

Recognizing and Treating the Impaired Nurse: An Online Continuing Education Course

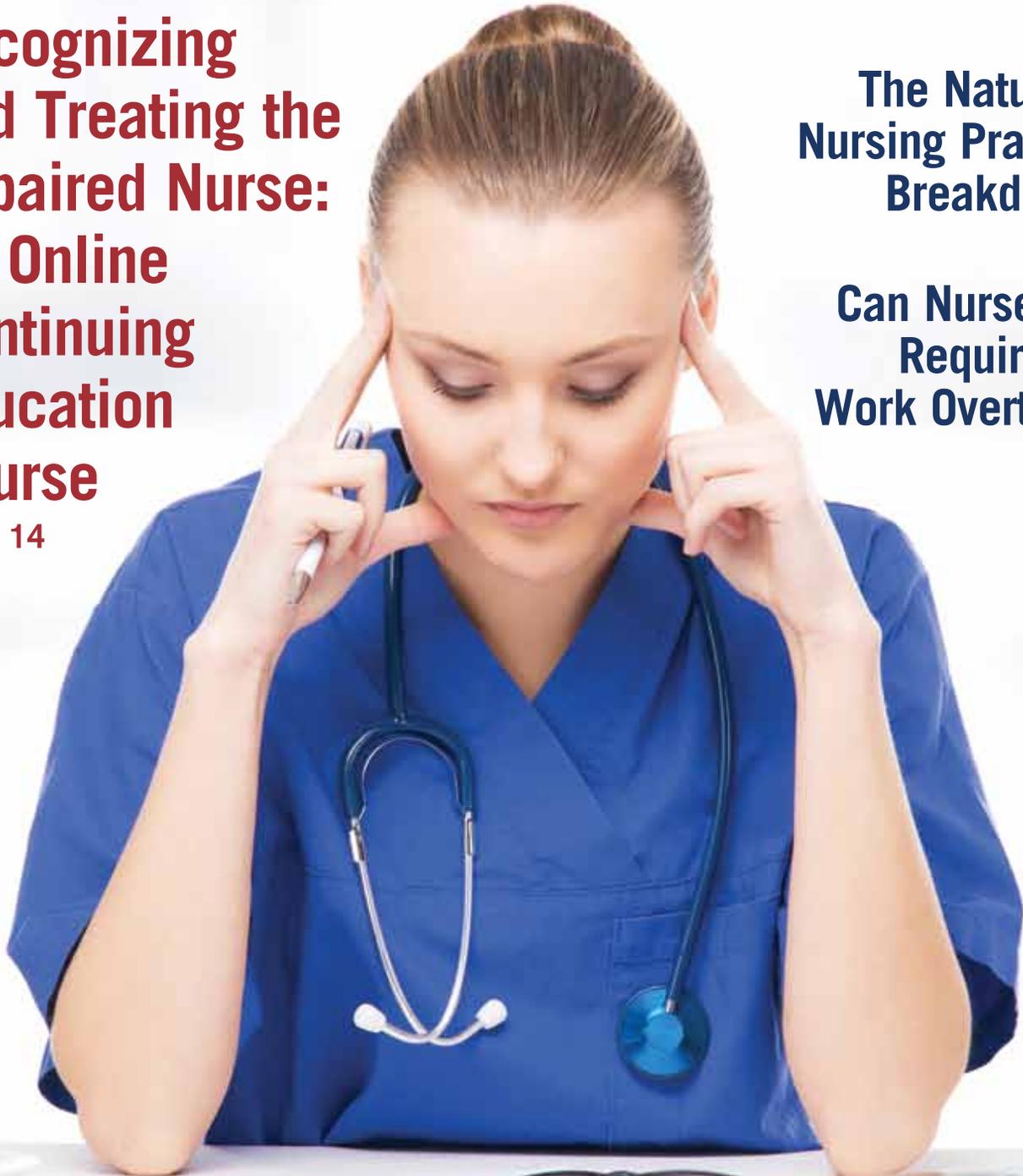
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The Washington Nursing Commission News circulation includes over 100,000 licensed nurses and student nurses in Washington.



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

Executive Director

Paula R. Meyer, MSN, RN, FRE

Editor

Mindy Schaffner, PhD, MSN-CNS, RN

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Message from the Chair

BY MARGARET E KELLY, BS, LPN

Welcome to the 2016 winter edition of the Washington State Nursing Care Quality Assurance Commission (NCQAC) newsletter.

The nurses in our state have been honored to have two of our commission members recently elected to regulatory leadership with National Council of State Boards of Nursing (NCSBN), www.ncsbn.org. Tracy Rude, LPN is serving on the Leadership Succession Committee and Suellen M. Masek, MSN, RN, CNOR is serving on the Board of Directors. In addition our commission is well represented at the national level with several members and staff serving on various committees.

This semi-annual newsletter provides education and practice updates from various subcommittees and staff members.

- The Advanced Practice Subcommittee identifies the top five issues that advanced practitioners faced in 2015. The article is on page 22.
- The Consistent Standards of Practice Subcommittee provides two new advisory opinions:
 - “Opioid Related Overdoses” is on page 9; and
 - “Physician Ordered Life Sustaining Treatment (POLST)” on page 10.
- The Discipline Subcommittee discusses remediation in two articles:
 - “Recognizing and Treating the Impaired Nurse” on page 14; and
 - “The Investigative Process” on page 12.

The commission is legally mandated to license and regulate licensed practical nurses (LPN), registered nurses (RN), and advanced registered nurse practitioners (ARNP) in Washington. In order to safely license and regulate nurses, the newsletter provides information on a proposed new background check process called Rap Back. Learn more about this on page 18.

Also in our previous issue, we asked for your input and participation. We are pleased with the response. You contacted us through phone calls and emails. You attended business and subcommittee meetings, and participated in stakeholders and rules groups. See our webpage to stay informed and learn about opportunities to be involved: <http://www.doh.wa.gov/LicensesPermitsandCertificates/NursingCommission>.

Please continue to give feedback and have your voice heard. This benefits those we serve, our colleagues, and ourselves.

You promote professional excellence, nursing practice standards, and lifelong learning. Here's to you and your continued success in 2016. Enjoy and use your Washington Nursing Commission News.

Margaret E. Kelly, BS, LPN, Chair
Nursing Care Quality Assurance Commission

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Message from the Executive Director

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

Happy 2016!

The Nursing Commission needs you!

Each year, commission members complete their terms on June 30. This year, three members complete their terms. Recruitment for new members begins now for one registered nurse, a licensed practice nurse and a public member. To apply for these positions, complete the application at <https://fortress.wa.gov/es/governor/boardsapplication>. The governor appoints members to serve up to four-year terms. Each member may be eligible to serve two terms. If you have any questions about the process or work of the Nursing Commission, please contact the Nursing Commission office at 360-236-4700 or nursing@doh.wa.gov. Please submit your application no later than March 31, 2016.

Why does the Nursing Care Quality Assurance Commission publish the Nursing Commission News? Who reads the Nursing Commission News? More importantly, who does not read the Nursing Commission News and why?

The Nursing Commission is committed to providing a newsletter to all licensed nurses in Washington. We partner with PCI Publishing Inc. to provide you with a high-quality magazine that includes articles on nursing regulation: education, licensing, discipline and practice. The Nursing Commission produces two issues of the Nursing Commission News per year. The commission distributes one issue by mailed hardcopy and electronic methods, and the second issue by electronic methods. Licensing dollars support mailing the paper issue to all nurses, nursing education programs, and major employers. PCI Publishing Inc. prints the magazine and secures the advertising to support costs associated with the publishing.

The Nursing Commission conducted a survey several years ago to support the decision to continue with one issue of the Nursing Commission News in paper format. The survey assisted the Nursing Commission in deciding to use licensing dollars for the mailing costs of one issue.

The question of readership remains unanswered. When we asked nurses what they wanted in the Nursing Commission News, nurses responded they want answers to practice-specific questions. These responses led the Nursing Commission to publish advisory opinions. The Nursing Commission receives more than 200 inquiries per month regarding scope of practice questions from registered nurses, licensed practical nurses, advanced registered nurse practitioners and nursing assistants. Advisory opinions address issues such as the delegation of Naloxone to non-medical personnel, intubation of premature infants by clinical nurse specialists, and the administration of certain anesthetizing agents by nurses. All advisory opinions answered by the Nursing Commission are on the Nursing Commission's webpage at: <http://www.doh.wa.gov/LicensesPermitsandCertificates/NursingCommission>.

Many times, nurses contact the Nursing Commission's office with questions the Nursing Commission has not yet answered or not within its legal authority to answer. When people contact the Nursing Commission's office for advice, they expect to get information from the Nursing Commis-

sion. If the full Nursing Commission has not developed a response, office staff members are unable to fulfill the request. Both the Nursing Commission and office staff members understand this frustrates and confuses people. The Nursing Commission adopted the Scope of Practice Decision Tree for nurses to use when there are questions about practice issues. Office staff members help people to apply the scope of practice decision tree to determine safe outcomes for patients and the nurse.

Each issue of the Nursing Commission News includes the list of disciplinary actions the Nursing Commission completes. The Nursing Commission must comply with laws to inform the public of its disciplinary actions. Publishing the list in the Nursing Commission News is one method of complying with this legal requirement. The Department of Health announces disciplinary actions for all health professional regulators, including the Medical Commission, Pharmacy Commission, Nursing Home Administrator Board, etc. The media receive regular announcements regarding disciplinary actions by the department. The Nursing Commission's webpage also displays a list of disciplinary actions. The content demonstrates one of the primary purposes of the Nursing Commission, which is protection of the public through licensure discipline.

Upcoming issues of the Nursing Commission News will continue to include advisory opinions and disciplinary actions. Once a year, the Nursing Commission provides a short synopsis of legislation that affects nurses. The Nursing Commission wants this newsletter to be useful to you. Please share the newsletter with your colleagues. The Nursing Commission wants every Washington nurse to be informed.

