

# Washington NURSING COMMISSION NEWS

SUMMER 2011 • VOLUME 5, Nº2, EDITION 10

## We are Stronger and Better When We Work Together

page 6

## How Does Washington State Measure up to the IOM Recommendations

page 12

## The Evolving Field of Infection Prevention and Control

page 20



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Washington State Nursing Care Quality Assurance Commission (NCQAC)  
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 Olympia, WA 98504  
 Telephone: (360) 236-4700  
 FAX: (360) 236-4738  
[HTTP://WWW.DOH.WA.GOV/HSQA/PROFESSIONS.NURSING/DEFAULT.HTM](http://www.doh.wa.gov/hsqa/professions.nursing/default.htm)

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 Little Rock, AR 72223  
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edition 10

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Message from the Chair . . . . .	4	Commission 2011-2012 Meeting Dates . . . . .	15
We are Stronger and Better When We Work Together . . . .	6	On-line Renewals . . . . .	15
Message From the Executive Director . . . . .	8	Disciplinary Actions . . . . .	16
ARNP Corner . . . . .	9	New Nurse Consultants at Your Service . . . . .	18
LPN Corner . . . . .	11	Licensing and Frequently Asked Questions . . . . .	18
How Does Washington State Measure up to the IOM Recommendations? . . . . .	12	Continuing Competency – I am Retiring and Want to Keep My Nursing License. . . . .	20
The Pain Management Rules Explained – The Management of Chronic, Non-Cancer Pain . .	13	As Far as You Can Imagine: The Evolving Field of Infection Prevention and Control. . . . .	22
Hail and Farewell . . . . .	15		

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

**It has been an interesting journey to watch our nursing profession grow, change and develop.** Technology provided an avenue to help improve efficiencies with assessment and documentation with patient care. Technology has also brought challenges to the profession with questions involving ethics, standards of practice, scope of practice, and the rules and regulations governing the profession.

The public always viewed the nursing profession as one of the most honest and ethical professions in the health care arena. We know it as the backbone of health care. To this day, the nursing profession continues to deliver high quality, safe and compassionate patient care.

The mission of the Nursing Care Quality Assurance Commission (NCQAC) is to ensure the safety of the public. As a regulatory board for nursing, the goal of the commission is to provide quality care and public protection. Maintaining continued competency in the years after initial licensure is a crucial aspect of providing quality health care.

The commission adopted a continuing competency program effective January 1, 2011. The continuing competency rules require 531 hours of active practice and 45 hours of continuing education every three years. Adoption was preceded by several years of active participation by nursing stakeholder groups, educators, health care facilities administrators and licensees in the development process. I want to thank all of the participants who have contributed to help our profession achieve this milestone. For more information and resources please visit <http://www.doh.wa.gov/hsqa/Professions/Nursing/continuecomp.htm>.

The commission reminds nurses they are responsible to maintain current knowledge in their chosen fields of practice. It encourages nurses to seek continuing education opportunities and attend employer provided in-services/trainings. Nurses also attend continuing education courses and workshops sponsored by educational providers and other educational resources through the libraries and internet.

I encourage all of you, new graduates and seasoned nurses, to embrace the value of continuing education and to maintain your passion for helping others and learn all you can with a committed desire to improve.

Enjoy the newsletter!

Susan Wong, Chair  
Nursing Care Quality Assurance Commission

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BY MARY SELECKY, SECRETARY OF THE DEPARTMENT OF HEALTH

## WE ARE STRONGER AND BETTER WHEN WE WORK TOGETHER

I'm often called-on to speak or share my perspective about public health in Washington, and I always think hard about how to describe what we do to help improve the health of our people. Recently, I was asked to make a presentation at a conference in Taiwan. Preparing to speak to an international audience like this really gave me a fresh look at our work. I wanted to tell a bit of Washington's history and describe the current health status of our residents. What hit home for me was how diverse we are and how much we're changing. And while we've made great strides in some areas of health, we have difficult challenges that call for partnership and action between our professional nursing community, public health, and other health care partners.

Washington has beautiful rural communities, with thriving agricultural lands. We have lush rainforests, soaring mountains, and bustling cities. We're growing at a fast pace, too; about 6.7 million people now live in our state. We're living longer, getting older, getting more diverse, and often our health is tied directly to our incomes and educational levels. Our average life expectancy is almost 80 years — four years longer than it was just 30 years ago. And while living longer represents improvements in public health and medical care, the increases are not fairly distributed among our residents.

We have people with very high education levels and income, and people with very low educational achievement and income. Those who are more educated with incomes over \$50,000 a year are healthier and have greater access to resources that support good health — fresh fruits and vegetables, preventive care, medical care, paid sick leave, and mental health services. They and their families often live in nice

In difficult times like these, our partnership is even more important. Health care and public health have a key word in common — health. And we share a common goal, to help people and communities get, and stay, healthy. It's a huge job, and working together is the best way for all of us to make it happen.

neighborhoods with sidewalks, parks, and low crime rates. People with less than a high-school diploma and incomes below \$20,000 a year have the worst health, with limited access to the health benefits enjoyed by those with higher incomes.

So it stands to reason that counties with the highest income and education levels are generally healthier. Often too, our counties with lower incomes are more rural and people there may not have access to basic and specialized medical, dental, and mental health services. Those who delay or go without services end up with more serious and costly medical problems. That's why investments like rural health clinics and the Critical Access Hospital program in rural communities are so vital in making sure we can all find the services we need to be well.

Investments in health and prevention pay off. Our state has seen this time and again, and one of the most impressive recent achievements is in our smoking rates. We've seen smoking rates in Washington drop by more than 50 percent in youth and 30 percent among adults since our Tobacco Prevention and Control program began just 10 years ago. We now have the lowest smoking rates in the nation! This translates directly into huge savings from reductions in smoking-related heart attacks, strokes, respiratory diseases, and cancer. But the

funds that supported the tobacco prevention campaigns have dropped sharply, and we're concerned there could be an increase in smoking rates and other health issues that have seen funding cuts due to hard economic realities.

In difficult times like these, our partnership is even more important. Health care and public health have a key word in common — health. And we share a common goal, to help people and communities get, and stay, healthy. It's a huge job, and working together is the best way for all of us to make it happen. It's up to those of us within the system to do our best to make sure it works for the people who need it, when they need it. Sooner or later that's all of us.

In the spring I attended the Washington State Nursing Association Honorary Recognition Awards. I was inspired by the stories about award winning nurses I met at the event. The Department of Health also received an award that night for our close work with the Nursing Association to educate the public about important health issues.

The line between public health and health care is often blurry, yet there's one thing that's very clear. We are stronger and better when we work together. Thanks for all you do to make Washington one of the nation's healthiest places to live.

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Seattle Care Focus Companion Services 866-547-2790	Tacoma Care Focus Companion Services 866-418-6864
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The deadline for application is November 1, 2011.

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# Message from the Executive Director

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

**Many of us entered nursing because of family members needing care, events in our own lives, or the desire to have a good job.** Once we became nurses, the satisfaction grew and changed.

