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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.

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Message from the Chair

BY MARGARET E KELLY, BS, LPN

Welcome to the 2015 summer edition of the Nursing Commission Newsletter. The commission's mission is to regulate the competency and quality of licensed practical nurses (LPN), registered nurses (RN), and advanced registered nurse practitioners (ARNP) licensed in Washington State. The commission accomplishes this by enforcing nursing qualifications for licensing, consistent standards of practice, continuing competency mechanisms, and discipline to protect the public and to enhance nursing practice. Nursing consistently ranks number one in surveys as the most trusted profession. It is a goal of the commission to maintain this trust.

The National Council of State Boards of Nursing (NCSBN) honored the commission for its accomplishments with the Regulatory Achievement Award on August 20, 2015. This award recognizes the member board or associate member that has made an identifiable, significant contribution to the mission and vision of NCSBN in promoting public policy related to the safe and effective practice of nursing in the interest of public welfare. We are honored to receive this acknowledgement for the service our Nursing Commission contributed. You can find more information in the article found on page 8.

The commission continues to explore ways to enhance competency and safety. High-quality education is the key to achieving these outcomes. You can explore more by reviewing Dr. Mary Sue Gorski's article about the Annual Washington Nursing Education report on page 24.

Strategic planning for the 2015 – 2017 biennium began at the commission meeting in July. The commission will give several themes close attention, including multistate nursing licensure. The Nurse Licensure Compact (NLC) allows RNs and LPNs to have one multistate license with the ability to practice in both their home state and other NLC states, similar to an individual driver's license. The APRN Compact allows an advanced practice registered nurse to hold one multistate license with the privilege to practice in other compact states. These compacts must be adopted by legislative action.

While the commission considers enactment of the nursing licensure compact a priority, we will also address other concepts during the strategic planning session. It is important to hear from you about what you believe are the vital issues for the commission to consider. We encourage you to attend commission, subcommittee, and/or stakeholder meetings. Check the commission website for locations and dates.

Please get involved and let us know your thoughts. The important thing is to have your voice heard. This will help promote excellence, lifelong learning, and enhanced nursing practice.

Enjoy your newsletter.

Margaret E. Kelly, BS, LPN, Chair

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Message from the Executive Director

BY PAULA R. MEYER, MSN, RN, FRE, NCCAG

The commission protects the people of Washington State. The Washington Nurse Practice Act, RCW 18.79.010, states:

“It is the purpose of the Nursing Care Quality Assurance Commission to regulate the competency and quality of professional health care providers under its jurisdiction by establishing, monitoring, and enforcing qualifications for licensing, consistent standards of practice, continuing competency mechanisms, and discipline. Rules, policies, and procedures developed by the commission must promote the delivery of quality health care to the residents of the state of Washington.”

The commission approves nursing education programs located in Washington State. The commission also approves distance learning programs if students receive practice experiences in Washington State. The commission reviews distance learning programs to ensure educational standards for competency and quality are met, and to protect the public.

Within its jurisdiction, the commission reviews and investigates complaints of nursing care and misconduct in Washington State. The commission does not have authority to act on complaints outside Washington state borders. In 2006, the Washington State legislature gave all disciplinary authorities the ability to take action if a health professional license is suspended in another state. If the nursing license is suspended in another state, and the nurse has a Washington license, the Nursing Commission can immediately suspend the Washington nursing license. The misconduct must be the same as an offense committed in Washington. For example, if the nurse is convicted of a felony in another state, and the Nursing Commission would suspend the nursing license if the felony were committed in Washington, the commission immediately suspends the Washington nursing license. This immediate suspension prohibits a nurse from practicing in Washington State, which protects people in Washington.

The commission also establishes and enforces consistent standards of practice. The commission uses national professional standards, research, and state standards to determine the Washington standards. The commission worked with many stakeholders to develop and publish the standards, which have been adopted into rule through the Washington Administrative Code (WAC) 246-840-700 and 246-840-705. The commission is authorized to issue advisory opinions and interpretive statements to clarify the rules. The commission also considers the Institute of Medicine’s recommendation to allow nurses to work to their fullest scope of practice. The commission receives interesting, sincere questions from nurses, employers, and patient advocacy associations. The commission uses the Scope of Practice Decision Tree to formulate the response, and remains focused on patient safety.

The commission issues licenses to nurses who meet all of the requirements for licensure in Washington. RCW 18.79.030 states that in order to care for people in Washington, the nurse must have a Washington nursing license. Nurses complete the application and pay the fee. The applications must be approved, a criminal background check completed, and all necessary documents must be reviewed before a license is issued or denied. These requirements are enforced to protect the people of Washington.

The increasing popularity of telehealth, world travel, distance education, and cross border practice has led state boards of nursing, medicine, physical therapy, psychology, osteopathy, and emergency medicine to consider joining interstate compacts for licensure. On May 8, 2015, the Nursing Commis-

sion passed a motion to pursue legislation on the Nurse Licensure Compact for registered nurses and licensed practical nurses. On July 10, 2015, the Nursing Commission decided to move forward on the Advanced Practice Registered Nurse Compact. Compacts are agreements among states to resolve cross border issues. The Nursing Commission needs to hear from you, your professional association, employers, consumers, and patient advocacy groups about entering into a compact. The outcomes of stakeholder meetings will determine next steps on the Nurse Licensure and Advanced Practice Registered Nurse Compacts. The Nursing Commission will send you the dates and locations of the meetings through the listserv. If you are not a member of the listserv, please see <http://listserv.wa.gov/cgi-bin/wa?SUBED1=NURSING-QAC&A=1> and sign up. You can review both of the compacts at <https://www.ncsbn.org/compacts.htm>. If you have questions, please send them to paula.meyer@doh.wa.gov.

Thank you for your interest in the work of the Nursing Commission.

REFERENCE LINKS:

<http://app.leg.wa.gov/RCW/default.aspx?cite=18.79.010>

<http://app.leg.wa.gov/WAC/default.aspx?cite=246-840-700>

<http://app.leg.wa.gov/WAC/default.aspx?cite=246-840-705>

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

<http://listserv.wa.gov/cgi-bin/wa?SUBED1=NURSING-QAC&A=1>

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Nursing Care Quality Assurance Commission Honored with Regulatory Achievement Award

In August, the commission received the 2015 National Council State Boards of Nursing (NCSBN) Regulatory Achievement Award at the NCSBN Annual Meeting in Chicago. NCSBN is a not-for-profit organization whose members include the boards of nursing in the 50 states, the District of Columbia, and four U.S. territories and is the vehicle through which boards of nursing act and counsel together to provide regulatory excellence for public health, safety and welfare (www.NCSBN.org). NCSBN's mission is to provide education, service, and research through collaborative leadership to promote evidence-based regulatory excellence for patient safety and public protection (adopted by Delegate Assembly 2010). Its vision is to advance regulatory excellence worldwide and values collaboration, excellence, innovation, integrity, and transparency.

This national award recognizes the commission's extensive contribution to NCSBN. Criteria for this recognition include: active participation in NCSBN activities; effective leadership in the development, implementation and maintenance of licensing and regulatory policies; active collaborative relationships among the member board or associate member, NCSBN, the public, and other member boards or associate members; and demonstrated advancement of the NCSBN mission.

Active participation in NCSBN activities

The Nursing Commission has a long and sustained reputation of having lead-



ers, being recognized for its contributions to the mission of the NCSBN and participating at leadership levels. Ten Nursing Commission members and staff members serve on NCSBN committees and groups. In the recent past, the commission supported the following national work:

- a board member received the Exceptional Contribution Award for work on the Continuing Competency Committee;
- a board member chaired the Education Committee that led to and assisted in the publication of the World Café proceedings, and received the Exceptional Contribution Award;
- a staff member authored a chapter of the Substance Use Disorder Manual;
- a staff member was a member of the Taxonomy of Error, Root Cause Analysis Practice-Responsibility

(TERCAP) committee and participated with Dr. Pat Benner in the publication of their work;

- a board member was a member of the Leadership Succession Committee; a staff member was the Area I Director on the board of directors; and
- a staff member served on two distance learning committees for pre-licensure and advanced registered nurse practitioner education.

The executive director currently chairs the Executive Officer Leadership Council. She was extensively involved in the work on the revision of the Nurse Licensure Compact and the Advanced Practice Compact.

Effective leadership in the development, implementation and maintenance of licensing and regulatory policies

The commission demonstrated effective leadership in the development, implementation, and maintenance of licensure and regulatory policies through its use of legislatively required performance measures. In 2008, the state legislature required the commission to participate in a pilot project, adopt performance measures, and report back in five years. The legislature granted additional authority to the commission in the pilot project. The commission was required to negotiate, adopt and compare its performance measures with other health professional regulatory boards in the state and with a national database. The commission chose to use the CORE report to compare its outcomes to other high-performing boards. The report compared performance outcomes with a semiautonomous board of nursing and a fully independent board of nursing. The commission documented large and sustained performance improvements in its licensing, disciplinary, and financial measures. As a result of the commission's improved performance, the state legislature made permanent the additional authority granted in the pilot project. The full project was presented at the 2015 International Nurse Regulatory Symposium in Chicago. Two other boards of nursing are using the performance outcomes report.

