Nursing Care Quality Assurance Commission (NCQAC)
Regular Meeting Agenda
November 8, 2013 8:30 AM
Doubletree Inn
The Capital Room
415 Capital Way N
Olympia WA 98501

Commission Members:
Suellyn Masek, MSN, RN, CNOR, Chair
Erica Benson-Hallock, MPPA, Public Member, Vice-Chair
Mary Baroni, PhD, RN
Linda Batch, LPN
Charlotte Foster, BSN, MHA, RN
Barbara Gumprecht, MSN, RN
Jeannie M. Eylar, MSN, RN
Stephen J. Henderson, JD, MA, BA, Public Member
Lois Hoell, MS, MBA, RN
Margaret Kelly, LPN
Gene I. Pingle, BSN-BC, CEN, RN
Donna L. Poole MSN, ARNP, PMHCNS-BC
Tracy Rude, LPN
Laurie Soine PhD, ARNP
Cass Tang, PMP, Public Member

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
Michael Hively, Administrative Assistant
Karl Hoehn, Staff Attorney
Mindy Schaffner, PhD, MSN-CNS, RN, Nursing Education Advisor
Anne Schuchmann, MSN, RN, Deputy Executive Director
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 our office 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 1, 2013. If you need assistance with special needs and services, please leave a message with that request at 1-800-525-0127 or, if calling from outside Washington State, call (360) 236-4052. If you have limited English language expertise call 360-236-4713 before November 1, 2013. 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.

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 after they have been approved at the January 10, 2014 NCQAC meeting. For a copy of the actual recording, please contact the Public Disclosure Records Center (PDRC) at PDRC@doh.wa.gov .

Smoking is prohibited at this meeting.

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

II. Call to order

A. Introductions
B. Order of the Agenda
C. Correspondence
D. Announcements
   1. Dr. Mindy Schaffner appointed to National Council of State Boards of Nursing's (NCSBN) Distance Learning committee
   2. Catherine Woodard and Mary Dale published in October issue of the Journal of Nursing Regulation
   3. Teresa Corrado appointed to the NCSBN Board Member Profile Committee
   4. Catherine Woodard appointed to the NCSBN Leadership Academy Committee

III. 8:40 AM 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 minutes, September 13, 2013
   2. NCQAC Disciplinary Hearing minutes, June 5, 2013, June 28, 2013, July 25, 2013
   3. Advanced Registered Nurse Practitioner (ARNP) sub-committee minutes, September 14, 2013, October 2, 2013
   4. Licensing and Discipline sub-committee minutes, July 29, 2013, August

26, 2013

5. Consistent Standards of Practice sub-committee minutes, September 3, 2013
6. Nursing Program Approval Panel (NPAP), June 20, 2013, July 18, 2013
7. Nursing Assistant – Nursing Program Approval Panel (NA-NPAP), July 8, 2013, September 9, 2013
9. Veteran's Administration Nurse Practitioner Residency Program
10. NCSBN Conference on Leadership and Public Policy, Rapid City, South Dakota, Sept. 17-19, 2013, Lois E. Hoell
11. National Council of State Boards of Nursing, Letter from the President, Myra Broadway, October 16, 2013
12. HEAL-WA usage report
13. Department of Health, Health System Quality Assurance (HSQA) Boards and Commissions Leadership Meeting Report, October 21, 2013
14. Northwest Regional Primary Health Care Conference, October 19-22, 2013

IV. 8:45 – 9:15 AM Chair Report –Suellyn Masek - DISCUSSION/ACTION

A. Appointment of new members to sub-committee and panels
B. Task Force members
   i. Newsletter
   ii. Budget
   iii. Legislative

V. 9:15 AM– 9:30 AM Executive Director Report – Paula Meyer – DISCUSSION/ACTION

A. Upcoming meeting dates and locations
B. Education at NCQAC meetings – change to January meeting presentation

VI. 9:30 AM – 10:15 AM House Bill 1518 Report – Steering Committee – DISCUSSION/ACTION

House Bill 1518 amended RCW 18.79.390 and made permanent the authority granted to the NCQAC in 2008. The bill also requires the NCQAC to submit a report to the Governor and legislature with recommendations for further improvements by December 31, 2013. Jonathan Seib and Joanie Deutsch, Strategy 360, are consultants working with the NCQAC Steering Committee on the report. The NCQAC will discuss the format and content of the report and may discuss terms needed in the Operating Agreement with the Department of Health.

VII. 10:15 AM – 10:30 AM BREAK

VIII. 10:30 AM – 11:30 AM House Bill 1518 Report, Continued– Steering Committee – DISCUSSION/ACTION

IX. 11:30 – 1:00 PM Working Lunch

The process for disciplinary hearings: roles and responsibilities for NCQAC members, attorneys general, health law judges. The NCQAC produced a DVD on

the process. The DVD will be shown and copies distributed to all NCQAC and pro tem members.

X. 1:00PM - OPEN MICROPHONE

Open microphone is for public presentation of issues to the NCQAC. Members of the Nursing Commission may not be able to respond to your concerns but thank you for your input. If the public has issues regarding disciplinary cases, please call 360-236-4713.

XI. 1:30 PM – 2:30 PM Retired Active Status Rules Hearing - – DISCUSSION/ACTION

The NCQAC adopted requirements for Continuing Competency in rules. The Retired Active Status addresses the requirements for nurses to renew licenses if they are retired from active employment.

XII. 2:30 PM – 2:45 PM BREAK

XIII. 2:45 PM – 3:45 PM Subcommittee Reports – DISCUSSION/ACTION

A. Licensing and Discipline – Margaret Kelly, chair

B. Continuing Competency – Lois Hoell, chair

C. Consistent Standards of Practice – Gene Pingle, chair

D. Advanced Registered Nurse Practitioner, Donna Poole, chair

- Changing name of Advanced Registered Nurse Practitioner Sub-Committee to Advanced Practice Subcommittee

XIV. 3: 45 PM – 4:00 PM – Meeting Evaluation

XV. 4:00 PM - Closing

Nursing Care Quality Assurance Commission (NCQAC)
Regular Meeting Minutes
September 13, 2013 8:30 AM
Center Point Conference Center
20809 72nd Avenue S. Kent, WA 98032
Commons Area Mt. Rainer Room

Commission Members:	Suellyn Masek, MSN, RN, CNOR, Chair Erica Benson-Hallock, MPPA, Public Member, Vice-Chair Linda Batch, LPN Charlotte Foster, BSN, MHA, RN Lois Hoell, MS, MBA, RN Margaret Kelly, LPN Gene I. Pingle, BSN-BC, CEN, RN Donna L. Poole MSN, ARNP, PMHCNS-BC Laurie Soine PhD, ARNP Cass Tang, PMP, Public Member Rhonda Taylor, MSN, RN Laura Yockey, LPN
Absent	Roger Gantz, MUP, BA, Public Member Diane Sanders, NEA-BC, MN, RN Susan Woods, PhD, RN, FAAN
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 Michael Hively, Administrative Assistant Karl Hoehn, Staff Attorney Mindy Schaffner, PhD, MSN-CNS, RN, Nursing Education Advisor Anne Schuchmann, MSN, RN, Deputy Executive Director Catherine Woodard, Chief Investigator Martha Worcester, PhD, ARNP, ARNP Advisor

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

II. Call to order

A. Introductions – New NCQAC members and staff
B. Order of the Agenda
C. Correspondence
D. Announcements – October 2 meeting with Dr. Susan Hassmiller

- Ms. Masek provided new NCQAC member names their mentors and Mr. Hively Paula Meyer's new Administrative Assistant
- Ms. Masek acknowledged people chosen to serve on to the National Council of State Boards of Nursing's NCLEX Panel:
  - Laura Shindling for Practice Analysis Rebecca Herndon for RN and KSA Panel
- Ms. Schaffner invited NCQAC members to Oct 2nd meeting in Shoreline WA, to meet with Dr. Susan Hassmiller from the Robert Wood Johnson Foundation and National Action Coalition and Donna Meyer

III. 8:40 AM 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, July 12, 2013.
2. Licensing and Discipline sub-committee, March 25, & April 29th, 2013.
3. Consistent Standards of Practice sub-committee, August 6, 2013.
4. Continuing Competency sub-committee, July 19, 2013.
5. Nursing Program Approval Panel (NPAP), May 3, & May 16, 2013.
6. Nursing Assistant – Nursing Program Approval Panel (NA-NPAP), June 10, 2013.
7. NCSBN Executive Officer Forum – Licensure Models – July 15-16, Chicago

Motion: Motion by Ms. Masek with a second by Mr. Pingle to adopt the consent agenda. Motion Passed.

IV. 8:45 AM – 9:15 AM Chair Report –Suellyn Masek - DISCUSSION/ACTION

A. National Council of State Boards of Nursing's (NCSBN) Annual Meeting, August 14-16, Providence RI – Suellyn Masek, Dr. Susan Woods, Margaret Kelly, Dr. Mindy Schaffner, Paula Meyer

- Ms. Masek provides explanation to packet

B. Commission Vice Chair Position Description – revision to give the vice chair the Responsibility for the development and implementation of the HB 1518 report

Motion: Motion by Ms. Masek with a second by Mr. Pingle and Ms. Kelly to revise the Vice Chair position description to include the following responsibility: Leads the development and implementation of the HB1518 report and deliverables. Ms. Kelly discussed editorial changes to verbiage to say "as available". Motion Passed.

C. NCQAC Member Expectations

- Ms. Masek asked for NCQAC member participation in October 7, 2013 and July 8, 2014 hearings. Lois Hoell and Sue Woods already participating, Ms. Foster volunteered for Oct 7th hearing, Ms. Tang volunteered for July 8th

V. 9:15 AM – 10:00 AM Executive Director Report – Paula Meyer – DISCUSSION/ACTION

A. HB 1518 report – Consultant announcement and timeline

- Ms. Meyer discussed HB1518 & 1103 report and presenting legislature with further analysis of our national comparison to Arizona and North Carolina.Strategies 360 will be consultants; Jonathan Seib and Joanie Deutsch are the points of contact with stated timelines being met
- Ms. Masek discussed location of November business meeting and asked if members would like the meeting to be in person instead of video teleconference.

Motion: Motion by Ms. Masek with a second by Mr. Pingle, Ms. Benson-Hallock, and Ms. Tang to move the November meeting to an in person meeting to discuss the draft report to meet the December 31, 2013, deadline. Motion Passed.

B. Potential to change title from Nursing Care Quality Assurance Commission to Washington State Board of Nursing: analysis of laws and impacts

- Ms. Meyer explained the impact of a name change from Nursing Care Quality Assurance Commission to the Board of Nursing, requirements for a Legislative change in laws, how the law currently applies to the NCQAC and effects the change would have. Discussion related to this topic No Action Taken. Members felt this needed to be documented in case the question is asked in the future.

C. Procedure 04.02 Commission Pay – at the May 2013 NCQAC meeting, the procedure was revised to add pay for preparation for NCQAC meetings. The NCQAC requested a report on the time used to prepare for the May and July meetings.

- Ms. Meyer discussed procedure 04.02 for meeting preparation, provided data on payment that was requested, and updates to pay sheet entitled "reading the packet". Ms. Masek discussed whether the data should be complied to allot averages for compensation. Ms. Meyer and Ms. Masek discussed revisions to pay sheet to allow a frozen floating title and to include time

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allocated to mentor new members and to add additional columns for reporting

D. Rules update – Anne Schuchmann, Dr. Mindy Schaffner, Teresa Corrado
   - Ms. Schuchmann discussed how rules are written and instituted, and discussed WAC 246-840-125 Retired Active Credential rule for RN's and LPN's. The draft rules are under review and we plan to have the hearing at the November 8th business meeting. Ms. Schuchmann acknowledged Ms. Schaffner and Ms. Corrado for their efforts.
   - Ms. Corrado discussed a new law requiring exemptions to audits in the continuing competency rules when nurses decide to continue their nursing education and why this rules has been opened for review.
   - Ms. Schaffner discussed nursing education rules, international education rules, refresher course rules.
     - WAC 246-840-045 Licensure for International rules includes a requirement for English proficiency testing and stakeholders consider this a barrier to licensure.
     - WAC 246-840- O9O Licensure for Interstate Endorsement will be reviewed to evaluate barriers within,
     - WAC 246-840-130, Approved Refresher Courses, will be reviewed to identify how they apply to international students, and.
     - WAC 246-840- 455 ARNP Educational Programs, and clinical sight placements around the state, will be reviewed
   - Ms. Schaffner provided NCSBN Model Rules packet to NCQAC Members

E. New member orientation and educational sessions at NCQAC meetings
   - Ms. Meyer discussed the appointment of new NCQAC members and the need to improve orientation. Those applicants who are not appointed as NCQAC members will be asked if they are interested in a one year appointment as a pro tem member to develop self-learning modules for orientation. The goal would be to have continuing education units for the modules. The new members will need to complete the modules prior to serving on a hearing panel.
   - Ms. Masek discussed showing a video on the hearing process at the November business meeting
   - Ms. Tang discussed adding a presentation interactions with media

F. 2013 Fee changes
   - Ms. Meyer discussed LPN's ability to access HEAL-WA library per legislation, the changes in fees and the impacts on the budget.
   - The changes will be effective January 1, 2014.
   - Ms. Meyer acknowledged Greg Hammond and Kathy Anderson's efforts

G. Sub-committee Q&A
   - Ms. Meyer explained that sub-committees do not need quorum because they provide motions for action and are not decision making authorities. The full document on sub-committee Q&A is available in the packet.

H. Uniform Disciplinary Act report
   - Ms. Meyer discussed adoption of the report required to be submitte to the legislature every other year.

Motion: Motion by Ms. Hoell with a second by Ms. Tang to adopt the report. Motion

Passed.

I. Disciplinary Procedures
- Updated procedures were included in the packet of materials. Ms. Meyer explained that the changes are minor editorial changes as updates. Substantial changese were not make and they only require the Chair's signature to bring up-to-date.

10:00 AM – 10:15 AM BREAK

VI. 10:15 AM – 11:15 AM Subcommittee Reports – DISCUSSION/ACTION

A. Licensing and Discipline – Margaret Kelly, chair

1. Substance Use and Abuse Team 2 (SUAT2)

- Ms. Kelly asked Mr. Hoehn to explain how the current process of licenses suspension can be revised to expedite cases to one month's time instead of six months
- Mr. Hoehn and Senior Health Law Judge Laura Farris explained the issues with the current Procedure A20 and how to increase the safety of the public with revisions.

Motion: Motion by Ms. Kelly with a second by Ms. Tang and Ms. Batch to revise the current process in substance abuse cases outlined in policy A20 be modified so that upon the first failure from the Washington Health Professional Services (WHPS), formal action is taken in a Statement Of Charges so that a subsequent failure from the WHPS program will allow the use of the current non-compliance fast track docket and suspension of the license. **Friendly amendment:** Friendly amendment by Ms. Benson-Hallock to add a cost benefits analysis to be complete in one year time. Ms. Tang and Ms. Batch abstained. Motion Passed.
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2. Practice on an expired license

Motion: Motion by Ms. Kelly with a second by the Licensing and Discipline sub-committee for the NCQAC to adopt the revisions to procedure A27 :

a. If the license is expired for six to twelve months, serve a Notice of Correction,
b. If the license is expired for up to three years, with extenuating circumstances, serve a Notice of Correction,
c. If the license is expired up to three years, without extenuating circumstances, serve with a Statement of OAllegations (SOA)/Stipulation To Informal Discipline (STID),
d. If the lincense is expired over three years, serve a Statement Of Charges (SOC)/Order, with the option of waiving the clinical portion of the refresher course. Ms. Poole abstained. Motion Passed.

B. Continuing Competency – Lois Hoell, chair

1. Draft rules WAC 246-840-125 Retired Active Credential hearing scheduled for November 8, 2013.

C. Consistent Standards of Practice – Gene Pingle, chair

1. Advisory Opinion – Camp Nursing

Motion: Motion by Mr. Pingle with a second from the Sub-Committee to remove the existing statement and replace with the Camp Nursing Advisory Opinion. Motion Passed.

2. Advisory Opinion – Registered Nurse First Assistant

Motion: Motion by Mr. Pingle with a second by Ms. Yockey to accept the RNFA Advisory Opinion and replace the March 9, 2001 document. Motion Passed.

3. Interpretive Statement – Delegation for Administration of Rectal Diazepam (Diastat®) to Unlicensed Assistive Personnel (UAP) for Status Epilepticus
   - Mr. Pingle discussed providing RN's the ability to delegate the administration of Rectal Diazepam to unlicensed assistive personnel
   - Ms. Watkins for the Washington State Board of Nursing read statement in regards to the delegation of authority stating the WSNA does not approve

Motion: Motion by Mr. Pingle with a second from the Sub-Committee to accept the statement on delegation of administration of Rectal Diazepam Interpretive statement to Unlicensed Assistive Personnel for Status Epilepticus. Ms. Benson-Hallock recused herself. Ms. Kelly and Ms. Batch abstained from vote. Mr. Pingle, Ms. Foster, and Ms. Yockey voted for the Motion. Ms. Poole, Ms. Soine, Ms. Tang, and Ms. Hoell voted against Motion. Motion Failed.

