



**Nursing Care Quality Assurance Commission (NCQAC)
Regular Meeting Agenda
November 16, 2012 8:30 am
Town Center 1, Room 163
101 Israel Road SE
Tumwater WA 98501**

Commission Members:

Suelyn Masek, RN, MSN, CNOR, Chair
Erica Benson-Hallock, MPPA, Public Member, Vice-Chair
Linda Batch, LPN
Charlotte Foster, RN, BSN, MHA
Roger Gantz, BA, MUP, Public Member
Lois Hoell, MS, MBA, RN
Margaret Kelly, LPN
Gene I. Pingle, RN, BSN-BC, CEN
Donna L. Poole, MSN, ARNP, PMHCNS-BC
Diane Sanders, RN, BC, MN
L. Susana Serna, RN, ARNP
Cass Tang, PMP, Public Member
Rhonda Taylor, MSN, RN
Susan Woods, PhD, RN, FAHA, FAAN
Laura Yockey, LPN

Assistant Attorney General:

Gail Yu, Assistant Attorney General

Staff:

Paula R. Meyer, MSN, RN, Executive Director
Debbie Carlson, MSN, RN, Nursing Practice Advisor
Teresa Corrado, LPN, Health Services Consultant
Mary Dale, Discipline Manager
Karl Hoehn, Staff Attorney
H Louise Lloyd, Secretary
Mindy Schaffner, PhD, MSN-CNS, RN, Nursing Education
Advisor
Catherine Woodard, Chief Investigator
Martha Worcester, PhD, ARNP, ARNP Advisor

If you have questions regarding the agenda, please call the NCQAC office at 360-236-4713. Items may be taken out of order. If you wish to attend the meeting for a single item, contact H. Louise Lloyd at the number listed above and request a specific time scheduled for that item.

This meeting is accessible to persons with disabilities. Special aids and services can be made available upon advance request. Advance request for special aids and services must be made no later than November 9, 2012. If you need assistance with special needs and services, you leave a message with that request at 1-800-525-0127 or, if calling from outside Washington State, call (360) 236-4052. TDD may also be accessed by calling the TDD relay service at 1-800-833-6388. If you need assistance due to a speech disability, Speech to Speech provides human voicers for people with difficulty being understood. The Washington State Speech to Speech toll free access number is 1-877-833-6341. Smoking is prohibited at this meeting.

This is a meeting of the Nursing Care Quality Assurance Commission. This meeting will be digitally recorded to assist in the production of accurate minutes. All recordings are public record. The minutes of this meeting will be posted on our website by January 18, 2013. For a copy of the recording, please contact the Public Disclosure Records Center (PDRC) at PDRC@doh.wa.gov.

1. 8:30 AM Opening – Suellyn, Masek, Chair – DISCUSSION/ACTION

- A. Call to order
- B. Introductions
- C. Order of the Agenda
- D. Correspondence
- E. Announcements

2. Consent Agenda – DISCUSSION/ACTION

Consent agenda items are considered routine agency matters. The NCQAC approves the consent agenda by a single motion without separate discussion. To discuss a separate item requires a motion to remove the item and then place the item on the regular business agenda.

- A. Approval of minutes
 - 1. NCQAC Business Meeting – 9/21/12, 10/12/12
 - 2. NCQAC Disciplinary Hearing minutes – 7/27/12, 8/30/12, 9/28/12
 - 3. Advanced Registered Nurse Practitioner (ARNP) sub-committee minutes – 9/19/12
 - 4. Continuing Competency sub-committee – none
 - 5. Licensing and Discipline sub-committee – none
 - 6. Consistent Standards of Practice sub-committee – 10/2/12
 - 7. Nursing Program Approval Panel (NPAP) – 7/19/12, 8/16/12, 9/10/12
 - 8. Nursing Assistant Program Approval Panel (NA-NPAP) – 8/13/12, 9/10/12, 9/21/12
 - 9. Role of sub-committees
 - 10. 2012 Tri-Regulator Symposium – Suellyn Masek, October 17-18, Washington DC

3. 8: 45 am Chair Report –Suellyn Masek - DISCUSSION/ACTION

- A. NCSBN Operations Conference – Lois Hoell, Teresa Corrado, November 8-9, Chicago
- B. Nursing Alliance for Quality Care – Debbie Carlson, November 11-12, Washington DC
- C. Military personnel meeting, Madigan Hospital, November 5

4. 9:15 Executive Session

The Executive Session is part of a regular or special meeting closed to the public.

5. 10:15 – 10:30 Break

6. 10:30 – 11:30 RCW 18.79.390, Pilot Project Report – Erica Benson-Hallock, Paula Meyer, Susan Wong – DISCUSSION/ACTION
RCW 18.79.390 defines the pilot project requirements for the NCQAC. A report is required: The draft report will be distributed at the meeting.

(3) By December 15, 2013, the secretary, the commission, and the other commissions conducting similar pilot projects under RCW [18.71.430](#), [18.25.210](#), and [18.32.765](#), shall report to the governor and the legislature on the results of the pilot project. The report shall:

- (a) Compare the effectiveness of licensing and disciplinary activities of each commission during the pilot project with the licensing and disciplinary activities of the commission prior to the pilot project and the disciplinary activities of other disciplining authorities during the same time period as the pilot project;
- (b) Compare the efficiency of each commission with respect to the timeliness and personnel resources during the pilot project to the efficiency of the commission prior to the pilot project and the efficiency of other disciplining authorities during the same period as the pilot project;
- (c) Compare the budgetary activity of each commission during the pilot project to the budgetary activity of the commission prior to the pilot project and to the budgetary activity of other disciplining authorities during the same period as the pilot project;
- (d) Evaluate each commission's regulatory activities, including timelines, consistency of decision making, and performance levels in comparison to other disciplining authorities; and
- (e) Review summaries of national research and data regarding regulatory effectiveness and patient safety.

The NCQAC report and recommendations will be presented. The NCQAC may amend, accept or reject the report.

11:30 – 1:00 PM Lunch

The NCQAC will hold a working lunch. An educational topic will be presented to the NCQAC during lunch.

7. 1:00 pm OPEN MICROPHONE

Open microphone is for public presentation of issues to the NCQAC. If the public has issues regarding disciplinary cases, please call 360-236-4713.

8. 1:15 Executive Director Report – Paula Meyer – DISCUSSION/ACTION

A. Integrated Licensing and Regulation System: ILRS

- On-line renewals
- Nursing education programs
- Nursing Assistant training program applications and renewals

B. Organizational chart, personnel changes – chart will be sent when complete

C. October 11 Disaster Preparedness exercise

D. Rules update

1:45 – 2:00 BREAK

9. 2:00 – 3:00 Subcommittee Reports – DISCUSSION/ACTION

A. Licensing and Discipline – Margaret Kelly, chair

B. Continuing Competency – Rhonda Taylor, chair

C. Consistent Standards of Practice – Gene Pingle, chair

- Interpretive Statement – Patient Abandonment

D. ARNP – Susana Serna, chair

- Update on Discipline Guidelines work
- Update on CNS Rules

10. 3:00 – 3:15 Meeting Evaluation

Using a standard meeting evaluation tool, Ms. Masek will lead discussion on the meeting: process, outcomes, strengths and opportunities for improvement.

Closing



**Nursing Care Quality Assurance Commission (NCQAC)
Regular Meeting Minutes
September 21, 2012 8:30 am
101 Israel Rd SE, Town Center 1, Room 163
Tumwater WA 98501**

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1. 8:30 AM Opening – Suellyn, Masek, Chair – DISCUSSION/ACTION

- A. Call to order – 8:30AM
- B. Introductions – NCQAC members, staff, public
- C. Order of the agenda
 - Training is scheduled at the end of the meeting
 - Move item #6 to the end of the day
- D. Correspondence - none
- E. Announcement - National organizations that support nursing students and practicing nurses pursuing higher levels of education
 - Beverly Malone, CEO - National League for Nursing
 - Noah Brown, president and CEO – Association of Community College Trustees
 - Geraldine Bednash, CEO - American Association of Colleges of Nursing
 - Walter Bumpus, president - American Association of Community Colleges
 - Donna Meyer, president – National Organization for Associate Degree Nursing

2. Consent Agenda – DISCUSSION/ACTION

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- A. Approval of minutes
 - 1. NCQAC Business Meeting – 7/13/12
 - 2. NCQAC Disciplinary Hearing minutes – 3/29/12, 4/12-13/12, 4/26/12, 5/24/12, 6/20/12
 - 3. Advanced Registered Nurse Practitioner (ARNP) sub-committee minutes 7/18/12, 8/17/12
 - 4. Continuing Competency sub-committee – 5/18/12, 7/20/12
 - 5. Licensing and Discipline sub-committee – 4/30/12, 6/25/12, 7/30/12
 - 6. Consistent Standards of Practice sub-committee - 8/24/12
 - 7. Nursing Program Approval Panel (NPAP) – 5/10/12, 6/28/12
 - 8. Nursing Assistant – Nursing Program Approval Panel (NA-NPAP) – 6/11/12, 7/9/12

MOTION: Ms. Taylor moved with a second from Ms. Sanders to adopt the consent agenda. Motion passed.

FRIENDLY AMMENDMENT: Ms. Serna moved with a second from Ms. Yockey to remove the ARNP minutes to add Mariann Williams' name as a member of the subcommittee. Motion passed.

MOTION: Motion by Ms. Poole with a second from Ms. Serna to adopt the consent agenda with the removal of item #3. Motion passed

MOTION: Motion from Ms. Serna to adopt the ARNP minutes (item #3) with the correction of adding Mariann Williams to the member's list. Motion passed.