Active collaborative relationships among the member board or

associate member, NCSBN, the public, and other member boards or associate members

The commission exemplifies active collaborative relationships with NCSBN and other boards of nursing. One example of this collaboration was publishing a report (2004) comparing military medical training with nursing education requirements. The goal was to create a bridge program from military medical training to a career in nursing. The commission is working with a state college to develop a military health education to baccalaureate in nursing program. Another project related to the military is the communication of the "Have You Ever Served Campaign." The commission dedicated its January 2015 newsletter to veterans, worked with the state Department of Veterans Affairs, and the state Department of Health to communicate and implement this program. The "Have You Ever Served Campaign" has been presented to students, professional organizations, and employers across the state. Both of these projects demonstrate the commission's commitment to working with our military partners, the state colleges, and the Department of Veterans Affairs.

Demonstrated advancement of the NCSBN mission

The commission demonstrates the NCSBN mission to advance regulatory excellence worldwide. The commission worked on disaster preparedness issues

through an international border alliance group. The group identified state licensure issues as an impediment to providing care in the event of a disaster that may affect not only the state, but Canadian provinces. The governor of the state directed health professional licensure boards and other professional licensure boards to explore licensure reciprocity between the state and Canadian provinces. This direction led to the commission publishing a report comparing the state licensure requirements for all states bordering Canada with Canadian licensure requirements. While the board did not move to recognize licensure reciprocity, the report illuminated inconsistencies in the licensure requirements among the northern tier states and Canadian provinces. The inconsistencies led the commission to analyze and streamline international licensure requirements with Canadian provinces. The report also assisted the governor's office and other state regulatory bodies to recognize the governor's authority to waive licensure requirements for a limited time in the event of a disaster.

The commission takes advantage of all education opportunities provided through NCSBN. The commission continues to improve its service excellence in patient safety and protecting the public through its use of NCSBN resources and products. The commission is proud to be a partner in this quest for patient safety and public protection.



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Country's Oldest Working Nurse Recognized for Years of Service



Nursing Commission members and staff welcomed Florance “SeeSee” Rigney at the July 10, 2015 commission meeting where she was honored for her many years of nursing practice. SeeSee is the oldest practicing registered nurse in America and is from the state of Washington. She graduated from Tacoma General Hospital and although she has drifted away a few times, she has always returned to her roots. She is currently employed at this same facility preparing operating rooms for surgery and helping other nurses.

After the special recognition, SeeSee agreed to an interview with commission staff. The following is an excerpt of the interview:

Did you always know you wanted to be a nurse?

Even as a small child she knew she wanted to be a nurse, except for a short time she thought she wanted to teach, but quickly went back to wanting to be a nurse. “Nursing is my first love.”

How has nursing evolved since you graduated from your school of nursing?

“There have been so many changes.” She wishes there was more practice for nursing students before they enter the workforce. When she was in nursing school and part of the nurse cadet corps, she had to spend 12 weeks in the operating room before she could graduate. SeeSee spent some time out of Washington when her husband entered the military and went to fight in the Korean War. She then stayed home and raised her children before going back to work in the operating room.

What do you like best about being a nurse?

“Patient care and being part of the recovery.”

Nursing is obviously a big part of your life, what do you do in your downtime to unwind?

She enjoys walking, cooking, baking, being a grandma, and socializing. She also used to cross country ski and golf.

What advice would you give to upcoming nurses?

“Always put the patient first. Treat the patient as you would like to be treated.”

SeeSee’s grandkids joke that “grandma has gone viral.” Referring to the YouTube video in which SeeSee’s colleagues surprised her with a 90th birthday celebration and presented her with a letter of recognition from Governor Jay Inslee.

You can view the video at <https://www.youtube.com/watch?v=9JtrijkFmm0>.

REFERENCES

Martie Schultz (May 2015). *The oldest working nurse in the United States turns 90 and still going!*. Retrieved from <https://www.youtube.com/watch?v=9JtrijkFmm0>

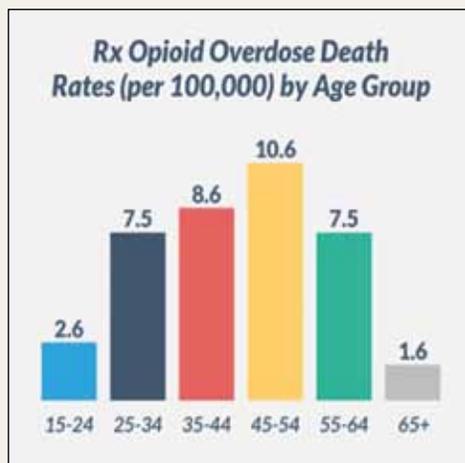
NCSBN APRN ROUNDTABLE

I had the pleasure of attending the 2015 NCSBN APRN roundtable in Chicago on April 15. The objective was to discuss the evolution of the prescription monitoring program (PMP) legislation in response to the epidemic of prescription drug abuse in the United States. The United States is in the throes of a prescription drug abuse epidemic. Below are recent statistics from the CDC.

Deaths from Prescription Opioid Overdose

Every day 44 people die because of prescription opioid overdose. Among those who died from prescription opioid overdose between 1999 and 2013, the majority were between the ages of 25 and 54. The overdose rate for adults ages 55 to 64 increased nearly 10 percent during the same period. A review of the National Survey on Drug Use and Health revealed Washington had the third highest rate of non-medical use of prescription opioid painkillers in 2011-2012. This is a compelling reason to implement and use the PMP.

Deaths from Prescription Opioid Overdose



The trends of the future may include mandated registration and collaboration for the use of the PMP. There most likely will be increased integration of the PMP into electronic health records systems.

Healthcare Providers Held Accountable for Safe Prescribing

A recent ruling by the West Virginia Supreme Court identified that state juries can decide if drug addicts can sue their healthcare providers for their addictions. The West Virginia Medical Association has called this ruling “troubling.” A 3-2 decision issued in May 2015 has paved the way for patients to claim damages from providers for causing or contributing to their patients’ addictions by unsafe prescribing of controlled substances. This will be a game changer in how healthcare providers treat and monitor opiate prescribing with increased liability and risk to their license. Washington is one of 16 states that does not require or enforce the use of a PMP.

PMP research has established the following outcomes:

- PMP promotes more informed and appropriate prescribing. This has resulted in a decrease (62 percent) in the amounts of opiates prescribed.
- PMP promotes use and development of clinical indicators such as multiple visits, suspicious history, symptoms

greater than clinical findings, and other red flags.

- PMP results in increased screening and referral to behavioral health and addiction services.
- Of the states that required mandated use of PMP, there was an associated decrease in prescriber shopping.

Barriers to use of the PMP

Complaints have been that the system is time-consuming and does not have a user-friendly format. In addition, the registration process requires notarization, which has been a significant obstacle to use.

Future Trends in the PMP

The trends of the future may include mandated registration and collaboration for the use of the PMP. There most likely will be increased integration of the PMP into electronic health records systems.

I hope advanced registered nurse practitioners use this tool for the health and safety of Washington residents.

For more information on the PMP or to sign up go to <http://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/HealthcareProfessionsandFacilities/PrescriptionMonitoringProgramPMP>.

Research Shows Work-Related Musculoskeletal Disorders a Major Issue for Washington Nurses Prevention Requires System Changes

Can you lift 250 pounds on your own? Often, that is precisely what nurses and nursing assistants find themselves having to do at work. With the increase in obesity in the U.S., as well as increasingly complex needs of patients with multiple conditions, moving heavy patients has become a treacherous occupational hazard.

Manual patient lifting puts healthcare workers at increased risk of developing work-related musculoskeletal disorders (WMSD), including back strains, sciatica, rotator cuff syndrome, and tendonitis. These injuries are often painful and debilitating. Ironically, this forces many healthcare providers to leave an occupation caring for others to seek care themselves.

Work-related musculoskeletal disorders are a problem in Washington and across the nation. WMSDs are one of the most prevalent types of work-related injuries throughout all industries. Figuring out how to prevent them is an ongoing challenge for employers and occupational health and safety researchers.

My colleagues and I at SHARP, a safety and health research program at the Washington State Department of Labor & Industries, have been working on a five-year research study to dig deeper and find prevention answers. We are looking across all high-risk industry sectors. Here is some of what we have learned about healthcare.

What Do We Know?

SHARP recently published a comprehensive report on workers' compensation

injuries and claims, involving musculoskeletal disorders. Our researchers looked at data in Washington over an eight-year period from 2002 to 2010. The report found that, overall, the healthcare industry ranks third in its rate of WMSD claims that involve time loss at work. That is just behind the transportation and utilities sector and the construction sector, which ranked first and second.

When you look specifically at healthcare, nursing care facilities have the second highest rate of work-related musculoskeletal disorder claims involving work time loss. "Other ambulatory healthcare services" ranks first, and hospitals are third. Back injuries are especially prevalent in nursing care facilities.

What can we do differently?

It may be surprising, but current research shows teaching "proper body mechanics" to employees does not prevent injuries. From an injury prevention standpoint, other factors are at play. Interviews with injured nursing assistants in nursing homes turned up three important factors: equipment, chronic short-staffing, and timely patient assessment.

• Equipment is the key.

Injured nursing assistants point to the lack of available lifting equipment, explaining that even the equipment they had did not always function properly. As one nursing assistant put it:

"If you have patients that are wheelchair-bound and they're dead weight, they should have a lift for

the employees. That would prevent a lot of the injuries. And they should be mandatory."

• Chronic short-staffing.

The nursing assistants we interviewed explained that their teams were often short-staffed, causing workers to cover more patients than may be possible.

"On the day that I injured myself, there were only five of us for 66 people. That night I was doing 15 to 20 people. So just not having enough staff can get you easily injured."

• Timely patient assessments.

