

*2001–2003 Biennial Report*

# **Health Professions Quality Assurance Regulatory Activities**

**July 2004**



*Washington State Department of*

**Health**

Health Systems Quality Assurance



*2001–2003 Biennial Report*

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**July 2004**



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# Executive Summary

This is the 8th biennial report of the Department of Health (DOH) Health Professions Quality Assurance (HPQA) as required under the Uniform Disciplinary Act, RCW 18.130.310 (UDA). The report updates previous reports and details the number of complaints made, investigated, adjudicated and the manner of disposition. The report also includes an overview of HPQA trends, accomplishments, and continuing challenges.

The report is intended to provide educational information regarding the work of HPQA in addition to a quantitative analysis. Section One provides an overview of HPQA and accomplishments during the biennium. The results during the biennium are measured against goals developed at the beginning of the biennium. Section Two provides information on the number of complaints received, investigated, and adjudicated, and the manner in which the cases were resolved. Section Three categorizes the sanctions imposed on health care providers as a result of disciplinary action, the nature of those sanctions, and the most frequent violations of the UDA across professions. Section Four addresses the timeliness of cases throughout the adjudicative process. Section Five contains ten years of biennial comparisons to illustrate trends. HPQA's core business is reflected throughout the report.

## Credentialing Activity

During the biennium:

- Regulated 271,432 health care providers representing 57 health care professions;
- Issued 76,194 new credentials;
- Renewed 415,962 credentials, most of which are annual renewals. The remainder were two-year renewals;
- Began regulation of recreation therapists and nursing technicians;
- Expanded the regulation of animal care and control agencies, and nonprofit humane societies;
- The Legislature deregulated the Department of Health Adult Family Home credential due to duplication by the Department of Social and Health Services;
- Changed credentials for audiologists and speech language pathologists from certification to licensure;
- Adopted rules clarifying the animal massage practitioner endorsement;
- Supported military personnel by examining and revising policies relating to health care practitioners' military status;
- Supported the Office of Homeland Security by reviewing, correcting, and updating our licensing database for compliance with social security requirements;
- Began implementation of newly legislated standards for dental students, out-of-state dentist applicants, pharmacists and social workers;

- Developed a credentialing process knowledge assessment tool to evaluate the knowledge of front-line staff who process applications.

## Disciplinary Activity

During the biennium, HPQA:

- Received 13,712 complaints against health care providers and unlicensed persons, which represents about five percent of the credentialed health care providers;
- Completed 5,498 investigations;
- Issued 1,859 orders after adjudicative proceedings, which represents action against one percent of the credentialed health care providers and 14 percent of all complaints received;
- Analyzed sanctions imposed as a result of disciplinary action against health care providers. The greatest percentage (48 percent) of sanctions fall within the rehabilitation category which allows the provider to continue to practice with certain conditions. Sanctions are most frequently imposed for violations of incompetence, negligence, or malpractice.
- Determined timeliness of case resolution against the timeline requirements.

### Performance Against Timelines

Closure Type	Number of Cases	Basic Time Period (Calendar Days)	Average Days 7/1/01–6/30/03	Percentage of Cases Within Basic Period
Allegations Withdrawn	22	405	236	64
Charges Withdrawn	97	606	415	86
Closed Prior to Investigation	6,554	21	10	96
Closed After Investigation	4,580	331	160	94
Closed with Notice of Correction	316	331	131	94
Closed with Informal Disposition	456	405	336	79
Closed with Default Order	527	486	374	86
Closed with Agreed or Final Order	876	606	500	74



The following table reflects the percentage of increase and decrease in types of actions this biennium versus last.

### **Disciplinary Activity Comparison**

Type of Action	1999-2001 Biennium	2001-2003 Biennium	Percentage Increase/Decrease from 1999-2001 Biennium
Reports received	12,216	13,712	12
Investigations	6,262	5,498	-12 *
Informal Disposition of Cases:			
Stipulation to Informal Disposition (STID) provides for a plan of correction	327	456	39
Formal Disposition of Cases:			
Agreed Orders between parties accepted by the disciplinary authority	502	687	37
Formal Disposition of Cases: Final Orders after a formal hearing	369	189	-49
Defaults: Health care providers did not respond or chose not to participate	174	527	200
Removal from practice resulting from Final Orders and Defaults	587	432	-26

\*Investigations were counted only once this biennium regardless of the number of times returned for additional evidence gathering. This approach resulted in a downward trend line when compared to previous biennia.

## **Education, Information and Service Activity**

During the biennium, HPQA:

- Launched the Provider Credential Search (Provider Lookup) on the web on April 15, 2003. By the end of June 2003 the web site:
  - Provided 652,490 responses to inquires for health care professional license status and disciplinary documents;
  - Provided over 11,401 downloaded legal documents;
- Created a customer service center to provide a central information source for the public and practitioners. Over 50 phone numbers were eliminated and replaced with a single information number, (360) 236-4700;
- Created the Public Records and Disclosure Center, reducing by half the number of employees responsible for public disclosure, eliminating a 600-request backlog and streamlining responses for requests for information;
- Responded to 14,607 requests for the disclosure of public records in hard copy;
- Received a rating of excellent customer service on 94 percent of voluntary feedback provided by counter customers at the Olympia office;
- Provided 629 group presentations;
- Made 5,073 individual technical assistance visits;
- Provided 5,704 written advisories;

- Supported the work of 12 boards, four commissions, and eight advisory committees totaling, 188 members;
- Continued work on the joint Department of Corrections and DOH work group on health care standards for offenders;
- Participated with the Workforce Training and Development Board in an initial study of existing statewide databases to eventually determine workforce shortages;
- Continued participation on the DOH Patient Safety Work group focusing on the reduction of medical errors;
- Participated with DOH division representatives and other agencies to assist the Office of the Superintendent of Public Instruction in their strategic planning efforts regarding provision of health care in schools.

## Ten Years of Growth

A biennial comparison is provided in Section Five of the report illustrating credentialing and disciplinary activity trends from 1993. The following table is illustrative of the growth experienced in that 10-year period.

Activity	1993	2003	Percentage Increase from 1993
Health Care Providers credentialed	182,644	271,432	49
Health Professions regulated	42	57	36
Reports/Complaints received	6,000	13,712	129
Investigations completed	4,013	5,498	37
Cases resolved: total resolutions	8,350	13,112	57
Public Disclosure requests	3,639	14,607	301
HPQA Employees	184	208	13

HPQA is dedicated to improving its core business services within existing resources. The number of credential holders continues to increase each year. Complaints against providers continue to increase as well. Public expectations of instant access to information place new demands on personnel and the systems to automate responses. All of this requires a continual review of the HPQA system, decisions regarding operations and change, and evaluation of the results.

# **Section 1**

# **Quality Assurance**

# **Framework**



# Overview

Health Professions Quality Assurance (HPQA) is an office within the DOH Health Systems Quality Assurance Division. HPQA is charged with protecting public health and safety by regulating the competency and quality of 271,432<sup>1</sup> credentialed health care providers.

## Mission

The HPQA mission is to “Strive to protect the people of Washington State by establishing healthcare standards and regulating healthcare professionals.” To support the mission, HPQA personnel work in partnership with 12 boards, 4 commissions, and 8 advisory committees in the regulation of 57 health care professions. The Uniform Disciplinary Act, chapter 18.130 RCW, provides standardized processes for credentialing and discipline of practitioners and serves as the statutory framework for the regulation of health care providers in Washington State.

## Goals

HPQA established goals for the 2001–2003 biennium that reflect the core business of the office.

1. Ensure only providers who meet the qualifications established in law and rule receive credentials;
2. Ensure credentialed practitioners provide services according to regulatory standards;
3. Enhance the ability of the public to make informed decisions about health care practitioners; and
4. Improve the quality of our business.

The on-going work to achieve the goals include:

- Setting minimum standards for obtaining a credential;
- Establishing educational requirements, conducting educational program reviews and site visits;
- Reviewing applicants’ qualifications and backgrounds;
- Issuing credentials to qualified applicants, processing credential renewals and monitoring continuing education requirements;
- Setting standards of practice and educating health care providers;
- Developing and implementing legislation, administrative rules, policies and procedures;
- Receiving and processing complaints against health care providers;
- Conducting investigations, audits and inspections;

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<sup>1</sup> SOURCE: HPQA ASI licensing data as of July 1, 2003

- Continually questioning and improving our adjudicative processes;
- Applying consistent disciplinary sanctions for all health professions;
- Monitoring compliance with sanctions;
- Providing monitoring services for chemically impaired practitioners;
- Providing information to the public (e.g., hospitals, insurance companies, consumers) regarding credential status, complaint and disciplinary history;
- Providing documents that can be disclosed to the public (e.g., copies of disciplinary case files);
- Measuring customer service performance (e.g., pharmacy inspections, in-person customer assistance);
- Increasing public awareness of expectations and standards for practitioners, HPQA resources, and how and when to report concerns;
- Assuring that HPQA staff have employee development plans reflecting required core competencies.

## **Leadership, Organization and Vision**

Director Bonnie King leads the HPQA office. She reports to Acting Assistant Secretary Laurie Jenkins who reports to DOH Secretary Mary Selecky. HPQA employs 208 individuals who support regulatory work.<sup>2</sup> Five of seven HPQA sections work directly with the 57 professions. Two of the sections provide support services (e.g. legal, investigations, hearing scheduling, impaired practitioner monitoring, customer service, and public disclosure). Legislation and rule development and implementation, business policies and procedures, and publications are managed within the HPQA Office of the Director.<sup>3</sup>

The HPQA Deputy Director, Policy Manager, Budget Officer and section Executive Directors, report to the HPQA Director. This HPQA Management Team meets weekly to conduct the business of the organization.

During the 2001–2003 biennium with a change in leadership at the Director level, the HPQA Management Team created a new vision statement to carry the organization into the future. The new HPQA vision became ASPIRE:

*We **A**ct **S**trategically to **P**rioritize and **I**nvest our **R**esources more **E**ffectively.*

This vision supports the DOH mission which is:

*The Department of Health works to protect and improve the health of the people in Washington State.*

The vision is a reminder of the importance of carefully assessing the resources we expend while conducting our core business which is to credential qualified practitio-

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<sup>2</sup> DOH has approximately 1200 employees. See page 78 for a ten-year biennial comparison of HPQA FTE allotment.

<sup>3</sup> See page 86 for the HPQA Organization Chart.

ners, ensure practitioners provide health care services according to regulatory standards, enhance the ability of the public to make informed decisions about their health care, and continually improve the quality of our business.

## **Funding**

Health professions regulation is funded through credentialing fees. Revenue and expenditures are tracked at the individual profession level. Each profession is required to be self-supporting. Excess revenue is carried forward from one biennium to the next. The 2001–2003 biennium budget for all professions was approximately \$39 million. Although funding is fee-based and fees must be dedicated to supporting individual professions, all fees within HPQA are subject to the Washington State Legislature’s appropriation process. The authority to spend revenue is determined through a process established by the Washington State Office of Financial Management and the Department of Health based on guidance from the Governor.

## **Credential Types**

There are three types of credentials issued by HPQA:

1. **License:** A method of regulation by which the state grants permission to persons who meet predetermined qualifications to engage in a health profession. Without a license, the practice of the specific health profession would be unlawful. Licensure protects the scope of practice and the health care provider’s title.
2. **Certification:** A voluntary process by which the state grants recognition to an individual who has met certain qualifications. The regulatory authority, either a board or the DOH Secretary, determines the qualifications. A non-certified person may perform the same tasks, but may not use “certified” in the title.
3. **Registration:** A process by which the state maintains an official roster of names and addresses of the practitioners in a given profession, the location, nature and operation of the health activity practiced, and if required, a description of the service provided.

**Table 1  
Credentialed Health Care Providers and Entities**

RCW	Profession	Number Credentialed	Licensing/Disciplinary Authority	Renewal Fees (All in \$)
<i>Licensed Professions</i>				
18.06	Acupuncturist	841	DOH Secretary	90
18.79	Advanced Registered Nurse Practitioner	3,412	Nursing Care Quality Assurance Commission	50 /per specialty*
18.35	Audiologist	348	Board of Hearing & Speech	200
18.25	Chiropractor	2,320	Chiropractic Quality Assurance Commission	270
18.29	Dental Hygienist	4,359	DOH Secretary	40
18.32	Dentist	5,585	Dental Quality Assurance Commission	205 **
18.30	Denturist	123	Board of Denturists/DOH Secretary	2,750 *
18.34	Dispensing Optician	942	DOH Secretary	125
18.35	Hearing Instrument Fitter/Dispenser	321	Board of Hearing & Speech	200
18.79	Licensed Practical Nurse	14,153	Nursing Care Quality Assurance Commission	50
18.225	Marriage & Family Therapist	907	DOH Secretary	83
18.108	Massage Therapist	10,362	Board of Massage/ DOH Secretary	25
18.225	Mental Health Counselor	3,919	DOH Secretary	29
18.50	Midwife	97	DOH Secretary	950
18.36A	Naturopathic Physician	577	DOH Secretary	200
18.52	Nursing Home Administrator	552	Board of Nursing Home Administrators	295
18.59	Occupational Therapist	2,212	Occupational Therapy Practice Board	95 *
18.59	Occupational Therapist Assistant	537	Occupational Therapy Practice Board	70 *
18.55	Ocularist	13	DOH Secretary	225
18.53,18.54	Optometrist	1,436	Optometry Board	100
18.200	Orthotist/Prosthetist	202	DOH Secretary	575
18.57	Osteopathic Physician & Surgeon	771	Board of Osteopathic Medicine & Surgery	475 **
18.57A	Osteopathic Physician Assistant	42	Board of Osteopathic Medicine & Surgery	200 **
18.64	Pharmacies/Other Pharmaceutical Firms	2,498	Board of Pharmacy	35 to 590 ***
18.64	Pharmacist	7,016	Board of Pharmacy	135
18.74	Physical Therapist	4,146	Board of Physical Therapy	65
18.71	Physician	20,911	Medical Quality Assurance Commission	400 ***
18.71A	Physician Assistant	1,605	Medical Quality Assurance Commission	70 ***
18.22	Podiatrist	312	Podiatric Medical Board	825 **
18.83	Psychologist	1,706	Examining Board of Psychology	285
18.79	Registered Nurse	65,247	Nursing Care Quality Assurance Commission	50
18.89	Respiratory Care Practitioner	2,098	DOH Secretary	50 *
18.225	Social Worker	2,763	DOH Secretary	42
18.35	Speech Language Pathologist	1,068	Board of Hearing & Speech	200
18.92	Veterinarian	2,744	Veterinary Board of Governors	120 **
	<b>Subtotal</b>	<b>167,075</b>		
<i>Certified Professions</i>				
18.205	Chemical Dependency Professional	2,540	DOH Secretary	125
18.138	Dietitian/Nutritionist	948	DOH Secretary	45
18.135	Health Care Assistant	11,803	DOH Secretary	33 *
18.88A	Nursing Assistant	32,186	Nursing Care Quality Assurance Commission/DOH Secretary	25
18.64A	Pharmacy Technician	6,156	Board of Pharmacy	40
18.84	Radiologic Technologist	4,313	DOH Secretary	45 *
18.155	Sex Offender Treatment Provider	143	DOH Secretary	300 to 800
	<b>Subtotal</b>	<b>58,084</b>		



RCW	Profession	Number Credentialed	Licensing/Disciplinary Authority	Renewal Fees (All in \$)
<i>Registered Professions</i>				
18.25	Chiropractic X-ray Technician	209	Chiropractic Quality Assurance Commission	40
18.19	Counselor	15,820	DOH Secretary	37
18.34	Dispensing Optician Apprentice	895	DOH Secretary	0
18.19	Hypnotherapist	363	DOH Secretary	130
18.92	Humane Society	10	Veterinary Board of Governors	100 ***
18.79	Nursing Technician	202	Nursing Care Quality Assurance Commission	90
18.88A	Nursing Assistant	21,134	Nursing Care Quality Assurance Commission/DOH Secretary	25
18.52C	Nursing Pool Operator	198	DOH Secretary	115
18.64A	Pharmacy Assistant	3,108	Board of Pharmacy	0
18.64	Pharmacy Intern	698	Board of Pharmacy	20
18.23	Recreation Therapist	17	DOH Secretary	110
18.215	Surgical Technologist	1,507	DOH Secretary	125
18.92	Veterinary Medication Clerk	299	Veterinary Board of Governors	30
18.92	Veterinary Technician	930	Veterinary Board of Governors	65
18.88	X-ray Technician	1,848	DOH Secretary	35 *
	<b>Subtotal</b>	<b>46,368</b>		
	<b>Grand Total</b>	<b>271,432</b>		

\* Fee every two years

\*\* Additional fees of up to \$25 dedicated to the Washington Physicians Health Program, a monitoring program for chemically impaired practitioners.

\*\*\* Credentialed entities

## Boards, Commissions and Committees

In part, HPQA meets its responsibilities through strong working relationships with the 24 boards, commissions and committees.<sup>4</sup> One hundred eighty-eight board, commission and committee members provide a critical link to the health care providers regulated by HPQA. The Governor appoints 132 members while the Secretary has appointment authority for 56. The boards and commissions regulate 34 professions, while the Secretary regulates 23. The Secretary may also appoint pro tem members when workload demands exceed board and commission capacity. Recruitment and development of diverse, well qualified board, commission, and committee members, including members who represent the public, is a high priority. HPQA works closely with health care provider associations, other interested organizations, and the Governor's Office in the recruitment process.

DOH and the boards and commissions are interdependent. The legislature created a partnership in which the boards and commissions set program goals and policies and have decision-making authority over health professions' regulation and discipline, including adjudicative decisions. DOH has decision-making authority over administrative issues, processes and procedures. The DOH Secretary is responsible for organizing DOH to best serve and support agency, board and commission goals, objectives and policies.

RCW 43.70.240 requires that the DOH Secretary enter into a written operating agreement on administrative procedures with the boards and commissions. The agreement is reviewed annually by the parties and addresses administrative activities supporting board and commission policies, goals and objectives.

In the 2001–2003 biennium, HPQA staff provided support for 288 days of open public meetings during which boards, commissions, and committees conducted official business. Board, commission and committee members performing other duties such as

<sup>4</sup> See page 89 for a listing of board, commissions and committees.

reviewing cases, participating in settlement conferences, sitting on rule-making panels, on hearing panels to determine case outcomes spent another 158 days.<sup>5</sup>

Board, commission, and committee members provide expertise regarding standards of practice as they apply to case disposition. They are also a resource for determining standards of practice through the rule-making process. Public members on the boards, commissions, and committees represent the interests of the public. The expertise of all members and HPQA's organizational management and support create the regulatory interdependent model.

## Results

During the biennium several projects or rule processes were begun or completed in keeping with HPQA goals and new statutory requirements.

### **Goal 1: Ensure Only Qualified, Credentialed Practitioners Provide Regulated Health Care Services.**

#### **Credentialing**

During the 2001–2003 biennium, HPQA issued 76,194 new licenses, certifications and registrations and renewed 415,962 credentials.<sup>6</sup>

*Adult Family Homes:* The Legislature deregulated the credentials issued by Department of Health due to duplication of regulatory authority by the Department of Social and Health Services.

#### **New Credentials Created**

*Animal Care and Control Agencies and Nonprofit Humane Societies:* RCW 18.92.260 allowed registered animal care and control agencies and non profit humane societies to provide limited veterinary services to low income individuals in local communities.

*Audiologists and Speech Language Pathologists:* Chapter 18.35 RCW was amended to change this profession from certification to licensure. Credential holders as of the implementation date were issued licenses. Audiologists and speech language pathologists who are certified as education staff associates by the state board of education are excluded from this chapter unless they elect to become licensed.

*Recreation Therapy:* Chapter 18.230 RCW created mandatory registration of recreation therapists, and amended the Uniform Disciplinary Act (RCW 18.130) to include this credential.

*Nursing Technicians:* Chapter 18.79 RCW, the Nurse Practice Act, was amended to include registration of nursing technicians. Nursing technicians are students in a nursing

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<sup>5</sup> SOURCE: HPQA Workload Indicators

<sup>6</sup> SOURCE: HPQA ASI licensing data

educational program who meet specific requirements. Previously, these students worked in a clinical setting as unlicensed personnel. An emergency clause in the legislation made the legislation effective immediately.

### **Credentialing Rules Completed**

*Recreation Therapy:* Rules establishing the credentialing process for recreation therapists registration were completed in April 2003.

*Animal Care and Control Agencies and Non-Profit Humane Societies:* Rules were adopted to implement 2002 legislation to allow animal care and control agencies and nonprofit humane societies to provide limited veterinary services to low income members of local communities. Rules were adopted in May 2003.

### **Criminal Background Checks**

In January 2000, HPQA published a report in collaboration with the Department of Social and Health Services (DSHS) titled, *Background Checks*. The report was in response to Governor Locke's request for a study and recommendations on in-state and interstate criminal background checks as a condition for health professional licensing. The Governor's request was the result of media investigations that revealed health care providers with criminal backgrounds were working with vulnerable patients. The nature of the criminal offenses would have made them ineligible for licensure if the applicants had disclosed the facts.

The study concluded that it would be best for HPQA to begin conducting in-state criminal background checks for new applicants for health care credentials. Federal criminal background checks could take months and be very expensive. The recommendation was to revisit the federal criminal background checks when electronic finger printing and transmission to the FBI become available in Washington. It is not available at this time.

