

# Washington NURSING COMMISSION NEWS

SUMMER 2010 • VOLUME 4, Nº2, EDITION 8

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OFFICIAL PUBLICATION OF  
THE WASHINGTON STATE NURSING CARE QUALITY  
ASSURANCE COMMISSION AND THE WASHINGTON  
STATE DEPARTMENT OF HEALTH

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Washington State Nursing Care Quality Assurance Commission (NCQAC)  
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 Olympia, WA 98504  
 Telephone: (360) 236-4700  
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[HTTP://WWW.DOH.WA.GOV/HSQA/PROFESSIONS.NURSING/DEFAULT.HTM](http://www.doh.wa.gov/hsqa/professions.nursing/default.htm)

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**Created by Publishing Concepts, Inc.**

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edition 8



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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 SUSAN WONG, MBA, MPA, RN

**THIS IS THE TIME OF YEAR FOR CONGRATULATING** all the new graduating classes of nurses. So, with enthusiasm, congratulations to all the new nurse graduates of Washington state!! You have now passed one milestone in your aspiration of becoming a nurse, with many more achievements to come.

Nursing is the backbone of health care. As nurses, we are expected to know when to check on a patient and when to request a doctor to recheck a patient. We are expected to be able to “see the whole picture” and provide rapid response to subtle changes in patients’ conditions. Along with these expectations, as nurses, we are to maintain empathy, interpersonal warmth and respect for the patients.

People still expect quality care and patient safety from health care providers despite the economic recession and cost cutting in health care. How will novice nurses, as well as seasoned nurses, accomplish their goals and maintain high quality care in the face of these challenges and expectations?

As a regulatory board for nursing, the goal is providing quality care and public protection. Maintaining continued competency in the years after initial licensure is a crucial aspect of providing quality health care.

Someone once shared a phrase with me that rings so true with what we do as nurses, “Don’t gamble with patient safety.” Keep this in mind as you work through the daily challenges and changes in your profession.

Throughout your career, continue to learn from mentors, attend professional conferences, and keep up with the latest research, studies and trends while drawing on your personal and professional work experience. Maintain your passion for helping others and learn all you can with a committed desire to improve.

Susan Wong, Chair  
Nursing Care Quality Assurance Commission

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## Prevention is the Cornerstone of Public Health – WE MUST LEAD BY EXAMPLE

People are very passionate and opinionated when it comes to health issues. And they should be — health affects every part of our lives. Just look at the public response to health care reform. Some folks are very excited about it, and others just the opposite.

While most of the news stories in this issue are about health insurance coverage, the new health care reform law includes significant funding for prevention strategies, and I'm glad to see that. As Benjamin Franklin said more than 200 years ago, "An ounce of prevention is worth a pound of cure." Unfortunately, we live in a time when people often look for the quick fix first to tackle years of unhealthy behavior. Too often, it doesn't work.

It is up to health care providers and those of us in public health to lead by example and show the way to our families, friends, colleagues, and patients. Gallup polls over the past several years have consistently ranked nurses as the most trusted professionals in America when it comes to honesty and ethical standards. In short, you are a credible source of health information, so when you talk about the importance of prevention and making good health decisions, people listen. When you model that behavior, it is even better.

Here is an easy place to start. Foodborne-illness cases tend to rise in the summer months, and prevention is as close as the nearest sink. As you know, what many people call "stomach flu" or "intestinal virus" often is actually a foodborne illness. Especially at risk are young children, the elderly, and people who have diseases that involve the immune system, such as asthma, arthritis, cancer, HIV, diabetes, liver, and kidney diseases.

Like so many other diseases, the easiest way to prevent foodborne-illness is proper and regular hand washing. Other common-sense practices also play a vital role in keeping our food safe, including adequate cooking of raw foods, regularly replacing and cleaning cutting boards, keeping food at proper temperatures (keep hot foods hot and cold foods cold), and only serving at room temperature what can be consumed within a couple hours.

IT IS UP TO HEALTH CARE PROVIDERS AND THOSE OF US IN PUBLIC HEALTH TO LEAD BY EXAMPLE AND SHOW THE WAY TO OUR FAMILIES, FRIENDS, COLLEAGUES, AND PATIENTS. GALLUP POLLS OVER THE PAST SEVERAL YEARS HAVE CONSISTENTLY RANKED NURSES AS THE MOST TRUSTED PROFESSIONALS IN AMERICA WHEN IT COMES TO HONESTY AND ETHICAL STANDARDS.

Summer is also a good time to quit smoking and start exercising. Just over 15 percent of adults in our state smoke. The rate is going down, yet that is still a lot of smokers — more than 700,000 in Washington alone. Please ask all your patients if they use tobacco. If they answer yes, make sure they're aware of the many services in our state to help them quit. Free help is just a phone call away; the state Tobacco Quit Line number is 1-800-QUIT-NOW. More than 7,000 people die from tobacco-related illness every year in Washington, often after years of suffering. Those deaths are preventable. Working together, we can drive that number down.

On the other hand, together we must drive up the number of people who get vaccinated for the flu. Influenza is a serious preventable disease that is preventable. This fall, please protect your patients and protect yourself by getting vaccinated.

Every year, approximately 226,000

Americans are hospitalized and more than 36,000 die from flu and flu-related complications. In fact, it's the sixth leading cause of death in the United States.

Healthcare professionals can be a key source of influenza outbreaks in institutional settings. Many come in contact with patients who are at high risk for influenza-related complications, including certain children, adults over age 65, and patients with chronic illnesses.

The Centers for Disease Control and Prevention (CDC) recommends annual influenza immunization for all healthcare personnel. Unfortunately, less than half of all healthcare workers get vaccinated against the flu each year, putting themselves and patients at risk. That's hard to understand, since healthcare professionals are on the front lines of disease response and prevention. It just seems like the annual flu vaccine would be as routine as hand washing among healthcare professionals.

*Influenza immunization is safe and effective and has been available for decades. The flu shot cannot cause influenza. You can learn more about influenza and vaccine safety on the Department of Health Web site ([www.doh.wa.gov/cfb/immunize](http://www.doh.wa.gov/cfb/immunize)). I hope you will make it a priority to protect yourself, your family, and your patients by getting vaccinated against the flu every year.*



How  
our nurses are changing the  
delivery of health care for the better.



There's no question that patient status can change in an instant. That's why monitoring crucial points like patient hand-offs is so important. And at Virginia Mason Medical Center in Seattle, Washington, we've found that the simplest change has made the most significant impact.

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# Message from the Executive Director

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

Our theme for this edition of *Washington Nursing Commission News* is Ten Years of Progress. What a decade it has been. When we were still waiting for that millennial calendar change, we were not even sure our computers would keep working or our data would be valid. Happily, both computers and people survived the transition. Indeed, technological advances have made the work of the Nursing Commission and the Department of Health more efficient. Some highlights of the past decade include:

## NURSYS® DATABASE:

The National Council of State Boards of Nursing (NCSBN) administers the NurSYS® database. NCSBN primarily built the database for licensing and discipline purposes. This is the only non-duplicated database of all nurses in the United States and its territories. Non-duplicated means that if you have a license in several states, you have one record in NurSYS®. The record shows licensing data in all the states and disciplinary action taken in any state or territory. The commission uses this data to verify the qualifications of all nurses endorsing their license into Washington. With all new applications, several databases are checked, including NurSYS®.

The commission also reviews records for criminal actions and board orders on nursing licenses. The commission may grant a license, restrict a license or deny a license to practice in our state. This is an important part of regulating nursing to help protect the health and safety of Washington residents.

## ILRS DATABASE:

The Department of Health, Health Systems Quality Assurance, started using the Integrated Licensure and Regulation System (ILRS) in February 2008. ILRS replaced the ASI system which dated from early 1990s. As the number of licensees and the number of different licenses grew, the data overstretched the capacity of the ASI system. While the implementation challenged our work, the ILRS system allows the commission and all other health professions to access more data with greater accuracy.

## PROVIDER CREDENTIAL SEARCH:

In the mid 1990s, Health Systems Quality Assurance created the Provider Credential Search. This database includes the licensing and discipline data on all nurses and more than 70 other health professions. Employers, insurance companies and the public use the Provider Credential Search. (<https://fortress.wa.gov/doh/providercredentialsearch>) Provider Credential Search links to licensing actions taken since 1997, including information on discipline. ILRS updates the Provider Credential Search immediately as changes to licenses occur.

## PAPERLESS RENEWALS:

In April 2009, the commission moved to paperless renewals for several reasons. The first was licensure fraud. While it sounds unreal, there were too many cases of nurses copying, stealing or fraudulently using another person's paper license. Using Provider Credential Search for verification of all licenses assures that copying does

## THE FUTURE HAS A WAY OF ARRIVING UNANNOUNCED.

-GEORGE WILL

not occur and fraudulent licenses are not created. If there is any disciplinary action on a license, the employer is able to learn the outcome and obtain accurate information regarding the license status. The commission also achieved significant cost savings as a result of this move. The dollars saved in printing, postage and envelopes helped with the costs of discipline.

