

2009 Annual Report

Health Systems Quality Assurance

Health Professions Discipline and Regulatory Activities

May 2010



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Contents

<u>Overview</u>	1
• Changes to the UDA Report	1
• Purpose of the Report	1
• Scope.....	1
• Funding	2
• Credential types	2
• Division, Board and Commission responsibilities.....	2
• Workload in 2009	3
• Complaints and Discipline.....	4
<u>Major Events</u>	5
• Revenue concerns	5
• Legislative activity.....	5
• New Professions	5
• Workload staffing study	7
• Performance Audit.....	7
<u>Disciplinary Activities</u>	8
• Legislative changes to disciplinary authority	8
• Background checks	9
<u>Alternatives to Discipline</u>	13
<u>Board/Commission Supplemental Reports</u>	14
<u>Index</u>	48
<u>Appendices</u>	49

Overview

Changes in frequency and content to the Uniform Disciplinary Act (UDA) Report

The Department of Health historically reported to the legislature every two years on its regulation of health professions. In 2008, the legislature changed that to an annual report. That schedule will return to every two years starting in 2010. RCW 18.130.310.

This report covers the period from July 1, 2008, through June 30, 2009. Boards and commissions provided additional information about disciplinary activities, rule making and policy activities, and receipts and expenditures.¹

Purpose of the Report

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

Scope

The division regulates nearly 360,000 health care professionals in 78 professions². This includes several new professions in 2008. For example, seven counselor professions were added in 2008. 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 health care professionals' compliance with sanctions. [Appendix A](#) contains organization charts for the department and for its Division of Health Systems Quality Assurance, which does this work.

In the past, this report focused on those health professions regulated by the former Office of Health Professions Quality Assurance. Because the report is intended to describe regulatory activities for all professions subject to the Uniform Disciplinary Act, information about emergency medical services professions is now included. The five emergency services professions include emergency medical technician, first responder, intermediate life support technician, intravenous therapy technician and paramedic.

Funding

Health professions regulatory activities cost about \$31 million each year. They are funded through licensing fees. Administrative expenses of every profession are paid for by that profession's licensing 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 what is approved in the Washington State Legislature's budget appropriation process. The department works with the Washington State Office of Financial Management to allocate funds to each profession. Excess revenue can be carried forward from

¹2008 Legislative Session, 4SHB 1103, Section 13(2).

² This count of health care professions includes the registered counselor profession; although this profession ceased issuing new credentials on June 30, 2009, the profession will continue to be regulated until it is abolished on June 30, 2010. It has been replaced by eight new counselor professions (see also page 8). It also includes orthotists and prosthetists as a single profession, and dietitians and nutritionists as a single profession.

one biennium to the next, but spending authority cannot. Disciplinary action accounts for nearly 80 percent of the administrative expenses of HSQA.

Credential types

HSQA 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 do only what they are trained and authorized to do.
2. Certification: The state recognizes the person has met certain qualifications. The regulatory authority -- a board, commission or the department Secretary -- 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 division directly regulates 40 professions on behalf of the Secretary of Health (Secretary). It also provides administrative support to 12 boards and four commissions, including the Medical Quality Assurance Commission and Nursing Care Quality Assurance Commissions. These latter commissions started a five-year pilot project in 2008. The division provides support to the two commissions involved in the pilot. The 16 boards and commissions oversee 38 of the 78 professions. In the 2008 and 2009 legislative sessions, the legislature made the department and the boards and commissions responsible for regulating 11 additional professions. This is an increase of more than 14 percent.

Regulatory Authority	Licensing	Disciplining Authority
Secretary	40	42
Boards/ Commissions	38	36
Total	78	78

- 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 of 12 professions. These are the chiropractic, dental, medical and nursing commissions.
- The secretary has credentialing authority for 40 professions and disciplining authority for 42 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. Nine other committees appointed by the secretary help her set licensing standards and discipline practitioners. The secretary may also appoint pro tem members to boards and commissions to support workload demands.

Workload

During the 2009 fiscal year, the division:

- Issued more than 55,000 new credentials and renewed more than 270,000³. In 2008, the legislature added nine new professions with 11,000 practitioners. These started in July 2009.
- Processed more than 7,400 new complaints while working on more than 3,400 received prior to FY 2009.
- Issued about 1,200 disciplinary orders.
- Responded to more than 12,811 requests for public records.

The addition of 11 new professions in the 2008 and 2009 legislative sessions was an important driver in the division's increased workload. These professions include:

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

2009 Legislative Session:

- Genetic counselor
- Speech language pathology assistant

A Note on New Health Professions

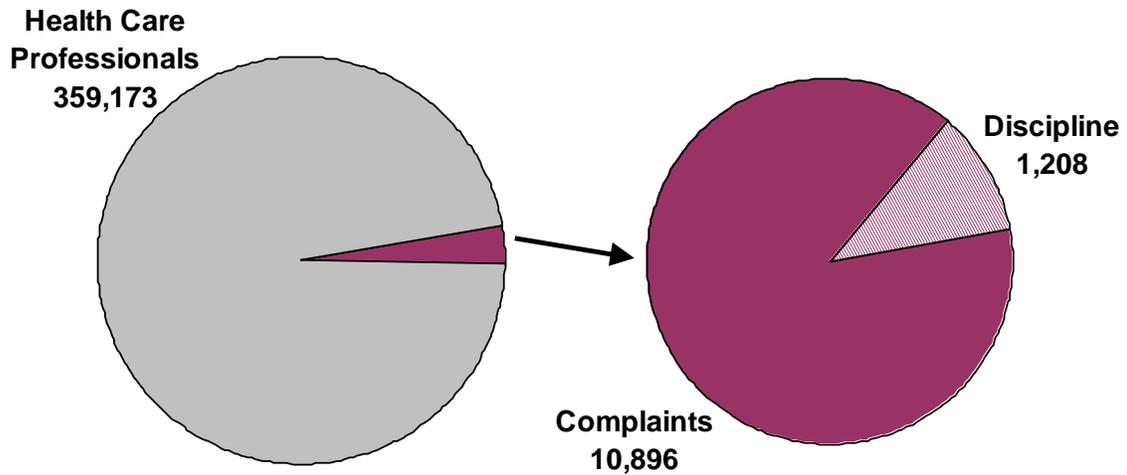
As new professions are added, it takes time to develop rules and to credential the new professionals. This can take one to two years. For example, eight of the nine professions authorized in the 2008 legislative session began credentialing in the summer of 2009. Some new professions may not appear elsewhere in the report because they have not been in existence long enough to gather data.

³ The number of new and renewed credentials, about 325,000, is less than the July 1 count of about 360,000. Some professions, such as physicians, renew every two years.

Complaints and Discipline

About one-third of one percent of all credentialed health care providers were disciplined. This compares the number of disciplinary actions taken (1,208) to the number of credentialed health care providers (359,173). The vast majority of these people never have a complaint filed about their care. About three percent of health care professionals had a complaint against them in fiscal year 2009. This compares the number of complaints (10,896) to the number of credentialed healthcare providers (359,173). Of all complaints (10,896), about 10 percent, or 1,208 of 10,896, 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 2009. The following sample provides context for the disciplinary activities described elsewhere in this report.

Legislative activity

SB 5752 – Dental Cost Recovery

The dental commission regulates the competence and quality of professional dental health care providers. The 2009 legislature passed SB 5752, a law that allowed more cost recovery for disciplinary action against dentists. Under the new law, when the commission sanctions or fines a dentist in a disciplinary hearing, it must assess a partial recovery hearing fee of \$6,000 for each full day hearing. It must also seek recovery of investigative and hearing preparation expenses up to \$10,000. These expenses may include investigations and legal analysis, commission member time, outside experts, attorney general advice and prosecution, records collection and reproduction, court reporters, staff attorneys, health law judges, and hearing room rentals.

If a dentist seeks review at the superior court, appellate court, or Supreme Court level, and is not successful, a partial cost recovery fee of \$25,000 must be assessed at each level of review. The commission can also assess a recovery fee, limited to \$2,000 per violation, if the disciplinary case is resolved through an informal action.

The commission may waive the hearing fee if it would cause undue hardship for the dentist or be clearly unjust. In the case of judicial review, the reviewing court is permitted to waive the hearing fee for the same reasons.

As of December 2009, the commission has not had the opportunity to assess this cost recovery.

SB 6180 – Home Care Aide Certification

On November 4, 2008, Washington voters passed Initiative 1029. This called for licensing and regulation of certain long-term care workers providing services to people with special needs and to the elderly. The professionals will be known as home care aides. The legislature amended the initiative in 2009. The legislature included fingerprint-based checks and extended most deadlines by one year. The department must begin credentialing home care aides on January 1, 2011.

Implementation of new professions

The following new professions began during fiscal year 2009⁴:

⁴ Where new professions began credentialing applicants on July 1, we have for reference provided initial credentialing statistics through August 2009. More complete credentialing numbers will be available in subsequent UDA reports.

Athletic Trainers

Substitute Senate Bill 5503 passed during the 2007 legislative session. The new law required athletic trainers to be licensed. All athletic trainers who apply for a license must pass the Board of Certification for Athletic Trainers examination. As of August 2009, HSQA has licensed 380 athletic trainers.

Dental Assistants/Expanded Function Dental Auxiliaries

House Bill 1099 created credentials for two new dental professions during the 2007 legislative session. On June 19, 2008, the department/dental commission filed rules for credentialing and scope of practice for dental assistants and expanded function dental auxiliaries (EFDAs). As of August 2009, the department has licensed 9,553 dental assistants and four EFDAs.

Physical Therapist Assistants

Senate Bill 5292 passed during the 2007 legislative session. This law expanded the regulation of physical therapy to include licensing of physical therapist assistants. The new requirements for physical therapist assistants became effective July 1, 2008. The department began accepting applications for the new profession on that date.

Between July 1, 2008, and July 1, 2009, the department waived the examination requirement for people who graduated from a board-approved physical therapist assistant program and had physical therapy work experience within the previous five years. As of July 2009, 1,258 physical therapist assistants had been licensed.

Registered Counselors

House Bill 2674 was passed by the legislature in the 2008 session. It focused on credentialing and regulation of mental 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 registered counselors into eight new professions and abolished the existing credential as of July 1, 2010. All registered counselors must obtain another health profession credential by that date. Three sets of rules implementing the eight new professions went into effect and the department began accepting applications for the new professions in July 2009. The department has coordinated with the Department of Social and Health Services (DSHS) and other state agencies to help people obtain the agency affiliated counselor credential.

As of August 2009, the department had received 77 applications for the new credentials and issued the first credential on July 23, 2009. Despite the low initial number of applications from more than 17,000 existing counselors, the HSQA call center and the program Web site had a high level of traffic.

Workload staffing study and JLARC review

In 2006, the legislature 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, including investigators, attorneys and supporting staff, and be 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. Sterling conducted an exhaustive time and motion study in August 2007. The department proposed a budget decision package for the 2008 legislative session to fund increase staffing, based on the results of the model. The department will continue to develop future legislative proposals using the formula.

RCW 18.130.380 called for a review of the formula by the Joint Legislative Audit and Review Committee (JLARC). JLARC started the review in May 2009. The final report was issued on December 1, 2009. The committee says the staffing model fully complies with the legislative directive. The committee recommended that the department work with the Medical Quality Assurance Commission and Nursing Care Quality Assurance Commission to develop a process to regularly review and update the model. It also asked the legislature to clarify whether the medical and nursing commissions are required to use the workload models when developing their biennial budget requests.

State Auditor's Office performance audit – Update on 2007 findings

The State Auditor's Office published its performance audit report about health professions discipline on August 21, 2007. The report acknowledged the department had already been making improvements to its licensing and disciplinary processes. The State Auditor's Office made 13 specific findings and recommendations to the department. The report also contained several recommendations to the legislature.

The Department of Health developed an action plan involving 65 specific tasks. Forty-seven tasks could be completed with existing resources. Of those, 45 were completed by June 30, 2009. Several recommendations could start with current resources, but required additional funding to continue. Nine recommendations required legislative action and seven required funding. The legislature acted upon seven of the recommendations, including enactment of House Bill 1103 and creation of a new licensing structure for counselors. The budget items did not receive funding during the 2008 or 2009 legislative sessions. The complete performance audit report can be accessed through the State Auditor's Office [Web site](#).

Disciplinary Activities

This section of the report describes the major disciplinary activities during fiscal year 2009.

Legislative changes to disciplinary authority

The legislature granted new disciplinary authority to the department in 2008.

1. *Notice of Determination*

Through RCW 18.130.055, the legislature changed the department's process to deny applications for licenses. In the past, disciplining authorities had to charge applicants with unprofessional conduct before a license could be denied or granted with conditions. Under the new approach, the disciplining authority may issue a notice of decision either denying the license or granting it with conditions. The applicant may appeal the decision, and carries the burden of proving that (s)he is qualified and can practice safely. During 2008-2009, 318 notices of decision were issued, with 16 percent requesting review. The majority were resolved through settlement or default. The new approach reduced the time between the date the disciplining authority decided to deny a license and the date of the legal document notifying the applicant. Through August 2009, that time averaged 52 days, compared to about 185 days under the old approach.

2. *Cite and Fine Authority*

RCW 18.130.230 gave the Secretary and the boards and commissions that regulate health care professions the authority to issue citations and assess fines for failure to produce requested documents or records. Providers must produce required items within 21 days of a written request. They may ask for more time to respond. The deadline will be extended for good cause. With the new authority to issue a fine of \$100 for each day's delay, we believe that providers will produce records when requested. The maximum fine is \$5,000. When a department investigator asks for documents, the request letter gives clear notice of the new requirements. Through September 2009, no citations have been issued.

3. *Sexual Misconduct Cases*

RCW 18.130.062 requires the Secretary to act as sole disciplinary authority when a complaint alleges only sexual misconduct. The purposes of the law are to speed up the process and to promptly take action against the license of a health care provider who has engaged in sexual misconduct. The boards and commissions must review each complaint and keep those cases that involve clinical expertise or standard of care issues. The commissions must send those cases that involve only sexual misconduct. In 2008-2009, 19 cases were referred to the secretary. Of those, one was returned to the referring commission because the investigation revealed a clinical issue.

4. *Sanctions Schedule*

RCW 18.130.390 required development of a sanction schedule for health professions discipline. The schedule provides consistent sanctions for similar misconduct. The law required adoption of emergency rules on the sanction schedule. Emergency [rules](#) were effective on January 1, 2009, and the permanent rules were effective on August 22, 2009.

Criminal background checks

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

The department performed more than 55,221 criminal background checks on applications received in fiscal year 2009. These checks against the Washington State Patrol (WSP) in-state database confirmed or revealed 1,496 convictions. Many of the hits led to investigations to gather more information. About half (52 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	55,221
Applicants with convictions	1,496
Applicants who disclosed	781
Applicants not disclosing	715
% disclosed	52%
% non-disclosed	48%

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 help determine the need for further review⁶. During fiscal year 2009 NPDB and HIPDB checks resulted in 184 positive hits.

On January 1, 2009, the department began requiring federal fingerprint-based background checks for certain license applicants. The 2008 legislature authorized these checks when an in-state check would be inadequate.

The primary focus is on applicants from outside the state and some with a criminal history in Washington. Out-of-state applicants were chosen because they are unlikely to have criminal history information in the database maintained by the Washington State Patrol. The department already uses the WSP database to issue licenses for applicants.

As of September 2009, more than 3,000 fingerprint background checks have been performed and 190, or about 6 percent, revealed criminal history from other states. The department is implementing temporary practice permits to mitigate any delays caused by federal background checks and to reduce the possibility of limitation on access to care.

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 2009 the department received 7,429 new complaints against credentialed health care providers and people practicing without a license. This represented a 6 percent increase from fiscal year 2008. In addition, 3,467 open complaints were carried over from fiscal year 2007. These resulted in a total of 10,896 complaints in the HSQA disciplinary system. See [Appendix F](#), Investigation, Closure and Case Resolution for details about each profession.

Historically, discipline included those complaints opened due to an issue with an application for license. 2008 legislation changed the process used to respond to application issues. We will continue to include those cases in our complaint figures. In that way, we are able to compare the disciplinary experience for each biennium. To allow analysis of the application process change, we have added a [table](#) that shows the professions affected by application issues. Application issues may be the result of discipline in another state where the applicant is already licensed, or of a finding on a background check. Rather than issue a statement of charges and later order – the traditional disciplinary process – we issue a notice of decision advising the applicant of the disciplining authority’s decision. The applicant may appeal that decision.

Case disposition

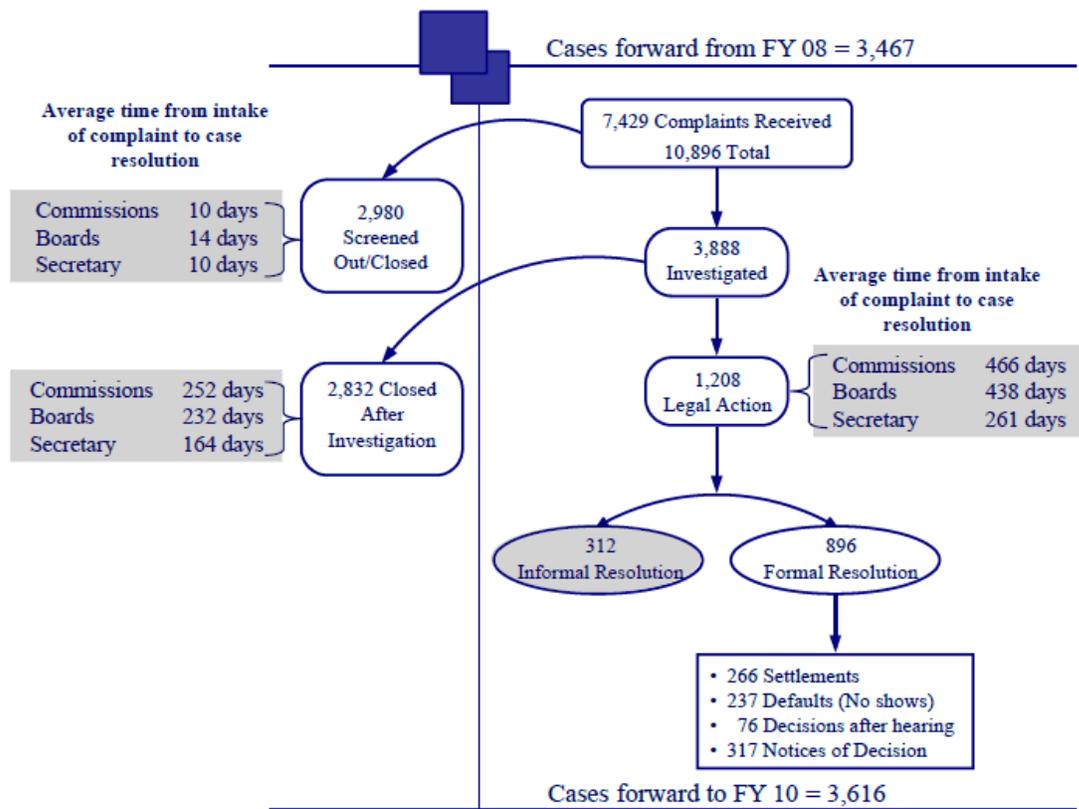
Complaints are resolved before or after adjudication. The type of order issued to the health care provider indicates how the case was resolved. All orders are public records. Orders with actions against health care providers’ credentials (since July 1998) are available on the [Internet](#)⁵. [Appendix F](#) provides information on closure types before and after adjudication, by profession and type of disciplining authority (board, commission, or secretary).

During fiscal year 2009, board and commission disciplinary actions totaled 549 and secretary professions totaled 659. About 26 percent of complaints resolved after adjudicative proceedings were closed with informal dispositions and another 22 percent with agreed orders. About 20 percent were closed with default orders and six percent with final orders. Definitions are in [Appendix G](#). Comparing complaints to actions, boards and commissions took action on 8 percent of complaints, and secretary professions took action on nine 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. A new case resolution is reflected on the chart. We now include notices of decision as a possible outcome. These are cases that arise out of an application for a license.

