

# Washington **NURSING** COMMISSION NEWS

SUMMER 2016 • VOLUME 10, N<sup>o</sup>1, EDITION 25

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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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## Chair's Corner

BY CHARLOTTE FOSTER, RN, BSN, MHA, CHAIR  
NURSING CARE QUALITY ASSURANCE COMMISSION

### Hello Colleagues

Welcome to the July 2016, edition of the Washington State Nursing Care Quality Assurance Commission (NCQAC) newsletter. I am honored to announce that I have been elected chair of the Nursing Commission. I was first appointed to the Commission by Governor Gregoire in May 2011, and most recently re-appointed in June 2015, by Governor Inslee. While I have served on the commission for five years, becoming chair was far and above my expectation. I am grateful that the nursing commissioners, my peers, and my colleagues, shared a sense of confidence that led me to this opportunity. My goal now is to serve with a deep sense of commitment, with integrity, and passion to exceed all expectations while in this role.

I have aspired to become a nurse for as long as I can remember. I grew up in an underserved area in Oklahoma, where health care services were largely unavailable. Volunteer nurses delivered care when it was available. The experiences of my formative years instilled in me a sincere desire to help others. I pursued a nursing career first as an associate nurse, graduating from Highline College in 2003. I earned a bachelor's degree in nursing in 2006, and after many years of nursing care in med-surg, intensive care, trauma, neurosurgery and ambulatory nursing, I proceeded to earning a master's degree in health administration. As a nurse leader, I have worked all levels of administration; nursing supervisor, nurse manager, and clinical director. I was also fortunate to hold the role as the first chief nurse executive for Swedish Medical Group. In May, 2016, I accepted my current role as regional director of operations for Group Health's South Sound Services.

Serving others feeds my soul and validates my purpose, so for the greater part of my life I have engaged in volunteerism. I serve on several prominent boards and I participate in the annual King County Free Clinic where we treat nearly 5,000 patients during each annual event. My family members are very supportive, as they too share my spirit of service. My husband is a 23-year veteran detective of the Seattle Police Department. My daughter and son are in public service professions and work in the healthcare industry as well.

As chair of the Nursing Commission, I seek to share leadership in the efforts directed toward enhancing the role and scope of nurses, and to make a difference for the patients that we serve. I encourage you all to make visiting the NCQAC website a professional habit. Frequent visits to the website will keep you informed about who your commissioners are, what projects the Commission committees are working on, and how you can be involved. Some of our current projects include providing education about the nursing licensure compact and criminal background checks, and collecting demographic information for minimum data sets. Both of these projects will assist the Commission in elevating the nursing industry in Washington State. You can also follow Washington's impressive role within the National State Boards of Nursing.

I am extremely excited and grateful for the opportunity to serve as chair of the Nursing Commission. I look forward to promoting the profession of nursing that I love so dearly. I am also committed to holding that place of public trust that nurses have earned with their integrity, compassion, and hard work. Please join us. I'm inviting you to share this upcoming year as chair with me!

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# Secretary of the Department of Health

BY JOHN WEISMAN, DRPH, MPH

## Dear Nurses of Washington State,

Welcome to summer of 2016! I hope you all have had the chance to spend some time outdoors and enjoy the beauty of the state we live in. There's something very special about promoting healthy living in a state with so many beautiful spaces to live, work, and play.

When I was considering what to write in this article, a colleague from the Nursing Commission approached me with an interesting fact: Recent data on the nursing workforce show that 50 percent of nurses now work in the community as opposed to acute care. Hearing about this new trend was news to me, but also not surprising. Since the beginning of professional nursing as we know it, nurses have been leaders who have pushed the envelope on what it means to improve health. After all, Florence Nightingale was both a public health nurse and an astute community organizer, and Clara Barton was one of our nation's first leaders in coordinating emergency preparedness and response!

While the challenges we face today are a bit different than the ones Florence and Clara confronted in 1870, we need our nurses stepping up to the plate and helping lead the way just as much now as we did then. For example, as one of the articles in this issue points out, while our veterans today face different challenges than the ones that Clara Barton worked with in the Civil War, they still very much need our help. In general, considering how we could address issues such as firearm injury and violence, which often manifests itself as death by suicide, is both one of Governor Inslee's top policy priorities and a critical health need in our communities. To be successful in this endeavor we need to consider how to best integrate behavioral health and primary care; nurses such as the nursing commissioner Donna Poole, who stands on the cutting edge of figuring out how to make that happen.

So Washington nurses, take some time this summer to rest and rejuvenate, enjoy some vitamin D — we'll need you back here as health leaders as we continue to take on some of Washington's most challenging community health concerns!

While the challenges we face today are a bit different than the ones Florence and Clara confronted in 1870, we need our nurses stepping up to the plate and helping lead the way just as much now as we did then.

BY MARGARET E KELLY, BS, LPN  
FORMER CHAIR, NURSING CARE QUALITY ASSURANCE COMMISSION



*“Let whoever is in charge keep this simple question in her head; not, how can I always do this right thing myself, but how can I provide for this right thing to be always done?”*  
— Florence Nightingale, notes on Nursing: What It Is, and What It Is Not.

It has been an honor to serve the Nursing Care Quality Assurance Commission, an organization that provides the forum for what is right, just, and good for all while protecting the public. The work of the commission is carried out at our stakeholder meetings, through community and professional associations’ involvement, and how we regulate the practice and profession of nursing each day. We accomplish our work through using the principles of “just culture,” evidence-based practice, root cause analysis, and compassionate nursing care.

Let this always be done and done well.

Thank you for your continued support these past eight years.

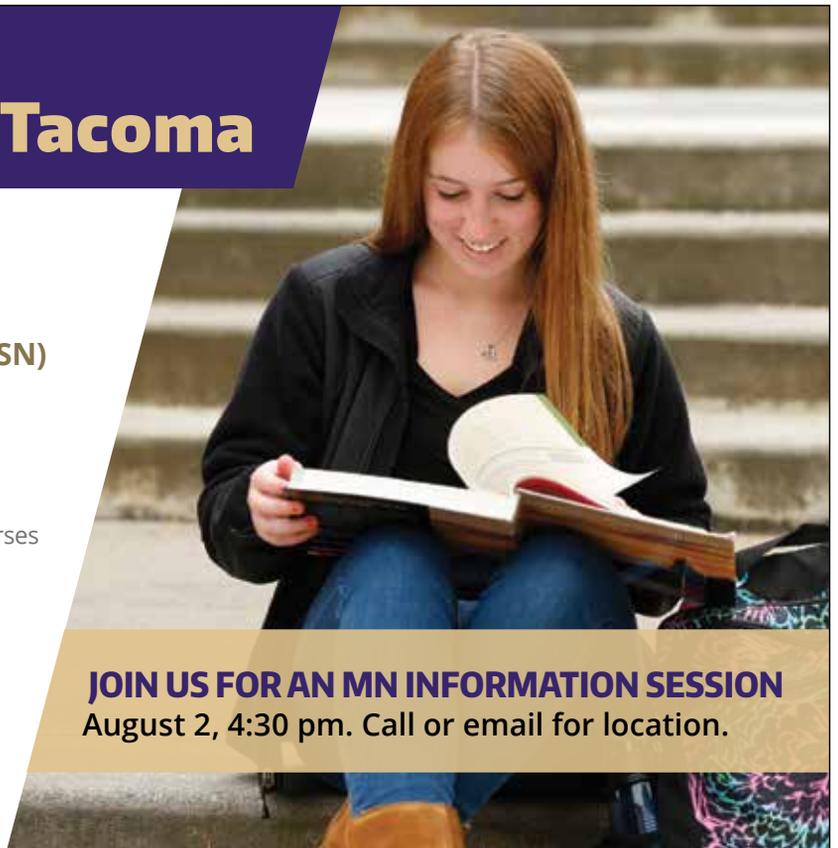
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# Message from the Executive Director

BY PAULA R. MEYER, MSN, RN, FRE

EXECUTIVE DIRECTOR, NURSING CARE QUALITY ASSURANCE COMMISSION

The Institute of Medicine recommended that by 2020, 80 percent of nurses in the United States have their baccalaureate in nursing degree. It is now 2016, with less than four years left to meet this goal. In Washington State, the Nursing Care Quality Assurance Commission (NCQAC) needs you to participate in data collection to evaluate our progress toward this goal. In June, the NCQAC held rules workshops across the state. The NCQAC is considering requiring nurses to enter minimum data set information on all applications and renewal of licenses. This minimum data set includes your educational preparation.

The legislature has given the NCQAC authority to write rules, or requirements, for nursing. The legislature has assigned the Center for Nursing the responsibility to collect and analyze data about our nursing workforce. In order to collect this data, the NCQAC will consider requiring collection of the minimum data elements for all applications and renewal of licenses. The NCQAC needs your input on this topic.

