

Washington NURSING COMMISSION NEWS

WINTER 2008 • VOLUME 2, Nº1, EDITION 3

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

Washington State Department of
Health

Are you *missing opportunities* to vaccinate adolescents against meningococcal disease?



Because the incidence of meningococcal disease increases during adolescence, the CDC's* Advisory Committee on Immunization Practices (ACIP) **has expanded their recommendation for meningococcal vaccination.**¹



The ACIP now recommends routine meningococcal vaccination for all adolescents (11 through 18 years of age).¹

Additionally, they have stated that the pre-adolescent visit at 11–12 years of age is the best time to vaccinate.¹ The CDC also encourages vaccination of previously unvaccinated 11- through 18-year-olds at the earliest possible health-care visit.



Health-care professionals should talk to parents during every adolescent office visit and take advantage of every opportunity to vaccinate:

- Give all recommended vaccines at a single visit²
- ACIP and AAP[†] encourage immunization during mild acute care visits, with or without fever
- Implement standing orders



Vaccine supply is expected to be adequate to support the new recommendation for universal adolescent vaccination. **So keep the meningococcal vaccine on hand and to talk to parents about immunizing their adolescent children—they'll listen!**

Brought to you as a public health service by Sanofi Pasteur Inc.

*CDC = Centers for Disease Control and Prevention; [†]AAP = American Academy of Pediatrics.

References: 1. Centers for Disease Control and Prevention (CDC). [expanded recommendations to come]. 2. CDC. General recommendations on immunization: recommendations of the Advisory Committee on Immunization Practices (ACIP). *MMWR*. 2006;55(RR-15):1-48.

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 STUDENT NURSES IN
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DOH Pub 669-256

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 mechanics, and discipline.

Executive Director

Paula R. Meyer, MSN, RN

Editor

Terry J. West

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Message from the Chair

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

HAPPY NEW YEAR! This is an excellent time for New Year's resolutions.

I resolve to develop my nursing practice to achieve and demonstrate competency. But what do we mean by competency?

In discussions with my peers, it seems that nurse leaders define competency from a different perspective than do our patients. A woman being treated for colon cancer defined the competent nurse as one who expresses concern about her and listens to her replies to the nurse's questions. The patient also wants her nurse to be clean, well groomed, and courteous. She also judges competency by the nurse's ability to perform a variety of tasks such as taking vital signs, changing dressings, and administering IV medication.

The patient was terribly distressed when the nurse stated, "I'm too busy" and discussed her own (the nurse's) personal life stressors.

Nurses define competency in terms of skills related to assessment and treatment, or skills learned in continuing education. It is that—and more.

I remember as a newly registered nurse how terrified I was to be entrusted with the care of patients. The experienced RN who was my mentor was more important to me than any policy book or regulation. I was blessed with an excellent mentor, but not everyone is so lucky. Research has clearly demonstrated that peer pressure is very strong in the work place. You must critically evaluate peer pressure as a partial practice guide. The regulations of the Nurse Practice Act combined with your acquired knowledge from the policies and procedures of your workplace form the foundation of your practice.

Demonstrating competence to your peers and more importantly to your patients is the goal. Therefore, I remain determined to define nursing competency by measurable objectives so that I can achieve my New Year's resolution.

Please feel free to assist me.

Best Wishes in the New Year.

Judith D. Personett
Chair, Nursing Care Quality
Assurance Commission



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BY MARY SELECKY, SECRETARY OF THE DEPARTMENT OF HEALTH

WHAT'S STOPPING YOU FROM PREVENTING THE FLU?

Your patients count on you to help keep them healthy. Getting vaccinated against the flu is one way to protect the people you care for and yourself. Unfortunately, less than half of all health care professionals in our country get a yearly flu vaccination. This puts you, your patients, and your family at risk.

More flu vaccine is available this season than ever before. It's a shame that flu vaccine that could protect people from this serious, even deadly, illness goes to waste every year. Flu season usually peaks in Washington around January through March - so there's still time to get vaccinated and get the year off to a healthy start.

I know people can come up with plenty of reasons to skip their flu shots. Maybe you don't think you're at risk of getting the flu or maybe you don't believe that flu vaccine is effective. Well, you would be wrong on both counts. As health care providers, you are coming into contact with sick people every day; that alone increases your risk of bringing those germs home and passing them along to your family. The vaccine is changed every year to protect you from the most common types of flu in any given season. True, it is not 100 percent effective, but you are much safer with it than without it.

Some people are just lucky and have never had the flu, so they think they don't need the vaccine. Or, you might just be

one of those people who can't stand needles. Please, don't let those reasons stop you. It could be a deadly mistake.

Flu is an equal opportunity disease. Anyone can get it and it can be very serious. Each year in the U.S., about 36,000 people die from influenza and 200,000 are hospitalized - most of this is preventable.

Even if you're not at high risk of complications from the flu, your patients

may be. You can spread the flu to patients before you even know you're sick. There are documented cases of patients who died from influenza they got from their health care professionals. As a nurse, the best way to protect yourself and your patients is to make sure that you are vaccinated against the flu every year.

Another important reason to get vaccinated is to reduce the spread of the flu to your family. If you have an infant, young child, older parents, or any other vulnerable family members, you can protect their health by getting a flu shot.

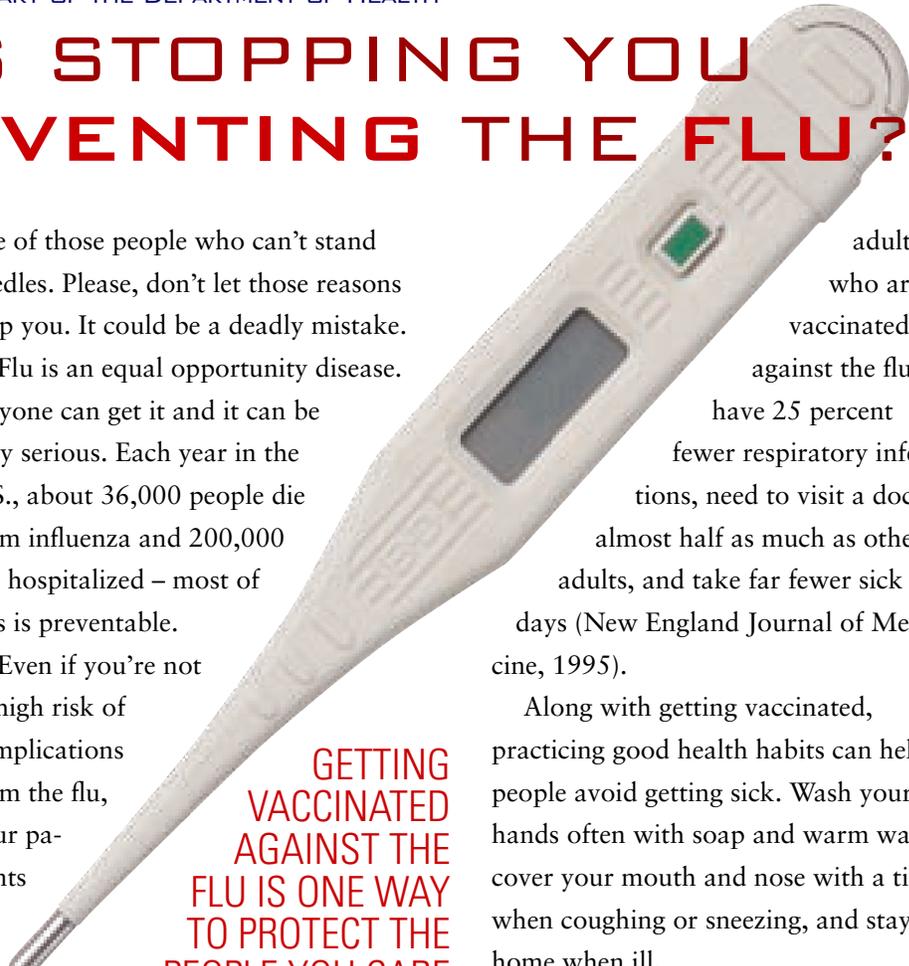
Getting vaccinated can actually save you time and money. Healthy working

adults who are vaccinated against the flu have 25 percent fewer respiratory infections, need to visit a doctor almost half as much as other adults, and take far fewer sick days (New England Journal of Medicine, 1995).

