

Washington NURSING

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COMMISSION NEWS

Why Does the Question “Have You Ever Served in the Military” Matter?

page 8

The Road Ahead for Academic Progression in Washington State Nursing

page 14

Mandatory Reporting

page 19

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Message from the Chair	4	Advanced Practice Corner	12
Message from the Executive Director	6	The Road Ahead for Academic Progression in Washington State Nursing	14
Why Does the Question “Have You Ever Served in the Military” Matter?	8	Two New Advisory Opinions from the Nursing Commission	15
Helping Veterans also Helps Bolster Washington’s Healthcare Labor Force	9	Nursys® E-Notify System	16
The 1 Percent Celebrating Veterans	9	Upcoming Nursing Commission Meetings	18
The Importance of Veteran Cultural Awareness in Nursing	10	Mandatory Reporting	19
What Happens when Service in the Military Results in Health Conditions Later in Life?	11	Clinical Nurse Specialists in Washington State and Advanced Practice: A Research Project to Discover the Issues	22
		Medication Errors	25
		Licensure Actions	27



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

Executive Director

Paula R. Meyer, MSN, RN, FRE

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Message from the Chair

BY SUELLYN MASEK, MSN, RN, CNOR

Happy New Year! I have said it before; New Year's Day is my favorite holiday. I love the fresh slate and the clean calendar of a New Year. The New Year marks a time of change and transition for many people. This New Year will be a time of transition for many service members who are leaving the military and moving into civilian life. The Nursing Commission has decided to devote this newsletter to veterans who will make this transition and to those who have already "crossed over."

Did you know that eight out of the 15 members on the Nursing Commission are veterans or spouses of veterans? This representation makes us very sensitive to veterans' issues and motivates us to focus part of our strategic plan on assisting veterans on their transition journey.

Did you know the Nursing Commission authored a Military Medical Education and Training Comparison Report in 2004? It was a sentinel report updated in 2012, comparing the Washington Administrative Code (WAC) that governs licensed practical nursing to the Air Force Basic Medical Technician Program, Navy Corpsman Program and the Army's Health Care Specialist Program. Even though the report is specific to Washington, the comparison format has been used nationwide to assist veterans in transitioning from their military medical occupations into civilian life. In fact, the National Council of State Boards of Nursing (NCSBN) also generated a second report in 2013 titled "Veterans' Transition to a Licensed Practical/Vocational Nurse Career." This report compared the education requirements for transitioning veterans into nursing careers on a national basis to assist all state boards of nursing in making licensing decisions. Copies of these reports are available upon request at nursing@doh.wa.gov.

We are working with Olympic College to develop and implement a pre-licensure pathway that meets the established education, competency and practice hour requirements for nurses in Washington State, while giving credit for prior military training in nursing or related fields.

Did you know that Washington State Veterans Affairs has joined the "Have You Ever Served" campaign? Military deployments expose veterans to uncommon infectious diseases such as leishmaniasis, as well as environmental hazards such as Agent Orange and depleted uranium. The American Academy of Nursing designed this campaign to raise awareness about common health risks to certain military deployment areas. As a nurse, you are in a unique position to gather and record information about your veteran patient that may assist in diagnosing an uncommon health problem not seen in the general public. More information is available at www.HaveYouEverServed.com.

Finally, please help us promote and engage in lifelong learning with fellow nurse peers.

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Message from the Executive Director

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

Thank you to everyone who served and is serving our country in the military.

This is a very special issue of the Nursing Commission Newsletter dedicated to all veterans. The Nursing Commission partnered with the Washington Department of Veterans Affairs on the “Have You Ever Served” campaign. This campaign communicates the need to recognize all people who served and who have veterans’ healthcare benefits. When you assess all your patients, be sure to ask one simple question: “Have you ever served?” If the answer is yes, that person and his or her family members may have veterans’ benefits they are not using. This Nursing Commission Newsletter gives you information on what to do next and where to refer veterans for their benefits. In the past six months, the Nursing Commission shared posters, brochures, and contact information for the “Have You Ever Served” campaign with many facilities and organizations. If you would like this information, please contact me at paula.meyer@doh.wa.gov. We will be happy to send you the materials.

I am writing this letter on Pearl Harbor Day. It is most fitting to dedicate this newsletter to our veterans as we commemorate military service. I have friends and family members who served in World War I, World War II, Vietnam, and Desert Storm. You placed your lives before all of us. I personally thank you for keeping us safe.

The Nursing Commission is preparing for the 2015 legislative session. The Nursing Commission is pursuing legislation to require all new applicants and licensees be fingerprinted using the FBI Rap Back program. The FBI Rap Back program would allow the Washington State Patrol to retain non-criminal fingerprints for state agencies subscribing to the Rap Back service. The Washington State Patrol would then report criminal history and activities to the Nursing Commission for nursing licensees. The legislation would make two changes:

- Change the Washington State Patrol laws to allow the retention of noncriminal fingerprints.
- Change the Uniform Disciplinary Act to allow the secretary of health to use the Rap Back service.

Currently, the Nursing Commission only requires FBI fingerprints for new applicants with out-of-state addresses. If the legislation passed, the Nursing Commission would begin requiring FBI fingerprints for all new applicants. Also, for the next five years, the Nursing Commission would require 20 percent of nurses renewing their licenses to have an FBI fingerprint background check. With the FBI Rap Back, these would be once-in-a-lifetime background checks for Washington nursing licensure. At the end of five years, all nurses licensed in Washington would have completed the FBI Rap Back check, and the Nursing Commission would then go back to requiring FBI background checks only for new applicants.

Nursing is and continues to be the most trusted profession in the United States. The Nursing Commission wants to keep this public trust. Nurses care for people at the most vulnerable times in their lives. The Nursing Commission believes very few nurses have criminal histories. The Nursing Commission also wants to assure the people of Washington they are safe. By completing the FBI Rap Back criminal background checks on all nurses, the Nursing Commission would make one more decision to fulfill its mission to protect the public.

If you have any questions on the Have You Served Campaign or the FBI Rap Back legislation, please contact me at paula.meyer@doh.wa.gov.

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WHAT IF I DON'T HAVE A BSN?

RNs with non-nursing bachelor degrees are encouraged to apply to the MN program. Competency in Community Health and Leadership is demonstrated via petitions or taking selected courses.

ADN to BSN to MN option is available. Earn a BSN while taking required MN courses.

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Why Does the Question “Have You Ever Served in the Military” Matter?

There are 602,000 veterans, 60,000 active duty troops, 20,000 Reserve and National Guard members and their nearly 2 million family members in Washington State. As U.S. involvement in the war in Afghanistan ends this year, we will have 13,000 to 15,000 service members and their families from all over the world calling our state home every year until 2017.

I serve as the director of your Washington State Department of Veterans Affairs (WDVA) and I need your help.

Nurses are healthcare’s “boots on the ground.”

That makes you uniquely positioned to be at the forefront of a new awareness initiative called “Have You Ever Served in the Military?”

The initiative was designed by the American Academy of Nursing to help nurses and other healthcare providers conduct more informative health assessments of people who have served in the United States Armed Forces.

Only 20 percent of the 602,000 Washington state military veterans get care at VA medical centers, which means at least 480,000 of them are getting their care at clinics, hospitals and other organizations in our communities – or not at all.

Washington State is striving to serve veterans spanning four generations and five major wars. The core services WDVA provides and coordinates results in vital state and federal benefits and resources for Washington veterans and have an enormous effect on the state’s overall economy.

No one organization can single-handedly address the needs of veterans in Washington. It takes the work and collaboration of our cross-community partners.



We invite Washington’s nurses to become one of the core partners serving our veterans and their families because this initiative has the potential to springboard nurses in our state into one of the most exceptional and important community partners our veterans and their families have.

How can this happen?

By asking, “Have you ever served in the military?” it can reveal environmental and occupational realities that may prove a huge factor on how the patient’s care is decided.

Please take time to read the two additional articles in this publication that tell you more about presumptive conditions that apply to certain veterans, general veterans and veteran family members healthcare issues and a special military culture awareness that could make your job easier.

