

2008 Annual Report

Health Professions Discipline and Regulatory Activities

December 2008



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Health Systems Quality Assurance

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Mary C. Selecky
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Overview

Changes to the Uniform Disciplinary Act (UDA) Report

Historically, the Department of Health has reported to the legislature every two years on its activities to regulate health professions. The legislature changed the Uniform Disciplinary Act during the 2008 session. The changes increase the frequency of this report to every year and permit boards and commissions to supplement the report.

This is the first annual report on health professions activities. It covers the period from July 1, 2007 through June 30, 2008. Boards and commissions provided additional information about disciplinary activities, rule making and policy activities, and receipts and expenditures.¹

The report links to appendices, which can be printed as hard copies. Other links open external Web sites. The electronic paths for these documents are footnoted.

Purpose of the report

This report details the number of complaints made, investigated, and adjudicated. It also reports on the final disposition of cases. In addition, the report provides data on the department's background check activities and their effectiveness in identifying unqualified license holders.

Scope

The Health Systems Quality Assurance (HSQA) division regulates more than 320,000 health care professionals in 70 professions. This includes several new professions in 2008. For example, seven counselor professions were added. The division works with 12 boards and four commissions to license health professionals, investigate complaints against them and take disciplinary action. The division also supports the boards and commissions to develop rules and standards of practice. It oversees healthcare professionals' compliance with sanctions. [Appendix A](#) contains Department of Health and Health Systems Quality Assurance organization charts and contact information, as well as membership information for boards and commissions.

Funding

Regulating health professions costs about \$28 million each year. Practitioners pay the cost of regulating through fees. Revenue and expenditures are tracked for each profession. Each profession must be self-supporting. All fees must be used to support the programs. However, budgets cannot exceed the amount approved in the Washington State Legislature's budget appropriation process. The department works with the Washington State Office of Financial Management to allocate the appropriation to each profession. Excess revenue can be carried forward from one biennium to the next, but spending authority cannot.

¹ 4SHB 1103, Section 13(2).

Credential types

The department issues three types of credentials:

1. License: This allows people to practice if they meet certain qualifications. Practice without a license is illegal. Licensing helps make sure practitioners only do what they are trained and licensed to do.
2. Certification: The state recognizes the person has met certain qualifications. The regulatory authority — a board, commission or the state secretary of health — sets the qualifications. A non-certified person may perform the same tasks, but may not use “certified” in the title.
3. Registration: The state keeps an official roster of names and addresses of the people in a given profession. If required, a description and the location of the service are included.

This report uses the terms “licensee” and “credential holder” interchangeably.

Division, board, and commission responsibilities

The secretary of the department directly regulates 27 professions. The department provides administrative support to 16 boards and commissions. Those 16 boards and commissions oversee 35 of the 70 professions. In the last two legislative sessions, the legislature has given the department, and the boards and commissions responsibility for regulating 14 newly created professions. This is an increase of nearly 23 percent.

Regulatory Authority	Licensing	Disciplining Authority
Secretary	35	37
Boards/commissions	35	33
Total	70	70

- Ten boards handle credentialing and discipline for 24 professions. These are the boards of hearing and speech, nursing home administrators, occupational therapy practice, optometry, osteopathic medicine and surgery, pharmacy, physical therapy, podiatric medicine, psychology, and veterinary medicine.
- Two boards do not have disciplinary authority: the Massage Board and the Denturist Board. They have only credentialing authority. The secretary oversees discipline for these professions.
- Four commissions oversee credentialing and discipline for nine professions. These include the Chiropractic Quality Assurance Commission, Dental Quality Assurance Commission, Medical Quality Assurance Commission, and Nursing Care Quality Assurance Commission.
- The secretary has credentialing authority for 35 professions and disciplining authority for 37 professions.
- The Nursing Care Quality Assurance Commission sets standards through rule making for both registered and certified nursing assistants. The secretary has authority to credential and discipline those professions.

State law allows each board and commission to adopt its own rules and standards. The governor appoints the members of 15 of the boards and commissions. The secretary of health appoints members of the Denturist Board. Eight other committees appointed by the secretary help set

licensing standards and discipline practitioners. The secretary may also appoint pro tem members to boards and commissions when workload demands become too great.

Workload

During the 2008 fiscal year, the department:

- Issued more than 40,000 new credentials and renewed more than 200,000. Laws passed in 2007 added five new professions with 11,000 practitioners. These started in July 2008.
- Processed more than 7,000 new complaints, while also working on more than 3,300 from the prior biennium.
- Issued about 1,200 disciplinary orders.
- Responded to more than 13,000 requests for public records.

The creation of 14 new professions in the 2007 and 2008 legislative sessions increased the HSQA workload. These professions include:

2007 Legislative Session:

- Athletic trainers
- Expanded dental function dental auxiliaries
- Dental assistants
- Physical therapist assistants
- Retired volunteer medical workers

2008 Legislative Session:

- Radiologist assistant
- Certified adviser
- Certified counselor
- Agency affiliated counselor
- Licensed social work associate – advanced
- Licensed social work associate – independent clinical
- Licensed mental health counselor associate
- Licensed marriage and family therapist associate
- Certified chemical dependency professional trainee

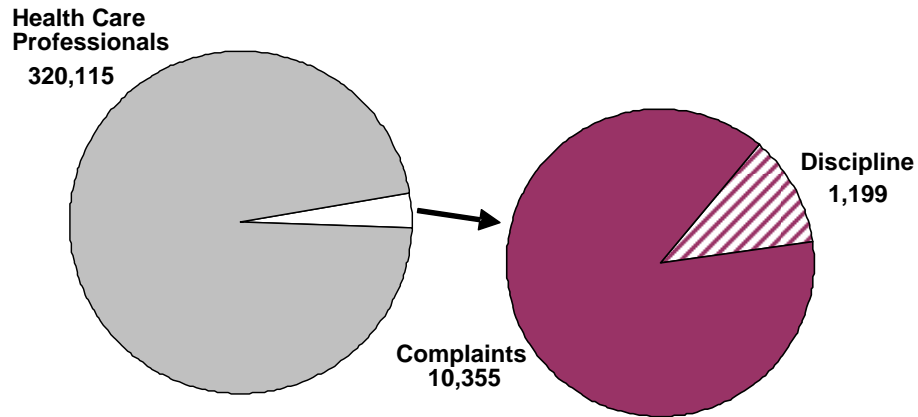
A note on new health professions

As new professions are added, it takes time to develop rules and credential the new professionals. This can take one to two years. For example, the department began issuing credentials for the professions authorized in the 2007 legislative session in the summer of 2008. Some new professions may not appear elsewhere in the report because they have not been in existence long enough to gather data.

Complaints and discipline

About one-third of one percent of all credentialed health care providers was disciplined in fiscal year 2008. The vast majority of health care providers provide high-quality care. About three percent of health care professionals had a complaint filed against them in fiscal year 2008. Of all complaints, about 12 percent, or 1,199 of 10,355, resulted in discipline.

Complaints and Discipline to Total Health Care Professionals



Major Events

Several major events and milestones shaped the regulation of health professions during fiscal year 2008.

SAO performance audit — report in August 2007

In May of 2006 Gov. Gregoire requested the State Auditor conduct a performance audit of the Department of Health's health professions discipline process. She asked that the audit address how the state licenses, regulates, and disciplines health care providers. She asked the auditor to look for ways to conduct national criminal background checks on applicants and licensees. Her goal was to improve patient safety.

In addition to the statutory requirements for performance audits, the governor spelled out nine specific expectations for the audit. A [complete listing](#) of these requirements is on the agency's Web site.

The State Auditor's Office worked with a contracted auditing firm, Clifton Gunderson, to complete the audit between November 2006 and July 2007. A [final report](#)² was published on August 21, 2007. The report acknowledged the department had already been at work making improvements to its licensing and disciplinary processes. It noted that HSQA had already put into practice several best practices the auditors identified during their research. This included triaging complaints to ensure that the most serious complaints are promptly investigated and disciplinary action is taken. It also noted the spirit of collaboration with which the department approached the audit process.

In the report, the State Auditor's Office made 13 specific findings and recommendations to the Department of Health. The report also contained several recommendations to the legislature. These are findings and recommendations that specifically require legislative action in order to implement: Please see [a complete listing](#) of the findings and recommendations in the audit report on the department's Web site.

In responding to the report, the Department of Health developed an action plan involving 65 specific tasks. Many of these tasks were completed with existing resources within six months of the audit report being issued. Health Systems Quality Assurance completed the vast majority (83 percent) of these tasks within twelve months. Eight recommendations required legislative action and seven required funding. The legislature acted upon seven of the recommendations, including enactment of HB 1103 and creation of a new licensing structure for counselors. The budget items did not receive funding during the 2008 legislative session.

For a complete listing of the tasks completed in response to the State Auditor's Office performance audit, please see [Appendix Z3](#).

The complete [performance audit report](#) can be accessed through the State Auditor's Office.

² <http://www.sao.wa.gov/Reports/AuditReports/AuditReportFiles/ar1000002.pdf>

Workload staffing study

In 2006 the legislature passed HB 2974. This law directed the department to create a standard formula for forecasting disciplinary staffing needs. The formula was intended to identify the appropriate number of full-time employees (investigators, attorneys, and supporting staff), based on the factors that drive disciplinary workload. During the 2006 and 2007 calendar years, the department developed an initial formula. It contracted with Sterling Associates Inc. to revise and refine the work. This included conducting an exhaustive time and motion study in August 2007.

The time and motion study involved 155 division staff, including 37 supervisors. Study participants carried pagers during a four-week period. They recorded their activities whenever they were paged. They were paged an average of 8.2 times per day. More than 20,000 responses were received during the month of August, representing about 23,750 hours. This led to a 99 percent confidence level that overall results were accurate.

In November 2007 Sterling presented a completed report to the division. This included a staffing model. The model can estimate by job function the number of full-time equivalent (FTE) positions needed for existing and future workloads. The model is also flexible enough to look at staffing needs by health profession. It can be adjusted for external process or organizational changes. The model is similar to ones used by the Departments of Social and Health Services and Department of Corrections.

The Department of Health proposed a decision package for the 2008 legislative session to increase staffing, based on the results of the model. The department will continue to develop future legislative proposals using the formula.

2008 legislative session

Fourth Substitute House Bill 1103 – Health Professions Regulation

Fourth Substitute House Bill 1103 had a wide range of provisions. These include:

- Allowing show cause hearings following summary action for imminent danger
- Prohibiting delegation of a final decision to a presiding officer in board/commission cases that involve standards of practice or clinical expertise
- Giving the secretary responsibility for all discipline for sexual misconduct that does not involve standard of care or clinical expertise
- Allowing the department to use non-conviction data from other jurisdictions
- Restoring criminal justice agency status to the department
- Providing authority for fingerprint-based national criminal background checks and expanding the list of crimes to be reported to the department
- Mandating that employers report determinations of unprofessional conduct against employees
- Mandating use of a consistent sanctioning schedule for all professions
- Changing the process to deny applications
- Adding a citation and fine process for failure to produce documents requested for investigation
- Allowing permanent license revocation under certain conditions
- Using unappropriated funds by health professions in some circumstances

- Establishing five-year pilot projects for the Medical Quality Assurance Commission and Nursing Care Quality Assurance Commissions³

For a more complete explanation of the provisions of HB 1103, please see the final Legislative Bill Report in [Appendix Z4](#).

Second Substitute HB 2674 – Registered Counselors

Second Substitute House Bill 2674 focused on credentialing and regulation of behavioral health professions such as registered counselors, hypnotherapists, psychologists, chemical dependency professionals, mental health counselors, marriage and family therapists, and social workers. The reports of two separate work groups, one convened by the governor in 2006 and one mandated by the legislature in 2007, contributed to the provisions of the bill.

The bill divided the health profession of registered counselor into eight new categories of health professions. All registered counselors must obtain another health profession credential by July 1, 2010. On that date, the registered counselor credential will be eliminated.

For a more complete explanation of the provisions of Second Substitute House Bill 2674, please see the final [Legislative Bill Report](#)⁴.

Implementation of ILRS

In February 2008 the department launched a new licensing and disciplinary information system. The system integrates licensing and regulatory functions. It replaced seven outdated legacy licensing and discipline systems. Maintenance and data entry for these systems required a great deal of staff time and resulted in inaccurate and redundant information.

The benefits of the new Integrated Licensing and Regulatory System, or ILRS, include:

- Direct access to basic data;
- Improved quality and reliability of information;
- Improved timeliness and efficiency of disciplinary reporting and tracking;
- Clearer decision-making structure and process;
- Enhanced capability for data sharing within Department of Health and with other agencies;
- Improved reconciliation of finances with program work; and
- Alignment of HSQA Information Systems with Department of Health technology standards;

After four years ILRS went “live” on February 19, 2008. During implementation, project staff converted 17 million electronic records, and configured the system to handle 259 different types of health care credentials. They also trained 400 division staff on how to use the system.

³ With regard to this last action, the Dental Quality Assurance Commission and Chiropractic Quality Assurance Commission were given the option to participate but elected not to. The pilots allow expanded budget and staffing authority, and allow each to hire a dedicated executive director. The pilots must also be evaluated, with a report to the legislature by December 2013.

⁴<http://apps.leg.wa.gov/documents/billdocs/2007-08/Pdf/Bill%20Reports/House%20Final/2674-S2.FBR.pdf>

HSQA reorganization

In May and June of 2008 the division took a major step forward in integrating its regulation of health professions and facilities. After two years of planning and development, HSQA reorganized into five new offices that better represent the functions of the division.

Each of the new offices has a distinct role in realizing these strategic goals:

- Office of Health Professions and Facilities (HPF). This office provides direct program support to the professions, including boards and commissions. It regulates the health and safety of a variety of healthcare and other facilities. Staff in this office are involved in setting practice standards, developing rules and policies, and communicating with the public.
- Customer Service Office (CSO). The Customer Service Office serves as “one-stop shopping” for the public. CSO Call Center staff answer calls, intake and process applications for credentials. The office is responsible for complaint intake and public disclosure. It contains the Adjudicative Clerk Unit, whose staff schedule administrative proceedings.
- Office of Community Health Systems (CHS). The Office of Community Health Systems ensures strong health systems for underserved communities and promotes local access to health services. CHS staff administers the State Strategic EMS and Trauma Plan. This office also houses the division’s Research, Analysis, and Data Unit.
- Legal Services Office (LSO). The Legal Services Office provides legal support to the other offices. This office monitors the compliance of health care professionals who have received disciplinary action. LSO staff provides legal review of cases, present cases to professions, including boards and commissions, and prepare and serve legal documents. They also participate in settlement negotiations on disciplinary actions.
- Investigation and Inspection Office (IIO). This office inspects medical and community facilities and investigates complaints on providers. It also coordinates disciplinary activities for health professions and facilities. The office performs Medicare certification for medical, health, child and residential care facilities.

For more information about each of the offices within Health Systems Quality Assurance, please see [Appendix Z6](#).

In addition, the [Adjudicative Service Unit \(ASU\)](#) contains health law judges who preside over and make decisions in administrative hearings. For impartiality reasons, the judges and legal secretaries in ASU have remained a part of the Office of the Secretary through the reorganization.

Fee increases

During the spring of 2008 the department conducted a rulemaking process to increase application and renewal fees for many health professions. In the fall of 2007 Washington citizens passed Initiative 960, which requires legislative approval for fees. The 2008 Legislature approved fee increases up to specific amounts, by profession. All the fees the department adopted are within the legislatively approved levels.

Many factors influence fees and need for increases. They include:

- Increases in disciplinary activity
- Extensive rulemaking or other policy development work
- The number of licensees in a profession
- Increases in the amount or complexity of licensing activities
- Legislative initiatives, such as national background checks or electronic fingerprinting of applicants
- Other mandated fees that are mandated, such as a \$25 surcharge to allow some health professionals access to the University of Washington library system
- Court rulings that increase the complexity of regulatory work
- Increased discipline costs, such as the use of expert witnesses
- Important administrative investments, such as ILRS

The agency carefully manages each profession's expenses and revenues. It anticipates and responds to factors that might increase spending. The department's goal is to collect enough revenue to pay for the services it provides and to maintain a modest reserve. Fees were relatively stable for a number of years. In fact, the department reduced fees between 2005 and 2007 for some professions.

The department reduced fees in 2005 to avoid growth in revenues beyond what the legislature had not authorized health professions to spend. In the agency's view, it was not fair to providers to continue to take in revenue that could not be used. New legislation, court cases, and workload increases made fee increases necessary.

The department will continue to evaluate fees on a yearly basis. Staff use a ten-year projection to detect the need for changes early. The goal is to change fees as gradually as possible. Additional environmental changes may affect these projections and cause fees to go up or down in the future.

For a complete listing of the specific fee increases by profession, please see the [HSQA Website](#)⁵.

⁵ <http://www.doh.wa.gov/hsqa/FeeInformation/FeeInfoDefault.htm>

Disciplinary Activities

This section of the report describes the major disciplinary activities during fiscal year 2008.

Background checks

The department has conducted in-state background checks on new applicants for credentials since 2000. Historically, the rate of positive hits has averaged about four percent of applicants.

The division did more than 45,000 criminal background checks on applications received in fiscal year 2008. These checks against the Washington State Patrol's (WSP) in-state database confirmed or revealed 1,904 convictions. Many of the hits led to investigations to gather more information. Fewer than half (44 percent) of the applicants with criminal convictions disclosed the conviction on the application. See [Appendix E](#), Criminal Convictions for details about each profession.

Total Applicants	45,011
Applicants with Convictions	1,904
Applicants who Disclosed	847
Applicants Not Disclosing	1,057
% with Convictions	4%
% Disclosed	44%
% Non-Disclosed	56%

Starting in June 2006 all new applicants are also checked against federal data banks. These are the Healthcare Integrity Protection Data Bank (HIPDB) and National Practitioner Data Bank (NPDB). The NPDB and HIPDB provide information about actions in other states, including some criminal conviction data that helps determine the need for further review⁶. During fiscal year 2008 NPDB and HIPDB checks resulted in 1,900 positive hits.

The department will move beyond in-state background checks. The 2008 Legislature gave the department the authority to conduct fingerprint-based criminal background checks. We are working with the Washington State Patrol to coordinate fingerprint card scanning and exchange of data electronically.

⁶ Healthcare Integrity and Protection Data Bank Website at <http://www.npdb-hipdb.hrsa.gov/hipdb.html>

Complaints

Most disciplinary activity starts with complaints from the public, practitioners, facilities, or insurance companies. The department also opens complaints based on media accounts or information from law enforcement. During fiscal year 2008 the department received 7,006 new complaints against credentialed health care providers and people practicing without a license. This represented a five percent increase from fiscal year 2007. In addition, 3,349 open complaints were carried over from fiscal year 2007. These resulted in a total of 10,355 complaints in the HSQA disciplinary system. See [Appendix F](#), Investigation, Closure and Case Resolution for details about each profession.

Case disposition

Complaints are resolved before or after adjudication. The type of order issued to the health care provider indicates how the case was resolved. All orders are public records. Orders with actions against health care providers' credentials (since July 1998) are available on the [Internet](#)⁷. [Appendix F](#) provides information on closure types before and after adjudication, by profession and type of disciplining authority (board, commission, or secretary).

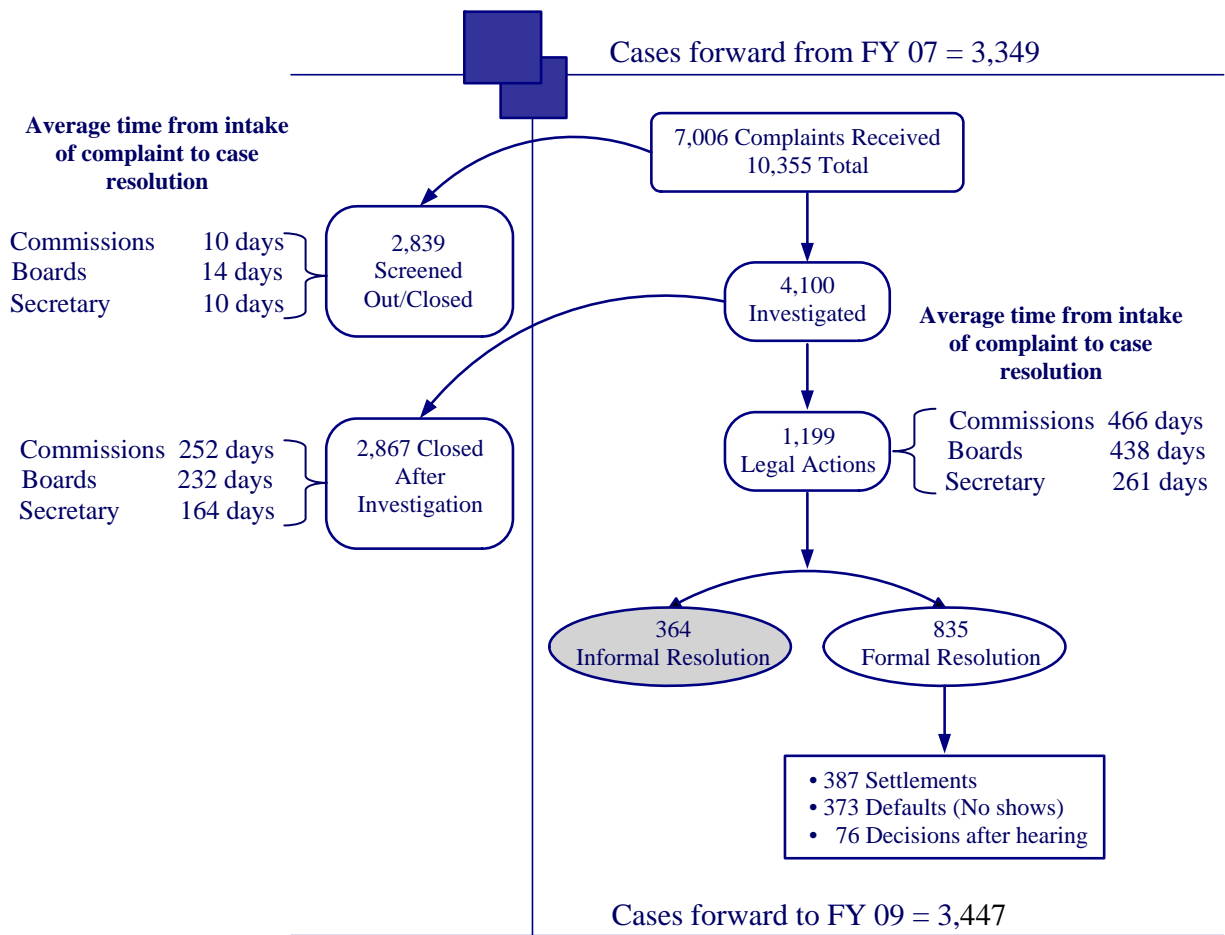
During fiscal year 2008:

- Board and commission disciplinary actions totaled 540 and secretary professions totaled 590.
- About 31 percent of complaints resolved after adjudicative proceedings were closed with informal dispositions and another 31 percent with agreed orders. About 33 percent were closed with default orders and five percent with final orders. Definitions are in [Appendix G](#).
- Comparing complaints to actions, boards and commissions took action on nine percent of complaints and secretary professions took action on 15 percent of complaints.

