

# Washington NURSING COMMISSION NEWS

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## Nursing Program Approval

page 12

## Scope of Practice Decision Tree?

page 16

## Continuing Competency Frequently Asked Questions

page 23

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*Bellevue College's RN to BSN program is designed with working nurses in mind.*



## RN to Bachelor of Science in Nursing (BSN)

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The RN to BSN program has been approved by the State Board for Community and Technical Colleges (SBCTC) and the Washington State Nursing Care Quality Assurance Commission (NCQAC). We have applied for accreditation to the Commission on Collegiate Nursing Education (CCNE).

### Why Bellevue College?

Bellevue College's RN to BSN program is designed with working nurses in mind. Students may choose to study full-time or part-time. Courses are taught through a low-residency, hybrid model in which degree candidates come to campus one or two days each week to meet with the instructor and their student colleagues. Lectures will be captured and available for online viewing. All students take the same core nursing courses, as well as general education courses in philosophy, economics, anthropology, and humanities. Students may choose to take additional healthcare-related or general education electives as well.

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### FOR MORE INFORMATION:

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We are located in R130 at the Bellevue College Main campus,  
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Message from the Chair . . . . .	4	Prescription Monitoring Program: Promoting Patient Safety . . . . .	18
Message From the Executive Director . . . . .	6	Advanced Practice: We're On the Move: Goals for 2013 to 2015 . . . . .	19
The Role of Education in Remediation . . . . .	7	Upcoming Rules Workshops . . . . .	21
Clinical Placements Northwest Collaborative: 2013-2014 Work is Under Way . . . . .	8	Upcoming Nursing Commission Meetings . . . . .	22
Rule Making – Get Involved . . . . .	9	Commission Staff and Contact Information . . . . .	22
Investing in Nursing's Future . . . . .	10	Continuing Competency: Frequently Asked Questions . . . . .	23
Nursing Program Approval . . . . .	12	Approved Nursing Programs in the State of Washington . . . . .	28
CNEWS Strategic Initiatives: Update and Future Goals . . . . .	13	Rural Outreach Nursing Education . . . . .	30
Educating Patients and Families about Medications: Suggestions from Pharmacists . . . . .	14		
Scope of Practice Decision Tree . . . . .	16		



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The Washington State Nursing Care Quality Assurance Commission regulates the competency and quality of licensed practical nurses, registered nurses and advanced registered nurse practitioners by establishing, monitoring and enforcing qualifications for licensing, consistent standards of practice, continuing competency mechanisms, discipline, and education. The commission establishes standards for approval and evaluation of nursing education programs.

**Executive Director**

Paula R. Meyer, MSN, RN

**Editor**

Mindy Schaffner, PhD, MSN-CNS, RN

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# Message from the Chair

BY SUELLYN MASEK, MSN, RN, CNOR

## Nursing Education: Your Turn to Tell us What Works

Nursing colleagues,

This Back to School issue is important for us in many ways. The Institute of Medicine report on the Future of Nursing recommended that 80 percent of nurses have a baccalaureate degree by 2020. Many of you are going back to school. In the past several decades, nursing programs have changed because of technology. Coursework once done in the classroom can now be done online or through webinars. Students buy books through electronic bookstores and take tests on computers. We introduced simulation in nursing education. Research studies are under way to determine simulation's effects on nursing practice. One of the most critical competencies in nursing continues to be patient interaction that can't be easily electronically substituted. Nurses build relationships with patients and their family members.

Just as nursing education is changing, so is the regulation of nursing education. The Nursing Commission approves nursing programs to ensure they meet certain standards. The Nursing Commission will soon hold rules workshops throughout the state to review the nursing education rules. Refer to page 21 for dates and locations of the workshops.

The Nursing Commission needs your input on the rules and the future of nursing education. We ask that practicing nurses tell us what's needed in an education program for new nurses to be successful. We seek input from new graduates on what was and wasn't valuable in their educational experience. We'd like to hear from nursing employers on the educational needs for nurses. We ask nursing educators to share their experiences and what they think is the right amount of regulatory oversight. We seek input from patients, residents and family members who receive nursing care to inform us of what is important in regulating nursing education.

Continuing competency requirements continue to respond to nurses' and patients' needs. Many nurses who retired from bedside care continue to value their license and to provide care in emergencies. The Nursing Commission heard from many nurses who didn't want to let their licenses expire. The Nursing Commission drafted regulations for retired active nurses that modified the required active practice hours and the continuing education hours. The Nursing Commission will hold a rules hearing on the retired active requirements on November 8 at 1:30 pm.

The announcements for the nursing education rules workshops, continuing competency and the retired active status rules will be distributed to more than 20,000 email recipients. You may join the Nursing Commission's list serve at <http://www.doh.wa.gov/LicensesPermitsandCertificates/NursingCommission.aspx>. You'll receive occasional emails from the Nursing Commission that include meeting agendas and locations, rules workshops locations and dates, and the electronic newsletter.

Nursing education never ends and is always rewarding. Please work with us to promote and engage in lifelong learning for our nursing partners and peers.

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# Message from the Executive Director

BY PAULA R. MEYER, MSN, RN, NCQAAC

## Back to School!

I have such fond memories of going back to school. Every September I miss it – new school shoes, new pencils and especially that new box of crayons. Going to college meant moving from home and becoming accustomed to working by syllabi. It was late nights and tired eyes. It was worth every moment.

I'm in the midst of completing a research project. How things have changed. I used to be great friends with the reference librarian.

Printing the articles would more than fill my house. Health Evidence Resource for Washington State (HEAL-WA) provides me with access to textbooks and online journals, and is available 24/7. All of this, from my laptop while I am sitting on my comfy couch.

We have access to more information at our fingertips than in times past. We have access to evidence-based literature to help us with making patient care decisions. We have



The immediate access to information and the responsibility to provide safe care provided the Nursing Commission with the reason to enact the continuing competency requirements for nurses.

It paid off because the librarian knew how to complete a search. The reference librarian could get on Medline and had access to so many articles. The librarian was magic! In graduate school, I continued to work with some of the very best reference librarians, but the searches became mine. I went through the Cumulative Index to Nursing and Allied Health Literature (CINAHL). CINAHL led me on adventures. I always found more interesting articles than I had time to read. Now, I can use multiple online search engines, access full text online articles and textbooks, and find even more articles. The titles sound inter-

esting. Printing the articles would more than fill my house. Health Evidence Resource for Washington State (HEAL-WA) provides me with access to textbooks and online journals, and is available 24/7. All of this, from my laptop while I am sitting on my comfy couch. We have access to more information at our fingertips than in times past. We have access to evidence-based literature to help us with making patient care decisions. We have the responsibility to provide our patients and residents with current, safe care. We also have the responsibility to say no when we disagree with treatments, medications and actions, and when we have evidence to support the decisions. We have the responsibility to grow with our rapidly changing profession. The immediate access to information and the responsibility to provide safe care provided the Nursing Commission with the reason to enact the continuing competency requirements for nurses. In ways, we're all going back to school. Please use the resources you have to grow and to educate others.

# THE ROLE OF EDUCATION IN REMEDIATION

Protecting the public is one of the Nursing Commission's main objectives. When a nurse makes an error or engages in misconduct, knowingly or unknowingly, the commission may determine it's necessary to take action against the person's nursing license. Sometimes that action is severe and results in license suspension or revocation. Other times, the commission may decide the nurse can be rehabilitated through appropriate sanctions on his or her license. When this is the case, the commission has several tools available to help the nurse correct practice deficiencies and weaknesses and, therefore, to ensure the nurse is delivering dependable, sound nursing care. Quite often, the commission requires the nurse to complete education and training in a specific subject. Successfully completing education and training allows the nurse to gain knowledge needed to practice safely. It also gives the nurse the opportunity to demonstrate adequate skill in a particular area.

A common tool the commission uses for nurses is coursework. The most frequent topics are medication administration, documentation, ethics and legal issues. Courses, which must always be pre-approved by the commission, can be found in a wide variety of sources including online programs, self-study courses, colleges, universities, and conferences and seminars. To get approval, the nurse simply informs the commission which course he or she wishes to take. If the commission isn't familiar with the course, the nurse submits a copy of the course outline or syllabus. A reviewing

commission member reviews the course information and determines whether it is appropriate for the nurse. The Internet provides a wide variety of courses that can be completed relatively quickly and inexpensively.

At times, a nurse's discipline is based on an area where coursework would be difficult, if not impossible, to locate. In situations such as these, the commission may ask the nurse to write a research paper on the topic instead of taking coursework. Alternatively, the commission could have the nurse research the topic and write a personal reflection on the incident in question, including what he or she would have done differently and why the action was unsafe. Research papers require the nurse to investigate, explore and evaluate a topic, often in much greater depth and detail than a course. A reflective paper pushes the nurse to examine the conduct that occurred in depth and to consider other possible alternatives.

The commission may also require that the nurse be supervised by a worksite monitor, in a particular area, at his or her place of employment. For example, the nurse may need to be monitored for 40 hours in the area of medication administration. With employer monitoring, the nurse is given the chance to exhibit skills. Just as importantly, he or she receives valuable feedback.

Education and training play a vital role in helping a nurse regain skills. The commission's goal is for the nurse to achieve success, therefore helping the commission to fulfill its duty to protect the citizens of Washington State.