WDVA and Washington’s Nursing Care Quality Assurance Commission will

work together to offer programs to educate providers about the importance of military health history, to include:

- Recognizing physical and mental health risk factors associated with military service;
- Learning about specific unique health concerns related to military service; and
- Identifying resources available to veterans and their families for information regarding service connected health concerns, benefits, and programs available to them.

Please let me know what WDVA can do to promote this partnership and continue to put nurses in the forefront of our state’s healthcare leaders.

Lourdes E. “Alfie” Alvarado
1-800-562-2308

<http://www.dva.wa.gov/>

<http://www.haveyoueverserved.com/>

Helping Veterans also Helps Bolster Washington's Healthcare Labor Force

At the Washington State Department of Health, honoring military veterans is not limited to one day each November. It happens daily as the agency works to help people who have served their country make a smooth transition into providing healthcare for Washington residents.

Since August 2013, the department's military resources' efforts have helped more than 300 people – veterans or those with plans to leave the military – get Washington healthcare licenses. That is an average of about one per workday. As the program grows, about five such people apply for licenses each day. The agency speeds up the application process for veterans who meet licensing requirements.

The department works with its affiliated boards and commissions, including the Nursing Commission, to help veterans in a wide variety of health professions. Tommy Simpson III, a 26-year U.S. Army veteran who manages the department's military resources work, is a licensed practical nurse.

Military services have a significant presence in Washington, ranging from small Coast Guard units to large Army,

Air Force and Navy facilities. Many people who serve at those bases want to live and work in Washington after leaving the service. Many parts of the state need more qualified, experienced healthcare professionals. Those desires correspond, but making the right connections requires work and attention to detail.

Veterans who want to provide healthcare need to get Washington licenses if they wish to practice in the state. At times, though, military job titles and requirements do not coincide perfectly with civilian occupations.

In 2011, Washington legislators passed a measure aimed at removing roadblocks for military members and veterans in many professions. Under its provisions, the Department of Health:

- Identifies military healthcare occupations equivalent to civilian professions the state licenses;
- Categorizes equivalent professions and skill levels;
- Identifies gaps in military training that additional courses can close; and
- Works with education institutions to offer programs to fill those gaps.

The department collaborates with other state agencies and with non-profit organizations to match veterans with opportunities. It also does outreach work to increase awareness of the program among veterans and those still in uniform.

Family members are in the picture, too. The department works to ease the licensing process for spouses of military personnel who relocate to Washington, and to help military spouses who temporarily leave the state.

In addition, the department has measures in place to welcome and assist veterans in its own ranks. It has a resource group for employees who served in the military, and works to make the agency an attractive place for veterans to seek jobs.

Veterans and those planning to leave the military who are interested in getting Washington healthcare licenses may telephone 360-236-4700 or send an email to hsqa.csc@doh.wa.gov.

REFERENCES:

1. <http://www.doh.wa.gov/LicensesPermitsandCertificates/ProfessionsNewReneworUpdate/MilitaryResources/ResourceInformation>

BY GENE PINGLE, BSN-BC, CEN, RN
NCQA COMMISSION MEMBER

The 1 Percent Celebrating Veterans

According to statistics, less than 1 percent of the population of the United States serves in the military (including National Guard, Air National Guard, and reserves). This means less than 1 percent of the populous fight for the rights and safety of the other 99 percent.

What does it mean to be the 1 percent?

It means you have taken an oath to “Solemnly swear to support and defend the constitution of the United States against all enemies foreign and domestic...” It means long, hard, hours, days, weeks and months away from your family, and in some cases in extreme danger. It means to give of yourself to ensure the 99 percent

live and breathe free in a better world. It means having duty, honor, and a vision of a better future for our children. For all nurses with a military background (former, current, and future) I would like to give you my heartfelt thanks and appreciation for your service and sacrifice to this great country.

The Importance of Veteran Cultural Awareness in Nursing

With 22 million military veterans living in our country (Department of Veterans Affairs, 2014), nurses are often the first healthcare professionals veterans see when they walk through the door seeking medical care at a hospital, a doctor's office, or a community health center.

Because of limited accessibility to Veterans Affairs (VA) facilities and the fact that not all veterans are eligible for VA healthcare, only 20 percent of Washington state veterans seek care through the VA system. This means military cultural awareness in healthcare facilities outside the VA is essential to ensuring our return-

ing service men and women receive the care they deserve.

Culture is defined as a pattern of shared attitudes, beliefs, self-definitions, norms, roles, and values that can occur among those who speak a particular language, or live in a defined geographical region.

It is important to understand the military culture because provider-patient relationships are built on trust.

Lack of cultural awareness can lead a health professional to make incorrect assumptions that can have a negative effect on patient care. Veteran cultural aware-

ness can also result in veteran patients' willingness to access follow-up care.

Several components and values are common to veterans of all branches and eras. Throughout their training, the military teaches them to identify with traits such as strength, courage, commitment, loyalty, accountability, discipline and respect.

Nurses and other healthcare professionals also need to take into account the cultural differences between branches of service and war era veterans when providing healthcare. For example, in World War II, cigarettes were issued as part of a soldier's rations, a habit that if continued beyond



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military service will certainly lead to lasting negative health effects! In the Korean War, many veterans suffered from extreme cold temperatures while Vietnam veterans suffered from extreme heat and wet conditions. Veterans who served in Iraq and Afghanistan are at risk of exposure to viruses and bacteria as well as extreme conditions such as heat, cold, and chemicals.

Veterans of all wars may suffer from posttraumatic stress disorder (PTSD), which has an effect on their personal and social lives. It may result in social isolation, alcohol and substance abuse issues, as well as distrust for institutions, which may include healthcare providers.

In addition to serving in war, veterans in your care may have experienced military sexual trauma (MST), which can result in psychological trauma caused by harassment, assault, or battery of a sexual nature. Men and women alike who have experienced MST may have the diagnosis of PTSD and a myriad of physical ailments including lower gastrointestinal and gynecological issues. For example, a gynecological or rectal exam may be a trigger for veterans who have experienced MST.

Another consideration when serving veteran patients is the high rate of suicide among this population. Veterans often have access to weapons, a familiarity and acceptance of violence, exposure to death, and may suffer from survivor's guilt. For this reason, a suicidal screening tool may be an important part of their medical screening.

All of these factors make it very important for healthcare providers to screen for veteran status by asking the simple question, "Have you ever served in the military?" Arming yourself with this information and increasing your level of veteran cultural competence will help you build trust with your patients and ultimately provide the best healthcare possible.

What Happens When Service in the Military Results in Health Conditions Later in Life?

Veterans, because of their military service, are at risk of exposure to physical or chemical hazards leading to ongoing diagnosed medical conditions. In some cases, the federal government has classified specific illnesses as *presumptive*. Presumptives are specific conditions for which a veteran can submit a claim without necessarily needing to document the exact incident or date of exposure to the hazard. The government *presumes* the condition is a result of military service.

Here are a few examples:

- Veterans who served in the Republic of Vietnam between January 9, 1962, and May 7, 1975, are presumed to have been exposed to Agent Orange and other herbicides used in support of military operations. Examples of presumptive diseases include many forms of cancer, diabetes, hepatitis C, ALS and many skin conditions.
- Veterans who participated in radiation risk activities, such as working on nuclear submarines, are presumed to be service-connected to many diseases such as leukemia, lymphomas and several types of cancer.
- Veterans who served in the Persian Gulf may suffer from conditions now deemed to be presumptive such as chronic fatigue syndrome, fibromyal-

gia, functional gastrointestinal disorders and other undiagnosed illnesses.

- Veterans who served in Iraq and Afghanistan are at risk of a variety of diseases. Veterans diagnosed within certain timeframes may be considered presumptive. These conditions include brucellosis, campylobacter jejuni, coxiella burnetii (Q fever), malaria, mycobacterium tuberculosis, nontyphoid salmonella, shigella, visceral leishmaniasis and West Nile virus.