⁵ <https://fortress.wa.gov/doh/providercredentialsearch/>



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

Common violations of the law

The Uniform Disciplinary Act (UDA) regulates health care professionals. The disciplining authorities decide whether the health care professional has committed unprofessional conduct, and whether he or she 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 65 percent of UDA violations fell into the five frequently reported categories:

Type	Percent
Violation of any state or federal statute or administrative rules	19
Conviction of a gross misdemeanor or felony relating to the practice of a health care profession ⁹	16
Incompetence, negligence, or malpractice ¹⁰	15
Personal drug or alcohol abuse ¹¹	8
Failure to comply with an order issued by the disciplining authority ¹²	7

Unlicensed practice

When health care is provided that is beyond the scope of practice of a professional or is provided by an unlicensed person, it is called unlicensed practice. The secretary is responsible for regulating unlicensed practice. The 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 375 unlicensed practice complaints during fiscal year 2009. This was a decrease of 18 percent from the prior year. The number of closures with a notice of correction or cease and desist order declined to 14 from 24 for the previous year, a 42 percent decrease.

Total Complaints	375
Closed No Action Taken Before Investigation	115
Closed No Action Taken After Investigation	85
Cease and Desist Order Issued	14
Total Closed	214

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

Alternatives to Discipline

The department refers practitioners to three different substance abuse monitoring programs. Two have contracts with the department that are monitored by HSQA staff. A third program, Washington Health Professional Services, is staffed by department employees. Disciplining authorities can refer practitioners to enter a program. They may also require providers 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 the department 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.

- Washington Physicians Health Program (WPHP) 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) 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) is for all remaining health professionals not covered by WPHP or WRAPP.

A Note on the Washington Health Professional Services Program

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.

Board and Commission Supplemental Reports

Boards and commissions are encouraged under state law to provide supplements to this report. These reports may include information about the disciplinary activities, rulemaking and policy activities, and receipts and expenditures for the individual disciplining authority.

Two boards, the Board of Denturists and the Board of Massage, are “dual-authority” boards and do not have disciplinary authority. Therefore, only certain information has been included for these boards.

Definition of Terms for Supplemental Report Charts

Complaints:

- Complaints received – a count of the total number of complaints over the past year for that profession.
- Complaints authorized – all complaints received are reviewed by the disciplining authority to determine if further action is required. If so, the complaint is considered authorized for investigation.
- Complaints investigated – of those complaints authorized for investigation, the number that is completed. This number must be used with caution – it can contain complaints authorized in FY 2008. Similarly, complaints authorized in FY 2009 may not have completed investigations until after FY 2009.
- Average investigative days – the mean duration of investigations of complaints for that profession, in days.

Cases:

- Informal – these are cases that are resolved by use of a Stipulation to Informal Disposition (STID). STIDs generally involve less serious violations of the UDA. They can impose penalties, but do not require the credential holder to admit fault as part of the agreement.
- Agreed – in cases where a statement of charges (SOC) is issued, the credential holder and disciplining authority often enter into settlement discussions. If the parties can reach agreement, then an agreed order is issued.
- Default – in cases where an SOC is issued and the credential holder fails to respond to the disciplining authority, a default order is issued.
- Final – in cases where an SOC is issued and settlement discussions are unable to generate an agreed order, the parties go to an administrative hearing. Orders that result from this process are called final orders.

Summaries Actions:

When a disciplinary authority decides a credential holder’s continued practice is an imminent risk to public health and safety, a credential can be immediately suspended or restricted, pending the outcome of a final hearing. These are known as summary actions. This chart details the three categories of summary actions:

- Conduct – where there is gross misconduct displayed by the credential holder, such as sexual misconduct, abuse, or boundary violation.

- Standard – where the person’s practice of a profession falls sufficiently below the standard of care that it puts patients at risk of harm.
- Mandatory – state law requires the department to take action if another state acts against a person with a credential in Washington for a violation that is substantially the same as a violation in Washington. The disciplining authority in Washington **must** immediately suspend the credential holder’s Washington credential until further investigation can be completed.

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.”⁶

⁶ 4SHB 1103, Section 13(2).

Board of Denturists

Rule Making and Policy Activities

The major duties of the board include:

- Determining the qualifications of people applying for licensure;
- Prescribe, administer and determine the requirements for examinations, and establish a passing grade for licensure;
- Evaluate and approve schools from which graduation is accepted; and
- Evaluate and approve those states, territory of the United States, District of Columbia or Puerto Rico with substantially equivalent licensing standards.

The board schedules two practical (clinical) examinations a year. To conserve expenses the board has a policy that if there are fewer than five applicants registered for the clinical examination, it will be canceled and the applicants scheduled for the next administration. In 2008/2009, the board administered two clinical examinations and staff administered six written examinations.

The graph below depicts a three-year examination summary.

Year	# of applicants for written exam	# passing	# of applicants for clinical exam	# passing
2007	4	2	4	2
2008	18	5	8	5
2009	9	4	7	6

Budget

A three-year summary showing starting and ending balances, revenue and expenditures.

	Revenue	Expenditures	Balance
			\$222,009
FY2006	\$157,890	\$245,530	\$134,369
FY2007	\$162,681	\$250,980	\$46,071
FY2008	\$203,895	\$230,171	\$19,795
FY2009	\$145,265	\$194,909	-\$29,849

The licensing and renewal fees were increased significantly in the 2008 session. At the same time, the renewal period was changed from every two years to yearly. The application fee is \$1,450 and the annual renewal fee is \$1,600. Because expenditures have exceeded revenue, the profession has moved into a deficit position. Most of the significant costs have been driven by increases in discipline, particularly investigations.

The board expressed concern about how the fee increases affect denturists practicing in Washington and those considering establishing practices here. A large application fee and renewal fee are deterrents to attracting more licensees. Excessive fees put a significant burden on funding the activities of a small profession, such as denturists, who have about 150 licensees to pay for program costs.

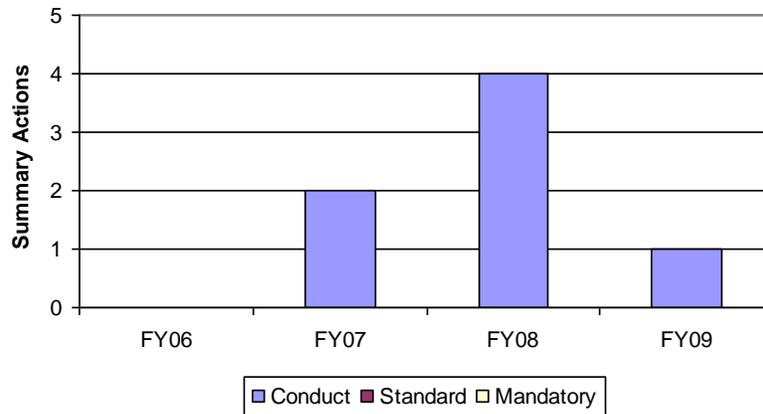
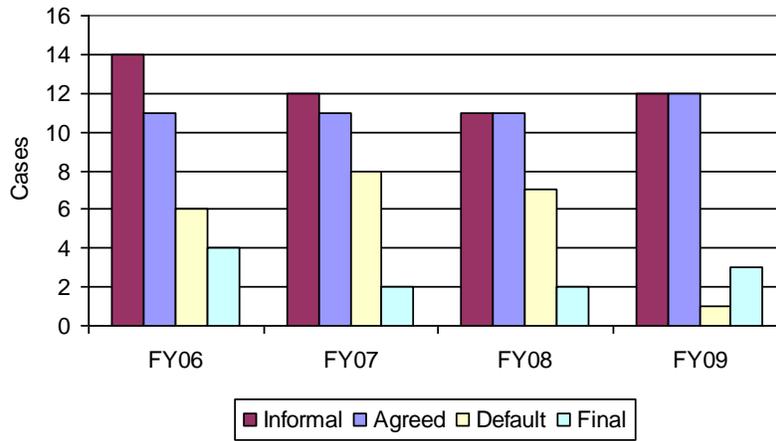
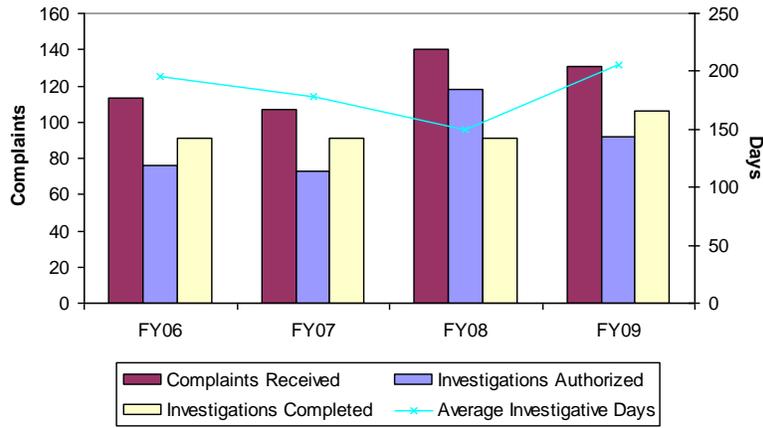
Board of Massage

Budget

A three-year summary showing starting and ending balances, revenue and expenditures.

	Revenue	Expenditures	Balance
			\$1,039,721
FY2006	\$249,995	\$643,918	\$645,798
FY2007	\$263,467	\$766,943	\$142,322
FY2008	\$441,274	\$785,345	-\$201,749
FY2009	\$967,285	\$830,009	-\$64,473

Three Year Disciplinary Summary – Chiropractic Commission



Rule Making and Policy Activities

The Chiropractic Quality Assurance Commission repealed WAC 246-808-640 – Scope of practice because it was never updated when its scope of practice statute, ch.18.25 RCW, was amended to include nutrition. The rule caused confusion for chiropractors and stakeholders because it was inaccurate and unnecessary. RCW 18.25.005 and WAC 246-808-505 accurately cover the chiropractic scope of practice.

The commission is conducting rulemaking on WAC 246-808-560 – Documentation of Care. Rulemaking is necessary because there have been several chiropractic disciplinary cases related to the frequency and legibility of documentation. The commission is amending the language to clarify and define that documentation must be legible and completed in a timely manner. Chiropractors, ancillary staff, patients and any other stakeholder should better understand the expectations of adequate care documentation.

The commission is also conducting rulemaking on WAC 246-808-150 – Continuing Education. The commission is considering adding language to include a required Ethics and Boundaries course. In addition, the commission is reviewing the current CE requirements against the current practice standards to see if any changes, additions, or deletions are needed.

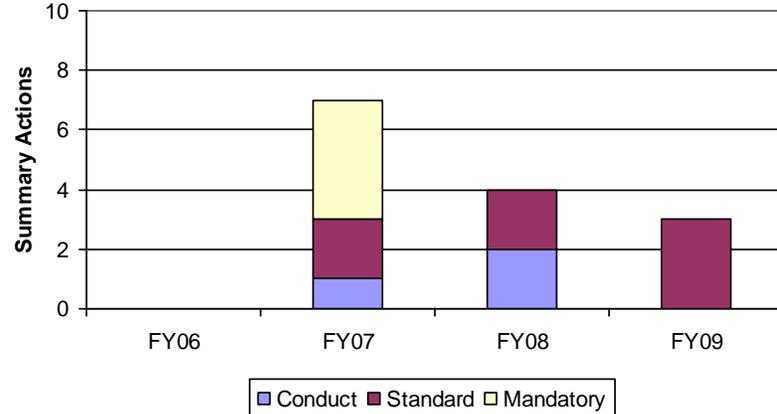
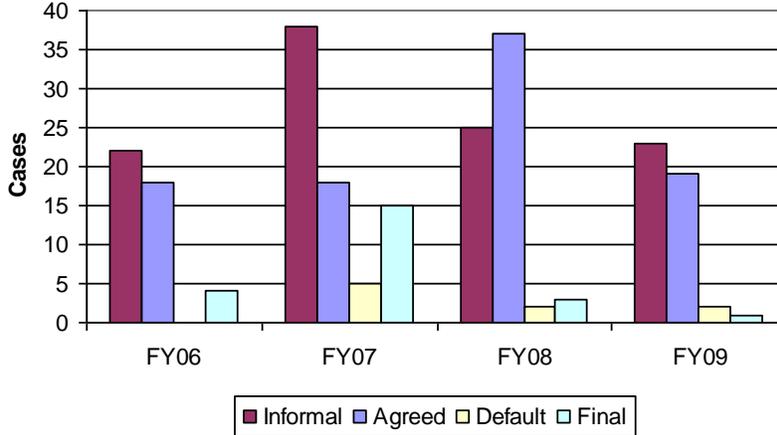
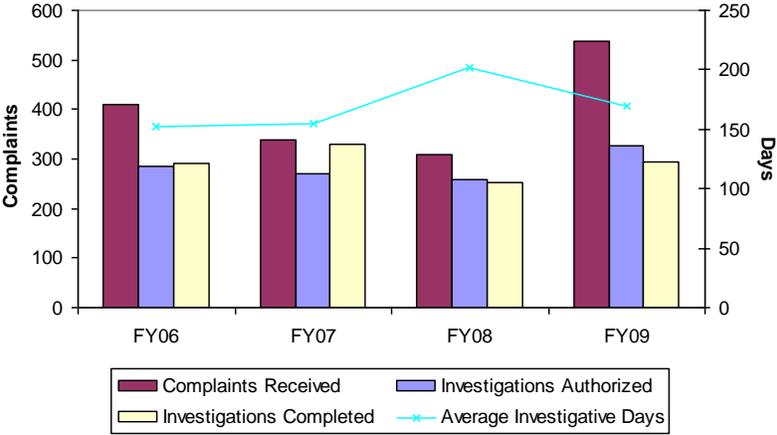
The commission has directed the program manager to initiate rulemaking on WAC 246-808-550 – Future Care Contracts. This rule needs to be updated to add clarity.

Budget

A three-year summary showing starting and ending balances, revenue and expenditures.

	Revenue	Expenditures	Balance
			\$754,177
FY2006	\$527,764	\$728,345	\$553,596
FY2007	\$536,426	\$848,673	\$241,350
FY2008	\$759,603	\$1,216,504	-\$215,552
FY2009	\$1,281,876	\$1,068,782	-\$2,457

Three Year Disciplinary Summary – Dental Commission



Rule Making and Policy Activities

LEGISLATION

- Substitute Senate Bill 5752 added a new section to ch. 18.32 RCW to recover costs in disciplinary proceedings for dentists.
- Substitute House Bill 1740 changed the requirement to receive a dental residency limited license. This bill expands the law to allow limited licensure of dental residents in any dental residency program approved by the commission.

RULEMAKING

Several rulemaking projects are in process to amend or update the dental law.

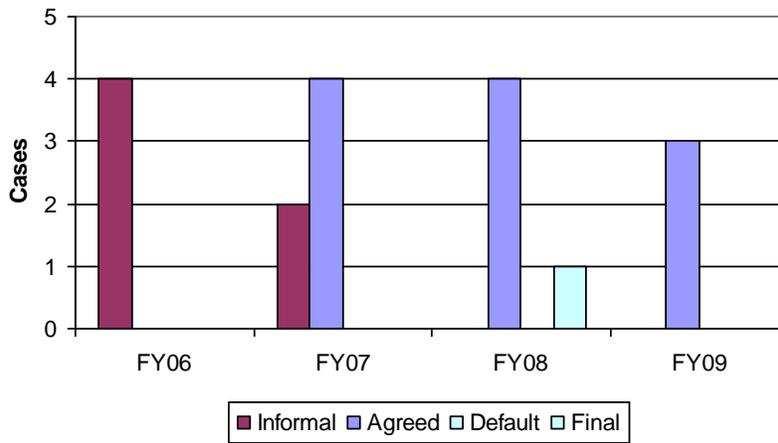
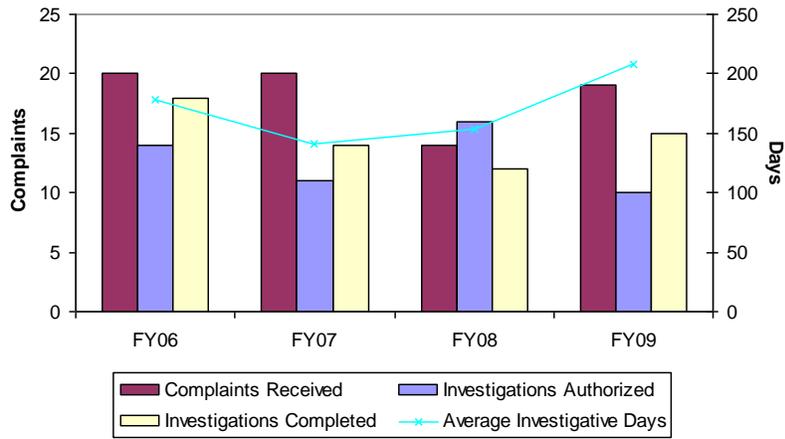
- House Bill 3088 passed in the 2008 legislative session. The amendment provides an exemption from registration requirements for dental assistant students and volunteer dental assistants providing services in charitable dental clinics. The commission adopted a definition of volunteer dental assistant on June 5, 2009.
 “Volunteer dental assistant” means an individual who, without compensation, provides the supportive services set forth in WAC 246-817-520 in a charitable dental clinic.
- The commission is considering modifying WAC 246-817-310 and creating a new rule to provide specific requirements that must be included in dental treatment records. Rules would help clarify the current requirements and ensure that dental records are complete and consistent. Requirements of what should be in a record are not provided in law.
- Updated rules related to the administration of anesthetic agents became effective March 2, 2009. The commission is modifying WAC 246-817-701 and 246-817-722 to provide clarity of the rule requirements. DQAC has established a committee to review all comments, research, and recommend specific rule language changes.
- RCW 18.32.185, established in 1996, allows dentists to obtain an inactive license status. The commission must define how to obtain an inactive dentist license status, renewal requirements of an inactive dentist license, and the requirements to return to active status. An inactive renewal fee will need to be established to implement an inactive status. Creating an inactive license status may provide lower fees for dentists not currently practicing in Washington.

Budget

A three-year summary showing starting and ending balances, revenue and expenditures.

	Revenue	Expenditures	Balance
			\$563,672
FY2006	\$1,550,048	\$2,073,098	\$40,621
FY2007	\$1,584,831	\$2,349,225	-\$723,772
FY2008	\$1,577,019	\$2,432,238	-\$1,578,991
FY2009	\$2,608,819	\$2,515,105	-\$1,485,277

Three Year Disciplinary Summary – Board of Hearing and Speech



Rule Making and Policy Activities

Legislation was passed in 2009 to certify speech language pathology assistants. The Board of Hearing and Speech is conducting rulemaking to implement this legislation. Rulemaking will address minimum standards of practice, direct and indirect supervision requirements, education requirements, inactive certification, fees, continuing education, grandfathering and reporting requirements with the Superintendent of Public Instruction.

The board is also considering rulemaking to ban the use of the “audioprosthologist” term. The board determined the term could be potentially misleading to the public. The term is used by fitter/dispensers who have completed additional education and training. The concern is that consumers may think they are seeing an audiologist when they are seeing a fitter/dispenser. Rulemaking is highly controversial and this topic has been discussed at board meetings since 2007.

Budget

A three-year summary showing starting and ending balances, revenue and expenditures.

	Revenue	Expenditures	Balance
			\$661,203
FY2006	\$127,610	\$208,059	\$580,754
FY2007	\$131,473	\$248,164	\$464,063
FY2008	\$202,275	\$297,962	\$368,376
FY2009	\$231,545	\$246,195	\$353,726

Medical Quality Assurance Commission

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 Commission members to four-year terms. The Commission consists of thirteen physicians, six public members, and two physician assistants.

The Commission began a mandated 5-year Pilot Project on July 1, 2008. The Commission and the Department of Health have worked collaboratively to implement the pilot project. Under the direction of the Commission's executive director, a transition task group successfully completed the complex transition of staff and workload to a co-location on September 19, 2008. The 2009-2011 Budget Decision Package was developed and submitted timely to the Office of Financial Management. The Commission entered into a Memorandum of Understanding with the Secretary of Health. A very special note of thanks is due for the cooperative spirit of the department's assistant secretary and chief administrator, the financial and human resources staff, and the strategic planning office for its assistance in developing the Commission's strategic plan and performance measures.

The Commission is governed by RCW 18.71, RCW 18.71A, RCW 18.130, WAC 246-918 and WAC 246-919.