## SIGNS OF A GROWING PROFESSION:

The number of licensed nurses has surged in the past 10 years. The number of RNs jumped from some 61,150 to 80,720, or about 32 percent. Advanced registered nurse practitioners increased an even greater 62 percent, or from about 2,870 to 4,640. Only licensed practical nurses declined, falling slightly from 14,630 to 14,080.

The fees collected for the commission did not change all that much in the last 10 years. In 1999, the renewal fee was \$50 for RNs, LPNs and ARNPs.

In 2005, the \$5 surcharge for the Center for Nursing was added. In 2007, the \$20 surcharge for the University of Washington online library was added to the ARNP/LPN fees increased related to disciplinary costs.

Reviewing history always gives great perspective. What will the next 10 years hold for the commission?



**WHATCOM COMMUNITY COLLEGE** is a destination college attracting students from its local community of Bellingham, throughout the Pacific Northwest, and internationally with exceptional faculty and staff, state of the art classrooms, wireless access, and a beautiful, expansive campus. WCC takes a comprehensive approach to course and program offerings, including liberal arts, professional/technical, basic education and personal/professional enrichment. In fact, Whatcom is recognized for its strength in preparing students for transfer and its emerging professional/technical programs. The College takes pride in a 41-year history and is accredited by The Northwest Commission on Colleges and Universities.

Whatcom has a student-centered philosophy which is often referred to as "The Whatcom Way". Student enrollment averages 6,562 students (3,418 FTE) per quarter in both credit and non-credit courses. WCC boasts a talented group of 75 full-time faculty who partner with approximately 165 adjunct (part-time) faculty members to deliver instruction that promotes student success. Supported by Whatcom's exemplary staff, our campus community strives to serve students encouragingly and efficiently.

## Full-Time Nursing Instructor

### POSITION DESCRIPTION

Whatcom Community College seeks a full-time Nursing Instructor who can adapt to a variety of teaching situations, who are interested in applying technology to effective teaching, and who have the ability to work effectively with students, colleagues, staff, and others in a campus climate.

### MINIMUM QUALIFICATIONS

- Master's degree in Nursing from an accredited university that includes course work in nursing education or equivalent. (BSN is required if MS is in a related field).
- Three years full-time nursing experience.
- Current, unencumbered license to practice as a registered nurse in Washington or the ability to obtain license by July 2010.
- In-depth understanding of nursing theory as well as practical application.

### SALARY

Current Master's salary range is \$40,212 to \$46,014.

### STARTING DATE

Fall Quarter, September 2010.

## Adjunct Clinical Nursing Instructor

### POSITION DESCRIPTION

Whatcom Community College invites applications for a part-time adjunct faculty position to teach the clinical and lab portion of both the online/hybrid and on-campus Nursing Programs.

### MINIMUM QUALIFICATIONS

- Master's degree with a major in nursing or a BSN with a masters in a related field, or be currently enrolled in a MSN program.
- Current clinical experience of at least 3 years.
- Current unencumbered Washington State Registered Nursing license or the ability to obtain license by September 2010.

### EXPECTATIONS

- An understanding of the mission of a community college.
- Excellent interpersonal skills and abilities.
- A desire to provide a unique and quality experience for students.

### SALARY

Based on the current part-time salary schedule.

### STARTING DATE

Fall Quarter, September 2010.

### APPLICATION DUE DATE

For best consideration, applications should be received by 4:30PM, July 16, 2010. Positions are open until filled. The selected applicant(s) will be required to submit official transcripts.

### APPLICATION PROCEDURES

A completed application consists of:

- A letter of application that addresses the job requirements outlined in this announcement.
- A Whatcom Community College Faculty employment application form.
- A résumé.
- Unofficial transcripts for all earned degrees.
- Two (2) current letters of recommendation.

Required employment application forms may be downloaded from the College's website [www.whatcom.ctc.edu](http://www.whatcom.ctc.edu), or to receive required form by mail, please call the Human Resources Office at (360) 383-3400, or by e-mail request at [jobs@whatcom.ctc.edu](mailto:jobs@whatcom.ctc.edu).

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# ARNP ISSUES



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## How Does Washington's Death with Dignity Act Affect ARNP Practice?

In November 2008, voters in Washington State passed Initiative 1000, the Death with Dignity Act. The initiative became law the following March. Since enactment of the law, 63 prescriptions for lethal doses of medication have been filled, and 47 people have died. Thirty-six of them died after ingesting the medication and seven prior to ingesting the medications. The cause of death of the remaining four deceased individuals was unknown at the time this article was written.<sup>1</sup>

The law allows mentally competent, terminally ill individuals to request a prescription for a lethal dose of medication. They must have a prognosis of less than six months, and the prescription must come from a medical or osteopathic physician.<sup>2</sup> A comprehensive list of the requirements is available on the Department of Health Web site. (<http://www.doh.wa.gov/dwda>)

We must be familiar with the law and be educated on how to respond to patient inquiries about assisted death.<sup>3</sup> It is important to know that a patient's desire to discuss assisted death does not always reflect intent to use the law. It is often a reflection of a need to explore deeper emotional and social issues, to maintain a degree of control over their lives, and at times to test the provider's response to such a deeply personal question. At this critical time in our patients' lives, it is essential that our responses not be judgmental. We must facilitate trust, regardless of our support or opposition to the law.

It is also important to understand your local resources. These include hospice agencies, palliative care providers or



clinics, if available, as well as physicians willing to participate in the law. While the law requires a patient have an "attending physician" to prescribe the medication and one to serve as the consulting provider for a second opinion, you never relinquish your role or rights as the primary provider for the patient. This can include signing the death certificate. The Primary Palliative Care Clinic at Harborview Medical Center in Seattle, a nurse practitioner-directed clinic providing both primary and palliative care to patients with a life-limiting illness, is a resource for providers anywhere in the state. If you have a question about how to respond to a patient's request for assisted death or have palliative care questions in general, you can e-mail the clinic at [HMCPallCare@uw.edu](mailto:HMCPallCare@uw.edu).

1. Washington State Department of Health 2009 Death with Dignity Act Report - Executive Summary. In: Department of Health, Olympia: State of Washington; 2010.
2. Center for Health Statistics Death with Dignity Act. State of Washington, 2010. (Accessed March 26, 2010, at <http://www.doh.wa.gov/dwda/>.)
3. Quill T, Arnold R. Responding to a request for a hastened death. *Journal of Palliative Medicine* 2008;11:1152-3.

# ANTICIPATION: CHANGES

OUR STATE ECONOMY DIRECTLY IMPACTS THE WORK OF THE NURSING CARE QUALITY ASSURANCE COMMISSION. THE NURSING PROFESSION CONTINUES TO GROW IN WASHINGTON STATE. FOR THE NURSING COMMISSION, THIS MEANS MORE APPLICATIONS, MORE RENEWALS, MORE ENDORSEMENTS FROM OTHER STATES, AND MORE DISCIPLINARY ACTION. THE DEMANDS CONTINUE TO INCREASE ANNUALLY, AND EXPECTATIONS COULD NO LONGER BE MET WITH SATISFACTION. THE LEGISLATURE, THE GOVERNOR AND MANY NURSING ORGANIZATIONS AND ASSOCIATIONS SUPPORTED THE NURSING COMMISSION'S REQUEST TO INCREASE STAFF. THE NURSING COMMISSION WILL BE ADDING LICENSING AND DISCIPLINE STAFF TO IMPROVE ITS LICENSING AND DISCIPLINARY FUNCTIONS.

The Washington Health Professional Services, the alternative to discipline program for health professionals experiencing substance use problems, also requested and received more staff. These increases will result in better services for you. These improvements need to be supported by licensing fees. A \$30 increase is anticipated. A hearing must be held to announce the amount and effective date of the increase

in fees. The dates, times and locations will be announced on the Nursing Commission website at <http://www.doh.wa.gov/hsqa/Professions/Nursing/default.htm>.

Senate Bill 6503 defined the date of temporary lay-offs for state employees as a savings measure. The Department of Health offices may be closed on the dates identified in that bill. The Department of Health and other state agencies are devel-

oping plans for implementation. There may be impacts on your license renewal since front counter service at the Tumwater office may not be available on these days.

Please renew your license by sending the renewal card and correct fee to the Department of Health as soon as possible. Please check the fee to assure you have the correct new fee. Submitting an incorrect fee will delay your renewal.

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## The Nurse's Dilemma

Having trouble managing your health with a rigorous and hectic schedule?

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What do you have to lose?



# NURSING DISCIPLINE: How to Keep Your License in Good Standing

The English idiom: “An ounce of prevention is worth a pound of cure” is good advice for all of us engaged in the practice of nursing. Our profession is both engaging and dynamic. We have to constantly learn and improve to stay current. So to keep up with our dynamic profession, you need to actively engage in current practice.

This is why we created the scope of practice decision tree to help nurses keep up with changes in current practice. You can access this tool and other resources on nursing practice at: <http://www.doh.wa.gov/hsqa/professions/Nursing/practice.htm>.