3. Chair Report –Suellyn Masek - DISCUSSION/ACTION

- A. National Council of State Boards of Nursing's Annual Meeting, August 7-10, Dallas TX
Suellyn Masek, Erica Benson-Hallock, Dr. Susan Woods, Paula Meyer attended.
 - The reports are in the meeting materials packet which is posted on the Nursing Web site. <http://www.doh.wa.gov/LicensesPermitsandCertificates/NursingCommission.aspx>
- B. Scientific Symposium - Laura Yockey, Paula Meyer, September 12, Washington DC
 - Commission members will receive hard copies of the Journal of Nursing Regulation
 - Regulatory discussions

- Regulation in nursing homes
 - Ratio of LPN to RN in nursing homes
 - Education discussion
 - 2006 study examining the outcome of background checks
 - Continuing competency
 - Education discussions
 - Requests for special accommodations to take the NCLEX test were mostly for a time extension
 - Practice session discussions
 - Patient outcomes from ARNP – review on quality, safety
 - Nursing and population health
 - Internationally educated – impact on work force, safety processes, and outcomes in nursing homes, and barriers
 - Transition to practice for new graduates in acute and long term care facilities
- C. Case disposition panel assignments
- Mr. Gantz is assigned to Case Disposition Panel #1
 - Ms. Tang will continue working with Panel #3
 - Ms. Benson-Hallock volunteered and will serve on panel # 4
 - Suggestion: Assign pro tem as a public member
- D. Evaluation of NCQAC meetings – at the close of each meeting, time will be dedicated for feedback on the meeting. A tool for discussion will be presented and finalized.
- Recommendation from Ms. Tang – conduct both verbal and written evaluations
- E. Comparison of Military Health Care Personnel Training with Washington Nursing Education - Meeting with Brian Peyton and Kelly Cooper, August 27, 2012
- DOH is pleased with the work NCQAC completed
 - May ask Mike Nord to become pro tem to help with the evaluation
- 4. Executive Director Report – Paula Meyer – DISCUSSION/ACTION**
- A. New member orientation objectives and plan
- Conduct an assessment of NCQAC member learning needs from current members
 - What is needed for on-going education
 - Goal is to have New Member Orientation become a continuing education module
- B. Integrated Licensing and Regulation System (ILRS)
- On-line renewals - electronic system is working well
 - LPN can renew on-line now, RNs can renew in a few months
 - Nursing education programs and Nursing Assistant training program applications and renewals are paper files.
 - Working with Information Technology (IT) and ILRS staff to include these programs electronically.
 - Uniform Licensure Requirements and Minimum Data Sets for renewals
 - Working on a comparison to use standardized information so that when making licensing decisions there is a standard between states
 - Minimum Data Sets used for workforce planning and workforce development
- C. Travel and Expense Management System (TEMS)
- Commission and pro tems, will not have to use the TEMS system beginning with September 1, 2012 travel.

- A new form will be sent via email to fill out and NCQAC staff will complete the TEMS portion.
 - The deadline remains the same, the 10th of each month
- D. Electronic meetings - Go To meetings for sub-committee meetings and charging panels
- Many types of meetings, such as webinars and phones
 - Gives easier access to the public not living in the Olympia area
 - More cost effective than using the state operator
- E. Meeting with Cynthia Johansen, executive officer, College of Registered Nurses of British Columbia
- Licensure of nurses from British Columbia
 - Looking at nursing education requirements in Washington state compared to requirements in British Columbia
 - The report, finished by Marge Herzog, has been sent to the governor's office
 - Disaster Preparedness plans between British Columbia and Washington state
 - How to prepare for a catastrophic event
 - How to share nurses between BC and Washington
- F. NCSBN Operations Conference, November 8-9, Chicago: Teresa Corrado and Lois Hoell will attend. NCSBN supports the expenses for two people to attend
- Ms. Meyer approves out-of-state travel. Ms. Meyer requests NCQAC members to send in dates of meetings through June 2013, so the approvals can be completed before travel.
- G. Citizens Advocacy Council annual meeting, St. Petersburg College, Seminole, Florida, October 24, 25, 26, 2012
- NCQAC is unable to send anyone to this meeting
 - Ms. Tang suggests that NCQAC look at more meetings on the West coast to better accommodate our West coast location
- ✓ Request from the Chair to change the November 9, 2012 meeting to November 16, 2012.
- MOTION:** Motion from Ms. Taylor with a second from Ms. Serna to leave the meeting date as November 9, 2012
- H. NCQAC Newsletter publishing and printing
- NCQAC Newsletter – send hard copy to all nurses
 - PCI publishing will pay for printing
 - Cost for mailing each edition is approximately \$50,000.
- MOTION:** Ms. Benson-Hallock moved with a second from Ms. Sanders to allocate \$50,000 from the consolidated mail line item so that the January 2013 newsletter can be mailed. Staff will develop an evaluation tool to include an opt in option. NCQAC review evaluation results to determine. Motion passed.
- ✓ Mr. Pingle volunteered to serve on the budget task force.

BREAK

5. Subcommittee Reports – DISCUSSION/ACTION

A. Licensing and Discipline – Margaret Kelly, chair

- Early Remediation Program procedure, A34.02

MOTION: Ms. Kelly moved with a second from the subcommittee that the NCQAC approve the revised procedure A34.02. Motion passed.

B. Continuing Competency – Rhonda Taylor, chair

- Continuing Competency Reactivation/Late Renewal Process, B26.01
- Attestation for Continuing Competency
- Retired Active status
 - Will table until receive information from stakeholders.

MOTION: Motion from Ms. Taylor with a second from the subcommittee to approve procedure B26.01 and the document Attestation for Continuing Competency with a change on the signature block to the Executive Director. Motion passed.

C. Consistent Standards of Practice – Gene Pingle, chair

- Seizure Management DRAFT interpretive statement
 - Will continue when information from stakeholder meetings is received
- Patient Abandonment DRAFT interpretive statement

MOTION: Motion from Mr. Pingle with a second from Ms. Yockey to adopt the Patient Abandonment interpretive statement. Motion passed

Friendly Amendment: Revise: Add in parentheses, “comprised of three commission members”.

MOTION: Motion from Dr. Woods with a second from Mr. Pingle to rescind the motion. Motion passed.

MOTION: Motion from Mr. Pingle with a second from the subcommittee to adopt the revised Patient Abandonment interpretive statement to include all editorial changes and the Friendly Amendment. Motion passed.

- Procedure for development, adoption and filing of Interpretive Statements
 - Sent to the Assistant Secretary's office for review and approval
 - When approved by the Assistant Secretary the statements is forwarded to DOH Secretary for a 30 day review
 - Then to the NCQAC for final approval at the November 2012 meeting
 - Sent to the Code Reviser's office to be filed
 - Published in the January Newsletter
- Nursing Practice Advisory Groups – next step
 - School nurse issues
 - LPN issues

D. ARNP – Susana Serna, chair

- Report from August 17 Strategic Planning meeting discussions:
 - ARNP Sanction Guidelines
 - Course list for prescribing non-cancer chronic medication
 - ARNP Web site
 - Complete tracking system for ARNP practice questions

- Education – Report from Dr. Schaffner on schools that want to provide ARNP programs that may not meet ARNP educational standards
- Use of GoTo Meetings
- Dr. Worcester explained the process for adding the Clinical Nurse Specialist (CNS) to the current rules.
 - Clinical Nurse Specialists are not mentioned in the current Advanced Practice Rules (WACs 246-840-300 through 246-840-455).
 - Some sections only need the words “Clinical Nurse Specialist” added. Other sections need modifications to include the Clinical Nurse Specialist.

Change in agenda topic - # 6 moved after Item # 12

6. Rules – Terry West - DISCUSSION/ACTION

7. Licensing Decisions: Use of personal data questions and background checks – Panel presentation - DISCUSSION/ACTION – Jack Bucknell, Teresa Corrado, Terry West

The decision to license applicants is based on information from several sources. The panel members described the application screening process, use of background checks from several sources, legal authority to gather this information, and results from the past two fiscal years.

- Screen all applicants that provide health care
- Have authority to ask questions about:
 - Criminal convictions
 - Pending prosecutions
 - Can do Federal background checks for some applicants
 - Receive monthly report from the State Patrol on all convictions in the state.
- Health Law Judges do not make credentialing decisions for the NCQAC.
- Conduct criminal background checks for all nursing license applicants
 - Fingerprint background check on out-of-state applicants
 - Nursys – Disciplinary actions
 - Washington Access to Criminal History (WATCH) – Washington State Patrol (in-state)
 - Health Care Integrity and Protection Data Bank HIPDB – (US)
 - 800 applicants with temporary practice permits - waiting for background checks
- Notice of Determination (NOD) – licensing staff makes the determination on applications that have positive answers on their personal data questions
 - Reviewed by Case Management Team (CMT) to determine what type of follow-up is required.
- Cost
 - WATCH \$1.00 per applicant = approximately \$12, 960 per year
 - HIBDIB \$4.75 per applicant = approximately \$61,000 per year
 - Federal Bureau of Investigation (FBI) fingerprint = applicant pays
 - staff costs to complete the work = \$245,000 per year

Request from NCQAC members to staff: Summarize the current application process to include pros and cons.

Lunch

OPEN MICROPHONE

Open microphone is for public presentation of issues to the NCQAC.

- Sally Watkins, Assistant Executive Director of Nursing Practice, Washington State Nurses Association
 - Requested feedback on the flyer she handed out named The Washington Nurse LaunchPad which is information and resources for recently licensed registered nurses in Washington State.
- Katie Johnson, Program Supervisor, Office of the Superintendent of Public Instruction
 - Brought up delegation – there is very little information. Ms. Johnson is going to research delegation of authority to dispense medication.
- Nancy Sutherland, lead Nurse, Edmonds School District
 - Requests that workshops for the Seizure Management interpretative statement be held around school nurse schedules

10. Prescription Monitoring Program – Chris Baumgartner - DISCUSSION/ACTION

Legislation in 2007 gave the Department of Health (DOH) authority to create a Prescription Monitoring Program. The program's purpose is to improve patient care and stop prescription drug misuse by collecting all the records for Schedule II, III, IV, and V drugs. This information is then made available to medical providers and pharmacists as a tool in patient care. The state law creating the program is [RCW 70.225](#).

- Main goal – Develop patient care by giving practitioners an added tool
- 997 Nurse Practitioners are registered
- There are 12 million in database
- The system is live and operational beginning in January 2012
- Funded through June 2013 – no other grants are available

MOTION: Motion from Ms. Benson-Hallock with a second from Ms. Poole for the NCQAC to write a letter to the Secretary of DOH and the Governor in support of continuing the Pain Management Program. NCQAC will not get involved politically. Motion passed.

12. Nursing Resource Center, Department of Health Review and Recommendations – Linda Tieman - DISCUSSION/ACTION

RCW 18.79.202 requires: (4) the central nursing resource center shall submit a report of all progress, collaboration with other organizations and government entities, and activities conducted by the center to the relevant committees of the legislature by November 30, 2011. The department shall conduct a review of the program to collect funds to support the activities of a nursing resource center and make recommendations on the effectiveness of the program and whether it should continue. The review shall be paid for with funds from the nursing resource center account. The review must be completed by June 30, 2012.