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New Public Member Appointed to the Nursing Commission

I am semi-retired after working 40-plus years in human services and public policy. In 2014, I left my senior vice president position at United Way of Pierce County, although I continue to contract with it to manage advocacy work. I have a bachelor of arts degree from Seattle University and a master's degree in public administration from Pacific Lutheran University.

In addition to my advocacy contract with United Way (25 hours per month), I enjoy considerable time volunteering on political campaigns. My political activism

goes back to serving as campus coordinator for the George McGovern presidential campaign in 1972 at Seattle University. I also ran for the state House of Representatives in 1990, winning on election night, only to have my victory overturned in the absences a week later.

My other hobby is running and hiking with my beloved Irish terrier, Sheeva. We have won a couple of 5K races recently in the "women 60-plus" category. In 2015, we were involved in an international contest to run or walk 2,015 miles. We

already beat that goal, covering more than 3,000 miles this year!

I pursued the public member appointment to the Nursing Commission after being recommended by former public member Erica Hallock. I worked for eight years in the 1980s for the Tacoma-Pierce County Health Department and have a major interest in public health. I saw this as an opportunity to continue to make a contribution in this arena, particularly in regard to ensuring patient safety and high quality of care via legislation.



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Saint Martin's University invites applications and nominations for a collaborative, dynamic nurse educator to lead an innovative CCNE accredited RN-to-BSN program grounded in the AACN Essentials of Baccalaureate Nursing Education and informed by the IOM Report on the Future of Nursing. The RN-to-BSN program is currently an academic program within the College of Arts and Sciences which provides rich opportunities for interdisciplinary engagement. Unique aspects of the program include an elective course in traditional Chinese medicine and options for study abroad. The university plans to submit an application for approval to develop a pre-licensure baccalaureate program, development of which will become responsibility of the director.

For additional information or to review the list of required application materials and apply for this position, please visit our website at <https://www.stmartin.edu/about/work-at-smu>.



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EOEE

PREVENTION AND TREATMENT OF OPIOID-RELATED OVERDOSES:

Advisory Opinion and Frequently Asked Questions

The Nursing Commission recently approved an advisory opinion and frequently asked questions (FAQ) document to provide guidance and recommendations about the roles, responsibilities, and practice standards for licensed nurses in

prescribing, dispensing, distributing, and delivering an opioid overdose medication (such as Naloxone). This opinion is also intended to raise awareness about the benefits of using naloxone for people at high risk of opioid overdose and those who

are in a position to assist a person who is experiencing an opioid-related overdose. The advisory opinion and FAQ are on our webpage: <http://www.doh.wa.gov/LicensesPermitsandCertificates/NursingCommission/PracticeInformation>

DEBORAH CARLSON, MSN, RN
ASSOCIATE DIRECTOR OF NURSING PRACTICE

Nursing Practice Consultation and Free Educational Activities

The nursing role is rapidly evolving as nurses are tasked with a wider range and complexity of health care responsibilities. While the basic nursing process remains the same, the way we provide nursing care is changing with the use of new tools and technologies.

The broad Washington State nursing law and rule allows nurses to practice up to their fullest extent and be able to adapt with changing times. Nurses often question whether an activity is within their scope of practice.

Our nursing practice consultants offer free educational presentations about nursing scope of practice and nursing regulations. You may count these for your continuing education hours. For more information, contact Debbie Carlson at 360-236-4700.

Examples of Free Nursing Education Presentations

Nursing Scope of Practice

- Nursing Process and Documentation
- Nurse Delegation
- Directing Care to Medical Assistants
- Directing Care to Medication Assistants
- Disruptive Behavior
- Social and Professional Boundaries
- Legal and Ethical Dilemmas in Nursing
- Early Remediation Program
- Washington Health Professional Services Program

Call 360-236-4725 or email
NursingPracticeConsultation.NCQAC@doh.wa.gov

Physician's Order for Life Sustaining Treatment (POLST)

The Nursing Commission recently revised the advisory opinion on physician's order for life sustaining treatment (POLST) and developed a frequently asked questions (FAQs) document. These documents provide guidance and recommendations about the roles, responsibilities, and practice standards for nurses and nursing assistants regarding valid POLST orders.

The Washington State Medical Association and the Washington State Department of Social and Health Services created the Washington State POLST Task Force from a

grant by the Retirement Research Foundation through the National POLST Paradigm Task Force. They developed a video for caregivers in home-based and residential settings. The video and other resources are at <http://wsma.org/POLST>.

We thank the POLST Task Force and other stakeholders for their input, insight, and comments as we developed the advisory opinion and the FAQs. These documents are on our webpage at <http://www.doh.wa.gov/License-PermitsandCertificates/NursingCommission/PracticeInformation>



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THE NATURE OF NURSING PRACTICE BREAKDOWNS

TERCAP (Taxonomy of Error, Root Cause Analysis and Practice-Responsibility™) is a national nursing adverse event database designed to collect the practice breakdown data to identify the root causes of nursing practice breakdowns. This article provides a summary of key findings for nursing practice breakdowns in Washington State from 2008 to 2014.

Nurse Characteristics

In our state, more than half of the incidents involved nurses 54 years or older. More than three-quarters reported English as their primary language and that they were educated in the United States. Seventy-five percent of practice breakdowns involved a registered

nurse; 10 percent involved an advanced practice registered nurse; and 18 percent involved a licensed practical nurse. Termination occurred in almost 33 percent of the nurses with 7 percent disciplined by the Nursing Commission.

Patient Characteristics

More than half of the incidents involved patients over 50 years old. More than three-quarters resulted in minor or no harm, with half of these occurring in community-based long-term care, and in-home settings. One-quarter occurred in hospital settings. The majority of the patients had heart and circulatory system disease, mental health conditions, or nervous system or sense organ disease and disorder.

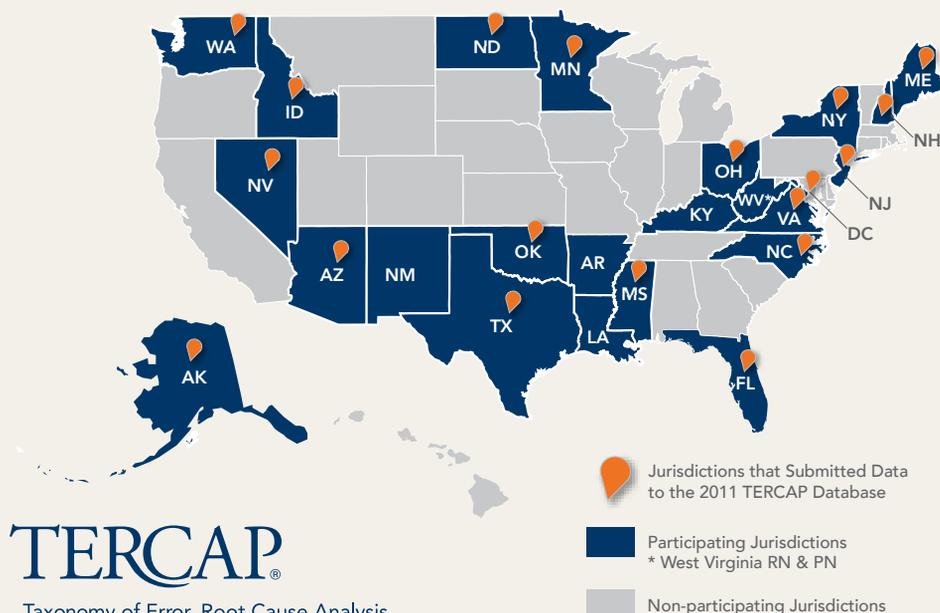
System Factors

Analysis shows 87 percent of the incidents involved communication factors, with half showing leadership factors contributing to the breakdown. Of these breakdowns, medication errors occurred 30 percent of the time with more than one-third of those errors involving omissions. One-third of practice breakdowns involve a documentation error. Findings showed about 50 percent occurred with paper documentation systems. Combination paper or electronic records showed 27 percent omission errors. Clinical reasoning, either not recognizing or misinterpreting signs, symptoms or responses to interventions, occurred in 46 percent of the cases. About 75 percent of the incidents lacked intervention, timely intervention, or skilled intervention. Overall, the primary reason for practice breakdown was professional responsibility.

Summary

The number of practice breakdowns in long-term care facilities, in-home care, community-based settings, and hospitals identified focused areas for educational interventions. The number of deaths or significant harm to patients is concerning. Communication, leadership, clinical reasoning, and professional responsibility appear to be significant factors affecting practice breakdowns. Medication errors comprise a high number of practice breakdowns for omissions. The Nursing Commission continues to monitor and analyze the TERCAP data, and attempts to address these issues through strategic planning and other activities.

Distribution of 25 Boards of Nursing Participating in TERCAP



TERCAP

Taxonomy of Error, Root Cause Analysis and Practice-responsibility

THE INVESTIGATIVE PROCESS

So what happens when you learn you are the subject of an investigation?

Chapter 18.130 RCW defines the Uniform Disciplinary Act and asserts the responsibilities of the Nursing Commission in the licensure and discipline of nurses. The details of the 25 sections of conduct, acts, and conditions that constitute unprofessional conduct are in RCW 18.130.180, including the *requirement for a licensee to cooperate with the disciplining authority*. (Find more at <http://app.leg.wa.gov/RCW/default.aspx?cite=18.130.180>).

If you have received a letter of notification from the Department of Health informing you that you are the subject of an investigation, it means the Nursing Commission received a complaint alleging unprofessional conduct against you. A panel of the commission reviewed the complaint before your notification and authorized it for investigation. In 2014, the Nursing Commission reviewed 1,482 complaints, and authorized 567 to investigation (38 percent). The commission took disciplinary action in 242 (42 percent) of the cases investigated.

