

## Letter from the Assistant Secretary



Challenges give rise to new opportunities. In times of budget reductions and financial uncertainties it is exciting to see when counties spring into action to improve health access to the communities. This spring, King County hospitals and emergency medical service (EMS) agencies worked together to address a

patient care problem.

At times, overcrowding in emergency departments or lack of in-patient beds made hospitals turn away ambulances to another hospital, diverting patients. Being brought to one hospital and then diverted to another affects time-sensitive medical care. It also stresses the EMS system by making the ambulance run times longer reducing EMS capacity.

King County hospitals successfully piloted a three month [No-Divert project](#) to test the impact of a county-wide no hospital diversion policy. All hospitals reduced the number of diversions and had at least one month with no diversions. To make this happen the hospitals made internal policy and procedure changes to better manage the flow of patients. The hospitals and EMS agencies reported no negative impacts.

King County is a great example of what communities can do to increase access to patient care and improve patient safety. I look forward to hearing from you about exciting programs and activities you are doing in your community that move the needle forward toward a common goal of patient safety.

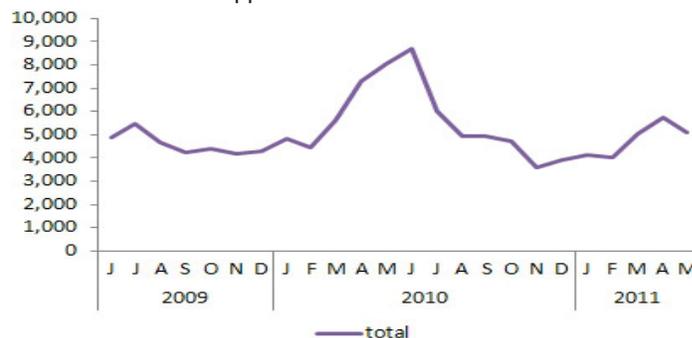
*Karen Jensen*

Karen Ann Jensen, Assistant Secretary  
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**Budget Update** - After an extended legislative session, on June 15 the Governor signed a balanced budget for the 2011-13 biennium. Our division and department saw a number of reductions, as did other divisions and state agencies. We will continue to assess these cuts to determine impacts to our programs. In addition to reductions of General Fund State dollars, our division received approval to increase its budget to support growth in our fee-based programs. Please see our department [budget impacts document](#) for more information.

## Featured Performance Measure

Applications Received



Summer is our busiest season for receiving applications.

We want to remind applicants to submit their application early during the graduation season. Please allow four to six weeks processing time. Processing time depends on completeness of the application and how quickly the applicant complies with requirements. Applicants should make sure to review and meet the criteria on the application and website for their [profession](#).

Delays may occur if:

- We do not receive required documentation.
- The applicant sent inaccurate documentation.
- The applicant answered “yes” on personal data questions about criminal history, concerns about being able to practice safely, or disciplinary action in another jurisdiction.
- Our background check indicates a criminal history or disciplinary action in another jurisdiction.
- The applicant received their training outside of the U.S. or is applying for interstate endorsement. There may be a delay in receiving documentation.
- The applicant is waiting to take or receive exam results.
- Applicant sent the wrong fee amount. Current fees are posted on the [professions webpages](#).

## Updates

**Ban of Spice/K2 and “Bath Salts”** – The Board of Pharmacy voted early in 2011 to create an emergency ban on new, dangerous, previously legal drugs sold over-the-counter in convenience stores in Washington State. [Spice and K2](#) are synthetic marijuana. [“Bath Salts”](#), a new designer drug, is a synthetic cocaine and methamphetamine-like drug. The board received increasing reports of calls to the Washington Poison Center about people ingesting these substances. The board is also engaged in rulemaking to make the emergency ban of these dangerous substances permanent.

