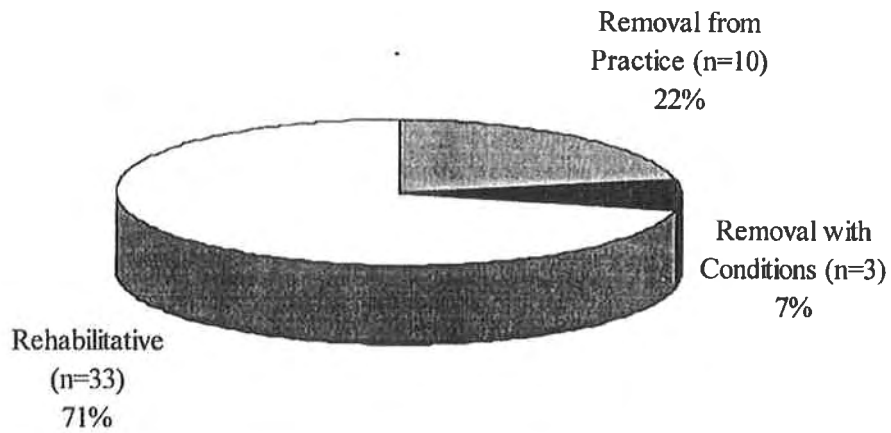
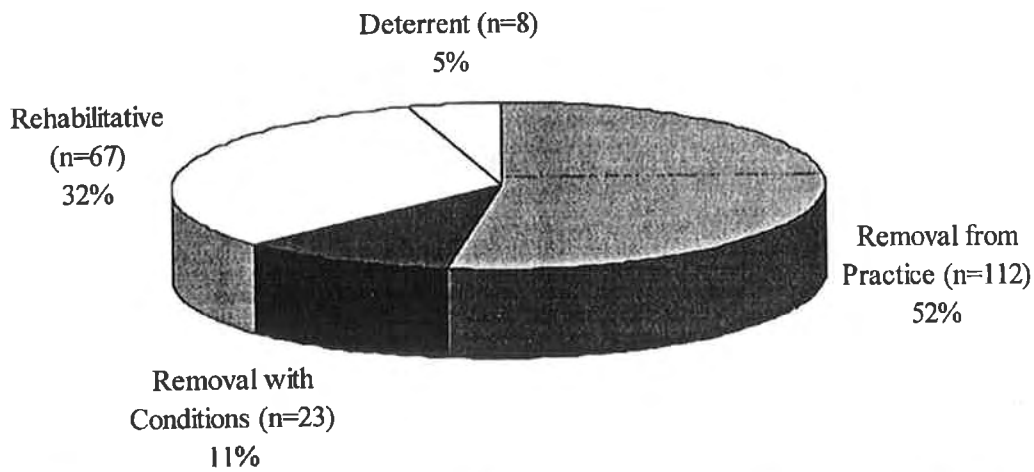




Figure 9: Primary Sanctions Imposed for Other Violations (N=210)



The following tables add another variable to the analysis -- the severity of the violation. The severity of the violation is classified as minor, moderate or severe. Please note that the severity of the violation is not documented for stipulated informal dispositions since these are not considered formal disciplinary actions. The total number of cases analyzed for the biennium is 704.

Statistical analysis tend to demonstrate that the uniform disciplinary guidelines are being appropriately applied. A minor violation should not and does not result with the practitioner being removed from practice. The most severe violations are resulting in the practitioner being removed from practice and the minor and moderate cases tend to be rehabilitative.

	Removal from Practice	Removal with Conditions	Rehabilitative	Deterrent	Total
Minor	0	5	18	10	33
Moderate	26	34	158	8	226
Severe	288	70	87	0	445
Total	314	109	263	18	704

	Removal from Practice	Removal with Conditions	Rehabilitative	Deterrent	Total
Minor	0	1	4	1	6
Moderate	4	15	72	5	96
Severe	45	8	29	0	82
Total	49	24	105	6	184

	Removal from Practice	Removal with Conditions	Rehabilitative	Deterrent	Total
Minor	0	0	3	4	7
Moderate	2	2	15	0	19
Severe	14	6	4	0	24
Total	16	8	22	4	50

	Removal from Practice	Removal with Conditions	Rehabilitative	Deterrent	Total
Minor	0	0	1	0	1
Moderate	2	3	19	1	25
Severe	62	17	18	0	97
Total	64	20	38	1	123

	Removal from Practice	Removal with Conditions	Rehabilitative	Deterrent	Total
Moderate	6	6	11	1	24
Severe	57	26	17	0	100
Total	63	32	28	1	124

	Removal from Practice	Removal with Conditions	Rehabilitative	Total
Minor	0	0	1	1
Moderate	0	0	18	18
Severe	10	3	6	19
Total	10	3	25	38

	Removal from Practice	Removal with Conditions	Rehabilitative	Deterrent	Total
Minor	0	4	9	5	18
Moderate	12	8	23	1	44
Severe	100	10	13	0	123
Total	112	22	45	6	185

Counselors (includes Hypnotherapists, Mental Health Counselors, Registered Counselors, Marriage and Family Counselors, and Social Workers), Dentists, Medical Physicians, Nursing Assistants, Pharmacists, Practical Nurses and Registered Nurses (including Advanced Registered Nurse Practitioners) account for 85.5% of the disciplinary action taken during this biennium. These professions represent about 76% of the practitioners regulated. (Refer to Tables A3 through A8 in Appendix A and Figures B1 through B8 in Appendix B for a breakdown by individual professions of the violations and primary sanctions.)

### Conclusion

We must remember that the primary function of the disciplining authorities is to protect the public in the least restrictive manner to the practitioner. It is the sole responsibility of the disciplinary authorities to review each case, evaluate the facts, and weigh the aggravating and mitigating circumstances prior to issuing an order.

