



**Nursing Care Quality Assurance Commission (NCQAC)
Special Meeting Agenda
May 11, 2012
101 Israel Road SE, Town Center 1, Room 163
Tumwater WA 98501**

Commission Members: Susan Wong, MBA, MPA, RN, Chair
Susan Woods, PhD, RN, FAHA, FAAN, Vice-Chair
Linda Batch, LPN
Erica Benson-Hallock, MPPA, Public Member
Charlotte Foster, RN, BSN, MHA
William Hagens, MA, Public Member
Margaret Kelly, LPN
Suellen M. Masek, RN, MSN, CNOR
Darrell Owens, Ph.D., ARNP, ACHPN
Gene I. Pingle, RN, BSN-BC, CEN
Diane Sanders, RN, BC, MN
L. Susana Serna, RN, ARNP
Cass Tang, PMP, Public Member
Rhonda Taylor, MSN, RN
Laura Yockey, LPN

Assistant Attorney General: Gail Yu, Assistant Attorney General

Staff: Paula R. Meyer, MSN, RN, Executive Director
Teresa Corrado, LPN, Health Services Consultant
Chuck Cumiskey, BSN, MBA, RN, Nursing Practice
Advisor
Mary Dale, Discipline Manager
Karl Hoehn, Staff Attorney
H Louise Lloyd, Secretary
Mindy Schaffner, PhD, MSN-CNS, RN, Nursing
Education Advisor
Catherine Woodard, Chief Investigator
Terry West, Health Services Consultant
Martha Worcester, PhD, ARNP, ARNP Advisor

If you have questions regarding the agenda, please call the NCQAC office at (360) 236-4713. Items may be taken out of order. If you wish to attend the meeting for a single item, contact H. Louise Lloyd at the number listed above and request a specific time scheduled for that item. This meeting is accessible to persons with disabilities. Special aids and services can be made available upon advance request. Advance request for special aids and services must be made no later than May 7, 2012. If you need assistance with special needs and services, you leave a message with that request at 1-800-525-0127 or, if calling from outside Washington State, call (360) 236-4052. TDD may also be accessed by calling the TDD relay service at 1-800-833-6388. If you need assistance due to a speech disability, Speech to Speech provides human voicers for people with difficulty being understood. The Washington State Speech to Speech toll free access number is 1-877-833-6341. Smoking is prohibited at this meeting.

1. 8:30 AM Opening – Susan Wong, Chair – DISCUSSION/ACTION

- A. Call to order
- B. Introductions
- C. Order of the Agenda
- D. Correspondence
- E. Announcements
 - 1. Recognition of NCQAC from National Council of State Boards of Nursing’s Investigator/Attorney Summit for completion of Taxonomy of Error, Root Cause Analysis and Practice responsibility tools
 - 2. Extra Mile nomination – Adena Nolet
 - 3. Hearing sign-up sheet

2. Consent Agenda – DISCUSSION/ACTION

Consent agenda items are considered routine agency matters. The NCQAC approves the consent agenda by a single motion without separate discussion. To discuss a separate item requires a motion to remove the item and then place the item on the regular business agenda.

- A. Approval of minutes
 - 1. NCQAC Business Meeting – 3/9/12
 - 2. NCQAC Disciplinary Hearing minutes – 1/27/12 and 2/24/12
 - 3. ARNP sub-committee minutes – 3/21/12
 - 4. Continuing Competency sub-committee – 1/27/12
 - 5. Licensing and Discipline sub-committee – 2/27/12 and 3/26/12
 - 6. Consistent Standards of Practice sub-committee – 3/26/12
 - 7. Nursing Program Approval Panel (NPAP) – 2/7/12
 - 8. Nursing Assistant – Nursing Program Approval Panel (NA-NPAP) – 2/8/12

3. Chair Report –Susan Wong- DISCUSSION/ACTION

- A. Nurses’ Week
- B. Out of state travel reports
 - 1. National Council of State Boards of Nursing (NCSBN) midyear meeting, Chicago, March 11 – 14, Susan Wong, Suellen Masek, Dr. Susan Woods, Paula Meyer
 - 2. American Academy of Nurse Practitioners, Region X, March 17, Portland, Susana Serna and Dr. Martha Worcester

- 3. APRN Roundtable, April 25, Chicago, Laurie Soine and Dr. Martha Worcester
- 4. NCSBN IT Summit, Minneapolis, May 3-4, Dan Francis and Teresa Corrado
- C. Future of Health Care in Washington – Susan Wong, Dr. Susan Woods, Dr. Mindy Schaffner, March 29, Seattle
- D. Health Pact Webinar – Margaret Kelly – May 14
- E. New member orientation and mentoring – Susan Wong, Suellyn Masek, Erica Benson-Hallock
- F. 1103 report to the legislature – format and process

4. Executive Director Report – Paula Meyer – DISCUSSION/ACTION

- A. Office move – 111 Israel Road SE, Town Center 2
- B. Service recognition – Ms. Meyer recognizes NCQAC members completing their terms; Ms. Meyer also recognizes Ms. Sandra Prideaux for her service.
- C. Requests for exemption to rules moratorium
- D. Legislation update
 - 1. Decision packages
 - 2. Bills passed in the 2012 legislature affecting nursing

5. Subcommittee Reports – DISCUSSION/ACTION

A. Licensing and Discipline – Margaret Kelly, chair

- 1. Early Remediation Utilization

B. Continuing Competency – Rhonda Taylor, chair – Motions:

- 1. Change in WAC 246-840-203(a)(i), the word “or” be used instead of “and”.
- 2. Change in WAC 246-840-206(1)(a) to remove (1)(a) entirely
- 3. Change in WAC 246-840-206(1)(f) “Verification from an appropriate health care provider documenting the number of hours of home care for a friend or family member”, to be changed to “ A written statement from a primary healthcare provider for the family member describing the type of nursing care needed”.

C. Consistent Standards of Practice – Suellyn Masek, chair

- 1. Procedure Revisions
 - a. F01.02 Development, Rescinding and Archiving of Interpretive Statements, Advisory Opinions, Policy Statements and Declaratory Orders
 - b. F02.02 Nursing Practice Advisory Group
 - c. F03.02 Request for Interpretive Statement, Consistent Standards of Practice Sub-Committee Responsibilities and Actions

D. ARNP – Dr. Darrell Owens, chair

- 1. ARNP disciplinary cases
- 2. Sanction standards

3. On line library of national certification requirements and scope of practice statements
4. Expert witnesses/evaluators

6. Election of 2012 Officers – Susan Wong - DISCUSSION/ACTION

Ms. Wong directs the election of new officers.

7. Approval of Nursing Programs – Dr. Susan Woods, Rhonda Taylor, Dr. Mindy Schaffner - DISCUSSION/ACTION

- A. RN-B programs
- B. ARNP programs
- C. Out of state distance learning programs

8. 11:00 AM – Executive Session if needed

The Executive Session is part of a regular or special meeting closed to the public.

11:30 – 1:00 PM Lunch

9. OPEN MICROPHONE

Open microphone is for public presentation of issues to the NCQAC. If the public has issues regarding disciplinary cases, please call 360-236-4713.

10. Washington Health Professional Services (WHPS) audit – Charles Satterlund, Dr. John Furman, Lisa Hodgson - DISCUSSION/ACTION

Charles Satterlund, Department of Health internal auditor, completed an audit of the WHPS program. The NCQAC reviews and comments on the audit outcomes.

11. Substance Use and Abuse Team (SUAT) evaluation and recommendations – Jack Bucknell, Catherine Woodard, Mary Dale - DISCUSSION/ACTION

The SUAT evaluated and made changes to procedures used with cases alleging substance use and abuse. According to the team charter, the NCQAC receives an evaluation and any necessary recommendations at today's meeting.

The team requests delegation of signature authority for the Substance Abuse Return Contract. Currently, a reviewing commission member must sign the agreement with the respondent and employer. Mailing the agreement causes delays in implementing the agreement. The agreement is reviewed and decisions made by conference call. Delegation of signature authority from the NCQAC to the discipline manager expedites the process.

12. Disaster Preparedness – Sally Abbott, Charlotte Foster, Diane Sanders - DISCUSSION/ACTION

Ms. Foster and Ms. Sanders worked with Ms. Abbott to develop recommendations to the Governor in the event of a catastrophic event. The NCQAC will receive an update on the Continuation of Operations (COOP) for the office.

**13. NCQAC Annual Evaluation – Susan Wong and Dr. Susan Woods -
DISCUSSION/ACTION**

The NCQAC completes an annual evaluation and identifies areas for improvement.

The 2011 results are compared with the 2012 results. Trends are identified and actions needed are assigned.

**14. Comparison of WA Nursing Education Requirements with Military Medical
Training Programs – Suellyn Masek and Lois Hoell - DISCUSSION/ACTION**

In 2004, Ellen Rosback completed a comparison of the nursing education requirements in Washington with the Air Force and Navy medical personnel training requirements. Ms. Masek and Ms. Hoell worked with personnel from the Navy and Air Force to update the 2004 report. The report will be discussed and plan to work with Armed Forces personnel in San Antonio TX.

**15. Nursing Assistant Training Program Approvals – Margaret Kelly -
DISCUSSION/ACTION**

Procedure E02.02 describes the purpose, authority and process used by the NCQAC to approve Nursing Assistant Training programs in Washington State. Revisions to the original procedure are presented to the NCQAC.

Closing

TO: Nursing Commission Members

FROM: Adena Nolet, Compliance Officer
360-236-4739, 360-236-4738 (fax)

RE: Nursing Commission Hearing Dates for 2013

DATE	LOCATION	YES	NO
January 25, 2013	Tumwater		
February 22, 2013	Tumwater		
March 28, 2013	Tumwater		
April 25, 2013	Tumwater		
May 31, 2013	Tumwater		
June 28, 2013	Tumwater		
July 25, 2013	Tumwater		
August 29, 2013	Tumwater		
September 25, 2013	Tumwater		
October 25, 2013	Tumwater		
November 21, 2013	Tumwater		
December	No Hearings		

Please indicate your availability and return this form to me by May 18, 2012.

If you have made yourself available and need to change or cancel your commitment, please notify me ASAP.

Thank you.

Your Name (please print)



**Nursing Care Quality Assurance Commission (NCQAC)
Special Meeting
Video Conference Special Meeting Minutes
310 Israel Rd SE Room 152/153
Tumwater WA 98501
March 9, 2012**

Commission Members:

Susan Wong, MBA, MPA, RN, Chair
Susan Woods, PhD, RN, FAHA, FAAN, Vice-Chair
Linda Batch, LPN
Erica Benson-Hallock, MPPA, Public Member
Charlotte Foster, RN, BSN, MHA
William Hagens, MA, Public Member
Margaret Kelly, LPN
Suelynn M. Masek, RN, MSN, CNOR
Darrell Owens, Ph.D., ARNP, ACHPN
Gene I. Pingle, RN, BSN-BC, CEN
Diane Sanders, RN, BC, MN
L. Susana Serna, RN, ARNP
Cass Tang, PMP, Public Member
Rhonda Taylor, MSN, RN
Laura Yockey, LPN

Assistant Attorney General:

Gail Yu, Assistant Attorney General

Staff:

Paula R. Meyer, MSN, RN, Executive Director
Teresa Corrado, LPN, Health Services Consultant
Chuck Cumiskey, BSN, MBA, RN, Nursing Practice
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Advisor
Catherine Woodard, Chief Investigator
Terry West, Health Services Consultant
Martha Worcester, Ph.D., ARNP, ARNP Advisor

1. 8:30 AM Opening – Susan Wong, Chair – DISCUSSION/ACTION

- A.** Call to order – 8:35 AM
- B.** Introductions - NCQAC members, staff, public
- C.** Order of the Agenda - Moved report on Canadian nursing licensure from Executive Director Report to item 12
- D.** Correspondence - none
- E.** Announcements
 - Office will move to Town Center 2, 111 Israel Rd. SE, Olympia, WA 98501, 2nd floor. The move will be complete by April 4, 2012
 - Our new Web portal should be effective April 1, 2012 and will be topic driven
 - Four pro tems appointed: Georgia Pierce, Lisa Grayson, Karen Hays, Nancy Armstrong

2. Consent Agenda – DISCUSSION/ACTION

Consent agenda items are considered routine agency matters. The NCQAC approves the consent agenda by a single motion without separate discussion. To discuss a separate item requires a motion to remove the item and then place the item on the regular business agenda.

A. Approval of minutes

- 1. NCQAC Business Meeting – 1/13/12
- 2. NCQAC Disciplinary Hearing minutes – 11/16/11, 11/29/11, 12/16/11
- 3. ARNP sub-committee minutes – 1/25/12, 2/15/12
- 4. Continuing Competency sub-committee - none
- 5. Licensing and Discipline sub-committee – 2/6/12
- 6. Consistent Standards of Practice sub-committee - 1/30/12
- 7. Nursing Program Approval Panel (NPAP) – 12/1/11, 1/19/12
- 8. Nursing Assistant – Nursing Program Approval Panel (NA-PAP)
- 9. Licensing Reports
- 10. ARPN Survey report

Dr. Woods requested a review of the NCQAC Business Meeting minutes for discussion.

MOTION: Motion by Mr. Pingle with a second from Dr. Woods to approve the consent agenda. Motion passed.

Discussion: Changes to the 1/13/12 NCQAC Business Meeting minutes:

- Change from “what could nurses do” to “what could nursing be if . . . ”
- Delete the words practice and etc.

MOTION: Motion by Dr. Woods to amend the 1/13/12 minutes with a second by Ms. Yockey. Motion passed.

3. Chair Report –Susan Wong - DISCUSSION/ACTION

A. Institute of Regulatory Excellence (IRE) Annual Conference, San Antonio TX, January 23 – 26, 2012. Susan Wong, Suellyn Masek, Paula Meyer

The theme was policies and how nurse regulators can affect the future

- Peter Buerhaus
 - Shared preliminary data, when his PowerPoint is available Ms. Meyer will forward to the NCQAC members. Some points of interest in the United States are:
 - 2.7 million RNs
 - 63% work in hospitals

- 9% are male
 - 76% are Caucasian
 - Average age is 43.3
 - Encouraged Regulators to use data from the American Community Survey. Ms. Meyer will send this information to NCQAC members when available.
 - Debra Troutman
 - Spoke about the steps to policy development
 - Presentation on nurses who have disabilities
 - Video shown – “Give Them A Locker – Open The Door”
- Recommendation:** Some members would like to view the video on their own time and not during a meeting.
- Presentation on the process of “How A Bill Becomes A Law”

B. Health PACT Forum meeting, Seattle, January 31, 2012 – Susan Wong, Margaret Kelly

- 3 year project – transform communication in health care to make it more transparent
- Clearinghouse to help improve communication
- Bi-annual meetings – next is May 15, 2012
- Ms. Meyer and Ms. Kelly will follow up with Dr. Sarah Shannon regarding the DRP program

Suggestion: More patient advocates are needed at the meetings.

C. National Council of State Boards of Nursing (NCSBN) mid-year meeting, March 12-15, 2012, Chicago –

- Susan Wong, Dr. Susan Woods, Suellyn Masek and Paula Meyer will attend and report at the May 2012 meeting

4. Executive Director Report – Paula Meyer – DISCUSSION/ACTION

A. NCSBN Executive Officer Mentoring Program

- Arley Long, Northern Marianas Islands
 - All health care is under a corporation separate from their territory government. The board of nursing regulates over 7,000 nurses.
- Libby Kiefner – Crawford, Indiana board of nursing
 - Similar umbrella structure to Washington. The Executive director is the manager for the licensing and support staff. Investigative and legal staff report to other state agencies.
- Ms. Meyer gave information on best practices and NCQAC business procedures

B. NCSBN task force on Canadian nursing examination and requirements, Chicago, February 24, 2012

- Moved to item #12

C. Future of Nursing Campaign for Action, Western Regional Education Meeting, Sacramento February 23-24, 2012 – Dr. Mindy Schaffner

- Goal of this meeting –
 - Raise awareness
 - Collect data on good working models
 - Help disseminate information

- Purpose - Ensure Americans have access to highly skilled nurses when and where they need them.
- Washington's goals include
 - Ensure quality
 - Data collection
 - Guide on-going monitoring activities
 - Eliminate barriers Facilitate quality education

D. Requests for exemptions to rules moratorium

- The requests for exemptions to the rules moratorium were forwarded to Karen Jensen. The requests include: for approval to open are:
 - ARNP Designations – petition to include Clinical Nurse Specialists as advanced registered nurse practitioners
 - Substance Abuse
 - Sexual Misconduct
 - Initial Licensure – request from Tacoma Community College and Renton Technical School to allow internationally educated nurses to receive clinical experiences necessary for licensure
 - Pain Management – the current rules require certification in pain management and an advanced nursing certification does not exist.

E. Upcoming Commission vacancies – what are the competency needs?

1. RN – Ms. Wong completes her second term on June 30 and is not eligible for reappointment. There are no specific requirements associated with this RN position.
 2. LPN – Ms. Kelly completes her first term on June 30 and is seeking reappointment. The NCQAC feels an LPN with ambulatory care or emergency room skills would be beneficial.
 3. Public Member – Ms. Tang completes her first term on June 30 and is seeking reappointment
- Ms. Meyer requested input from the NCQAC on competency needs. Some suggestions:
 - Be active in or have full time practice
 - Acute care or rural setting
 - Triage experience
 - Availability of time and commitment to do the research and the work
 - Identify gaps in specialties in the NCQAC and appoint to fill gaps
 - Board experience
 - Balance - gender
 - An understanding of the NCQAC's purpose with a strong clinical background
 - Safety focus e.g. a pilot or retired aviation safety officer. Health care has been compared to flying and the need to use similar safety mechanisms. because they are strong on safety and use check lists
 - Public policy development

5. Subcommittee Reports – DISCUSSION/ACTION

A. Licensing and Discipline – Margaret Kelly, chair

- Licensing and discipline performance measures, dashboard reports
- Ms. Kelly reviewed updated Performance Measures

- Procedure B25.01 – Nurse license renewal with non-sufficient funds (NSF) checks
- Ms. Tang will serve on the Licensing and Discipline subcommittee

MOTION: Motion by Ms. Kelly with a second from the subcommittee to approve procedure B25.01 Nurse License Renewal of Licensee with a Non-Sufficient Fund check. The procedure prevents the renewal of a nurse license when the funds do not clear through the financial institution. Motion passed.