There are several consistent themes in our data from the final orders of nurses who lost their license or were otherwise disciplined. Nurses didn't document appropriately, didn't follow policy and procedure, didn't keep up with current research or evidence-based practice, or didn't keep themselves within social standards (alcohol or drug abuse). This was a trend in 2009, and it was just as true in prior years.

Each of these situations is within the individual's control as a nursing professional. Yet, they are repeated year after year. Too many nurses aren't following the adage above. They are not investing in that ounce of prevention. To get started, let's review the main points of the Scope of Practice decision tree:

1. Nursing commission standards of practice: <http://apps.leg.wa.gov/WAC/default.aspx?cite=246-840-700>.
2. National nursing organization standards of practice. Do you know your professional organization's standards for your area of practice?
3. Nursing literature and research. Do you know what is guiding your practice? Do your organizational



life. Patients and family members expect a nurse to be mentally and physically aware whenever they practice. Patients and family members depend on nurses to be competent. It is critical that you take an active role in preventing practice problems.

policies and procedures align with current research?

4. Reasonable and prudent nurse in similar circumstances. This is the rule of thumb, or what would 99 out of 100 nurses do in the same situation? If you are the one nurse in 100 who does a specific practice, you need to have significant evidence to support that practice.

There are other things you can do to prevent discipline that are not nearly so obvious. This includes keeping physically fit, getting enough sleep, and eating a well balanced diet. Nursing is a mentally and physically demanding profession. It requires a balance in other areas of your

Regardless of religious beliefs, everyone understands the idea of being “your brother's keeper.” We live in communities and should not allow our system to self corrupt. We have to be vigilant to improve practice standards.

If one of your colleagues is having difficulty, please have the personal courage to respectfully tell them your concern. Hopefully, if you were in the same situation, you would want the same treatment. Remember that you or your family member may be in that bed needing essential nursing care. Would you want to worry about whether or not your nurse is competent?

# DISCIPLINARY ACTIONS

The Washington State Nursing Care Quality Assurance Commission took the following formal actions between Jan. 1, 2009, and Dec. 31, 2009. The full text of charging documents and final orders may be found on the commission's Web site at <http://www.doh.wa.gov/hsqa/Professions/Nursing/default.htm> under the Provider Credential Search link.

LICENSEE	DATE OF ACTION	ACTION	VIOLATION
O'Connor, Kittra J., RN	01/02/09	Suspension	License disciplinary action taken by a federal, state or local licensing authority
Sommerfeld, Lori A., RN	01/07/09	Suspension	Unable to practice safely by reason of psychological impairment or mental disorder
Thomas, Megan K., RN	01/12/09	Suspension	Violation of or failure to comply with licensing board order
Jarvis, Bret A., RN	01/13/09	Suspension	License disciplinary action taken by a federal, state or local licensing authority
Grisham, Amarina M., RN	01/15/09	Probation	Unable to practice safely
Grisham, Amarina M., LPN	01/15/09	Probation	Unable to practice safely
Perry-Rizzo, Cynthia L., LPN	01/15/09	Probation	Violation of federal or state statutes, regulations or rules
Knoll, Annette M., RN	01/15/09	Monitor	Violation of or failure to comply with licensing board order
Jacob, Shawn E., RN	01/15/09	Suspension	License suspension by a federal, state, or local licensing authority
Tucker, Russell G., LPN	01/15/09	Suspension	Criminal conviction; violation of federal or state statutes, regulations or rules
Servania, Elizabeth M., RN	01/16/09	Suspension	Failure to maintain records or provide medical, financial, other required information; negligence; violation of federal or state statutes, regulations or rules
Blackwell, Stephanie B., LPN	01/22/09	Monitor	Criminal conviction
Carlson, Kelley A., RN	01/28/09	Suspension	Violation of or failure to comply with licensing board order
Butler, Marilyn K., RN, ARNP	01/29/09	Suspension	Alcohol and other substance abuse; violation of federal or state statutes, regulations or rules
Peek, Rebecca B., RN	01/29/09	Suspension	License disciplinary action taken by a federal, state or local licensing authority
Phillips, Linda S., LPN	01/29/09	Suspension	Violation of or failure to comply with licensing board order
Miller, Dina A., LPN	02/12/09	Suspension	License revocation by a federal, state or local licensing authority; unprofessional conduct
Finley, Karla M., RN	02/24/09	Stayed suspension	Criminal conviction
Hamilton, Diane, RN	03/11/09	Monitor	Failure to cooperate with the disciplining authority
Hill, Shana M., LPN	03/11/09	Suspension	Error in prescribing, dispensing or administering medication; filing false reports or falsifying reports; fraud – unspecified; practicing beyond the scope of practice; violation of federal or state statutes, regulations or rules
Farnsworth, Barbara A. K., RN	03/11/09	Non-renewal of license	Failure to provide medically reasonable and/or necessary items or services; incompetence; negligence; violation of federal or state statutes, regulations or rules
Nelson, Debra S., RN	03/11/09	Suspension	Violation of or failure to comply with licensing board order
Callahan, Maureen L., RN	03/12/09	Suspension	Violation of or failure to comply with licensing board order
Baxter, Glenda J., RN	03/12/09	Suspension	License revocation by a federal, state or local licensing authority
Rigsbee, Roberta S., RN	03/12/09	Suspension	Criminal conviction; license disciplinary action taken by a federal, state or local licensing authority; license suspension by a federal, state, or local licensing authority
Konzek, James N., LPN	03/13/09	Suspension	Alcohol and other substance abuse; diversion of controlled substance; narcotics violation or other violation of drug statutes violation of federal or state statutes, regulations or rules
Roberts, Shane G., RN	03/13/09	Suspension	License revocation by a federal, state or local licensing authority
Martin, Denise L., LPN	03/16/09	Monitor	Narcotics violation or other violation of drug statutes
Marsille, Dawn R., LPN	03/16/09	Probation	Failure to cooperate with the disciplining authority
Galovic, Stacy E., RN	03/16/09	Probation	Narcotics violation or other violation of drug statutes
Martin, Denise L., LPN	03/16/09	Monitor	Narcotics violation or other violation of drug statutes
Fordyce, Mary J., RN	03/24/09	Suspension	License disciplinary action taken by a federal, state or local licensing authority
Good, Debra J., RN	03/30/09	Monitor	Alcohol and other substance abuse; criminal conviction
Ibarra, Luis R., RN	03/30/09	Probation	Violation of federal or state statutes, regulations or rules
Canode, Frances J., RN	03/30/09	Suspension	Exploiting a patient for financial gain; violation of federal or state statutes, regulations or rules
Balagot, Anna-Mari J., RN	03/31/09	Suspension	Criminal conviction; improper or inadequate supervision or delegation
Baum, Victoria M., RN	03/31/09	Suspension	Fraud – unspecified; narcotics violation or other violation of drug statutes; practicing beyond the scope of practice; violation of federal or state statutes, regulations or rules
Castle, Gina L., LPN	03/31/09	Suspension	Alcohol and other substance abuse; error in prescribing, dispensing or administering medication; narcotics violation or other violation of drug statutes; violation of federal or state statutes, regulations or rules
Lee, John M., LPN	03/31/09	Suspension	License suspension by a federal, state, or local licensing authority
Hawkins, Laurencetta, LPN	04/01/09	Probation	License disciplinary action taken by a federal, state or local licensing authority
Johnson, Patricia S., RN	04/06/09	Probation	License disciplinary action taken by a federal, state or local licensing authority
Falkenberg, Katerina M., RN	04/07/09	Suspension	Violation of or failure to comply with licensing board order
Snow, Albert C., RN	04/07/09	Suspension	Violation of or failure to comply with licensing board order
Dennis, Bryan K., LPN	04/10/09	Suspension	License revocation by a federal, state or local licensing authority
Buchan, Randy S., RN	04/10/09	Suspension	Violation of or failure to comply with licensing board order
Carter, Cheyenne R., RN	04/21/09	Suspension	Violation of or failure to comply with licensing board order
Ruff, Chance E., RN	04/21/09	Monitor	License disciplinary action taken by a federal, state or local licensing authority

