

Washington NURSING COMMISSION NEWS

FALL 2014 • VOLUME 8, Nº3, EDITION 20



Enhancing Criminal Background Checks Through Legislation

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Content in these programs are intentionally aligned with the IOM recommendations on the Future of Nursing, and specifically addresses:

RECOMMENDATION #2: Expand opportunities for nurses to lead and diffuse collaborative improvement efforts.

RECOMMENDATION #6: Ensure that nurses engage in lifelong learning.

RECOMMENDATION #7: Prepare and enable nurses to lead change to advance health.

This activity has been submitted to the Washington State Nurses Association Continuing Education Approval & Recognition Program (CEARP) for approval to award contact hours. The Washington State Nurses Association Continuing Education Approval & Recognition Program (CEARP) is accredited as an approver of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

For a full brochure, workshop details and/or to register, visit NWone.org or contact Wendy Ray at wendyr@wsha.org, (206) 216-2516.

Questions? Contact Sarah Schwen at sarahs@wsha.org, (206) 577-1811.

NWone

One Voice for Nursing Leadership

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Danielle Nolan recently graduated from an associate degree nursing program in Washington State. She passed the NCLEX-RN exam at 8:00 am and by 2:30 pm, she received her RN license from the Washington State Nursing Care Quality Assurance Commission. She expressed great appreciation to the commission's licensing unit for the quick timing of licensure following the NCLEX exam. The licensing unit is able to provide this seamless licensing process when applicants and nursing programs complete all the required application forms. Ms. Nolan also served four years in the Air Force as a surgical technician. Thank you Danielle for your years of military service!

The Washington Nursing Commission News circulation includes over 100,000 licensed nurses and student nurses in Washington.



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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, FRE

Editor

Mindy Schaffner, PhD, MSN-CNS, RN

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Message from the Chair

BY SUELLYN MASEK, MSN, RN, CNOR

Colleagues,

Is the Nurse Licensure Compact (NLC) right for Washington State? The NLC is a legislative agreement or “compact” among multiple states that enables licensure for nurses to practice across state lines. Twenty-four states participate in this agreement with four states pending legislation in 2014. The initiative began in 1995 to expand the mobility of nurses as part of our nation’s healthcare delivery system. Essentially, the NLC allows nurses to have one multistate license with the ability to practice (both physically and electronically) in their home state and other participating states. The NLC works very much like a drivers license; you are licensed in one state, but have the privilege to drive in other states. At this time, the NLC includes only registered nurses (RNs) and licensed practical nurses (LPNs). Advanced practice registered nurses (APRNs) fall under a separate compact.

We all know healthcare delivery systems are changing with the implementation of the Affordable Care Act (ACA), increased use of telehealth, telemedicine and now telenursing. The primary objectives of the Nursing Commission are to protect the public and to enforce the Washington Nurse Practice Act (RCW 18.79 and WAC 246-840). This enforcement becomes complicated with electronic nursing practices across state lines because of variability in state laws.

On July 10, 2014, the Nursing Commission hosted a workshop to begin to explore if our state should join the NLC. The workshop featured a presentation by Jim Puente from the National Council of State Boards of Nursing, followed by small group discussions and documentation of stakeholder opinions regarding the NLC. The commission plans to use the information and questions asked from the stakeholders for further consideration of adopting the compact.

I want your input on this topic. I encourage you to get involved in this important decision. Please contact us and make your voice heard. You may call (360-236-4711), email (mike.bively@doh.wa.gov), write (Washington State Nursing Care Quality Assurance Commission, P.O. Box 47864, Olympia, WA. 98504) or come to a commission business meeting and address the commission.

Enjoy the newsletter and as always, please help us promote and engage in life-long learning with fellow nurse peers.

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BY GENE PINGLE, BSN-BC,
CEN, RN AND DEBORAH
CARLSON, MSN, PMC, RN
NURSE PRACTICE ADVISOR

Registered Nurse Delegation in School Settings Advisory Opinion

The Nursing Commission recently approved an advisory opinion on *Registered Nurse Delegation in School Settings*. The advisory opinion provides guidance and recommendations for school nurses about nursing delegation. Safe delegation is critical for the provision of safe, effective, and efficient student health services. The advisory opinion is posted on our NCQAC Practice Information Website.¹

Website Link: <http://www.doh.wa.gov/licensesPermitsandCertificates/NursingCommission/PracticeInformation>

BY JOHN WIESMAN, DRPH, MPH
SECRETARY, DEPARTMENT OF HEALTH



Transparency and Partnership: What it Means to the Department of Health

I recently updated our agency strategic plan to emphasize transparency and partnerships. These are two of five guiding principles that, together with seven generations, health equity, and evidence-based public health practice, guide the way the state health department will develop our programs and interventions.

For me, in order to be transparent, I share information without holding back details unless there is a crucial reason for doing so. Do you remember transparencies at school, used by teachers before there were computer screens? The teacher placed a sheet of plastic onto a projector that allowed light to come through. As she wrote on the plastic, the information projected onto a screen. Students could see changes in words or math in real time as the teacher added or crossed out details. It was a way of encouraging students to engage in the subject, while seeing the details clearly and immediately. That is what I want to do: provide information to partners and customers to help them understand and respond to situations day-to-day.

This column is an example of transparency that I hope will be of value to you. The message is about our internal work, the Department of Health's strategic plan, yet it sheds some light on my philosophy and explains that sharing information is a

priority for me and for the agency, including valued partners such as the Nursing Care Quality Assurance Commission. I encourage making this a two-way street: I would like you to share your ideas, thoughts, or concerns with my staff or the commission, because you are our partner as well as our customer.

Partnerships are crucial to how we function as an agency, and the concept relates to transparency in many ways. To be partners means to share efforts. In a partnership, two or more people work together to get something done. If we are partners, we have to be open in our communication and find ways to work together to accomplish the work. We have many partners externally – public health programs, the CDC, other state government agencies, the tribes; and we have internal partners. We strive to look strategically at decisions we make within our programs, and to think about how those decisions will affect internal and external partners. Have we included them in our processes? If so, how did it go? If not, how can we engage them next time?

At the Department of Health, transparency and partnerships mean sharing honestly what is appropriate and collaborating effectively with others, internally and externally, to protect and improve the health of all people in Washington State.



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Applications including a cover letter outlining background and qualifications, Concordia University application (from www.cu-portland.edu), curriculum vitae, and contact information for three professional references may be sent via email, mail, or fax to:

Rebecca E. Boehne, PhD, R.N., Nursing Program Director and Professor Concordia University
2811 NE Holman Street, Portland, OR 97211-6099
Fax: 503.280.8124
E-mail: rboehne@cu-portland.edu

Review of applications will begin immediately and will continue until the position is filled. Position to begin January 2015 or until filled.



Message from the Executive Director

BY PAULA R. MEYER, MSN, RN, FRE

Nursing Commission Performance Measures

According to Gallop polls, nursing is the most trusted profession in the United States. Nursing has been the most trusted profession every year except 2001, when, after September 11, firefighters were deservedly considered the most trusted profession.

Nurses care for people in their most vulnerable times; under anesthesia, in pain, after the loss of a loved one, during a mental health crisis. People trust nurses to care for them and about them. Nurses earn trust every moment of every day.

A very small number of nurses abuse this trust, some with minor infractions, and some in horrific ways. These incidents remind us of the mission of the Nursing Care Quality Assurance Commission, "To protect and improve the health of the people of Washington State."

To protect vulnerable people, the Nursing Commission is interested in FBI Next Generation Identification, or Rap Back. The Nursing Commission requires all applicants with an out-of-state address to complete an FBI fingerprint background check. This background check provides criminal arrest and conviction history. Based on this history, the Nursing Commission makes a decision to license the applicant or to deny the application. Current background checks give us historical criminal information. The Nursing Commission acts quickly in cases of rape, murder, theft, and patient abuse. We are thankful these cases are rare, although they do exist.

Rap Back would allow the Washington State Patrol (WSP) to retain fingerprints. WSP would then receive both historical and real time information about subsequent crimes with convictions from states that report to the FBI. The Nursing Commission would receive conviction information from the FBI for people who hold nursing licenses in Washington. The Nursing Commission could then take action on the license, protecting the vulnerable people in our care.

This issue includes a full description of the Rap Back process. The issue also includes a copy of the tool for decisions on applications. FBI criminal background checks are currently only completed on applicants with out-of-state addresses. WSP background checks are completed on all other applications. When these background checks reveal a positive criminal history, the Nursing Commission decides to deny the license, issue the license with sanctions, or issue a full license. The tool lists crimes and the decisions made by the Nursing Commission.

When an otherwise qualified applicant for a nursing license has a positive criminal background check, the Nursing Commission considers the application an "exception." The Nursing Commission applies the following in its licensing decisions:

- Approve or deny applications in accordance with the following chart when there has been a single occurrence resulting in a criminal conviction. Cases involving multiple convictions are referred to the Nursing Commission's Case Management Team. If convictions are more than 10 years old, applications may be approved by administrative staff.
- Approve applications for applicants with medical conditions, which fall under the Americans with Disabilities Act, where the applicants state that they can practice with reasonable skill and safety, and there are no limitations or impairments, or the condition is controlled or alleviated with medication.
- Approve applications for applicants with action taken in another state, where the applicant has complied with all conditions and been reinstated, holding a current unencumbered license.
- Approve applications for applicants named in a malpractice, hospital or civil suit where negligence was not established.

