

Washington NURSING COMMISSION NEWS

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COMMISSION
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The Washington State Nursing Care Quality Assurance Commission regulates 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 mechanics, and discipline.

- Executive Director** Paula R. Meyer,
MSN, RN
- Editor** Terry J. West

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Message from the Chair, Nursing Care Quality Care Commission (NCQAC)

BY JUDITH PERSONETT, ED.D., CNAA, RN

I HOPE YOU ENJOY this newsletter and I look forward to your comments. Our goal is to facilitate the exchange of information for you and from you.

Let me tell you a little about the Nursing Care Quality Assurance Commission. Each of you has a license to practice nursing, signed by the Secretary of the Department of Health, Mary Selecky. Your license is earned by graduation and successful completion of the National Council Licensure Examination (NCLEX®). Your license allows you to practice within the boundaries of the Uniform Discipline Act (UDA) and the Nurse Practice Act. The UDA is discussed in many articles in this issue and in the future.

The Nursing Commission has three broad areas of responsibility:

- Disposition of complaints filed against Registered Nurses, Licensed Practical Nurses and Advanced Registered Nurse Practitioners. The discipline process includes case management, investigation, peer review, and hearings.
- Evaluation of Schools of Nursing for program content and quality.
- Review and update of standards of nursing practice and continuing competency.

What is the Nursing Commission? This commission is comprised of fifteen people who are appointed by the Governor of Washington State to ensure safe care to all Washington State citizens. Its membership includes the following: registered nurses, licensed practical nurses, advanced practice registered nurses and public members. Registered nurses are representative of advanced practice, administration, clinical, baccalaureate education and community college education.

We welcome your attendance at our meetings every other month. Student nurses are encouraged to attend a Nursing Commission meeting. The dates and locations of the meetings are on page 29.

As we launch this first issue of the newsletter, let me thank the staff who has worked so hard to make this newsletter possible especially Terry J. West and our Executive Director Paula Meyer, MSN, RN. Our Web site is: <https://fortress.wa.gov/doh/hpqa1/hps6/Nursing/default.htm> and our telephone number is 360-236-4700.

Cordially

Judith D. Personett, Ed.D., CNAA, RN

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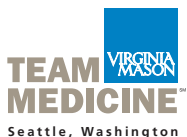
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Executive Director Article

BY PAULA R. MEYER, MSN, RN, DEPARTMENT OF HEALTH

WELCOME TO THE FIRST ISSUE of *Washington Nursing Commission News*. I am happy to send you this newsletter representing my commitment to communicating with you, the licensees, about the work of the Nursing Commission. In this and upcoming issues, you will find articles related to the nursing shortage, continuing competency, mutual state recognition of licenses, and much more. Future issues will also provide you with information on public health concerns such as Pandemic Flu and West Nile Virus.

We want to know if the newsletter is valuable to you and how it can be improved as the publication is considered a pilot project. Continued publications will be based on feedback from you, the commission members, and staff. To collect your opinions, a survey will be placed in the second edition and will also be available on-line. Please respond by completing and returning either the paper copy or the on-line survey.

The newsletter is a joint venture between PCI Publishing, Inc., the Nursing Commission and Washington State Department of Health. This newsletter is produced at no cost to you as licensees. By supplying the advertisements in the newsletter, the advertisers bear the production cost of the newsletter. As a result of this joint venture, we are able to provide you with important information including nursing employment opportunities in our state.

Each issue of the newsletter will include articles related to new laws and their effect on the practice of nursing. We will publish notices of all rules workshops, the calendar of Nursing Commission meetings and the schedule of hearings. Information on how and where to take the NCLEX examination and fees associated with the examination will be shared. We are also looking forward to the use of a new computer system at the Department of Health that will assist with the licensing process. As changes occur information will be included in the newsletter.

One function of the Nursing Commission is to assure only qualified nurses provide nursing care in our state. When complaints are received, the Nursing Commission conducts investigations and if indicated, take action on licenses. Actions taken in 2005 against licensees are included in this issue. From time to time, we will include the Top Ten Reasons for discipline in nursing, as well as ways to maintain your practice and avoid discipline. Please see page 15 for a description of the disciplinary process.

Thank you for your dedication to the profession of nursing. I hope that this newsletter will provide you with timely and valuable information that will serve you well in our profession.

Paula R. Meyer, MSN, RN
Executive Director
Nursing Care Quality Assurance Commission



Legislative Update

2 0 0 6

BY PAULA R. MEYER, MSN, RN, DEPARTMENT OF HEALTH

The fundamental reason for the existence of the Nursing Commission is to provide protection to the public in Washington State. The Nursing Commission provides protection through the licensing and disciplinary processes. During the 2006 Legislative Session bills passed that indirectly affected the practice of nursing and directly affected the regulation of nurses.

House Bill 2974 modified the Uniform Disciplinary Act. The Uniform Disciplinary Act, or UDA directs all formal and informal disciplinary actions that can be taken against a license. The UDA is the same for all 57 regulated health care professionals in our state, including nurses, doctors, dentists, denturists, and even veterinarians. The UDA describes unprofessional conduct, the legal process when a complaint is made against a license, the actions that can be taken, and the sanctions that can be imposed.

Please refer to the article in this issue entitled, "Disciplinary Process and Review" which describes and presents a flowchart of the process.

House Bill 2974 requires the Secretary of Health to establish rules for all license holders to report when another license holder has committed unprofessional conduct or may not be able to practice safely due to a mental or physical condition. License holders must self-report if they have been disqualified from participating in Medicare or Medicaid and an investigation must be pursued.

If a licensee commits a felony, such as homicide, assault kidnapping or sex offenses, the prosecuting attorney must notify the Washington State Patrol of any guilty plea or

conviction. The State Patrol must then forward the information to the Department of Health for further action on the license. The Nursing Commission decides if complaints against RNs, LPNs and ARNPs should be investigated and if the evidence from that investigation supports action on a license. The nursing profession has had mandatory reporting requirements since 1999. If you would like to view these requirements, please go to <http://apps.leg.wa.gov/WAC/default.aspx?cite=246-840-730>. The rules describe who must make reports, what must be reported and how to file the report. The Nursing Commission also offers Whistleblower Protection for people who file complaints. Please see page 21 for an article on Mandatory Reporting.

This law also added a new section to the UDA requiring that if a license is suspended in another state, and that person is licensed in Washington, the license is immediately suspended. The disciplining authority (in the case of nurses, the Nursing Commission), then decides if the behavior in the other state is equivalent to unprofessional conduct that would cause a suspension in our state. If you would like more information on this law, please go to <http://apps.leg.wa.gov/billinfo/summary.aspx?bill=2974&year=2006>.

Another change that may affect nursing is the new prescription legibility requirement, House Bill 2292. This legislation amended the pharmacy practice act by requiring all prescriptions to be either hand printed, typewritten, or electronically generated. The legislation was effective June 7, 2006. The law is intended to ensure the correct medication in the correct amount can be given to the correct patient. If you would like to access this bill, please go to <http://apps.leg.wa.gov/billinfo/summary.aspx?bill=2292&year=2006>.



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INTERESTING STATISTICS



Current number of nursing licensees compared to 1995

	ACTIVE IN 1995	ACTIVE IN 2006
REGISTERED NURSES	57,671	71,874
LICENSED PRACTICAL NURSES	15,198	14,631
ADVANCED REGISTERED NURSE PRACTITIONERS	2,130	3,919
CERTIFIED NURSING ASSISTANTS*	36,165	37,405

(*INCLUDED BOTH CERTIFIED AND REGISTERED)

Number of new Registered Nurses per year

YEAR	NEW REGISTERED NURSES
1996	1,909
1999	1,935
2003	2,797
2005	4,166



Distribution of nursing licensees by top six counties

COUNTY	# OF LICENSEES	ARNP	LPN	RN
KING	22,071	1,137	2,739	18,195
PIERCE	9,311	302	2,774	6,236
SNOHOMISH	7,054	219	1,014	5,821
SPOKANE	6,995	352	1,043	5,600
THURSTON	3,212	131	778	2,303
CLARK	3,193	89	359	2,745

Loan Repayment and Scholarship Program

BY KATHY MCVAY, MANAGER, DEPARTMENT OF HEALTH

Becoming a health professional takes more than dedication, commitment, and hard work. It takes money – money that can often mount into a burdensome debt. The Health Professional Loan Repayment and Scholarship Program, a significant legislative response to the health professional shortages in Washington State and can help to contain the mounting debt.

By linking financial aid in the form of scholarships and loan repayments to an obligation to practice in an underserved area, the program enables communities to successfully recruit and retain health professionals. Currently, the program provides incentives for all levels of licensed nurses, including faculty scholarships.

The **Scholarship Program** provides funding to help pay for educational expenses while enrolled in a health professional training program. The following terms apply:

- Award amounts vary dependent upon course of study.
- A penalty may be imposed for not completing program obligation.
- Applicants must be U.S. citizens.
- Application process opens in January and application

must be submitted by the deadline in April.

The **Loan Repayment Program** encourages licensed primary care health care providers to serve in shortage areas of Washington State by providing financial support to repay educational debt incurred during the training program. The following terms apply:

- Applicants must agree to a three-year contract with a benefit of \$25,000 maximum annually.
- A penalty may be imposed for not completing the contract.
- Applicants do not need to be a Washington resident.
- Applicants must be a U.S. citizen.
- The provider application process opens in November (a list of eligible sites is available), and submittal deadlines are in February and July.

Both programs require the recipient to provide health care services in a designated health care shortage area in Washington State.

Information and application materials can be obtained by visiting the program Web site at www.hecb.wa.gov/health.

NURSING COMMISSION Biographies

JUDITH D. PERSONETT, ED.D., GNA, RN
Chair, Nursing Care Quality Assurance Commission.



Dr. Personett is devoted to the nursing profession and to the delivery of safe and compassionate patient care. She graduated from St. Joseph's Hospital School of Nursing in 1962 and believing that continuing education is the foundation of excellence in patient care, she continued her education at DePaul University in Chicago and earned her BSN, MA, and subsequently a doctorate from the University of San Francisco, California.

Dr. Personett has worked in a variety of clinical areas including: medicine, surgery, obstetrics, pediatrics, corrections (jail) and psychiatry. Nurse Administration is her area of expertise. She has been a Certified Nurse Administrator, Advanced, since 1980.

SUSAN WONG, VICE CHAIR, MBA, MPA, RN
Vice Chair, Nursing Care Quality Assurance.

Ms. Wong was appointed as a Registered Nurse member in July 2004 and currently serves as Vice Chair. She has over 25 years of public-sector service in health care and management. For the past eight years she has been employed as the Staff Development and Infection Control Program Coordinator for Kin On Health Care Center, a 100-bed facility providing skilled nursing care to the Asian community.