B. Continuing Competency – Rhonda Taylor, chair

- Audit process – staff person assigned

C. Consistent Standards of Practice – Suellyn Masek, chair

- Some Nurse Practice Advisory Group (NPAG) members will complete their one year terms. Some members were appointed for two years. The NPAG groups will be reduced to two active groups. One group will focus on development of a statement on patient abandonment. The second group will focus on the use of Diastat in schools in the event of a student having a seizure.

D. ARNP – Dr. Darrell Owens, chair

- Certain ARNP applications must be reviewed for equivalency to Washington requirements. Dr. Worcester completes the review. Staff requests signature authority for Dr. Worcester to complete the review process.

MOTION: Motion by Dr. Owens with a second from Ms. Taylor to grant the ARNP Consultant signature authority for:

- licensing ARNPs when qualifications are questioned by the licensing staff,
- authority to develop a procedure that maintains consistency in decision making in concert with the licensing staff.
- authority to include licensing decisions needing further consideration to the process.

Motion passed.

6. Complaints and Actions Related to Nursing Education and Nursing Assistant Programs E03.01 - Dr. Susan Woods and Margaret Kelly – Discussion/Action

The Nursing Program Approval Panels and Nursing Assistant Program Approval Panel assess and investigate complaints against nursing education programs and nursing assistant training programs.

- Dr. Woods and Ms. Kelly presented the procedures for adoption.

MOTION: The NPAP and the NAPAP request approval of Policy E03.01 Complaints and Actions Related to Nursing Education and Nursing Assistant programs. Motion passed.

7. Legislative Task Force Report – Dr. Susan Woods, Susan Wong, Linda Batch, Dr. Darrell Owens, Erica Benson-Hallock, Bill Hagens, Cass Tang - DISCUSSION/ACTION

The legislative task force members reported on bills and NCQAC actions during the 2012 legislative session.

HB 1486 effective 6/7/12

HB 2186 – effective 6/7/12

- information regarding this bill will be in the summer newsletter

HB 2366 – effective 6/7/12

- HB 2247 – effective 6/7/12
 - Conference May 9, 2012
- HB 2314 – effective 6/7/12
- HB 2473 – effective 6/7/12
- SB 5969 – effective 3/14/12
- SB 6237 – effective 6/7/12

8. 11:00 AM – Executive Session - no Executive Session needed.

**9. Nominating Committee Report – Dr. Woods, Ms. Taylor, Ms. Tang -
DISCUSSION/ACTION**

According to procedure H 01.01, the nominating committee presented NCQAC members willing to serve as candidates for the chair and vice chair positions.

Candidates for the chair

- Charlotte Foster
- Suellyn Masek

Candidates for vice chair

- Erica Benson-Hallock
- Gene Pingle

**10. Washington Health Professional Service (WHPS) Director – Dr. John Furman, Ph.D.,
MSN- DISCUSSION/ACTION**

Dr. Furman is the new Director of WHPS.

- Dr. Furman’s goal is to retain the programs high status as a treatment monitoring program.
- The Department of Social and Health Services (DSHS) provide treatment.

11:30 – 1:00 PM Lunch

OPEN MICROPHONE

There were no speakers

**11. Special meetings or regular meetings of the NCQAC – Paula Meyer -
DISCUSSION/ACTION**

Gail Yu presented the Open Public Meetings Act at the January NCQAC meeting. The NCQAC discussed advantages of adopting regular meetings rather than special meetings. NCQAC proposed dates for meetings from July 2012 through June 2013. Ms. Yu presented the process for filing dates with the code reviser’s office and changes in public meeting notices.

MOTION: Motion by Dr. Woods with a second from Mr. Pingle to change NCQAC business meetings from Special Meetings to Regular Meetings beginning January 2013. Motion passed.

Scheduled meetings dates:

- May 11, 2012
- July 13, 2012
- September 14, 2012
- November 9, 2012

Regular Meeting dates:

- January 11, 2013
- March 8, 2013
- May 11, 2013
- July 13, 2013
- September 14, 2013
- November 9, 2013

12. Washington Nursing Education requirements compared to British Columbia - Paula Meyer - DISCUSSION/ACTION

Governor Christine Gregoire and the prime minister of British Columbia developed a memorandum of understanding addressing economic vitality between British Columbia and Washington State. Marge Herzog reviewed license reciprocity between the two jurisdictions. A draft report of the comparison and recommendations was presented by Marge Herzog.

- Baseline licensure requirements study was completed using the 3 states boarding Canada
- Primary difference – Washington requires course by course verification

Recommendation: Explore licensure of registered nurses educated in British Columbia

Recommendation: Meet with the Executive Director of the College of Nursing in British Columbia

MOTION: Motion by Dr. Woods with a second from Mr. Pingle to accept the draft report.
Motion passed

Adjourned at 2:00 PM

**DEPARTMENT OF HEALTH
NURSING CARE QUALITY ASSURANCE COMMISSION**

DATE/TIME: January 27, 2012

PLACE: Phone Conference

Panel 1 Members: Margaret Kelly, LPN, Panel Chair
Gene Pingle, RN
Cass Tang, Public Member
Linda Batch, LPN

STAFF: Adena Nolet

AGREED ORDERS

Bocol, Jill, RN
Master Case No. M2011-537
Commission Action: Enter monitoring program.

Edwards, Laura, RN
Master Case No. M2011-863
Commission Action: Continue to comply with monitoring program.

Kinnaman, David, LPN
Master Case No. M2011-1354LP
Commission Action: License is permanently revoked.

Nelson, Jo, LPN
Master Case No. M2011-1055
Commission Action: License is suspended.

Sarvis, Samuel, RN
Master Case No. M2011-536
Commission Action: License is suspended.

Yost, Beth, RN
Master Case No. M2011-235
Commission Action: License is placed on probation. Employment terms, fine, coursework, essay.

Zapf, Cindy, RN
Master Case No. M2011-1441
Commission Action: License is suspended.

AGREED ORDER ON REINSTATEMENT

Gelb, Susan, LPN

Master Case No. M1993-1239

Commission Action: License is placed on probation for Refresher Course.

ORDER ON TERMINATION OF PROBATION

Grisham, Amarina, RN, LPN

Master Case No. M2007-60828, M2007-57989

Commission Action: Probation is terminated.

ORDER ON COMPLETION OF CONDITIONS

Muhammad, Beverly, LPN

Master Case No. M2006-55710

Commission Action: Monitoring is terminated.

WAIVER ORDER

Emshwiller, Maya, RN, ARNP

Master Case No. M2011-1347, M2011-1348

Commission Action: Licenses are suspended.

Stake, Robin, RN

Master Case No. M2011-1376

Commission Action: License is suspended.

STIPULATION TO INFORMAL DISPOSITION

K.B., RN

Commission Action: Enter monitoring program.

Minutes recorded by Adena Nolet

Minutes approved by_____.

**DEPARTMENT OF HEALTH
NURSING CARE QUALITY ASSURANCE COMMISSION**

DATE/TIME: February 24, 2012

PLACE: Phone Conference

Panel 1 Members: Margaret Kelly, LPN, Panel Chair
Gene Pingle, RN
Cass Tang, Public Member
Linda Batch, LPN

STAFF: Adena Nolet

AGREED ORDERS

Smith, David, RN
Master Case No. M2011-598
Commission Action: License is suspended.

STIPULATION TO INFORMAL DISPOSITION

M.M., RN
Commission Action: License is voluntarily surrendered.

Minutes recorded by Adena Nolet
Minutes approved by _____.



**Nursing Care Quality Assurance Commission (NCQAC) Advanced
Registered Nurse Practitioner (ARNP) Sub-committee**

Minutes

**March 21, 2012 7:00 PM
310 Israel Rd SE, Room 131
Tumwater WA 98501**

Members: Darrell Owens, PhD, ARNP, Chair
Susana Serna, ARNP, FNP
Donna Poole, ARNP, Psych
Laurie Soine, ARNP, PhD
Mariann Williams, ARNP, FNP
Lisa Grayson, ARNP, CRNA
Karen Hays, ARNP, CNM

Staff: Martha Worcester, ARNP, A/GNP, ARNP Consultant

1. **Opening – Dr. Owens, Chair**
 - a. Call to order & roll call – 7:00 PM
 - b. Public attendees self-introductions – Louise Kaplan
2. **Minutes review** – minutes will be on the consent agenda at the May NCQAC meeting
3. **NCQAC 03-09-2012 Updates from the meeting**
 - a. Delegation of licensing decisions to APRN Consultant passed at the March NCQAC meeting. This action will reduce the number of panel meetings needed. Complex licensing decisions may be referred to panels as needed.
4. **Discussion & Action Items – Darrell Owens**
 - a. Legislative Update – 1486 allowing pharmacies to fill out of state ARNP prescriptions was passed and becomes law as of 06-07-2012. No rule writing is necessary.
 - b. Rule writing moratorium or ARNPs exemption requests now in Karen Jensen's office
 - CNS inclusion within the ARNP designation
 - WAC 246-840-493 (3) (b) Rule change needed as type of credential does not exist and is unenforceable.
 - c. Newsletter articles update and topics
 - Reminder - April 4th for first draft and time line for publication
 - d. Concerns to take to APRN roundtable for Dr. Worcester and Dr. Soine
 - Education approval for out-of-state APRN programs
 - DEA and State Prescriptive Authority regulation differences across the states
 - CNS inclusion in APRN designation – regulation writing issues to address
 - e. Prescription form for electronic prescription. Two signature lines omitted for designation of generic versus brand name medication. Confusion for pharmacies – be alert for will take time to get form corrected.

5. **AANP Leadership Meeting March 17th Report**– Susana Serna, Martha Worcester
 - a. Public attendee from ARNP United, Louise Kaplan also contributed.
 - b. A written report will be submitted for next meeting. Dr. Worcester will compose and ask for Ms. Serna's input before April meeting of the subcommittee.

6. **ARNP Consultant Updates** – Martha Worcester
 - a. Interpretive Statements process and filing is being improved so statements are more easily located by ARNPs on our Web site.
 - b. Nursing Program Approval Program (NPAP) is taking a more active role in approval of in state and out-of-state ARNP program than in the past as allowed under current laws and rules.
 - c. Resources development is in progress for easy access to documents related to Advance Practice Specialty Practice including
 - a library of on-line resources National Certification requirements, Scope of Practice statement, professional organizations, finding Evidenced Based best practices
 - recruitment and list maintaining of ARNP expert witnesses that will be available as needed for panels and hearings.
 - d. ARNP Agenda Creating Process – Dr. Worcester will provide a written process for developing the agenda each month with deadlines for submitting items.
 - e. Announcement of Newly appointed pro tems and duties
 - Nancy Armstrong, ARNP will work with ARNP Consultant on inquiries & frequently asked questions (FAQs) and attend ARNP Subcommittee meetings
 - Karen Hays, CNM to represent Certified Nurse Midwives on the ARNP Subcommittees and panels
 - Lisa Grayson, CRNA to represent Certified Registered Nurse Anesthetists on the ARNP Subcommittee and panels
 - Georgia Pierce RN assigned to NPAP (Nursing Program Approval Panel).

7. **Open Microphone** – No time was available for open microphone.

8. **Next Meeting:**
 - a. April 18th, 2012

9. **Adjournment to Executive Session at 7:30PM** The Executive Session was announced as follows: prior to adjournment: "The Committee will convene into Executive Session with our AAG who is legal counsel to the Commission, in matters relating to enforcement actions or litigation or potential litigation (to which the agency, the governing body, or a member acting in an official capacity is, or is likely to become, a party, when public knowledge regarding the discussion is likely to result in an adverse legal or financial consequence to the agency."

10. The Executive Session began at 7:30 PM and adjourned at 8:15 PM.



**Nursing Care Quality Assurance Commission (NCQAC)
Continuing Competency Subcommittee Minutes
January 27, 2012
12:30 PM to 2:30 PM
310 Israel Rd SE, Room 141
Tumwater, WA 90501**

Commission Members: Rhonda Taylor MSN, RN, Chair
Linda Batch, LPN - Absent
Erica Benson-Hallock, MPPA, Public Member - Absent

Pro-Tem Members: Lois Hoell, MS, MBA, RN - Absent
Mary Hoerner, RN, MN - Absent
Judith D. Personett, EdD, RN- Absent

DOH Staff: Teresa Corrado, LPN, Licensing Manager
Linda Patterson, Nurse Consultant

Visitors: Tanya Huson

- 1. 9:30 AM Opening — Rhonda Taylor, Chair**
 - Call to order -1:14pm
 - Roll call
- 2. Review the December 1, 2011 Continuing Competency sub-committee meeting minutes.**
 - Deferred to February
- 3. Continue implementing the rules project plan development**
 - Discuss change in WAC 246-840-203(a)(i), change the work – Ms. Corrado will talk to Ms. West
 - Deferred to February
- 4. Discuss change in WAC 246-840-206(1)(a) to remove or change - Ms. Corrado will talk to Ms. West**
 - Deferred to February
- 5. Decide on time frame for technical assistance**

Decision: Stay consistent with language in rule. There will be a 30 day technical assistance timeline.
- 6. Motions to be forwarded to Ms. Wong and Ms. Taylor**
 - A written motion intended for Ms. Taylor will be forwarded to the Chair of the NCQAC prior to the commission meeting.
- 7. Follow up on timing of the renewal notice: Annually or every three years.**
 - The possibility of flagging and/or color coding notices sent to the licensees depending on the year in the audit cycle

8. Qualification criteria for “active practice”

Decision: To be consistent with the rules that all human health profession licensees whose jobs require a nursing license or nursing knowledge qualify for active practice.

9. Verification of practice hours WAC 246-840-206(1)(f)

Decision: This should change due to the difficulty of a provider’s ability to verify the hours.

10. Recording meetings

- Ms. Corrado discussed the need for consistency throughout the subcommittees and meetings will be recorded to help complete accurate minutes.

4. Retired active status

- The Decision Package is in the governor’s draft budget

5. Adjourn - 1:48pm

DRAFT



**Nursing Care Quality Assurance Commission (NCQAC)
Licensing and Disciplinary Subcommittee
Special Meeting
February 27, 2012
310 Israel Road SW, Tumwater, WA 98501
Telephone Conference Call
7:00PM**

Sub-Committee Members: Margaret Kelly, Chair; Susan Wong, Vice Chair; Bill Hagens (excused)

DOH Staff /Guest: Cass Tang, Mary Dale, Teresa Corrado (absent), Miranda Bayne, Sandra Prideaux (absent), Catherine Woodard (excused)

Call to order Digital recording announcement

Roll call

1. Work Plan – Margaret

Margaret reviewed the updated work plan. Emergency preparedness was added. The Case Management Team will begin using “GoToMeeting” electronic meetings on March 6.

2. Performance Measures - Margaret

Margaret explained the performance measure charts for the second quarter of FY2012. The first quarter measures were reviewed at the last meeting. She had concerns that data was skewed; it looks like 60% on 1.1. Measure 2.2 shows improvement. On measure 2.3 we met the goal. Measure 2.4 shows 42%, which is an improvement, but we need to get to 23%. Measure 2.5 acknowledges we have gone from 43% to almost target (23%). On measure 2.6, both the first and second quarters were 100%, but the first quarter was on the graph as 98%. Measure 2.7 total is 44, last quarter it was 39. Measure 3.1 showed 8.3 last quarter, now it has changed to 7.8.

Mary was asked to send the report in color. Margaret asked for input on presenting the measures at the March commission meeting. Suggestions included presenting it with the skewed information. Mary explained the columns on the graph go with the data on the left, and the line graph goes with the percentage amounts on the right. Errors in the narrative are carelessness. Another issue is that when corrections are made in ILRS, the numbers from the previous quarter are changed. Members want this reflected in our report, as the commission needs to be aware, and nursing’s progress should be shown accurately.

3. Early Remediation Program – Mary

Mary shared statistics on cases referred to the ER Program from October 2009 through December 2011. 120 cases have been referred to the program, with 21 currently open and 99 closed. Twenty five action plans have been signed by the respondents. Of the 32 cases returned for full investigation, the report shows 21 did not meet the criteria for the program. If this is broken down further, we may be able to use the data to expand criteria. It was suggested we ask for more information when the calls come in, but complaints are usually sent in writing. We cannot make follow-up phone calls unless an investigation is open. The

nurse consultants may be able to ask employers to expand on the information they are sending in. Have them emphasize the information needed for the Early Remediation Program.

DECISION: For the March meeting, have Adena break down the cases that did not meet the criteria. Send out the fact sheet from the NCI's packet of information they give to facilities.

4. Case History in Agreed Orders on Substance Abuse – Miranda

The subcommittee asked Miranda at the last meeting to find out what the intent was for this request from a commission member. The member intent was based on a case where the panel authorized a STID into WHPS, the respondent didn't accept, and it became an SOC. The request is to have that information included in the order.

Miranda said this information relates to settlement negotiations and therefore would not be admissible at hearing. Anything in an agreed order is a public record. Agreed Orders are settlement documents, arrived at to avoid the uncertainty and expense of hearing, sometimes after an unsuccessful attempt at informal settlement (i.e. STID). As such, incorporating this information in the order may be prejudicial.

DISCUSSION: When Agreed Orders and STIDs are presented, whoever is presenting should have enough information to answer those questions to the panel members. At a previous panel two of five cases were not presented because the attorneys were not there. The presentation is taking the place of the hearing, and it is important that the information be available. It was suggested a sheet with bulleted facts be available to the panel, since they have the right to ask questions.

DECISION: The subcommittee does not agree that this information should be in the Agreed Order, and will not move forward with the suggestion.

5. Nurse Consultant Update - Sam

January report was given at the February 6, 2012 meeting

6. Investigation Statistics – Catherine

January report was given at the February 6, 2012 meeting.