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The Nursing Commission uses the following chart to decide to approve or deny the application:

Incident	If conviction occurred within the last 3 years	If conviction occurred 3-10 years ago	M/G/F (Class)*
Criminal Trespass 2	Issue with sanctions	Issue credential	G
False reporting	Issue with sanctions	Issue credential	G
Making False or Misleading Statements	Issue with sanctions	Issue credential	G
Marijuana 40 grams or less	Issue credential	Issue credential	M
Obstructing a Law Enforcement Officer	Issue with sanctions	Issue credential	G
Possession of drug paraphernalia	Issue credential	Issue credential	M
Prostitution	Issue with sanctions	Issue credential	M/G
Resisting Arrest	Issue with sanctions	Issue credential	G
Shoplifting	Issue with sanctions	Issue credential	M/G
DUI – first offense- (no bodily harm)	Issue credential	Issue credential	G
DUI – second offense	Issue with sanctions	Issue credential	G
Simple Assault	Issue with sanctions	Issue credential	G
Telephone Call Harassment	Issue with sanctions	Issue credential	G
Welfare Fraud	Issue with sanctions	Issue credential	G
Animal Cruelty	Issue with sanctions	Issue credential	G
Assault 4	Issue with sanctions	Issue credential	G
Coercion	Issue with sanctions	Issue credential	G
Minor in possession of alcohol	Issue with sanctions	Issue credential	M
Drug convictions (Gross misdemeanor)	Issue with sanctions requiring monitoring	Issue with sanctions or require proof of completion of program	G

Incident	If conviction is 0-5 years	If conviction occurred 5-10 years ago	M/G/F (Class)*
Attempt to Elude	Issue with sanctions	Issue credential	F
Conspiracy	Issue with sanctions	Issue credential	G
Criminal Trespass 1	Issue with sanctions	Issue credential	G
Malicious Mischief 3	Issue with sanctions	Issue credential	G
No Contact Order Violation	Issue with sanctions	Issue credential	G
Possession of Stolen Property 3	Issue with sanctions	Issue credential	G
Reckless Endangerment	Issue with sanctions	Issue credential	G
Theft 3	Issue with sanctions	Issue credential	G
UIBC under \$250	Issue with sanctions	Issue credential	G
Drug convictions (Felony)	Deny credential or issue under monitoring program	Deny credential or require proof of completion of program	F
Assault 3	Deny credential	Issue with sanctions	F (C)
Criminal Mistreatment 2	Deny credential	Issue with sanctions	F (C)
Custodial assault	Deny credential	Issue with sanctions	F (C)
Extortion 2	Deny credential	Issue with sanctions	F (C)
Forgery	Deny credential	Issue with sanctions	F (C)
Indecent Exposure victim under 14	Deny credential	Issue credential	G
Malicious Mischief 1	Deny credential	Issue with sanctions	F (B)
Malicious Mischief 2	Deny credential	Issue credential	F (C)
Possession of Stolen Property 2	Deny credential	Issue with sanctions	F (C)
Promoting Prostitution 1	Deny credential	Issue with sanctions	F (B)
Theft 2	Deny credential	Issue with sanctions	F (C)
Vehicle Theft	Deny credential	Issue with sanctions	F
UIBC over \$250	Deny credential	Issue with sanctions	F (C)
Arson	Deny credential	Deny credential	F
Assault 1	Deny credential	Deny credential	F (A)
Assault 2	Deny credential	Deny credential	F (B)
Bomb threat	Deny credential	Deny credential	F (B)
Burglary 1 or 2	Deny credential	Deny credential	F (A&B)
Child molestation	Deny credential	Deny credential	F
Communication with a minor for immoral purposes	Deny credential	Deny credential	F
Criminal Mistreatment 1	Deny credential	Deny credential	F
Extortion 1	Deny credential	Deny credential	F
Indecent liberties	Deny credential	Deny credential	F
Murder	Deny credential	Deny credential	F
Possession of Stolen Property 1	Deny credential	Deny credential	F
Residential Burglary	Deny credential	Deny credential	F (B)
Theft 1 or Robbery 1 and 2	Deny credential	Deny credential	F
Rape 1,2,3	Deny credential	Deny credential	F

RCW 18.130.055 states: (1) The disciplining authority may deny an application for licensure or grant a license with conditions if the applicant: (c) Has been convicted or is subject to current prosecution or pending charges of a crime involving moral turpitude or a crime identified in RCW 43.43.830.

*F-Felony; Class A or B – Deny 10 years; Class C – issue after 5 years with sanctions
 G-Gross Misdemeanor – Issue with sanctions
 M-Misdemeanor – Issue

Enhancing Criminal Background Checks Through Legislation

In this Century

The nursing profession has seen an extraordinary increase in nurses who work across state lines and participate in telehealth or telemedicine. The need to protect the public from nurses who violate laws in other states and continue to practice in ours is of paramount importance to the public and to the profession. We want to ensure that nursing remains the No. 1 most trusted profession.

It is not that many nurses commit heinous crimes, but when they do, the results can be catastrophic. When a nurse is caring for us, we are often in a most vulnerable state. News media are full of examples of nurses who have committed crimes in Washington and other jurisdictions. A few examples of convictions from our files include:

- Multiple incidents of child rape and child molestation;
- Rape of a patient;
- Theft of many thousands of dollars from a patient under a nurse's care;
- Animal cruelty;
- Large scale drug diversion across state lines;
- Indecent liberties of a vulnerable resident in an adult family home

Sometimes convictions occur in other states and go unnoticed by the state where the nurse practices. We have learned that nurses who come to us from other states are not always truthful when they answer the question on their applications about prior criminal convictions. When we learn of a conviction, the Nursing Commission may or may not take action against the nurse's license depending on severity and length of time since the crime was committed.



Current Practice

The Nursing Commission conducts Washington State background checks on all nursing applicants through the Washington State Patrol (WSP). The Nursing Commission, through WSP and the Federal Bureau of Investigation (FBI), conducts federal background checks only on out-of-state applicants. We belong to a minority of states in the country that do not conduct federal background checks on all nursing applicants. Recently, the secretary of health granted the Nursing Commission permission under RCW 18.130.064 to conduct federal background checks on all nursing applicants and licensees. However, with proposed legislation, we can take advantage of new technology that will allow us to be even more effective in promoting patient safety.

The process of conducting criminal background checks involves the collection and submission of fingerprints to WSP for review. WSP has sole authority in our

state to submit fingerprints to the FBI to query criminal records from other states and territories. These local and federal background checks capture conviction information on nurses who have committed crimes in the past. If a nurse is convicted of a crime after the initial background check, that fact remains unknown to the Nursing Commission.

New Technology

This past summer, the FBI introduced the Next Generation Identification Rap Back Program, which allows authorized users of the system to receive notification of any subsequent criminal information of a nurse holding a license in our state. What does this mean? It means that what happens in Las Vegas no longer stays in Las Vegas. If a nurse is convicted of a crime in our state or another state, we will learn about it.

To participate in the Rap Back Program, WSP must be able to retain applicant fingerprints in the same manner

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that they retain criminal fingerprints. Current law allows WSP to retain fingerprints only of those arrested for crimes in Washington (RCW 43.43.700). The Nursing Commission is seeking legislation to specifically allow WSP and the FBI to retain fingerprints of nursing applicants and licensees.

By retaining these fingerprints, the FBI will be able to notify the Nursing Commission of convictions that occur after initial state and federal background checks are completed. Nursing applicants and licensees would only have to submit

fingerprints one time for the life of their nursing careers.

A change in the law to allow WSP to retain civil fingerprints will allow all agencies in the state who license people who serve the public to participate. This may include the Department of Licensing, Office of the Superintendent of Public Instruction, Department of Social and Health Services, and others. In 2013, the State Auditor's Office issued a performance audit titled *Enhancing Background Checks in Washington*. The auditor recognized we are falling behind other states and

recommended federal background checks for all licensee applicants.

Your Support

If this important legislation passes, the Nursing Commission intends to phase in federal background checks on all nursing licensees. The process will allow for one set of fingerprints, one time. The Nursing Commission is part of state government of the people and for the people, and we hope that you will support this important work as we move into the 2015 legislative session.

BY DEBORAH CARLSON, MSN, RN, NURSE PRACTICE ADVISOR
NURSING CARE QUALITY ASSURANCE COMMISSION

NURSING CARE COORDINATORS

I am frequently asked if nurses practicing in care coordinator roles qualify for continuing competency nursing practice hours. Nursing care coordination, also known as nursing case management, is a well-established role for nurses. Care coordination is one facet of nursing care, often identified in the nursing care plan using the nursing process. Nurses are well suited to the role because the functions of care coordination closely follow the framework of the nursing process and work across the continuum of care.

The Affordable Care Act places nursing care coordination in the forefront in order to increase access to care, reduce costs, and improve quality outcomes. Coordination is a critical link in the new healthcare system and anticipated to increase exponentially in all settings. Defining nursing care coordination is challenging because the primary focus in most models is use of resources and cost containment instead of patient advocacy and other aspects of nursing care.

Nursing care coordinators may have overlapping roles as members

of a multidisciplinary team, causing confusion as to scope of practice, roles, and responsibilities. Care coordinators arise from many healthcare professions. Non-nursing coordinators have different skill sets from nursing. We also see many paraprofessionals involved in care coordination activities with titles such as care navigators or patient navigators. Inter-professional and team-based care is essential in the new healthcare system. Sometimes nursing care coordinators act in a primary role to oversee and coordinate care. Others function as team members. The new trend is for nurses to be team leaders.

Care coordination may be applied to an individual, family, or community. It may be population-based such as care coordination for pregnant women, people with diabetes, or children with special healthcare needs. Sometimes nurses function solely as care coordinators. The nurse may function as a care coordinator as well as provide direct, clinical nursing care. For example, a nurse may provide nursing education focusing on health promotion and chronic disease

prevention, carry out medical orders, as well as perform care coordination. It is common for nursing care coordination to be done by telephone. Some nursing care coordinators may never actually see the patient or see the patient only remotely using advanced technology.

New nursing case managers may experience role ambiguity because of unclear role boundaries, lack of educational preparation in care coordination, and difficulty reconciling the roles of the nurse as direct caregiver versus that of a care coordinator. Nurse care coordinators actively participate with patients to identify and facilitate options and services for meeting individual health needs. The goals are to decrease fragmentation and duplication of care and to enhance high-quality, cost-effective clinical outcomes. The role of the nursing care coordinator continues to evolve. Developing care plans, educating patients and families, and facilitating continuity of care for patients in all settings makes coordinated care possible. This is not a new role for nurses. It is what nurses do.