Looking back at my career, I am more than satisfied. I have had the pleasure of working in very large metropolitan hospitals, small rural hospitals, home health and hospice. I volunteered and organized many blood drives, bandaged many scrapes, and advised many people on the need to seek care.

As we celebrated National Nurses Day, I thought of my mother making me a nurses' cap out of a napkin when I was very young. My great aunt was a nurse. My mother-in-law and sister-in-law are nurses. Many families respect the profession of nursing. Nurses continue to be role models for many people, and very often, we touch people's lives in ways we cannot begin to fathom.

Once again, public surveys identified nurses as the most trusted professionals in the United States. Nurses earn this trust. Take a moment to reflect on your day as a nurse. How many people trusted you today with their health care information, looked at you with concern, or were unconscious and in need of your assessment to assure their vital functions continued? How many hands did you touch, eyes did you meet, and kind words did you share? Very often, we do not give ourselves, or each other, credit for the very small actions that mean so much to our patients.

The work of the Nursing Commission assures that nurses meet educational standards. The commission defines and enforces the standards for nursing educational programs. It now has continuing competency requirements to assure every licensed nurse maintains active practice and continuing education. The commission approves the licensure requirements for all new nurses, nurses moving into Washington, and for the renewal of licenses. It defines the scope of nursing practice. The commission started to use consistent standards of practice advisory groups. Upcoming commission newsletters will have the statements on practice issues adopted by the commission. These statements will include information on what is acceptable practice in our state for RNs, LPNs, and ARNPs.

Thank you for your dedication to patients and your nursing care. We truly earn the respect and trust given to us each day.

# ARNP CORNER

## KNOW YOUR RESOURCES! BECOME INVOLVED!

Welcome to the ARNP Corner! The Nursing Commission hired me in November 2010 as an ARNP consultant for Washington State in a newly created half-time position to assist the commission in its work. The job requires I be active in practice, so I continue in my role as an Adult/Gerontological Nurse Practitioner with Providence ElderPlace in Seattle.

Being the first person in a new role has allowed me flexibility in connecting with issues affecting advanced practitioners in Washington State both from national and local perspectives. In my role I answer an abundance of e-mails and phone calls. Many who call are familiar voices from my past roles in teaching, precepting, organizations and committees. I am privileged to serve you! Below you will find important resources nationally and current issues in our state affecting our practice.

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### Two major national resources that will shape our future practice.

- **The Consensus Model for APRN Regulation: Licensure, Accreditation, Certification, and Education (LACE).** The Consensus Model published in 2007 is the culmination efforts of 48 advanced practice groups and State Boards of Nursing across the United States. The Consensus Model groups together, under advanced practice registered nurse (APRN), four groups that provide the most direct care to patients. It includes certified registered nurse anesthetists, certified nurse midwives, clinical nurse specialists, and certified nurse practitioners. The model provides clear criteria and scope of practice for these groups that could

make it possible for APRNs to move freely from state to state without barriers to their practice.

In January, 2011 the National Council of State Boards of Nursing held the: APRN Summit to promote implementation of The Consensus Model. APRN leaders came from all 50 states and US territories. Susana Serna and Mariann Williams, members of the ARNP Subcommittee; and Martha Worcester, ARNP consultant represented the commission. The NCSBN Web site includes many tools for working with colleagues, consumers and legislators to implement the model.<sup>1&2</sup> Visit its Web site at <https://www.ncsbn.org/aprn.htm>.

- **Institute of Medicine (IOM) 2010 report: The Future of Nursing: Leading Change, Advancing Health.** The IOM report endorses higher levels of nursing education and stresses the importance of allowing all nurses to practice to the full extent of their education and training. Major sections of the report address nurse practitioners and the need to recognize them as primary care providers. The IOM report supported The Consensus Model for APRN Regulation. Advanced practice registered nurses may find chapter three of particular interest. It addresses barriers to scope of practice issues that must be eliminated. Visit its Web site at <http://iom.edu/>.<sup>3</sup>

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### Important Happenings in Washington State

- **On recommendation of the ARNP Subcommittee, the commission members voted to support The Consensus Model for APRN regulation.** Washington State

already has many elements of the model implemented through state laws and rules even though we use ARNP as our primary title. It will take considerable work among the four groups addressed in The Consensus Model for full implementation in Washington State.

- **In January 2011, the ARNP Task Force became the ARNP Subcommittee, a standing subcommittee of the commission. We now meet monthly. We scheduled a strategic planning committee in August. Stay tuned for time and place. Meetings are open to the public.**

A few of the issues the ARNP Subcommittee has worked on since January are:

- o Answering questions about two new rules:
  - Continuing competency rules for RNs and how it will affect ARNPs and
  - Management of chronic non-cancer pain. See Dr. Darrell Owens's article in this issue on page 13.
- o Making the commission's Web site more useful to nurse practitioners.
- o Working with clinical nurse specialists to determine legislation or rules change processes needed for title protection, and recognition as an advance practice group.

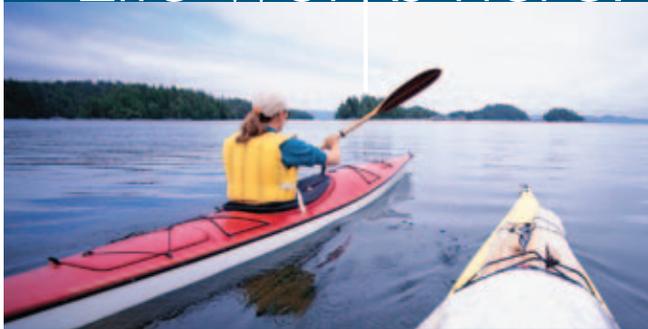
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### Important ways for you to be involved.

- Explore the websites listed in the references to this article.
- The commission needs a certified-nurse midwife (CMN) for a pro-tem position to represent nurse midwives in Washington.

*continued on page 10*

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- Participate in one of the professional organizations for advanced practice nurses to become familiar with issues that affect our profession and the health and safety of the public.
- Send e-mails to your ARNP consultant<sup>4</sup> about what you would like to see on the Web site.

#### References Important to Your Practice

1. National Council of State Boards of Nursing. <https://www.ncsbn.org/aprn.htm> View the five minute video on The Consensus Model Web site and see the toolkit containing the consensus model and model legislation for implementing the model. Learn how to support the model to allow all nurse practitioner and Advanced Practice Registered Nurses greater mobility and full scope of practice.
2. ANCC: <http://www.nursecredentialing.org/Certification/APRN-Updates/APRN-Factsheet.aspx>

This contains a good fact sheet about the APRN Consensus Model.

3. IOM: <http://www.iom.edu/Reports/2010/The-Future-of-Nursing-Leading-Change-Advancing-Health.aspx>

Chapter 3 *Transforming Practice* pages 85-162 has the most information for nurse practitioners and pages 95-105 contains tables outlining barriers to practice. You can download and print the document. The read-only download has an easy index to use for moving to specific sections or pages.

4. Contact the ARNP Consultant for information about subjects addressed in this article or other issues you would like to see the ARNP Subcommittee address. E-mail [martha.worcester@doh.wa.gov](mailto:martha.worcester@doh.wa.gov).