Its website at <http://www.doh.wa.gov/hsqa/MQAC/Default.htm> provides the most current information about the Commission.

Internal Relationships

The Commission intends to continue the collaborative partnership with the Department of Health to accomplish the goals of the Commission. The Commission is confident that the 2010 report will reflect that a Joint Operating Agreement is in place with the Department of Health confirming an interdependent relationship to enhance the mission of both parties

MQAC Goals for 2009-2011

- Improve communication and interaction with all its stakeholders by the developing educational programs and materials, scheduling educational programs and focus groups, and reinstating a newsletter.
- Research disciplinary recidivism among physicians and physician assistants and learn how to reduce the rate of recidivism.
- Explore alternative business practices to improve the licensing and disciplinary process.
- Implement efficiencies to the disciplinary process in order to improve the processing and disposition of complaints.
- Explore electronic enhancements for the licensing and disciplinary processes.
- Conduct research to improve regulatory effectiveness and patient safety.

Licensing Statistics

The Commission currently regulates 24,698 physicians (MDs) and 2,224 physician assistants (PAs).

	MD Applications Received	MD Licenses Issued Includes reinstated	PA Applications Received	PA Licenses Issued	PA Practice Plans Approved	Limited MD Applications Received	Limited MD Licenses Issued
	1,763	1,706	221	213	563	442	550
RENEWAL STATISTICS							
	Limited Fellowship License	Limited Institutional License	MD License	Limited Residency License	Limited Teaching Research License	PA License	Total License Renewals
TOTAL	23	3	11,685	676	65	1,121	13,573

Disciplinary Statistics

The disposition of complaints 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 consumes approximately 85 percent of the Commission's time and resources. On July 1, 2008, 293 cases in investigations were pending. On June 30, 2009, 192 investigations were pending. 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. On July 1, 2008, 314 cases were pending legal review and action. On June 30, 2009, 297 cases were pending legal review and action. During the period from July 1, 2008, to June 30, 2009, the Commission took the following legal actions:

Statement of Charges (SOC) Ordered	55	Default/waiver orders issued	10
Stipulation to Informal Disposition (STID) Ordered	63	Final orders issued after a Formal hearing	3
SOC served	49	SOC withdrawn	5
Amended SOC served	13	STIDs withdrawn	11
STIDs served	57	Summary actions	10
Amended STIDs served	5	Application denials served	10
Agreed Orders accepted	33	Application denied	6
STIDs accepted	45	Cases Transferred to the Secretary	11

- 76 cases resulted in formal disciplinary action
- 26 cases resulted in informal disciplinary action
- 11 cases resulted in the summary suspension or summary limitation of the practitioner's license
- 11 sexual misconduct cases were transferred to the Secretary of Health

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, 2009, the Commission was actively monitoring 169 practitioners to ensure compliance with the sanctions of Commission Orders. The Commission requires many of these practitioners to meet personally with the Commission annually or semi-annually to demonstrate compliance with their orders. In the time period July 1, 2008 to June 30, 2009, 42 practitioners successfully completed the terms of their orders and were released from their orders.

MQAC Goals and Accomplishments 2008-2009

In addition to licensing and discipline, the Commission develops rules which regulate the practice of medicine, establishes policies and guidelines to ensure consistent standards of practice, and actively engages in educating the profession and the public.

Rule Making

The Commission rule-making activity includes the following:

- Retired Active Physicians
- Demographics
- Office Based Surgery
- Non-Surgical Medical Cosmetic Procedures.
- Temporary Practice Permits

Policies and Guidelines

The Commission has issued, revised or is in the process of revising the following policies, procedures and guidelines during the past 12 months:

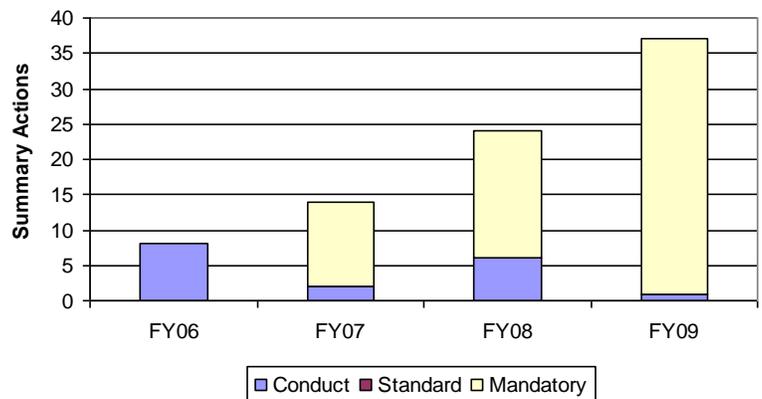
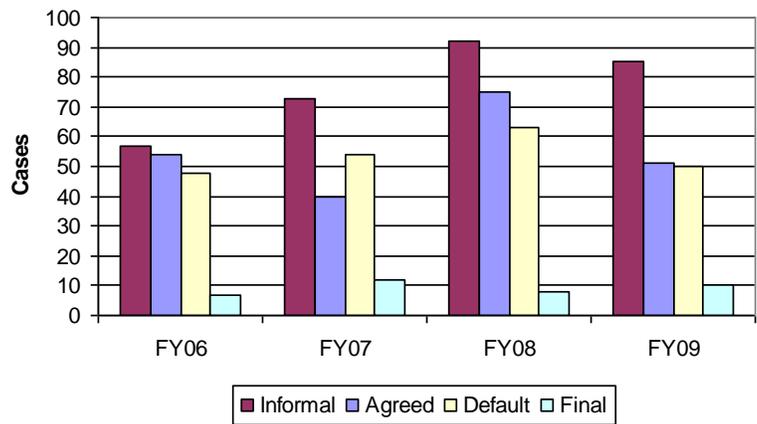
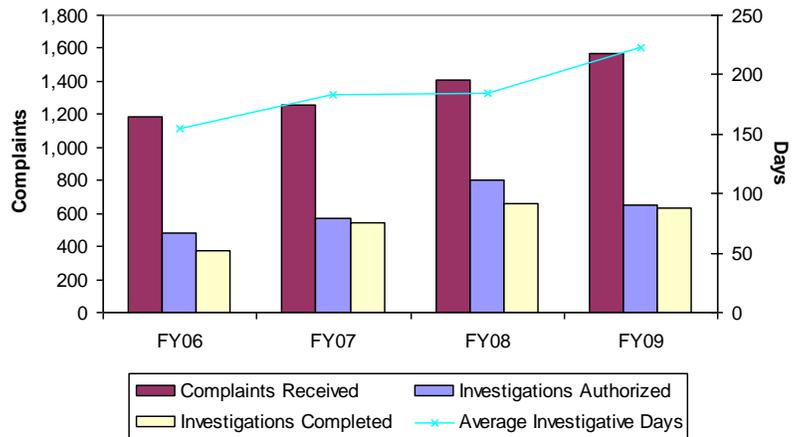
- MD2008-03--Treating Partners of Patients with Sexually Transmitted Chlamydia and Gonorrhea.
- MD 2009-01--Mandatory Investigations-This policy and procedure is to ensure consistency in the decision to authorize an investigation.
- MD2008-01--Credentialing Of Physicians for Reentry after Not Practicing After an Extended Amount of Time.
- MD2008-02--Self-Treatment of Immediate Family Members. The Commission believes that practitioners generally should not treat themselves or members of their immediate families.
- MD2008-04--Compliance Procedure Policy (Revised). The Commission's policy establishes the processes for consistency in 1) compliance appearances, 2) waived compliance appearances, 3) modification of agreed orders, and 4) reinstatement of a practitioner.
- MD2008-08--Reconsideration of Closed Complaints Policy (Revised)
- MD2008-09--Referral of Sexual Misconduct Cases RCW 18.130.062 governs the process to refer sexual misconduct cases that do not involve clinical expertise or standard of care issues to the Secretary of Health
- MD2009-01--Protocol for Pro Tem Appointments
- MD2009-02--Use of Notice of Correction "Notice of Correction," (NOC) found in RCW 43.05.100. The Commission may issue a NOC when it becomes aware of conditions that are not in compliance with applicable statutes and agency rules
- MD2009-04--Policy on Telephone Closure Conference Calls. The Commission has instituted a telephone conference call prior to each Commission meeting. This policy is to ensure consistency with the Open Public Meeting Act.

Three Year Disciplinary Summary – Nursing Commission

The NCQAC pilot started July 1, 2008, with a backlog of 428 cases in investigations. Of these, 65 investigations were open more than 365 days. About 600 complaints were opened this year to investigations. This is increasing the backlog. The decrease in authorized investigations is due to raising the below-threshold standards. This resulted in closing more cases in case management. Two separate reviews of the backlog and current open cases resulted in an increased number of expedited closures.

Final orders have increased from past years due to the mandatory suspensions and an increase of respondents requesting hearings.

Summary suspensions are increasing subsequent to 2007 legislation. Increased reporting by other states to Nursys® resulted in an increase of mandatory summaries. In Fiscal Year 09 all but two summary actions were based on orders from other states against licensees.



Rule Making and Policy Activities –

The NCQAC amended the advanced registered nurse practitioner rules through extensive stakeholder work in 2008. The new rules became effective January 11, 2009. They're much easier to understand, more reasonable in documentation required and reflect national changes.

The NCQAC amended the nurse delegation in community-based care setting rules based on legislation. The law changed to allow certified nursing assistants to administer insulin injections. The rules were amended to reflect this change. The rules were effective March 21, 2009.

The Nursing Commission filed expedited rules for a temporary permit process for out of state applicants needing a fingerprint card for the criminal background check. The final adoption was August 13, 2009.

The Nursing Commission is beginning to develop rules for continuing competency. Stakeholder meetings in person and through video conferencing were held in 2007 and 2008. Two meetings were held in 2009 to draft language for review and comment. A rules hearing is planned for July 2010.

Budget

A three-year summary showing starting and ending balances, revenue and expenditures.

	Revenue	Expenditures	Balance
			\$3,354,203
FY2006	\$4,885,420	\$3,895,896	\$4,343,726
FY2007	\$4,668,878	\$5,617,540	\$3,395,065
FY2008	\$4,715,134	\$6,187,057	\$1,923,141
FY2009	\$5,560,507	\$4,947,524	\$2,536,125

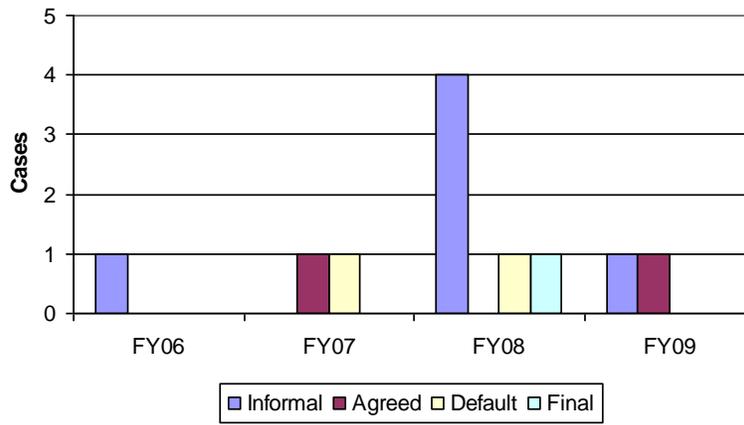
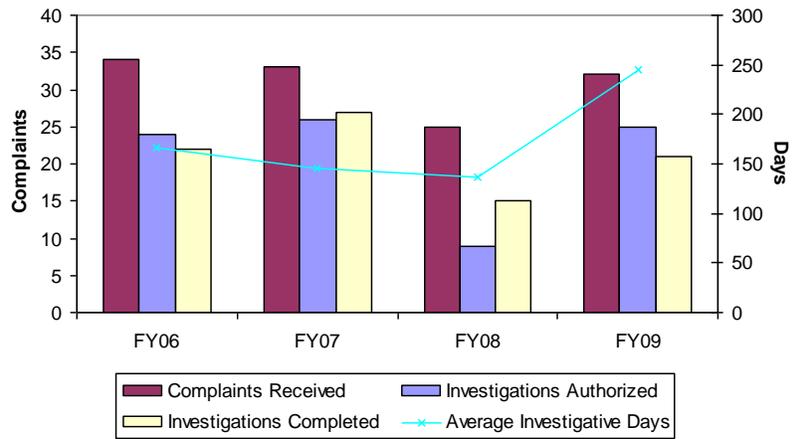
The increase in the number of investigations and disciplinary actions severely affected the budget. Investigation costs, staff attorney review time and increased workload/pay for commission members related to the discipline activity are the main sources of expenditures. A court ruling now requires that a panel of three commission members decide on every complaint. Previously a panel of one commission member and staff made the decisions on initial intake of new complaints. Two additional commission members are now required on weekly case management panels. This has significantly affected the expenditures.

The NCQAC regulates licensed practical nurses (LPN), registered nurses (RN), nurse technicians, and advanced registered nurse practitioners (ARNP). The 15-member commission includes seven RNs, three LPNs, two ARNPs and three 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. Monthly disciplinary hearings are held in person at various sites.

Due to the budget crisis the NCQAC uses video conferencing for its business meetings. The meetings are held at six sites throughout Washington. This results in lower expenditures for travel and time. The NCQAC also implemented paperless renewals. Once a license is renewed no paper copy is mailed. The licensee or employer can go on-line to view the updated information. This reduced costs for postage, paper and envelopes. Paperless renewals also reduce the chance of fraudulent paper licenses. The public and employers receive up-to-date information on-line 24 hours a day, seven days a week.

NCQAC is also developing an Early Remediation Program. It would include complaints of a less serious nature that can be resolved with the willingness of the nurse to participate in additional education, training and monitoring. Appropriate complaints include clinical practice deficiency, with no patient harm but potential for harm. The Early Remediation Program will assist with the backlog of investigations and will provide assistance to the nurse earlier in the process. This will enhance consumer protection and save valuable resources that can be directed toward more serious complaints.

Three Year Disciplinary Summary – Nursing Home Administrators Board



Rule Making and Policy Activities –

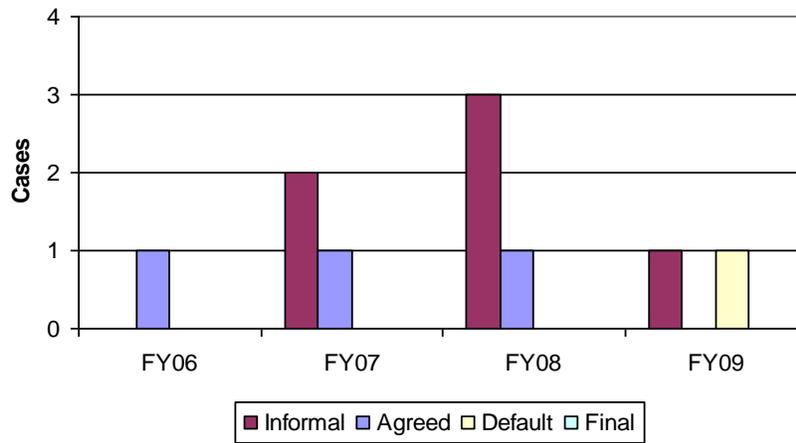
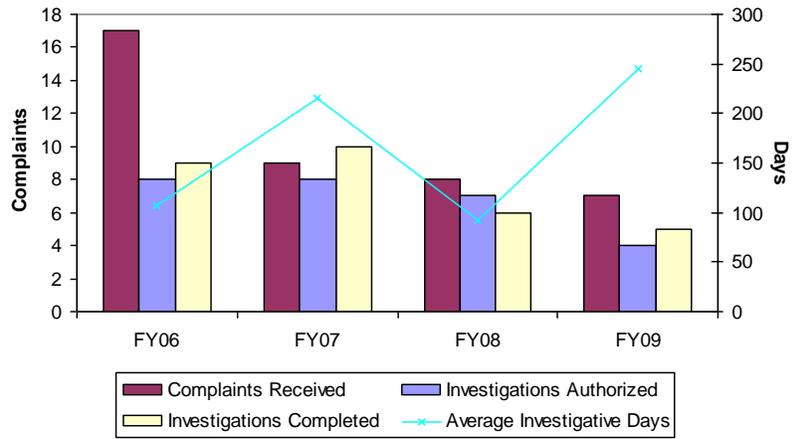
- The board has nine members: four members are licensed nursing home administrators, four members are health care professionals who have an association with nursing homes or elder care and one is a member of the public who is either a resident of a nursing home, a relative of a nursing home resident or eligible for Medicare.
- The board meets about four times per year. For the past year, in order to promote cost savings, meetings have been held by video-conference or phone conference.
- To promote safety and efficiency, the board is working to revise rules for initial and endorsement applications. Most applicants must be trained through an approved Administrator-in-Training (AIT) program. A priority of the board is to develop preceptor training for administrators with AIT students.
- Number of active licensed nursing administrators is 441. There are 69 inactive licensees.

Budget

A three year summary showing starting and ending balances, revenue and expenditures.

	Revenue	Expenditures	Balance
			\$177,459
FY2006	\$131,873	\$129,241	\$180,090
FY2007	\$131,003	\$183,864	\$127,229
FY2008	\$146,189	\$238,708	\$34,709
FY2009	\$197,430	\$168,136	\$64,004

Three Year Disciplinary Summary – Occupational Therapy Board



Rule Making and Policy Activities –

The Occupational Therapy Practice Board is conducting rulemaking on the following:

- WAC 246-847-030 – Occupational therapists acting in a consulting capacity. Rulemaking is needed to clarify the role of an occupational therapist when providing consultation services to clients.
- WAC 246-847-055 – Initial application for individuals who have not practiced within the past four years. The board is clarifying the requirements for re-entry due to confusion about the re-entry plan and how to submit and complete it for board approval. The policy that is included as part of the application packet will either be eliminated and incorporated into rule language or rewritten to provide clarification.
- WAC 246-847-068 – Expired license. The board is clarifying the requirements for reactivation of an expired license.
- WAC 246-847-070 – Inactive credential. The board is considering adding additional rule language to clarify the requirements for practitioners to obtain an inactive credential.

Legislation was passed in 2009 that allows occupational therapists to purchase, store and administer topical medications. This legislation helped clarify occupational therapy scope of practice.

Budget

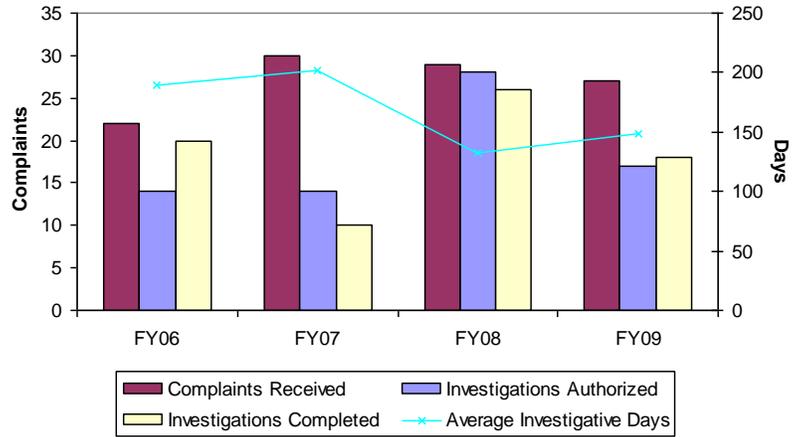
A three-year summary showing starting and ending balances, revenue and expenditures.

	Revenue	Expenditures	Balance
			\$266,015
FY2006	\$177,865	\$201,933	\$241,947
FY2007	\$166,046	\$235,105	\$172,889
FY2008	\$188,630	\$247,483	\$114,036
FY2009	\$260,680	\$240,267	\$134,448

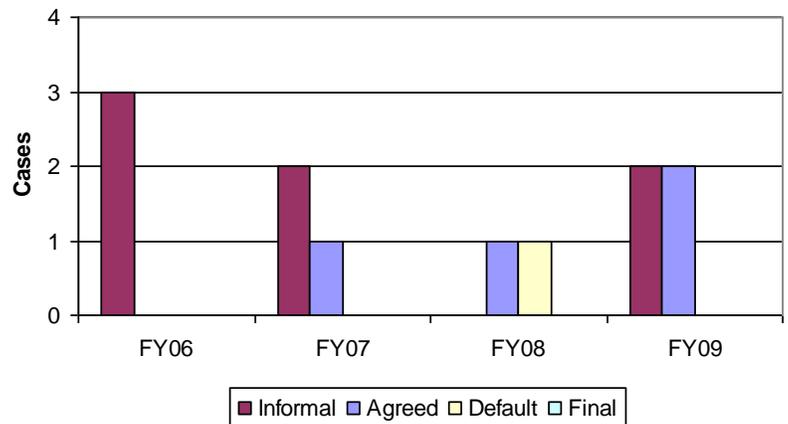
Three Year Disciplinary Summary – Board of Optometry

The Washington State Board of Optometry is made up of six members. Five are licensed optometrists and one represents the public. The governor appoints members for three-year terms.