Adjournment 8:15



**Nursing Care Quality Assurance Commission (NCQAC)
Licensing and Disciplinary Subcommittee
Special Meeting
March 26, 2012
310 Israel Road SW, Tumwater, WA 98501
Telephone Conference Call
7:00PM**

Sub-Committee Members:	Margaret Kelly, Chair; Susan Wong, Vice Chair; Bill Hagens; Cass Tang
DOH Staff /Guest:	Mary Dale, Teresa Corrado, Miranda Bayne, Sandra Prideaux, Catherine Woodard
Call to order	Digital recording announcement
Roll call	7:00 PM

1. Work Plan – Margaret

Margaret reviewed the work plan. The Case Management Team (CMT) began using GoToMeeting on March 12. Bill Hagens will have the newsletter article on “Practice on an Expired License” to Mindy Schaffner by April 4. Margaret asked members to consider topics for the next article, which is due 8/17. This will be on the April agenda. Teresa and Catherine will discuss Licensure for Office Emergency Preparedness” at the April meeting.

2. Performance Measures – Margaret

The performance measures presented at the 3/9/12 NCQAC meeting were updated after they were reviewed at this subcommittee in February. Several errors were taken to HSQA and corrected. The original measures were in the packet, but the revised ones were presented. Mary, Catherine, and Margaret will meet to discuss the measures.

3. Nurse Consultant Update – Sam

Sam told the subcommittee that she will retire on June 29, but will be out after May 15. Nancee Tardiff has taken another position, leaving on March 15. Linda Patterson has been covering Nancee’s area. Sam reported that she has most of the eastside of the state done. She has hospitals and jails to do yet. Sam has gotten good feedback from the schools. At several schools, the students were not aware of what the standards of practice are. They do not get this information until after their clinicals. Bill asked Sam to share this information with Mindy Schaffner, Education Manager. Sam had questioned the instructors why they gave this information in the last quarter; they said there is too much information in the first quarter, and students don’t remember it. Sam said most of her presentations were done separately for staff and management. She has been pushing use of the Sanction Standards when making complaints. This will show when remedial training has already been done.

4. Early Remediation Program – Mary

Mary discussed the efficient use of resources, specifically the ER Program. The program is underutilized, with only about 5 cases a month going to the program, and most of those closed after initial investigation. The packet included a flow chart of the ER Program, a PowerPoint document on the disciplinary process, Procedure A34.01, and WAC 246-840-581-583.

Cass said we can determine several potential paths from the flow chart. She suggested a workgroup look at the issue. There was discussion that often there is no monitoring of practice. Miranda stated that the definition for action plan under WAC 246-840-582 says the action plan MAY include monitoring by the current employer or other practice monitor. This language is permissive: ongoing practice monitoring is not explicitly required, and the WAC allows for monitoring by someone other than the employer. WAC 246-840-583 specifies participation by the current employer as a criterion for eligibility. We may be violating this WAC in cases where the nurse has been fired and s/he is nevertheless offered an action plan. However, there is an argument that the WAC does not explicitly say that all criteria must be met, and even if the criteria are exclusive, the risk related to this potential rule violation is low. Reviewing Commission Members (RCMs) can return cases directing staff to offer the ER Program. Investigators can also refer cases back to CMT for consideration for the ER Program.

The bigger issue is where the line is between significant and minor harm. Mary added that she would like to reconsider previous discipline as disqualifier from the program. A recent case was not allowed in the program because there was disciplinary action 15 years before.

DECISION: Have CMT members review the PowerPoint and the procedure. Get feedback on what would help to move more cases into ER. Bring this information back to Licensing & Discipline Subcommittee.

5. Investigation Statistics – Catherine

As of March 1, 2012, based on the GMAP report we have:

Percentage

○ 346 open investigations (up from 323 Feb 1st)	100
○ 13 in Early Remediation (also included by case nature)	04
○ 76 substance use and abuse	22
○ 5 sexual misconduct that have not been transferred to OII	01
○ 154 standard of care/services	45
○ 4 criminal charges/convictions	<1
○ 11 actions in other states (.370s)	03
○ 96 others (med errors/theft/scope of practice/documentation/abuse, etc.)	28

February performance based on eight investigators, one Chief Investigator, one CSS2:

- 46 UDA investigations completed (PM 3.1)
- Average 5.75 cases per investigator completed
- 67 UDA investigations opened
- 68% investigations completed within timelines (target 77%) (PM 2.2)
- 44% investigations remained open beyond 170 days (target 23%) (PM 2.4)

“GoToMeeting” will be used for the April 30 subcommittee meeting.

Adjournment



**Consistent Standards of Practice Minutes
March 26, 2012 10:00 AM to 11:30 AM
Nursing Care Quality Assurance Commission
310 Israel Road S.E. Point Plaza East Room 131
Tumwater, WA 98501**

Committee Members:

Suelyn Masek, Chair
Margaret Kelly
Bill Hagens
Charlotte Foster

Staff:

Chuck Cumiskey
Paula Meyer
Shari Kincy

Guests:

Terry Williams
Susan Jacobson
David Treeno ???

**Call to Order – 10:05 AM
Roll Call**

1. Discuss reorganization of NPAG groups, term limits

- The committee discussed how the NPAG groups should be reorganized and which members were two year members.
- Ms. Masek suggested that the NPAG focus on Patient Abandonment and an item review from OSPI/SNOW.
- Mr. Cumiskey will work on sending out Thank you letters to the NPAG members that have completed their terms.
- Mr. Cumiskey will contact the members who are scheduled to work on NPAG for two years to make sure they would like to continue.

2. Discuss structure of CSP process and develop format for Interpretive Statement progression through proper channels

- Ms. Meyer went over the process of how to move an Interpretive Statement through the DOH system for approval.
- Ms. Masek suggested putting all the background information for each Interpretive Statement in a binder.
- The Committee will focus on Patient Abandonment and Diastat.
- The Committee went through how they would like the binders set up and distributed.
- The Committee agreed to have the binders, thank you letters and new NPAG groups put together by the next Consistent Standards meeting in April.
- Policy F01.02 will need to be revised.

3. Discuss Item Review from OSPI/SNOW Diastat and Midazolam

- The Committee agreed to put this statement into the new format and create a binder to send to the NPAG members.

4. Review draft interpretive statements

a. Patient Abandonment

- The Committee agreed to put this statement into the new format and create a binder to send to the NPAG members.

5. CSP link for home page/timeline/Issue Review Form/Scope of Practice

- Mr. Cumiskey gave an update on the timeline for the changes to the DOH Website and how it will affect the Consistent Standards information being placed on the Web.
- Ms. Meyer informed the committee that the Website will be a more topic driven site then what is currently there.

6. Update on F01.01 “Development, Rescinding and Archiving of Interpretive Statements, Advisory Opinions, Policy Statements and Declaratory Orders”.

- The policies and procedures will be gone through and re-written as needed.

7. Next meeting April 23, 2012 at 10:00 AM-11:30 AM

- The committee agreed that face to face meetings work much better than conference calls.
- The committee would like to meet possibly in the Tacoma or Kent area to cut back on travel.
- The committee agreed to change the meeting to April 30, 2012 from 10:00 to 11:30.

8. Next Agenda due to listserv 16 April 2012



**Nursing Care Quality Assurance Commission (NCQAC)
Nursing Program Approval Panel (NPAP)
310 Israel Rd SE, Tumwater, WA
February 15, 2012**

MINUTES

Commission Members: Susan Woods, Chair
Rhonda Taylor

Pro Tem: Usrah Claar-Peck (non-voting)
Lois Hoell
Mary Hoerner
Catherine Van Son

Absent: Carl Christensen

DOH Staff: Mindy Schaffner, Nursing Education Advisor
Tim Talkington, Staff Attorney
Louise Taylor, Secretary

10:00 AM Opening — Susan Woods, Chair

- **Called to order**
 - Meeting called to order at 10:03 am.

- **Reviewed minutes of January 19, 2012**

DECISION: NPAP accepted the January 19, 2012 minutes as amended.

1. REPORTS

A. Big Bend Community College Report

DISCUSSION: NPAP reviewed and discussed the report submitted by Big Bend Community College regarding lack of mental health clinical experiences during the level II year. This deficient standard was found during a February 9-11, 2010 survey and a follow-up report was requested.

DECISION: NPAP accepted the report and requested clarification of required clinical hours between summer students and academic school year students taking mental health courses.

2. REVIEWS

A. Edmonds Community College: Proposed Feasibility Study for Program Development of PN program.

DISCUSSION: NPAP reviewed and discussed the proposed Feasibility Study for the development of an LPN program. The Feasibility Study was submitted by Dr. Marty Cavalluzzi, Vice-President for Instruction, Edmonds Community College.

DECISION: NPAP accepted the Feasibility Study and approved the school for program development. The panel noted that the study addressed all the requirements of WAC 246-840-510(1). The panel requested that the College clarify the availability of qualified faculty

and the budgeted faculty positions in the next step of program development. The NPAP approved of Edmonds Community College to begin work on program development as identified in WAC 246-840-510(2).

B. Bellingham Community College: Substantive Nursing Program Change

DISCUSSION: NPAP reviewed and discussed a request submitted by Bellingham Community College to add an additional 20 students in the spring quarter. Since January 2009, the program admitted two cohorts of 20 students each academic year (fall, winter).

DECISION: NPAP approved the request and expressed concern over the proposed faculty workload. The panel requested that the program submit a follow-up progress report by the end of winter quarter 2013.

3. Review of NCLEX Pass Rates:

DISCUSSION: WAC 246-840-530 (j) (i), (ii), (iii) identifies commission action related to nursing programs that do not maintain an average pass rate of 80%.

Programs that did not maintain an annual passing rate of 80 % for 2011 included:

- 1. Centralia College-RN program 10/17 = 58.8%**
- 2. Highline Community College –RN Program 52/71 = 73.2%**
- 3. South Seattle Community College –RN Program 18/32 = 56.3%**
- 4. Heritage – LPN Program 13/20 = 65%**
- 5. Renton Technical College – LPN 32/43 = 74.4%** This was the third consecutive year for passing rates below 80%

DECISION: NPAP decided that a letter of notification would be sent to the schools that had below 80% for only one year. In addition to the notification letter, the panel requested that Renton Community College submit an assessment of the low-pass rates situation by August 2012. Technical assistance will be offered to all schools.

4. COMPLAINTS

A. Gonzaga University – Oregon State Board of Nursing Report

DISCUSSION: NPAP reviewed and discussed a complaint submitted by the Oregon State Board of Nursing against Gonzaga University.

DECISION: NPAP requested that staff assess and discuss the situation with Gonzaga University and the Oregon Board of Nursing to clarify how the course is being advertized and to facilitate the sharing of information.

5. NPAP Complaint Process –Draft copy of procedure E03.01

DISCUSSION: NPAP reviewed and discussed a proposed draft procedure (E03.01). NPAP and NAPAP will use the same complaint process.

DECISION: NPAP approved of the procedure with several changes. NPAP and NAPAP Chairs will present the policy in March to NCQAC.

6. **SITE VISIT SKAGIT VALLEY COLLEGE**

DISCUSSION: NPAP was notified by staff that Skagit Valley will not be entering a group of 30 additional nursing students on the Mount Vernon campus in spring 2012 due to lack of grant funding. The program will no longer pursue the LPN option on the Mount Vernon Campus as presented at the last NPAP meeting. In addition, the Mount Vernon Campus will not offer (after spring 2012) an entry point for LPNs. Mount Vernon campus will operate the ADN two year program only. The Whidbey Island Campus will continue the PN and LPN to RN programs. The panel expressed concerns regarding inconsistency in the curriculum and syllabi presented to the panel.

DECISION: NPAP requested that staff conduct a site visit to Skagit Valley for clarification on program inconsistencies.

Next meetings: Panel A - Susan Woods: Thursday, March 15, 2012 10:00 am –12:00 pm
Panel B - Rhonda Taylor: Thursday, April 19, 2012 10:00 am –12:00 pm

Adjourned: 12:05 pm



Nursing Care Quality Assurance Commission

**Nursing Assistant Program Approval Panel (NAPAP)
February 28, 2012**

MINUTES

Commission Members:	Margaret Kelly, Chair Rhonda Taylor William Hagens Susan Wong
Pro Tem:	Jackie Rowe, Pro Tem Jeanne Giese (Non-voting)
DOH Staff:	Mindy Schaffner, Nursing Education Advisor Tim Talkington, Staff Attorney Louise Taylor, Secretary
Absent:	William Hagens Jackie Rowe

9:30 AM Opening — Margaret Kelly, Chair

- Call to order - 9:39 am
- Review minutes of February 13, 2012

DECISION: NAPAP approved the February 13, 2012 minutes.

A. Report on A-PLUS Nursing Assistant Training Programs #51650 and #51580

DISCUSSION: NAPAP reviewed and discussed an updated document presented for panel consideration. Program #51650 has been operating an approved weekend program for some time. The programs have not been licensed by Workforce Training and Education Board since December 2011.

DECISION: NAPAP determined that the programs be open for full investigation. The panel requested staff to conduct an on-site visit at the Bellevue site.

B. Blossom Nursing Assistant Training Program #51643

DISCUSSION: NAPAP reviewed and discussed a complaint filed by a student who would like reimbursement because she was unable to attend classes. Student filed a complaint with the Better Business Bureau.

DECISION: Complaint was closed as situation was resolved, but NAPAP asked that a letter be sent to the program requesting a report back by April 1, 2012. The panel would like to know what the program does to ensure students receive the CPR course as identified on their Web site.

C. Kamanga Nursing Assistant Training School #51449

DISCUSSION: The panel reviewed and discussed a complaint from a student alleging that the program failed to provide another Certificate of Completion after she lost the one

provided. The student indicated that the program did provide her another COC and the issue was resolved.

DECISION: The NAPAP decided to close the case as resolved, but asked that a letter be sent to the program expressing concern over the long length of time that the program took to respond to the student's request.

2. **REVIEWS**

A. Report on New Programs

DISCUSSION: The panel received a report from the tracking log regarding new program approvals since 2010. There was discussion on a couple of the programs, which caused question as to the actual dates of approval.

DECISION: Staff will check the programs in question and bring report back to NAPAP at the next meeting in April.

B. Update on Alternative Programs

Staff reported that there have been no applications submitted for alternative NA program approval. Several programs have contacted staff requesting information and application forms, but no applications have been submitted thus far.

3. **Established next meeting dates:** NAPAP set meeting occurrences for every 2nd Monday each month from 10:00 AM – 12:00 PM beginning April 9, 2012.

Adjournment: 10:54 AM

FUTURE RULES

Rule title	New or amendment	Next Steps	Responsible
1. ARNP endorsement for CNS and recognition of Clinical Nurse Specialist for licensure, amend WAC 246-840-302, 342, 344 and 410	Amend	Include with rule changes to recognize CNS category. Rules petition filed 5/13/11 to recognize Clinical Nurse specialist for licensure. Commission voted 7/8/11 to begin rule writing when moratorium lifted. 11/18/11 commission voted to file moratorium exemption form. Rules Moratorium Exemption Form completed 12/21/11 and amended 2/29/12. Amended form 3/12/12. Karen Jensen signed and forwarded 4/12/12.	Terry / Martha/ Teresa
2. Substance abuse. Amend WAC 246--840-760, 246-840-770, and 246-840-780	Amend	Amendments to include definitions and updated terminology. Completed moratorium exemption form 12/21/11 and amended 2/29/12. Amended form 3/12/12. Not signed no agreement to forward. Need specific numbers on cases not able to get to, patient safety issues and better justification	Mary Dale for better justification Terry for rules
3. Sexual misconduct – amend WAC 246-840-740. Amend definitions and include boundary issues	Amend	Request to Mary/Catherine/Jack to identify proposed changes 12/27/11 to Karl Hoehn. Completed moratorium exemption form 12/21/11 and amended 2/29/12. Amended form 3/12/12. Karen Jensen signed & forwarded 4/12/12	Terry / Mary/ Catherine
4. Initial Licensure for graduates of international schools of nursing. Amend WAC 246-840-045. Decrease barriers for British Columbia candidates by accepting BSN level of training and English competency. Decrease barriers for internationally educated nurses enrolling in graduate studies to update their clinical education.	Amend	Comparison of licensure requirements in border states completed. Tacoma Community College requested rule writing. Commission reviewed Oregon rule on limited license for internationally educated nurses lacking clinical component. Proposed amendment allows nurse to take refresher course and update clinical skills at approved facilities. Completed moratorium exemption form 12/21/11 and amended 2/29/12. Amended form 3/12/12. Karen Jensen signed and forwarded 4/12/12.	Terry/ Teresa/ Mindy
5. Pain Management – Amend WAC 246-840-493. Clarify for ARNP pain specialist you must meet (a) (c) and (d) since (b) does not yet exist. Add language to (b) "if and when such credentialing for ARNPs becomes available; and".	Amend Expedited Rule	9/12/11 Requested clarification of process to move forward as an expedited amendment. Completed moratorium exception form 12/21/11 and revised 2/29/12. Amended form 3/12/12. Not signed, no agreement to forward. Need interpretive statement	Martha and Paula for interpretive statement
Retired active status. Identified as need to comply with continuing competency rules.	New	ON HOLD - 2012 Completed Decision Package for I-960 approval of new fee category. Wait for leg. session before completing	Terry/ Teresa

Updated 4/18/12

Rule title	New or amendment	Next Steps	Responsible
		moratorium exemption form. Decision package approved ok to proceed.	
WAC 246-840-990 Fees. Change language on license verification fee now using Nursys and delete fee category for “duplicate licenses” since we no longer issue paper licenses	Amend	ON HOLD - Coordinate w/HSQA for fee rule changes. Wait for decision package. Decision package passed while amending fee to create new retired active status fix this problem as well. Proceed.	Terry / Teresa
Continuing Competency – Amend WAC 246-840-202(1), 246-840-203(1)(a)(i) and 246-840-206	Amend	ON HOLD - Amend rules to delete the word (and) “...requiring nursing knowledge or and a nursing license. Needs approval from commission to proceed with rules amendment. 12/21/11 to Teresa to coordinate with CC subcommittee.	Teresa for subcom. Terry for rules