Presumptive conditions are one of the reasons the Washington State Department of Veterans Affairs supports the "Have You Ever Served?" campaign. Because many veterans complete their military service and then move on with their lives, they often do not recognize they might be eligible for disability compensation or ongoing healthcare. More importantly, they may not recognize hazard exposure in the military has the potential to be linked to serious health conditions later in life.

By participating in, "Have you Ever Served?" you are helping to connect veterans with the benefits they have earned through military service.

You can refer veterans to their Washington State Department of Veterans Affairs where our benefits specialists are ready to discuss their next steps. You can reach us at benefits@dva.wa.gov, 1-800-562-2308 or check online at www.dva.wa.gov.

ADVANCED PRACTICE CORNER

I begin this Advanced Practice Corner by sincerely thanking Martha Worcester PhD, ARNP for her four years of service to the Nursing Commission as the first advanced practice consultant. Martha's expertise in the advanced practice role has served the Nursing Commission, ARNPs, and the citizens of this state well. In this role, she directed many efforts including the recognition of the advanced practice group as a formal subcommittee and drafting the rules on the inclusion of CNS into ARNP licensure in Washington State. We sincerely thank Martha for her dedicated service and for strengthening the advanced practice role in our state.

While we say goodbye to Martha, we welcome Willie Hunt as our new advanced practice consultant. Willie joins the Nursing Commission staff following a distinguished career as a women's health/obstetrics and gynecology nurse practitioner. Willie has spent much of her career in the Kaiser Permanente Health System in California; she has practiced within the Veterans Affairs Puget Sound Health System since moving to Washington in 2012.

Subcommittees perform much of the Nursing Commission's work. The Advanced Practice Subcommittee meets monthly. It comprises the two ARNP commissioners and four pro-tem members. Subcommittee meetings are open to the public and we encourage your participation. Nursing Commission staff members post the meeting agendas two weeks in advance. Your thoughts and ideas related to advanced practice are welcome during open mic at each meeting.

The subcommittee recently completed a policy for recruiting a pool of advanced practice expert evaluators. The commission needs experts knowledgeable about



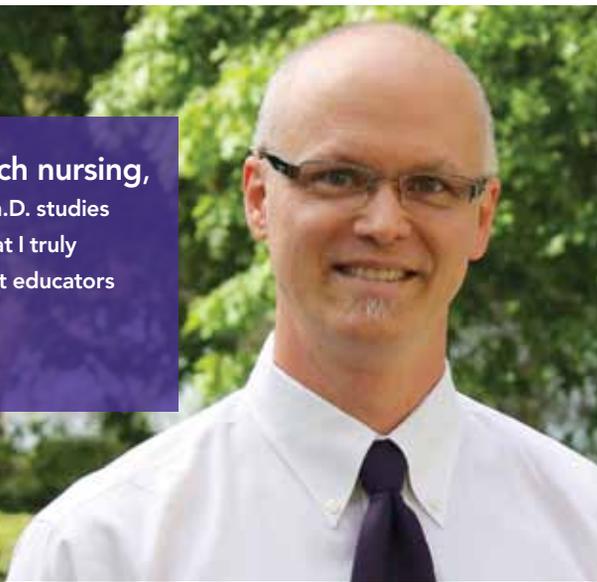
best practices to serve as witnesses and evaluators for ARNPs in cases of professional misconduct, discipline, and standard of care issues. Margaret Holm, J.D., RN, commission consultant, assisted with developing the policy, which the Nursing Commission approved in November 2014. The subcommittee needs your help in identifying potential experts willing to share their expertise. The experts may serve in roles such as answering scope of practice issues about a specialty or subspecialty; serving on a short-term taskforce exploring specific issues related to practice or regulation; participating in licensing and/or disciplinary decision-making panels; or serving as expert witnesses. Qualifications for expert evaluators include:

- 1) Holding an ARNP license in Washington State for at least two years.
- 2) No sanctions or disciplinary action in any jurisdiction.
- 3) Minimum of five years' experience in area of specialization or expertise.
- 4) A master's degree or postgraduate education in area of expertise.

If you or someone you know might be interested, please send contact information to AdvancedPractice.NCQAC@doh.wa.gov. Please include name, contact information, and area of expertise. Nursing Commission staff members will send the potential expert evaluator a letter with full application details. Thank you, in advance, for your help with this important recruitment effort!

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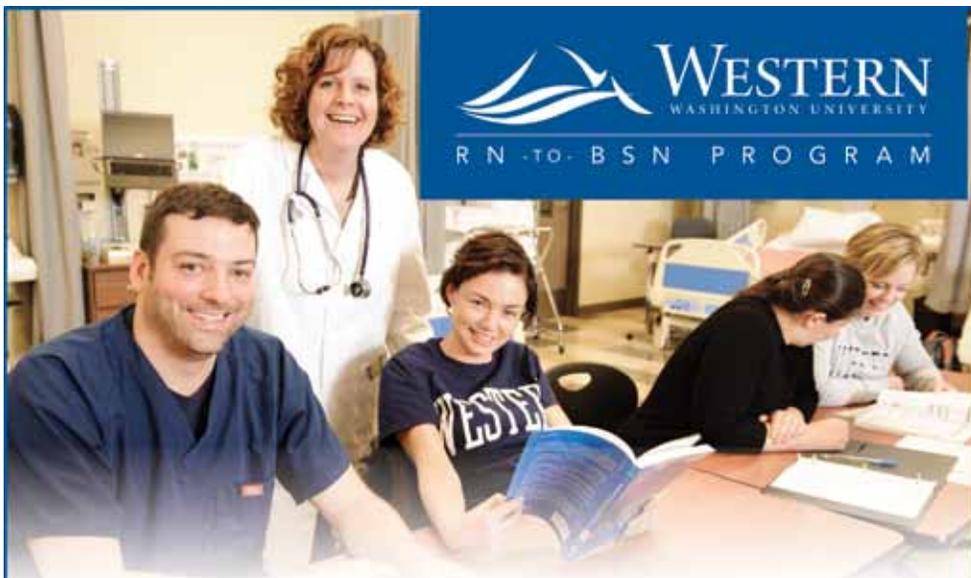
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THE ROAD AHEAD FOR ACADEMIC PROGRESSION IN WASHINGTON STATE NURSING

Having acquired a second \$300,000 Academic Progression in Nursing (APIN) grant from the Robert Wood Johnson Foundation, we have rolled up our sleeves to build on the progress we made in the first phase of the APIN project to ensure Washington State has a diverse and highly educated nursing workforce.

During these two years, we are emphasizing collaboration with nursing employers to promote academic progression for associate degree in nursing (ADN) prepared Washington State registered nurses. We have formed a core practice-partner team, which includes representatives from all regions in Washington. Urban and rural organizations are involved in this phase of the work. These partners are enthusiastic about identifying and sharing local successes and struggles. Together, we will work toward developing additional information and necessary resources to support nurses who go back to school to earn a BSN or higher.

Academic institutions in Washington State reached an innovative agreement last year, which streamlines the number of credits required for an associate degree in nursing. At least 14 colleges are working on being early adopters of the Associate in Nursing Direct Transfer Agreement/Major Ready Pathway (DTA/MRP) degree.

The APIN project supports the implementation of the DTA/MRP by early adopter colleges, as well as developing methods for sustaining this model. Our collaboration with the Nursing Care Quality Assurance Commission, the State Board

for Community and Technical Colleges, and the Council on Nursing Education in Washington State has been instrumental in making sure students have access to a shorter, more affordable path toward a bachelor of science in nursing.

As with many brand-new enterprises, some aspects are left to expand. The DTA/MRP pathway does not yet include a plan of progression for licensed practical nurses (LPNs). Nurse educators are working to develop with an LPN-to-RN alignment with this DTA/MRP. Financial aid discrepancies across the state and the changing national accreditation landscape are but two issues to address.

The APIN team will also conduct a survey of state RN-to-BSN programs to gather information about their access, capacity and quality of RN-to-BSN education. We will be looking at the programs' curricular focus, what teaching approaches they use to meet student needs, what support is available for students from under-represented minority (URM) communities, and the faculty and student characteristics that affect programs' ability to ensure seamless academic progression for RN-to-BSN students.