In drawing any conclusions or recommendations, the quantitative data contained in this report should be used as a starting point. It should be used to highlight the need for consistent use of the disciplinary guidelines in order to protect the public. Additionally, we can not forget the qualitative decision making required by the disciplining authorities. The responsibility of the disciplining authorities to protect the public is not a task to be taken lightly. The disciplining authorities need to be encouraged to impose consistent sanctions, yet maintain their flexibility to make appropriate determinations on a case by case basis.

# **Appendix A**

**Disciplinary Actions by Profession between July 1995 and  
June 1997**

Table A1: Case Disposition by Profession between July 1995 and June 1997 (Note: 33 out of 51 professions had disciplinary activity)

Profession	Agreed Order	Default Order	Final Order	Informal Disposition	Total
Acupuncture	0	0	0	1	1
ARNP	2	1	2	3	8
Chiropractor	0	0	1	13	14
Counselor	43	27	23	13	106
Dental Hygienist	1	0	0	0	1
Dentist	26	1	1	42	70
Dispensing Optician	1	0	0	2	3
Hearing Instrument Fitter/Dispenser	6	3	2	0	11
Health Care Assistant	1	1	0	2	4
Hypnotherapist	0	0	1	0	1
Marriage & Family Therapist	4	0	0	4	8
Massage Therapist	5	1	8	0	14
Medical Physician	42	8	13	52	115
Physician Assistant	4	0	0	6	10
Mental Health Counselor	8	0	1	1	10
Midwife	0	0	1	0	1
Naturopathic Physician	0	0	0	2	2
Nursing Assistant	11	76	17	4	108
Nursing Home Administrator	1	0	0	0	1
Occupational Therapy	1	0	1	0	2
Optometrist	3	0	0	8	11
Osteopathic Physician	4	0	0	0	4
Pharmacist	34	4	9	11	58
Pharmacy Technician	10	12	3	0	25
Pharmacy Firm	4	1	1	1	7
Physical Therapist	2	0	4	0	6
Podiatric Physician	2	0	1	0	3
Practical Nurse	53	48	11	23	135
Psychologist	6	0	1	6	13
Radiologic Technologists	0	0	0	1	1
Registered Nurse	90	35	20	29	174
Sex Offender Treatment Provider	0	0	0	1	1
Social Worker	1	0	0	3	4
Total	365	218	121	228	932

Table A2: Category of Sanctions Imposed by Profession between July 1995 and June 1997					
Profession	Removal from Practice	Removal with Conditions	Rehabilitative	Deterrent	Total
Acupuncture	0	0	1	0	1
ARNP	1	1	4	2	8
Chiropractor	0	1	5	8	14
Counselor	40	12	53	1	106
Dental Hygienist	0	0	1	0	1
Dentist	1	6	59	4	70
Dispensing Optician	0	0	2	1	3
Hearing Instrument Fitter/Dispenser	4	1	6	0	11
Health Care Assistant	2	0	2	0	4
Hypnotherapist	1	0	0	0	1
Marriage & Family Therapist	1	1	6	0	8
Massage Therapist	8	1	4	1	14
Medical Physician	17	11	87	0	115
Physician Assistant	0	1	9	0	10
Mental Health Counselor	1	1	7	1	10
Midwife	0	0	1	0	1
Naturopathic Physician	0	0	2	0	2
Nursing Assistant	91	8	9	0	108
Nursing Home Administrator	0	0	1	0	1
Occupational Therapy	1	1	0	0	2
Optometrist	0	1	10	0	11
Osteopathic Physician	0	1	3	0	4
Pharmacist	6	12	40	0	58
Pharmacy Technician	14	9	2	0	25
Pharmacy Firm	2	0	5	0	7
Physical Therapist	5	1	0	0	6
Podiatric Physician	3	0	0	0	3
Practical Nurse	59	13	59	4	135
Psychologist	1	2	10	0	13
Radiologic Technologists	0	0	1	0	1
Registered Nurse	56	30	75	13	174
Sex Offender Treatment Provider	0	1	0	0	1
Social Worker	0	0	4	0	4
Total	314	115	468	35	932

The following six tables illustrate the sanctions imposed for a the primary violations by profession. 85.5% of the cases are accounted for by the following professions: counselors (counselors, hypnotherapists, marriage and family therapists, mental health counselors, and social workers), dentists, medical physicians, nursing assistants, pharmacists, practical nurses, registered nurses (including ARNPs). The remaining profession data is presented in aggregate. Information specific to other professions is available upon request.

Profession	Removal from Practice	Removal with Conditions	Rehabilitative	Deterrent	Total
Counselors	5	3	31	0	39
Dentists	0	2	36	3	41
Medical Physicians	5	1	35	0	41
Nursing Assistants	4	1	2	0	7
Pharmacists	0	3	17	0	20
Practical Nurses	16	5	39	2	62
Registered Nurses	16	6	43	6	71
Other Professions	3	5	16	0	24
<b>Total</b>	<b>49</b>	<b>26</b>	<b>219</b>	<b>11</b>	<b>305</b>

Profession	Removal from Practice	Removal with Conditions	Rehabilitative	Deterrent	Total
Counselors	2	2	3	1	8
Dentists	0	0	13	0	13
Medical Physicians	1	0	6	0	7
Nursing Assistants	3	2	0	0	5
Pharmacists	0	2	3	0	5
Practical Nurses	4	1	5	1	11
Registered Nurses	2	1	7	3	13
Other Professions	4	0	24	8	36
<b>Total</b>	<b>16</b>	<b>8</b>	<b>61</b>	<b>13</b>	<b>98</b>

