

Washington NURSING COMMISSION NEWS

SUMMER 2009 • VOLUME 3. N°2. EDITION 6

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OFFICIAL PUBLICATION OF
THE WASHINGTON STATE NURSING CARE QUALITY
ASSURANCE COMMISSION AND THE WASHINGTON
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 P.O. Box 47864
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 Telephone: (360) 236-4700
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The Washington State Nursing Care Quality Assurance Commission regulates the competency and quality of professional health care providers under its jurisdiction by establishing, monitoring, and enforcing qualifications for licensing, consistent standards of practice, continuing competency mechanisms, and discipline.

Executive Director

Paula R. Meyer, MSN, RN

Editor

Terry J. West

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Message from the Chair

BY JUDITH PERSONETT, ED.D., GNAA, RN

MANY CHALLENGES AWAIT US IN THE COMING MONTHS, challenges that present us with unlimited possibilities. Clearly the economic stressors are pushing us to evaluate the way we deliver care to our patients. The factors of discontent are now out in the open and can be approached. Here are a few:

FACTOR 1. Too much charting and paperwork. Questions that we need to ask are: Why are we charting? Why are we doing paperwork around doses of pills and supplies? Answering those questions provides unlimited possibilities to focus our documentation on communicating patient care needs to other care givers to improve care. Extraneous charting and other paperwork can be stopped. Paperless systems exist and are available.

FACTOR 2. Systems errors. The objective of a health care administrator is to create an environment in which nurses can provide care to their patients. Does that describe your work environment or does your system fail, causing errors? Unlimited possibilities for change now exist that can direct us to a healthy and healthful work environment.

FACTOR 3. Limited patient contact. Most of us became nurses in order to care for people. Over the years, we have been pushed away from the bedside, told to delegate our patient care to others, and often made to carry more and more responsibility without the commensurate authority. During this time of re-evaluation of care delivery systems unlimited possibilities exist to focus on nursing care, nursing research and nursing education. We can eliminate the extraneous tasks.

As we celebrate 100 years of nurse regulation in Washington State, the value of regulation based in standards of nursing practice is in the spotlight. As budgets are cut and positions are eliminated, look to the opportunities to practice within the standards of the nursing profession protected by the regulations codified in the laws of Washington State.

Your Washington State Nursing Care Quality Assurance Commission (WSNCQAC) is changing to capture the unlimited possibilities. Videoconferencing our business meetings is cost effective and opens the possibility of your attendance at any of the sites around the state. Paperless licenses and e-mail communication is the cost effective and environmentally friendly way that we do business.

More positive changes are on the horizon as we welcome our new Chair, Susan Wong. Susan has served for the past several years as Vice-Chair of the WSNCQAC. During the past five years as your chair, I have treasured the unlimited possibilities provided for me as the Chair of WSNCQAC and as your representative to National Council of State Boards of Nursing, as well as the committee work within the Department of Health.

Embrace the challenges and enjoy the unlimited possibilities.

Judith D. Personett, Chair
Nursing Care Quality Assurance Commission



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BY MARY SELECKY, SECRETARY OF THE DEPARTMENT OF HEALTH

“(ONE) WHO HAS HEALTH HAS HOPE. AND (ONE) WHO HAS HOPE HAS EVERYTHING.”

NEW YOUTH SURVEY RESULTS- a Window into Washington Teen Behaviors and Risks

There’s an old proverb that says, “(One) who has health has hope. And (one) who has hope has everything.” They’re simple yet meaningful words that help explain the importance of our work together — health care professionals and public health.

It seems like just yesterday that the legislature passed a bill creating a state health department in Washington. I was there as the bill was developed and Governor Booth Gardner signed it into law in 1989 and the Washington State Department of Health was born. It was a milestone.



We’ve accomplished a lot since then, yet our agency is relatively young compared to the history of nursing in Washington. It’s been 100 years since the Washington State Legislature created the Nursing Examining Board in 1909. One of its first tasks was to define the practice of nursing for our then relatively young state. It was a commitment to safe, quality care that’s as strong as ever today.

We now have nearly 100,000 licensed practical nurses, registered nurses and advanced registered nurses in Washington. You serve many roles and are the backbone of our health care system. Thank you for all you do and congratulations on a century of nursing.

The Healthy Youth Survey is one of the tools state and local health agencies use to learn how we can help people make healthier choices.

Every two years, more than 200,000 public school kids in Washington take this anonymous, voluntary survey. It focuses on many topics young people face — such as drug, alcohol, and tobacco use; gangs; physical activity; suicide; bullying; and more. The survey gives us a snapshot of what’s going on with youth in our state.

The latest results show most Washington youth are making smart choices. Still, we have a lot of work to do. Youth are using alcohol, tobacco and drugs and doing other risky things far too often. Obesity rates along with drug, alcohol and tobacco use didn’t get any worse, but they’re not improving much, either. Almost one in five 10th-graders reported having five or more drinks in a row at least once in the past two weeks. And about one in 10 students in 10th and 12th grades say they got high using prescription painkillers.

Diet news is brighter. The percent of kids in grades 10 and 12 who reported drinking two or more sodas daily dropped from about 20 percent in 2006 to around 15 percent last year. Drinking other sweetened beverages at school also decreased. School limits on sales of pop and other sweet drinks may have led to fewer kids buying these beverages at school.

Since the Department of Health began our Tobacco Prevention and Control Program in 2000, overall youth smoking rates are down about half. Unfortunately,

that momentum has leveled off. Just over 14 percent of 10th-graders say they’ve smoked a cigarette at least once in the past 30 days — about the same as two years ago. Most kids who use tobacco use several types — including flavored cigarettes, cigars or chew — along with cigarettes.

Obesity rates along with drug, alcohol, and tobacco use didn’t get any worse, but they’re not improving much, either.

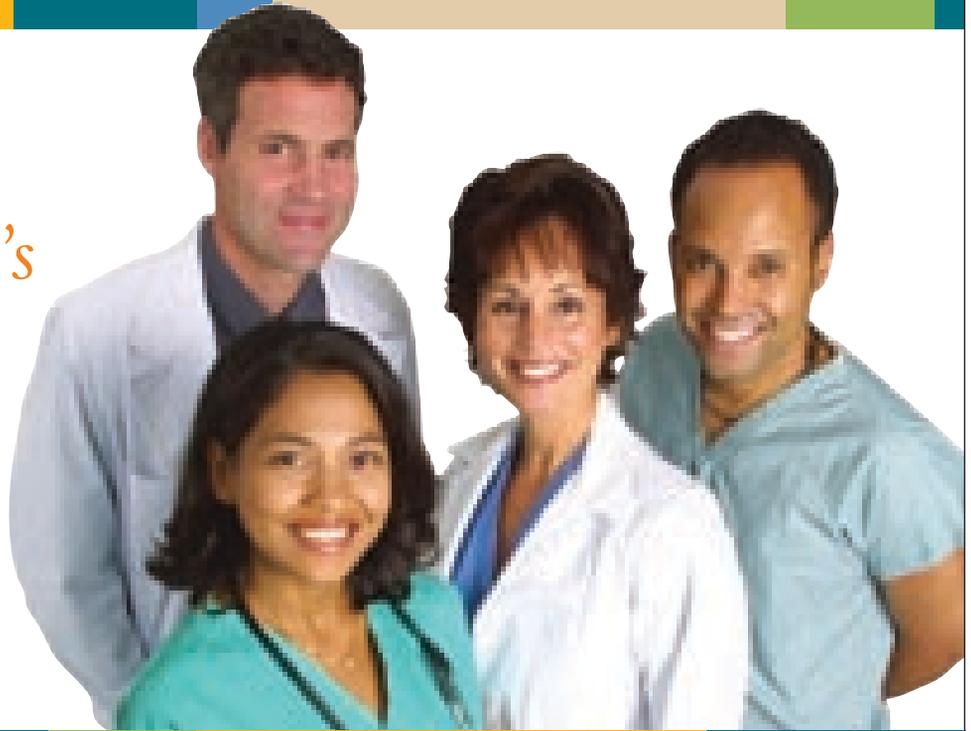
Some things don’t change much from year to year. While kids don’t always say it, the survey shows that they want clear rules at home. And regularly talking with and listening to kids helps assure that they make good choices. Parents can get some great tips on talking with their kids at www.startTalkingNow.org.

We work with a number of state agencies on this survey, including the Department of Social and Health Services and the Office of the Superintendent of Public Instruction. We use the results to guide state youth programs.