LICENSEE	DATE OF ACTION	ACTION	VIOLATION
Akin, Susan D., RN	04/22/09	Suspension	Violation of or failure to comply with licensing board order
Brusola, Leonida B., RN	04/22/09	Suspension	Violation of or failure to comply with licensing board order
Terry, Patricia J., RN	04/22/09	Suspension	Criminal conviction; error in prescribing, dispensing or administering medication; negligence; substandard or inadequate care; violation of federal or state statutes, regulations or rules
Matheis, Karen S., LPN	04/23/09	Probation	Practicing without a valid license; unprofessional conduct; Violation of federal or state statutes, regulations or rules
Fournier, Perri E., LPN	04/24/09	Licensure denied	Criminal conviction
Allison, Rosemarie, RN	04/27/09	Suspension	Failure to cooperate with the disciplining authority
Mitchell, Mary E., RN	04/29/09	Suspension	License suspension by a federal, state, or local licensing authority
Frank, Michelle M., RN	05/08/09	Probation	Violation of federal or state statutes, regulations or rules
Lamarre, Bethany R., RN	05/11/09	Suspension	License disciplinary action taken by a federal, state or local licensing authority
Safford, Beatrice E., LPN	05/12/09	Monitor	Violation of or failure to comply with licensing board order
Yost, Michelle A., LPN	05/12/09	Monitor	Alcohol and other substance abuse
Chew, Kenneth G., RN	05/13/09	Monitor	Failure to cooperate with the disciplining authority
Scharf, Jessica A., RN	05/13/09	Probation	License suspension by a federal, state, or local licensing authority
Menard, George A., RN	05/13/09	Suspension	Non-sexual dual relationship or boundary violation; unprofessional conduct
Weaver, Patricia R., LPN	06/01/09	Suspension	License revocation by a federal, state or local licensing authority
Jovick, James R., LPN	06/04/09	Monitor	Violation of or failure to comply with licensing board order
Donaldson, Kristal L., RN	06/04/09	Suspension	Violation of or failure to comply with licensing board order
Worthington, Vickie A., RN	06/08/09	Suspension	License suspension by a federal, state, or local licensing authority
Scheuffele, Patricia S., LPN	06/09/09	Suspension	Violation of or failure to comply with licensing board order
Wilson, Andrea R., LPN	06/09/09	Suspension	Violation of or failure to comply with licensing board order
Jones, Linell M., RN	06/09/09	Monitor	Diversion of controlled substance; narcotics violation
Snyder, Ralph G., LPN	06/09/09	Suspension	Violation of or failure to comply with licensing board order
Manuel, Karen M., RN	06/09/09	Suspension	License suspension by a federal, state, or local licensing authority
Nicholson, Laura L., RN	06/12/09	Suspension	License revocation by a federal, state or local licensing authority
House, David J., RN	06/17/09	Probation	License revocation by a federal, state or local licensing authority
Degroat, Jocelyn R., RN	06/19/09	Suspension	License suspension by a federal, state, or local licensing authority
Wagoner, Cathleen C., RN	06/22/09	Suspension	License revocation by a federal, state or local licensing authority
Lopez, Noe, RN	06/29/09	Suspension	Negligence; patient abuse; substandard or inadequate care; violation of federal or state statutes, regulations or rules
Somers, Traci L., RN	06/29/09	Suspension	Violation of or failure to comply with licensing board order
Perry-Rizzo, Cynthia L., LPN	06/30/09	Suspension	Violation of or failure to comply with licensing board order
Fortner, Clarissa S., LPN	06/30/09	Probation	Incompetence; violation of federal or state statutes, regulations or rules
Scholl, Deanna R., RN	06/30/09	Probation	Incompetence, violation of federal or state statutes, regulations or rules
Lawrence, Joy J., RN	07/09/09	Suspension	License disciplinary action taken by a federal, state or local licensing authority
Morgan, Therese, RN	07/14/09	Licensure denied	License revocation by a federal, state or local licensing authority; misrepresentation of credentials
Lucas, Latanya J., RN	07/15/09	Suspension	Violation of or failure to comply with licensing board order
Frederick, Raynee J., RN	08/05/09	Monitor	License suspension by a federal, state, or local licensing authority
Faucheaux, Mary G., RN	08/05/09	Suspension	License disciplinary action taken by a federal, state or local licensing authority
Knight, Susan F., RN	08/06/09	Suspension	License disciplinary action taken by a federal, state or local licensing authority
Lindemann, Matthew D., RN	08/06/09	Suspension	License disciplinary action taken by a federal, state or local licensing authority
McGuire, Denise A., RN	08/07/09	Suspension	Criminal conviction; diversion of controlled substances
Brooks, Jolynne P., RN	08/17/09	Suspension	Violation of or failure to comply with licensing board order
Secreriat, Victoria N., RN	08/17/09	Suspension	License disciplinary action taken by a federal, state or local licensing authority
Sharp, Tamara S., RN	08/21/09	Suspension	License suspension by a federal, state, or local licensing authority
Davis, Connie M., RN, ARNP	08/24/09	Probation	License revocation by a federal, state or local licensing authority
Ross, Joel W., LPN	08/26/09	Licensure denied	Exploiting a patient for financial gain; violation of federal or state statutes, regulations or rules
Miller, Charles B., RN	08/28/09	Suspension	License revocation by a federal, state or local licensing authority
Raphael, Connie J., RN	08/28/09	Suspension	Criminal conviction; violation of federal or state statutes, regulations or rules
Viles, Patricia A., LPN	09/03/09	Suspension	Incompetence; violation of federal or state statutes, regulations or rules
Gesner, Leslie J., LPN	09/03/09	Suspension	License suspension by a federal, state, or local licensing authority
Rodli, Gloria D., LPN	09/03/09	Suspension	License disciplinary action taken by a federal, state or local licensing authority
Chew, Kenneth G., RN	09/15/09	Suspension	Violation of or failure to comply with licensing board order
Joers, Kimberly T.D., RN	09/15/09	Suspension	License disciplinary action taken by a federal, state or local licensing authority
Warren, Sara A., RN	09/15/09	Suspension	Violation of or failure to comply with licensing board order
Gordon, Micky R., RN	09/15/09	Revocation	Criminal conviction
Marengo, Suzette H., RN	09/15/09	Suspension	Criminal conviction; diversion of controlled substances; narcotics violation or other violation of drug statutes
Ford, Amy L., RN	09/17/09	Suspension	License suspension by a federal, state, or local licensing authority
Barrios, Patricia J., RN	09/18/09	Suspension	License disciplinary action taken by a federal, state or local licensing authority
Jackson, Heather A., LPN	09/21/09	Licensure denied	License disciplinary action taken by a federal, state or local licensing authority; misrepresentation of credentials
Vivian, Karen L., RN	09/25/09	Suspension	License suspension by a federal, state, or local licensing authority

LICENSEE	DATE OF ACTION	ACTION	VIOLATION
Austin, Daniel L., LPN	09/25/09	Suspension	License suspension by a federal, state, or local licensing authority
Pilon, Tera J., RN	09/29/09	Monitor	Criminal conviction
Casagrande, Aaron N., RN	10/08/09	Suspension	License suspension by a federal, state, or local licensing authority
Stromberg, Shannon, R., RN	10/14/09	Suspension	License revocation by a federal, state or local licensing authority
Gray, Galia P., RN	10/20/09	Probation	Alcohol and other substance abuse, violation of federal or state statutes, regulations or rules
Kennar, Diana L., RN	10/22/09	Suspension	Violation of or failure to comply with licensing board order
Severson, Susan L., RN	10/22/09	Suspension	License disciplinary action taken by a federal, state or local licensing authority
Inman, Phyllis A., RN	10/30/09	Suspension	License revocation by a federal, state or local licensing authority
De Mulling, Dean P., RN	11/02/09	Suspension	Sexual misconduct; unprofessional conduct
Anderson, Elizabeth M., RN	11/03/09	Probation	Unable to practice safely by reason of psychological impairment or mental disorder
Anderson, Elizabeth, M., ARNP	11/03/09	Suspension	Unable to practice safely by reason of psychological impairment or mental disorder
Swan, Kathleen R., RN	11/06/09	Monitor	License disciplinary action taken by a federal, state or local licensing authority
Bekins, Robin M., RN	11/03/09	Probation	Fraud – unspecified; unprofessional conduct
Thornton, Pamela, RN	11/09/09	Suspension	License disciplinary action taken by a federal, state or local licensing authority
Bernales, Miriam V., LPN	11/20/09	Probation	Criminal conviction; improper or inadequate supervision or delegation; incompetence; violation of federal or state statutes, regulations or rules
McCloud, Tiffany M., LPN	11/20/09	Probation	Violation of or failure to comply with licensing board order
Eilers, Teresa M., RN	11/20/09	Probation	Incompetence; violation of federal or state statutes, regulations or rules
Mack, Larissa S., RN	11/20/09	Suspension	Violation of or failure to comply with licensing board order
Zehring, Suzette M., RN	11/20/09	Suspension	Failure to cooperate with the disciplining authority; incompetence; violation of federal or state statutes, regulations or rules
Cox, Tressa A., LPN	12/22/09	Suspension	Violation of or failure to comply with licensing board order
Hawkins, Laurencetta, LPN	12/11/09	Suspension	Violation of or failure to comply with licensing board order
Shaw, Chancey D., LPN	12/22/09	Suspension	Failure to cooperate with the disciplining authority; incompetence; violation of federal or state statutes, regulations or rules
Wascher, Shaundell L., LPN	12/03/09	Suspension	Violation of or failure to comply with licensing board order
Bell, Kathleen K., RN	12/22/09	Suspension	License disciplinary action taken by a federal, state or local licensing authority
Dressler, Andrea L., RN	12/22/09	Suspension	Alcohol and other substance abuse; criminal conviction
Dillard, Kent R., RN	12/08/09	Suspension	Criminal conviction; violation of federal or state statutes, regulations or rules
Rhoads, Amanda M., RN	12/22/09	Licensure denied	License disciplinary action taken by a federal, state or local licensing authority

# Nursing Opportunities

## No Nights or Weekends

The Yakima Valley Farm Workers Clinic is the largest community health center network in the Pacific Northwest. We provide comprehensive medical, dental and social services in over 17 communities. We value nurses as a critical part of our health care team. We also recognize the importance of providing a caring environment for our patients and employees.