Along with getting vaccinated, practicing good health habits can help people avoid getting sick. Wash your hands often with soap and warm water, cover your mouth and nose with a tissue when coughing or sneezing, and stay home when ill.

Please do your part to help keep the people of our state safe and healthy. Get vaccinated, and then ask patients if they've been vaccinated against the flu. If they haven't, make sure they know how important it is to their health and offer them the vaccine. Let's aim high and make Washington the state that can say 90 percent or more of our health care professionals received their flu vaccine. And if you just don't like needles - the nasal spray vaccine, FluMist, is a great option for healthy people age 2-49.

Take care of yourself and take advantage of the new year to start some healthy habits like eating better, getting more exercise, and quitting smoking. Here's to a safe and healthy 2008.



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Message from the Executive Director

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

THIS ISSUE OF WASHINGTON NURSING COMMISSION NEWS is

devoted to continuing competency. I often receive the question: “If I am not working at the bedside, how can I demonstrate continuing competency?”

First, you need to think about the competencies required for your job. I don’t provide nursing care with patients, yet my job as the executive director for the Nursing Care Quality Assurance Commission requires that I be a registered nurse, with at least five years of experience and a master’s degree in nursing. That experience and knowledge have served me well in this position.

I know of the many settings where nurses work. I understand how patients transition from one health care setting to the next. I understand how members of the health care team work together for the best patient care possible.

I have seen errors and misjudgments occur, even with the best intentions. Some of these errors are preventable, and some are not. Because I have this experience, I can apply those principles to regulation. I need to maintain my competence not only in the science and art of nursing, but also in management and regulation.

How does a nurse demonstrate competence? Every day, nurses perform hundreds of procedures, some very familiar and some at the edge of familiar. When performing familiar procedures care and conscientious behaviors are still required, which includes assessing the impact on the patient and their loved ones. Competence

in these procedures should be second nature.

When new procedures are introduced, competence is gained through reading about the procedure and finding out if other nurses are performing the procedure. You need to understand the outcomes of the procedure and be educated on the procedure. A new skill always takes practice, and how to practice the procedure is very important. Incorporating both the knowledge and the skills builds confidence and competence. The easiest way for most nurses to demonstrate their continuing competence is through continued work in nursing.

Caring and sharing are also part of competence. One of our employees told a story to me about being in the hospital with her son after a life-threatening emergency. She stayed with him during the acute and rehabilitation phase. There was a time when her emotional and physical strength were waning. A nurse gently touched her arm with a box of tissues. The simple touch and sharing of eye contact meant so much to this person that it changed her life. From then on, she remembered this ‘angel’ and passed on a box of tissues to the many people she shared time with on the unit. The nurse made a simple assessment, and then kindly helped this mother in need.

There will be many opportunities for you to share your views on competence with the Nursing Commission. Look for future meetings on continuing competence.

Paula R. Meyer

ARNP CORNER

BY MARIANN WILLIAMS, MPH, MSN, ARNP

The Nursing Commission has opened the Advanced Registered Nurse Practitioner (ARNP) rules for scheduled review. What do you know about the rules currently governing ARNP practice in Washington?

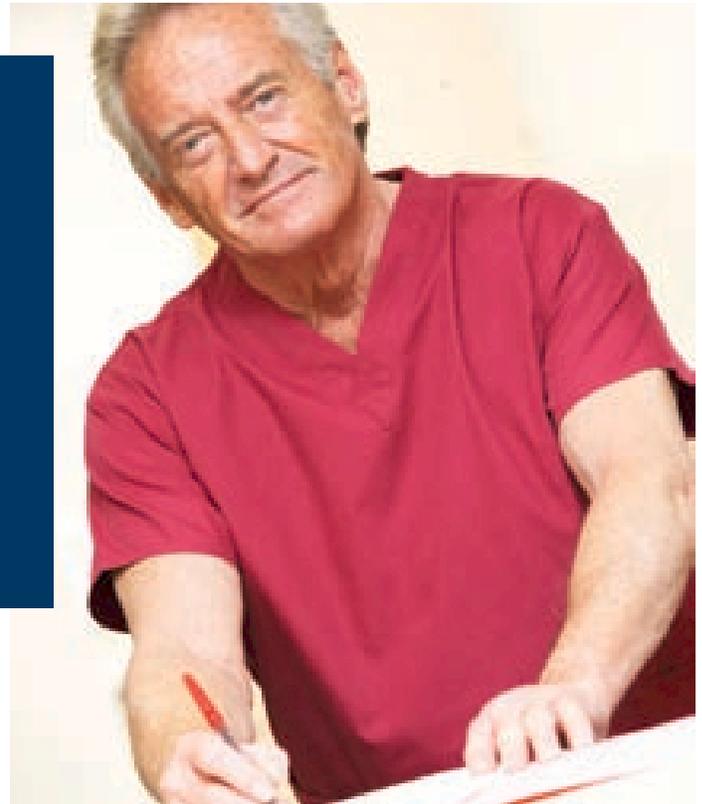
TAKE THIS QUICK QUIZ! TRUE OR FALSE:

- T F** 1. Advanced practice nurses in Washington State must sign their charts using the initials 'APRN' for Advanced Practice Registered Nurse.
- T F** 2. Advanced practice nursing is defined as, "the delivery of expert nursing care by registered nurses who have acquired experience and formal education in specialized areas."
- T F** 3. The scope of practice for Advanced Registered Nurse Practitioners is delineated in the Revised Code of Washington (RCWs or statutes).

ANSWERS AND DISCUSSION.

- 1. FALSE.** According to Washington Administrative Code (WAC) 246-840-310, advanced practice nurses must use the title 'ARNP' for Advanced Registered Nurse Practitioner and may also use the title or abbreviation designated by the national certifying body, e.g. FNP (Family Nurse Practitioner), CRNA (Certified Registered Nurse Anesthetist).
- 2. TRUE.** The definition is from WAC 246-840-299.
- 3. FALSE.** According to WAC 246-840-300, the Nursing Commission has approved scope of practice or practice definitions as written by national certifying bodies for the following commission specialties:
 - a. Family Nurse Practitioner (FNP)
 - b. Women's Health Nurse Practitioner (AHCP)
 - c. Pediatric Nurse Practitioner (PNP)
 - d. Adult Nurse Practitioner (ANP)
 - e. Geriatric Gerontological Nurse Practitioner (GNP)

- f. Certified Nurse Midwife (CNM)
- g. Certified Registered Nurse Anesthetist (CRNA)
- h. School Nurse Practitioner (SNP)



- i. Neonatal Nurse Practitioner (NNP)
- j. Psychiatric Nurse Practitioner or Clinical Specialist in Psychiatric/Mental Health Nursing
- k. Acute Care Nurse Practitioner (ACNP)

The Nursing Commission will review the above list and update the scope of practice and definitions as part of the scheduled review of the ARNP rules. Since some of the definitions are over ten years old, this review is much needed. Stakeholders will have opportunities for input from stakeholders. For immediate updates on meetings, draft language and rules hearing dates, you can join the list serve at <http://listserv.wa.gov/cgi-bin/wa?A0=NURSING-QAC>.