The entire Healthy Youth Survey (www.doh.wa.gov/Topics/healthy_youth_2008) is online.

During tough economic times, our prevention work gets even harder. We know that when people are stressed they often turn to tobacco, alcohol and unhealthy “comfort” foods. I ask you to always talk with your patients about making healthy choices. A few words from a health care professional can make a big difference.

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Message from the Executive Director

BY PAULA R. MEYER, MSN, RN, DEPARTMENT OF HEALTH

THE NURSING CARE Quality Assurance Commission responded to the state budget economic crisis with multiple changes. Some occurred quickly. Some have been more methodical. The outcomes have been dramatic either way.

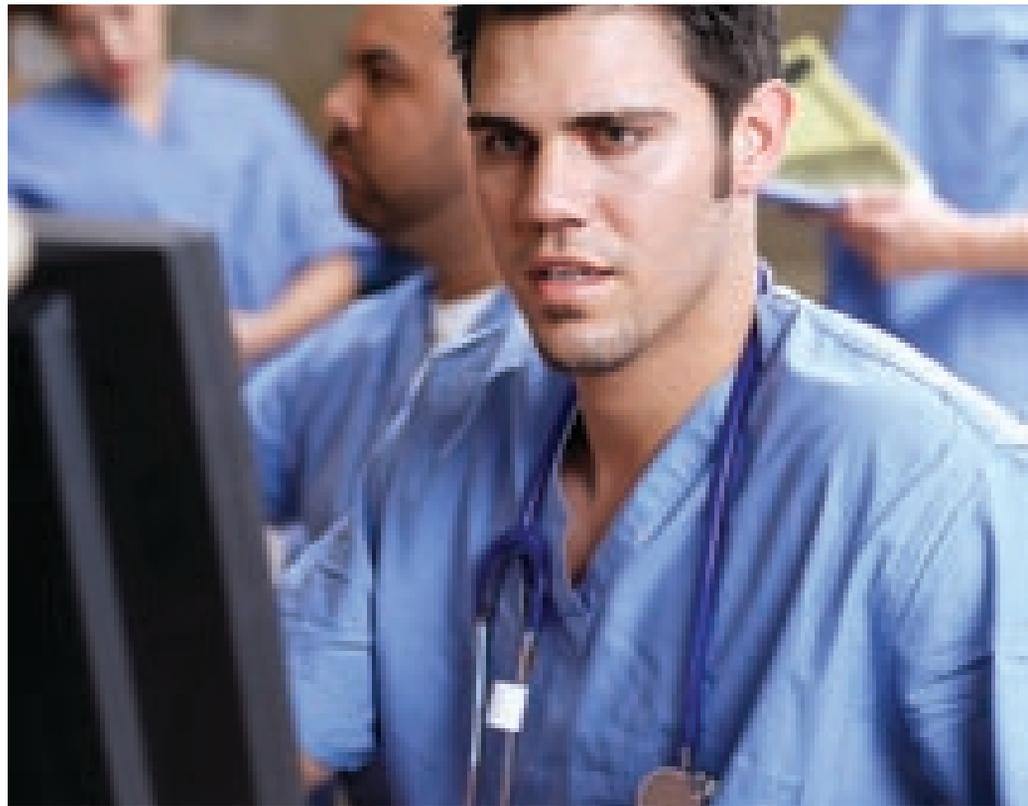
In the January 2009 issue, I wrote about upcoming changes to our licensing. Little did I anticipate that by April 1, we would be able to implement changes to our renewals. All nurses continue to receive a courtesy notice in the mail to renew their licenses. Nurses need to return the notice with the fee. We no longer print a blue paper copy of the license. You can view the renewal on line at <https://fortress.wa.gov/doh/providercredentialsearch/SearchCriteria.aspx>.

Most nurses like this. Some want and can request a paper copy. Most employers verify current licensure of nurses by using the Provider Credential Search Web site. We encourage all employers to use the Web site rather than calling our Customer Service Center. Some employers continue to ask for complaint history and we discourage this. Making employment decisions based on complaint history can be risky. Some complaints are closed prior to investigation and some complaints are closed after investigation. Evidence collected through an investigation provides Nursing Commission members with information supporting actions on a license. Not all complaints are supported with evidence and may be closed. That is why we refer you to the Provider Credential Search for up to the minute information on all providers in our state.

The Nursing Commission also reviewed its process for investigations. Investigations are prioritized as complaints are received and

Nothing Endures but Change.

- *Heraclitus, from Diogenes Laertius, Lives of Eminent Philosophers*



assessed. The most serious complaints are considered first priority. Some complaints opened to investigations are less serious. Because of limited resources, we are not able to quickly investigate. The Nursing Commission is working on a pilot project to identify which investigations may not be needed. We want to work with both the nurse and employers and avoid costly legal actions. The goal of the project is to protect the public and help the nurse identify ways to improve practice.

The Nursing Commission began hosting

its business meetings by videoconference in November 2008. While this process was new and took a bit of adapting, the Nursing Commission decided to hold all of its meetings in the remainder of 2009 through June 2010 by videoconference. Videoconferencing allows the Nursing Commission to have six sites for the meetings. This decreases travel time, costs, and allows nurses to attend the meetings across the state. If a site is close to your home, please stop in to the meeting. The sites are in Tumwater, Shoreline, Oroville,

Kennewick, Yakima and Spokane. You can receive announcements, agendas and packet materials for the meetings by joining our list serve at <http://nursing-qac@listserv.wa.gov>.

The Nursing Commission continues to work on going green! Five Nursing Commission members are using lap top computers to view investigative files, reducing the amount of paper copies and postage and increasing security of investigative materials.

The Nursing Commission adopted the use of Temporary Practice Permits for out of state applicants. A law passed in 2008 authorized us to perform FBI background checks. We will conduct these on all out of state applicants. When we started, the process was not as smooth as now and caused delays in processing the applications. We apologize for the delays and thank you for your patience. We are now using the Temporary Practice Permits. This process allows nurses to obtain employment faster. The use of the background checks is a pilot project. We will measure the number of positive background checks, the actions needed and actions taken to protect the public. Future decisions will be based on this data.

The Nursing Commission continues to work on going green! Five Nursing Commission members are using lap top computers to view investigative files, reducing the amount of paper copies and postage and increasing security of investigative materials. If this project is successful, all Nursing Commission members will be issued lap tops and use this system. We continue to have the vision of paperless licensing, including online applications, payments by debit and credit cards, and electronic transcripts. Stay tuned.



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ARNP CORNER

BY DONNA POOLE, ARNP, PSYCH

Washington State's nurse practice act is considered one of the most progressive in the nation. Unfortunately, other state laws have not kept pace. The Association of Advanced Practice Psychiatric Nurses (AAPPN) has been working for the last two

for the 2009 legislative session, all of RCW 71 was reviewed to identify the necessary technical fixes.

As a result of the review, Representatives Tammy Green, Dawn Morrell, Mary Lou Dickerson, and Phyllis Kenny introduced

psychiatric ARNPs. As the law is currently written even though an ARNP is legally capable of the full care of an involuntarily detained patient, another evaluation by a physician is required to file the legal petitions for involuntary treatment.

Substitute House Bill 1071 adds Psychiatric ARNPs to the list of mental health professionals who can recommend and provide certain mental health treatment.



years to correct some of the discrepancies in state law. Substitute House Bill 1071 grants specific authority to Advanced Registered Nurse Practitioners (ARNPs), working in mental health care, to recommend and provide certain treatment.

Psychiatric ARNPs work in several psychiatric evaluation and treatment centers around the state. According to Washington State's nurse practice act, these ARNPs are fully qualified to care for psychiatric patients detained under Title 71. However, in many parts of Title 71 there is only reference to physicians or psychiatrists. An initial bill was passed in 2008 to address the discrepancies. However, those language changes did not fully accomplish the goal. In preparation

House Bill 1071. The bill was amended in the Senate to specify *Psychiatric* ARNPs. The bill helps to fulfill the initial intent of RCW 71.05 to avoid duplication of services and make the best use of existing personnel and professional services.