THE ADVANCED PRACTICE CORNER: Building Consensus in Washington State and the Nation

Consensus Building in Washington State: Inclusion of Clinical Nurse Specialist in the Advanced Practice Rules. The Nursing Commission proposed rule changes to recognize clinical nurse specialists (CNS) as advanced registered nurse practitioners (ARNP). In Washington State, an ARNP is the authorized title for three groups of advanced practice nurses: nurse practitioners, nurse midwives, and nurse anesthetists (see RCW 18.79.030).¹

In 2011, the commission received a petition from the Washington Affiliate of the National Association of Clinical Nurse Specialists and the Washington State Nurses Association to open the rules to recognize CNS as one of the ARNP groups. The Nursing Commission voted to support the request. This change is consistent with National Council of State Boards of Nursing guidelines.²

The rules, WAC 246-840-300 through 246-840-455,³ are open to amend the advanced practice standards to: (a) include clinical nurse specialists as a fourth designation, and (b) add licensure requirements for clinical nurse specialists. Changes to the rules must be consistent with requirements of existing ARNP groups. The public provided comments on the rules at three workshops held in May. On July 11, 2014, the Nursing Commission received the first draft of the proposed rules. This draft contained a few of the most obvious changes needed for the inclusion of CNS.

As your advanced practice advisor for the Nursing Commission, I am responsible for providing guidance for the rule

writing process. Assisting with the process is a CNS workgroup consisting of representatives from ARNP professional organizations, CNS professional organizations, CNS educational programs and CNS employers. Email your comments on the proposed rules to Jean.Wheat@doh.wa.gov. I encourage you to attend the Advanced Practice Subcommittee monthly meetings and the bimonthly Nursing Commission business meetings. Times and details can be found on the Nursing Commission web page.⁴

I extend acknowledgements and appreciation to all who have already contributed thoughtful comments and time to the consensus building on this issue (see Table 1). Inclusion of the CNS as one of the designations for ARNP moves Washington State one step further to aligning with the National Council of State Boards of Nursing Advanced Practice Registered Nurse Consensus guidelines.⁵

Consensus Building in the Nation: Progress in Meeting the Guidelines of the Advanced Practiced Registered Nurse (APRN) Consensus Model. A *State of Consensus* conference, held in Chicago in April 2014, highlighted the progress in state regulations to align with the model over the past five years. In 2012, the Nursing Commission voted to support alignment with the model. Donna Poole, chair of the Advanced Practice Subcommittee, and I attended the conference and we were encouraged by the advances made.

The consensus model includes four roles as advanced practice. The four roles are those that have the most direct patient contact and have the educational background necessary to assess patients and to implement plans of care independently. The roles are nurse practitioner, nurse midwife, nurse anesthetist, and clinical nurse specialist. If we can build consensus in Washington to include clinical nurse

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TABLE 1: Appreciation to Consensus Builders in Washington on CNS Issues

- WSNA and Washington Affiliates of the NACNS
- Respondents to the many preliminary surveys and interviews from 2010 to 2014.
 - RNs practicing as CNS in Washington
 - CNS employers
 - CNS educators
 - State board staff and members
 - ARNP professional groups and members
 - CNS professional groups
- Sheena Jacob, DNP for survey development and distribution, conducting interviews and analysis of the data.
- Attendees of stakeholder meetings
- Providers of written comments
- CNS workgroup volunteers
- Nursing Commission members
- Advanced Practice Subcommittee members
- Staff of the Nursing Commission
- Staff of HSQA and Department of Health assisting with the regulatory process
- Plain Talkers Chapter of Toastmasters who provided critique of my presentations about CNS issues. Consensus requires many working together.

Abbreviations: WSNA = Washington State Nurses Association. NACNS = National Association of Clinical Nurse Specialists. RNs = Registered Nurses. ARNP = Advanced Registered Nurse Practitioners, DNP = Doctorate of Nursing Practice. HSQA = Health Services Quality Assurance.

specialists in our advanced registered nurse practitioner rules, we will be one step closer to alignment with the APRN Consensus Model.⁶

Increased nursing and medical practice through telehealth and frequent movement across state lines of both practitioners and citizens makes it imperative that there is consistency in regulations in the nation. We need interstate reciprocity when we move and patients need the ability to access our care when they are away from home. Becoming informed about the APRN consensus model is key to understanding how Washington State fits within the larger national context. Read about the model on

the National Council of State Boards of Nursing⁷ user-friendly website. The maps are updated with each legislative session.

REFERENCES:

¹RCW 18.70.030 RCW 18.79.030 <http://apps.leg.wa.gov/RCW/default.aspx?cite=18.79.030>

²National guidelines refers to the APRN consensus model. See the NCBSN website ncbsn.org

³WAC 246-840-300 through 246-840-455 <http://apps.leg.wa.gov/WAC/default.aspx?cite=246-840>

⁴See Nursing Commission Meeting Schedule on the Nursing Commission website. <http://www.doh.wa.gov/LicensesPermitsandCertificates/NursingCommission/CommissionMeetingSchedule>

⁵See reference 2

⁶See reference 2

⁷Maps referred to are found at <https://www.ncbsn.org/4213.htm>

As the advanced practice advisor, my last day in this position will be October 31, 2014. I leave with deep gratitude and appreciation for being privileged to work as a staff member of the Nursing Commission. I encourage all of you to attend at least one Nursing Commission meeting a year, to take in the breadth and depth of the work it does. Read the newsletter to stay abreast of what is happening with the regulation of nursing practice and education. The Nursing Commission works with all of you to provide safe infrastructures that allow advanced practice to maintain the quality of care needed to protect and improve the health of people in Washington State.

CORRECTIONS AND CLARIFICATION: Spring 2014 Edition of Newsletter in the Article

Advanced Practice Nurse Practitioner's Frequently Asked Questions

By Martha Worcester, PhD, ARNP, Advanced Practice Advisor, Nursing Care Quality Assurance Commission

CORRECTIONS: Page 26: Table 1: In the bottom right hand box, ARNP Active Practice. The first line reads, "Hours: 250 within three years of renewal." It should say within two years of renewal. See WAC 246-840-360 (1)(d).

CLARIFICATION OF QUESTION 1: Pages 26-27: The question posed was whether an RN will need a master's of nursing science (MSN) or doctorate of nursing practice (DNP) degree to obtain an ARNP in Washington. The answer implied that a DNP was preferred. See WAC 246-840-455 (1). Either an MSN or DNP are acceptable. The Nursing Commission has no statement of preference for either degree.



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Meet some members of the Nurse Corps team in the videos, as they talk about their experiences being a part of the Army health care team.



Advanced Practice Certified Nurse Practitioners and Clinical Nurse Specialist Roles: Gaining Clarity in Advanced Practice and Other Nursing Roles

We have made significant progress in Washington State in bringing together the issues that need addressing as we move toward this goal. Clarifying the issues can help us all work together in this important endeavor. A review of advanced practice nursing as a concept, and understanding the pathways to specialized knowledge, can help in clearing up some of the confusion that exists around clinical nurse specialist as a role within the advanced practice framework.

Advanced Practice

Advanced practice, as used in the Advanced Practice Registered Nurse (APRN) Consensus Model,² encompasses four roles:

- Certified nurse practitioner (CNP);
- Certified nurse midwife (CNM);
- Certified nurse anesthetist (CRNA); and
- Clinical nurse specialist (CNS)

These groups were chosen because they all require the type of graduate level education necessary for an independent scope of practice in managing patient care.

Managing patient care includes patient assessment, carrying out treatments and prescribing appropriate diagnostic tests, treatments, and medications. In most states and territories today, all of the four roles require the registered nurse (RN) to have an additional license. In Washington State, the clinical nurse specialist role is not regulated nor at this point does it require an additional license beyond the RN. To align with the Consensus Model, CNS needs to be included in advanced practice rules to be able to use the full scope of practice of their educational preparation.

Certified Nurse Practitioner and Clinical Nurse Specialist Advanced Practice Roles

Most RNs are clear about the roles of the CNM and CRNA, but many RNs are not as clear about the CNP and CNS roles. In Table 1, portions of the definitions of the two roles are included to highlight the key differences and commonalities in the roles. Commonalities exist in the management of patient care. The nurse practitioner's focus is on individual management of patient care. The CNS role has three foci. Two of the foci are the nurse and the system. In these two foci, the CNS works toward continuous improvement of patient outcomes and nursing care through leadership within the system. The CNS applies expertise using evidence-based practice to manage particular types of patient problems.

The National Association of Clinical Nurse Specialists (NACNS) views the requirement for graduate education as the foundation for the role. All clinical nurse specialists are prepared to influence and lead systems improvement, and to enhance the ability of nurses to deliver evidence-based patient care. The third focus for the CNS is in-depth expertise in managing certain types of patient conditions. Graduate education with a CNS focus is required as well as national certification through successful completion of a nationally accredited exam.

Pathways vary for acquiring more knowledge and expertise (see Table 2). Common pathways include taking a continuing education course that offers a certificate of completion or taking a program of study from a professional group with practice components to assure competen-

TABLE 1: Abbreviated Role Definitions of Certified Nurse Practitioner and Clinical Nurse Specialist^a

Certified Nurse Practitioner	Clinical Nurse Specialist
CNPs are prepared to diagnose and treat patients with undifferentiated symptoms as well as those with established diagnoses. Both primary and acute care CNPs provide initial, ongoing, and comprehensive care that take comprehensive histories, provide physical examinations and other health assessment and screening activities, and diagnose, treat, and manage patients with acute and chronic illnesses and diseases.	The CNS integrates care across the continuum and through three spheres of influence: patient, nurse, system. Each sphere possesses a distinctive focus. In each of the spheres of influence, the primary goal of the CNS is continuous improvement of patient outcomes and nursing care.
<i>Clinical CNP care includes health promotion, disease prevention, health education, and counseling as well as the diagnosis and management of acute and chronic diseases.</i>	<i>The CNS is responsible and accountable for diagnosis and treatment of health-illness states, disease management, health promotion, and prevention of illness and risk behaviors among individuals, families, groups, and communities.</i>

a. *From NCSBN Consensus Model - for the full definitions, see www.ncsbn.org.

b. Italics signify commonalities.