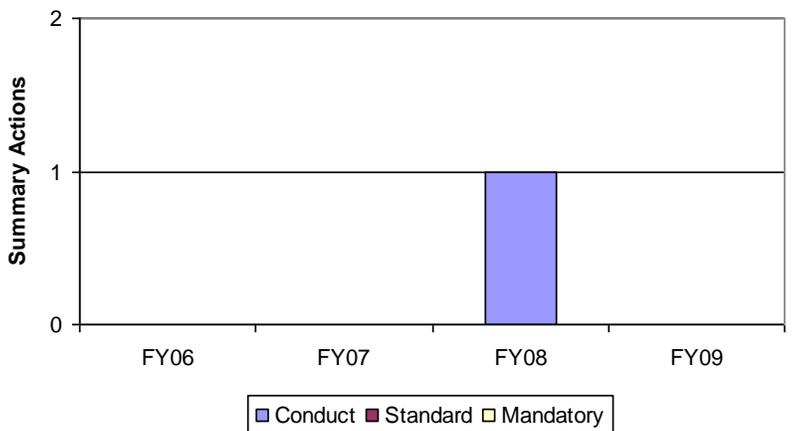
The number of complaints has dropped slightly since 2007. The number of investigations completed has risen significantly in proportion to the number of investigations authorized by the board.



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.



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.



Rule Making and Policy Activities

Legislation in 2006 mandated a uniform standard of licensure for Washington state optometrists. In 2006, there were five levels of licensure.

Specifically, the bill required that:

- **By January 1, 2007**, any optometrist who receives an initial (first) license in Washington must be licensed at the highest level.
- **By January 1, 2009**, all optometrists licensed to practice optometry in Washington must meet the requirements to use or prescribe topically applied drugs for diagnostic and therapeutic purposes (DPA and TPA).
- **By January 1, 2011**, all optometrists licensed to practice optometry in Washington must meet the requirements to practice at the highest level including the use or prescription of topically applied drugs for diagnostic and therapeutic purposes (DPA and TPA), meet the requirements to use or prescribe oral drugs, and meet the requirements for the administration of injectable epinephrine.

The board is continuing to communicate with licensees to keep them informed on licensing requirements and available training opportunities.

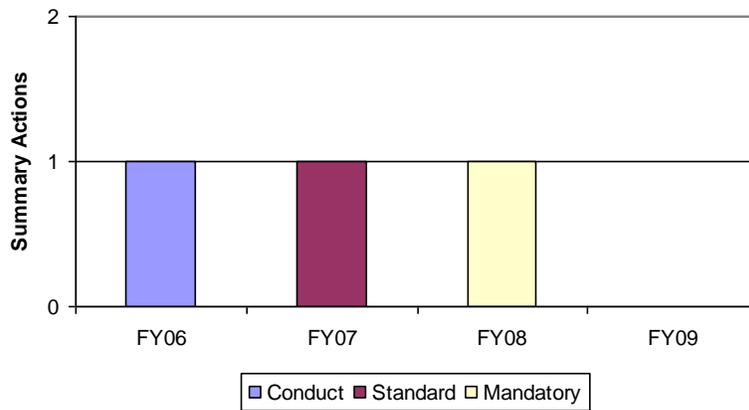
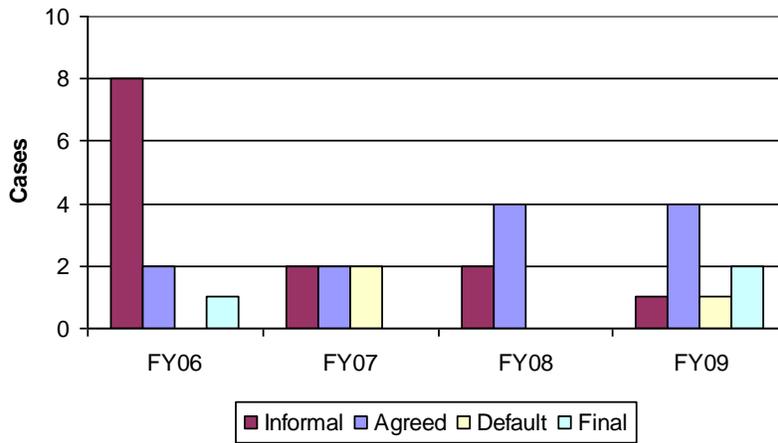
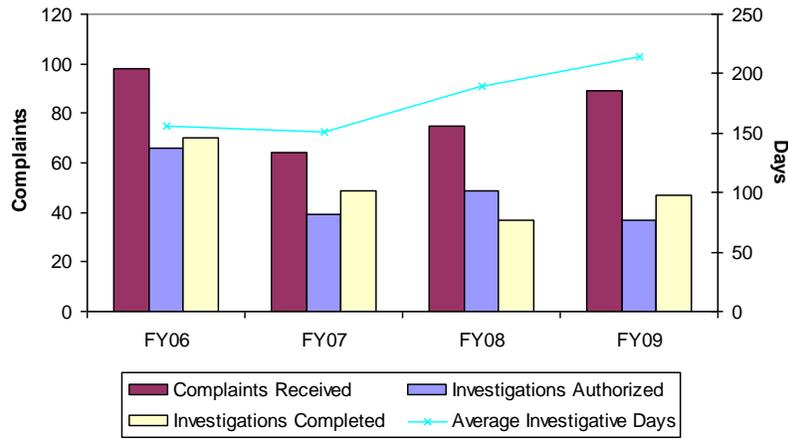
Budget

A three-year summary showing starting and ending balances revenue and expenditures.

An increase in fees is reflected in the increase in revenue in FY 2009. The majority of the increase in expenditures is in the area of investigation and adjudication of complaints.

	Revenue	Expenditures	Balance
			\$222,011
FY2006	\$168,687	\$225,406	\$165,292
FY2007	\$162,528	\$181,907	\$145,913
FY2008	\$157,598	\$227,556	\$75,955
FY2009	\$245,027	\$252,210	\$68,772

Three Year Disciplinary Summary – Board of Osteopathic Medicine and Surgery



Rulemaking and policy activities –

Non-surgical medical cosmetic procedures

The board continued development for rules for non-surgical medical cosmetic procedures for osteopathic physicians and osteopathic physician assistants. The board approved draft language that is out for public comment.

Office-based surgery using sedation

The board continued development for rules of sedation in office-based surgeries as authorized in HB 1414 (2007 legislation). In July 2009, members from the Board of Osteopathic Medicine and Surgery, the Podiatric Medical Board and the Medical Quality Assurance Commission met to ensure similar language appears in the rule language. The board approved filing the draft rules for hearing.

Retired-active status

The board received a petition to consider implementing a retired active status for osteopathic physicians. The board determined to pursue rule making to create a retired active license for osteopathic physicians.

Budget

A three-year summary showing starting and ending balances, revenue and expenditures.

	Revenue	Expenditures	Balance
			\$844,543
FY2006	\$160,931	\$505,261	\$500,213
FY2007	\$218,551	\$540,527	\$178,237
FY2008	\$582,568	\$640,252	\$120,552
FY2009	\$944,045	\$487,113	\$577,484

Three Year Disciplinary Summary – Pharmacy Board

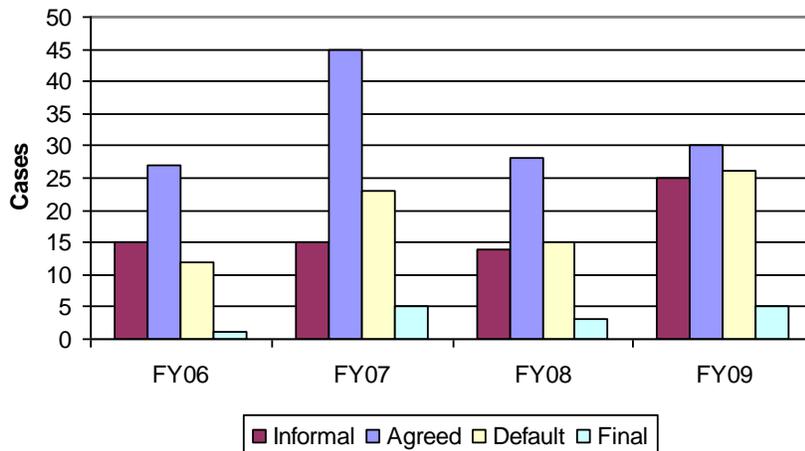
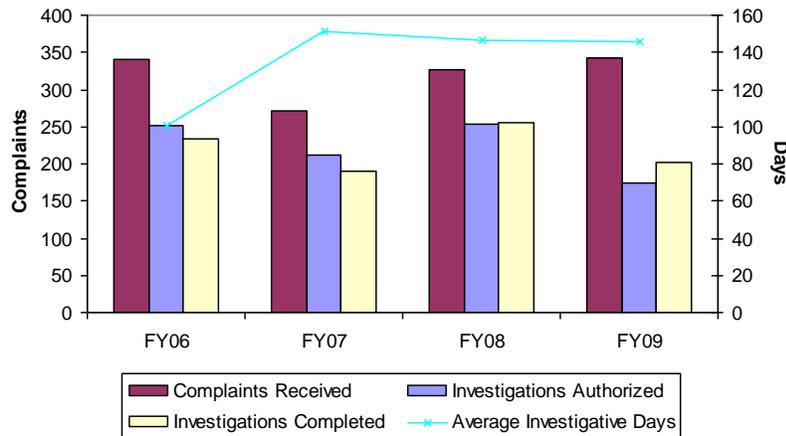
The Washington State Board of Pharmacy was created by an act of the legislature (Chapter 13, Laws of 1891). The board held its first meeting on June 15, 1891. The board was established to perform two main functions. The first was to examine and license pharmacies, shopkeepers and others who sell non-prescription remedies, drug manufacturers and pharmaceutical wholesalers. The second function was to control the distribution of drugs.

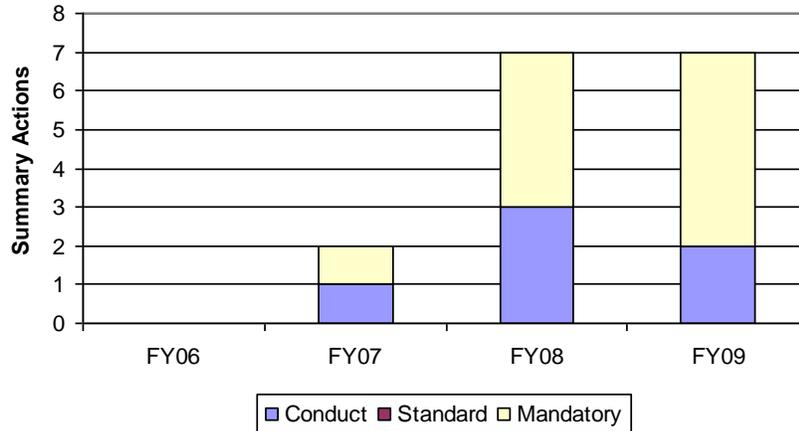
The board consists of seven members appointed by the governor. Five are licensed pharmacists and two represent the public at large. Board members serve for four years. No member may serve more than two terms.

The board oversees the practice of 13 credential types, including pharmacists, pharmacy interns, technicians and assistants.

Board’s Mission Statement

The Board of Pharmacy’s mission is to achieve the highest standards in the practice of pharmacy, to promote public health and safety, and to effectively communicate with the governor, legislature, the Department of Health, the public and the profession.





Rule Making and Policy Activities –

The following is a list and brief description of the board’s current rule making activities and goals:

- WAC 246-887-170 Implementation of Uniform Controlled Substance Act. The board has completed stakeholder work and an intensive study regarding the scheduling of carisoprodol. The draft rule language should be filed in August 2009.
- Sections of chapters 246-886 and 887 WAC. The board filed the intent to open rulemaking on May 13, 2009. The board is currently drafting rule language with stakeholders to clarify existing standards and to establish enforceable standards documented in the board’s model policies and procedures for the administration and recordkeeping of legend drugs by animal control agencies and humane societies.
- WAC 246-883-020. The board will file the intent to open rulemaking and begin stakeholder work to update the legend drug list referenced in the rule.
- Chapter 246-874 WAC Pharmaceutical Services – Correctional Pharmacies. The board has completed rule writing workshops for rules specific to pharmacies operated in whole or part by a correctional facility. Filing of the draft rule language is targeted for October 2009.

Additional Priority Rules:

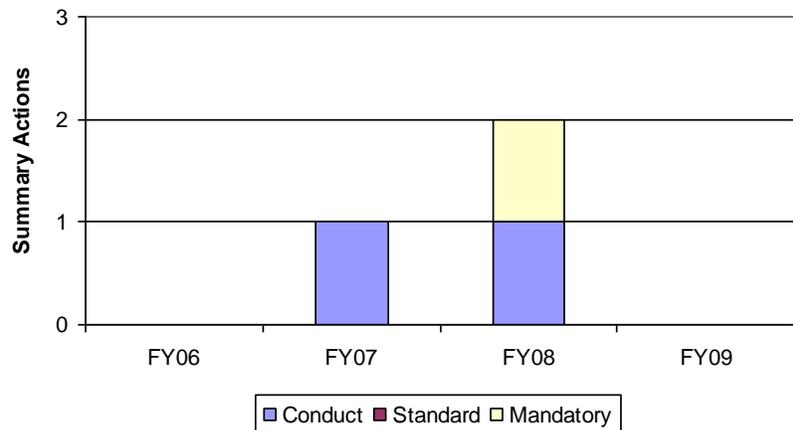
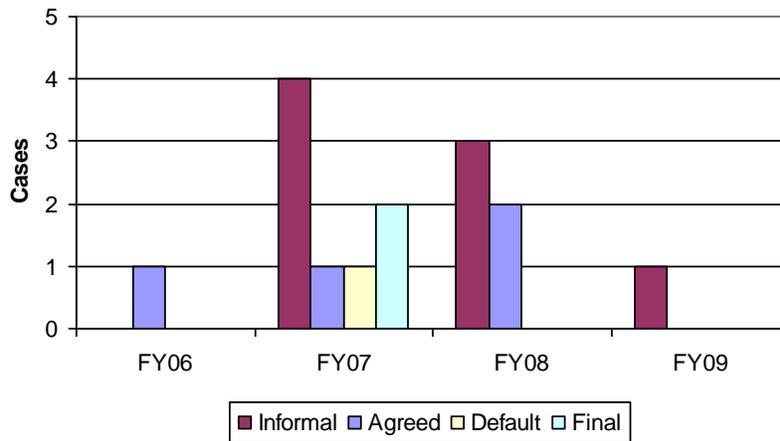
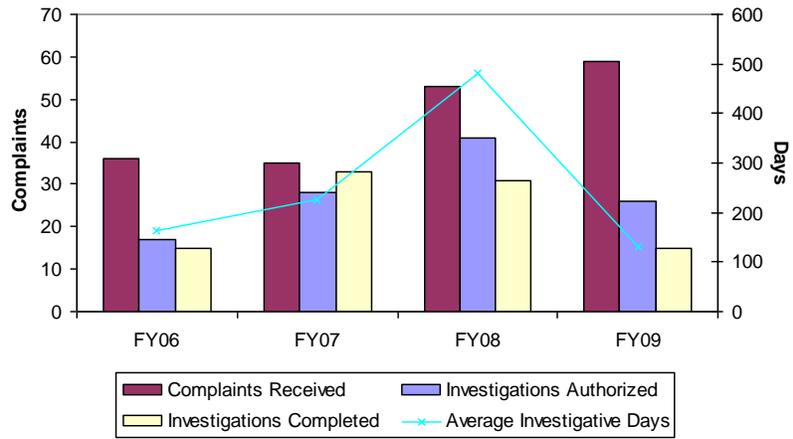
- Amending WAC 246-867-050(v) Impaired Pharmacist Rehabilitation
- Updating chapter 246-873 – Hospital Standards.
- Updating chapter 246-858 – Pharmacist – Internship Requirements.
- New telepharmacy rules.

Budget

A three-year summary showing starting and ending balances, revenue and expenditures.

	Revenue	Expenditures	Balance
			\$2,617,346
FY2006	\$2,765,870	\$2,886,978	\$2,496,238
FY2007	\$2,827,803	\$3,145,374	\$2,178,666
FY2008	\$3,167,589	\$3,895,621	\$1,450,634
FY2009	\$3,816,692	\$4,028,473	\$1,238,853

Three Year Disciplinary Summary – Physical Therapy

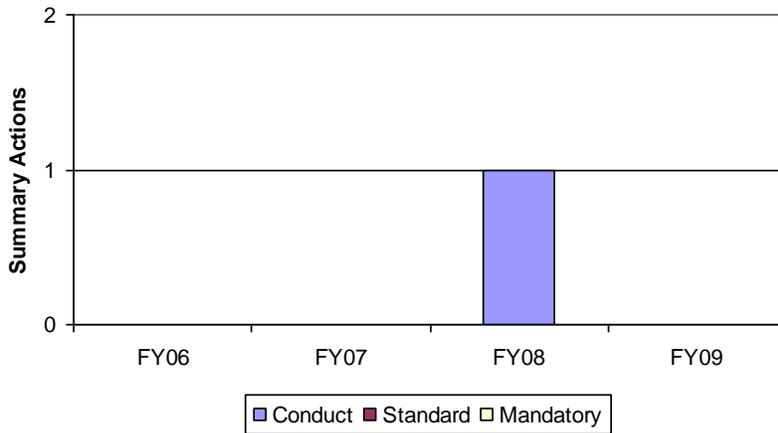
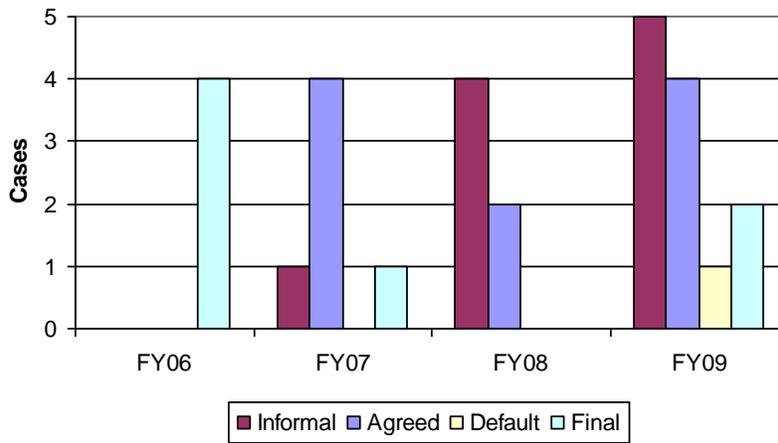
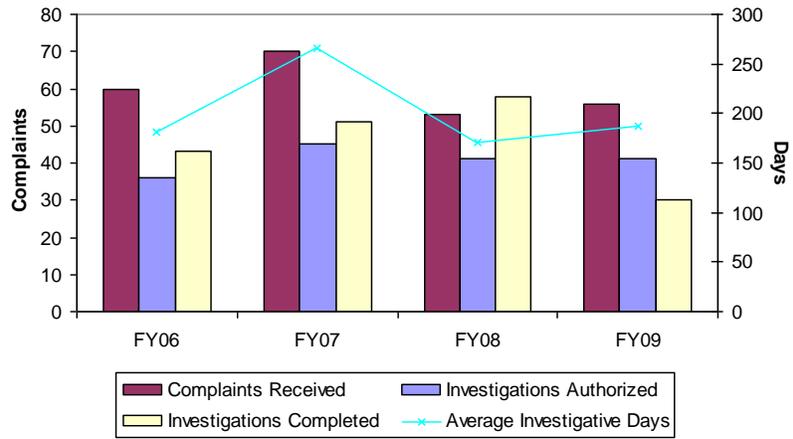


Budget

A three-year summary showing starting and ending balances, revenue and expenditures.