Correction to Approved Schools

IN THE LAST EDITION, THE LIST OF APPROVED SCHOOLS HAD AN ERROR. WE LISTED FOUR SITES AS BELONGING TO THE UNIVERSITY OF WASHINGTON WHEN THEY BELONG TO WASHINGTON STATE UNIVERSITY. BELOW IS THE CORRECT APPROVED LISTING. WE REGRET ANY INCONVENIENCE THIS MAY HAVE CAUSED.

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RN-BSN

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Washington State University - Statewide

Washington Law Limits Mercury in Vaccines

WHAT DOES THE LAW REQUIRE?

I. **MERCURY LIMITS:** As of July 1, 2007, pregnant women and children under three years of age are prohibited from getting vaccines with mercury (thimerosal) content higher than the following limits:

- 1.0 microgram per 0.5 milliliter dose for influenza vaccines
- 0.5 microgram per 0.5 milliliter dose for all other vaccines

II. **SUSPENSION OF LIMITS:** The Washington secretary of health may temporarily suspend these limits. This would occur when the secretary or local health officer declares an outbreak of vaccine-preventable disease or a shortage of a vaccine that meets the law's mercury limits.

WHICH VACCINES DO NOT MEET THE MERCURY LIMITS?

Only three vaccines exceed the law's mercury limits:

- Multi-dose vials of influenza vaccines. There are mercury-free influenza vaccines in single dose presentations that meet the law's requirements.
- Menomune, a meningococcal vaccine licensed for two years of age and older
- A vaccine that protects against Japanese encephalitis. This is recommended for those traveling to certain countries of Asia where the traveler is staying longer than one month.

DOES WASHINGTON PURCHASE MERCURY-FREE VAC-

CINES FOR THE PUBLIC? Yes. The state Dept. of Health purchases:

- Routinely recommended mercury-free vaccines for children, birth to 18 years of age
- Mercury-free influenza vaccine for children under three years of age
- Mercury-free influenza vaccine for pregnant adolescents, 11 through 18 years of age

WHAT SHOULD PROVIDERS DO TO COMPLY WITH THE LAW? To comply with the law:

- Only vaccinate pregnant women or children under three years with vaccines that meet our law's mercury limits.
- Keep up-to-date on which vaccines exceed legal mercury limits. For more information, visit: www.doh.wa.gov/cfh/immunize/vaccinesafety.htm.
- Prepare for flu season by ordering enough mercury-free vaccine. For information on mercury-free flu vaccines for the 2007-2008 season and pre-booking for the 2008-2009 season, visit: www.doh.wa.gov/cfh/immunize/vaccinesupply.htm.

GET MORE INFORMATION ON THIMEROSAL on the Washington State Department of Health Web site at http://www.doh.wa.gov/cfh/Immunize/documents/thimerosal_faqs.pdf

TO REPORT OR NOT TO REPORT?: That is the Question

BY JACQUELINE ROWE, RN

Well here we are again talking about mandatory reporting. The last article provided you with information about the law requiring mandatory reporting, who is responsible to report, and what to report. (See *Washington Nursing Commission News*, Winter 2007, p 21). This article will take a more emotional twist.

It is emotionally difficult to comply with our mandatory reporting laws and report a co-worker when we have “information that a nurse may not be able to practice with reasonable skill and safety as a result of a mental or physical condition.” WAC 246-840-730. I recently talked with a nurse about diversion in the workplace. She shared with me the story of a co-worker she considered a friend, and how she witnessed the co-worker divert narcotic medication from a patient.

When the nurse confronted her co-worker about the diversion, she denied the act. This nurse tried to allow her co-worker to confess to the act of diversion. She did not report anything to her supervisor, hoping to talk with her

co-worker more. The next day, her co-worker overdosed while on the job and passed out on the floor. A few weeks later, the co-worker was found dead in her home of a drug overdose.

I found myself thinking about how

work impaired. Would they report the person? Reporting, in this case, means to either notify the Nursing Commission, the Department of Health or an impaired practitioner program such as Washington Health Professional Ser-



YOUR JOB, AS
A HEALTHCARE
PROFESSIONAL,
IS TO REPORT
ANY UNSAFE OR
SUBSTANDARD
NURSING PRACTICE
OR CONDUCT.

I would have handled this same situation. What if it was a friend of mine? Would I have done something differently? I asked a number of nurses, several of whom were close friends, how they would handle a similar situation. I asked several nurses what they would do if a close friend or co-worker diverted a medication or came to

vices. RCW 18.130.070. WAC 246-840-730.

I asked this question of 12 nurses, ranging in age from their mid 20s to late 50s, both men and women and of various ethnicities. All have been in practice at least two years. Respondents said it would be very difficult to report a friend. They would first encourage per-

sons to get help and go to the supervisor to admit that they had a problem. If it appeared that persons was not going to seek help, they would then be obligated to report.

They all stated they would feel responsible if there was a negative patient outcome, and they had remained silent, allowing the person to continue practicing nursing. One nurse admitted that

abuse. It also involves practice below the standard of care. Discipline often restricts a nurse's license to practice. We do not make that decision lightly. Even though we may not know the person, it is not easy to make a decision that will certainly impact both his/her professional and personal lives. But, with patient safety always in mind, we do it. We try to do it consistently and fairly.

an adaptation of the Hippocratic Oath, which is taken by physicians. It was composed by Lystra Gretter and was first used in 1893. It was written in honor of Florence Nightingale and the nursing profession.

"I solemnly pledge myself before God and in the presence of this assembly, to pass my life in purity and to practice my profession faithfully. I will abstain from whatever is deleterious and mischievous, and will not take or knowingly administer any harmful drug. I will do all in my power to maintain and elevate the standard of my profession, and will hold in confidence all personal matters committed to my keeping and all family affairs coming to my knowledge in the practice of my calling. With loyalty will I endeavor to aid the physician, in his work, and devote myself to the welfare of



she would have a hard time confronting her friend, but would write an anonymous letter to her supervisor.

One of my closest friends asked me to "save me from myself." She stated she would not be able to take it if, once sober, she found out she had done something to harm a patient. She said she would rather have her license to practice suspended for a little while than risk losing it forever.

As members of the Nursing Commission, a lot of our work involves discipline related to unsafe conduct, which includes diversion and/or substance

REPORTING, IN THIS CASE, MEANS TO EITHER NOTIFY THE NURSING COMMISSION, THE DEPARTMENT OF HEALTH OR AN IMPAIRED PRACTITIONER PROGRAM SUCH AS WASHINGTON HEALTH PROFESSIONAL SERVICES.

That's our job. Your job as a healthcare professional is to report any unsafe or substandard nursing practice or conduct. We're back to that mandatory reporting thing again. It is our duty to ensure that the public is protected and that is why we need to work together.

At times, we all need to be reminded of *The "Nightingale Pledge."* This is

those committed to my care."

Simply said: first, do no harm.

We would love to have input from you. Do you have more questions about mandatory reporting? Would you like something discussed more in depth? We will print selected questions and responses in the Summer 2008 edition. E-mail us at nursing@doh.wa.gov.