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Or contact: Jim Weaver, Recruiter  
[jweaver@whnet.org](mailto:jweaver@whnet.org)  
(360) 537-5017

FAX (360) 537-5051

Grays Harbor Community Hospital  
Aberdeen, WA. 98520



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## RN TO RN, BECOME A MENTOR EARN: Encore Alliance of Registered Nurses, Supporting Nurses Now

Whatcom Community College (WCC) in Bellingham, Washington, has an innovative new mentorship program. It is designed to support registered nurses by partnering RN students with experienced RNs who are retired, semi-active or inactive.

Encore Alliance of Registered Nurses (EARN) is one of several new programs funded by a \$1.8 million dollar grant awarded by the Department of Labor to the college. Research shows that mentorship improves recruitment, retention and the quality of registered nurses. EARN was created to build programs to support registered nurses. Mentorship provides social and emotional support to new students as they enter the field of nursing with its unique challenges, culture and rewards.

The RN mentorship program uses strong ties between community members and the college. Registered nurses interested in becoming a mentor at WCC attend a three-hour training. After a selection process, the RN mentor is paired with a new RN student. The mentor commits to a weekly check-in with the student. This occurs in person, by e-mail or through phone calls during the academic school year. Students will establish relationships with their mentors that build trust and confidence as they develop critical thinking and therapeutic communication skills necessary for effective nursing.

If you would like to become a registered nurse mentor, contact Amy Riedel at Whatcom Community College, [www.whatcom.ctc.edu/EARN](http://www.whatcom.ctc.edu/EARN) or [ARiedel@Whatcom.ctc.edu](mailto:ARiedel@Whatcom.ctc.edu), or by phone: 360-383-3194.



WCC is a comprehensive two-year college serving over 7,000 students. WCC offers transfer degrees, professional training programs, as well as basic education and enrichment classes. For more information on WCC, please visit [www.whatcom.ctc.edu](http://www.whatcom.ctc.edu).

**NOTE:** This project was 100 percent funded in the amount of \$1.84 million by a grant under the Community Based Job Training Grants, implemented by the US Department of Labor's Employment and Training Administration. WCC does not discriminate on the basis of race, color, national origin, religion, gender, disability, sexual orientation, or age in its programs and activities. The following person has been designated to handle inquiries on the non-discrimination policies: Director for Human Resources, 237 W. Kellogg Road, Bellingham, WA 98226, (360) 647-3267; VP (360) 676-0001. WCC publications are available in alternate formats upon request.

## NURSING LEGISLATIVE UPDATE

### New Law to Help Manage Chronic, Non-Cancer Pain

Many unintentional poisonings are a result of opioid use. The poisonings occur particularly with methadone, oxycodone, and hydrocodone. A new state law directs the Nursing Care Quality Assurance Commission, the Medical Quality Assurance Commission, the Dental Quality Assurance Commission, the Board of Osteopathic Medicine and Surgery, and the Podiatric Medical Board to adopt rules on chronic, non-cancer pain management. (HB 2876) The law requires rules to be adopted by June 30, 2011. The rules will:

- Define dosing criteria.
- Describe consultation with a pain specialist when a certain dosage is exceeded.
- Allow for exceeding the dosage without consultation in emergency situations. The emergency situations must be defined.
- Describe minimum education and experience needed to exempt a practitioner from consulting, and,
- Contain guidance on the use of assess-

ment tools for describing patient progress and tracking patients.

The boards and commissions must adopt the new rules in consultation with the Agency Medical Directors' Group, the Department of Health, the University of Washington, and the largest associations representing the professions the boards and commissions regulate. Broad stakeholder input will be invited. The intent of the law is that the five boards and commissions will work together to make the rules as uniform as possible.

### New Criteria Will Allow Home Care Aides and Medical Assistants to Qualify for a Nursing Assistant-Certified Credential.

Certified nursing assistants are required to successfully complete an approved training program and competency evaluation to be placed on the OBRA Registry. A new law directs the commission to adopt criteria to evaluate an applicant's alternative training to determine eligibility to take the competency evaluation. (SB 6582)

The commission must adopt at least one option to allow a certified home care aide or a certified medical assistant to take the competency evaluation. The applicant must have 24 hours of additional training on topics not addressed in the home care aide or medical assistant training. The commission will approve the 24 hours of training used for completing these requirements. The commission will also approve medical assistant programs qualifying for this alternative.

The commission must develop rules by July 1, 2011. The commission will work with the Department of Health, the Department of Social and Health Services, and representatives of consumers, employers, and workers to complete the rules. The training described in the rules must meet federal requirements. The training will allow these nursing assistants to be placed on the OBRA registry and work in nursing homes. The Secretary of Health must report the competency evaluation pass/failure rate of persons using the alternative training option to the legislature and the governor every year.

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BY PAULA R. MEYER, MSN, RN, EXECUTIVE DIRECTOR

## COMMISSION LOOKING AT MULTI-STATE NURSING MODEL

The Nursing Care Quality Assurance Commission became interested in multi-state recognition of nurse licensure more than 10 years ago. This model allows a nurse to have one license in his or her state of residency and to practice in other states, either in person or electronically.

The nurse's practice is subject to each state's practice law and regulation. Under mutual recognition, a nurse may practice across state lines unless otherwise restricted. This is referred to as a multi-state nurse licensure model or as the Nurse Licensure Compact (NLC). All states currently

belonging to the compact also operate the single state licensure model for nurses who do not reside legally in a NLC state or do not qualify for multi-state licensure. Washington State is not a compact state.

To achieve mutual recognition, each state must enact legislation or regulation authorizing the compact. States entering the compact also adopt administrative rules and regulations to implement it. Once the compact is enacted, each compact state designates a nurse licensure compact administrator to facilitate information flow between the states. You can access

this and more information on the Nurse Licensure Compact at <https://www.ncsbn.org/nlc.htm>.

The commission is working with groups that have concerns about the model. The commission is hosting meetings throughout the state. The mutual recognition model is one of four topics discussed at the meetings. The meetings will also consider continuing competency, LPN issues, and school nursing issues.

You can find the schedule and location of the meetings at [www.doh.wa.gov/hsqa/Professions/Nursing](http://www.doh.wa.gov/hsqa/Professions/Nursing).



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



# WASHINGTON CENTER FOR NURSING UPDATE

**NEWS!** ! BOOKMARK [WWW.WACENTERFORNURSING.ORG](http://www.WACENTERFORNURSING.ORG) TO GET THE LATEST NEWS ON NURSING IN WASHINGTON AND NATIONALLY. YOU CAN FIND SCHOOLS, SCHOLARSHIPS, DATA ON OUR NURSING WORK FORCE, AND MUCH MORE.

## SCHOOL CAPACITY INCREASES:

Four nursing schools received capacity expansion grants from the Johnson & Johnson Promise of Nursing for Washington gala; Tacoma Community College to develop its program for internationally educated RNs to prepare for the NCLEX, Walla Walla University in College Station to expand its Simulator Lab, UW-Bothell to expand its diversity, and Seattle University will use its grant money for faculty education and consultation on increasing cultural competency.

**HRSA DATA:** How does Washington compare with other states? Read the facts from our recent press release showing how Washington compares to the national data.



MEASURE	NATIONAL	WASHINGTON STATE
RN/100,000 pop.	850	800
RN average age	47	48.5
% RN >50 yrs. age	45%	52.4%
% BSN	50%	43.2%
Average Salary	\$66,973	\$70,000
% Asian, Black/African, American Indian Alaska Native, Hispanic	12%	7.9%

**DIVERSITY:** The data above shows why the Washington Center for Nursing (WCN) Board of Directors emphasized diversity in nursing and nursing faculty this year. Our outreach to schools will expand. We'll work to increase our involvement with minority nursing organizations as well. Watch the Web site for more news.

**NURSE OF THE FUTURE:** Regional meetings will be held in several cities this summer and fall. The WCN wants

practicing nurses, employers, and educators to give input on the role of the nurse in the future. WCN wants the knowledge, skills, and attributes needed to succeed in that role. We'll be e-mailing and posting the locations, dates, and times on our Web site. This will help all of us in the nursing community find agreement on education and practice expectations.

**NEW GRAD TRANSITIONS:** The Transition to Practice workgroup made

THE WCN WANTS PRACTICING NURSES, EMPLOYERS, AND EDUCATORS TO GIVE INPUT ON THE ROLE OF THE NURSE IN THE FUTURE.

progress on a toolkit for employers to develop programs for new RN graduates. Washington State is also being considered for a new graduate residency pilot sponsored by the National Council of State Boards of Nursing. The facts verify this investment increases new graduate satisfaction, performance and retention, and reduces employer expenses.

**WEB SITE FEEDBACK:** Go to [www.WACenterforNursing.org](http://www.WACenterforNursing.org) and give us feedback on our Web site so that we can serve you better. E-mail [info@wcnursing.org](mailto:info@wcnursing.org) with questions and comments. Thanks for your support!