Ms. Wong has a diverse nursing background and experience in education, health care and management. She is committed to putting quality first and enhancing work cultures to improve patient safety and relationships between caregivers and the people they serve. For the past 18 years, she has been an active and current member of the Seattle Chinese Athletic Association and served on the Board of Directors from 1997 – 2005. She is currently a board member on the Jefferson Community Center Advisory Council in Seattle. While on the Nursing Commission, her goal is to address diversity gaps and provide interpretive support to bridge cultural differences and to reconcile the nursing statute with current practice to ensure client safety in health care.

LINDA BATCH, LPN



Ms. Batch began her health care career as a nursing assistant in the late 1960s. She went to Seattle Central Community College and received her nursing license in 1971. During the past thirty-five years Ms. Batch has worked as a case manager, Medicare nurse, staff development coordinator, minimum data set (MDS) nurse and director of rehabilitation services.

Ms. Batch is currently employed at Bessie Burton Sullivan

Skilled Nursing Residence at Seattle University Campus as the MDS/Restorative Nursing Coordinator. Prior to her appointment to the Nursing Commission she served several years on the Board of Nursing Home Administrators.

ERICA BENSON-HALLOCK, MPPA,
PUBLIC MEMBER



Ms. Benson-Hallock has a Bachelor's degree in Political Science from the University of California, Riverside and a Master of Public Policy and Administration from California State University, Sacramento. She currently works as a Human Services Consultant.

She previously worked as a Community Impact Manager for Spokane County United Way and as a Health and Human Services Legislative Analyst for the California State Association of Counties; and as Lead Staff for the California Gubernatorial Committee on Children and Families.

Ms. Benson-Hallock feels it is an honor to serve Governor Gregoire as a public member to the NCQAC. She believes nurses are the backbone of our health care delivery system and wanted to do her part to ensure public safety.

RICHARD COOLEY, LPN



Mr. Cooley graduated from nursing school in 1974 and attended the Clinical Specialist Course (LPN) at Fitzsimmons Army Medical Center, Denver Colorado. He retired from the U.S. Army in 1992 after twenty years of service. Mr. Cooley has worked at St. Peters Hospital, Olympia Medicine/Surgery, Group Health Cooperative at Olympia and currently is working at the Student Health Center of Pacific Lutheran University in Tacoma. He has been a member of the Nursing Commission for two years.



WILLIAM J. HAGENS, MA
PUBLIC MEMBER

Mr. Hagens retired in 2004 as Executive Health Policy Adviser to the Secretary of the Department of Social and Health Services. He has also served as Deputy Commissioner and Health Policy Adviser for the State's Insurance Commissioner and Senior Analyst for the State House Health Care Committee. In 1992 he was a recipient of a World Health Organization Travel Fellowship and studied health care systems in several European countries. Mr. Hagens is a clinical professor at the University of Washington School of Public Health and Community Medicine. He holds a Master of Arts in Political Science from Wayne State University and has completed doctoral work (ABD) at the University of Washington in Social Welfare.

TODD W. HERZOG, CRNA, ARNP



After completing a twenty year career in the United States Navy, first as a hospital corpsman and later as a critical care nurse and certified registered nurse anesthetist (CRNA), Mr. Herzog entered the private practice of anesthesia. He was the first CRNA ever credentialed as an independent nurse anesthetist at Harrison Hospital in Bremerton. In addition to his work at Harrison, he is the sole provider of anesthesia and chronic pain management services at the Sequim Same Day Surgery Center in Sequim.

Mr. Herzog received a Bachelor of Science degree (cum laude) from the University of South Carolina in Columbia, South Carolina, and a Bachelor of Science in Nursing, Anesthesia (academic distinction) from George Washington University in Washington, D.C. He holds his board certification in Nursing Anesthesia from the Council of Certification of the American Association of Nurse Anesthetists.

Since his appointment by Governor Christine Gregoire in October of 2005, Mr. Herzog has reflected a passion for the regulatory process. He currently serves as Chair of the Continuing Competency Subcommittee looking at ways to maximize the quality of nursing care provided to the citizens of Washington.

LORRIE A. HODGES, LPN

Ms. Hodges is employed with Rainier Oncology in Puyallup. She has worked as a Licensed Practical Nurse for 23 years after graduating from Clover Park Vocational School in Lakewood. After working at Good Samaritan Hospital for twenty years with much experience in rehabilitation and medical/surgical, she found her passion as an emergency nurse. She is currently enrolled in an RN bridge program.

She has found membership on the Nursing Commission provides a great tool enabling her to continue to participate as a patient advocate, ensuring their safety and well being.



REVEREND EZRA D. KINLOW, MTH, PUBLIC MEMBER

Reverend Kinlow retired from the IBM Corporation in 1985 as a customer engineer. He has a Masters Degree in Theology and has served as Pastor of the Holy Temple Church of God in Christ for 25 years. He has been married to Eleise for 43 years and they have six children. Ezra feels it an honor to serve as a public member appointed by the Governor to help provide quality health care to the citizens of Washington.

JACQUELINE ROWE, RN



Ms. Rowe is currently in her second term (5th year) with the Nursing Commission and has served two years as Vice Chair. She is employed as a corrections nurse with the Pierce County Sheriff's Department in Tacoma.

Ms. Rowe obtained her Associate Degree in Nursing from Highline Community College in 1993. Prior to that time, she worked as a Licensed Practical Nurse in spinal cord and stroke rehabilitation, as well as acute care. For the past thirteen years, she has worked in long term care management and home health services.

Ms. Rowe initially joined the Nursing Commission in order to better understand the disciplinary process as it applied to decisions she made as a Director of Nursing in long term care. She continues to contribute to the Nursing Commission through her knowledge and experience. She has gained expertise in nursing licensure and fulfilling the obligation to ensure safe health care.

ROBERT SALAS, RN



Mr. Salas graduated from Pacific Lutheran University in 1996 with a Bachelor of Science degree in Physical Education and went on to earn a Bachelor of Science degree in Nursing in 2001. Since graduating in 2001, he has been employed at St. Clare Hospital located in Lakewood. He worked as a critical care staff nurse for two years before taking a position as a resource nurse providing clinical assistance to nurses on the medical, telemetry, and intensive care unit floors. Mr. Salas was appointed to the Nursing Commission in September 2005. As a member he hopes to gain the understanding, knowledge, and tools necessary to protect our hospital citizens and to promote the field of nursing.

DIANE M. SANDERS, MN, RN



Ms. Sanders is the Chief Nursing Officer at Kennewick General Hospital. She has worked and practiced in both Eastern and Western Washington. During her career, she has worked as a staff nurse, research nurse, clinical nurse specialist, nurse educator and nurse manager. She spent three years working in New Zealand, heading a nation-wide sudden infant death syndrome research study. She holds an Associate of Arts degree from Indiana University, a Bachelor of Science in Nursing from Montana State University and a Master in Nursing from the University of Washington. Ms. Sander's clinical specialty is maternal-child nursing and she is certified as a high-risk perinatal nurse. After many years in nursing man-

agement, dealing with numerous instances of nurses' impairment or practicing outside of their scope of practice, she has a particular interest in the Commission's disciplinary role. She also has an interest in the Commission's role in validating nurses' continuing ability to safely practice.



RHONDA TAYLOR, MSN, RN

Ms. Taylor graduated from the Yakima Valley Community College Nursing Program in 1977 with an Associate Degree in Nursing. She obtained a Bachelor of Science in Nursing from Washington State University in 1989, and a Master in Nursing from Gonzaga University in 1994.

During her first ten years as a nurse she worked in the Intensive Care Unit and as a nursing supervisor. She began her teaching career in 1989. She also worked as a family nurse practitioner for six years. Currently, Ms. Taylor is the nursing program coordinator at Yakima Valley Community College. She also works on an available status in the Advanced Care Unit at Yakima Valley Memorial Hospital.

MARIANN WILLIAMS, MPH, MSN, ARNP

Ms. Williams is an ARNP member of the commission. She was appointed to fill a position from eastern Washington, from a rural area, and one with a background/experience in nursing education. She lives in Oroville, and works as a family nurse practitioner in a hospital run clinic five miles from the Canadian border on highway 97. She retired from 25 years of teaching nursing for Wenatchee Valley College in Omak where



she taught 'everything' and has worked since then as an ARNP in family practice. Her greatest education has come from her years of work experience, while her formal nursing education includes degrees from the Intercollegiate Center for Nursing in Spokane (Washington State University-Bachelor of Science in Nursing), University of Washington (Master in Public Health) and Vanderbilt University in Nashville, TN (Master of Science in Nursing-Family Nurse Practitioner).

Ms. Williams has been on the commission one term and was recently appointed to another term by Governor Gregoire. She is happy to be a part of the NCQAC process and looks forward to working with ARNP rules and with the group addressing continuing competence in the quest for a safer, healthier Washington.



SUSAN L. WOODS PH.D., FAHA, FAAN, RN

Dr. Woods has been a faculty member in the School of Nursing at the University of Washington since 1975 and is currently a professor and associate dean for academic services. She was a pro tem member for a year and became very interested in the work of the Nursing Commission. As a result of this work, she applied to be appointed by the Governor to the Nursing Commission because she believed it was important for baccalaureate nursing education to be represented on the Nursing Commission. As a former founding board member of the National Accrediting Agency, Commission on Collegiate Nursing Education, she developed a deep respect for the creation and implementation of regulatory policy. She hopes to bring this respect to her activities on the Nursing Commission.



Washington Center for Nursing (WCN) UPDATE

BY LINDA TIEMAN, MN, CHE, RN, EXECUTIVE DIRECTOR

The Washington Center for Nursing is funding the first state-specific Nursing Supply and Demand Study on new RN graduates' transitions into the profession.

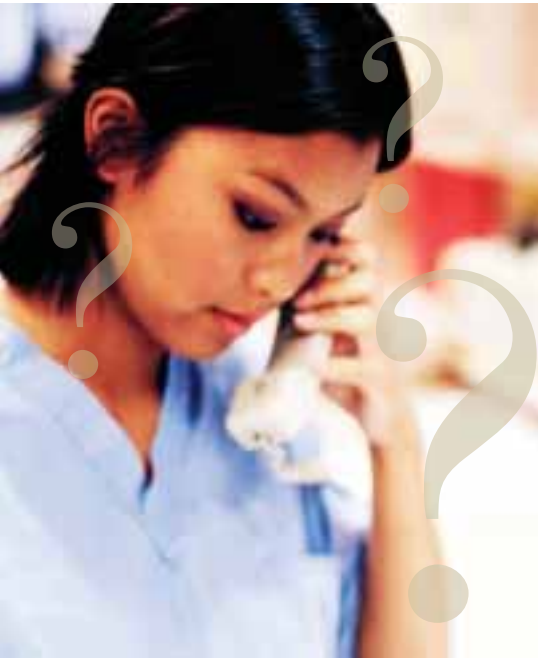
The study will focus on minority new Registered Nurse graduates, and analyze the first data collected on the RN applicant pool. Ten focus groups with nurses from across the state recently provided information on what impacts nursing's image and what needs to change to positively affect such image.