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# Clinical Placements Northwest Collaborative: 2013-2014 Work is Under Way

Activity abounds weeks prior to the formal start of each academic year. Indeed, much preparation and planning on the part of nursing students, educators and health care partners occurs to ensure the best possible clinical learning experience. What can healthcare organizations and nursing education programs do better together to create excellent learning outcomes for students while providing excellent patient and family care? This article describes this activity but, moreover, it details what efforts are under way by Clinical Placements Northwest Collaborative to create efficiencies and to improve processes for all stakeholders.

## **CLINICAL PASSPORT:** *Evidenced-Based Health and Safety Requirements*

The Clinical Passport contains minimum standards for health and safety requirements for all faculty members and students. Before the clinical learning experience within our region's healthcare organizations, these requirements must be in place. The requirements for students and faculty members are the same as for the employee within the healthcare organization. The immunizations, background checks and certifications mirror the requirements in place for the healthcare employee. This preparation not only promotes student, faculty and patient safety, but also promotes immunization knowledge within our communities.

## **CLINICAL PLACEMENT GRIDS:** *Student Learning Matched with Health Care Capacity*

Assuring adequate clinical training



begins early in the spring when every nursing program formally submits its clinical needs as requests to healthcare organizations for the entire upcoming academic year. These placements represent a significant commitment of time and energy as these discussions occur at the level of the nursing unit. Every nurse manager is an active participant in determining how to best accommodate students. This process promotes relationships and furthers understanding among the many partners. The master schedule, also known as the grid, communicates all necessary information regarding each clinical placement to the healthcare partner, a necessary step geared to promoting favorable learning outcomes.

## **NURSING EDUCATION:** *Student Preparedness for Patient Care Experiences*

Nursing faculty members and clinical instructors orchestrate student didactic learning, clinical skills competency and

patient care simulation experiences. They also assure compliance with the Clinical Passport and healthcare organization-specific requirements. The key is to match student learning needs with the unit or clinical site where that learning takes place.

## **HEALTHCARE ORGANIZATIONS:**

Healthcare organizations invest significant resources to onboard students. Preparation often begins online prior to any clinical onsite learning. Many hospitals arrange onsite classroom orientation, which provides a more hands-on approach. This process requires considerable planning and coordination among the nursing education programs and healthcare partners.

## **CLINICAL PLACEMENTS NORTHWEST:** *Creating Efficiencies and Best Practices*

The Clinical Placements Northwest Collaborative mission and vision address the need to create and promote high quality and efficient processes across organizations. Our commitment is to educational excellence through sharing best practices and continuous improvement. The goal this academic year is the production of standard e-learning modules for all nursing students across our geographic regions. This outcome will create a gold standard, while promoting greater time for hands-on clinical learning. Members will continue to address requirements that can be standardized and joint projects that can further understanding and promote excellence, thus conserving resources while improving healthcare.



## RULE MAKING – GET INVOLVED

The Nursing Commission writes and adopts rules. Program staff members follow the rule making process our state sets forth. Members of the assistant secretary of health's office review drafted rules for consistency. The secretary of health, by law, reviews and signs off on every rule under the auspices of the Washington State Department of Health. The process is lengthy; requiring a lot of checks and balances along the way to ensure the finished product is easily understood and meets the intent of the law.

When drafting documents, the commission seeks comments via our listserv, and convenes stakeholder workshops in several different areas around the state. We do not do the work in isolation. That is where you come in.

The secretary of health, by law, reviews and signs off on every rule under the auspices of the Washington State Department of Health.

I wholeheartedly invite you to get involved. By participating, you help shape the future of nursing in Washington State. Workshop notifications are sent via the commission's listserv. You may sign up to be on the listserv at the following link: <http://www.doh.wa.gov/LicensesPermitsandCertificates/NursingCommission.aspx>.

Examples of rules we will be working on 2013-2014 include:

### Education

Goal: to further define educational requirements for advanced registered nurse practitioners, internationally educated nurses, and nurses who are endorsing (requesting licensure) into the state, but who were initially educated outside of the United States.

We will give consideration to graduate nursing program requirements and clinical site approvals for out-of-state nursing programs.

### Continuing competency

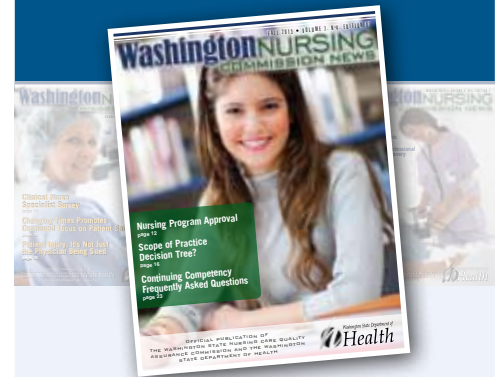
Goal: to clarify existing continuing competency requirements and to write new language allowing audit exemptions for registered and licensed practical nurses pursuing advanced degrees.

### Sexual misconduct

Goal: to strengthen terms and definitions, clarify existing language, and possibly add additional requirements. The proposed amendments will help nurses, nursing technicians and patients understand sexual misconduct or boundary violations.

For more information, please contact me at 360-236-4712 or by email at [Anne.Schuchmann@doh.wa.gov](mailto:Anne.Schuchmann@doh.wa.gov).

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## INVESTING IN NURSING'S FUTURE

As healthcare and patient needs become more complex, nurses' roles are evolving to ensure that our population has quality, accessible, and affordable care.

More people in Washington State are turning 65 years old every day and we are becoming more diverse, which encompasses multiple cultural and socioeconomic factors. Chronic conditions, such as diabetes and cardiovascular disease, are on the rise. The Patient Protection and Affordable Care Act will introduce many more patients to health coverage as early as January. Building a nursing workforce qualified to respond to the new demands starts with making significant investments in the men and women who will drive health policy changes, system improvement, research and evidence-based practice.

Washington State is a pioneer in transforming nursing education. In 2008, the Washington Center for Nursing published "The Master Plan for Nursing Education," a report generated by key stakeholders outlining four key recommendations to address the nursing shortage and to ensure that nurses are ready to advance health in our state. These recommendations were: ensure the continued competency of all nursing professionals; ensure an adequate supply of nursing professionals; promote a more diverse profession; and enhance educational access throughout Washington State.

Last year, the Washington Center for Nursing received a two-year \$300,000 Academic Progression in Nursing (APIN) grant from the Robert Wood Johnson Foundation to further educational transformation and to implement strategies to help nurses advance their education.

Washington State is a pioneer in transforming nursing education. In 2008, the Washington Center for Nursing published "The Master Plan for Nursing Education," a report generated by key stakeholders outlining four key recommendations to address the nursing shortage and to ensure that nurses are ready to advance health in our state.

A significant part of the grant is increasing seamless academic progression from associate to baccalaureate degrees in nursing. A statewide group of Washington State nursing educators and policy makers is developing a Direct Transfer Agreement/Major Ready Pathway (DTA/MRP) to enhance alignment between two- and four-year public and private institutions. A proposal is being sent for review and approval by relevant state bodies in this academic year.

Funds from the grant have assisted three institutions to increase educational capacity by developing or starting new RN-BSN programs: St. Martin's University, which admitted the first cohort of RN-BSN students in September 2012; Western Washington University, which admitted its first cohort of 30 RN-BSN students in September 2013 and Wenatchee Valley College, which submitted its needs assessment for an RN-BSN program in August. In addition, Bellevue College also received support from WCN for its new RN-BSN program.

The APIN work is enhancing education-practice partnerships and influencing public policy development that will increase nurse incentives to continue their education to the BSN or higher. In June, the APIN team collaborated with

the University of Washington Center for Health Workforce Studies and Health Policy Center to bring together diverse stakeholders to two statewide meetings to explore the incentives and disincentives for nurses to continue their education to a BSN or higher. The follow-up report, Moving from ADN to BSN: What Works for Washington RNs? will be published and disseminated statewide shortly.

WCN awarded Nursing Program Capacity Expansion Grants with funds raised at the 2012 Johnson and Johnson Promise of Nursing for Washington Gala to two Washington nursing education programs to increase their capacity to educate and graduate more nurses. Bellingham Technical College will implement learning scenarios that better reflect multicultural situations, and will buy simulation equipment and mannequins that are not Caucasian. Seattle Pacific University's program will partner with the School of Education Teaching English as Second Language (ESL) program by developing a nursing-specific curriculum. This partnership will support nursing students to prepare more appropriately for courses and tests.

Nurses are being called to lead change in healthcare. We must do all we can to ensure they have all the right tools to succeed. That starts with education.

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# NURSING PROGRAM APPROVAL

The Nursing Commission approves of nursing and nursing assistant programs in Washington State. The commission may also place programs on conditional approval, require plans of corrections, or withdraw program approval. The commission investigates complaints filed against nursing programs and works with schools to improve the quality of education through technical assistance.

## Role in Nursing Education

The state Legislature requires the Nursing Commission to write rules, policies and procedures that promote the delivery of quality health care to the residents of the state of Washington (RCW 18.79.010).<sup>1</sup> The rules that govern nursing education programs include requirements for both undergraduate and graduate nursing programs (WAC 246-840).<sup>2</sup> The commission recently adopted a procedure for out-of-state schools' clinical placements. A copy of this procedure can be found on our website.<sup>3</sup> The website also contains a list of approved in-state nursing programs and a list of approved clinical placements for out-of-state schools. Forty-one in-state schools and 10 out-of-state schools are approved for clinical placements.

