Nursing Care Quality Assurance Commission (NCQAC)
Continuing Competency Subcommittee
January 20, 2010
5:00pm – 7:00pm
310 Israel Rd SE, Room 131
Tumwater, WA
360-236-4724

MINUTES

Commission Members:	Judith Personett, EdD, CNAA, RN, Chair Diane Sanders, MN, BC, RN Linda Batch, LPN Charlotte Coker, Public Member Gene I. Pingle, RN-BC, BSN
Pro-Tem Member:	Lois Hoell, MS, MBA, RN
DOH Staff:	Chuck Cumiskey, MBA, RN, Nurse Practice Advisor Louise Taylor, Secretary Senior

1. **5:00 PM Opening — Judith Personett, Chair**
   - Call to order at 5:01 PM
   - Subcommittee present: Judith Personett, Charlotte Coker
   - Committee absent: Diane Sanders, Linda Batch, Gene Pingle, Lois Hoell
   - DOH Staff present: Chuck Cumiskey, Louise Taylor, Terry West

2. **Review the minutes from the Continuing Competency Subcommittee meeting on November 18, 2009**
   Discussion: Two measures added to item #5 approved by the commission on November 13, 2009. Present minutes in the March 2010 business meeting for approval.

3. **Discuss the outcome of the Rules Writing Workshop for the Continuing Competency program held 12/18/2009.**
   A. What were the key take-away items?
      1. Review Terry West notes
   B. Next Steps?

   Discussion: Attention was directed on the impact on school nurses and part-time nurses. We will reinforce clarity of active practice definition in alignment with WAC 246-840-204.

4. **Discuss the draft rules (CC Rules revised 1-19-10)**
   Discussion: Dr. Personett's verbiage on proposed attestation:
   Statement for years 1&2: Your three-year cycle begins Sept. 1, 2010 to complete and document your activities that ensure continuing competency which may include continual education as well as active practice. Review web site for information at http://www.doh.wa.gov/hsqa/Professions/Nursing/Rules.htm .

5. **Discuss the concern that School nurses have about practice requirements for their substitute base for school nurses.**

   Primary Concern-

   A. Most of these nurses are retired and only get credit for 7 hours each day they work. Not all will get the required hours in a 9-month school year to meet the 576 hours per 36 months.
   B. We have a difficult time getting and keeping substitutes for school nursing, as do other districts in Washington State.
      1. Clarifying points- School nurses have the perception that they are different from the issues and needs of the hospital or clinic nursing.
      2. When a school nurse can get a retired school nurse or any nurse that knows school nursing, they feel is very fortunate.
      3. Without the substitute school nurses, the full time nurses will not be able to attend the CE classes that we would like to, as we need coverage to leave for the day.
   C. We need to come up with a cogent answer to her question.
      1. Example of hours of practice
         a. 576/36=16 hours a month
         b. 576/27=21.3 hours a month

   Discussion: Chuck Cumiskey overviews concerns of practice hours related to retired nurses and nurses who fill-in for school staff nurses. A question that may motivate nurses could be "What motivates nurses to keep current in their professional career?"

6. **HSQA Concerns (Review- Implementation Steps for Documenting Continuing Competency)**

   Discussion: There will be documentation in a Gantt chart (see Attach A) showing detailed tasks to be completed within the given timeframe and who is responsible for the completing the said task. A plan and review of framework with high points and steps for implemention will be included in the March 2010 business meeting.

7. **DOH**

   A. Rule-writing

   Discussion: Terry West will add more detail to the rules and will post to the web.

   B. Practice Hours Mandate-What is the real research supports this issue?

   Discussion: An article for the commission newsletter will be in the Spring/Summer 2010 issue will define what active practice is. The goal of the article is to clarify nurses concerns as active practice.

8. **Review National Council States Boards of Nursing (NCSBN) guiding principles for continued competence in nursing**

   A. Guiding Principles of Nursing Regulation
   B. Guiding Principles for Continued Competence in Nursing

   Discussion: The letter listed above (item a.) was sent by NCSBN President Laura Rhodes. Below is a section from (item b) regarding guiding principles for

continuing competence in nursing that we would like to highlight as key concepts.

Based on these concepts, the following are guiding principles for continued competence in nursing.

1. The individual nurse in collaboration with the state board of nursing, nursing educators, employers and the nursing profession has the responsibility to demonstrate continued competence through:
    - Acquisition of new knowledge
    - Appropriate application of knowledge and skills

2. A culture of continued competence is based on the premise that the competence of any nurse should be periodically evaluated.

3. Requirements for continued competence should support nurse accountability for lifelong learning and foster improved nursing practice and patient safety.

4. The state boards of nursing have the regulatory authority for establishing continued competence requirements.

9. **Disscuss contact with Delaware Board Rules on nurses stating they are not meeting competency requirements.**
   Discussion: Chuck will contact the Delaware Board to learn what their rules say about nurses stating they do not comply with competency requirements.
10. **Meeting adjourned at 6:05 pm.**