Profession	Removal from Practice	Removal with Conditions	Rehabilitative	Deterrent	Total
Counselors	23	6	23	0	52
Dentists	0	0	1	0	1
Medical Physicians	2	5	4	0	11
Nursing Assistants	22	3	4	0	29
Practical Nurses	4	1	8	1	14
Registered Nurses	4	4	6	1	15
Other Professions	9	4	8	0	21
<b>Total</b>	<b>64</b>	<b>23</b>	<b>54</b>	<b>2</b>	<b>143</b>

Profession	Removal from Practice	Removal with Conditions	Rehabilitative	Deterrent	Total
Counselors	1	1	1	0	3
Dentists	1	1	2	0	4
Medical Physicians	1	0	2	0	3
Nursing Assistants	4	0	2	0	6
Pharmacists	4	4	7	0	15
Practical Nurses	15	5	5	0	25
Registered Nurses	22	13	11	1	47
Other Professions	15	8	4	0	27
<b>Total</b>	<b>63</b>	<b>32</b>	<b>34</b>	<b>1</b>	<b>130</b>

Profession	Removal from Practice	Removal with Conditions	Rehabilitative	Deterrent	Total
Counselors	2	1	2	0	5
Dentists	0	0	2	0	2
Medical Physicians	0	1	14	0	15
Nursing Assistants	2	0	1	0	3
Pharmacists	1	1	5	0	7
Practical Nurses	2	0	1	0	3
Registered Nurses	2	0	5	0	7
Other Professions	1	0	3	0	4
<b>Total</b>	<b>10</b>	<b>3</b>	<b>33</b>	<b>0</b>	<b>46</b>



<b>Profession</b>	<b>Removal from Practice</b>	<b>Removal with Conditions</b>	<b>Rehabilitative</b>	<b>Deterrent</b>	<b>Total</b>
Counselors	10	1	10	1	22
Dentists	0	3	5	1	9
Medical Physicians	8	4	26	0	38
Nursing Assistants	56	2	0	0	58
Pharmacists	1	2	8	0	11
Practical Nurses	18	1	1	0	20
Registered Nurses	11	7	7	4	29
Other Professions	8	3	10	2	23
<b>Total</b>	<b>112</b>	<b>23</b>	<b>67</b>	<b>8</b>	<b>210</b>

## **Appendix B**

### **Result Figures** **Category of Sanctions Imposed by Professions** **between July 1995 and June 1997**

Figure B1: Category of Sanctions Imposed for Counselors (N=129)  
(Counselors, Hypnotherapists, Marriage & Family Therapists,  
Mental Health Counselors, Social Workers)

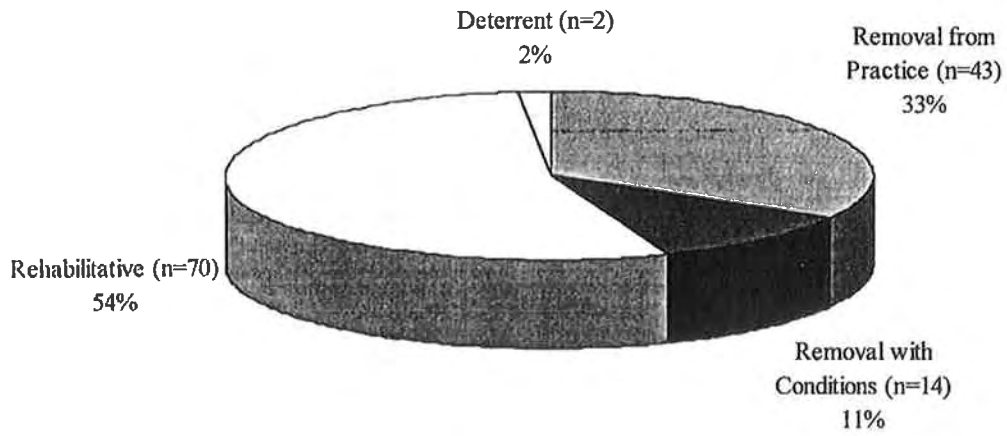
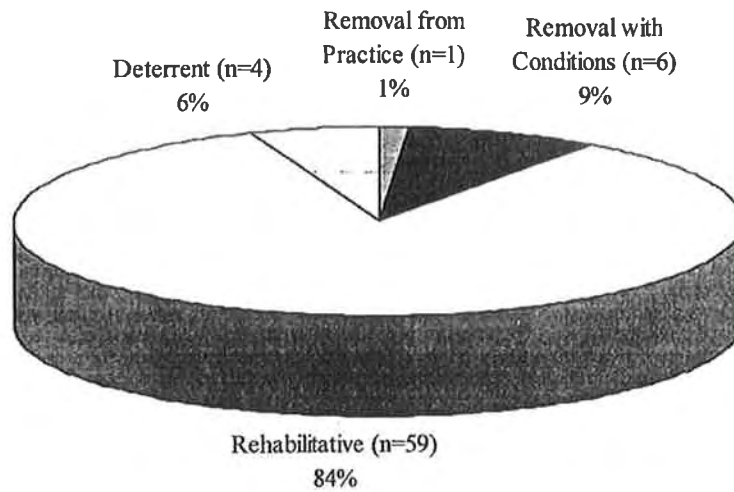


Figure B2: Category of Sanctions Imposed for Dentists (N=70)



FigureB3: Category of Sanctions Imposed for Medical Physicians (N=115)