The Nursing Commission authorizes investigations. It may also choose not to authorize an investigation. If it authorizes an investigation, the chief investigator

assigns the complaint for investigation. The investigations unit of the commission consists of seven clinical and non-clinical investigators, all with extensive and varied experiences.

The assigned investigator begins work on the case by gathering documents and records related to the allegation(s) the complainant made against you (the respondent). Depending on the allegation, the investigator may also contact witnesses, asking for written statements that address specific issues. The investigator does this by writing a letter of cooperation to the witnesses, asking very specific questions. The investigator is specifically limited to investigating only allegations the commission authorizes.

Depending on the nature of the investigation, investigators may speak with you early on in the investigation, or wait until after they have spoken to witnesses and gathered documents. You have 14 days to return a statement, and again, are required to cooperate with the investigation or potentially be subject to discipline simply for failing to respond. In most cases, the investigator will complete the investigation within 170 days.

Investigators encourage you to be thorough in your response as this is your

opportunity to tell the Nursing Commission what you want it to know about your situation. It is also appropriate to submit other documentation you have that supports your statement. It is very beneficial to the investigatory process for you to maintain a line of communication with the investigator.

At any time during the course of the investigation, you have the right to retain legal counsel at your expense. Attorneys representing you must submit a letter of representation to the investigator as soon as possible so investigators may speak with the attorney about the case.

Finally, the investigator's role is to gather all the appropriate evidence and statements into an investigative file and describe the evidence in a report. The investigator is not a decision-maker and may not draw conclusions or make recommendations about the case. However, the investigator is always willing to answer questions about the process, but may not discuss the details of the investigation.

Once the case file leaves the investigations unit, a staff attorney and commission member review the file to determine whether to recommend further action to the Nursing Commission.

UPCOMING NURSING COMMISSION MEETINGS

March 11, 2016, *SeaTac*
Business Meeting

May 13, 2016, *SeaTac*
Business Meeting

July 8, 2016, *Spokane*
Business Meeting

SAINT MARTIN'S UNIVERSITY

Saint Martin's University in Lacey, Washington offers an RN-to BSN program for registered nurses to further their educational and professional development. Admitting three times a year in fall, spring and summer semesters, full or part-time enrollment is offered. The learning environment is responsive to the needs of the working student. Nursing courses use a hybrid model that blends campus-based classes with online modules. Classes are scheduled each semester on Wednesday evenings from 4 pm – 9 pm. General education requirements and electives can be completed using online courses through the university's Extended Learning Division.

Courses develop critical thinking and the ability to translate research into practice, and also focus on health policy, ethics, leadership, care coordination, inter-professional collaboration and the promotion of population health in the community. An

integrative capstone experience allows students to synthesize their learning and make it applicable to their future career plans. Experienced faculty provide personal attention to each student and facilitate academic learning which is enhanced by students' interactions.

The RN-to-BSN program at Saint Martin's University is dedicated to making a positive difference in the lives of its students and others through the core values of faith, reason, service and community. Students are encouraged through inquiry and self-examination to grow in all areas of life. The curriculum is dynamic and responsive to the increasingly complex health care environment in which graduates will practice. For general program information, visit www.stmartin.edu/nursing. Questions? Contact Louise Kaplan, PhD, ARNP, FAANP, FAAN, program director by e-mail lkaplan@stmartin.edu or phone 360-412-6129.



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Kathryn E. Barnard, PhD, RN, FAAN • Marie Annette Brown, PhD, RN, ARNP, FNP-BC, FAAN
Barbara Frye, BSN, RN • Renee Hoeksel, PhD, RN
Vivian Lee, MPA, BSN, RN • Bonnie Sandahl Todd, MN, ARNP

for their lifelong contributions and achievements in professional nursing and for their leadership in the advancement of nurses and healthcare in Washington state.



More information at www.wsna.org

RECOGNIZING AND TREATING THE IMPAIRED NURSE: An Online Continuing Education Course

Washington Health Professional Services (WHPS) in partnership with the Washington State Nurses Association (WSNA) has developed the free online continuing education course *Recognizing and Treating the Impaired Nurse*. The WSNA website holds the course, along with many other courses (<http://cne.wsna.org/lets/welcome.aspx>). The WSNA provides a one-hour continuing nursing education credit for this course.

The course is modeled after the WSNA/WHPS publication *A Guide for Assisting Colleagues who demonstrate Impairment in the Workplace* (<http://www.doh.wa.gov/portals/1/Documents/Pubs/600006.pdf>).

Recognizing and Treating the Impaired Nurse provides an overview of substance disorders, and describes nurses' susceptibility to them. It also provides important information about identifying and reporting suspected impairment, and gives an overview of both disciplinary and non-disciplinary substance abuse treatment and monitoring approaches to help nurses recover and practice successfully in Washington State.

Course objectives include:

- Identify behaviors that may be indicative of substance use by nurses on the job;
- Describe the benefits of a non-disciplinary approach to substance abuse; and
- Identify three substance abuse monitoring programs for health professionals in Washington State.

Education is important because it is estimated the prevalence of alcohol and drug

The lack of education leads to a lack of awareness about signs and symptoms, and a lack of preparedness to intervene effectively. The lack of education also contributes to the negative stereotypes and stigma toward those with substance use disorders, especially toward nurses and other health professionals.

abuse in the nursing population mirrors that of the general population at 10 to 15 percent, which means more than 10,000 Washington state nurses may be affected. In addition, the American Nurses Association estimates 6 to 8 percent of nurses use alcohol or drugs to an extent that is sufficient to impair professional performance.

The lack of education leads to a lack of awareness about signs and symptoms, and a lack of preparedness to intervene effectively. The lack of education also contributes to the negative stereotypes and stigma toward those with substance use disorders, especially toward nurses and other health professionals.

The National Council of State Boards of Nursing (NCSBN) also provides many substance use disorder-related courses and resources, beginning with the video *Substance Use Disorder in Nursing* (<https://www.ncsbn.org/333.htm>). This video provides a high-level introduction for nurse managers and nurses on the

warning signs of substance use disorder, and provides guidelines for prevention, education, and intervention.

All health care organizations should have clear drug use policies and education programs in place. The first place to start is to understand substance abuse is a medical illness that can be effectively treated, and then how to effectively identify, intervene and support the nurse through recovery and the regulatory process. The resources outlined in this article will help you to gain a better understanding of this very complex and important issue.

Washington Health Professional Services is available for consultation and educational presentations. Please contact us at 360-236-2880 or whps@doh.wa.gov.

REFERENCES:

1. National Council of State Boards of Nursing (2011). *Substance Use Disorder in Nursing*, National Council of State Boards of Nursing, Inc.
2. Washington State Nurses Association (2015). *Nursing Education*, retrieved from <http://www.wsna.org/education/introduction>

THE PRACTICE OF TEACHING NURSING

Nursing education plays a critical role in ensuring the health and safety of the public by laying the foundation for nurses to develop the knowledge, skills, and attitudes to practice safely, effectively, and ethically in a professionally caring manner. Whether a student is beginning a nursing assistant program, progressing toward a practical or registered nursing license, or advancing toward graduate degree level practice – each journey begins with the need for high-quality education.

Therefore, it follows that those who choose to educate nurses fulfill a vital professional practice role. Indeed, RCW 18.79.040(1)(d) identifies the teaching of nursing as a form of nursing practice that requires “. . . substantial specialized knowledge, judgment, and skill based on the principles of the biological, physiological, behavioral, and sociological sciences.” However, what are the responsibilities and demands of this role? What are the rewards? At the November meeting of the Nursing Care Quality Assurance Commission, three commission members – also educators – elaborated on those questions.

Judy Bungay, RN, BSN, now retired, discussed her experiences teaching nursing assistant (NA) students. NAs need to observe and critically think for reporting and responding within their scope of practice, she said, adding that, “ensuring the safety and protection of the public” was “at the core” of her efforts.

Bungay described how the great diversity of students affects classroom dynamics, teaching approaches, and methodologies. She explained that NA students are diverse in age, culture, life experience, English language proficiency, and learning styles; their ages may range from 17 to



72; and they may have no work history or want to re-enter the workforce after many years away.

Bungay described varied aspects of her role: selecting textbooks; pre-testing students to learn about their learning styles and needs; respecting their differences and individual life experiences; and creating a classroom and clinical culture that shapes and positively reinforces professionally caring behaviors and attitudes.

While students find the NA program challenging at the time, Bungay said former students make positive comments: “You made a difference in my life;” “I have had this job for four years, and I am supporting my family;” and “Thank you.”

Karen Heys, MN, RN, agreed with Bungay and added additional thoughts regarding her experience teaching in a community college registered nursing program.

Heys discussed the important role of student advisement and explained that nursing faculty members help students with long-range career goals, as well as current course planning. She said she asks students where they want to go and then shows them the pathways to get there: “If we don’t talk with them about all the

possibilities of where they can go in their careers, they will have a much narrower view of what is possible.”

Heys described a few of the many other roles that nursing faculty manage. In the classroom, she identified a dual faculty role – as nurses and as educators who must master techniques to make learning meaningful. She noted the necessity of integrating technology of all types – including simulation – into classroom and clinical teaching. She explained the contributions of nursing faculty toward meeting the requirements of accrediting bodies and state agencies and how clinical teaching brings with it other responsibilities, including placement coordination, and building and maintaining relations with partnering staff and charge nurses.

Heys identified low salary and “tremendously long” hours as challenges that make it difficult to attract nurses to the faculty role. She added, however, “It is so fulfilling – the most wonderful job in the world. A few problems, but mostly joys.”

Susan Woods, PhD, RN, discussed her experience working in critical and cardiac care units before teaching in the

continued on page 16



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- Mother / Baby
- Progressive Care
- Trauma

university setting, which she has done for more than 30 years.