ARNP Subcommittee Members are: Dr. Darrell Owens, Chairperson; Susana Serna, Chris Gray, Donna Poole, Laurie Soine, and Mariann Williams.

# LPN CORNER

“Critical thinking and compassionate effective communication are the cornerstones of excellence in nursing care.” Mary Pearson

As LPNs we are the front row presence in the health care delivery system. We are the nurses who patients / residents and family witness as we provide their daily care. When nurses communicate with their patients, the patients expect us to be truthful and yet come from a place of service. We must have a compassionate communication style as well as use critical thinking traits.

“Critical thinking is the process of purposeful, self regulatory judgment. This process gives reasoned consideration to evidence, context, conceptualizations, methods, and criteria.” The APA Delphi Report, Critical Thinking: A Statement of Expert Consensus for Purposes of Educational Assessment and Instruction 1990 ERIC Doc. NO.: ED 315 423

APA Delphi Study (Facione, 1990) identified some common traits or dispositions of critical thinkers:

“*Truth-seeking* – courageous about asking questions, honest and objective in pursuing inquiry; *Open-mindedness* – sensitive to own bias, respect rights of others to hold differing opinions; *Analytically* – alert to potentially problematic situations; *Systematically* – organized, orderly, focused, diligent inquiry; *Self-confidence* – trust in own reasoning; *Inquisitiveness* – intellectual curiosity, values being well informed; *Maturity* – disposed to make reflective judgments.”

For nurses, this critical thinking communication style must come from a place of compassion. “Foundation of compassionate communication begins with coming from a heart filled

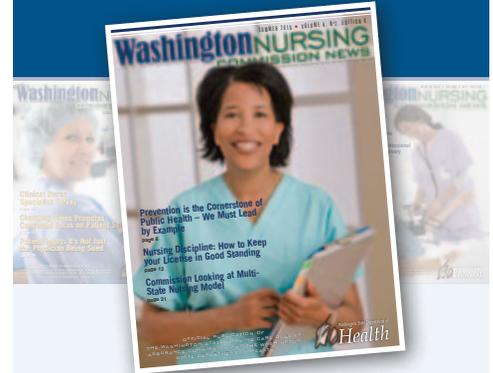
“Critical thinking is the process of purposeful, self regulatory judgment. This process gives reasoned consideration to evidence, context, conceptualizations, methods, and criteria.”

place and understanding that people are doing the very best that they can, in the situation to meet their needs.” If we believe people are doing their best then we are more likely to be more compassionate. Moreah Vestan Saying What We Want to Say Even When It’s Hard To.

Communication is the delivery of words as well as the intention behind the words. To provide compassionate communication one must start from a neutral place, be sensitive, avoid judgment and practice discernment. One’s desire to be heard and understood requires self reflection and awareness of the desired outcome of the interaction. Preconceived judgments could create a situation where the individual might potentially feel undervalued, rather than reaching an understanding of the feelings that are being expressed. That is the opportunity for critical thinking using inquisitiveness, open mindedness, analysis and maturity.

Nurses are given constant opportunity to practice a variety of communication styles. At times, this can be challenging. The traits of critical thinking combined with compassionate communication are the foundation tools for nursing excellence.

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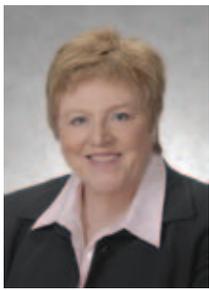
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BY LINDA TIEMAN, RN, MN, FACHE,  
EXECUTIVE DIRECTOR,  
WASHINGTON CENTER FOR NURSING



## HOW DOES WASHINGTON STATE MEASURE UP TO THE IOM RECOMMENDATIONS?

The Institute of Medicine (IOM) Committee on the Future of Nursing issued its recommendations to reconceptualize and transform nursing in the U.S., “The Future of Nursing: Leading Change, Advancing Health” generating questions and conversations about nursing in our state.

Our population is growing and aging. This changes the types of care that many people will need. More chronic conditions in older people require nurses who can educate patients and families to manage those illnesses, medications, and treatments. The need for coordination of care from hospital to skilled nursing facilities to home and outpatient clinics will expand. Healthcare reform will provide eligibility to care for approximately 300,000 more people in Washington State than have it now. We need more access to primary care. Healthcare is more complex than ever.

The committee was directed to “examine the capacity of nursing to meet the demands of a reformed healthcare and public health system, make national recommendations, and define a blueprint for action.” Donna Shalala, former Secretary of Health and President of the University of Miami and Linda Burns-Bolton, Vice President for nursing at Cedars Sinai Medical Center in Los Angeles co-chaired the committee. Its key messages:

1. Nurses should practice to the full extent of their education and training.
2. Nurses should achieve higher levels of education through an improved educational system that promotes a seamless academic progression.
3. Nurses should be full partners with physicians and other healthcare professionals in redesigning healthcare in the U.S.
4. Effective workforce planning and policy

making require better data collection and improved information infrastructure.

The Robert Wood Johnson Foundation’s Initiative on the Future of Nursing selected the Washington Center for Nursing ([www.WACenterforNursing.org](http://www.WACenterforNursing.org)) and the Washington Health Foundation-WHF ([www.WHF.org](http://www.WHF.org)) to co-lead the work in Washington State. They will ensure the IOM recommendations on nursing are implemented. Greg Vidgor, the CEO of WHF will share the leadership of the work with me. We’ve named the group the Washington Nursing Action Coalition (WNAC). We are identifying the steering committee members and the process to bring all interested parties into the discussions. We will then select which of the eight recommendations are our state’s priorities and how we’ll approach and evaluate the work to implement those selected. The members will also develop measures to reflect progress, and what communication should occur. This exciting work will help to ensure that we have the nursing workforce needed for the future in Washington State.

### Other work:

We’ve held three workshops for staff and charge nurses on leadership. Your RN license authorizes and requires that you provide leadership to others to whom you delegate work. Organizations hire RN’s to be clinical leaders in direct patient care as well as in formal management positions. Washington State’s continuing competency rules now require that we validate our own professional development. Doing so involves personal leadership like adding to our knowledge and skill-building. We’ll hold more workshops on personal leadership in

the fall. Watch our Web site for new dates and places. [www.WACenterforNursing.org](http://www.WACenterforNursing.org) or look on Facebook (Washington Center for Nursing)!

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### Jobs?

With the sluggish economy, we have seen fewer RN vacancies. We hear a lot of people saying “new graduates cannot get jobs” so we wanted to find out the facts. WCN funded Dr. Anne Hirsch, WSU College of Nursing, to investigate what the job situation is for new RNs. The study looked at a sample of newly-licensed RN’s from May 09-July 10 and found that 80% of the respondents are employed. There is information about what is satisfying/not satisfying about their jobs, and about plans for the future. The full study is on our Web site under “Data and Reports.” Dr. Hirsch will repeat the previous study done in 2004, looking at the reasons that nurses do not renew their RN licenses. If there are reasons that employers can address to keep someone in the workforce, we need to know what those are! Watch for this study by the end of 2011.