Centers for Nursing across the United States use the supply, demand and education minimum data sets designed by the National Workforce Centers. Washington State already collects demand and education data. In Washington, we are far behind many states in collecting the nursing supply data. The NCQAC and the Center for Nursing are working together to begin the collection. This collection is only voluntary at this time. You can enter your data by going to <https://www.nursys.com/EN/ENDefault.aspx>. Voluntary collection is helpful. The only way to get a true and accurate picture of nursing supply is for all nurses to enter their data. The NCQAC wants to know: Would you agree with requiring this data collection on all applications and renewal of licenses?

The minimum data set includes the following data points:

- The highest educational degree you completed
- Your ethnicity
- Your employer(s)
- Your age
- Your primary specialty

The Center for Nursing would use the data to describe the nursing workforce in our state. This data could then be used to identify strategies and resources needed to serve the nursing needs of our population. We know we do not have enough nurses in our state to care for the number of people approaching retirement. We also know a large number of nurses are approaching retirement age. An even larger number of nursing faculty members are approaching retirement. The collection of the minimum data elements gives credible evidence to the Center for Nursing and our nursing professional organizations. The evidence can be used to secure grants, to influence legislators and eventually improve nursing care in our state.

Rules information is on the commission website at: <http://www.doh.wa.gov/LicensesPermitsandCertificates/NursingCommission/RulesInProgress>.

Please join the NCQAC list serve at <http://listserv.wa.gov/cgi-bin/wa?SUBED1=nursing-qac&A=1>. The list serve provides you with notices of all the upcoming workshops including the required collection of the minimum data sets. The notices include dates, times and locations of all upcoming rules workshops. Every workshop will also be presented in a webinar format if you are not able to attend in person. The NCQAC needs your input.

<sup>1</sup> Institute of Medicine. (2010). The future of nursing: Leading change, advancing health. Retrieved from [http://books.nap.edu/openbook.php?record\\_id=12956&page=R1](http://books.nap.edu/openbook.php?record_id=12956&page=R1)

# WHAT DOES PROFESSIONALISM MEAN?

## *Greetings!*

Scientific advances, economic realities, technological breakthroughs, and global communications create the need for nurses to pay attention to important health-related ethical issues in our communities. We are asked to develop an appreciation for personal philosophies, cultural values, and diverse viewpoints. Therefore, ethical responsibilities are critical to professional nursing practice.

Ethical determinations are applied through the use of formal theories and codes of conduct (Jones & Bartlett Learning, Foundations of Ethical Practice). When one joins the nursing profession, a moral agreement is made with society to provide “compassionate care.”

Nursing has been defined as the protection, promotion and optimization of health, and abilities. There are many variations and additions to the definition of nursing. Those include: prevention of illness and injury, facilitation of healing, and alleviation of suffering.

For Washington State nurses, the definition is found in RCW 18.79.040, which begins with “the performance of acts requiring substantial specialized knowledge, judgment and skill based upon the principles of the biological, physiological, behavioral, and sociological sciences.”

We are often told that we, as nurses, are professional and that we must “act professionally.” So what does that mean? What factors come to mind? Professionalism implies being conscientious in actions, knowledgeable in the subject and responsible to self and others (Current Nursing Research and Review Articles).

Here are some of the characteristics of a “profession.” A profession consists of the concept of a mission, mastery and use of



theoretical knowledge, capacity to solve problems, formal training, and a credentialing system to certify competence, legal standards and penalties against incompetent, unethical practice. Professional practice has been also defined as autonomous in decision-making and being accountable. A professional has a code of ethics and standards, but certainly not all have been listed by professional nursing organizations and regulatory bodies (Nursing Care Quality Assurance Commission, National Council of State Boards of Nursing, and American Nurses Association).

The foundation for codes of nursing ethics can be traced and woven into a tapestry found in the field of bioethics. Four moral standards have most commonly served as the basis of health care-nursing care delivery. The standards are: autonomy, beneficence, non-maleficence and justice. (Nursing theory includes a total of seven but for the purpose of this article I am limiting the discussion to the four most common.)

Autonomy involves one’s ability to generate personal decisions independently. Beneficence in nursing implies that nurses take

actions that contribute to the welfare of a patient or client. There are numerous examples such as reporting abuse, neglect, communicable diseases, and safety interventions.

Non-maleficence is “to do no harm;” it is the principle that is violated in negligent care and patient care errors. Justice can be translated in the concept of equitable access to nursing care, allocation of resources, and resource use.

So much is said regarding responsibility and accountability of the professional nurse. Responsibility is frequently shared but accountability cannot be shared. When we are faced with ethical dilemmas and decision-making, we can use the nursing process WAC 246-800-700 to help guide us. Assess the nature and dimensions of the dilemma; identify the problem and review the potential course of action; implement interventions as it applies to an ethical code to generate a course of action; and evaluate the selected course of action.

Nursing is a challenging and fulfilling profession. It is certainly an honor to be a professional nurse!



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# OUT-OF-STATE NURSING PROGRAMS



Technology affords our society unprecedented mobility, and the effect of technology on nursing education is more evident than ever before. More and more, nursing education programs are reaching across state lines, allowing a student who is studying at home in Seattle, for example, to earn a degree from a nursing program located in Omaha, Boston, or Pomona.

How is this possible? How can a nurse in Seattle advance his or her nursing education without leaving Washington when practice experiences must be part of the learning requirements?

The Nursing Care Quality Assurance Commission (NCQAC) is responsible to review and approve out-of-state nursing programs' practice or field experiences for students who need to have these experiences in Washington. The NCQAC's legislative charge is to

promote quality nursing education and protect the public. The NCQAC has specialized nursing program approval panels made up of commission professionals who work diligently to review and approve qualified out-of-state nursing programs for in-state clinical practice or fieldwork. This means that students who live in Washington can enroll in an out-of-state school, complete the classroom program components online, and fulfill their clinical or practice requirements locally. It also means that students who attend out-of-state schools near Washington's borders can fulfill certain clinical or practice requirements in Washington.

The number of out-of-state program approvals by the NCQAC has increased significantly in the past several years. While there were only four approved out-of-state nursing programs in 2012, that number increased to

57 programs in 2015. Currently, those 57 out-of-state schools represent over 225 out-of-state post-licensure programs approved for practice in Washington. In addition, there are a number of nursing programs in bordering states with approval for pre-licensure clinical practice experiences in Washington.

Besides technological advances, two main factors have increased out-of-state applications to the NCQAC:

- First, in 2011, the United States Department of Education released rules that required all distance-learning educational programs to check with the states in which they have or would like to have students to determine state requirements for approval. Washington State law requires approval of nursing programs' clinical experiences for nursing students practicing in the role of the LPN, RN, or ARNP.

- Second, there is increased awareness of the application requirement through the various nursing education clinical placement consortia that exist across Washington State. Clinical placement consortia include stakeholders from acute care settings and nursing education programs. The consortia meet monthly to coordinate clinical placements. Its members understand state requirements for clinical placements and inform out-of-state programs and students when they receive inquiries and refer them to the NCQAC.

A list of approved out-of-state distance learning nursing programs is on our website at: <http://www.doh.wa.gov/LicensesPermitsandCertificates/NursingCommission/NursingPrograms>

For more information, please contact Barbara Gumprecht at [Barbara.gumprecht@doh.wa.gov](mailto:Barbara.gumprecht@doh.wa.gov) or 360-236-4788.

# NURSING EDUCATION PROGRAMS

## 2014-2015 ANNUAL SCHOOL REPORT SUMMARY AND ANALYSIS

A summary and analysis of the 2014-2015 academic year survey results from approved Washington State and out-of-state nursing programs highlights selected data trends since 2002. Forty-three approved nursing schools in Washington State completed the annual survey representing 91 nursing programs. Fifty schools approved for student clinical placements completed the out-of-state survey, representing a total of 904 student clinical placements in Washington State. Both in-state and out-of-state program survey results are available together for the first time this year. The summary of the in-state program results will be presented first followed by the out-of-state program results. When appropriate, Washington state responses will be compared to national benchmarks and selected research findings. Finally, there is a summary and trend analysis of the annual survey findings. The full annual report is available on the Nursing Care Quality Assurance Commission website. (<http://www.doh.wa.gov/LicensesPermitsandCertificates/NursingCommission/NursingEducation/NursingPrograms>)

### IN-STATE PROGRAMS

The Institute of Medicine Report (IOM) [2010] titled *The Future of Nursing*, identifies that nurses should achieve higher levels of education and training through an improved

education system that promotes seamless academic progression. WAC 246-840-520 (1) requires nursing program participation in a statewide articulation plan that facilitates the educational advancement of nurses across the various levels of nursing education. As you will see by the survey results and trends outlined below, Washington State nursing education has responded to this national and state call by increasing academic progression from Practical Nurse (PN) and Associate Degree in Nursing (ADN) to Bachelors in Nursing (BSN) and from BSN to Doctor of Philosophy (PhD) or Doctor of Nursing Practice (DNP).

Twenty-four of 32 community or technical colleges have national nursing accreditation and all 11 of the universities have national nursing accreditation. There were 61 undergraduate nursing programs and 30 graduate programs. The number and type of programs are outlined below in Tables 1 and 2.