4. Advisory Opinion - Delegation for Administration of Rectal Diazepam (Diastat®) to Unlicensed Assistive Personnel (UAP) for Status Epilepticus

Motion: Motion by Mr. Pingle with a second by Ms. Yockey to discontinue the current "Registered Nurses Coordinating Seizure Management" statement and most to accept the Delegation for Administration of Rectal Diazepam Advisory Opinion to UAP for Status Epilepticus. Ms. Benson-Hallock recused herself. Ms. Kelly abstained. Two voted for Motion. Five voted against Motion. Motion Failed.

D. Advanced Registered Nurse Practitioner, Donna Poole, chair

No report.

VII. 11:30 – 1:00 PM Lunch DISCUSSION/ACTION

Gail Yu, Assistant Attorney General, provided the NCQAC with training on the role of NCQAC members in response to media requests.

VIII. 1:00PM - 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.

Mr. Mark Backstrom commented on an action taken by the NCQAC on a disciplinary

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cases resulting in a voluntary surrender of license.

IX. 1:15 PM – 2:30 PM Criminal Background Checks – Lindsay Beaver, J.D., NCSBN Legislative Affairs Associate, Nursing Regulation, and Beth Radtke, MS, Associate, NCSBN Nursing Regulation - DISCUSSION/ACTION

Item LI C3 on the 2013- 2015 NCQAC Strategic Plan describes the plan to increase the use of Criminal Background Checks. Ms. Beaver and Ms. Radtke presentedmodels used in other States and their outcomes.
Ms. Meyer and Ms. Woodard give an update on their work on Criminal Background Checks.

2:30 PM – 2:45 PM BREAK

X. 2:45 – 3:00 PM Delegation to a hearings officer for Brief Adjudicative Hearings – Karl Hoehn and Dr. Mindy Schaffner - DISCUSSION/ACTION

Nursing Education Programs undergoing the NCQAC approval process have the right to request a brief adjudicative hearing if there are concerns related to the facts presented to the Nursing Program Approval Panels and their outcomes. Mr. Hoehn and Dr. Schaffner described the process and requested the NCQAC to delegate to a Hearing Officer for these proceedings.

Motion: Motion by Ms. Kelly with a second by Ms. Batch that the NCQAC designate initial decision-making authority to either the Deputy Director of the Office of Legal Services, or a Supervising Staff Attorney, Office of Legal Services to perform the duties necessary pursuant to the Administrative Procedures Act, Chapter 30.05 and WAC 246-11-430, as Presiding Officer for any Brief Adjudicative proceedings referred by the NCQAC . This designation will remain in effect until revoked or withdrawn by the NCQAC . Motion Passed.

XI. 3:00 PM – 3:15 PM Public Disclosure of Lists and Labels – Paula Meyer - DISCUSSION/ACTION

Public disclosure laws allow for the NCQAC to recognize educational organizations and professional associations. Once recognized, these entities may receive lists of nurse's addresses. The NCQAC reviewed the list of previously recognized entities and decided if the entity meets the legal definition of educational organization or professional association.

Motion: Motion by ???with a second by Ms. Kelly to adopt the current list so that it can be brought up-to-date. Motion Passed (I can't make motions since I am not a NCQAC member)

XII. 3:15 PM – 3:30 PM – Meeting Evaluation

PRO	CON
Lunch with staff	Two packets
Location	
Individual microphones	
Public Feedback	

Staff on sight	
NCSBN Presentation	
Internet Access	

3:30 - Closing

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DEPARTMENT OF HEALTH
NURSING CARE QUALITY ASSURANCE COMMISSION

DATE/TIME:	**June 5, 2013**
PLACE:	Department of Health 310 Israel Road SE, Room 139 Tumwater WA 98501 Telephone: (360) 236-4739
Panel 1 Members:	Lois Hoell, RN, Panel Chair Jeanne Giese, RN Karen Heys, RN
STAFF:	Adena Nolet
ASSISTANT ATTORNEY GENERAL:	Daniel Baker Prosecutor for the State of Washington
PRESIDING JUDGE:	Laura Farris Presiding Officer Office of Professional Services

June 5, 2013 **8:30 a.m.**

DISCIPLINARY PANEL 1

A. Call to Order

I. Meeting called to order at 8:39 a.m. on June 5, 2013.

B. Order of Agenda

C. Announcements

Formal Hearing **8:30 a.m.**

1. Ashley Kay Hutchison, LPN
Master Case No.: M2013-76

Commission Action: License is suspended.

CLOSING:

Minutes recorded by Adena Nolet
Minutes approved by_____.

DEPARTMENT OF HEALTH
NURSING CARE QUALITY ASSURANCE COMMISSION

DATE/TIME: **June 28, 2013**

PLACE: Telephone conference call

Panel 1 Members: Linda Batch, LPN, Panel Chair
Margaret Kelly, LPN
Laura Yockey, LPN
Suellyn Masek, RN

AGREED ORDERS

Apolista, Veronica, LPN
Master Case No. M2013-443
Commission Action: Fine, employment terms, Personal Reports, coursework.

Bain, Sarah, RN
Master Case No. M2013-363
Commission Action: License is suspended.

Cadiente, Debra, RN
Master Case No. M2012-1086
Commission Action: Coursework, fine.

Chew, Kenneth, RN
Master Case No. M2013-335
Commission Action: License remains suspended.

Eirich, Alicia, RN
Master Case No. M2013-265
Commission Action: License is suspended.

Harris, Marcy, RN
Master Case No. M2012-1146
Commission Action: License is suspended.

Davidson, Chris, LPN
Master Case No. M2011-1681
Commission Action: License is placed on probation. Fine, employment terms, coursework.

AGREED ORDER ON REINSTATEMENT

Barrett, Rosemary, LPN
Master Case No. M2009-399
Commission Action: License is placed on probation for Refresher Course. Must undergo substance abuse evaluation and, if recommended, enter monitoring program.

Fast, Susan, RN
Master Case No. M2008-117225
Commission Action: Fine.

ORDER ON TERMINATION OF PROBATION

Coggins, Mary, RN
Master Case No. M2011-1615
Commission Action: Probation is terminated.

Huebner, Russell, RN
Master Case No. M2011-818
Commission Action: Probation is terminated.

Morse, Heather, RN
Master Case No. M2008-117250
Commission Action: Probation is terminated.

STIPULATION TO INFORMAL DISPOSITION

R.A., RN
Commission Action: License is placed on probation. Employment terms, Personal Reports, coursework, essay, cost recovery.

M.A., LPN
Commission Action: License is surrendered.

B.D., RN
Commission Action: Cost recovery, employment terms, coursework, essay.

H.L., RN
Commission Action: Enter monitoring program, counseling requirement.

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

J.N., RN
Commission Action: Enter monitoring program.

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

R.R., RN, ARNP
Commission Action: Coursework, cost recovery.

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

D.W., RN
Commission Action: License is placed on probation. Employment terms, coursework, essay, cost recovery.

L.Z., RN
Commission Action: Coursework, continue to comply with previous action.

L.R., LPN
Commission Action: License is placed on probation. Employment terms, Personal Reports, coursework, cost recovery.

CLOSING:

Minutes recorded by Adena Nolet
Minutes approved by_____.

DEPARTMENT OF HEALTH
NURSING CARE QUALITY ASSURANCE COMMISSION

DATE/TIME:	**July 25, 2013**
PLACE:	Department of Health 310 Israel Road SE, Room 139 Tumwater WA 98501 Telephone: (360) 236-4739
Panel 1 Members:	Laura Yockey, LPN, Panel Chair Linda Batch, LPN Judith Personett, RN
STAFF:	Adena Nolet
ASSISTANT ATTORNEY GENERAL:	Daniel Baker Prosecutor for the State of Washington
PRESIDING JUDGE:	John Kuntz Presiding Officer Office of Professional Services

July 25, 2013

DISCIPLINARY PANEL 1

1. Opening- Agreed Orders, Stipulation to Informal Dispositions and Waivers presented.

A. Call to Order

I. Meeting called to order at 9:01 a.m. on July 25, 2013.

B. Order of Agenda

C. Announcements

Formal Hearing **9:00 a.m.**

1. Shelley Derousie, RN
Master Case No.: M2012-293
Reviewing Commission Member: L. Hoell

Commission Action: License is suspended

AGREED ORDERS

Akamatsu, Christine, RN
Master Case No. M213-505
Commission Action: Re-enter monitoring program.

Billings, John, RN, ARNP
Master Case No. M2010-76, M2010-71, M2008-118407, M2011-1532, M2011-1533
Commission Action: Licenses are suspended.

Camarot, Gabrielle, RN
Master Case No. M2011-1504
Commission Action: License is surrendered.

Hanna, Jessica, RN, LPN
Master Case No. M2012-1095, M2012-1096
Commission Action: Licenses are placed on probation. Employment terms, coursework, essay, fine.

AGREED ORDER ON REINSTATEMENT

Palmer, Susanna, RN
Master Case No. M2011-193
Commission Action: License is reinstated. Must undergo substance abuse evaluation and, if recommended, enter monitoring program.

ORDER ON TERMINATION OF PROBATION

Campbell, Christine, RN, ARNP
Master Case No. M2003-62132, M2003-62189
Commission Action: Probation is terminated.

Weiss, Beth, RN
Master Case No. M2011-909
Commission Action: Probation is terminated.

WITHDRAWAL OF STATEMENT OF CHARGES

Davis, Carol, LPN
Master Case No. M2012-330
Commission Action: Statement of Charges is withdrawn.

STIPULATION TO INFORMAL DISPOSITION

J.B., RN
Commission Action: Employment terms, coursework, cost recovery.

A.B., LPN
Commission Action: License is placed on probation. Refresher course, must undergo substance abuse evaluation and, if recommended, enter monitoring program.

C.D., RN
Commission Action: License is placed on probation. Employment terms, counseling requirement.

R.L., RN
Commission Action: Enter monitoring program.

J.M., LPN
Commission Action: Must undergo substance abuse evaluation and, if recommended, enter monitoring program.

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

M.T., LPN
Commission Action: License is placed on probation. Coursework, Personal Reports, cost recovery.

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

CLOSING:

Minutes recorded by Adena Nolet
Minutes approved by_____.

Nursing Care Quality Assurance Commission (NCQAC)
Advanced Registered Nurse Practitioner (ARNP) Sub-committee Minutes
September 14, 2013 9AM – 2PM
Comfort Inn, Tumwater, Blvd. Tumwater, W A 98501

Members Present: Donna Poole, MSN, PMHCNS-BC, ARNP, Chair.
Todd Herzog, CRNA, ARNP
Karen Hays, CNM, ARNP
Laurie Soine, PhD, ARNP
Mariann Williams, FNP, ARNP
Sheena Jacob, ARNP, DNP Candidate

Members Absent: Nancy Armstrong, ANP, ARNP, excused

Staff Present: Martha Worcester, PhD, A/GNP, ARNP, Advanced Practice Advisor
Greg Hammond, NCQAC Intern

1. **Opening - Donna Poole, Chair:**
   The meeting was called to order at 9AM. Public members attending were Robin Fleming from Washington State Nurses Association, and Leslie Emerick, Lobbyist for the Association of Advanced Practice Psychiatric Nurses.

2. **Pain Management Presentation:**
   by Bob Twillman, Director of Policy & Advocacy, American Academy of Pain Management gave a presentation by conference call on the Pain Specialist offerings of their organization. The presentation was well received and tailored to the rules that apply to WA state on Non-cancer Pain management. The ARNP Committee is still considering how to best credential ARNPs as pain specialist that will fit within the rule requirements.

3. **Strategic Planning:**
   The group used individual work assignments for crafting 2 years goals and placing them in the context of the Nursing Commission's Strategic Plan. Goals were shared and summarized. Martha Worcester will write a summary of the goals for review at the October 2nd, 2013 ARNP Subcommittee meeting.

4. **Items for Recommending to the Nursing Commission.**
   a. Name change of ARNP Subcommittee to Advanced Practice Committee: It was moved, seconded and unanimously agreed to recommend changing the name of the ARNP Subcommittee to the Advanced Practice Subcommittee. Martha Worcester will draft the motion for Donna Poole to present. Rationale for changing the name were:
      i. The name is consistent with the titles for Advanced Practice rules
      ii. The name aligns more closely with APRN Consensus Model
   b. Nursing Practice Advisory Groups for Advanced Practice

procedure/policy:- Martha will present a draft at the October 2nd meeting of the ARNP Subcommittee for consideration at the November or January Nursing Commission meeting.

5. **Inquiry Report:** The inquiry report was deferred to the October when Nancy Armstrong could be present to give the report.

6. **CNS Surveys Presentation**
   Sheena Jacob, DNP Student from University of Washington, presented a power point on her Capstone Project related to possible recognition of the Clinical Nurse Specialist (CNS) credential in Washington state. In partnership with the Nursing Commission she has completed surveys of CNSs working in WA, CNS Students, Employers of CNS and several state boards of nursing representatives from states where CNSs are recognized under the Advanced Practice role. Surveys of graduate program faculty where there are CNS programs have yet to be conducted.

7. **Calendar for 2013-2014 ARNP Subcommittee Meetings**
   The decision on meeting times for the ARNP Subcommittee was deferred until the October meeting. The September 3rd Wednesday meeting was canceled. The October meeting was set for October 2nd at 7PM to accommodate schedules of SC members.

8. **Meeting Evaluation:**
   Members provided written and verbal feedback. They expressed gratitude for having a chance to meet one another and felt the work session facilitated good planning for the coming 2 years.

9. **Open microphone:**
   Attendees participated in work groups during the meeting and added excellent suggestions for goals and implementation of goals. The ARNP Subcommittee expressed appreciation for their participation

10. **Adjournment:** The meeting adjourned at 2PM

Submitted by Martha Worcester, ARNP Advisor

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Nursing Care Quality Assurance Commission (NCQAC)
Advanced Registered Nurse Practitioner (ARNP) Sub-committee Minutes
October 2, 2013 7:00-8:00PM
111 Israel Rd. SE, Town Center 2, Room 158
Tumwater, W A 98501

Members: Donna Poole, MSN, PMHCNS-BC, ARNP, Chair.
Nancy Armstrong, ANP, ARNP
Karen Hays, CNM, ARNP
Laurie Soine, PhD, ARNP
Mariann Williams, FNP, ARNP

Staff: Martha Worcester, PhD, A/GNP, ARNP, Advanced Practice Advisor

1. **7:00 PM Opening - Donna Poole, Chair** The meeting was called to order at 7PM and the public disclosure statement was read. The only pubic member in attendance was Melissa Emerick.

2. **Minutes of the 9-14-13 ARNP SC** The minutes of the ARNP SC were reviewed. It was moved and seconded to recommend the minutes as edited to the Nursing Commission for approval.

3. **Nursing Commission September 13th Meeting Report**
   Donna Poole reported on the meeting.
   - Members of the nursing commission have still not been appointed by the Governor for the coming year.
   - Changing the name of the Nursing Commission to the Board of Nursing did not move forward because of the way Washington Boards and Commissions are defined.
   - Changes were reported to the timing of the discipline sanctions to better protect the public.
   - Background checks are being enhanced so that cross state sharing can occur.

4. **Calendar for ARNP SC Meetings for 2013-2014.** ARNP SC meetings will continue to be held on the 3rd Wednesday of the month at 7PM starting in November unless otherwise stated. There will be no 3rd Wednesday meeting in October as we are meeting this week.

5. **Strategic Planning Meeting Sept 14, 2013.** The strategic planning goals were reviewed that were discussed at the meeting. Martha will put them together in a more useable format for discussion at the next meeting. Once

the goals are prioritized we can move forward in recruiting appropriate experts to assist with the work.

6. **Meetings for Exhibiting the APRN Consensus Model poster and Nursing Commission information**.
   - The posters will be displayed at the Advanced Practice Primary and Acute Care conference on October 31st through Nov1st. ARNP United is meeting during the conference and Martha has been given time to provide a Nursing Commission up-date at the meeting.
   - Karen Hays will obtain the poster for a Certified Nurse Midwife educational event in February. SC members are asked to let Martha know if they would like the posters displayed.

7. **Inquiry Report:** Nancy Armstrong reported on the categories that have been developed for inquiries to assist in tracking types of questions that could be addressed in frequently asked questions. It was suggested that Nancy write an article for the next Newsletter on the categories. Nancy will work on it.

8. **Items for 11-08 Nursing Commission Meeting:** It was moved and seconded to recommend to the 11-08-13 Nursing Commission meeting that the ARNP SC name be changed to the Advanced Practice Subcommittee.