# RULES IN PROGRESS

THE COMMISSION IS WRITING AND REVISING FIVE SEPARATE SETS OF RULES. YOU ARE INVITED TO PARTICIPATE AT ANY STEP OF THE RULES WRITING PROCESS. RULES WRITING WORKSHOPS ARE HELD AT PUBLIC LOCATIONS, AS ARE THE HEARINGS. YOU CAN ALSO COMMENT ONLINE AT [HTTP://WWW.DOH.WA.GOV/SEARCH.HTM?Q=RULES](http://www.doh.wa.gov/search.htm?q=rules) ON ANY COMMISSION OR DEPARTMENT OF HEALTH RULE IN PROGRESS.

**CONTINUING COMPETENCY.** Workshops were held in 2008 and 2009. The commission summarized the comments and wrote draft language. The commission anticipates a rules hearing in September 2010. The rules define requirements for continued active nursing practice, self reflection process and identifying areas for improvement. The draft comments and rule language can be reviewed online at <http://www.doh.wa.gov/hsqa/Professions/Nursing/default.htm>

**TEMPORARY PRACTICE PERMIT.** A permit is issued to any out-of-state candidate who completed an application and met

all requirements except for the completion of the fingerprint card. An amendment hearing held Jan. 15, 2010, clarified the language about the process for receiving a one-time extension of the permit.

**EARLY REMEDIATION PROGRAM.** A pilot project explored remediation in standard of care complaints involving low risk of patient harm. The Early Remediation Program allows a nurse to voluntarily participate in an action plan with remedial training and workplace monitoring, based on the nature of the reported conduct. A rules hearing was held May 14, 2010.

**PAIN MANAGEMENT RULES.** A new state law requires the commission to write rules by June 30, 2011, on chronic, non-cancer pain management. (HB 2876) The rules include dosing criteria, special circumstances when a dosage may be exceeded, consultation with a pain management specialist, tracking of use and tracking clinical progress.

**NURSING ASSISTANT TRAINING PROGRAMS AND HOME CARE AIDES.** A new state law requires the commission to write rules by July 1, 2011, on alternative training for home care aides and medical assistants. (SB 6582)



Seattle University College of Nursing

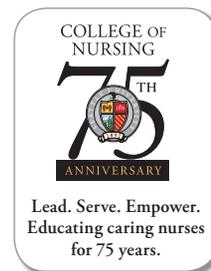
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# Continuing Competency UPDATE

THE CONTINUING COMPETENCY RULES ARE MOVING AHEAD AS PLANNED. THE NURSING CARE QUALITY ASSURANCE COMMISSION HELD RULES WRITING WORKSHOPS, PUBLISHED ARTICLES IN NEWSLETTERS, AND HELD PUBLIC MEETINGS TO GET THE WORD OUT. THE COMMISSION IS ALSO DEVELOPING A WEB SITE FOR CONTINUING COMPETENCY.

## WEB SITES FOR MORE INFORMATION.

Our colleagues in North Carolina impressed upon us the absolute importance of communicating our intent, plan, implementation, and target outcomes as much as possible. They tell us you can't over communicate on a continuing competency program. Please help us get the word out to your coworkers, friends and employers. Encourage them to sign up for the nursing list-serve. Visit the rules in progress Web site to keep informed on the progress of the continuing competency implementation process:

- <http://listserv.wa.gov/cgi-bin/hwa?SUBED1=nursing-qac&A=1>
- <http://www.doh.wa.gov/hsqa/professions/Nursing/Rules.htm>

## RULES HEARING AND IMPLEMENTATION.

The draft rules have not been adopted yet. We continue to solicit feedback on the draft rules language through public meetings. The public feedback phase is coming to a close and will be completed by the end of July. We expect to hold a rules hearing in September 2010. The implementation date for the new rules will be Jan. 1, 2011.

## ACTIVE NURSING PRACTICE DEFINED.

The draft rules require completion of 531 hours of active nursing practice and 45 hours of continuing education every three years. Active nursing practice has a very liberal interpretation of nursing. This includes paid and unpaid nursing

practice. Active nursing practice ranges from CEO of a medical system to parish nurse, as long as you use your nursing knowledge to do your job. The rules defining "active nursing practice" are meant to be inclusive. The draft rules give examples and guidance.

## CONTINUING COMPETENCY DOCUMENTS ARE DUE EVERY THREE YEARS.

The three years will start Jan. 1, 2011, and renew every three years thereafter on the nurse's birth date. Three years from now, nurses renewing their licenses will attest on a form they



## SELF ASSESSMENT AND REFLECTION.

The third component of continuing competency is to complete a self assessment and reflection when selecting education and training opportunities. This assessment and reflection is for the nurse's own professional development and competence. It is important to note that self assessment and reflection are only for the use of the nurse. They are meant to enhance the nurse's professional career and should not be turned in to the commission.

have completed the required hours for active nursing practice and continuing education. A percentage of nurses will be audited and asked to provide proof of the hours. We intend to provide a lot of technical assistance over the next several years as nurses get used to the concept and incorporate it into their common practice. We plan to have our continuing competency Web site ready by September 2010 with multiple media forums, resources, samples, forms, and research.

## TAMPER RESISTANT PRESCRIPTION PAPER HEADED YOUR WAY

A new law signed by the governor in 2009 requires prescriptions written in Washington be on tamper resistant paper or pads (TRPP) approved by the Washington State Board of Pharmacy. Beginning July 1 of this year, all medication prescriptions hand delivered to a pharmacy must have the new look.

While the layout will be much the same as previous forms — with two signature lines for prescriber and patient information — the forms must include a seal of approval. Prescribers, pharmacists, and patients can identify approved forms by the seal printed in the lower right-hand corner of the prescription form.

**REMEMBER, PRESCRIBERS ARE ALWAYS RESPONSIBLE TO SAFEGUARD PRESCRIPTION PADS AND PAPER FROM THEFT. IT IS A GOOD IDEA TO CHECK WITH YOUR SUPPLIER TO BE SURE TAMPER-RESISTANT PRESCRIPTION PAPER OR PADS ARE BOARD-APPROVED.**

The tamper resistant prescription paper and pads now in use won't comply with the new law. Only board-approved forms are to be used for hard copy given to a patient or patient designee. This includes prescriptions printed from an electronic medical record system.

A few helpful tips will assure prescribers are using the proper forms in the correct way.

- The seal of approval should always appear in the bottom right corner of the prescription form.

- The seal consists of a mortar and pestle watermark with the Washington state map centered over the top.
- The state is green thermo-chromic ink that changes from green to yellow when exposed to heat or friction. It goes back to green when cooled.
- Don't use tamper-resistant prescription paper or pads when faxing directly to a pharmacy. The fax machine may activate the pantograph, making it appear that the prescription is invalid or void.

It is okay for vendors to provide legitimate requestors with blank stock of the board-approved tamper resistant paper, with the seal, to be printed in the office.

Remember, prescribers are always responsible to safeguard prescription pads and paper from theft. It is a good idea to check with your supplier to be sure tamper-resistant prescription paper or pads are board-approved.

Check the TRPP Web page ([www.doh.wa.gov/hsqa/trpp](http://www.doh.wa.gov/hsqa/trpp)) or the Board of Pharmacy Web page ([www.doh.wa.gov/hsqa/Professions/Pharmacy/default.htm](http://www.doh.wa.gov/hsqa/Professions/Pharmacy/default.htm)) for a list of vendors that have received approval. Third party or intermediary vendors may not be included on this list.

## HOME CARE AIDES WILL BE CERTIFIED



A home care aide certification is required for those providing direct personal care services after Jan. 1, 2011. Certification is required whether the provider is private pay or reimbursed by the state. Individual providers reimbursed by the Department of Social and Health Services (DSHS) must also have a credential.

What settings are affected?

- Home care agencies.
- Licensed boarding homes.
- Licensed adult family homes.
- Other community residential settings licensed by DSHS.

What are the requirements for certification?

- Complete 75 hours of training. DSHS will further define the training requirements.
- Pass the home care aide certification examination.
- Receive a fingerprint-based background check beginning Jan. 1, 2012.

For more information, please visit the home care aide Web site at: [www.doh.wa.gov/hsqa/HCAides.htm](http://www.doh.wa.gov/hsqa/HCAides.htm).

# HOW TO AVOID DELAYS IN RENEWING YOUR LICENSE

YOU CAN HELP AVOID RENEWAL DELAYS. WE RECOMMEND RENEWING YOUR NURSING LICENSE AS SOON AS POSSIBLE TO AVOID EXPIRED LICENSES. OUR GOAL IS TO UPDATE ALL RENEWALS WITHIN SEVEN BUSINESS DAYS FROM THE DATE OF RECEIPT. THE DEPARTMENT OF HEALTH (DOH) PROCESSES ABOUT 22,500 HEALTH PROFESSION RENEWALS EACH MONTH. HERE ARE SOME HELPFUL TIPS TO ASSIST IN RENEWING YOUR NURSING LICENSE WITHOUT ANY DELAYS.