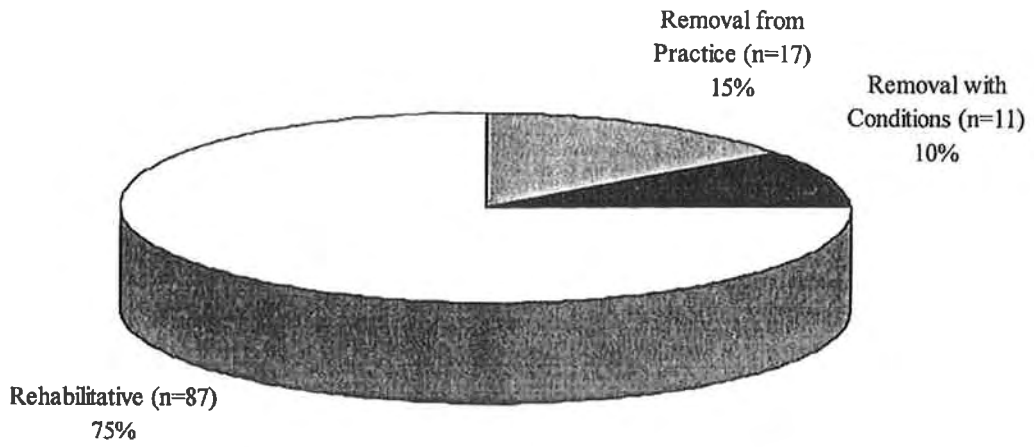


Figure B4: Category of Sanctions Imposed for Nursing Assistants (N=108)

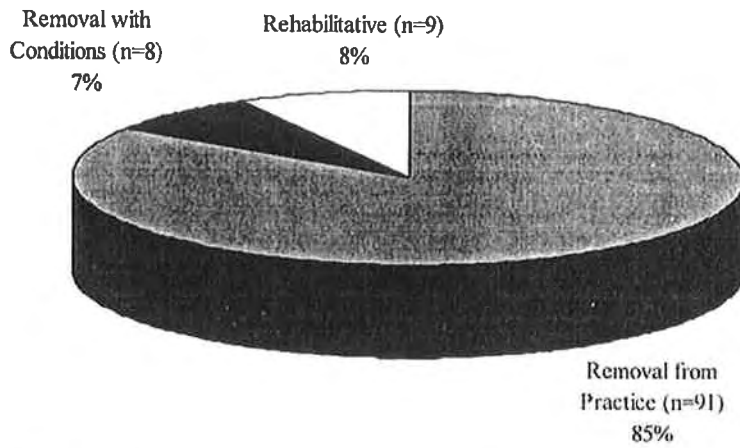


Figure B5: Category of Sanctions Imposed for Pharmacists (N=58)

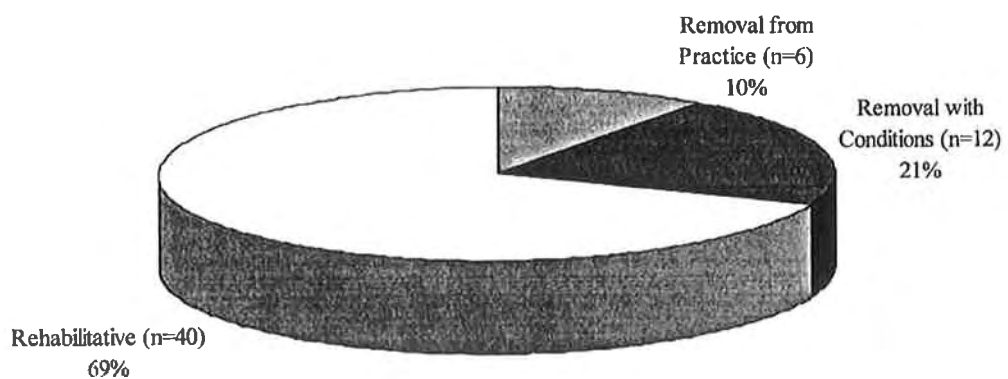


Figure B6: Category of Sanctions Imposed for Practical Nurses (N=135)

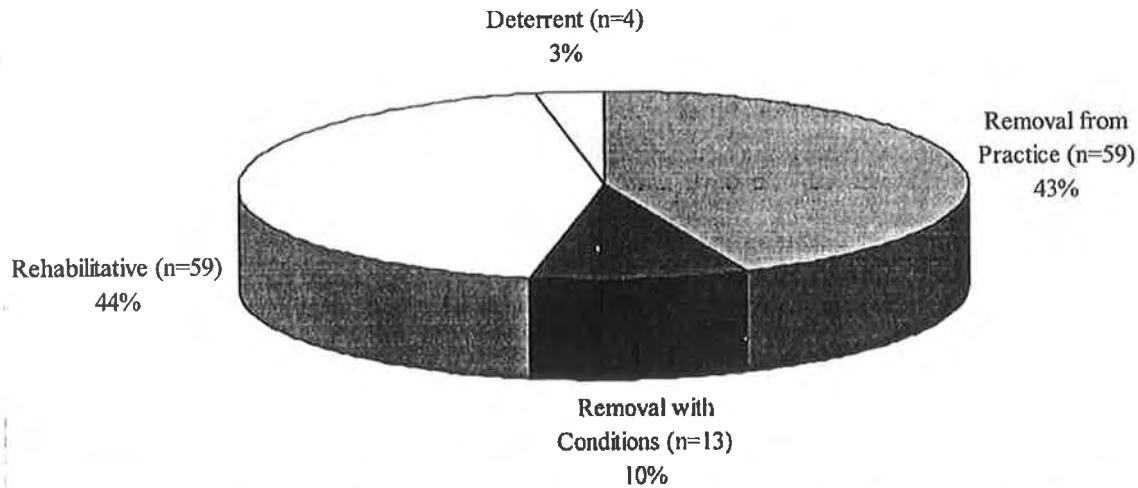


Figure B7: Category of Sanctions Imposed for Registered Nurses and ARNPs (N=182)