## Updates (Continued)

**Home Care Aide Delay** – In 2008, Washington voters passed Initiative 1029, which mandated increased training as well as certification for home care aides. It required the Department of Social and Health Services to provide the training for its home care aides and directed the Department of Health to establish a certification process, including a test. In 2009, the Legislature delayed implementation from January 1, 2010, to January 1, 2011. Due to budget issues, the 2011 Legislature had to further [delay the implementation date](#), this time until July 1, 2014. Until then, home care aides can continue to work under existing regulations.

**Prescription Monitoring Program Update** – We are currently working on rules for a [Prescription Monitoring Program](#) and completing vendor selection to create a data collection system. We plan to begin data collection from dispensers in October 2011 and data reporting in January 2012. The intention of the program is to identify and reduce prescription drug misuse by collecting all the records for schedule II, III, IV, and V drugs. Medical providers and pharmacists will use the program as a tool in patient care by reviewing prescription history information before they prescribe or dispense.

**Cherry Harvest/Temporary Worker Housing** – Did you know the department works to regulate housing for migrant farmworkers? Our [Temporary Worker Housing Program](#) (TWH) protects public health and safety by making sure the living situations provided to migrant farmworkers and their families are safe and healthy and meet state standards. The program offers services to farmers, housing operators, and developers. Our services include consultation, a building department, inspection, licensing, and enforcement. Over the years, TWH has made positive changes in the condition and amount of migrant farmworker housing.

**Pain Management** – The 2010 legislature passed a [law](#) that requires five boards and commissions to adopt new rules on the management of chronic noncancer pain. These boards and commissions include: [Medical Quality Assurance Commission](#) (MQAC), [Nursing Care Quality Assurance Commission](#) (NCQAC), [Dental Quality Assurance Commission](#) (DQAC), [Board of Osteopathic Medicine and Surgery](#) (BOMS), and the [Podiatric Medical Board](#) (PMB). On May 2, 2011, the department filed final adopted rules for NCQAC, DQAC, BOMS, and PMB; effective July 1, 2011. On May 24, 2011, the department filed final adopted rules for MQAC; effective January 2, 2012.

**Legislative Update** – It was a very eventful legislative session, which included a special session to finish the 2011-2013 biennial budgets. A number of bills passed that impact regulation of health professions and facilities, including:

- [SHB 1170](#) adds triage facilities to the list of facilities where law enforcement officers may take a person who is suffering a mental disorder for short-term detention and evaluation.
- [SHB 1304](#) amends the health care assistant law to allow only categories C and E to administer medications.
- [HB 1353](#) requires the Board of Pharmacy to establish continuing education requirements for pharmacy technicians.
- [SHB 1493](#) makes changes to the Uniform Disciplinary Act giving complainants additional opportunities for input during disciplinary actions.
- [SHB 1575](#) expands the definition of ambulatory surgical facilities we license.
- [SHB 1595](#) changes the requirements for certain foreign trained medical school graduates.
- [ESSB 5307](#) addresses military training options for some health professions.
- [E2SSB 5073](#) amends the medical marijuana law in a number of ways, to include some additional patient protections and the addition of collective gardens. The Governor vetoed sections that would have required the department to establish a voluntary patient registry and licensure of dispensaries.

In addition, bills amended the scope of practice for occupational therapists ([SSB 5018](#)) and naturopathic physicians ([SSB 5152](#)), and additional providers were designated as authorized to give orders to respiratory therapists ([HB 1640](#)). A board was also created for naturopathic physicians.

### **Injury Prevention Program Highlight, Water Safety**

– Summer water recreation season is here. Eighty-five percent of drownings in Washington happen in open water. Expect the unexpected and be prepared for changes in water and weather. Here are ways to reduce risks around open water:

*Know the water and your limits*

- Water is cold, even in summer. The safest places to swim have lifeguards.
- Drowning happens when someone gets too tired.

*Wear a life jacket*

- Wear a Coast Guard-approved life jacket when you're in any vessel. Children under 13 must wear a life jacket.

Please visit the department's [Water Safety website](#) for more information.