### PROGRAM GRADUATES

Since 2001, the number of pre-licensure graduates continued to increase as outlined below. In 2014-2015, PN had 330 graduates, a decrease from 634 graduates last year. Since 2001, the number of ADN graduates has nearly doubled. In 2014-2015, ADN programs graduated 1712 students, which is a slight in-

crease from 1672 graduates last year.

The number of BSN program graduates has more than tripled since 2001. In 2014-2015, BSN programs graduated 1,199 students. The total number of graduates from undergraduate and graduate programs preparing students for the registered nurse (RN) licensure (ADN, BSN, and Graduate Entry (GE) in Washington State has continued to increase over the past nine years from 1,173 in 2001-2002 to 2,995 graduates in 2014-2015. Despite being master's programs, those completing GE programs are also included in these graduation numbers because they are pre-licensure programs.

There were 192 master's prepared ARNP graduates in 2014-2015 and 241 who graduated in 2014-2015 from master's degree programs in nursing (not ARNP). There were 84 graduates from GE programs during 2014-2015, but they were reported above with undergraduate pre-licensure programs so they are not included in the graduation numbers below. Programs reported that 104 people graduated with a nursing doctorate in 2014-2015. The total numbers of graduates from master's and doctoral programs from 2005-2006 through 2014-2015 are outlined below.

### NURSING FACULTY

Increasing the overall education level of

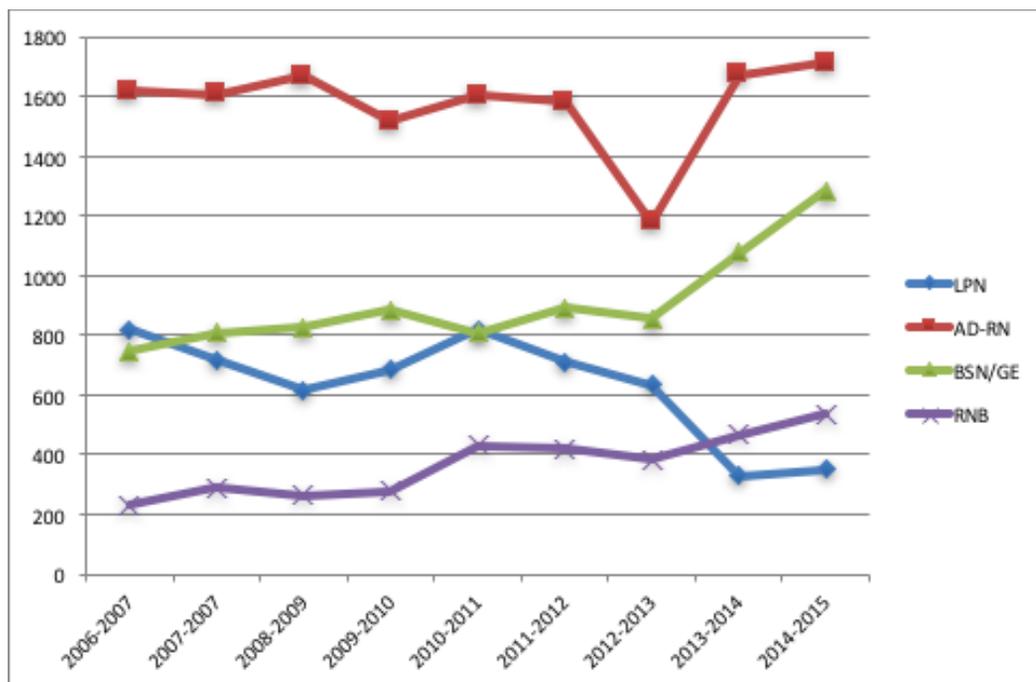
Table 1. Undergraduate Programs

PN	PN-AD	AD	PN-BSN	RNB	BSN	Total
9	8	25	2	8	9	61

Table 2. Graduate Programs

AD-MS	GE	MSN-ARNP	MSN-NonARNP	PMC	DNP	PhD	Other	Total
4	2	4	7	3	5	2	3	30

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



practicing nurses requires increased numbers of nursing faculty members. Washington State regulations require a minimum of a master’s degree in nursing or a bachelor’s degree in nursing and a master’s degree in a related field to teach registered nursing. Practical nursing faculty must have a minimum of a bachelor’s degree in nursing. Washington State nursing programs are experiencing increasing difficulty in hiring nursing faculty members. In addition, the American Association of Colleges of Nursing (AACN 2013-2014) reported on Salaries of Instructional and Administrative Nursing Faculty in Baccalaureate and Graduate Programs in Nursing, and predicted a wave of faculty retirements across the US over the next decade.

Nursing programs continue to explore strategies to attract and retain nursing faculty members. Workload adjustment, sharing faculty, support for ongoing academic endeavors, and professional development are the major strategies reported to address the problem. Beyond the need for increasing nursing faculty pay, nursing programs identified faculty workload adjustment around the rigors of clinical instruction, committee work, and mentoring of new faculty members as areas critical to program continuation or expansion. Forty percent (694) of nursing faculty are prepared with a master’s degree. Twenty-five percent (285) of nursing faculty have doctorates (e.g.

PhD, DNP, or non-nursing doctorates). Six percent (172) of nursing faculty members had a BSN as their highest degree. The difference in faculty preparation between community colleges and universities is illustrated below. Figure 3: Nursing Program Faculty Highest Level of Education.

### FACULTY SALARY

Salary is reported as a barrier to successful recruitment and retention of nursing faculty. Respondents answered the following questions, which were revised from last year’s survey. What is the salary range (highest to lowest) for full-time faculty in teaching positions? Please do not include time for non-teaching activities such as administration. Specify 9 month, 12 month, or other. The largest number of programs (32) reported nine-month contracts with the lowest nine-month salary reported as \$40,000 and the highest \$188, 838. Salaries reported for nine- and 10-month contracts were adjusted to reflect the equivalent 12-month salaries so means could be provided representing all schools. Community and technical college faculty average 12-month adjusted salary range was a low of \$66,325 to and a high of \$82,183. The university average faculty salary range was \$69,921 to \$131,578.

### OUT-OF-STATE PROGRAMS

The approval process for out-of-state program student clinical placement in Washington State began in 2012. Initial survey data was gathered by calendar year in 2013 and 2014. The out-of-state survey was revised to reflect the academic year beginning in 2014-2015. This provided the opportunity to report survey results at the same time as in-state programs so a more complete picture of nursing education programs could be presented. Because the approval process relates to clinical placements only, the data gathered represent a different view from that gathered from the in-state programs. Fifty nursing schools completed the survey, providing the information outlined below.

Approved out-of-state pre-licensure programs (PN, ADN, BSN and GE) provided 904 clinical site placements for students across 148 programs in the 2014-2015 academic year, which is an increase from a total of 467 students in 2014 calendar year. The significant increase in MN students from 49 in calendar year 2014 to 323 students in academic year 2014-2015 may represent a catch-up with programs reporting and applying for approval, but also could indicate these programs are meeting an unmet need in the state. The significant increase in the number of RN to BSN and Master’s in Nursing (MN) students is notable and represents schools from all

over the country. The BSN students from out-of-state programs in clinical placements are from schools bordering Washington State in Oregon and Idaho. The students by program are outlined below.

Twenty four of the programs prepare graduates for LPN or RN licensure. There are two PN programs, eight ADN programs, either as a generic ADN or a PN to RN. Nine universities offer BSN programs and five of the university programs offer GE options. The remaining 120 programs prepare graduates to advance their education post-licensure. There are 19 RN to BSN programs, seven ADN to MSN, 24 ARNP and 24 other MN programs. Finally, there are 20 PMC, 25 DNP and five Ph.D. programs. The total number of programs by type are outlined below.

### ANALYSIS

Washington State nurse educators made the commitment for a higher educated diverse nursing workforce in 2011 when the Council for Nurse Education in Washington State (CNEWS), Washington Center for Nursing (WCN) and other stakeholders collaborated to develop a Master Plan for Nursing Education (<https://www.wcnursing.org/nursing-education/master-plan-for-nursing-education/>). The support over four years of funding from the Robert Wood Johnson Foundation (RWJF) helped accelerate the progress toward a higher educated workforce by supporting the adoption of the Direct Transfer Agreement Major Ready Program (DTA-MRP) streamlining academic progression between ADN and BSN programs.

Nationally, 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. 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). Competencies needed to practice have expanded, placing increased pressures on the education system and its curricula.

Nurse educators in Washington have responded with increased enrollments. This report highlights trends in the direction to meet the goals. The number of pre-licensure BSN graduates has increased again in the past year. The addition of two Registered Nurse to Bachelors (RNB) programs, and an increase in enrollment in current programs, has resulted in an increase in enrollment (930 to 955) and an increase in (466 to 485) graduates. Two community colleges offer RNB programs and more community colleges are considering this option.