We are proud to have formally launched the Diversity Mentoring Program in western Washington, which pairs nursing students and new nurses from URM backgrounds with experienced nurses, and will work on expanding the project statewide, as well as developing other supportive systems for URM students. We will continue to identify and support geographically

Academic institutions in Washington State reached an innovative agreement last year, which streamlines the number of credits required for an associate degree in nursing.

diverse and URM nurses for leadership roles in healthcare organizations and in state policy-making institutions.

On that note, I am excited to share the news about a new national venture to place 10,000 nurses on governing boards by 2020. In my previous article, I wrote about the importance of nurses playing a more pivotal decision-making role on boards and commissions in improving the health of all people. This has been a focus of the Washington State Nursing Action Coalition since its foundation. The newly established national Nurses on Boards Coalition, which has more than 20 member organizations, amplifies this effort. The coalition will implement a national strategy aimed at bringing nurses' perspectives to governing boards, and national and state commissions, and advisory boards with an interest in health. We are looking forward to seeing the continued positive effect nurses have on decisions that affect the wellness of our communities.

BY CHARLOTTE FOSTER,
BSN, MHA, RN
CONSISTENT STANDARDS OF
PRACTICE SUB-COMMITTEE
CHAIR, NCQAC MEMBER

DEBORAH CARLSON,
MSN, PMC, RN
ASSOCIATE DIRECTOR-NURSING
PRACTICE

Two New Advisory Opinions from the Nursing Commission

On September 12, 2014, the Nursing Commission approved two advisory opinions:

- **Standing Orders and Verbal Orders** – Provides guidance and recommendations about the roles, responsibilities, and practice standards in using standing and verbal orders.
- **Administration of Sedating, Analgesic, and Anesthetic Agents** – Provides guidance and recommendations about the roles, responsibilities, and practice standards for administration of sedating, analgesic, and anesthetic agents. This also rescinds two previous advisory opinions: Scope of Practice for the Registered Nurse in the Administration of Procedural Sedation and the Management of Patients Receiving Procedural Sedation (July 13, 2005), and Managing Patients Receiving Epidural Analgesia (August 2003).

You may review the advisory opinions on the NCQAC Practice Information webpage. <http://www.doh.wa.gov/LicensesPermitsandCertificates/Nursing-Commission/PracticeInformation>

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The Nursing Commission is very excited about the Nursys® E-Notify system and wants to make sure you are aware of its availability to any organization that wants to track nursing licensure status. Registered nurses, licensed practical nurses, and advanced registered nurse practitioners can sign up to get an automatic reminder that their nursing license is due.

The National Council of State Boards of Nursing recently notified us that subscription to this system is now completely free regardless of the number of nurses registered in the system. Employers can use this system whether they have a few nurses or thousands of nurses working for them. Employers can add nurses to the system manually or upload using an application-programming interface.

Nurse employers need an easy way to verify nursing licensure and receive notification of changes. The National Council of State Boards of Nursing's Nursys® has a national database that provides real-time

The National Council of State Boards of Nursing recently notified us that subscription to this system is now completely free regardless of the number of nurses registered in the system. Employers can use this system whether they have a few nurses or thousands of nurses working for them.

information easily and quickly. The information is considered "primary source" because it is obtained directly from state nursing boards or commissions.

Once nurses are entered into the system, notification about changes in licensure status will occur as soon as they are made. The system will alert subscribers when the following changes are made to the nurse's record:

- License status
- License expirations
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- Disciplinary action
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Deborah Carlson, MSN, PMC, RN
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March 13, 2015, *Olympia area*
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May 8, 2015, *Spokane*
Business Meeting

July 9, 10, 2015, *Seattle area*
Business Meeting

September 11, 2015, *Vancouver*
Business Meeting

November 13, 2015, *Kent*
Business Meeting



Better Health, Higher Quality and Lower Cost Health Care

The **University of Washington Bothell** (UWB) is pleased to announce that the Nursing and Health Studies program has become the School of Nursing and Health Studies (NHS). The University of Washington Board of Regents approved this transition in recognition of the school's growing size, complexity and impact. While remaining deeply connected to its sister programs in Seattle and Tacoma, this change will facilitate the school to tailor its BSN, MN and Health Studies degrees to the evolving needs of our region and the rapidly shifting health sector. In concert with the other schools and UWB's commitment to community engagement, cross-disciplinary and connected learning, the school's nursing degrees prepare students to participate in the "triple aim" of health care reform: better health, higher quality and lower cost health care.

The UW Bothell School of Nursing and Health Studies is part of

the fastest growing, most diverse and "highest value" campus in Washington State currently offering a first year entry BSN degree in partnership with Everett Community College. Students in the School of NHS have access to an increasing number of online and hybrid courses, including those within the Health Studies (global and public health) degree. Our Master's degree prepares nurses for advanced leadership and educational roles in multiple sectors.

UW Bothell NHS students take advantage of doctorally prepared faculty with degrees in nursing, public health, medical anthropology, biochemistry, philosophy, Human Development and Family Studies and Education. The school's current dean is David Allen, Ph.D., who previously chaired the departments of Psychosocial Nursing, Psychosocial and Community Health and Gender, Women & Sexuality Studies at the University of Washington Seattle.

Mandatory Reporting

Nurses are required to report certain acts or behaviors to authorities when they occur. Examples include abuse and neglect. Under state law, RCW chapter 74.34 and RCW chapter 26.44, abuse and neglect include abandonment, which is defined as an action or inaction by a person or entity with a duty of care for the patient that leaves the patient without the means or ability to obtain necessary food, clothing, shelter, or healthcare.

Abuse

- The willful action or inaction that inflicts injury, unreasonable confinement, intimidation, or punishment on a patient who is unable to express or demonstrate physical harm, pain, or mental anguish. Under the law, abuse is presumed to cause physical harm, pain, or mental anguish. This includes sexual, mental and physical abuse, or exploitation of a patient.

Physical abuse

- The willful action of inflicting bodily injury or physical mistreatment to a patient. Physical abuse includes, but is not limited to, striking with or without

an object, slapping, pinching, choking, kicking, shoving, prodding, or the use of chemical restraints or physical restraints unless the restraints are consistent with licensing requirements, and includes restraints that are otherwise being used inappropriately.

Mental abuse

- Any willful action or inaction of mental or verbal abuse, which includes but is not limited to coercion, harassment, inappropriately isolating a patient from family, friends, or regular activity, or ridiculing, intimidating, yelling or swearing at a patient.

Exploitation

- An act of forcing, compelling, or exerting undue influence over a patient causing the patient to act in a way inconsistent with relevant past behavior, or causing the patient to perform services for the benefit of another. This includes using deception, intimidation, or undue influence to obtain use of the property, income, resources, or trust funds of a

patient for the benefit of a person or entity other than the patient.

Sexual abuse

- Any form of sexual contact including but not limited to unwanted or inappropriate touching, rape, sodomy, sexual coercion, sexually explicit photographing, and sexual harassment.

Neglect

- A pattern of conduct or inaction by a provider or entity with a duty of care that fails to provide the goods and services that maintain physical and/or mental health of a patient or that fails to avoid or prevent physical or mental harm or pain to a patient; or
- An act or omission by a provider or entity with a duty of care that demonstrates a serious disregard of consequences of such a magnitude as to constitute a clear and present danger to the patient's health, welfare, or safety..

If the patient shows signs of abuse or neglect, the healthcare provider and entity must report to the appropriate agency. The following contact information is provided for reporting abuse or neglect:

- Child protective services
866-363-4276
- Adult protective Services
877-734-6277
- Residential Care Services
800-562-6078
- Department of Health
360-236-2620 or 800-525-0127
<http://www.doh.wa.gov/LicensesPermitsandCertificates/FileComplaint-AboutProviderorFacility>.
- For emergencies or local law enforcement, call 911.





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How Effective is Long-Term Opioid Therapy?