The primary purpose of the background check is to assure that the applicants provide licensing authorities with full information during the application process. If undisclosed criminal violations are found, appropriate action is taken against the applicant based on the nature of the violation. A criminal conviction may also be the basis for denying the application. At a minimum, the applicant is granted a credential and sent notification informing him/her that the criminal conviction was found but did not rise to the level of denying a credential. The information regarding the conviction remains a part of the application file and is available for public disclosure on request.

During the 2001–2003 biennium, HPQA conducted 85,028 background checks.<sup>7</sup> Some applications result in more than one background check due to aliases, court reporting errors or omissions, and applicants indicating that they have a conviction despite a clean record. Of the 85,028 checks, 3,387 or four percent, had criminal convictions in Washington State. Of the 3,387 with convictions 1,360 or 40 percent, did not disclose the conviction on their application. In other words, two percent of the 85,028 applicants did not disclose criminal convictions.

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<sup>7</sup> SOURCE: HPQA Investigative Services Unit

**Table 2  
Criminal Convictions**

	Type	Total Applicants	Number Hits	Number Dis-closed	Number Non-Disclosed	Per-centage With Con-victions	Per-centage Dis-closed	Per-centage Non-Disclosed
Acupuncturist	L	284	0	0	0	0	0	0
Adult Family Home Provider*	R	467	15	4	11	3	27	73
Advanced Registered Nurse Practitioner	L	870	6	6	0	1	100	0
Audiologist/Hearing Instrument Filter/Dispenser, Speech Language Pathologist	L,C	983	20	6	14	2	30	70
Chemical Dependency Professional	R	515	79	61	18	15	77	23
Chiropractor	L	359	6	2	4	2	33	67
Counselor	R	5,496	324	185	137	6	57	42
Dental Hygienist	L	508	4	2	2	1	50	50
Dentist	L	643	3	1	2	0	33	67
Denturist	L	39	1	1	0	3	100	0
Dietitian/Nutritionist	C,C	244	0	0	0	0	0	0
Dispensing Optician	L	673	28	4	24	4	14	88
Health Care Assistant	C	6,789	298	91	207	4	31	69
Hypnotherapist	R	167	2	1	1	1	50	50
Licensed Practical Nurse	L	2,058	53	17	36	3	32	68
Marriage & Family Therapist	L	166	1	0	1	1	0	100
Massage Therapist	L	2,930	79	25	54	3	32	68
Mental Health Counselor	L	756	20	10	10	3	50	50
Midwife	L	20	0	0	0	0	0	0
Naturopathic Physician	L	110	1	1	0	1	100	0
Nursing Assistant	C,R	35,431	2,060	804	1,256	6	39	61
Nursing Home Administrator	L	103	2	1	1	2	50	50
Nursing Pool Operator	R	0	0	0	0	0	0	0
Occupational Therapist	L	396	4	3	1	1	75	25
Ocularist	L	2	0	0	0	0	0	0
Optometrist	L	167	3	1	2	2	33	67
Orthotics/Prosthetics	L	17	0	0	0	0	0	0
Osteopathic Physician	L	150	1	0	1	1	0	100
Osteopathic Physician Assistant	L	18	0	0	0	0	0	0
Pharmacies/Other Pharm. Firms	L	237	7	1	6	3	14	86
Pharmacist	L	928	10	5	5	1	50	50
Pharmacy Assistant	R	3,744	133	43	90	4	32	68
Pharmacy Intern	R	648	3	0	3	0	0	100
Pharmacy Technician	C	1,477	42	13	29	3	31	69
Physical Therapist	L	787	3	2	1	0	67	33
Physician	L	3,355	2	1	1	0	50	50
Physician Assistant	L	348	4	2	2	1	50	50
Podiatrist	L	43	1	0	1	2	0	100
Psychologist	L	191	0	0	0	0	0	0
Radiologic Technologist	C	1,353	22	9	13	2	41	59
Registered Nurse	L	8,203	58	27	31	1	47	53
Respiratory Care Practitioner	L	340	6	1	5	2	17	83
Sex Offender Treatment Provider	C	33	2	1	1	6	50	50
Social Worker	L	488	6	4	2	1	67	33
Surgical Technologist	R	607	24	11	13	4	46	61
Veterinarian	L	374	2	1	1	1	50	50
Veterinary Medication Clerk	R	186	4	0	4	2	0	100
Veterinary Technician	R	251	3	1	2	1	33	67
X-ray Technician	R	1,074	45	12	35	4	27	78
<b>Total</b>		<b>85,028</b>	<b>3,387</b>	<b>1,360</b>	<b>2,027</b>	<b>4</b>	<b>40</b>	<b>60</b>

Types of Credentials: L=License; C=Certification; R = Registration

\* DOH credential deregulated in 2002

In 2001 when criminal background checks were implemented, eight percent of applicants had in-state criminal convictions, and 80 percent of those had not disclosed the conviction on their application. The 2001–2003 biennium shows a dramatic decrease within four percent of applicants with criminal convictions and 20 percent who did not disclose conviction information.

### **Credentialing Process Assessment Tool**

HPQA developed and implemented an assessment tool to evaluate the overall credentialing process knowledge of front-line staff. The tool consisted of 65 multiple-choice questions covering policy and procedure, administrative rules, and statutes relevant to the core functions of the process.

The tool was administered anonymously in both a paper and on-line format to approximately 21 percent, or 46 staff members of HPQA. Participants answered identifier questions to aid in sorting the results. This information was used to divide the results into two groups based on the staff's primary licensing, or disciplinary functions. These groups were then subdivided according to management or staff level, and sorted according to years of experience.

Staff accuracy ranged from 60 percent to 78 percent overall, and 71 percent on the credentialing-process component. Management's accuracy ranged from 66 percent to 87 percent, with an average of 81 percent accuracy in the credentialing-process component. The majority of management participants had 10 or more years licensing and disciplinary experience, whereas the majority of staff had less than 10 years of experience. Participant feedback was positive and provided valuable suggestions to refine the questions, increasing their relevance and ease of understanding.

For the participants, the process of answering and correcting the questions, and discussing them as a group provided an increased awareness of their present knowledge of basic credentialing information. For HPQA management, sorting the results according to staff and management levels worked to focus on level-specific training needs.

The pilot yielded valuable information and showed many promising possibilities. Key forms and checklists used by staff during the credentialing process were redesigned to include statutory and administrative rule citations, and policy and procedure references. Random audits were implemented and are now routinely conducted by management to ensure consistent application of laws, rules, and policies. Audit results are reported to top HPQA management as an ongoing performance measure. Credentialing process policies and procedures are being rewritten to enhance readability and comprehension.

## **Goal 2: Ensure Credentialed Practitioners Provide Services According to Regulatory Standards.**

### **New Standards**

*Dental Students:* RCW 18.32.030(3) removes the requirement that students from only Washington State dental schools can practice under the supervision of dental school faculty licensed in Washington State. It will allow students from any accredited dental school to practice in Washington.

*Out of State Dentists:* RCW 18.32.215 allows dental applicants with a valid license from, and currently practicing in, another state to be granted a Washington credential if the applicant graduated from a dental school approved by the Commission.

*Pharmacy:* SHB 1144 added a new section to allow registration of the Washington State Department of Fish & Wildlife to purchase, possess, and administer controlled substances for use in chemical capture programs. This legislation became necessary because the Federal Government rescheduled the most used chemical capture drug “Ketamine” from legend drug status to a controlled substance.

*Social Worker:* HB 1855 requires all licensed independent social workers who supervise students to have been licensed or certified for at least five years and to have at least one year of experience in supervising the clinical social work practice of others.

### **Scope of Practice Changes**

*Dental Hygiene:* SSB 5327 allows licensed dental hygienists to place antimicrobials pursuant to the order and supervision of a licensed dentist.

*Nurse Delegation:* HB 1753 expanded nurse delegation into the home, including in-home care, allowing them to delegate the application, instillation, or insertion of medication to nursing assistants, and clarified that home care agencies could provide delegated tasks without being considered a home health agency.

*Nursing:* SHB 1655 allows Advanced Registered Nurse Practitioners to approve disability parking permits.

*Nursing Assistants:* HB 1753 allows nursing assistants working inside the home to transport pre-filled insulin syringes under medication assistance from the refrigerator to the client. Medication assistance no longer requires consultation with a practitioner unless the medication requires preparation, such as crushing a tablet.

*Optometry:* SSB 5226 amends the optometry scope of practice to allow practitioners with additional education, use of certain controlled substances and legend drugs. The Board of Pharmacy and the Optometry Board were required to create a list of Schedule III, IV and V controlled substances and oral legend drugs that optometrists may prescribe.

## **Standards Review**

Washington Administrative Code (rules) which set standards and guide disciplinary activity are constantly being reviewed. They are reviewed for need, reasonableness, effectiveness and efficiency, stakeholder involvement, coordination among regulatory agencies, consistency with legislative intent and statutory authority. During the 2001–2003 biennium, two rules were repealed, 57 public rule-making processes were begun and 25 were completed.

## **Chemically Impaired Practitioners**

*Statute Permits Alternative to Discipline:* RCW 18.130.175 allows the disciplining authority to refer a practitioner to a voluntary substance abuse monitoring program in lieu of disciplinary action. The disciplining authority may also require that a chemically dependent health care provider participate in a substance abuse program.

Because chemical dependence is treatable, early and appropriate entry into effective treatment can save the health care provider's practice, license and even his/her life. Programs offer several services, including confidential consultation with the practitioners or other concerned individuals, such as the person who referred the practitioner for treatment. Other services include intervention, referrals for evaluation and treatment, development of a comprehensive rehabilitation plan, compliance monitoring, support, outreach and education in the health care community. Nationally, these programs have high success rates ranging from 85 percent to 90 percent. Success is generally defined as achieving a chemically free and professionally productive lifestyle.

*Programs Available:* There are currently three substance abuse monitoring programs used by HPQA.

1. Washington Health Professional Services (WHPS) is available to all HPQA health professions except for medical physicians, physician assistants, pharmacists, osteopaths, podiatrists, and veterinarians. WHPS offers a confidential and voluntary program for chemically impaired practitioners who experience the effects of chemical dependency in their lives and practices. Practitioners may also be mandated into the program by boards, commissions, or the Secretary. This is the only program of the three within HPQA that is staffed by DOH employees. WHPS also serves emergency medical personnel, intravenous therapy technicians, and paramedics who are regulated within another office of Health Systems Quality Assurance. Profession program budgets provide funding to WHPS on a biennium basis. Only those professions that have health care providers utilizing the service provide funding to WHPS. The clients pay additional fees to providers outside WHPS for random urinalysis tests and support groups.
2. Washington Physicians Health Program (WPHP) is a confidential program for chemically impaired medical physicians, physician assistants, dentists (beginning in 2001–2003), osteopaths, veterinarians and podiatrists. WPHP began under the auspices of a Washington State Medical Association Committee in 1986. It has since evolved into an independent program assisting medical practitioners afflicted

with alcoholism, other drug addiction, or mental illness. WPHP operates the program under a contract with DOH. HPQA staff provide oversight for the contract. Funding for this program is provided from a legislatively mandated account into which a surcharge of up to \$25 per health care provider is deposited. Only those professions served by WPHP pay the surcharge on their license fee. The account is not subject to allotment restrictions. The clients pay additional fees to WPHP for random urinalysis tests and support groups.

3. Washington Recovery Assistance Program for Pharmacy (WRAPP) is also a voluntary substance abuse monitoring program. The WRAPP program provides education, intervention, assessment, treatment referral and monitoring services to pharmacists, pharmacy technicians and pharmacy assistants. The program contracts with DOH to provide services and HPQA staff provide contract oversight. The Board of Pharmacy may mandate practitioners into the program. The Board of Pharmacy funds the service and clients pay additional fees for random urinalysis tests and support groups.

Table 3 provides an activity summary of the three substance abuse monitoring programs used by HPQA. Professions without enrollees are not shown.

**Table 3**  
**Chemically Impaired Practitioner Programs**

Profession	Program	Total # Mandated	Total # Voluntary	Total # Enrolled	Total # of Successful Completions
Chemical Dependency Professional	WHPS	0	5	7	1
Counselor	WHPS	0	1	1	3
Dental Hygienist	WHPS	0	0	1	0
Dentist	WPHP	0	0	0	2
Health Care Assistant	WHPS	0	0	0	2
Licensed Practical Nurse	WHPS	6	8	40	8
Nursing Assistant	WHPS	3	0	4	6
Osteopathic Physician	WPHP	9	2	3	1
Pharmacist and Pharmacy Technician	WRAPP	29	6	62	14
Physical Therapist	WHPS	0	0	0	1
Physician	WPHP	11	43	145	43
Physician Assistant	WPHP	0	2	14	6
Podiatrist	WPHP	0	1	3	0
Psychologist	WHPS	0	0	0	1
Radiologic Technologist	WHPS	0	1	3	0
Registered Nurse	WHPS	14	23	138	57
Respiratory Care Practitioner	WHPS	0	0	0	1
Surgical Technologist	WHPS	0	1	2	0
Veterinarian	WPHP	0	2	8	2
<b>Total</b>	<b>All</b>	<b>66</b>	<b>101</b>	<b>441</b>	<b>148</b>

WHPS—Washington Health Professional Services  
WPHP—Washington Physicians Health Program  
WRAPP—Washington Recovery Assistance Program for Pharmacy



## Technical Assistance

**Group Presentations, Individual Visits, and Written Advisories:** The secretary, boards, and commissions provide written advisory information to clarify their positions on topics and situations faced by Washington health care providers and consumers. During the biennium, HPQA increased its technical assistance efforts to help prevent providers from violating the law.

Technical assistance for health care practitioners is often provided by staff on a one-to-one basis when requested. Staff who support the work of the Chemical Dependency Certification Advisory Committee, Registered Counselors, Dental Commission, Dental Hygiene Examining Committee, Medical Commission, Nursing Commission, Occupational Therapy Practice Board, Board of Pharmacy, Board of Physical Therapy, Examining Board of Psychology, and Veterinary Board of Governors provide training to students in programs throughout the state.

Included in the individual visits listed below are inspections of licensed pharmacy sites.<sup>8</sup> Pharmacy Board investigators, in addition to conducting investigations, perform site inspections and provide technical assistance that encourages compliance with a multitude of highly technical state and federal drug laws. The Pharmacy Board often provides technical assistance to law enforcement agencies and prosecuting attorneys throughout the state.

### Technical Assistance

Assistance Provided	Quantity
Group Presentations	629
Individual Visits	5,073
Written Advisory Information	5,704
<b>Total</b>	<b>11,406</b>

**Profession Web Pages:** Using existing resources, HPQA completed web sites for all regulated health professions. The new sites provide a consistent look and feel, and easy access to over 1,000 forms and informational documents. Practitioners have 24-hour access to information on fees; credentialing requirements; minutes and agendas; continuing education, practice, and contact information, to name a few. HPQA realized a substantial savings through a reduction in the number of forms mailed and phone inquiries.

**Profession Newsletters:** A number of HPQA programs produce newsletters for professions. The newsletters convey information on new standards (adopted rules), profession policy decisions and information on recent disciplinary actions. Newsletters are produced for pharmacists, physicians, physician assistants, and psychologists. Once published, they are posted on the profession's web site. Many programs are exploring the use of technology, such as list serve, to distribute newsletters and save resources. Not all professions provide newsletters due to budgetary constraints. All programs may send newsletters directly or provide articles to state and national associations for inclusion in their newsletters.

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<sup>8</sup> SOURCE: HPQA Workload Indicators

## **Compliance**

*Compliance Monitoring Standards:* After due process, some practitioners are issued disciplinary orders with conditions in order to continue in practice. These individuals are monitored for compliance with the order for a specified length of time.

## **Goal 3: Enhance the Ability of the Public to Make Informed Decisions About Health Care Practitioners.**

During the 2001–2003 biennium, HPQA worked to improve public access to information by increasing our web presence and changing the way we conduct business to broaden availability, reduce response time to requests, and improve the use of resources.

## **Electronic Access**

*Automated Verification Service (AVS):* The Provider Credential Search and the Customer Service Center<sup>9</sup> replaced this system, which was discontinued in April 2003. Prior to that date the system provided 24-hour, seven-days per week access by telephone or computer to verify the credential status of health care providers. Hospitals, insurance carriers and other employers primarily used the system. Health care providers also used the AVS to verify if their renewal had been processed. Access required the health care provider's 10-digit credential number. This created a barrier to the public's use. The AVS verified credentials 475,122 times by phone and 213,089 times by computer last biennium.<sup>10</sup>

## **Internet Access**

*HPQA Web Site:* Information needed by Washington consumers was the driver behind the development of the HPQA web site. Organized in a question and answer format, the information ranges from what the office does to how to file a complaint against a practitioner. Also provided are questions and answers to assist consumers in understanding investigation threshold levels and jurisdiction restrictions.

*Provider Credential Search (Provider Lookup):* On April 15, 2003, HPQA launched its Provider Credential Search. The web site supplies easy access to information on the more than 270,000 Washington health care practitioners. The Provider Lookup represents the successful completion of nearly two years of preparation including extensive data integrity and security measures, the creation of a public disclosure unit, a lengthy redaction and on-line scanning project, programming, writing, and testing to ensure an easy-to-use and accurate means of communicating with stakeholders.

The Provider Credential Search supplies real time information on practitioners' birth year and license status, restrictions, and disciplinary actions. Even partial search entries result in a listing of health care professionals from which to choose. Users are able to see if a practitioner has ever had more than one credential to practice in

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<sup>9</sup> See page 22 for Customer Service Center information

<sup>10</sup> SOURCE: HPQA ASI data ad hoc report (IVR Logs)

Washington. Actions taken before 1998 are noted on the practitioners' page. Visitors are able to review and print copies of legal documents issued by the Department after July 1998. Health care facilities and insurers also have easy, quick access to real time information about the status of new and renewed credentials.

The web site is available through either the Department's home page at [www.doh.wa.gov](http://www.doh.wa.gov), or HPQA's home page at <https://fortress.wa.gov/doh/hpqa1/>, thus providing visitors with an opportunity to learn about HPQA's mission, responsibilities, partnerships with boards and commissions, and the licensing and disciplinary process. Visitors may also use the glossary containing over 75 words and phrases for help with understanding language used throughout the web site and in the legal documents.

Internal policy and procedure changes have made it possible to post information on summary disciplinary actions on the Provider Lookup within 24 hours of service on the respondent. This represents a substantial supplement to the media release process of notifying the public. Appendix D provides examples and frequently asked questions about the Provider Lookup.

On its first day, the Provider Lookup responded to 28,000 inquiries.<sup>11</sup> Two and a half months later, at the end of the 2001–2003 biennium it had responded to 652,490 inquiries and 11,401 legal documents had been downloaded by users.<sup>12</sup> This represents nearly the entire number of automated verifications and written public disclosure requests processed during the first 21 months of the biennium. Information that could have taken weeks to process through a formal public disclosure process is now available to anyone with Internet access, at a fraction of the cost in resources.

## **Public Records Access**

*Public Disclosure and Records Center:* Every month, HPQA receives hundreds of public disclosure requests. The requests range from telephone credential verifications, to lists of provider names, to complete copies of investigative and disciplinary files. Throughout HPQA there were 30 employees separately working either full or part-time processing these requests.

The process could be time intensive and involve numerous staff and resources. Requests for disciplinary and complaint files require staff to order off-site records; review and manually redact non-public information; copy, assemble, and mail the information to the requestor, including a cover letter listing all redacted information and the corresponding reasons; reassemble the file and return it to the off-site storage facility. Requests for multiple, or large files could take weeks to complete.

In August 2001 HPQA began preparations for a centralized public disclosure center. The work included a large-scale scanning and redacting project to allow the posting of legal documents on the Provider Lookup. All statement of charges and final orders, including stipulations to informal dispositions, from July 1, 1998 were carefully reviewed and redacted by HPQA staff.

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<sup>11</sup> April 2003 HPQA Monthly Report to the Secretary

<sup>12</sup> HSQA Information Technology Unit

In January 2003, with the redaction project nearly complete, HPQA employees involved in the public disclosure process began meeting to exchange information, work on consolidating services, and ultimately create the Public Disclosure and Records Center (PDRC). In March 2003, six employees moved from other areas within HPQA to the newly created PDRC.<sup>13</sup> Centralizing this function greatly improved efficiency and customer service. Within six months a backlog of requests had been eliminated and because of the immediate availability of information through the Provider Credential Search, requests dropped by one-third.

## **Goal 4: Improve the Quality of our Business.**

### **Customer Service**

*Customer Counter Calls:* During the 2001–2003 biennium customers served in the HPQA Olympia office voluntarily evaluated the quality of service they received using survey cards. Visitors sought personal assistance from the Olympia office with a variety of needs such as credential renewal, verification of health care providers' credentials, applications, name and address changes, and general inquiries. Statistics indicate that the majority of all customer services we provide, including telephone calls, are associated with the nursing professions.

*Customer Service Center (CSC):* During the 2001–2003 biennium, HPQA established a main point of contact for all 57 professions by opening the Customer Service Center. The Center is comprised of 14 staff and one manager who work together to provide prompt, accurate information by phone and in person at the Olympia office customer counter. The CSC answers approximately 900 calls a day with an average wait time of only 23 seconds.

In addition to answering the majority of HPQA's phone calls, the CSC also responds to email requests for information; handles the renewal of all credentialed health care providers' credentials; mails information in response to requests for credential applications; responds to all customer counter calls, and assists with continuing education and continued competency audits.