The cognitive and physical capabilities of residents at nursing care facilities can range and fluctuate widely, and with little notice. Nursing assistants said that timely re-assessments would help them be more prepared to transfer patients using the precautions necessary for each individual patient.

"She didn't tell me that she was going to fall or that she couldn't stand. She didn't say anything. It just happened. I think it had to do with me being with a client I had never been with before."

SHARP recently produced a short video telling the story of an injured nursing assistant who has experienced multiple work-related musculoskeletal disorder injuries and now may never be able to return to her job. You can find the video and other results from our research at Lni.wa.gov/Safety/Research/SafePatient.

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Nurses can Help Injured Workers Recover with “Stay at Work”

Every year in Washington around 100,000 workers are hurt on the job. As one of the primary contacts for injured workers in healthcare settings, nurses play a significant role in helping these workers heal and return to activity — and that’s a big job.

“Studies show that the longer an injured worker is away from work, the more likely they may never return,” says Diane Reus, RN, a clinical nurse specialist with the Washington State Department of Labor & Industries’ Workers’ Compensation Program. “Nurses have tremendous influence on a worker’s ability to return to work and have many opportunities to make a lasting difference to an injured worker.”

One way to help is to make sure injured workers understand their options for returning to work. The Washington Stay at Work Program is helping employers help injured workers by reimbursing businesses for half the base wages, up to \$10,000, for medi-

cally approved light duty during recovery.

“Financial incentives can make a huge difference in the employer’s ability to offer medically appropriate light duty to an injured worker, but it’s not the only influencing factor,” says Reus. “Among employers surveyed, nearly 68 percent said they would give their injured worker a light duty job if their healthcare provider suggested it.”

Lori Swanson, co-owner of Guardian Roofing in Tacoma, first filed for Stay at Work reimbursement when one of her roofers fell through a skylight. The employee’s safety equipment saved his life, but he severely split his jaw during the fall. His provider supported him in returning to work in a light-duty job, but told him not to go back up on a roof until he healed.

Swanson understood the importance of keeping this worker connected to his job during recovery. He was the sole supporter of a family of five. However, she also needed

a worker on the roof.

“I love the Stay at Work Program,” says Swanson, whose company has received over \$40,000 in reimbursements for light duty in the last year. “I can use the reimbursement to support my business needs while helping my injured workers.”

Thousands of injured workers and employers face the same dilemma every year.

“We hope more nurses will learn about the Stay at Work program and initiate conversations with workers and employers about the program’s benefits,” says Reus. “We truly believe the Stay at Work Program is a win-win for the injured worker, employer, and provider who want to see a successful recovery for patients.”

More information about the program, including how to bill for consultations with employers, is available at <http://www.lni.wa.gov/main/stayatwork/> or by calling 1-866-406-2482.

Washington Center for Nursing Announces New Executive Director

The Washington Center for Nursing (WCN), the statewide nonprofit nursing workforce center, has announced the selection of Sofia Aragon JD, BSN, RN as its new executive director. WCN hired Aragon after a nationwide search. She began her new position at WCN on April 1, 2015.

“The WCN Board of Directors is excited and pleased to bring Sofia on board as

our new executive director,” said Victoria Fletcher MSN, ARNP, FACNM, WCN board president. “Sofia’s background and experience will be a great asset in moving forward the work of WCN benefitting nurses in the state and WCN’s many partners.”

As the executive director, Aragon will lead WCN’s work focusing on promoting nursing as a desirable career; developing

and managing data about the nursing workforce, identifying and disseminating information on best practices in nursing recruitment and retention, and increasing access to all levels of nursing education. WCN collaborates with stakeholders in workforce develop-



ment, education and practice in Washington and across the United States to address nursing workforce issues.

Aragon brings a background in health-care policy, nursing education, and practice.

She earned a bachelor of arts degree in economics from the University of Washington in 1994; a bachelor of science in nursing degree from Seattle University in 1997; and her juris doctor degree from Loyola University-Chicago School of Law in 2002.

She holds a Washington State registered nurse license and is a member of the Washington State Bar Association.

Prior to joining WCN, Aragon was a senior governmental affairs advisor at the Washington State Nurses Association. She

also serves as an adjunct faculty member at the Seattle University College of Nursing and as a legislative externship site supervisor at the Seattle University School of Law.

Other experience includes working at the Washington State Department of Health Community and Family Health Division as the legislative and policy manager; as the contracts manager with the department's HIV Client Services; and direct-care nursing positions with Providence Medical Center and the Rainier Park Medical Clinic in Seattle.

Aragon also serves as the chair of the Governor's Commission on Asian Pacific American Affairs; as president of the Washington chapter of the American Association of Nurse Attorneys; and is a member of

Filipino Lawyers of Washington.

"I'm thankful to the board for this opportunity," Aragon said. "With the tremendous changes in healthcare over the past few years, I'm excited to take on this role to further advance the nursing profession."

Aragon replaced Linda Tieman RN, MN, FACHE, who left WCN on March 31, 2015 after 11 years in the position.

The Washington Center for Nursing supports a healthier Washington by engaging nurses' expertise, influence, and perspective and by building a diverse, highly qualified nurse workforce to meet future demands.

For more information on the Washington Center for Nursing, visit www.wcnursing.org.

BY KRISTI WEEKS, JD, REVIEW OFFICER/POLICY COUNSEL
WASHINGTON DEPARTMENT OF HEALTH, OFFICE OF THE SECRETARY

Medical Marijuana Law Changes

On April 24, Governor Inslee signed Second Substitute Senate Bill (2SSB) 5052. The bill will align unregulated medical marijuana with the highly regulated marijuana framework created under Initiative 502. I-502 requires licensing by the Liquor Control Board (LCB) for producers, processors, and retailers of marijuana. It also requires safety measures such as pesticide restrictions, laboratory testing, and labeling requirements. None of these safeguards currently exist for marijuana sold in the medical market.

2SSB 5052 will fold medical marijuana into the LCB's existing regulation of marijuana under I-502. In addition, it requires:

- the department to adopt rules defining "medical grade" marijuana;
- creates special requirements for patients under the age of 18;
- establishes a medical marijuana consultant credential for people working in a marijuana retail store that sells medical marijuana; and
- directs the department to create and

maintain a database for patients authorized by their healthcare practitioners to use medical marijuana. Entry into the database will be voluntary but will grant additional rights and protections.

The bill will be implemented in stages. Although the bill will not be fully implemented until July 1, 2016, several sections relevant to healthcare practitioners who may authorize the medical use of marijuana took effect on July 24, 2015, including:

- Healthcare practitioners must write all new medical marijuana authorizations on a standard form created by the department.
- A healthcare practitioner who writes more than 30 authorizations in a single calendar month must report that number to the department.
- A healthcare practitioner must examine the patient in-person before writing an authorization.
- A healthcare practitioner cannot have

a practice that consists solely of authorizing the medical use of marijuana and cannot write authorizations at any location other than his or her practice's permanent business location.

- All authorizations must expire in 12 months for adults and six months for minors.
- Posttraumatic stress disorder and traumatic brain injury are added as qualifying conditions.

This is just a sample of the many changes. All healthcare practitioners who authorize the medical use of marijuana should read and understand the new law. A link to the bill can be found on the department's medical marijuana webpage under the heading "What's New." The webpage has been updated with new information for healthcare practitioners and patients, including the new authorization form and survey tool for reporting authorizations in excess of 30 in a single calendar month. We will continue to update this page.

Accountability and Responsibility: Working under Another Person's License

A common misconception is that a licensed practical nurse works “under” the registered nurse’s license; or the nursing assistant works “under” the nurse’s license; or registered nurses are working “under” a physician’s license when they are carrying out a medical regimen. Other nurses think they are immune from accountability and responsibility if they receive and act on direction from someone else. A critical statement in our nursing rule is, “The nurse shall be responsible and accountable for the quality of nursing care given to clients. This responsibility can-

Nurses must supervise activities they delegate. Nurses practice nursing under their own licenses. Nurses are individually accountable and responsible for the care they provide.

not be avoided by accepting the orders or directions of another person.”

A registered nurse provides nursing care independently and may carry out medical regimens under the direction

of an authorized medical provider. A licensed practical nurse provides nursing care dependently under the direction and supervision of a registered nurse. Licensed practical nurses can also carry out medi-



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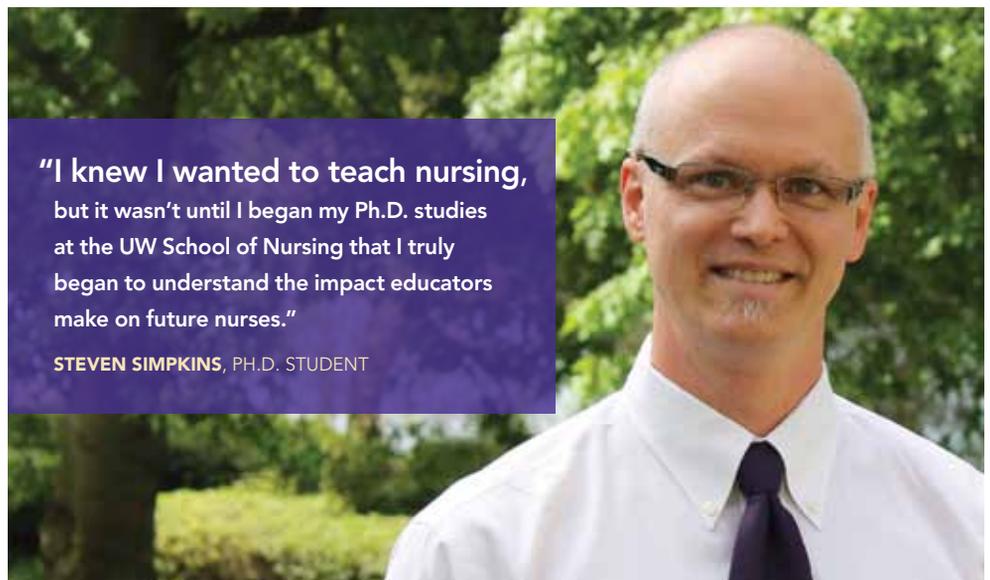
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cal regimens under the direction of a licensed physician and surgeon, osteopathic physician and surgeon, dentist, naturopathic physician, podiatric physician and surgeon, physician assistant, osteopathic physician assistant, advanced registered nurse practitioner, or midwife.