---

### Transition to Practice?

The move to ensure that all newly graduated RN’s have a transition to practice (residency) program is moving ahead nationally, and in Washington State. WCN has a “Toolkit” on its Web site to help nurse executives plan a program if they do not have one.

As always, thanks to every nurse for your great work caring for Washington’s population. Please email WCN with ideas, questions and thoughts; [info@wcnursing.org](mailto:info@wcnursing.org) or call us at 206-787-1200.

# NEW PAIN MANAGEMENT RULES EXPLAINED

## The Management of Chronic, Non-cancer Pain.

In the 2010 legislative session, Representative Jim Moeller – D, 48th Legislative District, sponsored legislation related to the prescribing of opioids for people experiencing chronic, non-cancer pain. This legislation was in response to the growing number of opioid related deaths in Washington. The legislature ultimately voted to approve the new law, which in its final version was Engrossed Substitute House Bill 2879.

The new law required that five boards and commissions collaborate to the extent possible on the development of new rules related to the management of chronic, non-cancer pain. It also required them to adopt rules by June 30, 2011. In July 2010, as required by the law, a workgroup consisting of two members from the five different boards and commissions was convened to begin the process of writing the new rules. The five boards and commissions required to participate in the rule making process included 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. This collaborative workgroup met five times between July and October 2010.

The law required that the workgroup consult with the Agency Medical Directors Group, the University of Washington, and the largest state professional association for each profession. All of the meetings were public and allowed for stakeholder input, both during the meetings and through written submissions. The workgroup received and reviewed hundreds of comments and written submissions from concerned citizens, organizations, and stakeholders. The end result is that the final rules are essentially the same for

The commission has voted to delay taking any disciplinary action related to the new law until January 1, 2012.

all boards and commissions, the primary variation being the definition of a pain specialist. The language defining what constitutes a pain specialist is different for each board and commission based on available discipline-specific training, education, and certification examinations.

The new law took effect July 1, 2011. The commission voted to delay taking any disciplinary action related to the new law until January 1, 2012. This delay provides ARNPs with prescriptive authority who wish to continue to treat chronic non-cancer pain with the opportunity to obtain the required continuing education units (CEU).

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### Key elements of the new law (not an exhaustive list):

- Does not apply to cancer pain, or to the provision of palliative care, hospice care, or other end-of-life care.
- Does not apply to acute pain caused by an injury or surgical procedure.
- The ARNP shall obtain, evaluate, and document the patient's health history and physical exam in the medical record prior to treating chronic non-cancer pain.
  - The patient's health history shall include:
    - Current and past treatments for pain.
    - Comorbidities.
    - Any substance abuse (current or history).

- A review of any prescription monitoring program results.
- Any relevant information from a pharmacist provided to the ARNP.
- Nature and intensity of pain.
- Effect of the pain on physical and psychological functioning.
- Medications.
- A risk screening tool using an appropriate screening tool that should address:
  - History of addiction.
  - Abuse or aberrant behavior related to opioids.
  - Psychiatric conditions.
  - Regular concomitant use of benzodiazepines, alcohol, or other central nervous system medications.
  - Poorly controlled depression or anxiety.
  - Evidence or risk of significant adverse events such as falls or fractures.
  - Receipt of opioids from more than one prescriber.
  - Repeated visits to an Emergency Department seeking opioids.
  - Risk of pregnancy.
  - History of sleep apnea.
- The ARNP must have a written treatment plan.
- Patients must undergo informed consent related to opioid treatment.
- Prior to prescribing opioids for chronic, non-cancer pain ARNPs must get a written agreement for treatment.
- Prior to prescribing long-acting opioids, including methadone the ARNP should complete at least four hours of continuing education relating to this topic.

*continued on page 14*

- The ARNP shall refer the patient with chronic, non-cancer pain for a pain consultation when their opioid dosing exceeds 120 milligrams morphine equivalent dose (oral).
- Special caution when treating pain in patients less than 18 years of age, as this population has unique and special needs best addressed by a specialist.

and that they are on nonescalating doses of pain.

- o The ARNP documents reasonable attempts to obtain a consultation with a pain management specialist and the circumstances justifying prescribing above one hundred twenty milligrams morphine equivalency dosage (MED) per day without first obtaining a consultation.

- o At least 30% of the ARNPs current practice is the direct provision of pain management care or is in a multidisciplinary pain clinic.

The commission **will not** maintain a database of ARNPs who wish to pursue exempt provider, or pain specialist status. ARNPs are responsible for obtaining and maintaining the required CEUs related to pain management as it applies to this law. In the event of a disciplinary action against the ARNP related to the management of chronic, non-cancer pain, where the dosage has exceeded the 120 milligram morphine equivalent, the ARNP must provide all of the appropriate documentation to demonstrate that at the time of the alleged violation they had met the requirements of the law. The Department of Health has developed a Frequently Asked Question website to provide assistance for prescribing ARNPs located at <http://www.doh.wa.gov/hsqa/Professions/PainManagement/>.

**Exemptions from consultation with a specialist include:**

- o The ARNP has completed, within the past two years, a minimum of 12 CEU on chronic, non-cancer pain management.
- o The ARNP is a pain management practitioner working in a multidisciplinary pain treatment center; or a multidisciplinary academic research center.
- o The patient is on a taper schedule.
- o The ARNP documents that the patient's pain and function are stable,

**To qualify as a pain specialist, the ARNP must meet one or more of the following:**

- o Have a minimum of three years experience in a chronic pain management care setting.
- o Be credentialed in pain management by a NCQAC- approved national professional association, pain association, or other credentialing entity.
- o Successful completion of at least 18 continuing education hours in chronic pain management within the past two years.

# What Happens When Something Goes Wrong?

## Hear answers from national experts on **Friday, August 12, 8am - 5pm.**

- Improving Human Performance in Complex Systems: What is a Patient Safety Culture?
- When something bad happens: Error Disclosure
- Nurses as Second Victims: Providing effective support after adverse events
- Protection of the Public: NCQAC's investigatory & disciplinary process
- What to do to protect yourself: Resources for Nurses
- WSNA Patient Safety Survey Results and Action Steps

**Free to WSNA members. \$50 for non-members.**

Breakfast and Lunch included. Free parking.

**Hurry! Only 140 seats available.**

**Registration**

Call Irene at 206.575.7979 x.0 to register or find a registration form at [www.wsna.org](http://www.wsna.org).

**Location**

Cedarbrook Lodge  
18525 36th Ave S. Seattle, WA 98188

6.75 continuing nursing education contact hours will be awarded.

*The Washington State Nurses Association Continuing Education Provider Program (OH-231, 9-1-2012) is an approved provider of continuing nursing education by the Ohio Nurses Association (OBN-001-91), an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.*



[www.wsna.org](http://www.wsna.org)

# Hail and Farewell

JUDITH D. PERSONETT, ED.D., R.N., CERTIFIED NURSE ADMINISTRATOR, ADVANCED IMMEDIATE PAST CHAIR



Governor Gary Locke appointed me to the Nursing Care Quality Assurance Commission to serve for four years in what I thought was a volunteer, very part-time position to use the nursing skills I acquired. Wrong! During the past eight years, Governor Gregoire reappointed me, I have expanded my nursing knowledge and been challenged and rewarded with rich experiences and learned many new skills.