TABLE 2: Three Pathways for Acquiring Expertise

PATHWAY A	PATHWAY B	PATHWAY C
Current accepted steps for CNS certification for advanced practice	Developing special knowledge for practice after completing an RN program	Developing specialty practice and procedures
<ol style="list-style-type: none"> 1. Graduate education with a CNS focus – completion. 2. Choose population for focus 3. Successful completion of a nationally accredited exam matching the educational preparation. 	<p>Take continuing education courses to add depth in knowledge about specific types of patients</p> <ol style="list-style-type: none"> 1. Take a national examination (not nationally accredited) 2. Acquire a certificate of completion. 	<ol style="list-style-type: none"> 1. Acquire skills and knowledge through course work and precepted practice. 2. Take exam recognized by a professional group. Exam may or may not be nationally accredited. 3. Acquire a certificate of completion.

Note: Only pathway A meets the standard definitions used in the Consensus Model and by NACNS standards. RNs in both pathways B and C may have a MSN degree, but it may be focused in other areas than CNS, such as education or informatics.

cies. Programs are many and may or may not be endorsed by professional groups. Examinations may be offered at the end of these courses that may not meet national accreditation standards. It is difficult for RNs seeking additional expertise to dis-

cern which program will be marketable and be recognized by employers or educational programs.

Many other pathways to expertise, such as education and administration, do not require additional credentials even though

graduate education is needed to enhance professional development. An additional license or certification may or may not be required to achieve professional goals.

We are all of value as we progress through acquired roles and further education to refine and enhance our practice. Defining differences helps us know what each does best so we can work together. The Consensus Model is now guiding our thinking about four nursing roles encompassed by advanced practice. Working for clarity and consistency in advanced practice titles will make it easier to move across state lines. This will increase patient access to high-quality care and ensure public safety as our practice becomes more universally understood.

REFERENCES:

1. See APRN Consensus Model www.ncsbn.org/aprn.htm.
2. See APRN Consensus Model scoring grid that tracks advanced practice across the United States and Territories www.ncsbn.org/2567.htm.

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BOARD SERVICE: An Avenue to Making a Difference

As nurses, we make a difference in people's lives every day. We listen well, look at problems from multiple perspectives, and search for solutions that will fit each individual. Our experience gives us a unique viewpoint of the critical issues in our communities. Our profession is consistently ranked the most trusted in the nation, and we have the opportunity to use our knowledge, skills and earned trust to make significant, lasting impressions on the communities in which we live.

One way to accomplish that is by becoming a board member of a local organization. Boards of directors set the goals, directions and policies that will help meet the mission of their organizations, which, in turn, affect the people who live in those communities or rely on those organizations' services.

Board service does take time and energy, but it is exponentially rewarding, both personally and professionally. Working on a board will require you to exercise and build your leadership skills and other capabilities; it will allow you to contribute your insight and offer solutions from which your community can benefit; and it will connect you to other people and help build a professional network as well as

your résumé. Many organizations also pay their board members for their service.

Follow these steps for finding your role on a board

- **Consider your passion or hobby.** What are your interests? Find an organization whose mission you support and see if there is an opening for a board member, or when members' terms are up.
- **Think local.** There are many statewide and national organizations, but first, start in your community.
- **Find out if you are right for the role.** Ask the organization what it looks for in a board member. Talk to current or past members about their experience. Find out what expectations are.
- **Create a plan for yourself.** What do you want to achieve in this role? What do you need to do before you can join that board?
- **Connect with those around you.** Working on a board means building relationships with people, often those outside of nursing. You will learn from them, teach them, and collaborate with them to meet the mission of your organization.

- **Leadership means continuous learning.** If you find you need to learn more about areas such as financial management or fundraising, consider taking a course in that subject. This will help you in your service and will be an investment in your career.
- **Challenge yourself.** Step up and find the board leadership role that will give you a platform to leave your mark on your community.

RESOURCES:

Leadership toolkit for nurses to join boards: <http://www.wcnursing.org/nursing-practice/leadership/>

Campaign for Action: Tools for leveraging nursing leadership: <http://campaignforaction.org/campaign-progress/leveraging-nursing-leadership>

Washington Nursing Action Coalition Leadership workgroup co-leads are Debbie Brinker, Jennifer Graves and Steven Palazzo. Find out more about the workgroup and how you can join at info@wcnursing.org.



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LICENSURE ACTIONS

The following is a list of formal licensure actions taken between January 1, 2014, and June 30, 2014.

For more information, please visit Provider Credential Search

(<https://fortress.wa.gov/doh/providercredentialsearch/SearchCriteria.aspx>) or contact Customer Service at (360) 236-4700.

LICENSEE	DATE OF ACTION	FORMAL ACTION	VIOLATION
Fister, Natalie A., LPN (LP00053334)	01/02/14	Suspension	Criminal conviction
Sayers, Melinda K., RN (RN60209905)	01/02/14	Suspension	Diversion of controlled substance; negligence; practice beyond the scope of practice; violation of federal or state statutes, regulations or rules
Lindeen, Charles A., RN applicant (60400928)	01/02/14	Licensure denied	Alcohol and other substance abuse; criminal conviction; violation of or failure to comply with licensing board order
Carden, April A., RN (RN00155917)	01/03/14	Suspension	Criminal conviction; violation of federal or state statutes, regulations or rules
Liberty, Amanda M., RN (RN00163459)	01/09/14	Suspension	Narcotics violation; violation of federal or state statutes, regulations or rules
Pheasant, Sandra J., RN (RN60385263)	01/10/14	Conditions	Failure to cooperate with the disciplining authority; license suspension by a federal, state or local licensing authority
Boyd, Yvonne D., RN (RN00171460)	01/16/14	Suspension	Violation of or failure to comply with licensing board order
Nelson, James R., RN (RN60105802)	01/23/14	Suspension	Alcohol and other substance abuse; narcotics violation
Choffel, Robyn M., RN, ARNP (RN00106955, AP30003913)	01/27/14	Conditions	Fraud
Price, Karen A., RN (RN60181825)	01/27/14	Conditions	Criminal conviction
McCloud, Tiffany, LPN (LP00057546)	01/27/14	Suspension	License disciplinary action by a federal, state, or local licensing authority
Anderson, Timothy J., RN (RN00163211)	01/27/14	Suspension	Negligence; violation of federal or state statutes, regulations or rules; violation of or failure to comply with licensing board order
Rabe, Julie F., RN (RN60241953)	01/27/14	Suspension	Negligence, violation of federal or state statutes, regulations or rules
Dunham, Jody M., LPN (LP00034245)	01/28/14	Conditions	Alcohol and other substance abuse, diversion of controlled substance
Motto, Melenie R., LPN (LP00034378)	01/30/14	Suspension	Violation of or failure to comply with licensing board order
Ridgley, Charity, A., RN (RN00176856)	01/31/14	Suspension	Violation of or failure to comply with licensing board order
Melsen, Jaimie J., LPN (LP00059258)	02/04/14	Suspension	Violation of or failure to comply with licensing board order
Cafarelli, Tarri L., RN (RN00172934)	02/04/14	Probation	Negligence; violation of federal or state statutes, regulations or rules
Seyfert, Sydney D., RN, ARNP (RN00169884, AP60202579)	02/12/14	Suspension	Sexual misconduct; violation of federal or state statutes, regulations or rules (note: an appeal is pending in superior court)
Dunn, Laura F., RN (RN60027850)	02/19/14	Suspension	License disciplinary action by a federal, state, or local licensing authority
Krause, Katherine L., RN (RN00102955)	02/20/14	Suspension	Violation of or failure to comply with licensing board order
Richards, Beverly A., RN (RN00130158)	02/26/14	Suspension	License suspension by a federal, state or local licensing authority; violation of federal or state statutes, regulations or rules
Huston, Terrellynn, RN (RN60265983)	02/26/14	Suspension	License suspension by a federal, state or local licensing authority
Edenfield, Carole I., RN (RN00137966)	02/27/14	Suspension	Failure to cooperate with the disciplining authority; narcotics violation, negligence; violation of federal or state statutes, regulations or rules
Carter, Caryn M., RN (RN00167165)	02/27/14	Suspension	Alcohol and other substance abuse; narcotics violation, violation of federal or state statutes, regulations or rules
Nezat, Rachel L., RN (RN00174765)	02/27/14	Suspension	Criminal conviction, diversion of controlled substance; narcotics violation
Pearson, Kimberley K., RN (RN00077236)	02/27/14	Suspension	Violation of or failure to comply with licensing board order
Abbott, Cassandra L., RN (RN00097911)	02/28/14	Probation	Diversion of controlled substance, fraud; narcotics violation
Hanson, Brenda L., RN (RN00129197)	02/28/14	Conditions	License suspension by a federal, state or local licensing authority
LeBlanc, Dora J., LPN (LP00055043)	02/28/14	Suspension	Violation of or failure to comply with licensing board order
Daudt, Carrie C., RN (RN00079726)	02/28/14	Surrender	Criminal conviction, violation of federal or state statutes, regulations or rules
Junt, Tamira J., RN (RN00174176)	03/03/14	Suspension	Violation of or failure to comply with licensing board order
Temko, Joseph E., RN (RN00073948)	03/04/14	Suspension	Violation of or failure to comply with licensing board order
Janson, Misty D., LPN (LP60146118)	03/05/14	Suspension	Narcotics violation
Ronsdottir, Calla G., RN (RN60403511)	03/05/14	Probation	License suspension by a federal, state or local licensing authority
Gray, Galia P., RN (RN00104988)	03/06/14	Suspension	Alcohol and other substance abuse; Violation of or failure to comply with licensing board order
Galovic, Stacy E., RN (RN00116513)	03/06/14	Suspension	Violation of or failure to comply with licensing board order
Alvarez, Lindsey M., RN (RN60154086)	03/12/14	Suspension	Narcotics violation; violation of federal or state statutes, regulations or rules
Brooks, Shanda R., RN (RN60158068)	03/24/14	Suspension	Alcohol and other substance abuse; criminal conviction; narcotics violation; violation of federal or state statutes, regulations or rules
Breiling, Jackie E., LPN (LP60276827)	03/24/14	Probation	Alcohol and other substance abuse; narcotics violation; negligence; violation of federal or state statutes, regulations or rules
Moline, Christine, RN (RN00096103)	03/25/14	Suspension	Alcohol and other substance abuse; violation of federal or state statutes, regulations or rules
Farmer, Catharine J., RN (RN00136035)	03/28/14	Suspension	Violation of or failure to comply with licensing board order
Williams, Karen H., RN (RN00103810)	03/31/14	Suspension	Alcohol and other substance abuse; narcotics violation; violation of federal or state statutes, regulations or rules
Michaud, Collette M., RN (RN60355332)	04/01/14	Suspension	License disciplinary action by a federal, state, or local licensing authority
Pastore, Audrey, LPN (LP00051484)	04/02/14	Probation	License disciplinary action by a federal, state, or local licensing authority; patient abuse; violation of federal or state statutes, regulations or rules
Danz, Matthew J., RN (RN00148293)	04/02/14	Conditions	Diversion of controlled substance; narcotics violation; violation of federal or state statutes, regulations or rules
Heimbuch, Debra J., RN (RN00082652)	04/02/14	Suspension	Violation of or failure to comply with licensing board order
Stoneking, Daniel K., RN (RN00172588)	04/02/14	Suspension	Alcohol and other substance abuse; license suspension by a federal, state or local licensing authority; narcotics violation; negligence; violation of federal or state statutes, regulations or rules; violation of or failure to comply with licensing board order
Tenny, Lori J., RN (RN00121398)	04/02/14	Licensure denied	Unable to practice safely
Davis, Connie M., RN, ARNP (RN00143881, AP30006113)	04/04/14	Suspension	License revocation by a federal, state or local licensing agency
Richardson, Shaun J., RN (RN00131344)	04/14/14	Suspension	Violation of or failure to comply with licensing board order
Griffith, Heather G., RN (RN00159540)	04/15/14	Suspension	License suspension by a federal, state or local licensing authority
Lapierre, Ernest D., RN applicant (RN60433629)	04/15/14	Licensure denied	License suspension by a federal, state or local licensing authority
Addae-Boateng, Forson, RN (RN00162766)	04/16/14	Conditions	Fraud
Carter, Caryn M., RN (RN00167165)	04/21/14	Suspension	Criminal conviction
Hunt, Alexandra C., RN, ARNP (RN60302983, AP60302984)	04/29/14	Suspension	License suspension by a federal, state or local licensing authority