It is important to understand the definition of supervision in the context of nursing practice. Supervision is, “providing guidance and evaluation for the accomplishment of a nursing task or activity with the initial direction of the task or activity; periodic inspection of the actual act of accomplishing the task or activity; and the authority to require corrective action.”

Registered nurses and licensed practical nurses direct, supervise, and delegate tasks to other people, such as nursing assistants or other unlicensed people. Directing care or delegating a task does not mean the person is “working under your license.” In the context of delegation, it is important to clarify that registered nurses do not delegate to licensed practical nurses. All people caring for the patient are responsible for knowing the boundaries of their jobs and for knowing if they have the training, knowledge, skill, and abilities to perform the tasks competently. Through the delegation process, it is up to each nurse to decide what activities can be safely assigned to another person. Nurses are accountable for their own actions in the delegation process. The person carrying out the delegated activity is also responsible for carrying out the activity competently. Nurses acting within the protocols of their delegated authority are immune from liability for any action performed in the course of their delegation duties. Nurses must supervise activities they delegate. Nurses practice nursing under their own licenses. Nurses are individually accountable and responsible for the care they provide.



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STEVEN SIMPKINS, PH.D. STUDENT

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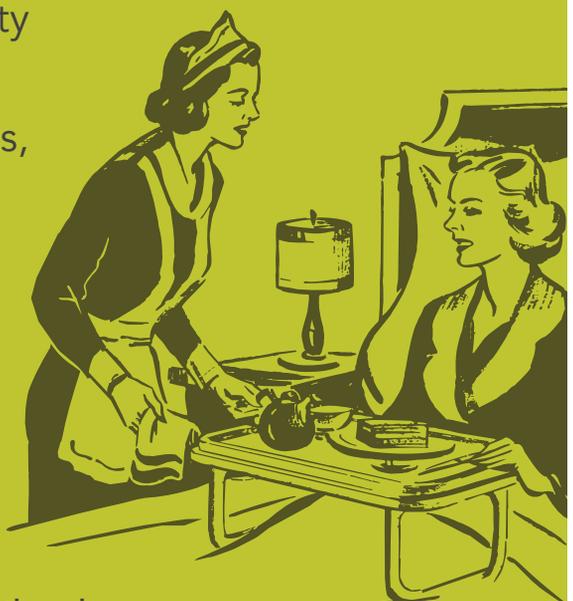
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BY CHARLOTTE FOSTER, BSN, MHA, RN
CONSISTENT STANDARDS OF PRACTICE SUB-COMMITTEE CHAIR,
NURSING CARE QUALITY ASSURANCE COMMISSION MEMBER AND

DEBORAH CARLSON, MSN, RN
ASSOCIATE DIRECTOR OF NURSING PRACTICE, NURSING CARE QUALITY ASSURANCE COMMISSION

Advisory Opinion Revision: Administration of Sedating, Analgesic, and Anesthetic Agents

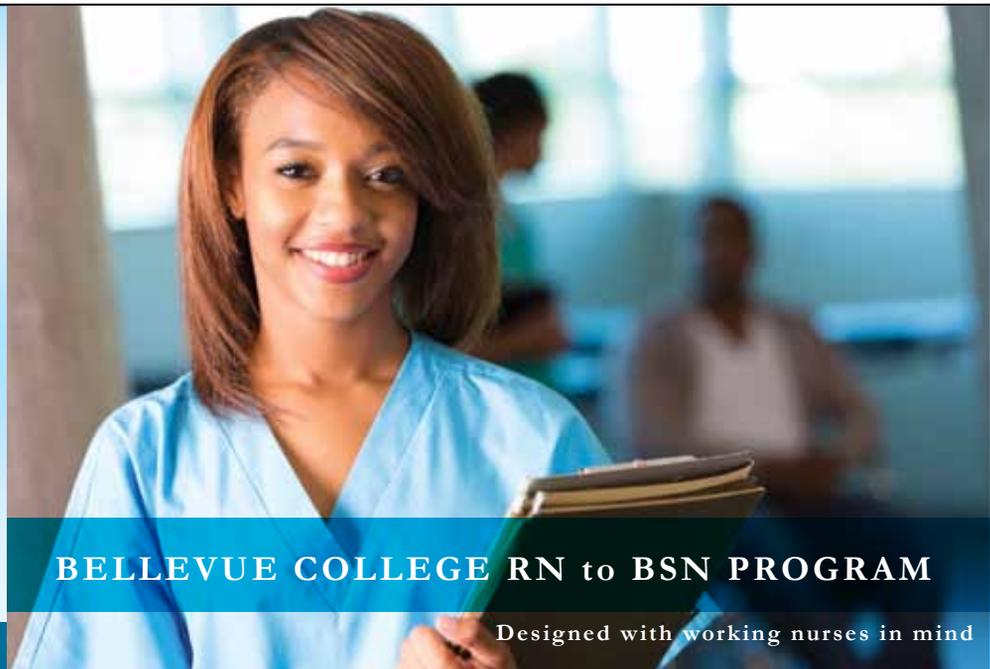
The Nursing Commission approved a revision of the advisory opinion on Administration of Sedating, Analgesic, and Anesthetic Agents. The revision removes language stating compounding medications is not within the scope of practice for a nurse. The Consistent Standards of Practice Sub-committee is performing a comprehensive review and analysis to submit an advisory opinion on compounding to

the Nursing Commission for consideration. For questions, please contact Deborah Carlson at debbie.carlson@doh.wa.gov or 360-236-4725.

You may review the advisory opinion on our practice information webpage: <http://www.doh.wa.gov/LicensesPermitsandCertificates/NursingCommission/PracticeInformation.aspx>



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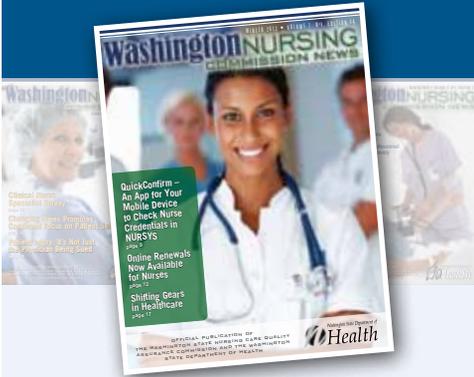
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MEDICATION DIVERSION

The following is a summation of the excellent article *Drug diversion in Nursing Practice a call for Professional Accountability to Recognize and Respond* by Roberta L. Wright, BSN, RN that appeared in the Winter 2013 (Vol. 33, No. 1) Journal of the Association of Occupational Health Professionals in Healthcare.

Medication diversion among nurses has serious implications on the healthcare system. Diversion is defined as the redirection of drugs from legitimate use to illicit channels (McHugh, et al, 2011). Diversion can result in loss of license, criminal and legal charges, higher costs to the healthcare organization and most importantly, harm to the patient (Laferney, 2010). Patient safety is compromised when a nurse is working under the influence, withholds medication, or substitutes another substance for medication.

The extent of diversion in clinical settings is not fully known; however, opioids are the most common drug reported followed by tranquilizers, stimulants and sedatives (Ziegler et al, 2011). Nurses may divert medications through various channels either directly from unit supplies or from patients. When drug diversion does occur, it is primarily to support either the nurse or an associate and, less commonly, for sale to pursue financial gain (Berge, 2012).

In an effort to understand diversion an examination of contributing factors is essential. McHugh (2011) identifies stressors in the workplace such as increased workload, mandatory overtime, floating to unfamiliar units, and fatigue as potential factors contributing to a nurse's decision to divert medications. Also, Darbro (2005) notes the presence of medical issues for which nurses need prescription pain medication or a dual diagnosis of physical pain along with depression and anxiety disorders.

Diversion is not easily recognized as nurses who divert are often exceptional practitioners. In the article, "Could Your Co-Worker be Diverting Pain Meds?"

Because diversion is a complex and high-risk issue, healthcare facilities should implement diversion-prevention measures and closely monitor opportunities for drug diversion.

Dietrich (2009) lists the following signs of possible diversion:

- Frequently offers to give pain medication for co-workers
- Offers to dispose of pain medication cartridges or syringes
- Withdraws higher doses of pain medication than ordered so that wastage needs to occur
- Shows a change in behavior or mental status during shift
- Frequently needs to use the bathroom, or steps outside the unit after medicating patients
- Displays subtle changes in mood that are blamed on personal problems

Because diversion is a complex and high-risk issue, healthcare facilities should implement diversion-prevention measures and closely monitor opportunities for drug diversion. Diversion prevention measures include requiring a physician's signature for telephone orders, immediate documentation of narcotic administration, and diligent adherence to the facility's drug wastage policies. Facilities that have automated medication-dispensing systems should use statistical reports to identify standard deviations.