For example, the commission offered me the opportunity to interface with nurse leaders in the Washington Center

for Nursing, Washington State Nurses Association, and the Nurse Educators of Washington State, to name a few. I have enjoyed the opportunity to present the Uniform Disciplinary Act to senior nursing students at Washington State University as they prepare to enter practice.

I interacted with nurse regulators from all over the United States and U.S. territories as well as international nurse regulators in conferences held by the National Council of State Boards of Nursing. This opened vistas that illustrate the importance of the nursing profession as the foundation for health care throughout the world.

The duties of commission members encompass nurse education, practice, and discipline as codified in the law. I learned to use the talent of the Executive Director, Paula Meyer, and the staff to teach and

guide me through the learning curve needed to conduct the business of the commission. This includes chairing disciplinary hearings, participate in disciplinary panels, task forces and subcommittees.

I learned to treasure the diversity of the 15 commission members. We have representation from all over Washington State and as many facets of the nursing profession as possible. Staff nurse, advanced practice, LPN, nurse administrator, nurse educator, as well as the public members.

I believe good nursing regulation provides the foundation of excellence in nurse practice. I hold profound respect for the regulations of the commission, as we celebrated our 100th birthday a few years ago, and I hope for a brilliant future. It has been a pleasure to serve.

## COMMISSION 2011-2012 MEETING DATES

DATES	LOCATION
July 7-8, 2011	310 Israel Road SE, Tumwater
September 9, 2011	310 Israel Road SE, Tumwater
November 18, 2011	Video conference at five sites
January 13, 2012	Video conference at five sites
March 9, 2012	Video conference at five sites
May 11, 2012	310 Israel Road SE, Tumwater
March 9, 2012	310 Israel Road SE, Tumwater

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.

## ON-LINE RENEWALS

The Department of Health plans to offer on-line renewals in late 2011 to four professions as part of a pilot. Once the four professions are successfully on-line, the remaining 78 health care professions will be added. The nursing profession will be on-line by 2012. The department is preparing for online renewals by:

- Updating the current licensing computer system
- Contracting with the State Treasurer's Office for credit card processing
- Installing the on-line module onto the licensing computer system
- Testing the on-line transactions and security

We will make more information available in the next newsletter and on our Web site.

# DISCIPLINARY ACTIONS

The Washington State Nursing Care Quality Assurance Commission took the following formal actions between January 1, 2010 and December 31, 2010. 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
Bell, Kelly M., ARNP	01/04/10	Monitor	Incompetence; Negligence; Substandard or inadequate care
Cruse, Sheila C., LPN	01/04/10	Monitor	Failure to maintain records or provide medical, financial, other requirement information; Violation of federal or state statutes, regulations or rules
Richins, Anita S., RN	01/04/10	Suspension	License suspension by a federal, state, or local licensing authority
Rehberg, Deborah S., ARNP	01/05/10	Revocation	Alcohol and other substance abuse; Failure to cooperate with the disciplining authority; Incompetence; Narcotics violation or other violation of drug statutes; Non-sexual dual relationship or boundary violation; Violation of federal or state statutes, regulations or rules
Rehberg, Deborah S., RN	01/05/10	Revocation	Alcohol and other substance abuse; Failure to cooperate with the disciplining authority; Incompetence; Narcotics violation or other violation of drug statutes; Non-sexual dual relationship or boundary violation; Violation of federal or state statutes, regulations or rules
Anderson, Carla R., ARNP	01/06/10	Suspension	License suspension by a federal, state, or local licensing authority
Wangen, Judith M., RN	01/06/10	Suspension	Violation of or failure to comply with licensing board order
Anderson, Carla R., RN	01/06/10	Suspension	License suspension by a federal, state, or local licensing authority
Bell, Kelly M., RN	01/14/10	Monitor	Incompetence; Negligence; Substandard or inadequate care
Schneider, Matthew W., LPN	01/19/10	Suspension	Alcohol and other substance abuse; Violation of federal or state statutes, regulations or rules
Shopbell, Carlene V., RN	01/19/10	Probation	Violation of or failure to comply with licensing board order
Heath, Richard A., RN	01/19/10	Probation	License disciplinary action taken by a federal, state or local licensing authority
Hasty, Fawn M., RN	01/19/10	Suspension	License revocation by a federal, state or local licensing authority
Grayson, Nancy E., RN	01/20/10	Suspension	Violation of or failure to comply with licensing board order
Fies, Carla L., RN	02/16/10	Suspension	License disciplinary action taken by a federal, state or local licensing authority
Tuck, Harley H., Jr, LPN	02/17/10	Suspension	License disciplinary action taken by a federal, state or local licensing authority
Bowen, Bonnie E., RN	03/04/10	Suspension	License disciplinary action taken by a federal, state or local licensing authority
Padgett, Barbara L., RN	03/12/10	Suspension	License suspension by a federal, state, or local licensing authority
Peek, Tina M., RN	03/22/10	Suspension	License disciplinary action taken by a federal, state or local licensing authority
Erickson, Karen M., LPN	03/26/10	Suspension	Alcohol and other substance abuse; Violation of federal or state statutes, regulations or rules
Hamilton, Diane, RN	03/31/10	Suspension	Violation of or failure to comply with licensing board order
Leveque, Lana M., LPN	04/01/10	Monitor	Violation of or failure to comply with licensing board order
Knight, Karen F., LPN	04/01/10	Voluntary surrender	License revocation by a federal, state or local licensing authority
Stanley, Sharon J., RN	04/01/10	Monitor	Violation of or failure to comply with licensing board order
Dufault, Joanie M., RN	04/01/10	Voluntary surrender	Unable to Practice Safely by Reason of Psychological Impairment or Mental Disorder
Huggett, Rose S., RN	04/01/10	Suspension	Alcohol and other substance abuse; Failure to cooperate with the disciplining authority
Watkins-Herring, Tammy R., LPN	04/15/10	Suspension	Criminal conviction
Granziero, Branday L., LPN	04/16/10	Licensure denied	Alcohol and other substance abuse; Failure to Meet Initial Requirements of a License; Fraud, Deceit or Material Omission in Obtaining License or Credentials; License disciplinary action taken by a federal, state or local licensing authority; Unprofessional conduct
Powell, Crystal D., LPN	04/27/10	Probation	Alcohol and other substance abuse
Coffey, Teresa A., RN	04/27/10	Suspension	License disciplinary action taken by a federal, state or local licensing authority; Unable to Practice Safely by Reason of Alcohol or Other Substance Abuse
Taylor, Kimberley J., RN	04/27/10	Suspension	Violation of or failure to comply with licensing board order
Curtis, Helen M., RN	04/27/10	Suspension	Practicing beyond the scope of practice; Violation of federal or state statutes, regulations or rules
Mason, George G., RN	04/27/10	Suspension	Alcohol and other substance abuse; Failure to cooperate with the disciplining authority
Rodd, Lynette E., RN	04/27/10	Licensure denied	Fraud, Deceit or Material Omission in Obtaining License or Credentials; License disciplinary action taken by a federal, state or local licensing authority
Williams, Cristina J., RN	04/27/10	Suspension	License disciplinary action taken by a federal, state or local licensing authority
Nixon, Lisa, RN	04/27/10	Suspension	Criminal conviction; Narcotics violation or other violation of drug statutes
Earley, Jeri L., RN	05/06/10	Suspension	Violation of or failure to comply with licensing board order
Schneider, Melody K., RN	05/17/10	Suspension	Fraud – Unspecified
Bardsley, Krista A., RN	05/19/10	Suspension	License suspension by a federal, state, or local licensing authority
Riveness, Karen E., LPN	05/21/10	Suspension	Violation of or failure to comply with licensing board order
Holmes, Gilda W., LPN	05/25/10	License renewal terms	Failure to cooperate with the disciplining authority; Incompetence; Violation of federal or state statutes, regulations or rules
Magwood, Bridget T., RN	05/25/10	Monitor	License disciplinary action taken by a federal, state or local licensing authority
Mains, Debra L., RN	05/27/10	Suspension	Alcohol and other substance abuse; Criminal conviction; Violation of federal or state statutes, regulations or rules
Mull, Cheryl A., RN	05/27/10	Suspension	License disciplinary action taken by a federal, state or local licensing authority
Sidor, Pamela D., RN	05/28/10	Suspension	License disciplinary action taken by a federal, state or local licensing authority
Haddix, Lynanne, RN	06/07/10	Suspension	Violation of or failure to comply with licensing board order
Hardcastle-Aleck, Kathleen, LPN	06/08/10	Suspension	Violation of or failure to comply with licensing board order
Thompson, Lea W., RN	06/25/10	Suspension	License suspension by a federal, state, or local licensing authority
Pyle, Joni S., LPN	06/28/10	Suspension	License disciplinary action taken by a federal, state or local licensing authority
Schell, Dale R., RN	06/28/10	Suspension	License disciplinary action taken by a federal, state or local licensing authority
Waldo, Teresa L., RN	06/28/10	Suspension	License revocation by a federal, state or local licensing authority
McDougall, Laurie A., LPN	06/29/10	Suspension	Violation of or failure to comply with licensing board order