FREE COURSE OFFERING

The National Institutes of Health (NIH) recently published a systematic review from the Agency for Healthcare Research and Quality (AHRQ)* about the current evidence on long-term opioid therapy for chronic pain. A key finding was that the confidence level in the efficacy of long-term therapy was ranked “no higher than low” due to methodological shortcomings and imprecision.

Today there are over 16,000 prescription drug deaths per year in the U.S. Opioids are causing a public health crisis due to misuse, abuse and overdose. The U.S. Food and Drug Administration (FDA) issued a Risk Evaluation and Mitigation Strategy (REMS) for extended-release and long-acting opioids in an effort to improve the safety of opioid therapy.

The AHRQ report affirmed that:

- Long-term opioid therapy was associated with increased risk of abuse, overdose, fracture, myocardial infarction, and markers of sexual dysfunction, with several studies showing a dose-dependent association.
- Methodological shortcomings—such as varied definitions and measures—made it difficult to draw conclusions, as shown by:
 - In 10 uncontrolled studies, rates of opioid abuse were 0.6-8 percent and rates of dependence were 3-26 percent in primary care settings, but definitions and measures varied.
 - Rates of aberrant drug-related behaviors ranged from 5-37 percent.
 - To date, no study has evaluated effects of long-term opioid therapy versus no opioid therapy.



There is widespread recognition that improved knowledge of opioid safety and efficacy is an essential clinical practice competency for all healthcare providers. The University of Washington (UW) offers an online course to help healthcare providers with decisions about how to handle opioid prescribing safely. COPE-REMS is an interactive, no-cost CME aimed at providing quality, evidence-based training on safe opioid prescribing. COPE-REMS stands for Collaborative Opioid Prescribing Education (COPE) for REMS, a course that offers CME credit through the University of Washington’s School of Medicine. The COPE-REMS course is available at: www.COPEREMS.org.

The COPE-REMS online course is a self-paced tutorial aimed at healthcare providers—including registered nurses, ARNPs, physicians, PAs, psychologists—and other care managers who are involved in treating patients with chronic pain. COPE offers practical tips and solutions to providers, as well as communication training to boost the confidence of

providers faced with the often-challenging situation of managing patients experiencing chronic pain. Anyone with access to Internet can take it.

The COPE course is designed to:

- Meet and exceed FDA REMS requirements on safe opioid prescribing
- Offer guidance about when it is appropriate to prescribe, change a dose level, or discontinue opioid prescribing
- Offer counseling tips on safety for providers; e.g., on how to educate patients about the safe storage and disposal of prescribed opioids
- Model patient-prescriber interactions through video vignettes so that providers learn how to communicate better and handle difficult situations

By taking this course, providers are better able to say “Yes” or “No” to patients demanding opioids and do so confidently.

*Chou R et al. The Effectiveness and Risks of Long-Term Opioid Treatment of Chronic Pain. AHRQ Publication No. 14-E005-EF. Rockville, MD: Agency for Healthcare Research and Quality; September 2014.

Clinical Nurse Specialists in Washington State and Advanced Practice: A RESEARCH PROJECT TO DISCOVER THE ISSUES

Clinical nurse specialists (CNSs) are not licensed in Washington State. They hold an RN license and can practice within the scope of practice of an RN. However, CNSs are educated for a wider scope of practice which includes the ability to write orders for patient care and prescribe medications within their scope of practice without a physician's oversight 1. Washington State has opened the rules that govern advanced practice to include the CNS. If the CNSs can be included as one of the designations within the rules, they will be able to extend their scope of practice to the full extent of their education. A synopsis of the purpose, methods and results is presented here.

Purpose:

This research project was launched to discover the issues surrounding CNS practice in Washington and issues that may arise if CNSs are included in the Advanced Practice rules.

Research methods:

Surveys and interviews were conducted from May through November, 2013 from four stakeholder groups in Washington: RNs who self-identified as CNSs, CNS students, CNS graduate education programs, and CNS employers. In addition, state board representatives from states that recognize CNSs as advanced practice nurses were interviewed to discover issues

Table 1: Summary of Data Collection

Targeted Stakeholder Groups	Method	Completed responses
CNS students	Surveys	49 respondents
Practicing RNs self-identifying as CNSs ^a	Surveys	320 respondents
Facilities that employ CNSs ^b	Surveys	12 respondents
In depth interviews with nurse administrators from facilities that employ CNSs	Issue credential	8 interviews
Representatives of CNS educational programs	In-depth Interviews	3 interviews
Representatives from states with CNS title recognition ^c	In-depth Interviews	10 interviews

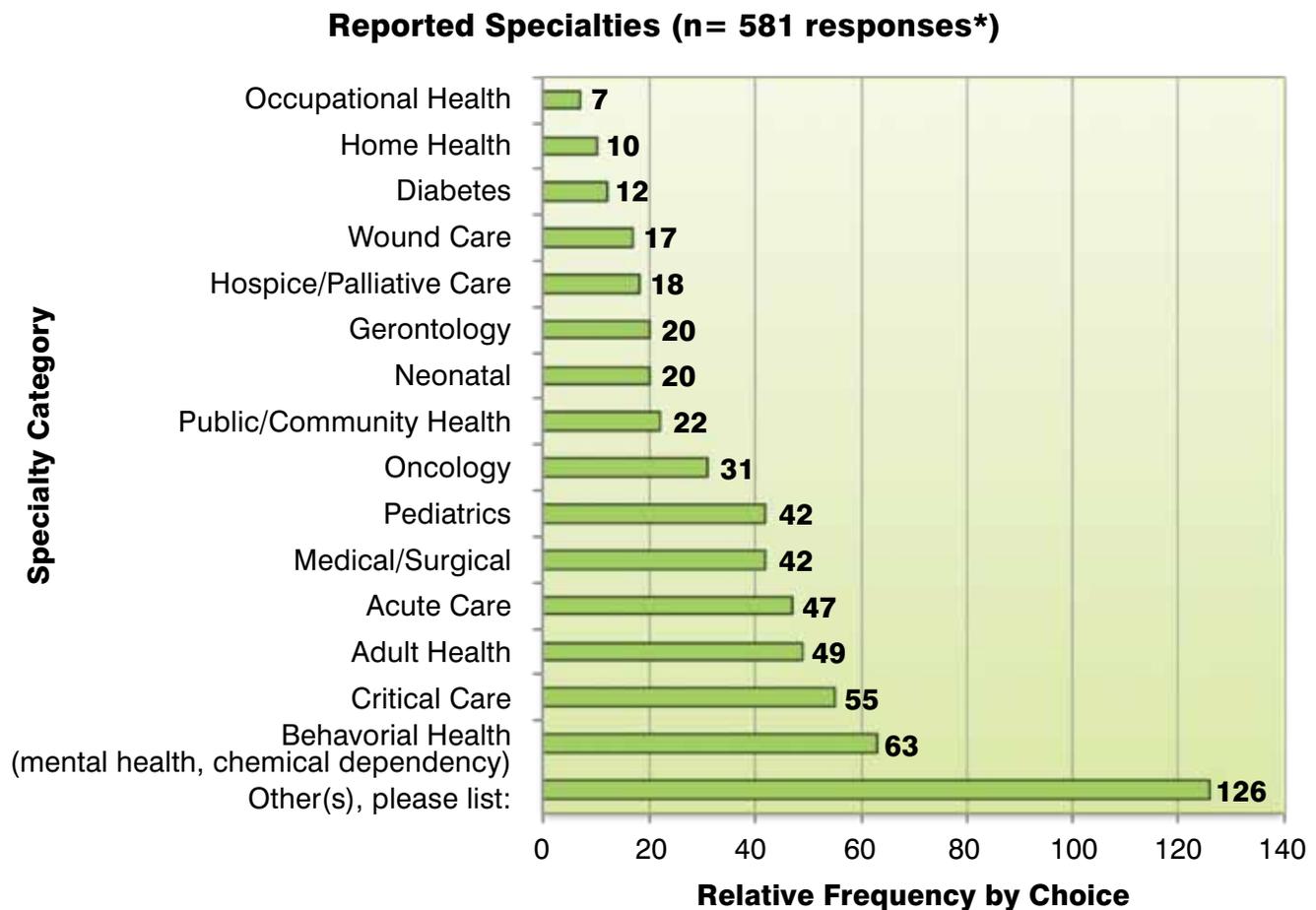
- Surveys were sent to all RNs in Washington State: 475 responded. 320 self-identified as CNSs
- Surveys were sent to 108 facilities deemed most likely to employ CNSs: 56 responded only 12 employed CNSs.
- States chosen were those with recent addition of CNSs to Advanced Practice roles. The 10 interviews represented 6 different states. States are not named to maintain confidentiality of the respondents.