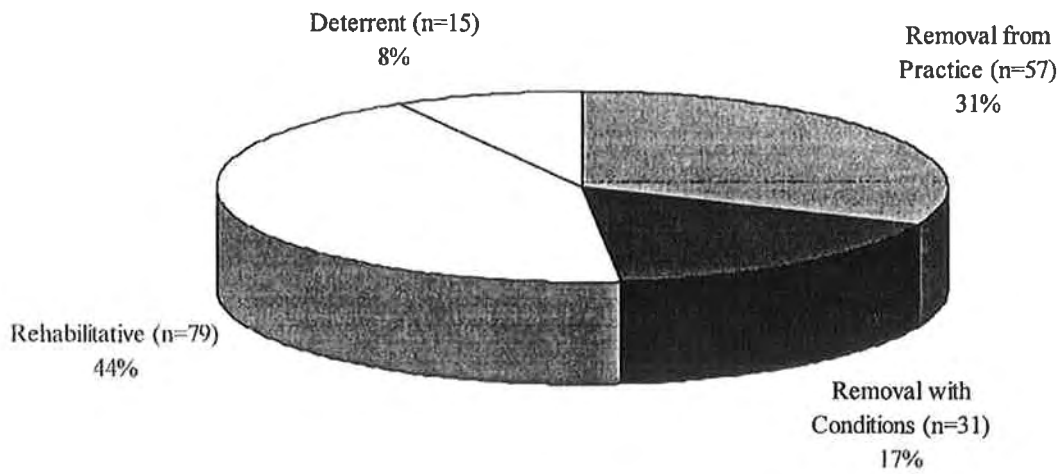
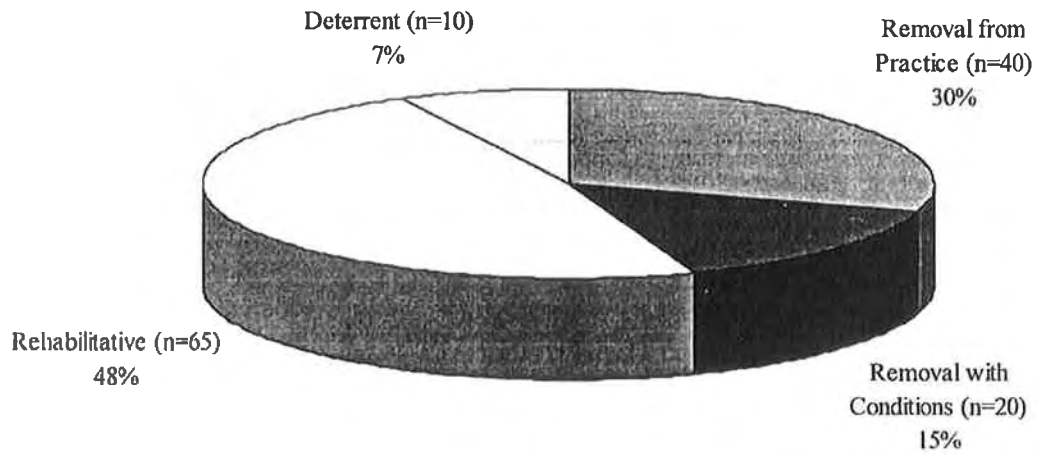


Figure B8: Category of Sanctions Imposed for Other Professions (N=135)



# **Appendix C**

## **Glossary Of Terms**

<i>Complaints:</i>	The number of complaints received. Licensees may have one to several complaints lodged against them. If these are received within a short time of each other and/or are related to each other by either complainant or nature of complaint, they may be combined into a single case for investigative and disciplinary purposes. After a case is received it is assessed by program staff to determine if there is jurisdiction for the complaint before proceeding to investigation.
<i>Compliance and Monitoring</i>	As part of the elements of a Final Order, licensees are frequently required to adhere to specific requirements. The count in this column is a total of the number of licensees on compliance or monitoring status.
<i>Default Order</i>	A final order issued by the board where the record shows the licensee was served and failed to answer the statement of charges.
<i>Deterrent Sanctions</i>	Conceptual category of sanctions which were imposed on the practitioner. These sanctions include requests for voluntary compliance, reprimands, and fines.
<i>Disciplinary Action</i>	Actions a regulatory agency can take to limit or restrict a practitioner from practicing. This can include censure or reprimand, fines, continuing education, substance abuse monitoring, probation, suspension or revocation. "In determining what action is appropriate, the disciplining authority must first consider what sanctions are necessary to protect or compensate the public. Only after such provisions have been made may the disciplining authority consider and include in the order requirements designed to rehabilitate the license holder or applicant." (RCW 18.130.160)
<i>Findings of Fact, Conclusions of Law and Order</i>	A final order entered into between the disciplining authority and the respondent as a result of a formal hearing. Identifies substantiated violations and imposes sanctions.
<i>License reinstatement</i>	Restrictions on a respondent's license are removed after fulfilling the requirements of a disciplinary order.
<i>Minor Violations</i>	Violations which are minor in nature, result in minor injury, or create a low risk of harm as determined by the disciplining authority.