Substitute House Bill 1071 adds Psychiatric ARNPs to the list of mental health professionals who can recommend and provide certain mental health treatment. This bill includes referral to chemical dependency treatment, signature authority for certain petitions and treatment, appointment to examine and testify on behalf of a detained person and certain records disclosure. In each section where a physician or psychiatrist assessment is required, language now adds

ARNPs provide care for patients in involuntary treatment units, jails, prisons and other underserved areas. SHB 1071 is intended to:

- Make use of the skills and services already legally provided in the setting of inpatient psychiatric evaluation and treatment centers.
- Void the unnecessary duplication of services.
- Protect public safety by making sure mental health courts have the legally mandated reports they need to make decisions on behalf of the patient.

As of this writing, SHB 1071 has passed both the house and senate. It will take effect 90 days after the close of the session.

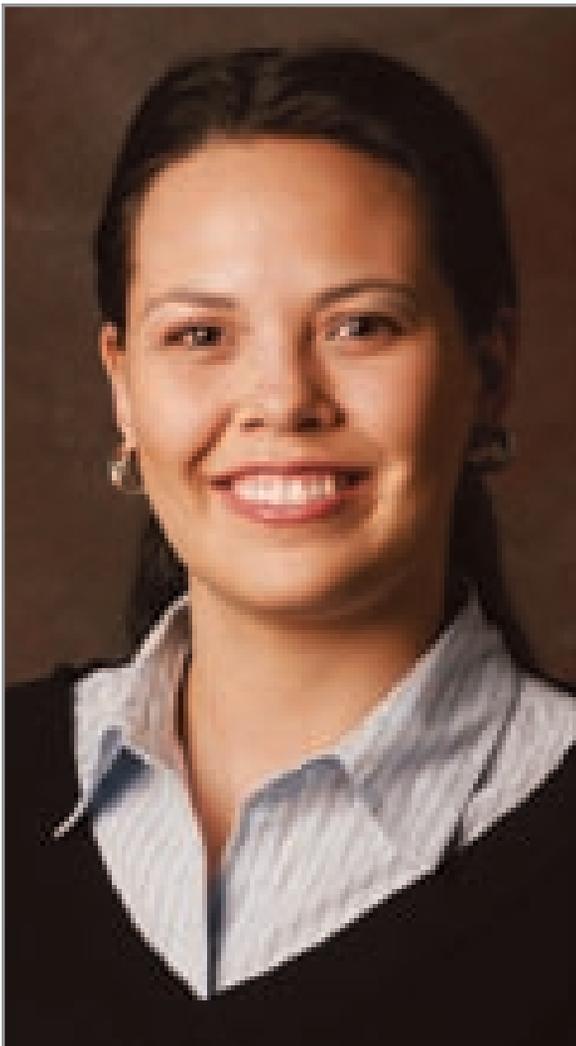
CHANGING TIMES - EARLY REMEDIATION PROGRAM

The Nursing Commission approved a one-year pilot project to explore more effective remediation in standard of care complaints involving low risk of patient harm. This project, titled "Early Remediation Program," will run from July 1, 2009, to June 30, 2010.

The ER Program will move complaints that meet specific criteria into an abbreviated investigation. The Nursing Commission may then suggest an action plan with remedial education and workplace monitoring, based on the nature of the reported conduct. The

Nursing Commission hopes to work more collaboratively with the subject nurse and to the extent possible with the employer to design these suggested action plans. The Nursing Commission will consider successful completion of these plans in deciding how to resolve the matter. This project will meet three specific goals:

- Improved patient safety.
- Quick resolution for the nurse and employer, without disciplinary action.
- Cost savings during tough budgetary times.



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Courtesy renewal notices are mailed out eight weeks prior to license expiration dates. All notices are mailed to the address on file. It is very important to keep your contact information up to date. Please notify us in writing of any name or address changes. These can be sent via email, fax, or mail. E-mails can be sent to hsqa.csc@doh.wa.gov. Our fax number is (360) 236-4818. Our mailing information is listed below. All name changes require a copy of a marriage certificate, divorce decree or a court order.

Mail in your renewal notice and payment as soon as possible.

Timely renewals help ensure we have enough processing time to update your credential before it expires. Mailed renewal payments can take up to two weeks to be processed. Renewals may include seven days for mail delivery time and potentially seven days for processing. Credentials can also be renewed in person at our Tumwater office. Renewing in person will save mailing time, and a verification of licensure will be provided. Driving directions are available on our Web site or by calling our Customer Service Center at (360) 236-4700.

Checks or money orders are processed by the department within 24 to 48 hours of receipt. When checking on the status of your renewal, please verify if your check or money order has been cashed before contacting the department.

What to do if you do not receive your renewal notice.

Returning your renewal notices can help speed up the renewal process, but it is not required for renewal. You can still update your credential by:

- Contacting our Customer Service Center or reviewing our Web site to find out the current fee(s).

Renewals may include seven days for mail delivery time, and potentially seven days for processing.

- Mailing your renewal payment to us along with documentation of your name, credential number, and current mailing address.

ARNPs will also need to send in a copy of their current national certification, and complete the “ARNP Continuing Education and Practice Attestation” form. This form can be located on the Nursing Commission’s Web site at <http://www.doh.wa.gov/hsqa/Professions/Nursing/forms.htm> under “Miscellaneous Forms”, or contact our Customer Service Center to have one sent to you.



Contact Information (with payment):

Health Systems Quality Assurance
Customer Service Center
PO Box 1099
Olympia, WA 98507-1099

Contact Information (without payment):

Health Systems Quality Assurance
Customer Service Center
PO Box 47865
Olympia, WA 98504-7865

LPN CORNER

One of the most frequently asked questions is:

Q - Can an LPN administer medication by IV push?

A - *The Nursing Care Quality Assurance Commission adopted a position statement. The statement was ratified 09/22/2005 by the Nursing Commission and is as follows:*

Intravenous Therapy by Licensed Practical Nurses.

Licensed Practical Nurses (LPN) may, under the supervision of a registered nurse (RN), administer intravenous medications and fluids provided the LPN has had the appropriate education and practice.

The LPN may perform the administration of fluids, medications, TPN, blood products or blood products via central venous catheters and central lines, access these lines for blood draws and administration of emergency cardiac medications via IV push if...

Antineoplastic agents and investigational drugs may not be initiated by the licensed practical nurse but may be monitored by the LPN under the direct supervision {WAC 246-840-010(c)} of an RN.

The LPN may perform the administration of fluids, medications, TPN, blood products or blood products via central venous catheters and central lines, access these lines for blood draws and administration of emergency cardiac medications via IV push if the following occurs:

1. Strict guidelines and protocols are in place.
2. The guidelines clearly state all policies and procedures.

3. Annual review and assessment of the LPN's knowledge, skills and abilities is conducted.

4. Emergency cardiac medications given "IV push" shall be administered by the LPN only if

- a. The LPN has direct supervision per WAC 246-840-010(11) (c) or
- b. The LPN has a current ACLS certification,

5. Blood or blood products shall only be given with direct supervision as per WAC 246-840-010(11) (c).

6. It is within the scope of LPN practice to perform peripheral venipuncture (to start IVs or draw blood); to flush peripheral, PICC and central lines for

the purpose of ensuring patency if the following occurs:

- a. The LPN completes an annual instructional program on the initiation of peripheral IVs.
- b. Documentation of satisfactory completion of the annual instructional program and supervised practice is on file with the employer.
- c. Written policies and procedures are maintained by the employer.

(Note from Author: That being said, the policies and procedures your employer has in place may be different and the employer may not allow the above practice.)

NURSING COMMISSION GOING PAPERLESS

The Nursing Commission eliminated paper licenses as of April 1, 2009. The renewal process remains the same. The only difference is you will not receive a paper license in the mail after you renew. You will still receive a courtesy renewal notice about 6-8 weeks prior to your birth date every year. You need to return the **renewal card**, renewal fee and forms before your birth date.



Once your license is renewed, check on-line at <https://fortress.wa.gov/doh/providercredentialsearch/> to view the status of your renewal. A paper license will not be mailed to you. The on-line Web site is a primary source verification. This Web site can and should be used by pharmacies, hospitals, clinics, employers or surveyors.

By going paperless the Nursing Commission is reducing paper, reducing postage costs and reducing the chance of fraudulent licenses. If you have any questions about your renewal, the process or about your license, contact the Department of Health at (360) 236-4700 or www.hpqa.csc@doh.wa.gov.

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Changing Times Promotes Continued Focus on Public Safety: **UPDATED NURSING SANCTION STANDARDS**

The Nursing Care Quality Assurance Commission protects the public's health and safety and promotes the welfare of the state by regulating the competency and quality of professional health care providers under our jurisdiction. We accomplish this protection through the performance of our duties, one of which is ensuring consistent standards of practice.