Highlights of the strategic business plan, a listing of the current Board of Directors, and other information important to nursing in Washington can be found on the Web site, www.WACenterforNursing.org. WCN is partially funded by a \$5 surcharge on all RN and LPN licenses, as well as by donations from individuals, corporations, and grantors. Operating since July, 2004, WCN is the non-profit charitable corporation working to address the nursing workforce issues in Washington State.



Steps to Consider With Practice Questions

BY CHUCK CUMISKEY, BSN, MBA, RN
NURSE PRACTICE MANAGER, DEPARTMENT OF HEALTH



Following these four steps will help you make a better decision when questioning a practice or procedure:

1. REVIEW WASHINGTON STATE STANDARDS OF PRACTICE

The nursing standards of practice define what is in the scope of practice for RNs, LPNs, and ARNPs. The guidelines promote critical thinking and decision making for clinical processes. The process promotes the best outcome for the consumer of clinical practice. The nursing practice standards can be found at <https://fortress.wa.gov/doh/hpqa1/hps6/Nursing/practice.htm> The scope of practice decision tree can be found at <https://fortress.wa.gov/doh/hpqa1/hps6/Nursing/documents/tree.pdf>

2. STUDY NATIONAL NURSING ORGANIZATION STANDARDS OF PRACTICE

Nursing research experts have developed standards in cooperation with national and international specialty nursing organizations. Each organization has dedicated nurses developing standards in accordance with evidence-based clinical research. Each national nursing organization has a Web site and publishes its standards of practice to provide the profession with practice guidance.

3. KEEP UP WITH NURSING LITERATURE AND RESEARCH

We are fortunate in Washington to have excellent centers of nursing education and research. Basing your nursing practice on evidence and research requires reading and studying professional publications in your area of practice to stay current with recent changes in recommended clinical practice.

4. PRACTICE WITHIN THE STANDARD OF CARE OF A REASONABLE, PRUDENT NURSE IN SIMILAR CIRCUMSTANCES

The phrase “standard of care” is used in the nursing law to simply mean that 99 of 100 nurses would respond similarly in similar circumstances to avoid risk to patient health and safety. The standard is applied in comparison to nurses of the same professional level and specialty. If the treatment is based on very new research then it may be considered experimental and not yet prudent. The critical value in making your clinical practice decisions is to do no harm and keep your patients safe.

SUMMARY

Making quality clinical decisions depends on the interplay of all four of these criteria. Critical thinking is the key component in applying them. It has often been said that nursing is the main reason that patients come to the hospital. Nurses are the ones who touch, coordinate, and assure that their patients and their patient’s family get the care they need to heal.

Standards of nursing conduct or practice WAC 246-840-700

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

Functions of a registered nurse and a licensed practical nurse.WAC-840-705

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

Violations of standards of nursing conduct or practice WAC 246-840-710

<http://apps.leg.wa.gov/WAC/default.aspx?cite=246-840-710>

WITH REGARD TO EXCELLENCE, IT IS NOT ENOUGH TO KNOW, BUT WE MUST TRY TO HAVE AND USE IT.

Aristotle, Nichomachean Ethics
Greek critic, philosopher, physicist, & zoologist (384 BC - 322 BC)

BY KAY SIEVERS, MPH, RN, DEPARTMENT OF SOCIAL AND HEALTH SERVICES

Registered nurses who wish to provide nurse delegation under the community-based and in-home program may contract with the Department of Social and Health Services (DSHS). Under the contract, statewide case/resource managers or social workers refer clients and authorize payment for this service. The Nurse Delegation Program provides nursing assessment of client needs, and teaching and supervision of the nursing assistants who provide the nursing tasks.

Community based care settings include adult family homes, boarding homes, homes for developmentally disabled clients, private homes, and hospice.

Registered or certified nursing assistants must have completed

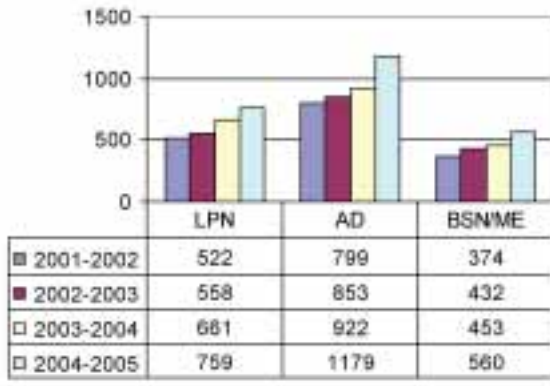
specific classes before they are eligible to provide the delegated tasks. Clients must be “stable and predictable” as defined in the Nursing Commission rules, WAC 246-840-920. Each nursing assistant must be specifically taught how to perform the task for an individual, and the nurse evaluates their competency before delegating to them, and on an ongoing basis.

To receive a Nurse Delegation Contract, nurses must attend an all-day orientation class offered by DSHS at no cost, and complete the standard state contracting process, including a criminal background check. A schedule of upcoming orientation classes may be found at: <http://www.aasa.dshs.wa.gov/professional/nursedel>.

NURSING PROGRAMS RESPOND TO NURSING SHORTAGE

BY USRAH CLAR-RICE, MSN, RN, DEPARTMENT OF HEALTH

ANNUAL REPORT
2004 - 2005
PRE-LICENSURE NURSING
GRADUATES BY PROGRAM

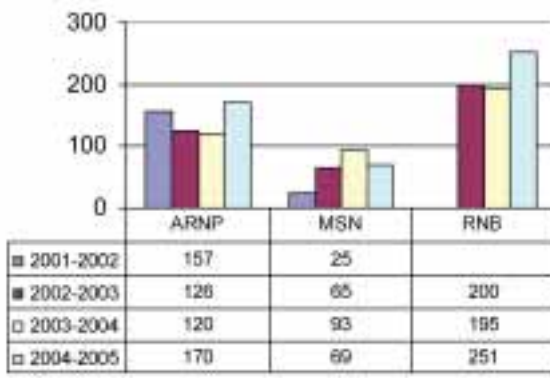


The shortage of licensed nurses is well-documented in the United States and internationally and is forecasted to worsen in the future. Forty three nursing education programs in the state of Washington responded to the challenge of increasing the number of nurses entering the profession, according to two sources of data.

The first data source is the number of first-time takers of the national licensing examination (NCLEX®) for practical nurses and registered nurses. From 2001 to 2005 there was a 76 percent increase in the number of Washington graduates taking the practical nursing licensing examination for the first time. In 2001, 579 applicants took the examination and in 2005, 1,018 applicants took the examination. New graduates taking the registered nursing national licensing examination increased 87 percent from 951 in 2001 to 1,777 in 2005.

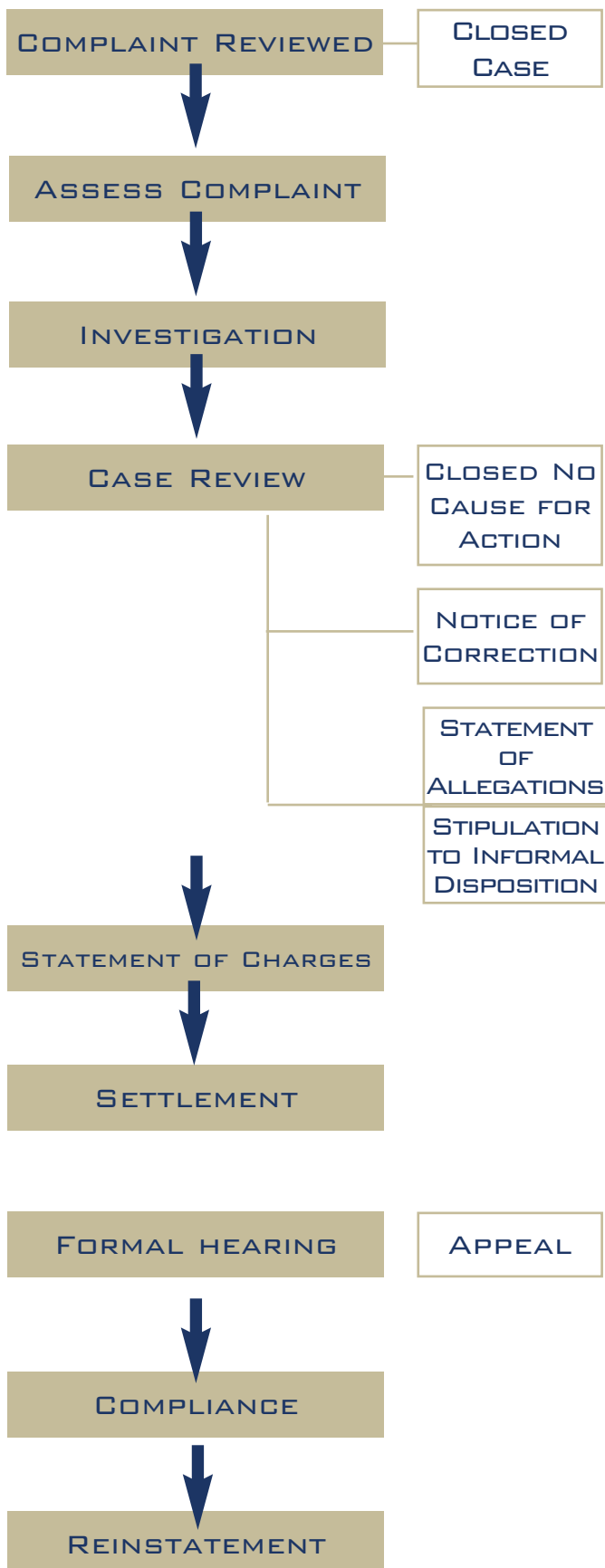
Data from the nursing programs over the last four academic years indicate a corresponding increase in the numbers of graduates. Practical nursing programs reported a 45 percent increase from 522 to 759 in the numbers completing their programs. Pre-licensure registered nursing programs increased their graduation rates by 48 percent from 1173 to 1739.

POST-LICENSURE GRADUATES



Nursing programs continue to attempt to expand their program offerings by increasing the number of individuals admitted and/or by expanding the program options available to prospective nurses. But demand still exceeds supply. Competition is intense for the available slots in nursing programs. A shortage of available clinical sites to meet student learning needs, as well as a shortage of master's degree prepared nursing faculty, limits further expansion for the schools. The Nursing Commission continues to monitor new and expanding nursing programs, pass rates on national licensing examinations, and current trends in nursing education. The commission wishes to ensure the public that quality is maintained while the quantity of nurses is increasing in our state.