MEMBERSHIP

On National Committees

Several Nursing Commission members serve on committees of the National Council of State Boards of Nursing (NCSBN). Members of the council are the boards of nursing from all the states and territories. The council has an annual meeting, and two delegates represent each state and territory.

Dr. Judith Personett, the chair of our Nursing Commission, also serves as the chair of the NCSBN Resolutions Committee. Dr. Personett has been the chair of the committee for two years. At the council's annual meeting, members bring resolutions to the House of Delegates to consider. The resolutions can change the fee for the nursing examinations, change committee business or introduce a new concept for work.

Dr. Susan Woods is a member of the Awards Committee. At the annual meeting, the council recognizes members for outstanding contributions, as a board of nursing, an individual, and the R. Louise McManus award, the most prestigious award for service. Boards of nursing nominate according to criteria. The Awards Committee has a difficult task choosing the recipients. All of the applicants are worthy of recognition.

Rhonda Taylor is a member of the Item Review Sub-Com-

mittee of the Examination Committee. This sub-committee serves a vital function for the council. The council administers the NCLEX® examination for all RN and LPN applicants. The Examination Committee reviews questions and must assure they are valid, reliable, and within the practice of a new graduate. The Item Review Sub-Committee evaluates all of the questions submitted prior to consideration for the examination.

Paula Meyer is a member of the Nominations Committee. This committee will be changing to the Leadership Succession Committee. The Leadership Succession Committee will continue to recruit members for council offices. The Leadership Succession Committee will also determine characteristics needed for the officers. The council recognizes that leaders possess certain skills. It is up to the committee to find members with the necessary skills willing to serve as officers.

Many nurses in Washington State have served on the council's committees and task forces and have submitted questions for the NCLEX® examination. Thank you for your contributions and continued excellence. Washington State has been well represented at NCSBN.

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KATHY McVAY, MANAGER, DEPARTMENT OF HEALTH

SCHOLARSHIPS



Becoming a health professional takes more than dedication, commitment, and hard work. It takes money – money that can often mount into a burdensome debt.

The Health Professional Loan Repayment and Scholarship Program can help to contain the mounting debt. The program requires the recipient to provide health care services in areas of shortages of primary care. Currently, the program has incentives for all levels of licensed nursing, including faculty scholarships.

The scholarship provides funding for education expenses while enrolled in a health professional training program. Important terms include:

- Award amounts vary dependent upon course of study.
- There is a penalty for not completing program obligation.
- You must be a United States citizen.

- Application is available.
 - In January for the 2008-09 academic year. It must be submitted in April.

The loan repayment encourages licensed primary care health care providers to serve in shortage areas of Washington State by providing financial support to repay educational debt incurred during their training programs. Important terms include:

- Three-year contract, \$25,000 maximum, annually.
- There is a penalty for not completing contract.
- You must be a United States citizen.
- Provider Application
 - Available in November (Includes List of Eligible Sites)
 - Submittal deadline in February/July

Information and application materials can be obtained by visiting the program Web site at www.hecb.wa.gov/health

THE
SCHOLARSHIP
PROVIDES
FUNDING FOR
EDUCATION
EXPENSES
WHILE
ENROLLED
IN A HEALTH
PROFESSIONAL
TRAINING
PROGRAM.

RULES UPDATE

KENDRA PITZLER, MANAGER, DEPARTMENT OF HEALTH

THE NURSING COMMISSION IS CURRENTLY WORKING ON THREE SETS OF RULES:

NURSING ASSISTANT RULES

These rules address requirements for nursing assistant training programs, including required competencies. Revision has taken several years. The Nursing Commission wanted caregiver training to count toward nursing assistant requirements. Because caregiver training and federal nurse aide laws are not consistent, the commission could not achieve this goal, but other rule changes will occur.

Changes to the rules include:

- Adding federal curriculum requirements not previously contained in the competencies. This allows for additional consistency between the state and federal laws.
- Allowing training program renewal every two years instead of every year. This is consistent with current practice.
- Clarifying reasons the commission may deny or withdraw approval of a nursing assistant training program.
- Requiring that 40 of the 50 clinical training hours be in a practice setting.
- Reducing the time the program must keep student records from 35 years to five years.

The commission held a rules hearing on December 13, 2007. Persons on the Nursing Commission list-serve will receive updates.

NURSING DEFINITION & LICENSURE RULES

This proposal addresses both definition and licensure rules. Some definitions have been moved, some eliminated and some changed for clarity.

Licensure rules have been reorganized. The proposal allows a separate rule for each route for licensure. For each route, the first section gives the requirements for licensure

and the second section states the documents that must be submitted. While we realize this change may mean that things are repeated, our goal is to assure that these requirements are easily understood.

Proposed major changes include:

- Allowing an applicant to test after getting a “Certificate of Completion” instead of transcripts. This practice is only for approved Washington State programs.
- Eliminating the limit on the number of times an applicant can take the examination.
- Allowing graduates of non-traditional programs from other states to meet requirements by proving they have 1,000 hours as RNs without discipline.
- Allowing endorsement applicants who do not have a current nursing licenses to complete refresher courses in Washington.

The Nursing Commission plans to hold a rules hearing on January 11, 2008. Persons on the Nursing Commission list-serve will receive updates.

ADVANCED REGISTERED NURSE PRACTITIONER (ARNP) RULES

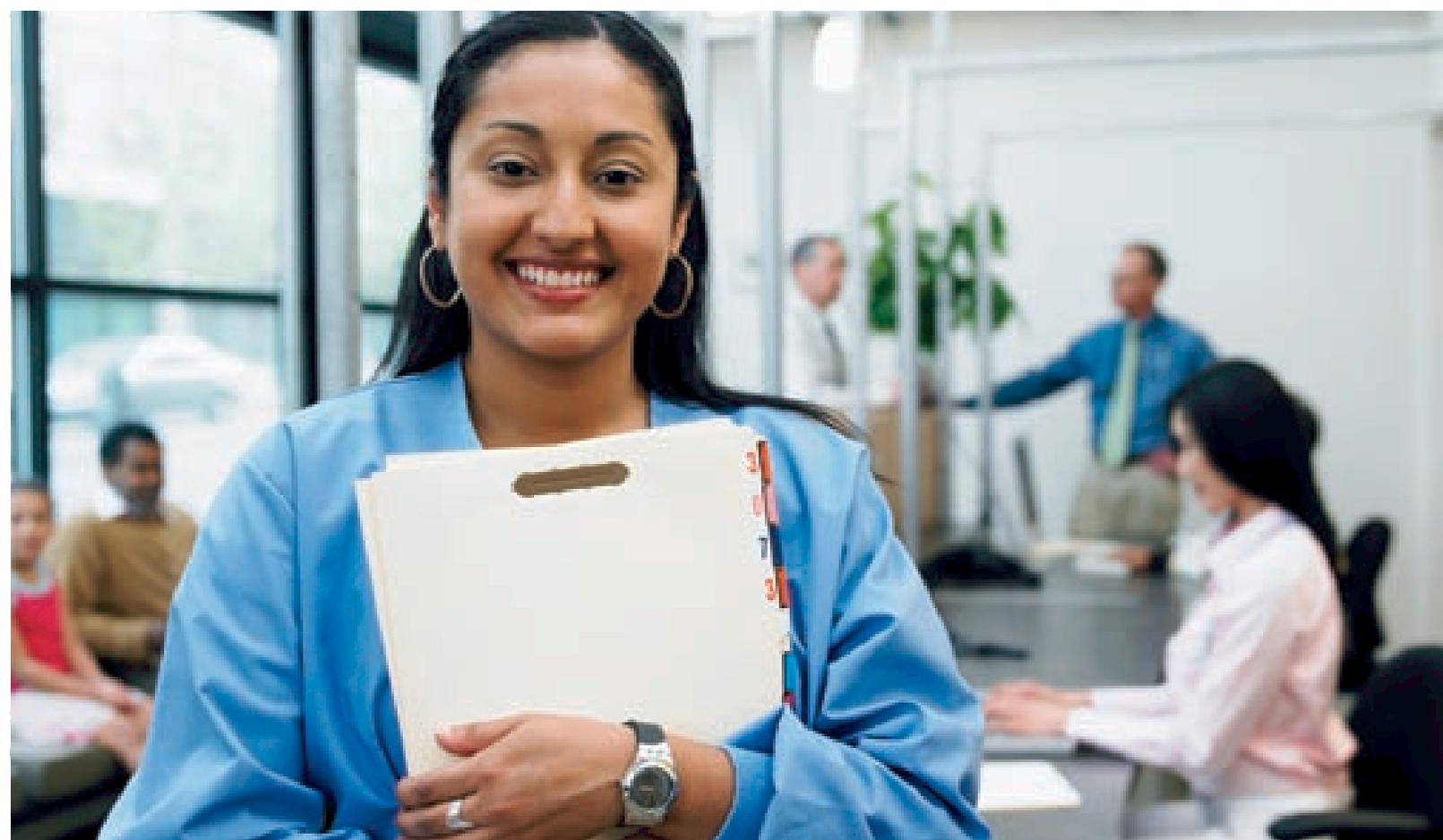
In past commission meetings, stakeholders have indicated the need for changes to the ARNP rules. As a result, the commission held workshops from August through December 2007.