Graduations have also increased overall in mas-

Figure 2: Master's and Doctoral Total Number of Graduates by Program

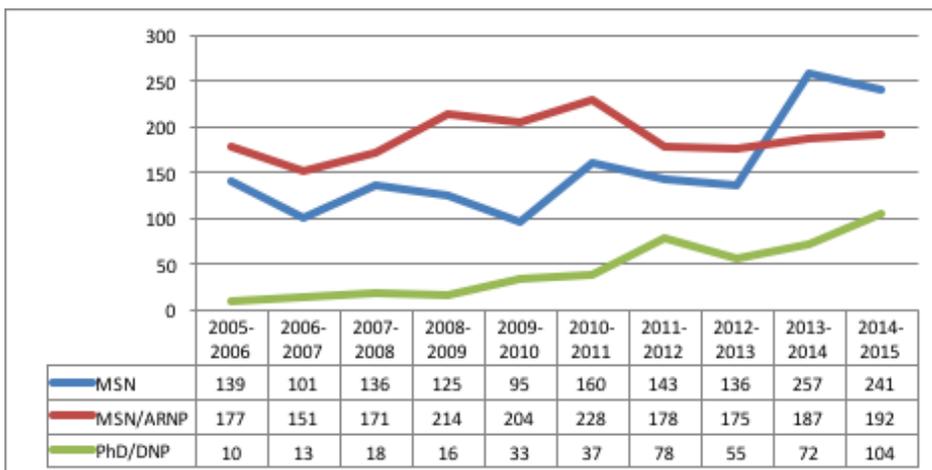
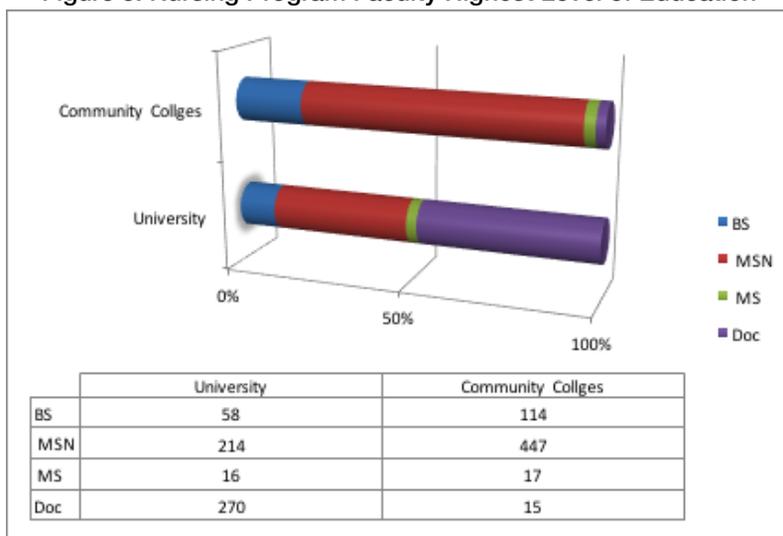


Figure 3: Nursing Program Faculty Highest Level of Education



ters and doctoral programs responding to the shortage of nurse faculty, primary care providers, and researchers. Enrollment and graduation in GE programs has increased and provides additional options for students. Approval of out-of-state programs for clinical placements helps assure quality, and increases in the RNB and MN student clinical placements will provide additional capacity in these high need areas. Now is the time to take bold steps to accelerate our progress in providing the right educational mix of nurses for safe and quality care in Washington State. Specific recommendations based on the survey results are available in the full Annual Report (<http://www.doh.wa.gov/LicensesPermitsandCertificates/NursingCommission/NursingEducation/NursingPrograms>). The complex multiple education pathways

in nursing can be a challenge, but they also provide multiple opportunities to increase the overall education level of 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 (<http://www.nap.edu/catalog/12956/the-future-of-nursing-leading-change-advancing-health>). BSN, RNB, master's, and doctoral enrollments and graduations have increased significantly, adding to a higher educated workforce, but we must continue to accelerate our progress to meet the growing health care needs of the residents of Washington State.

**Table 3: Number of Students with Clinical Site Placement from Out-of-state Programs**

	PN	ADN	BSN	LPN-BSN	RN-BSN	ADN-MSN	GE	MNA	MN	PMNP	DNP	PhD	Total
2014	16	79	296		24	1	45			3	3	0	467
2014-2015	25	<b>89</b>	323	8	<b>105</b>	15	0	180	110	18	31	0	<b>904</b>

**Table 4: Number and Types of Out-of-state Programs with Clinical Site Placements**

	LPN	ADN/RN	LPN-BSN	RN-BSN	BSN	ADN-MSN	GE	MNA	MN	PMNP	DNP	PhD	other
2014	3	6	3	13	9	6	0	21	19	12	22	2	2
2014-2015	2	<b>5</b>	3	<b>19</b>	9	7	5	<b>24</b>	<b>24</b>	<b>20</b>	<b>25</b>	<b>5</b>	



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## WHY IS IT SO IMPORTANT THAT NURSES ASK THEIR PATIENTS “HAVE YOU EVER SERVED IN THE MILITARY?”

To answer, here are a few facts:

- Eighty percent of the nearly 600,000 Washington state military veterans don't actually get their health care at VA medical centers.
- Twenty-two veterans each day are lost to suicide, nationwide.
- Washington State lost 233 veterans to suicide in 2014, one veteran every 1.6 days!
- A majority of people who commit suicide have met with a healthcare provider in the month before their suicide.

This makes veteran suicide awareness for Washington's health care providers more important than ever.

Consider these points from a recent federal VA study of veterans serving during the Iraq and Afghanistan wars between 2001 and 2007\*:

- Deployed veterans had a 41 percent higher suicide risk compared with the general population.
- Non-deployed veterans had a 61 percent higher suicide risk compared with the general population.
- Women veteran's suicide rates were about

a third of the suicide rate of male veterans.

- The rate of suicide was greatest within three years of leaving military service.

That is why asking, “Have you ever served in the military?” is instrumental in providing additional context that will allow you to be sensitive to the differences that might lead a veteran to consider suicide.

New training for nurses focuses on how to properly assess, treat and manage patients and includes content specific to veterans. This six-hour training is required one time for LPNs, RNs, and ARNPs. More information is available on the Department of Health website at [www.doh.wa.gov](http://www.doh.wa.gov).

Many tools and resources are available to help veterans. Sometimes it's just a matter of knowing where to turn. Please always use Washington Department of Veterans Affairs (WDVA) as a resource. You can call on us at 1-800-562-2308 and we will work with you to identify the best resource for the veteran you're serving.

The federal VA offers a Veterans Crisis Line to connect veterans, families and friends to qualified caring VA responders:

- 1-800-273-8255 press 1

- Chat online at: <https://www.veteranscrisisline.net/ChatTermsOfService.aspx>
- Send a text to 838255.

In addition, your WDVA operates a post-traumatic stress disorder (PTSD) counseling program as part of our Behavioral Health Division.

The PTSD program contracts with community-based licensed mental health providers to offer counseling. These counselors are specially trained in veteran and military cultural competencies and are also connected to WDVA's veteran benefits specialists, who can assist veterans in connecting with their veterans benefits. Veterans can self-refer to any PTSD provider on the list, which is available at <http://www.dva.wa.gov/benefits/counseling>

I hope you're inspired to ask your patients; “Have you ever served in the military?”! Please let us know at [communications@dva.wa.gov](mailto:communications@dva.wa.gov) if you need any “Have you ever served” materials or if we can answer any questions you have.

*\* More information on the federal VA study can be found at: <http://www.publichealth.va.gov/epidemiology/studies/suicide-risk-death-risk-recent-veterans.asp>*

### ADDITIONAL SUICIDE RESOURCES AVAILABLE:

Washington Suicide Prevention Resource Center (SPRC): <http://www.sprc.org/states/washington>

Washington Suicide Hotlines (By County): <http://www.suicide.org/hotlines/washington-suicide-hotlines.html>

Applied Intervention Skills Training (ASIST) two-day workshop: <https://www.livingworks.net/training-and-trainers/find-a-training-workshop/view/2922>

Give an Hour (Free Mental Health Services): <https://www.giveanhour.org/>

National Guard Suicide Prevention Program (Provides assistance to all branches and ASIST workshops for resource providers): <http://mil.wa.gov/national-guard/family-programs/suicide-prevention-program>

# SUICIDE PREVENTION TRAINING REQUIREMENTS FOR NURSES

DEBBIE CARLSON, RN, MSN  
ASSOCIATE DIRECTOR NURSING PRACTICE

Engrossed Substitute House Bill 1424 modified the law enacted in 2014 (RCW 43.70.442) establishing suicide prevention training requirements for health care providers including licensed practical nurses, registered nurses, and advanced registered nurse practitioners. The law requires a one-time training course (at least six hours long) in suicide assessment, treatment, and management. The law requires the Washington State Department of Health to adopt rules establishing the minimum standards for the training programs by June 30, 2016 and to approve training programs beginning January 1, 2017. For more information, see: <http://www.doh.wa.gov/portals/1/Documents/Pubs/SuicidePreventionTraining.pdf>

For questions, contact:

Teresa Corrado, LPN  
Licensing Program Supervisor  
360 236-4708  
[teresa.corrado@doh.wa.gov](mailto:teresa.corrado@doh.wa.gov)  
Deborah Carlson, RN, MSN  
Associate Director of Nursing Practice  
360 236-4725  
[debbie.carlson@doh.wa.gov](mailto:debbie.carlson@doh.wa.gov)

For information about training program approval, contact:

Kathy Schmitt, Deputy Director  
State Suicide Prevention Plan Project Manager  
360 236-2985  
[Kathy.Schmitt@doh.wa.gov](mailto:Kathy.Schmitt@doh.wa.gov)



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# WHAT IS IMPAIRED PRACTICE IN NURSING?