LICENSEE	DATE OF ACTION	ACTION	VIOLATION
Cimino, Phyllia L., RN	06/29/10	Probation	Criminal conviction
Harmon, Stacy L., RN	06/29/10	Suspension	Violation of or failure to comply with licensing board order
McDonald, Kevin J., RN	07/01/10	Suspension	License revocation by a federal, state or local licensing authority
Cranton, John A., ARNP	07/09/10	Probation	Unprofessional conduct
Denbrook, Norma J., LPN	07/09/10	Suspension	Violation of or failure to comply with licensing board order
Cranton, John A., RN	07/09/10	Probation	Unprofessional conduct
McCloud, Tiffany M., LPN	07/15/10	Suspension	Violation of or failure to comply with licensing board order
Pryce, Susan I., RN	07/23/10	Monitor	Violation of or failure to comply with licensing board order
Woody, Judy A., RN	07/23/10	Suspension	License disciplinary action taken by a federal, state or local licensing authority
Hahnel, Brian A., RN	07/26/10	Suspension	Violation of or failure to comply with licensing board order
Marsille, Dawn R., LPN	07/29/10	Suspension	Failure to cooperate with the disciplining authority
Berg, Deborah A., LPN	08/10/10	Suspension	Violation of or failure to comply with licensing board order
Weems, Karen C., RN	08/24/10	Suspension	Violation of or failure to comply with licensing board order
Longworth, Kriss T., RN	08/26/10	Suspension	Violation of or failure to comply with licensing board order
Hansen, Ethan A., LPN	08/31/10	Revocation	Criminal conviction
Sprouse, Bradley A., LPN	08/31/10	Licensure denied	Criminal conviction
Olson, Billie F., LPN	08/31/10	Suspension	License disciplinary action taken by a federal, state or local licensing authority
Choate, Kristi L., RN	08/31/10	Restriction	Criminal conviction
Moorhouse, Erika I., RN	08/31/10	Probation	Negligence; Violation of federal or state statutes, regulations or rules
Rechschaffen, Kendra J., RN	08/31/10	Licensure granted, monitor	Criminal conviction
Weaver, Melody L., RN	08/31/10	Probation	Negligence; Violation of federal or state statutes, regulations or rules
Duran, Barbara F., RN	08/31/10	Suspension	License disciplinary action taken by a federal, state or local licensing authority
Hansen, Ethan A., RN	08/31/10	Revocation	Criminal conviction
Kulikowski, Nadine, RN	08/31/10	Voluntary surrender	License disciplinary action taken by a federal, state or local licensing authority
Rickard, Jannette L., RN	08/31/10	Suspension	License disciplinary action taken by a federal, state or local licensing authority
Ibe, Osita, LPN	09/02/10	Licensure denied	Failure to Meet Initial Requirements of a License
Barnes, Russell G., RN	09/02/10	Suspension	Violation of or failure to comply with licensing board order
Renn, Erin E., LPN	09/09/10	Suspension	Violation of or failure to comply with licensing board order
Sitko, Terri L., LPN	09/09/10	Suspension	Alcohol and other substance abuse; Violation of federal or state statutes, regulations or rules
Olusi, Nimota Y., LPN	09/14/10	Licensure denied	Failure to Meet Initial Requirements of a License
Tarawallie, Fatima B., LPN	09/15/10	Licensure denied	Failure to Meet Initial Requirements of a License
Tengwei, Paul T., LPN	09/16/10	Licensure denied	Failure to Meet Initial Requirements of a License
Gibson, Drea L., RN	09/21/10	Suspension	Alcohol and other substance abuse; Criminal conviction; Violation of federal or state statutes, regulations or rules
Little, Cynthia A., RN	09/27/10	Suspension	Incompetence; Violation of federal or state statutes, regulations or rules
Phillips, Traci A., RN	09/28/10	Monitor	License disciplinary action taken by a federal, state or local licensing authority
Okuleye Tatum, Adebisi S., LPN	09/30/10	Licensure denied	Failure to Meet Initial Requirements of a License
Campbell, Christine D., RN	10/04/10	Probation	Incompetence; Misrepresentation of credentials; Patient abuse; Practicing beyond the scope of practice; Violation of federal or state statutes, regulations or rules
Belay, Meaza, LPN	10/08/10	Licensure denied	Failure to Meet Initial Requirements of a License
Eisenbeis, Debi R., LPN	10/13/10	Probation	Unable to Practice Safely by Reason of Psychological Impairment or Mental Disorder
Dietrich, Betty L., RN	10/13/10	Suspension	License disciplinary action taken by a federal, state or local licensing authority
Pierre, Nicole N., LPN	10/15/10	Licensure denied	Failure to Meet Initial Requirements of a License
McDonald, Edward J., RN	10/22/10	Suspension	Violation of or failure to comply with licensing board order
Rockwood, Melissa C., RN	10/25/10	Suspension	Alcohol and other substance abuse; Failure to cooperate with the disciplining authority; Incompetence; Violation of federal or state statutes, regulations or rules
Marbell, Yvonne, LPN	10/26/10	Licensure denied	Failure to Meet Licensing Board Reporting Requirements
Henrikson, Helen, LPN	11/05/10	Suspension	Violation of or failure to comply with licensing board order
Friend, Lynn M., LPN	11/08/10	Suspension	Alcohol and other substance abuse; Failure to cooperate with the disciplining authority; Violation of federal or state statutes, regulations or rules
Scheuffele, Patricia S., LPN	11/16/10	Suspension	Violation of or failure to comply with licensing board order
Loucks, Karen M., RN	11/18/10	Suspension	Alcohol and other substance abuse; Incompetence; Violation of federal or state statutes, regulations or rules
Miller, Edward E., LPN	11/22/10	Suspension	Alcohol and other substance abuse; Violation of federal or state statutes, regulations or rules
Kuenz, Kenneth W., LPN	12/03/10	Suspension	Violation of or failure to comply with licensing board order
Gebre, Mesfin H., LPN	12/08/10	Licensure denied	Failure to Meet Initial Requirements of a License
Long, Matthew A., LPN	12/10/10	Suspension	Unprofessional conduct
Torrella, Emilio A., LPN	12/14/10	Suspension	Criminal conviction; Incompetence; Violation of federal or state statutes, regulations or rules
Gilham, Kathleen E., RN	12/14/10	Suspension	Unable to Practice Safely by Reason of Psychological Impairment or Mental Disorder
Stevenson, Fairuza M., RN	12/14/10	Probation	Practicing beyond the scope of practice; Violation of federal or state statutes, regulations or rules
Fish, David S., RN	12/16/10	Suspension	Violation of or failure to comply with licensing board order
Smith-Gutter, Ora P., RN	12/17/10	Suspension	Violation of or failure to comply with licensing board order
Mackey, Frances L., LPN	12/20/10	Suspension	Violation of or failure to comply with licensing board order
Grey, Brigitte B., RN	12/20/10	Suspension	License suspension by a federal, state, or local licensing authority
Hale, Robin L., RN	12/22/10	Suspension	Alcohol and other substance abuse; Violation of federal or state statutes, regulations or rules
Petrowski, Juley M., RN	12/26/10	Monitor	Violation of or failure to comply with licensing board order
Young, Leslie J., LPN	12/29/10	Probation	Incompetence; Violation of federal or state statutes, regulations or rules
Fincher, Shannon E., LPN	12/29/10	Suspension	Incompetence; Violation of federal or state statutes, regulations or rules
Boseski, Sherri A., RN	12/29/10	Licensure granted, monitor	Criminal conviction
Hunter, Carmen L., RN	12/29/10	Monitor	Violation of or failure to comply with licensing board order
Leveque, Lana M., LPN	12/30/10	Suspension	Violation of or failure to comply with licensing board order