## Keep your contact information current.

Courtesy renewal notices are mailed 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 e-mail, fax, or mail. E-mails can be sent to [hsqa.csc@doh.wa.gov](mailto: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 nursing license before it expires. Mailed renewal payments can take two weeks to process. Renewals may include seven days for mail delivery time and potentially seven days for processing. Nursing licenses can also be renewed in person at our Tumwater office. Renewing in person saves mailing time, and we will provide a verification of licensure. 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 that 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 speeds up the renewal process, but it is not required for renewal. You can still update your nursing license by contacting our Customer Service Center, reviewing our Web site to find the current fee(s), or mailing your renewal payment to us with documentation of your name, credential

number, and current mailing address.

ARNPs need to send a copy of their current national certification and complete the “ARNP Continuing Education and Practice Attestation” form. This form can be located on the 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  
P.O. Box 1099  
Olympia, WA 98507-1099

### Contact Information (without payment):

Health Systems Quality Assurance  
Customer Service Center  
P.O. Box 47865  
Olympia, WA 98504-7865

# WHEN NURSES GET ANGRY: An Overview of Nursing and Horizontal Hostility

**EDITOR'S NOTE:** The Nursing Care Quality Assurance Commission does not endorse one nursing product or book over another. Horizontal hostility is a timely topic and relevant to many nurses. The Washington Center for Nursing gathered evidence that lack of support for new nurses has caused some to turn away from the profession shortly after licensure. The intent of this article is to provide some evidence-based research. There is additional research available on many search engines.

Lateral violence and horizontal hostility describe the physical, verbal or emotional abuse of an employee. Within nursing, lateral violence has been defined as nurse to nurse aggression. This violence can be verbal or nonverbal. The ten most common forms of lateral violence in nursing are: non-verbal innuendo, verbal affront, undermining activities, withholding information, sabotage, infighting, scapegoating, backstabbing, failure to respect privacy, and broken confidences.

We interviewed Kathleen Bartholomew, RN, RC, MN, by telephone. Mrs. Bartholomew is the author of several books on nursing horizontal hostility and improving communication in nursing.

## What most concerns you about the nursing profession?

We are still divided. We fail to see that decades of oppression have resulted in our turning on each other from the unit level to our highest governing board. For example, we still argue about entry level educational requirements. I feel strongly that our basic structure of two organizing bodies and 52 independent boards of nursing organiza-

tional structure will never allow us to reach our full potential. Can you imagine how powerful an impact the voice of three million nurses strong would have on America? I can. And that vision sustains me.

## What do we need to do as a profession to increase patient safety outcomes?

Increasing our educational level would be the top priority, as every 10 percent increase in BSN nurses is associated with a 5 percent decrease in mortality. Another important focus needs to be re-designing the workplace – which goes way beyond staffing issues. We need to develop technology that frees nurses to do their true work and spend more time with the patient. The greatest safety net, however, is strengthening our relationships with our whole team.

Give me an overview of your books.

- 2005 “Speak Your Truth” was my master’s thesis. This book is the only book to date on RN-MD relationships, and the second edition will come out in May. I researched this topic because I wanted to understand the behaviors of physicians and nurses as well as understand the cultural and power differences which prevent us from becoming collegial partners.
- 2006 “Ending Nurse to Nurse Hostility” looks at the etiology and impact of horizontal hostility and provides practical solutions for creating a healthy work environment. I researched the subject because I couldn’t understand why in a profession that is based on caring, nurses could

ever experience un-caring behaviors from their peers.

- 2007 “Stressed Out About Communication” is a book specifically for new nurses. This book teaches the DESC (a conflict resolution system involving describing, expressing, suggesting and consequences) communication model and empowers new nurses to speak up in their new environment.
- 2008 “Our Image, Our Choice” – I co-authored and edited this book with Shelley Cohen on the professional image of nursing. Our goal was to give practical tips and tools to nurses and managers on how to convey a professional image to the public – and each other.

## RESOURCES

- Bartholomew, K. (2006). *Ending nurse-to nurse hostility*. Marblehead, MA 01945: HCPRO, Inc.
- Center for American Nurses. (2007). *Bullying in the workplace: Reversing a culture*. Silver Spring, MD: Center for American Nurses.
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- Dunn, H. (2003). Horizontal violence among nurses in the operating room. *AORN Journal*, 78(6), 977-980, 982, 984-988.
- Farrell, G. A. (1997). Aggression in clinical settings: nurses’ views. *Journal of Advanced Nursing*, 25(3), 501-508.
- Griffin, D. (2004). Teaching cognitive rehearsal as a shield for lateral violence: an intervention for newly licensed nurses. *The Journal of Continuing Education in Nursing*, 35(6), 257-263.
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- Thomas, S. P. (2003). Professional development. ‘Horizontal hostility’: Nurses against themselves: How to resolve this threat to retention. *American Journal of Nursing*, 103(10), 87- 88, 101.
- Stanley, K. M., Martin, M. M., Michel, Y., Welton, J. M., & Nemeth, L. S. (2007). Examining lateral violence in the nursing workforce. *Issues in Mental Health Nursing*, 28, 1247-1265.

# Tribute to Jean Sullivan, RN

Jean Sullivan received the Northwest Organization of Nurse Executive's first Transformational Pioneer in Nursing Leadership Award in March. Jean developed the Substance Abuse Monitoring Program for the Nursing Care Quality Assurance Commission in 1988. She still directs this effort.



In 1991, the program grew to include other health care disciplines and became the Washington Health Professional Services (WHPS) program. WHPS is a referral and monitoring program designed as an alternative to discipline for professionals with alcohol or drug problems.

The focus of WHPS is early detection and treatment. The WHPS mission is to:

- Protect the public's health and safety from impaired practitioners,
- Retain skilled, highly trained practitioners,
- Encourage and promote recovery, and,
- Bring the professional safely back to practice.

The program contracts with and monitors professionals meeting their treatment and recovery goals. The intent is to surround the participant in a culture of recovery. The contract includes:

An evaluation from a certified addictions treatment agency, and following its treatment recommendations:

- Random body fluid samples,
- Weekly facilitated peer support groups and weekly AA/NA or other self-help groups,
- Monthly self reports, and,
- Work site supervisor's monthly reports.

Jean is a pioneer in building programs designed to protect the public and rehabilitate professionals with a disease – substance abuse. This knowledge has helped make WHPS one of the most successful monitoring programs in the United States. It is a national model.

to be treated rather than a moral issue. Practitioners can thrive through recovery. She remains personally committed to helping these professionals and inspiring her staff.

It is no surprise that the WHPS program is experiencing dramatic growth. The program has proven very cost effective compared to the alternative of discipline. Disciplinary costs include investigations, legal staff and attorneys, judges and a hearing. The monitoring program costs are comparatively minimal and have a very high success rate.

Nursing directors and administrators know Jean well. They recognize her

## JEAN IS A PIONEER IN BUILDING PROGRAMS DESIGNED TO PROTECT THE PUBLIC AND REHABILITATE PROFESSIONALS WITH A DISEASE... SUBSTANCE ABUSE.

Jean is a founding member of the National Organization of Alternative Programs (NOAP). NOAP, established in 1999, develops alternatives to license discipline. It promotes safe practice and retention, research education and standardization of programs. Healthcare professionals participate in monitored rehabilitation and recovery. NOAP's commitment is apparent through its ongoing work with both professional and regulatory organizations.

Jean is passionate about the recovery process, viewing the problem as a disease

commitment to protecting vulnerable patients when nurses and health professionals exhibit signs of substance abuse. They also know she will work with nurses to help them succeed. Many nursing leaders keep her contact information readily available and know Jean will respond. Each year, Jean reunites with graduates of the program. Their stories are both heart-wrenching and heart-warming. Their successes are WHPS successes.

Congratulations to Jean on her well deserved leadership award.

# COMMISSION 2010-2011 MEETING DATES

DATES	LOCATION
September 10, 2010	Video conference at five sites
November 12, 2010	Video conference at five sites
January 14, 2011	Video conference at five sites
March 11, 2011	Video conference at five sites
May 13, 2011	Video conference at five sites

All business meetings and workshops are open to the public. Nurses and students are strongly encouraged to attend a meeting to learn about issues addressed by the commission.

Two weeks prior to each meeting, we place an agenda on the Web site at <http://www.doh.wa.gov/hsqa/Professions/Nursing/minutes.htm>. Topics range from rules, advisory opinions and school approvals to subcommittee reports. Business meeting agendas include an opportunity for public comment. Workshops include training opportunities for commission members. We hope to see you at a future meeting.

## 2010 NURSING COMMISSION MEMBERS



Susan Wong,  
Chair



Rhonda Taylor,  
Vice Chair



Linda Batch



Erica  
Benson-Hallock



Margaret E. Kelly



William J. Hagens



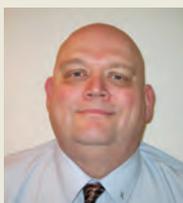
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Susan L. Woods



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# PROMOTING IMMUNIZATIONS FOR HEALTH CARE PROFESSIONALS

HEALTH CARE PROFESSIONALS ARE AN INTEGRAL PART OF THE IMMUNIZATION WORLD. FROM RESEARCH TO POLICY MAKERS, VACCINE PROVIDERS TO EDUCATORS, THEY PLAY VITAL, UNIQUE AND INNOVATIVE ROLES. THERE ARE A FEW KEY THINGS HEALTH CARE PROVIDERS AND ORGANIZATIONS CAN DO TO INCREASE IMMUNIZATIONS.