DISCIPLINARY PROCESS AND REVIEW AND DISCIPLINARY FLOW CHART



The Nursing Commission, the disciplinary authority for RNs, LPNs, and ARNPs, receives reports and complaints from a variety of sources. They reflect a wide range of seriousness.

When a complaint is received, a file is set up, credential status is checked, and former cases are traced. An initial assessment is done and a team reviews the case to decide whether to close or forward it for investigation.

Cases requiring investigation are forwarded to a health care investigator to gather the facts.

For Secretary authority professions the case management team reviews investigated complaints and determines how to proceed. For the Nursing Commission the reviewing commission member makes a recommendation to the charging panel. The case may be closed, the allegation started, or charges issued.

A Statement of Allegations and a Stipulation to Informal Disposition (STID) are used to resolve a case without the health care provider admitting to unprofessional conduct. He or she must agree to corrective action. A STID is reportable to national data banks, but is informal and not distributed to the media.

A Statement of Charges is issued when the investigation supports the allegations and formal disciplinary activities are necessary.

A settlement conference is offered to all respondents who have formally received a statement of allegations or charges. The desired outcome of the settlement conference is a mutually agreed upon STID or Agreed Order which can be presented to the disciplining authority for approval.

At a formal hearing, an assistant attorney general presents the case. The disciplinary authority makes a decision after hearing. Final orders may mandate revocation, suspension, restriction, limitation or may dismiss the charge. All statement of charges and final orders are public records, reported to national data banks, and distributed to the media. The health care provider has the right to appeal the decision to superior court.

Washington State Department of Health staff monitors compliance with conditions in orders. Conditions may include practice reviews, patient notification, progress reports, and/or continuing education. If conditions are not met, statement of charges could be issued.

When all conditions and reinstatement of the license of compliance are met, the provider requests a termination of the conditions.

Disciplinary Actions

THE FOLLOWING FORMAL DISCIPLINARY ACTIONS WERE TAKEN BETWEEN JANUARY 1, 2005, AND DECEMBER 31, 2005 BY THE WASHINGTON STATE NURSING CARE QUALITY ASSURANCE COMMISSION. THE FULL TEXT OF CHARGING DOCUMENTS AND FINAL ORDERS MAY BE FOUND ON THE NURSING COMMISSION'S WEB SITE AT: [HTTPS://FORTRESS.WA.GOV/DOH/HPQA1/HPS6/NURSING/DEFAULT.HTM](https://fortress.wa.gov/doh/hpqa1/hps6/nursing/default.htm) UNDER THE PROVIDER CREDENTIAL SEARCH

LICENSEE	DATE OF ACTION	DISCIPLINE	VIOLATION
Elaine Premer RN ARNP	01/07/05	Reprimand or censure	License revocation, suspension or other disciplinary action taken by a federal, state or local licensing authority
Deltona Tibbetts-Figliola RN, ARNP	01/12/05	Suspension of license	License revocation, suspension or other disciplinary action taken by a federal, state or local licensing authority
Peggy Anderson RN	01/14/05	Suspension of license	Violation of or failure to comply with licensing board order
Tanelle Perez RN	01/14/05	Suspension of license	Violation of federal or state statutes, regulations or rules
J. Michael Munoz Flores RN	01/14/05	Suspension of license	Diversion of controlled substances
Tara Tiderington, RN	01/18/05	Probation of license	Violation of federal or state statutes, regulations or rules
Warren McPherson RN	01/18/05	Suspension of license	Incompetence
Marina Browe RN	02/01/05	License suspension with stay	Violation of or failure to comply with licensing board order
Lewan Hatfield RN	02/11/05	Suspension of license	Violation of or failure to comply with licensing board order
Teresa James RN	02/16/05	Suspension of license	Violation of or failure to comply with licensing board order
Craig Blendheim LPN	02/17/05	Probation of license	Incompetence
Cynthia Alne RN	03/03/05	Suspension of license	Violation of or failure to comply with licensing board order
Michelle Lewis RN	03/03/05	Suspension of license	Diversion of controlled substances
Constance Myers RN	03/14/05	Probation of license	Narcotics violation or other violation of drug statutes
Leslie La Rue LPN	03/17/05	Suspension of license	Violation of or failure to comply with licensing board order
Melissa McLauchlan RN	03/18/05	Suspension of license	Diversion of controlled substance
Daniel Spiewak LPN	03/18/05	Probation of license	Diversion of controlled substance
Janice White RN	03/18/05	Suspension of license	Patient abuse
Judith Robison RN	03/21/05	Revocation of license	Narcotics violation or other violation of drug statutes
Janice White ARNP	03/21/05	Suspension of license	Patient abuse
Estrella Duque RN	04/13/05	License suspension with stay	Practicing beyond the scope of practice
John Bartosh RN	04/13/05	Suspension of license	Violation of or failure to comply with licensing board order
Barbara Williams LPN	04/15/05	Suspension of license	License revocation, suspension or other disciplinary action taken by a federal, state or local licensing authority
Valerie Seabury LPN	04/15/05	Suspension of license	Narcotics violation or other violation of drug statutes
Katherine Scroggins RN	04/15/05	Suspension of license	Violation of or failure to comply with licensing board order
Wilfredo Zabala LPN	04/15/05	Revocation of license	Sexual misconduct
Raymond Hughes LPN	04/15/05	Revocation of license	Patient abuse
Faith Balian RN ARNP	04/15/05	Suspension of license	Violation of or failure to comply with licensing board order
Steven Buckminster LPN	04/28/05	Suspension of license	License revocation, suspension or other disciplinary action taken by a federal, state or local licensing authority
Erica Dawson RN	04/28/05	Suspension of license	Narcotics violation or other violation of drug statutes
Cheryl Hackney LPN	05/05/05	Suspension of license	Criminal conviction
Karen Palm LPN	05/12/05	Suspension of license	Narcotics violation or other violation of drug statutes
Tracy Perkins LPN	05/13/05	Suspension of license	Violation of or failure to comply with licensing board order
Kimberly Mitchell RN	05/13/05	Suspension of license	Violation of or failure to comply with licensing board order
Nancy Akre LPN	05/17/05	Suspension of license	Narcotics violation or other violation of drug statutes
Karen Weems RN	05/18/05	Suspension of license	Diversion of controlled substance
Emma Reisenauer RN	05/18/05	Revocation of license	Narcotics violation or other violation of drug statutes
Rose Aubert RN	05/23/05	Probation of license	Diversion of controlled substance
Janet Miller RN	05/23/05	Summary suspension of license	Unable to practice safely
Sondra Dorsey LPN	06/06/05	Suspension of license	Criminal conviction
Paul Lanning RN	06/09/05	Suspension of license	Violation of or failure to comply with licensing board order
Robert Mullins RN	06/13/05	Probation of license	Improper or inadequate supervision or delegation
Heidi McZegle LPN	06/17/05	Suspension of license	Diversion of controlled substance
Byron Caldwell RN	06/17/05	Suspension of license	Diversion of controlled substance
Monica Chapple LPN	06/22/05	Suspension of license	License revocation, suspension or other disciplinary action taken by a federal, state or local licensing authority
Jacqueline Allgaier RN	06/22/05	Suspension of license	Violation of or failure to comply with licensing board order
Laurie Kiss RN	06/22/05	Probation of license	Violation of or failure to comply with licensing board order

LICENSEE	DATE OF ACTION	DISCIPLINE	VIOLATION
Wayne Ketchum RN	06/22/05	Revocation of license	Criminal conviction
Teresa Carden RN	06/24/05	Suspension of license	Unable to practice safely by reason of alcohol or other substance abuse
Michele St John LPN	06/28/05	Suspension of license	Narcotics violation or other violation of drug statutes
Admala Reddy LPN	06/29/05	License suspension with stay	Incompetence
Leslie Martinez LPN	06/30/05	Suspension of license	Violation of or failure to comply with licensing board order
Antonia Hamilton LPN	06/30/05	Suspension of license	Diversion of controlled substance
Sandy McDonald RN	07/06/05	Revocation of license	Violation of or failure to comply with licensing board order
Gretchen Dyer LPN	07/06/05	Suspension of license	Violation of or failure to comply with licensing board order
Becky Beckstead LPN	07/06/05	Suspension of license	Violation of or failure to comply with licensing board order
Dyanne Desdier RN ARNP	07/11/05	Suspension of license	Violation of or failure to comply with licensing board order
Edward Ozolins LPN	07/12/05	Suspension of license	Violation of or failure to comply with licensing board order
Sandy Forester RN	07/13/05	Revocation of license	Unprofessional conduct
Jessica Nichols RN	07/14/05	Suspension of license	Unprofessional conduct
Melinda Patten LPN	07/21/05	Denial of license renewal	Criminal conviction
John Cooper LPN	08/01/05	Suspension of license	Violation of or failure to comply with licensing board order
Susan Oakes LPN	08/01/05	Suspension of license	Fraud, deceit or material omission in obtaining license or credentials
Patrick Linville RN	08/01/05	Suspension of license	Diversion of controlled substance
Jean Greig RN	08/01/05	Suspension of license	Narcotics violation or other violation of drug statutes
Jan Wijnhamer RN	08/03/05	Revocation of license	Violation of federal or state statutes, regulations or rules
Carol Ziemer RN	08/03/05	Suspension of license	Violation of federal or state statutes, regulations or rules
Mary Smith RN	08/03/05	Suspension of license	Narcotics violation or other violation of drug statutes
Angela Ping RN LPN	08/10/05	Suspension of licenses	Violation of or failure to comply with licensing board order
Ronald Fagan RN	08/11/05	Suspension of license	Violation of or failure to comply with licensing board order
Judith Wangen RN	08/15/05	Suspension of license	Violation of or failure to comply with licensing board order
Gloria Rhoads LPN	08/15/05	Probation of license	Narcotics violation or other violation of drug statutes
Keith Schoening RN	08/15/05	Summary suspension of license	Sexual misconduct
Susan Villarreal RN	08/15/05	Suspension of license	Violation of or failure to comply with licensing board order
Jessica Hanna RN applicant	08/15/05	Denial of initial license	Criminal conviction
Autumn Curtis LPN	09/02/05	Summary suspension of license	Immediate threat to health or safety
Rebecca Blackshaw RN	09/22/05	Suspension of license	Unable to practice safely by reason of psychological impairment or mental disorder
Lynn Farrell LPN	09/23/05	Seek evaluation from WHPS	Narcotics violation or other violation of drug statutes
Brandy Schneider LPN	09/23/05	Obtain evaluation	Criminal conviction
Lori Dublack RN	09/23/05	Probation of license	License revocation, suspension or other disciplinary action taken by a federal, state or local licensing authority
Petra Shute RN	09/27/05	Suspension of license	Diversion of controlled substance
Diane Washam LPN	10/11/05	Suspension of license	License revocation, suspension or other disciplinary action taken by a federal, state or local licensing authority
Dana Ward RN	10/11/05	Suspension of license	Diversion of controlled substance
Chay Lee RN applicant	10/11/05	Denial of initial license	Fraud, deceit or material omission in obtaining license or credentials
Joshua Roberts NS	10/12/05	Suspension of license	Violation of or failure to comply with licensing board order
Valerie Marjerson RN	10/24/05	Suspension of license	Diversion of controlled substance
Karon Stiles RN	10/26/05	Probation of license	Substandard or inadequate care
Kristen Gibson LPN	10/26/05	Suspension of license	Diversion of controlled substance
Stacey Loewen-Hays RN	10/26/05	Suspension of license	Narcotics violation or other violation of drug statutes
Jenon Laurene RN	11/01/05	Suspension of license	Unable to practice safely by reason of alcohol or other substance abuse
Karyl Craig LPN	11/03/05	Suspension of license	Criminal conviction
Donald Randall LPN	11/10/05	Summary suspension of license	Immediate threat to health or safety
Frank Shields RN	11/17/05	Revocation of license	Diversion of controlled substance
Ladonna Black LPN applicant	11/18/05	Denial of initial license	License revocation, suspension or other disciplinary action taken by a federal, state, or local licensing authority
Mark Warren RN	11/18/05	Revocation of license	Misrepresentation of credentials
Dawn Eastman LPN	12/01/05	Suspension of license	Diversion of controlled substance
Deborah Gerbing RN	12/01/05	Suspension of license	Violation of or failure to comply with licensing board order
Narciso Trevino LPN	12/05/05	Suspension of license	Violation of federal or state statutes
Lizabeth Chenette LPN	12/16/05	Suspension of license	Violation of or failure to comply with licensing board order