	Revenue	Expenditures	Balance
			\$676,030
FY2006	\$169,481	\$270,455	\$575,056
FY2007	\$191,860	\$416,386	\$350,530
FY2008	\$361,800	\$572,067	\$140,263
FY2009	\$439,378	\$347,409	\$232,231

Three Year Disciplinary Summary – Board of Psychology



Rule Making and Policy Activities

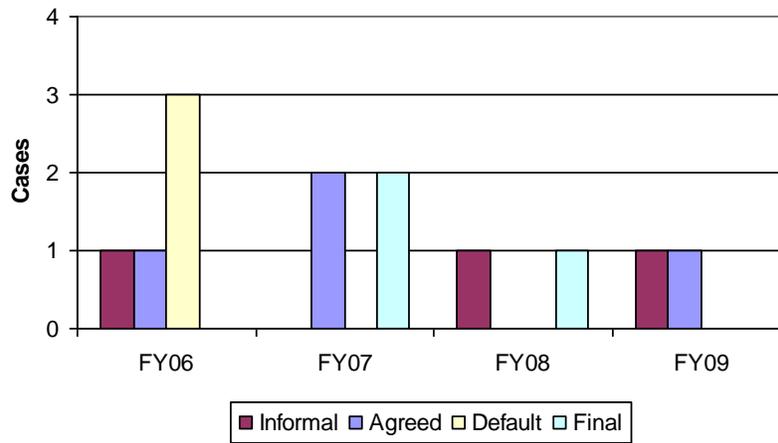
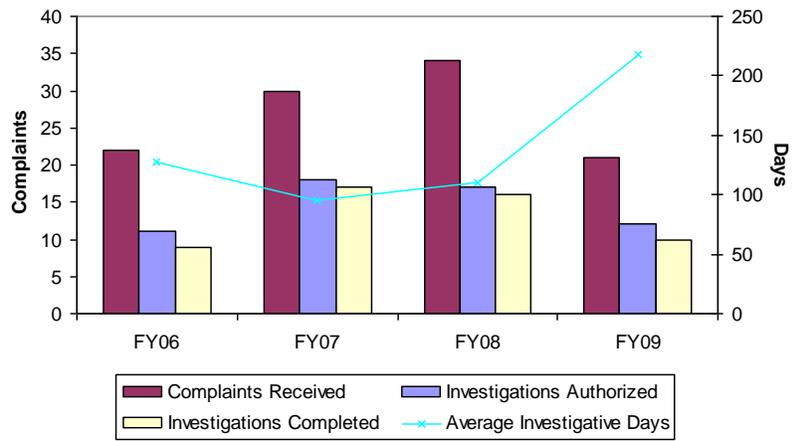
- Legislation was passed in 2004 to eliminate barriers to licensing for health professionals. The legislation gave further authority and discretion to the board in several areas including determination of the method of administration of the licensing examination. It also allowed the board to recognize credentials issued by certain professional organizations. As a result of the legislation, the board has adopted new licensing requirements that took effect on September 1, 2009.
- The board has adopted standards for psychologists to follow when conducting Parenting Plan Evaluations. The intent of the rules is to provide clear guidance for the psychologists to follow when assessing their patients and reporting their findings. The board also hopes that by establishing standards, parenting evaluations will be more consistent and reliable, increasing public and court confidence. Psychologists will know what the minimum standards are for conducting these evaluations and clients will be better informed about the evaluation process.
- In October 2005, the board amended its rules relating to maintenance and retention of records, WAC 246-924-354. These rules outline the requirements for documentation of services provided, requirements for the length of time records must be kept, the requirement of written policy ensuring maintenance and confidentiality of the client records and the requirement for the proper disposal of records.
- The board has also determined that telemedicine is an up-and-coming issue. It is currently monitoring what is happening with other jurisdictions and with other health professions regarding this issue. The board believes it will see more questions and concerns raised about this issue.
- The board had continued in the development of the state jurisprudence examination.
- The board had developed a procedure for approval of accommodation requests for both the jurisprudence examination and the Examination for Professional Practice in Psychology.
- The board has updated its sexual misconduct rule language.

Budget

A three-year summary showing starting and ending balances, revenue and expenditures.

	Revenue	Expenditures	Balance
			\$802,859
FY2006	\$175,067	\$418,299	\$559,626
FY2007	\$226,889	\$524,530	\$261,985
FY2008	\$599,514	\$670,952	\$190,547
FY2009	\$639,693	\$546,904	\$283,335

Three Year Disciplinary Summary – Podiatric Medical Board



Rulemaking and policy activities –

Office-based surgery using sedation

The board continued development for rules of sedation in office-based surgeries as authorized in House Bill 1414 (2007 legislation). In July 2009, members from the Podiatric Medical Board, the Board of Osteopathic Medicine and Surgery, and the Medical Quality Assurance Commission met to ensure similar language appears in the rule language. The board approved filing draft rule language for hearing.

Orthotic device definitions and prescribing

The board continued development for rules clarifying definitions for orthotic devices. The board also continued development for rules to identify the differences between prescription and non-prescription orthotic devices. The board approved filing the draft rule language for hearing.

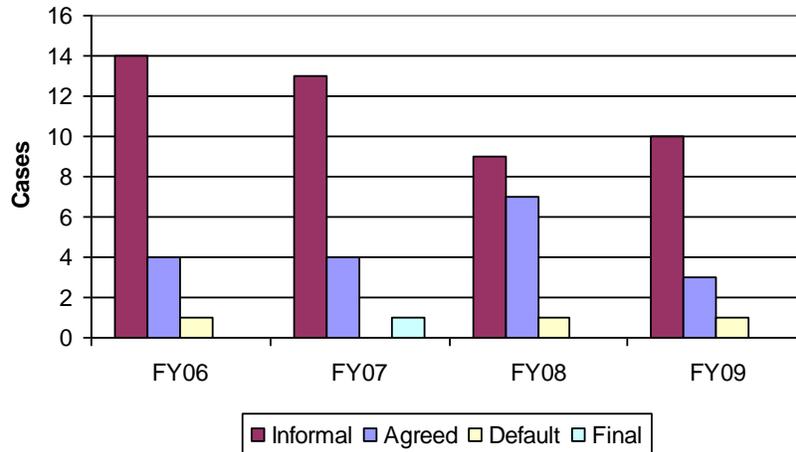
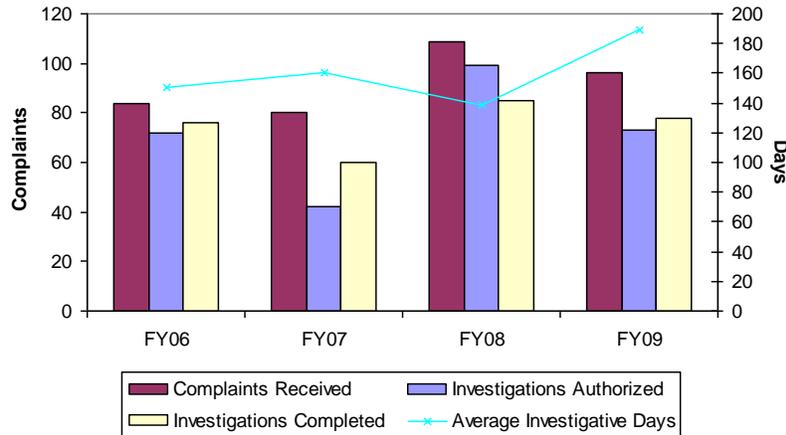
Budget

A three-year summary showing starting and ending balances, revenue and expenditures.

	Revenue	Expenditures	Balance
			\$229,965
FY2006	\$192,297	\$198,624	\$223,638
FY2007	\$202,234	\$265,995	\$159,877
FY2008	\$242,627	\$248,660	\$153,843
FY2009	\$315,355	\$186,672	\$282,527

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.



Rule Making and Policy Activities

The Veterinary Board of Governors has adopted, amended, or is considering the following rule or amendment:

WAC 246-933-320 General requirements for all veterinary medical facilities

The board is currently reviewing this rule to update and clarify facilities requirements and for potential amendments to the section on maintenance and release of records.

WAC 246-935-060 Eligibility for examination as veterinary technician.

Currently, veterinary technicians who seek credentialing through an accredited educational program must complete an American Veterinary Medical Association (AVMA) approved program. The AVMA recognizes the Canadian Veterinary Medical Association (CVMA) Animal Health Technologist/Veterinary Technician Program Accreditation Committee (AHT/VTPAC) process for accreditation of Canadian veterinary technologist or technician programs. The proposed rule recognizes veterinary technology or technician programs that are accredited by the CVMA. Recognition of accredited Canadian programs will reduce the barriers for graduates of those accredited programs who are seeking licensure in Washington.

Licensed Veterinary Technician rules, WAC 246-935-010 Definition, WAC 246-935-040 Responsibilities of veterinarian supervising a veterinary technician or an unregistered assistant, and WAC 246-935-050 Animal Health Care Tasks.

The amended rules simplify and clarify both the tasks that may be performed by licensed veterinary technicians and unregistered assistants and under what level of supervision the tasks may be performed. The amended rules also more effectively describe the roles and responsibilities of the supervising veterinarian, the licensed veterinary technician, and the unregistered assistant.

Chapter 246-933 WAC, amending WAC 246-933-300 Veterinary specialty licensure.

The board recently approved the Program for Assessment of Veterinary Education Equivalence (PAVE). The board also approves the Education Commission for Foreign Veterinary Graduates (ECFVG) program. Both programs assess the educational equivalence of graduates from non-accredited programs. The board has authority to issue a specialty license and has adopting of the PAVE program as an additional option under veterinary specialty licensure, WAC 246-933-300.

WAC 246-935-145 through WAC 246-935-240. Purpose and performance of practical experience standard tasks and procedures and supervising veterinarian’s attestation. The purpose of these rules is to identify standard tasks and procedures that must be included in the experience of a person who qualifies to take the veterinary technician licensing examination through a period of a minimum of five years of experience. The rules provide categories of required tasks and procedures, and designate the method in which proficiency in these tasks and procedures should be demonstrated. The supervising veterinarian is required to complete an attestation verifying successful completion of the required tasks and procedures.

Budget

A three-year summary showing starting and ending balances, revenue and expenditures.

	Revenue	Expenditures	Balance
			\$264,660
FY2006	\$519,262	\$421,576	\$362,346
FY2007	\$525,026	\$448,021	\$439,351
FY2008	\$558,054	\$499,247	\$498,159
FY2009	\$476,550	\$528,803	\$445,905

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

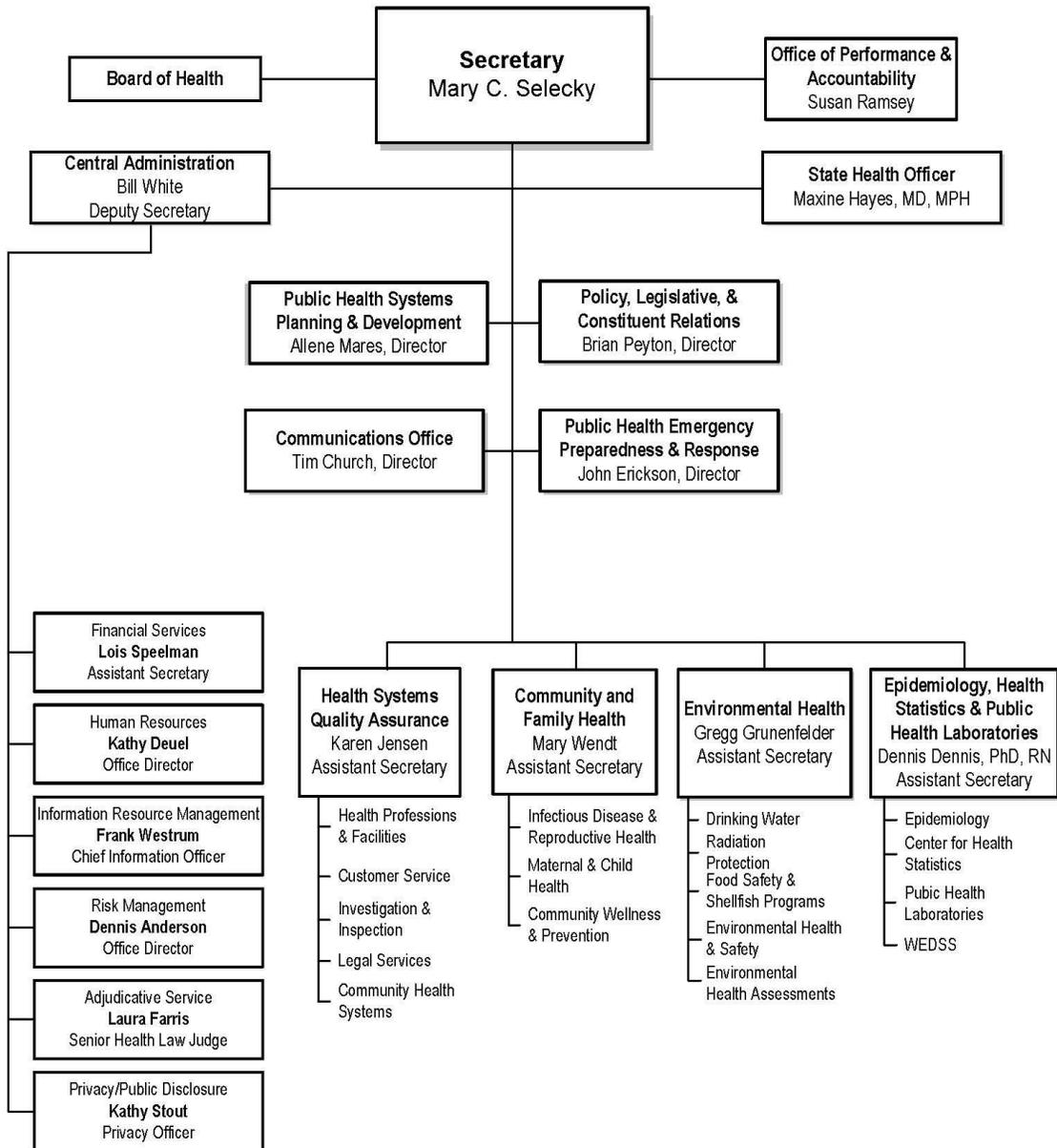
[APPENDIX I](#) – Case appeals activity

[APPENDIX J](#) – Violations and sanctions

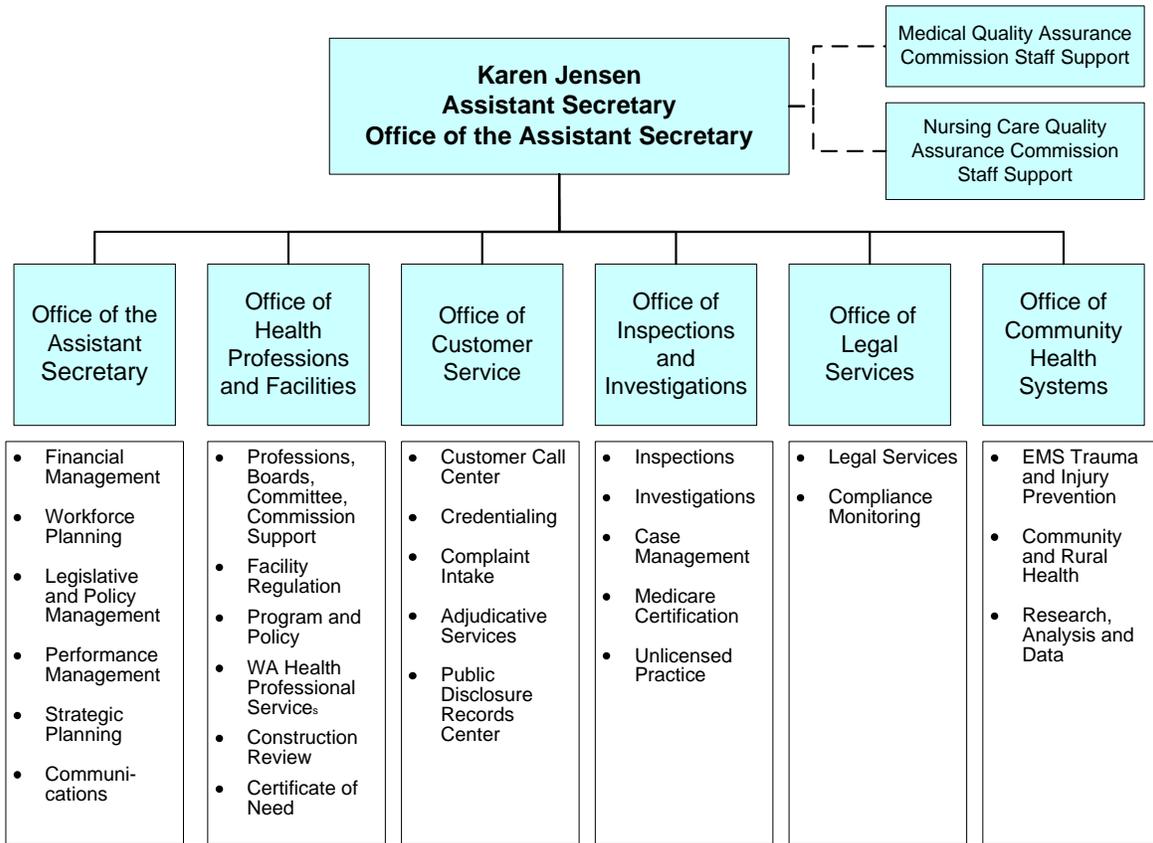
[APPENDIX K](#) – Chemically impaired practitioners

Appendix A—Department of Health and Health Systems Quality Assurance Organizational Charts

Washington State Department of Health Organizational Chart



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 • 1 public member 	7
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 	5
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

Athletic Trainers Advisory Committee ⁷ <ul style="list-style-type: none"> • 4 athletic trainers • 1 public member 	5
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 • 2 physicians • 3 licensed midwives • 1 public member 	7
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

⁷ RCW 18.250.030 established an advisory committee, but the Secretary has not appointed its members yet.