Other advantages of the CSC include:

- Knowledgeable staff provide live telephone coverage for all health professions programs from 8:00 a.m. to 5:00 p.m.;
- Reduced call wait times;
- Consistent application of policies and procedures across professions;
- Increased efficiency from centralizing administrative functions such as renewing and verifying credentials and mailing application packets;
- Relief from phone interruptions for program staff, allowing them to focus on the core functions of the credentialing and disciplinary processes.

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<sup>13</sup> See page 77 for biennial comparison.

During the 2001–2003 biennium, the CSC received 313,308 calls; renewed 318,674 credentials; provided written verifications for 26,326 credentials; mailed 110,591 applications packets and lawbooks; and assisted with 780 continuing education audits.<sup>14</sup>

## **Disciplinary Process and Review**

Chart 1 on the following page is an overview of the disciplinary process used by professions where the DOH secretary is the disciplining authority. Boards and commissions have varying models.

### **Disciplinary Process Consistency**

**Case Management Teams:** The Legislature has directed that there be consistency from profession to profession in the process to resolve complaints against practitioners. Case Management Teams were established in each of the HPQA sections to timely process and consistently handle complaints. The teams, consisting of program staff, investigators and staff attorneys, review all new complaints weekly. The team determines whether the complaint warrants investigation for secretary authority professions. For boards and commissions, the team uses criteria established by the board or commission to make the decision or to make a recommendation to the board or commission.

The case management teams also review the results of investigations. For secretary authority professions, the team makes a recommendation to a HPQA section executive director to close the case or to take disciplinary action. For boards and commissions, the team makes a recommendation to a reviewing board member or panel.

**Use of Board/Commission Panels:** Boards and commissions are using panels of no less than three members, who meet more frequently than the full boards and commissions. Telephone conferences rather than face-to-face meetings are used as well. These panels make initial assessment and case disposition decisions on a regular and frequent schedule to comply with timelines.

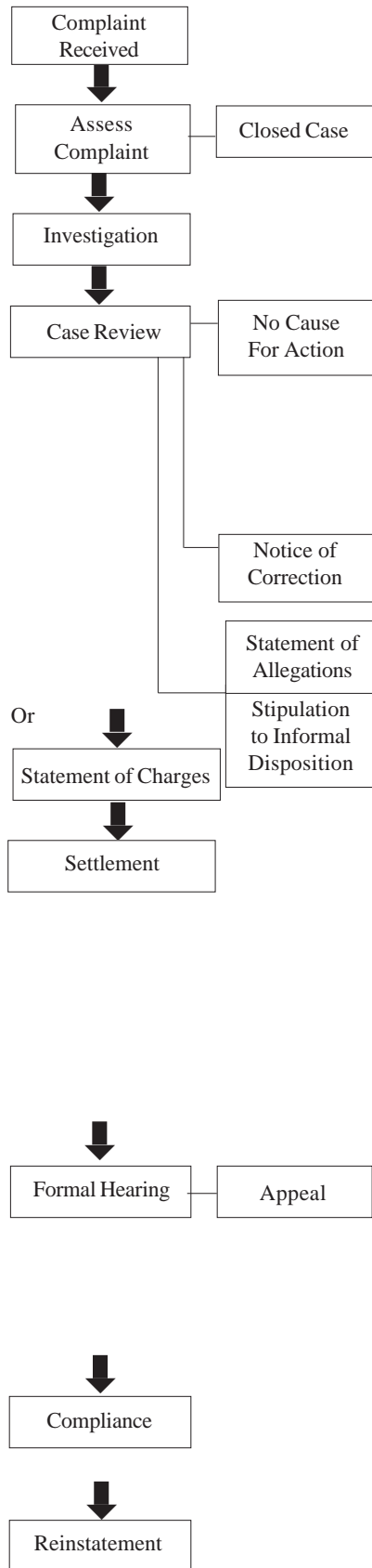
**Threshold Criteria for Investigation:** Threshold criteria have been established in policy for all secretary authority professions, boards and commissions. These criteria are used to decide whether a case should be closed rather than expend resources on investigation. Cases are closed before investigation when the facts indicate closing the case would not result in significant public protection concerns. The same criteria are applied and a case may be closed after investigation when the facts lead to no significant concerns. These criteria may differ across professions, but are subject to ongoing review.

**Case Disposition Guidelines:** Case disposition criteria have been established in policy for all professions. These criteria are applied after cases are investigated to determine appropriate action, including notice of correction, informal disposition and formal charges. These criteria encourage consistent sanctions across professions.

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<sup>14</sup> SOURCE: HPQA Customer Service Center

**Chart 1  
Disciplinary Flow**



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

Upon receipt, a file is set up, credential status checked and former cases traced. An initial assessment is done, a case management team or board/commission review and decide to close the case or forward for investigation.

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

The case management team reviews investigated complaints. For secretary authority professions, the team makes a case disposition recommendation to a profession executive director. For boards and commissions, the team makes a recommendation to the reviewing board member or panel to decide case disposition (close no cause for action, notice of correction, issue a statement of allegations, or statement of charges).

A Notice of Correction (NOC) notifies the health care provider that violation of a statute or rule has been documented. The provider is given a reasonable period of time to correct the violation. It is not considered disciplinary action.

A Statement of Allegations and a Stipulation to Informal Disposition (STID) are used to resolve a case without the health care provider admitting to unprofessional conduct, but agreeing to corrective action. A STID is reportable to national data banks, but is informal and not distributed to the media.

A Statement of Charges is issued when information obtained in the investigation substantiates the allegations and formal disciplinary activities are determined to be necessary.

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

At a formal hearing, an assistant attorney general presents the case. The disciplinary authority makes a decision after hearing. Final orders may mandate revocation, suspension, restriction or limitation. All statement of charges and final orders are publicly disclosable and distributed to the media. The health care provider has the right to appeal the decision to superior court.

HPQA staff monitor compliance with conditions in orders. Conditions may include practice reviews, urinalysis reports, patient notification, progress reports, and/or continuing education.

When conditions of compliance are met, the provider requests a termination of the conditions.

## **Adjudicative Clerk Office**

The Adjudicative Clerk Office (ACO), established within HPQA in July 1997, acts as a liaison between the parties, program staff and the Office of Professional Standards (OPS) to facilitate uniform due process across the 57 professions. The ACO is the custodian of record for disciplinary cases from issuance of the initiating document through final case disposition for boards, commissions and secretary professions.

Specific activities include maintaining official records, scheduling cases, serving legal documents, tracking cases, certifying records to superior court for all petitions for judicial review, issuing suspension notices for defaults on student loans and non-compliance with child support orders, and reporting all adjudicative actions to the Health Care Integrity Protection Data Bank. During the 2001–2003 biennium the ACO issued over 1,842 docket numbers, received 1,511 motions, served 3,766 prehearing and final orders, and scheduled 783 cases.<sup>15</sup>

## **Office of Professional Standards**

The Office of Professional Standards (OPS) works closely with the ACO to provide consistent, efficient adjudicative processes for all parties in a case. Health law judges make prehearing decisions and preside at hearings where allegations of unprofessional conduct or inability to practice with skill and safety have been brought against health care providers. As an impartial and independent body separate from HPQA, the judges report to a senior health law judge and are accountable to the Secretary. Support staff for the office report to the Deputy Director of HPQA.

The primary responsibilities of the judges are to conduct prehearing proceedings for boards, commissions and the Secretary, to rule on motions and to prepare prehearing orders. Judges conduct legal proceedings on behalf of the Secretary and are the final decision makers in those cases. They also preside during hearings with panels of board and commission members. The three full-time and five contract health law judges manage legal proceedings for boards and commissions, but have no authority to make final decisions unless the board or commission delegates them that authority. The boards and commissions make final decisions and the judges draft orders based on those decisions. The board or commission panel chair must sign the final orders.

During the 2001–2003 biennium, OPS judges conducted 1,647 proceedings and wrote 2,646 orders.<sup>16\*</sup>

## **Learning from Case Appeal Decisions**

Once the disciplining authority makes a final case disposition decision, a practitioner has the right to appeal the decision to a superior court for judicial review. The ACO, as the custodian of record for disciplinary cases, certifies and sends the state's record of the case to the court. Cases in which the decision of the regulatory authority is overturned or remanded are debriefed by HPQA staff with the regulatory authority once a final decision has been made and a case can no longer be appealed. The

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\*Includes scheduling, pre-hearing, default and final orders

<sup>15</sup> SOURCE: Adjudicative Clerk Office

<sup>16</sup> SOURCE: Office of Professional Standards

debriefing usually involves the reviewing board or commission member, staff attorney, prosecuting assistant attorney general, and the health law judge. They present a summary of the case facts and what led to the final decision in an effort to educate and prevent future case dismissals or remands. Table 4 describes Superior Court rulings on disciplinary cases issued during the 2001–2003 biennium.<sup>17</sup> Where information is available on the outcome of an appeal, the information is shown.

**Table 4**  
**Case Appeals Activity**

Docket #	Profession	Court	Outcome/Comments
00-09-A-76AP	Advanced Registered Nurse Practitioner	King	Action pending.
99-08-A-1030AP	Advanced Registered Nurse Practitioner	Thurston	Order upheld. Nursing Commission decision stands.
03-01-A-1013DE	Dentist	King	Action pending.
02-04-A-1055DE	Dentist	King	Action pending.
01-05-A-1012LP	Licensed Practical Nurse	King	Case dismissed. Nursing Commission decision stands.
98-06-A-1017MD	Physician	Spokane	Order upheld. Medical Commission decision stands.
01-06-A-1041MD	Physician	Spokane	Superior Court Action withdrawn. Medical Commission decision stands.
02-04-A-1050MD	Physician	Thurston	Case dismissed on Petitioner's motion for voluntary dismissal. Medical Commission decision stands.
01-07-B-1031NA	Nursing Assistant	King	Department of Health Secretary decision stands. Petitioner filed for review in Court of Appeals. Outcome pending.
00-09-A-1061PH	Pharmacist	Thurston	Case dismissed. Board of Pharmacy decision stands.
01-01-A-1028PT	Physical Therapist	Mason	Case dismissed with prejudice and without cost or fees. Board of Physical Therapy decision stands.
98-06-A-1074PO	Podiatrist	Spokane	Remanded to Podiatry Board twice. Second Revised Final Order issued February 2002.
02-03-A-1008RN	Registered Nurse	Whatcom	Action Pending.
01-06-A-1088RN	Registered Nurse	Thurston	Case dismissed due to improper filing. Nursing Commission decision stands.
98-05-A-1083RN	Registered Nurse	Pierce	Case dismissed due to improper filing in Superior Court. Nursing Commission decision stands.
02-06-A-1039RN	Registered Nurse	Pierce	Nursing Commission decision reversed. License restored to normal status without conditions.
99-02-A-1046RN	Registered Nurse	Thurston	Order upheld. Nursing Commission decision stands.

<sup>17</sup> SOURCE: Adjudicative Clerk Office



## **DOH and Department of Corrections Offender Health Care Standards**

Facilities and Services Licensing (FSL) inspects Department of Corrections (DOC) health care facilities. HPQA responds to complaints from offenders and DOC staff regarding health care providers.

In the fall of 2000 representatives of DOC, HPQA and FSL met to lay the groundwork for a combined effort to develop written standards for the health care of offenders against which FSL would inspect facilities. A cooperative agreement between the two agencies was signed, establishing a management oversight team and a core team to write the new standards. The core team members represented the functional areas, organizational and professional interests within DOC, HPQA and FSL.

The team developed standards designed to reflect appropriate environmental, health, and safety standards. The new standards parallel current American Correctional Association (ACA) Standards, current regulations, and define minimally acceptable standards for all correctional facilities under the DOC authority.

Four issues drove the teams efforts:

- Movement and transfer of offenders within the system and outside the system into the community;
- Mental health;
- Medications and pharmacy operational issues; and
- Offender medical records.

The standards were successfully finalized in late 2003.

## **Exploring Solutions to Health Care Provider Shortages**

Washington's shortage of health care workers is at a crisis level according to the findings of the Workforce Training and Education Board. Health occupations that face critical shortages include nurses, medical aides, dental hygienists, billers and coders, laboratory personnel, pharmacists and radiological technicians.

In 2001, HPQA staff began participating on a division workgroup. The purpose of the workgroup was to determine what actions could be taken through 2005 to encourage a sufficient, diverse and competent health care workforce. In December 2002, the Department of Health and the Workforce Training and Education Coordinating Board sponsored the Health Professions Database Assessment Project. The purpose of this project, conducted by the Washington State University Social and Economic Sciences Research Center, was to assist in developing better data for assessing workforce supply and demand.

The project is a two-phase process that will help both agencies understand what data about health professionals is currently being collected and what the unmet needs of state agencies and key stakeholder groups are for data about health professionals.

Phase One involved participants from 25 databases across 10 agencies. The findings indicate that a considerable amount of information about health professionals is collected in state data systems. Much of the available data is concentrated on primary care and directly reimbursed professions, though even for these professionals there is incomplete demographic and other data, such as practice characteristics. Relatively few databases exist for health professionals who are neither primary care providers nor reimbursement payees, and often cover only a fraction of those actively practicing.

Among the major needs identified by the study were:

- Updated and standardized information particularly for physicians, PAs, ARNPs, and midwives;
- Information about provider specialty;
- Information about practice characteristics;
- Information about practice and facility affiliation;
- A future need for contact via email was also noted.

The following are other issues encountered during this study:

- There is virtually no comprehensive data available for some health care professionals. This is particularly true for professions not subject to licensure and not found in reimbursement databases, such as clinical laboratory technologists.
- Sharing of data among state agencies is a complex process involving inter-agency agreements, and sometimes, legal restrictions as to what data may be shared.
- Data, even for those professions most represented in the databases, is incomplete for many practical uses—the two most notable being workforce planning and career ladders for advancement within the health care industry
- A good many resources are being expended to assure data quality and to keep simple contact information updated.

During the next biennium key stakeholders will be invited to provide input through focus groups. Recommendations for a consolidated, statewide, multi-purpose system of health professional data will be generated.

# Legislative Changes

RCW 18.130.310 states that the biennial report may include recommendations for improving the disciplinary process, including proposed legislation. DOH has proposed specific legislation to modify the Uniform Disciplinary Act (UDA) in the past and will continue to review those areas within the disciplinary process that can be improved only by changes in the law.

In 2003 HPQA began a review of the entire disciplinary process. The Agency will analyze the results of the review and implement changes that will not require legislation.



Section 2  
Uniform  
Disciplinary Act  
Activity  
Investigation, Closure  
and Case Resolution



# Investigation, Closure and Case Resolution

The Uniform Disciplinary Act (UDA), chapter 18.130 RCW, provides standardized processes for discipline of practitioners and serves as the statutory framework for the regulation of health care providers in Washington State. This section of the report contains quantitative data concerning investigations, case closures and case resolutions involving health care providers from July 2001 through June 2003.

## Investigation

During the biennium, HPQA received a total of 13,712 complaints against credentialed health care providers and unlicensed persons. A total of 2,771 open complaints were carried over from the previous biennium.<sup>18-19</sup> A total of 5,498 investigations were completed during the biennium.

Table 5  
Investigation Activity by Profession<sup>20</sup>

Profession	Complaints Received	Investigations	Unlicensed Investigations	Total Investigations
Acupuncturist	28	18	0	18
Adult Family Home Provider	162	48	0	48
Audiologist, Hearing Instrument Fitter/Dispenser, Speech Language Pathologist	50	20	0	20
Chemical Dependency Professional	176	102	0	102
Chiropractic X-ray Technician	1	1	0	1
Chiropractor	234	148	3	151
Counselor	416	242	1	243
Dental Hygienist	35	12	1	13
Dentist	916	579	12	591
Denturist	43	31	5	36
Dietitian, Nutritionist	3	1	0	1
Dispensing Optician	19	12	16	28
Dispensing Optician Apprentice	0	0	0	0
Health Care Assistant	227	142	26	168
Humane Societies	0	0	0	0
Hypnotherapist	0	0	1	1
Licensed Practical Nurse	1,106	278	14	292
Marriage and Family Therapist	28	16	0	16
Massage Therapist	133	60	16	76
Mental Health Counselor	110	46	2	48
Midwife	25	10	1	11
Naturopathic Physician	25	15	3	18
Nursing Technician	0	0	0	0
Nursing Assistant	4,169	580	49	629
Nursing Home Administrator	98	72	1	73
Nursing Pool Operator	4	2	0	2
Occupational Therapist	12	7	1	8
Occupational Therapy Assistant	12	9	0	9
Ocularist	0	0	0	0
Optometrist	34	9	1	10

<sup>18</sup> SOURCE: HPQA Business Administration Tracking System

<sup>19</sup> SOURCE: HPQA ASI licensing data

<sup>20</sup> See page 76 for investigation activity biennial comparison.

Profession	Complaints Received	Investigations	Unlicensed Investigations	Total Investigations
Orthotist, Prosthetist	4	3	1	4
Osteopathic Physician	114	58	0	58
Osteopathic Physician Assistant	0	0	0	0
Pharmacies, Other Pharmaceutical Firms	442	311	1	312
Pharmacist, Pharmacy Assistant, Pharmacy Intern, Pharmacy Technician	450	321	1	322
Physical Therapist	59	25	4	29
Physician, Physician Assistant	2,031	1,264	14	1,278
Podiatrist	39	16	1	17
Psychologist	120	42	1	43
Radiologic Technologist	44	19	3	22
Recreation Therapist	0	0	0	0
Registered Nurse, Advanced Registered Nurse Practitioner	1,598	562	10	572
Respiratory Care Practitioner	32	14	0	14
Sex Offender Treatment Provider	23	10	0	10
Social Worker	53	19	1	20
Surgical Technologist	11	5	0	5
Unlicensed Practice	352	0	0	0
Veterinarian	230	137	15	152
Veterinary Medication Clerk	9	2	0	2
Veterinary Technician	7	5	0	5
X-ray Technician	28	16	4	20
<b>TOTAL</b>	<b>13,712</b>	<b>5,289</b>	<b>209</b>	<b>5,498</b>

## Percentage of Investigations Completed

Tables 6 and 7 show the percentage of investigations completed compared to total investigations completed and to the number of complaints received. The column titled *Percentage of Total Board/Commission (Secretary) Investigations* shows the total number of investigations completed for that profession to the total number of investigations completed. For example, physician completed investigations represented 33 percent (1,264) of the 3,866 board and commission completed investigations; nursing assistant completed investigations represented 36 percent (580) of the 1,632 secretary-profession completed investigations.

The column titled *Percentage of Profession Investigations to Complaints* shows the percentage of investigations completed against the total number of complaints received by the same profession. For example, chiropractic completed 63 percent (148) of investigations compared to the 234 complaints received by the Chiropractic Commission.



Table 6  
Board and Commission Professions  
Percentage of Investigations Completed

Boards and Commissions	Complaints Received	Investigations	Percentage of Total Board/Commission Investigations	Percentage of Profession Investigations to Complaints
Audiologist, Hearing Instrument Fitter/ Dispenser, Speech Language Pathologist	50	20	0	40
Chiropractic X-ray Technician	1	1	0	100
Chiropractor	234	148	4	63
Dentist	916	579	15	63
Humane Societies	0	0	0	0
Licensed Practical Nurse	1,106	278	7	25
Nursing Technician	0	0	0	0
Nursing Home Administrator	98	72	2	73
Occupational Therapist	12	7	0	58
Occupational Therapy Assistant	12	9	0	75
Optometrist	34	9	0	26
Osteopathic Physician, Physician Assistant	114	58	2	51
Pharmacies, Other Pharmaceutical Firms	442	311	8	70
Pharmacist, Pharmacy Assistant, Pharmacy Intern, Pharmacy Technician	450	321	8	71
Physical Therapist	59	25	1	42
Physician, Physician Assistant	2,031	1,264	33	62
Podiatrist	39	16	0	41
Psychologist	120	42	1	35
Registered Nurse, Advanced Registered Nurse Practitioner	1,598	562	15	35
Veterinarian	230	137	4	60
Veterinary Medication Clerk	9	2	0	22
Veterinary Technician	7	5	0	71
<b>Subtotal Boards/Commissions</b>	<b>7,562</b>	<b>3,866</b>	<b>70</b>	<b>51</b>

Table 7  
Secretary Professions  
Percentage of Investigations Completed

Secretary Professions	Complaints Received	Investigations	Percentage of Total Secretary Investigations	Percentage of Profession Investigations to Complaints
Acupuncturist	28	18	1	64
Adult Family Home Provider*	162	48	3	30
Chemical Dependency Professional	176	102	6	58
Counselor	416	242	15	58
Dental Hygienist	35	12	1	34
Denturist	43	31	2	72
Dietitian, Nutritionist	3	1	0	33
Dispensing Optician	19	12	1	63
Dispensing Optician Apprentice	0	0	0	0
Health Care Assistant	227	142	9	63
Hypnotherapist	0	0	0	0
Marriage and Family Therapist	28	16	1	57
Massage Therapist	133	60	4	45
Mental Health Counselor	110	46	3	42
Midwife	25	10	1	40
Naturopathic Physician	25	15	1	60

\*DOH credential deregulated in 2002

Secretary Professions	Complaints Received	Investigations	Percentage of Total Secretary Investigations	Percentage of Profession Investigations to Complaints
Nursing Assistant	4,169	580	36	14
Nursing Pool Operator	4	2	0	50
Ocularist	0	0	0	0
Orthotist, Prosthetist	4	3	0	75
Radiological Technician	44	19	1	43
Recreation Therapist	0	0	0	0
Respiratory Care Practitioner	32	14	1	44
Sex Offender Treatment Provider	23	10	1	43
Social Worker	53	19	1	36
Surgical Technologist	11	5	0	45
Unlicensed Practice	352	209	13	59
X-ray Technician	28	16	1	57
<b>Subtotal Secretary</b>	<b>6,150</b>	<b>1,632</b>	<b>30</b>	<b>27</b>
<b>Total Boards/Commissions/Secretary</b>	<b>13,712</b>	<b>5,498</b>	<b>100</b>	<b>40</b>

In summary, board and commission disciplinary authority professions completed 70 percent of the 5,498 total investigations completed during the biennium; secretary authority professions completed 30 percent of the investigations. The percentage of completed investigations compared to complaints received by all professions was 40 percent.

