

Letter from the Assistant Secretary



As we move through spring and head toward summer, it's time to take stock of what new work we have from the 2010 legislative session. For a short session with severe budget restrictions, we still find ourselves with a fairly long list of patient safety initiatives to implement.

We are very pleased that our agency request legislation to update the [Uniformed Controlled Substances Act](#) was successful and signed by the governor on March 23. We are also working on the following bills:

- [E2SHB 2961](#) establishes a statewide electronic tracking system for sales of non-prescription ephedrine products;
- [SHB 2443](#) updates the Uniform Controlled Substances Act to match existing state and federal rules and laws;
- [ESHB 2876](#) requires adoption of rules for chronic non-cancer pain management;
- [SSB 5798](#) changes the medical marijuana law to require recommendations be on tamper-resistant paper and to add categories of health care providers who can write recommendations;
- [2SHB 2396](#) requires the department to “endeavor to enhance and support an emergency cardiac and stroke care system”;
- [SHB 2430](#) adds cardiovascular invasive specialists to the definition of radiologic technologists as a new certified health profession;
- [SSB 6280](#) changes the title of acupuncturist to east Asian medicine practitioner and expands the scope of practice;
- [SB 6627](#) authorizes Washington pharmacies to dispense prescriptions written by ARNPs licensed in Canada and states bordering Washington.

If you are interested in joining the interested parties lists for any of these bills, please contact [Sherry Thomas](#).

Karen Jensen

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Updates

Abolishing Registered Counselors – The department recently sent post cards to 12,800 registered counselors. These counselors have to become licensed in a related profession or stop practicing July 1. We will abolish the registered counselor credential on June 30. It is part of a law that created several [new professions](#). We process applications in the order they are received, so late applicants may not be processed before July 1. We advise applicants to allow 10-12 weeks for processing. Because of graduations, this time period is going to be very busy for licensing. If you work with or know registered counselors or any new health profession graduate, please encourage them to send their application immediately.

Department Launches New Adverse Events Web Site

We recently launched a new Web site to provide information on medical errors and to help prevent them. These errors, known as [adverse events](#), are tracked by the state and medical facilities as part of an effort to improve patient care. The site has information for consumers and health facilities. This includes basic information on the adverse event reports, both over time and by hospital. Under [state law](#), facilities are required to report [28 types](#) of errors. From June 2006 to December 2009, the department received 705 reports of adverse events.

Agency Cooperation – Our work in HSQA and cooperation with other state agencies touches a lot of different areas of patient safety. The [Washington Traffic Safety Commission](#) issued a [news release](#) in March showing just how broad that patient safety effort goes. Traffic deaths in Washington reached a 50-year low. HSQA's [Office of Community Health Systems](#) played a big part. The Emergency Medical Services (EMS) and Trauma Systems program has worked hard to make sure the public has timely and appropriate emergency care. Our agency works closely with the [Washington State Patrol](#), [Washington State Department of Transportation](#) and Washington Traffic Safety Commission to ensure emergency services are provided when they are needed. We appreciate these opportunities to work with our partners across state government to keep Washington's residents safe from harm.

Tobacco Cessation Courses – If you are a health care provider or work with health care providers, you may be interested in learning more about our [Tobacco Cessation Resource Center](#). The center offers [online courses](#) for medical providers about how to approach patients who use tobacco products. The classes teach providers how to intervene with patients who use tobacco products and connect patients with programs to help them quit. The courses cover how to work with tobacco users of all ages and use the resources of the tobacco cessation quit line.

By the Numbers...

In calendar 2009, our division and partners:

- *Received 46,113 applications for health professions.*
- *Processed more than 270,000 renewals.*
- *Investigated 3,888 complaints about health care professionals and 193 complaints about facilities.*
- *Initiated legal action against 1,456 health care professionals and facilities.*
- *Suspended 70 health professionals' licenses without prior notice due to risk of imminent harm. They were then offered an opportunity for an administrative hearing.*
- *Developed prehospital EMS Pandemic Flu protocols for each of the 39 counties.*
- *Placed 282 health care providers through visa, recruitment, scholarship, loan repayment and volunteer programs.*
- *Initiated more than 250 contracts to fund local trauma, health care and prevention programs.*
- *Completed review of more than 425 construction plans valued at almost \$1 billion.*
- *Answered 214,186 calls in the call center.*
- *Adopted 30 rules designated to guide the standard of health care practice and protect the public.*

Web Portal

Our [HSQA Internet portal](#) is an important asset in getting information to you. We work to make sure the current topics are up-to-date and the publications are useful. We update these lists and links on a regular basis. With new legislation, the current topics list has become very important. Some of the current topics include information on [adverse event reporting](#), [tamper-resistant paper for prescriptions](#), [drug poisoning](#) and [new counseling professions](#). Please check our Web site from time to time to see what we are doing and the publications we produce.

(Updates Continued)

Tamper-Resistant Prescription Pads – Prescribers in Washington must use special [prescription pads](#) starting July 1. The paper is intended to increase patient safety and stop people from stealing or altering existing prescriptions. With the deadline approaching, we urge prescribers to order tamper-resistant supplies now. Prescribers cannot use existing inventories of prescription paper after July 1. Any prescriber that doesn't have approved paper on hand will have to send prescriptions electronically or by fax to a pharmacy.

New Law Applies Trauma Model to Create Cardiac and Stroke System – Emergency medical service providers will be trained on new procedures for cardiac and stroke patients under a new state law intended to improve outcomes for heart attack and stroke. The law creates an emergency cardiac and stroke system similar to the state's trauma system. Patients will be taken directly to hospitals that voluntarily participate in the system. We have the lead government role in getting the new system off the ground. We expect to have applications ready later this year so hospitals can apply to be part of the system. Heart disease and stroke account for more than one-third of all deaths, and cost more than \$4 billion a year in Washington. You can get more information at our [Web site](#).

HSQA Finds New Ways to do Business – While the budget has been one driver, HSQA continues to look for ways to better use technology to get board, commission and committee work done more efficiently. Most of these meetings are held under the requirements for Washington's Open Public Meetings Act. We always work toward meeting, and exceeding, these legal requirements. We are now using video-conference meetings and conference calls in many cases instead of in-person meetings. We still want to make sure you have the chance to see what goes on at these meetings. Public input is also a key part of what goes on at these meetings. We will continue to do everything we can to meet our Open Public Meetings Act requirements, to make our decision making processes transparent and open, and to allow for public input as each board and commission decides is appropriate.