9. **Nursing Practice Advisory Groups for Advanced Practice**: The policy of the Nursing Practice Advisory Group (NPAG) policy was reviewed to see if we could adapt it for Advanced Practice. The group did not see as it as group like that meets as a committee. The policy did not fit our needs. Martha will talk with Paula about details and develop a draft for the next ARNP SC meeting.

10. **Working with other Nursing Commission Subcommittees:** It is difficult to interface with the other subcommittees and pin point what needs to be brought to the ARNP SC. It is a problem that needs addressing at future meetings.

11. **October ARNP Survey items:** Items were reviewed for the survey that will be on-line for one month beginning October 28th to determine if more ARNPs are more informed about the APRN Consensus model than in 2011. Martha thanked APRN Committee members for their input.

12. **Advance Practice Advisor Report**: Martha attended the Regional Nurse Practitioner Residency Forum put on by the VA of Puget Sound Health Care System. She was invited to speak to the residents at a forum they are having in November. She will be attending the Citizen's Advocacy Council held in Seattle on October 29th and 30th.

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13. **Open Mike:** The public member attending did not wish to make any comments.

14. **Adjournment:** Meeting adjourned at 8PM

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Nursing Care Quality Assurance Commission (NCQAC)
Licensing and Disciplinary Subcommittee
Special Meeting
July 29, 2013
Telephone Conference Call
4:00PM

Sub-Committee Members:	Margaret Kelly, Chair; Cass Tang (excused); Lois Hoell (excused)
DOH Staff /Guest:	Mary Dale, Teresa Corrado, Miranda Bayne, Catherine Woodard, Margaret Holm
Call to order	Digital recording announcement

Roll call

1. **June Minutes - Margaret**
   The minutes from the 6/24/13 meeting were approved to go to the September NCQAC meeting.

2. **Practice on an Expired License –Margaret**
   DISCUSSION: The information from the July NCQAC meeting was reviewed. Mary drafted a revision to the RN/PN Sanction Standards to allow several levels of potential resolution to practice on an expired license. There was discussion whether the refresher course may be waived. WAC 246-840-130(3)(d) and (h) address waiving the clinical portion of the course.
   In reviewing the sanctions, staff found several concerns in the ARNP sanction standards. These will be brought to the attention of the ARNP subcommittee, along with a suggestion to mirror the RN/PN sanctions.
   DECISION: Mary will write a motion for the September NCQAC meeting to adopt the draft revision of the sanction standard, and include the draft sanction in the meeting packet. Mary will contact Laurie Soine regarding the ARNP sanctions.

3. **Reporting Disciplinary Action to a Certifying Body – Margaret**
   DISCUSSION: The subcommittee was asked to look at the issue of sharing disciplinary information with certifying bodies. It was also suggested that we require the nurse to report to them in the STID or order. The National Council has "E-Notify" which can be used by the certifying body to get this information. It is also on Provider Credential Search. The large number of certifying bodies would make this task very costly. If the requirement was included in a STID or order, it will take additional resources to determine if the requirement was met.
   DECISION: The subcommittee declined to take on this issue, because it is not within the commission's responsibility or jurisdiction. Additionally, we have a new Strategic Plan that does not include this objective.

4. **WHPS Audit - Mary**
   DISCUSSION: The subcommittee reviewed issues from the audit. Several issues have been resolved, but others are still a concern.
   - WHPS decision-making process following compliance issue

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- Reports from WHPS to NCQAC
- Annual performance audit of WHPS
- Procedure for reporting meeting with NCQAC
- WHPS standard contract
- Return to work date

DECISION: Mary will take several questions forward, and add this to the August subcommittee agenda.

5. **Nurse Consultant Update – Margaret Holm**
   DISCUSSION: Margaret presented her monthly report. She clarified responsibilities for the newsletter article with Margaret Kelly.
   DECISION: Margaret Holm with talk with two candidates for the newsletter article; then Margaret Kelly will interview one. Margaret Holm will write the final article.

6. **Investigation Update – Catherine**
   Catherine presented her monthly report and statistics.

7. **Licensing Update - Teresa**
   Teresa is updating the format of her monthly report, as she has a new supervisor. She will provide a report in the new format next month.

8. **Work Plan - Margaret**
   Review and update the work plan.
   The Regulatory Action Pathway is complete and will be removed from the list.
   The sexual misconduct rules are no longer on hold. Mary will have an update for the August meeting.
   The endorsement rule has been on hold, and is not in the top priorities. This will be addressed again at the December meeting.
   The international rule has been on hold. The CR101 was filed, but will be withdrawn. This rule will be revised along with the education rules. This will be removed from the Work Plan.
   A due date of the October subcommittee meeting will be added to the NCI outreach for workplace diversity.

Adjournment

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Nursing Care Quality Assurance Commission (NCQAC)
Licensing and Disciplinary Subcommittee
Special Meeting
August 26, 2013
Telephone Conference Call
4:00PM

Sub-Committee Members:	Lois Hoell, Chair; Margaret Kelly (excused); Cass Tang (excused)
DOH Staff /Guest:	Mary Dale, Teresa Corrado, Miranda Bayne, Catherine Woodard, Margaret Holm (excused)
Call to order	Digital recording announcement

Roll call

1. **July Minutes - Lois**
   The minutes from the 7/29/13 meeting were reviewed and approved. It was noted that the WHPS audit was to be included in the August meeting, but was omitted.
   DECISION: The audit will be added to the September meeting.

2. **CORE Report – Lois**
   Members and staff reviewed the report to determine if items should be included in the Strategic Plan. Paula advised that the Performance Measures address licensing and disciplinary portion of the CORE report.
   DECISION: No other items need to be addressed.

3. **Rules – Mary**
   Input from the Assistant Attorney General is that we can include the definitions in the sexual misconduct rule, rather than placing them in definitions. This will allow us to proceed with the current CR101, rather than withdrawing it and submitting another.
   DECISION: Next steps will include reviewing the current draft with the task group (Margaret, Cass, Miranda, and Mary); sending to the stakeholder list for further comments; filing the CR102.

4. **SUAT II – Mary**
   The SUAT II project is progressing and a final product will be presented at the September 13 Commission meeting. The proposal addresses WHPS respondents who are out of compliance with WHPS and are no longer eligible to return to the program. The new process will expedite the Statement of Charges and the final decision on the cases. A memo, along with a copy of the WHPS file, will advise the commission of the non-compliance. An SOC will be drafted immediately and sent to the AAG. The case will be added to an expedited docket that is set for two week intervals. The commission will be asked to delegate decision making authority to the Health Law Judges for these specific cases.

5. **Licensing Report - Teresa**
   Teresa reported there has been a 12% increase in applications (1,000) since FY2012. Tele-nursing has had an impact on the increase. Teresa's lead staff is taking education leave for four months. Staff has received many calls on continuing competency.

6. **Case Management Team Review - Mary**
   The subcommittee reviewed the statistics for CMT for the last year. The number of reports opened for investigation remains consistently at 35%. Mary was asked about the Early Remediation Program. We continue to use this option when cases fit the criteria, however there are not many cases that fit. It is a good program for those who are eligible.
   DECISION: Mary will bring ER statistics to the September meeting.

7. **Work Plan - Lois**
   The work plan was reviewed and updated. If the SUAT II proposal is adopted at the September NCQAC meeting, this will come off the work plan. Margaret Kelly is working with Margaret Holm to determine a topic for the newsletter. There was a question as to why the NCI outreach for workplace diversity was on the Licensing & Discipline work plan. This will be addressed at the September subcommittee meeting.

Adjournment: 4:35 p.m.

Consistent Standards of Practice Minutes
September 3, 2013 12:00 PM to 1:00 PM
Nursing Care Quality Assurance Commission (NCQAC)
111 Israel Rd SE, Town Center 2, Room 246
Tumwater, Washington 98501

Committee Members:	Gene Pingle RN, BSN-BC, CEN, Chair Laura Yockey LPN Roger Gantz BA, MUP Charlotte Foster RN, BSN, MHA
Staff:	Debbie Carlson MSN, RN

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.

1. **12:00 PM Opening – Gene Pingle**
   a. Call to order & roll call
   b. Introduction

2. **Review of minutes**
   The minutes from the August meeting were reviewed and approved.

3. **CSP Subcommittee member roles, responsibilities and meeting times, CSCSP future direction**
   a. The committee discussed their roles, responsibilities and possible meeting times.
   b. They reviewed policies and guidelines for meetings. Ms. Carlson will do a survey of members to find out what times and dates work best for the members once the new members are assigned.
   c. Mr. Pingle stressed the importance of member participation

4. **Nurse Extender Crosswalk**
   a. Ms. Carlson shared a draft spreadsheet that Linda Patterson developed that identified the educational and training requirements for credentialed individuals including medical assistants, nursing assistants, home care aids, certified-nursing assistants/medication assistant endorsement and surgical technicians as a tool.
   b. The Committee discussed how this could be valuable and recommended additional information breakdowns specific to delegation and scope of practice within the various credentials. Ms. Carlson will continue to work on this and present at a future date.

5. **NPAG Update**
   Ms. Carlson provided an update on the four NPAG groups – initial meetings and assignments scheduled in September.

Meeting adjourned at 1:00 pm

Nursing Care Quality Assurance Commission (NCQAC)
Nursing Program Approval Panel (NPAP)
PANEL B Minutes
DRAFT
June 20, 2013

Commission Members:	Rhonda Taylor, Chair
Pro Tem:	Karen Heys
	Laurie Soine
	Catherine Van Son (Absent – by Proxy Comments Included)
DOH Staff:	Mindy Schaffner, Nursing Education Advisor
	Carol Knutzen, Nursing Education Assistant
	Tim Talkington, Staff Attorney
	Marlee O'Neal, Staff Attorney

10:00 AM Opening — Rhonda Taylor, Chair

- Call to order
- Minutes from May 3, 2013 approved with changes.

1. Wenatchee Valley College

Discussion: The panel reviewed and discussed the "Follow-up National League for Nursing Accrediting Commission (NLNAC) Report from Warning Status."
Decision: The panel accepted the report from NLNAC and gave approval of the program until winter 2018 at which time another accreditation visit will be made.

2. Seattle Pacific University

Discussion: The panel reviewed and discussed a proposed Major Curriculum Revision Proposal for the school's Master of Science in Nursing (MSN) Program.

Decision: The panel provided conditional approval pending the clarification of the following:

- On page 2 of the proposal, it is stated that "direct patient care experiences will not be required." The panel asked the program to identify both the direct and indirect experiences that will be part of the Population Health Bridge Course. WAC 246-840-575(3)(b) requires that baccalaureate programs include theory and clinical (practice) experience in community and public health nursing.
- On page 4 of the proposal, for the Registered Nurse (RN)-entry, it was not clear to the panel if active nursing practice was required for this group of students since there is an "or" between c) and d).

3. Tacoma Community College

Discussion: The panel reviewed and discussed the NLNAC Visit Report – Consideration for on-going program approval

Decision: The panel expressed concern over the number of deficiencies identified in the report and requests a written brief follow-up report by July 15, 2014 on the progress made over the course of this next academic year in addressing the following Standards:

- Standard 2 Faculty and Staff, Criteria 2.1.2.4 and 2.6; [WAC 246-840-560, WAC 246-840-570(5)(b)]
- Standard 6 Outcomes, Criteria 6.1, 6.2, 6.5.1, and 6.5.3, [WAC 246-840-548]
- Standard 1 Mission and Administrative Capacity, and [WAC 246-840-555(3)(7)(a)(b)(c)(d)(e)(f)(g)(h)(i)(8)]
- Standard 4 Curriculum. [WAC 246-840-550(2), WAC 246-840-575(3)(a)(b)(c)(d)(e)].

4. Heritage College Site Visit

Discussion: The panel reviewed and discussed the site visit report completed by the Nursing Education Advisor (NEA) and the Program's Self-study Report.

Decision: The panel decided to place the Practical Nurse and Associate Degree Nursing Programs on Conditional Approval. The NEA will make a follow-up visit in the spring of 2014. The program is required to write a full Self-study.

5. Ida V. Moffett School of Nursing, Samford University

Discussion: The panel reviewed and discussed a request for clinical site placements for Family Nurse Practitioner (FNP) students.

Decision: The panel deferred action and asked for more information. The panel requested the following information from the school:

- Identification of planned clinical sites and how they will be selected,
- Description of the type and specific practice area of proposed clinical learning experiences,
- Identification of the clinical faculty member(s) that is/are or will be licensed in the state of Washington as an (Advanced Register Nurse Practitioner (ARNP) who will oversee student clinical experiences,
- Provision of sample copy of clinical affiliation agreement,
- Plan for cooperative planning with other nurse practitioner schools that may also be utilizing the proposed clinical sites,
- Evidence of written policies related to the management of the clinical learning experience to be conducted in Washington State (e.g. faculty to student ratio, criteria for selection of agencies, process of evaluation of agencies and sample/actual written affiliation agreements),
- An explanation on how competent preceptors are selected and how verification of qualifications of him or her is completed, and
- An explanation of the process for the evaluation of student performance in the clinical setting.

6. MGH Institute of Health Professions

Discussion: The panel reviewed and discussed a request for clinical site placement for one FNP student.

Decision: The panel approved of Alicia Gamrathto to practice in the role of an advanced practice registered nurse student at the Larson Family Medicine and Medical Aesthetics in Burien, Washington.

7. Denver School of Nursing

Discussion: The panel reviewed and discussed a request for clinical site placements for up to six (6) Bachelor of Science in Nursing (BSN) students per calendar year for senior practicum.

Decision: The panel approved of clinical site placements for the three (3) current students that are in clinical rotations in Washington State facilities. And requested that the school coordinate future efforts with existing nursing programs when placing additional students in areas throughout the state. This could be accomplished by contacting the schools, or checking with clinical consortiums in the area. Health care facilities approve of all clinical site placements in its facilities and is a good source to provide the school with information on nursing programs utilizing the facility.

The school may place up to six nursing students per calendar year in the state of Washington, pending submission of affiliation agreements to the commission and evidence of coordination with existing nursing programs in the state of Washington. The panel requested that the school submit written policies of how agencies and preceptors are selected.

8. Indiana State University

Discussion: The panel reviewed and discussed a request for approval of Licensed Practical Nurse (LPN) to BSN, RN to BSN, Masters in Nursing with concentrations in administration, education, and FNP, doctorate in nursing practice, and certificate of FNP and nursing education.

Decision: The panel deferred action and requests the following information:

- Information on how the school will ensure that clinical affiliation agreements are in place with each site. The panel asked for copies of each affiliation agreement once formalized.
- A plan to ensure that students in the LPN to BSN program obtain experiences in pediatrics, medical surgical, obstetrics, and mental health nursing as required for RN licensure in the state of Washington [WAC 246-840-575(3)(e)(ii)]. The panel requested identification of the clinical sites that will be used for these experiences.
- A plan on practice or clinical experiences in community and public health as required of BSN students in the state of Washington [WAC 246-840-575(3)(b)].
- A plan for practice experience in leadership as required of BSN students in the state of Washington [WAC 246-840-575(3)(d)].
- Identification of the faculty members responsible for clinical supervision of students in the LPN to BSN, RN to BSN, FNP, DNP and MS in nursing education and nursing administration. The panel requested information on the educational qualifications of faculty and if each faculty were licensed in the state of Washington as RN or ARNP.
- Clarification on the table entitled "affiliation agreements." The panel would like to know what clinical experiences will be obtained from these sites.
- Evidence of discussion regarding cooperative planning with directors of existing nursing programs or clinical consortiums located in Washington State.

The panel requested that the school provide this information by August 8, 2013. This will enable the panel to determine if the school may conduct clinical experiences in Washington State after September 1, 2013.

9. Regis University

Discussion: The panel reviewed and discussed a request for clinical site placements for RN-BSN, RN-MS in nursing (leadership in health care systems, FNP, neonatal NP), Doctor of Nursing Practice (DNP) (advanced practice nurse, advanced leader in health care).

Decision: The panel deferred action and requested more information on the following:

- The type and the specific practice area (e.g. clinic, hospital, community health center etc) of the proposed clinical learning experiences,

- Projected and current number of students in each program area. The date of expected clinical experience(s). When will they begin? How many students are currently in the program from the state of Washington and in what program of study?
- Identification on how the applicable programs prepare students for licensure in Washington State (refer to scope of practice laws and rules),
- Clarification on what Marcia Gilbert's role will be related to serving as Nurse Practitioner (NP) Coordinator (who will be the clinical/practice coordinator for the RN/BSN program?),
- Identification of the clinical/practice experiences (both direct and indirect experiences) for students in the RN/BSN program of study and where these students will obtain the experiences),
- Identification of the clinical faculty for the RN/BSN students including qualifications and licensure,
- Information on course descriptions (student learning outcomes, credits and course objectives - 478R, 623F, 485R, 715, 725A-D),
- The written plan for clinical supervision, and
- Copies of all affiliation agreements.