The Department completed the review and recommendations. The NCQAC discusses the report. Ms. Linda Tieman, executive director, Washington Center for Nursing, is available for questions and comments.

Recommendations:

- Continue with the \$5.00 license surcharge for Registered Nurses and Licensed Practical Nurses to support a central nursing resource center.
- Continue to issue grants to a not-for-profit nursing center, funded by the surcharge to nurses, as an effective way to complete targeted activities identified by the legislature.
- Revise the activities the legislature should expect from a not-for-profit nursing center to reflect and align with emerging trends in public health and the health care delivery system.

6. Rules – Terry West - DISCUSSION/ACTION

- A. List individual rules packages currently addressing, phase in process and next steps
- Working on 11 rules
 - If the change is minimal, such as adding a word, can start the process at the CR 102
 - The CR102 rules will have a hearing in January 2013
 - The CR101 will have a hearing in October 2013. A webinar will be used to enable participants to attend throughout the state.
- B. List of rules to request exemption (education, continuing competency)
- Nursing assistant training programs
 - Pain management
 - Fees – eliminate 'duplicate license' fee
 - Substance abuse
 - Continuing competency
 - Nursing education programs
- C. Medical Assistants – ESSB 6237 requires the secretary of health to submit a report to the legislature on use of medical assistants. The NCQAC members discuss their experiences with medical assistants. Results of the discussion will be forwarded to the secretary for inclusion in the report to the legislature by the end of December.
- Ms. West showed samples of how other boards have approached listing tasks that medical assistants perform.
 - Ms. Foster has a list of duties that will be sent to NCQAC members.
 - Ms. West requests that NCQAC members list duties that they are aware of that the medical assistants perform and send to her.

13. Institute of Medicine Report: Primary Care and Public Health: Exploring Integration to Improve Population Health - Karen Jensen - DISCUSSION/ACTION

The Institute of Medicine (IOM) completed a report on integration of primary care and public health. Ms. Jensen presents highlights of the report and actions considered by the DOH.

- ✓ Ms. Jensen was not available to present

14. Meeting Evaluation

Using a standard meeting evaluation tool, Ms. Masek led the discussion on the meeting regarding the process, outcomes, strengths and opportunities for improvement. Below is a summary. The NCQAC will also fill out a questionnaire and send to the Executive Director.

Want to Keep	Want to Change
Face-to-face	Have working lunch
Continue with supportive atmosphere	More education
Keep the current structure	Verbal reports shorter
Written reports	Add time to agenda
Keep room configuration	Give presenters time limits
Keep diversity of members	Change Executive Session to mid-morning
Keep the table skirts	End meeting at 3:00
Agenda	Earlier introduction to NCSBN and training
	Separate microphone for each person

	Use microphones correctly
	Use laptops instead of net books and be able to use one device for personal and work
	Use technology more often – video conferencing, webinar, phone

Adjourned at 2:30

Training Session

Evidentiary basis for decision on disciplinary cases – Panel presentation - DISCUSSION/ACTION

- A. Preponderance, clear and convincing, reasonable doubt, beyond the shadow of doubt
- B. Aggravating and mitigating circumstances
- C. Panel deliberations and decision making
 - Role of NCQAC members during the investigation



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October 12, 9:00AM
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Tumwater, WA 98501
Conference Call

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Susan Woods, PhD, RN, FAHA, FAAN
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Absent:

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Charlotte Foster, RN, BSN, MHA

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1. 9:00 AM Opening – Suellyn Masek, Chair – DISCUSSION/ACTION

- A. Call to order – 9:00 a.m.
- B. Roll call
- C. Correspondence - none
- D. Announcements - none

2. Date and location of November Nursing Commission meeting – DISCUSSION/ACTION

On September 21, 2012 the Nursing Commission scheduled the next business meeting for November 9, 2012. A hearing is scheduled on November 9, 2012 and an acceptable room is not available for the business meeting. Also, the 1103 report will be presented at the November meeting. A request to hold the meeting in person and to schedule the meeting on November 16, 2012 will be discussed.

- A. Move the meeting to November 16, 2012.
 - a. Room is unavailable on 11/9/12
 - b. Need time to complete the 1103 report for presentation to the NCQAC
 - c. There is a hearing scheduled on 11/9/12.

MOTION: Motion by Ms. Hoell to change the date of the November NCQAC business meeting to November 16, 2012, with a second from Ms. Yockey. Motion passed with a Nay from Dr. Woods.

DISCUSSION: Dr. Woods will not be able to attend. Ms. Taylor and Ms. Kelley will attend electronically. Ms. Yockey is trying to get the day off.

- B. Hold this meeting in person rather than video conference.

Adjourned – 9:06 a.m.

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

DATE/TIME: July 27, 2012

PLACE: Conference Call

Panel 1 Members: Gene Pingle, RN, Panel Chair
Cass Tang, Public Member
Laura Yockey, LPN
Sue Woods, RN

STAFF: Adena Nolet

AGREED ORDERS

Cruz, Flor, RN
Master Case No. M2010-57
Commission Action: License is placed on probation. Coursework, fine, employment terms.

Ridgley, Charity, RN
Master Case No. M2012-358
Commission Action: Enter monitoring program.

Sargent, Jennifer, LPN
Master Case No. M2011-1377
Commission Action: License is suspended.

Taylor, Christian, RN, LPN
Master Case No. M2012-521, M2012-522
Commission Action: Licenses remain suspended.

Taylor, Susan, RN
Master Case No. M2012-302
Commission Action: Re-enter monitoring program, fine.

WAIVER ORDERS

Cooke, Beverly, RN
Master Case No. M2012-337
Commission Action: License is suspended.

McCormack, Ann, RN

Master Case No. M2012-532

Commission Action: License is suspended.

Thomas, Victoria, LPN

Master Case No. M2012-294

Commission Action: License is suspended.

ORDER ON TERMINATION OF PROBATION

Menard, George, RN

Master Case No. M2008-117502

Commission Action: Probation is terminated.

AGREED ORDER ON REINSTATEMENT

Riveness, Karen, LPN

Master Case No. M2010-282

Commission Action: Enter monitoring program, coursework, supervised practice, fine.

STIPULATION TO INFORMAL DISPOSITION

M.C., LPN

Commission Action: Enter monitoring program, cost recovery.

C.K., RN

Commission Action: Enter monitoring program.

K.K., RN

Commission Action: License is placed on probation. Employment terms, coursework, cost recovery.

T.M., RN

Commission Action: Comply with out-of-state requirements, cost recovery.

L.P., RN

Commission Action: Re-enter monitoring program.

D.R., RN

Commission Action: Enter monitoring program.

N.R., RN

Commission Action: Enter monitoring program.

R.R., RN

Commission Action: License is placed on probation. Employment terms, coursework, cost recovery.

CLOSING:

Minutes recorded by Adena Nolet

Minutes approved by_____.

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

DATE/TIME: September 28, 2012

PLACE: Conference call

Panel 1 Members: Susan Woods, RN, Panel Chair
Linda Batch, LPN
Cass Tang, Public Member
Gene Pingle, RN

STAFF: Adena Nolet

AGREED ORDERS

Drammeh, Alieu, RN
Master Case No. M2011-1335
Commission Action: License is revoked.

Lickar, Steven, RN
Master Case No. M2012-895
Commission Action: Fine, coursework.

Williamson, Patricia, LPN
Master Case No. M2012-776
Commission Action: License is suspended.

AGREED ORDER ON REINSTATEMENT

Jordan, Amber, RN
Master Case No. M2011-967
Commission Action: License is placed on probation. Enroll into monitoring program.

Kaluzny, Micah, RN
Master Case No. M2010-588
Commission Action: License is placed on probation. Must undergo substance abuse evaluation and, if recommended, enter monitoring program.

ORDER ON COMPLETION OF CONDITIONS

Bowen, Bonnie, RN
Master Case No. M2009-1404
Commission Action: Monitoring is terminated.

ORDER ON TERMINATION OF PROBATION

McZegle, Randall, LPN

Master Case No. M2004-57583

Commission Action: Probation is terminated.

MODIFIED STIPULATION TO INFORMAL DISPOSITION

D.L., RN

Commission Action: Continue with monitoring program.

STIPULATION TO INFORMAL DISPOSITION

S.A., RN

Commission Action: License is placed on probation. Cost recovery, employment terms, coursework, essay.

R.E., RN

Commission Action: License is placed on probation. Cost recovery, employment terms, supervised practice, coursework, essay.

Y.K., LPN

Commission Action: License is placed on probation. Cost recovery, employment terms, coursework.

D.M., RN

Commission Action: License is surrendered.

M.M., RN

Commission Action: Enroll into monitoring program.

CLOSING:

Minutes recorded by Adena Nolet

Minutes approved by_____.

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

DATE/TIME: August 30, 2012

PLACE: Conference Call

Panel 1 Members: Linda Batch, LPN, Panel Chair
Sue Woods, RN
Laura Yockey, LPN
Lois Hoell, RN

STAFF: Adena Nolet

AGREED ORDERS

Benson, Ronni, LPN
Master Case No. M2012-663
Commission Action: License is surrendered.

Deering, Diana, RN
Master Case No. M2011-1241
Commission Action: License is placed on probation. Coursework, fine, employment terms.

Hemenway-Mantei, Denise, LPN
Master Case No. M2012-363
Commission Action: License is placed on probation. Coursework, employment terms, fine.

Hofman, Rhona, RN
Master Case No. M2012-340
Commission Action: Coursework, fine.

Kurkov, Konstantin, RN
Master Case No. M2011-730
Commission Action: License is surrendered.

Langholz, Michele, RN
Master Case No. M2012-194
Commission Action: License is suspended.

Ries, Aeron, RN
Master Case No. M2012-106
Commission Action: Enter monitoring program.

Torset, Kathryn, RN

Master Case No. M2011-1585

Commission Action: Re-enter monitoring program.

Wardian, Sara, RN

Master Case No. M2012-437

Commission Action: License is suspended.

DEFAULT ORDERS

Eskridge, Michele, RN

Master Case No. M2011-908

Commission Action: License is suspended.

Holguin, Jill, LPN

Master Case No. M2011-1674

Commission Action: License is suspended.

Junt, Tamira, RN

Master Case No. M2012-275

Commission Action: License is suspended.