NEW RULES REQUIRED BY LEGISLATION PASSED IN 2011 or 2012

Legislation passed in 2012	Rules to be amended	Next Steps	Assigned to:
SHB 2056 Assisted Living Signed 3/7/12. Effective 6/7/12	WAC 246-840-920(5)	Add “assisted living facilities” to definition of locations for nursing assistants Develop legislative implementation plan with HSQA, CR101 form, CR101 memo, request rules print out. Prepare rules moratorium exemption form.	Terry/ Paula
EHB 2186 Licensed Midwives (Amend WAC 246-840-705 Functions of a registered nurse and a licensed practical nurse) Signed 3/7/12, effective 6/7/12	WAC 246-840-705	Develop legislative implementation plan, CR101 form, CR101 memo, Request rules print out, Prepare rules moratorium exemption form. Invite Board of Pharmacy, Chief nurses, Midwifery association and Hospital Association to meetings.	Terry / Paula/ Kendra

Legislation passed in 2012	Rules to be amended	Next Steps	Assigned to:
<p>ESHB 2314 Long Term Care Workers (Amend nurse delegation rules to add home care aides)</p> <p>Signed 3/29/12 effective 6/7/12</p>	<p>WAC 246-840-910, 920, 930, 940, 950, 960 and 970</p>	<p>Develop legislative implementation plan, CR101 form, CR101 memo, Request rules print out, Prepare rules moratorium exemption form. Mtg on 4/20 for developing implementation plan.</p>	<p>Terry / Paula / Kendra</p>
<p>ESHB 2473 Medication Assistant Endorsement</p> <p>Signed 3/30/12 effective 6/7/12</p>	<p>WAC 246-841 – create new rules and new section start with WAC 246-841-586</p>	<p>Develop legislative implementation plan, CR101 form, CR101 memo, Request rules print out, Prepare rules moratorium exemption form.</p> <p>Work with Secretary’s Office (Kendra Pitzler) on amending WAC 246-841-990 for endorsement fee and endorsement renewal fee.</p>	<p>Terry/ Paula/Mindy</p>
<p>ESSB 6237 Medical Assistant (formerly Health Care Assistant)</p> <p>Signed 3/29/12 effective 6/7/12</p>	<p>WAC 246-840-010(21) and WAC 246-840-840(3)</p>	<p>Amend nursing technician application form to add “clinic”. Legislative implementation plan, CR101 form/memo, Request rules print out, Prepare moratorium exemption form.</p> <p>Section 4 requires MQAC, NCQAC, Osteopathic, Naturopathy and Optometry Boards to review and identify other specialty assistive personnel not included in this chapter by 12/15/12.</p> <p>Section 11 requires DOH to recommend regarding a career path plan for medical assistants due by 12/15/12.</p>	<p>Terry / Chuck</p>

Legislation passed in 2012	Rules to be amended	Next Steps	Assigned to:
EHB 2186 Licensed Midwives	WAC 246-840-705	Mtg planned 5/10/12 for legislative implementation plan development, proviso for rule writing.	Terry / Paula

REPORTS/DECISION PACKAGES FOR IMPLEMENTATION:

Legislation passed Previously	Report Due	Next Steps	Assigned to:
<ul style="list-style-type: none"> DOH, NCQAC and MQAC 1103 report to legislation in 2013 	6/30/13	Write report, HSQA meetings, work with commission member to write report.	Managers
<ul style="list-style-type: none"> Decision Package for Retired Active status and new fee. (Submitted May, 2011) = passed 	No due date	Implement legislation. Monitor proviso funding	Terry / Teresa
<ul style="list-style-type: none"> Decision Package for Investigators for NCQAC (Submitted May, 2011) = passed but no ftes 	No due date	Implement legislation. Get FTEs from HSQA. Monitor proviso funding	Terry / Paula
<ul style="list-style-type: none"> DOH report on Washington Center For Nursing report to the legislature due in June, 2012 	6/30/12	Finalize nursing forums (4/6/12 for DOH nurses and 5/2 for state and national nurses) then write report with Secretary Selecky's Office.	Terry / Paula
<ul style="list-style-type: none"> Medical Assistant – Requires DOH and NCQAC, et al to prepare report on career paths by 12/15/12 	12/15/12	Coordinate w/HSQA	Paula
<ul style="list-style-type: none"> 2010 ESSB 6582 requires annual report to legislature 	12/1/12 and annually	(3) Beginning December 1, 2012, the secretary, in consultation with the commission, shall report annually by December 1st to the governor and the appropriate committees of the legislature on the progress made in achieving career	Paula/ Mindy / Kendra

Updated 4/18/12

Legislation passed Previously	Report Due	Next Steps	Assigned to:
		advancement for certified home care aides and medical assistants into nursing practice.	
<ul style="list-style-type: none"> HB 2247 Oral Medications in School Systems 	No date given	Pro tem member appointed to help work with OSPI on re-writing the oral medication bulletin . Legislative implementation plan scheduled 4/24.	Sue Lankow, pro tem / Paula
<ul style="list-style-type: none"> SB 5969 Military spouses 	12/12	The regularity authorities for DOL, DOH, L & I and OSPI shall appear before the Joint Committee on Veteran and Military Affairs in 12/12 to inform the committee of their efforts to implement.	Paula / Teresa
<ul style="list-style-type: none"> HB 2366 Suicide Prevention 	12/15/13	DOH to summarize findings of the study	Paula

State of Washington
Decision Package

FINAL

Agency: **303 Department of Health**
Decision Package Code/Title: **RF Nursing Retired Active Fee**
Budget Period: **2011-13**
Budget Level: **PL-Performance Level**

Recommendation Summary Text:

The Department of Health, Nursing Care Quality Assurance Commission (NCQAC) defines essential criteria for nursing licensure in Washington. Currently nurses 70 years of age and above are retiring and no longer providing health care due to the cost of maintaining an active license. This package requests a lower-cost fee category for a retired active status credential, as authorized in RCW 18.130.250. This will allow for senior nurses to provide nursing care on an intermittent basis, thereby increasing the health care access to citizens of Washington.

Fiscal Detail

Revenue

Fund	Source	<u>FY 2012</u>	<u>FY 2013</u>	<u>Total</u>
02G Health	0258 Registered & Professions Acct		(188,000)	(188,000)
	LPN Licenses			
Total Revenue		0	(188,000)	(188,000)

Package Description:

NCQAC proposes establishing a retired active status fee. WAC 246-12-010 authorizes a regulatory entity to develop rules outlining a retired active status. To maintain an active registered and licensed practical nursing license, continuing competency rules require 531 hours of active practice every three years. Adopting a retired active status allows nurses to practice intermittently and maintain their licensure.

Without this new rule and new fee, some nurses may fully retire from nursing. The cost to renew an active license affects their finances. There are currently 3,062 licensed active nurses aged 70 and older, and 1,011 nurses with licenses on inactive status, which means some of the senior nurses who could be providing health care are not because of the high active license fee. When a nurse's license is in inactive status, that nurse pays a low fee and has three years to re-activate the license with fewer requirements than if the nurse's license had simply expired. However, the inactive status nurse cannot practice nursing and cannot meet the continuing competency requirements. The retired active fee will be lower than an active license fee, allowing the senior nurse to practice nursing intermittently and will allow them to meet the continuing competency requirements. In addition, the retired active status will allow a reduced requirement of active practice hours to maintain this level of licensure. Nurses employed on an intermittent basis will continue providing limited health care services to Washington State residents.

Fee groups currently affected by this new fee include registered nurses and practical nurses.

During this nursing shortage it is imperative to have all available nurses practicing, even if only on an intermittent basis. The new fee category for retired active status will allow the senior nurses to keep their license and practice on an intermittent basis.

Agency contacts:

Division of Health Systems Quality Assurance, Nursing Commission Analyst, Terry West, 360-236-4712;
 Division of Health Systems Quality Assurance, Nursing Commission Executive Director, Paula R. Meyer, 360-236-4713;
 Division of Health Systems Quality Assurance Financial Manager, Joel Emery, 360-236-4602

Narrative Justification and Impact Statement:

What specific performance outcomes does the agency expect?

NCQAC expects this new fee option to improve health outcomes and ensure skills and competencies of nurses remain high. Nurses want to continue providing intermittent nursing services after retiring from their professional career, and some senior nurses will choose this new reduced cost license category rather than retiring fully. By staying in the practice of nursing on an intermittent basis this increases the number of nurses available to the public. Citizens of Washington State will continue to have access to health care by having more nurses available.

Performance Measure Detail

Activity: A015 Patient and Consumer Safety

	Incremental Changes	
	<u>FY 2012</u>	<u>FY2013</u>
Output Measures		
Number of nurses 70 years of age or older switching to New retired active status.	0	4,073

Is this DP essential to implement a strategy identified in the agency’s strategic plan?

The following goal of the Department of Health’s 2009-13 strategic plan is supported by this request:

Goal 3: “Everyone in Washington has improved access to safe, quality, and affordable health care.” Increasing the number of nurses able to provide nursing services increases the access to health care. A number of nurses currently on inactive status or approaching retirement age will place their license into the new retired active status. Under this new status, they will provide health care on an intermittent basis rather than letting their license expire or remaining inactive.

Does this decision package provide essential support to one of the Governor’s priorities?

This proposal support the Governor’s priority of Increase health care access especially in rural Washington. Governor Gregoire is committed to increasing access to high quality, affordable health care. The continuing competency requirements assure all nurses are competent and qualified to provide safe nursing care. A certain

number of nurses have retired from their professional career but deliver limited services through school nursing, parish nursing, and membership in their professional association. The new retired active status will allow these nurses to continue to take continuing education but reduce the number of active practice hours necessary to maintain an active license. The new licensure status increases the number of nurses available for health care services who might otherwise allow their licenses to expire or inactivate their licenses.

Does this decision package make key contributions to statewide results? Would it rate as a high priority in the Priorities of Government process?

This proposal support the Priorities of Government: Improve the health of Washingtonians. Every health care facility throughout the state needs qualified nurses competent to practice. The continuing competency requirements for active practice and continuing education meet this priority. By recognizing retired nurses who continue to take the required continuing education, but reduced active practice hours, more nurses remain available on an intermittent basis.

What are the other important connections or impacts related to this proposal?

The NCQAC implemented continuing competency requirements in 2011. The rules require documentation of active practice every three years. School nurses complete a number of clinics every year and depend on retired nurses to assist. By allowing retired nurses to complete minimal nursing tasks at these clinics, often-underserved children receive care in our schools.

Throughout the rules process, many retired nurses providing emergency and disaster preparedness services were concerned they would not meet the active practice requirements for an active license. The retired active status gives another option for nurses providing this vital service, but not in an active professional role.

What alternatives were explored by the agency and why was this alternative chosen?

Alternative: Continue under current inactive rule

Pro – Current rules would continue. No new rule writing would be necessary.

Con - Nurses must make a deliberate choice which licensure category to use based on the active license requirements. The NCQAC stated in rule that in order to maintain an active license, a nurse must have 531 hours of active practice and 45 hours of continuing education every three years. When a nurse retires from a professional career, the only licensure choice allowed is an expired or inactive license. Disaster preparedness and professional organizations require an active license. Retired nurses no longer meet the active practice hours necessary to maintain the active license.

What are the consequences of not funding this package?

If the new fee category is not authorized, the number of nurses available to provide health care services may decrease, further increasing the existing nursing shortage.

What is the relationship, if any, to the state capital budget?

None.

What changes would be required to existing statutes, rules, or contracts, in order to implement the change?

The NCQAC proposes a new rule establishing the nursing retired active status and fee. WAC 246-12-010 authorizes a regulatory entity to establish a rule outlining a retired active status. Nurses, the Washington State Nurses Association, and Washington Health Volunteers in Emergencies (WAHVE) indicated their support in establishing this new category.

Expenditure and revenue calculations and assumptions

As of August 1, 2011, there are 381 Licensed Practical Nurses (LPN) and 2,681 Registered Nurses (RN) over the age of 70 on active status. In addition, there are 213 inactive LPNs and 798 inactive RNs. NCQAC anticipates both the active and inactive nurses will move to the new retired active status license category for a reduced fee as shown in the tables below. The new proposed annual fee amount for retired active status is estimated to be \$40 for LPNs and \$45 for RNs (see Attachment 1). Because both active and inactive status licensees currently pay higher fees than this, NCQAC anticipates a decrease in overall annual revenue by \$188,497 each year starting in fiscal year 2013. The following table shows each of these components:

<i>Nurse license category</i>	<i>Volume of inactive renewals</i>	<i>Current fee for inactive status</i>	<i>Reduced Revenue</i>
LPN	213	\$45	(\$9,585)
RN	798	\$65	(\$51,870)
	1,011		(\$61,455)

<i>Nurse license category</i>	<i>Volume of active renewals for 70 and above</i>	<i>Current fee for active status for 70 and above</i>	<i>Reduced Revenue</i>
LPN	381	\$96	(\$36,576)
RN	2,681	\$101	(\$270,781)
	3,062		(\$307,357)

<i>Nurse license category</i>	<i>Volume of retired active status renewals</i>	<i>Proposed new fee category for retired active status</i>	<i>Revenue (see Attachment 1)</i>
LPN	594	\$40	\$23,760
RN	3,479	\$45	\$156,555
	4,073		\$180,315

The retired active status renewals consist of primarily automated renewals. This means if the nurse pays the correct fee and uses the correct form the renewal process performs automatically with no human interaction. NCQAC anticipates the majority of the new retired active renewals will renew automatically with no human interaction, therefore costs will be negligible.

Which costs and functions are one-time? Which are ongoing? What are the budget impacts in future biennia?

The revenue impacts will be ongoing.

<u>Object Detail</u>	<u>FY 2012</u>	<u>FY 2013</u>	<u>Total</u>
A Salaries and Wages	0	0	0
B Employee Benefits	0	0	0
C Personal Service Contracts	0	0	0
E Goods and Services	0	0	0
G Travel	0	0	0
J Capital Outlays	0	0	0
T Intra-Agency Reimbursements	0	0	0
Total Objects	0	0	0

State of Washington
Decision Package

FINAL

Agency: **303 Department of Health**
Decision Package Code/Title: **NI NCQAC Investigators 15%**
Budget Period: **2011-13**
Budget Level: **PL-Performance Level**

Recommendation Summary Text:

The Department of Health's Nursing Care Quality Assurance Commission takes legal action on nurses' licenses based on complaints. Cases include patient deaths, serious harm, and abuse. According to RCW 43.70.320(4), the commission is able to request authority to spend unappropriated funds in the health professions account when revenues exceed 15 percent over the department's estimated six-year spending projections. Since the account is appropriated, the Office of Financial Management has advised that the way to access this provision is to seek appropriation authority. This package requests authority to support three additional investigators to address substance use and increased nursing practice complaints.

Fiscal Detail

Operating Expenditures		<u>FY 2012</u>	<u>FY 2013</u>	<u>Total</u>
02G-1	Health Professions Account	88,000	264,000	352,000
Total Cost		88,000	264,000	352,000
Staffing		<u>FY 2012</u>	<u>FY 2013</u>	<u>Annual Avg</u>
FTEs		1.0	2.9	2.0

Package Description:

While the majority of nurses in Washington practice safely, a number of nurses do not. The Nursing Care Quality Assurance Commission (NCQAC) receives complaints of poor nursing care, crimes committed by nurses, and patient harm from nurses. The NCQAC investigates complaints and collects evidence to support charges on nursing licenses. The NCQAC receives more complaints than can be investigated with current resources. If the complaints cannot be investigated, legal action on licenses cannot take place. This leaves unsafe nurses to practice with critically ill and trusting patients because the investigations cannot be completed. The NCQAC requests 3.0 on-call FTEs to investigate nursing cases. By adding investigators, investigations can be completed in a timely fashion.

The NCQAC is a fifteen-member, governor appointed commission. The NCQAC is the regulatory body authorized and responsible for determining standards for nursing practice in Washington. They regulate over 100,000 licensed practical nurses (LPNs), registered nurses (RNs), advanced registered nurse practitioners (ARNPs) and nursing technicians (NTs). The NCQAC defines education needed for all nurses to practice in Washington, essential criteria for nursing licensure in Washington, and defines violations of nursing care standards. In addition, NCQAC disciplines nurses according to the Uniform Disciplinary Act. All legal actions on nursing licenses depend on evidence collected by investigators.

In 2008, the legislature approved a decision package increasing the number of investigators, staff attorneys, and health law judges dedicated to discipline of nurses. The legislature also approved an increase in the nursing fees to support the increase in staffing. Due to hiring freezes, delays in hiring into positions occurred. The number

of complaints opened to investigate continues to rise. This decision package requests authority and FTE allotment to temporarily hire on-call investigators to complete delayed investigations.

Disciplinary Process

Disciplinary actions on nursing licenses are a legal process. The actions require collection of evidence to support legal actions on the license to practice nursing. Nursing practice in Washington requires an active license. Investigations drive resource demands for the disciplinary process. Investigators travel throughout our state to collect evidence from all health care facilities. As investigations are completed, they proceed to a NCQAC member. The NCQAC member presents recommendations to a group of NCQAC members. The group decides to take legal action on the license or close the case based on evidence. If the group recommends legal action on the license, staff attorneys draft charges. The draft charges and evidence are presented to the Assistant Attorney General for prosecution. The charges could lead to settlement of the case or a request for a hearing. Disciplinary actions range from probation to permanent revocation of a license.

Priority of nursing investigations

Investigators' prioritize cases with allegations of the most serious misconduct first, or Priority A and B cases. Priority A and B cases include allegations of abuse and neglect, patient harm, and patient deaths. While investigators focus on the most serious complaints, it is at the expense of complaints including drug diversion, substance abuse and nurses not suitable for the alternative to discipline program. These nurses are able to work with critically ill and trusting patients because the investigations are delayed with the current resources. High profile complaints in the last year also increase the number of investigations. Media attention causes an increase in the number of complaints received with multiple complaints received on the same nurse.

Complaint workload and current resources

On July 1, 2008, the NCQAC began a pilot project according to RCW 18.79.390. A baseline report documented 427 nursing cases in investigation. From July 1, 2008 through July 1, 2011, NCQAC received an average of 133 complaints per month. Of these, the NCQAC opened an average of 51 complaints to investigation per month. This averages 612 new investigations per year. Complaints against nurses rose 25 percent in the last five years:

2006	1,209
2007	1,276
2008	1,562
2009	1,624
2010	1,619

NCQAC currently dedicates 8.0 FTEs to nursing investigations. The productivity standard is six (6) investigations to be completed per month per investigator. At maximum, 48 cases can be completed per month. This is a maximum of 576 investigations completed in a year.