10. Excelsior

Discussion: Discussion deferred until future meeting.

The panel adjourned at 12:10 pm.

Nursing Care Quality Assurance Commission (NCQAC)
Nursing Program Approval Panel (NPAP)
PANEL A
July 18, 2013
Draft Minutes

Commission Members:	Susan Woods, Chair
	Lois Hoell
Pro Tem:	Carl Christensen
	Barbara Gumprecht
DOH Staff:	Mindy Schaffner, Nursing Education Advisor
	Carole Knutzen, Education Assistant
	Tim Talkington, Staff Attorney
	Marlee O'Neill, Staff Attorney

10:00 AM Opening — Susan Woods, Chair

- Call to order at 10:00AM
- The minutes from May 16, 2013 were reviewed and approved with changes.

1. **Pierce Community College**
   Discussion: The panel reviewed material submitted by the program in response to the request for more information regarding a proposed substantive change on course numbering and integration of pharmacology into existing nursing courses.

   Decision: The panel approved of the substantive change request.

2. **St. Martins University**
   Discussion: The panel reviewed material submitted by the program in response to the panel's request for more information on the plan for faculty hiring and expansion of the program in several locations of the state. The panel also requested information on the administrative responsibilities of the nursing program director.

   Decision: The panel deferred action and requested further clarification on the plan for hiring faculty in the future. The panel requested a matrix or plan for the hiring of faculty for all campuses. The panel requested information on faculty workload and how this will be determined for faculty who work on two campuses, including clinical/practice supervision by faculty. WAC 246-840-555(3) & (7) require that the nurse administrator be involved in university activities and governance. The panel requested more information on the expectations for the nurse administrator in these activities.

3. **Western Washington University: Follow-up to NPAP Request for Information (Approve/Not Approve)**
   Discussion: The panel reviewed material submitted by the program in response to the request for more information regarding the administrative responsibilities of the nursing program director and the program's comprehensive systematic program evaluation plan.

   Decision: The panel deferred action and requested further clarification on the involvement of the nursing program director's participation and involvement in faculty evaluations. On page 2 (Probationary Faculty Review) of the submitted letter, it stated that "The chair then summarizes the individual written faculty evaluations and recommendations for or against

renewal and submits a letter to the Dean." The chair is mentioned several times in the collective bargaining agreement. The panel would like to know if the 'chair" position is synonymous with Nursing Academic Program Director. The panel requested more information regarding the program's proposed systematic plan and the plan for collecting, analyzing and using information to evaluate the program. The panel asked for more information on the use of palliative care settings to educate students to a population-based or community focus. In addition, the panel was curious as to the benchmark of "at least 90% of admissions will have met all requirements for admissions including GPA of 2.75." The panel asked if the program desires to have 100% of the admissions meeting the admissions requirements as benchmarks are based on expected performance.

4. **Clover Park**

Discussion: The panel reviewed and discussed the nursing education advisor's survey report and the program's focused self-study for on-going program approval. The site visit was conducted on May 31, 2013.
Decision: The panel decided to grant full approval status to the program. The next full review and site visit will be spring 2021. The panel encouraged the program to seek accreditation by a nationally recognized nursing body.

5. **South Puget Sound Community College**

Discussion: The panel reviewed correspondence dated May 20th and subsequent information from Dr. Tim Stokes, President of South Puget Sound Community College regarding the state of the nursing program.

Decision: The panel did not take action on the information provided. The program will be approved by NPAP once the report from ACEN is received.

6. **Yakima Valley Community College**

Discussion: The panel reviewed and discussed the NLNAC site visit report and the program's self-study.

Decision: The panel deferred action and asked for further clarification on the nursing program coordinator's role in evaluating faculty, including both faculty that teach in the classroom and those that teach in a clinical setting. The panel also requested more information on the appointment, promotion, tenure, and retention of faculty.

7. **University of Louisiana-Lafayette**

Discussion: The panel reviewed and discussed the program's application and materials provided for an on-line RNB program. The program stated that there were no clinical or internship experiences provided.

Decision: The panel denied the request as students do not have any practice experiences in this program. The Nursing Commission requires that nursing programs that have RN-BSN meet the requirements of WAC 246-840-575 for baccalaureate programs. These

requirements include practice or clinical experiences in public/community health and leadership. A copy of the denial letter will be sent to Commission on Collegiate Nursing Education (CCNE). The program will be referred to the American Association of Colleges of Nursing white paper entitled "Expectations for Practice Experiences in the RN to Baccalaureate Curriculum."

8. **Oregon Health & Science University**

Discussion: The panel reviewed and discussed the program's request for approval of clinical placements for both the BSN and RNB Programs.

Decision: The panel deferred action and requested that the program submit the most current application which asks for information (that was not provided) on the following items:

- Identification of the faculty member(s) responsible for the student's clinical learning experience and his or her educational qualifications and licensure;
- Written plans for the clinical supervision of nursing students; and
- Evidence of written policies related to the management of clinical learning experiences to be conducted in Washington.

9. **Blue Mountain Community College**

Discussion: The panel reviewed and discussed the program's request for approval of clinical site placements for the ADN pre-licensure program.

Decision: The panel denied the request and asked that the program resubmit and use the current application. The application was largely incomplete in information requested. .

10. **University of San Francisco**

Discussion: The panel reviewed and discussed the programs request for approval of clinical placements for the ADN/BSN to MSN, MSN and DNP programs. The request was for no more than five students per academic year. The clinical sites included Harborview Medical Center, Island County Public Health Department, and Northgate Medical Center.

Decision: The panel deferred action and requested more information on the following items:

- The name, qualifications, and Washington State nursing license number of the clinical faculty member responsible for student supervision; and
- Information on how student supervision will be done by the clinical faculty (e.g. how often and by what means?).

Next meeting: **Panel A:** Thursday, September 19, 2013 10:00 am – 12:00 pm (Needs to be changed (TBA)
Panel A: Thursday, November 21, 2013 10:00 am – 12:00 pm

Meeting Adjourned at 11:59 AM

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

Minutes

July 8, 2013

Panel Members: Margaret Kelly, Chair
Rhonda Taylor
Margaret Mary Castle
Judy Bungay
Roger Gantz (Absent)

DOH Staff: Mindy Schaffner, Nursing Education Advisor
Carole Knutzen, Nursing Education Assistant
Tim Talkington, Staff Attorney
Marlee O'Neill, Staff Attorney

1. **10:00 AM Opening — Margaret Kelly, Chair**
    a. Call to Order at 10:01 am
    b. Review of June 10, 2013 Minutes -- Approved with minor changes

2. **Program Review:**
    a. New Chapters in Healthcare Education:
        i. Discussion: The program had previously been reviewed to see if it met requirements by the panel.
        ii. Decision: The panel asked for clarification if the program had a skilled nursing facility for the clinical portion of the program. If they do the program will be approved the panel does not need to review the program again.

3. **Plans of Correction for Low Pass Rates**
    a. Alderwood Care Center
        i. Decision: Denied. The panel requested clarification about the skills checklist including foot care, oxygen and the sterile applications. The panel also requested that the program submit an updated skills checklist. The panel offered the program technical advice about adding a pass fail column to the skills checklist.
    b. Care Careers Academy
        i. Decision: Approved.
    c. Caregiver Tech
        i. Decision: Denied. The panel requested additional information about what changes were made to the entrance exam. The panel also requested clarification on what the program will be monitoring and evaluating. The panel also requested information on how the extra class time will be used.
    d. Divine
        i. Decision: Denied. The panel requested a more specific evaluation plan. The panel also requested information on what is done for students who are struggling. The panel also offered technical assistance and recommended that the program may want to look at pre and post testing to see if students are understanding and learning the information.

e. DT&T
    i. Decision: Denied. The panel requested more information about how the program works with students who are failing. The panel encouraged the program to look at what test prep is offered students.
f. Kelso School District
    i. Decision: Approved. The panel recommended that the program include the facility complaint procedure in their information for students.
g. Life Care Center Of Port Townsend
    i. Decision: Accepted. The panel recommended that the program look at instructor abilities and how they are measured.
h. NW Pathways
    i. Decision: Denied. The panel requested more information about the eight hours that were added to the schedule. They also requested that the program explain the attendance policy and evaluation methods.
i. NEWTECH Skills Center
    i. Decision:
        1. Denied. The panel requested more information about the program.
        2. The panel opened an investigation around the students who the program claims did not graduate from the program. The panel had concerns over the possibility of forged documents. The panel also instructed the staff to investigate the student ratios.
j. Pierce College
    i. Decision: Denied. The panel requested information on what the CASA score is set to since the program is still saying that ESL is a problem. The panel also requested that the program focus more on how the information is taught.
k. Shelton Health and Rehab
    i. Mimi Castle recuesed herself.
    ii. Decision: Denied. The panel requested that the program be made aware that allowing students to pass without have their skills checked off is out of compliance with the rules. The panel also requested that the program ensure that it is in compliance with DSHS reimbursement rules. The program will also be notified that it takes 12 business days for a student to schedule the exam so the two week deadline is impossible.
l. Tri-Tech Skills Center
    i. Decision: Denied. The panel requested information on what changes were made. The program needs to identify the contributing factors.
m. Spokane Community College
    i. Decision: Denied. The panel requested that the program provide more information. The program director needs to be doing more evaluations of instructors. The panel was also concerned that the plan of correction mentioned “correctly” demonstrating the skills.
n. Western State Hospital
    i. Decision: Denied: The panel requested more information about how students are admitted to the program and the one on one process that is mentioned.
o. Yakima Valley School
    i. Decision: Denied. Clarify the statement about sample size and how the pass rates are calculated. Please clarify how they calculated their numbers. They should be able to see where students are failing. Need to take responsibility.

4. Website

a. The panel would like to have a model plan of correction posted on the website, a PowerPoint about plans of correction on the website and the article from the newsletter posted on the website. Becoming a testing center, tighter screening before admission, test prep as part of the class.

Next Meetings:
August 12, 2013 – depends on Margaret
September 9, 2013

Closed at 11:32 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 9, 2013

Panel Members: Margaret Kelly, Chair
Rhonda Taylor
Margaret Mary Castle
Judy Bungay

DOH Staff: Mindy Schaffner, Nursing Education Advisor
Carole Knutzen, Nursing Education Assistant
Tim Talkington, Staff Attorney
Marlee O'Neill, Staff Attorney
H. Louise Lloyd

1. **10:00 AM Opening — Margaret Kelly, Chair**
   a. Call to Order at 10:01
   b. Review of July 8, 2013 Minutes – Approved with minor changes.

2. **Instructor Approval**
   a. Excel Instructor #1:
      i. Discussion: The panel reviewed an applicant's request to teach at Excel Health Careers.
      ii. Decision: The panel denied the application because the applicant doesn't meet the requirements.
   b. Excel Instructor #2:
      i. Discussion: The panel reviewed an applicant's request to teach at Excel Health Careers.
      ii. Decision: The panel deferred and requested more information from the applicant.
   c. Excel Instructor #3
      i. Discussion: The panel reviewed an applicant's request to teach at Excel Health Careers.
      ii. Decision: The panel deferred pending the outcome of the hearing.
   d. Caregiver Technical:
      i. Discussion: The panel reviewed an applicant's request to teach at Caregiver Technical.
      ii. Decision: The panel approved the instructor.

3. **Investigation Review**
   a. NAC Essential Prep
      i. Discussion: The panel opened a complaint investigation into the program about the teaching, the HIV and other concerns with the program. The program submitted documentation showing how they intend to fix the problem already.
      ii. Decision: The panel closed the complaint as no further action needed.
   b. Tacoma Community College
      i. Discussion: The panel opened an investigation after receiving a complaint from a student who felt that she was dismissed from the program unfairly.
      ii. Decision: The panel closed the complaint as no further action needed. The panel reminded the program director of the regulations around mandatory reporting. The panel expressed concern that four students have watched one resident receive care.

c. CNA Schools NW
    i. Discussion: The program was investigated for running programs without approval, not having instructors approved before they began teaching and providing false and misleading information to the public.
    Decision: The panel issued a Letter of Determination: Intent to Withdraw Approval

4. Train the Trainer Course Review: Train the CNA Trainer

a. Discussion: A new program has requested to be approved to offer the train the trainer course. This course is designed to meet the requirements for program directors in WAC 246-841-470(3).
b. Decision: The panel approved the program.

5. Plans of Correction for Low Pass Rates

a. Cascade Job Corps
    i. Decision: Denied. The panel requested more information about how classroom and nursing assistant hours are determined. The panel would also like to know why students are given a second pre-test if the students didn't pass the first version. Why would students be scheduled to take the competency test if they had not passed the test?
b. Chelan High School
    i. Decision: Denied. The panel requested more information on how they are testing the skills at the end of the course, how are students evaluated to pass the class, what support can the high school provide? The panel expressed concern over the instructor giving the students her personal contact information. What score in the class correlates to passing the exam?
c. Clark College
    i. Decision: Denied. The panel would like to see more definitive changes. The panel would like to remind the program that the students need to know every step in the skills not just most of them.
d. Forks Community Hospital
    i. Decision: Denied. The panel cannot accept the letter instead of plan of correction. The panel is sensitive to the challenges the program faces but must protect public safety.
e. Frontier
    i. Decision: Denied. The panel requested more information regarding when students are required to pass the skills in step 2. Is the program changing the hours?
f. Pierce County Skills Center
    i. Ms. Bungay recused herself.
    ii. Decision: Approved.
g. Seattle Central
    i. Decision: Denied: The panel would like to remind the program that communication is not a 23rd skill. The panel would like clarification on if the I-Can modules are updated.
    ii. The panel identified issues that are not in compliance with the rules and requested a second plan of correction to address those. A NAC cannot check students off on skills or teach. The HIV hours must be included with the class and cannot be a prerequisite. The classroom content and clinical learning must be related. Students should not be learning vitals in lab and then in class several days later.

6. Approved Programs:

a. Discussion: The panel reviewed a list of all programs approved since January 2013.

7. November Meeting

a. The November meeting fell on Veterans Day and was moved to November 18, 2013.

8. Article for the newsletter:

a. Discussion: Mindy will talk to NACES and request an article about the testing process for the next newsletter.

The meeting adjourned at 11:59 am.

Report on Regional Nurse Practitioner Residency Forum

Date & Place: 9-17-2013 at North Seattle Community College, Seattle, WA
Attended by: Mindy Schaffner, Educational Advisor, and Martha Worcester, Advanced Practice Advisor

PURPOSE: To understand the nurse practitioner residency programs that are being implemented to assist nurse practitioner graduates in transition to practice after graduation.

OUTCOMES: Awareness of programs being developed within the Veteran's Administration and other large medical centers providing mentorship to new graduates.

- Programs are a year in length and provide daily interactions with nurse practitioners and mentorship in decision making on diagnosis and treatment of patients.
- Even large medical centers can only take small numbers of students each year to provide the type of oversight needed for quality mentorship.
- Institutions allow those involved in mentoring time away from their practice to mentor.
- Having small numbers prevents displacement of preceptorships for students still in academic programs.
- Residents are paid and not obligated to remain at the institution after finishing the residency.

RECOMMENDATION:
The programs are in their infancy. As yet there are no national or state accreditation processes for these programs. Continue to follow the development of residency programs and assess the need for Nursing Commission involvement during the Education Rules Writing Workshops.

Report submitted by Mindy Schaffner and Martha Worcester

NCSBN Conference on Leadership and Public Policy

Rapid City, South Dakota

Sept. 17-19, 2013

Lois E. Hoell, Commission member

Purpose: The purpose of the conference was the presentation of various speakers addressing the process of developing the tools to "carve your niche and transform the future of public policy".

Outcome: The conference was led by nationally recognized speakers with a variety of back grounds and expertise. They brought together concepts from history, education, government, nursing, research and law to provide the foundation for furthering our impact on public policy. We were provided with strategies to further our leadership skills to overcome the challenges that we face.

Recommendation: NCSBN presented a superb conference with great speakers! The exposure to the level of knowledge and expertise of the presenters was exemplary. It is a conference not to be missed.

NCSBN
National Council of State Boards of Nursing

Letter from the President

POST-BOARD MEETING UPDATE

Oct. 16, 2013

Your brand new NCSBN Board of Directors (BOD) met for its first full meeting Sept. 25 – 27, 2013. We welcomed both re-elected members and new board members.

We started with a discussion of and orientation to the nature of our not-for-profit organization, and the responsibilities and expectations of BOD members. One question that routinely arises is about "lobbying." The short answer is that per our Articles of Incorporation, NCSBN cannot campaign for any specific candidate but it CAN meet with executive officials and other policy makers in both federal and state governments to provide information and education on issues of concern to the organization and its member boards. We also spent two hours in a "governance session" with Board Source Consultant Susan Meier to discuss how we could advance our governance thinking.