Case process

The following chart shows the flow and disposition of complaints. The chart indicates the average length of time from complaint intake to the disposition of the complaint in each step.

⁷ Web address: <https://fortress.wa.gov/doh/providercredentialsearch/>



See [Appendix H](#) for a five-year comparison of disciplinary trends.

Increased use of expert witnesses

Expert witnesses are used in more cases and in more professions than in the past. These specialists are hired on contract to review standard of care issues in investigation and medical files. During fiscal year 2008 the department spent about \$300,000 for expert witnesses in 130 cases. This was an increase of nine percent from the previous two fiscal years.

The department has traditionally located and contracted with expert witnesses on a case-by-case basis. We have had difficulties locating experts who were both suitable and willing to serve, resulting in delays in the disciplinary process. However, in March 2008 we contracted with Medical Consultants Northwest, Inc. to help us identify expert witnesses.

The contract has made it easier for us to find expert witnesses in a variety of fields. This has shortened the time needed to locate experts and reduced delays in the disciplinary process.

Common violations of the law

The Uniform Disciplinary Act (UDA) regulates health care professionals. Violations are not considered criminal acts and the disciplining authority cannot send someone to jail. The disciplining authorities decide whether the health care professional can continue to practice and

under what conditions. If practitioners commit crimes not already known to law enforcement, the department notifies the appropriate jurisdiction.

About 62 percent of UDA violations fell into the five frequently reported categories:

<u>Type</u>	<u>Percent</u>
Violation of any state or federal statute or administrative rule ⁸	19
Conviction of a gross misdemeanor or felony relating to the practice of a health care profession ⁹	13
Incompetence, negligence, or malpractice ¹⁰	13
Personal drug or alcohol abuse ¹¹	10
Failure to comply with an order issued by the disciplining authority ¹²	5

Many violations also involve moral turpitude, dishonesty, or corruption¹³. More than 90 percent of the time, that violation of the law is combined with other violations, such as those noted above, when charges are issued.

Sanctions imposed on practitioners

This report divides sanctions into five categories: removal from practice, removal from practice with conditions, rehabilitative, deterrent, and voluntary surrender of the credential. Definitions can be found in [Appendix G](#).

There are fewer final orders reported (951) than the number of cases with disciplinary sanctions (1,199). This is because sometimes one final order resolves multiple cases. Division reports to the data bank reflect this distinction. Thus, 951 orders were reported to the data bank as closing out 1,199 complaint cases. See [Appendix J](#), Violations and Sanctions Imposed.

Sanctions imposed during the fiscal year 2008, as compared to fiscal year 2007:

- Removal from practice decreased from 294 to 264 (decrease of 10 percent).
- Removal from practice with conditions increased from 37 to 107 (increase of 189 percent).
- Rehabilitative sanctions increased from 457 to 546 (increase 19 percent).
- Deterrent sanctions decreased from 25 to 9 (decrease of 64 percent).
- Voluntary surrender sanctions increased from 20 to 25 (increase of 25 percent).

After a finding of unprofessional conduct, the disciplinary authority imposes sanctions, such as suspension of the license, a fine or conditions on practice of the profession

⁸ RCW 18.130.180(7)

⁹ RCW 18.130.180(17)

¹⁰ RCW 18.130.180(4)

¹¹ RCW 18.130.180(6) or (23)

¹² RCW 18.130.180(9)

¹³ RCW 18.130.180(1).

Sanctioning guidelines

In 2004 the Secretary of Health established a workgroup to create sanctions guidelines. The purpose of the guidelines was to promote consistent disciplinary sanctions for similar unprofessional conduct. The guidelines were adopted by the secretary for professions for which she has disciplinary oversight. Each of the fourteen boards and commissions with disciplinary authority later adopted the guidelines.

The Department of Health set goals for compliance with the guidelines in its 2007-09 Strategic Plan. Because cases sometimes arise that cannot be adequately addressed by the guidelines, the compliance targets were set at 95 percent for secretary professions and 80 percent for board and commission professions. These goals have been consistently met or exceeded on an aggregate basis.

Section 12 of 4SHB1103, passed in 2008 and codified as RCW 18.130.390, requires that each board and commission with disciplinary authority appoint a representative to meet and review the existing sanction guidelines. They were directed to then make recommendations to the secretary regarding adoption of a sanction schedule in rule. Those meetings were held during the summer of 2008. In accordance with the legislation, the rules will be effective January 1, 2009.

Unlicensed practice

When health care is beyond the scope of practice of a professional or is provided by unlicensed people, it is called unlicensed practice. The secretary is responsible for regulating unlicensed practice. The HSQA investigation unit manages these complaints. If unlicensed practice is found, the department can issue a Notice of Correction or a Cease and Desist Order.

A Notice of Correction warns individuals of further action if they continue to engage in unlicensed practice. A Cease and Desist Order requires the person to stop practice and may impose a fine. Continued unlicensed practice may result in court enforcement of the Cease and Desist Order or criminal prosecution. Due to limited resources, the department focuses on those cases with the highest risk to the public.

There were 458 unlicensed practice complaints during fiscal year 2008. This was an increase of three percent from the prior two years. The number of closures with a Notice of Correction or Cease and Desist Order declined to 24 from an average of 55 for the previous two years, a 56 percent decrease.

Total Complaints	458
Closed No Action Taken Before Investigation	174
Closed No Action Taken After Investigation	156
Cease and Desist Order Issued	24
Total Closed	354

A more detailed listing of unlicensed practice by type of profession is found in [Appendix F](#).

Alternatives to Discipline

Substance abuse monitoring programs

HSQA uses three substance abuse monitoring programs. Two programs have contracts with the agency that are monitored by HSQA staff. A third program, Washington Health Professional Services, is staffed by department employees. Disciplining authorities can refer practitioners to a program. They may require practitioners to enter the program as a condition of practice or return to practice. Practitioners may also voluntarily participate in the programs if they have an active credential in Washington.

The programs must report practitioners to HSQA if they do not comply with the conditions of the monitoring contract. The disciplining authority may then take disciplinary action. See [Appendix K](#), Alternative Programs – Chemically Impaired Practitioners for more information.

The three programs are:

- Washington Physicians Health Program (WPHP): it works with chemically impaired allopathic physicians and physician assistants, dentists, osteopathic physicians and physician assistants, veterinarians and podiatrists.
- Washington Recovery Assistance Program for Pharmacy (WRAPP): it monitors substance abuse for pharmacists and other pharmacy professionals. Only the Board of Pharmacy requires practitioners to enter the program, which also takes volunteers.
- Washington Health Professional Services (WHPS): the program for all remaining health professionals not covered by WPHP or WRAPP.

The Washington Health Professional Services (WHPS) has grown significantly in recent years. Caseload increased 49 percent between March 2006 and May 2008 with no increase in staff. In April 2008 the program had 432 participants and 85 cases in development, with an average of 47 new cases a month.

This growth forced the program to limit new admissions between April and July 2008. The program also sought interns from local colleges and employed a part-time volunteer to help with data management. This was a necessary, though not ideal, method for dealing with this population of health professionals.

Board and Commission Supplemental Reports

Fourth Substitute House Bill 1103 allows boards and commissions to provide supplements to this report. The supplements may provide “additional information about the disciplinary activities, rulemaking and policy activities, and receipts and expenditures for the individual disciplining authority.”¹⁴

¹⁴ 4SHB 1103, Section 13(2).

The following two boards do not have disciplinary authority.

Budget – Board of Denturists

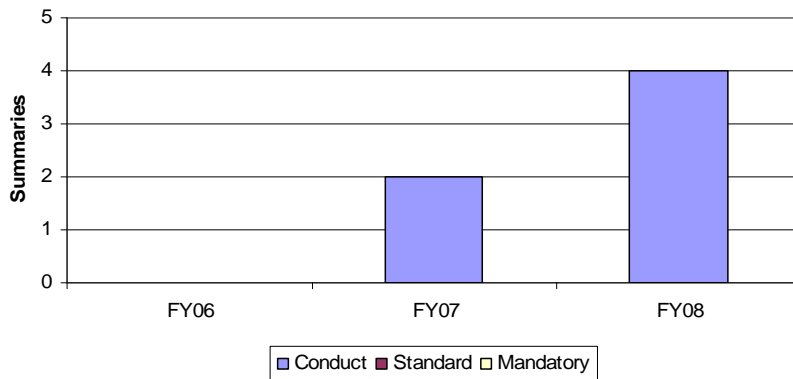
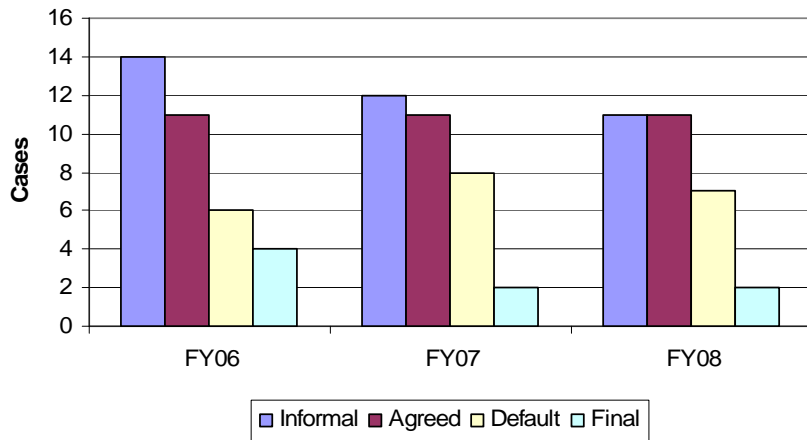
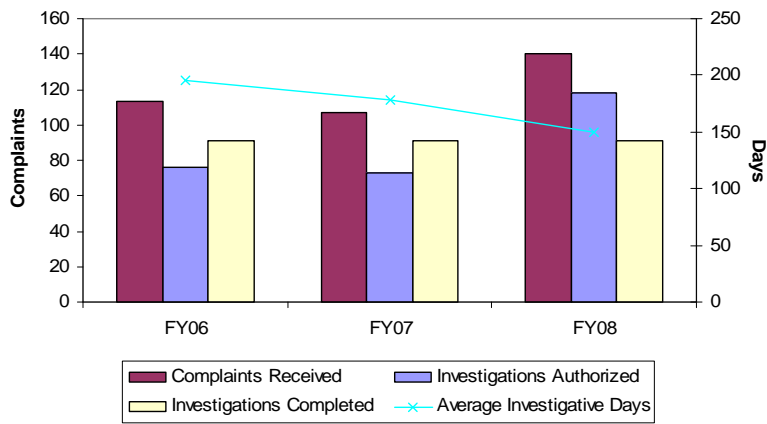
	Revenue	Expenditures	Balance
			\$ 222,009.00
FY2006	\$ 157,890.00	\$ 245,529.56	\$ 134,369.44
FY2007	\$ 162,681.46	\$ 250,980.12	\$ 46,070.78
FY2008	\$ 203,895.00	\$ 230,171.10	\$ 19,794.68

Budget – Board of Massage

	Revenue	Expenditures	Balance
			\$ 1,039,721.00
FY2006	\$ 249,995.00	\$ 643,917.95	\$ 645,798.05
FY2007	\$ 263,467.00	\$ 766,943.47	\$ 142,321.58
FY2008	\$ 441,274.32	\$ 785,344.82	\$ (201,748.92)

The following boards and commissions have disciplinary and legislative authority.

Three year disciplinary summary – Chiropractic Quality Assurance Commission



Rulemaking and policy activities –

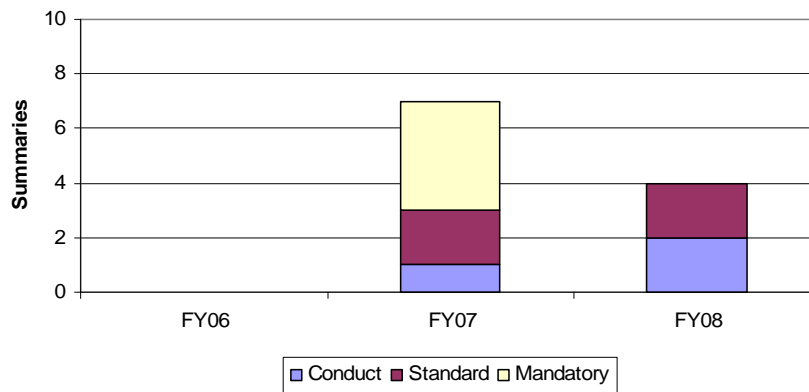
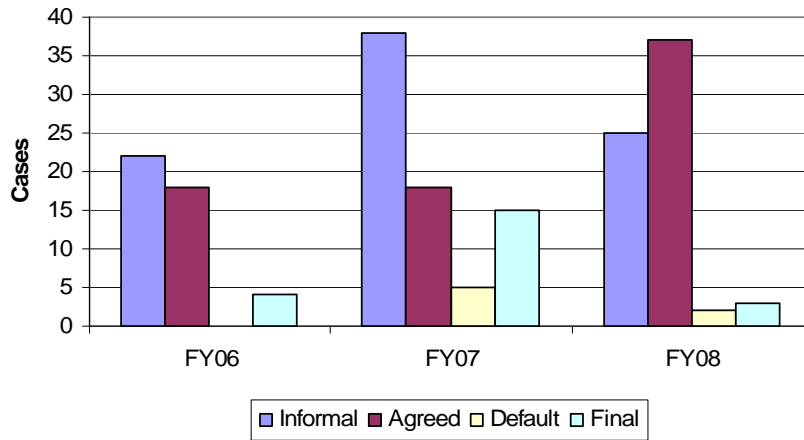
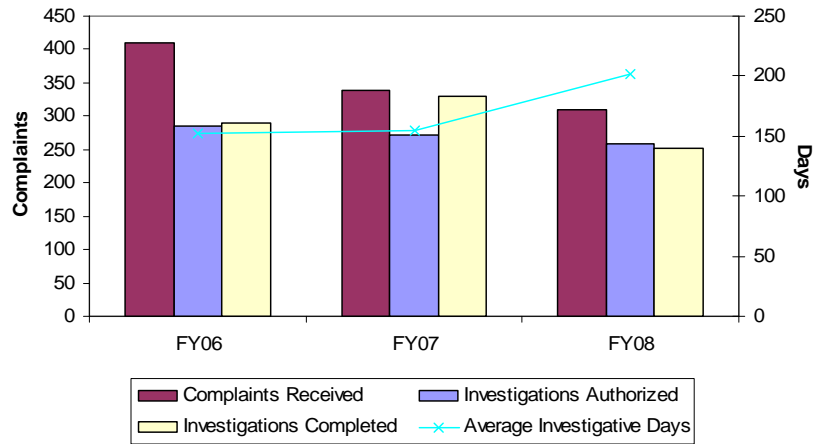
- WAC 246-808-560 - Documentation of Care CR101 filed September 25, 2007. The commission is currently drafting language with stake holder input to clarify and strength the rule.
- WAC 246-808-640 – Scope of Practice, the commission is repealing this rule as it is redundant and outdated. The CR105 should be filed August 20, 2008.
- The commission adopted the following policies in 2008.
 - Chiropractic Quality Assurance Commission Meetings – Adopted June 12, 2008.
 - Commission Member Information Requests – Adopted February 14, 2008.
 - Chiropractic Quality Assurance Commission -Commission Member Violation of a Policy – Adopted June 12, 2008.
 - Executive Committee: Membership, Duration, Removal, Delegation of Authority, Purpose – Adopted June 12, 2008.
 - Special Meeting Conference Call - Adopted June 12, 2008.

Budget

A three year summary showing starting and ending balances, revenue, and expenditures. Boards and commissions will be provided budget reports showing yearly expenditures by line item.

	Revenue	Expenditures	Balance
			\$ 754,177.00
FY2006	\$ 527,763.71	\$ 728,344.72	\$ 553,595.99
FY2007	\$ 536,426.43	\$ 848,672.57	\$ 241,349.85
FY2008	\$ 759,602.52	\$ 1,216,504.12	\$ (215,551.75)

Three year disciplinary summary – Dental Quality Assurance Commission



Rulemaking and policy activities –

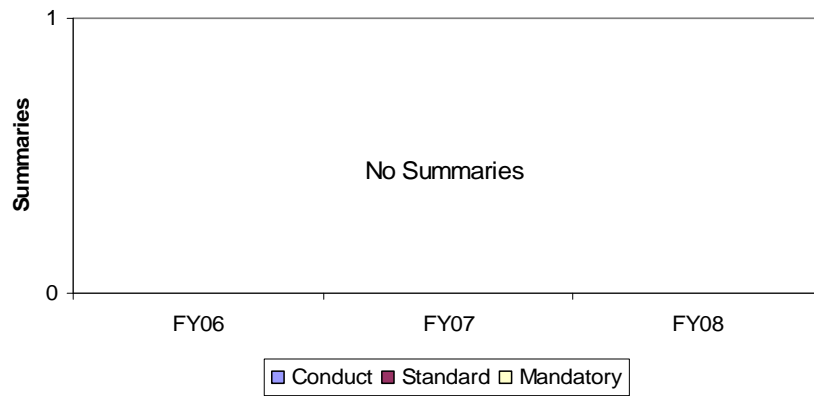
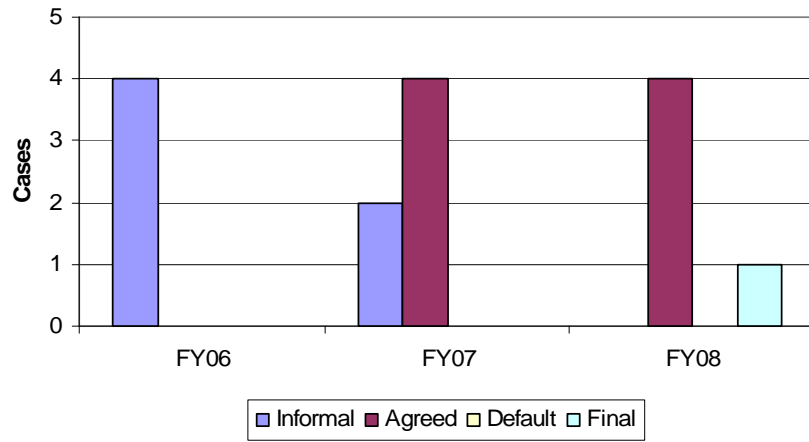
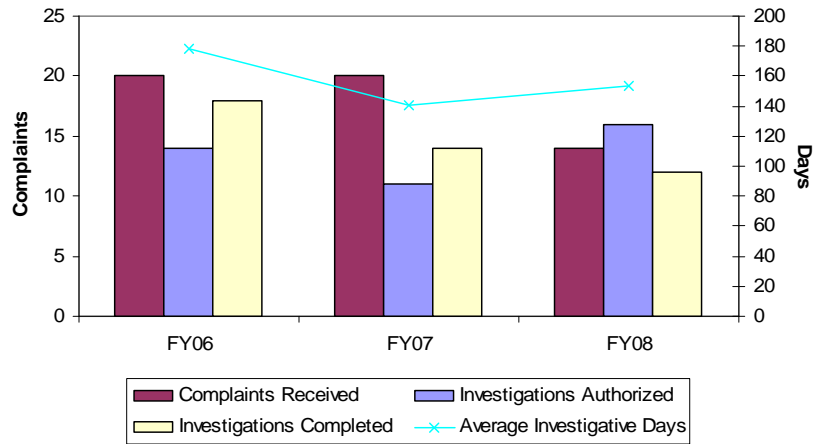
- Substitute House Bill 1099 created two new dental professions in the 2007 legislative session. Rules for credentialing and scope of practice for dental assistants and expanded function dental auxiliaries were filed on June 19, 2008. More than 8,000 dental assistants are expected to apply for registration and approximately 50 expanded function dental auxiliaries will apply for licensure by the end of 2008. Additional dental auxiliaries will follow as the education institutions roll out their new training programs.
- Substitute House Bill 2881, passed in the 2008 legislative session, provides an alternate path to dental licensure. The bill amends RCW 18.32.215 and adds a new section to chapter 18.32 RCW to address dental applicants applying for licensure who did not graduate from a Commission on Dental Accreditation (CODA) approved school. The new alternative allows a dental applicant that has practiced in another state for at least four years and has completed a one-year postdoctoral residency to apply for licensure.
- House Bill 3088, passed in the 2008 legislative session, amends RCW 18.260.110. The amendment provides an exemption from registration requirements for dental assistant students and volunteer dental assistants providing services in charitable dental clinics.
- The Dental Quality Assurance Commission (DQAC) appointed a sub-committee comprised of four commission members and eight specialists in the area of anesthesia to review and make recommendations regarding amendments to the regulations pertaining to the “Administration of Anesthetic Agents for Dental Procedures.” The committee made over 30 recommendations, including amendment, relocation, and creation of approximately twenty separate rules.
- Amendment of six rules related to Application and Eligibility Requirements for dentists are in process. Amendments are needed to reflect significant changes to licensure and examination standards at the state, regional and national levels.
- Dental fee increases became effective September 2008. Significant increases in the disciplinary workload over the last two biennia have created a deficit in excess of \$1.5 million dollars. The law requires that all health profession programs be self-supporting, and fees are the primary funding source. If fee increases are approved by the legislature in each of the next four legislative sessions, the current projection is to have the commission operating in the black by 2013.
- The commission reviewed and modified their existing policy on complaint threshold determination. The policy was updated as Initial Assessment Thresholds to include a new section for initial assessment of patient deaths related to dental procedures.

Budget

A three-year summary showing starting and ending balances, revenue, and expenditures. Boards and commissions will be provided budget reports showing yearly expenditures by line item.

	Revenue	Expenditures	Balance
			\$ 563,672.00
FY2006	\$ 1,550,047.94	\$ 2,073,098.47	\$ 40,621.47
FY2007	\$ 1,584,831.07	\$ 2,349,224.90	\$ (723,772.36)
FY2008	\$ 1,577,019.42	\$ 2,432,238.04	\$ (1,578,990.98)

Three year disciplinary summary – Board of Hearing and Speech



Rulemaking and policy activities –
No input provided by board.