WASHINGTON HEALTH PROFESSIONAL SERVICES PROGRAM

Jean Sullivan, RN
Amanda Capehart, MSW, LicSW, CDP
Fred Garcia, MSW

Washington Health Professional Services (WHPS) program was established in 1988 to help with practitioners impaired by alcohol or other drugs safely return to practice.

The program monitors chemically impaired health care professionals. Its goals are to:

- Promote early intervention for suspected substance abuse and support recovery from the disease of chemical dependency.
- Retain skilled practitioners by providing an alternative to discipline.
- Ensure the public's safety from chemically impaired practice and judgment;
- Return professionals safely back to work.

Alcohol and drug impairment affect many health care professionals. Limited data on the rates of incidence exist because substance-abusing professionals rarely report it for fear of disciplinary action and employers rarely document observed occurrences. Data from the National Household Survey indicate that the overall rates for alcohol disorders in the general population are 13.5 percent for lifetime prevalence, and an overall lifetime prevalence of drug abuse and drug dependence of 6.2 percent. Some studies suggest that health care professionals have a combination of unique risk factors for substance abuse, including: access to pharmaceuticals; family history of substance abuse; denial; emotional problems; stress at work or at home; thrill seeking; or self-treatment of pain.

Health care professionals often are experts in pharmacology and the access to medications presents a potent occupational hazard. In addition to easy access, health professionals are inherently optimistic that prescription drugs work. Health care professionals care for patients with severe medical and psychological disorders who are dependent on their expertise. Dealing daily with these patients can be stressful for even a seasoned practitioner.

Culturally, alcohol is a common antidote for a stressful day. The use of alcohol as stress relief rather than social enjoyment may be a gateway to the use of sedative/hypnotic or narcotic drugs.

The worksite may be the last place for alcohol/drug abuse or addiction to be identified. The signs and symptoms of substance abuse in professionals occur last at the job, meaning there have already been significant consequences in the family, physical, social, financial and perhaps legal areas.

Dr. G. Douglass Talbott in his work with the Talbott Center has identified "a professional conspiracy of silence" in the health care professions. He writes that "many health

care professionals continued to progress in their disease toward terminal or fatal consequences without appropriate intervention. Inherent in this conspiracy of silence was patient liability as practitioners who were actively chemically dependent continued in their roles... Late identification of health care professionals with alcohol/other drug problems generates legal risks, as many lawsuits filed include not just the health care professional, but his/her peers, associates, superiors, professionals and administrative individuals."¹

Health care professionals are trained and expected to assume leadership roles in clinical practice, and therefore, may have great difficulty in acknowledging personal needs. It is common to hear, "I could not reach out for help." However, it is important to note that for health care professionals, as with any chemical dependency patient, the earlier the intervention, the sooner treatment can occur and the better the outcome will be.

To achieve the goals listed above, WHPS develops a structured monitoring contract with health care professionals which requires participants to obtain a diagnostic assessment, and if so indicated, enter and complete treatment, submit to random urinalysis, and attend peer and self-help support groups. Employers sign the contract along with the participant and both the participant and worksite monitor report monthly on the participant's ability to safely practice.

The WHPS Program works with 53 of the 57 categories of licensed, certified or health care professionals. The largest groups of participants are nurses (RN/ LPN/ ARNP), Health Care Assistants, Emergency Medical Technicians, Chemical Dependency Professionals and Registered Counselors.

Feel free to call us at (360) 236-2880 or <https://fortress.wa.gov/doh/ppqa1/hps2/WHPS/default.htm> with any questions. We also offer in-service trainings and consultation for your staff on the continuum of substance abuse, including addiction, among health care professionals. Training and consultation are available free of charge to employers, schools and universities, and professional associations. We can assist in planning and consultation for interventions with professionals who may be diverting or impaired when coming back to work. Our service is here to promote safety and to address recovery. Please consider using this valuable resource.

¹ Douglass, Talbot and Linda Crosby, *Counselor Magazine for Addiction Professionals*. "How To Treat the Health Care Professional" March/April 2001.

Disciplinary

BY ADENA NOLET, COMPLIANCE MANAGER,
DEPARTMENT OF HEALTH

LEARNING LESSONS

The Nursing Commission investigates complaints and takes action on licenses of nurses as needed. This article describes actual disciplinary actions taken and the range of sanctions. The cases below are public record. For the purpose of education names were removed. These ten summaries represent the kinds of disciplinary action taken by the Nursing Commission and the range of sanctions.

Disciplinary action, fines, practice restrictions and other sanctions can be avoided by utilizing several preventive measures:

- Read and know the rules and statutes regulating the practice of nursing, including guidelines on sexual misconduct, boundary issues, and medication administration.

- Self refer into a monitoring program for alcohol and substance abuse issues.
- Know the procedures for proper documentation.

CASE 1: Nurse A called in a valid prescription renewal for Vicodin for a patient. Nurse A picked up the prescription from the pharmacy and changed the label by crossing off the number of pills in the container, changing it from “60” to “30”. She delivered 30 pills to the patient. Nurse A signed a Washington Health Professional Service (WHPS) contract in lieu of disciplinary action. Three and a half years later, she failed to comply with her WHPS contract by testing positive for alcohol and was referred back to the Nursing Commission for disciplinary action. A Stipulation to

Informal Disposition (STID or informal action) was issued, requiring Nurse A to re-enter WHPS. (See related article on WHPS on page 18.)

CASE 2: Nurse B diverted carisoprodol® from her place of employment. Rather than receive disciplinary action, she chose to enter the WHPS program. Over one year later, she failed to comply with her WHPS contract and tested positive for codeine, morphine, hydrocodone, and tramadol, without a valid prescription. She also tested positive for alcohol. WHPS referred her back to the Nursing Commission for further disciplinary action. A STID was issued, requiring her to pay a \$1000 cost reimbursement and to re-enter the WHPS program.

CONTINUED ON NEXT PAGE >>



Harrison Medical Center • 2520 Cherry Ave • Bremerton, Washington 98310
www.harrisonmedical.org

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We are seeking experienced Registered Nurses in all areas of acute care hospital nursing, especially in our expanding cardiac service line. Harrison places among the top 10 percent of all hospitals nationally for cardiac surgery as recently ranked best in Washington for cardiac surgery according to a comprehensive study released by HealthGrades, the nation's leading healthcare ratings company.

We invite you to bring your career to an environment where talent is rewarded and new ideas are encouraged. We offer a true commitment to meeting the needs of patients and their families. We value diversity and it is expressed in all aspects, from the patients and families we serve to our organizational culture and our employees. If you would like the chance to do some of your best work in a supportive and fun environment- we have an excellent opportunity waiting for you. Candidates are encouraged to complete an online application.

“We make a positive difference in people's lives through exceptional medical care”

Your respect. Your passion.



Your life's work.



At **Children's Hospital & Regional Medical Center** in Seattle, WA, we proudly provide a full spectrum of services – from research and teaching to child advocacy and specialty care. It's no wonder we've been consistently recognized as one of the country's best children's hospitals by *U.S. News & World Report* magazine. Join us today.

We have nursing opportunities!

We offer excellent pay and benefits, retirement plans, opportunities for career advancement, paid training days, certification pay and so much more. For immediate consideration, apply online at www.seattlechildrens.org/jobs or call our **Nurse Recruiter** at 1-800-874-6691. EOE.

Children's
Hospital & Regional Medical Center

CASE 3: Nurse C consistently failed to keep chart notes or document patient assessments, care plans, or nursing care to a patient. She improperly discharged a patient to private home care instead of the recommended skilled nursing facility. She also crossed professional boundaries by developing a personal relationship with the patient by driving the patient's car for her own personal use, and allowing the patient to lend money to her family. Her license was suspended until she completed certain coursework and submitted a typewritten report. She was then placed on probation for 33 months with employment restrictions, a fine, and additional coursework.

CASE 4: Nurse D became inappropriately socially involved with patients by allowing them to reside in her home, allowing them to use her home address and phone number as their own, socializing with them outside work, spending off-duty time with them at the hospital, accepting a ring from a patient, and embracing a patient shortly before his death. She was placed on probation for 60 months. She was required to pay a fine, undergo a sexual deviancy/misconduct evaluation, participate in counseling and comply with employment restrictions.

CASE 5: Nurse E engaged in a personal and sexual relationship with a patient and failed to inform her employer of the relationship. Her license was suspended until she was evaluated by a provider specializing in sexual misconduct by health care providers. Afterwards, she was required to undergo counseling, abide by employment restrictions, complete coursework, and submit a typewritten report.

CASE 6: Nurse F struck a patient with his fist and pre-documented the



READ AND KNOW THE RULES AND STATUTES REGULATING THE PRACTICE OF NURSING, INCLUDING GUIDELINES ON SEXUAL MISCONDUCT, BOUNDARY ISSUES, AND MEDICATION ADMINISTRATION.

administration of medications. He incorrectly documented the administration of medication to a patient, or refusal of medication by a patient, because he had pre-documented the occurrence. He later changed the documentation of the medication to correctly reflect whether the patient had accepted or refused the medication. His license was placed on probation for 24 months. He was required to abide by employment restrictions and complete coursework.