LICENSEE	DATE OF ACTION	FORMAL ACTION	VIOLATION
Green, James W., RN (RN60228074)	04/29/14	Suspension	License suspension by a federal, state or local licensing authority
Pedersen, Ivan L., RN (RN60103268)	04/29/14	Revocation	Alcohol and other substance abuse
Chartrey, Melissa A., RN (RN60132399)	04/30/14	Probation	Improper or inadequate supervision or delegation; violation of federal or state statutes, regulations or rules
Lackie, Lisa L., LPN (LP60057592)	04/30/14	Suspension	Alcohol and other substance abuse; violation of federal or state statutes, regulations or rules
Steele, Timothy A., RN (RN00087743)	04/30/14	Suspension	Alcohol and other substance abuse; violation of federal or state statutes, regulations or rules
Vargo, Jason R., RN (RN60392126)	04/30/14	Suspension	License suspension by a federal, state or local licensing authority
Dunham, Jody M., LPN (LP00034245)	04/30/14	Suspension	Violation of or failure to comply with licensing board order
Stephens-Traverse, Terrie L., RN (RN60222269)	05/05/14	Suspension	License suspension by a federal, state or local licensing authority
Pope, Damon M., RN (RN00141422)	05/12/14	Probation	Negligence; violation of federal or state statutes, regulations or rules
Walter, Jon A., RN (RN00168014)	05/12/14	Probation	Negligence; violation of federal or state statutes, regulations or rules
Scalzo, Cathy A., RN (RN00131795)	05/13/14	Suspension	License suspension by a federal, state or local licensing authority
Brown, Janet H., RN (RN00163220)	05/16/14	Suspension	License suspension by a federal, state or local licensing authority
Christie, Carrie L., RN (RN60278421)	05/19/14	Suspension	License suspension by a federal, state or local licensing authority
Kutrich, Paulus R., RN (RN00169953)	05/20/14	Suspension	Alcohol and other substance abuse; diversion of controlled substance; narcotics violation; violation of federal or state statutes, regulations or rules
Olsen, Andrea M., RN (RN00111310)	05/21/14	Suspension	Criminal conviction
Blodgett, Clare E., RN (RN00158328)	05/21/14	Suspension	Violation of or failure to comply with licensing board order
Ries, Aeron A., RN (RN00140928)	05/22/14	Suspension	Violation of or failure to comply with licensing board order
Mohler, Georgia A., RN, ARNP (RN00034166, AP30001221)	06/03/14	Suspension	Violation of or failure to comply with licensing board order
Blasa, Dhonifranz C., RN applicant (RN60441606)	06/04/14	Licensure denied	Criminal conviction
Price, Karen A., RN (RN60181825)	06/04/14	Suspension	Violation of or failure to comply with licensing board order
Clingenpeel, Jennifer A., RN, ARNP (RN00158720, AP30007086)	06/10/14	Conditions	License suspension by a federal, state or local licensing authority
Stockwell, Kristina L., LPN (LP00057495)	06/10/14	Conditions	Criminal conviction; narcotics violation
Martinez, Kristie M., LPN (LP00058071)	06/10/14	Probation	Unprofessional conduct
Martin, Rebecca M., RN (RN00053857)	06/10/14	Suspension	Violation of or failure to comply with licensing board order
Breiling, Jackie E., LPN (LP60276827)	06/13/14	Suspension	Violation of or failure to comply with licensing board order
Willis, Sherri L., LPN (LP60265146)	06/20/14	Suspension	License suspension by a federal, state or local licensing authority
Harris, Sarah A., RN (RN60457004)	06/24/14	Conditions	License suspension by a federal, state or local licensing authority
Cranford-Swaim, Christina M., RN (RN60453487)	06/26/14	Conditions	License disciplinary action by a federal, state, or local licensing authority
Willis, Lane M., LPN (LP00024447)	06/27/14	Suspension	Violation of or failure to comply with licensing board order
Hebert, Shawna E., RN (RN00162525)	06/30/14	Suspension	License suspension by a federal, state or local licensing authority

The following is a list of Stipulations to Informal Disposition issued between January 1, 2014, and June 30, 2014.

A Stipulation is an informal disciplinary action where the licensee admits no wrongdoing but agrees to comply with certain terms. For more information, please visit Provider Credential Search

(<https://fortress.wa.gov/doh/providercredentialsearch/SearchCriteria.aspx>) or contact Customer Service at (360) 236-4700.

LICENSEE	DATE OF ACTION	INFORMAL AGREEMENT	ALLEGATION
McKenzie, Susan H., RN (RN00125529)	01/08/14	Conditions	Fraud; Narcotics violation; Negligence; Violation of federal or state statutes, regulations or rules
Stanciu, Debra T., RN, ARNP (RN00056396, AP30000070)	01/28/14	Conditions	Fraud
Johnson, Cynthia J., LPN (LP00049597)	01/28/14	Probation	License disciplinary action by a federal, state, or local licensing authority
Nimrick, Deja M., LPN (LP00059838)	01/28/14	Conditions	Violation of federal or state statutes, regulations or rules
Kannisto, Alison P., RN (RN00064939)	01/28/14	Probation	Negligence; violation of federal or state statutes, regulations or rules
Preuss-Meyer, Irene, RN (RN00154042)	01/28/14	Probation	Negligence; violation of federal or state statutes, regulations or rules
Zerfu, Ethiopia W., RN (RN60223604)	01/28/14	Probation	Negligence
Wiles, William W., LPN (LP00044255)	02/28/14	Conditions	Alcohol and other substance abuse; criminal conviction
Delgado, Amparo S., LPN (LP00056594)	02/28/14	Probation	Criminal conviction
Taggart, Mary J., RN (RN00111992)	03/07/14	Surrender	Negligence; violation of federal or state statutes, regulations or rules
Wagner, Virginia, LPN (LP00040372)	04/01/14	Probation	Negligence; violation of federal or state statutes, regulations or rules
Lopez, Lenell P., LPN (LP00055871)	04/01/14	Restrictions	License suspension by a federal, state or local licensing authority
Sudbeck, Sara E., RN (RN00122529)	04/01/14	Conditions	Alcohol and other substance abuse; negligence; violation of federal or state statutes, regulations or rules
Johnson, David A., RN (RN00157250)	04/01/14	Probation	Negligence; violation of federal or state statutes, regulations or rules
Jammes, Larry G., RN (RN00116688)	04/01/14	Surrender	Alcohol and other substance abuse; violation of federal or state statutes, regulations or rules
Nickel, Edward P., RN (RN60412309)	04/03/14	Conditions	Fraud, deceit or material omission in obtaining license or credentials
Odman, Dianne T., LPN (LP00047964)	05/09/14	Probation	Negligence; violation of federal or state statutes, regulations or rules
Mullic, Laura L., RN (RN00143531)	05/09/14	Probation	Unable to practice safely
Fowlkes, Carson R., RN (RN00158347)	05/09/14	Probation	Practicing beyond the scope of practice; violation of federal or state statutes, regulations or rules
Morgan, Karen K., RN (RN00135337)	05/09/14	Surrender	Criminal conviction; violation of federal or state statutes, regulations or rules
Mwangi, Gladys W., LPN (LP60347655)	05/12/14	Probation	Negligence; violation of federal or state statutes, regulations or rules
Carter, Bernadette B., RN (RN00140529)	05/12/14	Conditions	License suspension by a federal, state or local licensing authority
Wears, Soyong, RN (RN00174822)	05/12/14	Probation	Violation of federal or state statutes, regulations or rules
Condon, Mary E., RN (RN60017010)	05/12/14	Surrender	Alcohol and other substance abuse
Harimenshi, Marie-Josee, LPN (LP60108692)	06/10/14	Probation	Negligence; violation of federal or state statutes, regulations or rules
Miller, Shelly A., RN (RN00149295)	06/10/14	Conditions	Alcohol and other substance abuse; violation of federal or state statutes, regulations or rules
Winter, Danika J., RN (RN00165200)	06/10/14	Probation	Negligence; violation of federal or state statutes, regulations or rules
Wagner, Shirley J., RN (RN00083907)	06/10/14	Surrender	Criminal conviction
Johnston, Debra A., RN (RN60072955)	06/11/14	Probation	License suspension by a federal, state or local licensing authority
Garbett, Debora L., RN (RN00067798)	06/11/14	Surrender	Alcohol and other substance abuse; diversion of controlled substance; narcotics violation or violation of other drug statutes
Allen, Barbara S., RN (RN00121310)	06/11/14	Surrender	Negligence; practicing beyond the scope of practice; violation of federal or state statutes, regulations or rules
O'Connor, Ramona G., RN (RN00172567)	06/19/14	Surrender	Alcohol and other substance abuse; narcotics violation

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



RN to Bachelor of Science in Nursing (BSN)

About the BSN Program

The Bellevue College RN to BSN program builds upon the academic foundations and experience of the Associate Degree prepared nurse. The basic foundation of the RN to BSN program is the Essentials of Baccalaureate Education in Nursing. The RN to BSN program enhances professional values and role development, scholarly inquiry, leadership, communication skills, health information technology and community and public health. This prepares graduates to be managers of care, providers of care and active members of the profession.