The Nursing Commission also reviews and approves of nursing assistant educational programs including traditional programs, alternative training programs and medication assistant endorsement programs. The commission sets the testing standards and competency requirements for nursing assistants. The state law<sup>4</sup> identifying commission duties and responsibilities related to nursing assistant training programs also requires the commission to write rules<sup>5</sup> that are designed to promote safe patient care. Almost 170 approved

The Nursing Commission also reviews and approves of nursing assistant educational programs including traditional programs, alternative training programs and medication assistant endorsement programs.

nursing assistant programs are in the state of Washington. A list of the approved nursing assistant training programs can be found at the DSHS website.<sup>6</sup> The lists of approved alternative and medication assistant programs can be found at the Nursing Commission website.<sup>7</sup>

## Nursing Commission Work

The work of the commission in approving nursing programs is done through nursing program approval panels (NPAP). The three NPAPs comprise 12 commission and pro tem members. These members work together to evaluate nursing and nursing assistant programs. The NPAPs authorize commission staff members to investigate complaints or to make on-site visits. Staff members conduct investigations and on-site visits, and report findings to the NPAPs.

Members of the nursing education NPAPs include:

- Mary Baroni, PhD, RN, Chair Panel A
- Barbara Gumprecht, MSN, RN, Chair Panel B
- Carl Christensen, PhD, RN
- Karen Heys, MSN, RN
- Lois Hoell, MS, MBA, RN
- Laurie Soine, PhD, ARNP

- Rhonda Taylor, MSN, RN
- Susan L. Woods, PhD, RN, FAAN

Members of the nursing assistant NPAP include:

- Margaret Castle, RN
- Barbara Gumprecht, MSN, RN
- Margaret Kelly, LPN, Chair
- Judy Rose-Bungay, RN
- Rhonda Taylor, MSN, RN

## We Need Your Input

The Nursing Commission needs your input in developing and reviewing nursing education rules. Students, nursing alumni, educators, healthcare providers, patients and family members have significant opportunity to have input into the future of nursing education in Washington State. Please join us in the rule writing process and share your ideas on how to prepare our future nurses. Refer to page 21 for the date and location of the rules workshops.

## Questions

If you have any questions or comments about this article, you may contact me at [mindy.schaffner@doh.wa.gov](mailto:mindy.schaffner@doh.wa.gov) or 360-236-4745.

### References:

- <sup>1</sup><http://apps.leg.wa.gov/RCW/default.aspx?cite=18.79.010>
- <sup>2</sup><http://apps.leg.wa.gov/wac/default.aspx?cite=246-840>
- <sup>3</sup><http://www.doh.wa.gov/LicensesPermitsandCertificates/NursingCommission/NursingPrograms.aspx>
- <sup>4</sup><http://apps.leg.wa.gov/rcw/default.aspx?cite=18.88A>
- <sup>5</sup><http://apps.leg.wa.gov/wac/default.aspx?cite=246-841>
- <sup>6</sup><https://fortress.wa.gov/dshs/adsaapps/Professional/nat/search.aspx>
- <sup>7</sup><http://www.doh.wa.gov/LicensesPermitsandCertificates/NursingCommission/NursingAssistantAlternativeTraining.aspx>

# CNEWS Strategic Initiatives: Update and Future Goals

The Council for Nursing Education Washington State (CNEWS) is a non-profit, professional organization of nursing education leaders. Membership includes deans and directors representing all Washington State approved nursing programs. With the vision of *Leading the Transformation of Nursing Education in Washington State to Benefit the People of our State and Beyond*, CNEWS continues to move forward with issues related to nursing education.

The mission of CNEWS is to:

- Promote excellence in nursing education;
- Increase nursing education's responsiveness to the health and healthcare needs of the people;
- Share and promote best practices in nursing education; and
- Provide a forum for collaboration and meaningful discussion about nursing education.

During the spring 2013 meeting, workgroups reported on progress and next steps.

The **Organizational Development** workgroup continues to focus on standardizing operating procedures and implementing the collective vision of CNEWS through establishing priorities, as well as providing support for the work of the other workgroups.

The **Seamless Articulation** workgroup reported on progress on the statewide RN-to-BSN Direct Transfer Agreement (DTA) proposal and the Academic Progression in Nursing (APIN) grant. The DTA proposal, supported by the APIN, was unanimously accepted by the Joint Transfer Council in August, and plans are in place to present the proposal to the State Board of Community and Technical Colleges by



spring 2014. The APIN grant is a Robert Wood Johnson Foundation grant that provides funding for leadership by CNEWS members in work that will increase seamless academic progression from associate to baccalaureate degrees through enhanced alignment between two- and four-year public and private nursing schools.

The **Curricular Innovation** workgroup shared results of a survey created through a partnership among CNEWS, the Washington Center for Nursing (WCN), and the Washington National Action Coalition. The survey focused on identifying regional efforts on statewide innovations to address the 2010 Institute of Medicine report that calls for transforming nursing education to ensure the workforce is educated for the future and prepared to lead change. Data were collected in a variety of areas, including collaborative partnerships, evidence-based practice, quality improvement, communication, clinical reasoning, interdisciplinary teams, and lifelong learning. These exemplars of best practices in

nursing education were shared with the membership, who took these excellent models back to their own institutions and program advisory boards for consideration.

The **Leadership Development** workgroup partnered with WCN to bring Alison Zecha, of *Coach AZ*, to CNEWS for an interactive session titled *Be the Change you want to see in Healthcare*. Participants created individual action plans that evolved from Zecha's coaching on attitudes and beliefs of successful change agents. Work for the future includes continuing the partnership with WCN to further develop leaders in nursing education, and decrease turnover in dean and director positions. Washington Community and Technical College nursing programs are similar to programs across the nation in that they are experiencing a 20-30 percent annual turnover in program directors and deans.

For more information, contact CNEWS President: Jenny Capelo, MAE, RN, Dean of Nursing, Wenatchee Valley College, [jcapelo@wvc.edu](mailto:jcapelo@wvc.edu).

# Educating Patients and Families about Medications: Suggestions from Pharmacists

Teaching patients and their families about safe medication use is a critical part of nursing care in all settings. I reached out to some of my pharmacist colleagues, all of whom are involved in medication safety-related work, and asked what they would most like their nurse colleagues to know about patient and family education. Here are some of their suggestions and recommendations for how our professions can promote medication safety even more effectively:

## Communicating with patients and families

When talking with patients about their medications, ask open-ended questions. Often patients will affirm Yes/No questions, but a survey or series of questions with open-ended answers can help a patient share the barriers to taking medications safely and effectively. A brief survey that can be shared with patients and families in the hospital or in the physician's office is found on

page 15. Ask someone to take the survey or identify barriers only if you or the organization in which are working will follow up and take appropriate action based on the responses.

Having a family member involved during interviews and discussions about medications is also very important, especially for most of the geriatric population. Family members or caregivers are the 24/7 nurses and pharmacists at the patient's home, so it is critical to involve them.



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## Key things to find out

- When taking medication histories, ask about the form of medication. Is it long-acting or immediate release?
- Are patients taking partial tabs of anything? Does the current dose (what the patient is actually taking) match the instructions on the label?
- Are patients taking anticoagulants aware of bleeding risks and possible interactions?
- Patients on more than two or three medicines may be confused about proper use. Is there a family member or other trusted person who can help?
- If elderly patients are taking high-risk medications, are they aware of red flags, what to do, and whom to call? The red flags often can be addressed safely without the patient going to the hospital. Examples of high-risk medications are warfarin (Coumadin), insulin and oral hypoglycemic medications, and medications associated with decompensated congestive heart failure.

## Key suggestions for patients/families

- Encourage patients and families to keep a list of all medicines, and to update the list before and after each visit with a prescriber. This list needs to include every prescriber, of which there may be several (primary care physician, specialist, ARNP, PA, dentist). Resources and examples of lists are on the My Medicine List website at [mymedicinelist.org](http://mymedicinelist.org).
- Discard medicines when no longer taking, to avoid confusion when new ones are added. Provide resources for safe disposal. The *Take Back Your Meds* website provides locations and other information for safe disposal of medications. (<http://www.takebackyourmeds.org/what-you-cannot/locations>). Additional information may be available via individual counties' hazardous waste and recycling websites.
- Use pharmacies and pharmacists as resources:

## Brief checklist or interview for patients:

Please check one or more of the boxes below if you agree with the statement(s).

- I have concerns about knowing how to take my medicines when I get home.
- I don't understand what all of my medicines are for and why I need to take them.
- I don't know how to fit the timing of my medicines with my lifestyle and routines.
- I have concerns with the side effects of my current or new medicines.
- I sometimes don't take my medicines because they do not make me feel better and sometimes make me feel worse.
- I have concerns about being able to pay for my medicines.

When talking with patients about their medications, ask open-ended questions. Often patients will affirm Yes/No questions, but a survey or series of questions with open-ended answers can help a patient share the barriers to taking medications safely and effectively.

- Get all prescriptions filled at one pharmacy, and write its phone number on the medicine list.
- Get a current list of all prescriptions from your pharmacist. Using a professionally transcribed list helps in emergent situations or when visiting another healthcare provider.
- Encourage patients to establish a relationship with a pharmacist whom they trust and can rely upon, and to contact that pharmacist with questions about medications. Our pharmacist colleagues are among the most accessible health care professionals and are available to help with education.
- And finally, ask questions. Every question is important!