Budget

A three year summary showing starting and ending balances, revenue, and expenditures. Boards and commissions will be provided budget reports showing yearly expenditures by line item.

	Revenue	Expenditures	Balance
			\$ 661,203.00
FY2006	\$ 127,610.00	\$ 208,059.02	\$ 580,753.98
FY2007	\$ 131,473.00	\$ 248,163.63	\$ 464,063.35
FY2008	\$ 202,274.50	\$ 297,962.24	\$ 368,375.61

Medical Quality Assurance Commission

Uniform Disciplinary Act (UDA) Supplemental Report for July 1, 2007 through June 30, 2008

December 2008

MQAC purpose and composition

- The Medical Quality Assurance Commission (MQAC) protects the public by licensing and disciplining physicians and physician assistants, and by developing rules, policies and guidelines regulating the practice of medicine. The governor appoints 21 members to four-year terms. The commission consists of thirteen physicians, six public members, and two physician assistants. The commission is governed by RCW 18.71, RCW 18.71A, RCW 18.130, WAC 246-918 and WAC 246-919. Their Web site provides the [latest information about the commission](#).

Licensing statistics

The commission regulates 24,924 physicians (MDs) and 2,277 physician assistants (PAs).

Disciplinary statistics

The disposition of complaints consumes approximately 85 percent of the commission's time and resources. In the past year (July 1, 2007 to June 30, 2008), the commission received and assessed 1,114 complaints alleging unprofessional conduct or impairment. Complaints come from: the public; mandatory medical malpractice reports from insurance companies; adverse action reports from medical societies, hospitals, medical service bureaus, and professional standards review organizations; federal, state, and local agencies.

During the past year, the commission closed 1,118 complaints. It closed 192 cases prior to investigation and 856 after conducting an investigation. The rest were closed after disciplinary action was initiated.

The commission took formal disciplinary action in 76 cases and informal disciplinary action in 26 cases. It dismissed charges in two cases following a formal disciplinary hearing. And summarily suspended or limited the licenses of 11 practitioners.

Note: Some cases may take longer than one year to process because of the complexity of medical investigations and the legal process. Consequently the number of cases closed and the number of actions taken will not correspond to the number of complaints opened.

In most disciplinary actions, the commission monitors the practitioner's practice for a specified time period. As of June 30, 2008 the commission actively was monitoring 173 practitioners under disciplinary orders. The commission requires many of these practitioners to meet with the commission annually or semi-annually to demonstrate compliance with their orders. During the

time period of July 1, 2007 to June 30, 2008, 19 practitioners successfully completed the terms of their orders and returned to practice with unencumbered licenses.

MQAC goals and accomplishments 2007-2008

In addition to licensing and discipline, the commission develops rules which regulate the practice of medicine, establish polices and guidelines to ensure consistent standards of practice, and actively engage in educating the profession and the public.

Rulemaking

The commission is in the process of drafting the following rules:

- On Jan. 24, 2007, the commission filed the CR101 document with the Code Revisers Office to begin rulemaking on Safe and Effective Analgesia and Anesthesia Administration in Office-Based Settings for physicians and physician assistants. The commission will send out a draft of the proposed rule for public comments.
- On April 4, 2007, the commission filed a CR101 document with the Code Revisers Office to begin rulemaking on the Delegation of Non-Surgical Medical Cosmetic Procedures. The commission has sent out several drafts of the rule for public comments. The commission's goal is to file the CR102 by January 2009.

Rule Review

- The commission formed a Physician Assistant Advisory Committee to review all physician assistant rules and to make recommendations to the commission about revising or adding rules to ensure that physician assistants follow national standards of practice.

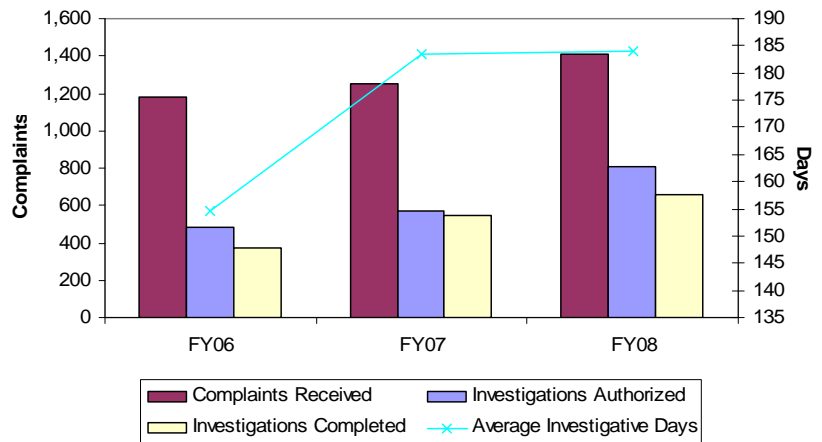
Policies and Guidelines

In the past 12 months the commission issued the following policies, procedures, and guidelines:

- In January 2008 the commission issued a policy on "Credentialing of Physicians for Reentry After Not Practicing for an Extended Amount of Time." This policy states that applicants who have been out of practice for more than two years may be asked to pass the Special Purpose Examination (SPEX) or any other examination deemed appropriate.
- In February 2008 the commission issued a policy on "Self-Treatment and Treatment of Immediate Family Members." This policy warns physicians about the risks of self-treatment and prescribing for family members.
- In May 2008 the commission issued a revised policy on "Treating Partners of Patients with Sexually Transmitted Chlamydia and Gonorrhea." This policy permits physicians to provide antibiotics, without prior examination, to the partners of persons with sexually transmitted diseases.
- In August 2008, the commission issued a revised policy, on "Intent on Opening an Investigation," listing cases requiring mandatory investigation, including allegations of sexual misconduct, patient abuse, death, serious harm or risk of harm, and "never events."
- "Patient Guide" brochures sent to complainants describing the MQAC process.
- "What Happens Next?" brochures sent to MDs and PAs with complaint notification.
- Sent out "Pain Management Guidelines" brochures to interested persons upon request and placed the guidelines on the Web site for reference.

Three year disciplinary summary – Nursing Care Quality Assurance Commission

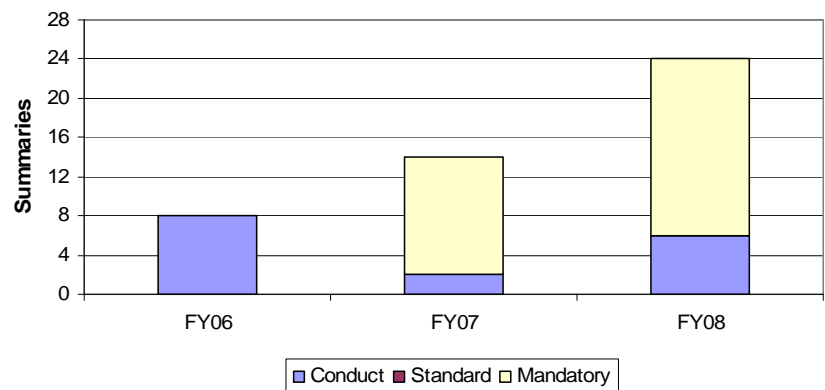
NCQAC received 1430 new complaints in FY08 (20 percent of HPQA new complaints). Authorized investigations increased by 68 percent. The average number of days in investigation for NCQAC cases increased from 150 days (FY06) to 185 days (FY08) due to the closure of a number of lower-priority-level backlogged cases. These cases were closed more slowly due to a primary emphasis on resolving an increased number of high-priority cases.



The number of disciplinary actions has increased, although the number of formal hearings has stayed steady. Cases commonly settle through an agreed order or through a Stipulation to Informal Disposition (STID). Default orders, STIDS, and agreed orders increased by 47 percent over the last 3 fiscal years.



Summary suspensions dramatically increased subsequent to 2007 legislation. This law mandates that licensees with orders prohibiting practice in another state be prohibited from practicing in Washington State. In FY 07 10 out of 14 summary suspensions were based on this new law. In FY08, 18 out of 24 summary actions were based on orders from other states against licensees.



Rulemaking and policy activities –

New regulations for nursing education programs became effective June 2005. At the end of FY08, six schools were on conditional approval for not meeting standards.

Licensing regulation change was in process over the last three years, and became effective at the end of FY08. With good input from stakeholders, the regulations are much easier to understand, more consistent, and reasonable in required documentation.

Advanced registered nurse practitioners (ARNP) regulation change began in FY08. Numerous meetings with stakeholders, including statewide teleconferencing, were held. Finalizing the new ARNP regulations is anticipated in FY09.

Nursing Care Quality Assurance Commission (NCQAC) has had sexual misconduct rules in place (WAC 246-840-740) since February 1999. Sanctioning guidelines have also been in place, and were first revised in September 2003. In FY07 and 08, NCQAC participated with all of Health Professions Quality Assurance (HPQA) in establishing standards across professions for both sexual misconduct and disciplinary standards.

Budget

The increase in the number of investigations and disciplinary actions has severely impacted the 07-09 biennium budget. Investigation fees, legal fees, and increased workload/pay for commission members related to discipline activity are the main sources of increased expenditures. NCQAC is closely monitoring the budget, cutting expenditures wherever possible.

	Revenue	Expenditures	Balance
			\$ 3,354,203.00
FY2006	\$ 4,885,419.73	\$ 3,895,896.41	\$ 4,343,726.32
FY2007	\$ 4,668,878.00	\$ 5,617,539.71	\$ 3,395,064.61
FY2008	\$ 4,715,133.60	\$ 6,187,057.06	\$ 1,923,141.15

The Nursing Care Quality Assurance Commission (NCQAC) regulates licensed practical nurses (LPN), registered nurses (RN), nurse technicians, and advanced registered nurse practitioners (ARNP). The 15-member commission includes 7 RNs, 3 LPNs, 2 ARNPs, and 3 public members. The commission meets every other month for a business meeting. Sub-committees, charging panels, and other meetings are conducted at least monthly by teleconference.

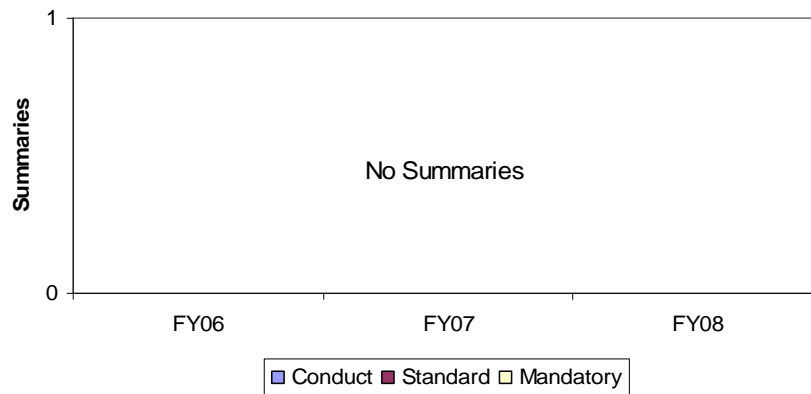
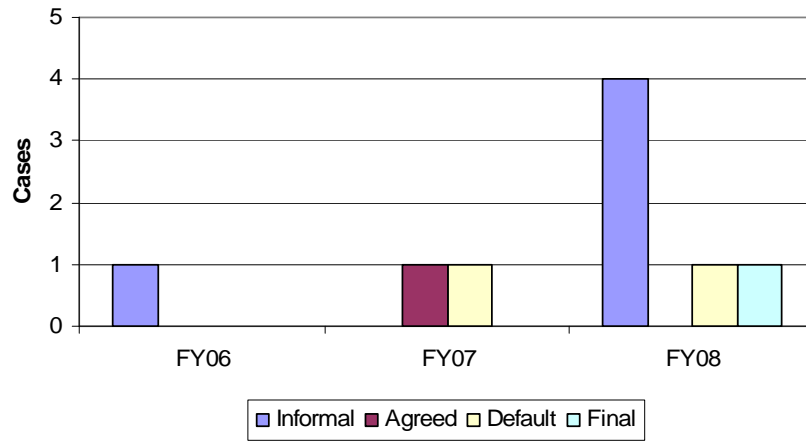
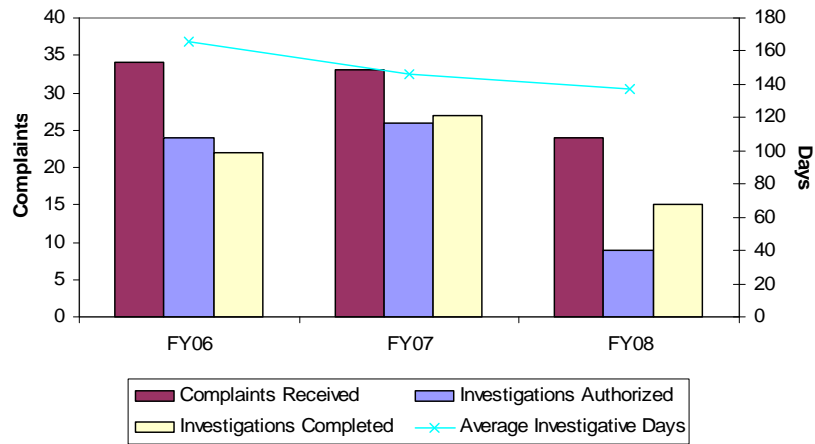
NCQAC also regulates pre-licensure nursing programs in Washington. Nursing programs have expanded enrollment, and new programs have been established. To meet the need, NCQAC has added a second panel of nurse educators to make decisions regarding nursing program approval. These monthly meetings also occur by teleconference.

The commission has had a significant increase in its licensees. From July 1, 2007 to June 30, 2008, there was a 12 percent increase in just one year (from 91,838 to 102,711). The two previous biennia had increases of 5 percent and 5.5 percent over each of the two year time periods. HPQA had 319,001 licensees as of June 30, 2008. The nursing commission licensees comprise 32 percent of all HPQA licensees as of June 30, 2008. (see chart below)

2001-2003:	83,014	(total number of LPN, RN, ARNP and nurse technicians with active licenses)
2003-2005:	87,074	5 percent increase in total number of licensees in two years
2005-2007:	91,838	5.5 percent increase in total number of licensees in two years
FY 2008 :	102,711	12 percent increase in total number of licensees in one year

Disciplinary numbers mirror the increase in the number of licensees.

Three-year disciplinary summary – Board of Nursing Home Administrators



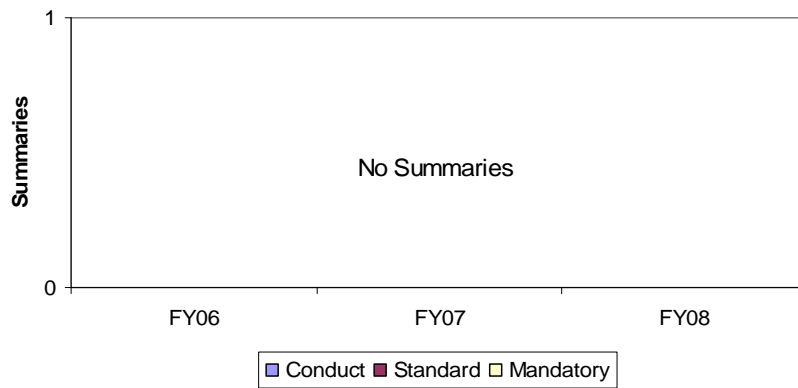
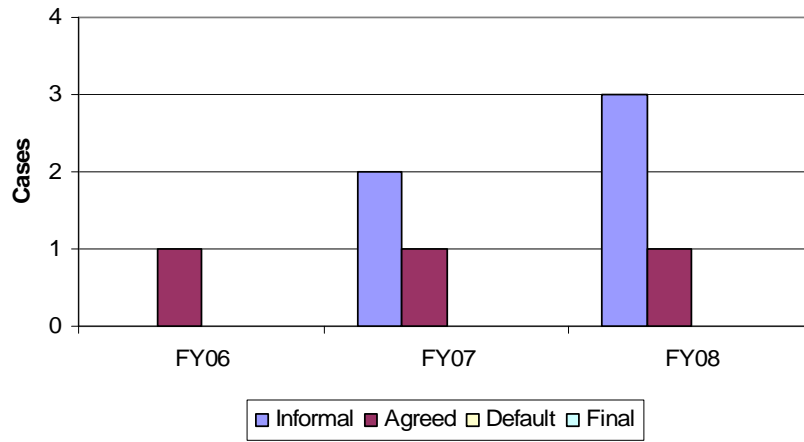
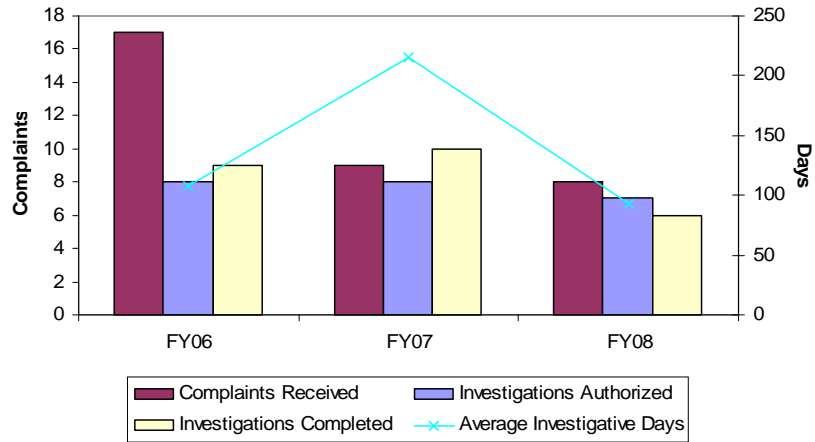
Rulemaking and policy activities –
No input provided by board.

Budget

A three-year summary showing starting and ending balances, revenue, and expenditures. Boards and commissions will be provided budget reports showing yearly expenditures by line item.

	Revenue	Expenditures	Balance
			\$ 177,459.00
FY2006	\$ 131,872.50	\$ 129,241.38	\$ 180,090.12
FY2007	\$ 131,002.50	\$ 183,863.63	\$ 127,228.99
FY2008	\$ 146,188.50	\$ 238,708.37	\$ 34,709.12

Three-year disciplinary summary – Board of Occupational Therapy



Rulemaking and policy activities –
No input provided by board.

Budget

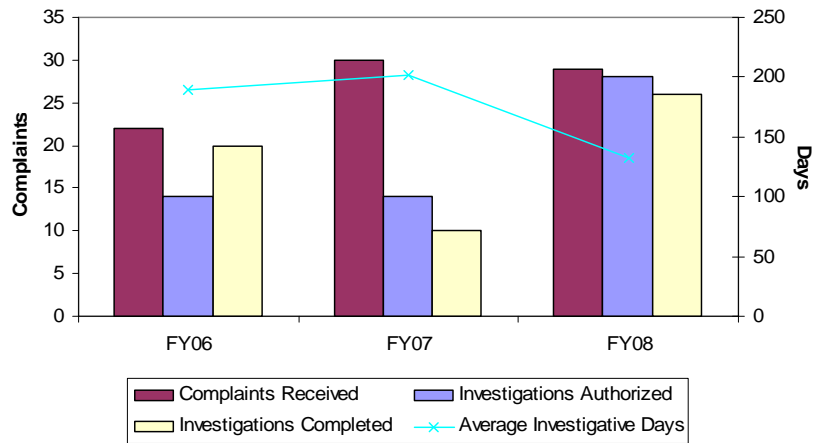
A three-year summary showing starting and ending balances, revenue, and expenditures. Boards and commissions will be provided budget reports showing yearly expenditures by line item.

	Revenue	Expenditures	Balance
			\$ 266,015.00
FY2006	\$ 177,865.00	\$ 201,932.75	\$ 241,947.25
FY2007	\$ 166,046.28	\$ 235,104.50	\$ 172,889.03
FY2008	\$ 188,630.00	\$ 247,483.45	\$ 114,035.58

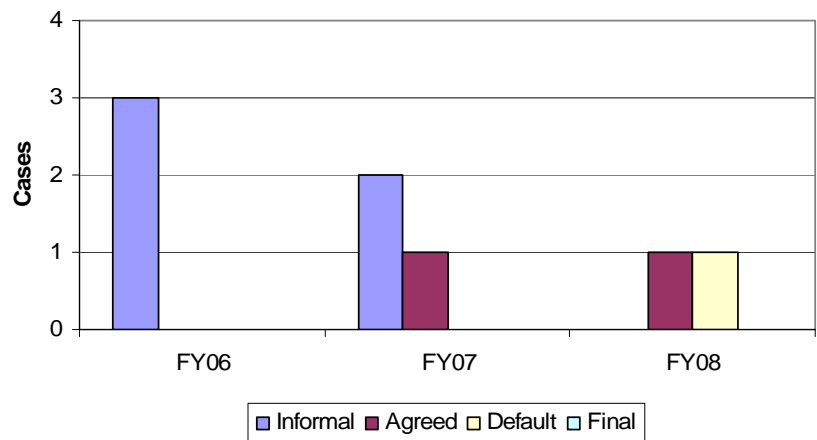
Three-year disciplinary summary – Board of Optometry

The Washington State Board of Optometry is made up of six members. Five members are licensed optometrists and one member represents the public. Members are appointed by the governor and serve three year terms.

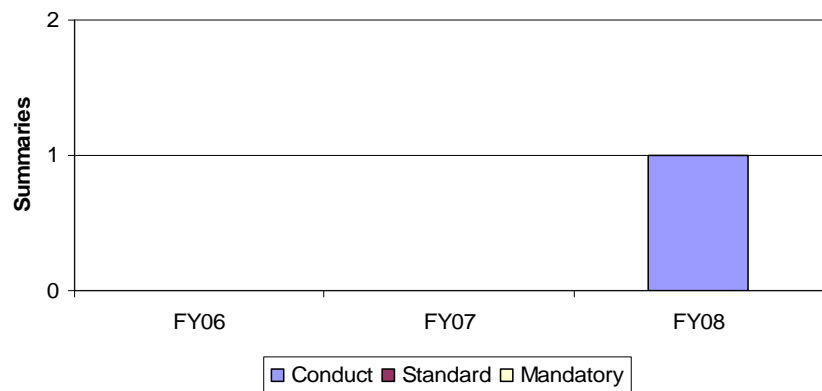
The number of complaints has not risen sharply since 2006. However, the number of investigations authorized by the board and completed by Department of Health investigators, has risen significantly in proportion to the number of complaints received. This increase is due, in part, to the increased public scrutiny of high profile cases. The average number of days required to complete an investigation has dropped since staff reorganization in 2007.



The board has few formal hearings. Cases are generally settled through a Stipulation to Informal Disposition (STID), an informal resolution, or through an agreed order. Both the STID and agreed order are subject to national data bank reporting.



