



**Nursing Care Quality Assurance Commission (NCQAC)  
Continuing Competency Subcommittee  
February 17, 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, NPA  
Louise Taylor, Secretary Senior

**1. 5:00 PM Opening — Judith Personett, Chair**

- Call to order at 5:03 PM
- Subcommittee present: Judith Personett, Charlotte Coker, Lois Hoell
- Subcommittee absent: Diane Sanders, Linda Batch, Gene Pingle
- DOH Staff present: Chuck Cumiskey, Louise Taylor

**2. Review the minutes from the Continuing Competency Subcommittee meeting on January 20, 2010.**

Discussion: The minutes of January 20, 2010 are accepted and will be included in the March 2010 Commission Business meeting packet along with the Gantt Chart definition which includes a sample chart. The corrections to minutes for November 19, 2009 are complete and will be included in the March 2010 commission packet.

**3. Discuss the draft rules (CC Rules revised 1-26-10)**

Discussion: The latest edition of the Continuing Competency Rules dated (1-26-10) were reviewed and there will be continued revision work. Over the next six months, beginning March 1, 2010 will meet with different groups across the state.

For the next Rules Hearings we will meet with Providence St Peters, with their nurses to go over Continuing Competency work next month, beginning March 1, 2010. What we will be doing is incorporating Continuing Competency, LPN practice, school nursing, mutual state compact and going across state to multiple sites over the next six months.

We are also developing a website that will have information on the rules as they develop. Terry West has a rules in progress website where we have our Conceptual Framework and will have the latest rules up by the end of the week.

Judy Personett, Paula Meyer, and Chuck Cumiskey had a meeting January 25, 2010 discussing details of the Continuing Competency program.

- 4. Providence St Peter Hospital (PSPH) has agreed to be a pilot site to test our continuing competency model.** A meeting was held January 25, 2010 with Connie Huber CNO and Sandy Penland Magnate Coordinator detailed a communicate plan to have PSPH as a pilot site. The Surgical floor has agreed to test this model with their nurses. This is especially exciting because Providence St Peter Hospital as just achieved Magnet status. This partnership between the PSPH's Practice Council and NCQAC sets up a Win-Win relationship because this pilot project will highlight this organization's competency and peer review systems.

**a. Research Goals**

Discussion: PSPH's Practice Council will guide this pilot project to research moreover, demonstrate Continuing Competency in action.

The hopeful outcome of this research process will be to document and help us understand the following:

- How much work is involved
- How the nurses will react to the process
- The satisfaction of the staff with the process
- Validation from staff nurses (In essence the nurses would be following the path of Continuing Competency)
- Demonstrate professionalism and citizen safety

**b. Newsletter article in Winter 2011**

The research work involving more than 30 new and veteran nurses will be studied in a six-month timeframe, which will be prorated to a year and summarized in an article for the Winter 2011 Commission Newsletter.

**c. What is Magnet status and how's that whole thing going? (taken from Nurse Advocacy website a site sponsored by ANCC)**

<http://www.nursingadvocacy.org/faq/magnet.html>

- Magnet status is an award given by the American Nurses' Credentialing Center (ANCC), an affiliate of the American Nurses Association, to hospitals that satisfy a set of criteria designed to measure the strength and quality of their nursing. A Magnet hospital is stated to be one where nursing delivers excellent patient outcomes, where nurses have a high level of job satisfaction, and where there is a low staff nurse turnover rate and appropriate grievance resolution. Magnet status is also said to indicate nursing involvement in data collection and decision-making in patient care delivery. The idea is that Magnet nursing leader's value staff nurses, involve them in shaping research-based nursing practice, and encourage and reward them for advancing in nursing practice. Magnet hospitals are supposed to have open communication between nurses, other members of the health care team, and an appropriate personnel mix to attain the best patient outcomes, and staff work environment. We encourage all nurses to [learn more](#) about the principles of Magnet certification, and to consider appropriate nursing certification programs for their hospitals. Learn more about Magnet status: [eligibility](#) for it, the [benefits](#) of it, [hospitals](#) that have achieved it and hospitals that are seeking it on which the ANCC is seeking public comment.

**5. Meeting with NWONE & WSHA attended by Taya Briley, Gladys Campbell, Rich Boucher, Paula Meyer, & Chuck Cumiskey**

- a.** Discussion: The goal for meeting on January 28, 2010 with NWONE & WSHA was to communicate the latest progress with Continuing Competency Program and answer questions.

**b. Professionalism in Nursing**

Discussion: Centered on the importance that nursing as a profession not to give away their professional autonomy.

**6. Explore a category for inactive and retired nurses**

Discussion: Research a valid evaluation process to determine if an inactive or retired nurse, whose license has expired or kept active by renewals, can they suddenly activate their license to work without a refresher course, such as in a state of emergency or disaster situations. Possibly consider creating a classification for this scenario type.

**7. Research the equivalency for contact hours according to American Nurses Credentialing Center (ANCC) guidelines and Uniform Disciplinary Code (UDC).**

Discussion: Refer to already established and published materials in Nursing Regulation and Certification bodies.

**8. Additional items brought to the meeting:**

- a. The article from Gene Pingle, Judy Personett, and Chuck Cumiskey detailing what is “Active Practice” is due mid March for the Spring/Summer 2010 Commission Newsletter.

Meeting participants are inquiring about returning nurses:

- Maintaining an active membership
- Are discounted rates available to keep only the membership for newsletters and updates
- How they are recognized
- Possibly marking their license “Retired”
- Fees? Discipline should be an issue
- Can they be immobilized?
- Could/Should they be treated differently

Comment – The state in which you are currently licensed to work in are the rules that are to be adhered.

Joanna Boatman is working with the WSNA and needs a RN to maintain her status as an active member. If there were a Retired RN status, it would allow her to stay active with WSNA, get newsletters from NCQAC. This retired nurse status will be addressed by WSNA. This may become a revenue issues and effect yearly fees paid.

**9. Meeting adjourned at 5:57 pm**