Commission staff is drafting a proposal based on public comment from these meetings. Staff will send the proposal to persons on the Nursing Commission list-serve.

The commission plans to hold a rules hearing some time in 2008. You may add your name to the Nursing Commission list serve at any time at <http://listserv.wa.gov/cgi-bin/wa?A0=NURSING-QAC>.

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2 PAGE FEATURE TO COME





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- Influence health care policy and systems of care.

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This project is supported by funds from the Department of Health and Human Services Health Resources and Services Administration (HRSA) under grant number D09HP07344-01-00.



Continuing Competency

TODD W. HERZOG, CRNA, ARNP
UPDATE

It has been my great honor to serve as one of two advanced practice nurses and as Chair of the Continuing Competency Sub Committee on the Washington State Nursing Care Quality Assurance Commission. I want to bring you up to date on the work of the committee. First, some history:

In January of 2006, the Continuing Competency Sub Committee began work to consider ways of evaluating continued competency in nursing. We began by considering the work done by a task force known as the Continuing Competency Portfolio Project. While the Portfolio Project put forward some very good ideas, measurable outcomes remained elusive and the committee had some real concern about legal liability issues. We also struggled with the question of how the project demonstrated continued competency in nursing practice. We recognized that the portfolio was probably the ideal way of collating necessary data, but that a portfolio alone was not inclusive enough to speak to the issues of competency. So, we were back to the drawing board.

Rather than reinventing the wheel, we began to look more closely at successful continuing competency programs established by boards of nursing and similar regulatory bodies in other states. We were most impressed by the multifaceted program established in North Carolina. The North Carolina program had all of the basics that we were look-

ing for. The North Carolina continuing competency program:

- Assesses essential elements of nursing practice in a way that is inclusive of all current practice models,
- Embraces the value of continuing education,
- Acknowledges that one of the best indicators of currency is continued practice, and
- Mandates professional self reflection and an action plan.

We believed that this program embodied the elements critical to continuing competency. Linda Burhans, a representative of the Board of Nursing from North Carolina, briefed the Nursing Commission about the development and implementation of the North Carolina program. You may view the North Carolina Continuing Competency Program online at www.ncbon.com/prac-contcomp.asp. On the basis of this briefing, we were able to identify our vision.

We believed it important to involve licensees in the development process and rollout. We recruited nursing experts

who would be willing to assist the Nursing Commission in creating a program similar to the North Carolina program. We have encouraged active participation by nursing stakeholder groups as well as educators, health care facilities administrators and others.

On the basis of our vision, we believe that we can create a first draft over the



next six months, create a pilot program within a year, then test the pilot on a spectrum of volunteer organizations.

We believe that the program will need some refinement and modification as the need arises, but that we should be able to roll the program out within two to three years in the ARNP and RN licensee groups and follow with LPNs. In order to accomplish this goal, we will invite our state's graduate nursing programs to engage in research using our ongoing program. We encourage publication of the data in peer reviewed

nursing literature.

What can YOU do? Be involved! All of our meetings are open to the public. We welcome your ideas and input! Fulfill your responsibility to understand and participate in the regulatory process.

In closing, I would like to tell you once again what a pleasure it has been for me to work with the hard-working, enthusiastic, and motivated staff and

members of the Nursing Commission. I have recently won election to the board of directors of my national professional organization, the American Association of Nurse Anesthetists. Unfortunately, ethics law precludes concurrent service as a member of the Nursing Commission, so, I will be moving on. I know the members of the Continuing Competency Sub Committee will carry on this important work and I bid you adieu.



2008 NURSING COMMISSION MEETING DATES

Commission members pictured above are listed in order. In the top row: Robert Salas, Linda Batch, Todd Herzog, Ezra Kinlow. In the middle row: Rhonda Taylor, Susan Woods, Judith Personett, Mariann Williams, Erica Benson-Hallock. In the front row: Susan Wong, Rick Cooley, Jacqueline Rowe.

The Nursing Commission meets in person every other month. 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. We place an agenda for each meeting on the Web site at www.doh.wa.gov/nursing two weeks prior to each meeting. Topics range from rules, advisory opinions, and school approvals to sub committee reports. Business meetings have set agendas and include opportunity for public comment. Workshops include training opportunities for commission members. We hope to see you at a future meeting.

DATES

LOCATIONS

January 11, 2008, business meeting – 8:30 a.m.	Department of Health 310 Israel Road SE Tumwater, WA 98501
March 14, 2008, business meeting – 8:30 a.m.	Spokane, WA 99224 Location to be determined
May 9, 2008, business meeting – 8:30 a.m.	Department of Health 310 Israel Road SE Tumwater, WA 98501
July 10, 2008, workshop – 8:30 a.m.	Department of Health 310 Israel Road SE
July 11, 2008, business meeting – 8:30 a.m.	Tumwater, WA 98501
September 12, 2008, business meeting – 8:30 a.m.	Colville, WA Location to be determined
November 13, 2008, workshop – 8:30 a.m.	Department of Health 310 Israel Road SE
November 14, 2008, business meeting – 8:30 a.m.	Tumwater, WA 98501

PHOTOCOPYING OF LICENSES

The Washington State Nursing Care Quality Assurance Commission (NCQAC) receives requests from employers about the status of nurses' licenses. The commission has authority over the licenses of all licensed practical nurses (LPNs), registered nurses (RNs) and advanced registered nurse practitioners (ARNPs) practicing in our state. All LPNs, RN, and ARNPs must maintain current licenses in order to practice.

Employers in our state are regulated by a variety of agencies. Many employers must validate that nurses' credentials are current. In the past, this meant photocopying the provider's credential for the personnel file. The commission issued a policy advising against photocopying of credentials. It concluded that photocopying of credentials may lead to fraudulent documents.