Awareness is the key in addressing diversion. Berge (2012) reinforces the importance of clear policies and work-

place education to address diversion issues. Employers should provide education to all staff members starting with new employee orientation and repeating on a scheduled basis. Representatives from the commission's substance abuse monitoring program (Washington Health Professional Services [WHPS]) are available to speak about substance use disorder among health professionals and issues related to diversion.

For more information, contact John Furman at 360-236-2882 or john.furman@doh.wa.gov.

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Meet the New Commission Members

My name is Tiffany Randich. I have been a licensed practical nurse for 15 years. I have been fortunate enough to have experience in women's health, oncology, endocrinology, and family medicine. As a nurse, I am grateful for the opportunity to serve and care for people. I have been married for 25 years to my best friend and husband, Nick. We enjoy biking, running, and our newest adventure, sprint triathlons. We have two beautiful daughters, Adara, 24, and Danica, 22. I am enrolled in school in pursuit of my registered nursing degree. I am looking forward to my term on the Nursing Commission, as I am passionate about quality of care and nursing education. I am eager to learn, assist, serve, and provide support for our commission, its members, and all nurses of Washington State.

BY SUZANNE SIKMA PHD, RN
APIN-WA PROJECT MANAGER

Attention Rural Nurses: Survey Invitation

In collaboration with City University, our APIN practice partner group has developed an online needs assessment survey for rural Washington nurses. This survey is voluntary and anonymous; no respondent URLs will be tracked. It should take about 10-15 minutes to complete. The findings will be used by our practice partner group to work with rural employers and educational institutions to better assist rural nurses in advancing their education.

Your input and perspectives are critical to understand how we may best assist rural RNs to progress in their education! Please help us in this effort by completing the survey at this link: https://www.surveymonkey.com/r/RuralWA_RNSurvey

The Washington Center for Nursing has received a grant to help nurses in our state advance their education to bachelor's degree and higher levels. The Institute of Medicine's Future of Nursing Report made a strong case for improving patient care through supporting more education for RNs. This effort, called Academic Progression in Nursing, is being supported by a grant from the Robert Wood Johnson Foundation to our state (APIN-WA). We need to better understand the needs and barriers for rural nurses so colleges and employers can develop strategies and tools to help nurses advance to bachelors degree and higher levels.

Thanks so much in advance for your consideration, time and participation! If you have questions or need any other information please contact me (SuzanneS@wcnursing.org) or Linda Westbrook from City University of Seattle (lwestbrook@cityu.edu).

APIN-WA Practice Partner Group

Jeannie Eylar, Pullman Regional Hospital (Co-Lead)
Linda Latta, Chair of NWone Practice Commission (Co-Lead)
Arla Dunlop, Kittitas Valley Healthcare

APIN-WA Team

Sofia Aragon, Washington Center for Nursing
(Principal Investigator)
Mary Baroni, University of Washington Bothell (Co-PI)
Cindy Hollinsworth, Bellingham Technical College
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Results of the Nursing Programs Annual Survey: 2013-2014 ACADEMIC YEAR

The commission requires all nursing programs to report annually [WAC 246-840-520(3)]. Forty-three approved nursing schools (30 community or technical colleges and 13 universities) completed the annual survey, representing 89 nursing programs. Forty-six of the 89 programs prepare graduates for LPN or RN licensure. There are seven licensed practical nurse (LPN) programs and 28 associate degree registered nurse programs, either as a generic ADN or with an LPN component. Nine universities offer bachelor of science in nursing (BSN) programs. Two of the university programs offer graduate entry (GE) options.

The remaining 43 programs prepare graduates to advance their education post-licensure. There are eight RNB programs, two ADN to MSN, six ARNP and 10 other master's programs. Finally there are five post-master's certificate programs, five doctorate of nursing practice (DNP) and two Ph.D. programs. There is one LPN to BSN and the remaining four programs were listed in the "other" category. Twenty-one of the 30 community or technical colleges and all 13 universities have national nursing accreditation. Selected analysis and reflection on survey results are provided below.

Higher Education for Nurses

Across settings, nurses are being called upon to coordinate care and collaborate with a variety of health professionals, including physicians, social workers, physical and occupational therapists, and pharmacists, most of whom hold master's or doctoral degrees (IOM 2011). Research shows that a more highly educated RN workforce can benefit patient care overall (Akins, 2003, 2011, 2014; Needleman 2009; Kutney-Lee 2013) and may reduce costs (Yakusheva 2014). Washington State has committed to creating a more highly educated nursing workforce by endorsing the IOM recommendation, developing explicit goals in the master plan for nursing education, and a successful state wide Academic Progression in Nursing (APIN) project supported by Robert Wood Johnson Foundation.

The survey results indicate that nursing programs have responded by increasing enrollment and graduations in ADN, BSN, and Post licensure programs. Although increases in these program graduates are a good step, careful analysis of data trends suggests a need for a more focused strategic approach. Pre-licensure programs (LPN, ADN, BSN and GE) produced 3,076 graduates over the

Figure 1: Total Pre-Licensure Program Graduates by Type of Program

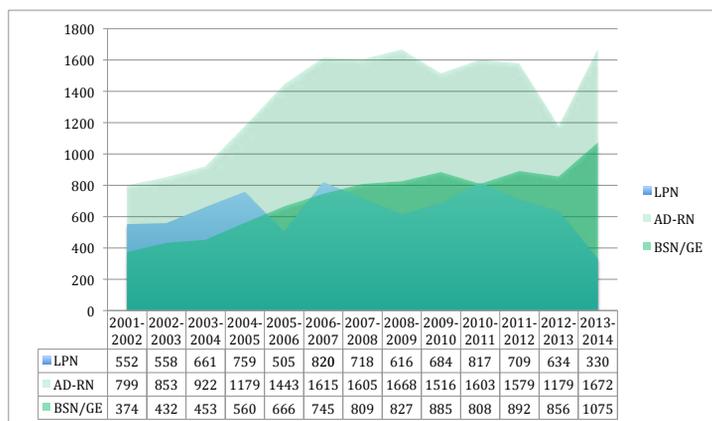
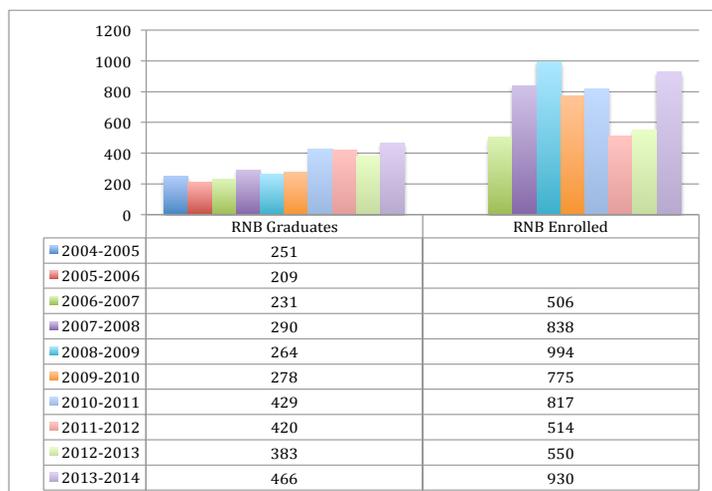


Figure 2: RNB Graduate and Enrollment Trends 2004-2014



2013-2014 academic year. The number of BSN graduates increased since 2012-2013 from 856 to 1,075 and ADN graduates increased from 1,179 to 1,671. The number of LPN graduates declined from 634 in 2012-2013 to 330 in 2013-2014.

There was a 41 percent increase (1,179 to 1,671) in the number of graduates from associate degree programs of nursing and only a 26 percent increase (856 to 1075) in graduates from BSN programs. Figure 1 illustrates trends in graduates of LPN and RN programs over the last nine years showing the steep increase in ADN graduates with a less rapid rise in BSN graduates.

The number of nurses graduating from all post-licensure programs increased in every category when compared with 2012-2013. There were 466 graduates of RNB programs in 2013-2014 and 930 students were enrolled in RNB programs, which is an increase from 383 graduates and 550 enrolled the previous year. Washington State RNB enrollments and graduations have increased 22 percent since last year adding to a higher educated workforce see Figure 2 on the left. There are likely more graduates from out-of-state online programs we have not yet captured in our report. The growing ADN graduate pool plus the need to advance the education of the current ADN workforce, highlights the priority to increase RNB capacity.

Auerbach, Beurhaus, and Staiger (2015) found that the percentage of BSN-prepared nurses in acute care hospitals is increasing, while the employment of associate degree nurses in these settings is decreasing. Further, AACN's special survey on the *Employment of New Nurse Graduates* conducted last fall found that 79.6 percent of employers are now requiring or expressing a strong preference for nurses with a baccalaureate degree (AACN 2014). Given these trends, education programs must use innovative strategies to assure associate degree graduates are able to and successfully progress directly to the BSN.

A More Diverse Nursing Workforce

Demographic data on students shown in Figure 3 showed the majority of pre-licensure students are white women. Students in LPN programs had greater diversity than RN programs.

The makeup of our patients is diverse, and the makeup of nurses should reflect this diversity, yet 90 percent of nurses are women, and 96 percent of faculty members and more than 70 percent of students are Caucasian. We are clearly not representing the diversity of the populations we serve. Those students and faculty in PN and ADN programs are slightly more diverse than those in universities, representing an opportunity to retain these students and faculty member as they advance their education.