We recognize that in order to promote consistent standards of practice amongst our health care providers, our discipline of those providers whose practice are substandard, must also be consistent.

In 2003, the Nursing Commission began developing sanction guidelines, which as of 2006 are now sanction standards to be used in certain types of disciplinary cases. These standards provide consistency and uniformity in disciplinary sanctions for similar violations. The sanction standards can be found on the Washington State Department of Health Web site: www.doh.wa.gov and on the Nursing Commission's Web site: www.doh.wa.gov/hsqa/profession/nursing/commission.htm.

In 2006, the secretary of health published sanction guidelines to be used as a framework for discipline, against any one of the 23 health professions she oversees. Other boards and commissions were encouraged to adopt these guidelines. The Nursing Commission complied and adopted these guidelines as well. In 2007, the guidelines underwent a revision and were placed into rule as the Sanction Schedule on Jan. 1, 2009. The Sanction Schedule applies to all regulated health professions in the State of Washington.

The Nursing Commission has updated, the nursing sanction standards to be consistent with the recently adopted



sanction schedule. These adjustments are reflected in the latest version (A27.06) of the nursing sanction standards which can be found on our Web site.

Any licensed nurse can access these standards and get a sense of what sanctions may be imposed for certain types of conduct. Sanctions range from simple probation to permanent revocation, dependent upon any aggravating or mitigating circumstances. These would be well documented in any disciplinary order. The standards also discuss possible coursework, practice restrictions, employment restrictions and cost recovery or fines.

Our goal is to be as consistent as possible when taking action against a provider or applicant. The standards provide uniformity in disciplinary sanctions for similar violations, as well as protect the public by ensuring our providers are well qualified to perform their duties.

Calling All Clinical Nurse Specialists – WE NEED YOU

The Nursing Commission revised the Advanced Registered Nurse Practitioner rules in 2008. The Nursing Commission held many stakeholder meetings and included clinical nurse specialists. Clinical nurse specialists perform essential work for nursing and patients. Stakeholders discussed the role of the clinical nurse specialist. The clinical nurse specialist role has been considered at the national level as well.

The National Council of State Boards of Nursing (NCSBN) developed the Advanced Practice Registered Nurse Vision Paper. NCSBN worked with many stakeholders including clinical nurse specialists to develop the vision paper. NCSBN, through the vision paper, evaluated the roles and responsibilities of advanced practice nurses across the states. This evaluation included the role of clinical specialists.

In some states, advanced practice includes both nurse practitioners and clinical nurse specialists. In our state, the legal definition of advanced registered nurse practitioner is not inclusive of clinical nurse specialists. The required educational preparation for a clinical nurse specialist is one example of lack of clarity. Therefore, we would like to better understand the practice and needs of clinical nurse specialists.

Please participate in our survey. The survey takes about 15 minutes. You can access the survey at www.CommissionCNSsurvey.com. Results of the survey will be published in the January 2010 issue of *Washington Nursing Commission News*.

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Complaints Received IN 2008

The Nursing Commission received 1,562 complaints in calendar year 2008, compared to 1,276 in calendar year 2007. This is a 22 percent increase.

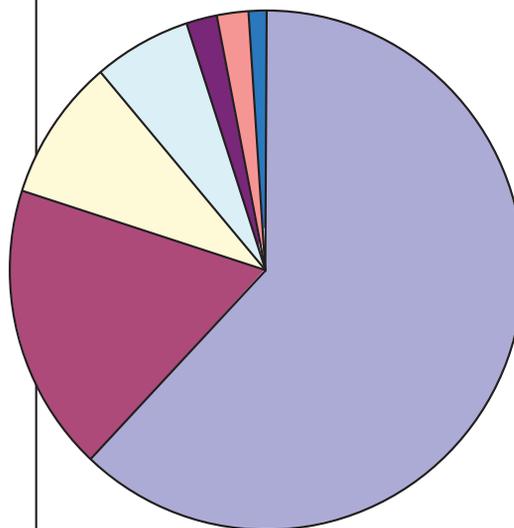
All complaints are reviewed by a panel of the Nursing Commission to determine whether they should be investigated. Cases may be closed for several reasons:

- No jurisdiction.
- Not a violation of law.

- Insufficient information.
- The conduct does not rise to the level for an investigation.

After investigation, a Nursing Commission member reviews each case and presents it to a panel of the Nursing Commission for a decision to close or proceed with charges. If charges are issued, licensees may negotiate a settlement, but have an option for a hearing before the Nursing Commission.

Complaint Categories - 2008



- beyond scope/standards
- drugs/alcohol
- other/jurisdiction
- dishonesty/fraud
- patient injury/death/abuse
- failure to comply
- sexual misconduct

COMPLAINT FORMS

Look for a new complaint form on the nursing Web site in mid July 2009. The current Department of Health complaint form is generic because it is used for multiple professions. The nursing Web site is www.doh.wa.gov/hsqa/Professions/Nursing.

As we go to press, the Nursing Commis-

sion is developing a complaint form that is specific to the nursing profession. The most significant change is for nurse employers filing a report. There are several questions regarding the workplace that will assist the Nursing Commission in its initial assessment of the report.

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PATIENT INJURY: It's Not Just the Physician Being Sued!

The literature suggests that physicians and other health care providers such as nurses, pharmacists, social workers and respiratory therapists are increasingly being targeted in malpractice suits. Their employing institutions and various levels of managers in between are also being named as defendants.

Management Liability

A second level of liability extends to managers, supervisors and administrators. Supervisors may be held accountable for the negligence of individual clinicians, orientees and float personnel. This happens when duties are delegated inappropriately or supervision is inadequate. If a nurse is

nurses and student nurses. This is based upon public policy that encourages employers to hire competent employees and provide the facilities, equipment and staff needed for competent care.

Liability of Private Duty Nurses

Private duty nurses are legally responsible for their own negligence. Even



Individual Liability

The likelihood of nurses, especially advanced practice nurses, being sued increases as their clinical and managerial responsibilities expand. Nurses are accountable for their actions. More and more often, they are named as defendants in malpractice suits with no liability placed upon the physician.

not qualified to carry out the assignment, then the manager must provide adequate supervision. How much supervision is adequate depends on the qualifications, skills, and needs of the individual nurse.

Employer Liability

A third level of liability attaches to the employer. An employer is automatically liable for the acts of its employees, agency

though these nurses must comply with the hospital's rules and regulations, they usually contract directly with patients to give nursing care. They are usually not subject to hospital control. The hospital cannot dismiss or reassign them. The hospital is rarely held liable for the negligent acts of private duty nurses, but it can be. Employer liability depends on

who selected the nurse, the information relied upon by the hospital if another entity made the selection and the right of control over the actions of the nurse.

Independent Contractor Liability

The degree of employer control over a health care provider distinguishes an employee from an independent contractor. There is usually no right of control by an employer over an independent contractor's work. However, an employer may be liable for the acts of a contractor if the employer was negligent in selecting the contractor and had prior knowledge he or she was incompetent. Common examples of independent contractors are private duty nurses, emergency department physicians and anesthesiologists.

Nurses are accountable for their actions.

Liability for Lending Staff Services to Another

Another type of liability can occur when an employer lends the services of an employee to another individual. The legal term for this is "a borrowed servant." The issue is whether the employer or the borrowing person is liable for the acts of the employee. The critical factor again is who has the right of control over the employee's performance. Frequently, both the employer and the borrowing individual incur liability because both had input as to how a job was performed. A typical example is where a hospital provides a nurse to a surgeon as a first assistant. The nurse becomes the borrowed servant and is under the control of the surgeon. However, the hospital may have been responsible for training and giving the nurse credentials as a first assistant. Therefore, the hospital may incur some responsibility.

Conclusion

Historically, only physicians were sued for medical malpractice. However, other health care providers, as well as their employers and managers, are increasingly

being named as defendants. As nurses' clinical and managerial responsibilities expand, there is increased likelihood of suits against nurses, especially advanced practice nurses. Risk management today requires every provider and facility to be aware of the various roles each fulfills and the many levels of liability. Non-physician health care providers, as well as their employing institutions, should recognize the increased legal risk.

Georgia A. Martin, JD, PhD, RN, MSN, BSN, CS-P is the owner of Legal Medical Advisory Services in Silver Spring, Maryland. She also represents nurses in licensure issues and is a consultant to the Department of Defense and Department of Veteran Affairs on medical malpractice issues. She received her law degree from the University of the District of Columbia School of Law and her PhD, MSN and BSN from the University of Southern Mississippi.