ORDER ON TERMINATION OF PROBATION

Moorhouse, Erika, RN

Master Case No. M2010-341

Commission Action: Probation is terminated.

Parker, Kaarene, RN

Master Case No. M2007-60042

Commission Action: Probation is terminated.

Weaver, Melody, RN

Master Case No. M2009-771

Commission Action: Probation is terminated.

AGREED ORDER ON REINSTATEMENT

Ervin, Catherine, LPN

Master Case No. M2011-1399

Commission Action: License is placed on probation. Employment terms, coursework, fine.

STIPULATION TO INFORMAL DISPOSITION

J.C., RN

Commission Action: License is placed on probation. Cost recovery, coursework.

M.D., RN

Commission Action: License is placed on probation. Cost recovery, employment terms, coursework.

G.L., RN

Commission Action: License is surrendered.

S.P., RN

Commission Action: License is placed on probation. Employment terms, coursework, cost recovery.

R.R., RN

Commission Action: Enter monitoring program.

J.W., RN

Commission Action: Enter monitoring program.

CLOSING:

Minutes recorded by Adena Nolet

Minutes approved by_____.



**Nursing Care Quality Assurance Commission (NCQAC)
Advanced Registered Nurse Practitioner (ARNP) Sub-committee Minutes
September 19, 2012 7:00
111 Israel Rd SE, Room 158
Tumwater WA 98501**

Members Present: Susana Serna, ARNP, FNP Chair
Donna Poole, ARNP, PMHNP
Laurie Soine, PhD, ARNP
Karen Hays, DNP, ARNP, CNM
Nancy Armstrong, ARNP, ANP
Marianne Williams, ARNP, FNP

Members Absent: Lisa Grayson, ARNP, CRNA

Staff: Martha Worcester, ARNP, A/GNP, ARNP Practice Advisor
H Louise Lloyd, Secretary

1. **7:00 PM Opening - Susana Serna**
 - Call to order - 7:00PM
 - Roll call was taken and Public Disclosure Statement was read
2. **August 17, 2012 minutes were recommended for approval to NCQAC.**
3. **Update on GoToMeeting technology – Martha Worcester**
 - Dr. Worcester requested input from attendees for improvement. Attendees were reminded to restrict side comments. Recordings are public documents and it is hard to understand when more than one person is speaking.
4. **Discipline and Sanctioning Guidelines - Laurie Soine.**
 - When disciplinary action is taken requiring continuing education or monitoring of practice for continuation of licensure, an avenue to acquire what is required is needed. Suggestions were made of possibilities through University of Washington or on-line modules and contracting with an ARNP to precept to monitor practice for improvements. Public attendees from professional organizations made suggestions. Dr. Soine will follow up.
5. **Advanced Practice Advisor Report – Martha Worcester**
 - Clinical Nurse Specialist (CNS) rule writing progress: Work continues on finding solutions that ARNPs and CNS groups can agree on regarding recognition of the CNS in current practice to fit with current ARNP rules.
 - Inquiries - 6 month report. Ms. Armstrong reported that categories are being defined and frequently asked questions. Answers are being developed for use on the NCQAC Web site.
 - Potential legislation for 2012
 - Prescriptive Monitoring Program is requesting a surcharge on licenses to support the program. The proposal is for \$11 to \$15 per year this legislation was submitted last year.
 - Updates were given on Affordable Health Care act and Medical Homes

Development of the models needs to be monitored as they are implemented in our state for “physician” specific language.

- Dr. Worcester will follow up on the differences between Category I, II, and III CMEs.

6. Strategic Plan Items – Dr. Worcester requested volunteers to work with her on specific items.

- Ms. Serna will work on courses for “pain specialist” designation (WAC 246-840-493).
- Ms. Poole will work on CNS rule writing issues.
- Dr. Soine will continue her work on guidelines for discipline and sanctioning process –
- Ms. Hayes will work on Web site development, improvements in ARNP Practice
- Nancy Armstrong will completing a tracking system for inquiries
- Ms. Lloyd will work on technology used in APRN subcommittee meetings

7. ARNP subcommittee meeting dates will be on the 3rd Wednesday at 7:00PM

A. Exception – The November meeting will be November 14, 2012.

The meeting adjourned - 8:00PM



**Consistent Standards of Practice Minutes
October 2, 2012 11:00 AM to 12:00 PM
Nursing Care Quality Assurance Commission (NCQAC)
111 Israel Rd SE, Town Center 2, Room 139
Tumwater, Washington 98501**

Committee Members: Gene Pingle RN, BSN-BC, CEN, Chair
Charlotte Foster RN, BSN, MHA

Absent: Roger Gantz BA, MUP
Laura Yockey LPN

Staff: Debbie Carlson MSN, RN
Patty Stuart Staff Attorney

This is a meeting of the Consistent Standards of Practice subcommittee. This meeting is being digitally recorded to assist in the production of accurate minutes. All recordings are public record. The minutes of this meeting will be posted on our website when approved by the full commission. For a copy of the recording, please contact the Public Disclosure Records Center (PDRC) at PDRC@doh.wa.gov.

Subcommittees do not have decision making authority. Recommendations from this subcommittee may be presented at the next scheduled Nursing Commission meeting. Only the NCQAC has authority to take action.

**Call to Order: 11:00 A.M.
Roll Call**

1. Status Update-Interpretive Statements

a. Patient Abandonment-Draft to NCQAC 9-21-12

- The Interpretive Statement was approved by the NCQAC at the September 21, 2012 Business meeting.
- It is now gone onto the next step for Department of Health approval.

b. Seizure Management-Informational Update to NCQAC 9-21-12

i. Stakeholder Meeting Planning

- This statement will be tabled until after the stakeholder meetings
- There have been several attempts to set up the video conference with OSPI. There will be a couple more attempts and if unsuccessful we will set up our own.

2. Interpretive Statement Reviews and Revisions - Planning and Prioritization

- The committee agreed to go ahead with Camp Nurses and RN First Assistants as the next two statements to go forward.
- Mr. Pingle will ask the committee to go over the list of statements to see which ones need to be tabled and which ones need to be worked on first. To put them into some kind of priority order.

3. “Go to Meeting Planning” for future CSP meetings

- The committee would like to wait until after all the issues have been worked out.

4. Next meeting is scheduled for November 6, 2012 from 11:00 AM-12:00 PM

- The committee agreed to change the meeting start time to 12:00 PM.

5. Next Agenda due to listserv October 26, 2012

Meeting adjourned at 11:45 AM

DRAFT



**Nursing Care Quality Assurance Commission (NCQAC)
Nursing Program Approval Panel (NPAP)
PANEL A
July 19, 2012
10:00am – 12:00pm
Minutes**

Commission Members: Susan Woods, Chair
Lois Hoell

Pro Tem: Carl Christensen
Georgia Pierce

DOH Staff: Mindy Schaffner, Nursing Education Advisor
Tim Talkington, Staff Attorney
Carol Knutzen, Nursing Education Assistant

10:00 AM Opening — Susan Woods, Chair

- Call to order
- Minutes from May 10, 2012 – Approved with revisions

1. EDMONDS COMMUNITY COLLEGE: Review of Requested Information for Initial Approval of LPN program

Decision: The panel deferred action on the school's proposal. The panel requested clarification on the defined institutional authority and administrative responsibility for the nurse administrator as defined in WAC 246-840-555(3). The panel also asked for clarification on the availability of instructors when students rotate out of the clinical rotation for observational experiences conducted in other settings.

2. SOUTH SEATTLE COMMUNITY COLLEGE: Review of Self Study and Site Visit Report

Decision: The panel determined that the program should remain on Conditional Approval due to low NCLEX-RN pass rates for 2011 and lack of evaluative data for the systematic program review. The panel requested further information on the time line for changing the program to an RN program with PN option. The panel asked for clarification regarding the statement found in section 1 of the school's self-study report that states Thus we consider this school year a less than mediocre success and decided to examine closely what criteria we would change if we were to consider another non-competitive cohort ever again. The panel asked that the program submit all supporting data in future reports, including minutes from faculty and advisory meetings. The panel was made aware that the program was losing clinical site placements at the Veteran's Hospital and asked for an update on the status of student placements by fall 2012. The determination of the next site visit is contingent on data provided by the program and other program outcomes (e.g. NCLEX scores).

3. PENINSULA COLLEGE: Curriculum Revision: Decrease in credits from 115 to 112.

Decision: The panel deferred action on the request and asked for information as to how pharmacology will be integrated into existing nursing classes. The panel would like to know how pharmacokinetics (e.g. drug absorption, metabolism, and excretion) would be integrated into the nursing courses. The program will be asked to provide copies of the course and student learning objectives and the first few pages of each course syllabus.

4. OREGON HEALTH & SCIENCE UNIVERSITY: Request for approval of advanced practice programs

Decision: The panel approved of the following advanced practice programs and clinical practice sites to include:

Program Type	Clinical Sites
Psychiatric Mental Health Nurse Practitioner	Children's Home Society – Vancouver WA
Nurse Anesthesia	Prosser Memorial Hospital – Prosser WA Southwest Washington Medical Center – Vancouver WA Seattle Children's Hospital – Seattle WA UW Medical Center – Seattle WA
Nurse-Midwifery	Center for Women's Health at Evergreen – Kirkland Pacific Midwifery Service – Vancouver WA The Vancouver Clinic – Vancouver WA Kaiser Permanente Cascade Park – Vancouver WA Planned Parenthood – Vancouver WA
Doctorate of Nursing Practice	Grace Clinic – Kennewick WA Providence Health & Services – Renton WA
Family Nurse Practitioner	Castle Rock Clinic – Castle Rock WA Lake Chelan Clinic – Chelan WA North Shore Medical Group – White Salmon WA The Country Clinical – Winthrop WA Cowlitz Family Health Center – Woodland WA Healthy Steps Center – Vancouver WA Planned Parenthood -- Vancouver WA Spirit of health Wellness Center – Vancouver WA

5. COMPLAINT: SEATTLE CENTRAL

Decision: The panel decided to open the complaint for investigation.

6. The panel discussed the impending loss of clinical sites for three nursing programs (Renton Community College, South Seattle Community College and Lake Washington Technical College). The panel asked that each program provide an update on the adequacy of clinical placements by the beginning of fall quarter.