Highlights of the meeting include:

From the Environmental Scan we learned that:

- Texas is now the medical training area for three military branches (Army, Navy and Air Force); civilian facilities are being used for some of the training–the Texas Board of Nursing has worked out a process to give temporary licenses in these situations.
- Tom Abram (BOD legal counsel) shared that the proposed Emergency Medical Services (EMS) Compact will include military spouses; we do not have all the details, but the effort to establish an EMS Compact is being funded by Homeland Security.
- The Florida Board of Nursing is waiving licensure application fees for recently discharged military nursing personnel.
- A strategic group for the implementation of the APRN Consensus Model convened for the purpose of renewing bridges and to pull together (this included representatives from ANA, NPs, CNS, CNM, AARP, NCSBN and the Council of State Governments [CSG]). Lindsay Beaver, legislative affairs associate, Nursing Regulation, NCSBN, and Maureen Cahill, associate, Outreach Services, NCSBN, will telephonically meet monthly with these groups to keep the initiative moving in concert.
- HR 3077 is a proposed congressional bill regarding licensure exemption that would allow licensed practitioners within the federal system to practice telemedicine with Medicare patients anywhere. Currently the bill has no traction, but there is a Senate companion bill. This is being carefully monitored. Our position will be to oppose any more exemptions regarding licensure at the federal level.
- From the CSG meeting there were two items of interest reported by Lindsay Beaver:
  - Attended presentation on the State Authorization Reciprocity Agreement (SARA), a compact developed by CSG, the President's Forum of Excelsior College and the Commission on Regulation of Postsecondary Distance Education. SARA establishes a voluntary framework designed to simplify and streamline the process for authorizing degree programs that operate across state lines, including online institutions. However, SARA does NOT apply to authorizations/approvals for nursing programs. This compact is in the initial stages of the implementation phase. Kathy Apple, NCSBN CEO, shared that both the Western Governors University (WGU) and Excelsior are interested in the use of interstate compacts because of the burden of going state to state for approval.
  - Spoke to state director for diabetes education advocacy to allow unlicensed assistant personnel (UAPs) to administer insulin.

The BOD had its Passing Standard Education session to learn and understand the process and methodology of setting a passing standard. This effort was in preparation for the December 2013 BOD meeting when the BOD will decide whether the NCLEX-PN® passing standard needs to be adjusted, and if so, by how much.

The BOD met with the Leadership Succession Committee (LSC) to talk about assumptions and understanding of the role of the LSC. Board members provided thoughts regarding engagement of candidates, the interviewing process and early engagement of board members from member boards.

The Finance Committee report and proposed fiscal year 2014 budget was approved. The financial posture of our organization remains solid. The Finance Committee looks at various scenarios over the long range considering low to high financial events. Use of reserve funds becomes necessary at the point when expense exceeds revenue. We received a report from Plante Moran (our auditing consultant firm) regarding a fraud risk assessment. The firm gathered information where it believed it was possible fraud could occur. The document provided to the BOD mapped out these items and listed the existing controls. The next step in the process will be to test the controls cited.

The BOD discussed topics for the 2014 Midyear Meeting (MYM) which is already in the planning stages. Feedback from Executive Officers (EO) Roundtable at the 2013 MYM revealed an interest in telehealth and issues pertaining to its effective delivery. Thus, the BOD recommended an intense session on this topic. We hope you will join us in Kansas City, Mo. for the 2014 MYM, March 10-12, 2014.

The BOD made committee appointments for those committees that still needed members. The BOD also modified the charge to the Distance Learning Education Committee (for prelicensure programs). The modified charge is to make recommendations for identified issues related to distance learning education (rather than limit the committee to model rules language).

The BOD talked about the challenges surrounding grandfathering for the APRN Consensus Model – particularly in the area of endorsement. Building on the work done by the APRN Committee of 2012-2013, the BOD determined to convene a meeting of EOs (or their designees) to operationalize the regulatory aspect for national consistence among jurisdictions.

Generative discussions throughout the year are always important to the organization and the BOD. Among the list of topics identified, the four that will start this year's journey are:

1. Where is NCSBN headed globally and what is the vision and goal of associate membership?
2. Where is NCSBN in relation to NNAAP® and MACE® and the role of NCSBN as it relates to certified nursing assistants (CNAs) and medication assistants (MAs)?
3. What kind of a presence should NCSBN have in Washington, D.C.?
4. What is the relationship between NCSBN BOD and the EO Leadership Council? How should it work?

These concepts are broadly worded. If you have thoughts and/or ideas, please do not hesitate to contact me to discuss them.

The NCSBN Information Technology (IT) department staff met with Canadian associate member IT staff to explore the possibility of mutually sharing licensure and data. More discussion is to occur in the near future to determine if and how data could interface. Public protection was the basis for the genesis of this topic. No decisions have been made about anything; the notion is in its exploratory phase.

As always, I WANT to hear from you regarding your interest, concerns and whatever else is on your mind. Your input is always valuable and appreciated.

On behalf of the entire BOD, thank you for the privilege to serve you.

Myra Broadway, JD, MS, RN
President
207.287.1148
myra.a.broadway@maine.gov

Nursing Care Quality Assurance Commission

HEAL-WA Usage report

HEAL-WA User Numbers 10/22/2013

	Eligible	Registered	Percentage
Chiropractor License	2537	321	12.7%
East Asian Medicine Practitioner License	1374	287	20.9%
Marriage and Family Therapist License	1323	121	9.1%
Massage Practitioner License	13843	1010	7.3%
Mental Health Counselor License	5609	738	13.2%
Midwife License	129	54	41.9%
Naturopathic Physician License	1159	485	41.8%
Optometrist License	1613	205	12.7%
Osteopathic Physician & Surgeon License	1433	179	12.5%
Osteopathic Physician & Surgeon Limited License	79	3	3.8%
Osteopathic Physician Assistant License	53	10	18.9%
Physician And Surgeon Fellowship License	38	6	15.8%
Physician And Surgeon Institution License	5	0	0.0%
Physician And Surgeon License	25508	2687	10.5%
Physician And Surgeon Residency License	956	36	3.8%
Physician And Surgeon Teaching Research License	78	2	2.6%
Physician Assistant License	2746	367	13.4%
Podiatric Physician And Surgeon License	349	69	19.8%
Podiatric Physician And Surgeon Limited License	14	1	7.1%
Psychologist License	2581	505	19.6%
Registered Nurse License	85970	12925	15.0%
Social Worker Advanced License	103	5	4.9%
Social Worker Independent Clinical License	3630	425	11.7%
	151130	20441	13.5%

Department of Health
Health System Quality Assurance (HSQA) Boards and Commissions Leadership Meeting
October 21, 2013 Tumwater WA
Margaret Kelly, Lois Hoell

PURPOSE: This meeting was Health System Quality Assurance (HSQA) to provide updates to the Boards and Commissions on the: legislative session, policy issues and to learn what other boards and commissions have accomplished and what issues they are working on. This was also an opportunity to meet new Department of Health Secretary, John Wiesman and Assistant Secretary, Martin Mueller.

OUTCOME:

- Opening Remarks by Secretary Wiesman – A chance to learn more about his vision for the Washington State's Department of Health.

- Public Health in Health System Reform (Affordable Care Act) – Sue Grinnell. She identified deficiencies in the present state health system. The vision for the health improvement for all citizens in our state with new models of coordinated care. "Health system reform not just health care". Focus to be on population health, better care and lower cost thru education and prevention of chronic diseases.

- Public Health Improvement Partnership, "Agenda for Change" - Assistant Secretary Martin Mueller. He identified the strategic priorities that were listed in foundational public health service model, and the structure changes that have been made in the department of health. Focus on transform business processes and partnering with other service models to meet the strategic priorities.

- Boards and Commissions report out on activities, success and challenges. The Nursing Commission was recognized as a leader with acknowledgements from several commissions for NCQA advisor assistance and best practices. i.e.: sanction guidelines.

- Legislative Update – Assistant Director Policy, Legislative and Constituent Relations, Kelly Cooper - Review of potential agency request legislation for the 2014 session.

RECOMMENDATION: Continued attendance at these Department of Health Leadership events. For next session have a hand out identifying the overview of NCQA, accomplishments / successes and current issues being worked on by NCQA.

Website links:
Public Health Improvement
Plan: http://www.doh.wa.gov/PublicHealthandHealthcareProviders/PublicHealthSystemResourcesandServices/PublicHealthImprovementPartnership.aspx
Agenda for Change: http://www.doh.wa.gov/Portals/1/Documents/1200/A4C-APsummary.pdf

Thank you for the opportunity to attend the North West Regional Primary Health Care Conference held in Seattle On October 19-22, 2013.

This conference was aimed at (and supported by community health centers) with application for population health. The upcoming Affordable Care Act and the changes in reimbursement was the lens through which all the topics were presented. There were many groups represented all of which were somewhere along the way to implementation.

General themes were serving more people more effectively using evidence based medicine, with fewer resources, increasing standardization which will be measured by metrics and treating populations of patients seamlessly, thereby increasing positive health outcomes and decreasing the use tertiary hospital care.

Implications for nursing from the health care reform:
* Increasing market share in clinics for Medical assistants.
* The RN clinic role will be more management and population health including patient education and oversight/management/monitoring of population groups
* There is no shortage of nurses currently (although the shortage has been predicted to co occur with the graying of America) because of the increased use of less costly health care workers; think Medical Assistants.

Implications for ARNPs:
ARNP education and the commission as a function of regulation will need to become more focused on use of evidence based protocols. The commission will need to emphasize the data driven decision making as the standard for ARNPs in best practice and as it relates to discipline.

Topics I attended included:
Opioid Treatment of Chronic Pain
Physicians Clinical Support System Buprenorphine
Evidence Based Medicine and Data Driven Protocols
Implementing Care Management for Diabetes and Depression
Develop Your Entry Level Health care
Physicians Workforce Trends Recruitment and Retention Opportunities
Adapting Motivational Interviewing in Healthcare Settings
Improve Recruitment and Retention; Measure Success
Telehealth in Primary Care

I would be happy to provide more information about any of the above topics.

Again thank you so much for the opportunity to look at Primary Care Delivery after Affordable Care through the lens of regulation and the work of the commission.

2013 - 2014 Phone Meeting Dates for Subcommittees and Disposition Panels NCQAC and Hearing Dates, Subcommittee Information

NCQAC Meetings	Hearings All in Tumwater	Steering Committee 7:00 pm – 9:00 pm 3rd Wednesday 360-407-3780 PIN 885275#	Dates	NPAP Panel A 10:00 am-12:00pm 3rd Thursday 360-407-3780 PIN 319493#	Dates	NPAP Panel B 10:00 am-12:00pm 3rd Thursday 360-407-3780 PIN 319493#	Dates	NA – PAP 10:00am-12:00pm 2nd Monday 360-407-3780 PIN 296872#	Dates
7/12/13 In person	11/4/13 11/21/13 12-none 1/6/14 1/24/14 2/4/14 2/27/14 3/7/14 3/24/14 4/8/14 4/25/14 5/5/14 5/30/14 6/3/14 6/26/14 7/8/14 7/24/14	Masek, Suellyn, Chair	**12/10/13 **2/11/14 **4/08/14 **6/10/14	Baroni, Mary Chair	**9/24/13 **11/21/13 2:00 1/16/14 3/20/14 5/15/14 7/17/14	Gumprecht, Barbara Chair	12/19/13 2/20/14 4/17/14 6/19/14	Kelly, Margaret, Chair	**11/18/13 12/9/13 1/13/14 2/10/14 3/10/14 4/14/14 5/12/14 6/9/14 7/14/14
9/13/13 Kent		Benson-Hallock, Erica		Hoell, Lois		Soine, Laurie		Castle, Margaret Mary	
11/8/13 Olympia		Kelly, Margaret		Woods, Sue		Christensen, Carl		***Public Member***	
1/10/14 Kent		Pingle, Gene		Heys, Karen		Taylor, Rhonda		Rose-Bungay, Judy	
3/14/14 Kent		Poole, Donna		Schaffner, Mindy, staff		Schaffner, Mindy staff		Gumprecht, Barbara	
5/9/14 Spokane		Hoell, Lois		Knutzen, Carole, staff		Knutzen, Carole staff		Knutzen, Carole, Staff	
7/11/14 Kent		Meyer, Paula, staff		Talkington, Tim, Staff Attorney		Talkington, Tim Staff Attorney		Schaffner, Mindy, staff	
								Talkington, Tim, Staff Attorney	

2013 - 2014 Phone Meeting Dates for Subcommittees and Disposition Panels

NOTE: If the date or time of any state operator "meet me" conference calls need to be changed, contact Mike Hively at least 48 hours in advance. This will give sufficient time to update changes and notify anyone who is affected.

*Cancelled **Time or date Change ***Added

S:\HSQA\NCQAC\Commission\Calendars & Schedules\12-13Phone meeting information. . . Revised 10/22/13

NCQAC and Hearing Dates, Subcommittee Information

ARNP 3rd Wednesday 6:30-8:30pm 360-407-3780 PIN **310075#**	**Dates**	**Continuing Competency Subcommittee** **9:30-11:30am** 3rd Friday 360-407-3780 PIN **867153#**	**Dates**	**Consistent Standards** **12:00pm-1:00pm** 1st Tuesday 360-407-3780 PIN **457766#**	**Dates**	**Licensing and Discipline Subcommittee** **4:00-6:00pm** Last Monday 360-407-3780 PIN **246795#** **Committee uses Go to Meetings for calls**	**Dates**	**Legislative Task Force** **7:00-9:00pm** Every Tuesday During session 360-407-3780 PIN**: 917406#**	**Dates**
Poole, Donna Chair	11/20/13 12/18/13 1/15/14 2/19/14 3/19/14 4/16/14 5/21/14 6/18/14 7/16/14	Hoell, Lois, Chair	11/15/13 12/20/13 1/17/14 2/21/14 3/21/14 4/18/14 5/16/14 6/20/14 7/18/14	Pingle, Gene, Chair	11/5/13 12/3/13 1/7/14 2/4/14 3/4/14 4/1/14 5/6/14 6/3/14 7/1/14	Kelly, Margaret, Chair	11/25/13 12/30/13 1/27/14 2/24/14 3/31/14 4/28/14 5/26/14 6/30/14 7/28/14	Benson-Hallock, Erica, Chair	
Hays, Karen		Batch, Linda		Foster, Charlotte		Hoell, Lois		Masek, Suellyn	
Herzog, Todd		Benson-Hallock, Erica		***Public Member***		Tang, Cass			
Serna, Susana		Schuchmann, Anne staff		***LPN***		Corrado, Teresa, staff			
Soine, Laurie		Corrado, Teresa, staff		***RN, executive/ manager***		Dale, Mary, staff		Meyer, Paula, staff	
Williams, Mariann		Patterson, Linda, staff		Carlson, Debbie, staff		Woodard, Catherine, staff		Carlson, Debbie, staff	
Worcester, Martha, staff						Bayne, Miranda, staff attorney		Worcester, Martha, staff	
						Schuchmann, Anne staff		Schuchmann, Anne staff	

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*Cancelled **Time or date Change ***Added

S:\HSQA\NCQAC\Commission\Calendars & Schedules\12-13Phone meeting information. . . Revised 10/22/13

2013 - 2014 Phone Meeting Dates for Subcommittees, Disposition Panels
NCQAC and Hearing Dates, Subcommittee Information

Case Disposition Panel #1 7:30-9:30pm 1st Tuesday 360-407-3780 PIN **864133**#	**Dates**	**Case Disposition Panel #2** 2:30-4:30pm 3rd Tuesday 360-407-3780 PIN **996939#**	**Dates**	**Case Disposition Panel #3** 7:00-9:00pm 2nd Monday 360-407-3780 PIN **374523**#	**Dates**	**Case Disposition Panel #4** 2:30-4:30pm 3rd Tuesday 360-407-3780 PIN **388797**#	**Dates**
Benson-Hallock, Erica, Chair	12/3/13 1/7/14 2/4/14 3/4/14 4/1/14 5/6/14 6/3/14 7/1/14	Pingle, Gene, Chair	11/19/13 12/17/13 1/21/14 2/18/14 3/18/14 4/15/14 5/20/14 6/17/14 7/15/14	Tang, Cass, Chair	*11/25/13 12/9/13 1/13/14 2/10/14 3/10/14 4/14/14 5/12/14 6/9/14 7/14/14	Batch, Linda, Chair	11/19/13 12/17/13 1/21/14 2/18/14 3/18/14 4/15/14 5/20/14 6/17/14 7/15/14
Poole, Donna		Foster, Charlotte		Kelly, Margaret		Soine, Laurie	
Yockey, Laura		Benson-Hallock, Erica		Masek, Suellyn		Taylor, Rhonda	
Hoell, Lois		Serna, Susana		Sanders, Diane		Woods, Sue	
Staff Attorney		Staff Attorney		Williams, Mariann		***Public Member***	
				Herzog, Todd		Staff Attorney	
				Public Member			
				Staff Attorney			

NOTE: If the date or time of any state operator "meet me" conference calls need to be changed, contact Mike Hively at least 48 hours in advance. This will give sufficient time to update changes and notify anyone who is affected.
*Cancelled **Time or date Change ***Added

S:\HSQA\NCQAC\Commission\Calendars & Schedules\12-13Phone meeting information. . . Revised 10/22/13

*Cancelled **Time or date Change ***Added

NOTE: If the date or time of any state operator “meet me” conference calls need to be changed, contact Mike Hively at least 48 hours in advance. This will give sufficient time to update changes and notify anyone who is affected.