<i>Moderate Violations</i>	Violations which are moderate in nature, result in moderate injury, or create a moderate risk of harm as determined by the disciplining authority.
<i>Number of Licenses Issued</i>	This number reflects the number of individuals receiving a license for the biennium.
<i>Probation</i>	A disciplinary action or agreement wherein the practitioner must abide by certain conditions for a prescribed amount of time, includes stayed suspensions.
<i>Public Disclosure Requests</i>	The number of public disclosure requests for both disciplinary and licensing cases.
<i>Rehabilitative Sanctions</i>	Conceptual category of sanctions which were imposed on the practitioner. These sanctions were imposed to rehabilitate the practitioner and the practitioner was never taken out of practice. These sanctions include probation, substance abuse treatment and monitoring, counseling and continuing education.
<i>Removal from Practice Sanctions</i>	Conceptual category of sanctions which were imposed on the practitioner. The practitioner's license was revoked or indefinitely suspended.
<i>Removal with Conditions Sanctions</i>	Conceptual category of sanctions which were imposed on the practitioner. The practitioner's license was suspended for any length of time and conditions for rehabilitation and reinstatement were imposed.
<i>Revocation</i>	A disciplinary action where the practitioner's privilege to practice is taken away.
<i>Sanctions</i>	Conditions imposed upon the practitioner in a Findings of Fact, Conclusions of Law and Order or in a Stipulation and Agreed Order. Sanctions which can be imposed are defined in the Uniform Disciplinary Act (RCW 18.130.160) and range from censure or reprimand to revocation of a license.
<i>Severe Violations</i>	Violations which are severe in nature, result in severe injury, or create a high risk of harm as determined by the disciplining authority.
<i>Statement of Charges</i>	Formal document alleging that a violation of the UDA or practice act has occurred.

<i>Stipulated Informal Disposition</i>	A non-reportable informal method for the disciplining authority to allow for the informal resolution of allegations in cases where there is evidence of a violation of the uniform disciplinary act.
<i>Stipulation and Agreed Order</i>	An order entered into between the disciplining authority and the respondent as a result of a statement of charges issued to the respondent. These orders are a result of a settlement between the respondent and the disciplining authority and do not go through a formal hearing. It identifies agreed upon violations and imposes sanctions.
<i>Suspension</i>	A disciplinary action resulting in the temporary removal of a practitioner's privilege to practice.
<i>Treatment Self Referral</i>	The number of known licensees who enter into a volunteer substance abuse monitoring program, e.g., Washington Health Professional Services or Washington Recovery Assistance Program for Pharmacy.
<i>Uniform Disciplinary Act (RCW 18.130)</i>	This act provides standardized procedures for licensure of health care professionals and the enforcement of laws, the purpose of which is to assure the public of adequacy of professional competence and conduct in the healing arts.
<i>Unprofessional Conduct</i>	The Uniform Disciplinary Act (RCW 18.130.180) identifies 25 categories of unprofessional conduct for all health practitioners.

# **Appendix D**

**Boards, Commissions, Committees and Councils**

**Department of Health  
Board or Commission Authority  
Governor Appointed**

<b>Board or Commission</b>	<b>Members</b>
Chiropractic Quality Assurance Commission	14 Members <ul style="list-style-type: none"> <li>• 11 Chiropractors</li> <li>• 3 Public Members</li> </ul>
Dental Quality Assurance Commission	14 Members <ul style="list-style-type: none"> <li>• 12 Dentists</li> <li>• 2 Public Members</li> </ul>
Board of Hearing and Speech	10 Members <ul style="list-style-type: none"> <li>• 2 Hearing Instrument Fitter/Dispensers</li> <li>• 2 Audiologists</li> <li>• 2 Speech Language Pathologists</li> <li>• 1 Physician (advisory non-voting)</li> <li>• 3 Public Members</li> </ul>
Board of Massage Note: Secretary has disciplinary authority	5 Members <ul style="list-style-type: none"> <li>• 4 Massage Therapists</li> <li>• 1 Public Member</li> </ul>
Medical Quality Assurance Commission	19 Members <ul style="list-style-type: none"> <li>• 13 Physicians</li> <li>• 2 Physician Assistants</li> <li>• 4 Public Members</li> </ul>
Nursing Care Quality Assurance Commission	11 Members <ul style="list-style-type: none"> <li>• 3 Registered Nurses</li> <li>• 2 ARNPs</li> <li>• 3 LPNs</li> <li>• 1 non-voting Midwife</li> <li>• 2 Public Members</li> </ul>

Board or Commission	Members
Board of Nursing Home Administrators	9 Members <ul style="list-style-type: none"> <li>• 4 Nursing Home Administrators</li> <li>• 4 Reps. of Health Care Profession</li> <li>• 1 Public Member (resident of a nursing home or family member of a resident eligible for Medicare)</li> </ul>
Board of Occupational Therapy Practice	5 Members <ul style="list-style-type: none"> <li>• 3 Occupational Therapists</li> <li>• 1 Occupational Therapy Assistant</li> <li>• 1 Public Member</li> </ul>
Optometry Board	6 Members <ul style="list-style-type: none"> <li>• 5 Optometrists</li> <li>• 1 Public Member</li> </ul>
Board of Osteopathic Medicine & Surgery	7 Members <ul style="list-style-type: none"> <li>• 6 Osteopathic Physicians</li> <li>• 1 Public Member</li> </ul>
Board of Pharmacy	7 Members <ul style="list-style-type: none"> <li>• 5 Registered Pharmacists</li> <li>• 2 Public Members</li> </ul>
Board of Physical Therapy	5 Members <ul style="list-style-type: none"> <li>• 4 Physical Therapists</li> <li>• 1 Public Member</li> </ul>
Podiatric Medical Board	5 Members <ul style="list-style-type: none"> <li>• 4 Podiatrists</li> <li>• 1 Public Member</li> </ul>
Examining Board of Psychology	9 Members <ul style="list-style-type: none"> <li>• 7 PhDs</li> <li>• 2 Public Members</li> </ul>
Veterinary Board of Governors	6 Members <ul style="list-style-type: none"> <li>• 5 Veterinarians</li> <li>• 1 Public Member</li> </ul>