7. The panel decided to change the September 20 meeting to September 27, 2012

Next meetings: Panel A: Thursday, September 27, 2012 10:00 am – 12:00 pm

Panel A: Thursday, November 15, 2012 10:00 am – 12:00 pm

Adjourn: 11:45 am



**Nursing Care Quality Assurance Commission (NCQAC)
Nursing Program Approval Panel (NPAP)
PANEL B Minutes
August 16, 2012
10:00am – 12:00pm**

Commission Members: Rhonda Taylor, Chair

Pro Tem: Karen Heys (absent)
Laurie Soine
Catherine Van Son

DOH Staff: Mindy Schaffner, Nursing Education Advisor
Carol Knutzen, Health Consultant I
Tim Talkington, Staff Attorney

The meeting was called to order at 10:10 AM by Rhonda Taylor, Chair. The minutes from July 28, 2012 were approved with one change.

I. Clover Park Technical College Self-Study and Site Visit Review

Decision: The panel decided to keep the nursing program on conditional approval, as two standards were unmet. The two standards included WAC 246-840-548 Standards and Evaluation of Nursing Education and WAC 246-840-570(7)(c) Standard V Faculty in approved nursing education programs. A focused site visit review will be completed in spring 2013.

II. ITT Proposal to Establish an ADN Program in Everett Washington

Decision: The panel deferred action on the request for program approval and requested additional information per WAC 246-840-510(1)(b). The panel expressed concern regarding the following:

- Lack of adequate clinical placements
 - The number of students proposed to be admitted to the program did not match the number of clinical site placements (e.g. adult nursing I & II and maternal/child health)
 - No pediatric clinical experiences
 - Most Capstone courses were beyond the sixty-mile radius identified in the proposal. This places a burden on students who have to travel great distances. Long distance clinical experiences identified included Ellensburg, Spokane, Ephrata, Pasco, Newport, and Richland,
- Lack of seamless transition to other commission approved nursing programs in the state of Washington,
- Lack of information on the impact of other schools of nursing in the Everett area,
- Lack of NCLEX-RN pass rates above 80% for ITT nursing schools in other states, and
- Inability of ITT schools to obtain NLN-AC accreditation.

III. Clark College: Status of Associate Dean

Decision: The panel approved of the proposal to have both a full time Director of Nursing and a full time Nursing Program Manager in administrative roles. The panel also agreed that the inclusion of the Director of Nursing on the Instructional Council (the administrative leadership body for Instruction) met the institutional authority requirement of WAC 246-840-555(3). The Nursing Program Director will have both voice and vote on institutional policy matters. This action is consistent with the intent of WAC 246-840-555(3). The rule requires that nursing education programs be organized with clearly defined institutional authority and administrative responsibility for the nurse administrator.

IV. Nursing Students Performing Invasive Procedures in the Practice Lab Setting.

Mindy presented a Questions and Answer Document on the practice of nursing students performing invasive skills (specifically IM, SQ, intradermal injections and IV insertion) in the laboratory setting. The issue of obtaining a prescription from a qualified prescriber for these practices was also addressed. After some discussion, the panel asked Mindy to complete the document with some recommended changes. The panel will review the document after a legal review is completed.

V. The Organization of Nursing Education Programs According to WAC 246-840-555(3).

The panel agreed that directors of nursing programs that have a large number of students must have 100 percent time devoted to administrative work. In addition, programs that are expanding to include RNB programs need to have 100 percent time devoted to administrative work.

VI. Mindy reviewed an email from NCSBN regarding non-traditional programs. The panel discussed the need to address issues specific to these programs when the nursing education rules open for review.

The meeting was adjourned at 12:10 pm.



**Nursing Care Quality Assurance Commission (NCQAC)
Nursing Program Approval Panel (NPAP)
PANEL A Special Meeting Minutes
September 10, 2012**

Commission Members: Susan Woods, Chair
Lois Hoell (Absent)

Pro Tem: Carl Christensen
Georgia Pierce

DOH Staff: Mindy Schaffner, Nursing Education Advisor
Tim Talkington, Staff Attorney
Carol Knutzen, Nursing Education Assistant

6:30 PM Opening — Susan Woods, Chair

- Call to order

Everett Community College: Request to Admit Eight Additional Students fall quarter and to Address the Issue of Nurse Administrator

The panel met to review the August 27 2012 letter from Dr. Elliot Stern, Interim Dean of Health Sciences and Public Safety, and to review additional information provided to the Nurse Education Advisor in an email dated September 10, 2012. The program asked to admit an additional eight (8) students to the program this fall quarter (due to meeting grant requirements and funding expectations) and to create an Associate Dean position that would meet the requirements of commission rules.

Decision: The panel approved of the admission of eight additional students to the program this fall quarter. Approval for additional students will be based on the program's ability to meet program standards. The panel placed the program on Conditional Approval. The panel will evaluate the program once the standards have been met. In addition, the panel would like clarification on the number of students and faculty ratios in the clinical setting during the 6th quarter of the program.

Adjourned 7:15 PM



**Nursing Care Quality Assurance Commission (NCQAC)
Nursing Assistant Program Approval Panel (NAPAP)**

MINUTES

August 13, 2012

Panel Members: Margaret Kelly, Chair
Rhonda Taylor
Susan Wong (Absent)
Jackie Rowe

DOH Staff: Mindy Schaffner, Nursing Education Advisor
Carole Knutzen, Health Care Consultant
Tim Talkington, Staff Attorney

1. 10:00 AM Opening — Margaret Kelly, Chair

- Call to order at 10:00 am
- Review minutes of July 9, 2012 – Minutes Approved

2. Review of Instructors:

- a. **Marsha Trango at Willow Springs Care**
 - i. Approved
- b. **Debra Good at Willow Springs Care**
 - i. Approved
- c. **Joyce Marks at Clover Park Technical College, Clover Park Technical College IBEST, NW Career and Technical High School and Pierce County Skill Center**
 - i. Approved
- d. **Cathy Prior at Priority Instructional Center**
 - i. Approved

3. Plan of Corrections:

- a. **Alderwood Park Convalescent Center**
 - i. POC not accepted: The program added eight hours of lab, but is only showing two hours on the calendar submitted. The panel requests clarification on the hours.
- b. **Bates Technical College**
 - i. POC not accepted: The panel requests that that the school clarify the actions the program is taking and describe these in detail.
- c. **Caregiver Tech**
 - i. POC accepted.
- d. **Garfield County Hospital District**
 - i. POC accepted.
- e. **Grandview Health Care**
 - i. POC not accepted: The panel requests that the program follow the format and resubmit with more information.
- f. **Harmony House Healthcare Center**
 - i. POC accepted.
- g. **Health Professionals Institute**
 - i. POC not accepted: The panel requests that the program submit specific actions that will be taken to make changes.
- h. **Highline Community College**

- i. POC accepted.
- i. **Life Care at Ritzville**
 - i. POC accepted.
- j. **NAC Training Program**
 - i. POC not accepted: The panel has concerns over the removal of dementia hours to use the time as lab instead. The panel also raised concerns that perhaps the program director and the instructors are not directly observing the students perform skills.
- k. **Pierce College**
 - i. POC not accepted: The panel requests that the program submit more specific information about Compass scores and how the proposed changes address the identified problems.
- l. **Priority Instructional Center**
 - i. POC not Accepted: The panel requests that the program submit a POC and not the NA test scores.
- m. **River Mountain Training Center**
 - i. POC accepted.
- n. **Running Horse Wisdom Center**
 - i. POC accepted.
- o. **Seattle Central Community College**
 - i. POC not accepted – The panel is still waiting for all the information that was requested and will review the information once it is received.
- p. **Shelton Heath and Rehab**
 - i. POC not accepted: The panel requests that the program address the issues leading to the low pass rates.
- q. **Western State Hospital**
 - i. POC accepted.
- 4. **Kamanga -- Tacoma**
 - a. Approved the Statement of Deficiencies: The statement will be mailed. The panel requests a POC addressing the issues be submitted within 20 days.
- 5. **NAPAP Work**
 - a. The panel will review the list of approved schools at the September meeting.
 - b. No new alternative programs. There has been interest, but no applications.
 - c. The pass rates are posted on the NCQAC website.
- 6. **Winter Newsletter**
 - a. Rhonda Taylor and Mindy Schaffner will write the article for the Winter Newsletter. The article will be on the 80% pass rate.
- 7. **Discussion: HIV training as a prerequisite to get into programs.**
 - a. Decision: The panel decided to enforce the rule as it is written. The panel also mentioned that programs need to know that rules will soon be open for review and that program can make recommendation for change during the rule-writing process.

The meeting adjourned at 12:11pm.



**Nursing Care Quality Assurance Commission (NCQAC)
Nursing Assistant Program Approval Panel (NAPAP)**

MINUTES

September 10, 2012

Panel Members: Margaret Kelly, Chair
Rhonda Taylor
Susan Wong
Roger Gantz (absent)
Jackie Rowe (absent)

DOH Staff: Mindy Schaffner, Nursing Education Advisor
Carole Knutzen, Nursing Education Assistant
Tim Talkington, Staff Attorney

1. 10:00 AM Opening — Margaret Kelly, Chair

- Call to order at 10:03 am
- August 13, 2012 meeting minutes are approved with minor changes.

2. Updates

a. Nursing Assistant Education Rules

- i. The NCQAC plans to seek an exemption to the moratorium to open the rules.

b. Renewal Meetings

- i. Meetings are planned in four locations.

c. Meeting with DSHS, Workforce and DOH

- i. Met to discuss each organizations roles and processes for nursing assistant training programs.

3. Alternative Bridge Program applications: The staff would like the panel to review the programs where there are concerns. - Deferred until October

4. Plan of Corrections:

a. College of Medical Training

- i. Not Accepted
- ii. The panel requested that the program clarify the action steps the program is taking. The panel requests that if there have been changes to the school policies that the policies are resubmitted. The panel expressed concern over #7 because a student cannot register to test if they do not have a certificate of completion.

b. Fildago

- i. Accepted

c. Forks Community Hospital

- i. Not accepted
- ii. The panel requested that the program submit a plan of correction in which the contributing factors and actions are identified and are related to each other.

d. Nursing Assistant Training Program

- i. Accepted

e. Nursing Assistant Training School

- i. Accepted

f. Pierce College

- i. Not Accepted
 - ii. This is the same plan of correction previously submitted.
- g. Seattle Central Community College**
 - i. Not Accepted
 - ii. The panel requests clarification on why the skills checklist had only 23 skills instead of all 24.
- h. Wenatchee High School**
 - i. Accepted
 - ii. The panel would like the program director reminded that it is her responsibility to stay in touch or leave a current mailing address over summer break for the purpose of receiving any necessary communication.