Faculty Shortages

Nursing programs continued to report difficulty filling nursing faculty positions. Programs reported that 14 percent of nursing faculty members anticipate retiring in the next five years, which is more than the 10 percent reported from the previous year. Nursing faculty members are primarily white-Caucasian females over the age of 55. Figure 4 illustrates how faculty shortages are likely to worsen as those faculty members ages 51 to 60 approach retirement without younger faculty members to take their place.

Conclusions

Review of annual state data and trends provides information for planning and evaluation. Research data is now available indicating a need for a higher education level of nurses in the future. Increases in enrollment and graduations have responded to nursing shortages and met current needs, but the future needs will require creative

Figure 3: Student Race by Program

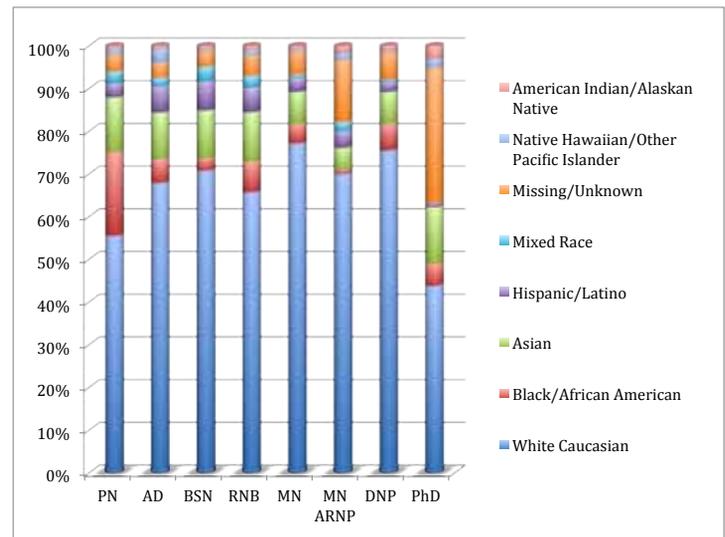
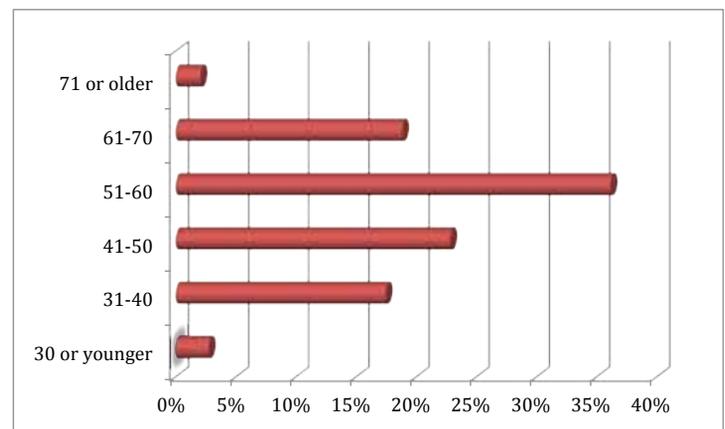


Figure 4: Age of Faculty



and strategic solutions to provide more BSN prepared nurses. Recruiting and retaining qualified diverse faculty members will also be essential to achieve an increased education level for the diverse nursing workforce we need now and in the future.

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The Master of Nursing (MN) degree at UW Tacoma supports nurses to meet emerging healthcare needs.

All MN students acquire knowledge of leadership in organizations and systems, quality improvement and safety, informatics, and population-based care. The program's current offerings in health disparities, research, and policy equip graduates to thrive and lead in a range of healthcare organizations.

TWO CURRICULUM OPTIONS:

- Nurse Educator
- Leader in Healthcare Delivery

Two curriculum options provide additional depth. The **Nurse Educator** option prepares nurses for a variety of roles, from faculty to patient educators. Graduates develop educational programs, evaluate performance, and facilitate learning.

The **Leader in Healthcare Delivery** option provides the knowledge and skills needed to lead in an environment of constant change—whether at the bedside, the boardroom or in the community. Graduates are leaders in care systems, governmental agencies, community organizations and patient care units.

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WHY CHOOSE UW TACOMA?

- Flexible for full- or part-time study
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- Applies content to professional practice
- Emphasizes research, evidence-based practice, leadership, health policy and systems, and diversity related to health
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RNs with non-nursing bachelor degrees are encouraged to apply to the MN program. Competency in Community Health and Leadership is demonstrated via petitions or taking selected courses.

ADN to BSN to MN option is available. Begin to take MN courses while completing your BSN degree.

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LICENSURE ACTIONS

The following is a list of formal licensure actions taken between January 1, 2015, and June 30, 2015. 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
Brightwell, Tina M., RN (RN00069951)	01/05/15	Probation	Negligence; Violation of federal or state statutes, regulations or rules
Salem, Brandyn M., RN (RN60018914)	01/06/15	Suspension	License suspension by a federal, state or local licensing authority
Coventry, Jonathan C., LPN (LP60311716)	01/06/15	Suspension	License suspension by a federal, state or local licensing authority
Cook, Garrette M., RN applicant (RN60502193)	01/09/15	Probation	License suspension by a federal, state or local licensing authority
St Martin, Casey M., RN (RN00172440)	01/16/15	Suspension	License suspension by a federal, state or local licensing authority
Leach, Tiffany E., RN (RN00161236)	01/21/15	Suspension	Violation of or failure to comply with licensing board order
Archibald, Adam B., RN, ARNP (RN60171804, AP60180766)	01/23/15	Suspension	Diversion of controlled substance; Violation of federal or state statutes, regulations or rules
Brawley, William B., RN (RN60397643)	01/23/15	Suspension	License suspension by a federal, state or local licensing authority
Stompro, David J., RN (RN00137214)	01/28/15	Probation	License suspension by a federal, state or local licensing authority
Dreyer, Lee A., RN (RN60185221)	02/02/15	Suspension	Negligence; Violation of federal or state statutes, regulations or rules
LaTendresse, Shannon L., RN (RN60321931)	02/02/15	Suspension	Alcohol and other substance abuse; Narcotics violation or other violation of drug statutes
Geerdes, Sabrina L., RN applicant (RN60484204)	02/02/15	Licensure denied	License disciplinary action by a federal, state, or local licensing authority
Chebli, Amira T., RN (RN60204383)	02/03/15	Suspension	Violation of federal or state statutes, regulations or rules
Dauphinee, Nicole (RN60262661)	02/04/15	Suspension	License suspension by a federal, state or local licensing authority
Harimenshi, Marie-Josee, LPN (LP60108692)	02/05/15	Probation	Violation of or failure to comply with licensing board order
Hollingsworth, Janice K., RN (RN00129888)	02/05/15	Conditions	Alcohol and other substance abuse; Violation of federal or state statutes, regulations or rules
Reed, Tiina, RN (RN00107061)	02/05/15	Surrender	Violation of federal or state statutes, regulations or rules
Betterton, Elizabeth E., RN (RN00165191)	02/05/15	Suspension	Alcohol and other substance abuse; Criminal conviction; Violation of federal or state statutes, regulations or rules
Delgado, Amparo S., LPN (LP00056594)	02/06/15	Probation	Violation of or failure to comply with licensing board order
Blanton, Gwendolyn S., RN (RN00111503)	02/06/15	Suspension	Negligence; Violation of federal or state statutes, regulations or rules
Linville, Gail A., RN (RN60211514)	02/06/15	Suspension	License suspension by a federal, state or local licensing authority
Cruse, Sheila C., LPN (LP00032550)	02/10/15	Modification	Failure to maintain records or provide medical, financial, other requirement information; Violation of federal or state statutes, regulations or rules
Eudy, Elizabeth G., RN (RN60186519)	02/10/15	Suspension	Alcohol and other substance abuse, Narcotics violation
Cline, Robert M., RN, ARNP (RN60524186, AP60524188)	02/20/15	Conditions	License disciplinary action by a federal, state, or local licensing authority
Deeter Larsen, Kellie D., LPN (LP00054437)	02/26/15	Probation	Negligence
Brown, Carolyn R., LPN (LP60278957)	02/26/15	Probation	License suspension by a federal, state or local licensing authority
Rydberg, Cherish A., RN (RN00122355)	02/26/15	Conditions	Alcohol and other substance abuse; Narcotics violation
Qualls, Lynda I., RN (RN60270131)	02/26/15	Conditions	License disciplinary action by a federal, state, or local licensing authority
Fowlkes, Carson R., RN (RN00158347)	02/26/15	Suspension	Violation of or failure to comply with licensing board order
Morgan, Sarah J., RN (RN00171389)	02/26/15	Suspension	Alcohol and other substance abuse; Diversion of controlled substance; Narcotics violation or other violation of drug statutes; Violation of federal or state statutes, regulations or rules
Paddock, Lynn A., RN (RN00082701)	02/26/15	Reinstatement	Violation of or failure to comply with licensing board order
Brothers, William M., RN (RN00106317)	02/26/15	Reinstatement	Alcohol and other substance abuse
Lalka, Kathleen F., RN (RN00106448)	03/03/15	Suspension	Alcohol and other substance abuse; Failure to cooperate with the disciplining authority; Violation of federal or state statutes, regulations or rules
Burns, Julie C., RN (RN00177471)	03/03/15	Suspension	License disciplinary action by a federal, state, or local licensing authority
Arndt, Erin M., RN (RN60481487)	03/09/15	Suspension	Fraud, deceit or material omission in obtaining licensure or credentials; License suspension by a federal, state or local licensing authority
Baird, Hannah J., LPN (LP00054640)	03/13/15	Suspension	Violation of or failure to comply with licensing board order
Boseski, Sherri A., RN (RN60118736)	03/13/15	Suspension	Violation of or failure to comply with licensing board order
Danner, Kim C., RN applicant (RN60502210)	03/18/15	Conditions	Alcohol and other substance abuse; Criminal conviction