CASE 7: Nurse G lost or mishandled client records for numerous clients. She also billed for home visits and auto mileage for visits never performed. She also submitted reimbursement receipts for client purchases that

were not received by two of three clients. She attributed her misconduct to depression and anxiety. Her license was placed on probation for 36 months. She was required to undergo a mental health/physical status evaluation and follow through with any recommendations, participate in counseling, pay a fine of \$2,000, abide by employment restrictions, and complete coursework.

CASE 8: Nurse H was convicted of unlawful issuance of bank checks, three counts of third-degree theft, fourth-degree assault, and possession of stolen property. Her license was indefinitely suspended until she completed a mental health evaluation. Afterwards, her license was placed on probation for 24 months. She was required to participate in counseling, complete coursework, pay a fine, and cause her probation officer to submit reports to the Nursing Commission.

CASE 9: Nurse I practiced beyond the scope of her practice by performing laser hair removal, diamond tip dermabrasion, and microcurrent face lift without having direct supervision from a physician. She falsely advertised that there were physicians and surgeons working at the facility, failed to have accurate medical records, gave medications to a patient without consulting with a medical director or having standing orders in effect, and failed to document treatments given to a patient. Her license was placed on probation for 36 months. She was required to pay a fine, ensure that a physician was onsite, and complete coursework.

CASE 10: Nurse J administered expired flu vaccine to patients. Her license was placed on probation until she completed coursework, submitted a typewritten report, and paid a cost reimbursement.

Mandatory Reporting:

BY JACQUELINE ROWE, RN

The Nursing Commission's primary mission is to protect public health and safety. Mandatory Reporting helps provide that protection.

As a licensed health care professional, you are required to report incidences of unsafe or substandard nursing practice or conduct. The following must be reported:

- Information that a nurse may not be able to practice with reasonable skill and safety.
- Information regarding a conviction, determination or finding, including employer-based disciplinary action, that a nurse has committed an act that would constitute unprofessional conduct.
- Conviction of any crime or plea of guilty.

- Conduct which leads to dismissal from employment for cause related to unsafe nursing practice or conduct in violation of the standards of nursing.
- Conduct which reasonably appears to be a contributing factor to the death of a patient.
- Conduct which appears to be a contributing factor to the harm of a patient that requires medical intervention.
- Conduct which appears to violate accepted standards of nursing practice and appears to create a risk of physical and/or emotional harm to a patient.
- Conduct involving a pattern of repeated acts or omissions that appear to create a risk to a patient.
- Drug trafficking.

- Conduct involving the misuse of alcohol, controlled substances or legend drugs, whether or not prescribed to the nurse.
- Conduct involving sexual contact with a patient or other sexual misconduct.
- Conduct involving patient abuse, including physical, verbal and emotional.
- Conduct indicating unfitness to practice nursing or that would diminish the nursing profession in the eyes of the public.
- Conduct involving fraud related to nursing practice.
- Conduct involving practicing beyond the scope of the nurse's license.

CONTINUED ON NEXT PAGE >>

Remember The Reasons You Wanted to Become a Nurse?



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- Nursing practice, offering to practice, without a valid nursing permit or license.
- Violation of a disciplinary sanction imposed on a nurse's license by the Nursing Commission.

In addition to individuals, health care facilities and governmental agencies are also required to comply with mandatory reporting.

Mandatory reporting does not mean that every minor nursing error has to be reported to the Nursing Commission, nor should it be a substitute for employer-based discipline. Employers are expected to initiate their own investigations when allegations are made and discipline according to their policies and procedures. When the allegation involves a licensed professional, a written report to the Nursing Commission outlining the following information is required:

- The name and licensing information of the nurse involved.
- A brief statement summarizing the unsafe or substandard practice or conduct.
- The place where the act allegedly occurred.
- Contact information for the individual submitting the report.

There are exemptions from mandatory reporting for persons who work in federally funded substance abuse treatment programs or in approved substance abuse monitoring programs.

Any licensed nurse, who fails to comply with the mandatory reporting requirements, may be subject to disciplinary action by the Nursing Commission.

Anyone making a report to the Nursing Commission in good faith, alleging unsafe or substandard nursing practice or conduct, is protected by the Whistle Blower Act. This act protects

the identity of the person making the complaint from civil liability and activates protections by the Human Rights Commission. The identity of the person may be revealed to the appropriate staff or Nursing Commission member, if needed, during the course of the investigation. The identity may also be revealed if ordered by the court or if the complaint is not in good faith.

Yes, mandatory reporting is the law, but pride in the nursing profession and ensuring the public is protected should be the incentive for each licensed professional to comply with the reporting requirements.

The mandatory reporting requirement described above is found in the following rules and statutes: WAC 246-840-730, WAC 246-15-001, WAC 246-15-010, WAC 246-15-020, RCW 18.130.180



The Medical Quality Assurance Commission Adopts Rules Regarding "The Use of Lasers, Light, Radiofrequency and Plasma Devices"

BY BEVERLY A. THOMAS, PROGRAM MANAGER, DEPARTMENT OF HEALTH

The Medical Quality Assurance Commission has adopted new rules regarding the use of lasers, light, radiofrequency, and plasma devices. The rules effective March 1, 2007, apply to laser, non-coherent light, intense pulsed light, radiofrequency, and plasma (LLRP) devices already defined by the Federal Food and Drug Administration as "prescriptive devices." These prescriptive devices penetrate the skin and alter human tissue, which is considered under law to be the practice of medicine.

In order to use these devices, a professional must be licensed in Washington and scope of practice must include LLRP devices. Physicians or physician assistants are not allowed to delegate the procedures to unlicensed individuals under the rules.

Advanced registered nurse practitioners have independent prescriptive authority to use the LLRP devices without supervision of a physician. However, a registered nurse and licensed practical nurse using these devices must be appropriately supervised by an appropriate practitioner who has prescriptive authority.

The rules clearly define appropriate supervision of licensed professionals using LLRP devices as follows:

- When supervising, physician assistants must be on the "immediate premises" at all times.
- When supervising, physicians are required to be on the immediate premises during the initial treatment the physician has established in a treatment plan for that patient.
- If the supervising physician is called away for an emergency during a patient's initial treatment, the rules allow for a back-up physician to treat any complications, provide consultation or resolve any medically indicated problems.
- For subsequent treatments, the licensed professional may perform the treatments during "temporary absences" of the physician, so long as there is a back-up physician available by phone and accessible to see the patient within 60 minutes.

To review the rules, see <https://fortress.wa.gov/doh/hpqa1/HPSS/Medical/default.htm>. If you wish to receive future rule proposals by the Medical Commission, please join their listserv at: <http://listserv.wa.gov/archives/mqac-rules.html>. If you have any questions, please contact Beverly A. Thomas, Program Manager at beverly.thomas@doh.wa.gov or by phone (360) 236-4788.

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Sharpening Critical Thinking Skills



C ONTINUING COMPETENCY

BY TODD HERZOG , CRNA, ARNP

It is my great pleasure to introduce the members of the Nursing Commission Continuing Competency Sub-Committee:

William J. Hagens, MA, Public Member, Tacoma
Judith D. Personett, Ed.D., CNAA, RN, Nine Mile Falls
Diane M. Sanders, MN, RN, Kennewick
Marianne Williams, MPH, MSN, ARNP, Tonasket
Cheryl Pavesno, MPA, RN, Pro Tem Member, Seattle

I am Todd W. Herzog, CRNA, ARNP from Kingston and I serve as the Chair of this sub-committee. Our sub-committee is staffed by Chuck Cumiskey, BSN, MBA, RN, Nurse Practice Manager and Usrah Claar-Rice, MSN, RN, Education Manager for the Department of Health.

The Continuing Competency Sub-Committee was formed in 2006 in a process of realignment designed to meet the statutory requirement of RCW 18.79.010 which 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." Our job, therefore, over the coming months and years is to identify mechanisms with measurable outcomes that demonstrate ongoing competency of our nursing workforce in Washington. We plan to do this through research as well as working with our colleagues on boards of nursing in other states and the National Council of State

Boards of Nursing. (See related article on page 29.)

In November 2005, the Nursing Commission adopted a proposal to begin a Continuing Competency Professional Portfolio Project. This project was developed over several years by a task force chaired by Cheryl Pavesno, MPH, RN. Although this project is still in its neonatal stage of development, we expect to explore tools to assist each nurse in creating a professional portfolio. The professional portfolio is a tool that could be a comprehensive document detailing the current state of the nurse's practice, background, skills, expertise, and a working plan for maintaining professional competence. The professional portfolio is intended to assist the nurse to communicate professional development and achievements, to demonstrate continuing competence from entry into practice to the present level, and to assist in planning and preparing for future practice.

The Continuing Competency Professional Portfolio Project is as much a learning tool for us as it is for you. The project will be piloted by a wide range of volunteer organizations and practice specialty groups, and we plan for it to be a work in progress for some time before the final product is ready for prime time. We will seek and utilize input from all interested stakeholders in the development and implementation of the project and will keep you fully informed as we move along the process.

In the meantime, I encourage you to stay connected. Come to our meetings. They are open to the public and your comments are always welcome. And, of course you can always get up to date information on the Nursing Commission Web site at www.fortress.wa.gov/doh/hpqa1/hps6/Nursing/default.htm.

State Needs Nurses to Help in

BY JOHN ERICKSON, DIRECTOR, PUBLIC HEALTH EMERGENCY PREPAREDNESS AND RESPONSE PROGRAM, DEPARTMENT OF HEALTH

EMERGENCIES

Emergencies such as volcanic eruptions, tsunamis or a flu pandemic have the potential to strain our public health and medical services. As part of its emergency planning efforts, the Washington State Department of Health is asking health care professionals—nurses, doctors and mental health practitioners to help in emergency situations.