Table 2: Profile of Interviewed States

Region	State Population	Year of CNS Title Recognition	Prescriptive Authority
New England	~5.9 million	Obtained in past year	No
New England	~1.1 million	Obtained in past year	Yes
Pacific Northwest	~1.6 million	More than 5 years ago (1998)	Yes
Pacific Northwest	~583,000	Yes	Yes
Pacific Northwest	~3.9 million	More than 5 years ago (2002)	Yes
Pacific Northwest	~2.9 million	More than 5 years ago (1981?)	Yes
Southwest	~2 million	More than 5 years ago	Yes
Midwest	~723,000	More than 5 years ago	Yes

Note: States are not named to protect anonymity of respondents.

Figure 1: Reported CNS Specialties



*Although there were only 320 RNs self-identifying as a clinical nurse specialists, many reported more than one specialty

they encountered when writing and implementing regulations for advanced practice CNS. See Tables 1, and 2 and Figure 1 for description of respondents, and Figure 2 for viewpoints of CNS respondents about CNS inclusion in advanced practice rules.

Interview results:

Interviews were conducted (see Table 2) with eight administrators or managers familiar with CNSs status in their facilities. Three educators were interviewed, one from each of the only three graduate programs that currently have CNSs programs. Ten interviewees were recruited from states identified as having the most information about the history of regulation and its implementation in their respective states.

Administrators and managers of facilities were uniformly supportive of CNS inclusion in advanced practice rules. They had questions about whether roles would need to change for their CNS employees if the rules went into effect. Several facilities managers said some CNSs employees did not manage individual patient care. Their roles encompassed system-level coordination or providing education needed for RNs. They noted that if these CNSs desired advanced practice licensure, they would be able to shift their roles, and provide the experiences and clinical practice time needed to meet requirements of an advanced practice role.

The three educational institutions had very few students in CNSs tracks (3 to 6). Numbers had dwindled partly because of

lack of additional licensure in the state as well as because of changing national certification exams that were changing. The changing national picture made it difficult to anticipate which certifications would fit for their curriculum and faculty. Although 46 students responded to the surveys about being in a CNS program, the disparity between the few in the Washington, and the number of students, was not immediately apparent.

Interviewees from other states shared information about both getting legislation passed, and the implementation phase after it was passed. Experiences included many years of incremental progress and compromises before passing the legislation. Five of the six states

continued on page 24

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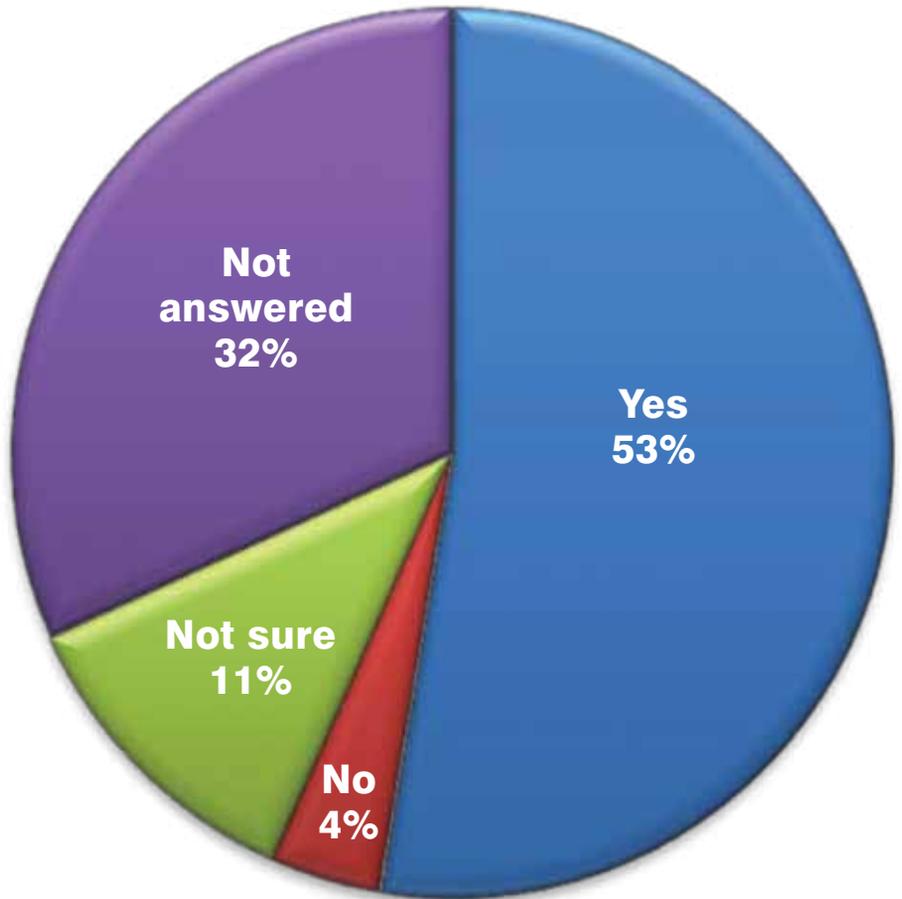
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Figure 2: Perspectives about CNS licensure in WA

**Should CNS be included
in APRN Licensure (n=475)**



found nurse practitioner and CNSs united in their efforts. Implementation issues at times slowed the process of getting CNSs licensed once it was available. Getting the revised applications completed and on line slowed the process. The usual picture was 20 to 40 applicants the first two years when it was known there were more than 200 CNSs who would qualify.

In conclusion, the information gathered was helpful in anticipating possible roadblocks if Washington needs to go to the legislators. We are fortunate in Washington in being able to work through rule changes for CNS inclusion in advanced practice. However, for full alignment

with the Consensus Model, legislation will be required. The implementation phase will require good communication with practicing CNSs, employers and educators working together to promote the benefits of becoming licensed a CNS in the advanced practice arena.

REFERENCES AND ACKNOWLEDGEMENTS:

1. Refer to the *Advanced Practice Certified Nurse Practitioners and Clinical Nurse Specialist Roles* article in this as part of stakeholders meetings held since the advanced practice rules were opened in May of 2014.
2. Special thanks to all the respondents to surveys and interviews and to Maureen Cahill, Associate at the National Council of State who identified state leaders to interview and pointed out useful resources.

Medication Errors

Medication administration encompasses prescribing, transcribing, dispensing, administering drugs, and monitoring patient response. Medication errors can happen at any step and in any setting. The Institute for Safe Medication Practices identifies ten key elements with the greatest influence on medication use. Weakness in any of these areas can lead to medication errors:

1. Patient information
2. Drug information
3. Adequate communication
4. Drug packing, labeling, and nomenclature
5. Medication storage, stock, standardization, and distribution
6. Drug device acquisition, use, and monitoring
7. Environmental factors
8. Staff education and competency
9. Patient education
10. Quality processes and risk management

How can you prevent medication errors?