Licensee	Date of Action	Formal Action	Violation
Watson, Andrea L., RN (RN00173703)	03/19/15	Conditions	Alcohol and other substance abuse; Narcotics violation; Violation of federal or state statutes, regulations or rules
Cargile, Amanda L., LPN (LP60090598)	03/25/15	Suspension	Alcohol and other substance abuse; Diversion of controlled substance; Violation of federal or state statutes, regulations or rules
Bromley, Leigh A., RN (RN00133967)	03/25/15	Suspension	Violation of federal or state statutes, regulations or rules
Daley, Theresa M., RN (RN00175533)	03/25/15	Suspension	Alcohol and other substance abuse; Diversion of controlled substance; Failure to cooperate with the disciplining authority; Violation of federal or state statutes, regulations or rules
Fischer, Laura D., RN (RN60458241)	03/25/15	Suspension	License suspension by a federal, state or local licensing authority
Johnson, Robin N., RN (RN60290593)	03/31/15	Suspension	Negligence; Patient abuse; Violation of federal or state statutes, regulations or rules
Rodarte, Robert J., RN (RN00150356)	03/31/15	Suspension	Violation of or failure to comply with licensing board order
Dechenne, Jennifer S., RN (RN00124446)	04/03/15	Suspension	Violation of or failure to comply with licensing board order
Lincoln, Laura R., RN (RN00150836)	04/03/15	Suspension	Violation of or failure to comply with licensing board order
Merritt, Zachariah A., RN (RN60177862)	04/07/15	Suspension	Alcohol and other substance abuse; Criminal conviction; Narcotics violation
Swenson, Linda A., RN (RN00114206)	04/08/15	Conditions	Alcohol and other substance abuse; Violation of federal or state statutes, regulations or rules
Huffman, Angela A., RN (RN60289558)	04/08/15	Conditions	Criminal conviction
Hinsdale, Mindy L., RN (RN00167145)	04/09/15	Conditions	Violation of federal or state statutes, regulations or rules
Munford, Tara L., RN (RN60140309)	04/09/15	Probation	Violation of or failure to comply with licensing board order
Vigue-Dry, Tanna N., RN (RN00155709)	04/09/15	Modification	License suspension by a federal, state or local licensing authority
Kelly, Donna M., RN (RN00075712)	04/09/15	Suspension	Negligence; Violation of federal or state statutes, regulations or rules
O'Handley, Heather D., RN (RN60011453)	04/09/15	Licensure denied	License suspension by a federal, state or local licensing authority
Jacob, Shawn E., RN (RN00122949)	04/09/15	Reinstatement	License suspension by a federal, state or local licensing authority
Price, Karen A., RN (RN60181825)	04/09/15	Reinstatement	Criminal conviction
Michaud, Collette M., RN (RN60355332)	04/09/15	Reinstatement	License disciplinary action by a federal, state, or local licensing authority
Stephens, Sandra L., RN (RN00094442)	04/10/15	Surrender	Misrepresentation of credentials; Violation of federal or state statutes, regulations or rules
Richardson, Kristi D., RN (RN00089469)	04/15/15	Probation	Diversion of controlled substance; Narcotics violation or other violation of drug statutes; Violation of federal or state statutes, regulations or rules
Dimond, Devrie R., RN (RN00120807)	04/16/15	Suspension	License suspension by a federal, state or local licensing authority
Parker, Rebecca, RN, ARNP (RN00126126, AP30004962)	04/17/15	Suspension	License suspension by a federal, state or local licensing authority



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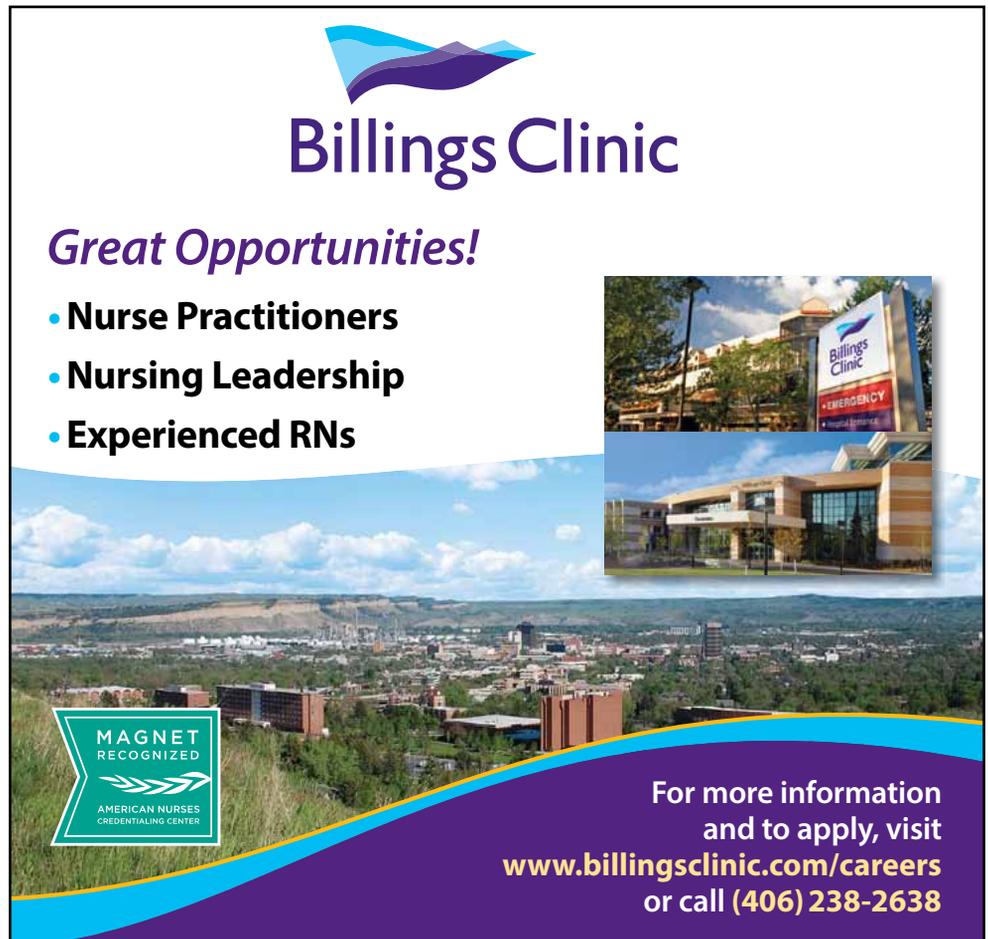
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Termure, Magdalena (RN00172366)	04/23/15	Restrictions	Improper or inadequate supervision or delegation; Negligence; Violation of federal or state statutes, regulations or rules
Casey, Paul A., RN (RN00112183)	04/27/15	Suspension	Violation of or failure to comply with licensing board order
Henning, Joyce M., LPN (LP00047808)	04/28/15	Conditions	License suspension by a federal, state or local licensing authority
Schwartz, Kelly D., RN (RN00148083)	04/28/15	Conditions	Alcohol and other substance abuse; Diversion of controlled substance; Negligence; Violation of federal or state statutes, regulations or rules
Uy, Mia C., RN (RN60026041)	04/28/15	Probation	Violation of or failure to comply with licensing board order
Hardman, Jennifer D., RN (RN60293858)	04/28/15	Conditions	Non-sexual dual relationship or boundary violation
Hariri, Habib, RN, LPN (RN60242719, LP00052311)	04/29/15	Probation	Negligence
Lanning, Heather E., RN (RN60068170)	04/29/15	Suspension	Violation of or failure to comply with licensing board order
Harsh, Heather L., RN (RN00131334)	04/29/15	Reinstatement	Violation of federal or state statutes, regulations or rules
Arit, Erich, RN (RN00137850)	04/30/15	Suspension	Criminal conviction; Violation of federal or state statutes, regulations or rules
Smith, Leona M., RN (RN00177534)	04/30/15	Reinstatement	License suspension by a federal, state or local licensing authority
Sample, Samantha D., LPN (LP60500372)	05/04/15	Suspension	License revocation by a federal, state or local licensing authority
Askew, Teresa I., LPN (LP00031931)	05/05/15	Probation	Negligence; Violation of federal or state statutes, regulations or rules
Chamlee, Deena M., RN, ARNP (RN00140546, AP30006115)	05/06/15	Suspension	Unable to practice safely by reason of psychological impairment or mental disorder
Hardy, Marlina S., RN (RN00148387)	05/06/15	Suspension	Exploiting a patient for financial gain; Violation of federal or state statutes, regulations or rules
Dunham, Jody M., LPN (LP00034245)	05/06/15	Reinstatement	Alcohol and other substance abuse; Diversion of controlled substance
Tarver, John D., RN (RN60435659)	05/13/15	Surrender	Unprofessional conduct
Gates, Cynthia D., LPN (LP00052388)	05/15/15	Suspension	Violation of or failure to comply with licensing board order
Hafstad, Gwyneth F., RN (RN00148594)	05/18/15	Suspension	Unprofessional conduct
Bratches, Katherine M., RN (RN00087884)	05/20/15	Conditions	License suspension by a federal, state or local licensing authority
Keown, Riley E., RN (RN60383822)	05/20/15	Probation	Negligence; Violation of federal or state statutes, regulations or rules
Buntin, Nicole A., RN (RN60405445)	05/20/15	Suspension	Violation of or failure to comply with licensing board order
Carlson, Linda D., RN (RN00084607)	05/26/15	Suspension	Alcohol and other substance abuse; Criminal conviction; Diversion of controlled substance
Muzzey, Frank D., RN (RN00110065)	05/28/15	Conditions	Fraud – unspecified; Violation of federal or state statutes, regulations or rules
Nichols, Jane E., RN (RN00112430)	05/28/15	Probation	Negligence; Practicing beyond the scope of practice; Violation of federal or state statutes, regulations or rules
Gubbels, Ann-Lisa D., RN (RN60019565)	05/28/15	Conditions	Alcohol and other substance abuse; Diversion of controlled substance; Fraud – unspecified; Practicing beyond the scope of practice; Violation of federal or state statutes, regulations or rules
Harris, Sarah A., RN (RN60457004)	05/28/15	Conditions	Violation of or failure to comply with licensing board order
Farnsworth, Lesli L., RN (RN00103020)	05/28/15	Suspension	Unable to practice safely by reason of psychological impairment or mental disorder
Grove, James C., RN (RN60184741)	05/28/15	Modification	License suspension by a federal, state or local licensing authority
Corn, Patrick J., RN (RN00111394)	05/28/15	Suspension	Negligence; Violation of federal or state statutes, regulations or rules
Shepherd, Joshua L., RN (RN60254072)	05/28/15	Suspension	License suspension by a federal, state or local licensing authority
Collins, Sheila R., RN (RN00088462)	05/28/15	Reinstatement	Violation of or failure to comply with licensing board order
Conklin, Dena R., RN (RN00106512)	06/02/15	Modification	Alcohol and other substance abuse; Diversion of controlled substance; Fraud – unspecified; Narcotics violation
Warner, Brendajean F., RN (RN00117367)	06/03/15	Surrender	Diversion of controlled substance; Violation of federal or state statutes, regulations or rules
Lawson, Penny S., RN (RN60050740)	06/03/15	Suspension	License suspension by a federal, state or local licensing authority
Holloman, Aaron R., RN (RN00124895)	06/05/15	Suspension	License suspension by a federal, state or local licensing authority
Tannler, Jonathan P., RN (RN60183136)	06/11/15	Suspension	Fraud – unspecified; Violation of federal or state statutes, regulations or rules
Hollingsworth, Janice K., RN (RN00129888)	06/12/15	Suspension	Violation of or failure to comply with licensing board order
Keele, Christina R., RN (RN00169743)	06/15/15	Suspension	Failure to pay child support order
Brokaw, Robert S., RN (RN00166872)	06/22/15	Suspension	Diversion of controlled substance; Narcotics violation; Violation of federal or state statutes, regulations or rules
McNary, Nancy B., RN (RN60406150)	06/23/15	Suspension	License suspension by a federal, state or local licensing authority
Ihle, Charles T., RN (RN60499967)	06/23/15	Suspension	Fraud, deceit or material omission in obtaining license or credentials; License suspension by a federal, state or local licensing authority
Miller, Meghan R., LPN (LP60103130)	06/29/15	Conditions	Alcohol and other substance abuse; Diversion of controlled substance; Violation of federal or state statutes, regulations or rules
Trolson, Karen E., RN (RN00071552)	06/29/15	Conditions	Narcotics violation or other violation of drug statutes
Douglas, Lori A., RN (RN00098957)	06/29/15	Conditions	Alcohol and other substance abuse
Jones, Cecilia V., RN (RN00061483)	06/29/15	Surrender	Improper or inadequate supervision or delegation; Negligence; Violation of federal or state statutes, regulations or rules
Kimbrel, Olga D., RN (RN00157008)	06/29/15	Suspension	Violation of or failure to comply with licensing board order
Fasske, Chelsea D., RN (RN00169878)	06/29/15	Suspension	Alcohol and other substance abuse
Sterling, Angela M., RN (RN00114710)	06/29/15	Suspension	Diversion of controlled substance; Failure to cooperate with the disciplining authority; Narcotics violation or other violation of drug statutes
Brown, Cynthia A., RN, ARNP (RN00130329, AP30004753)	06/29/15	Suspension	Alcohol and other substance abuse; Diversion of controlled substance; Fraud – unspecified; Violation of federal or state statutes, regulations or rules
Brightwell, Tina M., RN (RN00069951)	06/29/15	Suspension	Incompetence
Holzman, Diane H., RN (RN60273119)	06/29/15	Suspension	License disciplinary action by a federal, state, or local licensing authority