5. Complaint: A-Plus Training Program

- a. Opened for Investigation
- b. Look at if the program is following the correct clinical supervision practices and if the students are getting the correct clinical hours.

6. NAPAP Work Plan

- a. The panel asked that staff update the document by archiving things as completed.
- b. The panel asked that the following items be added:
 - i. New programs
 - ii. Rules review
 - iii. Adding programs to ILERS

Adjourned at 11:37 am

Conference call-in information:

Participants: **(360) 407-3780** at the prompt enter **PIN 296872#**

Problems connecting to the "meet me" conference: State Operator (360) 902-3310



**Nursing Care Quality Assurance Commission (NCQAC)
Nursing Assistant Program Approval Panel (NAPAP)**

Minutes

September 21, 2012

Panel Members: Margaret Kelly, Chair
Rhonda Taylor
Susan Wong (absent)
Roger Gantz
Jackie Rowe (absent)

DOH Staff: Mindy Schaffner, Nursing Education Advisor (absent)
Carole Knutzen, Nursing Education Assistant
Tim Talkington, Staff Attorney (absent)

- 1. 11:45 AM Opening — Margaret Kelly, Chair**
- 2. American Medical Institute #51660**
 - a. The panel reviewed a complaint about the program and asked the staff to investigate the issues that are addressed in the complaint
- 3. Meeting Adjourned at 11:50 AM.**

Sub-committee structure and reporting to the Nursing Commission

Sub-committees 'do the work' of the commission and present their work to the full commission for actions and decisions. The commission has the authority to make the decisions – the sub-committees do not. The sub-committee formulate recommendations and only the full commission can take action. (See below for actions under the Uniform Disciplinary Act)

1. Is a quorum needed at sub-committee meetings?
Not really. But, you want your members to be present and consensus on your recommendations to the full commission for action.
2. Who adopts and approves the minutes of the subcommittees?
The commission adopts the minutes. The minutes are reviewed by the subcommittee and recommended to the commission for adoption on the consent agenda.
3. What is the consent agenda?
Items on the consent agenda are considered routine business and all items can be adopted with a single motion and vote. If discussion of one or more items is requested, that item is pulled from the consent agenda. The remaining items can be voted as a single item. Then, proceed to discuss the item pulled from the agenda.
4. When the sub-committee presents a motion, it comes with a second. Why isn't a separate second to the motion needed?
The motion comes from the committee, not a single commission member. In other words, the committee members are making the motion and second because there is more than one member on the sub-committee. Therefore, the sub-committee members attendance and participation in the meetings to achieve consensus on items is very important.
5. If participation at the meetings is an issue, the chair of the sub-committee works with the individual. Times and dates can be changed if needed. Communication with Louise Lloyd must occur if there are changes in dates and times of meetings. Louise communicates the changes with the state operator to assure the conference call occurs at the right time and the members have the call in number and PIN.
6. What is the staff member's role?
The staff member is there to assist the sub-committee in their work. The staff member takes assignments, completes the assignments between sub-committee and commission meetings. The staff member works with the sub-committee chair on the agenda and the minutes. The chair of the sub-committee presents the report and recommendations from the sub-committee to the full commission at the business meetings. If the chair is not available for the meeting, another sub-committee member is appointed to present the report.



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
NURSING CARE QUALITY ASSURANCE COMMISSION
P.O. Box 47864 Olympia, Washington 98504-7864

October 30, 2012

Mr. Chris Baumgartner
Program Manager
Prescription Monitoring Program
PO Box 7852
Olympia WA 98504-7852

Dear Mr. Baumgartner:

The Nursing Care Quality Assurance Commission expresses its gratitude for your presentation on September 21, 2012. The Commission also thanks you for your dedication to the Prescription Monitoring Program.

Several Commission members assisted with the development of the Chronic, Non-Cancer Pain Management rules. The Prescription Monitoring Program serves as an essential tool for Advanced Registered Nurse Practitioners to monitor their patients with chronic pain. The reports clearly demonstrate trends in usage of pain medication, over usage of medications, and multiple providers for the medication.

The Commission fully supports the continuation of the Prescription Monitoring Program. If you have any questions, please contact the Executive Director, Paula Meyer, at paula.meyer@doh.wa.gov.

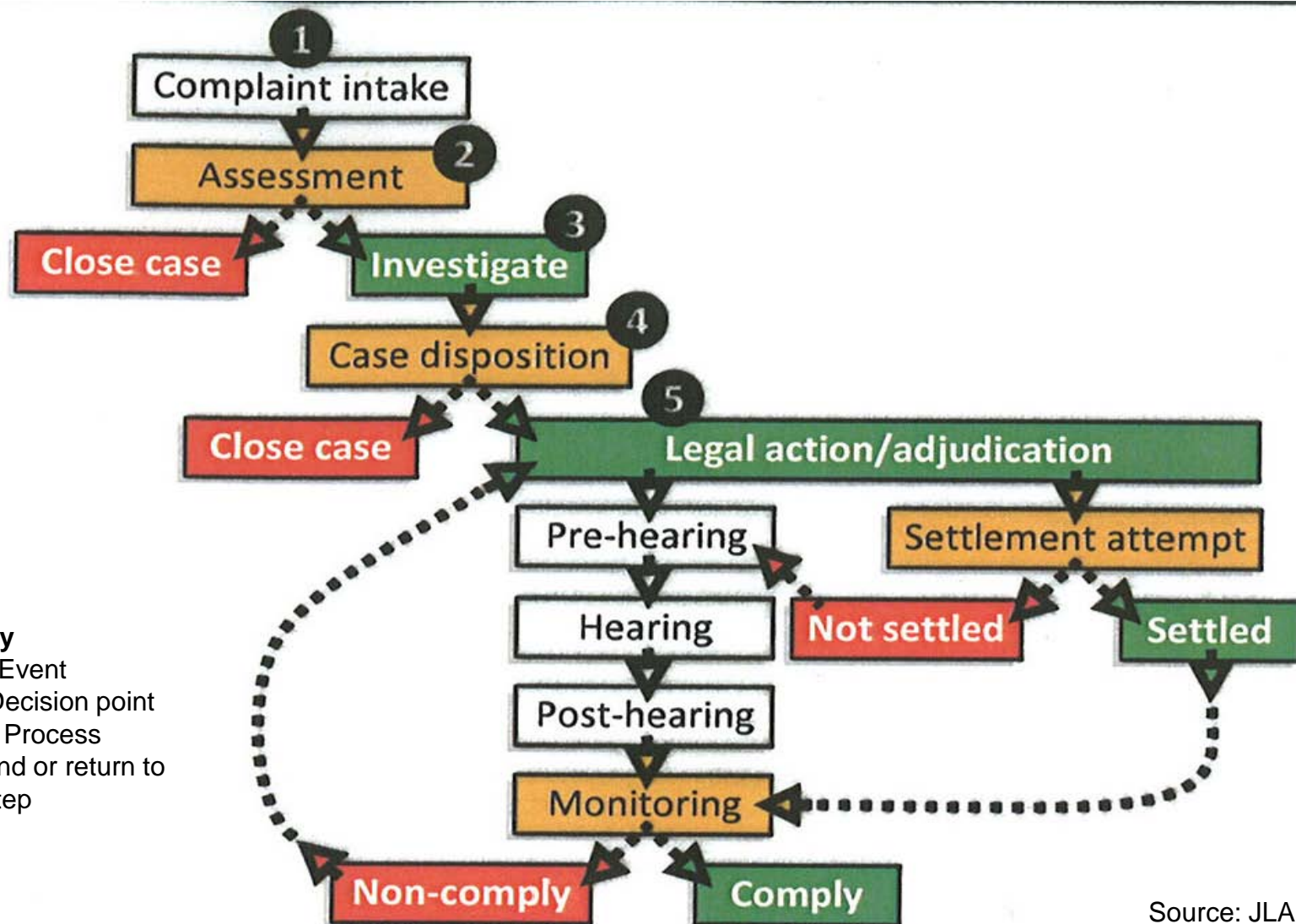
Sincerely,

Suellyn M. Masek

Suellyn Masek, MSN, RN, CNOR
Chair, Nursing Care Quality Assurance Commission



Introduction to Disciplinary Process



Source: JLARC



Nursing Care Quality Assurance Commission
Continuity of Operations Plan
September 2012

Introduction, Applicability, and Purpose

The Department of Health (DOH) Division of Health Services Quality Assurance (HSQA) Nursing Care Quality Assurance Commission (NCQAC) Continuity of Operations Plan (COOP) establishes the framework to ensure the continuation of essential functions in the event of an emergency that threatens or incapacitates operational capabilities. For planning purposes, the COOP may continue for 30 days or until normal operations can be safely resumed.

The NCQAC COOP closely follows the umbrella HSQA COOP. Please refer to that document for detailed information regarding HSQA. The NCQAC COOP is designed to:

- Ensure that NCQAC is prepared to provide critical and essential functions to support licensing, discipline, and investigations when our main facilities are threatened, damaged, unsafe, or otherwise cannot be accessed or occupied.
- Provide timely direction, control, and coordination between NCQAC and HSQA leadership and other critical customers before, during, and after an event.
- Facilitate the return to normal operating conditions as soon as practical, based on circumstances, resources, and the threat environment.

Alert and Notification Procedures

The purpose of alert notification procedures is to establish a strategy of how NCQAC contacts personnel if an event or disruption occurs, both during business hours and non-business hours.

HSQA Notification

- If the Secure Electronic Communication, Urgent Response and Exchange System (SECURES) is functional, DOH sends an alert notification to Senior Office Management, with specific information and instructions. If SECURES is not functional, DOH initiates the call tree as detailed in the HSQA COOP.
- The DOH Communication Team posts a message on the DOH internet home page.
- If appropriate, DOH sends information news releases to all media.
- The HSQA Assistant Secretary initiates the HSQA call tree, notifying the NCQAC Executive Director.

NCQAC Notification

- The NCQAC Executive Director initiates the internal call tree, contacting NCQAC managers, and NCQAC managers contact their direct reports.
- Confidential emergency contact information is restricted and located on the 'S' drive. The Chief Investigator (or designated manager) updates the emergency contacts as necessary, reviewing for personnel changes quarterly.