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.

Overall credits in the program are 182, broken down as follows: 90 transfer credits from associate's degree, 45 NCLEX-RN exam credits, 32 credits in upper-division nursing courses, and 15-20 elective credits, taken during the RN to BSN program.

FOR MORE INFORMATION:

Visit our website at <http://bellevuecollege.edu/nursing/rntobsn/>

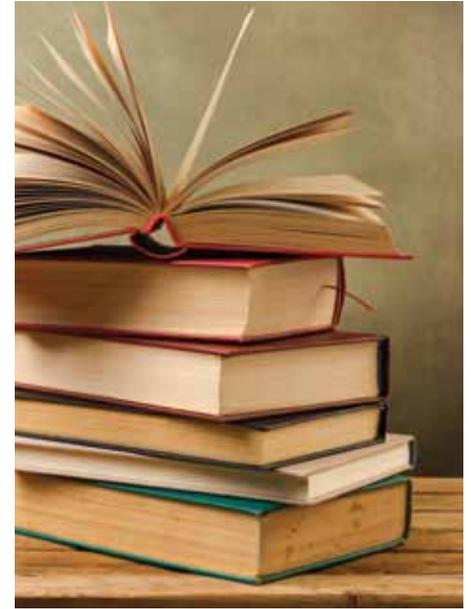
Phone: (425) 564-2012

E-mail: rntobsn@bellevuecollege.edu

Location: Bellevue College Main Campus R130, 3000 Landerholm Circle SE Bellevue, WA 98007



Clinical Placements Northwest Looks to the Future



All nursing students in Washington State must meet a set of performance standards and training requirements before they may proceed with their clinical learning experience. Traditionally, schools of nursing have worked independently to ensure that students were prepared to meet those standards. Today the member institutions of Clinical Placements Northwest (CPNW) collaborate to develop protocols for ensuring high rates of student success and qualification for clinical placement. In addition, CPNW functions as a clearinghouse for placement opportunities, which maximizes clinical learning for students at all member institutions—a considerable benefit for students and administrators alike.

Efforts are under way by the expert team of Dave Jones, Tom Affholter and Karen Kelly to develop a custom web application capable of serving all nursing and allied health students in Washington State. For students, the website will represent a one-stop shopping experience. Material required prior to clinical assignments will be available at any hour of the day and on any device, such as eLearning modules, the list of health and safety requirements (the clinical passport) as well as organization-specific information.

Creating efficiencies for the student, the education program and the healthcare system continues to be a significant priority for CPNW. Embracing technology will allow Clinical Placements Northwest to gather and analyze data, the first step toward process improvement. Col-

lection of data will be used to improve on effectiveness in several arenas. Many healthcare organizations are at or near capacity with regard to student volume. Analyzing use data may provide insight into how best to use the clinical training resource. Compiling data from student-faculty-healthcare surveys is a function we intend to build into the web application in the future. Information obtained from surveys will assist in assessing the efficiency, quality and effectiveness of current processes, and guide future decision-making.

Producing a high-quality healthcare workforce begins with high-quality systems. Clinical Placements Northwest believes in collaboration, transparency and sharing of best practices. High-quality students develop into safe, effective, and competent healthcare workers.



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Acute Care Nursing Specialty Track Re-opens in Response to Community Need

The UW School of Nursing has re-opened enrollment to its adult-gerontology acute care nurse practitioner track of the doctor of nursing practice degree program, allowing nurses to once again become highly specialized in caring for adult patients in acute and critical care settings, as well as respond to a significant workforce need for nurse leaders in this area of health care.

“Recent changes in health care – created in part by aging populations, a rise in the incidences of chronic conditions and federal mandates that have reduced the number of hours a resident physician can work – have really increased the need for collaborative health-care providers, such as advanced practice nurses, with expertise in acute care,” said Hilaire Thompson, a UW associate professor of biobehavioral nursing and health systems and a co-lead of the adult-gerontology acute care nurse practitioner track (A/GNP-AC).

“Our community partners asked us to bring back this program because they were having trouble filling vacancies with highly qualified candidates,” Thompson said. “We are fortunate to be able to partner with these local hospitals and acute care facilities to create a curriculum that will result in advanced practice nurses that have the knowledge and skills to lead an interdisciplinary health-care team and provide the highest quality of care to all patients with complex or critical illness or injury.”

The UW School of Nursing was the first program in the region to offer an adult acute care track for advanced practice nursing, but had to suspend enrollment to the track in 2010 as a result of the U.S. financial crisis. Thanks to a new grant from the Health Resources and Services Administration, which is part of the U.S. Department of Health and Human Services, the school is able to once again enroll students in this area of specialization.

“This grant is important because it allowed us to reactivate and enhance the

acute care specialization track so that we are truly addressing the present and future needs of our community,” Thompson said.

“Caring for patients in the acute care setting is more challenging and complex than ever before, in part because patients frequently have multiple chronic conditions,” said Thompson, whose clinical research focuses on treating traumatic brain injuries in the elderly – work for which she will receive the prestigious Protégé Award from the Friends of the National Institute of Nursing Research.

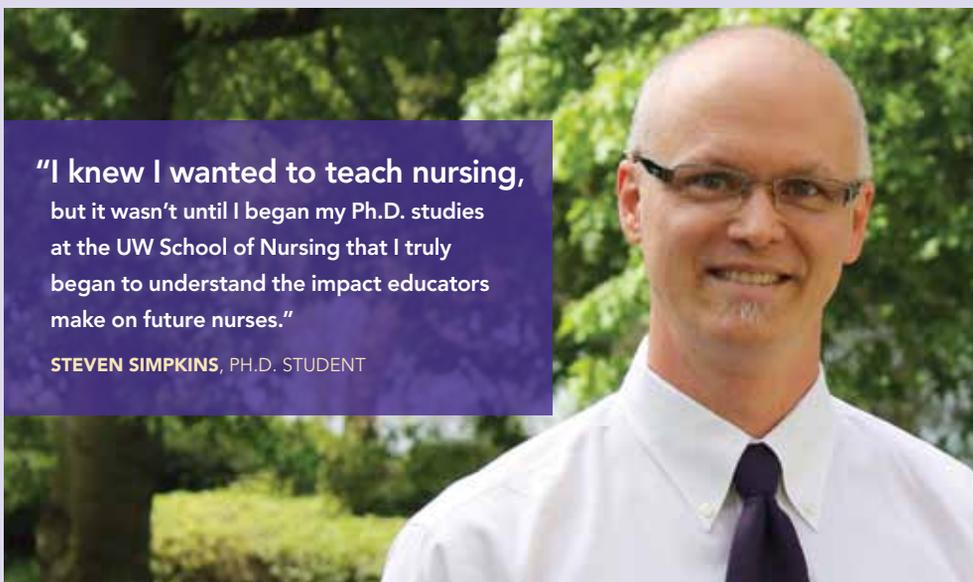
“The illness or injury that resulted in a patient’s immediate acute care needs must be managed in the context of all of their other healthcare needs,” she added.

“Patients must be treated holistically and graduates of this track are uniquely qualified to do this.”

The A/GNP-AC track of the D.N.P. program is designed to teach nurses to understand the complexity of today’s hospital, how modern health-care systems work and how to be leaders and patient advocates within those systems, as well as how to impact health care policy at the local, state and national levels to improve health care for everyone.

Current UW School of Nursing graduate students may apply for the track starting in October. Prospective UW School of Nursing students may apply in January 2015.

To learn more about admissions, visit nursing.uw.edu.



“I knew I wanted to teach nursing, but it wasn’t until I began my Ph.D. studies at the UW School of Nursing that I truly began to understand the impact educators make on future nurses.”

STEVEN SIMPKINS, PH.D. STUDENT

Our students don’t just learn to care for patients. They learn to become the next great generation of nurse leaders and researchers thanks in part to advanced degree programs, including the doctor of nursing practice (D.N.P.) and doctor of philosophy in nursing science (Ph.D.).

Scan QR code to learn more about Steven Simpkins. →



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Nurses work with a variety of health-care providers including nursing assistants, medication assistants, home care aides, and medical assistants. A nurse who knows the training of these healthcare providers will better understand the most appropriate tasks to delegate to these providers.

The Department of Health credentials two types of nursing assistants. They are the nursing assistant certified (NAC) and the nursing assistant registered (NAR). NACs complete at least 85 hours of training, or they complete medical assistant or home care aide training and take an additional 24 hours of nursing assistant training. All NACs are required to pass both skills and written competency tests. NARs have completed seven hours of HIV training and registered with the Department of Health. Both practice under the Uniform Disciplinary Act (RCW 18.130) and Nursing Assistant Statute (RCW 18.88A.030). WAC 246-841-400 defines the scope of practice for nursing assistants.

NARs and NACs are not required to complete continuing education in order to renew their credentials. However, employers may require them to complete continuing education courses. Nursing homes require 16 hours of continuing education for nursing assistants.