In general, boards and commissions regulate more of the primary care professions whose practitioners can pose a higher risk of harm to patients. This may cause the higher percentage of investigations.

## Case Review

### Complaints Closed Prior to Adjudicative Proceedings

Numerous complaints are closed prior to the issuance of a statement of allegations or a statement of charges. These cases are closed for a number of reasons including, but not limited to:

- The evidence is insufficient to support the allegations against a health care provider;
- The evidence disproves the allegations;
- The disciplinary authority does not have jurisdiction;
- The complaint does not rise to a threshold to warrant investigation or after investigation it is determined the complaint should have been closed below threshold;
- The complaint is best resolved with a Notice of Correction that notifies the health care provider of a violation. The health care provider is given a reasonable time period to correct the violation and must notify the disciplinary authority that corrective action has been taken.

There are instances when new evidence warrants the withdrawal of a statement of allegations or statement of charges after it has been issued to the health care provider.

Table 8 provides information by profession for closures that occurred prior to adjudicative proceedings. The statistics include closures in unlicensed practice cases.

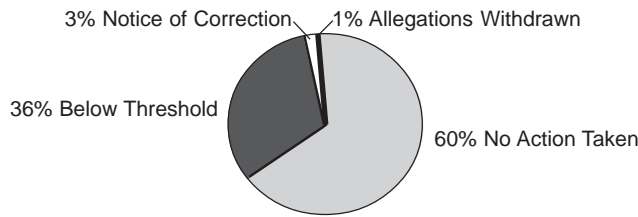
Table 8  
Complaints Closed Prior To Adjudicative Proceedings<sup>21</sup>

Profession Name	Closed No Action Taken (Prior to Investigation)	Closed No Action Taken (After Investigation)	Closed Below Threshold (Prior to Investigation)	Closed Below Threshold (After Investigation)	Closed Notice of Correction (NOC)	Number of Allegations or Charges Withdrawn	Total Closed
Acupuncturist	0	12	6	1	1	0	20
Adult Family Home Provider*	0	15	115	2	11	9	152
Audiologist, Hearing Instrument Fitter/Dispenser, Speech Language Pathologist	7	11	17	6	1	0	42
Chemical Dependency Professional	23	43	19	13	9	1	108
Chiropractic X-ray Technician	1	2	0	0	0	0	3
Chiropractor	6	83	40	26	9	6	170
Counselor	68	79	26	13	11	8	205
Dental Hygienist	2	5	10	2	3	0	22
Dentist	8	391	181	47	15	7	649
Denturist	3	20	6	3	1	0	33
Dietitian, Nutritionist	1	0	0	1	0	0	2
Dispensing Optician	2	15	2	0	2	0	21
Dispensing Optician Apprentice	0	0	0	0	0	0	0
Health Care Assistant	18	20	29	53	15	2	137
Humane Societies	0	0	0	0	0	0	0
Hypnotherapist	0	0	0	0	0	2	2
Licensed Practical Nurse	367	181	368	34	9	7	966
Marriage and Family Therapist	2	6	5	1	1	0	15
Massage Therapist	10	15	46	17	1	0	89
Mental Health Counselor	14	18	21	5	2	0	60
Midwife	6	4	2	2	0	0	14
Naturopathic Physician	6	9	0	1	0	0	16
Nursing Technician	0	0	0	0	0	0	0
Nursing Assistant	1,455	315	1,767	45	10	32	3,624
Nursing Home Administrator	5	43	9	2	17	5	81
Nursing Pool Operator	0	1	1	0	0	0	2
Occupational Therapist	1	5	3	1	3	0	13
Occupational Therapy Assistant	1	7	2	1	0	0	11
Ocularist	0	0	0	0	0	0	0
Optometrist	14	8	5	0	3	0	30
Orthotist, Prosthetist	0	3	0	0	1	0	4
Osteopathic Physician	13	54	31	1	1	0	100
Osteopathic Physician Assistant	0	0	0	0	0	0	0
Pharmacies, Other Pharmaceutical Firms	96	303	30	1	12	0	442
Pharmacist, Pharmacy Assistant, Pharmacy Intern, Pharmacy Technician	45	97	4	3	139	2	290
Physical Therapist	10	18	7	4	1	0	40
Physician, Physician Assistant	6	1,358	483	0	3	14	1,864
Podiatrist	4	18	9	1	0	2	34
Psychologist	53	35	6	3	3	2	102
Radiologic Technologist	1	13	1	5	1	0	21
Recreation Therapist	0	0	0	0	0	0	0
Registered Nurse, Advanced Registered Nurse Practitioner	473	388	369	45	12	16	1,303
Respiratory Care Practitioner	2	3	2	3	0	0	10
Sex Offender Treatment Provider	3	6	7	0	0	0	16
Social Worker	6	7	16	5	0	0	34
Surgical Technologist	1	1	0	0	0	1	3
Unlicensed Practice	98	175	9	1	12	0	295
Veterinarian	5	106	53	5	3	3	175
Veterinary Medication Clerk	0	3	6	0	0	0	9
Veterinary Technician	1	2	1	1	0	0	5
X-ray Technician	2	7	1	5	4	0	19
<b>Total</b>	<b>2,839</b>	<b>3,905</b>	<b>3,715</b>	<b>359</b>	<b>316</b>	<b>119</b>	<b>11,253</b>

\*DOH credential deregulated in 2002.

<sup>21</sup> SOURCE: HPQA Business Administration Tracking System. See page 76 for biennial comparison.

Chart 2  
Complaints Closed Prior to Adjudicative Proceedings



## Percentage of Complaints Closed

Tables 9 and 10 show the percentage of cases closed with no action prior to adjudication compared to total cases closed with no action and to the number of complaints received. The column titled *Percentage of Total Board/Commission (Secretary) Closures* computes the total number of cases closed with no action for that profession to the total number of cases closed with no action (e.g. physician cases closed with no action represented 30 percent (1,864) of 6,329 board and commission cases closed with no action; nursing assistant cases closed with no action represented 74 percent (3,624) of the 4,924 secretary profession cases closed with no action).

The column titled *Percentage of Profession Closures to Complaints* computes the percentage of cases closed with no action against the total number of complaints received by the same profession (e.g. the Chiropractic Commission closed 73 percent (170) of cases with no action compared to the 234 complaints received by the Commission).

**Note:** Where the percentage is greater than 100 percent, complaints were closed that were received in the previous biennium.

Table 9  
Boards and Commissions  
Complaints Closed Prior to Adjudicative Proceedings

Boards and Commissions	Complaints Received	Total Closed Prior to Adjudication	Percentage of Total Board/Commission Closures	Percentage of Profession Closures to Complaints
Audiologist, Hearing Instrument Fitter/Dispenser, Speech Language Pathologist	50	42	1	84
Chiropractic X-Ray Technician	1	3	0	300
Chiropractor	234	170	3	73
Dentist	916	649	10	71
Humane Societies	0	0	0	0
Licensed Practical Nurse	1,106	966	15	87
Nursing Technician	0	0	0	0
Nursing Home Administrator	98	81	1	83
Occupational Therapist	12	13	0	108
Occupational Therapy Assistant	12	11	0	92
Optometrist	34	30	1	88
Osteopathic Physician, Physician Assistant	114	100	2	88
Pharmacies, Other Pharmaceutical Firms	442	442	7	100
Pharmacist, Pharmacy Assistant, Pharmacy Intern, Pharmacy Technician	450	290	5	64
Physical Therapist	59	40	1	68
Physician, Physician Assistant	2,031	1,864	30	92
Podiatrist	39	34	1	87
Psychologist	120	102	2	85

Boards and Commissions	Complaints Received	Total Closed Prior to Adjudication	Percentage of Total Board/Commission Closures	Percentage of Profession Closures to Complaints
Registered Nurse, Advanced Registered Nurse Practitioner	1,598	1,303	21	82
Veterinarian	230	175	3	76
Veterinary Medication Clerk	9	9	0	100
Veterinary Technician	7	5	0	71
<b>Subtotal Boards/Commissions</b>	<b>7,562</b>	<b>6,329</b>	<b>56</b>	<b>84</b>

Table 10  
Secretary Professions  
Complaints Closed Prior to Adjudicative Proceedings

Secretary Professions	Complaints Received	Total Closed Prior to Adjudication	Percentage of Total Secretary Closures	Percentage of Profession Closures to Complaints
Acupuncturist	28	20	0	71
Adult Family Home Provider*	162	152	3	94
Chemical Dependency Professional	176	108	2	61
Counselor	416	205	4	49
Dental Hygienist	35	22	0	63
Denturist	43	33	1	77
Dietitian, Nutritionist	3	2	0	67
Dispensing Optician	19	21	0	111
Dispensing Optician Apprentice	0	0	0	0
Health Care Assistant	227	137	3	60
Hypnotherapist	0	2	0	0
Marriage and Family Therapist	28	15	0	54
Massage Therapist	133	89	2	67
Mental Health Counselor	110	60	1	55
Midwife	25	14	0	56
Naturopathic Physician	25	16	0	64
Nursing Assistant	4,169	3,624	74	87
Nursing Pool Operator	4	2	0	50
Ocularist	0	0	0	0
Orthotist, Prosthetist	4	4	0	100
Radiologic Technologist	44	21	0	48
Recreation Therapist	0	0	0	0
Respiratory Care Practitioner	32	10	0	31
Sex Offender Treatment Provider	23	16	0	70
Social Worker	53	34	1	64
Surgical Technologist	11	3	0	27
Unlicensed Practice	352	295	6	84
X-ray Technician	28	19	0	68
<b>Subtotal Secretary</b>	<b>6,150</b>	<b>4,924</b>	<b>44</b>	<b>80</b>
<b>TOTAL</b>	<b>13,712</b>	<b>11,253</b>	<b>100</b>	<b>82</b>

\*DOH credential deregulated in 2002.

In summary, board and commission disciplinary authority professions closed 56 percent of the 11,253 total cases closed prior to adjudication during the biennium; secretary authority professions closed 44 percent of the cases closed prior to adjudication. The percentage of cases closed prior to adjudication compared to complaints received by boards and commissions was 84 percent; by secretary professions 80 percent; and by all professions 82 percent. In the previous biennium 86 percent of complaints received were closed prior to adjudication.

## Complaint Resolutions After Adjudicative Proceedings

Complaints are considered resolved when appropriate measures have been taken to protect the public. This can occur either during the adjudicative process or after formal hearings. The type of order issued to the health care provider indicates the manner in which the case was resolved. All orders are considered public records. Orders associated with actions against health care providers' credentials are available on the Internet from July 1998.

***Stipulation to Information Disposition:*** A Stipulation to Information Disposition (STID) is an informal resolution. If the health care provider agrees to sign the STID, he/she does not admit to unprofessional conduct, but does agree to corrective action. STIDs are reported to national data banks, but because they are informal do not result in a press release.

An amendment to the Uniform Disciplinary Act in 2001 allowed the disciplining authorities to use a STID for a surrender of a license in lieu of disciplinary action. The Legislature agreed there was a need for health care providers to be able to surrender their credential without going through the disciplinary process. The surrender of license is used when the practitioner agrees to retire from practice and not to resume practice; and when the circumstances involve a practitioner at the end of his/her effective practice. The surrender is not be used if the practitioner intends to practice in another jurisdiction or the disciplining authority believes return to practice is reasonably possible, or a hearing has been conducted in the case.

***Default Orders:*** A Default Order is issued when the credentialed health care provider was given due notice, but either failed to answer the allegations or failed to participate in the adjudicative process as required by the law.

***Agreed Order:*** The document, formally called a Stipulated Findings of Fact, Conclusions of Law and Agreed Order, is a negotiated settlement between the health care provider and representatives of DOH. It states the violations of law that have been substantiated and the sanctions being placed on the health care provider's credential. The health care provider agrees to the conditions in the order. The Agreed Order is presented to the disciplinary authority and if approved, becomes final. The order is reported to national data banks and the public through a press release.

***Final Order after Hearing:*** The document is formally called Findings of Fact, Conclusions of Law and Order. This is a document that is issued after a formal hearing has been held. The hearing may be before a health law judge representing the DOH Secretary as the decision-maker, or before a panel of board or commission members with a health law judge acting as the presiding officer. The document identifies the violations of law that were proven and the sanctions being placed on the health care provider's credential. The health care provider has the right to ask for reconsideration of the decision or to appeal to a superior court. The order is reported to national data banks and the public through a press release.

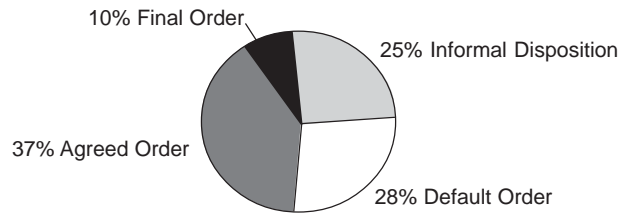
Table 11  
Complaints Resolved After Adjudicative Proceedings<sup>22</sup>

Profession Name	Informal Disposition	Default Order	Agreed Order	Final Order	Total Resolved
Acupuncturist	4	0	0	0	4
Adult Family Home Provider*	0	16	24	3	43
Advanced Registered Nurse Practitioner	11	0	3	1	15
Audiologist, Hearing Instrument Fitter/ Dispenser, Speech Language Pathologist	0	0	4	0	4
Chemical Dependency Professional	12	0	4	2	18
Chiropractic X-ray Technician	0	0	0	0	0
Chiropractor	20	3	18	3	44
Counselor	52	25	47	5	129
Dental Hygienist	2	0	1	0	3
Dentist	50	6	58	4	118
Denturist	5	0	4	3	12
Dietitian, Nutritionist	0	0	0	0	0
Dispensing Optician	0	0	1	0	1
Dispensing Optician Apprentice	0	0	0	0	0
Health Care Assistant	30	18	24	8	80
Humane Societies	0	0	0	0	0
Hypnotherapist	0	0	0	0	0
Licensed Practical Nurse	54	55	76	15	200
Marriage and Family Therapist	2	0	3	0	5
Massage Therapist	3	6	13	3	25
Mental Health Counselor	8	0	4	0	12
Midwife	2	0	5	0	7
Naturopathic Physician	2	0	1	0	3
Nursing Technician	0	0	0	0	0
Nursing Assistant	34	261	91	52	438
Nursing Home Administrator	6	1	2	0	9
Nursing Pool Operator	0	1	1	0	2
Occupational Therapist	0	0	0	0	0
Occupational Therapy Assistant	0	0	0	0	0
Ocularist	0	0	0	0	0
Optometrist	1	1	2	0	4
Orthotist, Prosthetist	0	0	0	0	0
Osteopathic Physician	3	0	3	2	8
Osteopathic Physician Assistant	1	1	0	0	2
Pharmacies, Other Pharmaceutical Firms	0	2	5	6	13
Pharmacist	14	34	65	17	130
Pharmacy Assistant	1	3	0	0	4
Pharmacy Intern	0	0	0	0	0
Pharmacy Technician	0	4	6	0	10
Physical Therapist	3	1	4	0	8
Physician	28	9	60	19	116
Physician Assistant	2	1	2	1	6
Podiatrist	0	0	0	2	2
Psychologist	2	0	3	3	8
Radiologic Technologist	0	4	2	0	6
Recreation Therapist	0	0	0	0	0
Registered Nurse	81	59	108	34	282
Respiratory Care Practitioner	2	1	2	2	7
Sex Offender Treatment Provider	0	0	1	0	1
Social Worker	5	0	1	0	6
Surgical Technologist	0	3	1	1	5
Unlicensed Practice	0	4	16	0	20
Veterinarian	15	3	21	3	42
Veterinary Medication Clerk	0	1	0	0	1
Veterinary Technician	0	0	0	0	0
X-ray Technician	1	4	1	0	6
<b>Total</b>	<b>456</b>	<b>527</b>	<b>687</b>	<b>189</b>	<b>1,859</b>

\*DOH credential deregulated in 2002.

<sup>22</sup> SOURCE: Adjudicative Clerk Office data compilation. See page 77 for biennial comparison.

Chart 3  
Complaints Resolved After Adjudicative Proceedings



### Percentage of Disciplinary Action

Tables 12 and 13 show the percentage of disciplinary action compared to total disciplinary action and to the number of complaints received. The column titled *Percentage of Total Board/Commission (Secretary) Action* compares the total number of disciplinary actions for that profession to the total number of disciplinary actions. For example, physician disciplinary action represented 12 percent (122) of the 1026 board and commission disciplinary actions; nursing assistant disciplinary action represented 53 percent (438) of the 833 secretary-profession disciplinary actions.

The column titled *Percentage of Profession Actions to Complaints* compares the percentage of disciplinary actions to the total number of complaints received by the same profession. For example, chiropractic disciplinary actions were 19 percent (44) of the 234 complaints received by the Chiropractic Commission.

The column titled *Percentage of Profession Actions to Investigations Completed* compares the percentage of disciplinary actions to the total number of investigations completed by the same profession. For example, chiropractic disciplinary actions were 30 percent (44) of the 148 investigations completed by the Chiropractic Commission.

Table 12  
Board and Commission Professions  
Complaints Resolved After Adjudicative Proceedings

Boards and Commissions	Complaints Received	Investigations	Disciplinary Actions	Percentage of Total Board/Commission Actions	Percentage of Profession Actions to Complaints	Percentage of Profession Actions to Investigations Completed
Audiologist, Hearing Instrument Fitter/Dispenser, Speech Language Pathologist	50	20	4	0	8	20
Chiropractic X-ray Technician	1	1	0	0	0	0
Chiropractor	234	148	44	4	19	30
Dentist	916	579	118	12	13	20
Humane Societies	0	0	0	0	0	0
Licensed Practical Nurse	1,106	278	200	20	18	72
Nursing Technician	0	0	0	0	0	0
Nursing Home Administrator	98	72	9	1	9	13
Occupational Therapist	12	7	0	0	0	0
Occupational Therapy Assistant	12	9	0	0	0	0
Optometrist	34	9	4	0	12	44
Osteopathic Physician, Physician Assistant	114	58	10	1	1	17



Boards and Commissions	Complaints Received	Investigations	Disciplinary Actions	Percentage of Total Board/Commission Actions	Percentage of Profession Actions to Complaints	Percentage of Profession Actions to Investigations Completed
Pharmacies, Other Pharmaceutical Firms	442	311	13	1	3	4
Pharmacist, Pharmacy Assistant, Pharmacy Intern, Pharmacy Technician	450	321	144	14	32	45
Physical Therapist	59	25	8	1	14	32
Physician, Physician Assistant	2,031	1,264	122	12	6	10
Podiatrist	39	16	2	0	5	13
Psychologist	120	42	8	1	7	19
Registered Nurse, Advanced Registered Nurse Practitioner	1,598	562	297	29	19	53
Veterinarian	230	137	42	4	18	31
Veterinary Medication Clerk	9	2	1	0	11	50
Veterinary Technician	7	5	0	0	0	0
<b>Subtotal Boards and Commissions</b>	<b>7,562</b>	<b>3,866</b>	<b>1,026</b>	<b>55</b>	<b>14</b>	<b>27</b>

Table 13  
Secretary Professions  
Complaints Resolved After Adjudicative Proceedings

Secretary Professions	Complaints Received	Investigations	Disciplinary Actions	Percentage of Total Secretary Actions	Percentage of Profession Actions to Complaints	Percentage of Profession Actions to Investigations Completed
Acupuncturist	28	18	4	1	14	22
Adult Family Home Provider*	162	48	43	5	27	90
Chemical Dependency Professional	176	102	18	2	10	18
Counselor	416	242	129	16	31	53
Dental Hygienist	35	12	3	0	9	25
Denturist	43	31	12	1	28	39
Dietitian, Nutritionist	3	1	0	0	0	0
Dispensing Optician	19	12	1	0	5	8
Dispensing Optician Apprentice	0	0	0	0	0	0
Health Care Assistant	227	142	80	10	35	56
Hypnotherapist	0	0	0	0	0	0
Marriage and Family Therapist	28	16	5	1	18	31
Massage Therapist	133	60	25	3	19	42
Mental Health Counselor	110	46	12	1	11	26
Midwife	25	10	7	1	28	70
Naturopathic Physician	25	15	3	0	12	20
Nursing Assistant	4,169	580	438	53	11	76
Nursing Pool Operator	4	2	2	0	50	100
Ocularist	0	0	0	0	0	0
Orthotist, Prosthetist	4	3	0	0	0	0
Radiologic Technologist	44	19	6	1	14	32
Recreation Therapist	0	0	0	0	0	0
Respiratory Care Practitioner	32	14	7	1	22	50
Sex Offender Treatment Provider	23	10	1	0	4	10
Social Worker	53	19	6	1	11	32
Surgical Technologist	11	5	5	1	45	100
Unlicensed Practice	352	209	20	2	6	10
X-ray Technician	28	16	6	1	21	38
<b>Subtotal Secretary</b>	<b>6,150</b>	<b>1,632</b>	<b>833</b>	<b>45</b>	<b>14</b>	<b>51</b>
<b>Total</b>	<b>13,712</b>	<b>5,498</b>	<b>1,859</b>	<b>100</b>	<b>14</b>	<b>34</b>

\*DOH credential deregulated in 2002.