Acknowledgements:

Meg Kilcup, PharmD,

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Susan Lee, RPh,

Swedish Medical Center  
Tim Lynch, PharmD, MSM,  
Franciscan Health System

John Zarek, RPh,

Swedish Medical Center

# Scope of Practice Decision Tree

Nursing practice is constantly changing and developing in response to health needs of society, technical advancements and the expansion of scientific and nursing knowledge. Because it is always changing, it isn't feasible to have a task list of activities a nurse can or can't do. The core concept in determining scope of practice is whether the activity is appropriate considering the nurse's level of educational preparation, training and professional experience. Within that concept, your individual scope

of practice varies and changes throughout your career with continuing education and practice experience. The nurse's activities must also fall within the legal boundaries established to ensure public protection. You are responsible and accountable for determining whether an activity is within your individual scope of practice. The *Scope of Practice Decision Tree* is a tool to assist you in determining in making your decisions.

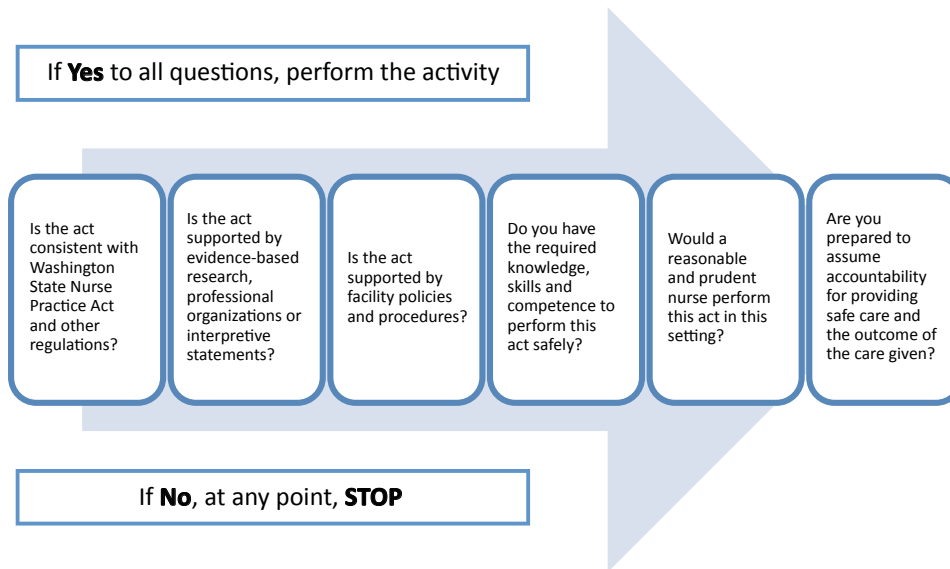
The Washington State nursing laws are broad and principle-based, so that nurses

The core concept in determining scope of practice is whether the activity is appropriate considering the nurse's level of educational preparation, training and professional experience.

in any setting may reflect on and develop their own scope of practice. Nurses must continually update their practice by using new knowledge and skills. The Nursing Commission supports nurses working up to the full extent, within the legal boundaries, of their education and training.

#### REFERENCES:

Washington State Department of Health Nursing Care Quality Assurance Commission *Scope of Practice Decision Tree* (December 2011). Department of Health 609-305: <http://www.doh.wa.gov/Portals/1/Documents/Pubs/609305.pdf>  
National Council of State Boards of Nursing (October 2009). *Changes in Healthcare Professions' Scope of Practice*: [https://www.ncsbn.org/ScopeofPractice\\_09.pdf](https://www.ncsbn.org/ScopeofPractice_09.pdf)



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For questions about our positions, contact Marilyn at (253) 234-6032 or e-mail: [fergumr@dshs.wa.gov](mailto:fergumr@dshs.wa.gov)

# Prescription Monitoring Program: PROMOTING PATIENT SAFETY

“This program has changed my practice. No single thing in the last 10 years has had such a positive impact on my practice and my patients as this program, so thank you!” These words from a Washington State emergency room physician are typical of the feedback we’ve received about a relatively new program called the Prescription Monitoring Program (PMP).<sup>1</sup>



Another physician told us: “I believe this program has literally saved the lives of several of my patients. I have been floored by the number of narcotics that dozens of teenage girls have been obtaining (1,500 to 2,000 pills in six months). I have now been able to have meaningful interventions with them and their families.”

The department has established several prevention initiatives including the Prescription Monitoring Program. A main reason was to help combat drug overdose deaths owing mostly to the misuse or abuse of prescription drugs, the leading cause of accidental deaths here in Washington State.

The program collects information on the purchases of pain medications and

other potentially dangerous medicines. The information comes from pharmacies and healthcare providers. It’s then used to help improve patient safety and reduce prescription drug misuse.

Actual data collection began in October 2011, and healthcare providers started requesting information in January 2012. By the end of June 2013, more than 9,000

prescribers and 2,900 pharmacists were using the program, which averages more than 900,000 records per month. It now holds more than 22.8 million prescription records. So far, pharmacists, prescribers, and prescriber delegates have made more than 700,000 patient history requests.

In 2012, more than 2.3 million Washingtonians filled at least one prescription for a controlled substance. Hydrocodone/acetaminophen (the generic form of Vicodin, a pain reliever) is the most dispensed controlled substance and makes up roughly 25 percent of all the prescriptions we collect. More than 156 million pills were dispensed for this drug in 2012, enough for each person in the state to receive 23 pills.

## Who Can Access Data

The law allows healthcare providers, patients, and others to view the prescription records for certain reasons. Prescribers and pharmacists may use the data to intervene with patients earlier. They may also identify dangerous drug interactions, address issues of misuse, and recognize under-managed pain or the need for substance abuse treatment. Health professional licensing boards and law enforcement may view the records based on authorized investigations.

## What the Future Holds

The department is pleased with the program’s success so far. With additional grant funding recently received, there are plans for several improvements. We plan to share data on patients filling prescriptions across borders, to connect with our health information exchange to provide more seamless access for providers, and to make other improvements.

A third physician said, “I really am grateful to have the PMP active. It is absolutely essential for any pain management practice and essential for any physician prescribing controlled substances.”

You can find more information on the program, also known as Prescription Review online at [www.doh.wa.gov/PMP](http://www.doh.wa.gov/PMP). Contact program director Chris Baumgartner (360-236-4700) for more information.

## REFERENCES:

<sup>1</sup>[http://www.doh.wa.gov/  
PublicHealthandHealthcareProviders/  
HealthcareProfessionalsandFacilities/  
PrescriptionMonitoringProgramPMP.aspx](http://www.doh.wa.gov/PublicHealthandHealthcareProviders/HealthcareProfessionalsandFacilities/PrescriptionMonitoringProgramPMP.aspx)

## ADVANCED PRACTICE We're On the Move: Goals for 2013 to 2015

Advanced registered nurse practitioners (ARNPs) often are so focused on caring for patients that laws and rules governing their practice seem far removed. Yet the autonomy in practice and prescribing we enjoy in Washington State exists because colleagues in practice worked hard over many years to accomplish where we are today.

As of 2010, a strong ARNP subcommittee works to bring concerns of ARNPs to the Nursing Commission. I am privileged to be the advanced practice advisor

to the subcommittee. In September, your ARNP subcommittee met to set goals for 2013 through 2015. They include:

1. Creating an effective structure for communication with the ARNP community;
2. Identifying experts to assist us in carrying out our work;
3. Keeping ARNPs, employers and educators aware of national advanced practice issues;
  - a. Advanced Practice Registered Nurse (APRN) Consensus Model;
  - b. APRN Compact;
  - c. Elimination of Medicare regulations limiting scope of practice in long term care;
4. Developing continuing education resources for non-cancer pain management prescribing;
5. Improving efficiency in disseminating changes in regulations and policies;
6. Determining if a Retired Active Status is desired for retiring ARNPs;

*continued on page 20*

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As of 2010, a strong ARNP subcommittee works to bring concerns of ARNPs to the Nursing Commission. I am privileged to be the advanced practice advisor to the subcommittee. In September, your ARNP subcommittee met to set goals for 2013 through 2015.

7. Creating smooth transitions in ARNP leadership for the Nursing Commission;
8. Educating ARNPs and ARNP students about the discipline process;
9. Designing the website for ARNPs to find key information;
10. Coordinating ARNP and RN licensing renewal policies to reduce confusion.

It's an exciting time for ARNPs as new national programs include ARNPs as primary care providers. Behind the scenes, you have a dedicated group of ARNPs who serve through the ARNP subcommittee. This year the members are: Donna Poole, MSN, PMHCNS-BC, ARNP, chair and commission member. Laurie Soine, PhD, ARNP, commission member

Nancy Armstrong, ANP, ARNP  
 Todd Herzog, CRNA, ARNP  
 Karen Hays, CNM, ARNP  
 Mariann Williams, FNP, ARNP.

None of the work within the subcommittee can proceed without the support of all ARNPs in practice, educators, and employers. To garnish support outside our practice, we must speak with a unified voice and clear messages.

Here are ways you can support your ARNP subcommittee:

- Responding to this article with your ideas and comments;
- Attending subcommittee meetings;
- Inviting subcommittee members or myself to meetings or continuing education events, and;
- Serving as an expert in your practice area.

You may respond to this article by contacting me at [martha.worcester@doh.wa.gov](mailto:martha.worcester@doh.wa.gov). I look forward to hearing from you.