- Use the “five rights” of medication administration
- Do not use workarounds to bypass safety systems
- Read back and verify medication orders given verbally or over the telephone
- Ask a colleague to double-check your medication when giving, sound-alike, look-alike, or high-alert drugs
- Use an oral syringe to administer nasogastric medications
- Assess drug allergies
- Know and use your facility’s “Do Not Use” list of abbreviations
- Eliminate distractions when preparing and administering medications
- Learn as much as you can about the medications you administer
- Be aware of the role fatigue can play in medication errors

Five Rights Medication Administration

Right Patient

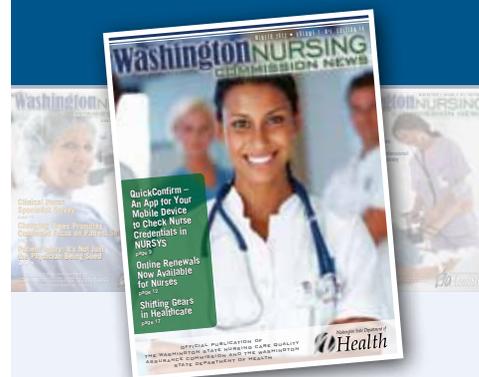
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LICENSURE ACTIONS

The following is a list of formal licensure actions taken between July 1, 2014, and December 31, 2014.

For more information, please visit Provider Credential Search
(<https://fortress.wa.gov/doh/providercredentialsearch/SearchCriteria.aspx>)
or contact Customer Service at (360) 236-4700.

LICENSEE	DATE OF ACTION	FORMAL ACTION	VIOLATION
Porter, Chris L., RN, ARNP (RN00148053, AP30006421)	07/07/14	Probation	Allowing or aiding unlicensed practice; Violation of federal or state statutes, regulations or rules
Dechenne, Jennifer S., RN (RN00124446)	07/07/14	Conditions	Alcohol and other substance abuse; Diversion of controlled substance; Violation of federal or state statutes, regulations or rules
Tucker, Glenna K., RN (RN00142058)	07/08/14	Conditions	Alcohol and other substance abuse; Criminal conviction
Hensz, Nancye N., RN (RN00172143)	07/08/14	Conditions	Alcohol and other substance abuse; Violation of federal or state statutes, regulations or rules
Middleton, Kent H., RN (RN60224857)	07/08/14	Probation	Negligence; Patient care; Violation of federal or state statutes, regulations or rules
Gonzalez, Anabel, RN (RN00164312)	07/21/14	Suspension	Violation of or failure to comply with licensing board order
Miley, Edward J., RN (RN00092541)	07/22/14	Suspension	Fraud – unspecified; Narcotics violation
Page, Gena A., RN (RN00142270)	07/23/14	Suspension	License suspension by a federal, state or local licensing authority
Rowe, Karyn M., LPN (LP60230480)	07/24/14	Suspension	Violation of federal or state statutes, regulations or rules
Vigue-Dry, Tanna N., RN (RN00155709)	07/25/14	Suspension	License suspension by a federal, state or local licensing authority
Cummings, Melissa R., RN (RN00165986)	08/01/14	Probation	Violation of or failure to comply with licensing board order
Mitike, Nigussu H., LPN (LP60048392)	08/01/14	Suspension	License suspension by a federal, state or local licensing authority; Negligence; Patient Neglect; Violation of federal or state statutes, regulations or rules
Wiles, William W., LPN (LP00044255)	08/01/14	Suspension	Violation of or failure to comply with licensing board order
Sinkwich, Michelle H., RN (RN60029600)	08/01/14	Suspension	License suspension by a federal, state or local licensing authority
Linvog, Erin L., RN (RN60245004)	08/06/14	Conditions	Criminal conviction
Garcia, Amber S., RN (RN60029533)	08/06/14	Suspension	Alcohol and other substance abuse; Failure to cooperate with the disciplining authority
Peek, Tina M., RN (RN00172809)	08/06/14	Suspension	License disciplinary action by a federal, state, or local licensing authority
Easterday, Earl R., LPN (LP00031227)	08/07/14	Suspension	Negligence; Violation of federal or state statutes, regulations or rules
Hollis, Danielle D., RN (RN60027857)	08/12/14	Suspension	License suspension by a federal, state or local licensing authority
King, Susan A., ARNP applicant (AP60439687)	08/13/14	Probation	Failure to meet initial requirements of a license; Unable to practice safely
Onkuru, Peter, RN applicant (RN60450624)	08/14/14	Licensure denied	Criminal conviction; Failure to meet initial requirements of a license
Gibbs, Kathi S., RN (RN00074299)	08/21/14	Suspension	Violation of or failure to comply with licensing board order
Smith-Gutter, Ora P., RN (RN00079416)	08/21/14	Probation	Negligence; Violation of federal or state statutes, regulations or rules
Small, Susan V., RN, ARNP (RN00082859, AP30004008)	08/26/14	Restrictions	Error in prescribing, dispensing or administering medication; Negligence; Violation of federal or state statutes, regulations or rules
Warner, Jeffery D., RN (RN60271580)	08/27/14	Conditions	Narcotics violation; Violation of federal or state statutes, regulations or rules
Baird, Hannah J., LPN (LP00054640)	08/29/14	Probation	Violation of federal or state statutes, regulations or rules
Simm, William C., Jr, RN (RN00169704)	08/29/14	Suspension	License disciplinary action by a federal, state, or local licensing authority
Garcia, Rebecca J., LPN (LP00049034)	09/02/14	Conditions	Alcohol and other substance abuse; Failure to cooperate with the disciplining authority; Narcotics violation
Reber-Madenyika, Edith T., RN (RN60206727)	09/02/14	Probation	License disciplinary action by a federal, state, or local licensing authority
Whittaker, Elizabeth A., RN (RN00077715)	09/02/14	Revocation	Alcohol and other substance abuse; Diversion of controlled substance; Fraud; Misappropriation of patient property or other property; Narcotics violation; Negligence; Violation of federal or state statutes, regulations or rules
Rogerson, Nancy K., RN	09/02/14	Suspension	Violation of or failure to comply with licensing board order