In this one case, the board issued a summary restriction which authorized the licensee to continue to practice but only under certain practice restrictions until the outcome of a formal hearing.



Beginning January 1, 2009, licensed optometrists are scheduled to have access to HEAL-WA (Health Electronic Resource for Washington). It is the evidence-based health sciences information portal being developed by the University of Washington Health Sciences Libraries. It's being developed in response to Senate Bill 5930, enacted by the 2007 Legislature. Licensed optometrists will pay an assessment of \$25 annually.

It will contact a variety of resources including:

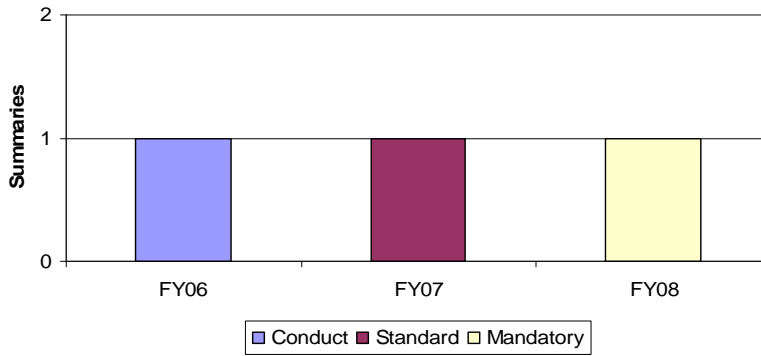
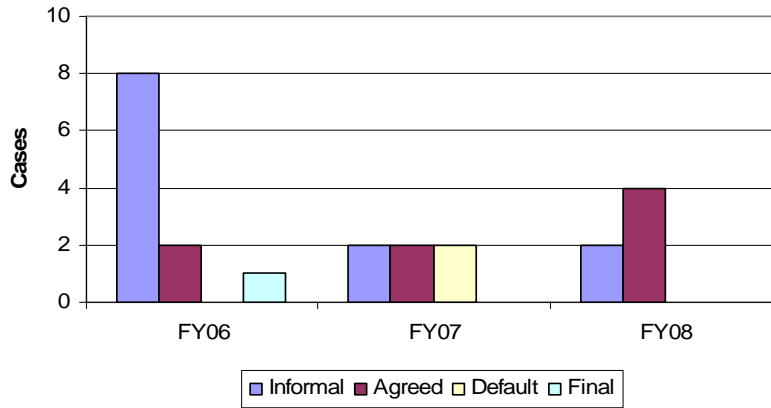
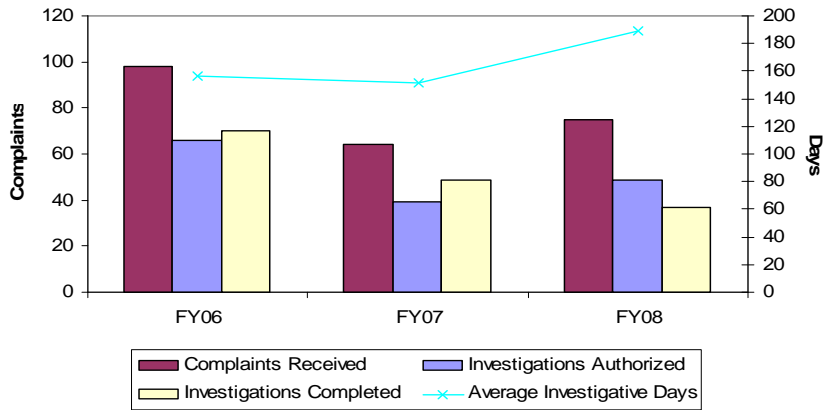
- Online databases
- Electronic journals
- Full text articles
- Electronic textbooks

Budget

A three-year summary showing starting and ending balances, revenue, and expenditures. Boards and commissions will be provided budget reports showing yearly expenditures by line item. Fees for original application and renewal were recently increased. Both include the \$25 University of Washington library access fee.

	Revenue	Expenditures	Balance
			\$ 222,011.00
FY2006	\$ 168,686.96	\$ 225,405.84	\$ 165,292.12
FY2007	\$ 162,528.00	\$ 181,906.71	\$ 145,913.41
FY2008	\$ 157,598.00	\$ 227,556.26	\$ 75,955.15

Three-year disciplinary summary – Board of Osteopathic Medicine and Surgery



Rulemaking and policy activities –

Infection control policy replaces HIV/AIDS infectious disease guideline

The Board of Osteopathic Medicine and Surgery (board) renamed the policy “Infection Control”. The policy will refer all osteopathic physicians and physician assistants to the Department of Health and Human Services, Centers for Disease Control and Prevention (CDC), Infection Control Guidelines. This change will encourage consistency for treating infectious diseases among all health care providers.

Laser, light, radiofrequency, and plasma devices

Rules were adopted after a public hearing was held to consider proposed rules for use of laser, light, radiofrequency, and plasma devices as applied to the skin.

The rules clarify that the use of laser, light, radiofrequency, and plasma (LLRP) devices classified as prescriptive medical devices by the Food and Drug Administration are the practice of osteopathic medicine. The rules define the delegation and supervision for the use of LLRP devices by osteopathic physicians and osteopathic physician assistants.

Non-surgical medical cosmetic procedures

The board approved proposed language for Non-Surgical Medical Cosmetic Procedures rules for osteopathic physicians and osteopathic physician assistants. The board approved filing the CR102 for hearing.

Office-based surgery using sedation

The board continued development of rules for use of sedation in office-based surgeries as authorized in HB 1414 (2007 legislation). The rules are being coordinated with the Medical Quality Assurance Commission Podiatric Medical Board, and Facilities and Services Licensing (FSL) who are developing rules to regulate office-based surgeries using anesthesia.

Unintentional poisoning prevention workgroup participation

A representative of the board was appointed to participate in the Unintentional Poisoning Prevention Workgroup. Jennifer Sabel, Injury and Violence Prevention epidemiologist, Department of Health, is leading a workgroup of health care professionals to look at ways to prevent deaths which have occurred from medication overdoses.

Budget

A three-year summary showing starting and ending balances, revenue, and expenditures. Boards and commissions will be provided budget reports showing yearly expenditures by line item.

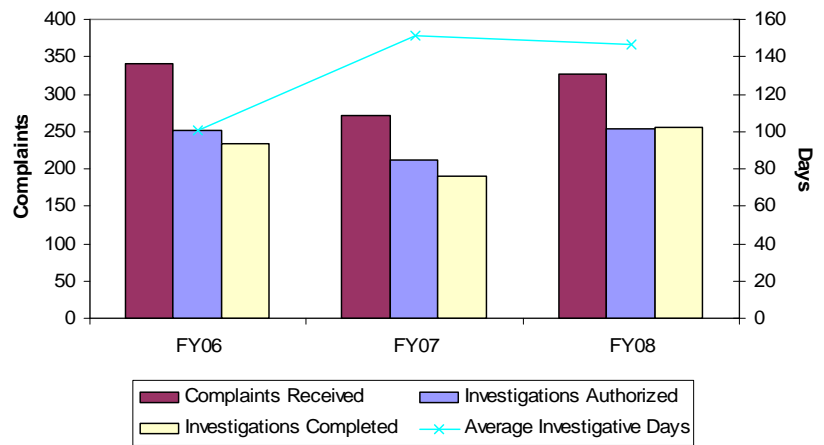
	Revenue	Expenditures	Balance
			\$ 844,543.00
FY2006	\$ 160,931.10	\$ 505,261.35	\$ 500,212.75
FY2007	\$ 218,550.58	\$ 540,526.51	\$ 178,236.82
FY2008	\$ 582,567.50	\$ 640,251.96	\$ 120,552.36

- The 2007-2009 biennium budget allocation exceeded \$1 million for the first time. The disciplinary workload has attributed to the increased costs.

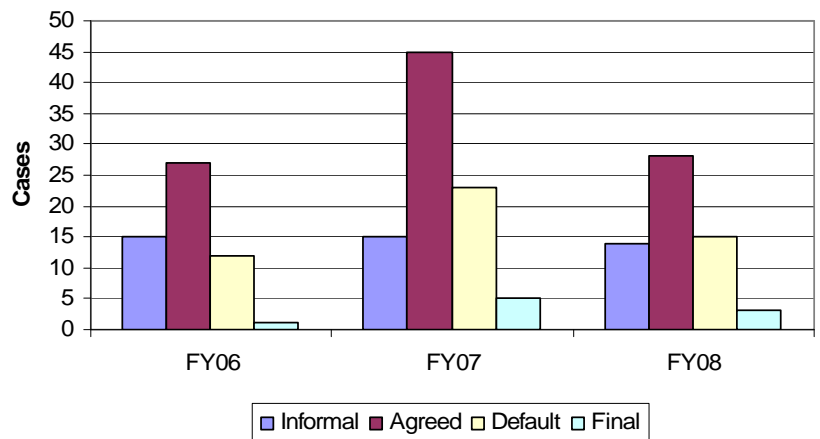
Three-year disciplinary summary –Washington State Board of Pharmacy

The Washington State Board of Pharmacy is made up of seven members. Five members are licensed pharmacists and two members represent the public. Members are appointed by the governor.

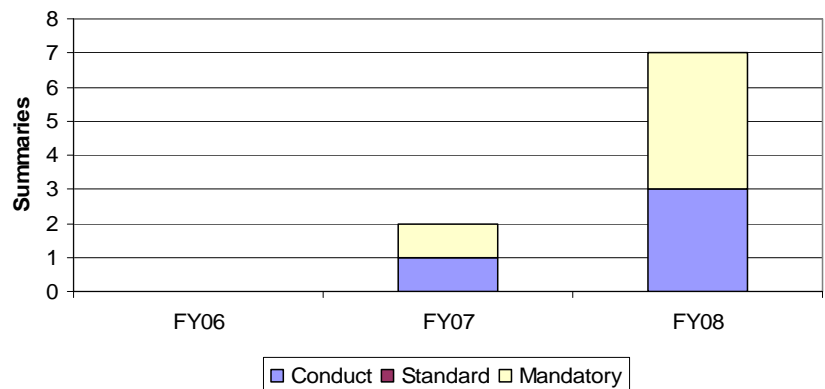
The number of complaints has remained approximately the same since 2006. The number of investigations authorized by the board and completed by Department of Health pharmacy investigators has risen slightly.



The board has very few formal hearings. Cases are generally settled through a Stipulation to Informal Disposition (STID), an informal resolution, or through an agreed order. Both the STID and agreed order are reportable to the national data bank.



The board has the ability to issue summary suspensions and/or summary restrictions. A restriction allows the licensee to continue to practice but only under certain practice conditions until the outcome of a formal hearing.



Rulemaking and policy activities – The Washington State Board of Pharmacy has adopted, amended or proposed the following rules:

- **Chapter 246-860 Professional Standards.** Establishes clear and consistent definitions for sexual misconduct. The rules are intended to help providers avoid sexual misconduct and to educate consumers on conduct that may be inappropriate.
- **WAC 246-869-030 Pharmacist’s Responsibility and WAC 246-863-090.** Recognizing the vital role pharmacists and pharmacies have in patient care, the board adopted rules to promote patient safety and access to timely medication. Effective July 26, 2007. A preliminary injunction has been granted regarding the dispensing/delivery of emergency contraceptive related to pending litigation.
- **WAC 246-901-030 Technician Education and Training and WAC 246-901-060 Technician Certification.** These rules mandate exam requirements for certification as a pharmacy technician. In addition to exiting requirements, applicants for pharmacy technician must pass a board-approved national standardized exam. The use of an accredited national standardized exam will help to ensure that pharmacy technicians hold the basic knowledge needed to assist pharmacists and improve patient safety. This rule is effective Jan. 1, 2009.
- **Chapter 246-887 WAC Implementation of Uniform Controlled Substance Act.** The board has proposed rules to name carisoprodol (SOMA) as a schedule IV substance.
- **WAC 246-865-060 Extended Care Facility — Pharmaceutical Services.** The board filed a *Preproposal Statement of Inquiry* to consider rules allowing pharmacies to register as a controlled substance registrant to receive outdated, discontinued, or unwanted controlled substance prescription from extended care facilities.
- **Chapter 246-874 Pharmaceutical Services — Correctional Pharmacies/Facilities.** The board has filed a *Preproposal Statement of Inquiry* to consider developing rules specific to the practice of pharmacy in correctional facilities.

Other activities:

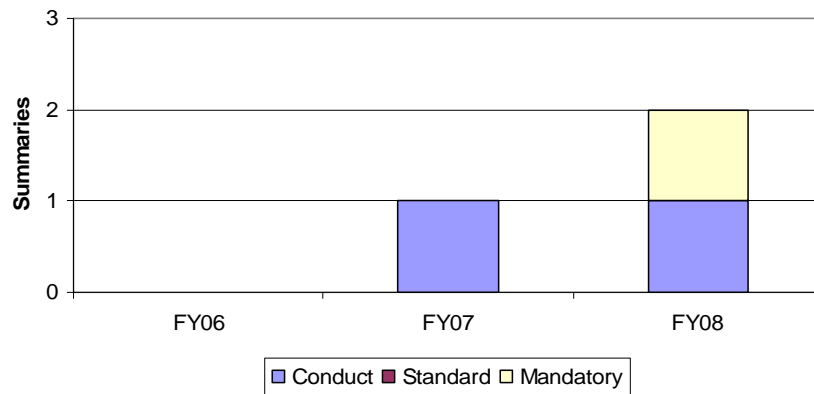
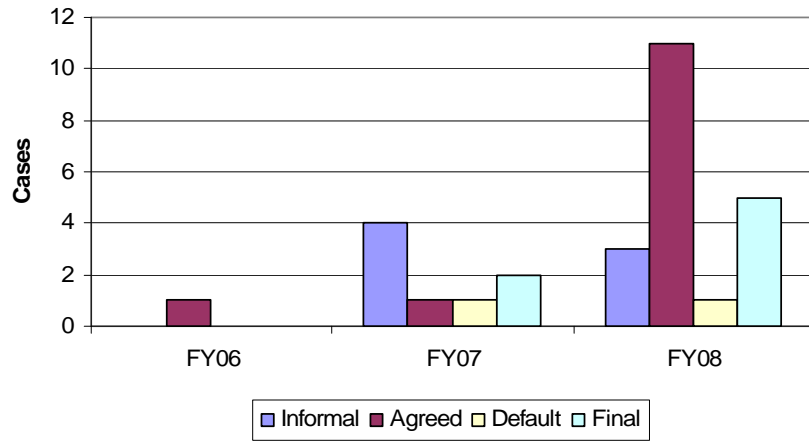
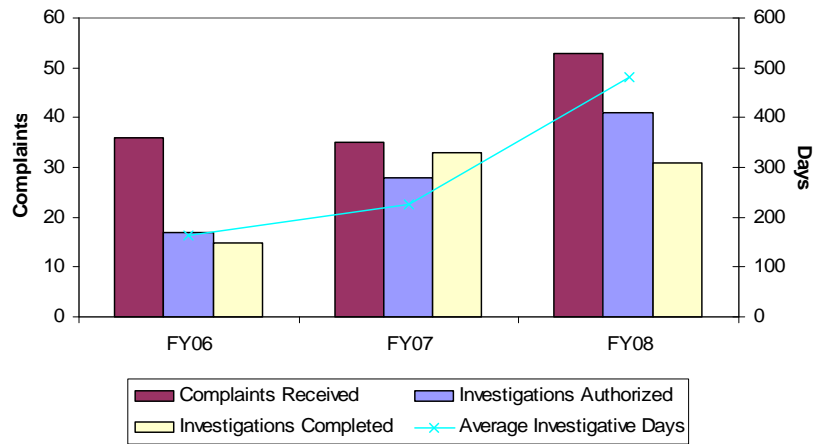
- The board adopted model policies and procedures for the *Administration and Recordkeeping of Legend Drugs Used by Animal Control Agencies and Humane Societies.*
- Methamphetamine Workgroup Report. The report was submitted to the Legislature in November 2007. The work group evaluated the effectiveness of retail sales transaction logs in restricting access to over-the-counter drugs for the illegal manufacturing of methamphetamine.
- The Board of Pharmacy launched electronic distribution of its quarterly newsletter. Currently there are 5015 subscribers.

Budget

A three year summary showing starting and ending balances, revenue, and expenditures. Boards and commissions will be provided budget reports showing yearly expenditures by line item.

	Revenue	Expenditures	Balance
			\$ 2,617,346.00
FY2006	\$ 2,765,869.64	\$ 2,886,977.84	\$ 2,496,237.80
FY2007	\$ 2,827,802.62	\$ 3,145,374.23	\$ 2,178,666.19
FY2008	\$ 3,167,588.94	\$ 3,895,620.84	\$ 1,450,634.29

Three-year disciplinary summary – Board of Physical Therapy



Rulemaking and policy activities –

Engrossed Substitute Senate Bill 5292, passed in the 2007 session, requires licensure for physical therapist assistants (PTA). Licensed physical therapists are authorized to employ and supervised both physical therapist assistants and aides. With licensure, the PTA now falls under the Uniform Disciplinary Act. The rules supporting the new legislation also define a PTA and the examination requirements for applicants. The new rules also establish standards of practice and allow the board to waive the examination requirement for PTAs that meet “grandfathering” requirements.

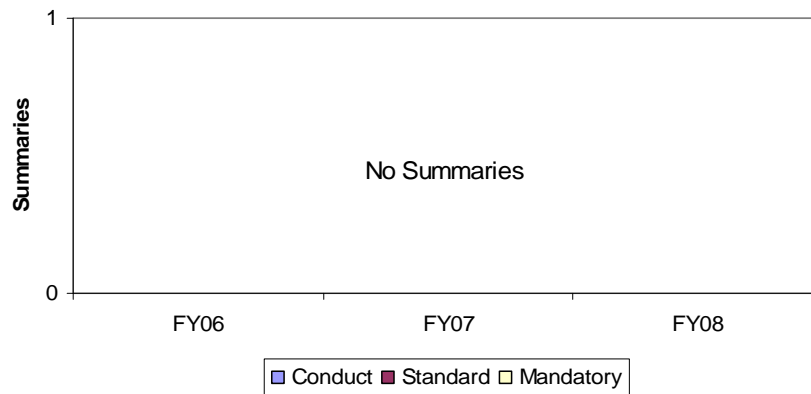
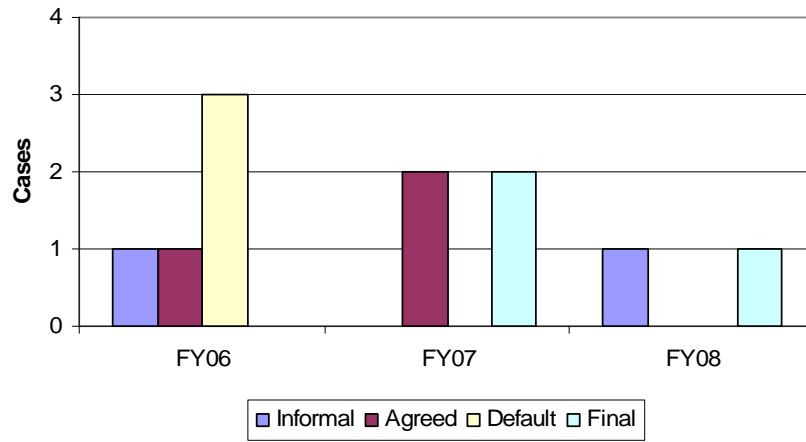
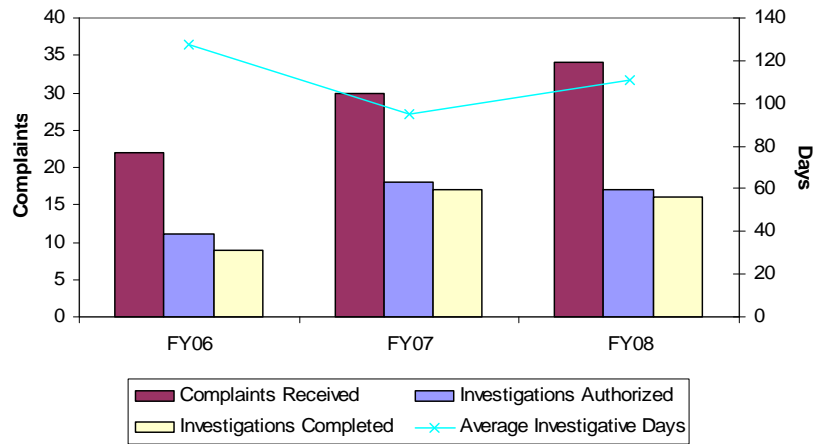
Budget

A three-year summary showing starting and ending balances, revenue, and expenditures. Boards and commissions will be provided budget reports showing yearly expenditures by line item.

	Revenue	Expenditures	Balance
			\$ 676,030.00
FY2006	\$ 169,481.00	\$ 270,455.11	\$ 575,055.89
FY2007	\$ 191,860.00	\$ 416,385.94	\$ 350,529.95
FY2008	\$ 361,800.00	\$ 572,067.20	\$ 140,262.75

The fee increases approved by the legislature in the 2008 session increased the license renewal fee by \$10 and did not change any of the other fees. If the expenditure trend continues the profession may move into a deficit position. Most of the significant costs related to higher expenditures have been driven by increases in discipline, particularly in multi-day hearings.

Three-year disciplinary summary – Podiatric Medical Board



Rulemaking and policy activities –

Infection control policy updated

The Podiatric Medical Board’s (board) HIV and Hepatitis Infection Control policy was developed and adopted in 1993. New infectious diseases have been identified and new treatments are being implemented in today’s medical practices.

The board renamed the policy “Infection Control”. For the purposes of infection control, the board refers all podiatric physicians to the Department of Health and Human Services, Centers for Disease Control and Prevention (CDC), Infection Control Guidelines. This change will encourage consistency for treating infectious diseases among all health care providers.

Office-based surgeries using sedation

As required by HB 1414 (2007), the board is required to develop rules for using sedation in office-based surgeries. Facilities and Services Licensing (FSL) will be developing rules which will regulate Ambulatory Surgical Facilities using anesthesia. The board has reviewed several rule drafts and national guidelines. The board continues to coordinate its rule development with the Ambulatory Surgical Facilities rules and the Medical Quality Assurance Commission and Board of Osteopathic Medicine and Surgery.

Orthotic device definitions and prescribing

The board continues to work on clarifying definitions for orthotic devices. It’s also pursuing a rule which will identify the differences between prescription and non-prescription orthotic devices.