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BY LINDA TIEMAN, RN, MN, FACHE
EXECUTIVE DIRECTOR, WASHINGTON CENTER FOR NURSING

UPDATE FROM THE WASHINGTON CENTER FOR NURSING

Strategic and tactical work to address the *nursing shortage* continues! While the state budget crisis increases, we worked with deans and directors of our nursing education programs to aid their discussions about the need for even more slots for students and faculty. We discussed the damage that can be done by reducing slots and faculty. Even the temporary slowdown in hiring is just that, temporary. We know our RN and LPN workforce is aging and no matter how long some of us want to work, we will retire. Educators also are older with many ready to retire. To ensure an adequate workforce we need more nurses to provide care and to teach. See the “WA RN Supply & Demand Study through 2025” at www.WACenterforNursing.org under “FAQs.”

RONE (Rural Outreach Nursing Education) started in January 09 with students in rural areas throughout the state. This innovative program provides approved nursing education through Lower Columbia College (LCC) to incumbent rural healthcare workers with support from their hospital CEO and Chief Nurse. Students in the first cohort are from Port Townsend, Republic, Goldendale and Chewelah. Students remain in their home hospital for most of their education, taught by bachelor’s or master’s prepared RNs also in their hospital. During the student learning time, they are under the auspices of LCC, not employees of their hospital. www.lowercolumbia.edu and enter “Nursing” in the search box. RONE is near the bottom left.

Workgroups are creating the *Master Plan for Nursing Education* Implementation Plan, which is due to the Department of Health Dec. 31, 2009. Transforming nursing education to



prepare nurses for the future in affordable, learner-friendly and educationally-sound ways are key objectives. The groups are: Diversity, Faculty Compensation, Faculty Workload, Curriculum Innovation, Preparing Future Faculty, RN-BSN/MSN Capacity, Distance Access, Transition to Practice and Communication. Visit www.WACenterforNursing.org for the latest information or call Andrea McCook, project director at 206-281-2331.

A statewide *LPN Summit* held in Nov. 2008 brought more than 90 LPNs, educators, employers and labor representatives together to identify issues affecting the LPN

workforce. The practice act was reviewed in detail by Usrah Claar-Rice from the Nursing Care Quality Assurance Commission. This year we plan to do follow up with LPNs on issues such as: scope of practice, delegation, supervision, and educational mobility. Notes from the summit are on www.WACenterforNursing.org under “Latest News.”

WCN is the nonprofit 501c3 statewide nursing resource and workforce center for our state. Go to www.WACenterforNursing.org for information and the latest news • 206-281-2978 • www.info@wcnursing.org for more help!

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Editor's Note: License verifications for Washington Nurses can be accessed free of charge at Department of Health Web site at <http://fortress.wa.gov/doh/providercredentialsearch/>

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DISCIPLINARY ACTIONS

The Washington State Nursing Care Quality Assurance Commission took the following formal disciplinary actions between January 1, 2008, and December 31, 2008. The full text of charging documents and final orders may be found on the Nursing Commission's Web site at <http://www.doh.wa.gov/hsqa/Professions/Nursing/default.htm> under the Provider Credential Search.

Licensee	Date of Action	Action	Violation
Tritle, Jeanne RN	01/03/08	Suspension	Violation of federal or state statutes, regulations or rules
Rodriguez, Dara LPN	01/14/08	Suspension	Violation of or failure to comply with licensing board order
Martinez, Kimberly LPN	01/24/08	Suspension	Violation of federal or state statutes, regulations or rules
Al-Mohamad, Fawaz RN	01/24/08	Suspension	Criminal conviction
Luxton, Julie LPN	02/12/08	Suspension	Violation of or failure to comply with licensing board order; violation of federal or state statutes, regulations or rules
Armour, George RN	02/12/08	Monitor	Criminal conviction
Johnson, Mary RN	02/12/08	Monitor	Violation of or failure to comply with licensing board order
Fairman, Penny RN	02/12/08	Suspension	Violation of or failure to comply with licensing board order
Fairman, Penny ARNP	02/12/08	Suspension	Violation of or failure to comply with licensing board order
Eley, Deana	02/12/08	Monitor	Violation of or failure to comply with licensing board order; narcotics violation or other violation of drug statutes
Moore, Megan	02/12/08	Licensure denied	License disciplinary action taken by a federal, state or local licensing authority
Oxborrow, Barbara RN	02/12/08	Suspension	Violation of federal or state statutes, regulations or rules
Johnson, Carol LPN	02/12/08	Suspension	Violation of federal or state statutes, regulations or rules
Swift, Vicky LPN	02/13/08	Probation	Diversion of controlled substances
Dodge, Shelly LPN	02/19/08	Suspension	Violation of or failure to comply with licensing board order
Halvorsen, Kathryn LPN	03/03/08	Probation	Negligence, violation of federal or state statutes, regulations or rules
Dickinson, Lisa LPN	03/03/08	Probation	Patient abuse
Gannaway, Kimberly RN	03/04/08	Monitor	Unable to practice safely by reason of alcohol or other substance abuse
Askins, Keri LPN	03/04/08	Probation	Exploiting a patient for financial gain
Newman, Sherri RN	03/04/08	Probation	Non-sexual dual relationship or boundary violation
Ordon, Herco LPN	03/04/08	Probation	Error in prescribing, dispensing or administering medication; incompetence; violation of federal or state statutes, regulations or rules
Manford, Roberta	03/04/08	Suspension	Fraud; improper or inadequate supervision or delegation; negligence; violation of federal or state statutes, regulations or rules
Mullen, Mary RN	03/04/08	Suspension	Negligence; violation of federal or state statutes, regulations or rules
Longworth, Kriss RN	04/01/08	Probation	Failure to maintain records or provide medical, financial or other requirement information; violation of federal or state statutes, regulations or rules
Smylie, Jami RN	04/01/08	Probation	Exploiting a patient for financial gain; violation of federal or state statutes, regulations or rules
Wessels, Starla RN	04/01/08	Stayed suspension	Violation of federal or state statutes, regulations or rules; fraud
Middleton, Judith LPN	04/01/08	License is reinstated, monitoring	License disciplinary action taken by a federal, state, or local licensing authority
Choffel, Robyn ARNP	04/01/08	Probation	Narcotics violation or other violation of drug statutes
Choffel, Robyn RN	04/01/08	Probation	Narcotics violation or other violation of drug statutes
Falkenberg, Katerina RN	04/01/08	Probation	Violation of federal or state statutes, regulations or rules; negligence
Muai, Margaret RN	04/01/08	Monitor	Violation of federal or state statutes, regulations or rules; negligence
Henderson, Terrilyn RN	04/01/08	Surrender of license	Violation of federal or state statutes, regulations or rules; criminal conviction
Halvorson, Cynthia LPN	04/02/08	Suspension	Violation of or failure to comply with licensing board order
O'Brien, Lisa RN	04/02/08	Suspension	Alcohol or other substance abuse; criminal conviction; failure to cooperate with the disciplining authority
Taylor, Judith LPN	04/15/08	Suspension	Violation of or failure to comply with licensing board order
Pasco, Celso RN	04/17/08	Probation	Non-sexual dual relationship or boundary violation; violation of federal or state statutes, regulations or rules
Holden, Brenda LPN	04/30/08	Suspension	Violation of federal or state statutes, regulations or rules; fraud; violation of or failure to comply with licensing board order
Boggs, Richard RN	05/06/08	Probation	Criminal conviction
Betts, Teresa LPN	05/06/08	Probation	Violation of federal or state statutes, regulations or rules; negligence
Stokke, Deborah ARNP	05/06/08	Monitor	Violation of or failure to comply with licensing board order
Stokke, Deborah RN	05/06/08	Monitor	Violation of or failure to comply with licensing board order
Meacham, Curtis RN	05/06/08	Probation	Failure to provide medically reasonable and/or necessary items or services; improper or inadequate supervision or delegation; negligence, violation of federal or state statutes, regulations or rules