<p>Sex Offender Treatment Providers Advisory Committee</p> <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
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Secretary authority professions – no advisory committees

<ul style="list-style-type: none"> • 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	2009	Growth/ Decline 1999-2009
Acupuncturist	458	648	841	950	1,046	1,064	1,131	147%
Advanced Registered Nurse Practitioner	2,871	3,123	3,412	3,706	4,058	4,323	4,535	58%
Athletic Trainer							372	
Audiologist	257	279	348	363	395	403	386	50%
Chemical Dependency Professional	0	2,378	2,540	2,559	2,687	2,666	2,654	12%
Chiropractic X-Ray Technician	217	202	209	217	257	224	234	8%
Chiropractor	2,138	2,223	2,320	2,164	2,291	2,243	2,249	5%
Counselor Registered	16,301	15,724	15,820	16,966	18,317	17,579	15,606	-4%
Dental Assistant							9,339	
Dental Hygienist	3,815	4,049	4,359	4,706	5,015	4,975	5,196	36%
Dentist	4,953	5,214	5,585	5,876	5,825	5,874	5,923	20%
Denturist	93	97	123	142	158	134	140	51%
Dietitian Nutritionist	738	807	948	1,055	1,201	1,238	1,323	79%
Dispensing Optician	903	929	942	879	927	924	934	3%
Dispensing Optician Apprentice	759	N/A	855	854	992	995	1,018	34%
Emergency Medical Technician							14,376	
First Responder							806	
Health Care Assistant	9,340	10,143	11,803	13,082	15,424	15,709	15,991	71%
Hearing Instrument Fitter Dispenser	329	313	321	275	271	274	263	-20%
Humane Society	0	0	10	10	9	9	6	-40%
Hypnotherapist	295	340	363	408	503	544	577	96%
Intermediate Life Support Technician							358	
Intravenous Therapy Technician							597	
Licensed Practical Nurse	14,624	14,167	14,153	14,401	14,592	14,164	14,085	-4%
Marriage and Family Therapist	0	889	907	914	999	1,003	1,056	19%
Massage Therapist	7,774	9,211	10,362	11,987	13,468	13,099	13,018	67%
Mental Health Counselor	0	3,645	3,919	4,094	4,349	4,416	4,521	24%
Midwife	108	115	97	90	89	91	105	-3%
Naturopathic Physician	398	472	577	727	843	865	939	136%
Nursing Assistant	45,110	48,159	53,320	58,932	65,100	63,740	66,991	49%
Nursing Home Administrator	640	600	552	447	451	434	443	-31%
Nursing Pool Operator	83	158	198	167	164	174	201	142%
Nursing Technician	0	0	202	508	769	581	551	173%
Occupational Therapist	2,114	2,098	2,212	2,355	2,512	2,553	2,644	25%
Occupational Therapy Assistant	584	548	537	542	573	569	565	-3%
Ocularist	6	6	13	10	7	7	8	33%
Optometrist	1,339	1,415	1,436	1,519	1,559	1,491	1,475	10%
Orthotics Prosthetics	150	205	202	211	228	229	245	63%
Osteopathic Physician	682	713	771	816	1,000	1,029	1,119	64%
Osteopathic Physician Assistant	49	37	42	34	36	33	45	-8%
Paramedic							2,103	
Pharmacies and Other Pharmaceutical Firms	2,166	2,300	2,498	2,786	3,037	2,996	3,197	48%
Pharmacist	6,548	7,183	7,016	7,299	7,814	7,957	8,216	25%
Pharmacy Assistant	0	1,232	3,108	3,624	5,099	5,488	6,123	397%
Pharmacist Intern	658	310	698	700	1,037	1,084	1,141	73%
Pharmacy Technician	4,532	5,270	6,156	7,120	8,155	8,257	8,568	89%
Physical Therapist	3,678	3,809	4,146	4,511	4,878	4,874	5,042	37%
Physical Therapist Assistant							1,258	
Physician	18,249	18,953	20,911	21,173	23,520	23,844	24,670	35%
Physician Assistant	1,266	1,424	1,605	1,810	2,022	2,109	2,220	75%
Podiatrist	289	300	312	285	311	297	309	7%
Psychological Assistant							2	
Psychologist	1,539	1,620	1,706	1,893	2,063	2,108	2,195	43%
Radiological Technologist	3,325	3,684	4,313	4,704	5,358	5,495	5,607	69%
Recreation Therapist	0	0	17	134	148	142	131	-2%
Registered Nurse	61,145	63,016	65,247	68,459	73,894	75,798	79,740	30%
Respiratory Care Practitioner	2,039	2,035	2,098	2,196	2,286	2,270	2,384	17%
Retired Volunteer Medical Worker							4	
Sex Offender Treatment Provider	143	140	143	152	160	155	151	6%
Social Worker	0	2,648	2,763	2,852	3,035	3,083	3,116	18%
Speech Language Pathologist	664	459	1,068	1,281	1,532	1,544	1,662	150%
Surgical Technologist	0	1,227	1,507	1,732	2,237	2,382	2,544	107%
Veterinarian	2,681	2,715	2,744	2,828	2,955	2,934	3,023	13%
Veterinary Medication Clerk	206	235	299	357	393	376	381	85%
Veterinary Technician	700	817	930	1,101	1,246	1,294	1,433	105%
X-Ray Technician	1,516	1,640	1,848	1,978	1,997	1,972	1,928	27%
Total	231,197	252,257	271,432	290,941	319,292	320,115	359,173	55%

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 UDA, chapter 18.130 RCW, to require time lines for adjudication of complaints. HPQA 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. HPQA 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 past two biennia:

- Closure for all case types, on average, with or without disciplinary proceedings increased 8 percent, from 154 to 166 days.
- Closure without disciplinary proceedings increased 18 percent, from 114 to 134 days.
- Closure with disciplinary proceedings (adjudication) decreased 18 percent, from 415 to 340 days.
- Closure with agreed orders and final orders (a subset of adjudication) increased 29 percent, from 423 days to 544. Specific data on average time to close with an agreed order or final order 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 2009

Closure Type	N	Basic Time Period (Calendar Days)	Average Days 7/1/08 - 6/30/09	% of Cases Within Basic Period
Allegations Withdrawn	15	405	469	33
Charges Withdrawn	41	606	349	83
Closed Prior to Investigation	2,980	21	16	76
Closed after Investigation	2,822	331	253	78
Closed with Informal Disposition	312	405	470	57
Closed with Default Order	237	486	290	76
Closed with Agreed Order	266	606	490	30
Closed with Final Order	76	606	649	39
Closed with Notice of Determination	317		143	

Appendix E—Criminal Convictions Fiscal Year 2009

	Total Applicants	Applicants with Convictions	Applicants who Disclosed	Applicants not Disclosing	% with Convictions	% who Disclosed	% not Disclosing
Acupuncturist	95	1	1	0	1%	100%	0%
Advanced Registered Nurse Practitioner	424	2	1	1	0%	50%	50%
Athletic Trainer	379	6	3	3	2%	50%	50%
Audiologist, Hearing Instrument Fitter Dispenser, Speech Language Pathologist	278	1	1	0	0%	100%	0%
Chemical Dependency Professional	169	33	30	3	20%	91%	9%
Chiropractic X-Ray Technician	47	3	3	0	6%	100%	0%
Chiropractor	109	2	2	0	2%	100%	0%
Counselor, Registered	2,421	152	119	33	6%	78%	22%
Dental Assistant	10,030	336	142	194	3%	42%	58%
Dental Auxiliary, Expanded Function	3	0	0	0	0%	0%	0%
Dental Hygienist	265	8	6	2	3%	75%	25%
Dentist	311	2	1	1	1%	50%	50%
Denturist	15	3	3	0	20%	100%	0%
Dietitian Nutritionist	131	2	2	0	2%	100%	0%
Dispensing Optician	31	1	0	1	3%	0%	100%
Dispensing Optician Apprentice	230	9	4	5	4%	44%	56%
Emergency Medical Technician	1,539	57	25	32	4%	44%	56%
First Responder	73	4	2	2	5%	50%	50%
Health Care Assistant	3,254	90	45	45	3%	50%	50%
Humane Society	1	0	0	0	0%	0%	0%
Hypnotherapist	79	1	0	1	1%	0%	100%
Intermediate Life Support Technician	49	0	0	0	0%	0%	0%
Intravenous Therapy Technician	71	4	1	3	6%	25%	75%
Licensed Practical Nurse	1,272	36	25	11	3%	69%	31%
Marriage and Family Therapist	70	1	0	1	1%	0%	100%
Massage Therapist	1,270	57	45	12	4%	79%	21%
Mental Health Counselor	245	1	0	1	0%	0%	100%
Midwife	19	0	0	0	0%	0%	0%
Naturopathic Physician	81	0	0	0	0%	0%	0%
Nursing Assistant	14,749	400	172	228	3%	43%	57%
Nursing Home Administrator	30	1	0	1	3%	0%	100%
Nursing Pool	63	0	0	0	0%	0%	0%
Nursing Technician	462	7	6	1	2%	86%	14%
Occupational Therapist	212	0	0	0	0%	0%	0%
Occupational Therapy Assistant	40	0	0	0	0%	0%	0%
Ocularist	1	0	0	0	0%	0%	0%
Optometrist	58	1	0	1	2%	0%	100%
Orthotist Prosthetist	13	0	0	0	0%	0%	0%
Osteopathic Physician	165	0	0	0	0%	0%	0%
Osteopathic Physician Assistant	17	1	0	1	6%	0%	100%
Paramedic	152	2	0	2	1%	0%	100%
Pharmacist	413	7	4	3	2%	57%	43%
Pharmacist Intern	428	4	2	2	1%	50%	50%
Pharmacy Assistant	2,124	59	28	31	3%	47%	53%
Pharmacy Technician	742	33	25	8	4%	76%	24%
Physical Therapist	415	1	0	1	0%	0%	100%
Physical Therapist Assistant	1,315	29	11	18	2%	38%	62%
Physician	2,096	3	0	3	0%	0%	100%
Physician Assistant	211	2	1	1	1%	50%	50%
Podiatrist	17	0	0	0	0%	0%	0%
Psychologist	134	2	1	1	1%	50%	50%
Radiologic Technologist	497	20	10	10	4%	50%	50%
Recreational Therapist	11	0	0	0	0%	0%	0%
Registered Nurse	6,274	64	38	26	1%	59%	41%
Respiratory Care Practitioner	247	11	6	5	4%	55%	45%
Sex Offender Treatment Provider	11	0	0	0	0%	0%	0%
Social Worker	134	1	1	0	1%	100%	0%
Surgical Technologist	361	8	2	6	2%	25%	75%
Veterinarian	164	1	0	1	1%	0%	100%
Veterinary Medication Clerk	128	3	0	3	2%	0%	100%
Veterinary Technician	162	2	0	2	1%	0%	100%
X-Ray Technician	414	22	13	9	5%	59%	41%
Total	55,221	1,496	781	715	3%	52%	48%

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 fiscal year 2009.

Investigation

During the year, HSQA received a total of 7,429 new complaints against credentialed health care providers and people practicing illegally without a license. This represents a six percent increase from fiscal year 2008. A total of 3,467 open complaints carried over from the previous fiscal year. During the 2009 fiscal year 3,714 investigations were authorized, a decrease of 14 percent from the 4,305 investigations authorized during the previous year.

A total of 3,888 investigations were completed during the year, including unlicensed practice investigations. This is a 5 percent decrease in investigations from last year.

Investigation Activity by Profession

Credential Type	Carry Over from FY2008	Complaints Received	Total Complaints	Investigations Completed	Unlicensed Investigations	Total Investigations
Acupuncturist	11	20	31	10	0	10
Advanced Registered Nurse Practitioner	76	135	211	64	0	64
Athletic Trainer	0	4	4	0	0	0
Audiologist, Hearing Instrument Fitter Dispenser, Speech Language Pathologist	13	19	32	13	2	15
Chemical Dependency Professional	84	115	199	91	1	92
Chiropractic X-Ray Technician	1	6	7	2	0	2
Chiropractor	113	125	238	102	2	104
Counselor, Registered	199	369	568	217	9	226
Dental Assistant	0	108	108	18	2	20
Dental Hygienist	13	22	35	16	0	16
Dentist	212	431	643	270	0	270
Denturist	24	23	47	29	0	29
Dietitian Nutritionist	2	5	7	4	0	4
Dispensing Optician	7	19	26	5	4	9
Dispensing Optician Apprentice	0	6	6	6	0	6
Emergency Medical Technician	0	58	58	42	0	42
First Responder	0	1	1	3	0	3
Health Care Assistant	86	203	289	132	3	135
Humane Society	1	1	2	0	0	0
Hypnotherapist	7	6	13	2	1	3
Intermediate Life Support Technician	0	4	4	3	0	3
Intravenous Therapy Technician	0	4	0	0	0	0
Licensed Practical Nurse	229	471	700	139	2	141
Marriage and Family Therapist	12	23	35	16	0	16
Massage Therapist	56	183	239	99	28	127
Mental Health Counselor	51	90	141	61	1	62
Midwife	4	7	11	1	0	1
Naturopathic Physician	9	23	32	13	0	13
Nursing Assistant	474	1,916	2,390	583	3	586
Nursing Home Administrator	13	32	45	20	1	21
Nursing Pool	0	6	6	1	0	1
Nursing Technician	1	5	6	4	0	4

Credential Type	Carry Over from FY2008	Complaints Received	Total Complaints	Investigations Completed	Unlicensed Investigations	Total Investigations
Ocularist	0	0	0	0	0	0
Occupational Therapist	5	4	9	5	0	5
Occupational Therapy Assistant	1	3	4	0	0	0
Optometrist	20	27	47	16	0	16
Orthotist Prosthetist	1	9	10	2	0	2
Osteopathic Physician	55	88	143	46	0	46
Osteopathic Physician Assistant	0	1	1	0	0	0
Paramedic	0	16	16	12	0	12
Pharmacies and Other Pharmaceutical	25	32	57	5	0	5
Pharmacist	82	218	300	123	0	123
Pharmacist Intern	2	2	4	2	0	2
Pharmacy Assistant	21	31	52	20	1	21
Pharmacy Technician	34	60	94	40	1	41
Physical Therapist	19	35	54	10	0	10
Physical Therapist Assistant	0	24	24	4	0	4
Physician	658	1,082	1,740	897	11	908
Physician Assistant	36	77	113	40	0	40
Podiatrist	15	21	36	10	0	10
Psychologist	35	56	91	28	0	28
Radiologic Technologist	10	25	35	16	1	17
Recreational Therapist	1	0	1	1	0	1
Registered Nurse	507	956	1,463	417	2	419
Respiratory Care Practitioner	10	15	25	10	0	10
Sex Offender Treatment Provider	8	15	23	5	0	5
Social Worker	27	37	64	31	0	31
Surgical Technologist	7	7	14	2	2	4
Unknown/Unlicensed	119	14	133	0	3	3
Veterinarian	52	93	145	64	3	67
Veterinary Medication Clerk	1	0	1	0	0	0
Veterinary Technician	7	2	9	2	1	3
X-Ray Technician	11	39	50	30	0	30
Total	3,467	7,429	10,896	3,804	84	3,888

Percentage of Investigations Completed

The following tables compare investigations completed to the number of complaints received. As noted earlier, complaints may include issues associated with an application for a license. 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 36 percent (908) of the 2,516 board and commission investigations completed; completed nursing assistant investigations represented 43 percent (586) of the 1,372 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, 31 percent (28) of the 91 complaints received by the Board of Psychology were investigated.

Complaints Related to Applications

Credential Type	Complaints
Advanced Registered Nurse Practitioner License	1
Athletic Trainer License	1
Chemical Dependency Professional Certification	15
Chiropractor License	3
Counselor Registration	88
Dental Assistant Registration	80
Dentist License	2
Dentist Moderate Sedation with Parenteral Agents Permit	1
Denturist License	1
Emergency Medical Technician Certification	14
First Responder Certification	1
Health Care Assistant Certification	43
Hypnotherapist Registration	1
Massage Practitioner License	35
Naturopathic Physician License	1
Nursing Assistant Certification	39
Nursing Assistant Registration	66
Nutritionist Certification	2
Osteopathic Physician & Surgeon License	1
Paramedic Certification	3
Pharmacist Intern Registration	1
Pharmacist License	1
Pharmacy Assistant License	13
Pharmacy License	1
Pharmacy Technician Certification	5
Physical Therapist Assistant License	7
Physical Therapist Assistant Temporary Permit	2
Physician And Surgeon License	12
Physician And Surgeon Residency License	1
Physician Assistant Interim Permit	1
Physician Assistant License	1
Radiologic Technologist Certification	1
Registered Nurse License	3
Respiratory Care Practitioner License	1
Surgical Technologist Registration	1
X-Ray Technician Registration	2
Total	451

Board and Commission Professions Percentage of Investigations Completed

Credential Type	Carry Over from FY08	Complaints Received	Total Complaints	Total Investigations	% of Total Board/ Commission Investigations	% of Profession Investigations to Complaints
Audiologist, Hearing Instrument Fitter Dispenser, Speech Language Pathologist	13	19	32	15	1	47
Chiropractic X-Ray Technician	1	6	7	2	0	29
Chiropractor	113	125	238	104	4	44
Dental Assistant	0	108	108	20	1	19
Dentist	212	431	643	270	11	42
Humane Society	1	1	2	0	0	0
Licensed Practical Nurse	229	471	700	141	6	20
Nursing Home Administrator	13	32	45	21	1	47
Nursing Technician	1	5	6	4	0	67
Occupational Therapist	5	4	9	5	0	56
Occupational Therapy Assistant	1	3	4	0	0	0
Optometrist	20	27	47	16	1	34
Osteopathic Physician	55	88	143	46	2	32
Osteopathic Physician Assistant	0	1	1	0	0	0
Pharmacies and Other Pharmaceutical Firms	25	32	57	5	0	9
Pharmacist	82	218	300	123	5	41
Pharmacist Intern	2	2	4	2	0	50
Pharmacy Assistant	21	31	52	21	1	40
Pharmacy Technician	34	60	94	41	2	44
Physical Therapist	19	35	54	10	0	19
Physical Therapist Assistant	0	24	24	4	0	17
Physician	658	1,082	1,740	908	38	52
Physician Assistant	36	77	113	40	2	35
Podiatrist	15	21	36	10	0	28
Psychologist	35	56	91	28	1	31
Registered Nurse, ARNP	583	1,091	1,674	483	20	29
Veterinarian	52	93	145	67	3	46
Veterinary Medication Clerk	1	0	1	0	0	0
Veterinary Technician	7	2	9	3	0	33
Subtotal Boards and Commissions	2,234	4,145	6,379	2,389	100	37

Secretary Professions Percentage of Investigations Completed

Credential Type	Carry Over from FY2008	Complaints Received	Total Complaints	Total Investigations	% of Total Secretary Investigations	% of Profession Investigations to Complaints
Acupuncturist	11	20	31	10	1	32
Athletic Trainer	0	4	4	0	0	0
Chemical Dependency Professional	84	115	199	92	6	46
Counselor, Registered	199	369	568	226	15	40
Dental Hygienist	13	22	35	16	1	46
Denturist	24	23	47	29	2	62
Dietitian Nutritionist	2	5	7	4	0	57
Dispensing Optician	7	19	26	9	1	35
Dispensing Optician Apprentice	0	6	6	6	0	100
Emergency Medical Technician	0	58	58	42	3	72
First Responder	0	1	1	3	0	300
Health Care Assistant	86	203	289	135	9	47
Hypnotherapist	7	6	13	3	0	23
Intermediate Life Support Technician	0	4	4	3	0	75
Intravenous Therapy Technician	0	4	0	0	0	0
Marriage and Family Therapist	12	23	35	16	1	46
Massage Therapist	56	183	239	127	8	53
Mental Health Counselor	51	90	141	62	4	44
Midwife	4	7	11	1	0	9
Naturopathic Physician	9	23	32	13	1	41
Nursing Assistant	474	1916	2390	586	39	25
Nursing Pool	0	6	6	1	0	17
Ocularist	0	0	0	0	0	0
Orthotist Prosthetist	1	9	10	2	0	20
Paramedic	0	16	16	12	1	75
Radiologic Technologist	10	25	35	17	1	49
Recreational Therapist	1	0	1	1	0	100
Respiratory Care Practitioner	10	15	25	10	1	40
Sex Offender Treatment Provider	8	15	23	5	0	22
Social Worker	27	37	64	31	2	48
Surgical Technologist	7	7	14	4	0	29
Unknown/Unlicensed	119	14	133	3	0	2
X-Ray Technician	11	39	50	30	2	60
Subtotal Secretary	1,233	3,284	4,517	1,499	100	33
Total Boards, Commissions, Secretary	3,467	7,429	10,896	3,888	100	36

Board and commission professions had 65 percent of the 3,888 investigations completed during the biennium; Secretary authority professions completed 35 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. HSQA investigated 52 percent of new 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 6 percent this year from 7,006 in fiscal year 2008 to 7,429 in 2009. Completed investigations, however, decreased 5 percent from the previous year, from 4,100 in 2008 to 3,888 in fiscal year 2009. During the 2009 fiscal year 3,714 investigations were authorized, a decrease of 14 percent from the 4,305 investigations authorized during 2008.