Budget

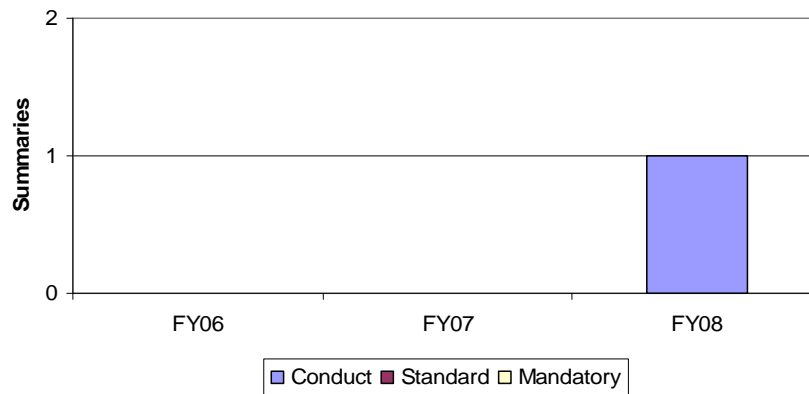
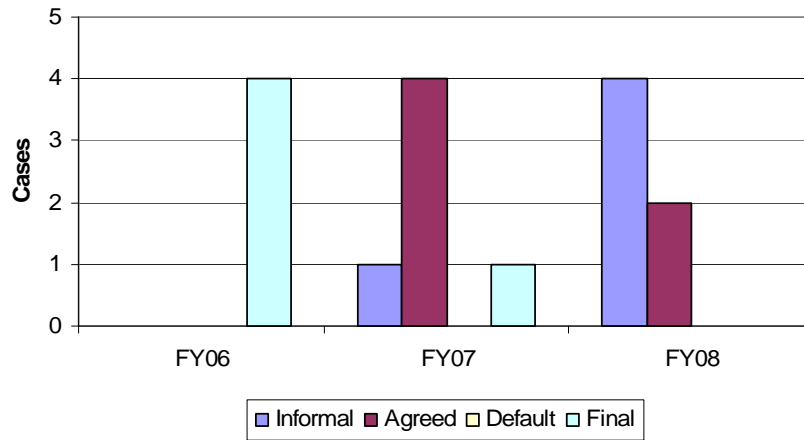
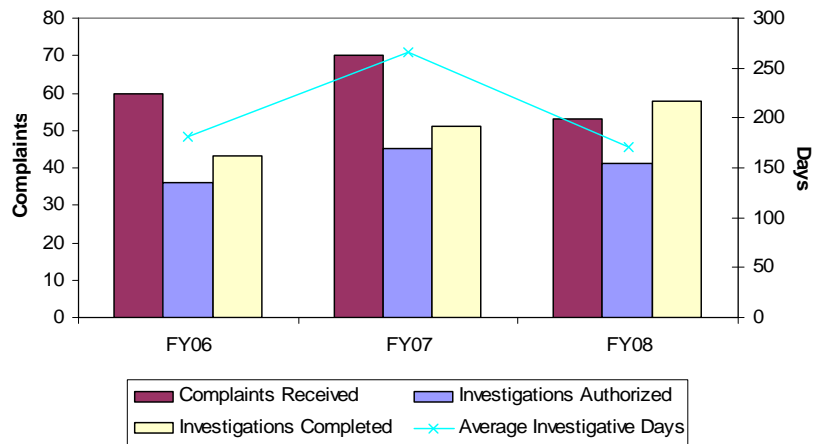
A three-year summary showing starting and ending balances, revenue, and expenditures. Boards and commissions will be provided budget reports showing yearly expenditures by line item.

	Revenue	Expenditures	Balance
			\$ 229,965.00
FY2006	\$ 192,297.30	\$ 198,624.46	\$ 223,637.84
FY2007	\$ 202,233.70	\$ 265,994.98	\$ 159,876.56
FY2008	\$ 242,626.60	\$ 248,660.05	\$ 153,843.11

The licensing and renewal fees were increased significantly. The initial license application fee is \$1000 (includes \$25 U of W library fee) and the annual renewal fee is \$1,025 (includes \$25 substance abuse monitoring fee and \$25 U of W library fee). Other fees are also being increased, including the cost of licenses for those in residency training.

The board expressed concern about how the fee increases impact podiatric physicians currently practicing in Washington but those individuals considering establishing practices here. A large application and renewal fee is a deterrent to attracting more licensees. Excessive fees put a significant burden on funding the activities of a small profession, such as podiatric physicians, who have approximately 300 licensees to pay for program costs.

Three-year disciplinary summary – Board of Psychology



Rulemaking and policy activities –

The Examining Board of Psychology adopted or amended the following rules:

- Amended WAC 246-924-358 Sexual Misconduct. This rule was amended to increase standards (filed November 21, 2007).
- New Section WAC 246-924-043 Education and Experience requirements for licensure, WAC 246-924-046 Doctoral Degree Program, WAC 246-924-049 Practicum, WAC 246-924-053 Pre-Internship, and WAC 246-924-059 Post-Doctoral Supervision Experience (filed December 5, 2007).
- Repeal of WAC 246-924-040 Psychologists Education Prerequisite to Licensing and WAC 246-924-060 Psychologists Experience Prerequisite to Licensing (filed December 5, 2007).
- Amended WAC 246-924-070 Psychologists Written Examination, WAC 246-924-095 Failure of Oral Examination, WAC 246-924-100 Qualifications for Granting a License by Endorsement, WAC 246-924-150 Certificate of Qualification- Procedure for Additional Areas of Function, WAC 246-924-160 Continued Supervision of Persons Receiving Certifications of Qualification, and WAC 246-924-480 Temporary Permits (filed April 21, 2008).

Budget

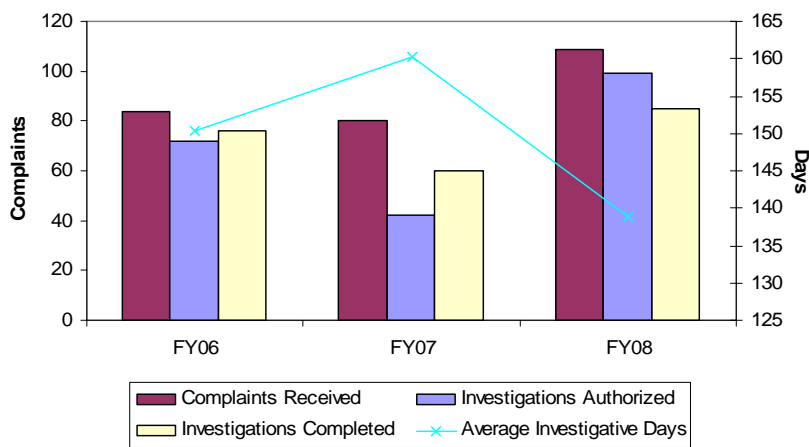
A three-year summary showing starting and ending balances, revenue, and expenditures. Boards and commissions will be provided budget reports showing yearly expenditures by line item.

	Revenue	Expenditures	Balance
			\$5,008,613
FY2006	\$3,559,266	\$4,776,872	\$3,791,007
FY2007	\$3,946,176	\$5,892,369	\$1,844,814
FY2008	\$5,067,216	\$4,492,891	\$2,419,139

Three-year disciplinary summary – Veterinary Board of Governors

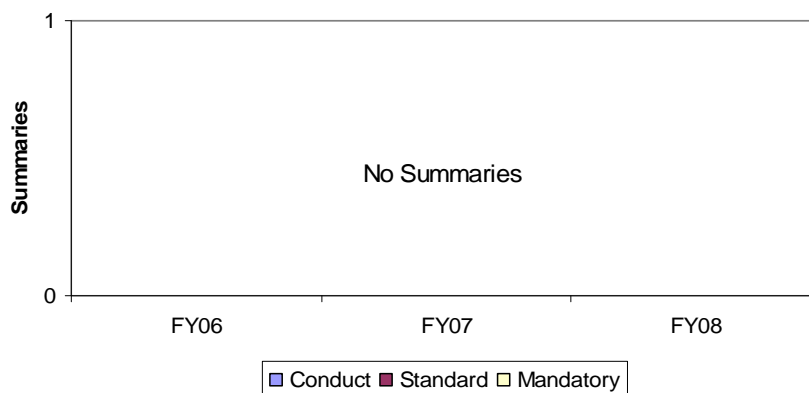
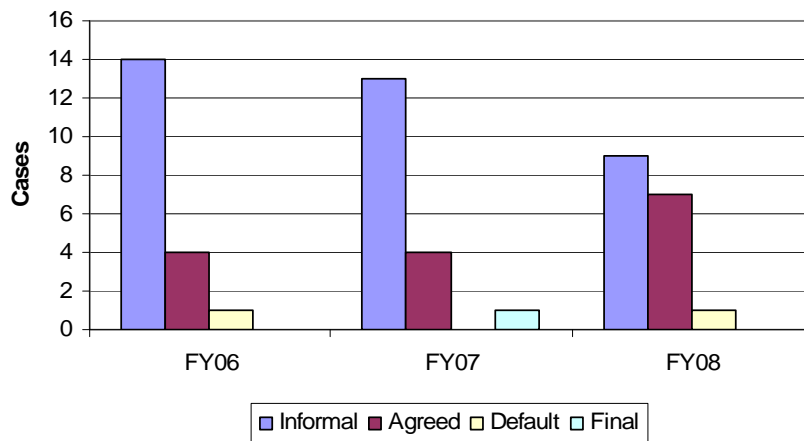
The Veterinary Board of Governors consists of seven members, appointed by the governor. Members include five licensed veterinarians, one licensed veterinary technician, and one member representing the public.

The Veterinary Board of Governors takes its role to protect the health of the animal patients of Washington State very seriously. To this end, there has been a marked increase in the number complaints investigated, and the number of investigations completed. At the same time the timeframe to complete an investigation has decreased.



The board has very few formal hearings. Cases are generally settled through a Stipulation to Informal Disposition (STID), an informal resolution, or through an agreed order.

Both the STID and agreed order are subject to national data bank reporting.



Rulemaking and policy activities

The Veterinary Board of Governors is currently developing rules in response to 2007 legislation that will designate certain tasks and procedures that must be completed by licensed veterinary technicians during the period of practical experience. The board recently adopted rules designating continuing education requirements for licensed veterinary technicians and rules for veterinary continuing education, and examination and licensure requirements.

Budget

The following is a three-year summary showing starting and ending balances, revenue, and expenditures for the Veterinary Board of Governors.

	Revenue	Expenditures	Balance
			\$ 264,660.00
FY2006	\$ 519,261.96	\$ 421,576.44	\$ 362,345.52
FY2007	\$ 525,026.30	\$ 448,020.83	\$ 439,350.99
FY2008	\$ 558,054.44	\$ 499,246.73	\$ 498,158.70

Appendices

APPENDIX A –Department of Health and Health Systems Quality Assurance organizational charts

APPENDIX B –Boards, commissions, committees, and secretary professions

APPENDIX C – Licensee counts by profession

APPENDIX D –Performance against time lines

APPENDIX E –Criminal convictions

APPENDIX F – Investigation, closure, and, case resolution

APPENDIX G –Definitions

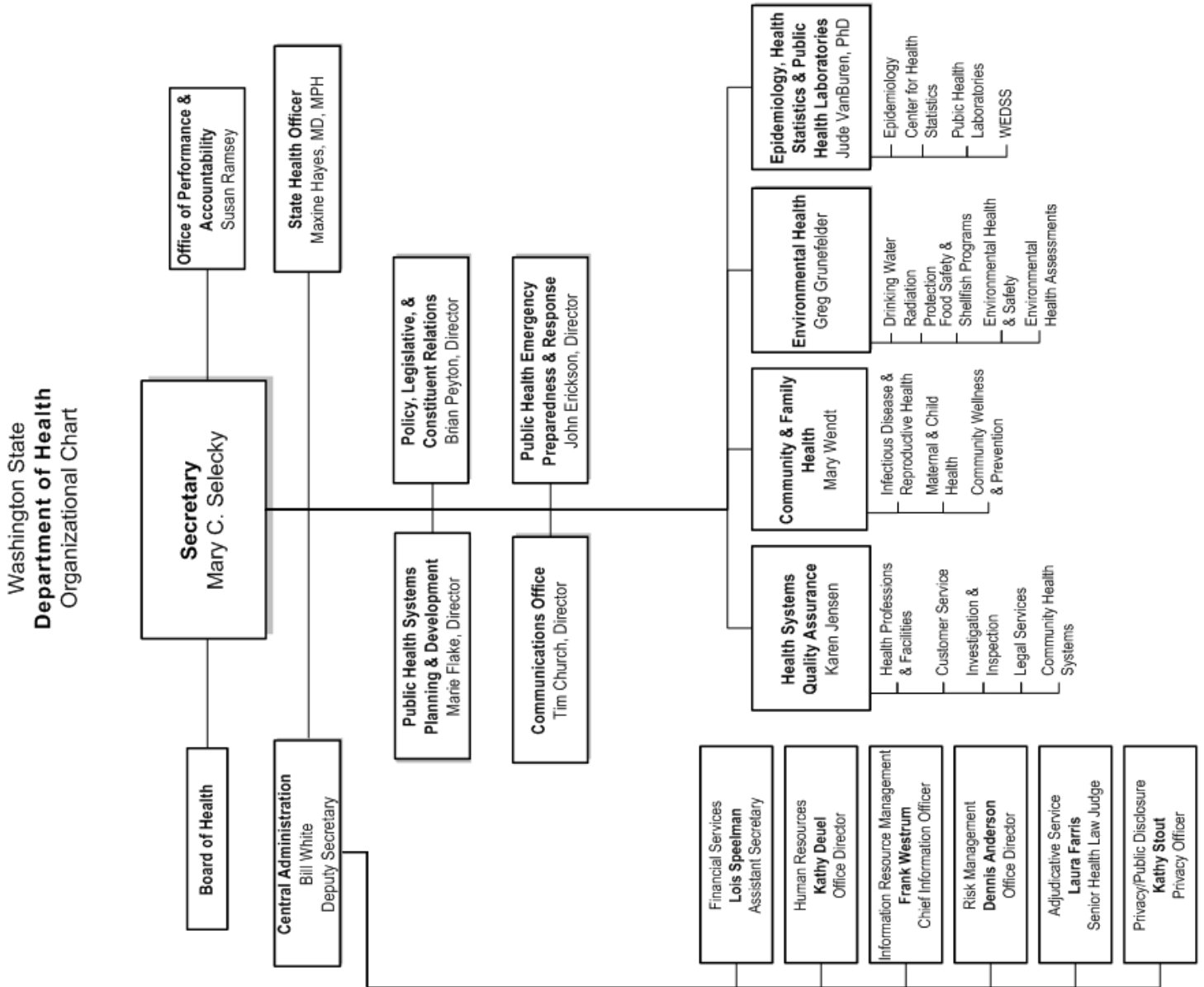
APPENDIX H –Five-year comparison

APPENDIX I –Case appeals activity

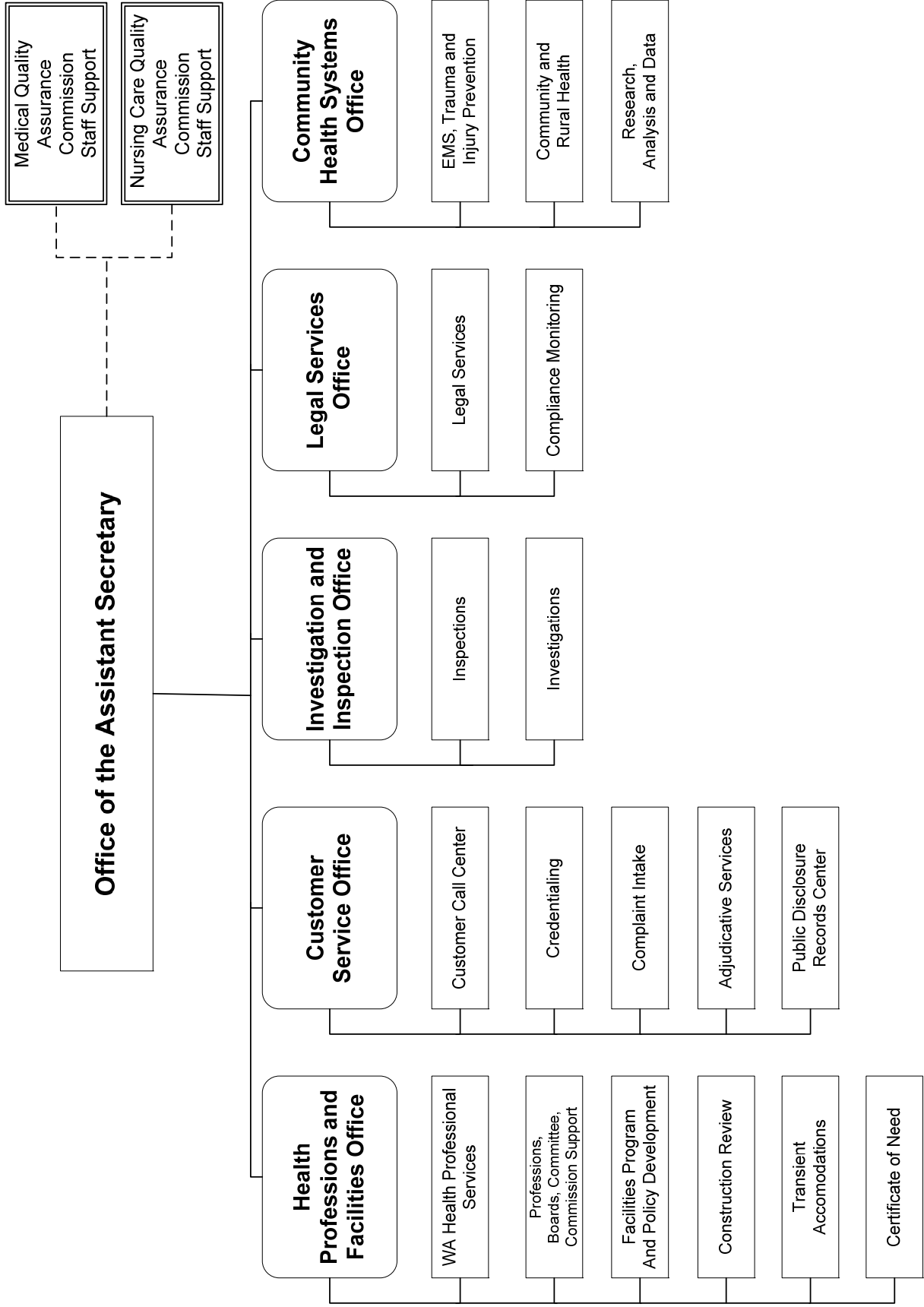
APPENDIX J –Violations and sanctions

APPENDIX K –Chemically impaired practitioners

Appendix A—Department of Health and Health Systems Quality Assurance organizational charts



Health Systems Quality Assurance Division



Appendix B

Boards, commissions, committees and secretary professions

Governor-appointed boards and commissions

Board or commission	Members
Chiropractic Quality Assurance Commission <ul style="list-style-type: none"> • 11 chiropractors • 3 public members 	14
Dental Quality Assurance Commission <ul style="list-style-type: none"> • 12 dentists • 2 public members 	14
Board of Hearing and Speech <ul style="list-style-type: none"> • 2 hearing instrument fitter/dispensers • 2 audiologists • 2 speech language pathologists • 1 physician (non-voting) • 3 public members 	10
Board of Massage (Note: Secretary has disciplining authority. Board has rulemaking and licensing authority) <ul style="list-style-type: none"> • 4 massage therapists • 1 public member 	5
Medical Quality Assurance Commission <ul style="list-style-type: none"> • 13 physicians • 2 physician assistants • 6 public members 	21
Nursing Care Quality Assurance Commission <ul style="list-style-type: none"> • 7 registered nurses • 2 advanced registered nurse practitioners • 3 licensed practical nurse • 3 public members 	15
Board of Nursing Home Administrators <ul style="list-style-type: none"> • 4 nursing home administrators • 4 representatives of health care professions • 1 public member 	9
Board of Occupational Therapy Practice <ul style="list-style-type: none"> • 3 occupational therapists • 1 occupational therapy assistant • 1 public member 	5
Optometry Board <ul style="list-style-type: none"> • 5 optometrists • 1 public member 	6
Board of Osteopathic Medicine and Surgery <ul style="list-style-type: none"> • 6 physicians 	7

<ul style="list-style-type: none"> • 1 public member 	
Board of Pharmacy <ul style="list-style-type: none"> • 5 registered pharmacists • 2 public members 	7
Board of Physical Therapy Practice <ul style="list-style-type: none"> • 4 physical therapists • 1 public member 	
Podiatric Medical Board <ul style="list-style-type: none"> • 4 physicians • 1 public member 	5
Examining Board of Psychology <ul style="list-style-type: none"> • 7 psychologists • 2 public members 	9
Veterinary Board of Governors <ul style="list-style-type: none"> • 5 veterinarians • 1 public member 	6

Secretary-appointed boards and committees

Board or Committee	Members
Board of Denturists (Note: Secretary has disciplining authority. Board has rulemaking and licensing authority) <ul style="list-style-type: none"> • 4 denturists • 1 dentist • 2 public members (one over the age of 65) 	7
Chemical Dependency Certification Advisory Committee <ul style="list-style-type: none"> • 4 chemical dependency counselors • 1 chemical dependency treatment program director • 1 physician or a licensed or certified mental health practitioner • 1 public member who has received chemical dependency counseling 	7
Dental Hygiene Examining Committee <ul style="list-style-type: none"> • 3 dental hygienists • 1 public member 	4
Dispensing Opticians Examining Committee <ul style="list-style-type: none"> • 3 dispensing opticians 	3
Mental Health Counselors, Marriage & Family Therapists, and Social Workers Advisory Committee <ul style="list-style-type: none"> • 2 licensed mental health counselors • 1 licensed advanced social worker • 1 licensed independent clinical social worker • 2 licensed marriage and family therapists • 3 public members 	9
Midwifery Advisory Committee <ul style="list-style-type: none"> • 1 certified nurse midwife 	7

<ul style="list-style-type: none"> • 2 physicians • 3 licensed midwives • 1 public member 	
Naturopathic Advisory Committee <ul style="list-style-type: none"> • 3 naturopathic physicians • 2 public members 	5
Orthotics and Prosthetics Advisory Committee <ul style="list-style-type: none"> • 1 orthotist • 1 prosthetist • 1 physician • 2 public members 	5
Sex Offender Treatment Providers Advisory Committee <ul style="list-style-type: none"> • 3 sex offender treatment providers • 1 victim treatment provider • 1 defense attorney • 1 prosecuting attorney • 1 representative of the Department of Social and Health Services • 1 representative of the Department of Corrections • 1 superior court judge 	9

Secretary authority professions – no advisory committees

<ul style="list-style-type: none"> • athletic trainers • acupuncturists • dieticians/nutritionists • health care assistants • nursing assistants* • nursing pools • ocularists • radiologist assistants • radiologic technologists • recreation therapists • respiratory therapists • registered hypnotherapists • surgical technologists • x-ray technicians 	<ul style="list-style-type: none"> • certified adviser • certified counselor • agency affiliated counselor • licensed social work associate – advanced • licensed social work associate – independent clinical • licensed mental health counselor associate • licensed marriage and family therapist associate • certified chemical dependency professional trainee • registered counselors** • • expanded dental function dental auxiliaries • dental assistants • physical therapist assistants
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*Nursing Care Quality Assurance Commission has rulemaking authority for nursing assistants.