Nursing assistants may work in a variety of settings including clinics, assisted living facilities, adult family homes, nursing homes, home care and acute care.

NACs may receive medication assistant endorsement certification (MA-C). This certification allows them to work in nursing homes where they may pass medi-

Nurses work with a variety of healthcare providers including nursing assistants, medication assistants, home care aides, and medical assistants. A nurse who knows the training of these healthcare providers will better understand the most appropriate tasks to delegate to these providers.

cations and do some prescriber-ordered treatments. MA-Cs work under the supervision of a registered nurse. A MA-C must hold a current NAC credential and complete 100 hours of training from a commission-approved training program in order to be certified. The NAC must also complete 1,000 hours of work as a NAC. Once certified, a medication assistant must work 250 hours a year as a medication assistant and complete eight hours of continuing education. RCW 18.88A.082 and WAC 246-841-589 provide information on MA-C scope of practice.

Home care aides (HCA) work in assisted living facilities, adult family homes and home care settings. They complete 75 hours of training and pass a written competency test in order to be credentialed. HCAs must complete 12 hours of continuing education per year in order to remain certified. RCW 18.88B and WAC 246-980 provide information on their scope of practice.

Medical assistants (MA) work in a variety of settings. The MA credential replaced the health care assistant credential. There are four types of MAs. They

are medical assistant registered, medical assistant certified, medical assistant phlebotomy and medical assistant dialysis. All medical assistants must complete seven hours of HIV training. RWC 18.360 and WAC 246-827 provide information on their scope of practice.

Medical assistants registered must submit documentation that shows the skills they are trained to perform. A medical assistant certified must meet education requirements and take a national certification test. Several types of approved training options are available for medical assistant certified. Medical assistant phlebotomist may receive on-the-job training or training from an accredited program. Medical assistant dialysis may receive on-the-job training or hold a credential as a hemodialysis technician.

You can find more information about these professions on the Department of Health website at <http://www.doh.wa.gov/>. Nurses should know the education and scope of practice of all allied health professionals for safe delegation and supervision of these professionals.

UPCOMING NURSING COMMISSION MEETINGS

November 14, 2014, *Kent*

January 9, 2015, *Kent*

March 13, 2015, *Olympia area*

May 8, 2015, *Spokane*

July 9, 10, 2015, *Seattle area*

September 11, 2015, *Vancouver*

November 13, 2015, *Kent*

*Location announced on each agenda heading found on our website at: <http://www.doh.wa.gov/LicensesPermitSandCertificates/NursingCommission/CommissionMeetingSchedule.aspx>



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Robert Wood Johnson Foundation

Washington State is One of Nine States Selected for Second Grant to Continue Building a More Highly Educated Nursing Workforce

Princeton, N.J. – The Robert Wood Johnson Foundation (RWJF) has announced that Washington State has been chosen to receive a second \$300,000, two-year grant in Phase II of its *Academic Progression in Nursing* program (APIN). APIN is advancing state and regional strategies aimed at creating a more highly educated, diverse nursing workforce. It is run by the American Organization of Nurse Executives (AONE) on behalf of the Tri-Council for Nursing, consisting of the American Association of Colleges of Nursing, the National League for Nursing, American Nurses Association, and AONE, which is leading the four-year initiative. “Action Coalitions” in all nine states that were part of Phase I of the program have met or exceeded their benchmarks, and are receiving funding to continue their work for two additional years. Funding from RWJF to the states over the four years will total \$5.4 million.

In addition to Washington State, the states receiving Phase II APIN grants are California, Hawaii, Massachusetts, Montana, New Mexico, New York, North Carolina and Texas. The grants will allow them to continue working with academic institutions and employers to expand their work to help nurses in their states get higher degrees, so they can be essential partners in providing care and promoting health, as well as more easily continue their education and fill faculty and primary care nurse

practitioner roles. The Action Coalitions in all these states have been encouraging strong partnerships between community colleges and universities to make it easier for nurses to transition to higher degrees.

“With the first APIN-Washington grant funds we identified barriers and supports for nurses to continue their education; increased access to BSN education through grants to four new RN to BSN programs; launched a diversity mentoring program for minority nursing students and novice nurses; and simplified the pathway from an associate to a bachelor’s degree in nursing by creation of a Direct Transfer Agreement (DTA) between Washington community/technical colleges and universities,” said Suzanne Sikma, PhD, RN, professor of nursing at the University of Washington Bothell and APIN-WA grant manager. “The DTA resulted from a remarkable collaboration between public and private nursing education stakeholders including the Council on Nursing Education in Washington State; the State Board of Community and Technical Colleges; the Washington Student Achievement Council; the Council of Presidents of public universities; the Independent Colleges of Washington; and the Nursing Care Quality Assurance Commission. Washington has a growing and older population with changing healthcare needs that demand a more highly educated nursing workforce.”

Future goals of the Washington State Action Coalition include facilitating imple-

mentation of the DTA, increasing efforts to diversify the nursing workforce, and identifying best practices for program replication in order to expand access, capacity, and quality of RN to BSN education in Washington State.

In its groundbreaking 2010 report, *The Future of Nursing: Leading Change, Advancing Health*, the Institute of Medicine (IOM) recommended that 80 percent of the nursing workforce be prepared at the baccalaureate level or higher by the year 2020. At present, about half of nurses in the United States have baccalaureate or higher degrees. While acknowledging the contributions of Licensed Practical and Licensed Vocational Nurses and associate-degree-prepared Registered Nurses, the IOM report said a better educated nursing workforce can help ensure that our nation’s population has access to high-quality, patient- and family-centered care and can meet the growing need to provide preventive care in schools, communities, and homes.

“The APIN teams have been making great progress developing initiatives and curricula that are encouraging and making it easier for more nurses to earn their BSN degrees,” said Pamela Austin Thompson, MS, RN, CENP, FAAN, national program director for APIN, chief executive officer of AONE, and senior vice president for nursing at the American Hospital Association. “We know that the nation needs a well-educated

nursing workforce to ensure an adequate supply of public health and primary care providers, improve care for patients living with chronic illness, and in other ways meet the needs of our aging and increasingly diverse population. The strategies these nine states are implementing, and the models they are developing for other states to replicate, will help us meet the IOM's target for BSN and higher prepared nurses."

As part of Phase II of this work, each state Action Coalition will develop a sustainability plan to ensure that the work to promote seamless academic progression for nurses in their states will continue beyond the grant period. During Phase II, each state will also develop a robust diversity plan and focus on academic-practice partnerships to expand and support the work to date.

RWJF is also helping advance recommendations in the IOM report by supporting the Future of Nursing: Campaign for Action—a collaborative effort to advance solutions to challenges facing the nursing profession in order to improve quality and transform the way Americans receive healthcare. It is coordinated through the Center to Champion Nursing in America, an initiative of AARP, the AARP Foundation, and RWJF. It supports state-based Action Coalitions in all 50 states and the District of Columbia; Action Coalitions are leading the APIN work in each of the nine funded states.

"Advancing a more highly educated, diverse workforce where nurses are able to practice to the top of their education and training is essential to achieving the Robert Wood Johnson Foundation's mission to advance a culture of health in our nation," said RWJF Senior Adviser for Nursing Susan B. Hassmiller, PhD, RN, FAAN. "In the last two years, APIN grantees have laid important groundwork to build that workforce. We are pleased to provide the financial support they need to continue their essential work."

About the Robert Wood Johnson Foundation

For more than 40 years the Robert Wood Johnson Foundation has worked to improve the health and healthcare of all Americans. We are striving to build a national Culture of Health that will enable all Americans to live longer, healthier lives now and for generations to come. For more information, visit www.rwjf.org. Follow the Foundation on Twitter at www.rwjf.org/twitter or on Facebook at www.rwjf.org/facebook.

About the Tri-Council for Nursing

The Tri-Council for Nursing is an alliance of four autonomous nursing organizations each focused on leadership for education, practice and research. The four organizations are the: American Association of Colleges of Nursing; American Nurses Association; American Organization of Nurse Executives; and the National League for Nursing. While each organization has its own constituent membership and unique mission, they are united by common values and convene regularly for the purpose of dialogue and consensus building, to provide stewardship within the profession of nursing. These organizations represent nurses in practice, nurse executives and nursing educators. The Tri-Council's diverse interests encompass the nursing work environment, healthcare legislation and policy, quality of healthcare, nursing education, practice, research and leadership across all segments of the health delivery system.

About the Washington Nursing Action Coalition

The Washington Nursing Action Coalition (WNAC) is Washington's initiative to implement the national nursing recommendations. Under the Campaign for Action, Washington joins a group of 48 states to implement the Institute of Medicine's (IOM) national blueprint for ensuring that all Americans have access to high-quality, patient-centered care in which nurses contribute as key partners in transforming the system.



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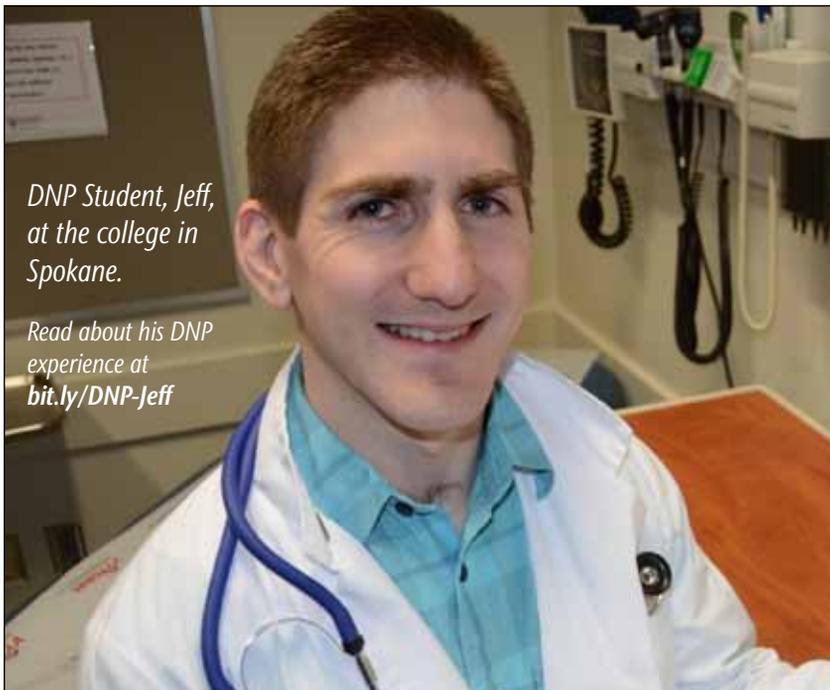
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2014 LEGISLATIVE REPORT

In accordance with House Bill 1518, signed by Governor Inslee, the Nursing Commission delivered a report to the legislature and governor on December 15, 2013. The report contained the full outcomes of the authority granted to the commission in the 2012 session. You may read the full report at <http://www.doh.wa.gov/Portals/1/Documents/Pubs/669361.pdf>.