In summary, boards and commissions were responsible for 55 percent of disciplinary actions and the secretary professions 45 percent. When comparing the number of disciplinary actions to the number of complaints received, the percentage for boards, commissions and secretary professions is the same (14 percent). Comparing the number of disciplinary actions to the number of investigations, boards and commissions took action on 27 percent of the investigations while the secretary professions took action on 51 percent of the investigations with over half of those against nursing assistants. In total all disciplinary authorities took action on 34 percent of all investigations completed.

## Unlicensed Practice Closures and Resolutions

Responsibility for unlicensed practice lies with the Secretary. The central HPQA investigation unit manages intake, assessment and investigation. Since sanctions can be placed only on the practice of credentialed health care providers, unlicensed practice complaints are closed before investigation, or resolved with a Notice of Correction or a Cease and Desist Order. A Notice of Correction requires the recipient to correct their practice so that it does not infringe on the scope of practice of credentialed health care providers. A Cease and Desist Order requires the recipient to stop practice and may impose a fine. If the practice continues, criminal action may result. Due to limited resources for unlicensed practice regulation, HPQA focuses its resources on those cases that present a substantial risk of harm to the public.

The total number of closures and resolutions shown will not equal the total number of complaints received because cases may have been closed from the previous biennium.

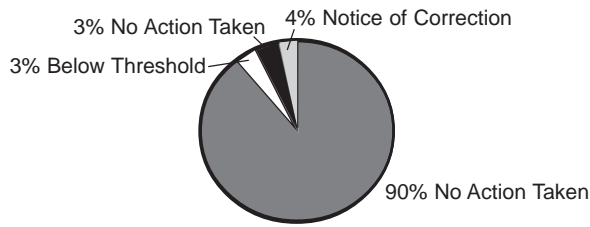
Table 14  
Unlicensed Practice Closures and Resolutions<sup>23</sup>

Profession Name	Complaints Received	Closed No Action Taken Prior to Investigation	Closed No Action Taken After Investigation	Closed - Notice of Correction	Cease & Desist Order Issued
Acupuncturist	0	0	0	0	0
Adult Family Home Provider*	1	1	0	0	0
Advanced Registered Nurse Practitioner	0	0	0	0	0
Audiologist, Hearing Instrument Fitter/Dispenser, Speech Language Pathologist	0	0	0	0	0
Chemical Dependency Professional	0	0	0	0	0
Chiropractic X-ray Technician	0	0	0	0	0
Chiropractor	7	1	2	1	0
Counselor	8	7	2	0	0
Dental Hygienist	1	0	1	0	0
Dentist	18	2	3	0	5
Denturist	6	0	3	0	1
Dietitian, Nutritionist	1	0	1	0	0
Dispensing Optician	19	5	15	0	0
Dispensing Optician Apprentice	0	0	0	0	0
Health Care Assistant	29	3	25	0	0
Humane Societies	0	0	0	0	0
Hypnotherapist	2	1	1	0	0
Licensed Practical Nurse	18	4	10	0	0
Marriage and Family Therapist	0	0	0	0	0
Massage Therapist	26	5	9	4	4
Mental Health Counselor	2	0	2	0	0
Midwife	3	1	1	0	0
Naturopathic Physician	5	1	3	0	0
Nursing Technician	0	0	0	0	0
Nursing Assistant	101	54	44	2	0
Nursing Home Administrator	2	0	1	0	0
Nursing Pool Operator	0	0	0	0	0
Occupational Therapist	1	0	0	1	0
Occupational Therapy Assistant	0	0	0	0	0
Ocularist	0	0	0	0	0
Optometrist	1	0	1	0	0
Orthotist, Prosthetist	3	1	0	1	0
Osteopathic Physician	0	0	0	0	0
Osteopathic Physician Assistant	0	0	0	0	0
Pharmacies, Other Pharmaceutical Firms	1	0	1	0	0
Pharmacist	1	0	1	0	0
Pharmacy Assistant	0	0	0	0	0
Pharmacy Intern	0	0	0	0	0
Pharmacy Technician	0	0	0	0	0
Physical Therapist	6	2	3	1	0
Physician	31	5	14	0	0
Physician Assistant	3	0	0	1	0
Podiatrist	1	0	1	0	0
Psychologist	1	0	1	0	0
Radiologic Technologist	3	0	3	0	0
Recreation Therapist	0	0	0	0	0
Registered Nurse	17	8	8	0	0
Respiratory Care Practitioner	2	1	0	0	0
Sex Offender Treatment Provider	0	0	0	0	0
Social Worker	2	1	1	0	0
Surgical Technologist	1	0	0	0	0
Veterinarian	25	4	13	1	0
Veterinary Medication Clerk	0	0	0	0	0
Veterinary Technician	0	0	0	0	0
X-ray Technician	4	0	6	0	0
<b>Total</b>	<b>352</b>	<b>107</b>	<b>176</b>	<b>12</b>	<b>10</b>

\*DOH credential deregulated in 2002.

<sup>23</sup> SOURCE: HPQA Business Administration Tracking System

Chart 4  
Unlicensed Practice Closures and Resolutions

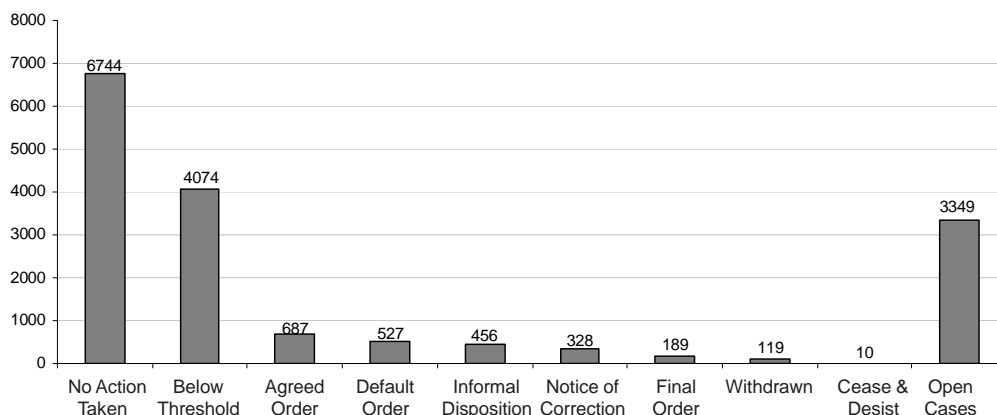


### Summary

There were 2,771 complaints carried over from the 2001-2003 biennium. During the 2001–2003 biennium, 13,712 new complaints were received for a total of 16,483. As in previous biennia, a majority of complaints either did not warrant investigation or were closed after investigation totalling 82 percent closed prior to adjudicative proceedings. When the number of new complaints is compared to the number of credentialed health care providers, only 5 percent of health care professionals came to the attention of HPQA. About 14 percent received disciplinary action. When the number of disciplinary actions taken (1,859) is compared to the number of credentialed health care providers (271,432), less than 1 percent of all credentialed health care providers received disciplinary action. The vast majority of health care providers in Washington State provide quality care to their patients.

It is interesting to note that while the boards and commissions complete investigations on a greater percentage of complaints (70 percent), the percentage of disciplinary actions to complaints received is the same for boards/commissions and secretary professions (14 percent). However, investigations in secretary professions result in disciplinary action nearly twice as often as in board and commission regulated professions (51 percent secretary professions; 27 percent boards and commissions). The secretary profession percentage is driven by the nursing assistants who do not respond to charges and their cases result in a default.

Chart 5  
Summary of Case Dispositions



Section 3  
Uniform  
Disciplinary Act  
Activity  
Sanctions Imposed



# Sanctions Imposed

## National Data Bank Reporting

Beginning in 1998, Health Professions Quality Assurance (HPQA) began reporting all disciplinary actions to the Healthcare Integrity and Protection Data Bank (HIPDB). HPQA Medical and Dental programs had been reporting since 1996. The HIPDB is a national data collection program for the reporting and disclosure of certain final adverse actions taken against health care practitioners, providers, and suppliers. The HIPDB collects and disseminates information on:

- Health care-related civil judgments taken in Federal or State court.
- Health care-related criminal convictions taken in Federal or State court.
- Injunctions.
- Federal or State licensing and certification actions, including revocations, reprimands, censures, probations, suspensions, and any other loss of license, or the right to apply for or renew a license, whether by voluntary surrender, non-renewability, or otherwise.
- Exclusions from participation in Federal or State health care programs.
- Any other adjudicated actions or decisions defined in HIPDB regulations.

The purpose of the HIPDB is to combat fraud and abuse in health insurance and health care delivery and to promote quality care. The HIPDB is primarily a flagging system that may serve to alert users that a more comprehensive review of a practitioner's, provider's or supplier's past actions may be prudent. HIPDB information is intended to be used in combination with information from other sources (e.g., evidence of current competence through continuous quality improvement studies, peer recommendations, verification of training and experience, and relationships with organizations) in making determinations on employment, affiliation, certification, or licensure decisions.

The information in the HIPDB should serve only to alert Government agencies and health plans that there *may* be a problem with a particular practitioner's, provider's, or supplier's performance. HIPDB information should *not* be used as the sole source of verification of a practitioner's, provider's, or supplier's credentials.<sup>24</sup>

To assure alignment with data reported to HIPDB by HPQA, data for this section was derived from information provided by HIPDB.

## Sanctions By Profession

Sanctions were divided into five categories: removal from practice, removal from practice with conditions, rehabilitative, deterrent, and voluntary surrender of the credential.

***Removal from Practice:*** The health care provider's credential is revoked or indefinitely suspended.

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<sup>24</sup> SOURCE: Fact Sheet on the Healthcare Integrity and Protection Data Bank

**Removal from Practice with Conditions:** The health care provider's credential is suspended for a specified period. Conditions for rehabilitation and reinstatement must be met before the credential can be returned to good standing.

**Rehabilitative Sanctions:** These include probation, substance abuse treatment and monitoring, counseling, and limitations or restrictions. The health care provider continues to practice with conditions imposed.

**Deterrent Sanctions:** These include compliance requirements, reprimands, and fines.

**Voluntary Surrender:** This is a new sanction that can be imposed through a stipulation to informal disposition as well as formal orders.

The number of sanctions imposed will always be greater than the number of cases resolved after adjudicative proceedings since orders may contain multiple sanctions against a single health care provider.

Chart 6  
Sanctions

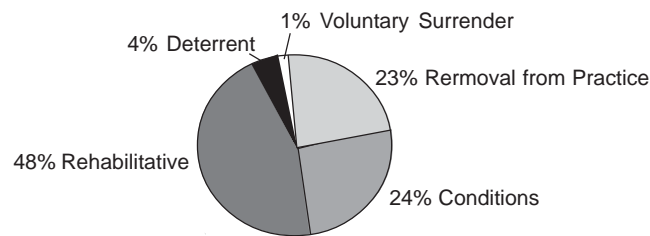




Table 15  
Category of Sanctions Imposed by Profession<sup>25</sup>

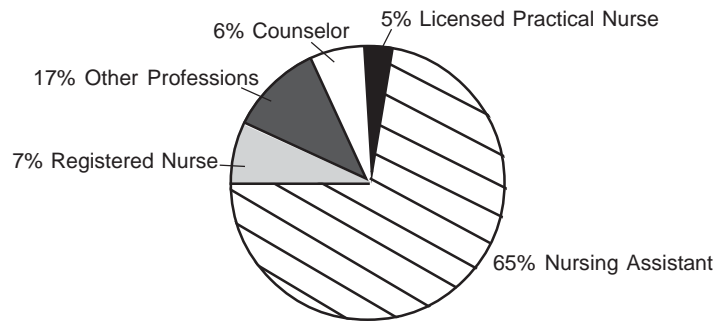
Profession Name	Removal From Practice	With Conditions	Rehabilitative	Deterrent	Voluntary Surrender	Total
Acupuncturist	0	0	3	0	1	4
Adult Family Home Provider*	0	0	0	0	0	0
Advanced Registered Nurse Practitioner	1	5	9	0	0	15
Audiologist, Hearing Instrument Fitter/ Dispenser, Speech Language Pathologist	0	2	1	1	0	4
Chemical Dependency Professional	0	2	23	0	0	25
Chiropractic X-ray Technician	0	0	0	0	0	0
Chiropractor	6	10	23	1	0	40
Counselor	26	14	81	3	1	125
Dental Hygienist	1	0	0	0	0	1
Dentist	8	15	66	15	2	106
Denturist	2	0	1	1	0	4
Dietitian, Nutritionist	0	0	0	0	0	0
Dispensing Optician	0	0	0	0	0	0
Dispensing Optician Apprentice	0	0	0	0	0	0
Health Care Assistant	12	19	55	4	3	93
Hypnotherapist	0	0	0	0	0	0
Licensed Practical Nurse	20	90	123	10	0	243
Marriage and Family Therapist	1	0	5	0	0	6
Massage Therapist	4	11	10	2	1	28
Mental Health Counselor	2	0	3	0	0	5
Midwife	1	0	2	0	0	3
Naturopathic Physician	3	0	3	0	0	6
Nursing Assistant	280	112	180	3	1	576
Nursing Home Administrator	0	0	0	0	0	0
Nursing Pool Operator	0	0	0	0	0	0
Occupational Therapist	1	0	0	0	0	1
Occupational Therapy Assistant	0	0	0	0	0	0
Ocularist	0	0	0	0	0	0
Optometrist	1	0	3	1	0	5
Orthotist, Prosthetist	0	0	0	0	0	0
Osteopathic Physician	0	0	4	0	1	5
Osteopathic Physician Assistant	0	0	0	0	0	0
Pharmacies, Other Pharmaceutical Firms	0	0	0	0	0	0
Pharmacist	8	13	51	7	0	79
Pharmacy Assistant	5	9	15	1	0	30
Pharmacy Intern	1	1	0	0	0	2
Pharmacy Technician	1	4	8	1	0	14
Physical Therapist	3	2	3	1	0	9
Physician	7	7	34	3	1	52
Physician Assistant	0	0	1	1	0	2
Podiatrist	0	0	2	0	0	2
Psychologist	4	0	6	1	0	11
Radiologic Technologist	1	2	2	1	0	6
Registered Nurse	32	136	196	10	3	377
Respiratory Care Practitioner	1	4	5	0	0	10
Sex Offender Treatment Provider	0	0	0	0	0	0
Social Worker	0	0	4	0	0	4
Surgical Technologist	0	0	0	0	0	0
Unlicensed Practice	0	0	0	0	0	0
Veterinarian	0	0	0	0	0	0
Veterinary Medication Clerk	0	0	0	0	0	0
Veterinary Technician	0	0	0	0	0	0
X-ray Technician	0	0	0	0	0	0
<b>Total</b>	<b>432</b>	<b>458</b>	<b>922</b>	<b>67</b>	<b>14</b>	<b>1,893</b>

\*DOH credential deregulated in 2002.

<sup>25</sup> SOURCE: HIPDB data compilation

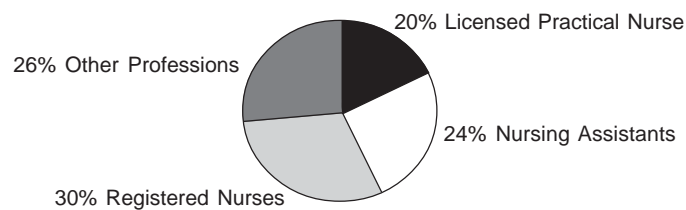
**Removal from Practice:** By far, nursing assistants are removed from practice more frequently than other professions. This profession represents approximately 20 percent of all the credentialed health care providers and generates 29 percent of all the complaints received. The other professions shown in the next chart are those with more than 20 practitioners removed from practice. The “All Other Professions” group had fewer than 20 practitioners removed from practice.

Chart 7  
Removal From Practice



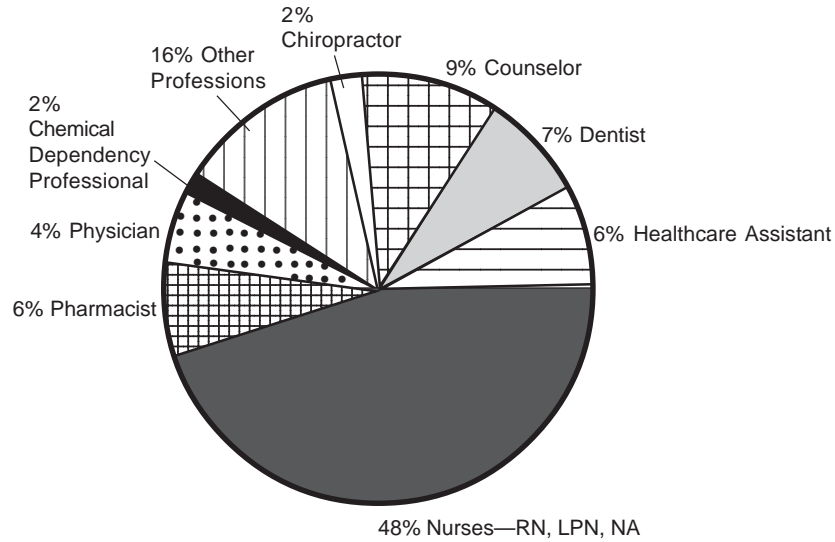
**Removal from Practice with Conditions:** In this category, the nursing professions have the highest percentage based on the number of credentialed registered nurses, licensed practical nurses and nursing assistants. In this sanction category, the health care provider’s credential is suspended for a specified period. Conditions for rehabilitation and reinstatement to good standing are mandated. The “All Other Professions” group had fewer than 20 practitioners removed with conditions.

Chart 8  
Removal With Conditions



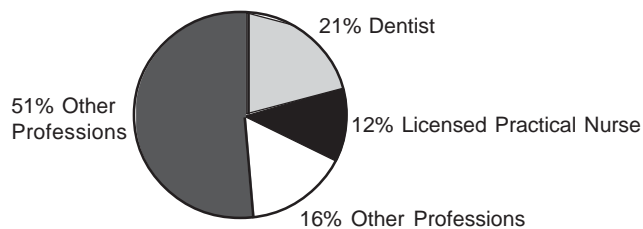
**Rehabilitative:** Rehabilitative sanctions accounted for almost half the sanctions imposed. Rehabilitative sanctions include probation, substance abuse treatment and monitoring, counseling and continuing education. This category is used when the suspension of a credential is stayed and a health care provider continues in practice with conditions imposed. The professions shown in the chart are those with more than 20 instances of rehabilitative sanctions. The “All Other Professions” group had fewer than 20 instances of rehabilitative and deterrent sanctions.

Chart 9  
Rehabilitative



**Deterrent and Voluntary Surrender:** Deterrent and voluntary surrender sanctions accounted for less than 5 percent of the sanctions imposed. Deterrent sanctions include requests for voluntary compliance, reprimands, censure and fines. Voluntary surrender allows a practitioner to give up his or her credential with no other sanctions imposed. The professions shown in the chart are those with more than ten instances of deterrent and voluntary surrender sanctions. The “All Other Professions” group had fewer than ten instances of deterrent and rehabilitative sanctions.

Chart 10  
Deterrent And Voluntary Surrender



# Uniform Disciplinary Act Violations

The Uniform Disciplinary Act (UDA), RCW 18.130.180, lists 25 violations which are considered unprofessional conduct. Because health care providers are regulated in accordance with administrative law, they cannot be criminally charged or imprisoned due to actions by boards, commissions or the Secretary, but their ability to make a living in the health care field may be adversely affected.

## Frequent Violations<sup>26</sup>

Of the 25 possible UDA violations, five accounted for 75 percent of the violations across professions. It is interesting to note that in the 1999–2001 biennium, RCW 18.130.180(7), violation of federal or state statutes, was the fourth most common violation. This biennium, it is ranked sixth and RCW 18.130.180(9), failure to comply with an order issued by the disciplining authority, is ranked fourth. The most frequently occurring violations are:

1. *RCW 18.130.180 (4)*: Incompetence, negligence, or malpractice. This violation totals 25 percent of all violations.
2. *RCW 18.130.180 (6), (23)*: Personal drug or alcohol abuse or impairment; prescription or drug violations. This violation totals 19 percent of all violations.
3. *RCW 18.130.180 (17)*: Conviction of a gross misdemeanor or felony relating to practice of a health care profession. This violation totals 14 percent of all violations.
4. *RCW 18.130.180 (9)*: Failure to comply with an order issued by the disciplining authority. This violation totals 9 percent of all violations.
5. *RCW 18.130.180(24)*: Abuse of a client or patient or sexual contact with a client or patient. This violation totals 8 percent of all violations.

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<sup>26</sup> SOURCE: HIPDB data compilation

## Sanctions By Frequent Violation Type<sup>27</sup>

The following tables illustrate the types of sanctions imposed by the disciplining authority when one of the five most frequent violations was substantiated.

The professions listed in the tables are responsible for 88 percent of all corrective and disciplinary actions taken. They also represent 75 percent of all the credentialed health care providers. Other professions are represented in the aggregate.