As an educator, Woods has taken on a myriad of roles including: classroom and clinical teaching; continuous service on numerous committees within the school of nursing and across the wider university; administrative leadership as an associate dean and graduate program coordinator; and active contributions to professional nursing organizations nationally. Indeed, she is a founding member of the Commission on Collegiate Nursing Education (CCNE).

The performance standard is high when one is teaching future educators, practitioners, and researchers, Woods explained. Accordingly, she has not only assessed textbooks, she has written them. One of the textbooks she has co-authored, *Cardiac Nursing*, is in its sixth edition, and remains a widely used and authoritative resource.

Woods has also contributed to the creation of new knowledge: "I became a researcher at a young age." She investigated questions in critical care related to pathophysiological phenomena and care approaches, such as the effect of patient position on pulmonary artery and pulmonary capillary wedge pressures.

Although not mentioned by Woods, interest in her research has led to countless professional presentations, scholarly journal publications, major grant awards, and professional honors such as being named a Fellow of the American Academy of Nursing (FAAN).

Clearly, Woods, Heys, and Bungay – and many educators like them – have a major effect on students and the profession of nursing, which translates directly to the quality of patient care. Perhaps Bungay summarized the mission and effect of nursing educators best: "What I believe in with my whole being is that we are creating a solid foundation in nursing."

CAN NURSES BE REQUIRED TO WORK OVERTIME?

Mandatory overtime is a workplace issue and a patient safety issue. The Nursing Commission does not have authority over mandatory overtime. Research shows excessive overtime adversely affects the nurse and patient. Washington State law protects some nurses. Regardless of the law, nurses are accountable and responsible for the care they provide.

Registered nurses (RNs) and licensed practical nurses (LPNs) who work for an hourly wage in acute care hospitals, hospices, and some long-term-care settings cannot be required to work overtime in excess of the established schedules or agreed-upon work week. Attempts to compel or force employees to work overtime are prohibited, except under unforeseeable emergency circumstances such as a disaster or catastrophic event. Employees may choose to work overtime voluntarily, but refusal to work overtime is not grounds for discrimination, dismissal, discharge or any other penalty.

The law does not cover all health care facilities or nurses. LPNs and RNs must be



involved in direct patient care or clinical services, receive an hourly wage, and work in one of the facilities defined in the law:

- Hospices
- Acute-care hospitals
- Rural health care facilities
- Private psychiatric facilities
- Nursing homes or home health agencies operating under a licensed health

care facility operating 24 hours a day, seven days a week

- Facilities owned and operated by the Department of Corrections or by a governing unit

The law does not cover the following facilities:

- State psychiatric hospitals
- Other state facilities operated by the Department of Social and Health Services
- Home health facilities that do not operate under the license of another health care facility
- Nursing homes that operate under their own license

Contact Washington State Department of Labor and Industries for more information at 360-902-5316 or esgeneral@lni.wa.gov

Overtime Scheduling for Nurses Fact Sheet: <http://www.lni.wa.gov/WorkplaceRights/wages/overtime/Nurse/Overtime-FactSheetNurses.pdf>



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FEDERAL CRIMINAL BACKGROUND CHECKS AND RAPBACK

You probably already know that nursing is the No. 1 most trusted profession. In addition, the Nursing Commission's primary mission is to protect the public's health and safety in the state of Washington. How do we maintain that esteemed standing in the community and continue to protect our patients in our world of high mobility between jurisdictions? Such a high level of trust in nurses requires all of us to be vigilant.

One way is for the Nursing Commission to enforce minimum standards for licensure, and this can be accomplished through federal background checks and participating in the Federal Bureau of Investigation (FBI) RapBack program. We know from our own experience and from querying other states that not all nursing applicants are truthful about past criminal histories on their applications for licensure. Washington is one of only 11 states that do not conduct federal background checks on all nursing applicants. While we would not expect a large increase in complaints because of criminal background checks, we acknowledge that even one crime committed against a vulnerable patient is one too many.

With the support of the secretary of health, the Nursing Commission introduced HB2080 in the 2015 legislative session and continued our work into 2016. HB2080 proposes to change the law to allow for federal background checks on all health care professionals, applicants and licensees, and to allow for the retention of non-criminal fingerprints to enable us to subscribe to the FBI's RapBack program.

While Nursing is taking the lead with the largest licensee population among health professions, we are encouraging other boards and commissions to join with us in this important work.

Next Generation Identification RapBack is new technology the FBI introduced in June 2014. It is essentially a continuous background check. A nurse is fingerprinted one time at a vendor with many locations throughout the state. The applicant or licensee bears the cost of fingerprint processing. It is a one-time, one-cost collection of fingerprints for the duration of the nurse's licensure. The vendor submits the fingerprints electronically to the Washington State Patrol (WSP) and to the FBI. WSP would maintain the database, which it would protect by the same rigorous security standards it uses to protect the criminal fingerprint database. The FBI continuously scans that database against criminal fingerprints. It would notify WSP if it got a positive "hit" on a licensee. The WSP would in turn notify the Department of Health and the Nursing Commission. Instead of a background check that looks only at past criminal history, this would enable us to learn of any criminal activity that might occur during the life of the licensee, anywhere in the country.

While Nursing leads this effort with the largest licensee population among health professions, we encouraged other boards and commissions to join with us in this important work. Each profession that

chooses to participate must write rules. The FBI requires each profession's fingerprints be used solely for the purpose it was collected; therefore, the fingerprint could not satisfy any other background check requirement. The Nursing Commission, and any other board or commission that would participate, retains the same authority to act on arrest or conviction information as they have always done. Once a licensee determines they will no longer use their license, or the commission revokes the license, Washington State Patrol would remove the fingerprints from the RapBack data base. The Washington State Patrol must certify this removal and the Nursing Commission informs the person of the destruction of the fingerprint. Additions to HB2080 in the 2016 session addressed privacy and individual rights.

Fingerprint-based federal background checks are considered a best practice by the National Council of State Boards of Nursing, Washington State Auditor's Office, American National Standards Institute, and the National Center on Medicare and Medicaid.

If you have questions, or would like more information, please contact Catherine Woodard, associate director of discipline, at Catherine.woodard@doh.wa.gov or 360-236-4757.



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NURSING EDUCATION AND STUDENTS WITH DISABILITIES

Nurse educators frequently ask questions about students with disabilities. Can students with disabilities be educated to perform the duties of a licensed nurse or nursing assistant? What is the expectation for reasonable accommodations in the classroom and clinical setting? How can nursing programs assess the student's abilities to perform as nurses or nursing assistants? What are some of the resources available to help nursing students with disabilities?

Students with disabilities

A postsecondary school may not deny admission simply because the applicant has a disability. However, the school is not required to lower or substantially modify essential requirements. It is important for the school to have published policies so that students know how to request an accommodation.

Disability as defined by Washington state law means the presence of a sensory, mental, or physical impairment that is:

- medically cognizable or diagnosable,
- exists as a record or history, or
- is perceived to exist whether or not it exists in fact.¹

The Washington definition of disability is broader than the federal definition. It covers a greater number of impairments and medical, mental, or psychological conditions. The Office for Civil Rights in the U.S. Department of Education enforces Section 504 of the Rehabilitation Act of 1973 (Section 504) and Title II of the Americans with Disabilities Act (ADA, or Title II). Nurse educators are urged to discuss their program's policies regarding accommodation of qualified

people with their campus ADA liaison or legal counsel.

Functions and Responsibilities of Nurses and Nursing Assistants

Chapters 18.79 RCW and 246-840 WAC outline the responsibilities and functions of a licensed nurse. Chapters 18.88A RCW and 246-841 WAC identify the responsibilities and functions of a credentialed nursing assistant certified. These functions and responsibilities identify certain skills and abilities that nurses and nursing assistants must possess or have the means to perform with assistive devices or other reasonable accommodation.

Essential functions include the basic duties or responsibilities of being a nursing or nursing assistant student. The student is expected to meet certain skill abilities, educational requirements, and other student-related requirements. For example, critical thinking, professional relationships, communication, mobility, motor skills, hearing, visual and tactile sense are some of the expectations for student nurses and student nursing assistants. The Southern Regional Education Board has further defined these for nursing students as:

- "Critical thinking ability for effective clinical reasoning and clinical judgment consistent with level of educational preparation (e.g. identification of cause/effect relationships in clinical situations, use of scientific method in the development of patient care plans, evaluation of effectiveness of nursing interventions);
- "Interpersonal skills sufficient for professional interactions with a diverse

The Washington definition of disability is broader than the federal definition. It covers a greater number of impairments and medical, mental, or psychological conditions.

population of individual, families and groups (e.g. establishment of rapport with patients and colleagues, capacity to engage in successful conflict resolution, peer accountability);

- "Communication adeptness sufficient for verbal and written professional interactions (e.g. explanation of treatment procedures, initiation of health teaching, documentation and interpretation of nursing actions and patient responses);
- "Physical abilities sufficient for movement from room to room and in small spaces (e.g. movement about patient's room, work spaces and treatment areas, administration of rescue procedures such as cardiopulmonary resuscitation);
- "Gross and fine motor abilities sufficient for providing safe, effective nursing care (e.g. calibration and use of equipment, therapeutic positioning of patients);
- "Auditory ability sufficient for monitoring and assessing health needs (e.g. ability to hear monitoring device alarm and other emergency signals, ability to discern auscultatory sounds and cries for help);

- “Visual ability sufficient for observation and assessment necessary in patient care (e.g. ability to observe a patient’s condition and responses to treatment); and
- “Tactile ability sufficient for physical assessment (e.g. ability to palpate in physical examinations and various therapeutic interventions).”²

Some of these examples are appropriate for nursing assistants and some are not applicable. Read WAC 246-841-400 for help in identifying applicable functions for nursing assistants.³

Reasonable Accommodation

If an applicant or a student self-reports being unable to meet the program’s essential eligibility requirements without accommodations, the nursing program must determine whether it can make reasonable accommodations. A reasonable accommodation is the modification or adjustment of the classroom, clinical, or testing and learning environment for the student nurse or nursing assistant. Reasonable accommodations include: ensuring that facilities are readily accessible; auxiliary aids and services such as hearing devices; restructuring or altering clinical experiences; modifying academic program plans; modifying examinations, including testing conditions; giving supplementary learning materials; or providing qualified readers or interpreters. Institutions should provide appropriate admissions staff members, faculty, and administrators with training on the ADA and ADA guidelines.