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LICENSEE	DATE OF ACTION	FORMAL ACTION	VIOLATION
Yetneberk, Patricia J., RN, ARNP (RN00086833, AP30003456)	09/03/14	Restrictions	Negligence; Records
Milles, Kevin J., LPN (LP60397473)	09/11/14	Suspension	License suspension by a federal, state or local licensing authority
Winingear, Maretta J., LPN (LP00040993)	09/16/14	Suspension	Negligence
Williams, Dianne C., RN (RN00168540)	09/17/14	Suspension	License suspension by a federal, state or local licensing authority
Bethke, Gayle R., LPN (LP00016821)	09/22/14	Revocation	Criminal conviction
Danz, Matthew J., RN (RN00148293)	09/22/14	Suspension	Violation of or failure to comply with licensing board order
Willis, Lane M., LPN (LP00024447)	09/23/14	Suspension	Violation of or failure to comply with licensing board order
Trudeau, Lael, J., RN (RN00103612)	09/30/14	Suspension	Violation of or failure to comply with licensing board order
Peralta, Kristin L., RN (RN00101340)	10/01/14	Suspension	Practicing beyond the scope of practice; Violation of federal or state statutes, regulations or rules
Peterson, Trina A., RN (RN00175604)	10/01/14	Suspension	Unable to practice safely by reason of psychological impairment or mental disorder
Lindgren, Karin, RN, ARNP (RN00168324, AP60083868)	10/02/14	Suspension	Unprofessional conduct
Hayes, Lesa M., LPN (LP60196245)	10/02/14	Reprimand	Violation of federal or state statutes, regulations or rules
Dixon, Shawanna L., RN (RN00170527)	10/02/14	Suspension	Unable to practice safely by reason of physical illness or impairment
Lockrem, Michael T., RN (RN60100809)	10/02/14	Suspension	Diversion of controlled substance; Fraud – unspecified; Violation of federal or state statutes, regulations or rules
Leach, Tiffany E., RN (RN00161236)	10/03/14	Conditions	Alcohol and other substance abuse; Diversion of controlled substance; Narcotics violation; Violation of or failure to comply with licensing board order
Bamberger, Christy L., LPN (LP00048539)	10/08/14	Suspension	License suspension by a federal, state or local licensing authority
Kanyingi, Evans I., LPN (LP60470837)	10/10/14	Licensure denied	Criminal conviction; Failure to meet initial requirements of a license; Violation of or failure to comply with licensing board order
Michaelis, Vallyna D., RN (RN00162605)	10/10/14	Suspension	License suspension by a federal, state or local licensing authority
Thaves, Amy J., RN (RN00134256)	10/30/14	Conditions	Alcohol and other substance abuse; Diversion of controlled substance; Narcotics violation; Violation of federal or state statutes, regulations or rules
Christensen, Kimberly M., RN (RN00150775)	10/30/14	Conditions	Alcohol and other substance abuse; Narcotics violation
Lincoln, Laura R., RN (RN00150836)	10/30/14	Reinstatement	Diversion of controlled substance; Immediate threat to health or safety; Narcotics violation or other violation of drug statutes; Violation of federal or state statutes, regulations or rules
Dedman, Leanna D., LPN (LP60389024)	10/31/14	Suspension	License suspension by a federal, state or local licensing authority
Lewis-Walker, Donna G., RN (RN00087058)	10/31/14	Conditions	Violation of or failure to comply with licensing board order
Rath, Caroline C., RN (RN00154030)	10/31/14	Suspension	License suspension by a federal, state or local licensing authority
Base, Chris M., RN (RN00172925)	11/04/14	Probation	Negligence; Practicing beyond the scope of practice; Violation of federal or state statutes, regulations or rules
McBain, Cyndi M., LPN (LP00028789)	11/10/14	Suspension	Negligence; Patient abuse; Patient care; Violation of federal or state statutes, regulations or rules
McKenzie, Susan H., RN (RN00125529)	11/12/14	Suspension	Violation of or failure to comply with licensing board order
Edwards, Laura C., RN (RN00134145)	11/14/14	Suspension	Alcohol and other substance abuse; Diversion of controlled substance
Hunter, Bilinda M., LPN (LP00049336)	11/24/14	Revocation	Alcohol and other substance abuse; Diversion of controlled substance; Error in prescribing, dispensing or administering medication; Failure to cooperate with the disciplining authority; Fraud – unspecified; Negligence; Patient abuse; Violation of federal or state statutes, regulations or rules
Johnson, Wendy S., LPN (LP60252936)	11/24/14	Suspension	Alcohol and other substance abuse; License suspension by a federal, state or local licensing authority
Sauer, Jeannine AI, RN (RN00173631)	11/25/14	Probation	License suspension by a federal, state or local licensing authority
Lassila, Quahlee D., RN, ARNP (RN00135084, AP30005437)	12/02/14	Probation	Negligence, Violation of federal or state statutes, regulations or rules
Smith-Gutter, Ora P., RN (RN00079416)	12/03/14	Suspension	Violation of or failure to comply with licensing board order
Collins, Sheila R., RN (RN00088462)	12/08/14	Suspension	Violation of or failure to comply with licensing board order
Wiles, William W., LPN (LP00044255)	12/09/14	Reinstatement	Violation of or failure to comply with licensing board order
Wieand, Susanne K., RN (RN00084762)	12/09/14	Conditions	Alcohol and other substance abuse
Carter, Bernadette B., RN (RN00140529)	12/10/14	Suspension	Violation of or failure to comply with licensing board order
Carr, Patricia R., RN (RN00152118)	12/10/14	Suspension	Negligence
Wagner, Lynn D., LPN (LP60001091)	12/15/14	Suspension	Violation of or failure to comply with licensing board order
McNeely, Debra G., RN (RN00156589)	12/22/14	Suspension	Alcohol and other substance abuse; Narcotics violation
Chavez, Sharol L., RN ARNP (RN00127449, AP30004745)	12/30/14	Surrender	Narcotics violation; Negligence; Violation of federal or state statutes, regulations or rules
Spradlin, Becky L., LPN (LP00054995)	12/31/14	Probation	Criminal conviction
Wattez, Robert J., RN (RN00126536)	12/31/14	Probation	License disciplinary action by a federal, state, or local licensing authority
Vigue-Dry, Tanna N., RN (RN00155709)	12/31/14	Reinstatement	License suspension by a federal, state or local licensing authority

The following is a list of Stipulations to Informal Disposition taken between July 1, 2014, and December 31, 2014. 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
Winters, Janet D., RN (RN00056459)	07/09/14	Conditions	Alcohol and other substance abuse; Violation of federal or state statutes, regulations or rules
Jeffrey, Suellen L., RN (RN00082128)	07/09/14	Probation	Negligence; Violation of federal or state statutes, regulations or rules
Buntin, Nicole A., RN (RN60405445)	07/09/14	Conditions	License suspension by a federal, state or local licensing authority
Stradnick, Nancy J., RN (RN00068962)	07/09/14	Surrender	Violation of federal or state statutes, regulations or rules
Shields, Christine S., RN (RN00078227)	07/21/14	Surrender	Negligence; Practicing beyond the scope of practice; Violation of federal or state statutes, regulations or rules
Marsaw, Karen L., RN (RN00057643)	08/06/14	Surrender	Error in prescribing, dispensing or administering medication; Negligence; Violation of federal or state statutes, regulations or rules
Njenga, Pauline N., LPN (LP60084042)	09/02/14	Probation	Violation of federal or state statutes, regulations or rules
Bik, Hniang P., LPN, RN (LP60209831, RN60406103)	09/02/14	Probation	Negligence; Violation of federal or state statutes, regulations or rules
Johnston, William B., RN (RN00077243)	09/02/14	Probation	Negligence; Violation of federal or state statutes, regulations or rules
Ginez, Emelmarie A., RN (RN00120461)	09/02/14	Surrender	Negligence; Violation of federal or state statutes, regulations or rules
Lavorato, Elisa M., RN (RN00120679)	09/02/14	Surrender	Negligence; Violation of federal or state statutes, regulations or rules
Tanner, Tracy A., RN (RN00160737)	09/02/14	Surrender	Negligence; Violation of federal or state statutes, regulations or rules
Fadele, Florence I., RN, ARNP (RN00140638, AP60002792)	09/16/14	Probation	Negligence; Violation of federal or state statutes, regulations or rules
Gardner, Polly E., RN, ARNP (RN00068536, AP30003450)	10/02/14	Conditions	Alcohol and other substance abuse; Diversion of controlled substance
Lusk, Laura L., RN, ARNP (RN00099290, AP30004955)	10/02/14	Conditions	Alcohol and other substance abuse
Scherer, Jennifer M., RN (RN00141198)	10/02/14	Probation	Practicing beyond the scope of practice; Violation of federal or state statutes, regulations or rules
Pape, Denise K., LPN (LP00035717)	10/30/14	Conditions	Negligence; practicing beyond the scope of practice; Violation of federal or state statutes, regulations or rules
Alameda, Sharon K., LPN (LP00058687)	10/30/14	Probation	Fraud – unspecified; Violation of federal or state statutes, regulations or rules
Annas, Kathleen L., RN (RN00063512)	10/30/14	Surrender	Narcotics violation; Negligence; Violation of federal or state statutes, regulations or rules
Harris, Mindi D., RN (RN60235503)	10/30/14	Probation	Negligence; Unauthorized dispensing of medication; Violation of federal or state statutes, regulations or rules
Fierst, Alexandra L., RN (RN60347694)	10/30/14	Probation	Fraud – unspecified; Violation of federal or state statutes, regulations or rules
Page, Katherine E., LPN (LP00008266)	12/10/14	Probation	Negligence; Violation of federal or state statutes, regulations or rules
Reza-Garcia, Vickie E., LPN (LP00038357)	12/10/14	Probation	Negligence; Violation of federal or state statutes, regulations or rules
Frantska, Joanne T., RN (RN00084804)	12/10/14	Surrender	Violation of federal or state statutes, regulations or rules
Rogers, Dianne A., RN (RN00129907)	12/10/14	Probation	Practicing beyond the scope of practice
Nichols, Kevin D., RN (RN00133539)	12/10/14	Probation	Negligence; Violation of federal or state statutes, regulations or rules
Dworsky, Baila, RN (RN60077107)	12/31/14	Probation	Failure to maintain records or provide medical, financial, other requirement information; Negligence; Violation of federal or state statutes, regulations or rules

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