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- Post-Master's to PhD in Nursing

# Upcoming Rules Workshops

You are invited to workshops for nursing rules writing! The workshops are open to the public, giving opportunity for input on the topics listed below. By attending and participating in dialogue, you assist your nursing commission in writing complete and easy to understand rules. *\*Please save these dates as tentative until confirmed for the continuing competency portion. Once obtained, confirmation will be published.* Rules to be reviewed at all sites:

## Education Rules

246-840-045	Initial licensure for nurses who graduate from international schools
246-840-090	Licensure for nurses by interstate endorsements
246-840-130	Criteria for approved refresher course
246-840-455	ARNP educational programs
245-840-500 through 246-840-575	Nursing education

## Continuing Competency Rules

246-840-201	Continuing competency purpose statement
246-840-202	Continuing competency definitions
246-840-203	Continuing competency requirements – Active status
246-840-204	Continuing competency requirements – Reactivation from expired status
246-840-205	Continuing competency requirements – Reactivation from inactive status
246-840-206	Continuing competency audit process and compliance
246-840-207	Failure to meet continuing competency requirements

## WORKSHOP DATES AND LOCATIONS:

11/19/13 8 a.m. – 5 p.m. Spokane

Spokane Falls Community College  
3410 W. Fort George Wright Drive  
Spokane, WA 99224-5288  
Student Union Building Lounges AB Building 17

11/20/13 8 a.m. – 5 p.m. Kennewick

Kennewick L and I  
4310 W. 24th Ave  
Kennewick, WA 99338  
The receptionist will direct you to the correct room.

11/25/13 8 a.m. – 5 p.m. Tumwater

Tumwater Point Place Plaza East  
310 Israel Road S.E.  
Tumwater, WA 98501  
Room 152/153

12/2/2013 8 a.m. – 5 p.m. Seattle

North Seattle Community College  
9600 College Way North  
Seattle, WA. 98103  
Room CC1161

12/10/12 8 a.m. – 5 p.m. Vancouver

Washington School for the Blind  
2214 E. 13th St.  
Vancouver, WA 98661-4120  
Fries Auditorium

If you are unable to attend a workshop you may submit written comments or suggestions to: [nursing@doh.wa.gov](mailto:nursing@doh.wa.gov) or [jennifer.anderson@doh.wa.gov](mailto:jennifer.anderson@doh.wa.gov) or Send to the Department of Health, Attn: Jennifer at P.O. Box 47864, Olympia, WA 98504

Please note that rules hearings will be scheduled later date. The hearings are also open to the public and will be announced on this listserv.



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## Upcoming Nursing Commission Meetings

November 8, 2013  
*Department of Health Tumwater*

January 10, 2014  
*Center Point Conference Center, Kent*

March 14, 2014, *TBA*

May 9, 2014, *TBA*

## Commission Staff and Contact Information

**Paula R. Meyer, MSN, RN**  
*Executive Director*  
360-236-4713

**Anne Schuchmann, MSN, RN**  
*Deputy Director*  
360-236-4712

**Debbi Carlson MSN, RN**  
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**Mary Dale**  
*Discipline Manager*  
360-236-4744

**Donna Rogers**  
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360-236-4821

**Mindy Schaffner PhD, RN**  
*Nursing Education Advisor*  
360-236-4745

**Martha Worcester PhD, ARNP**  
*Advanced Practice Advisor*  
360-236-4751

**Catherine Woodard**  
*Chief Investigator*  
360-236-4757



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# Continuing Competency

## FREQUENTLY ASKED QUESTIONS

### GENERAL INFORMATION

#### What is continuing competency?

Continuing competency is the ability of a nurse to maintain, update and demonstrate sufficient knowledge, skills, judgment, and qualifications necessary to practice safely and ethically in a designated role and setting in accordance with the scope of nursing practice. A nurse achieves continuing competency through active practice, self-assessment and reflection, and continuing nursing education.

#### Why is continuing competency important?

The purpose of the Nursing Commission is to regulate the competency and quality of nurses under its jurisdiction by establishing, monitoring and enforcing qualifications for licensing, consistent standards of practice, continuing competency mechanisms and discipline (RCW 18.79.010). Licensed nurses demonstrate initial competency by successfully passing the national nursing licensure examination. Because nursing practice changes rapidly, initial knowledge and competency can quickly become obsolete. Safe nursing practice depends on continuing competency. The Nursing Commission is committed to ensuring nurses maintain and develop their skills and competence.

#### When did the continuing competency requirements start?

The continuing competency requirements for Registered Nurses (RNs) and Licensed Practical Nurses (LPNs) started with the 2011 renewal date for each licensed nurse.

I received my first nursing license in 2012. Do I need to meet the continuing competency requirements in 2014?

If you received your first nursing license in 2012, you will have three years to meet the requirements by your renewal date in 2015.

Do I need to turn in my continuing competency documentation when I renew my license in 2014?

We will randomly audit up to five percent of licensed nurses beginning in 2014. When you renew your license, you are required to attest (either online or paper return) that you are compliant with the continuing competency requirements. You may practice during the audit period. Unless selected for audit, documentation is not required with your license renewal.

What happens if I do not meet the continued competency requirements?

- You may apply for inactive license status.
- You may need to complete a commission-approved nurse refresher course or other commission-approved remediation prior to applying for an active license and returning to practice from inactive status.

The Nursing Commission offers technical assistance for nurses found to be non-compliant with the continuing competency requirements. Nurses who continue to fail to meet the requirements will be subject to disciplinary action. This includes fines, remedial activities and/or denial of relicensure.

### NURSING PRACTICE HOURS

#### What is active practice?

Active practice activities requiring nursing skills. In addition to working in traditional settings (acute, long-term or ambulatory care), active practice also includes working in clinical settings, administration, education, quality assurance, infection control, school nursing, healthcare policy, public health, home health, case management, utilization review, consultation, or surveyor positions. Active practice can be done in many settings and be paid or unpaid time.

How many practice hours do I need?

You need 531 hours of active practice every three years.

Do practice hours have to be done in Washington State?

You can count practice hours obtained in Washington State, in other states, or out of the country.

I am retired. Do you have any suggestions for me to get my practice hours?

You may volunteer to provide care in a variety of settings including, but not limited to, a parish, Red Cross, long-term care, schools, or hospitals. In addition, you may provide nursing care to a friend, neighbor or a family member.

How do I document active practice hours?

Keep your documents in a safe and readily accessible location. Paper or com-

*continued on page 24*

puter documents are acceptable. Examples of documentation include:

- Log book documenting practice hours with a signature from a supervisor, medical provider, patient family member or other appropriate person with awareness of the care provided
- Employer verification such as a statement or payroll slips
- Presentation materials.

**If I give an educational presentation on health education to community members, can I count this as active practice hours?**

Formal educational presentations for nurses, other health professionals or the public qualify for active practice hours if the topic is relative to nursing or general health. You may count preparation and presentation time. However, you need to decide if you want to apply the time to practice hours or continuing education hours, but not both.

**I am taking a commission-approved RN refresher course. Can I count the time spent in the clinical setting as practice hours?**

Yes, you can count clinical or practicum time towards your practice hour requirement. You can also count the academic or classroom time as continuing education hours.

## CONTINUING EDUCATION HOURS

**How many continuing education hours do I need to maintain my nursing license?**

You need 45 hours of continuing education every three years.

**How do I count continuing education hours?**

You count the actual time spent in the educational activity. For example, if you spend an hour taking a course, count an hour of continuing education.

**Training can be expensive. How can I find free or low-cost continuing education courses?**

You can find many free or low-cost training and educational resources online and in your community. Resources for continuing education include:

- Nursing Care Quality Assurance Commission (NCQAC): Nursing Practice Education Courses
- Health Evidence-Based Resource (HEAL-WA): Access is limited to registered nurses (RNs), licensed practical nurses (LPN) and other professions. Part of the licensing fee pays for access.
- Centers for Disease Control and Prevention (CDC)
- National Institutes of Health Training Center
- Washington State Nurses Association (WSNA)
- Agency for Healthcare Research and Quality (AHRQ)
- County health departments, hospitals, emergency services, and other healthcare organizations.

**I am uncertain about the terms and abbreviations that apply to continuing education courses,**

**such as Continuing Education Units (CEUs), Continuing Nursing Education (CNE), and Continuing Medical Education (CME). What do they mean, and which ones can I use to meet continuing education requirements?**

The kind of term or abbreviation used depends on the accrediting body approving the activity. Each of these has a specific meaning although they often are used interchangeably. Some activities offer several options depending on the topic and course content. Activities specific to nursing usually offer CNE. Activities that include nursing and other healthcare professionals may offer CEUs or CMEs. Any of these can apply if the education is relevant to nursing practice or general health.

**Do you have a list of required training topics?**

The Nursing Commission does not mandate what kind of training each nurse needs. You should make the decision about training needs based on your area of professional practice or areas identified through self-assessment and reflection for professional growth.





**Continuing competency is the ability of a nurse to maintain, update and demonstrate sufficient knowledge, skills, judgment, and qualifications necessary to practice safely and ethically in a designated role and setting in accordance with the scope of nursing practice. A nurse achieves continuing competency through active practice, self-assessment and reflection, and continuing nursing education.**

**My work site offers online, self-study nursing education classes.**

**Can these count as continuing education hours or does it have to be in-person training?**

In-person or online, self-study nursing education classes can count for continuing education hours.

**What continuing education is acceptable?**

Training may be a course approved by a credentialing agency for continuing education units (CEUs). You can also count hours for non-approved training courses relevant to nursing practice. Mentorship, preceptorship, certification, and presentations may also count.

**How do I document continuing education activities?**

Keep your documents in a safe and readily accessible location in paper format or computer documents. Examples of documentation include:

- Log book
- Certificate of course completion, table of contents or other documentation of attendance, brochure, syllabus, agenda or letter describing the educational activity
- National certification document
- Meeting minutes or attendance roster
- Transcript
- Research document, thesis, dissertation, abstract or granting

agency summary

- Presentation materials.