Many think that impaired practice means a nurse is under the influence of drugs or alcohol, which can be true; however, drug and alcohol use represents only a small part of what can constitute impaired practice. According to WAC 246-840-710, impaired practice is: “Practicing nursing while affected by alcohol or drugs, or by a mental, physical, or emotional condition to the extent that there is an undue risk that he or she, as a nurse, would cause harm to him or herself or other persons.” In other words, the nurse must be able to function safely while in the role of a nurse at all times.

Given this definition, some situations that may compromise a nurse’s ability to function safely by slowing critical thinking skills or impairing judgement could be: Lack of sleep, personal or professional stress, using

over-the-counter or prescription drugs, or physical or psychiatric health issues. This list is by no means exhaustive, and it is licensed nurses’ responsibility to assess constantly their ability to practice safely. The Nursing Care Quality Assurance Commission (NCQAC) Policy A.40.01 states: “Licensed nurses are accountable for assuring that their actions and behaviors meet all applicable standards at all times. This requires constant awareness of the demands of the job and a continual process of evaluation and assessment in order to make sure that the nurse is fit to practice and competent to safely perform those functions that fall within the defined scope of nursing practice and for which the nurse has accepted responsibility.”

If you notice a nurse who appears to be impaired, you are required to report that

nurse to the chain of command immediately in order to protect patient safety. Also, per the WAC 246-840-730(1)(a), information that a nurse may not be able to practice with reasonable skill and safety as a result of a mental or physical condition must be reported to the NCQAC in order for the commission to further protect patients from unsafe or substandard nursing practice or conduct.

Examples of information or findings related to impaired practice that must be reported include:

- WAC 246-840-730(1)(b)(v) Conduct which reasonably appears to violate accepted standards of nursing practice and reasonably appears to create a risk of physical and/or emotional harm to a patient.
- WAC 246-840-730(1)(b)(viii) Conduct involving the misuse of alcohol, controlled substance or legend drugs, whether or not prescribed to the nurse, where such conduct is related to nursing practice or violates any other drug or alcohol-related nursing commission law.

As nurses, we have a tremendous responsibility to ensure the safety of our patients at all times. We are consistently deemed “the most trusted profession” in the eyes of the public, and anything that diminishes that trust must not be tolerated or condoned. As such, we must always be aware of our own ability to care for our patients. If you believe you may be impaired, you are encouraged not to accept a patient assignment.

The entire WAC on Mandatory Reporting (246-840-730), can be found at: <http://app.leg.wa.gov/wac/default.aspx?cite=246-840-730>

“Practicing nursing while affected by alcohol or drugs, or by a mental, physical, or emotional condition to the extent that there is an undue risk that he or she, as a nurse, would cause harm to him or herself or other persons.”

**Tenth**

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# POETRAVEL



# ADVANCED REGISTERED NURSE PRACTITIONER: PAIN MANAGEMENT SPECIALIST COMMISSION-APPROVED CREDENTIALING ENTITIES



The Pain Management Specialist Rules (WAC 246-840-493) outline the requirement for an Advanced Registered Nurse Practitioner (ARNP) pain management specialist. An ARNP pain management specialist must meet one or more of the following qualifications:

1. A minimum of three years of clinical experience in a chronic pain management care setting
2. Credentialed in pain management by a Washington State Nursing Care Quality Assurance Commission (NCQAC)-approved national professional association, pain association, or other credentialing entity
3. Successful completion of a minimum

of at least 18 continuing education hours in pain management during the past two years

4. At least 30 percent of the ARNP's practice is the direct provision of pain management care or is in a multidisciplinary pain clinic.

ARNPs must practice within their scope of practice as defined by the Washington State laws and regulations, the ARNP's national credentialing body, the person's individual scope of practice, and the person's competencies. The NCQAC recommends that ARNPs contact their credentialing body for questions related to scope of practice as a pain management specialist. The NCQAC approves the following entities to meet one of the required qualifications for an ARNP

pain management specialist:

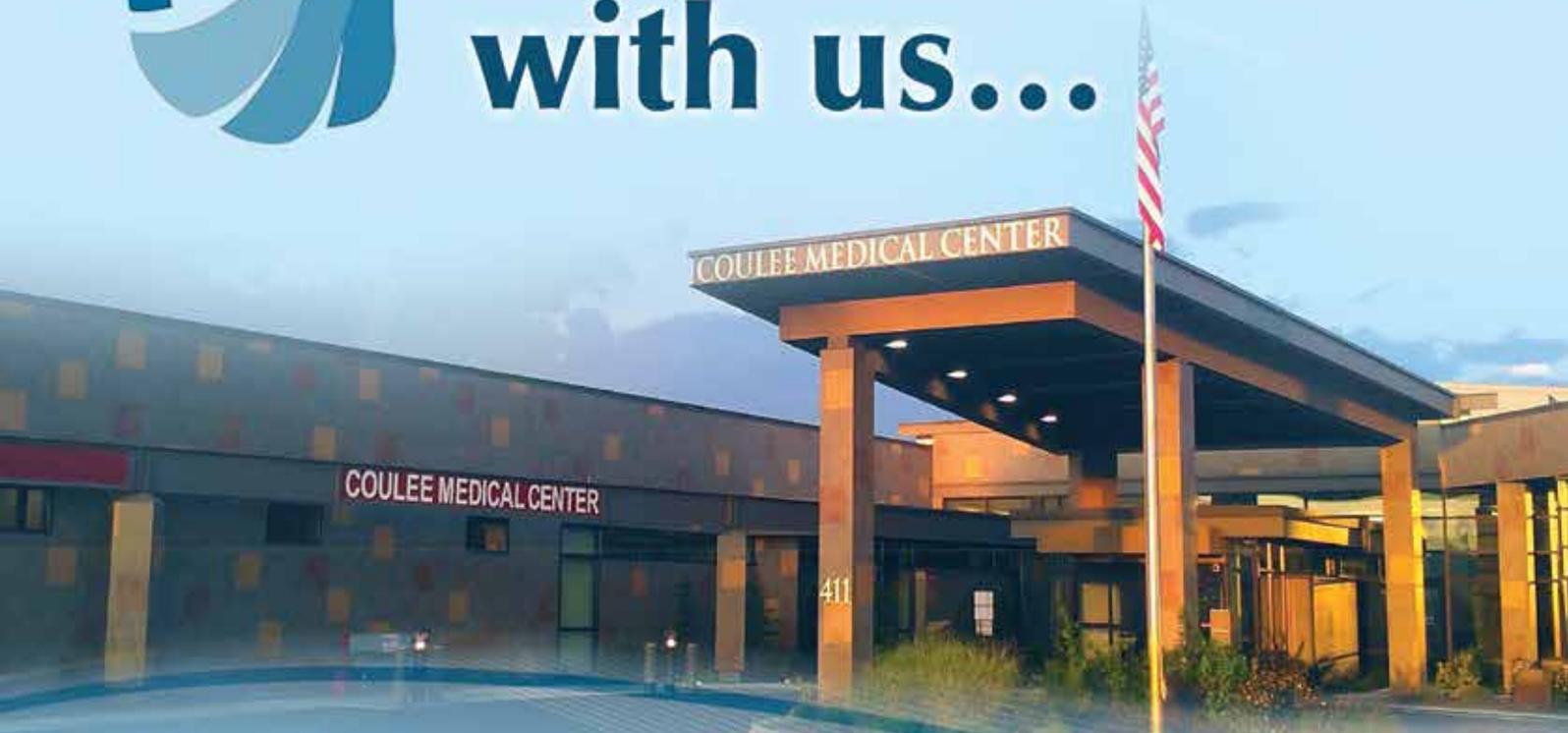
- American Society for Pain Management Nursing® Advanced Practice Pain Management Nurse
- National Board of Certification and Recertification for Nurse Anesthetists Nonsurgical Pain Management (NSPM) Credential Program

The NCQAC does not maintain documentation of pain management certificates or identify an ARNP as a pain management specialist.