**Department of Health**  
**Secretary Authority**  
**Secretary Appointed**

<b>Committee, Councils or Board</b>	<b>Members</b>
Dental Hygiene Examining Committee	4 Members <ul style="list-style-type: none"> <li>• 3 Dental Hygienists</li> <li>• 1 Public Member</li> </ul>
Board of Denture Technology	7 Members <ul style="list-style-type: none"> <li>• 4 Denturists</li> <li>• 1 Dentist</li> <li>• 2 Public Members</li> </ul>
Dispensing Optician Examining Committee	3 Members <ul style="list-style-type: none"> <li>• 3 Dispensing Opticians</li> <li>• No Public Members</li> </ul>
Health Care Assistant Committee	4 Members <ul style="list-style-type: none"> <li>• 1 Registered Nurse</li> <li>• 1 Podiatrist</li> <li>• 1 Osteopathic Physician</li> <li>• 1 Physician</li> </ul>
Mental Health Quality Assurance Council	7 Members <ul style="list-style-type: none"> <li>• 1 Certified Social Worker</li> <li>• 1 Certified Mental Health Counselor</li> <li>• 1 Registered Mental Health Counselor</li> <li>• 1 Certified Marriage and Family Therapist</li> <li>• 1 Registered Hypnotherapist</li> <li>• 2 Public Members</li> </ul>
Midwifery Advisory Committee	7 Members <ul style="list-style-type: none"> <li>• 1 Certified Nurse Midwife</li> <li>• 2 Physicians</li> <li>• 3 Licensed Midwives</li> <li>• 1 Public Member</li> </ul>

<b>Committee, Councils or Board</b>	<b>Members</b>
Naturopathic Advisory Committee	5 Members <ul style="list-style-type: none"> <li>• 3 Naturopaths</li> <li>• 2 Public Members</li> </ul>
Sexual Offender Treatment Providers Advisory Committee	9 Members <ul style="list-style-type: none"> <li>• 3 Sexual Offender Treatment Providers</li> <li>• 1 Mental Health Practitioner</li> <li>• 1 Defense Attorney</li> <li>• 1 Representative of Prosecuting Attorney</li> <li>• 1 Representative of DSHS</li> <li>• 1 Representative of Dept. of Corrections</li> <li>• 1 Superior Court Judge</li> </ul>

# **Appendix E**

**Statutes Impacting the Regulatory Process  
Department of Health**



### ***Operating Framework***

- ❖ Administrative Procedures Act (RCW 34.05)
- ❖ Professional Practice Acts (various chapters in Title 18)
- ❖ Department of Health Act (RCW 43.70)
- ❖ Health Services Act (WA Laws of 1993 Chapters 492 and 494)
- ❖ Open Public Meetings Act (RCW 42.30)
- ❖ Public Disclosure Act (RCW 42.17)
- ❖ Uniform Disciplinary Act (RCW 18.130)
- ❖ American's with Disabilities Act

# Appendix F

## Health Professions Quality Assurance Division Structure

## **Health Professions Quality Assurance Division Overview**

- Mission*** Promote an effective partnership among the Department of Health, Boards, Commissions, Committees, Councils, health professions, and the public which improves the quality of health care in the state of Washington.
- Overview*** The Health Professions Quality Assurance Division regulates professional licensing programs to promote access to high quality, cost-effective health services. Division personnel work to promote and maintain open and continuing consultation and partnership with Boards, Commissions, Committees, Councils, professional associations, other interested organizations and the public to achieve program goals and objectives, and assure health care consumer protection, including protection from impaired providers.
- Relationship With Boards Commissions Committees and Councils*** Especially important to the Division's success are close and open working relationships with the 23 Boards, Commissions, Committees, and Councils. The Boards, Commissions, Committees and Councils provide a critical link to over 365,000 health care professionals either licensed, certified or registered by the state, of which over 220,000 hold current active licenses. Recruitment and development of well-qualified Board, Commission, Committee and Council members, including members who represent the public at large, are a high priority, and the Division works closely in this area with provider associations, other interested organizations and the Governor's Office.
- Division Activities*** The Division achieves its mission through a variety of activities, which include:
- Provide administrative support for Board, Commission, Committee and Council hearings and meetings.
  - Review applicant qualifications and background.
  - Examine applicants for licensure.
  - Process complaint.
  - Conduct investigations, audits and inspections.
  - Adjudicate disciplinary cases.
  - Research, develop, and implementation of rules and policies.
  - Provide education services and disseminate information.
  - Develop and monitor proposed legislation.
  - Provide monitoring services to impaired practitioners.
  - Provide consultation services on standards of practice, scope of practice, and consumer protection issues.

**Health Professions Regulated By  
Health Professions Quality Assurance Division**

Effective July 1, 1995, Health Professions Quality Assurance Division reorganized its structure. Health Professions Quality Assurance Division consists of 8 sections including: Health Professions Sections 1 through 6, Operations and Support, and Health Policy and Constituent Relations sections.