## NEW NURSE CONSULTANTS AT YOUR SERVICE

The Nursing Care Quality Assurance Commission established the position of nurse consultant. Nurse consultants reach out to the nursing community to promote commission initiatives and programs. These nurses improve collaboration between nurses, nurse and health care facility leadership and the commission. They also reach out to nursing education leadership and nursing students during their preparation and transition into the nursing role.

### Nursing and Health Care Facility Leadership.

Nurse consultants provide education to nurses and leadership to help them understand the complaint process. They also provide education on the complaint process, mandatory reporting requirements and available resources. The nurse consultant presents information on issues of concern. They can help examine complaints and assist complainants to determine what information to provide with their complaint letter. This helps the commission conduct initial case reviews and assure correct case direction early in the complaint process.

### Nursing Education Leadership and Nursing Students.

The path from student nurse to licensed nurse is challenging at best. Nurse consultants will help new nurses understand these challenges. They will discuss with nursing students the difficulties encountered in a new nurses' practice. They will help examine common complaints against new nurses' and provide information on the disciplinary process.

### Nurse Early Remediation Program.

This new process allows earlier resolution to some complaints. Complaints related to standard of care, minor in nature and involving only minor harm may be appropriate. A nurse in this program receives specific remedial training, education and supervision up to a six-month period. Successful completion results in closure of the complaint without entry on the nurse's disciplinary record. Complaints not resolved under this program remain on a nurse's disciplinary record for 75 years. The nurse consultant is involved with assessment, reports and working with the case management team.

### Contacting a Nurse Consultant.

Nurse consultants increase awareness of programs, policies and processes impacted by the commission. Their efforts focus on nurses, nursing and health care facility leadership, allied health care professionals and nursing students. This newly created position is one of the commission's many efforts to protect the people of Washington. Send your inquiries or requests for presentations to [nursing@doh.wa.gov](mailto:nursing@doh.wa.gov).

## Licensing Frequently Asked Questions

### **Q. I'm active duty military. Do I get a discount for renewal?**

A. Yes. If you are active duty military we can renew your license at no charge. The commission requires a copy of your current orders each time you renew. Once your military service has ended provide us with a copy of your discharge papers (DD214). Before sending us your orders check with your commanding officer to make sure military active duty status is acceptable for your branch of the military.

### **Q. When does my license expire?**

A. When a license is first issued it will expire on the first birthday after issuance unless issued 90 days or less from your birthday. If it is issued 90 days or less before your birthday it expires on your second birthday after issuance. The exceptions to this rule are for ARNP's licenses which expire every two years after the first renewal. Nurse Technician licenses expire either on their birthday or one month after their graduation date.

### **Q. Why didn't I get a renewal notice?**

A. We print courtesy renewal notices approximately eight weeks before your expiration date. There are several reasons a renewal notice may not get to you. First and most common is that you have moved and not updated your address with us. Oftentimes people think when you put in an address change request with the post office we will automatically be notified. This is not the case. Send change of address requests to: [nursing@doh.wa.gov](mailto:nursing@doh.wa.gov). Include your name, license number, old and new address and effective date. Failure to receive a courtesy renewal notice does not exempt the credential renewal requirement or late fee.

When a license is first issued it will expire on the first birthday after issuance unless issued 90 days or less from your birthday. If it is issued 90 days or less before your birthday it expires on your second birthday after issuance. The exceptions to this rule are for ARNP's licenses which expire every two years after the first renewal.

**Q. What is the best way to pay for my renewal?**

A. Personal checks are best. Money orders do not get processed any faster than a personal check. Overnight mail services save you only one day in processing time.

**Q. How do I place my license on inactive status?**

A. When you receive your renewal notice cross out the renewal fee and write in the inactive fee for the profession you are

renewing. For RN's the yearly renewal fee goes down to \$65. For ARNP's and LPN's the fee is reduced to \$45. There is no inactive status for nurse technicians. Attach a note or write on the front of the notice in big bold letters: "Place into Inactive Status."