Licensee	Date of Action	Action	Violation
Snow, Albert RN	05/06/08	Monitor	Violation of federal or state statutes, regulations or rules; negligence; substandard or inadequate care
Marks, Joyce LPN	05/06/08	Monitor	Diversion of controlled substance; fraud; narcotics violation or other violation of drug statutes
Poe, Shenee LPN	05/06/05	Probation	Fraud; narcotics violation or other violation of drug statutes
Yahrling, Glory LPN	05/06/08	Probation	Negligence; substandard or inadequate care; violation of federal or state statutes, regulations or rules
Schiller, Sharon RN	05/06/08	Suspension	License revocation, suspension or other disciplinary action taken by a federal, state or local licensing authority
Butler, Marilyn ARNP	05/06/08	Suspension	Alcohol and other substance abuse; violation of federal or state statutes, regulations or rules
Butler, Marilyn RN	05/06/08	Suspension	Alcohol and other substance abuse; violation of federal or state statutes, regulations or rules
Newman, Howard RN	05/06/08	Suspension	Diversion of controlled substance; narcotics violation or other violation of drug statutes; violation of federal or state statutes, regulations or rules
Lincoln, Laura RN	05/12/08	Suspension	Diversion of controlled substance; immediate threat to health or safety; narcotics violation or other violation of drug statutes; violation of federal or state statutes, regulations or rules
Shark, Ellen RN	05/15/08	Suspension	License disciplinary action taken by a federal, state, or local licensing authority
Ibarra, Luis	05/16/08	Suspension	Sexual misconduct
Schell, Cathy LPN	05/21/08	Licensure denied	Criminal conviction
Fast, Susan RN	05/29/08	Revocation	Criminal conviction; violation of federal or state statutes, regulations or rules
Currie, Alice LPN	06/02/08	Suspension	Violation of or failure to comply with licensing board order
Morse, Heather RN	06/10/08	Probation	Sexual misconduct
Callahan, Maureen RN	06/10/08	Probation	Negligence; substandard or inadequate care; violation of federal or state statutes, regulations or rules
Miles, Teresa LPN	06/10/08	Suspension	Violation of or failure to comply with licensing board order
Green, Jennifer RN	06/10/08	Suspension	Criminal conviction; diversion of controlled substances; narcotics violation or other violation of drug statutes; unable to practice safely by reason of alcohol or other substance abuse; violation of federal or state statutes, regulations or rules
Lancaster, Diana RN	06/10/08	Revocation	Criminal conviction, narcotics violation or other violation of drug statutes
Conner, Sharleen RN	06/10/08	Suspension	Failure to cooperate with the disciplining authority; narcotics violation or other violation of drug statutes; unable to practice safely by reason of alcohol or other substance abuse
Lemieux, Cecilia RN	06/10/08	Licensure denied	License disciplinary action taken by a federal, state or local licensing authority
Page, Teresa LPN	06/10/08	Suspension	Violation of or failure to comply with licensing board order
Armour, George RN	06/11/08	Suspension	Violation of or failure to comply with licensing board order
Eley, Deana RN	06/11/08	Suspension	Violation of or failure to comply with licensing board order
Hamshar, Donna RN	06/12/08	Suspension	License disciplinary action taken by a federal, state or local licensing authority
Lehrer, Gretchen RN	06/12/08	Suspension	License disciplinary action taken by a federal, state or local licensing authority
Nyman, Shawn RN	06/12/08	Suspension	License disciplinary action taken by a federal, state or local licensing authority
Ward, Dana RN	06/17/08	Revocation	Criminal conviction; failure to cooperate with the disciplining authority; unable to practice safely by reason of alcohol or other substance abuse
Hart, Jody RN	06/19/08	Suspension	License disciplinary action taken by a federal, state or local licensing authority
Charters, Timothy LPN	06/25/08	Suspension	License disciplinary action taken by a federal, state or local licensing authority
Guerrero, Joanne RN	06/25/08	Suspension	Filing false reports or falsifying records
Carlsen, Traci RN	06/25/08	Licensure denied	License disciplinary action taken by a federal, state or local licensing authority
Hunt, Jeanette RN	06/25/08	Suspension	Violation of or failure to comply with licensing board order
Sonmez, Jacqueline RN	06/25/08	Suspension	License disciplinary action taken by a federal, state or local licensing authority
Bigley, Karla RN	07/03/08	Monitor	License disciplinary action taken by a federal, state or local licensing authority
Slater, Darren RN	07/03/08	Suspension	License disciplinary action taken by a federal, state or local licensing authority
Krogness, Barbara LPN	07/03/08	Suspension	Diversion of controlled substances; narcotics violation or other violation of drug statutes; unable to practice safely by reason of alcohol or other substance abuse; violation of federal or state statutes, regulations or rules
Couch, Rhonda LPN	07/07/08	Suspension	Criminal conviction
Simpson, Jacalyn LPN	07/21/08	Suspension	Violation of or failure to comply with licensing board order
Lund, Jennifer RN	07/28/08	Suspension	Violation of or failure to comply with licensing board order
Channel, Kimberly LPN	08/05/08	Monitor	Violation of or failure to comply with licensing board order
Fox, Deanna RN	08/05/08	suspension	Narcotics violation or other violation of drug statutes; unable to practice safely by reason of alcohol or other substance abuse; violation of federal or state statutes, regulations or rules
Hinrichs, Sandra LPN	08/08/08	Monitor	Error in prescribing, dispensing, or administering medication
Bond, Christine RN	08/08/08	Suspension	Narcotics violation or other violation of drug statutes
Moorhouse, Erika RN	08/13/08	Probation	Failure to maintain records or provide medical, financial or other required information; practicing beyond the scope of practice; violation of federal or state statutes, regulations or rules

Licensee	Date of Action	Action	Violation
Delorme-Denton, Janette RN	08/13/08	Licensure denied	License disciplinary action taken by a federal, state or local licensing authority; violation of federal or state statutes, regulations or rules
Butler, Alton RN	08/21/08	Revocation	Sexual misconduct
Beck, Rachel RN	08/21/08	Suspension	License disciplinary action taken by a federal, state or local licensing authority
Bollinger, Linda RN	08/21/08	Suspension	Violation of or failure to comply with licensing board order
Cunningham, Cyndi LPN	08/21/08	Revocation	License disciplinary action taken by a federal, state or local licensing authority
Melvyn, Matthew RN	08/26/08	Suspension	Violation of or failure to comply with licensing board order
Raulsome, Ruthann LPN	08/29/08	Suspension	Violation of or failure to comply with licensing board order
Hunt, Elena RN	09/02/08	Suspension	Violation of or failure to comply with licensing board order
Ambuehl, Stefanie LPN	09/03/08	Suspension	Fraud, deceit or material omission in obtaining license or credentials; license disciplinary action taken by a federal, state or local licensing authority
Lucas, Elizabeth LPN	09/10/08	Probation	Violation of federal or state statutes, regulations or rules; negligence
Arneson, Wendy LPN	09/12/08	Suspension	Incompetence; narcotics violation or other violation of drug statutes; violation of federal or state statutes, regulations or rules
Thompson, Michel LPN	09/26/08	Suspension	Violation of or failure to comply with licensing board order
Jung, Carol RN	10/03/08	Suspension	Error in prescribing, dispensing or administering medication; patient abuse; violation of federal or state statutes, regulations or rules
Lengele, Maria LPN	10/06/08	Monitor	Failure to maintain records or provide medical, financial or other required information; negligence; violation of federal or state statutes, regulations or rules
Carlson, Kelley RN	10/07/08	Monitor	Filing false reports or falsifying records; narcotics violation or other violation of drug statutes; unable to practice safely by reason of alcohol or other substance abuse; violation of federal or state statutes, regulations or rules
Neel, Dale RN	10/07/08	Permanent revocation	Sexual misconduct, unprofessional conduct
Sturman, Shelly RN	10/14/08	Suspension	License disciplinary action taken by a federal, state or local licensing authority
Simonds, Sharon LPN	10/27/08	Suspension	Violation of or failure to comply with licensing board order
Courtney, Karen RN	10/30/08	Stayed suspension	Violation of or failure to comply with licensing board order
Nichols, Nichole RN	10/30/08	Suspension	Violation of or failure to comply with licensing board order
Andrews, Karen LPN	10/31/08	Probation	Failure to maintain records or provide medical, financial or other required information; substandard or inadequate care; violation of federal or state statutes, regulations or rules
Wilson, Andrea LPN	10/31/08	Monitor	Negligence; substandard or inadequate care; violation of federal or state statutes, regulations or rules
Mariano, Ederico RN	10/31/08	Monitor	Failure to maintain records or provide medical, financial or other required information; narcotics violation or other violation of drug statutes; violation of federal or state statutes, regulations or rules
Rowark, Janice RN	10/31/08	Suspension	Negligence; substandard or inadequate care; violation of federal or state statutes, regulations or rules
Jones, Darryl RN	10/31/08	Suspension	Violation of or failure to comply with licensing board order
Tate, Robin LPN	11/03/08	Suspension	Violation of or failure to comply with licensing board order
Staggs, Constance RN	11/03/08	Suspension	Failure to cooperate with the disciplining authority
Henderson, Robyn LPN	11/05/08	Suspension	Criminal conviction
Manners, Karen RN	11/07/08	Suspension	Violation of or failure to comply with licensing board order
Henrikson, Helen LPN	11/21/08	Probation	Error in prescribing, dispensing or administering medication; negligence; violation of federal or state statutes, regulations or rules
Banman, Christine RN	11/21/08	Suspension	Diversion of controlled substances; incompetence; narcotics violation or other violation of drug statutes; unable to practice safely by reason of alcohol or other substance abuse; violation of or failure to comply with licensing board order
Manford, Roberta LPN	11/21/08	Suspension	Exploiting a patient for financial gain; fraud; violation of federal or state statutes, regulations or rules
Pivetti, Joyce RN	11/21/08	Suspension	License disciplinary action taken by a federal, state or local licensing authority
Askham, Scot RN	11/21/08	Suspension	Criminal conviction
Rough, Robin RN	11/21/08	Suspension	Violation of or failure to comply with licensing board order
Cassily, Laura RN	11/21/08	Suspension	License disciplinary action taken by a federal, state or local licensing authority
Sahlie, Michael RN	11/25/08	Suspension	Failure to cooperate with the disciplining authority; fraud; practicing without a valid license; violation of federal or state statutes, regulations or rules
Stephenson, Phyllis LPN	11/26/08	Probation	Negligence; violation of federal or state statutes, regulations or rules
Jordan, Nora RN	12/05/08	Suspension	License disciplinary action taken by a federal, state or local licensing authority
Jarvis, Jennifer RN	12/26/08	Suspension	License disciplinary action taken by a federal, state or local licensing authority; narcotics violation or other violation of drug statutes
Brown, Laurie RN	12/30/08	Suspension	License disciplinary action taken by a federal, state or local licensing authority
Marjerrison, Valerie RN	12/30/08	Suspension	Violation of or failure to comply with licensing board order