**I am an LPN enrolled in a program to get my Associate Degree in nursing. Can I count these hours for continuing education?**

You can use classroom instruction in a nursing program to meet continuing education hours. If there are clinical hours or a practicum, you can count these hours to meet active practice requirements.

**Does the Nursing Commission approve education courses for continuing education?**

The Nursing Commission does not accredit or approve continuing education courses. Many professional organizations approve these activities. An example is the American Nurses Credentialing Center (ANCC) and the Washington State Nurses Association.

**Do you have examples of activities that count for continuing education hours?**

You can count activities relevant to nursing practice, including:

- Certification/recertification in Cardiopulmonary Resuscitation (CPR), Advanced Cardiac Life Support (ACLS), Advanced Trauma Life Support (ATLS), and Pediatric Advanced Life Support (PALS)

- Employee in-service programs such as infection control, safety, risk management, utilization review, quality assurance, emergency preparedness, and education related to new technology, equipment or clinical procedures
- Biological, physical, behavioral or alternative/holistic nursing care
- Healthcare trends, issues or policy conferences or courses
- Academic courses or refresher courses relevant to nursing
- Specialty nurse certification
- Author of an article or book
- Lectures, conferences and independent study including web-based learning
- Journal article reviews, literature reviews, grant writing, or research in healthcare
- Health education preparation and presentation.

**I want to get my Bachelor's Degree in Nursing (BSN). I am not sure if I will go full- or part-time. How can I meet the practice hour requirement while attending school?**

Many nurses continue to work part-time while enrolled in an academic program. Whether you are working part- or full-time while enrolled in a program to advance your nursing education, clinical or practicum hours may qualify as practice hours. You can apply classroom hours to the continuing education requirement.

**What kind of advanced degree or certification programs qualify for clinical practice hours?**

Time spent pursuing additional education such as LPN-to-RN practice hours or RN-to-BSN clinical hours can count as practice hours. Example of degree programs include: Associate Degree in Nursing (ADN), Bachelor of Science in Nursing (BSN), Master of Science in Nursing (MSN), Master of Science (MS), Master in Public Health (MPH), Doctor in Nursing Practice (DNP), Doctor of Philosophy

*continued on page 26*

(PhD), Doctor in Education (EdD), and Juris. Doctor (JD). You may choose to continue your career in healthcare and nursing specializing in healthcare law, informatics, or economics. Specialty clinical practice or practicum hours may qualify. Examples include certification as an Advanced Registered Nurse Practitioner (ARNP), a Clinical Nurse Specialist (CNS), an American Legal Nurse Consultant, a Diabetes Educator, and a Registered Nurse First Assistant (RNFA).

**I am taking a commission-approved RN refresher course. Can I count time in the classroom as continuing education hours?**

You can count academic classroom time as continuing education hours. You can also count the clinical or practicum time as practice hours.

**I am required to give an educational presentation to other students to fulfill a nursing course requirement. Can I count this as continuing education hours?**

Formal educational presentations for nurses, other health professionals or the public qualify for continuing education hours if the topic is relative to nursing or general health. Preparation time and presentation time qualifies. These hours also qualify for active practice hours. However, you need to decide if you want to apply the time to practice hours or continuing education hours.

## **ARNP AND RN CONTINUING COMPETENCY**

**How do RN continuing competency requirements affect ARNP continuing education and practice hours for licensure renewal?**

The continuing competency requirements for RNs became effective January 1, 2011. You can apply completed continuing education and practice hours to fulfill ARNP licensure requirements toward RN requirements, duplication isn't



necessary. RNs continuing competency requirements are due every three years; ARNPs every three years.

## **SELF-ASSESSMENT AND REFLECTION**

**What is self-assessment and reflection?**

Self-assessment and reflection are the most important steps in your professional learning and growth because they guide you to develop a learning plan and associated activities. The process helps you determine strengths and opportunities for new learning. Many employers require nurses to perform self-assessment as part of their overall performance evaluation. Reflective practice is a process for the assessment of one's own practice to identify and seek learning opportunities to promote continuing competency. Reflective practice helps nurses identify goals and progress from "novice to expert" (Benner, 1984). It is not a new concept; it is simply an approach for learning from experience.

**How often am I required to perform a self-assessment and reflection?**

Self-assessment and reflection are parts of the continuing competency process. The Nursing Commission encourages nurses to complete a self-assess-

ment every three years. The commission also encourages ongoing evaluation and updating of individual nursing practice.

**Is there a special form I need for self-assessment and reflection?**

The Nursing Commission does not require you to use a special form or tools to perform the self-assessment and reflection activity. You can use tools to complete the activity including a Learning Plan, Self-Reflection; Responsibility, Self-Reflection; Knowledge-Based Practice, and Self-Reflection. More information is on the Nursing Commission's Continuing Competency Sample Tracking Forms webpage.

**Do I need to send in self-assessment and reflection documents?**

No, do not send in your self-assessment and reflection documents with your renewal even if audited.

**How do I begin completing the self-assessment and reflection process?**

Suggestions for completing the self-assessment and reflection process include:

- Start with the competency areas most familiar to you in your nursing practice
- Discuss with peers or supervisors about what you need to improve your nursing competence
- Identify what you will do to improve your nursing skills, knowledge and competency; consider current competency requirements, advances in technology, changes in the practice environment, and specialization
- Identify resources and activities to use to reflect on your practice; consider workplace resources, academic and continuing education courses, nursing journals, practice standards, and web-based training
- Develop Specific, Measurable, Attainable, Relevant, and with a Timeline (SMART) goals and objectives.

# SAINT MARTIN'S UNIVERSITY

Saint Martin's University offers a Bachelor of Science in Nursing degree for registered nurses to further their professional development. The program is offered at the Lacey main campus and, beginning January 2014, at Everett Community College. Admitting three times a year in fall, spring and summer semesters, full or part-time enrollment is offered. The learning environment is responsive to the needs of the working student. Nursing courses are offered using a hybrid model that blends on-campus classes with online modules and are scheduled each semester on Wednesdays in Lacey and on Thursdays in Everett. General education requirements and electives can be completed using online courses through the university's Extended Learning Division.

Courses develop critical thinking and the ability to translate research into practice, and focus on health policy, ethics, leadership, care coordination, inter-professional collaboration and the promotion of population health in the community. An integrative

capstone experience allows students to synthesize their learning and make it applicable to their future career plans.

The nursing program at Saint Martin's University is dedicated to making a positive difference in the lives of its students and others through the core values of faith, reason, service and community. Students are encouraged through inquiry and self-

examination to grow in all areas of life. The curriculum is dynamic and responsive to the increasingly complex health care environment in which graduates will practice. For general program information, visit [www.stmartin.edu/nursing](http://www.stmartin.edu/nursing). Information about the program at Everett Community College is available at <http://www.stmartin.edu/ExtendedLearning/Nursing.aspx>.



SAINT MARTIN'S UNIVERSITY  
RN-TO-BSN PROGRAM



## Lead change and advance health

On-site classes combined with distance learning

Part-time or full-time study

Now at the Lacey main campus and starting January 2014, at Everett Community College

Learn more by visiting, [www.stmartin.edu/nursing](http://www.stmartin.edu/nursing); email [lkaplan@stmartin.edu](mailto:lkaplan@stmartin.edu) or call 360-412-6129.

# What if we could just get our legislators to listen to us? Turns out, we can.

## Advocacy Camp

Enjoy a day of intensive advocacy and activism training in a small classroom setting, followed by a reception that evening with state legislators.

**January 23, 2014**

*Anthony's Homeport, Olympia*

- Obtain the skills needed to become a citizen lobbyist. Learn how to communicate effectively with your elected officials
- Hear the latest on WSNA legislative priorities for the 2014 Legislative Session
- Special guest speakers include state legislators who are health care leaders in Olympia

## Nurse Legislative Day

Join hundreds of nurses and nursing students for incisive legislative and health policy analysis, breakout education sessions, and then meet with legislators and attend afternoon hearings at the state capitol.

**February 24, 2014**

*Great Wolf Lodge, Centralia / Washington State Capitol, Olympia*

- Learn about critical nursing and health care legislation to be considered during the 2014 Legislative Session
- Visit with your state representatives and let them know which issues are important to you
- Unite with other nurses and educate lawmakers on nursing and health care issues



[www.wsna.org](http://www.wsna.org)

# Approved Nursing Programs in the State of Washington

## Licensed Practical Nursing Programs

### **Bates Technical College**

PN Program  
1101 S Yakima  
Tacoma, WA 98405  
Phone: (253) 680-7000

### **Bellingham Technical College\***

3028 Lindburgh Avenue  
Bellingham, WA 98225-1559  
Phone: (360) 752-7000

### **Big Bend Community College\*+**

Nursing Department  
7662 Chanute St.  
Moses Lake, WA 98837  
Phone: (509) 793-2222

### **Centralia College\***

Nursing Program  
600 W Locust  
Centralia, WA 98531  
Phone: (360) 736-9391

### **Clover Park Technical College\***

Nursing Department  
4500 Steilacoom Blvd. SW  
Tacoma, WA 98499  
Phone: (253) 589-5800

### **Columbia Basin College\*+**

Nursing Program  
20000 68th Ave. W.  
Pasco, WA 99301  
Phone: (509) 547-0511

### **Edmonds Community College\*\***

Nursing Program  
20000 68th Ave. W.  
Lynnwood, WA 98036  
Phone: (425) 640-1990

### **Everett Community College\*+**

Nursing Department  
2000 Tower St.  
Everett, WA 98201-1327  
Phone: (425) 388-9100

