

**DEPARTMENT OF HEALTH
NURSING CARE QUALITY ASSURANCE COMMISSION
POLICY**

Title:	Use of Sanction Standards in Disciplinary Action	Number: A27.10
Reference:	RCW 18.130.180; RCW 18.130.160	
Effective Date:	September 13, 2013	
Supersedes:	Use of Sanction Guidelines in Disciplinary Action September 12, 2003; January 9, 2004; July 1, 2005 Use of Sanction Standards in Disciplinary Action September 8, 2006; November 16, 2007; March 13, 2009, November 19, 2010; November 18, 2011, March 8, 2013	
Approved:	Chair Nursing Care Quality Assurance Commission	

Purpose:

To provide consistency and uniformity in disciplinary sanctions for similar violations.

Policy:

The Nursing Commission, upon a finding that a license holder or applicant has committed unprofessional conduct or is unable to practice with reasonable skill and safety due to a physical or mental condition, may issue an order taking action against a license holder or applicant. The Commission has determined that it is the best interest of license holders, applicants and the public to adopt "Sanction Standards" for common violations.

Procedure:

A Reviewing Commission Member (RCM), Case Disposition Panels, and Hearing Panels will utilize Commission-approved Sanction Standards to determine sanctions.

Registered Nurse and Licensed Practical Nurse sanctions are in Attachment A; Advanced Registered Nurse Practitioner sanctions are in Attachment B.

The RCM or Panel will document the rationale for deviation from the Sanction Standards in the Disciplinary Worksheet.

APPENDIX

Washington State Nursing Care Quality Assurance Commission

Aggravating and mitigating factors. The following nonexclusive list identifies factors that may mitigate or aggravate the sanctions that should be imposed in an order or stipulation to informal disposition.

(1) Factors related to the misconduct:

- (a) Gravity of the misconduct;
- (b) Age, capacity and/or vulnerability of the patient, client or victim;
- (c) Number or frequency of the acts of misconduct;
- (d) Injury caused by the misconduct;
- (e) Potential for injury to be caused by the misconduct;
- (f) Degree of responsibility for the outcome;
- (g) Abuse of trust;
- (h) Intentional or inadvertent act(s);
- (i) Motivation is criminal, immoral, dishonest or for personal gain;
- (j) Length of time since the misconduct occurred.

(2) Factors related to the license holder:

- (a) Experience in practice;
- (b) Past disciplinary record;
- (c) Previous character;
- (d) Mental and/or physical health;
- (e) Personal circumstances;
- (f) Personal problems having a nexus with the misconduct.

(3) Factors related to the disciplinary process:

- (a) Admission of key facts;
- (b) Full and free disclosure to the disciplining authority;
- (c) Voluntary restitution or other remedial action;
- (d) Bad faith obstruction of the investigation or discipline process or proceedings;
- (e) False evidence, statements or deceptive practices during the investigation or discipline process or proceedings;
- (f) Remorse or awareness that the conduct was wrong;
- (g) Impact on the patient, client, or victim.

(4) General factors:

- (a) License holder's knowledge, intent, and degree of responsibility;
- (b) Presence or pattern of other violations;

- (c) Present moral fitness of the license holder;
- (d) Potential for successful rehabilitation;
- (e) Present competence to practice;
- (f) Dishonest or selfish motives;
- (g) Illegal conduct;
- (h) Heinousness of the misconduct;
- (i) Ill repute upon the profession;
- (j) Isolated incident unlikely to reoccur.