DISCIPLINARY SUMMARIES

The following are summaries of actual disciplinary sanctions taken by the Nursing Commission. All of these cases are public records but for the purposes of education only, we have removed the names. These 10 summaries represent the kinds of disciplinary action taken by the Nursing Commission and the range of sanctions that can be imposed. The nurses involved could have avoided disciplinary action, fines, practice restrictions and other sanctions by using several preventative measures:

- Read and know the rules and statutes regulating the practice of nursing including guidelines on sexual misconduct, boundary issues and medication administration.
- Self-referral into a monitoring program for alcohol and substance abuse issues.
- Know the procedures for proper documentation.

Over a two-week period, Nurse A diverted controlled substances for her own personal, non-therapeutic use or failed to document the administration and/or wastage of controlled substances. The Nursing Commission issued an Agreed Order placing Nurse A's license on probation for 60 months. The Agreed Order required Nurse A to seek a substance abuse evaluation through the Washington Health Professional Services and, if recommended, enter and comply with the program.

Nurse B was credentialed as a nurse and a licensed massage practitioner. While practicing massage, Nurse B engaged in non-consensual sexual contact with three clients. After a formal hearing was held, the Nursing Commission permanently revoked Nurse B's nursing license.

Nurse C was caring for a teenage patient in a psychiatric unit. After the patient was discharged to outpatient treatment, Nurse



C would bring the patient gifts. When discharged home, Nurse C contacted the patient on multiple occasions and they discussed personal matters unrelated to treatment. Nurse C signed an Agreed Order with the Nursing Commission that placed her license on probation for 12 months.

Nurse C agreed to provide care for adult patients only and have her employer submit quarterly performance evaluations to the Nursing Commission. Nurse C also agreed to complete coursework in professional boundaries and pay a \$1,000 fine.

Nurse D repeatedly failed to document the administration of narcotics in the medication administration record for five patients. As the result of an Agreed Order, Nurse D's license was placed on probation for 24 months. Nurse D paid a \$1,000 fine and completed coursework and supervised clinical practice in medication documentation. The Nursing Commission also required quarterly performance evaluations from Nurse D's employer, restricted her from functioning as a supervisor, head nurse or charge nurse, and required Nurse D to work under supervision.

Nurse E failed to fully document medications dispensed to a patient and failed to count narcotics at the end of her shift. The next day, Nurse E altered the controlled substances sheet to reflect the pills she administered to the patient the

Read and know the rules and statutes regulating the practice of nursing including guidelines on sexual misconduct, boundary issues and medication administration.

day before. Nurse E also documented medications administered by another nurse without documenting who gave the pills or when they were given. Lastly, Nurse E administered twice as much Klonopin as was ordered for a patient. The Nursing Commission issued an

Agreed Order stipulating Nurse E to pay a fine of \$250 and required her to complete coursework in documentation and write a research paper.

Nurse F instructed nursing assistants not to answer a patient's call light. Nurse F told the patient if he did not stop swearing at her that she would have him sent "to the nut farm." Nurse F signed an Agreed Order placing her license on probation for 24 months. Nurse F was ordered to pay a \$500 fine, restricted from working nights and in a supervisory position, must now have employment supervision and will need to complete coursework in elder abuse prevention.

Nurse G was the owner and provider of an adult family home. Nurse G failed to adequately assess and intervene when a patient's health and nutrition began to deteriorate. Specifically, the patient developed multiple skin breakdowns, pressure sores, decline in nutrition intake and she had evidence of a mouth infection.

The Nursing Commission and Nurse G signed an Agreed Order placing Nurse G's license on probation for 12 months. The Nursing Commission agreed to allow Nurse G to continue to operate her adult family home if she refrained from admitting or retaining bed-ridden patients and allowed the Nursing Commission to make random, unannounced inspections of the home. Nurse G was required to complete coursework in patient assessment and wound and skin care, complete supervised clinical practice and pay a \$500 fine.

The Nursing Commission alleged that over the course of two days, Nurse H made multiple medication documentation errors on four patients. A Stipulation to Informal Disposition (STID) was issued, placing Nurse H's license on probation for 24 months. The Nursing Commission required Nurse H to pay a \$200 fine, cause her employer to submit quarterly reports and restricted Nurse H from working in certain types of facilities. Nurse H was also required

to complete coursework in medication administration and documentation.

The Nursing Commission alleged that Nurse I accessed three patients' medical records for personal reasons. The Nursing Commission and Nurse I signed a Stipulation to Informal Disposition (STID), placing Nurse I's license on probation for 36 months. Nurse I was required to pay a \$500 fine, keep the Nursing Commission apprised of her employment, complete coursework in patient boundaries and write a research paper.

Nurse J was convicted of attempted assault in the third degree – domestic violence. The Nursing Commission served Nurse J with a Statement of Charges but Nurse J did not respond. Nurse J also failed to contact the Nursing Commission after a notice was issued requiring him to do so. As a result, the Nursing Commission issued a default order suspending Nurse J's license. Nurse J may request reinstatement in 48 months if he completes a domestic violence perpetrator treatment program.



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Medication Prescriptions and Refills

WHAT IS THE RIGHT PROCESS?

New Prescription >>> *Refill* >>> *Expired Prescription* >>> New Prescription

Rx 123456789 Home Pharmacy
03/01/2009 310 Israel PI S E
Lipitor 40 mg Refills 2
Take one tablet daily.
Mr. S Qty. 30

Rx 123456789 Home Pharmacy
03/31/2009 310 Israel PI S E
Lipitor 40 mg Refills 1
Take one tablet daily.
Mr. S Qty. 30

Rx 123456789 Home Pharmacy
04/29/2009 310 Israel PI S E
Lipitor 40 mg Refills 0
Take one tablet daily.
Mr. S Qty. 30

Rx 123456789 Home Pharmacy
05/29/2009 310 Israel PI S E
Lipitor 40 mg Refills 2
Take one tablet daily.
Mr. S Qty. 30

Physician signature required for new prescriptions.

Mr. S. calls his family practice physician's clinic and tells the nurse that his prescription for Lipitor is out. The office nurse assesses that Mr. S.'s two refills, written with the original prescription, have been filled.