During the 2014 legislative session, the commission followed and acted on bills associated with nursing and nursing regulation. Three bills related to nursing practice passed the legislature and Governor Jay Inslee signed them into law.

Engrossed Substitute House Bill 2315 An act relating to suicide prevention

One line from the new law captures the purpose: "It is therefore the intent of the legislature to help lower the suicide rate in Washington by requiring certain health professionals to complete training in suicide assessment, treatment, and management as part of the continuing education, continuing competency, or recertification requirements."¹

Registered nurses, advanced registered nurse practitioners and licensed practical nurses must complete a one-time training in suicide assessment, treatment, and management approved by the commission. All nurses "... must complete the one-time training during the first full continuing education reporting period after the effective date of the new law or the first full continuing education reporting period after initial licensure, whichever is later."²

Washington Administrative Code 246-840-203 defines the requirements for registered nurses and licensed practical nurses for continuing competency. To maintain



an active nursing license, every nurse must complete 531 hours of active practice and 45 hours of continuing education. With the new law, nurses must complete the required training on suicide assessment, treatment and management within the first full cycle for continuing education requirements. For example, I completed my first cycle (three years) in January 2014. I am now in a new three-year cycle for the requirements. In January 2017, I will be required to have evidence of completing an approved six-hour course on suicide assessment, treatment and management.

The commission held rules workshops to revise the rules for continuing competency. With this law change, the commission will include the new requirements in the rules. For more information, please contact Teresa Corrado (teresa.corrado@doh.wa.gov) for information on the continuing competency rules.

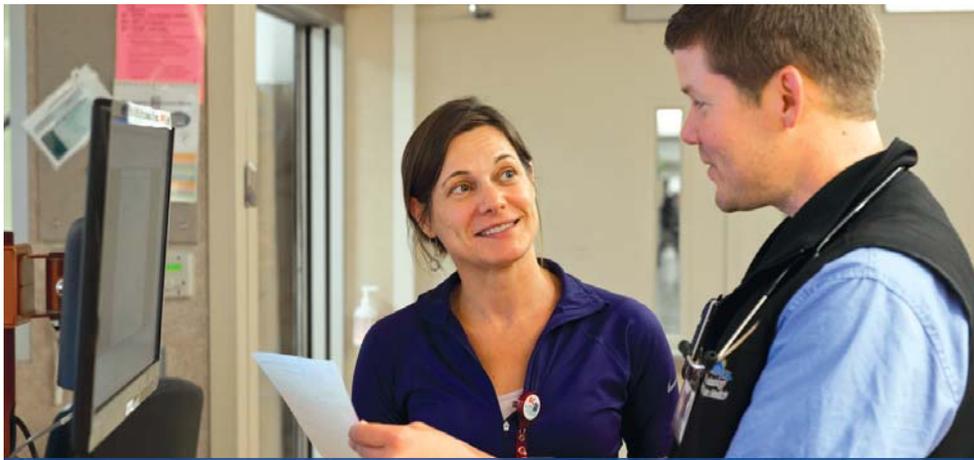
Engrossed House Bill 2351 Volunteer Healthcare Professionals Licensed in a Foreign Jurisdiction³

Healthcare professionals, including nurses, from other states may provide volunteer services in Washington, under certain conditions:

1. Confirmation that the healthcare professional is not currently subject to any disciplinary action or investigations for criminal or professional misconduct;
2. Acknowledgement of understanding of working within their scope of practice in Washington or their state of licensure, whichever is more restrictive;
3. Confirmation that the healthcare professional has not volunteered for more than 30 days in the current calendar year;
4. Provision of contact information for the organization sponsoring the volunteer clinic or event, if any, and
5. Provision of the dates of the volunteer practice.

The Department of Health is required to develop an attestation form available for volunteers to complete with these requirements. The healthcare professional must submit the attestation to the Department

continued on page 28



Announcing two new Nurse Practitioner programs

The OHSU School of Nursing is now offering the Pediatric Nurse Practitioner (primary care and acute tracks) and Adult Geriatric Acute Care Nurse Practitioner programs with MN, DNP or PMCO degree options. Beginning fall 2014, these programs will be offered on the Portland campus in a full-time, face-to-face format with some online coursework.

Find out more at www.ohsu.edu/son or contact the Office of Admissions at proginform@ohsu.edu or 503 404-7725.

New programs are pending OUS and NWCCU approval.



ment of Health at least 10 working days before the volunteer experience.

If an organization is sponsoring the volunteer event, the organization must maintain proof of the verification of each volunteer meeting the requirements. The organization must keep patient health care records.

Separate laws, RCW 38.10 and RCW 38.52, address volunteering in the event of an emergency.

Senate Bill 6128⁴ Unlicensed School Employees and Provision of Medications and Nursing Care

The legislature passed Senate Bill 6128, and Governor Inslee vetoed the first section of the bill. Governor Inslee stated Section 1 of the bill, the introduction, was not necessary to implement the bill. Therefore, all but Section 1 of the bill became law. This law became effective on June 12, 2014.

School nurses may train unlicensed school employees to provide medications or nursing care to students as requested by parents. When school employees are requested to perform the care, the school employees file a written document stating they will or will not accept the duties. There may be no reprisal against the employees if they do not accept the duty.

School employees who choose to perform the duties are not held civilly liable if they comply with the directions from the registered nurse.

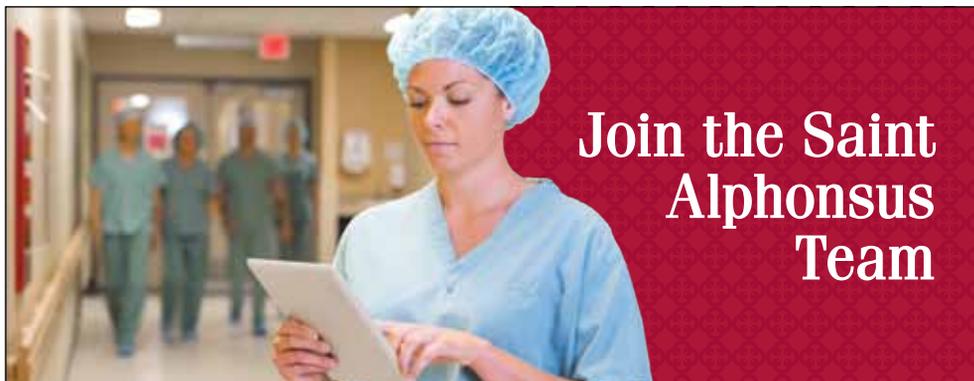
REFERENCES:

¹<http://apps.leg.wa.gov/documents/billdocs/2013-14/Pdf/Bills/House%20Passed%20Legislature/2315-S.PL.pdf>, Section (5) (a)

²<http://apps.leg.wa.gov/documents/billdocs/2013-14/Pdf/Bills/House%20Passed%20Legislature/2315-S.PL.pdf>, Section (5) (b)

³<http://apps.leg.wa.gov/documents/billdocs/2013-14/Pdf/Bills/House%20Passed%20Legislature/2351.PL.pdf>

⁴<http://apps.leg.wa.gov/documents/billdocs/2013-14/Pdf/Bills/Senate%20Passed%20Legislature/6128.PL.pdf>



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The Prescription Review Program (also known as the Prescription Monitoring Program) has provided access to prescribing data for providers since January 2012. The program collects information on the purchase of pain medications and other potentially dangerous medicines. Healthcare providers can use the data to intervene with patients earlier. They can identify dangerous drug interactions, better coordinate care, confirm compliance with treatment agreements, recognize under-managed pain or detect the

need for substance abuse treatment.

One nurse using the system wrote us, “Thank-you so much, this is getting people the help they need. I have been a nurse in this state for 26 years. This is the best money Washington State can invest in our system. This program restores some of the true teamwork that is needed to give each other care. Most of all it helps us care for people and do no harm.”

By the end of June 2014, more than 15,700 prescribers, pharmacists, and

prescriber delegates were using the program. The system now holds more than 33.8 million prescription records. So far, pharmacists, prescribers, and prescriber delegates have made more than 1.1 million patient history requests through our system, which is available online 24 hours each day.

The Department of Health encourages all prescribers and pharmacists to register for and use this system to improve patient safety, address misuse, and protect practices.

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Using the System

Prescribers of controlled substances may register for access online at www.wapmp.org. They may also authorize their licensed support staff members to access information for them (such as registered nurses, licensed practical nurses and medical assistants). You may review steps for registration or for assigning delegates by viewing our educational videos or user guide. Both are available online at www.doh.wa.gov/PMP under the "Education Videos" page.

Additional resources such as fact sheets and frequently asked questions for patients and providers can be found at <http://www.wapmp.org/wa-pmp-resources.html>.

Another provider wrote, "This program is vital to my practice as an RN Case Manager. I handle my patients almost exclusively on the phone, and it is incredibly important that I can obtain accurate fill histories on these individuals, some of whom have substance abuse histories or are otherwise challenged. I appreciate the ability to verify prescription fills and the opportunity to collaborate with other providers to ensure patient safety."

You can find more information on the program, also known as Prescription Review, online (www.doh.wa.gov/PMP). You may also contact program staff members at prescriptionmonitoring@doh.wa.gov or at 360-236-4806, for more information.

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