**Will be eliminated in 2010.

Appendix C—Licensee counts by profession

Profession	1999	2001	2003	2005	2007	2008	Growth/ Decline
							1999-2008
Acupuncturist	458	648	841	950	1,046	1,064	132%
Advanced Registered Nurse Practitioner	2,871	3,123	3,412	3,706	4,058	4,323	51%
Audiologist	257	279	348	363	395	403	57%
Chemical Dependency Professional	0	2,378	2,540	2,559	2,687	2,666	12%
Chiropractic X-Ray Technician	217	202	209	217	257	224	3%
Chiropractor	2,138	2,223	2,320	2,164	2,291	2,243	5%
Counselor Registered	16,301	15,724	15,820	16,966	18,317	17,579	8%
Dental Hygienist	3,815	4,049	4,359	4,706	5,015	4,975	30%
Dentist	4,953	5,214	5,585	5,876	5,825	5,874	19%
Denturist	93	97	123	142	158	134	44%
Dietitian Nutritionist	738	807	948	1,055	1,201	1,238	68%
Dispensing Optician	903	929	942	879	927	924	2%
Dispensing Optician Apprentice	759	N/A	855	854	992	995	31%
Health Care Assistant	9,340	10,143	11,803	13,082	15,424	15,709	68%
Hearing Instrument Fitter Dispenser	329	313	321	275	271	274	-17%
Humane Society	0	0	10	10	9	9	-10%
Hypnotherapist	295	340	363	408	503	544	84%
Licensed Practical Nurse	14,624	14,167	14,153	14,401	14,592	14,164	-3%
Marriage and Family Therapist	0	889	907	914	999	1,003	13%
Massage Therapist	7,774	9,211	10,362	11,987	13,468	13,099	68%
Mental Health Counselor	0	3,645	3,919	4,094	4,349	4,416	21%
Midwife	108	115	97	90	89	91	-16%
Naturopathic Physician	398	472	577	727	843	865	117%
Nursing Assistant	45,110	48,159	53,320	58,932	65,100	63,740	41%
Nursing Home Administrator	640	600	552	447	451	434	-32%
Nursing Technician	0	0	202	508	769	581	14%
Nursing Pool Operator	83	158	198	167	164	174	110%
Occupational Therapist	2,114	2,098	2,212	2,355	2,512	2,553	21%
Occupational Therapy Assistant	584	548	537	542	573	569	-3%
Ocularist	6	6	13	10	7	7	17%
Optometrist	1,339	1,415	1,436	1,519	1,559	1,491	11%
Orthotics Prosthetics	150	205	202	211	228	229	53%
Osteopathic Physician	682	713	771	816	1,000	1,029	51%
Osteopathic Physician Assistant	49	37	42	34	36	33	-33%
Pharmacies and Other Pharmaceutical Firms	2,166	2,300	2,498	2,786	3,037	2,996	38%
Pharmacist	6,548	7,183	7,016	7,299	7,814	7,957	22%
Pharmacy Assistant	0	1,232	3,108	3,624	5,099	5,488	77%
Pharmacy Intern	658	310	698	700	1,037	1,084	65%
Pharmacy Technician	4,532	5,270	6,156	7,120	8,155	8,257	82%
Physical Therapist	3,678	3,809	4,146	4,511	4,878	4,874	33%
Physician	18,249	18,953	20,911	21,173	23,520	23,844	31%
Physician Assistant	1,266	1,424	1,605	1,810	2,022	2,109	67%
Podiatrist	289	300	312	285	311	297	3%
Psychologist	1,539	1,620	1,706	1,893	2,063	2,108	37%
Radiological Technologist	3,325	3,684	4,313	4,704	5,358	5,495	65%
Recreation Therapist	0	0	17	134	148	142	6%
Registered Nurse	61,145	63,016	65,247	68,459	73,894	75,798	24%
Respiratory Care Practitioner	2,039	2,035	2,098	2,196	2,286	2,270	11%
Sex Offender Treatment Provider	143	140	143	152	160	155	8%
Social Worker	0	2,648	2,763	2,852	3,035	3,083	16%
Speech Language Pathologist	664	459	1,068	1,281	1,532	1,544	133%
Surgical Technologist	0	1,227	1,507	1,732	2,237	2,382	94%
Veterinarian	2,681	2,715	2,744	2,828	2,955	2,934	9%
Veterinary Medication Clerk	206	235	299	357	393	376	83%
Veterinary Technician	700	817	930	1,101	1,246	1,294	85%
X-Ray Technician	1,516	1,640	1,848	1,978	1,997	1,972	30%
Total	231,197	252,257	271,432	290,941	319,292	320,115	38%

Appendix D - Performance against time lines

Timely regulatory actions help ensure credentialed health care practitioners provide services according to standards.

In 1993 the legislature amended the Uniform Disciplinary Act (UDA), chapter 18.130 RCW, to require time lines for adjudication of complaints. Health Systems Quality Assurance (HSQA) adopted model procedural rules in 1993; chapter 246-10 WAC for secretary professions and chapter 246-11 WAC for boards and commissions. These rules have time periods for steps in the process and allow presiding officers to grant continuances for good cause.

The legislature amended the UDA again in 1995 in an effort to resolve cases faster. HSQA worked with boards and commissions to develop rules that went into effect in 1999. The rules set basic time periods for:

- Intake and assessment
- Investigations
- Case disposition
- Steps within adjudication that had not been addressed in the 1993 rules

Extensions of the basic time periods are permitted if good cause is demonstrated. “Good cause” is based on the facts and issues of the case and the situation. Extensions add oversight during assessment, investigation, and case disposition.

The following statistics compare performance against timelines for the last two biennia:

- Closure for all case types, on average, with or without disciplinary proceedings decreased five percent, from 162 days to 154 days.
- Closure without disciplinary proceedings remained the same, 114 days.
- Closure with disciplinary proceedings (adjudication) decreased 15 percent, from 415 to 352 days.
- Closure with agreed orders and final orders (a subset of adjudication) decreased 17 percent, from 508 to 423 days. Specific data on average time to close with an agreed order or final orders is found in the table titled, “Performance against Time Lines.”

The first table shows the disciplinary process steps and the respective basic time periods in chapters 246-10 and 246-11 in WAC.

Time lines

Step	Base Time Period
Intake and Initial Assessment	21
Investigation	170
Case Disposition	140
Statement of Allegations—Receive Response	14
Stipulation to Informal Disposition—Signed, Presented, Respondent Served	60
Statement of Allegations not accepted resulting in a Statement of Charges	60
Statement of Charges—Receive Answer	20
Statement of Charges—Produce Scheduling Order	30
Adjudication of Statement of Charges	180
Serve Final Order	45
Prepare Default Order	60
Serve Default Order	45

Average time to close cases is shown in the following table by type of closure. The averages are compared to the time periods permitted in the usual steps to reach the closure.

Performance against time lines Fiscal Year 2008

Closure Type	N	Basic Time Period (Calendar Days)	Average Days 7/1/07 - 6/30/08	% of Cases Within Basic Period
Allegations Withdrawn	35	405	469	46
Charges Withdrawn	34	606	349	74
Closed Prior to Investigation	2,839	21	10	97
Closed after Investigation	2,777	331	213	85
Closed with Informal Disposition	364	405	325	68
Closed with Default Order	372	486	290	86
Closed with Agreed Order	387	606	430	70
Closed with Final Order	36	606	381	72
Final Order after Hearing	40	606	373	58

Appendix E - Criminal convictions 2008

	Total Applicants	Applicants with Convictions	Applicants who Disclosed	Applicants Not Disclosing	% with Convictions	% who Disclosed	% Not Disclosing
Acupuncturist	83	0	0	0	0%	0%	0%
Advanced Registered Nurse Practitioner	358	4	2	2	1%	50%	50%
Audiologist, Hearing Instrument Fitter/Dispenser, Speech Language Pathologist	274	5	1	4	2%	20%	80%
Chemical Dependency Professional	236	39	27	12	17%	69%	31%
Chiropractic X-Ray Technician	52	7	2	5	13%	29%	71%
Chiropractor	173	3	1	2	2%	33%	67%
Counselor Registered	3,084	245	164	81	8%	67%	33%
Dental Hygienist	194	3	1	2	2%	33%	67%
Dentist	325	1	0	1	0%	0%	100%
Denturist	6	0	0	0	0%	0%	0%
Dietitian Nutritionist	136	0	0	0	0%	0%	0%
Dispensing Optician	276	16	8	8	6%	50%	50%
Dispensing Optician Apprentice	83	3	0	3	4%	0%	100%
Health Care Assistant	3,656	199	88	111	5%	44%	56%
Hypnotherapist	79	1	1	0	1%	100%	0%
Licensed Practical Nurse	1,264	33	19	14	3%	58%	42%
Marriage and Family Therapist	96	2	1	1	2%	50%	50%
Massage Therapist	1,433	51	33	18	4%	65%	35%
Mental Health Counselor	384	5	2	3	1%	40%	60%
Midwife	10	1	1	0	10%	0%	0%
Naturopathic Physician	86	1	1	0	1%	0%	0%
Nursing Assistant	16,162	994	348	646	6%	35%	65%
Nursing Home Administrator	45	1	1	0	2%	0%	0%
Nursing Technician	380	3	2	1	1%	67%	33%
Occupational Therapist	201	3	2	1	1%	67%	33%
Occupational Therapy Assistant	49	0	0	0	0%	0%	0%
Ocularists	1	0	0	0	0%	0%	0%
Optometrist	34	0	0	0	0%	0%	0%
Orthotics Prosthetics	16	0	0	0	0%	0%	0%
Osteopathic Physician	132	0	0	0	0%	0%	0%
Osteopathic Physician Assistant	4	0	0	0	0%	0%	0%
Pharmacies and Other Pharmaceutical Firms	1	0	0	0	0%	0%	0%
Pharmacist	430	6	2	4	1%	33%	67%
Pharmacy Assistant	2,358	101	48	53	4%	48%	52%
Pharmacy Intern	346	4	1	3	1%	25%	75%
Pharmacy Technician	862	25	16	9	3%	64%	36%
Physical Therapist	287	4	4	0	1%	100%	0%
Physician	1,909	3	0	3	0%	0%	100%
Physician Assistant	193	3	2	1	2%	67%	33%
Podiatrist	18	0	0	0	0%	0%	0%
Psychologist	168	1	1	0	1%	100%	0%
Radiological Technologist	627	18	10	8	3%	56%	44%
Recreational Therapist	18	1	1	0	6%	100%	0%
Registered Nurse	6,323	52	33	19	1%	63%	37%
Respiratory Care Practitioner	152	3	1	2	2%	33%	67%
Retired Volunteer Medical Worker	1	0	0	0	0%	0%	0%
Sex Offender Treatment Provider	14	2	0	2	14%	0%	100%
Social Worker	346	3	2	1	1%	67%	33%
Surgical Technologist	444	16	7	9	4%	44%	56%
Veterinarian	251	1	0	1	0%	0%	100%
Veterinary Medication Clerk	166	4	1	3	2%	25%	75%
Veterinary Technician	225	7	2	5	3%	29%	71%
X-Ray Technician	560	30	11	19	5%	37%	63%
Total	45,011	1,904	847	1,057	4%	44%	56%

Appendix F - Investigation, closure, and case resolution

The Uniform Disciplinary Act (UDA), chapter 18.130 RCW, provides standardized processes for discipline of practitioners. It serves as the statutory framework for the regulation of health care providers in Washington. This section of the report contains quantitative data on investigations, case closures, and case resolutions involving health care providers during the 2005-2007 biennium.

Investigation

During the year, Health Systems Quality Assurance received a total of 7,004 new complaints against credentialed health care providers and people practicing illegally without a license. This represents a five percent increase from fiscal year 2007. A total of 3,346 open complaints carried over from the previous fiscal year. During the 2008 fiscal year 4,305 investigations were authorized, an increase of 11 percent from the 3,875 investigations authorized during the previous year.

A total of 4,100 investigations were completed during the year, including unlicensed practice investigations. This is a seven percent increase in investigations from last year.

Investigation activity by profession

Profession Group	Carry Over from FY07	Complaints Received	Total Complaints	Investigations	Unlicensed Investigations	Total Investigations
Acupuncturist	10	16	26	11	2	13
Advanced Registered Nurse Practitioner	47	131	178	71	0	71
Audiologist, Hearing Instrument Fitter/Dispenser, Speech Language	18	17	35	12	3	15
Chemical Dependency Professional	77	132	209	91	5	96
Chiropractic X-Ray Technician	2	4	6	2	1	3
Chiropractor	98	138	236	87	3	90
Counselor Registered	185	419	604	256	12	268
Dental Hygienist	12	18	30	16	1	17
Dentist	322	314	636	252	2	254
Denturist	17	25	42	16	0	16
Dietitian Nutritionist	3	2	5	2	1	3
Dispensing Optician	5	17	22	7	3	10
Dispensing Optician Apprentice	0	9	9	5	0	5
Health Care Assistant	53	192	245	91	7	98
Hypnotherapist	3	9	12	3	4	7
Licensed Practical Nurse	206	474	680	168	10	178
Marriage and Family Therapist	7	21	28	15	0	15
Massage Therapist	72	137	209	74	29	103
Mental Health Counselor	39	89	128	52	3	55
Midwife	9	6	15	5	0	5
Naturopathic Physician	16	15	31	12	2	14
Nursing Assistant	419	1,899	2,318	703	30	733
Nursing Home Administrator	27	25	52	15	0	15
Nursing Pool	1	1	2	2	0	2
Nursing Technician	0	5	5	1	0	1
Occupational Therapist	4	7	11	3	0	3
Occupational Therapy Assistant	4	1	5	3	0	3
Optometrist	21	31	52	26	3	29
Orthotics Prosthetics	3	3	6	0	0	0
Osteopathic Physician	58	75	133	37	0	37

Profession Group	Carry Over from FY07	Complaints Received	Total Complaints	Investigations	Unlicensed Investigations	Total Investigations
Pharmacies and Other Pharmaceutical Firms	41	61	102	58	12	70
Pharmacist	109	201	310	130	0	130
Pharmacy Assistant	18	36	54	27	0	27
Pharmacy Intern	6	2	8	5	0	5
Pharmacy Technician	33	41	74	44	0	44
Physical Therapist	38	41	79	31	1	32
Physician	708	1,156	1,864	855	20	875
Physician Assistant	33	57	90	55	0	55
Podiatrist	15	34	49	16	0	16
Psychologist	60	57	117	58	2	60
Radiological Technologist	7	16	23	12	0	12
Recreational Therapist	0	2	2	0	0	0
Registered Nurse	412	820	1,232	417	5	422
Respiratory Care Practitioner	6	23	29	14	0	14
Sex Offender Treatment Provider	12	11	23	11	0	11
Social Worker	22	48	70	34	3	37
Surgical Technologist	8	12	20	15	0	15
Unknown/Unlicensed	0	16	16	0	6	6
Veterinarian	62	114	176	75	9	84
Veterinary Medication Clerk	1	0	1	0	0	0
Veterinary Technician	6	9	15	9	3	12
X-Ray Technician	14	17	31	12	2	14
Total	3,349	7,006	10,355	3,916	184	4,100

Percentage of investigations completed

The following tables compare investigations completed to the number of complaints received. The column titled, “Percentage of total board/commission (secretary) investigations” compares the total number of investigations completed for a profession to the total number of investigations completed for all professions. For example, completed physician investigations made up 33 percent (875) of the 2,634 board and commission investigations completed; completed nursing assistant investigations represented 32 percent (733) of the 1,466 completed secretary profession investigations.

The column titled, “Percentage of profession investigations to complaints” shows investigations completed as a percentage of complaints received by the same profession. For example, 56 percent (29) of the 52 complaints received by the Board of Optometry were investigated.

Board and commission professions Percentage of investigations completed

Profession_Group	Carry Over from FY07	Complaints Received	Total Complaints	Total Investigations	% of Total Board/ Commission Investigations	% of Profession Investigations to Complaints
Audiologist, Hearing Instrument Fitter/Dispenser, Speech Language	18	17	35	15	1	43
Chiropractic X-Ray Technician	2	4	6	3	0	50
Chiropractor	98	138	236	90	3	38
Dentist	322	314	636	254	10	40
Licensed Practical Nurse	206	474	680	178	7	26
Massage Therapist	72	137	209	103	4	49
Nursing Home Administrator	27	25	52	15	1	29
Nursing Technician	0	5	5	1	0	20
Occupational Therapist	4	7	11	3	0	27
Occupational Therapy Assistant	4	1	5	3	0	60
Optometrist	21	31	52	29	1	56
Osteopathic Physician	58	75	133	37	1	28
Pharmacies and Other Pharmaceutical Firms	41	61	102	70	3	69
Pharmacist	109	201	310	130	5	42
Pharmacy Assistant	18	36	54	27	1	50
Pharmacy Intern	6	2	8	5	0	63
Pharmacy Technician	33	41	74	44	2	59
Physical Therapist	38	41	79	32	1	41
Physician	708	1,156	1,864	875	33	47
Physician Assistant	33	57	90	55	2	61
Podiatrist	15	34	49	16	1	33
Psychologist	60	57	117	60	2	51
Registered Nurse, ARNP	459	951	1,410	493	19	35
Veterinarian	62	114	176	84	3	48
Veterinary Medication Clerk	1	0	1	0	0	0
Veterinary Technician	6	9	15	12	0	80
Subtotal Boards and Commissions	2,421	3,988	6,409	2,634	100	41

Secretary professions Percentage of investigations completed

Profession_Group	Carry Over from FY07	Complaints Received	Total Complaints	Total Investigations	% of Total Secretary Investigations	% of Profession Investigations to Complaints
Acupuncturist	10	16	26	13	1	50
Chemical Dependency Professional	77	132	209	96	7	46
Counselor Registered	185	419	604	268	18	44
Dental Hygienist	12	18	30	17	1	57
Denturist	17	25	42	16	1	38
Dietitian Nutritionist	3	2	5	3	0	60
Dispensing Optician	5	17	22	10	1	45
Dispensing Optician Apprentice	0	9	9	5	0	56
Health Care Assistant	53	192	245	98	7	40
Hypnotherapist	3	9	12	7	0	58
Marriage and Family Therapist	7	21	28	15	1	54
Mental Health Counselor	39	89	128	55	4	43
Midwife	9	6	15	5	0	33
Naturopathic Physician	16	15	31	14	1	45
Nursing Assistant	419	1,899	2,318	733	50	32
Nursing Pool	1	1	2	2	0	100
Ocularist	0	0	0	0	0	0
Orthotics Prosthetics	3	3	6	0	0	0
Radiological Technologist	7	16	23	12	1	52
Recreational Therapist	0	2	2	0	0	0
Respiratory Care Practitioner	6	23	29	14	1	48
Sex Offender Treatment Provider	12	11	23	11	1	48
Social Worker	22	48	70	37	3	53
Surgical Technologist	8	12	20	15	1	75
Unknown/Unlicensed	0	16	16	6	0	38
X-Ray Technician	14	17	31	14	1	45
Subtotal Secretary	928	3,018	3,946	1,466	100	37
Total Boards, Commissions, Secretary	3,349	7,006	10,355	4,100	100	40

Board and commission professions had 64 percent of the 4,100 investigations completed during the biennium; secretary authority professions completed 36 percent of the investigations. In general, boards and commissions regulate more of the primary care professions whose practitioners can pose a greater risk of harm to patients. This may be reflected in the higher percentage of complaints investigated. Health Systems Quality Assurance investigated 40 percent of complaints for all professions.

Threshold criteria were established in 1997 to speed processing of more serious cases, below which complaints are not investigated. Overall new complaints increased five percent this year from 6,644 in fiscal year 2007 to 7,006 in 2008. Completed investigations increased seven percent over the previous year, from 3,845 in 2007 to 4,100 in fiscal year 2008. During the 2008 fiscal year 4,305 investigations were authorized, an increase of 11 percent from the 3,875 investigations authorized during 2007.

Case review

Complaints closed prior to disciplinary action

Many complaints are closed before a statement of allegations or a statement of charges is issued. These cases are closed for a number of reasons including, but not limited to:

- The complaint did not rise to a threshold to warrant investigation.
- After investigation it is determined the complaint should be closed due to minimal risk.
- The evidence is insufficient to support the allegations against a health care provider.
- The evidence disproves the allegations.
- The evidence does not support a finding of unprofessional conduct.
- The disciplinary authority does not have jurisdiction.
- The complaint is best resolved with a Notice of Correction notifying the health care provider of a violation. The health care provider is given a reasonable time period to correct the violation and must notify the disciplinary authority that corrective action has been taken.

Sometimes new evidence warrants the withdrawal of a statement of allegations or statement of charges.

The following table provides information by profession for cases closed before disciplinary action. The statistics include closures in unlicensed practice cases.