The following is a list of Stipulations to Informal Disposition taken between January 1, 2015, and June 30, 2015. A Stipulation is an informal disciplinary action where the licensee admits no wrongdoing but agrees to comply with certain terms.

Licensee	Date of Action	Informal Agreement	Allegation
Whaley, Carol D., RN (RN00117199)	01/07/15	Conditions	Violation of federal or state statutes, regulations or rules
West, Donna J., RN, ARNP (RN00062394, AP30005349)	02/05/15	Probation	Violation of federal or state statutes, regulations or rules
Vichas, Amanda L., RN, ARNP (RN00148939, AP60137135)	02/05/15	Probation	Alcohol and other substance abuse; Diversion of controlled substance
Nelson, Ingrid K., LPN (LP00032655)	02/05/15	Probation	Negligence; Violation of federal or state statutes, regulations or rules
Landos, Autumn C., LPN (LP00050568)	02/05/15	Probation	Negligence
Childears, Lori E., LPN (LP00051252)	02/05/15	Conditions	Alcohol and other substance abuse; Violation of federal or state statutes, regulations or rules
Golovin, Tamara I., LPN (LP00059494)	02/05/15	Probation	Negligence; Violation of federal or state statutes, regulations or rules
Gordon, Melissa R., RN (RN00175168)	02/05/15	Probation	Diversion of controlled substance; Practicing beyond the scope of practice; Violation of federal or state statutes, regulations or rules
Sesay, Saidu, RN (RN00176861)	02/05/15	Conditions	Negligence; Violation of federal or state statutes, regulations or rules
Wilson, Kathi G., LPN (LP00040992)	02/05/15	Surrender	Negligence; Violation of federal or state statutes, regulations or rules
Coram, Judith W., RN (RN00058395)	02/05/15	Surrender	Negligence
Balch, Thomas B., RN, ARNP (RN00055607, AP30000357)	02/05/15	Probation	Negligence, Violation of federal or state statutes, regulations or rules
Van Brunt-Oreiro, Debra, LPN (LP00055397)	02/27/15	Probation	Criminal conviction
Hausserman, Denise L., LPN (LP00054126)	03/02/15	Probation	Negligence; Violation of federal or state statutes, regulations or rules
Njuguna, Anne W., LPN (LP60073949)	03/02/15	Probation	Violation of federal or state statutes, regulations or rules
Kennedy, Leah N., RN (RN00075864)	03/16/15	Surrender	Negligence
Rozhnovskaya, Irina V., LPN (LP00056694)	04/08/15	Probation	Negligence; Violation of federal or state statutes, regulations or rules
Mansell, Glenn P., RN (RN00138524)	04/08/15	Probation	Violation of federal or state statutes, regulations or rules
Bradley, Tamara R., RN (RN60019412)	04/08/15	Conditions	Alcohol and other substance abuse; Diversion of controlled substance; Violation of federal or state statutes, regulations or rules
Smith, Rita R., RN (RN00127913)	04/09/15	Surrender	Negligence; Violation of federal or state statutes, regulations or rules
Gardner, Melinda M., LPN (LP00052854)	04/28/15	Probation	Fraud – unspecified; Negligence; Violation of federal or state statutes, regulations or rules
Nelson, Lydia L., RN (RN00051234)	04/28/15	Surrender	Negligence; Violation of federal or state statutes, regulations or rules
Zimmerman, Alan E., RN (RN00084122)	04/28/15	Surrender	Diversion of controlled substance; Narcotics violation
Bowers, Julie A., LPN (LP00023227)	05/20/15	Probation	Negligence
Omomukuyo, Tina A., LPN (LP60074323)	05/28/15	Probation	Practicing beyond the scope of practice; Violation of federal or state statutes, regulations or rules
Short, Carolyn A., RN (RN00069978)	05/28/15	Conditions	License suspension by a federal, state or local licensing authority
Tenney-Gomez, Janette E., RN (RN00077785)	05/28/15	Probation	Violation of federal or state statutes, regulations or rules
Tomlin, K. Melissa, RN (RN00137841)	05/28/15	Probation	Negligence; Violation of federal or state statutes, regulations or rules
Beamer, Laurel A., RN (RN00056529)	05/28/15	Surrender	Violation of federal or state statutes, regulations or rules
Waggoner, Paul D., RN (RN60016921)	05/28/15	Surrender	License suspension by a federal, state or local licensing authority
Secrist, Robin A., RN, ARNP (RN60228068, AP60396770)	06/29/15	Probation	Fraud – unspecified; Unauthorized prescribing of medication
Small, Joseph W., RN (RN00127777)	06/29/15	Conditions	Negligence; Patient care; Violation of federal or state statutes, regulations or rules
Oatfield, Jamie S., RN (RN00176234)	06/29/15	Probation	Narcotics violation
McGeary, Mary E., RN (RN00077608)	06/29/15	Surrender	Alcohol and other substance abuse
Gibson, Andrea M., RN (RN00133537)	06/30/15	Probation	Violation of federal or state statutes, regulations or rules
Young, Elizabeth E., RN (RN60079788)	06/30/15	Probation	Negligence; Violation of federal or state statutes, regulations or rules

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