Table 16  
Sanctions Imposed for Incompetence, Negligence, or Malpractice  
RCW 18.130.180 (4)

	Removal from Practice	Removal with Conditions	Rehabilitative	Deterrent	Voluntary Surrender	Total
Counselor	8	1	21	1	0	31
Dentist	1	2	35	10	2	50
Health Care Assistant	2	4	12	2	3	23
Licensed Practical Nurse	0	19	47	4	0	70
Nursing Assistant	20	9	46	2	0	77
Pharmacist/Assistant/Technician/Intern	2	4	29	2	0	37
Physician-MD	0	0	13	1	0	14
Registered Nurse	6	24	83	5	0	118
Other Professions	3	5	39	0	0	47
<b>Total</b>	<b>42</b>	<b>68</b>	<b>325</b>	<b>27</b>	<b>5</b>	<b>467</b>

Table 17  
Sanctions Imposed for Drug Related Violations  
RCW 18.130.180 (6, 23)

	Removal from Practice	Removal with Conditions	Rehabilitative	Deterrent	Voluntary Surrender	Total
Counselor	3	5	8	0	0	16
Dentist	5	4	3	0	0	12
Health Care Assistant	2	6	5	2	0	15
Licensed Practical Nurse	6	29	19	0	0	54
Nursing Assistant	27	20	26	0	0	73
Pharmacist/Assistant/Technician/Intern	8	17	14	1	0	40
Physician-MD	1	3	8	0	0	12
Registered Nurse	11	48	37	0	1	97
Other Professions	6	11	15	1	2	35
<b>Total</b>	<b>69</b>	<b>143</b>	<b>135</b>	<b>4</b>	<b>3</b>	<b>354</b>

<sup>27</sup> SOURCE: HIPDB data compilation

Table 18  
Sanctions Imposed For Conviction Of A  
Gross Misdemeanor Or Felony  
RCW 18.130.180 (17)

	Removal from Practice	Removal with Conditions	Rehabilitative	Deterrent	Voluntary Surrender	Total
Counselor	2	1	23	0	0	26
Dentist	1	1	3	1	0	6
Health Care Assistant	4	0	13	0	0	17
Licensed Practical Nurse	5	1	11	0	0	17
Nursing Assistant	104	8	46	0	0	158
Pharmacist/Assistant/Technician/Intern	1	1	1	0	0	3
Physician-MD	2	1	5	0	0	8
Registered Nurse	6	8	7	0	0	21
Other Professions	8	2	6	1	0	17
<b>Total</b>	<b>133</b>	<b>23</b>	<b>115</b>	<b>2</b>	<b>0</b>	<b>273</b>

Table 19  
Sanctions Imposed For Failure to Comply With An Order  
Issued By The Disciplining Authority  
RCW 18.130.180 (9)

	Removal from Practice	Removal with Conditions	Rehabilitative	Deterrent	Voluntary Surrender	Total
Counselor	6	2	0	0	0	8
Dentist	1	5	1	1	0	8
Health Care Assistant	0	6	2	0	0	8
Licensed Practical Nurse	2	31	5	2	0	40
Nursing Assistant	8	18	4	0	0	30
Pharmacist/Assistant/Technician/Intern	1	5	6	0	0	12
Registered Nurse	5	37	9	2	0	53
Other Professions	3	5	3	1	0	12
<b>Total</b>	<b>26</b>	<b>109</b>	<b>30</b>	<b>6</b>	<b>0</b>	<b>171</b>

Table 20  
Sanctions Imposed for Abuse of a Client or Patient  
or Sexual Contact with a Client or Patient  
RCW 18.130.180 (24)

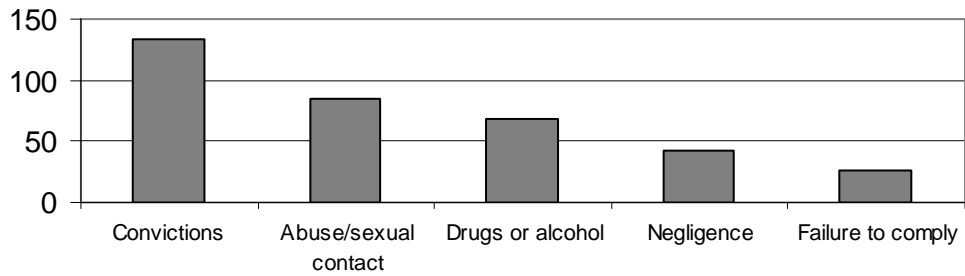
	Removal from Practice	Removal with Conditions	Rehabilitative	Deterrent	Voluntary Surrender	Total
Counselor	2	0	3	0	0	5
Dentist	0	0	1	0	0	1
Health Care Assistant	1	0	4	0	0	5
Licensed Practical Nurse	4	2	8	0	0	14
Nursing Assistant	68	7	14	0	0	89
Pharmacist/Assistant/Technician/Intern	1	0	2	0	0	3
Physician-MD	2	0	2	0	0	4
Registered Nurse	0	7	8	0	0	15
Other Professions	6	0	11	0	1	18
<b>Total</b>	<b>84</b>	<b>16</b>	<b>53</b>	<b>0</b>	<b>1</b>	<b>154</b>

Table 21  
Sanctions Imposed For All Other Violations

	Removal from Practice	Removal with Conditions	Rehabilitative Deterrent	Voluntary Surrender	Total
Counselor	5	5	26	2	39
Dentist	0	3	23	3	29
Health Care Assistant	3	3	19	0	25
Licensed Practical Nurse	3	8	33	4	48
Nursing Assistant	53	50	44	1	149
Pharmacist/Assistant/Technician/Intern	2	0	22	6	30
Physician-MD	2	3	6	1	13
Registered Nurse	4	12	52	3	73
Other Professions	6	15	39	8	68
<b>Total</b>	<b>78</b>	<b>99</b>	<b>264</b>	<b>28</b>	<b>474</b>

**Removal from Practice**<sup>28</sup> Of the five most frequent violations, a health care provider is most apt to be removed from practice if the violation is conviction of a gross misdemeanor or felony, RCW 18.130.180(17). In the previous biennium, removal from practice was most frequently related to drug and alcohol use, RCW 18.130.180(6, 23).

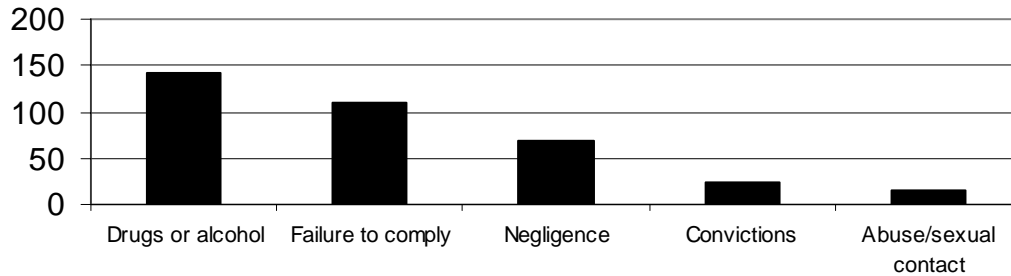
Chart 11  
Removal From Practice By Violation Type



<sup>28</sup> SOURCE: HIPDB data compilation

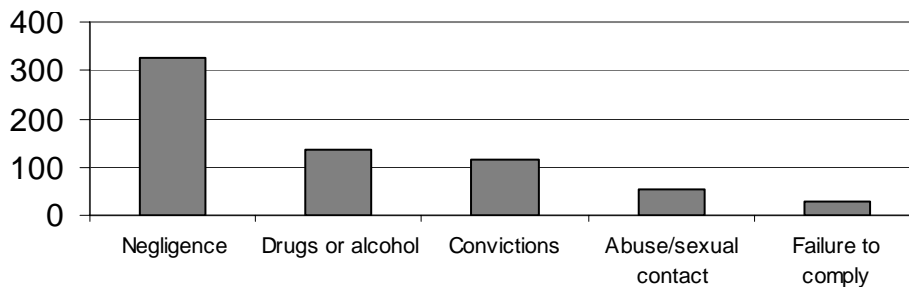
**Removal with Conditions:** Of the five most frequent violations, a health care provider is most apt to be removed from practice with conditions to continue practice for drug or alcohol related violations RCW 18.130.180(6)(23). In the previous biennium, violation of RCW 18.1130.180(4), negligence, incompetence or malpractice most often resulted in removal with conditions.

Chart 12  
Removal With Conditions By Violation Type



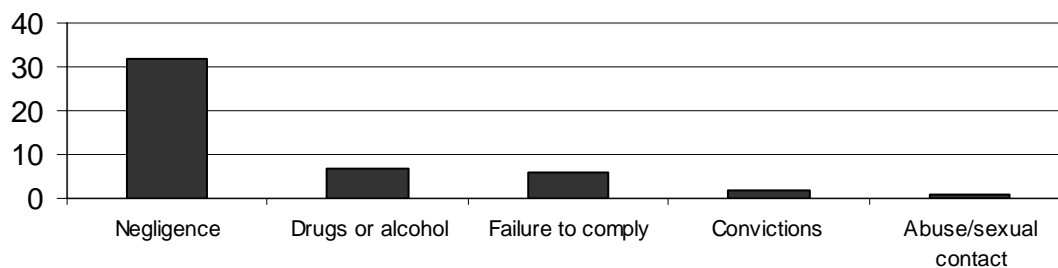
**Rehabilitative:** Of the five most frequent violations, a health care provider is most apt to be sanctioned with rehabilitative conditions if the violation is RCW 18.130.180 (4), negligence, incompetence or malpractice. This was true in the previous biennium as well.

Chart 13  
Rehabilitative By Violation Type



**Deterrent and Voluntary Surrender:** Of the five most frequent violations, deterrent and voluntary surrender sanctions are also most often used if the violation is RCW 18.130.180(4), negligence, incompetence or malpractice. This was true in the previous biennium for the deterrent sanction. The use of voluntary surrender was new in 2001–2003.

Chart 14  
Deterrent And Voluntary Surrender By Violation Type





# Student Loan Default & Child Support Violations

In the 1997–1999 biennium, HPQA became responsible for suspending health care provider credentials for non-payment of student loans and non-compliance with child support orders.

Under state law, these mandatory suspensions of credentials are non-discretionary. If a lending agency certifies to DOH that a health care provider is in default of a student loan, HPQA must suspend the credential in accordance with RCW 18.135.125.

If DSHS certifies to DOH that the person is in noncompliance with a child support order, HPQA must suspend the credential in accordance with RCW 18.130.127.

The following table lists professions in which a health care provider’s credential was suspended for either of the violations.

Table 22<sup>29</sup>  
 Suspensions for Default Student Loans and  
 Nonpayment of Child Support

<b>Profession</b>	<b>Default Student Loan</b>	<b>Non-Payment of Child Support</b>
Acupuncture	0	1
Chiropractor	2	0
Massage Practitioner	0	2
Nursing Assistant	0	33
Registered Counselor	0	5
Total	2	41

<sup>29</sup> SOURCE: Adjudicative Clerk Office



# Section 4 Disciplinary Process Timeliness



# Disciplinary Process Timeliness

**Performance Against Timelines:** Ensuring that credentialed health care practitioners provide services according to regulatory standards requires HPQA to assure a timely process for determining whether they are practicing safely. In 1993, the Legislature amended the UDA, Chapter 18.130 RCW, to require timelines for adjudication of complaints. Because of the statutory change, HPQA adopted model procedural rules in 1993 for secretary professions (Chapter 246-10 WAC) and for boards and commissions (Chapter 246-11 WAC). These rules include time periods for steps in the adjudicative process and allow presiding officers to grant continuances for good cause.

In response to public concerns about reducing case resolution times, the UDA was amended again by the Legislature in 1995 to require time periods and enforcement mechanisms for assessment, investigation, and case disposition (closure, notice of correction, informal or formal action to be initiated). HPQA worked with boards and commissions to develop rules that went into effect in 1999. The rules set maximum time for:

- Intake and assessment;
- Investigations;
- Case disposition; and
- Steps within adjudication that had not been addressed in the 1993 rules.

Extensions of the basic time periods are permitted, if good cause is demonstrated. “Good cause” is based on the facts and issues of the case and the situation surrounding the process. If granted, extensions result in oversight by higher levels of management during assessment, investigation, and case disposition, and by the presiding officer during formal adjudication.

From January 1998 to June 2001, HPQA reduced the average time of intake and assessment from 32 days to eight days. During the same time period, HPQA reduced the average time for resolution or closure of cases from 545 days to 380 days for all case closure types.<sup>30</sup> The sharpest decrease was seen between 1998 and 1999.

During the 2001–2003 biennium the average time for closure of cases was 270 days, a further reduction from 1999. Of the case closure types, the cases closed without adjudicative proceedings averaged 190 days to closure. The closure types included: allegations or charges withdrawn, closures prior to or after investigation, and closure with a notice of correction. However, the average time to close cases with adjudicative proceedings increased to 403 days. The average time to close cases with an agreed or final order after hearing was actually 500 days as indicated in Table 24.

Influencing factors in the reduction of time to close cases prior to adjudicative proceedings included raising the threshold for investigation in the nursing professions due to volume of complaints, and increased closures after investigation in both

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<sup>30</sup>See Table 24 for closure types

the nursing and medical professions. Complaints against nursing professionals (LPNs, NAs, and RNs) total 50 percent of all complaints received. Complaints against physicians and physician assistants (MDs, DOs, PAs) total 16 percent of all complaints received.

In the medical profession total closures prior to adjudicative proceedings increased by 10% from 1,792 to 1,964. In the nursing professions total closures prior to adjudicative proceedings increased by 23 percent from 4,773 to 5,893.

Table 23 shows the disciplinary process steps and their respective maximum time permitted by Chapter 246-10 or 11 in WAC.

Table 23  
Timelines

<b>Step</b>	<b>Maximum Time Permitted</b>
Intake and Initial Assessment	21
Investigation	170
Case Disposition	140
Statement of Allegations—Receive Response	14
Stipulation to Informal Disposition—Signed, Presented, Respondent Served	60
Statement of Allegations not accepted resulting in a Statement of Charges	60
Statement of Charges—Receive Answer	20
Statement of Charges—Produce Scheduling Order	30
Adjudication of Statement of Charges	180
Serve Final Order	45
Prepare Default Order	60
Serve Default Order	45

In the 2001–2003 biennium, the average time to close cases from the intake step to final resolution is represented in the following table and charts<sup>31</sup> by the manner in which the case was closed. The averages are compared to the maximum time permitted in the steps the case would usually go through to reach the closure.

Table 24  
Performance Against Timelines

<b>Closure Type</b>	<b>Number of Cases</b>	<b>Time Period (Calendar Days)</b>	<b>Average Days 7/1/01–6/30/03</b>	<b>Percentage of Cases Within Time Permitted</b>
Allegations Withdrawn	22	405	236	64
Charges Withdrawn	97	606	415	86
Closed Prior to Investigation	6554	21	10	93
Closed After Investigation	4580	331	160	94
Closed with Notice of Correction	316	331	131	94
Closed with Informal Disposition	456	405	336	79
Closed with Default Order	527	486	374	86
Closed with Agreed or Final Order	876	606	500	74

<sup>31</sup> SOURCE: HPQA Business Administration Tracking System and Adjudicative Clerk Office

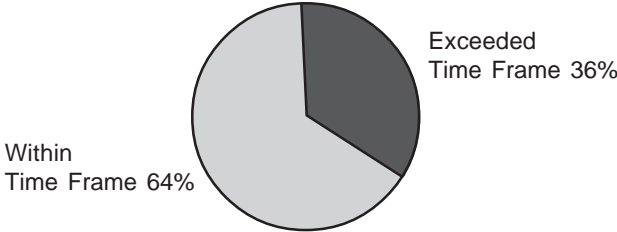
# Withdrawal

New evidence or circumstances may arise that justify the withdrawal of allegations or charges. Although grounds for withdrawal cannot be predicted in any given case, if withdrawal is appropriate, it will normally occur within the time period for resolution of Statement of Allegations and Statement of Charges respectively.

## Withdrawal of Statement of Allegations

A Statement of Allegations (SOA) is the initiating legal document that accompanies a Stipulation to Informal Disposition (STID). The maximum number of days allowed to withdraw is 405: initial assessment (21 days), investigations (170 days), case disposition (140 days), statement of allegations, response and settlement (74 days). There were 22 statement of allegations withdrawn. The average number of days was 236. Sixty-four percent (14 cases) were withdrawn within the time frame.

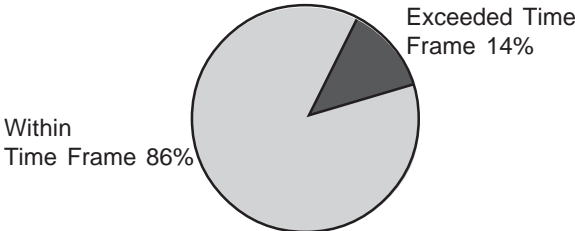
Chart 15  
Withdrawal of Statement of Allegations  
Maximum Case Days (405)



## Withdrawal of Statement of Charges

A Statement of Charges (SOC) is the initiating legal document that states the allegations. The maximum number of days allowed to withdraw is 606: initial assessment (21 days), investigation (170 days), case disposition (140 days), answer to statement of charges (20 days), scheduling (30 days), settlement (180 days), issue order (45 days). There were 97 Statement of Charges withdrawn. The average number of days was 415. Eighty-six percent (83 cases) were withdrawn within the time frame.

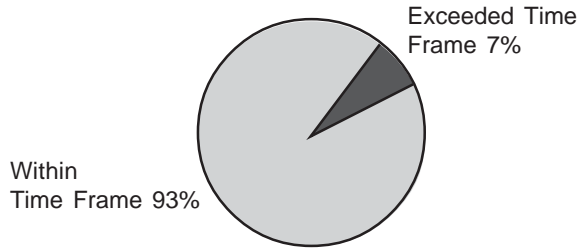
Chart 16  
Withdrawal of Statement of Charges  
Maximum Case Days (606)



## Closed No Action Prior To An Investigation

The maximum number of days allowed is 21. There were 6,554 cases closed prior to an investigation. The average number of days was 10. Ninety-three percent (6,095 cases) were withdrawn within the time frame.

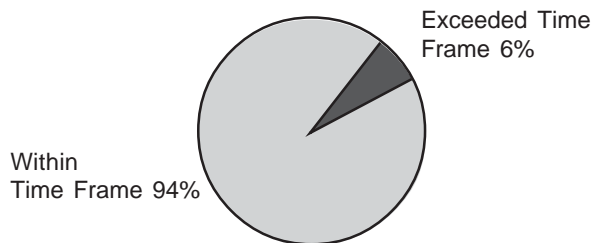
Chart 17  
Closed No Action Prior to Investigation  
Maximum Case Days (21)



## Closed No Action After an Investigation

The maximum number of days allowed is 331: initial assessment (21 days), investigation (170 days), case disposition (140 days). There were 4,580 cases closed after an investigation. The average number of days was 160. Ninety-four percent (4,305 cases) were withdrawn within the time frame.

Chart 18  
Closed No Action After Investigation  
Maximum Case Days (331)

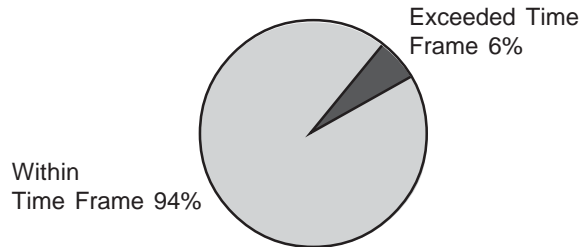




### Closed with Notice of Correction

The maximum number of days allowed is 331: initial assessment (21 days), investigation (170 days), case disposition (140 days). There were 316 cases closed with a Notice of Correction. The average number of days was 131. Ninety-four percent (297 cases) were closed within the time frame.

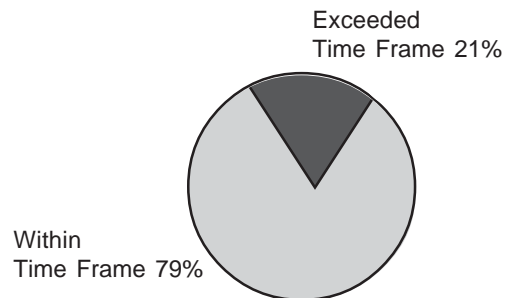
Chart 19  
Notice of Correction  
Maximum Case Days (331)



### Closed with a Stipulation to Informal Disposition

The maximum number of days allowed is 405: initial assessment (21 days), investigation (170 days), case disposition (140 days), response and settlement (74 days). There were 456 cases closed with a Stipulation to Informal Disposition. The average number of days was 336. Seventy-nine percent (360 cases) were closed within the time frame.

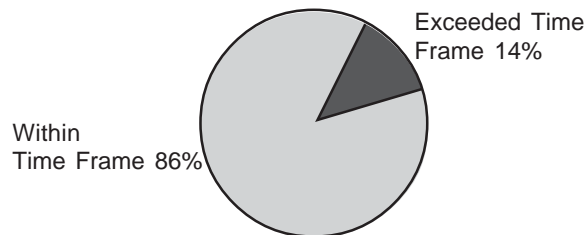
Chart 20  
Stipulation to Informal Dispositions  
Maximum Case Days (405)



## Closed with a Default Order

The maximum number of days allowed is 486: initial assessment (21 days), investigation (170 days), case disposition (140 days), answer to statement of charges (20 days), notice of failure to respond issued (30 days), default proceedings (105 days). There were 527 cases closed with a Default Order. The average number of days was 374. Eighty-six percent (322 cases) were closed within the time frame.