A school does not have to make adjustments that would fundamentally alter the nature of the program, such as changing the substantive content of a test, or provide an accommodation that would result in an undue financial or administrative burden. In addition, the education program does not have to provide personal attendants or individually prescribed devices for personal use or study.

However, every situation must be thoroughly evaluated based on an individualized assessment of the student and

the essential requirements of the course, clinical setting, or learning situation. Do not make this determination on your own. The Washington State Human Rights Commission, your attorney, or your college disability coordinator can help you to comply with the legal requirements regarding determining reasonable accommodations for qualified students with disabilities.

Resources

The following resources may help nursing education or nursing assistant training programs by providing information or assistance to nursing students with disabilities:

- Association of Medical Professionals with Hearing Loss (<http://www.amphl.org>);
- Exceptional Nurse (<http://www.exceptionalnurse.com/index.php>);
- National Organization for Nurses with Disabilities (<http://www.nond.org>);
- Washington Disability Rights (<http://www.disabilityrightswa.org>); and
- Washington State Human Rights Commission (<http://www.hum.wa.gov>);
- U.S. Department of Education Office of Civil Rights (www2.ed.gov/ocr);
- Students with Disabilities Preparing for Postsecondary Education (<http://www2.ed.gov/about/offices/list/ocr/transition.html>).

It is important for all nursing education and nursing assistant programs to understand the laws surrounding disability and to provide reasonable accommodations when needed. Questions regarding this article can be addressed to Mindy Schaffner at mindy.schaffner@doh.wa.gov.

¹Revised Code of Washington (RCW) 49.60.040. Retrieved on November 15, 2015 from <http://apps.leg.wa.gov/rcw/default.aspx?cite=49.60.040>

²Southern Regional Education Board. The Americans with Disabilities Act: Implications for Nursing Education. Retrieved on November 15, 2015 from <http://www.sreb.org/page/1390/the-americans-with-disabilities-act.html>

³<http://app.leg.wa.gov/wac/default.aspx?cite=246-841-400>



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The Top Five Nursing Issues for 2015: ADVANCED PRACTICE NURSES AS CHANGE AGENTS

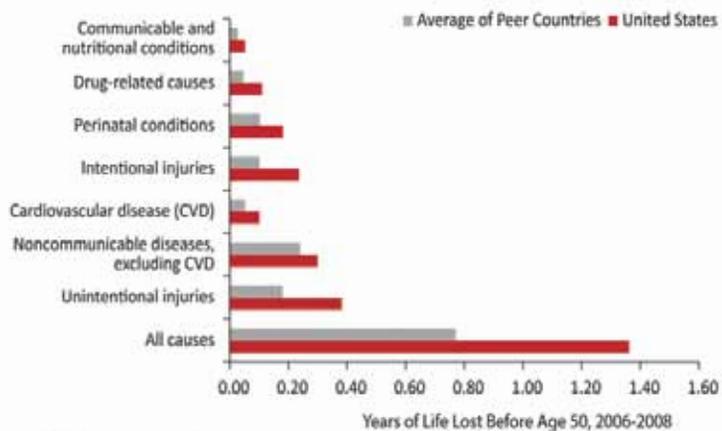
The United States Health in International Perspective: *Shorter Lives, Poorer Health*, Institute of Medicine Report (IOM) of 2013 compared the United States with affluent nations around the world. The United States ranked last or near last on nine health areas even though this country spends significantly more on health care than any other nation in the world. Possible reasons Americans are unhealthy include: limited access and health care costs; health behaviors such as smoking; substance abuse; unhealthy eating; limited physical activity; not using seatbelts; and violence involving fire-arms. Poverty and income inequality were also key factors. The aging population increases demand on the health care delivery system. Longevity and advances in medicine result in more people living longer with chronic diseases.

The HealthLeaders Media Top Five Nursing Issues for 2015 (Pecci, A.W., 2014) article provides a foundation for advanced practice nurses to act as change agents to lead the way to meet these challenges. The following link contains this article: http://healthleadersmedia.com/slideshow.cfm?content_id=310804.

Ethics

ARNPs can provide leadership in establishing ethics committees to provide a place to discuss ethical issues that affect nursing practice. Taking a proactive role sets the tone for effective communications to address and resolve ethical issues.

FIGURE: Causes of Death for U.S. Men Before Age 50, Compared with Average of Peer Countries, 2006-2008

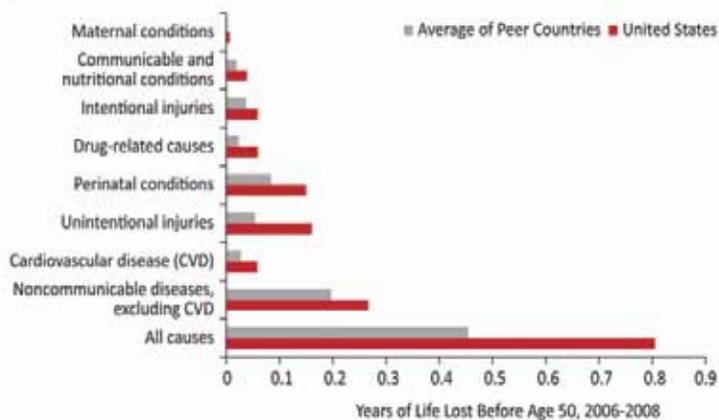


NOTE: CVD is cardiovascular disease

SOURCE: Data from the Human Mortality Database, the World Health Organization Mortality Database, and Statistics Canada, as reported in Ho, J.Y. and S.H. Preston (2011). *International Comparisons of U.S. Mortality*. Data analyses prepared for the National Academy of Sciences/Institute of Medicine Panel on Understanding Cross-National Health Differences Among High-Income Countries. Population Studies Center, University of Pennsylvania. *U.S. Health in International Perspective: Shorter Lives, Poorer Health*, January 2013.

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FIGURE: Causes of Death for U.S. Women Before Age 50, Compared with Average of Peer Countries, 2006-2008



NOTE: CVD is cardiovascular disease

SOURCE: Data from the Human Mortality Database, the World Health Organization Mortality Database, and Statistics Canada, as reported in Ho, J.Y. and S.H. Preston (2011). *International Comparisons of U.S. Mortality*. Data analyses prepared for the National Academy of Sciences/Institute of Medicine Panel on Understanding Cross-National Health Differences Among High-Income Countries. Population Studies Center, University of Pennsylvania. *U.S. Health in International Perspective: Shorter Lives, Poorer Health*, January 2013.

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Boardroom Participation

Participation at the boardroom level influences health outcomes and affects change. We can make a difference. The Campaign for Action provides resources to prepare nurses to be successful in this role. This resource is at the following link: <http://campaign-foraction.org/directory-of-resources/promoting-nurse-leadership>.

Building a “Culture of Health”

Advanced practice nurses provide access to high-quality health care. We are experts in disease processes and management focusing on health promotion and disease prevention. Advanced practice nurses can make a difference in creating a system that allows building partnerships and collaboration with the patient and health care providers across the lifespan.

Nursing Education

The use of advanced practice nurses helps address primary care shortages. Inconsistencies across the nation create barriers preventing advanced practice nurses from practicing to the full extent of their education and training. Nursing education programs need to be structured to achieve the Institute of Medicine’s recommendation that at least 80 percent of the nurses have a bachelor of science in nursing degree by 2020.

Interprofessional Collaboration

Advanced practice nurses play a key role as nurse leaders to provide competence in interprofessional collaborative practice and also function as a teacher and mentor to staff members.

Major changes in the health care system demand a new paradigm. Advanced practice nurse leaders must be ready to act as change agents to increase access to safe, high-quality care.

SUICIDE PREVENTION TRAINING

Engrossed Substitute House Bill 1424 modified the law enacted in 2014 (RCW 43.70.442) establishing suicide prevention training requirements for health care providers including licensed practical nurses, registered nurses, and advanced registered nurse practitioners. The law requires a one-time training course (at least six hours in length) in suicide assessment, treatment, and management. The law exempts certified registered nurse anesthetists.

The law requires the Washington State Department of Health to adopt rules establishing the minimum standards for the training programs by June 30, 2016. Beginning July 1, 2017, the training must be on the approved model list developed by the Washington State Department of Health. The course must include a portion devoted to working with veterans, and assessment of issues related to imminent harm via lethal means or self-injurious behaviors.

The Nursing Commission recently approved changes to the existing continuing competency rules (WAC 246-840-220) to address the new requirements. A summary includes the following key points:

- Nurses must complete a one-time training the first full continuing education competency cycle;
- Training will be accepted between June 12, 2014 and June 30, 2017, as long as it includes content about assessment, treatment, and management – training may be from a program on the model list or from other training programs;

- The six-hour training may be done in one or more sessions;
- Training is required during the nurse’s first full three-year continuing competency cycle; for example, a nurse is in the middle of the three-year cycle. The new cycle starts on the nurse’s birthday in 2017. The requirement for suicide prevention training would be at the end of that three-year cycle on the nurse’s birthday in 2020; and
- Nurses will not need to send documentation of training unless selected for our continuing competency requirement random audits.