- The Chief Investigator issues all NCQAC managers emergency contact cards and they maintain quick access to their emergency phone tree cards at all times.
- The NCQAC Executive Director and Deputy Executive Director also maintain an electronic version of the emergency contact information and other necessary information (i.e., NCSBN, NURSYS contacts) on encrypted thumb drives, accessible at all times.
- Supervisors and managers refer to guidance provided by Office of Human Resources, currently posted on the OHR Web Portal:
O:\OHRWebPortal\FormsDocs\DOHMatrix2009.mht.

NCQAC staff is encouraged to:

- Call the Employee Emergency Information Line. The number is located on the back of the photo identification card.
360-586-3337 (Thurston and Mason Counties)
877-357-4636 (Toll free for Tumwater campus)
509-329-2111 (East Region Office, Riverview Facility)
- Tune to your local television or radio.
- Secure family and come to work as soon as possible, or as directed.
- Each business day during a declared emergency, staff reporting to work will check in with their chain of command for updates, direction, and prioritization of work.

In the Event of a Declared Emergency

The NCQAC Executive Director is responsible to:

- Monitor and report the status of staff resources on a daily basis using the organizational chart as a reference.
- Assign staff to perform critical functions within the office before requesting staffing resources from other offices.
- Identify and request additional staffing needs outside of office resources to the HSQA Chief Administrator/ Emergency Staffing Coordinator.
- Adequately staff, train, supervise, and support critical functions by working with other office directors and commission executive directors.
- Pool all administrative functions at the division level under Office of the Assistant Secretary to ensure critical administrative tasks are completed.

Relocation, Support, and Planning Teams

COOP Relocation Team

- The NCQAC Executive Director serves as a Relocation Team Member and coordinates with office section managers when and where to relocate for resumption of critical operations.
- Relocation Team Members are responsible for making the recommendation to relocate to the designated Alternate Facility in a timely manner and reestablish and recover HSQA's essential functions.

COOP Support Team

- The NCQAC Deputy Executive Director serves as the Support Team Leader.
- Members of the COOP Support Team are responsible for reporting to their leader and reporting to their designated locations to await further COOP instructions. (In many cases, this may be their home residence.)
- The Support Team provides support to the Relocation Team as requested.
- Team members serve a logistics function, ordering meals, retrieving resources, etc.
- The team also serves a communications role as necessary, providing status updates both within DOH and to external contacts.
- The Support team leader reports to the NCQAC Executive Director and identifies their location and availability to support requests of the COOP Relocation Team.
- NCQAC managers reports to the Support Team Leader and identifies their location and availability to support requests of the COOP Relocation Team.
- Administrative support serves a logistics function.

COOP Planning Team

- Planning Team members are responsible for scheduling and conducting COOP awareness meetings, at least annually and one month before scheduled agency exercises.
- The Planning Team establishes a framework for HSQA's COOP design and strategy, reviews accuracy of personnel information, and develops an ongoing process for reviewing and updating the COOP.
- The NCQAC Executive Director or designee serves on the Planning Team and provides office and be able to address office and staffing needs for before, during, and after an event.

Orders of Succession and Delegations of Authority

Find specific delegations of authority that support division-wide Order of Successions and identify positions for making policy and administrative decisions at headquarters, field levels, and other agency locations, as appropriate for a 30-day period in the HSQA COOP. If the primary responsible person becomes incapacitated or otherwise unable to perform his or her duties, authority automatically falls to the successive alternates identified below:

- Assistant Secretary
- Chief Administrator
- First available Office Director
- Office Director, NCQAC/MQAC Executive Directors
- Deputy Director or available manager
- Follow normal chain of command

Essential and Critical Functions

1. Operate a customer call service center for NCQAC
 - Operate as public information hotline for NCQAC and entry point for nurse credentialing and complaint intake.
 - Technicians will work to restore voice network within recovery time objective of one hour.
2. Credentialing for high priority renewal and reciprocal or out-of-state nurse licensing and processing of new high priority licenses as needed.
 - Processing of high priority renewals of existing nurse licenses, out-of-state licenses, and any identified high priority, critical new applications.
 - Function includes internal technical assistance provided by division offices needed to process credentials.
 - Coordinate with the Medical Surge Healthcare Coalition Coordinator to enact a Governor's declared emergency order to allow out-of-state licensees to practice in an emergency up to 30 days without a Washington state license after credential verification through NURSYS. This includes mobilization of volunteer nurses on volunteer rosters maintained by organizations such as Red Cross.
 - Technicians will work to restore voice network within recovery time objective of one hour.
3. Investigation and enforcement of high priority NCQAC complaints
 - Receive, assess, and investigate high priority nursing complaints that pose imminent threat to public health and patient safety.
 - Use cell phones or local commission members to staff Case Management Team meetings, if necessary.
 - Enforce sanctions through disciplining authority, internal legal services, and summary actions.
 - Recovery time objective to fully resume operations within 72 hours.

Primary and Alternate Locations

NCQAC managers will familiarize themselves with alternate facilities and the resources at those facilities vs. the resources that workers would need to transport to the location to continue operations.

Alternate locations may include

- home
- another workspace within the DOH campus (such as a lunchroom or conference room)
- space in another DOH facility (on campus, or at a remotely-sited campus)
- a remote location to be determined, if space is unavailable in another DOH facility.

Transportable resources may include

- staff and adequate workspace
- laptops or desk computers with NCQAC templates; access to the S: drive
- internet and e-mail; priority Citrix access
- computer files and forms
- printer with office supplies
- telephones (landlines, cell phones, Blackberries, voice messaging)
- FAX capabilities
- policies, procedures, and reference materials located on the S: drive
- emergency supplies
- other amenities the particular office relies on to operate

Resource Kits

- intended to provide resources and tools necessary to execute the essential functions and services at alternate locations
- resource kits may be made for each essential function, or combined, depending on operational effectiveness
- resource kits include
 - ✓ Continuity of Operations Plan (HSQA and NCQAC) on S: drive and thumb drive
 - ✓ personnel contact lists on S: drive and thumb drive
 - ✓ NCQAC member contact information on S: drive and thumb drive
 - ✓ cell phone chargers
 - ✓ operational checklists on S: drive and thumb drive
 - ✓ policies and procedures, desk manuals on S: drive and thumb drive
 - ✓ office supplies
 - ✓ copies of essential reference materials on S: drive and thumb drive
 - ✓ laptops as available

HSQA Citrix Priority List

All NCQAC staff that requires access to Citrix in the performance of their duties has priority access to priority Citrix in the event of an emergency. Only staff within this group will be able to use Citrix post-disaster/disruption. The HR position descriptions identify all NCQAC staff as essential personnel in the event of an emergency.

NCQAC 24 Hour Access to DOH Buildings

All NCQAC managers shall secure permission to 24 hour access to TC2. Also, the Executive Director, Deputy Executive Director, Chief Investigator, Licensing Manager and any other manager deemed necessary by the Executive Director shall have access to the DOH offices in Spokane Valley.

NCQAC Staff and Commission Members

- Emergency phone list can be found at <S:\HSQA\NCQAC\Investigations\Emergency Ops\Emergency Phone List>.
- Nursing Commission members can be found at:
<S:\HSQA\NCQAC\Commission\Commission Members\Directories\2012 - 2013 Commission directory.doc>

Note: The NCQAC COOP is currently located at S:\HSAQ\NCQAC\Investigations\Emergency Ops\NCQAC COOP.

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

Title:	Substance Abuse Referral Contracts	Number:	A41.01
Reference:	RCW 18.130.170; RCW 18.130.180		
Contact:	Mary Dale, Discipline Manager		
Effective Date:			
Supersedes:			
Approved:			
	Chair Washington State Nursing Care Quality Assurance Commission		

PURPOSE STATEMENT: The purpose of this procedure is to set up guidelines for the management of cases in which the respondents admit to a substance abuse issue and agree to enter the Washington Health Professional Services Program (WHPS). After review by the Commission, the case may be closed as a unique closure in compliance with policy A20, Substance Abuse Orders.

PROCEDURE

1. During an investigation, the investigator identifies if unprofessional conduct may be the result of substance abuse. The investigator may send a Substance Abuse Referral Contract (SARC) to the respondent immediately if the case meets all of the following criteria:

- The respondent admits, in writing, to misuse of controlled substances, alcohol, or other drugs.
- The unprofessional conduct does not rise to the level of “serious misconduct” as identified in NCQAC policy A20.
- The respondent has not been previously referred to WHPS in lieu of discipline or ordered into the program.

If the respondent has previously participated in WHPS, the file will be referred to the Substance Use and Abuse Team (SUAT) for an evaluation and a recommendation to the Commission.

2. The investigator sends a SARC to the respondent for signature.

- If the respondent signs the SARC, the investigator then ensures it is signed by a WHPS case manager.
- If the respondent refuses to sign the SARC, the investigator completes the investigation as usual.

3. The case file is sent to Case Management after the investigation is completed.
 - If the respondent does not have a WHPS contract in place, SUAT administrative personnel checks the WHPS contract status immediately and then every three weeks afterwards.
 - If the respondent does not have a WHPS contract in place after 45 days, in agreement with the SARC, the case is taken back to SUAT for recommendation to the Commission.
 - If/when the respondent signs a WHPS contract, the case is presented to the Case Management panel for Unique Closure.
 - If approved for Unique Closure, the original SARC is signed by a CMT panel member or its designee.
 - The Commission considers the case for possible discipline:
 - If the respondent refused to sign the SARC, or
 - If the respondent has not signed a WHPS contract within 45 days of signing the SARC.

When a respondent was in WHPS due to their case being closed Unique Closure and the respondent is terminated from WHPS, within five business days of receipt of the WHPS closure letter:

- SUAT administrative personnel opens a new complaint in the database Integrated Licensing & Regulatory System (ILRS).
- SUAT performs an assessment/triage. Items considered during the triage include:
 - WHPS closure letter
 - Prior investigative report(s)
 - SARC (if any)

SUAT administrative personnel writes a recommendation to the Commission based on the triage notes. The new complaint, including the SUAT recommendation, is given to the NCQAC Complaint Intake to continue with the regular complaint process.