The department is building an online registry to allow nurses to volunteer from their home computers. The registration system collects volunteer con-

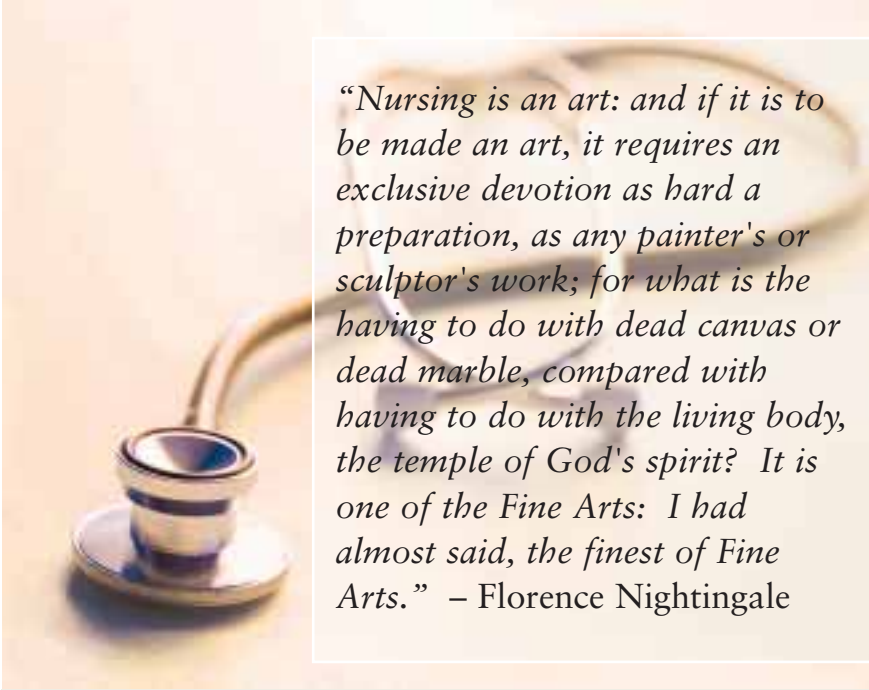
tact information, specialties and availability for certain types of emergency service. In an emergency, volunteers will be asked to provide surge capacity at hospitals and clinics. If emergency centers are established to distribute medications or provide vaccinations, volunteers will be asked to staff them.

During an emergency, local health departments or emergency management agencies will use the volunteer database to call volunteers in their area, or in a larger scale emergency, the State Department of Health will call volunteers statewide to work in the

affected area.

Verne Gibbs, managing the new volunteer program, said, "There is a tremendous need for skilled professionals during an emergency. Nurses have been enthusiastic volunteers in the past. We hope they will help our state prepare for its future needs by registering."

The new volunteer registration system should be available through the Department of Health Web site in January, 2007. Check at www.doh.wa.gov If you have questions, call Verne Gibbs at (360) 236-4620.



“Nursing is an art: and if it is to be made an art, it requires an exclusive devotion as hard a preparation, as any painter's or sculptor's work; for what is the having to do with dead canvas or dead marble, compared with having to do with the living body, the temple of God's spirit? It is one of the Fine Arts: I had almost said, the finest of Fine Arts.” – Florence Nightingale

REGISTRY BOOSTS INFECTION PROTECTION

BY LONNIE MALONE, HEALTH EDUCATOR
DEPARTMENT OF HEALTH IMMUNIZATION PROGRAM CHILD PROFILE

The CHILD Profile Immunization Registry is a secure, Web-based data system that allows health care providers to keep track of immunizations and manage their immunization services. The Immunization Registry is free to registered users and provides:

- Up-to-date immunization histories.
- Immunizations, recommendations and forecasts of upcoming needed immunizations.
- Recall/Reminder lists, mailing labels, or postcards for patients who are due or who have missed immunizations.
- Vaccine usage reports.
- Data for practice-specific immunization assessment reports.
- Tracking of children eligible for state-supplied vaccine.

If a child or adult changes health care providers, the new provider may access the Immunization Registry to review and update the immunization record. This method ensures that the immunization record is accessible to all providers. Access to the Immunization Registry is available to providers who sign an information sharing agreement that assures confidentiality, privacy, and security.

Currently, 65 percent of Washington childhood immunization providers participate in the Immunization Registry. The Immunization Registry is not just for children - more adult -immunization providers and pharmacies are also signing up. The Immunization Registry will become even more useful as provider participation increases.

HOW TO GET INVOLVED

To participate in the Immunization Registry, go to the CHILD Profile Web site at <http://www.childprofile.org/Providers/participate.html> and sign an information sharing agreement, complete the registry account application, and schedule training. For more information, please contact the CHILD Profile Help Desk by phone at 1-800-325-5599, or e-mail at cphelpdesk@metrokc.gov.

LAPSED IMMUNIZATIONS COULD HARM PATIENTS

BY NICOLE PENDER, HEALTH EDUCATOR
IMMUNIZATION PROGRAM, CHILDREN'S HEALTH
IMMUNIZATION LINKAGES AND DEVELOPMENT
(CHILD) PROFILE, DEPARTMENT OF HEALTH

If your immunizations are not up-to-date, you may not be protected against some serious and preventable diseases that you can spread to your patients and family. Nurses spend a lot of time with patients who are sick and at increased risk for severe disease complications. In order to provide the best care to your patients, make sure that you have all your recommended immunizations.

Most health care professionals understand the importance of immunizations for children. Vaccines have drastically decreased the number of cases and the severity of diseases in children.

The Advisory Committee on Immunization Practices (ACIP) strongly recommends that all health care workers providing direct patient care receive the following immunizations:

- Influenza vaccine every year.
- Hepatitis B.
- Measles, Mumps, and Rubella.
- Diphtheria, Pertussis and Tetanus*.
- Varicella (chickenpox).

You should also consider getting the following immunizations:

- Hepatitis A.
- Meningococcal.

* There is a new vaccine available that protects against Tetanus, Diphtheria, and Pertussis. The Tdap vaccine should replace one tetanus and diphtheria (Td) booster shot.

Most of these immunizations have been recommended for almost ten years, but many health care professionals still are not getting immunized. Only 36 percent of health care professionals get their flu shots.

Check with your doctor to make sure your immunizations are up-to-date. Model good health choices for your patients and co-workers – get your immunizations.

For more information on immunizations for health care professionals, visit www.doh.wa.gov/cfh/immunize/adult_immunization.htm. For information about specific vaccines or diseases, visit www.cdc.gov/nip/menus/vaccines.htm.

¹This a provisional recommendation from the ACIP. It will become final when it is published in the MMWR. CDC. ACIP Votes to Recommend Use of Combined Tetanus, Diphtheria, and Pertussis (Tdap) Vaccine for Adults. March 2, 2006. www.cdc.gov/nip/vaccine/tdap/tdap_adult_recs.pdf

* CDC. Prevention and Control of Influenza: Recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR. 2003; 52 (RR8): 1-44.

ARNP RULES

BY PAULA MEYER, MSN, RN,
DEPARTMENT OF HEALTH

There is increasing interest in the advanced registered nurse practitioner (ARNP) requirements for licensure. Two schools are pursuing Doctorate Nurse Practitioner programs, Seattle University and the University of Washington. This has resulted in many questions from current ARNPs.

ARE THE REQUIREMENTS FOR A MASTERS DEGREE CHANGING?

At this time, there are no changes to the ARNP rules. The rules require a graduate degree and a certification in a specialty.

WILL THERE BE CHANGES IN THE RULES?

Maybe. The Nursing Commission is interested in holding workshops to review the rules. If changes to the rules are needed, the following process will be used. The first stage in considering any rule change is to announce the workshops, the list of rules that will be 'opened', and communicate locations, dates and times for the workshops. This announcement is sent to as many people and groups that we can identify would be interested in these rules. We use the nursing list serve, send out announcements by mail, including announcements to organizations related to ARNPs. Many individuals also request to be placed on the 'interested party' list and are also sent announcements. Be looking for these announcements in early 2007.

WHERE WILL THE WORKSHOPS BE HELD?

The workshops are held in various locations throughout the state to encourage wide audience participation. Please bring any comments, concerns, and suggestions for improvement to these workshops.

HOW WILL THE WORKSHOP COMMENTS BE USED?

Once we have gathered the comments, we begin drafting new language. The draft language is then shared with the interested parties for feedback. As consensus builds, the language is finalized.

WILL THERE BE A FORMAL HEARING ON CHANGES?

Yes. The final step is a hearing before the Nursing Commission. This meeting notice is also sent to all the interested parties. Before the hearing begins, we have a question and answer period so that people have one more opportunity to comment on the rule language. Once the hearing begins, the Nursing Commission then proceeds to adopt or reject the rules as written. Depending on the decision, another announcement is made to inform all of the interested parties. If the rules are adopted, they are then filed with the Code Reviser Office and considered final. If they are not adopted, more work may be needed to complete the final rule language.

If you have any questions on the current rules, please go to <http://apps.leg.wa.gov/WAC/default.aspx?cite=246-840>. The ARNP rules are WAC 246-840-299 through 246-840-500.

Agreements Combat Invalid Prescriptions

BY ANDREW MECCA, R.PH.,
DEPARTMENT OF HEALTH



Have you ever come across a prescription signed by a pharmacist and questioned its validity? Washington State has been recognized as a pioneer in an approach designed to help collaborative drug therapy agreements. Agreements between a practitioner with prescriptive authority and a pharmacist allow a pharmacist to initiate or modify drug therapy based upon a Board of Pharmacy reviewed protocol. This agreement allows the pharmacist to prescribe based on the terms of the individual agreement. Also, the practitioner does not need to provide direct supervision to the pharmacist.

All of these agreements include a provision that requires the practitioner to provide ongoing review of the pharmacists' prescribing decisions, usually on a quarterly basis. Pharmacists have submitted many different types of collaborative agreements that cover the spectrum of pharmacy practice. Some common examples are agreements for prescribing emergency contraception, immunization, anticoagulation, and pain management.

Please contact the Pharmacy Board at (360) 236-4838 or e-mail manet.wade@doh.wa.gov with any additional questions.

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Please direct all resumes and inquiries to:

Jessika Groce, PHR

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Inactive CREDENTIAL STATUS

What is the difference between a license that is on “active” status and an “inactive” license? The definitions are:

Most licenses are in "active" status. These nurses are authorized to practice the profession. The license must be renewed each renewal cycle. A nurse may place the license on "inactive" status if not practicing the profession.

Benefits of inactive status

Placing a license in “inactive” status saves the renewal cost if one is not actively practicing nursing. The fee for renewing an “inactive” license is half at \$25.00 each year.

Once a license has been placed in inactive status, the nurse is no longer allowed to practice the profession in the State of Washington until the license is reactivated.

To place a license on inactive status the licensee must submit a letter notifying the Department of Health of the intent to obtain an inactive license.

- A practitioner may apply for an inactive license if he or she meets the following criteria:
 - Holds an active Washington State license;
 - Is in good standing.
 - Will not be practicing in Washington during the inactive period.

- The practitioner may obtain an inactive license at any time the above criteria are met. The fee for the initial inactive license will be due when the active license expires. Portions of the current renewal fee will not be prorated or refunded for the remaining active renewal cycle.

A few words of caution

The requirements to reactivate a license vary depending upon the length of time that license remains inactive. If a license has been inactive for three or more years, and a nurse wishes to begin practicing in Washington again, the nurse must either submit a letter verifying active practice from any other state or territory or the nurse must complete a Nursing Commission approved refresher program prior to reactivating. WAC 246-840-120.

Be sure to renew your license before it expires to avoid a late fee in addition to the renewal fee. For other renewal information, see our Web site at:

<https://fortress.wa.gov/doh/hpqa1/hps6/nursing/licensure.htm>. If you have questions about renewing your license you may call (360) 236-4700.