REFERENCE:

HB 1424 Concerning Suicide Prevention: <http://apps.leg.wa.gov/billinfo/summary.aspx?bill=1424&year=2015>
Training Programs in Suicide Assessment, Treatment, and Management Model List <http://www.doh.wa.gov/Portals/1/Documents/2300/2014/SuicideTrainRep.pdf>

For questions, contact:

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Washington Nursing Action Coalition Leadership Committee Revamped, Refocused on Healthier Washington Initiative

Nursing should be at the forefront of the statewide effort to develop a new approach to delivering and paying for health care – that’s the new goal of the Washington Nursing Action Coalition Leadership Committee.

The state’s Nursing Action Coalition is part of the national movement to ensure that all residents have access to high-quality, patient-centered care in which nurses contribute as key partners in transforming the health care system.

The recently recharged Leadership Committee, one of the Action Coalition’s pillars, is getting engaged in the Accountable Communities of Health – regional multi-sector partnerships that will focus on social determinants of health, clinical-community linkages, and whole-person care, to improve health.

New Committee Leadership

Dorene Hersh, RN, MN, chief of nursing services at Public Health – Seattle & King County, and Sarah Wickenhagen, DNP, ARNP, chief executive officer of NWone, are the committee’s new co-leads. Hersh was selected as a public health nurse leader by the Robert Wood Johnson Foundation. She is participating in a two-year leadership development program designed to strengthen the capacity of senior public health nurses to respond to emerging trends in health and health care, influence policy, and lead collaboration in the state. Wickenhagen, a seasoned nurse educator and administrator, brings

the perspective of nurse leadership in all practice settings, from the emerging nurse leader through nurses who are academic deans and directors, executives, and entrepreneurs, all of whom are included in NWone membership.

Nursing at the Table

The committee refocuses on ensuring that nursing is at the table during the implementation of the state’s five-year Health Care Innovation Plan to achieve the Triple Aim – improve the patient experience of care, improve the health of populations, and reduce the cost of health care.

“Nurses are the largest part of the health care workforce and are well-suited to address and lead healthcare transformation into value-based care,” Wickenhagen said. “We understand and appreciate the tremendous worth of integrative care models, population health perspectives, and coordination of care efforts. Washingtonians will only benefit from nursing representation in Healthier Washington’s initiatives.”

Several key committees already have nursing representation. For instance, Judy Huntington, MN, RN, who is on the steering committee of the Action Coalition and on the board of the Washington Center for Nursing (which co-leads the Action Coalition) is a member of the Community Health Worker Task Force, which has been looking at the use of community health workers. Another WCN board member on that task force is Diane

“Nurses understand the complex needs and vulnerabilities of their clients, patients, communities in a way that few professionals do. We need to be in positions where we can influentially advocate for clients based on this deep understanding.”

Sosne, RN, MN, who is also on the steering committee for the Health Innovation Leadership Network.

The Health Care Innovation Plan is supported by foundational legislation signed by Governor Jay Inslee in 2014, and a federal grant from the Center for Medicare and Medicaid Innovation. With the goal of creating a healthier Washington, the work is led by the Health Care Authority, the Department of Health, and the Department of Social and Health Services, and has three components:

- Build healthier communities and people through prevention and early attention to disease;
- Integrate care and social supports for people who have both behavioral and physical health needs;

- Reward quality health care over quantity, with state government leading by example as Washington's largest purchaser of health care.

In its first meeting, the Leadership Committee nominated several nurses to serve on the Health Innovation Leadership Network Accelerator Committees. As a result, WCN Executive Director Sofia Aragon, JD, BSN, RN, WCN's past board president Victoria Fletcher MSN, ARNP, FACNM, and past board member Kim Williams, RN, MS, recently joined the Community and Equity Accelerator Committee, which works to promote equity in health outcomes by addressing racial, ethnic, socioeconomic, urban/rural/suburban and language disparities.

"The Equity Accelerator Committee is a great opportunity to implement WCN's commitment to supporting a diverse and inclusive nursing workforce that better reflects the communities we serve, and build interprofessional partnerships to address health disparities," Aragon said.

The Leadership Committee will work to empower nurses to lead in their accountable communities of health, which are forming at varied speeds in different regions.

Expected Outcomes

The initiative has lofty goals – all the more reason it needs all hands on deck: by 2019, 90 percent of Washington residents and their communities will be healthier; all with physical and behavioral conditions will receive high-quality care; and Washington's annual health care cost growth will be 2 percent less than the national health expenditure trend.

Nurses Leading by Example

Among those joining the Leadership Committee is Katie Eilers, MPH, MSN, RN, who recently became one of just 10 national winners of the Culture of Health: Breakthrough Leaders in Nursing award from the Future of Nursing

Campaign for Action, a joint initiative of AARP, the AARP Foundation and the Robert Wood Johnson Foundation. Eilers is the assistant nursing director of community health at the Kitsap Public Health District.

The Culture of Health: Breakthrough Leaders in Nursing awards celebrate nurse leaders and position nurses for leadership and executive roles to help people live healthier lives and create healthier communities. She is involved in designing the Olympic Community of Health, which is awaiting official designation as the accountable community of health for Kitsap, Jefferson and Clallam counties.

A Healthier Washington Starts With You

"Nurses are well-positioned to lead the implementation of this initiative," Eilers said. Healthier Washington, by design, is focused on prevention, encompassing both physical and behavioral health. "Nurses' training is founded on holistic care," she said. "It's a good cross-section of clinical skills, the art of communicating with people and working in complex settings."

She encourages other nurses to find the courage to take the first steps to board service – find out how to get involved and what you can contribute. She noted a lot of skills are developed just by being on a board or committee.

"Nurses understand the complex needs and vulnerabilities of their clients, patients, communities in a way that few professionals do," she said. "We need to be in positions where we can influentially advocate for clients based on this deep understanding."

Hersh echoed the sentiment. "This is an exciting time to be a nurse," she said. "Using Healthier Washington as our blueprint, we will leverage our expertise to improve the health of our community."

If you're interested in the Healthier Washington work, connect with the Leadership committee at info@wcnursing.org

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WHO HAS THE TIME? Screening for Mental Health Disorders

It is important to “take the time” to screen for mental health disorders. The average primary care provider’s patient load in the United States is around 2,300 patients. One of these screening activities includes assessing for mental health disorders. Failure to diagnose, or misdiagnosing, mental health disorders affects the health and well-being of patients. An estimated 16 million adults, ages 18 or older in the U.S. had at least one major depressive episode in the past year. This represented 6.9 percent of all adults (National Institutes of Mental Health, 2012). Use of validated screening questionnaires help providers identify people at risk for depression, bipolar disorder, generalized anxiety disorder, attention deficit hyperactivity (ADHD) disorder, and other disorders.

Failure to diagnose, or misdiagnosing, mental health disorders affects the health and well-being of patients. An estimated 16 million adults, ages 18 or older in the U.S. had at least one major depressive episode in the past year. This represented 6.9 percent of all adults.

Advantages of using validated screening tools include:

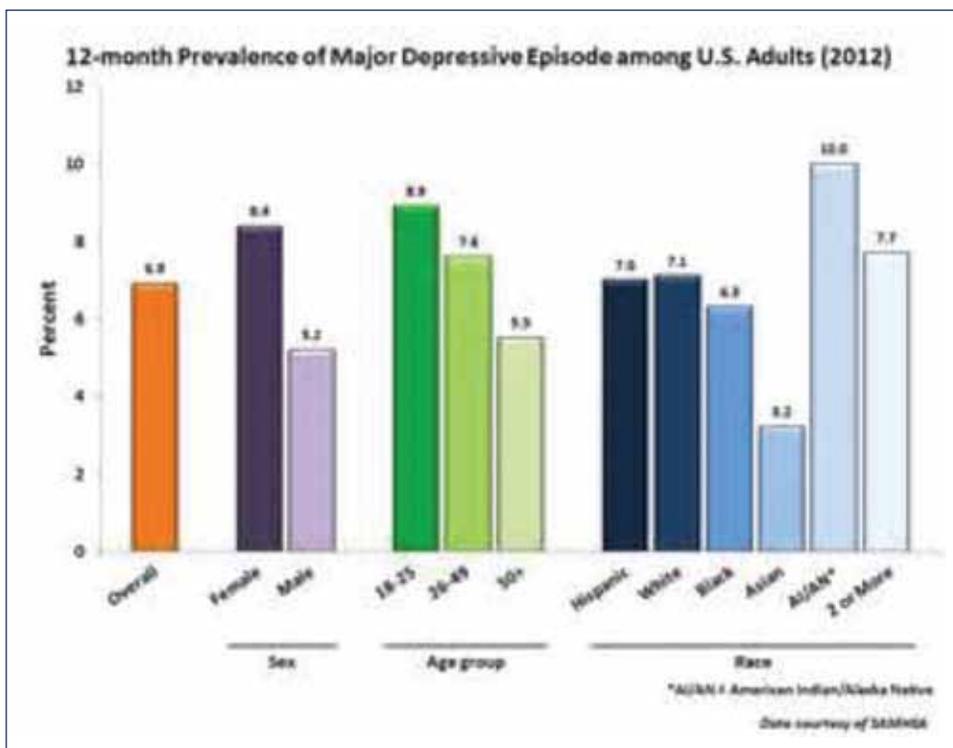
- Time efficient;
- Improve patient outcomes;
- Good sensitivity and specificity;
- Provide safety nets – best practice;
- Avoid making incorrect diagnosis and missing co-morbidities; and

- Avoid catastrophic result, such as hospitalization and suicide.

Total health includes both the body and the mind. Initial and ongoing screening is essential for optimal care of patients.