WAC 246-840-493 Pain Management Specialist Rules: <http://app.leg.wa.gov/wac/default.aspx?cite=246-840-493>



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# WORKERS WHO LOSE LIMBS RECEIVING STATE-OF-THE-ART CARE AT NEW CENTER OF EXCELLENCE FOR AMPUTATIONS

Amputations are among the worst on-the-job injuries. Each year, about 25 workers in Washington suffer from amputations so serious — lost arms, hands, legs or feet — that they require ongoing specialized care. The medical care and assistance these injured workers receive are the keys to their physical and mental recovery.

This very demanding and special need is the inspiration for a new solution and resource for the most seriously hurt amputees in our state. The Department of Labor & Industries (L&I) and Harborview Medical Center have reached an agreement to provide focused help for the most traumatic on-the-job amputations. The two organizations are now working closely to implement the new Center of Excellence for medical care for amputees.

Harborview, part of UW Medicine, is already nationally recognized for its work with amputees. Thanks to the new agreement, workers with amputations now have their ongoing medical care managed by UW Medicine physicians and staff at the Center of Excellence.

“Losing a limb is one of the worst things that can happen to you on the job,” said Matt Pomerinke, a mill worker who lost his arm 15 years ago. “Getting out of the hospital is just the first step on a long road — and there’s a lot to do. With this support, workers can focus on recovery with less worry.”

Traumatic amputations increase the complexity of patients’ medical needs. These cases often involve multiple types of health care providers working together. One major goal of the new center is to improve how care is coordinated so workers feel fully supported.

“We want these catastrophically injured workers to know that we’re going to be there for them,” said Joel Sacks, director of L&I. “By improving the coordination of care, workers with amputations can concentrate on recovery and not feel over-



whelmed with details.”

Dr. Janna Friedly, director of UW Medicine Rehabilitation Amputee Program at Harborview Medical Center, says, “The new Center of Excellence for Amputations will reinforce our touchstone role in bringing the best available trauma care to Washington’s citizens.” Dr. Friedly also commended L&I for leading the way on paying for care coordination.

When injured workers leave the hospital, they’ll have a discharge plan that carefully coordinates follow-up appointments with specialists. Then the doctors and care coordinators will communicate with all of the worker’s health care providers, as well as with the employer and L&I staff.

As part of L&I’s work to improve care, the agency is developing a packet of information about recovery from amputations. The idea came up after hearing from a worker and his family that they found the

treatment and recovery process confusing.

To streamline care for amputees covered by workers’ compensation, a group of L&I’s highly trained staff members is managing these claims. The agency will coordinate closely with UW Medicine and with staff members at hospitals where workers are initially treated.

L&I is also improving computer systems that will make it easier for the agency to track care for injuries and streamline the timing of other services, such as evaluations for prosthetics.

L&I plans to partner with the medical community to establish additional centers of excellence for burns, head and spinal cord injuries, and multiple trauma-crush injuries.

For more information contact Barbara Davis in L&I Public Affairs [barbara.davis@lni.wa.gov](mailto:barbara.davis@lni.wa.gov).

# Advanced Registered Nurse Practitioner Clinical Nurse Specialist Rules

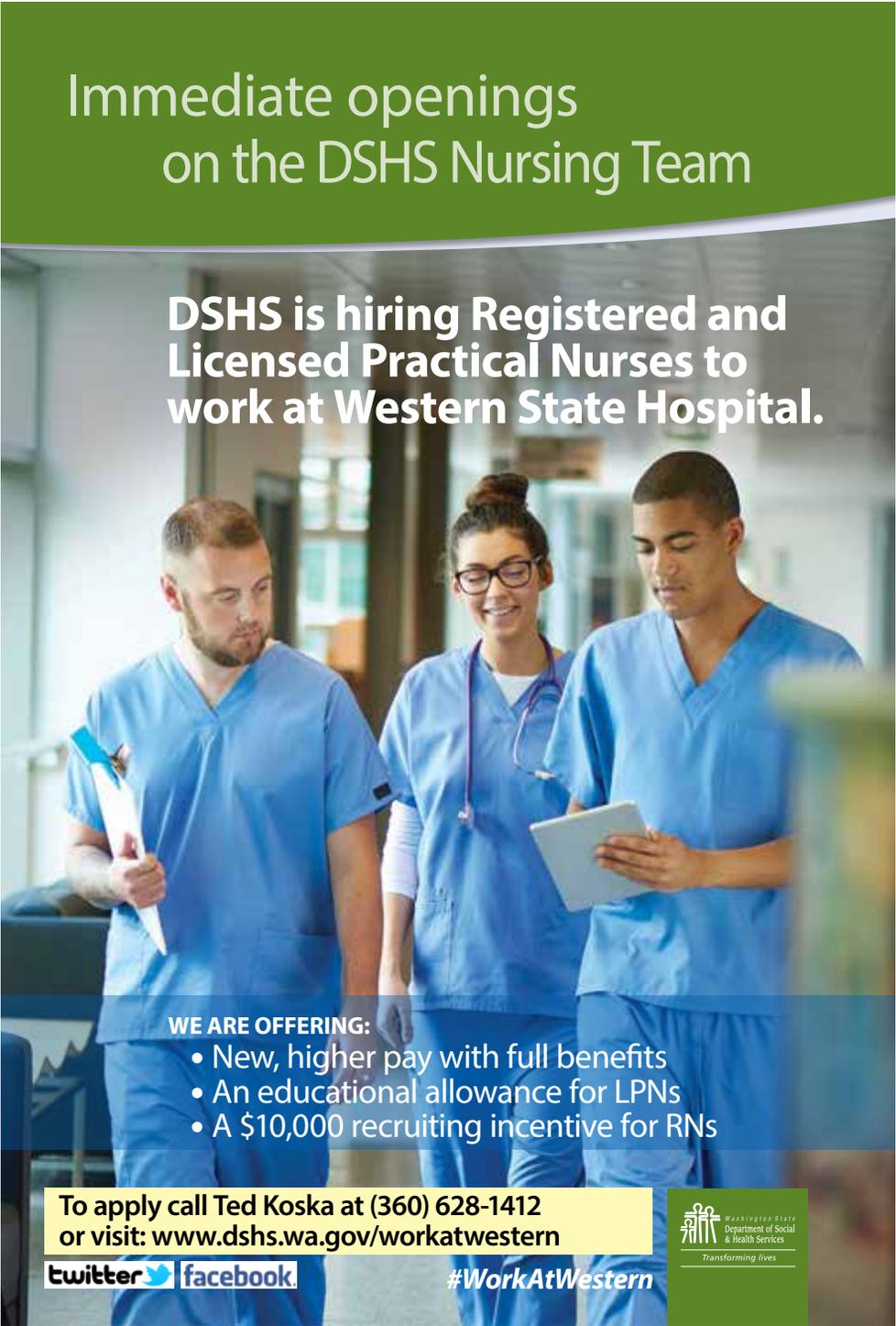
The Nursing Care Quality Assurance Commission (NCQAC) approved new rules adding Clinical Nurse Specialist (CNS) as a designation of Advanced Registered Nurse Practitioner (ARNP). The revised rule (WSR 16-080-042) establishes the education, examination, licensing, practice requirements, and other qualifications for the ARNP CNS designation as well as clarifying and updating ARNP rules. The revised rules became effective April 30, 2016.

The National Council of State Boards of Nursing (NCSBN) Advanced Practice Registered Nurse (APRN) Consensus Model describes a model of regulation with four roles: Certified Registered Nurse Anesthetist (CRNA), Certified Nurse-Midwife (CNM), Certified Nurse Practitioner (CNP), and Clinical Nurse Specialist (CNS). The NCQAC is a member board of the NCSBN and supports alignment with the APRN Consensus Model, viewing it as an important step to promote uniformity in nursing regulation.

You can review the rules at: <http://lawfilesext.leg.wa.gov/law/wsr/2016/08/16-08-042.htm>.

Application information is at:  
<http://www.doh.wa.gov/LicensesPermitsandCertificates/NursingCommission/NurseLicensing/AdvancedRegisteredNursePractitioner>

Frequently asked questions are at: <http://www.doh.wa.gov/LicensesPermitsandCertificates/NursingCommission/PracticeInformation/FrequentlyAskedQuestions>



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Transforming lives

# Washington Healthcare Providers are Now Prescribing Fruits and Vegetables

In clinical settings, patients are advised that making healthy food choices is key to managing chronic diseases such as diabetes or obesity. However, a patient's ability to buy and afford healthy foods is not often assessed. A new grant initiative in Washington State has healthcare providers and community health workers screening patients for food insecurity and prescribing fruits and vegetables.