The commission encourages institutions, agencies, creden-

tialing agencies and employers to develop and maintain systems to ensure appropriate credentialing of all health care providers. The Department of Health provides credential information on all regulated healthcare providers in our state through a Web site, Provider Credential Search. The address for Provider Credential Search is https://fortress.wa.gov/doh/hpqa1/Application/Credential_Search/profile.asp.

The Provider Credential Search system is a primary source of credential verification. It contains credential status and any disciplinary actions that may have occurred in our state.

If you have any questions regarding the use of the Provider Credential Search system, please contact our Customer Service Center at (360) 236-4700. We hope you find this information helpful and the system to be user friendly and time effective.

CONTINUING EDUCATION COURSES @ LEARNINGEXT.COM

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Delegating Effectively

4.2 Contact Hours | \$25

Disciplinary Actions: What Every Nurse Should Know

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Diversity: Building Cultural Competence

6.0 Contact Hours | \$36

Documentation: A Critical Aspect of Client Care

5.4 Contact Hours | \$32

End-of-Life Care and Pain Management

3.0 Contact Hours | \$18

Ethics of Nursing Practice

4.8 Contact Hours | \$29

Medication Errors: Detection & Prevention

6.9 Contact Hours | \$41

Nurse Practice Acts CE Courses

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Patient Privacy

5.4 Contact Hours | \$32

Professional Accountability & Legal Liability for Nurses

5.4 Contact Hours | \$32

Respecting Professional Boundaries

3.9 Contact Hours | \$23

Sharpening Critical Thinking Skills for Competent Nursing Practice

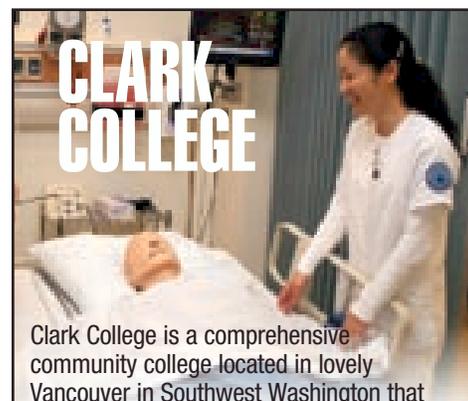
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Closing date February 26, 2007.

Position responsibilities and requirements are delineated in position announcement found on our website at www.clark.edu/jobs or contact Clark College Human Resources at (360) 992-2105; TDD (360) 992-2317.
EOE/AA EMPLOYER.

UPDATE

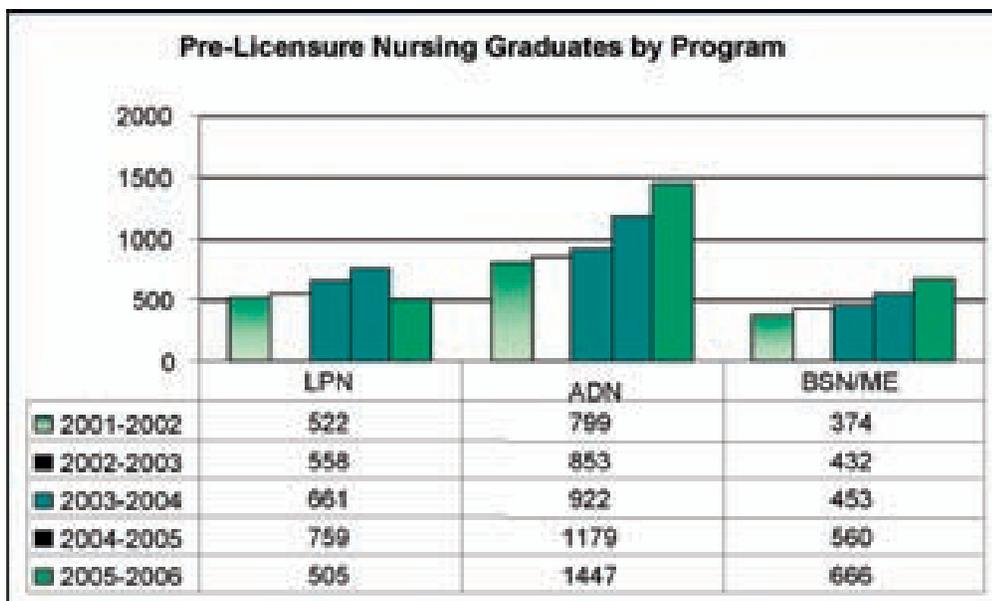
on Nursing Education

USRAH CLAAR-RICE, MSN, RN, NURSING ADVISOR, DEPARTMENT OF HEALTH

Nursing education programs in Washington State must file annual reports with the Nursing Care Quality Assurance Commission. See WAC 246-840-520(3). Here is a summary of program information received for the 2005-2006 academic year. We have identified trends from the last five to six years where information was available.

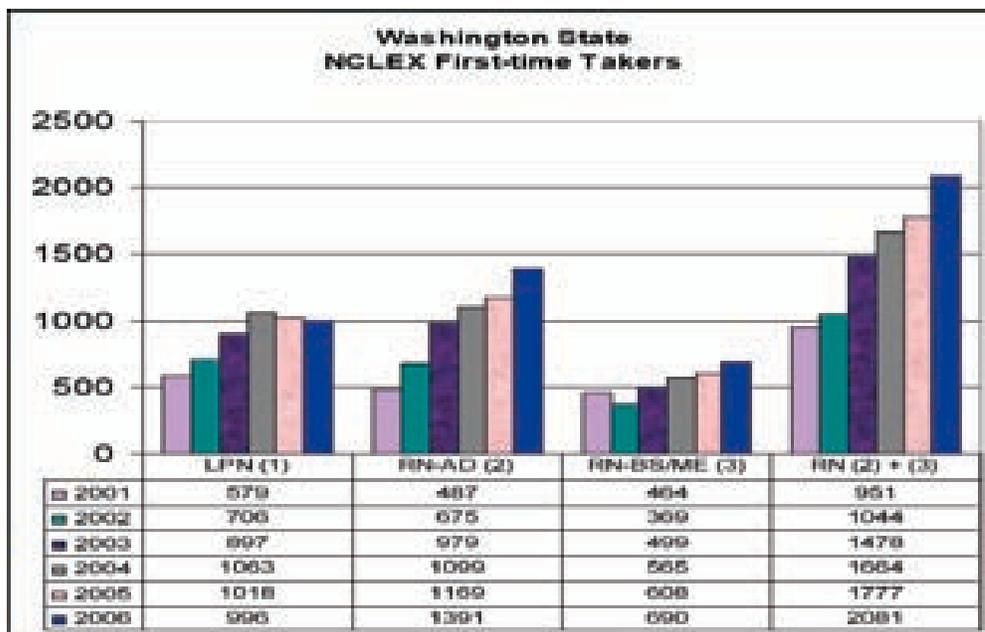
LICENSED PRACTICAL NURSE (LPN) GRADUATION RATES DOWN:

There was a 33 percent decrease in practical nursing graduates in the 2005-2006 academic year. The number of candidates admitted to practical nursing programs also decreased by 33 percent.