## OFFER IMMUNIZATIONS AT THE WORKSITE

Health care professionals must feel they can fulfill their obligation to their patients' safety, without risking their own health. Making vaccines accessible at work shows an institution's commitment to the safety and well-being of employees, patients, and everyone in the community. So make sure to actively promote and improve access to immunizations for all your health care workers and other employees. Vaccinations control infection and keep patients safe.

The 2010 Adult Immunization Schedule recommends 10 vaccines for adults 19 and older. For the schedule, visit: <http://www.cdc.gov/vaccines/recs/schedules/adult-schedule.htm#print>.

For health care personnel, recommended immunizations include:

- Hepatitis B
- Influenza
- MMR
- Varicella (chickenpox)
- Tetanus, diphtheria, pertussis
- Meningococcal

For the complete list of recommended vaccines for health care professionals, visit: <http://www.immunize.org/catg.d/p2017.pdf>.

## ADDRESS VACCINE CONCERNS

Health care professionals may have concerns or misconceptions about vaccines. Scientific information may not be enough to reassure some individuals. Emotions play a role, and health care professionals can bridge this by listening, acknowledging their concerns and then offering accurate information to address the concern.

Learn about the factors that make people reluctant to take vaccines. This can help you formulate a tailored response to immunization concerns. The following resources will help you figure out strategies to address and perhaps overcome some of these concerns and misconceptions among your staff members and patients:

- <http://www.immunize.org/concerns/>
- <http://www.cdc.gov/vaccinesafety/Concerns/Index.html>
- <http://www2a.cdc.gov/vaccines/ed/whatworks/strategies.asp>

- <http://www.thecommunityguide.org/vaccines/index.html>
  - [http://www.preventinfluenza.org/profs\\_workers.asp](http://www.preventinfluenza.org/profs_workers.asp)
  - <http://immunizewa.org/toolkit>
  - [http://immunizewa.org/healthcare\\_toolkit](http://immunizewa.org/healthcare_toolkit)
- (This is the 2009 link – there should be one for 2010 soon)
- <http://www.cdc.gov/vaccines/recs/reminder-sys.htm>



## PROVIDE IMMUNIZATION TRAINING AND EDUCATION

Health care professionals need ongoing immunization training and education to reduce and eliminate misinformation. Health care professionals have a wide range of knowledge and backgrounds, so be sure to offer educational messages and training in different ways, levels, and many times over. Many resources are available to train and educate staff and patients about vaccines. Take a look at the following resources:

- <http://www.doh.wa.gov/cfh/Immunize/default.htm>
- <http://www.immunize.org/resources/contedu.asp>
- <http://www.thecommunityguide.org/worksites/index.html>
- [http://www.atpm.org/prof\\_dev/ed.html](http://www.atpm.org/prof_dev/ed.html)
- <http://www2a.cdc.gov/phtn/default.asp>
- <http://www.cdc.gov/vaccines/hcp.htm>

Encourage your health care professionals to teach by example. Ask them to show their commitment to themselves and to patient safety by taking care of themselves. Health care professionals are patients, too, and should keep up to date with all their immunizations. A self-care regimen is a great example to set for co-workers and patients.

# Early Remediation Can be a Better Option

The Nursing Care Quality Assurance Commission approved a one-year pilot project to explore better ways to resolve standard of care cases with low risk of patient harm. The commission reviewed and approved the Early Remediation Program in September 2009.

The first step in the process is for the commission to determine whether, based on the allegations in the initial complaint, the case is a potential candidate for inclusion in the Early Remediation Program. If so, an initial investigation is approved to determine whether or not the complaint is substantiated. Commission personnel discuss the program with the nurse. Participation in the program is voluntary, and the nurse is not required to participate. If the nurse and the nurse's employer express willingness to participate in remediation, the complaint goes to a panel of the commission to determine whether the complaint meets the criteria of the program. If the case is not eligible, the panel decides whether the case should be transferred for full investigation or should be closed.

If the nurse continues in the program, an "action plan" is created outlining education, training, or monitoring necessary to correct the practice deficiency. At the end of a specific time period -- up to six months -- the commission considers successful completion of the action plan in deciding whether to close the complaint without disciplinary action.

As of March 31, 2010, the commission identified 32 cases of potential program participants. The commission removed six cases from the program -- four cases closed and two nurses chose not to participate. The four closures occurred because of information obtained during the investigation.

The commission is developing rules for

this program. It held two public meetings to receive comments. The commission expected to adopt draft rules by the time this edition of Washington Nursing

Commission News was published. You may view a copy of the rules at <http://www.doh.wa.gov/hsqa/Professions/Nursing/RulesInProgress.htm>.

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Washington State. As a Maxim employee, you can have it all – flexible hours that fit your lifestyle, excellent service from our office staff, and a variety of rewarding assignments.

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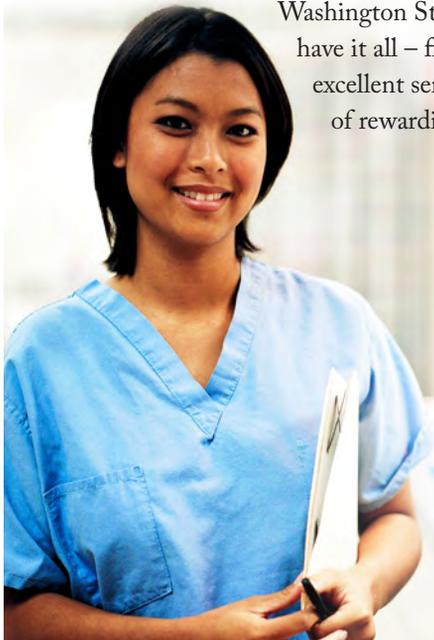
### Facility Staffing Office Locations:

Seattle Allied Staffing (ARNP)	866-857-6312
Seattle Nurse Staffing	800-287-6132
Spokane Staffing	866-266-6091
Tacoma Nurse Staffing	866-334-6629

### Homecare Office Locations:

Bellevue Homecare	866-871-2345
Olympia Homecare	866-617-3781
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# May I Have Your Attention?

The commission scheduled numerous meetings throughout the state. The meetings began in March and continue through September. Topics discussed at the meetings include:

- School nurses
- The role of the LPN
- Mutual State Recognition
- New requirements for continuing competency

Information on these topics is available at <http://www.doh.wa.gov/hsqa/Professions/Nursing/default.htm>. Additional meetings and up-to-the-minute details of meeting locations are listed on the Web site. We hope to see you at one of these meetings. Please forward these dates to your staff, co-workers, and employers. All of these topics are very important to nurses, and your input is extremely important to the commission..

**July 6, 2010**

Swedish Medical Center, Bellevue Regional Library

**July 7, 2010**

Skyline at 1st Hill, Virginia Mason Hospital in Seattle

**July 8, 2010**

University Medical Center in Seattle,  
Sunrise Senior Living in Bellevue

**July 13, 2010**

St. Joseph's Hospital in Bellingham, Bellingham ESD

**August 2, 2010**

SW Washington Medical Center in Vancouver

**September 15, 2010**

ESD 112 in Vancouver

MICHELE ROBERTS, MPH, CHES  
IMMUNIZATION PROGRAM CHILD PROFILE, WASHINGTON STATE DEPARTMENT OF HEALTH

## Changes to the Childhood Vaccine Program

Nurses and nursing assistants play very important roles in immunizing kids. They know the basics well. Vaccinations prevent disease and disability, save lives, and are one of the most effective ways to keep kids healthy. Because of their key roles, nurses should know about a new law that saved the state Universal Childhood Vaccine Program. The program provides all recommended vaccines to all children under age 19. It was scheduled to end on May 1 because of state budget cuts.

The new law is a result of Washington state's extraordinary immunization partners coming together to form an innovative public-private partnership to keep the Universal Childhood Vaccine Program. It is the result of a year's worth of work led by legislative staff, health care providers, health plans, medical associations, state



and local public health and other community partners. The law allows the state to continue purchasing vaccines for all children with a new source of funding from health plans. The law definitely showcases

the extraordinary commitment we have in Washington to keep kids healthy.

Most of the state Childhood Vaccine Program procedures for ordering, receiving, administering and documenting vaccines remain the same. Healthcare providers will be able to order all recommended vaccines, including HPV vaccine, from the state for all children. However, the new law means healthcare providers, health plans and other payers will all have to make changes to track vaccines given to children with private health insurance.

More information about the Universal Childhood Vaccine program is available on our Web site at: <http://www.doh.wa.gov/cfb/Immunize/providers/universal.htm>. Questions about the changes and the new state law can be sent to [universal-changes@doh.wa.gov](mailto:universal-changes@doh.wa.gov).



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