Washington State Department of Health is teaming up with health systems across the state to offer free fruit and vegetable prescriptions to patients who participate in SNAP (Supplemental Nutrition Assistance

dren's Clinic, Harborview Medical Center, Yakima Valley Memorial Hospital, Spokane Regional Health District, UnitedHealthcare Community Plan, Jefferson Healthcare, Centralia Women's Center with Providence Medical Group, Moses Lake Community Health Center, Yakima Neighborhood Health Services, and MultiCare – Tacoma Family Medicine [IBM(1)] are all participating in the Fruit and Vegetable Prescription Program. Funding for the initiative comes from the Food Insecurity Nutrition Incentives (FINI) grant awarded to the Department of Health by the National Institute of Food and Agriculture

Food insecurity has long been a public health concern, but it is starting to gain the attention of clinical practitioners looking for innovative ways to improve healthcare quality while reducing costs. This is because food insecurity has a negative effect on both the patient's and provider's ability to manage chronic health conditions. Research shows that food insecurity increases patient stress, reduces patient coping abilities and advances obesity. Food insecurity is also associated with poor glucose control, and less adherence to medications and self-care plans.

Department of Health will rigorously

Washington State Department of Health is teaming up with health systems across the state to offer free fruit and vegetable prescriptions to patients who participate in SNAP (Supplemental Nutrition Assistance Program, formerly called "food stamps"). These prescriptions are \$10 vouchers patients can redeem at participating farmers markets or any Safeway grocery store in Washington. The program is intended to help low-income patients better afford fruits and vegetables.

Program, formerly called "food stamps"). These prescriptions are \$10 vouchers patients can redeem at participating farmers markets or any Safeway grocery store in Washington. The program is intended to help low-income patients better afford fruits and vegetables. Eating plenty of fruits and vegetables can help reduce the risk of many diseases, including heart disease, high blood pressure, and some cancers. Eating fruits and vegetables can also help with maintaining a healthy weight.

Seattle Children's Odessa Brown Chil-

at the U.S. Department of Agriculture.

In addition to prescribing fruits and vegetables, many participating health care systems are screening patients for food insecurity. Nearly 15 percent of Washington households struggle with food insecurity, which is defined as "limited or uncertain availability of nutritionally adequate and safe foods or limited or uncertain ability to acquire acceptable foods in socially acceptable ways." Food-insecure patients are often unable to afford healthy foods because of lack of access and limited financial resources.

evaluate the FINI-funded Fruit and Vegetable Prescription Program, which will roll out this summer. If the program is successful, stakeholders and advocates hope the concept will gain traction and raise food insecurity awareness among healthcare providers. In February, Fruit and Vegetable Prescription Program collaborators submitted a Medicaid Transformation Waiver proposal to the Health Care Authority to expand the program to reach more Medicaid patients.

For more information, contact: Bridget Igoe, MPH, RD [bridget.igoe@doh.wa.gov](mailto:bridget.igoe@doh.wa.gov)



# Food Insecurity Nutrition Incentives (FINI) Grant

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2. **Fruit and Vegetable Prescription Program.** Health providers and community health workers will write “prescriptions” (\$10 vouchers) for fruits and vegetables that can be redeemed at participating farmers markets and any Safeway grocery store in Washington.
3. **Grocery Store Rebates/Discounts.** In select markets, Safeway stores will offer rebates and discounts to SNAP shoppers at the checkout on a large variety of fruits and vegetables (fresh, canned, and frozen with no added fats, sugar or salt).

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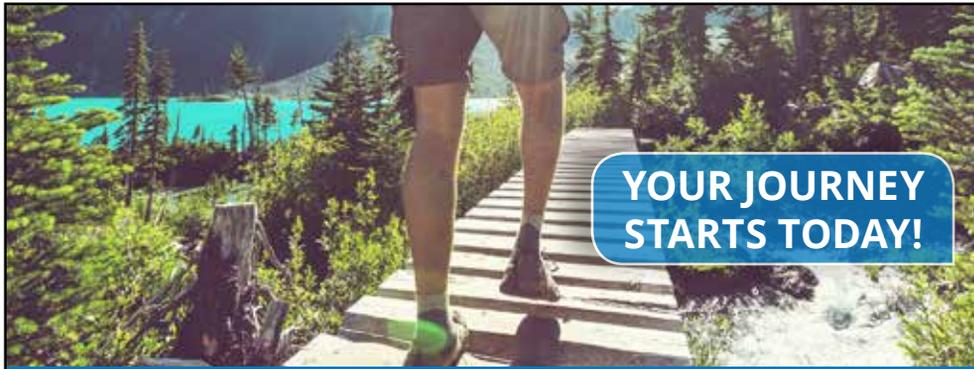
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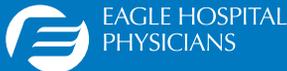
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# LICENSURE ACTIONS

The following is a list of formal licensure actions taken between January 1, 2016, and June 20, 2016. For more information, please visit Provider Credential Search (<https://fortress.wa.gov/doh/providercredentialsearch/SearchCriteria.aspx>) or contact the Nursing Care Quality Assurance Commission at 360-236-4703.

Licensee	Date of Action	Formal Action	Violation
Laes, Jacqueline R. (RN00173797)	01/05/16	Suspension	Violation of federal or state statutes, regulations or rules
Harris, Traci L., RN (RN60566072)	01/05/16	Conditions	Fraud, deceit or material omission in obtaining license or credentials; License disciplinary action taken by a federal, state, or local licensing authority
Oliver, Arlene, T., RN, ARNP (RN00116224, AP30004534)	01/12/16	Conditions	Negligence
Olsen, Susan, L., RN (RN00128323)	01/13/16	Probation	Negligence; Patient Abuse; Violation of federal or state statutes, regulations or rules
Hirst, Samuel J., RN (RN00153006)	01/13/16	Suspension	Alcohol and other substance abuse; Diversion of controlled substance; Fraud – unspecified; Violation of federal or state statutes, regulations or rules
Small, Susan V., RN (RN00082859)	01/21/16	Suspension	Violation of or failure to comply with licensing board order
Stewart, Benjamin D., RN (RN00177048)	01/29/16	Conditions	Alcohol and other substance abuse; Narcotics violation or other violation of drug statutes
Goff, Casey J., RN (RN60137978)	01/29/16	Suspension	Diversion of controlled substance; Violation of federal or state statutes, regulations or rules
Paulsen, Derek A., RN (RN60385138)	01/29/16	Probation	Negligence
Safford, Beatrice E., LPN (LP00044634)	02/01/16	Reinstatement	Violation of or failure to comply with licensing board order
Myers, Rachel L., LPN (LP60093728)	02/01/16	Conditions	Criminal conviction
Melton, Stephanie N., LPN (LP60138532)	02/01/16	Conditions	Criminal conviction
Hedberg, Margaretha H., RN (RN00039618)	02/01/16	Conditions	Alcohol and other substance abuse; Diversion of controlled substance; Narcotics violation or other violation of drug statutes
Sharp, Tamara S., RN (RN00137834)	02/01/16	Reinstatement	License suspension by federal, state or local licensing authority
Webinger, Jennifer E., RN (RN00170401)	02/01/16	Conditions	License disciplinary action taken by a federal, state, or local licensing authority
Stryker, Thomas L., RN (RN60085678)	02/01/16	Conditions	Failure to cooperate with the disciplining authority
Williams, Tanya R., RN (RN60387733)	02/01/16	Conditions	Alcohol and other substance abuse; Narcotics violation or other violation of drug statutes
Chumley, Michael I., RN (RN60611100)	02/02/16	Licensure denied	Criminal conviction; License disciplinary action taken by a federal, state, or local licensing authority
Bratches, Katherine M., RN (RN00087884)	02/04/16	Suspension	Violation of or failure to comply with licensing board order
Kohls, Tina R., RN (RN00080523)	02/11/16	Suspension	Alcohol and other substance abuse; Violation of federal or state statutes, regulations or rules
Whitman, Danika D., RN (RN60512593)	02/26/16	Suspension	Violation of or failure to comply with licensing board order
Dyer, Pamela J., RN (RN00057644)	03/01/16	Surrender	Alcohol and other substance abuse; Non-sexual dual relationship or boundary violation; Violation of federal or state statutes, regulations or rules
Short, Patricia A., RN (RN00112783)	03/01/16	Probation	Fraud – unspecified; Negligence
Landerth, Ingrid C., RN (RN00156108)	03/01/16	Conditions	Alcohol and other substance abuse; Narcotics violation
Hackett, Patricia J., RN (RN00158907)	03/01/16	Surrender	License suspension by federal, state or local licensing authority; Violation of or failure to comply with licensing board order
Kariuki, Melisa W., RN (RN60516867)	03/01/16	Probation	Failure to meet initial requirements of a license; License suspension by federal, state or local licensing authority; Violation of federal or state statutes, regulations or rules
Hughes, Sukanlaya, RN, ARNP (RN60576020, AP60576937)	03/03/16	Suspension	License suspension by federal, state or local licensing authority
Magday, Vilmar Y., RN (RN60627315)	03/04/16	Conditions	Criminal conviction; Failure to meet initial requirements of a license
Maritzen, Patty J., RN (RN00111970)	03/11/16	Suspension	Unable to practice safely by reason of physical illness or impairment (note: an appeal is pending in Superior Court)
Doerr, Regina B., RN (RN60026466)	03/11/16	Suspension	License suspension by federal, state or local licensing authority
Cadieux, Nicole, RN (RN60519561)	03/11/16	Suspension	License suspension by federal, state or local licensing authority
Allessio, Kati J., RN (RN60238486)	03/14/16	Suspension	Alcohol and other substance abuse; Diversion of controlled substance; Narcotics violation; Violation of federal or state statutes, regulations or rules
Richards, Daniel S., LPN (LP00050976)	03/15/16	Probation	Negligence; Violation of federal or state statutes, regulations or rules
Eronemo, Melissa A., RN (RN60154735)	03/18/16	Suspension	Alcohol and other substance abuse; Criminal conviction; Violation of federal or state statutes, regulations or rules
Patrick, Louise I., LPN (LP00052991)	03/25/16	Probation	Criminal conviction; Violation of federal or state statutes, regulations or rules
Covey, Karen P., RN (RN00150636)	03/25/16	Conditions	Alcohol and other substance abuse; Diversion of controlled substance; Violation of federal or state statutes, regulations or rules
Huttner, Laura D., RN (RN60431008)	03/25/16	Suspension	License suspension by federal, state or local licensing authority
Nettles, Monica C., RN (RN60428058)	04/06/16	Suspension	License suspension by federal, state or local licensing authority
Ranson, Amber S., RN (RN60248105)	04/07/16	Suspension	Alcohol and other substance abuse; Narcotics violation; Violation of federal or state statutes, regulations or rules
Ryu, Kunkuk, RN (RN60268453)	04/07/16	Suspension	Criminal conviction; Violation of federal or state statutes, regulations or rules
Smith, Nia I., RN (RN60633576)	04/07/16	Conditions	License disciplinary action taken by a federal, state, or local licensing authority
Rose, Bree A., RN (RN60396839)	04/26/16	Suspension	Violation of or failure to comply with licensing board order
Quintana, Amy M., LPN (LP60550862)	04/27/16	Suspension	License disciplinary action taken by a federal, state, or local licensing authority