As of July 1, 2011, there are 370 existing investigations. At the current productivity standard, plus 612 new investigations in the next year, an additional 5.6 FTEs of investigators are required to complete the investigations in one year. With the ratio of incoming cases to maximum closed cases, at the end of another year, there will be 406 pending investigations.

Aged investigations complicate evidence collection

As investigations are delayed, the investigators face increasing challenges of contacting witnesses who remember incidents. Witnesses may no longer work at the facility where the allegations occurred. Witnesses may no longer remember events associated with the incident. Witnesses may no longer be willing to cooperate with the investigation. Investigations rely on documentation in medical records. As cases age, medical record retrieval becomes cumbersome. Many health care facilities submit a total medical record rather than a small number of critical pages. By submitting the total medical chart, the investigator is further challenged to review the full contents of the record to glean pertinent facts. In each subsequent phase of the disciplinary process, review of the records is time consuming for the NCQAC member and staff attorneys because of the volume of the records submitted rather than the pertinent facts. Duplication of records commonly occurs with aging investigations and further complicates the decision making process. Having the right number of investigators with the right skills to complete timely investigations decreases the time between event and action on license. As investigations age, complainants become discouraged and may present tort claims related to untimely resolution of their complaint.

Conclusion

Addressing complaints of misconduct is critical to patient safety. Disciplinary action removes unfit nurses and brings unskilled nurses to a higher level of nursing practice through monitoring, education and supervision. The NCQAC requests adequate investigators to address critical patient safety needs. Timely disciplinary actions depend on adequate investigators to collect and analyze evidence. Delays in discipline result in unsafe or unskilled nurses continuing to practice with vulnerable patients. RCW 43.70.320 (4) allows the NCQAC to request the use of funding when revenues exceed 15 percent of projections. The NCQAC is requesting to use this process to fund the three additional on-call FTEs to perform investigations. Since this account is appropriated, the department is requesting appropriation authority to access this provision.

Agency Contact: Division of Health Systems Quality Assurance Financial Manager, Joel Emery, 360-236-4602
Subject Matter Expert: Nursing Commission Executive Director, Paula R. Meyer, 360-236-4713

Narrative Justification and Impact Statement:

What specific performance outcomes does the agency expect?

Disciplinary action affects patient safety by removing unfit nurses from practice and raising nursing skills to higher levels of practice. Disciplinary actions depend on clear and convincing evidence. As investigations age, the collection of evidence becomes more challenging, there may be increasing complaints on the same nurse and there is increasing potential of harm as time passes. Increasing the number of on-call investigators available addresses the backlog of investigations. Hiring people with investigative background and experience reduces time in orientation to the discipline process. The NCQAC used on-call investigators this past year to fill vacancies. On-call investigators have been retired detectives and police officers familiar with investigations. A variety of part time schedules allowed the NCQAC to continue to complete the highest priority cases.

Hiring three additional on-call investigators decreases the current investigators' individual caseloads. In July 2009, the average caseload per investigator was 70 cases. According to the Governor's GMAP Forum on Health Care, July 12, 2006, the Washington standard for investigator caseload was 35 cases per investigator. Each week, every investigator receives new cases. Each investigator must then assess their caseloads, determine if the new cases are a higher or lower priority than their existing cases, and accordingly revise work plans.

Hiring three additional on-call investigators immediately affects the backlog of cases. New investigators will begin collecting evidence on the oldest cases while receiving new investigations. By adding three additional on-call investigators, the increasing backlog of cases decreases to zero by July 1, 2013, the fifth year of the pilot

project. This assumes several constants: there is no turnover; the average number of complaints opened to investigation remains 35 per week and the increase in the number of applicants flattens.

This timeline coincides with the timeline in RCW 18.79.390 directing the NCQAC into a pilot project for five years, from July 1, 2008 through June 30, 2013.

Performance Measure Detail

Activity: A015 Patient and Consumer Safety

This decision package does not link to any specific performance measures in the 2011-13 Department of Health’s Activity Inventory Report; however the NCQAC has adopted the following performance measure in the NCQAC’s Strategic Plan for 2011-13.

	Incremental Changes	
	<u>FY 2012</u>	<u>FY 2013</u>
OUTPUT MEASURES		
Number of complaint investigations against nurses will be completed within set timelines.	75%	75%

Is this DP essential to implement a strategy identified in the agency’s strategic plan?

Yes, Goal# 3. Everyone in Washington has improved access to safe, quality, and affordable health care. Timely resolution of nursing complaints addresses patient safety. Currently, investigators concentrate their time and efforts on the most egregious cases, those being Priority A and B cases. These include: patient death, patient harm, sexual and physical abuse, mandatory suspensions related to suspension in another state, and strong pattern of errors with potential for patient harm. The Priority C cases are displaced by higher priority cases.

Does this decision package provide essential support to one of the Governor’s priorities?

Yes, Statewide Result #3 is to “Improve the health of Washingtonians.” Public health is served by timely discipline of nurses whose practice is unsafe or unskilled. Investigators collect evidence to support decisions and actions on nursing licenses. Investigators must collect clear and convincing evidence to support all licensing action decisions. The burden of proof lies with the NCQAC. Due process rights of nurses need to be protected throughout the disciplinary process. By collecting pertinent, recent, clear evidence, NCQAC members make informed decisions. As investigations age, the likelihood of collecting recent information declines. The likelihood of collecting complete information diminishes. The likelihood of contacting witnesses who recall events is reduced even further as the age of the investigation increases.

Does this decision package make key contributions to statewide results? Would it rate as a high priority in the Priorities of Government process?

Yes, by providing effective, timely discipline, NCQAC improves both the health and safety of Washingtonians. There are over 100,000 nurses licensed in the state of Washington. Hospitals employ the largest number of nurses. Patients in hospitals and all health care facilities trust nurses to keep them safe and perform their jobs to the best of their abilities. Gallop polls for the last five years identified nurses as the most trusted professionals

in the United States. The people of Washington allow nurses to become licensed after nurses meet all requirements. The license represents the confidence the people of Washington have in nurses.

The NCQAC publishes a newsletter twice a year. The NCQAC newsletter includes the list of nurses disciplined in the state in each publication. This list documents the spectrum of all actions, from informal actions through permanent revocations.

What are the other important connections or impacts related to this proposal?

A 2007 performance audit included Finding #6 regarding investigation activities. Recommendation #3 of that finding noted that the elimination of the backlog may require additional staffing. The agency response described the workload staffing study and stated that staffing requests would be submitted to the legislature as part of a decision package.

Similarly, GMAP presentations to the Governor focused on complaints involving imminent harm to the public. In those discussions, the Governor and Secretary of Health acknowledged the need to better support all disciplinary activities.

RCW 43.70.320 (4) authorizes a request to use unappropriated funds when revenues exceed 15 percent of projections. Since this account is appropriated, the department is requesting appropriation authority to access this provision. The NCQAC requests use of these funds and the FTEs to support the investigative work.

What alternatives were explored by the agency and why was this alternative chosen?

Early Remediation Program – In 2009 the NCQAC implemented a new program. Complaints meeting certain criteria are placed into the program for an initial investigation to substantiate the complaint, and to discuss the program with the nurse. The program is voluntary; the nurse may refuse to participate. The complaint proceeds to a panel of the NCQAC who determine if the complaint meets criteria to continue in the program, if the complaint should be transferred for full investigation, or be closed based on the investigation.

If the nurse continues in the program, an “action plan” is created outlining education, training, or monitoring necessary to correct the practice deficiency identified in the investigation. At the end of a specific time period (up to six months), the NCQAC considers successful completion of the action plan in deciding whether the complaint may be closed without disciplinary action. Cases closed do not appear on Provider Credential Search, and do not incur any state legal costs.

In the first 20 months of the program, over 100 nurses participated in the ER Program.

- Of these, 59 percent of the cases were closed and 41 percent are currently open. This means 59 fewer investigations.
- Of those currently open, 11 are in preliminary investigation and 13 have an “Action Plan” in place.
- The remaining cases were returned for full investigation for various reasons.

Pro – Reduction in investigative and legal resources used to process cases with informal charges.

The resources include time to investigate and take legal actions, the people needed to complete the investigations and legal actions in the disciplinary process, and the financial resources used to support the informal actions.

Con – The program components need evaluation and stakeholder input to determine the risks and benefits of the program. This may be accomplished through a rules process and more time is needed to initiate the rules

process. These include the standard of practice Priority C cases in the current backlog of investigations. These do not include the substance abuse/drug diversion cases.

Increased thresholds for incoming complaints – the NCQAC is not able to investigate all complaints and adopted thresholds for investigating cases. At their March 2009 meeting, the NCQAC reviewed the thresholds and raised the threshold for investigations. Unfortunately, the average number of cases being open to investigation remains at 35 per week. The NCQAC continues to use the thresholds determined in 2009. To further increase the threshold severely impacts patient safety.

Pro – The NCQAC hypothesized that by raising the threshold, there would be a decrease in the number of complaints opened to investigations. The NCQAC needs to gather information to support or refute the hypothesis. If supported, the number of complaints opened to investigation will decrease resulting in a decrease in the number of cases proceeding to legal actions. These actions would result in decreased resources used to process the cases. Unfortunately, the actual number of complaints continues to rise.

Con – The perception that the NCQAC is not opening all cases to investigation can be disturbing to the public. There are cases where the complainant vehemently opposes the NCQAC decision to close a complaint below threshold because the complaint involved their loved one. There is not enough information available thus far to determine if this action actually decreases the number of investigations and subsequent legal actions.

Settle more cases – After charges are filed, the opportunity for a hearing exists or the nurse may choose to settle the case. Settlements incur lower legal fees than hearings. In 2008, the NCQAC had 161 cases proceed to charges. Of these, 149 were settled, or a 93 percent settlement rate.

Pro – A 93 percent settlement rate represents a large savings in costs associated with the Attorney General Office. Staff attorneys with the Department of Health conduct the settlement process. The costs incurred are much less than the AAG costs, costs of a hearing, staff needed to support a hearing, and health law judges presiding.

Con – A certain number of hearings are expected with due process rights and adjudication of disciplinary actions. The nursing license is a property right. Nurses have the right to legal representation in disciplinary cases. A higher settlement rate may not be achieved.

Scanning and imaging investigative files – Security of medical records is very important with investigations and collecting evidence. The NCQAC is evaluating the recent introduction of netbooks and a secured drive for investigative reports.

Pro – Provides a higher level of security through password access, and confidentiality agreements. Decreases the time it takes to mail the investigation file to the reviewing commission member. The days saved from mailing could essentially add days to complete investigations.

Con – Requires purchase of netbooks, educating members on use of the netbooks, changing systems, and purchasing high speed/high volume scanning equipment. While this system may decrease the time and cost resources, this change is not immediate and will not decrease the number of investigations being opened or processed.

Substance Use and Abuse Team – investigators and attorneys analyzed the cases of substance use and abuse currently in investigation and legal phases of discipline. The team presents the recommendations for improvement in the process at the September 9, 2011 NCQAC meeting. The recommendations include improvements in the contract with the alternative to discipline program and decreased time needed to move cases to actions.

Pro - The recommendations will decrease the number of cases currently in investigation and legal phases. The recommendations will improve the process for new cases of substance use and abuse potentially decreasing the time needed to investigate. This allows the current number of investigators to close more cases quicker and work on more egregious investigations.

Con – The number of complaints of substance use and abuse continue to be the most frequent complaint for the NCQAC.

Collecting minimal evidence rather than a thorough investigation – There is a minimum standard for evidence to collect: clear and convincing. The standard is not negotiable. If evidence does not meet this standard, more investigation may be warranted and NCQAC actions on licenses may be compromised.

Pro – Decreases the amount of evidence collected, decreases the amount of time needed to collect evidence, and decreases investigator, reviewing commission member and legal staff time used to review records.

Con – Reviewing commission members and legal staff may ask for more evidence to be collected to substantiate the complaint and support legal action. This leads to the case going back to the investigator, more time needed, and further delays in processing the investigation and legal work. There is a balance between the correct and enough evidence collected with the amount of time necessary to collect enough evidence.

The decision to request additional on-call investigative staff remains the only other alternative to complete the backlog of investigations and new investigations in a timely manner.

What are the consequences of not funding this package?

The growing backlog represents allegations of unsafe nurses. The growing inability to investigate and take legal actions on cases does not meet the mission of protecting the public. The public has an expectation that nurses act within safety standards or are disciplined. The immediate consequences are with vulnerable patients. If the allegations of unsafe conduct are true and the nurse continues to practice, the nurse may repeat the unsafe actions with multiple patients. While the nurse's employment may be terminated with one employer, the nurse may move to multiple employers increasing the risk to patients. Substantiated actions on licenses prevent the nurses from patient contact and interrupts a cycle of harm.

Increased calls further delay in investigations. As investigations and legal actions are delayed, phone calls from media, interested parties, family members, health care facilities, and the nurse increase. The time taken to answer the calls takes time from investigative and legal work.

- Increased dissatisfaction from employers and nurses the longer the investigation remains open. Employers and the public lose confidence in regulatory bodies the longer it takes to complete actions on licenses. Employers make multiple inquiries to see if action has been taken on nurses they have reported. If the nurse was terminated, the employer continues to check the Provider Credential Search for information on actions. Numerous times it has been reported that the employers continue to check provider Credential Search and see there has not been action. The employer worries the nurse is continuing to practice and repeat behaviors that caused the termination.
- Nurses under investigation are dissatisfied due to the length of time between complaint and action. The disciplinary process is based on investigators collecting evidence to substantiate action on the license. If the investigation cannot commence or legal action is delayed due to higher priority cases, the nurse remains in 'limbo' for the duration of the process. The nurse does not know if they are able to work, if employers will continue to use them, and their confidence decreases.

What is the relationship, if any, to the state capital budget?

None.

What changes would be required to existing statutes, rules, or contracts, in order to implement the change?

None.

Expenditure and revenue calculations and assumptions

Revenue:

This decision package requests an increase in appropriation authority. No fee increase is necessary for this request; there is sufficient revenue and fund balance within the Nursing Care Quality Assurance Commission to support these additional expenditures.

Expenditures:

Starting in fiscal year (FY) 2012, one-time costs for additional on-call health care investigators are required to meet the growing disciplinary workload and reduce the backlog of cases. Costs include staffing and associated expenses, minimal travel and one-time small equipment purchases for the new health care investigators. Total costs in FY 2012 will be 0.8 FTE Health Care Investigator 3 (HCI 3) and \$90,000. Total costs in FY 2013 will be 2.3 FTE HCI 3 and \$264,000.

In FY 2012, expenditures also include salary, benefits and related staff costs for 0.1 FTE Health Services Consultant 1 and 0.1 FTE Fiscal Analyst 2 to assist with the increased administrative workload. These costs will increase in FY 2013 to 0.3 and 0.3 respectively.

Which costs and functions are one-time? Which are ongoing? What are the budget impacts in future biennia?

All costs are one-time in the 2011-13 biennium. No impact to future biennia.

<u>Object Detail</u>	<u>FY 2012</u>	<u>FY 2013</u>	<u>Total</u>
A Salaries and Wages	55,000	167,000	222,000
B Employee Benefits	18,000	52,000	70,000
C Personal Service Contracts	0	0	0
E Goods and Services	11,000	34,000	45,000
G Travel	1,000	3,000	4,000
J Capital Outlays	2,000	5,000	7,000
T Intra-Agency Reimbursements	1,000	3,000	4,000
Total Objects	88,000	264,000	352,000

2012 Legislative Report
Nursing Care Quality Assurance Commission
March 9, 2012

Bill Number	Title	Description	Position	Action	Legislative Activity
House Bills					
<u>HB 1486</u> Companion: SB 5390	Prescriptions for controlled substances written by ARNPs out of WA state	Allows pharmacies to fill prescriptions written by ARNPs out of WA state, patients in WA state, for controlled substances. While the scope of practice for ARNPs varies from state to state on prescriptive authority, the bill states the ARNP working within their scope of practice.	Support		Had passed house and senate in 2011 session, but did not get through rules; 11/28/11 reintroduced in present state; 01/09/12 reintroduced in present state 01/12/12 rules relieved of further consideration, 3 rd reading 01/16/12 passed rules In the Senate 01/17/12 1 st reading, to Health and Long Term Care 02/15/12 Hearing and Health and Long Term Care, 8 am 02/16/12 passed, to rules 02/23/12 2 nd reading 02/24/12 3 rd reading, passed 02/29/12 Speaker signed 03/01/12 President signed

					Delivered to the Governor 03/07/12 Governor signed, effective 06/07/12
<u>HB 2186</u> EHB 2186	Adding licensed midwives to the list of prescribers who can write a medical regimen for nurses	Amends 18.79 by adding licensed midwives to the list of prescribers who can write a medical regimen (orders). Registered and licensed practical nurses then execute the medical regimen. Licensed midwives can administer selected medications according to <u>RCW 18.50.115</u> but do not have prescriptive authority. Lack of prescriptive authority confirmed by midwifery and nursing AAGs	Oppose	Met with Audrey Levine and explained LMs limitations in RCW 18.50 for licensed midwives and this bill adds LMs to the list of prescribers who can provide necessary medical regimen as required in the nursing laws; met with Jim Morishima; phone call with LM and WSNA lobbyists; letter to Rep. Bailey, primary sponsor; phone call with MAWS lobbyist explaining concerns; phone call with Midwifery Advisory Committee members and AAGs listing concerns; Kendra	01/09/12 Health Care and Wellness Committee hearing 1:30 pm 01/16/12 Executive action due pass 01/19/12 To rules, 2 nd review 01/20/12 2nd reading by rules 1/27/12 Amendment on the floor page 2 line 10 Senate 1/30 first reading, referred to Health and Long Term Care In the Senate 01/30/12 Referred to Health and Long Term Care 02/15/12 Hearing at 8 am 02/16/12 passed; to rules, 2 nd reading 02/23/12 2 nd reading; 02/24/12 3 rd reading, passed 02/29/12 Speaker signed 03/01/12 President signed Delivered to the Governor – 03/07/12 signed by the