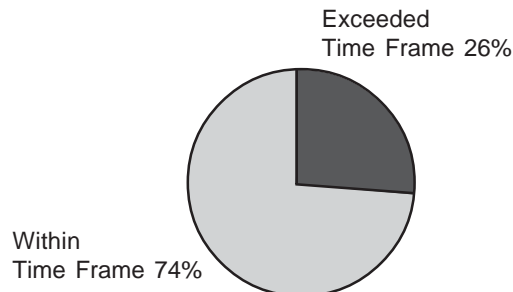
Chart 21  
Default Orders  
Maximum Case Days (486)



## Closed with an Agreed or Final Order

The maximum number of days allowed is 606: initial assessment (21 days), investigation (170 days), case disposition (140 days), answer to statement of charges (20 days), scheduling (30 days), settlement (180 days), issue order (45 days). There were 876 cases closed with an Agreed or Final Order. The average number of days was 500. Seventy-four percent (648 cases) were closed within the time frame.

Chart 22  
Agreed and Final Orders  
Maximum Case Days (606)



## Summary

A majority of the case closure types were resolved within the time permitted. HPQA is making improvements to the disciplinary process that will further reduce the time to resolve cases.



# Section 5 Biennial Comparison



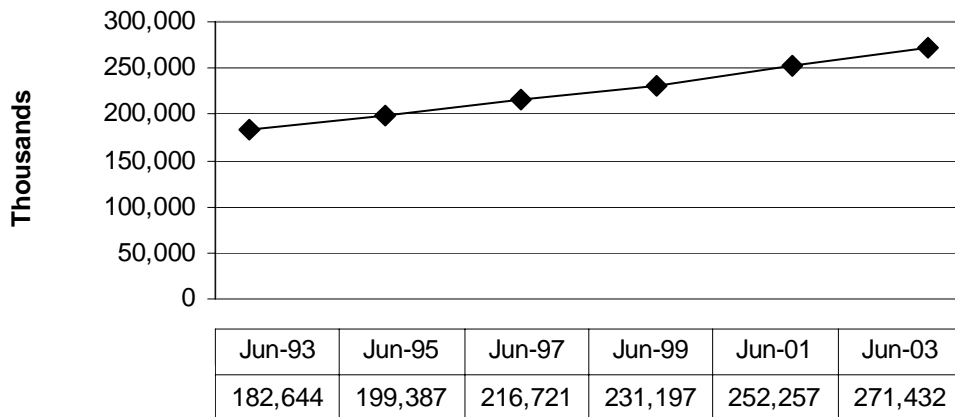
# Biennial Comparison

The biennial comparison is provided for its value in reviewing statistical trends over a number of years. All of the data is based on statistics previously reported in HPQA biennial reports, unless otherwise explained.

## Credentialed Health Care Providers

Since 1993 the number of credentialed health care providers has increased by **49 percent**.

Chart 23  
Credentialed Health Care Providers



## Credentialed Health Care Providers by Profession

The following table details individual profession growth or decline over time. The number of credentialed health care providers is not a clear indicator of how many are actively practicing and available to patients. Retired active licenses and other limited licenses are included in the statistics and health care providers may not be working full time. The data is from July 1 of each year. The percentage of growth/decline is from the first significant year for the profession.

Table 25<sup>32</sup>  
 Credentialed Health Care Providers by Profession

Profession	1993	1995	1997	1999	2001	2003	Growth/ Decline '93-'03
Acupuncturist	149	224	320	458	648	841	464%
Adult Family Home Provider*	0	0	1,493	2,725	2,643	0	N/A
Advanced Registered Nurse Practitioner	1,642	2,130	2,486	2,871	3,123	3,412	108%
Audiologist	0	0	157	257	279	348	122%
Chemical Dependency Professional	0	0	0	0	2,378	2,540	7%
Chiropractic X-ray Technician	182	180	208	217	202	209	15%
Chiropractor	1,755	1,871	2,011	2,138	2,223	2,320	32%
Counselor	13,491	14,932	15,753	16,301	15,724	15,820	17%
Dental Hygienist	3,106	3,338	3,570	3,815	4,049	4,359	40%
Dentist	4,141	4,364	4,692	4,953	5,214	5,585	35%
Denturist	0	14	95	93	97	123	779%
Dietitian/ Nutritionist	635	677	707	738	807	948	49%
Dispensing Optician	789	820	897	903	929	942	19%
Dispensing Optician Apprentice	925	897	897	759	N/A	855	-8%
Health Care Assistant	6,865	7,496	8,059	9,340	10,143	11,803	72%
Hearing Instrument Fitter/Dispenser	365	411	409	329	313	321	-12%
Humane Society**	0	0	0	0	0	10	N/A
Hypnotherapist	370	360	314	295	340	363	-2%
Licensed Practical Nurse	15,174	15,198	15,069	14,624	14,167	14,153	-7%
Marriage & Family Therapist	0	0	0	0	889	907	2%
Massage Therapist	3,823	5,205	6,596	7,774	9,211	10,362	171%
Mental Health Counselor	0	0	0	0	3,645	3,919	8%
Midwife	100	103	119	108	115	97	-3%
Naturopathic Physician	251	277	338	398	472	577	130%
Nursing Assistant	30,512	36,165	40,790	45,110	48,159	53,320	75%
Nursing Home Administrator	618	631	651	640	600	552	-11%
Nursing Technician**	0	0	0	0	0	202	N/A
Nursing Pool Operator	102	87	80	83	158	198	94%
Occupational Therapist	1,545	1,784	2,004	2,114	2,098	2,212	43%
Occupational Therapy Assistant	310	395	517	584	548	537	73%
Ocularist	8	9	9	6	6	13	63%
Optometrist	1,181	1,224	1,287	1,339	1,415	1,436	22%
Orthotics/Prosthetics	0	0	0	150	205	202	35%
Osteopathic Physician	621	619	658	682	713	771	24%
Osteopathic Physician Assistant	30	35	47	49	37	42	40%
Pharmacies, Other Pharm. Firms	1,308	1,318	1,358	2,166	2,300	2,498	91%
Pharmacist	4,954	5,506	6,087	6,548	7,183	7,016	42%
Pharmacy Assistant	0	0	0	0	1,232	3,108	152%
Pharmacy Intern	N/A	495	630	658	310***	698	41%
Pharmacy Technician	2,337	3,101	3,847	4,532	5,270	6,156	163%
Physical Therapist	2,962	3,401	3,562	3,678	3,809	4,146	40%
Physician	16,617	16,913	17,532	18,249	18,953	20,911	26%
Physician Assistant	781	895	1,068	1,266	1,424	1,605	106%
Podiatric Physician	265	269	269	289	300	312	18%
Psychologist	1,265	1,346	1,487	1,539	1,620	1,706	35%
Radiologic Technologist	2,337	2,716	3,005	3,325	3,684	4,313	85%
Recreation Therapist**	0	0	0	0	0	17	N/A

<sup>32</sup> SOURCE: ASI Licensing System



Profession	1993	1995	1997	1999	2001	2003	Growth/ Decline '93-'03
Registered Nurse	55,592	57,671	60,197	61,145	63,016	65,247	17%
Respiratory Care Practitioner	1,371	1,578	1,891	2,039	2,035	2,098	53%
Sex Offender Treatment Provider	132	148	151	143	140	143	8%
Social Worker	0	0	0	0	2,648	2,763	4%
Speech Language Pathologist	0	0	473	664	459	1068	126%
Surgical Technologist	0	0	0	0	1,227	1,507	23%
Veterinarian	2,336	2,504	2,641	2,681	2,715	2,744	17%
Veterinary Medication Clerk	0	103	169	206	235	299	190%
Veterinary Technician	362	478	597	700	817	930	157%
X-ray Technician	1,335	1,499	1,524	1,516	1,640	1,848	38%
<b>Total</b>	<b>182,644</b>	<b>199,387</b>	<b>216,721</b>	<b>231,197</b>	<b>252,257</b>	<b>271,432</b>	<b>49%</b>

\* This profession is no longer regulated by DOH

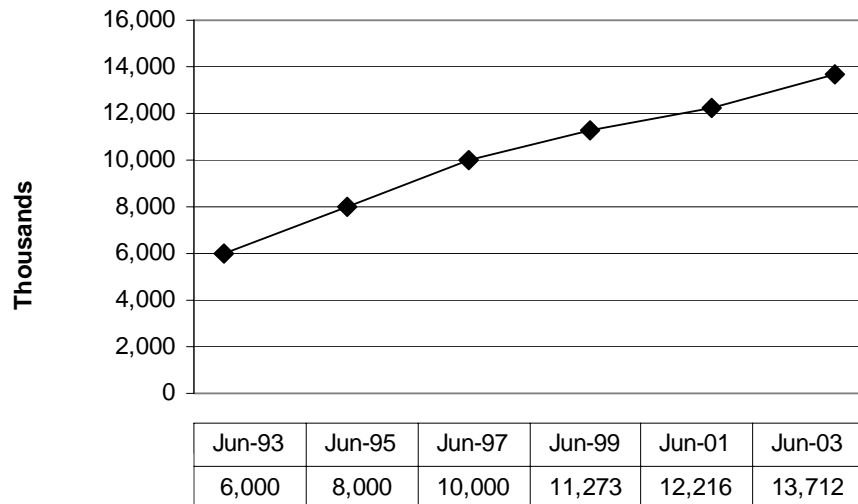
\*\* These professions became credentialed in 2003

\*\*\* The reduction in number is due to a change in educational requirements from a bachelor of science degree to a doctorate.

## Complaints Received

Since 1993 the number of complaints received by HPQA have increased by **129 percent**.

Chart 24  
Complaints Received

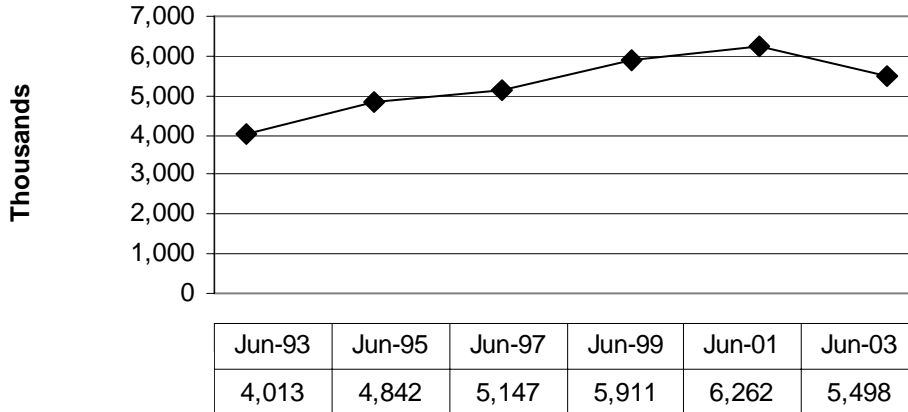


## Investigations

Even though there was a decrease in investigations over the last two biennia, since 1993 the number of completed investigations including unlicensed practice has increased nearly **37 percent**. The reduction in number of investigations completed between 2001 and 2003 is the result of a new standard for counting investigations. An investigation is counted once regardless of the number of times it may have been

returned from program or a board or commission member for additional investigative activity in the same case. This standard provides for consistent data gathering from the four investigative units when counting completed investigations.

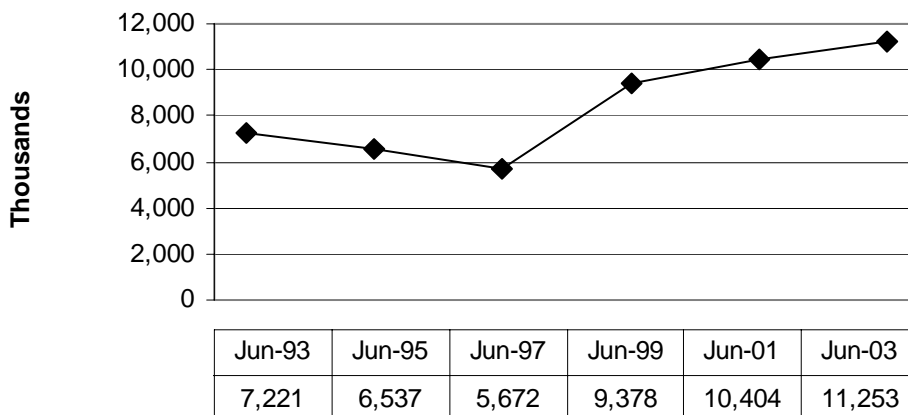
Chart 25  
Investigations Completed



## Complaint Closures Before Adjudicative Proceedings

The statistics represent those cases that were closed with no action because there was insufficient evidence, evidence disproved the allegations, the complaint was below the threshold for investigation, the disciplinary authority did not have jurisdiction, the allegations were withdrawn or a Notice of Correction (NOC) was issued. The statistics for 2003 include unlicensed practice cases. The NOC has only been used in the last three biennia. Statistics for 1993 were extrapolated based on the 1991–1993 Biennial Report statement that about 80 percent of all complaints received resulted in no formal disciplinary action. The statistics over time represent only a **56 percent** increase in the number of closures before adjudicative proceedings, even though total complaints increased 129 percent.

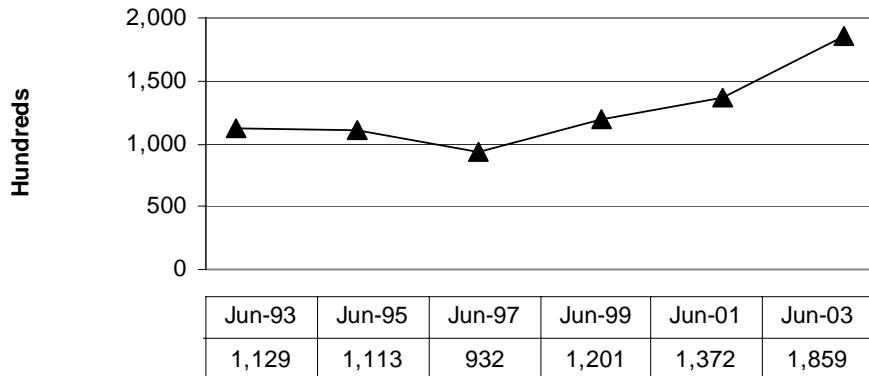
Chart 26  
Complaint Closures Before Adjudicative Proceedings



## Complaint Closures After Adjudicative Proceedings

The statistics represent those cases that were resolved with corrective or disciplinary action. They include closures by default orders, informal dispositions, agreed orders, final orders after hearing, and unlicensed practice cease and desist orders. Default orders, informal dispositions and unlicensed practice cease and desist orders are corrective action and disciplinary tools that have been added since 1993. The statistics over time represent a **65 percent** increase in the number of case resolutions after adjudicative proceedings.

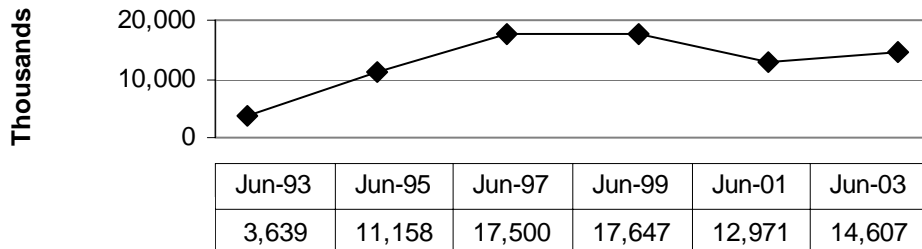
Chart 27  
Complaint Closures After Adjudicative Proceedings



## Public Disclosure Requests

There has been an increasing demand over time for information on health care providers. The sharp increase from 1993 to 1995 and decrease from 1999 to 2001 was because the method used to count requests changed. The higher numbers represented all the closed complaint files that were retrieved when a request came in for information on a single health care provider. The provider in those instances had multiple complaints and case resolutions. During 1999, it was agreed that a single request for public disclosure on a provider would be counted only once. Even with the change, it is believed that the **301 percent** increase in public disclosure requests from 1993 to 2003 is representative of the actual increase in demand for information.

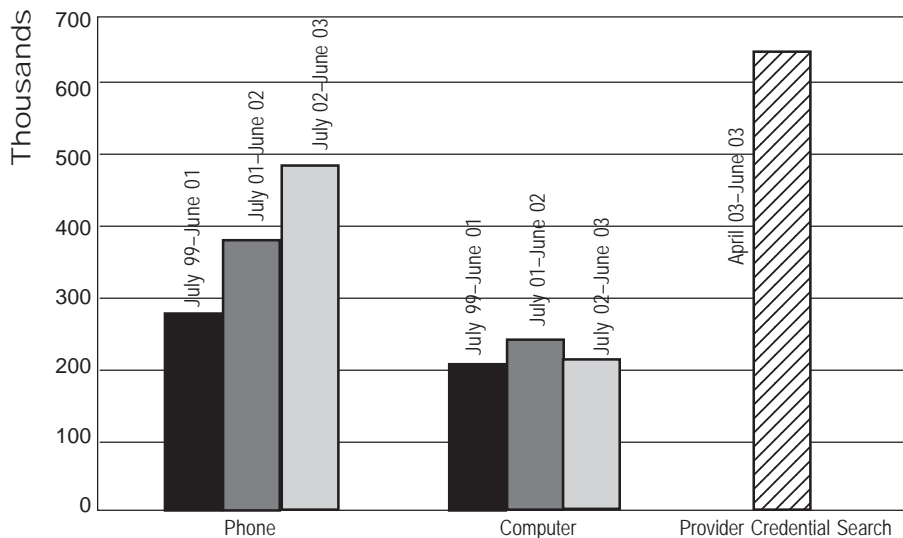
Chart 28  
Public Disclosure Requests



## Automated Verification System and Provider Credential Search

The AVS went into service in the 1997–1999 biennium and allowed 24-hour, seven-days per week access by telephone or computer to verify the credential status of health care providers. Hospitals, insurance carriers and other employers primarily used the system. Access required the health care provider’s credential number. There were 475,122 phone verifications and 213,089 computer verifications last biennium. In April 2003 Provider Credential Search went into service allowing anyone to be able to access credential records of health care providers. In the first 3 months the number of records accessed was close to the number of automated verifications for the entire biennium: 652,490 records were accessed and 11,401 legal documents were downloaded from the Internet.

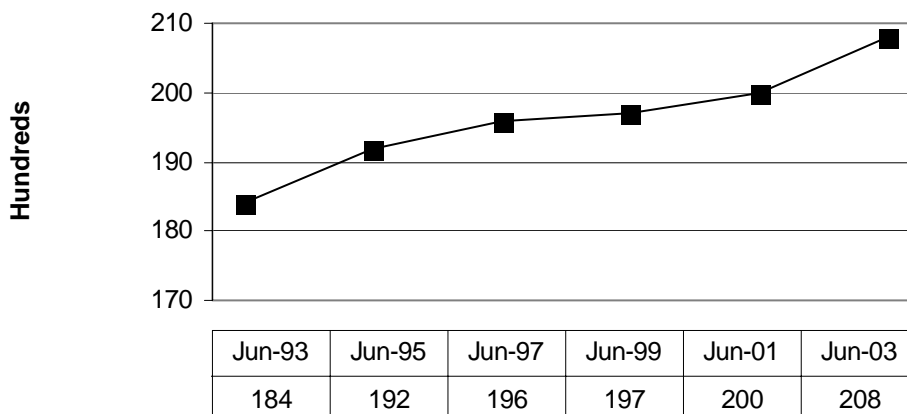
Chart 29  
Automated Verification System  
and Provider Credential Search



## Health Professions Quality Assurance Employees

The increase in the number of employees from the 1991–1993 biennium to the 2001–2003 biennium was **13 percent**.

Chart 30  
HPQA Employees



## Summary

During the last ten years:

- Nearly 100,000 more health care providers became credentialed.
- The number of professions regulated increased from 40 to 57.
- Increased consumer awareness, mandatory malpractice reporting, peer review and facility reporting led to significant increases in the number of complaints DOH received.
- A backlog of complaints created a downturn in the number of cases resolved in the 1993-95 timeframe, both before adjudication and after adjudication.
- 1997 saw a turnaround regarding case resolution attributed to the following:
  - Four additional staff attorneys were hired in 1995;
  - The Notice of Correction, another mechanism for resolving cases informally, was added in 1996; and
  - Criteria for closing cases below a threshold for investigation were established in 1997. This was an assist to the investigative and adjudicative steps because additional time could be given to more serious cases.
- Although the number of all employees within HPQA increased 13 percent during the 10-year period:
  - The number of investigations completed increased by 37 percent.
  - Cases have been resolved in a more timely manner since 1997 when rules were adopted establishing timelines for resolution.
- The public continues to demand more information about their health care providers as evidenced by the usage of the Provider Credential Search and ongoing public disclosure requests.