LPN = LICENSED PRACTICAL NURSE
ADN = ASSOCIATE DEGREE IN NURSING

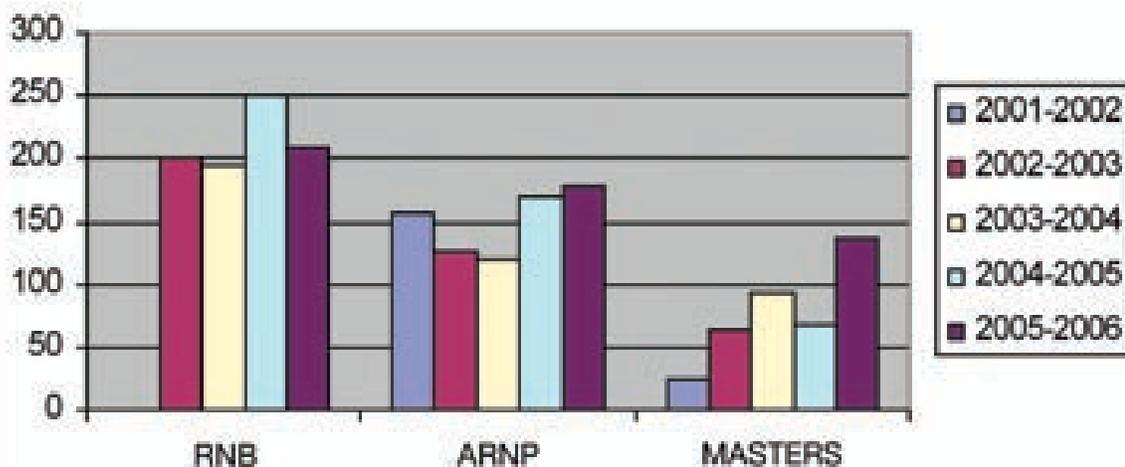
BSN = BACHELORS OF SCIENCE IN NURSING
ME = MASTER'S ENTRY



In the calendar year 2006, 997 Washington State candidates took the national practical nursing examination for the first time. Nine hundred and ninety seven candidates represent a two percent decrease from 2005 and a six percent decrease from the highest number of candidates in 2004.

If the number of practical nurse graduates in Washington State does not increase, it may impact health care for our citizens. As the baby-boomer generation (born 1946-1964) retires, a large increase in health care needs for the aging/aged is predicted.

Post-RN Licensure Programs - Graduates



NURSES IN WASHINGTON STATE CONTINUE TO SEEK FURTHER EDUCATION AND HIGHER LEVELS OF LICENSURE.

REGISTERED NURSE (RN)

GRADUATION RATES UP:

Registered nursing (RN) programs increased pre-licensure graduates from 1193 in 2002 to 2173 in 2006. This was an increase of 77 percent. The number of first-time takers on the national licensing examination for RNs educated in Washington State increased by 119 percent. This increase occurred in spite of a lack of sites for clinical education and an increasing nursing faculty shortage.

CAREER ADVANCEMENT

CONTINUES:

Nurses in Washington State continue to seek further education and higher levels of licensure. This is shown by The 544 LPNs enrolled in registered nursing

programs in 2005-2006 and 690 RNs entered registered nursing baccalaureate programs (RNB). Additionally, one hundred and seventy seven RNs graduated from Advanced Registered Nurse Practitioner programs, 136 graduated from master's degree programs. Thirty four of the master's degrees were in nurse educator tracks. Ten individuals graduated with doctoral degrees from a Washington State nursing program.

THE NEED FOR MORE NURSING FACULTY REMAINS GREAT:

Nursing programs in Washington State reported that 20 full-time and 14 part-time nursing faculty resigned in 2005-2006 for higher salaried positions in practice settings. Thirty four potential faculty declined full-time positions

and 28 declined part-time positions because of the low salary.

Clearly, nursing programs are having difficulty recruiting and keeping nursing faculty. Higher salaries offered in practice settings are a reason. This problem will worsen in the next few years as full-time nursing faculty retire. Eighty three anticipate retirement by 2010. These anticipated retirements represent approximately 22 percent of full-time LPN faculty, 24 percent of full-time associate degree RN faculty and 14 percent of full-time baccalaureate/master's RN faculty.

The full summary of trends and analysis is available on the Web site at www.doh.wa.gov/nursing under "Nursing Programs."

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E-mail resume with cover letter to: rhansen@skagitvalleyhospital.org or fax to **360-428-2482**. EOE

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a large team of professionals that investigate complaints from the public. They gather important information for the Nursing Commission and other professional licensing programs. Every day, each case is a new challenge waiting for you to tackle it.

If interested, you should periodically check the job postings at the following web address www.doh.wa.gov/job_ann.htm. You may also contact the Investigation Service Unit, Dave Magby, Chief Investigator, at 360.236.4660.

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- Family Primary Care or
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www.seattleu.edu



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FREQUENTLY ASKED QUESTIONS **in licensing**

TERESA CORRADO, LPN, LICENSING MANAGER, DEPARTMENT OF HEALTH

THE MISSION OF THE DEPARTMENT OF HEALTH IS TO “PROTECT AND IMPROVE THE HEALTH OF THE PEOPLE IN WASHINGTON STATE.” WE SUPPORT THE MISSION BY ENSURING ONLY QUALIFIED HEALTH PROFESSIONALS ARE LICENSED. WE MAKE SURE THAT THE NURSES GETTING LICENSED HAVE THE EDUCATION AND COMPETENCY TO PERFORM THE JOB. AFTER A NURSE IS LICENSED AND ENTERS THE WORK FORCE, THE DEPARTMENT OF HEALTH FEELS IT IS IMPORTANT TO CONTINUE EDUCATING NURSES BY ANSWERING QUESTIONS AND GIVING GUIDANCE ON THE REGULATORY LAW.

THE LICENSING SECTION RECEIVES ANYWHERE FROM 60 TO 100 CALLS A DAY FOR A VARIETY OF REASONS. WE THOUGHT IT TO BE HELPFUL TO SHARE THE MOST COMMON QUESTIONS AND ANSWERS.

Q: CAN YOU TELL ME WHAT THE LAW SAYS ABOUT...? OR, CAN I GET A COPY OF THE LAW THAT SAYS...?

A: We often get calls regarding laws and what they say. It's our pleasure to share this information. We cannot give legal advice. The laws and rules governing nursing practice are available online. You can print the laws that govern your license. <http://www.leg.wa.gov/nursing>. The nursing laws are in chapter 18.79 Revised Code of Washington (RCW). The rules governing nurses are in chapter 246-840 Washington Administrative Code (WAC).

Q: I AM A LICENSED PRACTICAL NURSE AND I SAW ANOTHER NURSE DOING SOMETHING I BELIEVE IS NOT LEGAL UNDER HER LICENSE. WHAT IS MY RESPONSIBILITY? WHAT WILL HAPPEN IF I REPORT IT?

A: All licensed health care workers in Washington State are required under mandatory reporting to report unsafe or substandard nursing practice or conduct. You will find the rules regarding mandatory reporting under WAC 246-840-730.

Q: I AM MOVING OUT OF WASHINGTON AND I NEED TO APPLY FOR A LICENSE IN MY NEW STATE OF RESIDENCE. HOW DO I GET VERIFICATION OF MY WASHINGTON STATE LICENSE?

A: The Department of Health uses NURSYS™ to verify nurse licensure. Thirty five states use this service. To obtain verification, visit www.nursys.com and follow directions. The cost is \$30. If your new state of residence does not use NURSYS, visit our Web site at www.doh.wa.gov/nursing to find the application and instructions for verification.

Q: I RECENTLY WAS CHARGED WITH A DUI AND I WAS WONDERING HOW THAT WOULD AFFECT MY NURSING LICENSE?

A: Your honesty in letting us know is a good start and is taken into account. When a report or complaint comes in, it first goes to case management review. Some complaints can be cleared quickly. Other reports or complaints must go before a case management panel. A panel of the Nursing Commission will review it to determine if action should be taken on a license.