*Cancelled **Time or date Change ***Added

Washington State Nursing Care Quality Assurance Commission

Position Description

Legislative Task Force

Purpose: To review and comment on all legislative activity that may affect the practice of nursing in the State of Washington.

Membership:

Chairperson of Nursing Commission
Vice-Chairperson of the Nursing Commission,
Other interested Commission members.

Duties and Responsibilities:

1. Commission vice chair serves as the chair of the legislative task force
2. Develops an agenda as suggested by professional nursing groups and State Legislative activity,
3. Acts as a consultant in bill and fiscal analysis,
4. Presents Legislative issues to the Nursing Commission throughout Legislative session,
5. Maintains communication with the Executive Director who will be tracking the progress of Legislative session.

Staff:

Executive Director

Approved: 7/06, 7/08
Revised: 6/08
03/11

Nursing Care Quality Assurance Commission

Upcoming Meeting Dates and Locations

January 10, 2014	Center Point Conference Center Commons Area Mt. Rainer Room 20809 72nd Avenue S. Kent, WA 98032
March 14, 2014	Center Point Conference Center Commons Area Mt. Rainer Room 20809 72nd Avenue S. Kent, WA 98032
May 9, 2014	Spokane Location to be determined
July 11, 2014	Location to be determined Center Point Conference Center requested

Nursing Care Quality Assurance Commission

Education at Commission Meetings

September 2013

Responding to requests from the media

Criminal background checks

November 2013

Hearings process DVD

January 2014 Performance Measures

a. Basis for performance measures
b. NCQAC measures and targets
c. Inclusion in strategic plan

March 2014 – Simulation in nursing education and in testing nursing competency

a. NCSBN study on simulation
b. Arizona study on use of simulation in testing competency
c. CPEP testing for ARNPs

May 2014 – Washington Health Professional Services – panel

a. Dr. John Furman
b. SUAT 2
c. NorthWest Organization of Nurse Executives
d. Washington State Nurses Association
e. Nursing Home Directors of Nursing

CERTIFICATION OF ENROLLMENT

SECOND SUBSTITUTE HOUSE BILL 1518

Chapter 81, Laws of 2013

63rd Legislature
2013 Regular Session

HEALTH PROFESSIONS--DISCIPLINARY AUTHORITIES

EFFECTIVE DATE: 07/01/13

Passed by the House March 11, 2013
Yeas 84 Nays 13

FRANK CHOPP

Speaker of the House of Representatives

Passed by the Senate April 12, 2013
Yeas 46 Nays 2

BRAD OWEN

President of the Senate

Approved April 25, 2013, 2:11 p.m.

JAY INSLEE

Governor of the State of Washington

CERTIFICATE

I, Barbara Baker, Chief Clerk of the House of Representatives of the State of Washington, do hereby certify that the attached is **SECOND SUBSTITUTE HOUSE BILL 1518** as passed by the House of Representatives and the Senate on the dates hereon set forth.

BARBARA BAKER

Chief Clerk

FILED

April 25, 2013

Secretary of State
State of Washington

SECOND SUBSTITUTE HOUSE BILL 1518

Passed Legislature - 2013 Regular Session

State of Washington 63rd Legislature 2013 Regular Session

By House Appropriations Subcommittee on Health & Human Services (originally sponsored by Representatives Cody, Schmick, Ryu, and Pollet)

READ FIRST TIME 03/01/13.

AN ACT Relating to providing certain disciplining authorities with additional authority over budget development, spending, and staffing; amending RCW 18.25.210, 18.71.430, 18.79.390, and 43.70.240; adding a new section to chapter 18.25 RCW; adding a new section to chapter 18.71 RCW; adding a new section to chapter 18.79 RCW; repealing RCW 18.71.0191 and 18.79.130; providing an effective date; and declaring an emergency.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

Sec. 1. RCW 18.25.210 and 2011 c 60 s 5 are each amended to read as follows:

(1) The commission may conduct a pilot project to evaluate the effect of granting the commission additional authority over budget development, spending, and staffing. If the commission intends to conduct a pilot project, it must provide a notice in writing to the secretary by ((~~June 1, 2008~~)) July 1, 2013. If the commission chooses to conduct a pilot project, the pilot project shall begin on July 1, ((~~2008~~)) 2013, and conclude on June 30, ((~~2013~~)) 2018.

(2) The pilot project shall include the following provisions:

(a) That the secretary shall employ an executive director that is:

(i) Hired by and serves at the pleasure of the commission;

(ii) Exempt from the provisions of the civil service law, chapter 41.06 RCW and whose salary is established by the commission in accordance with RCW 43.03.028; and

(iii) Responsible for performing all administrative duties of the commission, including preparing an annual budget, and any other duties as delegated to the executive director by the commission;

(b) Consistent with the budgeting and accounting act:

(i) With regard to budget for the remainder of the ((~~2007-2009~~)) 2013-2015 biennium, the commission has authority to spend the remaining funds allocated with respect to chiropractors licensed under this chapter; and

(ii) Beginning with the ((~~2009-2011~~)) 2015-2017 biennium, the commission is responsible for proposing its own biennial budget which the secretary must submit to the office of financial management;

(c) That, prior to adopting credentialing fees under RCW 43.70.250, the secretary shall collaborate with the commission to determine the appropriate fees necessary to support the activities of the commission;

(d) That, prior to the secretary exercising the secretary's authority to adopt uniform rules and guidelines, or any other actions that might impact the licensing or disciplinary authority of the commission, the secretary shall first meet with the commission to determine how those rules or guidelines, or changes to rules or guidelines, might impact the commission's ability to effectively carry out its statutory duties. If the commission, in consultation with the secretary, determines that the proposed rules or guidelines, or changes to existing rules or guidelines, will negatively impact the commission's ability to effectively carry out its statutory duties, then the individual commission shall collaborate with the secretary to develop alternative solutions to mitigate the impacts. If an alternative solution cannot be reached, the parties may resolve the dispute through a mediator as set forth in (f) of this subsection;

(e) That the commission shall negotiate with the secretary to develop performance-based expectations, including identification of key performance measures. The performance expectations should focus on consistent, timely regulation of health care professionals; and

(f) That in the event there is a disagreement between the

commission and the secretary, that is unable to be resolved through negotiation, a representative of both parties shall agree on the designation of a third party to mediate the dispute.

(3) By December 15, ((~~2013~~)) 2017, the secretary((~~,~~)) and the commission((~~, and the other commissions conducting similar pilot projects under RCW 18.71.430, 18.79.390, 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~~)) the 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~~)) the 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~~)) the 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~~)) the 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.

(4) The secretary shall employ staff that are hired and managed by the executive director provided that nothing contained in this section may be construed to alter any existing collective bargaining unit or the provisions of any existing collective bargaining agreement.

NEW SECTION. **Sec. 2.** A new section is added to chapter 18.25 RCW to read as follows:

In addition to the authority provided in RCW 42.52.804, the commission, its members, or staff as directed by the commission, may communicate, present information requested, volunteer information,

testify before legislative committees, and educate the legislature, as the commission may from time to time see fit.

Sec. 3. RCW 18.71.430 and 2011 c 60 s 7 are each amended to read as follows:

(1) The ((~~commission shall conduct a pilot project to evaluate the effect of granting the commission additional authority over budget development, spending, and staffing. The pilot project shall begin on July 1, 2008, and conclude on June 30, 2013.~~

~~(2) The pilot project shall include the following provisions:~~

~~(a) That the~~)) secretary shall employ an executive director that is:

((~~(i)~~)) (a) Hired by and serves at the pleasure of the commission;

((~~(ii)~~)) (b) Exempt from the provisions of the civil service law, chapter 41.06 RCW and whose salary is established by the commission in accordance with RCW 43.03.028; and

((~~(iii)~~)) (c) Responsible for performing all administrative duties of the commission, including preparing an annual budget, and any other duties as delegated to the executive director by the commission((~~;~~

~~(b)~~)).

(2) Consistent with the budgeting and accounting act((~~:~~

~~(i) With regard to budget for the remainder of the 2007-2009 biennium, the commission has authority to spend the remaining funds allocated with respect to its professions, physicians regulated under this chapter and physician assistants regulated under chapter 18.71A RCW; and~~

~~(ii) Beginning with the 2009-2011 biennium~~)), the commission is responsible for proposing its own biennial budget which the secretary must submit to the office of financial management((~~;~~

~~(c) That,~~)).

(3) Prior to adopting credentialing fees under RCW 43.70.250, the secretary shall collaborate with the commission to determine the appropriate fees necessary to support the activities of the commission((~~;~~

~~(d) That,~~)).

(4) Prior to the secretary exercising the secretary's authority to adopt uniform rules and guidelines, or any other actions that might impact the licensing or disciplinary authority of the commission, the

secretary shall first meet with the commission to determine how those rules or guidelines, or changes to rules or guidelines, might impact the commission's ability to effectively carry out its statutory duties. If the commission, in consultation with the secretary, determines that the proposed rules or guidelines, or changes to existing rules or guidelines, will negatively impact the commission's ability to effectively carry out its statutory duties, then the individual commission shall collaborate with the secretary to develop alternative solutions to mitigate the impacts. If an alternative solution cannot be reached, the parties may resolve the dispute through a mediator as set forth in ((~~(f) of this subsection;~~

~~(e) That~~)) subsection (6) of this section.

(5) The commission shall negotiate with the secretary to develop performance-based expectations, including identification of key performance measures. The performance expectations should focus on consistent, timely regulation of health care professionals((~~; and~~

~~(f) That~~)).

(6) In the event there is a disagreement between the commission and the secretary, that is unable to be resolved through negotiation, a representative of both parties shall agree on the designation of a third party to mediate the dispute.

((~~(3) By December 15, 2013, the secretary, the commission, and the other commissions conducting similar pilot projects under RCW 18.79.390, 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.~~

~~(4)~~)) (7) The secretary shall employ staff that are hired and managed by the executive director provided that nothing contained in this section may be construed to alter any existing collective bargaining unit or the provisions of any existing collective bargaining agreement.

NEW SECTION. **Sec. 4.** A new section is added to chapter 18.71 RCW to read as follows:

In addition to the authority provided in RCW 42.52.804, the commission, its members, or staff as directed by the commission, may communicate, present information requested, volunteer information, testify before legislative committees, and educate the legislature, as the commission may from time to time see fit.

Sec. 5. RCW 18.79.390 and 2011 c 60 s 8 are each amended to read as follows:

(1) The ((~~commission shall conduct a pilot project to evaluate the effect of granting the commission additional authority over budget development, spending, and staffing. The pilot project shall begin on July 1, 2008, and conclude on June 30, 2013.~~

~~(2) The pilot project shall include the following provisions:~~

~~(a) That the~~)) secretary shall employ an executive director that is:

((~~(i)~~)) (a) Hired by and serves at the pleasure of the commission;

((~~(ii)~~)) (b) Exempt from the provisions of the civil service law, chapter 41.06 RCW and whose salary is established by the commission in accordance with RCW 43.03.028; and

((~~(iii)~~)) (c) Responsible for performing all administrative duties of the commission, including preparing an annual budget, and any other duties as delegated to the executive director by the commission((~~;~~

~~(b)~~)).

(2) Consistent with the budgeting and accounting act((~~:~~

~~(i) With regard to budget for the remainder of the 2007-2009 biennium, the commission has authority to spend the remaining funds allocated with respect to advanced registered nurses, registered nurses, and licensed practical nurses regulated under this chapter; and~~

~~(ii) Beginning with the 2009-2011 biennium~~)), the commission is responsible for proposing its own biennial budget which the secretary must submit to the office of financial management((~~;~~

~~(c) That,~~)).

(3) Prior to adopting credentialing fees under RCW 43.70.250, the secretary shall collaborate with the commission to determine the appropriate fees necessary to support the activities of the commission((~~;~~

~~(d) That,~~)).

(4) Prior to the secretary exercising the secretary's authority to adopt uniform rules and guidelines, or any other actions that might impact the licensing or disciplinary authority of the commission, the secretary shall first meet with the commission to determine how those rules or guidelines, or changes to rules or guidelines, might impact the commission's ability to effectively carry out its statutory duties. If the commission, in consultation with the secretary, determines that the proposed rules or guidelines, or changes to existing rules or guidelines, will negatively impact the commission's ability to effectively carry out its statutory duties, then the individual commission shall collaborate with the secretary to develop alternative solutions to mitigate the impacts. If an alternative solution cannot be reached, the parties may resolve the dispute through a mediator as set forth in ((~~(f) of this subsection;~~

~~(e) That~~)) subsection (6) of this section.

(5) The commission shall negotiate with the secretary to develop performance-based expectations, including identification of key performance measures. The performance expectations should focus on consistent, timely regulation of health care professionals((~~; and~~

~~(f) That~~)).

(6) In the event there is a disagreement between the commission and the secretary, that is unable to be resolved through negotiation, a representative of both parties shall agree on the designation of a third party to mediate the dispute.

((~~(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.~~

~~(4)~~)) (7) The secretary shall employ staff that are hired and managed by the executive director provided that nothing contained in this section may be construed to alter any existing collective bargaining unit or the provisions of any existing collective bargaining agreement.

(8) By December 31, 2013, the commission must present a report with recommendations to the governor and the legislature regarding:

(a) Evidence-based practices and research-based practices used by boards of nursing when conducting licensing, educational, disciplinary, and financial activities and the use of such practices by the commission; and

(b) A comparison of the commission's licensing, education, disciplinary, and financial outcomes with those of other boards of nursing using a national database.

NEW SECTION. **Sec. 6.** A new section is added to chapter 18.79 RCW to read as follows:

In addition to the authority provided in RCW 42.52.804, the commission, its members, or staff as directed by the commission, may communicate, present information requested, volunteer information, testify before legislative committees, and educate the legislature, as the commission may from time to time see fit.

Sec. 7. RCW 43.70.240 and 1998 c 245 s 73 are each amended to read as follows:

The secretary and each of the professional licensing and disciplinary boards ((~~under the administration of the department~~)) listed in RCW 18.130.040(2)(b) shall enter into written operating agreements on administrative procedures with input from the regulated profession and the public. The intent of these agreements is to provide a process for the department to consult each board on administrative matters and to ensure that the administration and staff functions effectively enable each board to fulfill its statutory responsibilities in a manner that supports the health care delivery system and evidence-based practices across all health professions. The agreements shall include, but not be limited to, the following provisions:

(1) Administrative activities supporting the board's policies, goals, and objectives;

(2) Development and review of the agency budget as it relates to the board; ((~~and~~))

(3) Board related personnel issues;

(4) Use of performance audits to evaluate the consistent use of common business practices where appropriate; and

(5) Calculation and reporting of timelines and performance measures.

The agreements shall be reviewed and revised in like manner if appropriate at the beginning of each ((~~fiscal year~~)) biennium, and at other times upon written request by the secretary or the board. Any dispute between a board and the department, including the terms of the operating agreement, must be mediated and determined by a representative of the office of financial management.

NEW SECTION. **Sec. 8.** The following acts or parts of acts are each repealed:

(1) RCW 18.71.0191 (Executive director--Staff) and 1994 sp.s. c 9 s 326, 1991 c 3 s 168, & 1979 ex.s. c 111 s 6; and

(2) RCW 18.79.130 (Executive director--Staff) and 1994 sp.s. c 9 s 413.

NEW SECTION. **Sec. 9.** This act is necessary for the immediate preservation of the public peace, health, or safety, or support of the state government and its existing public institutions, and takes effect July 1, 2013.

Passed by the House March 11, 2013.
Passed by the Senate April 12, 2013.
Approved by the Governor April 25, 2013.
Filed in Office of Secretary of State April 25, 2013.

HOUSE BILL REPORT
4SHB 1103

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.

As Passed Legislature

Title: An act relating to health professions.

Brief Description: Increasing the authority of regulators to remove health care practitioners who pose a risk to the public.

Sponsors: By House Committee on Appropriations (originally sponsored by Representatives Campbell, Green, Kenney, Hudgins, Appleton, Schual-Berke and Cody).

Brief History:
Health Care & Wellness: 1/31/08 [DP3S];
Appropriations: 2/11/08 [DP4S(w/o sub HCW)].