				<p>Pitzler, program manager for midwifery advisory committee; scheduling conference call with MAC and MAWs and AAG. Coordinating conference call with MAWS president, lobbyist and HSQA representatives to confirm intent of bill: LM now working with prescribers to write orders for nursing services; offered amendment to 18.50; NCQAC opposed amendment language; WSNA supports NCQAC interpretation 02/14/12 talked with lobbyist, confirmed the LMs want independent direction of nurses, letter of concern to Sen. Keiser</p>	<p>Governor, effective 06/07/12</p>
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				Follow up meetings with CNOs, NWONE, newsletter article	
HB 2366 SHB 2366	Requiring certain health professionals to complete education in suicide assessment, treatment, and management	Lists professions and mandates entry level education and continuing education in suicide assessment and prevention			01/12/12 1 st reading, referred to health Care and Wellness 01/26/12 Executive action 10 am 01/31/12 Referred to Ways and Means 02/03/12 Committee relieved of further consideration; referred to rules, 2 nd review 02/08/12 2 nd reading 02/10/12 1 st substitute substituted, floor amendments adopted, rules suspended, 3 rd reading, passed In the Senate 02/13/12 1 st reading, Health and Long Term Care 02/22/12 Hearing at 8:00 am 02/23/12 Executive action at 1:30 pm; 02/24/12 passed with amendments to rules 02/27/12 2 nd reading

					<p>02/28/12 committee amendment adopted, 3rd reading, passed rules In the House 03/03/12 House concurred with Senate amendment, passed 03/05/12 Speaker signed President signed 03/07/12 Delivered to the Governor 03/29/12 Governor signed, effective 06/07/12</p>
<p><u>HB 2247</u> Companion SB 6174</p>	<p>Expanding the types of medication a public or private school employee can administer as delegated by the school nurse</p>	<p>Expands list of medications school nurses can delegate to unlicensed school personnel – adds ear and eye drops and topical medications</p>	<p>Support - testify</p>	<p>Suggested to lobbyist and legislative liaison to add nasal sprays. Lobbyist thought title too narrow – suggested senate companion bill to correct the title; lobbyist said SNOW board was very specific on the language; Testimony on 2/20, original bill, same as in house</p>	<p>01/10/12 1st reading, referred to Health Care and Wellness 01/18/12 hearing at 8:00 am 1/23 Executive action in House Com on Health Care & Wellness 1/25 Passed to rules com. 1/26 Placed on 2nd reading by Rules com. 01/30/12 Rules suspended, 3rd reading; passed In the Senate 01/31/12 1st reading, Referred to Early Learning K-12 education 02/20/12 Hearing at 1:30</p>

					<p>pm 02/22/12 executive action 8:00 am 02/23/12 passed to rules, 2nd reading 02/24/12 3rd reading, passed 02/29/12 Speaker signed 03/01/12 President signed Delivered to the Governor 03/07/12 signed by the Governor, effective 06/07/12 May 9 conference</p>
<u>HB 2314</u>	Concerning Long Term Care Workers	Places the initiative in law, calls for no further delays in implementation; Section 406 describes nurse delegation to home care aides	Support in 2011		<p>01/11/12 1st reading 01/19/12 Hearing, House Health Care and Wellness at 10:00 am 01/26/12 Executive session 01/30/12 Executive action, 1st substitute bill substituted, passed 01/31/12 Referred to rules 02/02/12 2nd reading 02/08/12 1st substitute bill substituted, floor amendment adopted, rules suspended, 3rd reading, passed In the Senate 02/10/12 1st reading, to</p>

					<p>Health and Long Term Care 02/16/12 Hearing at 1:30 pm 02/22/12 Executive action , pass with amendments 02/23/12 Passed to rules for 2nd reading 02/28/12 2nd reading 02/29/12 amendment adopted rules suspended, 3rd reading, passed In the House 03/03/12 concurred with Senate amendments Passed 03/29/12 Governor signed, effective 06/07/12</p>
<p><u>HB 2473</u> SHB 2473 ESHB 2473</p>	<p>Medication assistant endorsement for certified nursing assistants in nursing homes</p>	<p>Allows CNAs with education and examination to administer medications and simple treatments in nursing homes; rules authority to nursing commission</p>	<p>Support wording as motion passed at 11/18/11 NCQAC meeting</p>	<p>Testimony by Mindy Schaffner; Letter sent to Senate; 02/22/12 testimony in Senate, similar to house testimony, but recognizing the limitation on primary responsibility and rules authority to NCQAC; potential amendment from</p>	<p>01/16/12 1st reading, referred to Health Care and Wellness 01/23/12 Hearing at 1:30 pm 01/26/12 Executive action, 1st substitute passed 01/31/12 Referred to health and Human Services Appropriations and Oversight 02/02/12 hearing at 8:00 am</p>

				<p>Sen. Pridemore on recognition of training in nursing education programs</p>	<p>02/03/12 passed substitute 02/06/12 Referred to rules, 2nd review 02/09/12 rules, 2nd reading 02/10/12 1st substitute substituted, floor amendments adopted, 3rd reading, passed In the Senate 02/13/12 to Health and Long Term Care 02/22/12 Hearing at 8:00 am 02/23/12 Executive action at 1:30 pm 02/24/12 passed to rules, 2nd reading 02/28/12 2nd reading 02/29/12 committee amendment adopted; rules suspended, 3rd reading; passed rules To the House for concurrence In the House 03/03/12 House concurred, Senate amendments passed 03/05/12 Speaker signed President signed 03/07/12 Delivered to the Governor</p>
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					03/30/12 Governor signed, effective 06/07/12
Senate Bills					
<u>SB 5969</u>	Military and veterans with spouses and expedited licensure			Section 3: Report due to the legislature December 2012	12/20/12 Governor signed Effective 03/14/12
<u>SB 6237</u> SSB 6237	Medical Assistants	Closely resembles the DOH sunrise report with required education, certification and examination requirements			01/16/12 1 st reading, referred to Health and Long Term Care 01/18/12 Hearing at 9:00 am 01/25/12 executive action at 8 am; 1 st substitute passed 01/26/12 referred to rules 1/31 Placed on 2 nd reading by Rules com. 02/09/12 1 st substitute substituted, floor amendments, rules suspended, 3 rd reading, passed In the House 02/11/12 Health Care and Wellness 02/15/12 Hearing at 8:00 am 02/20/12 Executive action at 1:30 pm, do pass 02/21/12 referred to Health and Human

					<p>Services Appropriations and Oversight 02/22/12 hearing at 1:30 pm; majority pass with amendments, no amendments from Health Care and Wellness; 02/23/12 Passed to rules, 2nd reading 02/28/12 relieved of further consideration; 2nd reading 02/29/12 Committee amendment adopted, rules suspended, 3rd reading; passed 03/05/12 Senate concurred with amendments, passed 03/06/12 President signed</p> <p>03/08/12 Delivered to the Governor 03/29/12 Signed by the Governor; effective 06/07/12</p> <p>Report</p>
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ER CRITERIA

- A. The nurse's continued practice does not pose a threat to patient safety.
- B. The alleged conduct involves clinical practice deficiency issue(s) that could be corrected through additional education, monitoring, or practicum participation within a limited period of time, not to exceed 6 months.
- C. The alleged conduct resulted in no or minimal harm.
- D. The case involves issues of substandard care only and does not involve willful misconduct or other unprofessional conduct.
- E. The willingness and ability of the nurse to participate in additional education, training, or monitoring upon request.
- F. The willingness and ability of the employer, facility, or other entity to participate in additional education, training, or monitoring of the nurse upon request.

Early Remediation Program

Complaint intake

Assessment

Close case, send to full investigation, send to ER Program

If nurse meets criteria for ER program a formal agreement is drawn up and offered to nurse

Preliminary investigation is conducted, Nurse is interviewed and asked if they are willing to participate in program

If nurse signs the agreement and completes it in the time agreed to the Commission will review the work submitted and compare it with the agreement, if it matches they will close the case as otherwise resolved. It will show only as a closed complaint and is not reportable to the HIPDB or provider look up.

ER Program

Nursing Care Quality Assurance Commission

Introduction to Disciplinary Process

Discipline Process Overview

The Nursing care Quality Assurance Commission does not exist to take your license. In our society people are presumed innocent until proven guilty.

The burden of proof to establish guilt is on the State

1. The State must gather evidence.
 2. The State's level of proof must be Clear & Convincing
 3. The Nurse is tried by a Jury of their Peers which are the Nursing Commission Members.
 4. In the Disciplinary Process, a Complaint may be closed at any step
 5. Formerly, every complaint was opened to investigation.
- Thresholds have been established to screen complaints (NCQAC Policy & procedure A06.06)

The Commission makes the decision to open cases for investigation according to the above threshold criteria, or close cases for no violation, no jurisdiction, insufficient information or below threshold criteria, without further consultation of the Commission.

Complaint Intake receives information in a variety of different ways such as:

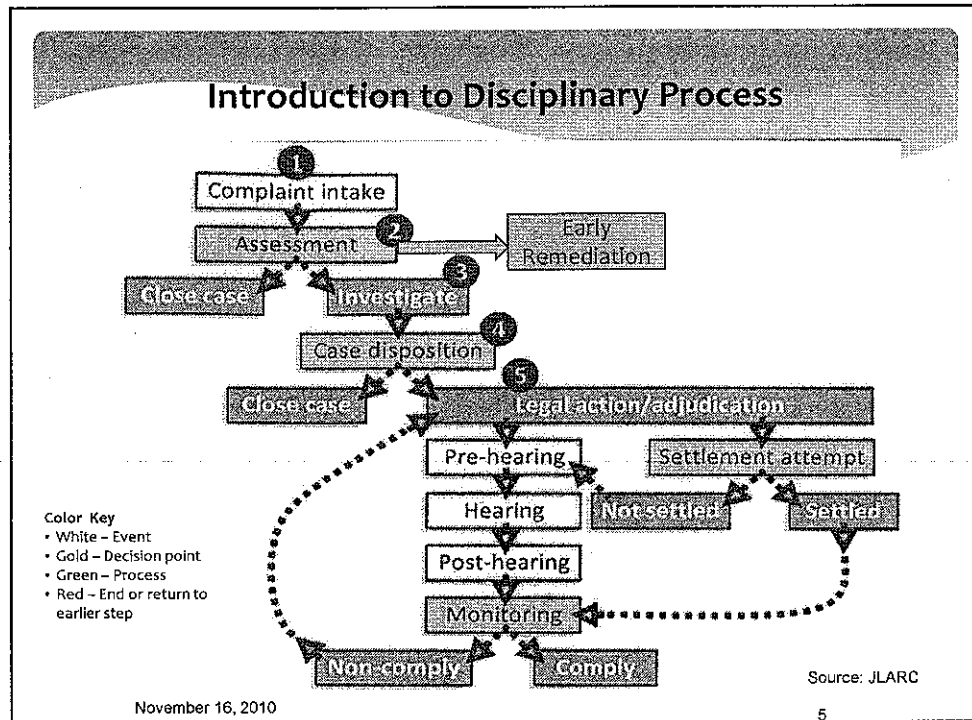
1. Complaints are called in to NCQAC
2. Letters of Complaint to NCQAC
3. Referrals from DSHS Complaint Resolution Unit
4. Referrals from other State and Federal Agencies (i.e. IIO, MFCU, DEA, FDA, HHS IG)
5. Referrals from local law enforcement agencies

Assessment

Copy of the complaint is provided to Case Management Team Members which is comprised of two members of commission who are nurses and One Public member.

The case is presented at Case Management and the Case Management Team members can make a variety of decisions such as:

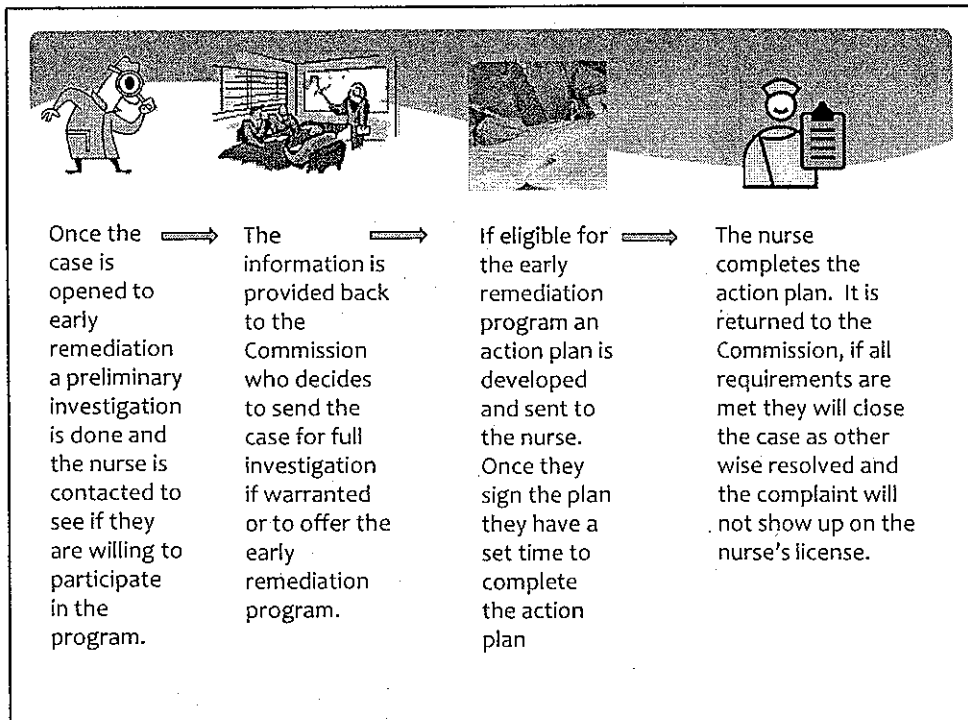
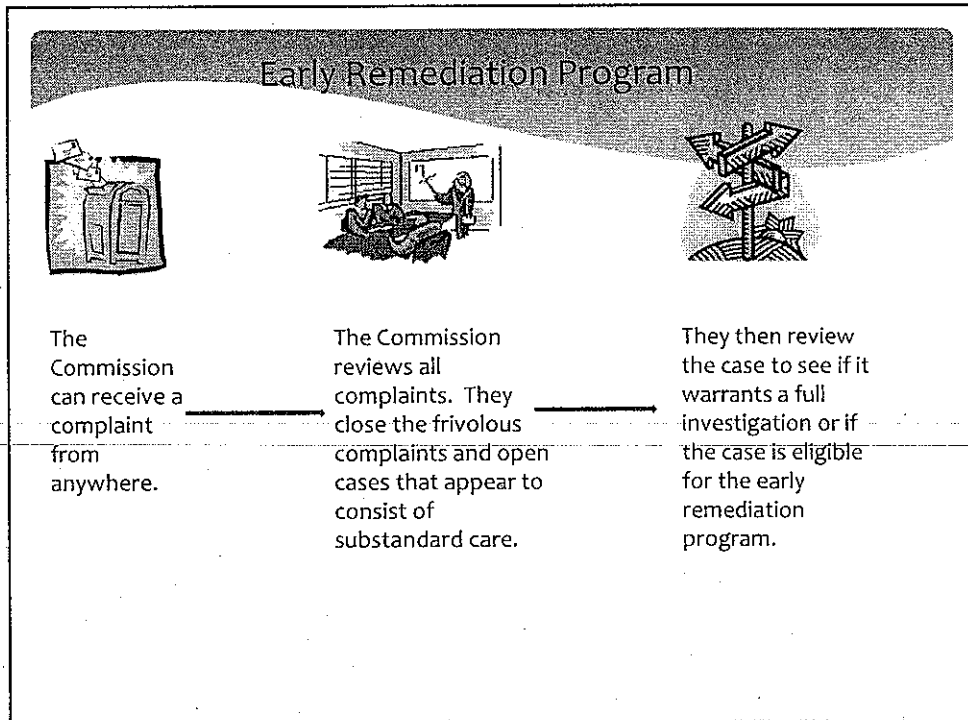
1. Close Case at which time the case complaint is sent to archiving.
2. Open Case
3. Investigate
 - a) Full Investigation
 - b) Early Remediation Program



If the Commission identifies practice deficiencies following a complaint with minor to no harm to a patient they have the option of offering the early remediation program to the nurse.

The nurse must meet the following criteria:

1. The deficiency could be corrected by remedial education, on-the-job training and practice monitoring within 6 months or less.
2. Patient protection does not require significant long-term practice limits.
3. The nurse and the employer is willing to participate in the program.
4. The nurse has no current charges or disciplinary history or been in the early remediation program before.
5. The degree of harm the patient suffered as a result of the nurse's substandard practice is minor if any.




BELOW THRESHOLD

1. Any single occurrence reported with no harm to patient nor prior complaint nor history of pattern
2. Single report of diversion of non mind-altering drug
3. Reports where the facility documents corrective action and on-going monitoring of practice
4. Misdemeanors, crimes not against persons
5. Falsification of application, other employer documents
6. Violating confidentiality
7. Reports of mental/emotional problems where no inappropriate conduct or behaviors in practice are present
8. Inappropriate delegations to unlicensed person that does not involve invasive procedures or piercing of skin (example: RN instructs nursing assistants to apply skin cream)
9. Practice with a lapsed license for 6 months or less without allegation of unprofessional conduct
10. Nursing error which results in minor discomfort with no sequelae, a transient problem
11. Failure to supervise resulting in no harm or minor harm to a patient
12. Verbal abuse with no documented patient harm
13. Demonstrated lack of credibility of the complainant
14. Failure to report an error
15. Failure to report a change in patient status or to respond to change in a patient's condition
16. Isolated incident where negligence caused minimal harm to patient, and respondent recognized responsibility and obtained help, corrective action was taken
17. Isolated incident of verbal threat to include threat of physical harm and/or psychological harm

OPEN FOR INVESTIGATION

1. Drug diversion or narcotic abuse with impairment (work related). This includes use of illegal (street) drugs.
2. Sexual misconduct
3. Harm to patient requiring medical intervention
4. Physical abuse
5. Negligence which leads to patient death
6. Mental incapacity with harm to patient or likelihood of harm
7. Crimes against persons or personal property of a patient
8. Substance abuse affecting ability to practice safely
9. Pattern of gross nursing incompetence.
10. Beyond the scope, to include lack of documentation of clinical competency
11. Pattern of errors or an isolated error, to include judgment errors
12. Practice with a lapsed license for more than 6 months without allegation of unprofessional conduct. STIDS to recover cost of investigation
13. Falsification of records
14. Inappropriate delegation beyond respondent's own scope
15. Failure to supervise resulting in an unreasonable risk of harm to a patient or resulting in serious harm to a patient



If you want to know more about what happens to nurses that are actually disciplined (sanctioned), a formal set of guidelines are available at our web site at:

<http://www.doh.wa.gov/hsqa/professions/Nursing/documents/SanctionsGL.pdf>

Title:	Development, Rescinding and Archiving of Interpretive Statements, Advisory Opinions, Policy Statements and Declaratory Orders	Number:	F01.02
Reference:	RCW 18.79 ; RCW 18.130.065 ; RCW 34.05.230 ; RCW 18.130.040 ; WAC 246.840.800 ; DOH Policy 19.001		
Forms:	669-253.pdf Advisory Opinion		
Effective Date:	May 11, 2012		
Supersedes:	March 9, 2007		
Approved by:	<p>Paula R. Meyer, Executive Director Washington State Nursing Care Quality Assurance Commission</p>		

Purpose: To establish the procedure for development of advisory opinions, interpretive statements, policy statements, and declaratory orders by the Nursing Care Quality Assurance Commission (NCQAC). This procedure describes the process for rescinding and archiving advisory opinions, interpretive statements, policy statements, and declaratory orders rescinded by the NCQAC. This procedure describes the process for adoption and filing for new advisory opinions, interpretive statements, policy statements, and declaratory orders developed by the NCQAC.