### **Grays Harbor Community College\*+**

Nursing Department  
1620 Edward P Smith Drive  
Aberdeen, WA 98520  
Phone: (360) 532-9020

### **Green River Community College**

Nursing Department  
12401 SE 320th St.  
Auburn, WA 98092  
Phone: (253) 833-9111

### **Heritage College\***

Nursing Program  
3240 Fort Rd.  
Toppenish WA 98948  
Phone: (509) 865-8500

### **Lake Washington Institute of Technology\***

Nursing Program  
11605 132nd Avenue NE  
Kirkland, WA 98034  
Phone: (425) 739-8100

### **Lower Columbia College\*+**

School of Nursing  
1600 Maple Street  
Longview, WA 98632  
Phone: (360) 442-2860

### **North Seattle Community College\*+**

Nursing Program  
9600 College Way North  
Seattle, WA 98103  
Phone: (206) 587-4100

### **Olympic College\*+**

Nursing Program  
1600 Chester Ave.  
Bremerton, WA 98377-1699  
Phone: (360) 792-6050

### **Renton Technical College\***

Nursing Program  
3000 NE 4th Street  
Renton, WA 98056  
Phone: (425) 235-2352

### **Skagit Valley College – Whidbey Island\***

1900 SE Pioneer Way  
Oak Harbor, WA 98277  
Phone: (360) 679-5323

### **South Puget Sound Community College\*t**

School of Nursing  
2011 Mottman Rd. SE  
Olympia, WA 98512  
Phone: (360) 754-7711

### **South Seattle Community College\*t**

Nursing Program  
6000 16th Avenue SW  
Seattle WA 98106  
Phone: (206)768-6414

### **Spokane Community College\*+**

Nursing Education  
1810 N Greene St. MS 2090  
Spokane, WA 99217  
Phone: (509) 533-7000

### **Walla Walla Community College\*+**

Nursing Education  
500 Tausick Way  
Walla Walla, WA 99362  
Phone: (509) 527-4240

### **Wenatchee Valley College\*+**

Nursing Program  
1300 5th Street  
Wenatchee, WA 98801  
Phone: (509) 682-6800

### **Yakima Valley Community College\*+**

Nursing Program  
PO Box 22520  
Yakima, WA 98907-2520  
Phone: (509) 422-7800

## Associate Degree Programs (RN)

### **Bellevue Community College+**

Main Campus, Rm R140-A  
3000 Landerholm Circle SE  
Bellevue, WA 98007-6484  
Phone: (425) 564-1000

### **Bellingham Technical College\***

3028 Lindburgh Avenue  
Bellingham, WA 98225-1559  
Phone: (360) 752-7000

### **Big Bend Community College\*+**

Nursing Department  
7662 Chanute St.  
Moses Lake, WA 98837  
Phone: (509)793-2222

### **Centralia Community College\***

Nursing Program  
600 W Locust  
Centralia, WA 98531  
Phone: (360) 736-9391

### **Clark College +**

1800 E. McLoughlin Blvd.  
Vancouver, WA 98663  
Phone: (360) 992-2000

### **Clover Park Technical College\***

Nursing Department  
4500 Steilacoom Blvd. SW  
Lakewood, WA 98499-4098  
Phone: (253) 589-5800

### **Columbia Basin College\*+**

Nursing Program  
2600 N 20th Ave.  
Pasco, WA 99301  
Phone: (509) 372-7680

### **Everett Community College\*+**

Nursing Department  
2000 Tower St.  
Everett, WA 98201-1327  
Phone: (425) 388-9463

### **Grays Harbor Community College\*+**

Nursing Department  
1620 Edward P Smith Drive  
Aberdeen, WA 98520  
Phone: (360) 538-4148

### **Highline Community College+**

PO Box 98000  
Des Moines, WA 98198-9800  
Phone: (206) 878-3710 Ext 3471

### **Lake WA Institute of Technology\***

Nursing Program  
11605 132nd Avenue NE  
Kirkland, WA 98034  
Phone: (425) 739-8100

### **Lower Columbia College\*+**

Nursing Program  
1600 Maple Street  
Longview, WA 98632  
Phone: (360) 442-2860

### **North Seattle Community College\*+**

Nursing Program  
9600 College Way North  
Seattle, WA 98103-3599  
Phone: (206) 527-3600

### **Olympic College\*+**

Nursing Program  
1600 Chester Ave.  
Bremerton, WA 98377-1699  
Phone: (360) 394-2760

### **Peninsula College+**

Nursing Program  
1502 East Lauridsen Blvd.  
Port Angeles, WA 98362  
Phone: (360) 417-6455

### **Pierce College – Puyallup\*+**

Nursing Program  
1601 39th Avenue SE  
Puyallup WA 98374-2222  
Phone: (253) 864-3272

### **Renton Technical College\***

Nursing Program  
3000 NE 4th Street  
Renton, WA 98056  
Phone: (425) 235-2352

**Seattle Central Community College+**

Nursing Program  
1701 Broadway  
Seattle, WA 98122  
Phone: (206) 587-4123

**Shoreline Community College+**

Nursing Program  
16101 Greenwood Ave N  
Seattle, WA 98133  
Phone: (206) 546-4743

**Skagit Valley College – Mt Vernon+**

Nursing Department  
2405 E. College Way  
Mt Vernon, WA 98273  
Phone: (360) 416-7875

**South Puget Sound Community College\*†**

School of Nursing  
2011 Mottman Rd. SE  
Olympia, WA 98512  
Phone: (360) 768-6414

**South Seattle Community College\*\* †**

Nursing Program  
6000 16th Avenue SW  
Seattle WA 98106  
Phone: (206)768-6414

**Spokane Community College\*+**

Nursing Education  
N. 1810 Greene St. MS 2090  
Spokane, WA 99217  
Phone: (509) 533-7000

**Tacoma Community College+**

Nursing Program  
6501 S 19th St.  
Tacoma, WA 98466  
Phone: (253) 566-5000

**Walla Walla Community College\*+**

Nursing Education  
500 Tausick Way  
Walla Walla, WA 99362  
Phone: (509) 527-4240

**Wenatchee Valley College\*+**

Nursing Program  
1300 5th Street  
Wenatchee, WA 98801  
Phone: (509) 682-6800

**Whatcom Community College\*+**

Nursing Program  
237 West Kellogg Rd  
Bellingham, WA 98237  
Phone: (360) 676-2170

**Yakima Valley Community College\*+**

Nursing Program  
N. 16th & Nob Hill Blvd  
Yakima, WA 98907-2520  
Phone: (509) 574-4902

**Baccalaureate Degree Programs (RN)**

**Gonzaga University++**

Dept. Of Nursing  
502 E. Boone Ave.  
Spokane, WA 99258-0038  
Phone: (800) 986-9585

**Northwest University++**

Buntain School of Nursing  
5520 108th Ave. NE  
Kirkland, WA 98033  
Phone: (425) 822-8266

**Pacific Lutheran University++**

School of Nursing – Ramstad 214  
Tacoma, WA 98447  
Phone: (253) 535-7672

**Seattle Pacific University++**

Lydia Green Nursing Program  
3307 3rd Avenue West  
Seattle, WA 98119  
Phone: (206) 281-2233

**Seattle University++**

College of Nursing  
901-12 Ave  
Seattle. WA 98122-1090  
Phone: (206) 296-5660

**University of Washington++**

School of Nursing  
Box 357260  
Seattle, WA 98195  
Phone: (206) 543-8736

**Walla Walla University+**

School of Nursing  
10345 SE Market St.  
Portland, OR 97216  
Phone: (800) 541-8900/(503) 251-6115

**Washington State University+**

College of Nursing  
P.O. Box 1495  
Spokane, WA 99210-1495  
Phone: (509) 324-7360

**Washington State University Tri-Cities+**

College of Nursing  
2710 Crimson Way  
Richland, WA 99354-1671  
Phone: (509) 372-7196

**Graduate and RN to BSN Programs**

RN to MSN++, MSN++,  
Post Masters DNP  
**Gonzaga University**  
Department of Nursing  
502 E. Boone Ave. AD Box 38  
Spokane, WA 99258  
Phone: (800) 986-9585

RN to BSN++

**Olympic College**  
Nursing Program  
1600 Chester Ave.  
Bremerton, WA 98377-1699  
Phone: (360) 394-2760

LPN to BSN MSN++,  
Master's Entry++  
**Pacific Lutheran University**

School of Nursing  
Tacoma, WA 98447  
Phone: (253) 531-6900

RN to MSN, MSN++

**Seattle Pacific University**  
School of Health Sciences  
3307 3rd Avenue West  
Seattle, WA 98119  
Phone: (206) 296-6000

MSN++, Master's Entry++, DNP

**Seattle University**  
School of Nursing  
900 Broadway  
Seattle. WA 98122  
Phone: (206) 296-6000

RN to BSN

**St. Martin's University\*\***  
5000 Abbey Way SE  
Lacey, WA 98503  
Phone: (800-368-8803)

MN++, RN to BSN++

**University of Washington – Bothell**  
UWB Nursing Program  
18115 Campus Way NE  
Bothell, WA 98011-8246  
Phone: (425) 352-5000

MS, MN,++, DNP++, PhD

**University of Washington – Seattle**  
UWS Nursing Program  
Box 357260  
Seattle, WA 98195-7260  
Phone: (206) 543-8736

RN to BSN++, MN++

**University of Washington – Tacoma**  
UWT Nursing Program  
1900 Commerce - Box 358421  
Tacoma, WA 98402-3100  
Phone: (253) 692-4000