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 does 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 disciplining 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 disciplining 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

Profession	Closed Prior to Investigation	Closed After Investigation	Charges or Allegations Withdrawn	Total Closed
Acupuncturist	5	6	0	11
Advanced Registered Nurse Practitioner	72	36	2	110
Athletic Trainer	1	0	0	1
Audiologist, Hearing Instrument Fitter Dispenser, Speech Language Pathologist	4	9	1	14
Chemical Dependency Professional	18	48	1	67
Chiropractic X-Ray Technician	1	1	0	2
Chiropractor	30	58	2	90
Counselor, Registered	98	121	11	230
Dental Assistant	28	42	0	70
Dental Hygienist	1	9	0	10
Dentist	107	179	3	289
Denturist	4	25	0	29
Dietitian Nutritionist	1	2	0	3
Dispensing Optician	6	9	0	15
Dispensing Optician Apprentice	1	5	0	6
Emergency Medical Technician	16	26	3	45
First Responder	0	0	0	0
Health Care Assistant	43	49	2	94
Humane Society	0	1	0	1

Profession	Closed Prior to Investigation	Closed After Investigation	Charges or Allegations Withdrawn	Total Closed
Hypnotherapist	0	3	1	4
Intermediate Life Support Technician	0	2	0	2
Intravenous Therapy Technician	0	0	0	0
Licensed Practical Nurse	339	127	4	470
Marriage and Family Therapist	4	5	0	9
Massage Therapist	47	77	1	125
Mental Health Counselor	26	40	0	66
Midwife	0	4	1	5
Naturopathic Physician	4	13	0	17
Nursing Assistant	1,101	407	7	1,515
Nursing Home Administrator	4	11	0	15
Nursing Pool	1	3	0	4
Nursing Technician	2	4	0	6
Ocularist	0	0	0	0
Occupational Therapist	0	3	0	3
Occupational Therapy Assistant	0	0	0	0
Optometrist	7	22	0	29
Orthotist Prosthetist	1	4	0	5
Osteopathic Physician	33	44	0	77
Osteopathic Physician Assistant	0	1	0	1
Paramedic	4	3	0	7
Pharmacies and Other Pharmaceutical Firms	19	15	0	34
Pharmacist	93	92	1	186
Pharmacist Intern	0	1	0	1
Pharmacy Assistant	8	11	1	20
Pharmacy Technician	9	14	0	23
Physical Therapist	6	12	0	18
Physical Therapist Assistant	3	3	0	6
Physician	266	801	9	1,076
Physician Assistant	23	41	1	65
Podiatrist	9	9	0	18
Psychologist	14	23	0	37
Radiologic Technologist	5	10	0	15
Recreational Therapist	0	0	0	0
Registered Nurse	481	304	5	790
Respiratory Care Practitioner	4	8	0	12
Sex Offender Treatment Provider	2	4	0	6
Social Worker	8	19	0	27
Surgical Technologist	0	4	0	4
Unknown/Unlicensed	1	1	0	2
Veterinarian	18	43	0	61
Veterinary Medication Clerk	0	0	0	0
Veterinary Technician	0	2	0	2
X-Ray Technician	2	6	0	8
Total	2,980	2,822	56	5,858

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, licensed practical nurse cases closed with no action represented 13 percent (470) of 3,639 board and commission cases closed with no action; health care assistant cases closed with no action represented 4 percent (94) of the 2,219 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 Podiatric Medical Board closed 50 percent (18) of the cases with no action compared to the 36 complaints received by the board.

Board and Commission Complaints Closed Prior to Adjudicative Proceedings

Profession	Carry Over from FY2008	Complaints Received	Total Complaints	Total Closed	% of Total Board/ Commission Closures	% of Profession Closures to Complaints
Audiologist, Hearing Instrument Fitter Dispenser, Speech Language Pathologist	13	19	32	14	0	44
Chiropractic X-Ray Technician	1	6	7	2	0	29
Chiropractor	113	125	238	90	3	38
Dental Assistant	0	108	108	70	2	65
Dentist	212	431	643	289	8	45
Humane Society	1	1	2	1	0	50
Licensed Practical Nurse	229	471	700	470	13	67
Nursing Home Administrator	13	32	45	15	0	33
Nursing Technician	1	5	6	6	0	100
Occupational Therapist	5	4	9	3	0	33
Occupational Therapy Assistant	1	3	4	0	0	0
Optometrist	20	27	47	29	1	62
Osteopathic Physician	55	88	143	77	2	54
Osteopathic Physician Assistant	0	1	1	1	0	100
Pharmacies and Other Pharmaceutical Firms	25	32	57	34	1	60
Pharmacist	82	218	300	186	5	62
Pharmacist Intern	2	2	4	1	0	25
Pharmacy Assistant	21	31	52	20	1	38
Pharmacy Technician	34	60	94	23	1	24
Physical Therapist	19	35	54	18	1	33
Physical Therapist Assistant	0	24	24	6	0	25
Physician	658	1,082	1,740	1,076	31	62
Physician Assistant	36	77	113	65	2	58
Podiatrist	15	21	36	18	1	50
Psychologist	35	56	91	37	1	41
Registered Nurse, ARNP	583	1,091	1,674	900	26	54
Veterinarian	52	93	145	61	2	42
Veterinary Medication Clerk	1	0	1	0	0	0
Veterinary Technician	7	2	9	2	0	22
Total Boards and Commissions	2,234	4,145	6,379	3,514	100	55

Secretary Professions Complaints Closed Prior to Adjudicative Proceedings

	Carry Over from FY2008	Complaints Received	Total Complaints	Total Closed	% of Total Secretary Closures	% of Profession Closures to Complaints
Acupuncturist	11	20	31	11	0	35
Athletic Trainer	0	4	4	1	0	25
Chemical Dependency Professional	84	115	199	67	3	34
Counselor, Registered	199	369	568	230	10	40
Dental Hygienist	13	22	35	10	0	29
Denturist	24	23	47	29	1	62
Dietitian Nutritionist	2	5	7	3	0	43
Dispensing Optician	7	19	26	15	1	58
Dispensing Optician Apprentice	0	6	6	6	0	100
Emergency Medical Technician	0	58	58	45	2	78
First Responder	0	1	1	0	0	0
Health Care Assistant	86	203	289	94	4	33
Hypnotherapist	7	6	13	4	0	31
Intermediate Life Support Technician	0	4	4	2	0	50
Intravenous Therapy Technician	0	4	4	0	0	0
Marriage and Family Therapist	12	23	35	9	0	26
Massage Therapist	56	183	239	125	4	52
Mental Health Counselor	51	90	141	66	3	47
Midwife	4	7	11	5	0	45
Naturopathic Physician	9	23	32	17	1	53
Nursing Assistant	474	1,916	2,390	1,515	65	63
Nursing Pool	0	6	6	4	0	67
Ocularist	0	0	0	0	0	0
Orthotist Prosthetist	1	9	10	5	0	50
Paramedic	0	16	16	7	0	44
Radiologic Technologist	10	25	35	15	1	43
Recreational Therapist	1	0	1	0	0	0
Respiratory Care Practitioner	10	15	25	12	1	48
Sex Offender Treatment Provider	8	15	23	6	0	26
Social Worker	27	37	64	27	1	42
Surgical Technologist	7	7	14	4	0	29
Unknown/Unlicensed	119	14	133	2	0	2
X-Ray Technician	11	39	50	8	0	16
Subtotal Secretary	1,233	3,284	4,517	2,344	100	52
Total Boards, Commissions, Secretary	3,467	7,429	10,896	5,858	100	54

During the year HSQA closed more than 5,800 cases prior to adjudication. About 62 percent were board and commission cases and 38 percent were secretary profession cases. Board and commission closures were about 55 percent of complaints open during the year. The Secretary professions' percentage of closures compared to the number of complaints was about 52 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 in 2001 to permit practitioners to surrender their license in lieu of disciplinary action. There was a need for health care providers to be able to surrender their credential without going through the disciplinary process. The surrender of license is used when the practitioner agrees to retire from practice and not to 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 news 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 disciplining authority and if approved, becomes final. The order is reported to national data banks and to the public through a news 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 to the public through a news release.

Complaints Resolved After Adjudicative Proceedings

Program	Informal Disposition	Agreed Order	Default Order	Final Order	NOD	Total
Acupuncturist	0	2	1	1	0	4
Advanced Registered Nurse Practitioner	3	0	0	0	0	3
Athletic Trainer	0	0	0	0	2	2
Audiologist, Hearing Instrument Fitter	0	3	0	0	0	3
Dispenser, Speech Language Pathologist	9	3	6	5	19	42
Chemical Dependency Professional	0	0	0	0	1	1
Chiropractic X-Ray Technician	12	12	1	3	4	32
Chiropractor	16	19	24	16	79	154
Counselor, Registered	1	0	0	0	13	14
Dental Assistant	5	0	0	0	0	5
Dental Hygienist	22	19	2	1	1	45
Dentist	0	0	1	0	0	1
Denturist	0	0	0	0	1	1
Dietitian Nutritionist	2	0	0	0	0	2
Dispensing Optician	0	0	0	0	0	0
Dispensing Optician Apprentice	2	0	3	2	6	13
Emergency Medical Technician	0	0	0	0	1	1
First Responder	5	8	10	4	31	58
Health Care Assistant	0	0	0	0	0	0
Humane Society	0	0	0	0	2	2
Hypnotherapist	1	0	0	0	0	1
Intermediate Life Support Technician	0	0	0	0	0	0
Intravenous Therapy Technician	26	20	12	2	6	66
Licensed Practical Nurse	2	1	0	0	0	3
Marriage and Family Therapist	5	10	2	5	17	39
Massage Therapist	1	4	0	3	0	8
Mental Health Counselor	0	1	0	0	0	1
Midwife	1	2	1	1	0	5
Naturopathic Physician	41	44	89	9	99	282
Nursing Assistant	1	1	0	0	0	2
Nursing Home Administrator	0	0	0	0	0	0
Nursing Pool	0	0	0	0	0	0
Nursing Technician	1	0	0	0	0	1
Occupational Therapist	0	0	1	0	0	1
Occupational Therapy Assistant	2	2	0	0	0	4
Optometrist	0	0	0	0	0	0
Orthotist Prosthetist	1	4	1	1	0	7
Osteopathic Physician	0	0	0	1	0	1
Osteopathic Physician Assistant	5	3	3	1	1	13
Paramedic	8	1	6	0	0	15
Pharmacies and Other Pharmaceutical	15	13	2	4	1	35
Pharmacist	0	2	0	0	1	3
Pharmacist Intern	0	4	7	0	5	16
Pharmacy Assistant	2	10	11	1	1	25
Pharmacy Technician	0	0	0	0	7	7
Physical Therapist	1	0	0	0	0	1
Physical Therapist Assistant	44	33	9	3	0	89
Physician	1	1	1	0	0	3
Physician Assistant	1	1	0	0	0	2
Podiatrist	5	4	1	2	0	12
Psychologist	2	0	1	0	1	4
Radiologic Technologist	56	31	38	8	10	143
Registered Nurse	0	1	2	0	1	4
Respiratory Care Practitioner	0	0	0	0	0	0
Sex Offender Treatment Provider	0	2	0	2	0	4
Social Worker	1	1	0	0	2	4
Surgical Technologist	9	2	1	0	1	13
Veterinarian	1	1	0	0	3	5
Veterinary Technician	2	1	1	1	1	6
X-Ray Technician						
Total	312	266	237	76	317	1,208

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 3 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

Program	Carry Over from FY08	Complaints Received	Total Complaints	Total Closed	% of Total Board/ Commission Investigations	% of Profession Investigations to Complaints
Audiologist, Hearing Instrument Fitter Dispenser, Speech Language Pathologist	13	19	32	3	1	9
Chiropractic X-Ray Technician	1	6	7	1	0	14
Chiropractor	113	125	238	32	6	13
Dental Assistant	0	108	108	14	3	13
Dentist	212	431	643	45	8	7
Humane Society	1	1	2	0	0	0
Licensed Practical Nurse	229	471	700	66	12	9
Nursing Home Administrator	13	32	45	2	0	4
Nursing Technician	1	5	6	0	0	0
Occupational Therapist	5	4	9	1	0	11
Occupational Therapy Assistant	1	3	4	1	0	25
Optometrist	20	27	47	4	1	9
Osteopathic Physician	55	88	143	7	1	5
Osteopathic Physician Assistant	0	1	1	1	0	100
Pharmacies and Other Pharmaceutical Firms	25	32	57	15	3	26
Pharmacist	82	218	300	35	6	12
Pharmacist Intern	2	2	4	3	1	75
Pharmacy Assistant	21	31	52	16	3	31
Pharmacy Technician	34	60	94	25	5	27
Physical Therapist	19	35	54	7	1	13
Physical Therapist Assistant	0	24	24	1	0	4
Physician	658	1,082	1,740	89	16	5
Physician Assistant	36	77	113	3	1	3
Podiatrist	15	21	36	2	0	6
Psychologist	35	56	91	12	2	13
Registered Nurse, ARNP	583	1,091	1,674	146	27	9
Veterinarian	52	93	145	13	2	9
Veterinary Medication Clerk	1	0	1	0	0	0
Veterinary Technician	7	2	9	5	1	56
Subtotal Boards and Commissions	2,234	4,145	6,379	549	100	9

Secretary Professions Complaints Resolved after Adjudicative Proceedings

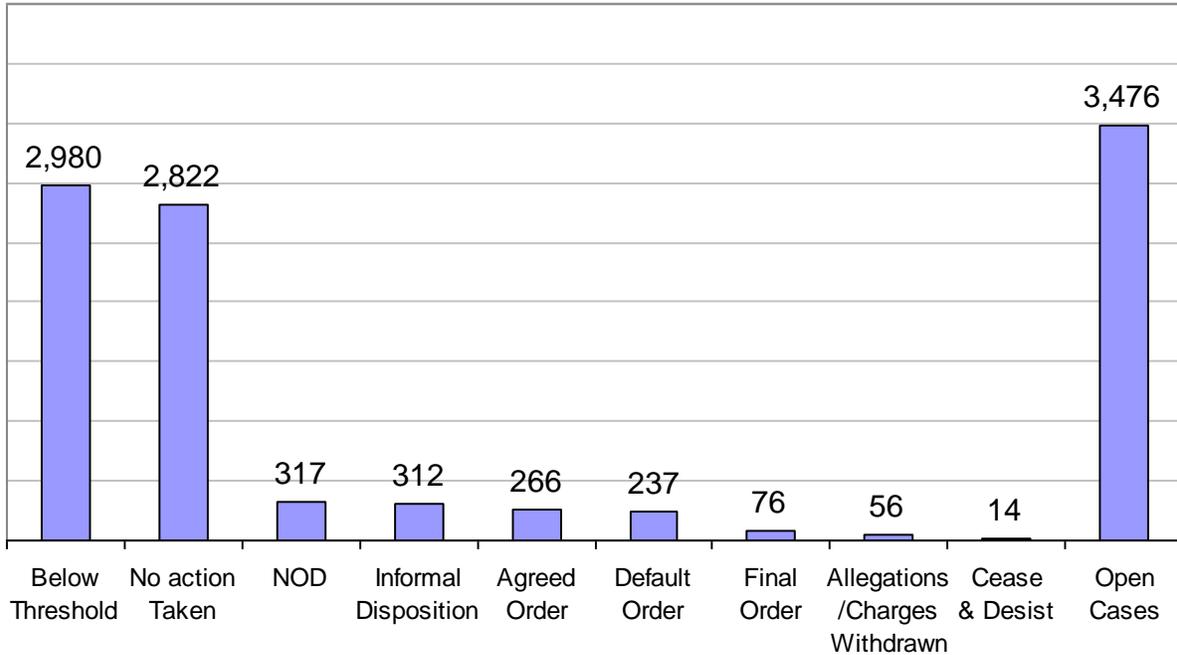
Program	Carry Over from FY2008	Complaints Received	Total Complaints	Total Closed	% of Total Secretary Investigations	% of Profession Investigations to Complaints
Acupuncturist	11	20	31	4	1	13
Athletic Trainer	0	4	4	2	0	50
Chemical Dependency Professional	84	115	199	42	6	21
Counselor, Registered	199	369	568	154	23	27
Dental Hygienist	13	22	35	5	1	14
Denturist	24	23	47	1	0	2
Dietitian Nutritionist	2	5	7	1	0	14
Dispensing Optician	7	19	26	2	0	8
Dispensing Optician Apprentice	0	6	6	0	0	0
Emergency Medical Technician	0	58	58	13	2	22
First Responder	0	1	1	1	0	100
Health Care Assistant	86	203	289	58	9	20
Hypnotherapist	7	6	13	2	0	15
Intermediate Life Support Technician	0	4	4	1	0	25
Intravenous Therapy Technician	0	4	0	0	0	0
Marriage and Family Therapist	12	23	35	3	0	9
Massage Therapist	56	183	239	39	6	16
Mental Health Counselor	51	90	141	8	1	6
Midwife	4	7	11	1	0	9
Naturopathic Physician	9	23	32	5	1	16
Nursing Assistant	474	1916	2390	282	43	12
Nursing Pool	0	6	6	0	0	0
Ocularist	0	0	0	0	0	0
Orthotist Prosthetist	1	9	10	0	0	0
Paramedic	0	16	16	13	2	81
Radiologic Technologist	10	25	35	4	1	11
Recreational Therapist	1	0	1	0	0	0
Respiratory Care Practitioner	10	15	25	4	1	16
Sex Offender Treatment Provider	8	15	23	0	0	0
Social Worker	27	37	64	4	1	6
Surgical Technologist	7	7	14	4	1	29
Unknown/Unlicensed	119	14	133	0	0	0
X-Ray Technician	11	39	50	6	1	12
Subtotal Secretary	1,177	3,101	4,278	659	100	15
Total Boards, Commissions, Secretary	3,411	7,246	10,657	1,208	183	11

Of the 1,208 disciplinary actions⁸ for fiscal year 2009, boards and commissions handled 45 percent and the Secretary professions 55 percent. When comparing the number of disciplinary actions to total complaints, the percentage for boards and commissions was 9 percent. It was 15 percent for Secretary professions. The percentage for all professions was 11 percent, equaling the 11 percent for the previous biennium.

Professions with high rates of disciplinary actions compared to total complaints include pharmacy assistants with 31 percent (16), registered counselors with 27 percent (154), chemical dependency professionals with 21 percent (42), and health care assistants with 20 percent (58).

⁸ As noted earlier at page **, disciplinary actions include complaints arising from applications for license.

Summary of Case Dispositions and End of Biennium Open Cases



Unlicensed Practice Closures and Resolutions

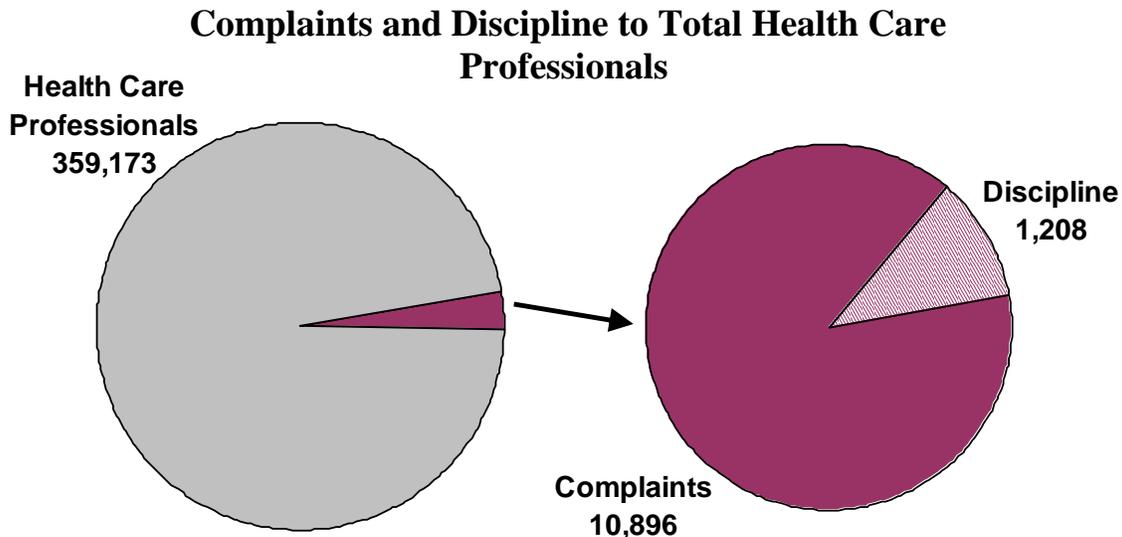
The Secretary is responsible for preventing unlicensed practice. The HSQA investigation unit manages intake, assessment, and investigation. Unlicensed practice complaints are closed before investigation or resolved with a notice of correction or a cease and desist order. A notice of correction notifies 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	Carry Over from FY08	Complaints Received	Total Complaints	Closed No Action Prior to Investigation	Closed No Action After Investigation	Cease and Desist Order Issued	Total Closed
Acupuncturist	0	2	2	2	0	0	2
Audiologist, Hearing Instrument Fitter Dispenser, Speech Language Pathologist	6	3	9	1	4	0	5
Chemical Dependency Professional	5	1	6	0	2	0	2
Chiropractor	3	4	7	0	1	0	1
Counselor, Registered	12	6	18	7	6	0	13
Dental Assistant	0	5	5	0	2	0	2
Dental Hygienist	1	2	3	0	1	0	1
Dentist	9	3	12	1	4	0	5
Denturist	0	0	0	0	0	1	1
Dietitian Nutritionist	1	0	1	2	7	0	9
Dispensing Optician	1	13	14	0	0	0	0
Health Care Assistant	6	11	17	1	3	1	5
Humane Society	0	1	1	0	0	0	0
Hypnotherapist	4	1	5	0	2	0	2
Licensed Practical Nurse	5	1	6	2	1	3	6
Marriage and Family Therapist	1	1	2	0	0	0	0
Massage Therapist	12	37	49	15	19	6	40
Mental Health Counselor	0	2	2	1	0	0	1
Midwife	1	0	1	1	0	0	1
Naturopathic Physician	0	5	5	3	1	0	4
Nursing Assistant	3	60	63	49	3	0	52
Nursing Home Administrator	0	1	1	0	0	0	0
Nursing Pool	0	3	3	0	3	0	3
Optometrist	0	1	1	0	1	0	1
Orthotist Prosthetist	1	3	4	1	2	0	3
Osteopathic Physician	1	0	1	0	1	0	1
Pharmacies and Other Pharmaceutical Firms	4	12	16	10	3	0	13
Pharmacist	1	3	4	3	1	0	4
Pharmacy Assistant	0	2	2	1	0	0	1
Pharmacy Technician	1	1	2	0	1	0	1
Physical Therapist	0	5	5	0	0	0	0
Physical Therapist Assistant	0	1	1	1	0	0	1
Physician	17	24	41	5	5	0	10
Psychologist	1	2	3	1	0	1	2
Radiologic Technologist	0	1	1	0	0	1	1
Registered Nurse	2	11	13	3	3	0	6
Sex Offender Treatment Provider	0	1	1	0	1	0	1
Surgical Technologist	0	4	4	0	2	0	2
Unknown/Unlicensed	14	7	21	1	1	0	2
Veterinarian	7	14	21	3	5	1	9
Veterinary Technician	1	1	2	1	0	0	1
Total	120	255	375	115	85	14	214

Summary

When the number of disciplinary actions taken (1,208) is compared to the number of credentialed health care providers (359,173), about three-tenths 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 3 percent of health care professionals came to the attention of HSQA in fiscal year 2009. Of all complaints, about 10 percent (1,208 of 10,896) resulted in discipline.