***Health Professions Section One***

- Dispensing Opticians
- Health Care Assistants
- Naturopaths
- Ocularists
- Optometrists
- Orthotics/Prosthetics
- Osteopathic Physician and Surgeons
- Osteopathic Physician Assistants
- Podiatrists
- Radiologic Technicians
- Respiratory Care Practitioners
- X-Ray Technicians

***Health Professions Section Two***

- Adult Family Home Providers and Resident Managers
- Audiologist
- Hearing Instrument Fitter/Dispensers
- Hypnotherapists
- Marriage and Family Therapists
- Mental Health Counselors
- Nursing Home Administrators
- Psychologists
- Registered Counselors
- Sexual Offender Treatment Providers
- Social Workers
- Speech Language Pathologist

*Health Professions Section Three*

- Acupuncture
- Animal Technicians
- Chiropractors
- Dentists
- Dental Hygienists
- Denturists
- Dietitian/Nutritionists
- Massage Therapists
- Occupational Therapists
- Physical Therapists
- Veterinarians
- Veterinary Medication Technicians

*Health Professions Section Four*

- Pharmacists
- Pharmacy Technicians
- Pharmacy Interns
- Pharmacies and other Pharmaceutical Firms

*Health Professions Section Five*

- Physicians and Surgeons
- Physician Assistants

*Health Professions Section Six*

- Advanced Registered Nurse Practitioners
- Certified Nursing Assistants
- Registered Nursing Assistants
- Licensed Practical Nurses
- Licensed Midwives
- Nursing Pool Operators
- Registered Nurses

*Health Professions Operations and Support*

- Accounting Services
- Adjudicative Clerk Office
- Facility Support Services
- Office of Professional Standards
- Health Professions Quality Assurance Information Systems
- Receptionist Services
- Word Processing Services
- Investigations Services Unit
- Washington Health Professional Services
- Unlicensed Practice Investigations

***Health Policy and Constituent Relations***

- Health Policy
- Board and Commission Relations
- Rules Review
- Constituent Relations
  - Business Plan Development
  - Recruitment
  - Board Member Training
  - Newsletters
  - Communications
  - Media Relations
- Technical Services, Research, Planning & Development
  - Policy Research, Implementation & Compliance
  - Legislative Activities & Coordination
  - Business Plan Implementation & Maintenance
  - Special Projects
  - Initiative Development and Management

# Appendix G

Health Professions Quality Assurance Division Phone Numbers

**Department of Health  
Health Professions Quality Assurance Division**

**Pat Brown, Acting Director (360) 753-7007**

**Sue Shoblom, Deputy Director, Operations & Support (360) 586-5963**

**Health Profession**

**Executive Director**

Acupuncture	Gail Zimmerman	(360) 753-2461
Adult Family Home Provider & Manager	Dee Spice	(360) 586-0453
ARNP	Terry West	(360) 664-4207
Animal Technician	Gail Zimmerman	(360) 753-2461
Chiropractic	Gail Zimmerman	(360) 753-2461
Chiropractic X-Ray Technician	Gail Zimmerman	(360) 753-2461
Counselor	Dee Spice	(360) 586-0453
Dental Hygiene	Gail Zimmerman	(360) 753-2461
Dentistry	Gail Zimmerman	(360) 753-2461
Denturist	Gail Zimmerman	(360) 753-2461
Dietitian	Gail Zimmerman	(360) 753-2461
Dispensing Optician	Bob Nicoloff	(360) 753-0712
Apprentice Dispensing Optician	Bob Nicoloff	(360) 753-0712
Health Care Assistants	Bob Nicoloff	(360) 753-0712
Hearing Instrument Fitter/Dispenser	Dee Spice	(360) 586-0453
Hypnotherapy	Dee Spice	(360) 586-0453
Marriage & Family Therapy	Dee Spice	(360) 586-0453
Massage Therapy	Gail Zimmerman	(360) 753-2461
Medical Physician	Bonnie King	(360) 664-8480
Mental Health Counselor	Dee Spice	(360) 586-0453
Midwifery	Terry West	(360) 664-4207
Naturopathic Physician	Bob Nicoloff	(360) 753-0712
Nursing Assistant	Terry West	(360) 664-4207
Nursing Home Administrator	Dee Spice	(360) 586-0453
Nursing Pools	Terry West	(360) 664-4207
Nutritionist	Gail Zimmerman	(360) 753-2461
Occupational Therapy	Gail Zimmerman	(360) 753-2461
Occupational Therapy Assistant	Gail Zimmerman	(360) 753-2461
Ocularist	Bob Nicoloff	(360) 753-0712
Optometry	Bob Nicoloff	(360) 753-0712
Osteopathic Physician	Bob Nicoloff	(360) 753-0712
Osteopathic Physician Assistant	Bob Nicoloff	(360) 753-0712
Pharmacy	Don Williams	(360) 753-6834
Pharmacy Technician	Don Williams	(360) 753-6834



Pharmacy Firms	Don Williams	(360) 753-6834
Pharmacy Interns	Don Williams	(360) 753-6834
Physical Therapy	Gail Zimmerman	(360) 753-2461
Physician Assistants	Bonnie King	(360) 664-8480
Podiatry	Bob Nicoloff	(360) 753-0712
Practical Nurse	Terry West	(360) 664-4207
Psychology	Dee Spice	(360) 586-0453
Radiologic Technologist	Bob Nicoloff	(360) 753-0712
Registered Nurse	Terry West	(360) 664-4207
Respiratory Therapy	Bob Nicoloff	(360) 753-0712
Sexual Offender Treatment Provider	Dee Spice	(360) 586-0453
Social Worker	Dee Spice	(360) 586-0453
Speech Language Pathologists	Dee Spice	(360) 586-0453
Veterinary	Gail Zimmerman	(360) 753-2461
Veterinary Med Clerk	Gail Zimmerman	(360) 753-2461
X-Ray Technologist	Bob Nicoloff	(360) 753-0712

<b>Health Policy and Constituent Relations</b>	Diana Ehri, Acting Executive Director (360) 753-9177
<b>Operations and Support</b>	Sue Shoblom, Deputy Director (360) 586-5963
• Adjudicative Clerk Office	Pam Mena, Administrator (360) 664-8881
• Investigative Service Unit	Dave Magby, Chief Investigator (360) 586-7698
• Office of Professional Standards	Kristen Hamilton, Administrator (360) 664-9094
• Washington Health Professional Service	Jean Sullivan, Executive Director (360) 493-9220