Floor Activity:

Passed House: 3/9/07, 70-27.
Passed House: 2/13/08, 97-0.
Senate Amended.
Passed Senate: 3/6/08, 48-1.
House Concurred.
Passed House: 3/8/08, 93-0.
Passed Legislature.

Brief Summary of Bill

- Authorizes the Secretary of Health to conduct all phases of disciplinary actions regarding cases involving sexual misconduct that do not include issues of clinical expertise or practice standards.
- Requires the Secretary of Health to conduct background checks on all applicants for an initial health care credential.
- Establishes additional reporting requirements for entities that have information about actions taken against health care providers that relate to unprofessional conduct.

- Requires the Department of Health to spend unappropriated funds in the Health Professions Account for unanticipated costs when revenues exceed 15 percent of spending projections at the request of a health professions board or commission.

- Establishes penalties for credentialed health care providers who fail to submit documents and records upon the request of a disciplining authority.

- Establishes four pilot projects involving health professions commissions that provide independent authority to manage the Department of Health employees and carry out each commission's administrative and budgetary duties.

HOUSE COMMITTEE ON HEALTH CARE & WELLNESS

Majority Report: The third substitute bill be substituted therefor and the third substitute bill do pass. Signed by 13 members: Representatives Cody, Chair; Morrell, Vice Chair; Hinkle, Ranking Minority Member; Alexander, Assistant Ranking Minority Member; Barlow, Campbell, Condotta, DeBolt, Green, Moeller, Pedersen, Schual-Berke and Seaquist.

Staff: Chris Blake (786-7392).

HOUSE COMMITTEE ON APPROPRIATIONS

Majority Report: The fourth substitute bill be substituted therefor and the fourth substitute bill do pass and do not pass the third substitute bill by Health Care & Wellness. Signed by 32 members: Representatives Sommers, Chair; Dunshee, Vice Chair; Alexander, Ranking Minority Member; Bailey, Assistant Ranking Minority Member; Haler, Assistant Ranking Minority Member; Anderson, Chandler, Cody, Conway, Darneille, Ericks, Fromhold, Grant, Green, Haigh, Hinkle, Hunt, Kagi, Kenney, Kessler, Kretz, Linville, McIntire, Morrell, Pettigrew, Priest, Ross, Schmick, Schual-Berke, Seaquist, Sullivan and Walsh.

Staff: Owen Rowe (786-7391).

Background:

Health Professions Discipline
The Uniform Disciplinary Act (UDA) governs disciplinary actions for all 62 categories of credentialed health care providers. The UDA defines acts of unprofessional conduct, establishes sanctions for such acts, and provides general procedures for addressing complaints and taking disciplinary actions against a credentialed health care provider. Responsibilities in the disciplinary process are divided between the Secretary of the Department of Health (Secretary) and 14 health profession boards and commissions (collectively known as "disciplining authorities") according to the profession that the health care provider is a member of and the

relevant step in the disciplinary process.

In August 2007 the State Auditor's Office released a performance audit of the Department of Health's (DOH) health professions regulatory system. The report included several recommendations for legislative action. Among the report's recommendations were: to provide additional tools for obtaining records, documents, and other evidence; to give the DOH the authority to access Washington State Patrol (WSP) and Federal Bureau of Investigations (FBI) criminal background information; and requiring that national background checks be conducted on all credential holders.

Post-Conviction Credentialing

Individuals who have been convicted of a felony may not be disqualified from government employment or the practice of a profession or business that requires a license solely because of the prior conviction. There is an exception for situations in which the conviction is directly related to the employment or the profession or business at issue and less than 10 years have passed.

Criminal defendants who have completed their probation may have their record of convictions vacated and be released from any penalties and disabilities that arose from the conviction. In addition, the conviction is prohibited from being disseminated or disclosed by either the WSP or local law enforcement agencies.

Summary of Bill:

Disciplinary Procedures

The authority to conduct all phases of disciplinary actions regarding cases of unprofessional conduct relating to sexual misconduct that do not involve clinical expertise or standards of practice is shifted from the individual disciplining authorities to the sole authority of the Secretary.

Credential holders who have had their credential summarily suspended or their practice restricted may request a show cause hearing before a health law judge or panel of a board or commission. The request must be made within 20 days of the issuance of the order and the show cause hearing must be held within 14 days of the request. The disciplining authority has the burden of demonstrating that the credential holder poses an immediate threat to the public health and safety.

Application Denial or Issuance with Conditions

Disciplining authorities may deny an application for a credential or issue a credential with conditions according to a process that is distinct from the standard disciplinary process for credential holders. The new process provides notice to an applicant of any denial or issuance with conditions and a right to an adjudicative proceeding. The circumstances for which a disciplining authority may deny an application for a health care provider credential or issue the credential with conditions are specified. These circumstances are where the applicant:

- has had his or her credential suspended by another jurisdiction;
- has committed an act of unprofessional conduct;

- has been convicted of, or is subject to prosecution for, a crime involving moral turpitude, certain violent crimes, a crime relating to drugs, or a crime relating to financial exploitation;
- fails to prove that he or she meets the qualifications related to the profession; or
- cannot practice with reasonable skill and safety by reason of a mental or physical condition.

When determining the disposition of an application in which the applicant's mental or physical condition is at issue, the disciplining authority may require the applicant to submit to a mental, physical, or psychological examination at his or her expense. An applicant is deemed to have waived all objections to the admissibility of the testimony or reports of the health care provider who performs the examination.

Background Checks

The Secretary is authorized to receive and use criminal history information including nonconviction data for disciplinary and licensing purposes. Applicants for an initial credential to practice a health profession must receive a background check from the WSP prior to receiving the credential. The Secretary must specify those circumstances in which a state background check is inadequate and an electronic fingerprint-based national background check through the WSP and the FBI must be conducted. Such situations include cases in which an applicant has a criminal record in Washington or has recently lived out-of-state. The Secretary must conduct an annual review of a representative sample of health care providers who have previously received a background check.

When making license issuance determinations, the disciplining authority must consider the results of any background checks that reveal either a conviction for a crime that constitutes unprofessional conduct or a series of arrests that demonstrate a pattern of behavior that likely present a risk of harm to the public. The disciplining authority shall take disciplinary action against a health care provider when information received from a review of previously checked providers reveals a failure to report required information about arrests, convictions, or other determinations to the DOH.

The list of convictions that are cross-checked with the WSP's database is expanded to include financial crimes, drug crimes, and all felonies.

Disciplinary Sanctions

Each of the disciplining authorities shall appoint a representative to collaboratively develop a schedule to define appropriate ranges of sanctions to apply to a credentialed health care provider for acts of unprofessional conduct. The schedule must identify aggravating and mitigating circumstances to reduce or enhance a sanction for each act of unprofessional conduct. The Secretary shall use the recommended schedule as the basis for the adoption of emergency rules to be implemented by January 1, 2009. Disciplining authorities must apply sanctions in accordance with the schedule, unless unique circumstances justify deviating from them.

A disciplining authority may order the permanent revocation of a license if it finds that the credential holder can never be rehabilitated or regain the ability to practice with reasonable skill and safety. A

credentialed health care provider who has surrendered his or her credential or had it permanently revoked may not petition the disciplining authority for reinstatement.

Reporting Unprofessional Conduct

Credential holders, corporations, organizations, health care facilities, and government agencies that employ a credentialed health care provider are required to report when they have knowledge that a credential holder or an applicant for a credential has engaged in unprofessional conduct or have information that the individual cannot practice with reasonable skill and safety due to a physical or mental condition. Failure to report this knowledge is punishable by a maximum fine of $500. The maximum fine of $250 that hospitals may be charged for not submitting a mandatory report is raised to a maximum fine of $500.

Credentialed health care providers are required to report any arrests, convictions, and other determinations by law enforcement agencies to the appropriate disciplining authority.

Post-Conviction Credentialing

Records of criminal defendants which would otherwise be vacated and non-disclosable, are subject to distribution by the WSP or local law enforcement agencies for the purposes of health profession disciplinary activities. Protections that prevent a person from being disqualified to practice a profession for no more than 10 years when he or she has a prior felony conviction do not apply to health care provider credentials.

Health Profession Commission Authority

Members of health profession boards and commissions are allowed to express their opinions regarding the work of the board or commission to elected officials even if it is different from the DOH's official position. Members of boards and commissions may not lobby for or against legislative proposals.

At the request of a board or commission, the Secretary shall spend unappropriated funds in the Health Professions Account when revenues for the requesting board or commission exceed 15 percent of estimated six-year spending projections. The money may only be used for the requesting board or commission for unanticipated costs for administering the profession's licensing activities.

Pilot projects are established relating to the Medical Quality Assurance Commission, and Nursing Care Quality Assurance Commission. In addition, the Chiropractic Quality Assurance Commission and the Dental Quality Assurance Commission may participate in the pilot projects. The pilot projects authorize each participating commission to employ its own executive director and permit the executive director to carry out the administrative duties of the commission and, in consultation with the Secretary, to manage the DOH staff that are assigned to the commission. Under the pilot projects the commissions are authorized to establish their own biennial budgets and develop their own performance-based expectations.

The Secretary and the participating commissions must submit a report to the Governor and the Legislature by December 15, 2013. The report must compare the commissions' effectiveness in licensing and disciplinary activities, efficiency with respect to timeliness and personnel resources, their budgetary activity, their ability to meet performance measures, and

a review of national research regarding regulatory effectiveness and patient safety.

Other Provisions
The Secretary must initiate an investigation in cases in which complaints, arrests, or other actions not resulting in a formal adjudication against a health care provider demonstrate a pattern of behavior that likely pose a risk to his or her patients.

Biennial disciplinary reports are made annual and must include data related to the DOH's background check activities and their effectiveness. The disciplinary reports must include a summary of the distribution of cases assigned to each staff attorney and investigator for each profession. Boards and commissions may publish an annual report of their disciplinary activities, rulemaking and policy activities, and receipts and expenditures for the profession.

Appropriation: None.

Fiscal Note: Available.

Effective Date: The bill contains an emergency clause and takes effect immediately, except sections 2 and 18, relating to definitions and health care provider regulating entities, which takes effect July 1, 2008, and section 7, relating to conducting background checks on health care providers, which takes effect January 1, 2009.

Staff Summary of Public Testimony: (Health Care & Wellness)

None.

Staff Summary of Public Testimony: (Appropriations)

(In support) The Governor believes this legislation provides important tools for the boards and Commissions and the Department of Health to protect patient safety. This bill will provide increased discipline and regulation for health care providers, through national criminal background checks, increased standards to assess applicant qualifications, and fines if a provider is not providing timely documents to the requisite boards and commissions and/or the Department of Health.

(Opposed) None.

Persons Testifying: (Health Care & Wellness) None.

Persons Testifying: (Appropriations) Christina Hulet, Office of the Governor.

Persons Signed In To Testify But Not Testifying: (Health Care & Wellness) None.

Persons Signed In To Testify But Not Testifying: (Appropriations) None.

VETO MESSAGE ON 4SHB 1103

March 25, 2008

To the Honorable Speaker and Members,

The House of Representatives of the State of Washington

Ladies and Gentlemen:

I am returning, without my approval as to Section 40, Fourth Substitute House Bill 1103 entitled:

"AN ACT Relating to health professions."

This bill ensures that all health care providers in Washington State are well-qualified by strengthening the state's standards for credentialing and disciplining providers.

Section 40 is an emergency clause. Fourth Substitute House Bill 1103 increases the authority of regulators to remove health care practitioners who pose a risk to the public but does not necessitate an emergency clause. An emergency clause is to be used where it is necessary for the immediate preservation of the public peace, health or safety or whenever it is essential for the support of state government. I do not believe that an emergency clause is needed.

For this reason, I have vetoed Section 40 of Fourth Substitute House Bill 1103.

With the exception of Section 40, Fourth Substitute House Bill 1103 is approved.

Respectfully submitted,

Christine Gregoire

Governor

FINAL BILL REPORT
2SHB 1518

C 81 L 13
Synopsis as Enacted

Brief Description: Providing certain disciplining authorities with additional authority over budget development, spending, and staffing.

Sponsors: House Committee on Appropriations Subcommittee on Health & Human Services (originally sponsored by Representatives Cody, Schmick, Ryu and Pollet).

House Committee on Health Care & Wellness
House Committee on Appropriations Subcommittee on Health & Human Services
Senate Committee on Health Care

Background:

The regulation of the 83 health professions in Washington is divided between the Secretary of Health (Secretary), the 11 health professions boards, and the four health professions commissions. Responsibilities for licensing, examination, discipline, and rulemaking vary between the entities as do membership requirements.

Until 2008 the four health professions commissions generally had full authority over licensing, examination, discipline, and rulemaking. Administrative support to the commissions was provided by the Secretary who hired and managed staff, developed budgets, and established fee amounts.

In 2008 the Medical Quality Assurance Commission and the Nursing Care Quality Assurance Commission were selected to participate in a pilot project to expand the responsibilities of the commissions. Although the Chiropractic Quality Assurance Commission and the Dental Quality Assurance Commission were permitted to participate in the pilot project if the members of the commissions approved, neither of those commissions chose to participate. Under the pilot project, responsibilities were shifted to allow the participating commissions to:

- hire their own executive directors;
- propose their own biennial budgets which the Secretary must submit directly to the Office of Financial Management;
- collaborate with the Secretary when he or she adopts credentialing fees;
- be consulted by the Secretary when he or she is adopting uniform rules and guidelines that may negatively impact the commissions' ability to carry out their duties; and

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This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.

- develop performance measures related to the consistent, timely regulation of health care professionals.

The pilot projects expire on June 30, 2013.

Summary:

Continuation of Current Commission Independence Pilot Projects.
The expiration date is removed for the pilot projects that expand the authority of the Medical Quality Assurance Commission (MQAC) and the Nursing Care Quality Assurance Commission (NCQAC). The MQAC and the NCQAC are given permanent authority to hire their executive directors, develop their budgets, collaborate with the Secretary of Health (Secretary) on credentialing fees, comment on uniform rules and guidelines, and develop performance measures.

By December 31, 2013, the NCQAC must report to the Governor and the Legislature with recommendations related to evidence-based and research-based practices used by the NCQAC and other nursing boards with respect to licensing, education, disciplinary, and financial outcomes, and compare the NCQAC's outcomes with those of other nursing boards.

New Chiropractic Quality Assurance Commission Independence Pilot Project.
The Chiropractic Quality Assurance Commission (CQAC) may elect to participate in a pilot project to allow it to hire its own executive director and permit the executive director to carry out the administrative duties of the CQAC and manage the Department of Health (Department) staff that are assigned to the CQAC. Under the pilot project, the CQAC is responsible for establishing its own biennial budget, collaborating with the Secretary on credentialing fees, consulting with the Secretary on uniform rules and guidelines, and developing its own performance measures related to the consistent and timely regulation of health care professionals.

By December 15, 2017, the Secretary and the CQAC must report to the Governor and the Legislature on the results of the pilot project. The report must compare the CQAC's effectiveness to that of other disciplining authorities with respect to licensing and disciplinary activities, efficiency related to timeliness and personnel resources, budgetary activity, and the ability to meet performance measures.

Written Operating Agreements.
The intent of the written operating agreements that exist between the Department and health professions boards and commissions is to assure that each board or commission acts in a manner that supports the health care delivery system and evidence-based practices across all health professions. The agreements must address the use of performance audits to evaluate the consistent use of common business practices and the calculation and reporting of timelines and performance measures. The agreements must be reviewed every biennium instead of annually. The Office of Financial Management is designated as the entity to mediate disputes between a board and the Department.

Communications with the Legislature.

The CQAC, the NCQAC, and the MQAC, their members, or their staff may communicate with, present information to, testify before, or educate the Legislature as the commissions see fit.

Votes on Final Passage:

House	84	13
Senate	46	2

Effective: July 1, 2013

Washington State Nursing Care Quality Assurance Commission

HB 1518 Report

Draft Preliminary Briefing
October 25, 2013

STRATEGIES 360

Who we are:

- **Strategies 360.** A Seattle-based research, communications and public affairs consulting firm with offices in ten western states and the District of Columbia.

- **Jonathan Seib, JD, MPA.** Senior Vice President, Healthcare. Joined S360 in January after six years as Health Policy Advisor to Governor Gregoire. This followed 18 years as staff to the State Senate, primarily with the Health & Long-Term Care Committee.

- **Joanie Deutsch.** Public Affairs Director. With S360 for the past three years. Before joining S360, Joanie served in the Office of the Secretary of State on the communications team and later as a policy analyst in the Elections Division.

Background: Recent History of the Washington State NCQAC

- **Pre HB 1103**
- **HB 1103**
- **HB 1103 Report**
- **HB 1518**

Nursing Care Quality Assurance Commission – HB 1518 Report

Your charge:

By December 31, 2013, "present a report with recommendations to the governor and the legislature regarding:

- Evidence-based practices and research-based practices used by boards of nursing when conducting licensing, educational, disciplinary, and financial activities and the use of such practices by the commission; and

- A comparison of the commission's licensing, education, disciplinary, and financial outcomes with those of other boards of nursing using a national database."