1. The Nurse Practice Advisor or the ARNP Practice Advisor receive and review all NCQAC requests for advisory opinions, interpretive statements, policy statements and declaratory orders. The term Interpretive Statements will be used throughout this procedure and is inclusive of advisory opinions, interpretive statements, and policy statements. Review of interpretive statements will happen at a minimum of every (6) six years.
2. The Practice Advisors encourage the use of the Scope of Practice Decision Tree ([Scope of Practice Decision Tree pdf](#)) before requesting an interpretive statement from the NCQAC.
3. The Practice Advisors document and track all inquiries for interpretive statements.
4. The Practice Advisors work with members of the NCQAC's Consistent Standards of Practice subcommittee or the ARNP sub-committee who provide oversight to Nurse Practice Advisory Group (NPAG). NPAG works according to Procedure F02.01.
5. If the inquiry cannot be satisfied through use of the Scope of Practice Decision Tree, the Practice Advisors present requests for interpretive statements to the NCQAC. The NCQAC makes the decision to continue the process for issuing an interpretive statement according to (**HSQA Procedure 101**).

6. The Advisor notifies other boards and commissions if the interpretive statement may affect their profession's practice. Practice Advisor requests feedback from other boards and commissions within two weeks of request.
7. The Practice Advisor completes the draft interpretive statement and forwards to the HSQA Policy director by e-mail, summarizing the subject of the interpretive statement, a brief description of the problem and other professions potentially impacted by the interpretive statement.
8. The Consistent Standards of Practice sub-committee or ARNP sub-committee present the draft interpretive statement to the NCQAC. Once the NCQAC accepts a draft interpretive statement, the Practice Advisors assures that **HSQA Procedure 101**, Development of Interpretive Statements, Advisory Opinions, Policy Statements and Declaratory Orders, is followed. **HSQA Procedure 101** allows a 30-day review and comment period. The Practice Advisor works with the Consistent Standards of Practice sub-committee or the ARNP sub-committee to review, accept or reject comments. The Consistent Standards of Practice sub-committee or the ARNP sub-committee present the revised statement to the NCQAC for final review.
9. Once the NCQAC adopts the final interpretive statement, it is returned to the HSQA Policy Director for forwarding through the DOH Policy, Legislative, and Constituent Relations office to the Washington State Code Reviser's Office.
10. NCQAC publishes current interpretive statements in the Nursing Practice Guidelines. NCQAC developed the Nursing Practice Guidelines to assist nurses with clinical decision making. The Nursing Practice Guidelines includes all current, approved interpretive statements and describe the use of the Scope of Practice Decision Tree. The Nursing Practice Guidelines are published on the NCQAC web-site.
11. Interpretive statements are subject to a six year retention schedule for archiving purposes.

Attachment 1: flow sheet

**DEPARTMENT OF HEALTH
NURSING CARE QUALITY ASSURANCE COMMISSION
PROCEDURE**

Title:	Nursing Practice Advisory Group	Number:	F02.02
Reference:	RCW 18.79.110		
Contact:	Chuck Cumiskey, Nursing Practice Advisor		
Effective Date:	11-19-2010		
Supersedes:			
Approved:			
	Chair Washington State Nursing Care Quality Assurance Commission		

PURPOSE:

The Nursing Care Quality Assurance Commission (NCQAC) regulates the practice of registered nurses, licensed practical nurses, and advanced registered nurse practitioners. The NCQAC establishes, monitors, and enforces consistent standards of practice. The NCQAC uses Nursing Practice Advisory Groups to identify optimal practice in all practice settings across the state. The Nursing Practice Advisory Groups gather information and inform the members of the Consistent Standards of Practice Sub-Committee on current practice standards.

PROCEDURE:

Line of Authority

1. The NCQAC is a statutory commission with the sole responsibility for regulating nursing practice in the state. Recommendations from the Consistent Standards of Practice Sub-committee (CSPS) must be approved by the NCQAC before taking effect.
2. The CSPS is a standing sub-committee of the NCQAC. The CSPS has the authority to appoint members of the Nursing Practice Advisory Group (NPAG). The CSPS has the authority to oversee the procedures to develop recommendations on scope of practice for nurses in Washington.
3. The NPAG is an advisory body of the CSPS on consistent practice standards for registered and licensed practical nurses.
4. The ARNP sub-committee will complete interpretive statements that relate to ARNP practice.

Advisory Group Membership

1. CSPS members recruit new NPAG members according to practice area specialty and need. Potential NPAG members complete and submit an application. Attachment A
2. The NPAG consists of no more than eight appointed members. NPAG members are appointed to one or two year terms dependent upon need. Subsequent terms shall be for two years. The members are unpaid volunteers. No more than two NPAG groups are appointed at any one time.
3. Expertise in practice settings serves as the primary appointment criterion. In addition, serious consideration shall also be given to cultural and geographic diversity.
4. Ad hoc members may be appointed by the CSPS for specific tasks and for a limited period.
5. All members applications will be reviewed to assure there are no disciplinary action(s) in any jurisdiction and license is in good standing.
6. Each member must have a minimum of five (5) years of experience in area of practice expertise and practiced in Washington state for a minimum of (2) two years.
7. Each member must have national certification, as required to practice.
8. Upon appointment, NPAG members must review the on-line training at www.governor.wa.gov/boards/application/training.asp of Washington State Ethics Law overview and Ethics for Boards or Commission Members PDF. Each member must sign a statement of acknowledgement and compliance.

NPAG Operations

1. Each NPAG selects a chair from its appointed members.
2. NCQAC staff provides basic support for the NPAG members. Meetings shall be scheduled and published at least twenty days in advance In compliance with the WA State Open Meetings Act.
3. While member time commitment varies based on specific tasks, it is roughly estimated to be two to three hours but not to exceed eight hours per month. Attachment B: Commission member expectations
4. The work of the NPAG is advisory. Findings and recommendations shall be submitted to the CSPS for review and may be further submitted to the NCQAC for possible adoption.
5. In its review, the NPAG shall identify, examine and complete the following, at a minimum:
 - Review of existing literature, evidence based practice documents and research; it is highly desired that research materials publish date should be (5) years or less.
 - Community and industry standards for nursing care (as appropriate) for the particular issue;
 - National professional nursing standards;
 - Statements from other state boards of nursing;
 - Impact on any other health professions.

NPAG Responsibilities

The CSPS directs the NPAG to:

1. Review current NCQAC position statements and administrative rules related to consistent practice standards for LPNs and RNs.
2. Review and respond to emerging health care issues as related to the scope of nursing practice.
3. Examine existing practice statements identified by the NCQAC as needing review.
4. Review **Requests for NCQAC Issue Review** as formally submitted to the NCQAC.(Attachment C)
 - A *Request for NCQAC Issue Review* may be submitted in writing by an individual or organization directly to the Nursing Practice Advisor.
 - A *Request for NCQAC Issue Review* may be submitted to the NCQAC during the open microphone portion of all business meetings.
 - The NCQAC assigns the Request to the CSPS. The CSPS determines the priority of the request.
The CSPS scores each Request using the following Priority ranking: **High**, **Medium**, **Low**, or **No Review**. The CSPS assigns Requests to the NPAG for further action.
 - The CSPS communicates with the requester of the NCQAC's actions.
5. Use current standards to complete the review of the request
 - Complete a review of the literature on the issue.
 - Gather scope of practice statements from other states.
 - Review standards of practice defined by nursing organizations.
 - Survey employers and nurses on current policies and procedures used in Washington healthcare facilities.
 - Survey nursing educators standards used in nursing education.
 - Survey of interested parties who are effected by this practice issue.
6. Draft recommendations on current, safe standards of practice.
7. The Nursing Practice Advisor gathers, synthesizes and drafts the policy statement for the CSPS.
8. Submit the recommendations to the CSPS.



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
Nursing Care Quality Assurance Commission
P.O. Box 47864
Olympia, WA 98504-7864

**F02.02 Attachment A
Consistent Standards of Practice
Advisory Group Application**

The Nursing Care Quality Assurance Commission (NCQAC) establishes, monitors, and enforces consistent standards of practice for nursing in Washington State. NCQAC seeks members for Advisory Groups to develop policy statements about nursing practice in Washington.

The Advisory Group formulates recommendations for the NCQAC's Consistent Standards of Practice Sub-committee. The sub-committee drafts interpretive statements to be considered by the NCQAC. Time commitment includes half-day meetings, travel time, meeting preparation and assignments.

Membership on the Advisory Group is voluntary and not paid.

Advisory Group meetings will be held in February, May, September, and December in Tumwater WA. Initial meetings will be in person. Subsequent meetings may be held by videoconference or conference call. Attendance at every meeting is expected. If you are interested in being a member of the NCQAC Advisory Group, complete and return this application by _____.. ***Please attach current curriculum vitae (CV) to this form.*** Candidates will be interviewed by phone in February and March. Advisory Group members will be confirmed at the _____ NCQAC business meeting.

1.) Contact Information

First Name _____ MI _____ Last Name _____

Address _____

City _____ State _____ Zip Code _____ County _____

Phone Numbers: Business _____ Home _____

Cell _____

Email Address _____

2.) I am applying for (mark one):

- RN position RN license number _____ Expiration Date _____
 LPN position LPN license number _____ Expiration Date _____

3.) How does participation on this advisory group interest you (200 words or less)?

4.) List all committee or task force work you have done in the past five years (for any agency, association, or facility).

5.) Are you pursuing membership in an advisory group as an individual or representing an organization? (Mark one please)

- Individual Organization

6.) Some of the work of the Advisory Group may require use of a computer. Please complete the following:

- Do you have access to a reliable computer? Yes No
Do you have access to high-speed internet? Yes No
Do you use word processing software (e.g. Microsoft Word)? Yes No
Do you share files as email attachments? Yes No
Have you participated in web-base presentations or conferences? Yes No
Have you used a Wiki or similar application? Yes No

If you are applying as a public member, you are finished with the application. Please send your application to the address below. Thank you for your interest. If you are applying for an RN or LPN position, please answer these additional questions:

What is your current area of practice? _____

What is your area of expertise? _____

Please submit your completed application and current CV no later than **(DATE)** to nursing@doh.wa.gov or by mail to,

Nursing Care Quality Assurance Commission
PO Box 47864
Olympia WA 98504-7864
Attn: Chuck Cumiskey

F02.02 Attachment B
Washington State Nursing Care Quality Assurance Commission
Commission Member Expectations

RCW 18.79.010

Purpose

The nursing care quality assurance commission regulates the competency and quality of professional health care providers under its jurisdiction by establishing, monitoring, and enforcing qualifications for licensing, consistent standards of practice, continuing competency mechanisms, and discipline. Rules, policies, and procedures developed by the commission must promote the delivery of quality health care to the residents of the state of Washington.

1. Each commission member will attend all business meetings. Meetings are held on the second Friday of January, March, May, July, September and November unless otherwise scheduled by the commission. In order to conduct business, even discussing business on the agenda, a quorum of the commission must be present. If a commission member is unable to attend a meeting, the commission member must inform the commission chair and executive director at least 24 hours in advance of the meeting.
2. Attendance at all sub-committee and task force meetings is expected. Sub-committee and task force meetings are scheduled on an annual basis. If a commission member is not able to attend at the scheduled time, revisiting the schedule can be an agenda item. If a commission member is not able to attend a meeting, the commission member must communicate the absence to the chair of the sub-committee or task force. Recommendations for actions are considered at sub-committee and task force meetings. Attendance and participation are crucial to achieving consensus and presenting the recommendations at commission business meetings.
3. Each commission member is expected to be prepared for all meetings. Materials for the meetings are distributed prior to the meeting. If the materials are not received in a timely manner, the chair and staff person for the commission, sub-committee or task force need to be informed. Decisions made by the commission require every member to be fully informed.
4. Hearing dates are annually scheduled. Once a commission member volunteers for a hearing date, they must make themselves available on that date. Every hearing panel must have three members to make decisions.
5. Commission members must be inquisitive. If the materials, discussion or motion is not clear, commission members must ask questions. The outcomes of the decisions affect nursing practice in Washington.
6. The Uniform Disciplinary Act (UDA), RCW 18.130, is the basis for disciplinary action for all health professions in Washington. Every commission member must be familiar with the UDA. Staff attorneys are available on all charging panels for questions. As a reviewing commission member, use your staff attorneys for advice. In a hearing, the health law judge will review commission member responsibilities according to the UDA.
7. Excellence in our work is expected. If a commission member has concerns with the conduct or behaviors of a staff member, the commission member speaks with the commission chair. The commission chair speaks with the executive director who guides and directs staff to improve performance.

If a staff member has concerns with the conduct or behaviors of a commission member, the staff person speaks with the executive director. The executive director brings the feedback to the attention of the commission chair. The commission chair and executive director work with the commission member to improve performance.

8. Meeting etiquette
 - a. At the beginning of all meetings, turn cell phones to silence mode. Breaks will be held and phone business can be conducted at that time.
 - b. Arrive on time and ready to begin meetings according to the start time on the agenda.
 - c. Stay for the full meeting. If a commission member is not able to arrive on time or stay the full meeting, the commission member must communicate this with the commission chair or the executive director.
 - d. Be engaged in the meeting. Listen to the presentations. Participate in the discussions and recommendations.
 - e. Side conversations at all meetings are not allowed.
9. Professional appearance and conduct
 - a. Dress for meetings is business attire. Dress as if the Governor will be attending.
 - b. Pay attention to the topics. Reading newspapers, doing crossword puzzles, texting personal messages, are not allowed.
 - c. Respect all members' contributions and time. Interruptions are to be kept to a minimum. The chair will recognize each member and allow time to speak.
 - d. The chair is responsible for conducting the business meetings and to enforce meeting etiquette, appearance and conduct.
 - e. Profanity is not allowed at any meetings.

**DEPARTMENT OF HEALTH
NURSING CARE QUALITY ASSURANCE COMMISSION
PROCEDURE**

Title:	Request for Interpretive Statement, Consistent Standards of Practice Sub-Committee Responsibilities and Actions	Number:	F 03.02
Reference:			
Contact:	Nurse Practice Advisor		
Effective Date:	May 11, 2012		
Supersedes:			
Approved:	Chair Washington State Nursing Care Quality Assurance Commission		

PURPOSE STATEMENT: The Nursing Care Quality Assurance Commission (NCQAC) regulates the practice of registered nurse, licensed practical nurse, advanced registered nurse practitioners, and nursing technicians. The NCQAC establishes, monitors, and enforces consistent standards of practice. The Consistent Standards of Practice sub-committee (CSPS) receives and reviews requests for Interpretive Statements. The CSPS uses Nursing Practice Advisory Groups to identify optimal practice in all practice settings across the state. The Nursing Practice Advisory Groups gather information and inform the members of the CSPS on current practice standards. The CSPS presents interpretive statements to the NCQAC for adoption.

PROCEDURE

1. A *Request for NCQAC Issue Review* may be submitted in writing by an individual or organization directly to the Nursing Practice Advisor. A *Request for NCQAC Issue Review* may be submitted to the NCQAC during the open microphone portion of all business meetings. See Attachment A.
2. The NCQAC assigns the Request to the CSPS. The CSPS determines the priority of the request. The CSPS scores each Request using the following Priority ranking: **High**, **Medium**, **Low**, or **No Review**.
3. The CSPS assigns Requests to the NPAG for further action. The NPAG completes the review of the literature and standards of practice. The NPAG forwards this information to the Nurse Practice Advisor
4. The Nurse Practice Advisor completes the draft interpretive statement using the documents gathered from the NPAG.
5. The CSPS accepts or revises the draft interpretive statement. The NPAG’s work is referenced as addendums to support the interpretive statement.

6. The CSPA presents the draft interpretive statement to the NCQAC. The NCQAC may adopt, revise or reject the draft interpretive statement.
7. If adopted by the NCQAC, the Nurse Practice Advisor proceeds with the Secretary Review process according to HSQA Procedure 101.
8. Once the interpretive statement is completed and filed with the Office of the Code Revisor, the CSPA communicates NCQAC's actions to the requester.

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STATE OF WASHINGTON
DEPARTMENT OF HEALTH
Nursing Care Quality Assurance Commission
P.O. Box 47864
Olympia, WA 98504-7864

F03.02 Attachment C

Request for Nursing Care Quality Assurance Commission Practice Review

Nurses and other concerned citizens often have questions or concerns about nursing practice. Some questions require a formal response from the Nursing Care Quality Assurance Commission (NCQAC). Please complete this form to request a formal interpretive statement from the NCQAC.

Examples of issues are:

- Scope of practice concerns not addressed in current administrative rule or policy.
- Proposed changes to nursing statute or administrative rules.
- Other concerns you believe have nursing regulatory impact and you request a formal response from the NCQAC.

The Consistent Standards of Practice sub-committee of the NCQAC reviews requests. The sub-committee may prioritize requests based on urgency to public safety, relevance for large numbers of practicing nurses or client populations, and resources available to complete needed work. After completing a review, the NCQAC sends a written response to the request.