**Q. What are the common delays in processing my renewal?**

A. If you are an ARNP, be sure to

include a copy of your current national certification. Make sure you sign and date your check and include the correct fee. If in doubt about any fee, visit the commission's Web site at <http://www.doh.wa.gov/hsqa/Professions/Nursing/fees.htm>.

Refer to the following Web sites for additional resources:

How to renew a credential –

<http://apps.leg.wa.gov/WAC/default.aspx?cite=246-12-030>

Military Renewal –

<http://apps.leg.wa.gov/RCW/default.aspx?cite=43.70.270>

Payments and Refunds –

<http://apps.leg.wa.gov/WAC/default.aspx?cite=246-08-560> and

<http://apps.leg.wa.gov/WAC/default.aspx?cite=246-12-340>

Inactive credential –

<http://apps.leg.wa.gov/WAC/default.aspx?cite=246-12-340>

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# CONTINUING COMPETENCY

## I am Retired and Want to Keep My Nursing License

The Nursing Commission adopted the continuing competency requirements. Many retired nurses feel they can no longer keep an active license due to the 531 hours of active practice every three years. The commission defined active practice as:

(1) **Active nursing practice** means engagement in paid, unpaid, or volunteer activity performing acts requiring a nursing license as described in RCW 18.79.040, 18.79.050, or 18.79.060. Active nursing practice may include working as a nursing administrator, nursing quality manager, nursing policy officer, public health nurse, parish nurse, home health nurse, nursing educator, nursing consultant, nursing regulator or any practice requiring nursing knowledge and a nursing license.

If you are retired and volunteer at blood drawings, parish nursing, health care clinics, public schools, or a variety of settings, keep track of your volunteer hours. If you are using your skills as a nurse to assess people, provide health care information, refer people to health care providers, or provide emergency services, these are all examples of active practice hours. In order to document these hours, the commission allows:

(2) A statement including description of the practice setting, whether they were paid or unpaid, a description of duties and responsibilities and the signature of a supervisor. Unpaid practice means providing uncompensated services considered within the scope and domain of the nursing profession. Examples of unpaid practice include a nurse volunteering time to a church such as a parish nurse or a nurse volunteering nursing services at a community clinic. There is a wide range of opportunities within the nursing

**If you are retired and volunteer at blood drawings, parish nursing, health care clinics, public schools, or a variety of settings, keep track of your volunteer hours. If you are using your skills as a nurse to assess people, provide health care information, refer people to health care providers, or provide emergency services, these are all examples of active practice hours.**

(4) Verification from an appropriate health care provider documenting the number of hours of home care for a friend or family member.

The commission is also exploring a retired active license. The commission needs to adopt a new fee for this category. To adopt a new fee, the commission must receive approval from the 2012 legislature. If the legislature approves, the commission will begin a rules process on a retired active status. You will see more information on this process in upcoming newsletters. You can also find more information on the continuing competency requirements at <http://www.doh.wa.gov/hsqa/Professions/Nursing/continuecomp.htm>.



profession to participate in unpaid service to the community;

(3) A log book documenting active nursing practice and the signature of a primary health care practitioner verifying the hours.

To contact the Nursing Commission office, please call 360-236-4700 or e-mail [nursing@doh.wa.gov](mailto:nursing@doh.wa.gov). Our licensing staff are happy to assist you with your questions. We look forward to helping you with these new requirements.

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# AS FAR AS YOU CAN IMAGINE: THE EVOLVING FIELD OF INFECTION PREVENTION AND CONTROL

THE PROFESSION I CHOSE MANY YEARS AGO OFFERS ENDLESS POSSIBILITIES. THE VARIETY OF SETTINGS, PROFESSIONAL BACKGROUND AND SCOPE OF PRACTICE CAN BE AS SHALLOW OR AS DEEP AS CAN BE DESIRED OR IMAGINED. THE HISTORY OF THE PROFESSION IS TESTIMONY TO THIS.

The modern era of this field began in hospitals in the 1960's. It rapidly emerged as a distinct discipline following a new Joint Commission accreditation recommendation.<sup>(1)</sup> The Study on the Efficacy of Nosocomial Infection Control (SENIC) demonstrated hospitals with key elements, including an infection control nurse showed decreasing rates of nosocomial infections, now called healthcare associated infections (HAIs). Similar hospitals without these programs had increasing rates.<sup>(2)</sup> The Centers for Disease Control and Prevention (CDC) promoted the field and initiated special training for nurses through their courses.<sup>(3)</sup>

Today the field has expanded from national to international; beyond hospitals to include all health settings. This includes military and veterans, first responders, public health, home care, behavioral health, long-term care, ambulatory care, and outpatient as well as acute care. Its members come from many disciplines, namely nursing, medicine, epidemiology, education, quality improvement, laboratory sciences, management, communication, and research.<sup>(4)</sup> Two strong professional associations have developed in the United States: the Association for Professionals in Infection Control & Epidemiology (APIC) and Society for Healthcare Epidemiology of America (SHEA). The International Federation for Infection Control (IFIC) links such associations worldwide. CDC, state and local public



health provide important information to the general public through Web sites and printed messages about preventing HAIs. They frequently work in partnership with these professional groups. In our state, innovative leaders at the Department of Health bridged a gap between hospitals and public health by using an experienced infection prevention and control nurse and a hospital epidemiologist as liaisons for implementing new legislation requiring reporting of HAIs by hospitals.<sup>(5)</sup>

Nursing is one of the original patient safety and health care quality fields. Its effectiveness is the only one that the SENIC study scientifically validated. You can envision the future for infection prevention and control professionals without boundaries, and encompasses a vision as leaders in quality care. Nurses remain the single largest group in this field. Our numbers and role as patient

advocates gives power to influence practices for the future.

All nurses are essential to the mission. In the past, there was a perspective that "Infection Control Officers" had sole responsibility for maintaining infection prevention and control practices throughout their facilities. But that perspective has changed as the reality became clearer: all providers must be involved in these activities to be effective, from the leadership to the frontline. Nurses are the patient advocates. Since nurses comprise the majority of healthcare providers, we are in a unique position to be at the forefront of all allied health providers. Infection prevention and control professionals provide important support for all the nurses who practice necessary measures to reduce or eliminate HAIs. This is our future and our challenge.

#### REFERENCES:

- (1) American Hospital Association. 1968. Infection control in the hospital. AHA, Chicago.
- (2) Haley RW, Culver DH, White JW, Morgan WM, Emori TG, Munn VP, Hooton TM. 1985. The efficacy of infection surveillance and control programs in preventing nosocomial infections in US hospitals. *American Journal of Epidemiology*. 121:182-205.
- (3) Emori TG, Haley RW, Garner JS. 1980. The infection control nurse in US hospitals: 1976-1977. *American Journal of Epidemiology*. 111:592-607.
- (4) 2006 APIC Member Salary & Career Survey conducted by Alan Newman Research Market Research Consultants & available at <http://www.apic.org>
- (5) Birnbaum D, Van Buren, J. 2010. Applying continuous improvement in public reporting: what should government reports do for quality improvement? *Clinical Governance: An International*, Vol 15 No 2, p 82.

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