A broadly stated charge giving the Commission substantial discretion.

STRATEGIES 360

Purpose and guiding principles. The report should:

- Be of value to and reflect the interests of the Commission.
- Further the commitment of the Commission to protect the safety of the public and the integrity of the nursing profession.
- Be of value to and reflect the interests of the Legislature and the Governor.
- Be forward looking and action-oriented; not revisit HB 1103 report.
- Acknowledge the operating environment in which the Commission works, in particular its relationship with the Department of Health.
- Avoid needless information that obscures its message.

The process:

- Discussions with NCQAC Executive Director, Staff and Board members.
- Discussions with NCQAC HB 1518 Steering Committee.
- Discussions with key legislators.
- Research and review of relevant documents and information, including CORE and other NCSBN reports, HB 1103 reports, Washington state statutes and regulations, materials from other states.
- Presentation of preliminary briefing to NCQAC.
- Refinement of preliminary briefing into final report.

2012 CORE Report: What is it?

- **C**ommitment to **O**ngoing **R**egulatory **E**xcellence. Initiated in 1998 by the the National Council of State Boards of Nursing as a comparative performance measurement and benchmarking process for state boards of nursing.

- Intended to track the effectiveness and efficiency of nursing regulation nationally, and on an individual board level in order to assist boards with improving performance and providing accountability.

- Evaluates and compares performance across a wide set of metrics in the areas of discipline, licensure, education and practice. Collects survey data from each state, using it and other information to present results on both a state and national level.

2012 CORE Report: What are its limitations?

- Survey responses within individual states is often low.
- Individual state data is only available with the permission of the state.
- Incomplete or unreported data.
- Objective and subjective information.
- Data is descriptive only, subject to possible problems regarding measurement validity and reliability.
- The report does not constitute a cause/effect evaluation of board of nursing performance; does not link particular structures or practices to particular outcomes.
- "Data provided in this report should be taken at face value and not over-interpreted."

CORE Report: What does it say (and not say)?

- Nurses in Washington state generally provide safe and competent care that compares favorably to nurses nationwide.
- On most performance measures, NCQAC compares favorably to other state boards, either at or above the average.
- Significant outliers:
  - Number of days from opening investigation to resolution of formal hearings.
  - Number of days it took to process application for nurse licensure from receipt of all required information to authorization of license.
- Provides no clear evidence of a causal relationship between the formal authority or governance structure of a board and its performance.
- Confirms sense of NCQAC members and staff that there is room for improvement.

CORE: 2012 Discipline Process Best Practices Focus Group

- A focus group organized by NCSBN to identify promising practices for the discipline process.
- Survey data and other documents used to identify a list of high performing member boards; representatives participated in discussions about the discipline process and to help identify promising practices
- Initial conclusion: while some differences exist between umbrella and independent boards, the differences did not significantly impact the effectiveness of the discipline process.
- The group met twice in 2012 and compiled a list of operational and managerial practices they felt contributed to their high performance.
- Are “best practices” identified by boards that evidence suggests are high performing the “evidence-based practices and research-based practices” called for in the report?

Nursing Care Quality Assurance Commission – HB 1518 Report

What we otherwise read, and heard in our discussions:

- No desire for wholesale replication of process or procedures from other states such as Arizona.
- A concern that certain management and operational practices are detrimentally effecting the Commission's performance and ability to protect the public.
- Frustration with the responsiveness of the Department and the Division of Health Systems Quality Assurance to the particular needs and concerns of the Commission.
- A desire for greater transparency from HSQA and the Department regarding financial and procedural practices effecting the Commission.
- A sense that the Commission is overly deferential to the Department and the Division, and that doing so effects its performance.
- Numerous ideas regarding practices that would improve performance and better protect the public, but an untested assumption that most are beyond the authority of the Commission to implement.
- Concerns that may be less about the need for additional authority, and more about the failure to understand, appreciate and fully exercise the new authority granted to the Commission under HB 1103 and HB 1518.

Commission Authority: Executive Director

- **Before HB 1103:** The Executive Director is appointed by the Secretary of the Department of Health after consultation with the Commission.

- **HB 1103:** Under pilot project, the Secretary's role was suspended; the Executive Director was hired by and served at the pleasure of the Commission.

- **HB 1518:** The Secretary's role is repealed; the Executive Director is hired by and serves at the pleasure of the Commission.

Commission Authority: Executive Director

- **Before HB 1103:** The Executive Director was not an exempt position and therefore was subject to state civil service laws; salary established by the Secretary.

- **HB 1103:** Under pilot project, the Executive Director was an exempt position, not subject to state civil service laws; salary was established by the Commission.

- **HB 1518:** The language of the pilot project is maintained: the Executive Director is an exempt position, not subject to state civil service laws; salary is established by the Commission.

Commission Authority: Executive Director

- **Before HB 1103:** The Executive Director "shall act to carry out this chapter."

- **HB 1103:** Under pilot project, the Executive Director was "responsible for performing all administrative duties of the commission, including preparing an annual budget, and any other duties as delegated to the executive director by the commission."

- **HB 1518:** The language of the pilot project is maintained: the the Executive Director is "responsible for performing all administrative duties of the commission, including preparing an annual budget, and any other duties as delegated to the executive director by the commission."

Commission Authority: Budgeting and Fees

- **Before HB 1103:**
  - Commission's budget included as part of overall DOH budget.
  - Secretary establishes fees under administrative procedures act but without a requirement to engage with the Commission.

- **HB 1103:** Under pilot project:
  - The Executive Director was responsible for preparing the Commission's annual budget.
  - The Commission was responsible for proposing its own biennial budget which the Secretary must submit to the Office of Financial Management.
  - Prior to adopting fees, the Secretary was to collaborate with the Commission to determine the appropriate fees necessary to support the activities of the Commission.

- **HB 1518:** Language of the pilot project maintained:
  - The Executive Director is responsible for preparing the Commission's annual budget.
  - The Commission is responsible for proposing its own biennial budget which the Secretary must submit to the Office of Financial Management.
  - Prior to adopting fees, the Secretary is to collaborate with the Commission to determine the appropriate fees necessary to support the activities of the Commission.
  - Additional language on dispute resolution on RCW 43.70.240 could also apply.

Commission Authority: DOH Rules and Guidelines

- **Before HB 1103:** Under the UDA, the Secretary, in consultation with the disciplining authorities, shall develop uniform procedural rules to respond to public inquiries concerning complaints and their disposition, active investigations, statement of charges, findings of fact, and final orders involving a license holder, applicant, or unlicensed person.

- **HB 1103:**
  - Under pilot project, prior to adopting uniform rules and guidelines, or any other actions that might impact the licensing or disciplinary authority of the Commission, the Secretary was first required to meet with the Commission to determine impact on the Commission's ability to carry out its duties.
  - If impact is determined to be negative, the Commission was to collaborate with the secretary to develop alternative solutions to mitigate the impact.
  - Any disputes were to be resolved through mediation by an agreed-upon third-party.

- **HB 1518:**
  - The language of the pilot project is maintained.
  - Additional language added to RCW 43.70.240 stating that "Any dispute between the board and the department, including the terms of the operating agreement, must be mediated and determined by a representative of the office of financial management."

Commission Authority: Performance Expectations

- **Before HB 1103:** Not addressed in statute

- **HB 1103:** Under pilot project:
  - "The commission shall negotiate with the secretary to develop performance-based expectations, including identification of key performance measures."
  - Any disputes were to be resolved through mediation by an agreed-upon third-party.

- **HB 1518:** Language of the pilot project maintained:
  - "The commission shall negotiate with the secretary to develop performance-based expectations, including identification of key performance measures."
  - Any disputes are to be resolved through mediation by an agreed-upon third-party.
  - Calculations of reporting of timelines and performance measures also added as an explicit component of the operating agreement

Commission Authority: Staff

- **Before HB 1103:** "The secretary shall also employ such professional, secretarial, clerical, and other assistants as may be necessary to effectively administer this chapter."

- **HB 1103:** Under pilot project, "The secretary shall employ staff that are hired and managed by the executive director provided that nothing in this section may be construed to alter any existing collective bargaining unit or the provisions of ay existing collective bargaining agreement."

- **HB 1518:** The language of the pilot project is maintained: "The secretary shall employ staff that are hired and managed by the executive director provided that nothing in this section may be construed to alter any existing collective bargaining unit or the provisions of ay existing collective bargaining agreement."

Commission Authority: Interaction with the Legislature

- **Before HB 1103:** Commission members and staff discouraged from engaging the legislature on behalf of the Commission; when doing so, position determined by DOH.

- **HB 1103:** Commission members may express their professional opinions to an elected official about the work of the commission even if those opinions differ from the department of health's official position. Such communication shall be to inform the elected official and not to lobby in support or opposition to any initiative to the legislature.

- **HB 1518:** In addition to existing authority under HB 1103, the commission, its members, or staff as directed by the commission, may communicate, present information requested, volunteer information, testify before legislative committees, and educate the legislature, as the commission my from time to time see fit.

Commission Authority: Operating Agreement

- **Before HB 1103:**
  - The Secretary and each health professions board required to enter into written operating agreements on administrative procedures with input from the regulated profession and the public.
  - Agreements intended to provide a process for the department to consult each board on administrative matters and to ensure that the administration and staff functions effectively enable each board to fulfill its statutory responsibilities.

- **HB 1103:** Not addressed.

- **HB 1518:**
  - Changes to intent and scope of operating agreement, and review period.
  - Any dispute between a board and the department, including the terms of the operating agreement, must be mediated and determined by a representative of the office of financial management.

Principles to govern the Commission's use of authority:

- The legislature granted the authority with the expectation that it would be used; no further permission is needed.
- Its parameters are still being defined; the Commission has a role in doing that.
- Use it wisely, not recklessly.
- Aim for assertive, not confrontational.
- Don't be indifferent to other interests, especially those of the Department and other health professions.
- It should be used to serve the mission of the Commission to protect the public.
- It still may not be enough.

Nursing Care Quality Assurance Commission – HB 1518 Report

Summary - The HB 1518 report will address:

- Charge, guiding purpose and principles
- CORE report and CORE focus group
- Management and operational concerns of NCQAC staff and members
- Existing Commission authority and how the Commission intends to use it to address its identified concerns.
- Recommendations:
  - No additional legislation at this time.
  - Progress report to the legislature within 1-2 years addressing use of existing authority and where additional authority may be needed.
  - Engagement of NCQAC with other states directly and through NCSBN to identify and adopt additional best practices.

Questions?

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STRATEGIES 360

PROPOSED RULE MAKING

CR-102 (June 2012)
(Implements RCW 34.05.320)
Do **NOT** use for expedited rule making

Agency: Department of Health- Nursing Care Quality Assurance Commission

☒ **Preproposal Statement of Inquiry was filed as WSR** 12-20-020 **; or**
☐ **Expedited Rule Making--Proposed notice was filed as WSR _ ; or**
☐ **Proposal is exempt under RCW 34.05.310(4) or 34.05.330(1).**

☒ **Original Notice**
☐ **Supplemental Notice to WSR**
☐ **Continuance of WSR**

Title of rule and other identifying information: (Describe Subject)
WAC 246-840-125 Retired Active Status. This proposed new rule establishes a retired active status for registered nurses and licensed practical nurses and sets requirements for continuing competency associated with this status.

Hearing location(s): Capitol Room
Doubletree by Hilton Hotel (formerly Phoenix Inn Suites)
415 Capitol Way N
Olympia WA 98501

Date: 11/8/2013 Time: 1:30 p.m.

Date of intended adoption: 11/08/2013
(Note: This is **NOT** the **effective** date)

Submit written comments to:
Name: Teresa Corrado
Address: PO Box 47864
Olympia WA 98504-7864
e-mail: http://www3.doh.wa.gov/policyreview/
fax 360-236-4738 by (date) 11/01/2013

Assistance for persons with disabilities: Contact
Michael Hively by 11/01/2013
TTY (800) 833-6388 or () 711

Purpose of the proposal and its anticipated effects, including any changes in existing rules:
This proposed rule establishes a new retired active license status for registered nurses and licensed practical nurses. The rule allows these nurses to practice on an intermittent or emergent basis, yet retain competency through continuing education and practice hours. It gives direction to nurses on the limits of a retired active status, renewal process, and reinstatement process. Fees for this new credential are being adopted separately.

Reasons supporting proposal:
There is a need to have competent and knowledgeable nurses whose licenses can be activated quickly in a time of emergency or who can fulfill intermittent roles. There are many retired nurses who are unable to meet the required experience hours for an active license, but would like to continue to serve their communities as nurses. This rule will increase the availability of health care providers to Washington State patients.

Statutory authority for adoption:
RCW 18.130.250 and RCW 18.79.110

Statute being implemented:
RCW 18.130.250

Is rule necessary because of a:

Federal Law?	☐ Yes	☒ No
Federal Court Decision?	☐ Yes	☒ No
State Court Decision?	☐ Yes	☒ No

If yes, CITATION:

DATE

NAME (type or print)
Paula R. Meyer, MSN, RN

SIGNATURE
Paula R. Meyer MSN, RN

TITLE
Executive Director

CODE REVISER USE ONLY

OFFICE OF THE CODE REVISER
STATE OF WASHINGTON
FILED

DATE: September 30, 2013
TIME: 10:28 AM

WSR 13-20-084

(COMPLETE REVERSE SIDE)

Agency comments or recommendations, if any, as to statutory language, implementation, enforcement, and fiscal matters:

None

Name of proponent: (person or organization) Nursing Care Quality Assurance Commission

☐ Private
☐ Public
☒ Governmental

Name of agency personnel responsible for:

	Name	Office Location	Phone
Drafting.....	Paula Meyer	111 Israel Rd SE, Tumwater WA 98501	360-236-4713
Implementation....	Paula Meyer	111 Israel Rd SE, Tumwater WA 98501	360-236-4713
Enforcement.....	Paula Meyer	111 Israel Rd SE, Tumwater WA 98501	360-236-4713

Has a small business economic impact statement been prepared under chapter 19.85 RCW or has a school district fiscal impact statement been prepared under section 1, chapter 210, Laws of 2012?

☐ Yes. Attach copy of small business economic impact statement.

A copy of the statement may be obtained by contacting:
Name:
Address:

phone
fax
e-mail

☒ No. Explain why no statement was prepared.

A small business economic impact statement was not prepared. The proposed rule would not impose more than minor costs on businesses in an industry.

Is a cost-benefit analysis required under RCW 34.05.328?

☒ Yes A preliminary cost-benefit analysis may be obtained by contacting:
Name: Teresa Corrado
Address: PO Box 47864
Olympia WA 98504-7864

phone 360-236-4708
fax 360-236-4738
e-mail teresa.corrado@doh.wa.gov

☐ No: Please explain:

NEW SECTION

WAC 246-840-125 Retired active credential. (1) A registered or licensed practical nurse may place their credential in "retired active" status by meeting the requirements of this section.

(2) A registered or licensed practical nurse who holds a retired active credential may only practice in intermittent or emergent circumstances.

(a) Intermittent means the registered or licensed practical nurse will practice no more than ninety days a year.

(b) Emergent means the registered or licensed practical nurse will practice only in emergency circumstances such as earthquakes, floods, times of declared war, or other states of emergency.

(3) To obtain a retired active credential a registered or a licensed practical nurse must:

(a) Meet the requirements in WAC 246-12-120.

(b) Pay the appropriate fee in WAC 246-840-990.

(4) To renew a retired active credential the registered nurse or licensed practical nurse must:

(a) Meet the requirements in WAC 246-12-130. The retired active credential fee is in WAC 246-840-990.

(b) Have completed forty-five hours of continuing education in compliance with WAC 246-840-203 (1)(a)(iii)(A) through (F). Education may include CPR and first aid.

(c) Demonstrate they have practiced at least ninety-six hours every three years. Practice may be paid or volunteer, but must require nursing knowledge or a nursing license.

(d) Renew their retired active credential every year on their birthday.

(5) To return to active status the registered or licensed practical nurse must:

(a) Meet the requirements in WAC 246-12-140. The active renewal fee is in WAC 246-840-990.

(b) Meet the continuing competency requirements in WAC 246-840-205.

(6) A registered or licensed practical nurse who holds a retired active credential is subject to a continuing competency audit.

(a) All late renewals and a percentage up to five percent of registered and licensed practical nurses renewing their license may be audited by the commission.

(b) A registered or practical nurse being audited will have thirty calendar days to complete and submit to the commission the audit form documenting at least ninety-six hours of active practice, and forty-five hours of continuing nursing education every three years. Active practice hours are not to exceed ninety days each year.

(c) To document practice hours and continuing nursing education a registered or licensed practical nurse shall comply with WAC 246-840-206 (4) and (5).