Interpretive Statement

Revised – 10/18/11

<i>Title:</i>	Patient Abandonment	<i>Number:</i> NCIS 1.0
<i>References:</i>	Regulation of Health Professions – Uniform Disciplinary Act (RCW 18.130) http://apps.leg.wa.gov/RCW/default.aspx?cite=18.130 Violations of Standards of Nursing Conduct or Practice (WAC 246-840-710): http://apps.leg.wa.gov/WAC/default.aspx?cite=246-840-710 Nursing Care – (RCW 18.79) http://apps.leg.wa.gov/RCW/default.aspx?cite=18.79&full=true	
<i>Contact:</i>	Deborah Carlson, RN, MSN – Nurse Practice Advisor	
<i>Phone:</i>	(360) 236-4725	
<i>Email:</i>	debbie.carlson@doh.wa.gov	
<i>Effective Date:</i>	November 16, 2012	
<i>Supersedes:</i>	Patient Abandonment Policy Statement (March 13, 2009)	
<i>Approved By:</i>	Nursing Care Quality Assurance Commission	

Nurse Technicians, Licensed Practical Nurses, Registered Nurses, and Advanced Registered Nurse Practitioners who willfully abandon clients are in violation of the Standards of Nursing Conduct of Practice, WAC 246-840-700. The Washington State Nursing Care Quality Assurance Commission (Commission) concludes that patient abandonment occurs when the nurse, who has established a nurse-patient relationship, leaves the assignment without transferring or discharging nursing care in a timely manner. Patient abandonment may occur in all health care settings and applies to paid or voluntary nursing care. Employment-related issues do not constitute patient abandonment.

It is the purpose of the Commission to regulate the competency and quality of nurses under its jurisdiction by establishing, monitoring, and enforcing consistent standards of practice and discipline, RCW 18.79.010. RCW 18.79.110 also allows the Commission to adopt rules or issue advisory opinions in response to questions put to it by professional health associations, nursing practitioners, and consumers in this state concerning the authority of various categories of nursing practitioners to perform particular act. The Commission frequently receives questions from nurses and nursing managers on the definition of patient abandonment.

The Commission's interpretation of what constitutes a nurse-patient relationship is that the nurse-patient relationship is established when the nurse accepts assignment for nursing care of a patient. A nursing assignment is the functions or responsibilities that the nurse is directed to perform by someone authorized to administer, supervise, or direct the nurse. The nurse may also act independently and accept an assignment based on professional judgment or through a contractual relationship with a patient. Many complaints involve employment issues rather than patient abandonment. Employment-

For persons with disabilities, this document is available on request in other formats.
To submit a request, call 1-800-525-0127 (TDD/TTY 711)

DOH XXX-XXX Month Year

related issues are not subject to disciplinary action through the Commission. Nurses are subject to discipline under the Uniform Disciplinary Act (UDA), RCW 18.130, for willfully abandoning a patient. In compliance with WAC 246-840-700, the act of transferring nursing care must include reporting (oral or written) of the condition, circumstances, and patient needs to an appropriate caregiver. As defined in RCW 18.79.260, an appropriate caregiver is a licensed health professional whose scope of practice and qualifications permit the transferring or discharging of functions and responsibilities. In some settings, this is an appropriate family member or other designated caregiver. The caregiver must acknowledge receipt and understanding of the report.

Examples of Patient Abandonment	Examples of Employment-Related Issues
<ul style="list-style-type: none"> Ending a contractual relationship as a sole provider Leaving an emergency patient care situation Leaving the patient care setting Leaving the patient in an unsafe situation to assist another caregiver or provide care to an unassigned patient Failing to report suspected abuse or neglect Sleeping on duty Giving care while physically, mentally, or emotionally impaired Giving care the nurse is not competent to give Delegating care to an unqualified caregiver Failing to supervising staff performing delegated tasks Failing to give appropriate care based on the patient's condition Failing to perform assigned patient responsibilities Not documenting care given in the medical record Not giving appropriate information when transferring or discharging care Not notifying an appropriate person about significant change s communicating or documenting necessary information to give safe care 	<ul style="list-style-type: none"> Not calling, showing up or coming in late for an assigned shift Refusing to work extra hours Refusing to work, or not returning from, a scheduled absence Resigning and not fulfilling the remaining posted work schedule Resigning at the end of a shift Resigning without advanced notice Refusing to work in a setting because of inadequate orientation, education, or experience Refusing to work in an unsafe situation Refusing to perform care that may be harmful to the patient Refusing to delegate a task to another caregiver that the nurse judges to be unsafe Refusing an assignment because of ethical, religious, or cultural reasons

Nurses willfully abandoning clients violate the Standards of Nursing Conduct of Practice, WAC 246-840-700. For patient abandonment to occur:

- The nurse established a nurse-patient relationship by accepting a nursing assignment, and
- The nurse ended the nurse-patient relationship without transferring or discharging responsibilities to an appropriate caregiver in a timely manner.

The Commission gives examples of patient abandonment and employment-related issues. The Commission does not have jurisdiction over employer-employee issues.

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

Title:	Patient Abandonment Defined	Number:	A13.05
Reference:			
Contact:	Mary Dale, Discipline Manager		
Effective Date:	March 13, 2009		
Supersedes:	July 1, 2005; October 22, 2003 Amended to correct WAC citation. October 25, 1996 Amended 9/28/01 to reflect correct WAC citation. The LPN and RN Boards were merged in 1994 and the rules were combined in 1997 which resulted in new WAC numbers.		
Approved:			
	Chair Washington State Nursing Care Quality Assurance Commission		

PURPOSE STATEMENT:

This policy will clarify [WAC 246-840-710\(5\)\(c\)](#).

POLICY STATEMENT:

A licensed nurse-patient relationship begins when the nurse accepts the assignment for patient care. Patient abandonment occurs when the nurse leaves the nursing assignment without transferring patient care and giving specific patient information to an appropriate care giver.

The Nursing Commission is utilizing the following terms for the purpose of this policy:

“Nursing assignment” - nursing care functions or responsibilities which the nurse has been directed to perform by a person authorized to administer, supervise, or direct the nurse; or independently assumed responsibility for, based on his or her own professional judgment.

“Transferring patient care” - reporting the condition, circumstances, and needs of all patients under the nurse’s care in oral or written form directly to another nurse or appropriate caregiver who acknowledges receipt and understanding of the report.

“Appropriate caregiver” - state-regulated health care professional whose scope of practice and qualifications include the transferred nursing care functions/responsibilities or appropriate family members as may be defined in the agency policies.

Examples:

The following situations are NOT examples of patient abandonment but are examples of employer-employee issues, and will not subject the licensee to possible disciplinary action by the Commission:

A licensed nurse has completed his/her regularly scheduled work shift, and then notifies the employer that the employment relationship between the nurse and the employer is being ended.

A licensed nurse ends the employer-employee relationship without providing the employer a period of time to obtain a replacement for the specific position which the licensee held.

A licensed nurse does not return from a scheduled leave of absence, and has not provided the employer with period of time to obtain replacement staff for that position.

A licensed nurse is asked to work beyond his/her regularly scheduled work shift and informs the employer he/she will not comply with that request.

The Commission believes that failure of the licensee to provide the employer with sufficient notice of intent to end the employment relationship does not constitute patient abandonment. However, the Commission does not encourage licensees to end their employment relationships in such a manner.

This policy is intended to address only the rules cited above regarding patient abandonment, and should not be construed to modify in any way the Nursing Commission’s interpretation of any other laws related to nursing care, nor should it be construed to relieve the licensed nurse from the requirement to abide by all other laws related to nursing practice, including standards of practice set forth in [WAC 246-840](#).

NCQAC Meeting Evaluation

November 16, 2012

Item	Rating (1 being lowest, 5 highest)	Comments
The agenda items for the meeting were clear	1 <input type="checkbox"/> 3 <input type="checkbox"/> 5 <input type="checkbox"/>	
The packet materials supported the agenda items	1 <input type="checkbox"/> 3 <input type="checkbox"/> 5 <input type="checkbox"/>	
I received the packet with enough time to prepare for the meeting.	1 <input type="checkbox"/> 3 <input type="checkbox"/> 5 <input type="checkbox"/>	
All NCQAC members were prepared to discuss materials sent in advance.	1 <input type="checkbox"/> 3 <input type="checkbox"/> 5 <input type="checkbox"/>	
I fully understood each agenda item and felt sufficiently prepared to vote.	1 <input type="checkbox"/> 3 <input type="checkbox"/> 5 <input type="checkbox"/>	
I know where to get information to prepare me for voting when I do not understand the agenda item.	1 <input type="checkbox"/> 3 <input type="checkbox"/> 5 <input type="checkbox"/>	
Written reports were clear and contain needed information.	1 <input type="checkbox"/> 3 <input type="checkbox"/> 5 <input type="checkbox"/>	
Verbal reports were clear and contain needed information.	1 <input type="checkbox"/> 3 <input type="checkbox"/> 5 <input type="checkbox"/>	
The NCQAC avoided getting into administrative/management details.	1 <input type="checkbox"/> 3 <input type="checkbox"/> 5 <input type="checkbox"/>	
A diversity of opinions were expressed and issues dealt with in a respectful manner.	1 <input type="checkbox"/> 3 <input type="checkbox"/> 5 <input type="checkbox"/>	
As issues were discussed, next step were identified and responsibility assigned.	1 <input type="checkbox"/> 3 <input type="checkbox"/> 5 <input type="checkbox"/>	
The meeting began and ended on time.	1 <input type="checkbox"/> 3 <input type="checkbox"/> 5 <input type="checkbox"/>	

September 2012 Meetings Evaluation Summary

The rating used for the evaluation is 1, 3, 5, with 1 being the lowest and 5 the highest. There are 12 questions on the Meetings Evaluation form. There were 15 responses to ten questions. There were 14 responses to five questions. Ten questions received a point average of five. Two received a point average of three.

Areas for improvement:

1. Clearer agenda items
2. Clearer verbal reports with pertinent information

There was discussion on meetings in general. A list is in the September meeting minutes. Below

1. In person – NCQAC business meetings should be in person
2. Time management – This discussion was an overall request
 - a. Give presenters a time frame
 - b. Put times on the agenda
 - c. Continue with written reports for conference attendees which will same time
3. Overview of NCSBN early in tenure
4. Technology – there were many suggestions
 - a. Change to laptops
 - b. Go to more advanced technology
 - c. Make using the technology we have easier
5. Working lunch
6. Start 8:30 – End 3:00