Please complete the following and submit your request to:

Nursing Care Quality Assurance Commission
PO Box 47864
Olympia WA 98504-7864
Attn: Nursing Practice Advisor

FAX: 360-236-4738, Attn: Nursing Practice Advisor

Please keep a copy of the request for your records.

1. Contact Information

First Name _____ MI _____ Last Name _____

Address _____

City _____ State _____ Zip Code _____

Phone Numbers Business _____ Home _____

Mobile _____ FAX _____

Email Address _____

I am licensed to practice nursing in Washington State: Yes No

Organization your represent, if applicable: _____

2. Statement of the issue and requested action by the NCQAC. Please thoroughly explain the issue and the action you are requesting. Please provide evidence supportive of any requested changes.

Issue:

Evidence Supporting a Change:

Requested NCQAC Action:

3. Explain how public safety will be enhanced by the action you request:

4. Please check which regulations or NCQAC policies are impacted:

- Statutes** [Chapter 18.79 RCW: Nursing care](#)
- Rules** [WAC 246-840](#)
- Interpretive Statements** [Nursing Practice Statements](#)
- Other – Please describe**

- Unknown**

5. How does the issue impact you, your profession, or your organization?

6. How may the issue impact other organizations or the public?

7. Contact information for Affected Parties, if available.

A. First Name _____ MI _____ Last Name _____

Address _____

City _____ State _____ Zip Code _____

Phone Numbers Business _____ Home _____

Mobile _____ FAX _____

Email Address _____

B. First Name _____ MI _____ Last Name _____

Address _____

City _____ State _____ Zip Code _____

Phone Numbers Business _____ Home _____

Mobile _____ FAX _____

Email Address _____

C. First Name _____ MI _____ Last Name _____
Address _____
City _____ State _____ Zip Code _____
Phone Numbers Business _____ Home _____
Mobile _____ FAX _____
Email Address _____

D. First Name _____ MI _____ Last Name _____
Address _____
City _____ State _____ Zip Code _____
Phone Numbers Business _____ Home _____
Mobile _____ FAX _____
Email Address _____

DRAFT



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
Nursing Care Quality Assurance Commission
P.O. Box 47864
Olympia, WA 98504-7864

May 11, 2012
Election of Officers

Ballot

To vote, place an X in the box immediately before the candidate's name. All ballots must be signed at the bottom with your name.

Chair

Suellyn Masek

Vice Chair

Erica Benson-Hallock

Gene Pingle

Signature of Commission Member

**DEPARTMENT OF HEALTH
NURSING CARE QUALITY ASSURANCE COMMISSION
PROCEDURE**

Title:	Election of Officers	Number:	H02.01
Reference:	RCW 18.79.100; RCW 42.30.060		
Contact:	Paula R. Meyer, MSN, RN Executive Director		
Effective Date:	November 18, 2011		
Supersedes:			
Approved:	Susan Wong, MBA, MPA, RN Chair		

PURPOSE: The Nursing Care Quality Assurance Commission (NCQAC) shall annually elect officers from among its members. The NCQAC elects a chair and a vice chair.

PROCEDURE: The final slate of candidates is presented at the May meeting. The NCQAC proceeds with the election. If the chair of the NCQAC is a nominee for office, the vice chair acts as the presiding officer of the election. If both the chair and the vice chair are nominees for office, the chair appoints a NCQAC member as the presiding officer for the election.

The slate of candidates is presented in the packet of materials for the May meeting. The chair presents the slate of candidates to the NCQAC for adoption. Nominations from the floor must be presented at the March meeting. No further nominations from the floor are accepted at the May meeting.

According to the Open Public Meetings Act, RCW 42.30.060 (2)

No governing body of a public agency at any meeting required to be open to the public shall vote by secret ballot. Any vote taken in violation of this subsection shall be null and void, and shall be considered an "action" under this chapter.

The election proceeds with a ballot. The ballot includes the names of all nominees, including nominations from the floor. Since the Open Public Meeting Act prohibits a secret ballot, all voting NCQAC members must sign their ballots. The presiding officer directs the NCQAC members to cast their ballots. A staff member collects the ballots. Two staff members count the ballots, tally and document the results. The staff member gives the documented results to the presiding officer. The presiding officer reads the final tally and announces the new officers for chair and vice chair. The staff member then places ballots and the documented count on a tabletop in the meeting area for public view. The ballots and documented count remain on the tabletop until the meeting is adjourned. The count totals are recorded in the minutes of the meeting. Individual voting records are not captured on the tally or in the minutes.

All documents associated with the election, including the completed ballots, are maintained with the minutes of the meeting. The ballots and the documentation of the count are subject to the same retention schedule as meeting minutes.

Nursing Care Quality Assurance Commission

Substance Use and Abuse Team Charter

May 27, 2011

The Nursing Care Quality Assurance Commission (NCQAC) exists to protect the public of Washington State. The second priority in the NCQAC's 2011-2013 Strategic Plan is

Evaluate and improve the outcomes of voluntary, involuntary, and disciplinary processes with nurses with substance use.

The NCQAC endorsed the use of the Substance Use and Abuse Team (SUAT) to address the number of disciplinary cases currently in the investigative and case disposition phases of the disciplinary process. Substance use and abuse cases continue to be the most frequent cases processed by the NCQAC. There are over 250 cases in investigation or case disposition with elements of substance use and abuse. This number of cases combined with the mission to protect the public necessitates a targeted approach to address existing and future cases of substance use and abuse.

The objectives of the SUAT include:

1. Develop a standardized investigative approach to include
 - a. Identify three to five groups of complaints open to investigation with similar characteristics. For example:
 - i. Voluntary entrance into the Washington Health Professional Services program and unsuccessful in meeting contract terms: unfit for practice
 - ii. Involuntary entrance into the Washington Health Professional Services program and unsuccessful in meeting contract terms: unfit for practice
 - iii. Drug trafficking and working with another agency such as Drug Enforcement Agency
 - iv. Complaint submitted without evidence of substance use, such as blood or breath analysis.
2. Investigator members will sort existing investigations into the categories and determine priorities from most egregious to lower concerns.
 - a. Determine evidence needed to collect on each of the categories
 - b. Develop most efficient means to collect evidence
 - c. Draft a procedure(s) describing process and expectations.
 - d. Use standardized report format to expedite the review by commission members, staff attorneys and assistant attorneys general.

3. Reviewing commission members will develop standardized procedures to be used for each of the three to five categories
 - a. On case disposition worksheets used by reviewing commission members.
 - b. Reporting used by reviewing commission member when presenting to case disposition panels.
4. Staff attorneys and assistant attorneys general will develop templates for statement of charges and stipulations to informal discipline.
5. Compliance with WHPS contract, informal or formal disciplinary orders
6. Capture baseline data on June 1, 2011.
 - a. Total number of substance use and abuse cases in investigation and case disposition
 - b. Number of cases assigned to each category in investigation and case disposition
 - c. Significant dates of cases
 - i. Dates opened to investigation
 - ii. Dates opened to case disposition
 - iii. Dates received and completed by reviewing commission member
 - iv. Date recorded as master case
 - v. Date transmitted to AAG office
7. Identify norms in the case categories and outliers. Analyze the outliers and recommend strategies to improve efficiencies and effectiveness.
8. Recommend changes necessary to improve process.
9. Implement changes and collect data after six months of implementation to determine affect on number and processing of cases. Compare data with baseline data. Complete an evaluation after one year of implementation.
10. Present outcomes to Nursing Commission.
11. Define and formalize recommendations in procedures.
12. Educate investigators, staff attorneys, NCQAC members and pro tem members, and assistant attorneys general on procedures.

Each member of the team must commit to the time needed to accomplish the goals. The success of the team and mission to protect the public depends on this commitment and active participation on the team. Administrative support for the team is provided.

Sponsors for the team are

Susan Wong, chair of the NCQAC

Margaret Kelly, chair of the NCQAC licensing and discipline sub-committee, and

Paula Meyer, executive director, NCQAC.

At the July 8, 2011 NCQAC meeting, members of the SUAT will be introduced. The members will present the charter and baseline measures. Reports from the SUAT will be delivered to Ms.

Meyer every month. The SUAT will conclude the analysis and development of strategies by September 1, 2011. Strategies and recommendations for changes will be presented to the NCQAC at their September 9, 2011 meeting. The strategies will be used for six months. A final report from the SUAT members will be presented at the May 11, 2012 NCQAC meeting. This report will include outcome measures compared to the baseline measures. This information will also be reported in the report to the legislature on the 1103 pilot project.

Item	2011 1 = Poor	2012 1 - Poor	2011 3 = Good	2012 3 = Good	2011 3.5 or 4	2012 3.5 or 4	2011 5 = Excellent	2012 5 = Excellent	2011 No reply	2012 No reply
I understand the purpose of the NCQAC.				9.00%			100.00%	90.90%		
I read and understand the organization's pertinent financial statements.	14.30%		21.40%	55.50%			64.30%	45.50%		
I have a good working relationship with the chair of the NCQAC.			28.60%				71.40%	100.00%		
I recommend individuals for service to the NCQAC.			14.30%	27.20%			78.90%	72.70%	7.10%	
I prepare for and participate in NCQAC business meetings.			7.10%	18.20%			92.90%	81.80%		
I find serving on the NCQAC a satisfying and rewarding experience.			7.10%		7.10%		85.70%	100.00%		
I read and understand the NCQAC's strategic plan, goals and objectives for 2011-2013.		9.00%	14.30%				85.70%	90.90%		
The agendas for the business meetings are clear, supported by the necessary documents, and circulated prior to the meeting.	7.10%		7.10%	45.50%			78.90%	55.50%	7.10%	
I am an active member of a committee and I understand the goals and objectives of the committee.			7.10%	9.00%			92.90%	90.90%		
All NCQAC members are prepared to discuss materials sent in advance.	14.30%	18.20%	35.70%	55.50%		9.00%	42.90%	18.20%	7.10%	

I fully understand each agenda item and feel sufficiently prepared when I vote.	7.10%		35.70%	36.30%		57.10%	55.50%		9.00%
I know where to get information to prepare me for voting when I do not understand the agenda item.		9.00%	21.40%	9.00%		78.90%	72.70%		9.00%
Written reports are clear and contain needed information.	14.30%		14.30%	36.30%		64.30%	55.50%	7.10%	9.00%
Verbal reports are clear and contain needed information.			7.10%		9.00%	35.70%	36.30%	57.10%	55.50%
The NCQAC avoids getting into administrative/management details.	21.40%		14.30%	27.20%		64.30%	63.60%		9.00%
A diversity of opinions are expressed and issues dealt with in a respectful manner.	7.10%		35.70%	36.30%		57.10%	55.50%		9.00%
As issues are discussed, next steps are identified and responsibility assigned.			35.70%	18.20%		64.30%	72.70%		9.00%
Meetings begin and end on time.	7.10%		28.60%	18.20%		64.30%	72.70%		9.00%
NCQAC members embrace and address conflict respectfully, effectively and openly.			28.60%	27.20%	9.00%	71.40%	55.50%		9.00%
Please rate the effectiveness of the NCQAC:									
Chair	14.30%	9.00%	42.90%	27.20%	9.00%	21.40%	27.20%	21.40%	27.20%
Vice Chair			57.10%	27.20%	9.00%	42.90%	55.50%		9.00%
Continuing Competency Chair			42.90%	9.00%	9.00%	50.00%	63.60%	7.10%	18.20%

Consistent Standards of Practice Chair			42.90%	9.00%		9.00%	57.10%	63.60%		18.20%
Licensing and Discipline Chair			35.70%	9.00%		9.00%	50.00%	55.50%	14.30%	27.20%
Please rate the effectiveness of the staff working with the NCQAC:										
Executive Director			7.10%				92.90%	90.90%		9.00%
Continuing Competency			14.30%	18.20%		9.00%	57.10%	45.50%	28.60%	27.20%
Consistent Standards of Practice	7.10%	9.00%	35.70%	27.20%		9.00%	42.90%	27.20%	14.30%	27.20%
Licensing			14.30%	9.00%			78.90%	72.70%	7.10%	18.20%
Discipline (case assignments, CMT, disciplinary worksheets)			7.10%	9.00%			85.70%	72.70%	7.10%	18.20%
Hearings			7.10%	9.00%			85.70%	81.80%	7.10%	9.00%
Licensing			21.40%	9.00%			71.40%	81.80%	7.10%	9.00%
Education			14.30%	9.00%			78.90%	81.80%	7.10%	9.00%
Budget			14.30%	9.00%		9.00%	85.70%	72.70%		9.00%
Investigations			50.00%	36.30%		9.00%	42.90%	45.50%	7.10%	9.00%
Administrative support staff (board pay, scheduling, travel, minutes)			14.30%	27.20%			85.70%	63.60%		9.00%
As an NCQAC member, I feel supported by staff, and know which staff person to contact if I need additional information on a topic	7.10%		7.10%				85.70%	90.90%		9.00%
NCQAC orientation provides the appropriate depth and breadth of information	21.40%	18.20%	42.90%	55.50%		9.00%	28.60%	18.20%	7.10%	

NCQAC members have sufficient expertise and knowledge to ask key questions, challenge each other and make a judgment about issues on the agenda.	7.10%	9.00%	42.90%	9.00%	7.10%	9.00%	42.90%	72.70%
NCQAC meetings allow sufficient time to discuss the business.			35.70%	45.50%			64.30%	55.50%
NCQAC meetings allow for candid, constructive discussion and critical questioning.	14.30%		35.70%	36.30%	7.10%		42.90%	63.60%
Presentations at NCQAC meetings are generally of the appropriate length and content.	14.30%	9.00%	28.60%	55.50%			57.10%	36.30%
The packet materials clearly identify the significant issues, trends or developments for the NCQAC consideration.	7.10%		35.70%	36.30%			57.10%	63.60%
The packet materials provide appropriate context and background information to support informed decision-making.	7.10%		35.70%	36.30%			57.10%	63.60%
The packet materials are received in sufficient time to allow for adequate preparation.			14.30%	45.50%			85.70%	55.50%

**DEPARTMENT OF HEALTH
NURSING CARE QUALITY ASSURANCE COMMISSION
PROCEDURE**

Title: Nursing Assistant Training Program Approval	Number: E02.02
Reference: RCW 18.88A ; RCW 34.05 ; WAC 246-841	
Contact: Paula Meyer	
Effective Date:	
Supersedes: E 02.01	
Approved:	
Susan Wong, MBA, MPA, RN, Chair Washington State Nursing Care Quality Assurance Commission	

PURPOSE:

The Nursing Care Quality Assurance Commission (NCQAC) assures that nursing assistant training programs and alternative training programs meet state requirements. Nursing assistant applicants must successfully pass a competency evaluation approved by the NCQAC before certification.

The Department of Social and Health Services (DSHS) also reviews traditional nursing assistant training programs to assure that they meet federal standards for nursing homes. It is imperative that DSHS and the NCQAC work together to assure all requirements are met and the approval process is straightforward for nursing assistant training program applicants.

PROCEDURE:

1. NCQAC staff members review the initial nursing assistant and alternative training applications for compliance with Revised Code of Washington and Washington Administrative Code requirements. If all nursing assistant training program requirements are met, the program is approved by staff and an approval notice is sent to DSHS. NCQAC may conduct on-site visits of alternative training program applicants that do not have an existing traditional nursing assistant training program. NCQAC will send a letter of approval and program number to approved alternative training programs.
2. DSHS reviews traditional nursing assistant training program initial applications to determine if federal requirements are met (Omnibus Budget Reconciliation Act, 1987).

DSHS performs a site visit per federal law. If an application is approved, DSHS notifies NCQAC and sends the letter of approval.

3. Semiannually, NCQAC staff presents a list of all nursing assistant and alternative training programs meeting requirements to the Nursing Assistant Program Approval Panel (NAPAP) for approval.
4. State rules require nursing assistant training programs and alternative programs to participate in a renewal process every two years (WAC 246-841-420 (3); WAC 246-841-545(1) (a) and WAC 246-841-550 (1) (a). NAPAP approves all renewing programs.
5. If a nursing assistant training program does not appear to meet all requirements for initial approval or renewal, a NCQAC staff member sends a deficiency letter requesting the program to submit additional information within 14 days. The application or renewal is sent to NAPAP for action, if no response is received, or if the program still does not appear to meet requirements, the application or renewal is closed.
6. If NAPAP determines that the program fails to meet initial or renewal requirements, NAPAP may recommend denial or withdrawal of approval pursuant to WAC 246-841-430 and WAC 246-841-560. Reinstatement is considered pursuant to WAC 246-841-440. A notice of determination will be sent to the program providing information of hearing rights before a NCQAC hearing panel pursuant to WAC 246-842-450 and WAC 246-841-560(3).
7. The program director must submit an application for review by NCQAC staff when a nursing assistant training program or alternative training program obtains a new program director. If the program director does not appear to meet the qualification of WAC 246-841-470, or WAC 246-841-545 (1) (c) or WAC 246-841-550 (1) (c), NCQAC staff will refer the matter to NAPAP. NAPAP may require the program to correct the deficiency or consider withdrawal of program approval.
8. Instructor qualifications will be reviewed with the initial application, the renewal process and when NCQAC is notified of change in instructors (WAC 246-841-470 (7), WAC 246-841 545 (2) or WAC 246-841-550 (2). NAPAP reviews instructor applicants who do not meet qualifications. If NAPAP agrees that the instructor does not meet qualifications, NAPAP may require the program to correct the deficiency or consider withdrawal of program approval.
9. The Secretary of Health has authority for complaints against nursing assistants. The NCQAC has authority for nursing assistant program approval. (Refer also to NCQAC Procedure E03.01 entitled “Complaints and Actions Related to Nursing Education and Nursing Assistant Programs”)
10. The NCQAC delegated to the NAPAP the decision for approval of the vendor for the Nursing Assistant Competency Evaluation. The NAPAP chair participates in the DSHS review of the proposals submitted by potential competency evaluation vendors.

11. NAPAP reviews annually the National Nurse Aide Assessment Program (NNAAP) Annual School Reports. The NPAP may take action on a program for failure to maintain an average passing rate of eighty percent of first time test takers in accordance with WAC 246-841-430 (f)(i)(ii)(iii).

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