Complaints closed prior to disciplinary action

Credential Group	Closed Prior to Investigation	Closed after Investigation	Charges or Allegations Withdrawn	Total Closed
Acupuncturist	2	8	0	10
Advanced Registered Nurse Practitioner	56	42	0	98
Audiologist, Hearing Instrument Fitter/Dispenser, Speech Language Pathologist	1	10	1	12
Chemical Dependency Professional	32	52	4	88
Chiropractic X-Ray Technician	2	2	0	4
Chiropractor	24	48	3	75
Counselor Registered	102	149	6	257
Dental Hygienist	2	11	0	13
Dentist	78	230	7	315
Denturist	1	9	2	12
Dietitian Nutritionist	0	1	0	1
Dispensing Optician	1	11	1	13
Dispensing Optician Apprentice	0	9	0	9
Health Care Assistant	58	40	3	101
Hypnotherapist	2	5	0	7
Licensed Practical Nurse	245	107	2	354
Marriage and Family Therapist	4	12	0	16
Massage Therapist	34	63	2	99
Mental Health Counselor	19	39	1	59

Credential Group	Closed Prior to Investigation	Closed after Investigation	Charges or Allegations Withdrawn	Total Closed
Midwife	2	7	0	9
Naturopathic Physician	3	12	2	17
Nursing Assistant	1,202	398	6	1,606
Nursing Home Administrator	16	15	1	32
Nursing Pool		2	0	2
Nursing Technician	3	1	0	4
Occupational Therapist	1	3	0	4
Occupational Therapy Assistant		0	0	0
Optometrist	6	20	0	26
Orthotics Prosthetics	2	1	0	3
Osteopathic Physician	34	36	0	70
Pharmacies and Other Pharmaceutical Firms	24	54	0	78
Pharmacist	68	90	1	159
Pharmacy Assistant	14	11	0	25
Pharmacy Intern	1	3	0	4
Pharmacy Technician	8	10	0	18
Physical Therapist	19	18	2	39
Physician	344	739	8	1,091
Physician Assistant	10	39	0	49
Podiatrist	16	15	0	31
Psychologist	16	44	6	66
Radiological Technologist	2	7	0	9
Recreation Therapist	1	0	0	1
Registered Nurse	319	251	8	578
Respiratory Care Practitioner	6	12	1	19
Sex Offender Treatment Provider	5	11	1	17
Social Worker	10	24	1	35
Surgical Technologist	1	9	0	10
Unknown/Unlicensed	7	4	0	11
Veterinarian	33	76	0	109
Veterinary Technician	1	5	0	6
X-Ray Technician	2	12	0	14
Total	2,839	2,777	69	5,685

Percentage of complaints closed

The following tables show the percentage of cases closed with no disciplinary action, compared to total cases closed with no action and to the number of complaints received.

The column titled, “Percentage of total board/commission (secretary) closures” shows the total number of cases closed with no action for that profession compared to the total number of board/commission cases closed with no action. For example, registered nurse and advanced registered nurse practitioner cases closed with no action represented 20 percent (676) of 3,342 board and commission cases closed with no action; registered counselor cases closed with no action represented 11 percent (257) of the 2,337 secretary profession cases closed with no action.

The column titled, “Percentage of profession closures to complaints” shows the percentage of cases closed with no action against the total number of complaints received by the same profession. For example, the Board of Psychology closed 56 percent (66) of the cases with no action compared to the 117 complaints received by the commission.

Board and commission Complaints closed prior to adjudicative proceedings

Profession	Complaints Carried Over from FY07	Complaints Received	Total Complaints	Total Closed	% of Total Board/ Commission Closures	% of Profession Closures to Complaints
Audiologist, Hearing Instrument Fitter/Dispenser, Speech Language Pathologist	18	17	35	12	0	34
Chiropractic X-Ray Technician	2	4	6	4	0	67
Chiropractor	98	138	236	74	2	31
Dentist	322	314	636	315	9	50
Licensed Practical Nurse	206	474	680	354	11	52
Massage Therapist	72	137	209	99	3	47
Nursing Home Administrator	27	25	52	32	1	62
Nursing Technician	0	5	5	4	0	80
Occupational Therapist	4	7	11	4	0	36
Occupational Therapy Assistant	4	1	5	0	0	0
Optometrist	21	31	52	26	1	50
Osteopathic Physician	58	75	133	70	2	53
Pharmacies and Other Pharmaceutical Firms	41	61	102	78	2	76
Pharmacist	109	201	310	159	5	51
Pharmacy Assistant	18	36	54	25	1	46
Pharmacy Intern	6	2	8	4	0	50
Pharmacy Technician	33	41	74	18	1	24
Physical Therapist	38	41	79	38	1	48
Physician	708	1,156	1,864	1,089	33	58
Physician Assistant	33	57	90	49	1	54
Podiatrist	15	34	49	31	1	63
Psychologist	60	57	117	66	2	56
Registered Nurse, ARNP	459	951	1,410	676	20	48
Veterinarian	62	114	176	109	3	62
Veterinary Medication Clerk	1	0	1	0	0	0
Veterinary Technician	6	9	15	6	0	40

Subtotal Boards and Commissions 2,421 3,988 6,409 3,342 100 52

Pharmacies and other pharmaceutical firms have a high percentage of cases (76 percent) closed before adjudication. Complaints are often opened against pharmacies and firms when complainants do not have enough information to name a specific practitioner. Many of these complaints are closed during the investigation phase and transferred to individual practitioners.

Secretary professions Complaints closed prior to adjudicative proceedings

Profession	Complaints Carried Over from FY07	Complaints Received	Total Complaints	Total Closed	% of Total Secretary Closures	% of Profession Closures to Complaints
Acupuncturist	10	16	26	10	0	38
Chemical Dependency Professional	77	132	209	88	4	42
Counselor Registered	185	419	604	257	11	43
Dental Hygienist	12	18	30	13	1	43
Denturist	17	25	42	12	1	29
Dietitian Nutritionist	3	2	5	1	0	20
Dispensing Optician	5	17	22	13	1	59
Dispensing Optician Apprentice	0	9	9	9	0	100
Health Care Assistant	53	192	245	101	4	41
Hypnotherapist	3	9	12	7	0	58
Marriage and Family Therapist	7	21	28	16	1	57
Mental Health Counselor	39	89	128	59	3	46
Midwife	9	6	15	9	0	60
Naturopathic Physician	16	15	31	17	1	55
Nursing Assistant	419	1,899	2,318	1,606	69	69
Nursing Pool	1	1	2	2	0	100
Ocularist	0	0	0	0	0	0
Orthotics Prosthetics	3	3	6	3	0	50
Radiological Technologist	7	16	23	9	0	39
Recreational Therapist	0	2	2	1	0	50
Respiratory Care Practitioner	6	23	29	19	1	66
Sex Offender Treatment Provider	12	11	23	16	1	70
Social Worker	22	48	70	34	1	49
Surgical Technologist	8	12	20	10	0	50
Unknown/Unlicensed	0	16	16	11	0	69
X-Ray Technician	14	17	31	14	1	45
Subtotal Secretary	928	3,018	3,946	2,337	100	59
Total Boards, Commissions, Secretary	3,349	7,006	10,355	5,679	100	55

During the year Health Systems Quality Assurance closed over 5,600 cases prior to adjudication. About 59 percent were board and commission cases and 41 percent were secretary profession cases. Boards and commissions percentage of closures compared to the number of complaints was 52 percent. The secretary professions percentage of closures compared to the number of complaints was about 59 percent.

Complaint resolutions after adjudicative proceedings

Complaints are resolved before or after the adjudicative process. The type of order issued to the health care provider indicates the manner in which the case was resolved. All orders are public records. Orders associated with actions against health care providers' credentials since July 1998 are available on the Internet.

The legislature amended the Uniform Disciplinary Act (UDA) in 2001 to permit practitioners to surrender their license in lieu of disciplinary action. The surrender of license is used when the practitioner agrees to retire from practice and not resume practice, and when the circumstances involve a practitioner at the end of his or her effective practice.

The surrender is not used if the practitioner intends to practice in another jurisdiction, if the disciplining authority believes return to practice is reasonably possible, or if a hearing has been conducted in the case.

Stipulation to Informal Disposition: a Stipulation to Informal Disposition (STID) is an informal resolution. If the health care provider agrees to the STID, he or she does not admit to unprofessional conduct, but does agree to corrective action. STIDs are reported to national data banks, but because they are informal they do not result in a press release.

Default orders: A Default Order is issued when the credentialed health care provider was given due notice, but either failed to answer the allegations or failed to participate in the adjudicative process as required by law.

Agreed order: The document, formally called a Stipulated Findings of Fact, Conclusions of Law and agreed order, is a negotiated settlement between the health care provider and representatives of the agency. It states the substantiated violations of law and the sanctions being imposed. The health care provider agrees to the conditions in the order. The agreed order is presented to the disciplinary authority and if approved, becomes final. The order is reported to national data banks and the public in a press release.

Final order after hearing: The document is formally called Findings of Fact, Conclusions of Law and Order. This document is issued after a formal hearing has been held. The hearing may be before a health law judge representing the secretary as the decision-maker, or before a panel of board or commission members with a health law judge acting as the presiding officer. The document identifies the proven violations of law and the sanctions being placed on the health care provider's credential. The health care provider has the right to ask for reconsideration of the decision or to appeal to a superior court. The order is reported to national data banks and the public in a press release.

Complaints resolved after adjudicative proceedings

Profession	Informal Disposition	Agreed Order	Default Order	Final Order	Total
Acupuncturist	3	0	0	2	5
Advanced Registered Nurse Practitioner	5	7	2	0	14
Audiologist, Hearing Instrument Fitter/Dispenser, Speech Language Pathologist	0	4	0	1	5
Chemical Dependency Professional	10	10	7	2	29
Chiropractic X-Ray Technician	1	0	0	0	1
Chiropractor	10	11	7	2	30
Counselor Registered	53	49	25	12	139
Dental Hygienist	8	1	0	0	9
Dentist	25	37	2	3	67
Denturist	1	0	3	1	5
Dietitian Nutritionist	1	0	0	0	1
Dispensing Optician	1	0	0	0	1
Dispensing Optician Apprentice	0	0	0	0	0
Health Care Assistant	20	17	17	1	55
Hypnotherapist	0	0	0	0	0
Licensed Practical Nurse	26	26	23	2	77
Marriage and Family Therapist	0	1	1	0	2
Massage Therapist	15	7	6	3	31
Mental Health Counselor	3	7	3	0	13
Midwife	0	0	1	0	1
Naturopathic Physician	4	0	0	0	4
Nursing Assistant	47	63	186	10	306
Nursing Home Administrator	4	0	1	1	6
Nursing Pool	0	0	0	0	0
Nursing Technician	0	0	0	0	0
Ocularist	0	0	0	0	0
Occupational Therapist	1	0	0	0	1
Occupational Therapy Assistant	2	1	0	0	3
Optometrist	0	1	1	0	2
Orthotics Prosthetics	0	2	0	0	2
Osteopathic Physician	2	4	0	0	6
Pharmacies and Other Pharmaceutical Firms	0	1	0	0	1
Pharmacist	9	19	4	2	34
Pharmacy Assistant	2	4	1	0	7
Pharmacy Intern	0	1	1	0	2
Pharmacy Technician	3	3	9	1	16
Physical Therapist	3	11	1	5	20
Physician	26	36	23	17	102
Physician Assistant	1	1	0	0	2
Podiatrist	1	0	0	1	2
Psychologist	4	2	0	0	6
Radiological Technologist	0	3	0	1	4
Recreation Therapist	0	0	0	0	0
Registered Nurse	61	42	38	6	147
Respiratory Care Practitioner	0	0	2	0	2
Sex Offender Treatment Provider	0	1	0	0	1
Social Worker	3	3	0	2	8
Surgical Technologist	0	1	4	0	5
Unknown/Unlicensed	0	0	0	0	0
Veterinarian	9	6	1	0	16
Veterinary Technician	0	1	0	0	1
X-Ray Technician	0	4	3	1	8
Total	364	387	372	76	1,199

Percentage of disciplinary action

The following tables show the percentage of disciplinary action for each profession compared to all board, commission, and secretary disciplinary actions. For example, physical therapy disciplinary actions made up three percent (20) of the 603 board and commission disciplinary actions; registered counselor disciplinary actions made up 23 percent (139) of the 603 secretary profession disciplinary actions. The tables also show the percentage of disciplinary actions for each profession compared to the same profession's total complaints. For example, dental disciplinary actions were 11 percent (67) of the 636 complaints received by the dental commission.

Board and commission professions Complaints resolved after adjudicative proceedings

Profession	Complaints Carried Over from FY07	Complaints Received	Total Complaints	Total Disciplinary Actions	% of Total Board/Commission Disciplinary Actions	% of Profession Disciplinary Actions to Complaints
Audiologist, Hearing Instrument Fitter/Dispenser, Speech Language Pathologist	18	17	35	5	1	14
Chiropractic X-Ray Technician	2	4	6	1	0	17
Chiropractor	98	138	236	30	5	13
Dentist	322	314	636	67	11	11
Licensed Practical Nurse	206	474	680	77	13	11
Massage Therapist	72	137	209	31	5	15
Nursing Home Administrator	27	25	52	6	1	12
Nursing Technician	0	5	5	0	0	0
Occupational Therapist	4	7	11	1	0	9
Occupational Therapy Assistant	4	1	5	3	1	60
Optometrist	21	31	52	2	0	4
Osteopathic Physician	58	75	133	6	1	5
Pharmacies and Other Pharmaceutical Firms	41	61	102	1	0	1
Pharmacist	109	201	310	34	6	11
Pharmacy Assistant	18	36	54	7	1	13
Pharmacy Intern	6	2	8	2	0	25
Pharmacy Technician	33	41	74	16	3	22
Physical Therapist	38	41	79	20	3	25
Physician	708	1,156	1,864	102	17	5
Physician Assistant	33	57	90	2	0	2
Podiatrist	15	34	49	2	0	4
Psychologist	60	57	117	6	1	5
Registered Nurse, ARNP	459	951	1,410	161	27	11
Veterinarian	62	114	176	16	3	9
Veterinary Medication Clerk	1	0	1	0	0	0
Veterinary Technician	6	9	15	1	0	7
Subtotal Boards and Commissions	2,421	3,988	6,409	599	100	9

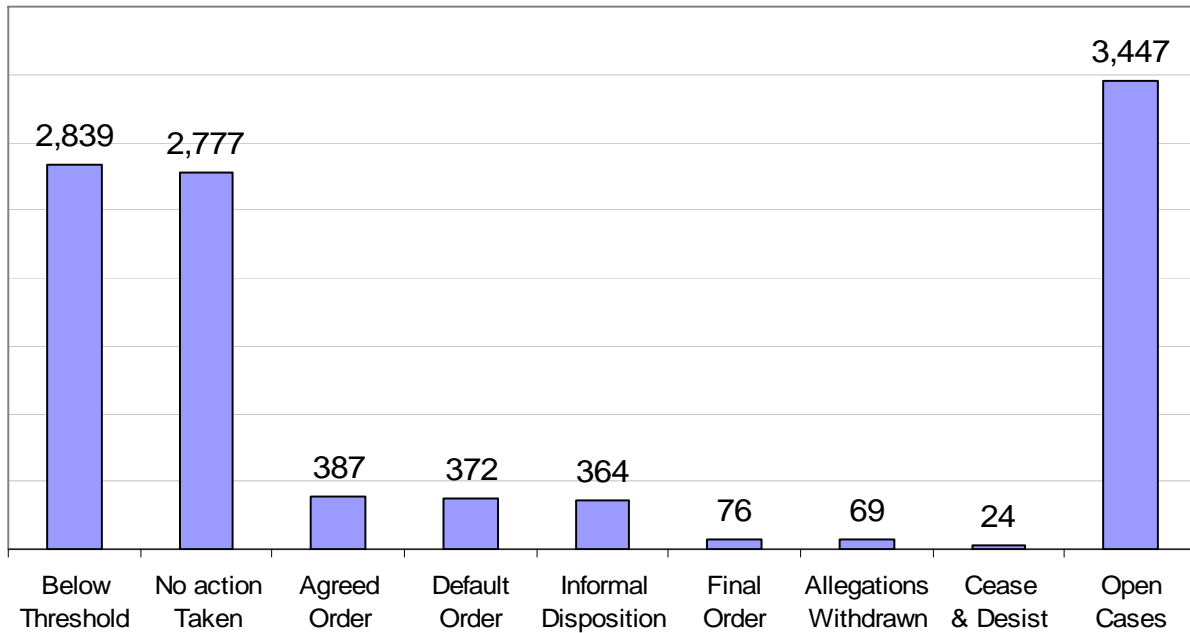
Secretary professions Complaints resolved after adjudicative proceedings

Profession	Complaints Carried Over from FY07	Complaints Received	Total Complaints	Total Disciplinary Actions	% of Total Secretary Disciplinary Actions	% of Profession Disciplinary Actions to Complaints
Acupuncturist	10	16	26	5	1	19
Chemical Dependency Professional	77	132	209	29	5	14
Counselor Registered	185	419	604	139	23	23
Dental Hygienist	12	18	30	9	2	30
Denturist	17	25	42	5	1	12
Dietitian Nutritionist	3	2	5	1	0	20
Dispensing Optician	5	17	22	1	0	5
Dispensing Optician Apprentice	0	9	9	0	0	0
Health Care Assistant	53	192	245	55	9	22
Hypnotherapist	3	9	12	0	0	0
Marriage and Family Therapist	7	21	28	2	0	7
Mental Health Counselor	39	89	128	13	2	10
Midwife	9	6	15	1	0	7
Naturopathic Physician	16	15	31	4	1	13
Nursing Assistant	419	1,899	2,318	306	51	13
Nursing Pool	1	1	2	0	0	0
Ocularist	0	0	0	0	0	0
Orthotics Prosthetics	3	3	6	2	0	33
Radiological Technologist	7	16	23	4	1	17
Recreational Therapist	0	2	2	0	0	0
Respiratory Care Practitioner	6	23	29	2	0	7
Sex Offender Treatment Provider	12	11	23	1	0	4
Social Worker	22	48	70	8	1	11
Surgical Technologist	8	12	20	5	1	25
Unknown/Unlicensed	0	16	16	0	0	0
X-Ray Technician	14	17	31	8	1	26
Subtotal Secretary	928	3,018	3,946	600	100	15
Total Boards, Commissions, Secretary	3,349	7,006	10,355	1,199	100	12

Of the 1,206 disciplinary actions for last fiscal year, boards and commissions handled 50 percent and the secretary professions 50 percent. When comparing the number of disciplinary actions to total complaints, the percentage for boards and commissions was nine percent. It was 15 percent for secretary professions. The percentage for all professions was 11 percent compared to 13 percent for last biennium.

Professions with high rates of disciplinary actions compared to total complaints include registered counselors with 23 percent (139), health care assistants 23 percent (55), nursing assistants 13 percent (308), massage therapists 16 percent (34), and registered nurses and advanced registered nurse practitioners 12 percent (161).

Summary of case dispositions and end of fiscal year open cases



Unlicensed practice closures and resolutions

The secretary is responsible for preventing unlicensed practice. The Health Systems Quality Assurance (HSQA) investigation unit manages intake, assessment, and investigation. Unlicensed practice complaints are closed before investigation or resolved with a Notice of Correction or a Cease and Desist Order. A Notice of Correction notifies the practitioner that there will be further action if they continue to infringe on the scope of practice of credentialed health care providers. A Cease and Desist Order requires the recipient to stop practice and may impose a fine. Continued unlicensed practice may result in court enforcement of the Cease and Desist Order or criminal prosecution. HSQA focuses its resources on those cases posing the greatest risk to the public.

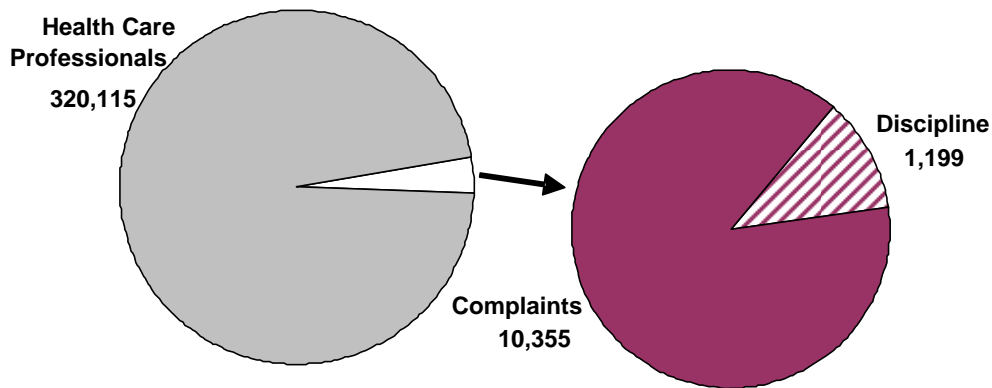
Unlicensed practice closures and resolutions

Profession_Group	Carry Over from FY07	Complaints Received	Total Complaints	Closed	Closed	Cease and Desist Order Issued	Total Closed
				No Action Taken Before Investigation	No Action Taken After Investigation		
Acupuncturist	3	1	4	1	2	0	3
Audiologist, Hearing Instrument Fitter/Dispenser, Speech Language Pathologist	0	2	2	0	0	0	0
Chemical Dependency Professional	5	3	8	0	3	0	3
Chiropractic X-Ray Technician	1	0	1	0	1	0	1
Chiropractor	1	3	4	0	0	1	1
Counselor Registered	5	26	31	7	11	0	18
Dental Hygienist	0	2	2	0	1	0	1
Dentist	8	5	13	2	3	0	5
Denturist	2	0	2	0	0	1	1
Dietitian Nutritionist	2	0	2	0	0	1	1
Dispensing Optician	2	4	6	0	4	0	4
Dispensing Optician Apprentice	0	0	0	0	0	0	0
Health Care Assistant	3	9	12	2	3	2	7
Hypnotherapist	1	3	4	0	3	0	3
Licensed Practical Nurse	2	9	11	4	6	1	11
Marriage and Family Therapist	0	2	2	0	0	0	0
Massage Therapist	21	41	62	15	24	13	52
Mental Health Counselor	0	4	4	0	3	0	3
Midwife	1	0	1	0	0	0	0
Naturopathic Physician	0	3	3	1	2	0	3
Nursing Assistant	11	123	134	95	30	3	128
Nursing Home Administrator	0	1	1	1	0	0	1
Nursing Pool	0	0	0	0	0	0	0
Nursing Technician	0	0	0	0	0	0	0
Occupational Therapist	0	0	0	0	0	0	0
Occupational Therapy Assistant	0	0	0	0	0	0	0
Optometrist	1	2	3	0	3	0	3
Orthotics Prosthetics	1	2	3	1	1	0	2
Osteopathic Physician	1	0	1	0	0	0	0
Pharmacies and Other Pharmaceutical Firms	10	26	36	18	14	0	32
Pharmacist	0	1	1	0	0	0	0
Pharmacy Assistant	0	0	0	0	0	0	0
Pharmacy Intern	0	0	0	0	0	0	0
Pharmacy Technician	0	0	0	0	0	0	0
Physical Therapist	0	2	2	1	1	0	2
Physician	18	21	39	6	13	1	20
Physician Assistant	0	0	0	0	0	0	0
Podiatrist	0	0	0	0	0	0	0
Psychologist	2	5	7	4	1	0	5
Radiological Technologist	0	0	0	0	0	0	0
Recreational Therapist	0	1	1	1	0	0	1
Registered Nurse	5	9	14	5	6	0	11
Respiratory Care Practitioner	0	0	0	0	0	0	0
Sex Offender Treatment Provider	0	0	0	0	0	0	0
Social Worker	1	6	7	0	4	0	4
Surgical Technologist	0	2	2	0	0	0	0
Unknown/Unlicensed	0	10	10	6	4	0	10
Veterinarian	4	13	17	4	8	1	13
Veterinary Medication Clerk	0	0	0	0	0	0	0
Veterinary Technician	3	0	3	0	2	0	2
X-Ray Technician	3	0	3	0	3	0	3
Total	117	341	458	174	156	24	354

Summary

When the number of disciplinary actions taken (1,199) is compared to the number of credentialed health care providers (320,115), about one-third of one percent of all credentialed health care providers were disciplined. The vast majority of health care providers in Washington provide high-quality care to their patients. About three percent of health care professionals came to the attention of HSQA in fiscal year 2008. Of all complaints, about 11 percent (1,199 of 10,355) resulted in discipline.