COMPLAINTS RECEIVED IN 2005

THE NURSING COMMISSION RECEIVED 1,301 COMPLAINTS IN 2005. COMPLAINTS WERE RECEIVED FROM THE PUBLIC, FACILITIES AND NURSES. OF THOSE COMPLAINTS, 1,133 WERE CLOSED AS A RESULT OF INSUFFICIENT EVIDENCE, LACK OF JURISDICTION, NO VIOLATION OR OTHER REASONS. 168 COMPLAINTS REMAIN OPEN AND ARE IN VARIOUS STAGES OF ADJUDICATION:

• INVESTIGATIONS	56
• PENDING LEGAL ACTION	28
• CASE DISPOSITION	84

OF THE 1,301 COMPLAINTS RECEIVED IN 2005, THE COMPLAINTS WERE RECEIVED REGARDING A VARIETY OF ALLEGATIONS. THE LIST BELOW INCLUDES THE NUMBER OF COMPLAINTS RECEIVED FOR EACH OF THE ALLEGATION CATEGORIES.

COMPLAINT CATEGORIES:			
COMPLIANCE VIOLATION	8	UNPROF - MORAL TURPITUDE	13
FAILURE TO PAY CHILD SUPPORT	2	UNPROF - OTHER JURISDICTION	191
IMPAIRED - ALCOHOL/DRUGS/DIVERSION	212	UNPROF - PATIENT ABANDONMENT /	
UNLICENSED PRACTICE/LAPSED	6	INJURY / DEATH	54
*UNPROF - BEYOND SCOPE/STAFF	28	UNPROF - PHYSICAL ABUSE	25
UNPROF - FAILURE TO COMPLY W/ORDER	42	UNPROF - SEXUAL MISCONDUCT	12
UNPROF - LICENSE APPLICATION	17	UNPROF - STANDARD OF CARE	597
UNPROF - MISREPRESENTATION/FRAUD	15	UNPROF - VERBAL ABUSE	79

* UNPROF = UNPROFESSIONAL CONDUCT

Department of Health Web Site Focuses on Violence Against Women

BY DEBBIE RUGGLES, MBA, VIOLENCE PREVENTION SPECIALIST,
DEPARTMENT OF HEALTH

Sexual assault and domestic violence are prevalent in Washington State. If they were a disease or virus, it would be considered an epidemic. According to national and state surveys, one in three women experience sexual assault, domestic violence, or child abuse. Health care providers,



especially nurses, can help by providing support, early intervention, and referrals to outside resources during patient visits. Routine screening of all patients, especially women, for abuse decreases a patient's sense of isolation, increases access to supportive services, and identifies issues contributing to the patient's health not otherwise identified with routine exams and care.

To address this, the Department of Health launched a Web site specifically for health care providers. The site provides information on a provider's role in screening for domestic violence and sexual assault and the impact of child abuse on a woman's health. Other resources on the Web site include relevant data and research, recommended protocols for screening, local/state/national resources for more information and support, and how a provider gets set up to address violence against women. Technical assistance and consultation is available if nurses or other health care providers are interested in starting or expanding this service. The Web site is www.doh.wa.gov/vaw

National Council of State Boards of Nursing

The National Council of State Boards of Nursing, Inc. (NCSBN) is a not-for-profit organization whose members are the boards of nursing in the fifty states, the District of Columbia, and four United States territories – American Samoa, Guam, Northern Mariana Islands, and the Virgin Islands.

The purpose of NCSBN is to provide an organization through which boards of nursing act and counsel together on matters of common interest and concern affecting the public health, safety and welfare, including the development of licensing examinations in nursing.

NCSBN's programs and services include developing the NCLEX-RN® and NCLEX-PN® examinations, performing policy analysis and promoting uniformity in conducting research pertinent to NCSBN's purpose, and serving as a forum for information exchange for members.

You may view the NCSBN's Web site at www.ncsbn.org

NURSING CARE QUALITY ASSURANCE COMMISSION 2007 MEETING SCHEDULE

MARCH 9, 2007

Business Meeting
Hilton Garden Inn
Spokane Airport
9015 West SR
Highway 2
Spokane, WA 99224

MAY 11, 2007

Business Meeting
Department of Health
PPE 152/153
310 Israel Road SE,
Tumwater, WA 98501

JULY 12, 13 2007

Business Meeting
Department of Health
PPE 152/153
310 Israel Road SE
Tumwater, WA 98501

SEPTEMBER 14, 2007

Business Meeting
Yakima, location to be
announced

NOVEMBER 15, 16, 2007

Business Meeting
Department of Health
PPE 152/153
310 Israel Road SE
Tumwater, WA 98501

All Nursing Commission meetings are open to the public. Agendas are placed on the Web site approximately two weeks prior to the meeting at <https://fortress.wa.gov/doh/hpqa1/hps6/Nursing/minutes.htm>.

CLARK COLLEGE



Clark College is a comprehensive community college located in lovely Vancouver in Southwest Washington that provides excellent courses for transfer and professional technical programs. We are now accepting applications for two tenure-track Nursing Instructors to teach medical-surgical and physical assessment concepts in the classroom, lab, and clinical settings to students. This is an excellent opportunity to work with creative and innovative faculty, using new technology while working in a state of the art simulation lab.

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Position responsibilities and requirements are delineated in position announcement found on our website at www.clark.edu/jobs or contact Clark College Human Resources at (360) 992-2105; TDD (360) 992-2317. EOE/AA EMPLOYER.

IMPORTANT INFORMATION

Mailing Address:
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P.O.Box 47864
Olympia, WA
98504-7864

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FAX:
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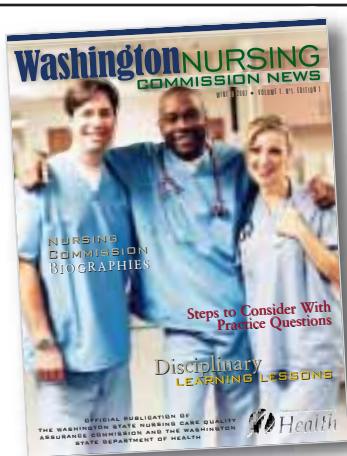
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Kendra Pitzler
Program Manager

Kelley Mayer
Administrative Assistant

Lanette Betterson
Credentialing
Representative

Diane Dysle
Credentialing
Representative



NURSING COMMISSION LOOKING FOR NEW MEMBERS

There will soon be one vacancy on the Nursing Commission. The Nursing Commission is composed of fifteen members appointed by the Governor: Seven registered nurses, three licensed practical nurses, two advanced registered nurse practitioners, and three public members. On June 30, 2007, one registered nurse manager or nurse executive position will become vacant.

If you are interested in serving on the Nursing Commission you must be licensed in Washington, (except public members) have five years of experience with the last two years in active practice, and be a U.S. citizen.

You can download an application form or find out additional information at: <https://fortress.wa.gov/doh/hpqa1/hps6/Nursing/default.htm>. The deadline for applications is February 2007.

The Web site includes information on roles and responsibilities of members and the meeting schedule dates. For further information you may also call (360) 236-4713.

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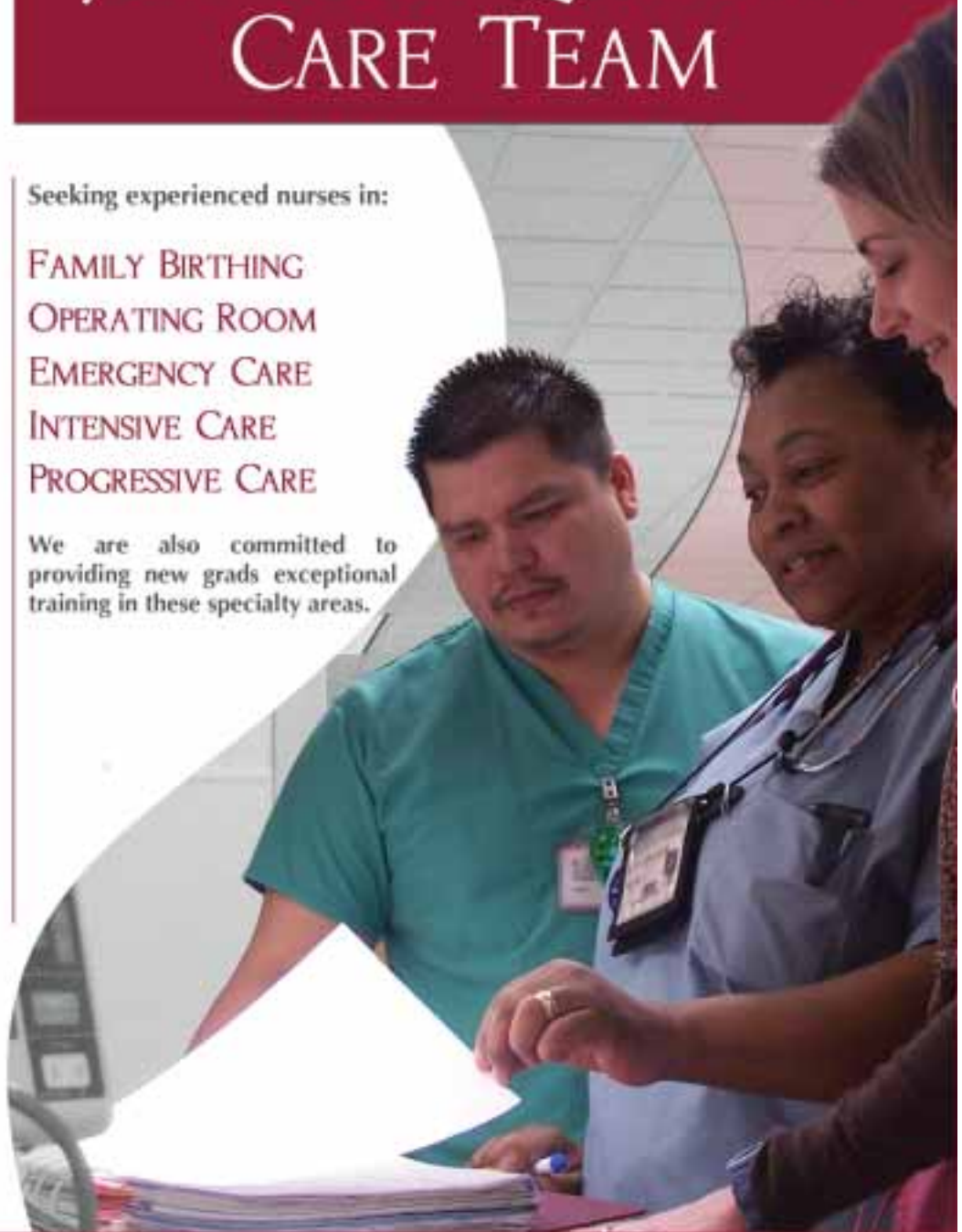
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