What is the licensed nurses' scope of practice responsibility in assisting Mr. S. with his medication needs? Since Mr. S. states he has not had any changes in his health in the last three months, the nurse's next step would be which of the following:

- [A] call a re-fill in to Mr. S.'s pharmacy
- [B] call Mr. S.'s pharmacy and request his Lipitor prescription be re-filled per the standing orders in place
- [C] call Mr. S.'s physician, inform the physician of Mr. S.'s status and that his Lipitor Rx, including the two re-fills, are completed, and request, per physician's agreement, that physician authorize a new prescription for Lipitor for Mr. S.



<http://apps.leg.wa.gov/WAC/default.aspx?cite=246-869-100>
Prescription Record Requirements, Note-(2)(d)

<http://apps.leg.wa.gov/WAC/default.aspx?cite=246-873-080>
Drug Procurement, Distribution and Control, Note-(6)

<http://apps.leg.wa.gov/WAC/default.aspx?cite=246-840-700>
Standards of Nursing Conduct or Practice, Note-(3)(a) & (c) and (4)(a)

<http://apps.leg.wa.gov/WAC/default.aspx?cite=246-840-705>
Functions of a Registered Nurse and Licensed Practical Nurse, Note-(3) & (4)

<http://apps.leg.wa.gov/WAC/default.aspx?cite=246-840-710>
Violations of Standards of Nursing Conduct or Practice, Note-(2)(c) & (4)(c)

It is the role of nurses to work together with professional prescribers to appropriately assist patients in obtaining the prescriptions, refills, and new prescriptions they need. It is a process.



New Prescription >>> *Refill* >>> *Expired Prescription* >>> New Prescription

Washington Health Professional Services Program

We would like to introduce the Washington Health Professional Services (W.H.P.S.) program. The program was established in 1988 to work with practitioners impaired by alcohol or other drugs to safely bring them back to practice. W.H.P.S. monitors health care professionals who are chemically impaired in order to:

- promote early intervention for suspected substance abuse and support recovery from the disease of chemical dependency;
- retain skilled practitioners by protecting their licenses and providing an alternative to discipline;
- ensure the public's safety from chemically impaired practice and judgment; and
- return professionals safely back to work.

The *Washington Health Professional Service* (W.H.P.S.) Program was established through legislation (18.130.175 of the Uniform Disciplinary Act) to address the issue of alcohol or other drug impaired professionals. Specifically the language, as amended in 2006, reads:

(1) In lieu of disciplinary action under RCW 18.130.160 and if the disciplining authority determines that the unprofessional conduct may be the result of substance abuse, the disciplining authority may refer the license holder to a voluntary substance abuse monitoring program approved by the disciplining authority.....

(5) "Substance abuse," as used in this section, means the impairment, as determined by the disciplining authority, of a license holder's professional services by an addiction to, a dependency on, or the use of alcohol, legend drugs, or controlled substances.

The W.H.P.S. Program works with 53 of the 57 categories of licensed, certified or registered providers. The largest groups of

participants are nurses (RN/ LPN/ ARNP), Health Care Assistants, Emergency Medical Technicians, Chemical Dependency Professionals (CDP) and Registered Counselors.

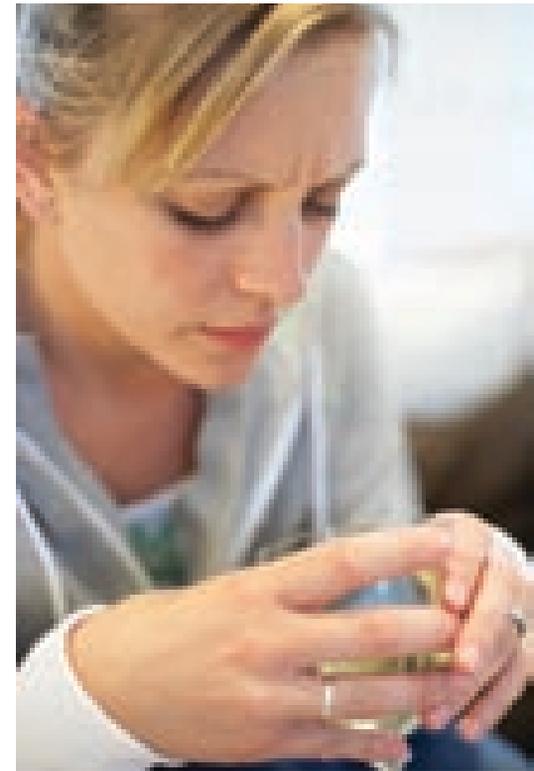
Alcohol and drug impairment affects a significant number of health care professionals. Limited data on the rates of incidence exist because substance-abusing professionals rarely report it for fear of disciplinary action, and employers rarely document.

Data from the National Household Survey indicate that the overall rates for alcohol disorders in the general population are 13.5 percent for lifetime prevalence, and an overall lifetime prevalence of drug abuse and drug dependence of 6.2 percent.

Some studies suggest that healthcare professionals have a combination of unique risk factors for substance abuse, including: access to pharmaceuticals; family history of substance abuse; denial, emotional problems; stress at work or at home; thrill seeking; or self-treatment of pain.

Health professionals often are experts in pharmacology and the access to medications presents a potent occupational hazard. In addition to easy access, the prevailing attitude about medications among health professions is inherent optimism that prescription drugs work.

Health professionals care for patients with severe medical and psychological disorders who are dependent on their expertise. Dealing daily with these patients can be



stressful for even a seasoned practitioner. Culturally, alcohol is a common antidote for a stressful day. The use of alcohol as stress relief rather than social enjoyment may be a gateway to the use of sedative/hypnotic or narcotic drugs.

The worksite may be the last place for alcohol/drug abuse or addiction to be identified. The signs and symptoms of substance abuse in professionals occur last at the job, meaning there have already been significant consequences in the family, physical, social, financial and perhaps legal areas.

Dr. G. Douglass Talbott in his work with the Talbott Center has identified "a professional conspiracy of silence" in the health professions. He writes that "Many health professionals continued to progress in their disease toward terminal or fatal consequences without

appropriate intervention. Inherent in this conspiracy of silence was patient liability as practitioners who were actively chemically dependent continued in their roles.... Late identification of health professionals with alcohol/other drug problems generates legal risks, as many lawsuits filed include not just the health professional, but his/her peers, associates, superiors, professionals and administrative individuals.”¹

as with any chemical dependency patients, the earlier the intervention, the sooner treatment can occur and the better the outcome will be.

To achieve the goals listed above, W.H.P.S. develops a structured monitoring contract with health practitioners this requires participants to obtain a diagnostic assessment, and if so indicated, enter and complete treatment, submit to random

with this resource and feel free to call us at 360-236-2880 or at <https://fortress.wa.gov/doh/ppqa1/hps2/WHPS/default.htm> if we can answer any questions. Our staff also offers in-service trainings and consultation to your staff on the continuum of substance abuse, including addiction, among health care professionals.

Training and consultation are available free of charge to employers, schools and universities, and professional associations. We are available to assist in planning and consultation for interventions with professionals who may be diverting or coming to work impaired. Our service is here to promote safety and to address recovery. Please consider using this valuable resource.

Limited data on the rates of incidence exist because substance-abusing professionals rarely report it for fear of disciplinary action and employers rarely document.

Health professionals are trained and expected to assume leadership roles in clinical practice, and therefore, may have great difficulty in acknowledging personal needs. It is common to hear, “I could not reach out for help.” However, it is important to note that for professionals,

urinalysis and attend peer and self-help support groups. Employers sign the contract along with the participant. Both the participant and worksite monitor report monthly on the participant’s ability to safely practice.

Please take a moment to become familiar

REFERENCES:

¹Douglass, Talbot and Linda Crosby, Counselor Magazine for Addiction Professionals, “How To Treat the Health Care Professional” March/April 2001

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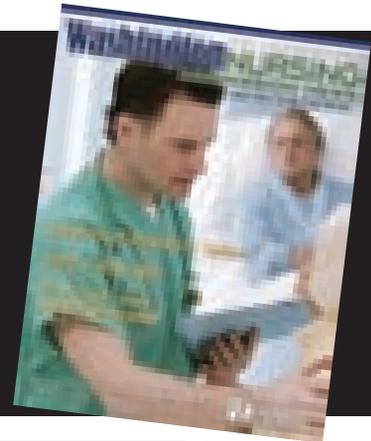
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