Complaints and Discipline to Total Health Care Professionals



During fiscal year 2008 as compared to 2007:

- New complaints increased from 6,644 to 7,006 (five percent).
- Investigations authorized increased from 54 to 61 percent (seven percent).
 - Board and commission authorizations increased from 62 to 69 percent (seven percent).
 - Secretary authorizations increased from 45 to 51 percent (six percent).
- Investigations completed increased from 3,871 to 4,100 (six percent).
 - Board and commission investigations increased from 2452 to 2,532 (three percent).
 - Secretary profession investigations increased from 1,419 to 1,568 (11 percent).
- Complaints closed prior to disciplinary action (adjudication) increased from 5,476 to 5,679 (four percent).
 - Board and commission closures prior to disciplinary action increased from 3,023 to 3,342 (11 percent).
 - Secretary profession closures prior to disciplinary action decreased by five percent, from 2,453 to 2,337.
- Number of complaints closed with disciplinary action increased from 1,102 to 1,199 (nine percent).
 - Board and commission closures with disciplinary action decreased from 567 to 599 (six percent).
 - Secretary profession closures with disciplinary action increased from 535 to 600 (13 percent).

Appendix G - Definitions

Stipulation to Informal Disposition: A Stipulation to Informal Disposition (STID) is an informal resolution. If the health care provider agrees to sign the STID, he or she does not admit to unprofessional conduct, but does agree to corrective action. STIDs are reported to national data banks, but because they are informal they do not result in a press release.

Default orders: A Default Order is issued when the credentialed health care provider was given due notice, but either failed to answer the allegations or failed to participate in the adjudicative process as required by law.

Agreed order: The document, formally called a Stipulated Findings of Fact, Conclusions of Law and agreed order, is a negotiated settlement between the health care provider and representatives of the agency. It states the substantiated violations of law and the sanctions being placed on the health care provider's credential. The health care provider agrees to the conditions in the order. The agreed order is presented to the disciplinary authority and if approved, becomes final. The order is reported to national data banks and the public in a press release.

Final order after hearing: The document is formally called Findings of Fact, Conclusions of Law and Order. This document is issued after a formal hearing has been held. The hearing may be before a health law judge representing the secretary as the decision-maker or before a panel of board or commission members with a health law judge acting as the presiding officer. The document identifies the proven violations of law and the sanctions being placed on the health care provider's credential. The health care provider has the right to ask for reconsideration of the decision or to appeal to a superior court. The order is reported to national data banks and the public in a press release.

Removal from practice: The health care provider's credential is revoked or indefinitely suspended.

Removal from practice with conditions: The health care provider's credential is suspended for a specified period. Conditions for rehabilitation and reinstatement must be met before the credential can be returned to good standing.

Rehabilitative sanctions: These include probation of license, substance abuse treatment and monitoring, counseling, and limitations or restrictions on the practice. The health care provider continues to practice with conditions imposed.

Deterrent sanctions: These include compliance requirements, reprimands, and fines.

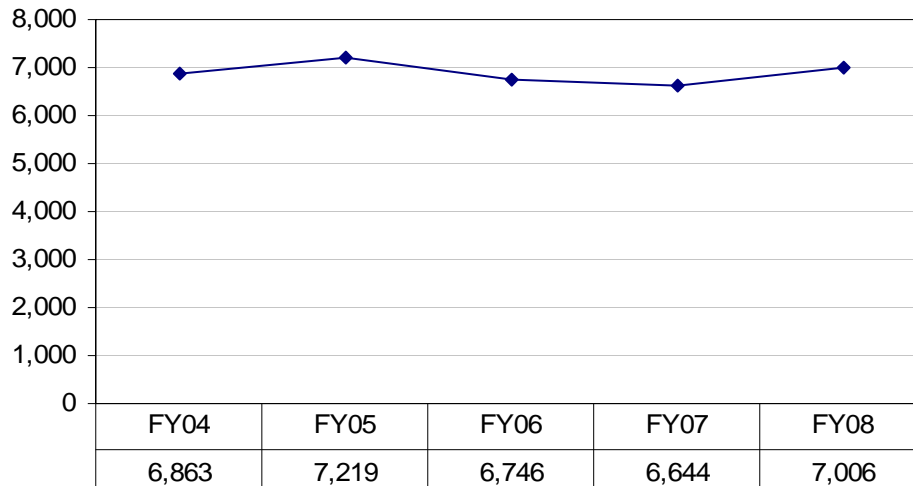
Voluntary surrender: The health care provider voluntarily relinquishes the right to practice. This type of sanction is only permitted, once a complaint is filed, through a stipulation to informal disposition or a formal order.

Appendix H - Annual comparison

Complaints received

Since 2003 the number of new complaints received by Health Systems Quality Assurance has increased by two percent. This does not include carry-forward complaints from the previous biennium.

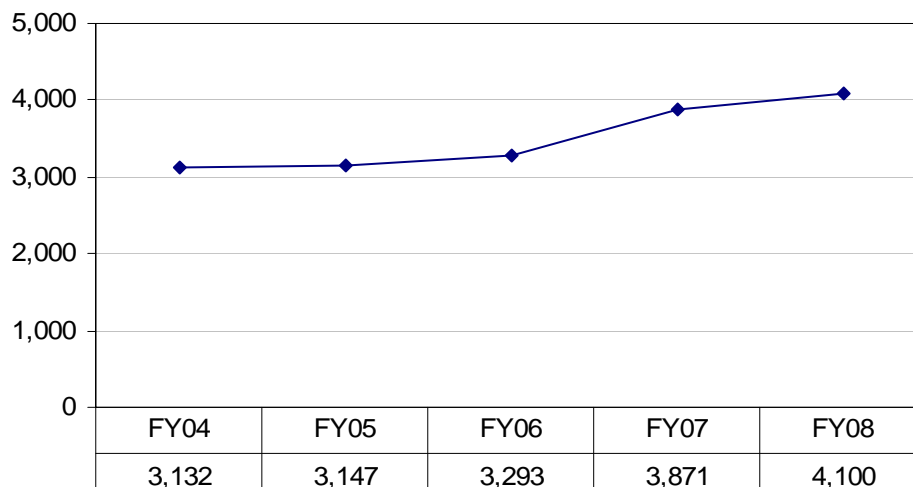
New complaints received



Investigations

The number of completed investigations (including unlicensed practice) increased 31 percent over the last five years. The increase has been greatest in the last two years. This is a result of decisions to investigate more complaints.

Investigations completed

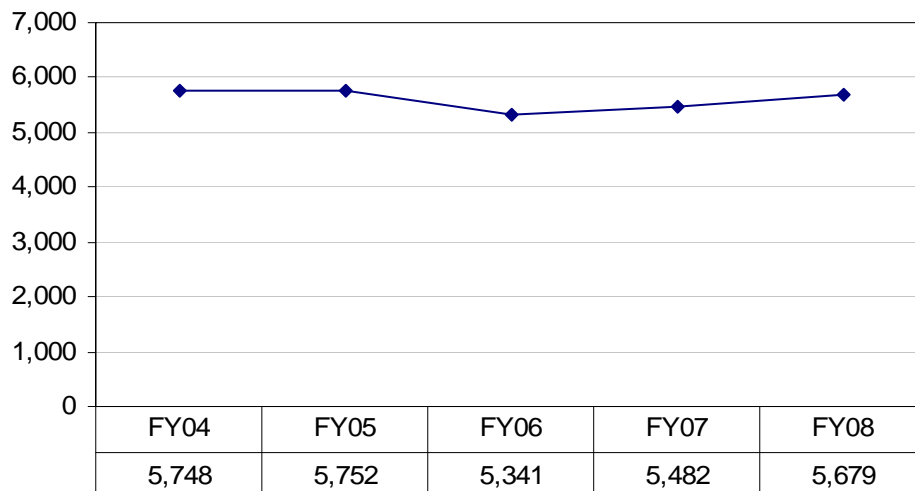


Complaint closures before adjudicative proceedings

The following chart shows the change in closures before adjudicative proceeding over the last five years. These are cases that were closed with no action due to insufficient evidence. In these cases, evidence disproved the allegations, the complaint was below the threshold for investigation, the disciplinary authority did not have jurisdiction, the allegations were withdrawn, or a Notice of Correction (NOC) was issued.

There has been a one percent decrease in the number of closures before adjudicative proceedings over the past five years.

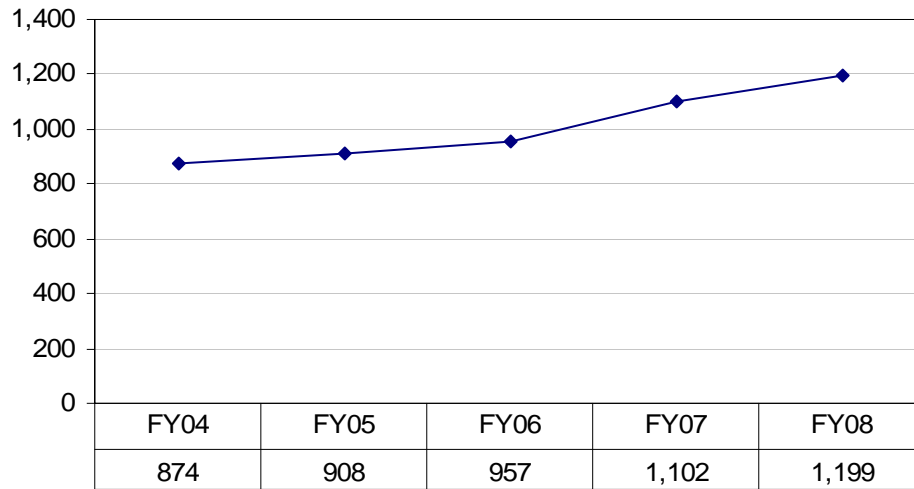
Complaint closures before adjudicative proceedings



Complaint closures after adjudicative proceedings

The following chart shows the 37 percent increase in cases resolved with corrective or disciplinary action over the past five years. They include cases closed by default orders, informal dispositions, agreed orders, final orders after hearing, and unlicensed practice cease and desist orders.

Complaint closures after adjudicative proceedings



Appendix I - Case appeals activity

Docket #	Profession	Court	Outcome
07-10-B-1076AC	Acupuncture	Thurston	Pending
07-08-A-1003AP	ARNP	King	Pending
06-04-B-1030CP	Chemical Dependency Professional	King	Dismissed
06-08-B-1059CP	Chemical Dependency Professional	King	Reversed/Remanded
05-05-A-1020DE	Dental	King	Affirmed
06-11-A-1052DE	Dental	Thurston	Pending
07-05-A-1069DE	Dental	King	Pending
05-07-A-1001DE	Dental	Chelan	Pending
06-02-B-1108NA	Nursing Assistant	Spokane	Denied
06-12-A-1014NH	Nursing Home Administrator	Thurston	Pending
06-03-A-1021FX	Pharmaceutical Firm	King	Pending
07-08-A-1074MD	Physician	Thurston	Pending
05-07-A-1008MD	Physician	Yakima	Pending
00-10-A-1047PA	Physician Assistant	Thurston	Pending
06-06-B-1037RC	Registered Counselor	Thurston	Pending
06-04-B-1029RC	Registered Counselor	King	Dismissed
06-08-B-1058RC	Registered Counselor	King	Reversed/Remanded
98-05-A-1083RN	Registered Nurse	Pierce	Pending
05-12-A-1001RN	Registered Nurse	Thurston	Pending
06-07-A-1012RN	Registered Nurse	Thurston	Pending
06-01-B-1036UR	Unlicensed	King	Remanded

Appendix J - Violations and sanctions

Uniform Disciplinary Act violations

The Uniform Disciplinary Act (UDA), RCW 18.130.180, lists 25 violations considered unprofessional conduct. Health care providers cannot be criminally charged by boards, commissions, or the secretary because the UDA is administrative law. However, their ability to make a living in the health care field may be adversely affected. Criminal convictions can result in UDA actions against practitioners' credentials.

Frequent violations

Of the 25 possible UDA violations, five accounted for 62 percent of the 1,753 violations across all professions. The number of violations exceeds the number of sanctions because violators are often cited for more than one violation when reported to Healthcare Integrity Protection Data Bank HIPDB. The most frequently reported violations during fiscal year 2008 were:

1. RCW 18.130.180(7): Violation of any state or federal statute or administrative rule, 331 (19 percent).
2. RCW 18.130.180(17): Conviction of a gross misdemeanor or felony relating to the practice of a health care profession, 237 (13 percent).
3. RCW 18.130.180(6) and (23): Personal drug or alcohol abuse, 226 (13 percent).
4. RCW 18.130.180(4): Incompetence, negligence, or malpractice, 224 (13 percent).
5. RCW 18.130.180(9): Failure to comply with an order issued by the disciplining authority, 87 (5 percent).

Violations related to moral turpitude, dishonesty, or corruption, RCW 18.130.180(1), were cited 296 times in sanctions reported to HIPDB, making these violations among the most frequently reported violation. Violations of RCW 18.130.180(1) are not considered a primary violation. In fact, 90 percent were cited in conjunction with other violations.

Sanctions imposed

When adverse actions are reported to the HIPDB, the sanction imposed on the practitioner is also reported. For purposes of this report sanctions were divided into five categories: removal from practice, removal from practice with conditions, rehabilitative, deterrent, and voluntary surrender of the credential.

Removal from practice: The health care provider's credential is revoked or indefinitely suspended.

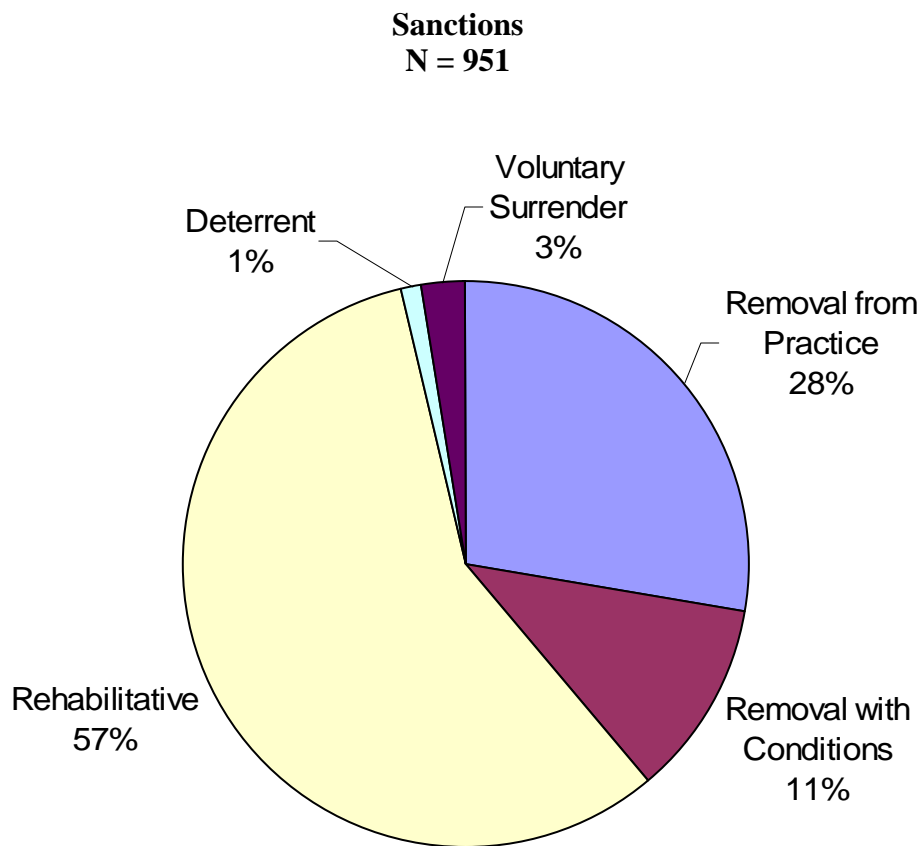
Removal from practice with conditions: The health care provider's credential is suspended for a specified period. Conditions for rehabilitation and reinstatement must be met before the credential can be returned to good standing.

Rehabilitative sanctions: These include probation of license, substance abuse treatment and monitoring, counseling, and limitations or restrictions on the practice. The health care provider continues to practice with conditions imposed.

Deterrent sanctions: These include compliance requirements, reprimands, and fines.

Voluntary surrender: The health care provider voluntarily relinquishes the right to practice. This type of sanction is only permitted, once a complaint is filed, through a stipulation to informal disposition or a formal order.

The total number of sanctions (951) shown below is less than the total number of disciplinary actions after adjudication (1,199). The disciplinary actions represent cases closed after adjudication. There can be multiple cases against a single practitioner. Reports to the data bank represent reports on individual practitioners, not individual cases.



Sanctions imposed by profession

Profession	Removal from Practice (Revocation Indefinite Suspension)	Removal with Conditions (Suspension for Specific Period)	Rehabilitative (Probation Limitation or Restriction)	Deterrent (Reprimand, Fine)	Voluntary Surrender	Total
Acupuncturist	0	2	3	0	0	5
Advanced Registered Nurse Practitioner	2	2	4	2	0	10
Audiologist, Hearing Instrument Fitter/Dispenser, Speech Language Pathologist	2	0	1	1	0	4
Chemical Dependency Professional	5	5	12	0	3	25
Chiropractic X-Ray Technician	0	0	1	0	0	1
Chiropractor	3	0	24	0	0	27
Counselor, Registered	20	8	74	0	6	108
Dental Hygienist	0	0	8	0	0	8
Dentist	4	3	51	2	1	61
Denturist	1	2	1	0	0	4
Dietician/Nutritionist	0	0	1	0	0	1
Dispensing Optician	0	0	1	1	0	2
Health Care Assistant	16	9	22	0	0	47
Licensed Practical Nurse	20	8	48	0	0	76
Marriage and Family Therapist	1	1	0	0	0	2
Massage Therapist	6	2	17	0	0	25
Mental Health Counselor	2	1	3	0	2	8
Midwife	1	0	1	0	0	2
Naturopathic Physician	0	0	4	0	0	4
Nursing Assistant	78	49	71	1	1	200
Nursing Home Administrator	0	0	5	0	0	5
Occupational Therapist	0	0	1	0	0	1
Occupational Therapy Assistant	1	0	1	0	0	2
Optometrist	1	0	1	0	0	2
Orthotist/Prosthetist	0	0	2	0	0	2
Osteopathic Physician	0	0	4	0	0	4
Pharmacist	9	1	26	0	0	36
Pharmacy Assistant	3	0	3	0	0	6
Pharmacy Intern	3	0	0	0	0	3
Pharmacy Technician	16	0	3	0	2	21
Physical Therapist	1	4	6	0	0	11
Physician	17	0	38	1	6	62
Physician Assistant	0	0	2	0	0	2
Podiatrist	0	0	2	0	0	2
Psychologist	0	0	6	1	0	7
Radiological Technologist	3	0	1	0	0	4
Registered Nurse	41	7	91	0	4	143
Respiratory Care Practitioner	2	0	0	0	0	2
Social Worker	2	0	5	0	0	7
Surgical Technologist	1	1	1	0	0	3
X-Ray Technician	3	2	1	0	0	6
Total	264	107	546	9	25	951

Summary

Sanctions during the fiscal year 2008 as compared to fiscal year 2007:

- Removal from practice decreased from 294 to 264 (-10 percent).
- Removal from practice with conditions increased from 37 to 107 (189 percent).
- Rehabilitative sanctions increased from 457 to 546 (19 percent).
- Deterrent sanctions decreased from 25 to nine (-64 percent).
- Voluntary surrender sanctions increased from 20 to 25 (25 percent).

There was a significant increase in the use of removal from practice with conditions and an increase in voluntary surrender and rehabilitative sanctions. Decreases were seen in the use of deterrent sanctions and removal from practice.

Appendix K - Chemically impaired practitioners

The law provides a way to assure practitioners provide services according to regulatory standards. RCW 18.130.175 allows disciplining authorities to refer a practitioner to a voluntary substance abuse monitoring program instead of disciplinary action. The disciplining authority can also require that a chemically dependent health care provider participate in a substance abuse program.

Early and effective treatment can save the health care provider's practice, license, and even his or her life. Programs offer several services including confidential consultation with the practitioner or other concerned individuals. Other services include intervention, referrals for evaluation and treatment, development of a comprehensive rehabilitation plan, compliance monitoring, support, outreach, and education in the health care community.

Nationally these programs have high success rates ranging from 85 to 90 percent. Success is generally defined as achieving a chemically free and professionally productive lifestyle.

Alternative programs - chemically impaired practitioners

Profession	Program	Total # Mandated	Total # Voluntary	Total # Enrolled	Total # of Successful Completions
Advanced Registered Nurse Practitioner	WHPS	1	0	6	3
Chemical Dependency Professional	WHPS	1	2	3	3
Chiropractor	WHPS	0	0	1	1
Counselor	WHPS	22	0	27	14
Dental Hygienist	WHPS	0	0	1	0
Emergency Medical Technician	WHPS	0	0	12	6
Health Care Assistant	WHPS	4	0	6	0
Licensed Practical Nurse	WHPS	5	2	23	7
Massage Therapist	WHPS	2	0	2	1
Naturopath	WHPS	0	0	0	0
Nursing Assistant	WHPS	15	1	18	1
Optometrist	WHPS	0	0	0	0
Osteopath	WPHP	0	0	2	0
Paramedic	WHPS	0	0	0	0
Pharmacist and Pharmacy Technician	WRAPP	57	13	70	9
Physical Therapist	WHPS	0	0	2	0
Physicians and Physician Assistants	WPHP	19	166	183	17
Podiatry	WPHP	0	0	5	0
Psychologist	WHPS	0	0	0	1
Radiological Technologist	WHPS	0	0	2	0
Registered Nurse	WHPS	29	5	104	44
Respiratory Care Therapist	WHPS	0	0	0	1
Social Worker	WHPS	0	0	0	0
Surgical Technician	WHPS	0	0	0	0
Veterinarian	WPHP	0	2	5	1
Veterinary Technicians	WHPS	0	0	0	0
X-Ray Technician	WHPS	1	0	2	1
Total		156	191	474	110