During fiscal year 2009 as compared to 2008:

- New complaints increased from 7,006 to 7,429 (6 percent).
- Investigations authorized decreased from 61 percent to 50 (11 percent).
 - Board and commission authorizations decreased from 69 percent to 56 (13 percent).
 - Secretary authorizations decreased from 51 percent to 41 (10 percent).
- Investigations completed decreased from 4,100 to 3,888 (5 percent).
 - Board and commission investigations decreased from 2,532 to 2,389 (6 percent).
 - Secretary profession investigations decreased from 1,569 to 1,499 (4 percent).
- Complaints closed prior to disciplinary action (adjudication) increased from 5,685 to 5,858 (3 percent).
 - Board and commission closures prior to disciplinary action increased from 3,247 to 3,514 (8 percent).
 - Secretary profession closures prior to disciplinary action decreased by 4 percent, from 2,438 to 2,344.
- Number of complaints closed with disciplinary action increased from 1,199 to 1,208 (<1 percent).
 - Board and commission closures with disciplinary action decreased from 568 to 549 (3 percent).
 - Secretary profession closures with disciplinary action increased from 631 to 659 (4 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 news 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 disciplining authority and, if approved, becomes final. The order is reported to national data banks and the public through a news 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 through a news 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.

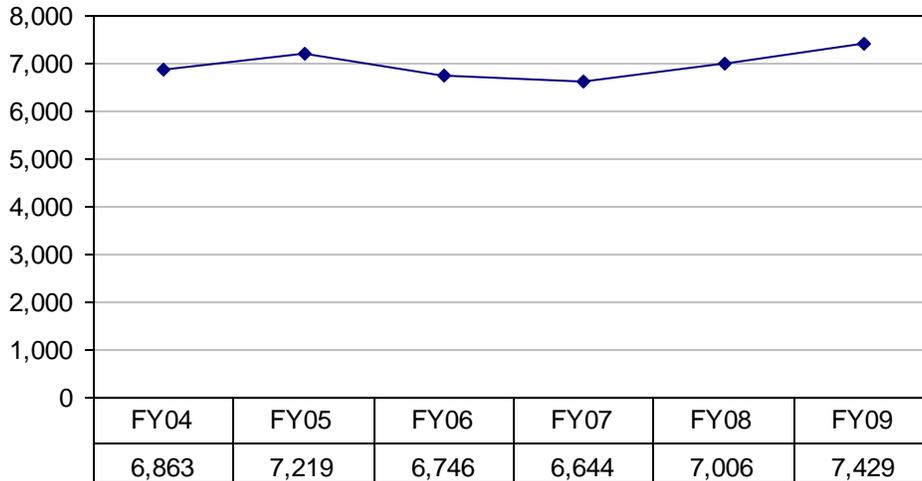
Voluntary Surrender: The health care provider voluntarily relinquishes the right to practice. This type of sanction is only permitted, once a complaint is filed, through a stipulation to informal disposition or a formal order.

Appendix H - Biennial Comparison

Complaints Received

Since 2003 the number of new complaints received by HSQA has increased by 2 percent. This does not include carry-forward complaints from the previous biennium.

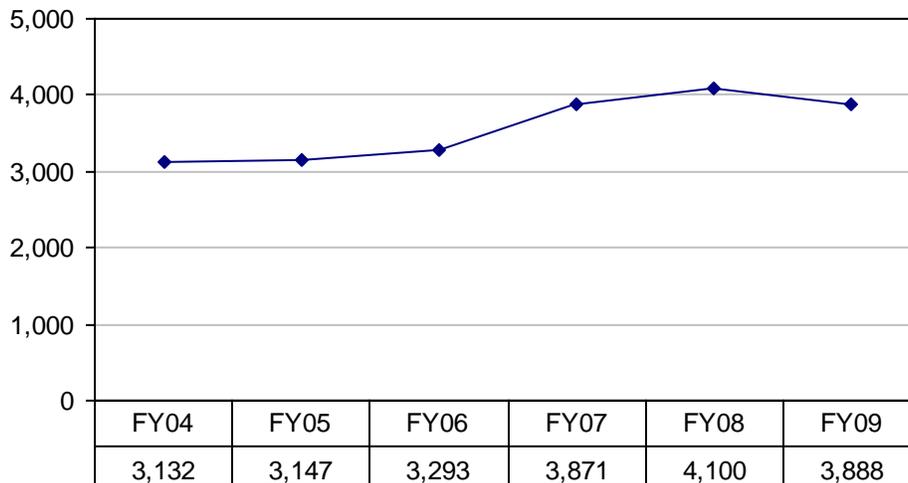
New Complaints Received



Investigations

The number of completed investigations (including unlicensed practice) increased 31 percent over the last 5 years. The increase has been greatest in the past two years. This is a result of decisions to investigate more complaints.

Investigations Completed

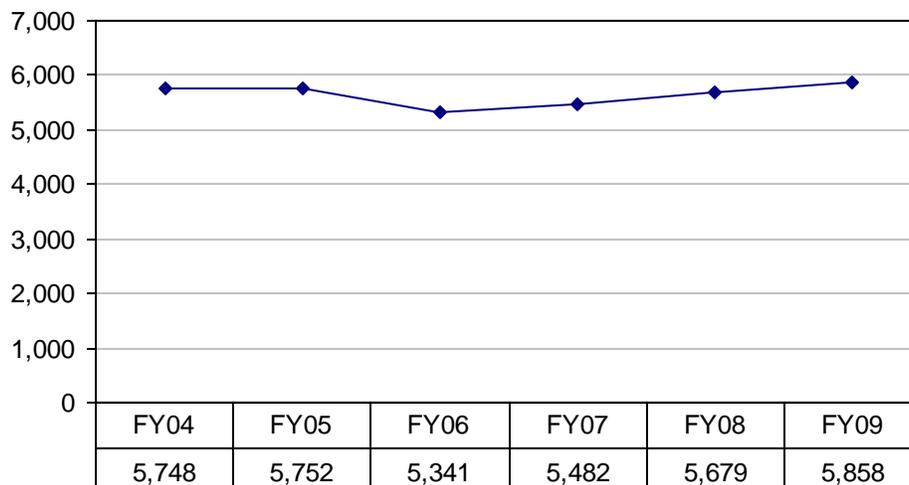


Complaint Closures before Adjudicative Proceedings

The following chart shows the change in closures before adjudicative proceeding over the past 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 disciplining authority did not have jurisdiction, the allegations were withdrawn, or a Notice of Correction (NOC) was issued.

There has been a 1 percent decrease in the number of closures before adjudicative proceedings over the past five years.

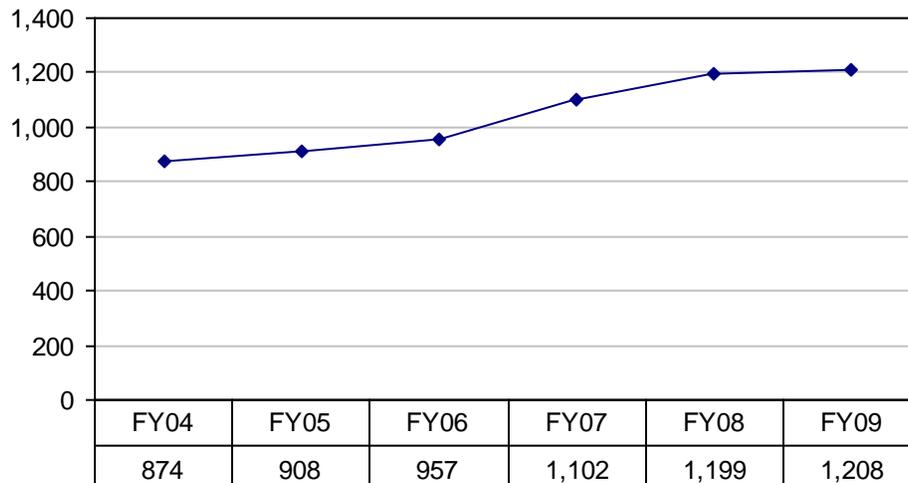
Complaint Closures before Adjudicative Proceedings



Complaint Closures after Adjudicative Proceedings

The following chart shows the 38 percent increase in cases resolved with corrective or disciplinary action over the past 5 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	Affirmed
07-05-A-1055AP	ARNP	Stevens	Pending
07-08-A-1003AP	ARNP	King	Remanded
04-10-A-1009CH	Chiropractic	Pierce	Remanded
07-05-A-1044CH	Chiropractic	Yakima	Pending
04-07-A-1029DE	Dental	Clark	Agreed Order
05-01-A-1026DE	Dental	Lewis	Affirmed
05-07-A-1001DE	Dental	Chelan	Vacated
06-11-A-1052DE	Dental	Thurston	Affirmed
07-05-A-1069DE	Dental	King	Vacated
07-10-A-1089DE	Dental	King	Affirmed
06-12-A-1014NH	Nursing Home Administrator	Thurston	Pending
04-11-A-1065OP	Osteopathic Physician	Lewis	Pending
06-07-A-1024OP	Osteopathic Physician	Thurston	Pending
07-04-A-1080PH	Pharmacist	Thurston	Affirmed
04-07-A-1022MD	Physician	Whatcom	Pending
04-11A-1091MD	Physician	Snohomish	Pending
05-05-A-1013MD	Physician	King	Affirmed
05-06-A-1010MD	Physician	Thurston	Pending
05-07-A-1008MD	Physician	Yakima	Pending
00-10-A-1047PA	Physician Assistant	Thurston	Affirmed
07-07-A-1008PY	Psychologist	Chelan	Pending
06-06-B-1037RC	Registered Counselor	Thurston	Affirmed
98-05-A-1083RN	Registered Nurse	Pierce	Affirmed
06-03-A-1070RN	Registered Nurse	Pierce	Remanded
06-07-A-1012RN	Registered Nurse	Thurston	Pending
M2007-113647	Social Worker	Thurston	Dismissed
06-03-B-1013UR	Unlicensed	Clark	Affirmed
M2008-118207	List Request	Thurston	Pending

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 65 percent of the 1,603 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 HIPDB. The most frequently reported violations during fiscal year 2009 were:

1. RCW 18.130.180(7): Violation of any state or federal statute or administrative rule, 301 (19 percent).
2. RCW 18.130.180(4): Incompetence, negligence, or malpractice, 250 (16 percent).
3. RCW 18.130.180(17): Conviction of a gross misdemeanor or felony relating to the practice of a health care profession, 243 (15 percent).
4. RCW 18.130.180(6) and (23): Personal drug or alcohol abuse, 135 (8 percent).
5. RCW 18.130.180(5): Suspension, revocation, or restriction in another jurisdiction, 113 (7 percent).

Violations related to moral turpitude, dishonesty, or corruption, RCW 18.130.180(1), were cited 260 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, 93 percent were cited in conjunction with other violations.

Sanctions Imposed

When adverse actions are reported to the Healthcare Integrity and Protection Data Bank (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.

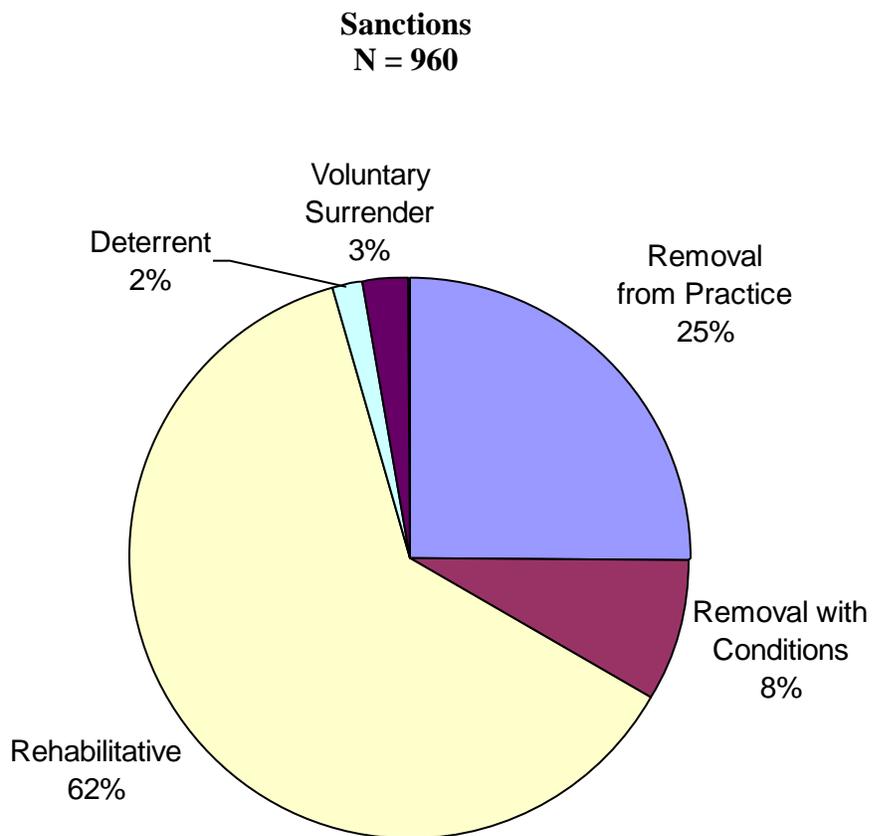
Removal from Practice with Conditions: The health care provider's credential is suspended for a specified period. Conditions for rehabilitation and reinstatement must be met before the credential can be returned to good standing.

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 (960) shown below is less than the total number of disciplinary actions after adjudication (1,208). 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	2	0	1	0	0	3
Athletic Trainer	0	0	1	0	0	1
Chemical Dependency Professional	5	3	25	1	3	37
Chiropractic X-Ray Technician	0	0	1	0	0	1
Chiropractor	4	3	17	1	0	25
Counselor, Mental Health	1	1	3	0	1	6
Dental Assistant	0	0	9	0	0	9
Dental Hygienist	0	0	5	0	0	5
Dentist	4	0	42	0	1	47
Denturist	1	0	0	0	0	1
Dispensing Optician	0	0	2	0	0	2
Emergency Medical Technician	2	2	4	0	0	8
First Responder	0	0	1	0	0	1
Health Care Assistant	7	6	22	0	0	35
Hearing Instrument Fitter Dispenser	0	0	1	0	0	1
Hypnotherapist	0	0	1	0	0	1
Intravenous Therapy Technician	1	0	1	0	0	2
Licensed Practical Nurse	16	5	44	0	0	65
Marriage and Family Therapist	0	0	3	0	0	3
Massage Therapist	5	1	24	1	0	31
Midwife	0	0	1	0	0	1
Naturopath	1	0	2	0	1	4
Nurse Practitioner	0	0	2	0	0	2
Nursing Assistant	63	30	89	4	3	189
Nursing Home Administrator	0	0	1	1	0	2
Nutritionist	0	0	1	0	0	1
Occupational Therapist	0	0	1	0	0	1
Occupational Therapy Assistant	1	0	0	0	0	1
Optometrist	1	0	3	0	0	4
Osteopathic Physician (DO)	3	0	4	0	0	7
Paramedic	6	0	5	1	0	12
Pharmacist	5	0	25	1	0	31
Pharmacy Assistant	7	2	2	0	0	11
Pharmacy Intern	0	0	2	0	0	2
Pharmacy Technician	18	1	2	0	2	23
Physical Therapist	0	0	6	0	0	6
Physician (MD)	10	1	68	6	2	87
Physician Assistant, Allopathic	1	0	1	0	1	3
Physician Assistant, Osteopathic	1	0	0	0	0	1
Podiatrist	0	0	2	0	0	2
Psychologist	2	0	10	0	0	12
Radiologic Technologist	1	0	4	0	0	5
Registered Counselor	21	8	87	1	6	123
Registered Nurse	51	9	65	0	7	132
Respiratory Therapist	1	2	1	0	0	4
Social Worker	1	1	1	0	0	3
Speech/Language Pathologist	0	0	2	0	0	2
Surgical Technologist	0	0	2	0	0	2
X-Ray Technician	1	1	1	0	0	3
Total	243	76	597	17	27	960

Summary

Sanctions during the fiscal year 2009 as compared to fiscal year 2008:

- Removal from practice decreased from 264 to 243 (-8 percent).
- Removal from practice with conditions decreased from 107 to 76 (-29 percent).
- Rehabilitative sanctions increased from 546 to 597 (9 percent).
- Deterrent sanctions increased from 9 to 17 (89 percent).
- Voluntary surrender sanctions increased from 25 to 27 (8 percent).

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 percent 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	Voluntary	Enrolled	Successful Completions
Advanced Registered Nurse Practitioner	WHPS	1	1	6	2
Chemical Dependency Professional	WHPS	1	0	2	0
Chiropractor	WHPS	1	0	1	1
Counselor	WHPS	28	0	33	20
Dental Hygienist	WHPS	2	0	2	0
Emergency Medical Technician	WHPS	1	0	3	5
Health Care Assistant	WHPS	1	0	2	2
Licensed Practical Nurse	WHPS	11	1	24	6
Massage Therapist	WHPS	2	0	2	1
Naturopath	WHPS	0	0	0	0
Nursing Assistant	WHPS	10	0	13	1
Optometrist	WHPS	0	0	0	0
Osteopath	WPHP	0	0	0	0
Paramedic	WHPS	0	0	1	0
Pharmacist and Pharmacy Technician	WRAPP	48	16	64	7
Physical Therapist	WHPS	2	0	2	0
Physicians and Physician Assistants	WPHP	19	186	205	7
Podiatry	WPHP	0	0	0	0
Psychologist	WHPS	0	0	0	0
Radiological Technologist	WHPS	0	0	2	0
Registered Nurse	WHPS	23	5	118	43
Respiratory Care Therapist	WHPS	0	0	2	0
Social Worker	WHPS	0	0	0	0
Surgical Technician	WHPS	1	0	3	0
Veterinarian	WPHP	0	0	0	0
Veterinary Technicians	WHPS	1	0	1	0
X-Ray Technician	WHPS	0	0	0	1
Total		152	209	486	96