# **Section 6**

# **Appendices**

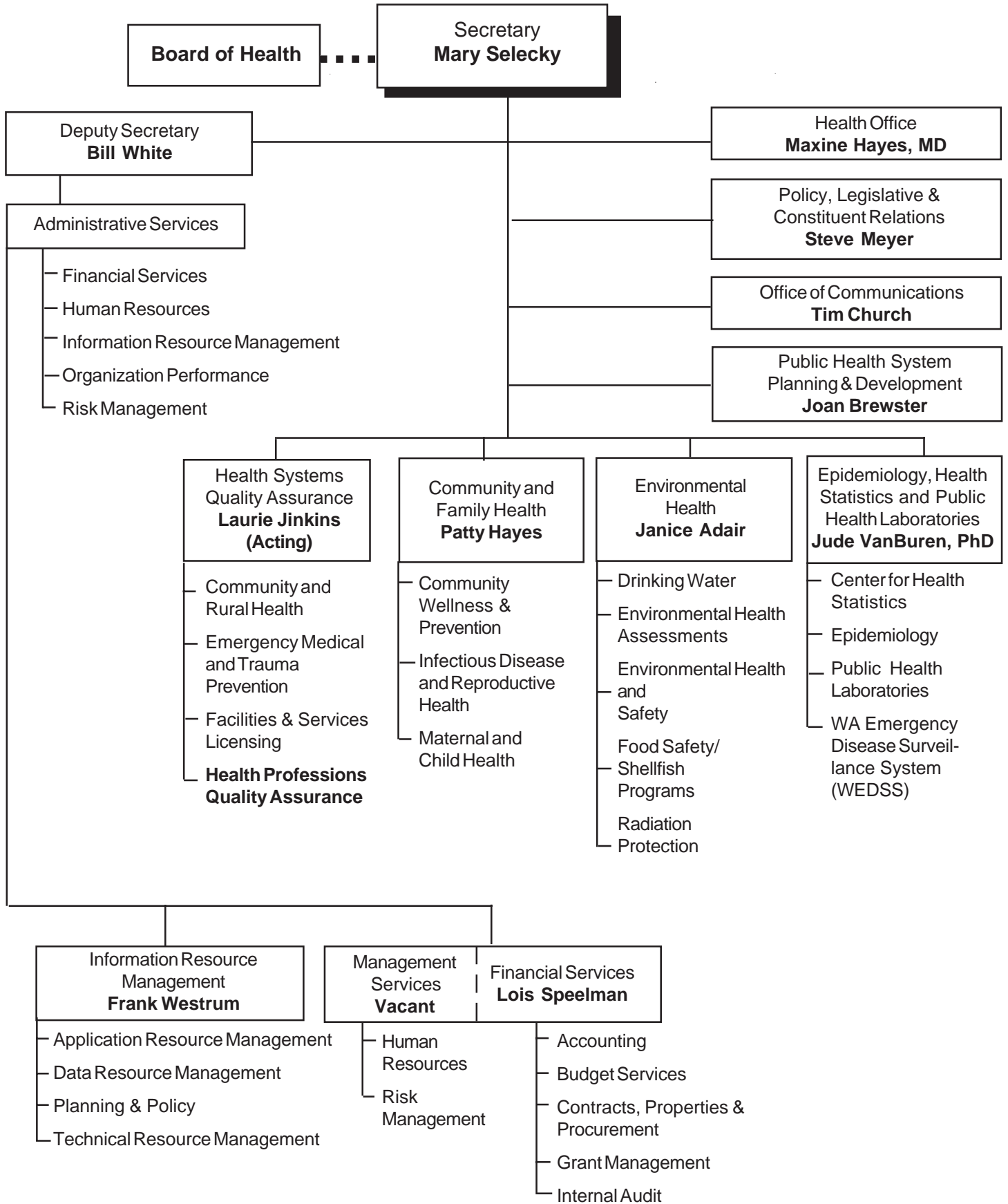




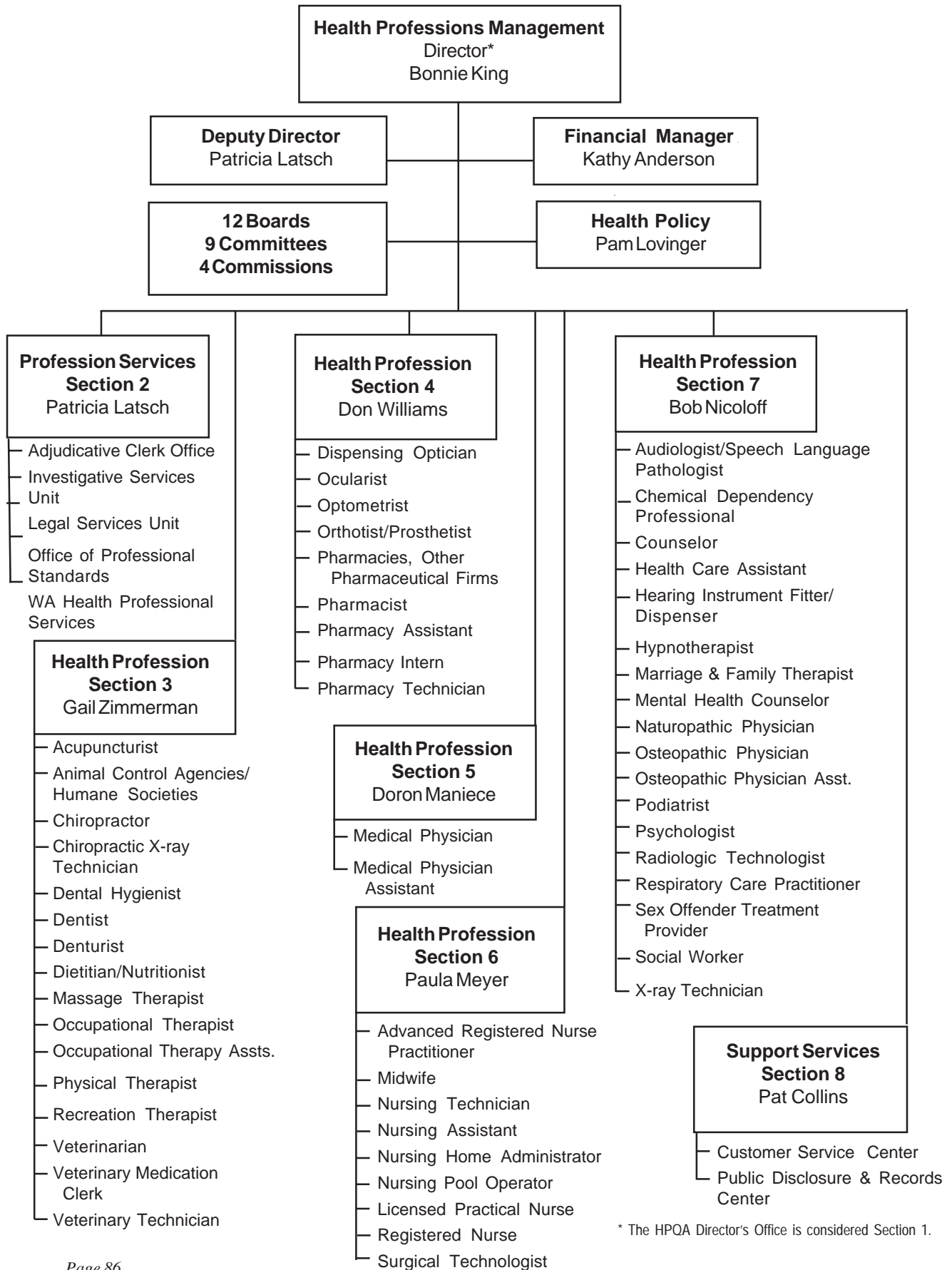
**Appendix A:  
Department of Health and  
Health Professions Quality  
Assurance Organization  
Charts**



# Department of Health



# Department of Health Health Professions Quality Assurance



\* The HPQA Director's Office is considered Section 1.

# Appendix B: Health Professions Quality Assurance Contact Information

Bonnie L. King, Director (360) 236-4995

Patricia Latsch, Deputy Director (360) 236-4683

Section Number	Executive Director	Phone Number
2	Patricia Latsch	(360) 236-4683
3	Gail Zimmerman	(360) 236-4859
4	Don Williams	(360) 236-4825
5	Doron Maniece	(360) 236-4823
6	Paula Meyer	(360) 236-4714
7	Bob Nicoloff	(360) 236-4924
8	Pat Collins	(360) 236-4994

Profession	Section
Acupuncturist	3
Advanced Registered Nurse Practitioner	6
Animal Control Agencies/Humane Societies	3
Audiologist	7
Chemical Dependency Professional	7
Chiropractor	3
Counselor	7
Dental Hygienist	3
Dentist	3
Denturist	3
Dietitian/Nutritionist	3
Dispensing Optician	4
Health Care Assistant	7
Hearing Instrument Fitter/ Dispenser	7
Hypnotherapist	7
Licensed Practical Nurse	6
Marriage & Family Therapist	7
Massage Therapist	3
Mental Health Counselor	7
Midwife	6
Naturopathic Physician	7
Nursing Technician	6
Nursing Assistant	6
Nursing Home Administrator	3
Nursing Pool Operator	6
Occupational Therapist	3
Occupational Therapy Assistant	3
Ocularist	4

<b>Profession</b>	<b>Section</b>
Optometrist .....	4
Orthotist .....	4
Osteopathic Physician .....	7
Osteopathic Physician Assistant .....	7
Pharmacies & Other Pharmaceutical Firms .....	4
Pharmacist .....	4
Pharmacy Assistant .....	4
Pharmacy Intern .....	4
Pharmacy Technician .....	4
Physical Therapist .....	3
Physician .....	5
Physician Assistant .....	5
Podiatrist .....	7
Prosthetist .....	4
Psychologist .....	7
Radiologic Technologist .....	7
Recreation Therapist .....	3
Registered Nurse .....	6
Respiratory Care Practitioner .....	7
Sex Offender Treatment Provider .....	7
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# Appendix C: Boards, Commissions, and Committees Listing

## Department of Health Board or Commission Authority Governor Appointed

### (12 boards and 4 commissions)

Board or Commission .....	Members
Chiropractic Quality Assurance Commission .....	14 Members
• 11 Chiropractors	
• 3 Public Members	
Dental Quality Assurance Commission .....	14 Members
• 12 Dentists	
• 2 Public Members	
Board of Denturists .....	7 Members
Note: Board has rule making authority only	
• 4 Denturists	
• 1 Dentist	
• 2 Public Members, one over age 65	
Board of Hearing and Speech .....	10 Members
• 2 Hearing Instrument Fitter/Dispensers	
• 2 Audiologists	
• 2 Speech Language Pathologists	
• 1 Physician (non-voting)	
• 3 Public Members	
Board of Massage .....	5 Members
Note: Secretary has disciplinary authority	
• 4 Massage Therapists	
• 1 Public Member	
Medical Quality Assurance Commission .....	19 Members
• 13 Physicians	
• 2 Physician Assistants	
• 4 Public Members	

**Board or Commission .....Members**

Nursing Care Quality Assurance Commission ..... 11 Members

- 3 Registered Nurses
- 2 ARNPs
- 3 LPNs
- 1 Midwife (non-voting)
- 2 Public Members

Board of Nursing Home Administrators ..... 9 Members

- 4 Nursing Home Administrators
- 4 Representatives of Health Care Profession
- 1 Public Member (resident of a nursing home or family member of a resident eligible for Medicare)

Board of Occupational Therapy Practice ..... 5 Members

- 3 Occupational Therapists
- 1 Occupational Therapy Assistant
- 1 Public Member

Optometry Board ..... 6 Members

- 5 Optometrists
- 1 Public Member

Board of Osteopathic Medicine & Surgery ..... 7 Members

- 6 Osteopathic Physicians
- 1 Public Member

Board of Pharmacy ..... 7 Members

- 5 Registered Pharmacists
- 2 Public Members

Board of Physical Therapy ..... 5 Members

- 4 Physical Therapists
- 1 Public Member

Podiatric Medical Board ..... 5 Members

- 4 Podiatrists
- 1 Public Member

Examining Board of Psychology ..... 9 Members

- 7 Psychologists
- 2 Public Members

Veterinary Board of Governors ..... 6 Members

- 5 Veterinarians
- 1 Public Member



# Department of Health Secretary Authority Secretary Appointed

## (8 advisory committees)

### Committee ..... Members

#### Chemical Dependency Certification

Advisory Committee ..... 7 Chemical Dependency Professionals

- 4 Chemical Dependency Counselors
- 1 Chemical Dependency Treatment Program Director
- 1 Physician, or, Licensed or Certified Mental Health Practitioner
- 1 Public Member Who Has Received Chemical Dependency Counseling

#### Dental Hygiene Examining Committee ..... 4 Members

- 3 Dental Hygienists
- 1 Public Member

#### Dispensing Optician Examining Committee ..... 3 Members

- 3 Dispensing Opticians

#### Mental Health Counselors,

Marriage & Family Therapists, and

Social Workers Advisory Committee ..... 9 Members

- 2 Licensed Mental Health Counselors
- 1 Licensed Advanced Social Worker
- 1 Licensed Independent Clinical Social Worker
- 2 Licensed Marriage and Family Therapists
- 3 Public Members

#### Midwifery Advisory Committee ..... 7 Members

- 1 Certified Nurse Midwife
- 2 Physicians
- 3 Licensed Midwives
- 1 Public Member

#### Naturopathic Advisory Committee ..... 5 Members

- 3 Naturopaths
- 2 Public Members

#### Orthotics & Prosthetics Advisory Committee ..... 5 Members

- 1 Orthotist
- 1 Prosthetist
- 1 Physician
- 2 Public Members–Consumers of O&P Services

#### Sexual Offender Treatment Providers

Advisory Committee ..... 9 Member

- 3 Sexual Offender Treatment Providers
- 1 Victim Treatment Provider
- 1 Defense Attorney
- 1 Prosecuting Attorney
- 1 Representative of DSHS
- 1 Representative of the Department of Corrections
- 1 Superior Court Judge

**Secretary authority professions with no advisory committee:**

Acupuncturists, Dietitian/Nutritionists, Health Care Assistants, Nursing Assistants\*, Nursing Pool Operators, Ocularists, Radiologic Technologists, Recreation Therapists, Respiratory Care Practitioners, Registered Counselors, Registered Hypnotherapists, Surgical Technologists, and X-Ray Technicians.

\*Nursing Care Quality Assurance has rule-making authority for Nursing Assistants

# **Appendix D: Provider Credential Search**

**Screen Examples and  
Frequently Asked Questions**

# Provider Credential Search (Provider Lookup)

https://fortress.wa.gov/doh/hpqa1/Application/Credential\_Search/



## Health Professions Quality Assurance

### HPQA Credential Lookup System

Helpful tips and information

[HPQA Home](#)

[Glossary](#)

[FAQs](#)

Welcome to Health Professions Quality Assurance search engine. Search our database for applicants and credential holders using either a credential number or the individual's name.

### 1 Search by Credential Number

Credential Number:

(Example: MD12345678, [See Searching Instructions](#))

### 2 Search by Individual's Name

Credential Type:

Last Name:

First Name:  MI:

(Use % For Wildcard, [See Searching Instructions](#))

# Provider Credential Search (Provider Lookup)

https://fortress.wa.gov/doh/hpqa1/Application/Credential\_Search/



## Health Professions Quality Assurance Credential Look Up Results Data as of 12/29/2003 3:25:56 PM

### Disclaimer

The Washington Department of Health presents this information as a service to the public. The disciplinary information displayed contains data gathered since July 1998. The absence or presence of information in this system does not imply any recommendation, endorsement, or guarantee of competence of any health care professional, nor does the mere presence of such information imply a practitioner is not competent or qualified.

This site is a primary source for verification of credentials.

### CURRENT PRACTITIONER INFORMATION

Name: DOE, JANE D.  
Year of Birth: 1945  
Credential Number: RN12345678  
Current Credential Type: Suspended  
First Credential Date: 01/01/1965  
Expiration Date: 01/01/1998  
Last Renewal Date: 01/01/1997  
Action Taken: Yes

[Link to Legal Documents](#)

[View Action Report\(s\)](#)

### OTHER CREDENTIAL(S) HELD

[Link to Credential Record](#)

Credential Number	Credential Type	Credential Status	Action Taken	Practice Conditions
<a href="#">MW00000060</a>	Midwife	Expired	No	No
<a href="#">AP30003392</a>	ARNP - Valid Only With Current RN License	Suspended	Yes	No

[Search again, using new criteria?](#)

Back

Forward

Print

## Frequently Asked Questions Provider Lookup Web Site

---

### Overview

The Health Professional Quality Assurance Division launched a web site that provides easy access to information on the 270,000 health care professionals in the state. The web site provides the health care provider's birth date and license status, including any current restrictions or disciplinary actions. If action has been taken against a health care professional since July 1998, the web site displays the information and allows copies of legal documents to be printed. Even partial entries will result in a listing of health care professionals to choose from. If a practitioner has more than one credential to practice in Washington, that will be shown.

#### **Q. What information is available about a health care provider?**

- Birth year
- Credential number
- Type of credential(s)
- Whether the health care professional's license status is active, deceased, expired, inactive, military, revoked, suspended, unlicensed, or retired
- The date when they first became credentialed
- Expiration date of credential
- Last renewal date
- Restrictions or disciplinary actions
- Copies of legal documents issued after July 1998

#### **Q. How do I find information about restrictions or disciplinary actions before 1998?**

If there are restrictions or disciplinary actions prior to 1998, it will be noted on the practitioner's page. Information on those items can be obtained by calling the Customer Service Center at 360-236-4700.

#### **Q. Can I find out how many complaints have been filed against a health care provider on Provider Lookup?**

A majority of complaints received are not a violation of law and cannot be acted upon. Only those complaints that result in action are shown on Provider Lookup. Complaints that have not resulted in action are public information and are available by calling the Customer Service Center at 360-236-4700.

**Q. Does Provider Lookup have malpractice or criminal conviction information?**

Health care professional malpractice settlements and criminal convictions against a health care professional are reported to the Department of Health. They may serve as the basis for restrictions or disciplinary actions taken against the practitioner. Only the resulting actions are available in Provider Lookup, beginning in July 1998. The specific information regarding malpractice or criminal charges is not available.

**Q. Why isn't a health care provider's address shown? How will I know I'm inquiring about the right provider?**

Health care providers give a licensing address that may or may not be their work location; it may be their residential address. In accordance with law, we cannot disclose a residential address. However, in the future the Web site will provide county information.

**Q. Does Provider Lookup show specialty information (e.g. a physician is an orthopedic specialist)?**

Washington State does not credential health care providers by specialty with the exception of Advanced Registered Nurse Practitioners (ARNPs). There is no specialty information shown in Provider Lookup, but ARNP specialty information will be provided by the Customer Service Center at 360-236-4700.

**Q. If I want to find the best practitioner, will I be able to make that distinction from the web site?**

The web site will tell you the license status and any restrictions and/or disciplinary actions against the health care provider's credential. DOH cannot make recommendations on which practitioner you should see.

**Q. What is an informal complaint resolution versus a formal disciplinary action?**

*Informal complaint resolutions* called Stipulations to Informal Disposition (STIDs) are used primarily as education tools with practitioners. They may require additional education, reports to be written or other actions by the practitioner that are meant to be corrective in nature rather than disciplinary.

*Formal disciplinary action* may limit a health care professional's practice and is used in more serious cases.

**Q. Why are informal complaint resolutions (Stipulations to Informal Disposition STIDs) shown on Provider Lookup?**

This information, like other information in Provider Lookup is public. It is reported to the national databanks and can only be seen on Provider Lookup if the practitioner's name or credential number is entered into the system.

**Q. What does the Narrative Description on Provider Lookup represent?**

The narrative statement refers to the Uniform Disciplinary Act (UDA) law that the practitioner allegedly violated. These are statutory references and cannot be changed unless they do not reflect what was in the Order. Orders issued after July 1, 1998 are online and can be viewed. You will find the same language in the on-line copy of the Order.

If the Order is a STID, the language will be found in the Stipulation section. In other types of Orders, the language can be found in the Conclusions of Law section.

**Q. When I view the legal documents on Provider Lookup, why is some information blanked out/not visible?**

DOH has a legal responsibility to withhold information that is protected by law. Each legal document is reviewed, and the information that cannot be disclosed is blanked out (redacted). There is a cover sheet that accompanies each document. The cover sheet refers to the specific law protecting the information that has been taken out.

**Q. I just checked on my health care practitioner and realize that I should file a complaint. How do I do that?**

From Provider Lookup's home page (upper right corner), you can click back to the Health Professions Quality Assurance (HPQA) home page. Under "Site Directory," click on "Complaint Information" to get the forms you'll need to fill out. You may also call the Customer Service Center at 360-236-4700 to file a complaint.

**Q. Does this web site serve as a primary source for verification?**

Yes, the web site serves as the primary source for verification of health care professionals licensed, certified or registered and meets the requirements of the Joint Commission on Accreditation of Healthcare Organizations (JCAHO).

**Q. Doesn't the disclosure of my name, birth date and credential number violate my privacy under the federal Health Insurance Portability and Accountability Act (HIPAA) regulations.**

This information can be publicly disclosed and is not a violation of federal rules because the regulation of health care professionals is exempted from the rule; HPQA is not a "covered entity." The information is an identifier for employers, insurance companies and verification services that will be relying on the Web site for information. It also helps the general public in distinguishing one practitioner from another. We cannot, by law, disclose social security numbers or address information as identifiers.



**Q. Why are the complaints not shown? How can I get that information?**

Up to 80 percent of complaints are either outside our jurisdiction, below the level that we can investigate, or if investigated do not result in evidence of a violation. For those reasons, we do not display complaint information on Provider Lookup.

**Q. How many health care providers are disciplined per year?**

Most health care professionals in Washington state follow the rules and are safe. Of the 270,000 health care professionals credentialed, only 949 professionals per year (average) have informal actions or disciplinary actions taken against their credential.



# Appendix E: Table and Chart Listing

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Note: Charts 23-30 are biennial comparisons.

# Appendix F: Acknowledgments

## Chemical Dependency Certification Advisory Committee

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