Licensee	Date of Action	Formal Action	Violation
Bresina, Christina M., LPN (LP00058796)	04/29/16	Probation	Diversion of controlled substance; Violation of federal or state statutes, regulations or rules
Jarczak, Robert, LPN (LP60440993)	04/29/16	Suspension	Failure to cooperate with the disciplining authority; Negligence; Violation of federal or state statutes, regulations or rules
Steppe, Christian V., RN (RN00145873)	04/29/16	Conditions	Diversion of controlled substance; Narcotics violation or other violation of drug statutes; Unable to practice safely by reason of alcohol or other substance abuse; Violation of federal or state statutes, regulations or rules
Justice, Todd C., RN (RN60389210)	04/29/16	Suspension	License suspension by federal, state or local licensing authority
Sholes, Richard T., LPN (LP60342517)	05/04/16	Suspension	Alcohol and other substance abuse; Diversion of controlled substance; Violation of federal or state statutes, regulations or rules
Bukovi, Lauren E., LPN (LP60455510)	05/12/16	Reinstatement	Violation of federal or state statutes, regulations or rules
French, Patti E., RN (RN60554849)	05/17/16	Suspension	Violation of or failure to comply with licensing board order
Miller, Shelly A., RN (RN00149295)	05/18/16	Suspension	Violation of or failure to comply with licensing board order
Wilson, Susan A., LPN (LP00047221)	05/25/16	Surrender	License suspension by federal, state or local licensing authority
Eldridge, Robyn N., RN (RN00136720)	05/25/16	Conditions	Alcohol and other substance abuse; Diversion of controlled substance; Violation of federal or states statutes, regulations or rules
Smith, Kerrie S., RN (RN60251363)	05/25/16	Conditions	Alcohol and other substance abuse; Diversion of controlled substance; Violation of federal or state statutes, regulations or rules
Williams, Wendy J., RN (RN00117710)	05/26/16	Conditions	Criminal conviction; Violation of federal or state statutes, regulations or rules
Kutrich, Paulus R., RN (RN00169953) of federal or state statutes, regulations or rules	05/26/16	Reinstatement	Alcohol and other substance abuse; Diversion of controlled substance; Narcotics violation; Violation
Thaves, Amy J., RN (RN00134256)	05/31/16	Conditions	Violation of or failure to comply with licensing board order
Bowers, Julie A., LPN (LP00023227)	06/06/16	Suspension	Violation of or failure to comply with licensing board order
Bennett, Beverly A., RN (RN60051331)	06/06/16	Denial of license renewal	Failure to cooperate with the disciplining authority

The following is a list of Stipulations to Informal Disposition taken between January 1, 2016, and June 20, 2016. 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
Sanchez, Christina L., RN (RN60220734)	01/29/16	Probation	Negligence; Violation of federal or state statutes, regulations or rules
Stedman, Roxy D., LPN (LP00041019)	02/01/16	Probation	Allowing or aiding unlicensed practice; Negligence; Violation of federal or state statutes, regulations or rules
Pampalos, Jessica J., LPN (LP00044056)	02/01/16	Conditions	Diversion of controlled substance; Violation of federal or state statutes, regulations or rules
Jacques, Cara C., LPN, RN., (RN60115247), LP60167978)	02/01/16	Probation	Negligence
Hansen, Leslie J., RN (RN00157906)	02/01/16	Probation	Negligence; Violation of federal or state statutes, regulations or rules
Ockenden, Lynn M., RN (RN60115247)	02/01/16	Surrender	Alcohol and other substance abuse
Young, Cortney M., RN (RN60553157)	02/01/16	Conditions	Alcohol and other substance abuse; Diversion of controlled substance; Fraud – unspecified; Narcotics violation; Narcotics violation or other violation of drug statutes; Violation of federal or state statutes, regulations or rules
Vieths, Tamara J., RN (RN00167814)	02/02/16	Probation	Violation of federal or state statutes, regulations or rules
Edwards, Chad E., RN (RN00149297)	03/01/16	Conditions	Alcohol and other substance abuse; Criminal conviction; Diversion of controlled substance
Durham, Lorayne S., RN (RN60272898)	03/01/16	Probation	License suspension by federal, state or local licensing authority
Cruspero, Regie G., RN (RN60564311)	03/01/16	Probation	License suspension by federal, state or local licensing authority
Olson, Sherri L., LPN (LP60138908)	03/25/16	Probation	Negligence; Violation of federal or state statutes, regulations or rules
Viera, Carolyn R., LPN (LP60438947)	03/25/16	Probation	License suspension by federal, state or local licensing authority
Erickson, Rebecca G., RN (RN00151530)	03/25/16	Conditions	Alcohol and other substance abuse; Narcotics violation
McDaniel, Timothy L., LPN (LP00053022)	03/28/16	Probation	Allowing or aiding unlicensed practice; Practicing beyond the scope of practice; Violation of federal or state statutes, regulations or rules
Miller, Mikealeen M., RN (RN00147759)	03/28/16	Conditions	Alcohol and other substance abuse; Diversion of controlled substance
Boyer, Ruby S., RN (RN00154755)	03/28/16	Conditions	Violation of federal or state statutes, regulations or rules
Snow, Ambrosia C., RN (RN60297094)	03/28/16	Conditions	Alcohol and other substance abuse; Narcotics violation or other violation of drug statutes
Zorabedian, Marlene C., RN (RN60524977)	03/28/16	Surrender	Negligence; Practicing beyond the scope of practice
Pape, Denise K., LPN (LP00035717)	04/29/16	Surrender	Unable to Practice Safely by Reason of Psychological Impairment or Mental Disorder
Schliesman, Jennifer K., LPN (LP60286995)	04/29/16	Probation	Negligence
Boundey, Carolyn J., RN (RN00060601)	04/29/16	Probation	Negligence; Practicing beyond the scope of practice; Violation of federal or state statutes, regulations or rules
Elkin, Patricia J., RN (RN00121327)	04/29/16	Conditions	Criminal conviction
Santos, Carly G., RN (RN60515292)	04/29/16	Probation	License disciplinary action taken by a federal, state, or local licensing authority
Joo, Misook, RN, ARNP (RN00176102, AP60302041)	05/26/16	Probation	Violation of federal or state statutes, regulations or rules
Nunez-Mesta, Fernando E., LPN (LP00055811)	05/26/16	Surrender	Negligence
Tung, Peiti, LPN (LP60235135)	05/26/16	Probation	Negligence
Stanciu, Debra T., RN, ARNP (RN00056396, AP30000070)	06/08/16	Surrender	Unable to Practice Safely by Reason of Physical Illness or Impairment

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November 18, 2016  
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January 13, 2017  
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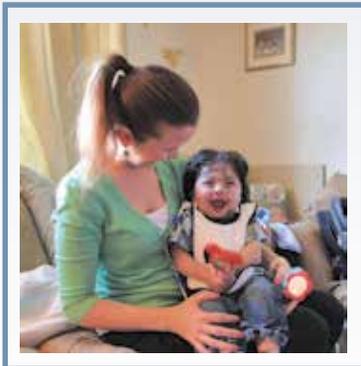
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