Resources and screening information about mental health conditions, screening tools, and differential diagnosis include the following:

- National Institute of Mental Health: <http://www.nimh.nih.gov/health/topics/index.shtml>;
- Substance Abuse and Mental Health Services Administration-Health Resources and Services Administration Resources and Screening Tools: <http://www.integration.samhsa.gov/clinical-practice/screening-tools>;
- Adult ADHD Toolkit: <http://naceonline.com/AdultADHDtoolkit/assessment-tools/assessmenttoolssection-1.pdf>;
- Screening for Military Service: <http://www.haveyoueverserved.com/intake-questions.html>; and
- Mental Health Screening and Assessment Tools for Primary Care: https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Mental-Health/Documents/MH_ScreeningChart.pdf.





Fact:

Knowing if you have HPV—especially the most dangerous strains, HPV types 16 and 18—can help protect you from developing cervical cancer.

If you are 30 or older, ask your health care provider about getting an HPV test with your Pap test. Learn more at www.healthywomen.org/hpv.

This resource was created with support from Roche Diagnostics Corporation.



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LICENSURE ACTIONS

The following is a list of formal licensure actions taken between July 1, 2015, and December 31, 2015.

For more information, please visit Provider Credential Search

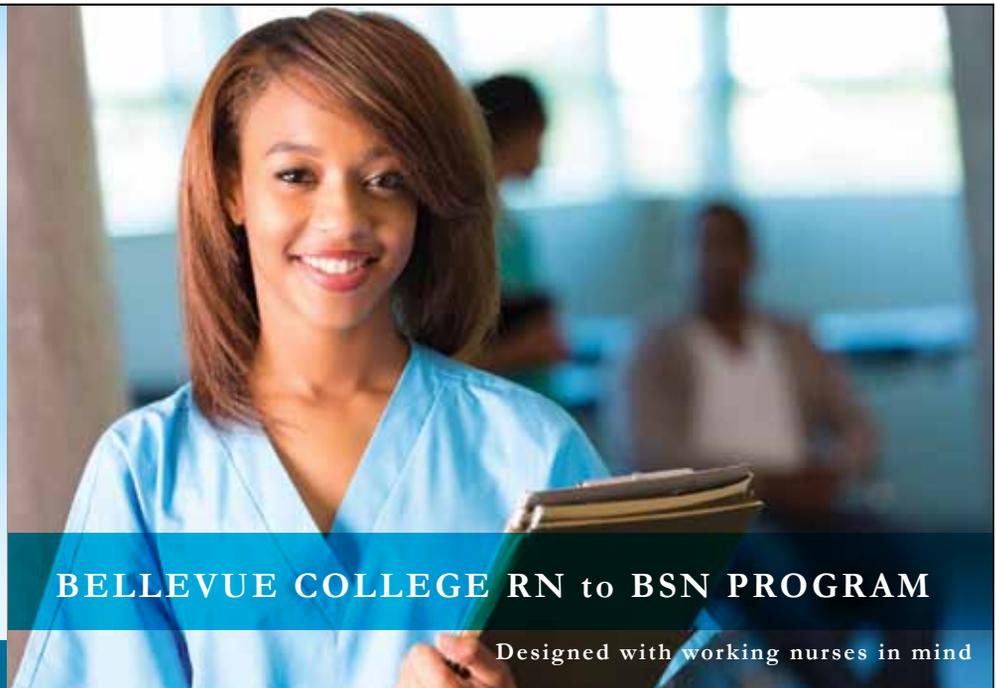
(<https://fortress.wa.gov/doh/providercredentialsearch/SearchCriteria.aspx>) or contact Customer Service at (360) 236-4700.

Licensee	Date of Action	Formal Action	Violation
Stone, Blaine J., LPN (LP60311753)	07/07/15	Conditions	Violation of federal or state statutes, regulations or rules
Larsen, Jolene D., LPN (LP00047976)	07/07/15	Reinstatement	Alcohol and other substance abuse; Criminal conviction; Violation of federal or state statutes, regulations or rules
Betancourt, Omar A., LPN (LP60534599)	07/08/15	Licensure denied	License suspension by a federal, state or local licensing authority
Munford, Tara L., RN (RN60140309)	07/13/15	Suspension	Violation of or failure to comply with licensing board order
Henderson, Justin E., RN, ARNP (RN00155121, AP60169377)	07/14/15	Suspension	Negligence; Violation of federal or state statutes, regulations or rules
Britton, Mary K., RN (RN00144549)	07/14/15	Suspension	Diversion of controlled substance; Narcotics violation or other violation of drug statutes
Overbeck, Nicole S., RN (RN60545585)	07/15/15	Licensure denied	Criminal conviction
Bruce, Lugenia A., LPN (LP00048146)	07/16/15	Suspension	Criminal conviction
Darson, Stephanie L., LPN (LP60392756)	07/20/15	Suspension	Criminal conviction
Perera, Ashley, M., RN (RN00167087)	07/21/15	Suspension	License suspension by a federal, state or local licensing authority
Bradshaw, Sheri, RN (RN60331275)	07/23/15	Suspension	License suspension by a federal, state or local licensing authority
Mauler, Cindy L., RN (RN00095587)	07/24/15	Probation	Negligence; Violation of federal or state statutes, regulations or rules
Danner, Kim C., RN (RN60502210)	07/28/15	Suspension	Violation of or failure to comply with licensing board order
Collins, Sheila R., RN (RN00088462)	07/28/15	Suspension	Violation of or failure to comply with licensing board order
Johnson, Louise I., LPN (LP00052991)	07/29/15	Suspension	Exploiting a patient for financial gain; Fraud – unspecified; Violation of federal or state statutes, regulations or rules
Cabe, Betty J., RN (RN00162534)	07/30/15	Probation	Fraud – unspecified; Negligence; Practicing beyond the scope of practice; Violation of federal or state statutes, regulations or rules
Brown, James W., RN (RN60178778)	07/30/15	Conditions	Alcohol and other substance abuse; Diversion of controlled substance; Narcotics violation or other violation of drug statutes; Violation of federal or state statutes, regulations or rules
Nordyke, Josanne M., RN (RN00171592)	07/30/15	Suspension	Violation of or failure to comply with licensing board order
Naughton, Kathleen M., RN, ARNP (RN00117515, AP30003969)	07/30/15	Probation	Unprofessional conduct
Hayes, Linda T., LPN (LP60526460)	07/30/15	Probation	License suspension by a federal, state or local licensing authority
St. George, Sandra J., RN (RN00085058)	07/30/15	Surrender	Negligence; Violation of federal or state statutes, regulations or rules
Yetneberk, Patricia J., RN, ARNP (RN00086833, AP30003456)	07/31/15	Modification	Negligence; Records
Bradley, Tamara R., RN (RN60019412)	08/03/15	Suspension	Violation of or failure to comply with licensing board order
Lee, Tara M., RN (RN60538053)	08/12/15	Licensure denied	Unable to practice safely by reason of psychological impairment or mental disorder
Simington, Rosalie, LPN (LP00040933)	08/18/15	Suspension	Violation of or failure to comply with licensing board order
Bukovi, Lauren E., LPN (LP60455510)	08/19/15	Suspension	Violation of federal or state statutes, regulations or rules
McIntosh, Christy J., RN (RN60570089)	09/01/15	Conditions	Criminal conviction; Failure to meet licensing board reporting requirements
Johnson, James R., RN (RN60085512)	09/03/15	Suspension	Alcohol and other substance abuse; Violation of federal or state statutes, regulations or rules
McVey, Tyler J., LPN (LP60405159)	09/04/15	Suspension	Unprofessional conduct
Paz, Anna M., LPN (LP60166051)	09/09/15	Suspension	Violation of federal or state statutes, regulations or rules
Gonzalez, Erika, RN (RN60254091)	09/09/15	Conditions	Fraud – unspecified; Violation of or failure to comply with licensing board order
Ratliff, Loredana M., RN (RN60529719)	09/09/15	Conditions	License suspension by a federal, state or local licensing authority
Mikealson-Sparrow, Robin G., RN (RN00156458)	09/09/15	Probation	Violation of federal or state statutes, regulations or rules
LaTendresse, Shannon L., RN (RN60321931)	09/09/15	Reinstatement	Alcohol and other substance abuse; Narcotics violation or other violation of drug statutes
Munford, Tara L., RN (RN60140309)	09/09/15	Reinstatement	Violation of or failure to comply with licensing board order
O'Neill, Shaanon K., RN, ARNP (RN00153003, AP60363207)	09/10/15	Suspension	Alcohol and other substance abuse; Violation of federal or state statutes, regulations or rules
Patterson, Mary E., RN (RN00061617)	09/15/15	Reinstatement	Sexual misconduct
Patterson, Mary S., RN (RN00066909)	09/16/15	Suspension	Alcohol and other substance abuse; Narcotics violation
Bruns, Meghan K., RN (RN60046506)	09/22/15	Suspension	License suspension by a federal, state or local licensing authority
McAvoy, James A., Jr, RN (RN00146832)	09/23/15	Suspension	License suspension by a federal, state or local licensing authority
Dizon, Al B., RN (RN60287770)	09/29/15	Conditions	Alcohol and other substance abuse; Violation of federal or state statutes, regulations or rules
Cessor, Irene E., LPN (LP00043227)	09/29/15	Probation	Fraud – unspecified; Improper or inadequate supervision or delegation; Negligence; Violation of federal or state statutes, regulations or rules
Gasior, Julita W., LPN (LP00043099)	09/29/15	Conditions	Negligence; Violation of federal or state statutes, regulations or rules
Richardson, Kristi D., RN (RN00089469)	09/29/15	Suspension	Violation of or failure to comply with licensing board order
Miller, Meghan R., LPN (LP60103130)	09/29/15	Suspension	Violation of or failure to comply with licensing board order
Hanna, Patricia S., RN (RN60240460)	09/29/15	Suspension	Alcohol and other substance abuse; Diversion of controlled substance; License suspension by a federal, state or local licensing authority; Narcotics violation
Johnston, William B., RN (RN00077243)	09/29/15	Suspension	Violation of or failure to comply with licensing board order
White, Charles E., RN (RN60296686)	10/02/15	Revocation	Unprofessional conduct
Ross, Elaine, C., RN (RN00171442)	10/06/15	Conditions	Diversion of controlled substance; Violation of federal or state statutes, regulations or rules
Belnap, Allison, LPN (LP00042576)	10/20/15	Suspension	Violation of or failure to comply with licensing board order
Frantz, Trudy K., RN (RN60017511)	10/23/15	Conditions	Alcohol and other substance abuse; Diversion of controlled substance; Violation of federal or state

