

Letter from the Assistant Secretary



2010 was a very interesting and productive year. Even with budget and resource challenges, we were able to do great work to protect and improve the health of people in Washington State.

A few of our top accomplishments include creating a statewide emergency cardiac and stroke care system, developing electronic maps that display statewide emergency medical and trauma systems, developing office based surgery rules that align with ambulatory surgery facility rules, and staying within timelines on 100% of high priority health care provider discipline cases.

In July, the Department of Health abolished a health profession for the first time ever. We moved more than 14,000 registered counselors into new, more narrowly defined counselor professions. This was an important patient safety initiative for mental health patients. Employees helped nearly 20,000 counselors, some previously registered counselors and some new, understand the changes and requirements before becoming licensed in one of the eight new counselor programs by June 30.

We also implemented three new professions. These professions include [speech language pathology assistant](#) certification, [genetic counselor](#) license, and [radiologist assistant](#) certification.

With 2010 behind us, we look forward to 2011 and the challenges and accomplishments it will bring. We have seen some interesting bills cross our desks during this legislative session and wait to see what bills will stay alive.

I know, with your help, we will continue to do great things for healthcare in Washington State.

Karen Jensen

Karen Ann Jensen, Assistant Secretary
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Updates

“WashYourHandsingTon” – The state’s new flu education campaign started in December to remind people of the importance of getting vaccinated against the flu. The ads take a lighter approach to promote healthy behaviors and sing the praises of healthy Washingtonians. The campaign uses a humorous play on words to describe Washington as [WashYourHandsingTon](#)— where everyone washes their hands, covers their cough, and gets the flu vaccine. The campaign includes radio ads, a YouTube video, posters, bus cards, postcards, and billboards. It was funded with federal money given to all states that was specifically earmarked for flu prevention and vaccine promotion.

Continuing Competency for Washington Nurses – Registered and licensed practical nurses must comply with new [continuing competency rules](#). The Nursing Care Quality Assurance Commission adopted rules in September of 2010 requiring nurses to meet three new requirements for license renewal. The rules went into effect on January 1. Every three years, each nurse must complete 531 hours of paid and/or unpaid active practice, 45 hours of continuing nursing education, and a self-assessment and reflection of individual professional practice. The rules improve patient safety through education and continued work as a nurse. This rule affects about 100,000 licensed nurses.

Role of Public Members – The role of professional and public members on licensing boards, commissions or committees is to bring different perspectives and life experiences. They complement each other. Licensed members are technical experts and familiar with professional practice. Public members contribute a broader, consumer perspective and sensitivity to board decisions for members of the public. With their unique perspective and role, public members can make contributions that add to the overall effectiveness of boards. If you or someone you know is interested in serving as a public member on a licensing board, commission or committee, we encourage you to [apply](#).

Prehospital EMS Rules – We finished rule changes for [Prehospital Emergency Medical Services](#) (EMS). These changes align our state with national efforts to standardize EMS services. They also set standards that are consistent with best practices. The changes will improve education, practice and oversight of EMS providers throughout the state.

Updates (Continued)

Adverse Events Check-In Policy – In 2009, we implemented a check-in survey for medical facilities to report whether or not they had an adverse event. We conduct the check-in survey quarterly. It tracks the number of facilities notifying us if they did or did not have an adverse event. In the first quarter of 2010, 100% of hospitals, psychiatric hospitals, childbirth centers, and correctional medical facilities completed the survey. We received responses from 92% of ambulatory surgery facilities even though they did not need to report until July 2010. You can find more information on our [Adverse Events webpage](#).

Office-Based Surgery Rules – The [Board of Osteopathic Medicine and Surgery](#), [Podiatric Medical Board](#), and [Medical Quality Assurance Commission](#) adopted rules on office-based surgery. The three sets of rules are consistent and align with the [ambulatory surgery facility](#) rules adopted in 2009. The facility rules deal with procedures involving general anesthesia. The office-based rules govern procedures that involve more than minimal sedation, but less than general anesthesia. The office-based surgery rules also address training of staff, equipment, and staff roles during procedures. The rules apply to all physicians whether or not they own the office. Physicians doing office-based surgery must have their offices accredited by specific organizations or Medicare certified.

Hospital Opening/New Construction – Our Construction Review Services (CRS) staff review construction documents for [facilities](#) licensed by us and the Department of Social and Health Services. CRS reviews these documents for compliance with regulations that govern the services provided by a facility. The review helps keep consistency across the state. This benefits the facility operators, design teams, and licensing regulators. CRS is a resource and consultant available at no cost for the jurisdiction.

Licensing Information

Apply Early, Don't Wait to Graduate! – If you expect to graduate from an approved program in the next three months, send us your application and fees to get a head start on the process. You do not need to wait until after graduation. Remember; when you graduate, make sure you request that your school send us an official transcript with degree and date conferred. We will not be able to issue your license until we receive the official school transcript. If you have questions, contact us at 360-236-4700.

Licensing Trends –

- Growing number of [professions](#) requiring licensure, certification or registration every year.
- Growing number of individuals moving into health profession fields.
- More specific credentialing requirements. This results in a complex review during the application process.
- Improving patient safety through emphasis on background checks for applicants. This includes national data banks, profession specific data bases, and Washington State Patrol and federal criminal background checks.

By the Numbers...

In calendar 2010, our division and partners:

- *Received 64,500 applications for health professions.*
- *Processed more than 286,000 renewals.*
- *Investigated 3,649 complaints about healthcare professionals and 326 complaints about facilities.*
- *Initiated legal action against 1,094 healthcare professionals and facilities, including notices of decision on applications.*
- *Summarily suspended 82 healthcare professionals' licenses without prior notice due to risk of imminent harm. They were then offered an opportunity for an administrative hearing.*
- *Placed 284 healthcare providers through visa, recruitment, scholarship, loan repayment and volunteer programs.*
- *Initiated more than 190 contracts to fund local trauma, healthcare and prevention programs.*
- *Completed review of more than 575 construction plans valued at almost \$1.2 billion.*
- *Answered 197,525 calls in the call center.*
- *Adopted 27 rules designated to guide the standard of healthcare practice and protect the public.*

National Rural Health Association President 2011 – Kris Sparks is the rural health program director for the State Department of Health. On January 1, she became President of the National Rural Health Association. This organization provides leadership on rural health. Her goal as president is to implement national health reform while continuing support for the rural safety-net programs including critical access hospitals, rural health clinics, federally qualified health centers, and tribal clinics.