RN to BSN+

**Walla Walla University**  
School of Nursing  
10345 SE Market St.  
Portland, OR 97216  
Phone: (800) 541-8900/(503) 251-6115

BSN++, RN to BSN++, MN++,

DNP, PhD

**Washington State University - Spokane**  
College of Nursing  
P.O. Box 1495  
Spokane, WA 99210-1495  
Phone: (509) 324-7360

BSN++, RN to BSN++, MN++  
**Washington State University – Tri Cities**

College of Nursing  
2710 Crimson Way  
Richland, WA 99354-1671  
Phone: (509) 372-7196

RN to BSN++, MN++, DNP, PhD

**Washington State University - Vancouver**  
College of Nursing  
14204 NE Salmon Creek Ave.  
Vancouver, WA 98686  
Phone: (360) 546-9752

RN to BSN++, MN++

**Washington State University – Walla Walla**  
College of Nursing  
Located at Walla Walla Community College  
Health Science Building  
500 Tausick Way  
Walla Walla, WA 99362-9267  
Phone: (509) 520-8311

BSN++, RN to BSN++, MN++

**Washington State University - Yakima**  
College of Nursing  
1401 W. Prasch Ave.  
Yakima, WA 98902  
Phone: (509) 494-7900

RN to BSN

**Western Washington University\*\***  
516 High St.  
Bellingham, WA 98225  
Phone: (360-650-3000)

\*\* Initial Approval of Program (New program granted right to accept students)

+ Accreditation Commission for Education in Nursing (ACEN) Accredited

++ Commission on Collegiate Nursing Education (CCNE) Accredited

† Conditional Approval

# RURAL OUTREACH NURSING EDUCATION

The Rural Outreach Nursing Education (RONE) program was initiated in Washington State in response to the ongoing RN shortage, the projections that indicate that our state will see shortages through 2025, the significant rural hospital presence (39 Critical Access hospitals), and the demand for nursing education that is more easily accessible by individuals living in rural areas. Rural CEOs and CNOs expressed concern about the need for more RN education being offered in their areas to offset the unfortunate tradition of rural residents leaving their towns to go to nursing programs in a larger city and not returning to that home location to work. They want more RN staffing for their hospitals without paying for agency or traveler nurses. Finally, their communities want employment stability and mobility for individuals.

The state's Rural Hospital Association issued a call to all community and technical colleges in Washington State to submit a proposal to address this need for rural nursing education.

A collaboration of individuals representing workforce development, area Health Education Centers, community and technical colleges, the state hospital association, the rural hospital association, the nursing resource center, and organized labor met over approximately one year's time to identify a common vision, create a work plan, and secure funding for development, equipment purchase and marketing of a new program.

One community college with a positive five-year record of conducting an LPN program that is primarily online for the didactic content responded to the call. Lower Columbia College (LCC) in southwest Washington State is known for its leadership in the implementation and



integration of technology in learning. The Nursing Commission approved this program change for LCC.

## *The Program*

Rural hospital CEOs and CNOs commit to financial support of the program. The partnering hospital is responsible for providing a qualified clinical instructor. This instructor serves as an LCC employee while performing the teaching responsibilities. Clinical affiliation agreements must be in place before the start of the program. The RONE clinical faculty receive an extensive orientation and mentoring from the LCC Nursing eLearning Coordinator and faculty.

The Western Washington Area Health Education Center served as the lead to secure a grant for a set of sophisticated simulation equipment. As with traditional nursing education programs, simulation equipment enhances student learning. Additional simulation equipment was funded through the Hospital Employee and Education Training (HEET) grant

from the State Board of Community and Technical Colleges and secured by LCC. The HEET simulation equipment is available at several regional sites.

The majority of clinical is completed at the partnering facility when possible. Students may be required to travel to regional facilities for simulation or clinical experience in specialty areas.

To be eligible for the program, students must be endorsed by a partnering facility, and meet all admission requirements of the Lower Columbia College nursing program; please see the college website for more information [www.lowercolumbia.edu/nursing](http://www.lowercolumbia.edu/nursing).

The first cohort of 11 students began study in January of 2009, graduating in December 2010. A second cohort of 12 began study in January 2010, and a third began in September 2011. The fourth cohort will begin September 2013.

To date, there have been 27 graduates of the program. Many are working in the partnering RONE hospitals. The current class of 15 will complete August 2013.



# Lifestyle Focused Nursing Opportunities on the Beautiful Pacific Coast

- Competitive salary
- Relaxed and professional atmosphere
- Sign on bonus and relocation allowance negotiable
- Full medical, vision and dental at no employee cost

## Service lines at Grays Harbor Community Hospital include:

- Ambulatory Infusion Services
- Critical Care Unit
- Emergency Department
- Medical / Surgical / Pediatrics
- Wound Healing Center
- Family Birth Center

## About Us

Grays Harbor Community Hospital is a comprehensive acute care regional medical center situated on the Pacific Ocean and surrounded by the abundant outdoor offerings of the Olympic Peninsula.

Our location is ideal for relaxed, rural living while only a short drive to the cities of Olympia, Seattle and Portland.



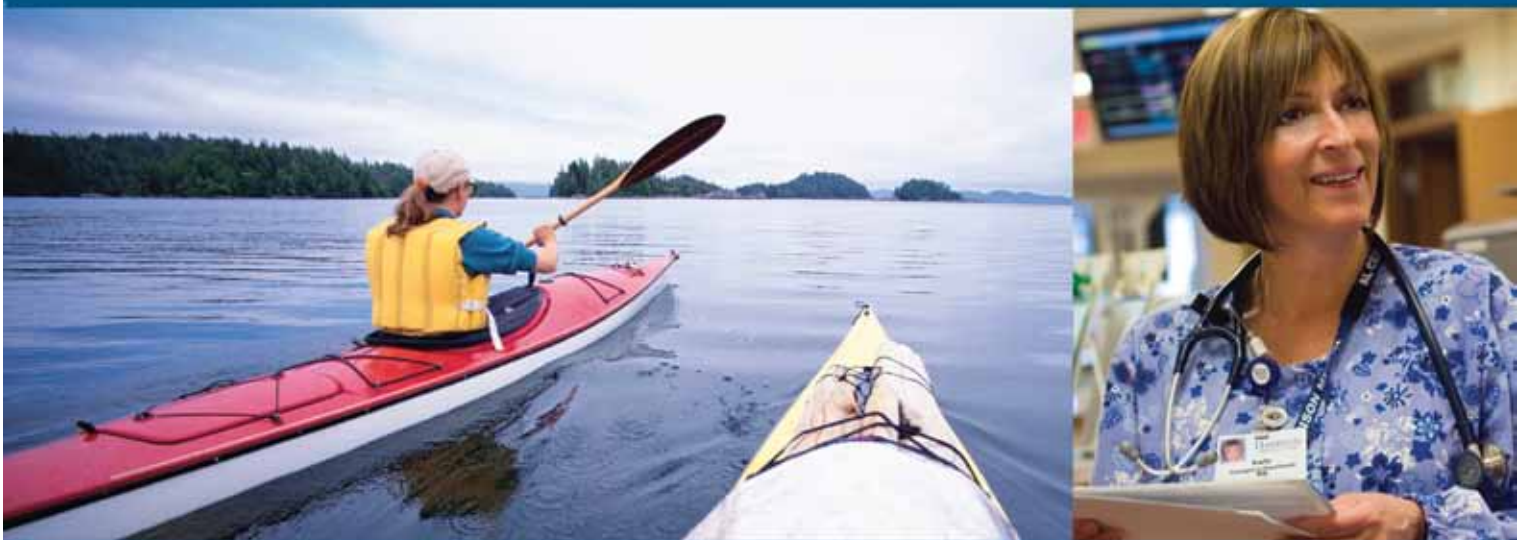
**GRAYS HARBOR  
COMMUNITY  
HOSPITAL**  
*Quality care close to home*

For our most current job offerings and a detailed list of requirements, please visit our website.

*We would love to have you on our team!*

[www.ghchwa.org](http://www.ghchwa.org)

In September 2013, Harrison will open a new three-story, 54,000 square foot Orthopaedic Center on the Silverdale campus. Currently, more than 2,000 Orthopaedic surgeries are performed at Harrison Bremerton, and current patient rooms and post-surgical rehab areas are too small for Orthopaedic patients. The number of people needing Orthopaedic care in Kitsap County will grow by another twenty percent in the next five years. The new Orthopaedic Center will help patients remain close to home for orthopedic and joint replacement surgery.



#### The Harrison Orthopaedic Center at Silverdale will feature:

- Four large dedicated Orthopaedic designed operating rooms
- 16 Ortho-dedicated pre- and post-surgical rooms
- State-of-the-art surgical systems specifically suited for Orthopaedic
- Dedicated and certified Orthopaedic surgical and nursing teams
- Spacious family and friends surgical waiting room
- 24 private, single patient rooms with capacity for 24 more in the future
- A large family room for patients and their loved ones to prepare for their return home
- Specially-designed rehabilitation gym and rooftop rehabilitation trail

In anticipation of the center's opening, aggressive staff recruitment efforts are underway to fill 15.5 positions for perioperative and post-operative registered nurses, surgical nurses, certified nursing assistants, and operating room technicians.

**HARRISON**  
MEDICAL CENTER

**LIFE WORKS HERE. COME SEE HOW.**

Please view job posting at [www.harrisonmedical.org/employment/](http://www.harrisonmedical.org/employment/)