Licensee	Date of Action	Formal Action	Violation
Rose, Bree A., RN (RN60396839)	10/23/15	Conditions	statutes, regulations or rules Alcohol and other substance abuse; Diversion of controlled substance; Failure to cooperate with the disciplining authority; Fraud – unspecified; Violation of federal or state statutes, regulations or rules
Miller, Aleta J., RN, ARNP (RN00094400, AP30003231)	10/23/15	Surrender	Negligence
Ward, Vicki D., RN, ARNP (RN60267891, AP60267892)	10/26/15	Suspension	License suspension by a federal, state or local licensing authority
Smith, Lorraine B., RN (RN00161952)	10/26/15	Suspension	Fraud – unspecified
Snider, Amie M., RN (RN00173470)	10/26/15	Suspension	Diversion of controlled substance; Fraud – unspecified; Negligence; Violation of federal or state statutes, regulations or rules
Decker, Carol L., LPN (LP60198930)	10/26/15	Probation	Practicing beyond the scope of practice; Violation of federal or state statutes, regulations or rules
Werner, Donna E., RN (RN00093054)	10/26/15	Reinstatement	Violation of or failure to comply with licensing board order
Fackender, Jessica M., RN applicant (RN60582018)	10/28/15	Licensure denied	Criminal conviction; Failure to meet initial requirements of a license
Tilden, Glen R., LPN (00043006)	10/30/15	Suspension	Violation of federal or state statutes, regulations or rules
Askew, Teresa I., LPN (LP00031931)	11/02/15	Suspension	Violation of or failure to comply with licensing board order
Lane, Cheryl L., RN	11/03/15	Probation	Negligence; Violation of federal or state statutes, regulations or rules
Miyao, Connie L., RN (RN60594948)	11/03/15	Conditions	License suspension by a federal, state or local licensing authority
Tarabochia, Tiffany E., RN (RN60604214)	11/05/15	Conditions	License suspension by a federal, state or local licensing authority
Stone, Blaine J., LPN (LP60311753)	11/05/15	Suspension	Violation of or failure to comply with licensing board order
Sullivan, Erin M., RN (RN00171219)	11/12/15	Suspension	Violation of federal or state statutes, regulations or rules
Gusch, Linda M., RN (RN00096929)	11/12/15	Reinstatement denied	Negligence; Violation of federal or state statutes, regulations or rules
Robinson Kolano, Claudia B., LPN (LP00046704)	11/18/15	Reinstatement	Improper or inadequate supervision or delegation; Negligence; Violation of federal or state statutes, regulations or rules
Kingsbury, Susan K., RN (RN00172115)	11/19/15	Suspension	Alcohol and other substance abuse; Failure to cooperate with the disciplining authority; Narcotics violation; Violation of federal or state statutes, regulations or rules
Adames, Audrey Q., LPN (LP60218522)	11/20/15	Conditions	License suspension by a federal, state or local licensing authority
Miller, Shelly A., RN (RN00149295)	11/20/15	Conditions	Violation of or failure to comply with licensing board order
Ahearn, Maureen O., RN (RN60363314)	11/23/15	Conditions	License suspension by a federal, state or local licensing authority
Findling, Eric J., LPN (LP00056127)	12/03/15	Suspension	Alcohol and other substance abuse; Diversion of controlled substance; Failure to cooperate with the disciplining authority; Negligence; Violation of federal or state statutes, regulations or rules



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Van Kirk, Michael G., LPN (LP00059992)	12/03/15	Revocation	Unprofessional conduct
Blair, Beth A., RN (RN00095485)	12/16/15	Conditions	License suspension by a federal, state or local licensing authority
Kleinman, Lynsi M., RN (RN60327150)	12/16/15	Conditions	Negligence; Violation of federal or state statutes, regulations or rules
Hutchison, Katherine M., RN (RN60153558)	12/16/15	Suspension	Criminal conviction; Exploiting a patient for financial gain; Violation of federal or state statutes, regulations or rules
Spradlin, Becky L., LPN (LP00054995)	12/16/15	Modification	Criminal conviction
French, Patti E., RN (RN60554849)	12/16/15	Conditions	License disciplinary action by a federal, state, or local licensing authority
Lewis-Walker, Donna G., RN (RN00087058)	12/16/15	Suspension	Violation of or failure to comply with licensing board order
Harris, Sarah A., RN (RN60457004)	12/16/15	Suspension	Violation of or failure to comply with licensing board order
Fowlkes, Carson R., RN (RN00158347)	12/16/15	Reinstatement	Violation of or failure to comply with licensing board order
Whitcher, Lea K., RN (RN00120104)	12/17/15	Conditions	Diversion of controlled substance; Filing false reports or falsifying records; Fraud – unspecified; License suspension by a federal, state or local licensing authority
Christensen, Kimberly M., RN (RN00150775)	12/17/15	Modification	Alcohol and other substance abuse; Narcotics violation
Jackson, Stephanie R., LPN (LP00050713)	12/22/15	Suspension	Criminal conviction
Smith, Richard W., RN (RN60117905)	12/22/15	Suspension	License suspension by a federal, state or local licensing authority
Arkansas, Billy R., LPN (LP60584735)	12/22/15	Conditions	Alcohol and other substance abuse; Criminal conviction; Failure to meet initial requirements of a license
McHugh, Sara J., RN (RN60039927)	12/28/15	Suspension	Violation of or failure to comply with licensing board order

The following is a list of stipulations to informal disposition taken between July 1, 2015, and December 31, 2015. A stipulation is an informal disciplinary action where the licensee admits no wrongdoing, but agrees to comply with certain terms.

Licensee	Date of Action	Informal Agreement	Allegation
Sumanti, Beverly B., LPN (LP00054889)	07/29/15	Conditions	Violation of federal or state statutes, regulations or rules
Fors, Rodney D., RN (RN00079792)	07/30/15	Probation	Negligence; Violation of federal or state statutes, regulations or rules
Sommers, Linda C., RN (RN00114693)	07/30/15	Probation	Fraud – unspecified; Violation of federal or state statutes, regulations or rules
Anderson, Robbi D., RN (RN00116111)	07/30/15	Probation	Violation of federal or state statutes, regulations or rules
Lightbody, Melinda M., RN (RN00116633)	07/30/15	Probation	Negligence; Violation of federal or state statutes, regulations or rules
Russell, Sharla M., RN (RN00173685)	07/30/15	Conditions	Violation of federal or state statutes, regulations or rules
Weymouth, Edythe L., RN (RN00080084)	07/30/15	Surrender	Violation of federal or state statutes, regulations or rules
Allbery, Barbara J., RN (RN00116036)	09/09/15	Probation	Patient abuse; Violation of federal or state statutes, regulations or rules
Reid, Shara M., RN (RN00164944)	09/09/15	Probation	Negligence; Violation of federal or state statutes, regulations or rules
Stryker, Thomas L., RN (RN60085678)	09/09/15	Conditions	Alcohol and other substance abuse; Narcotics violation; Violation of federal or state statutes, regulations or rules
Whitman, Danika D., RN (RN60512593)	09/09/15	Conditions	License suspension by a federal, state or local licensing authority
Kawinga, Mutinta M., RN (RN60239304)	09/14/15	Probation	Practicing beyond the scope of practice
Cheema, Kanwaljit K., RN, ARNP (RN60171030, AP60171031)	09/14/15	Probation	License suspension by a federal, state or local licensing authority
Henderson, John I., III, LPN (LP60435602)	09/30/15	Probation	Negligence; Violation of federal or state statutes, regulations or rules
McIntyre, Laila M., RN (RN60216878)	09/30/15	Probation	Negligence; Violation of federal or state statutes, regulations or rules
Smith, Nia I., LPN (LP60451924)	10/23/15	Conditions	Alcohol and other substance abuse; Negligence; Violation of federal or state statutes, regulations or rules
Berkley, Tamara L., LPN (LP00042181)	10/23/15	Surrender	Violation of or failure to comply with licensing board order
DeLaughter, Leila R., RN (RN60197741)	11/20/15	Conditions	Violation of federal or state statutes, regulations or rules
Taylor, Betty L., RN (RN60255167)	11/20/15	Probation	Violation of federal or state statutes, regulations or rules
Messick, Jane M., LPN (LP00051438)	12/03/15	Probation	Alcohol and other substance abuse; Diversion of controlled substance; Negligence; Practicing beyond the scope of practice; Violation of federal or state statutes, regulations or rules
Banzhof, Rebecca R., RN (RN60111310)	12/14/15	Probation	Negligence; Violation of federal or state statutes, regulations or rules
Nyman, Jeanette E., RN, ARNP (RN00075935, AP30003917)	12/17/15	Probation	Violation of federal or state statutes, regulations or rules
Joseph, Kenya E., RN (RN60098504)	12/17/15	Probation	Practicing beyond the scope of practice; Violation of federal or state statutes, regulations or rules
Galloway, Tiffany D., RN (RN60240057)	12/17/15	Conditions	Violation of federal or state statutes, regulations or rules
Davis, Deanna J., RN (RN60312933)	12/17/15	Probation	Fraud – unspecified; Violation of federal or state statutes, regulations or rules
Bramell, Sheri, RN (RN00087529)	12/17/15	Surrender	Unable to practice safely by reason of mental or physical health

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