Q: I HAVE A FRIEND WHO RECENTLY MOVED HERE FROM A FOREIGN COUNTRY WHERE SHE WAS LICENSED AS AN RN. SHE WANTS TO WORK AS A NURSE IN WASHINGTON STATE. WHERE DO I GUIDE HER TO START THIS PROCESS?

A: We welcome diversity in our work force. Nurses who receive their training outside of the United States must first go through a credential assessment of their foreign licenses to determine equivalency with our requirements. Washington State relies on College Graduates of Foreign Nursing Schools (CGFNS) for this service. The rules for becoming licensed in our state as a foreign trained nurse are in WAC 246-840-050. See also www.cgfns.org. The application instructions on our Web site are another good place to start.

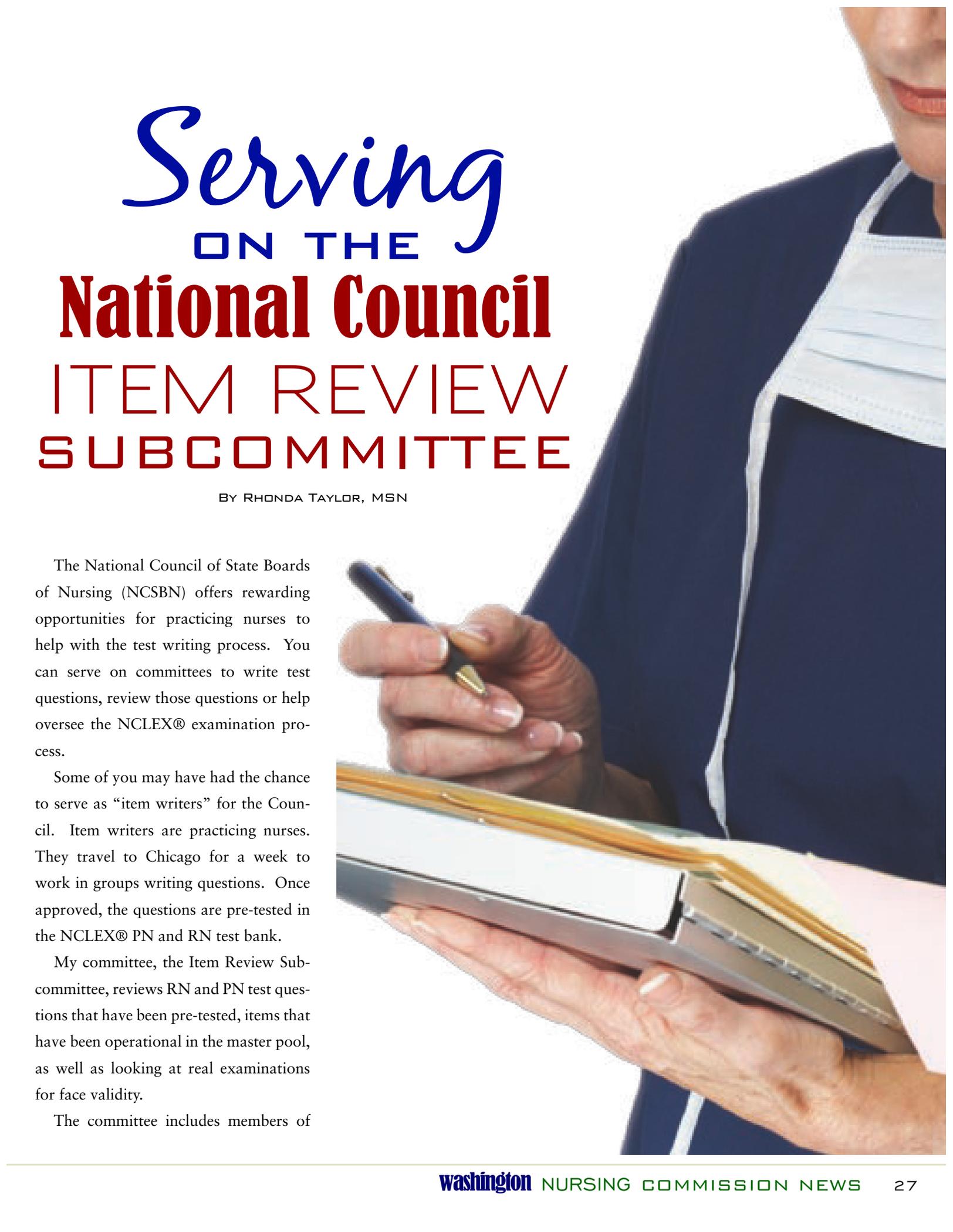
Q: I WOULD LIKE TO REACTIVATE MY ARNP LICENSE WITH PRESCRIPTIVE AUTHORITY, WHICH HAS BEEN EXPIRED FOR ONE YEAR. I KNOW I NEED TO SUBMIT 30 CONTINUING EDUCATION HOURS, WITH 15 ADDITIONAL HOURS OF PHARMACOLOGY. IF THE PHARMACOLOGY HOURS WERE OBTAINED DURING OTHER CONTINUING EDUCATION, HOW DO I DETERMINE THE AMOUNT OF HOURS THAT WERE PHARMACOLOGY?

A: First, be sure the continuing education was done within the last two years. If you received pharmacology hours as part of other education, send a written letter, with the reactivation application. The letter must specify how many hours were pharmacology reactivation requirements are under WAC 246-840-365.

Q: CAN AN LPN OR RN STUDENT WORK WITH PATIENTS PRIOR TO TAKING THE NCLEX EXAM?

A: The short answer is NO. The nurse must have an active license to work “hands on” with patients. However, an RN student who meets the qualifications in WAC 246-840-860 can apply for and obtain a nurse technician license. This allows the student a license to work until 30 days after graduation from the RN program. By then, the student should have taken the NCLEX.

IF YOUR QUESTION OR QUESTIONS WERE NOT ANSWERED HERE, PLEASE DON'T HESITATE TO EITHER VISIT OUR WEB SITE, WWW.DOH.WA.GOV/NURSING, OR CALL OUR CUSTOMER SERVICE DEPARTMENT AT 360-236-4700.



Serving ON THE National Council ITEM REVIEW SUBCOMMITTEE

BY RHONDA TAYLOR, MSN

The National Council of State Boards of Nursing (NCSBN) offers rewarding opportunities for practicing nurses to help with the test writing process. You can serve on committees to write test questions, review those questions or help oversee the NCLEX® examination process.

Some of you may have had the chance to serve as “item writers” for the Council. Item writers are practicing nurses. They travel to Chicago for a week to work in groups writing questions. Once approved, the questions are pre-tested in the NCLEX® PN and RN test bank.

My committee, the Item Review Subcommittee, reviews RN and PN test questions that have been pre-tested, items that have been operational in the master pool, as well as looking at real examinations for face validity.

The committee includes members of

state boards of nursing throughout the United States. Boards of nursing - in our case the Washington State Nursing Care Quality Assurance Commission – nominate members. Nominees are selected from each of the four identified regions of the United States. Three individuals are selected from each region to serve two-year terms on the committee. The committee convenes four times each year. These meetings include at least one member from each region of the country.

During the course of a week, we review untested questions that meet certain criteria. We also consider questions from a master pool. We have the opportunity to review actual NCLEX® examinations. In this process we:

- Review pretest and master pool items questions in the context of the NCLEX® test plan
- Ensure that all questions are validated by at least two current references
- Review items from a regulatory perspective. Content must be consistent with the nursing practice act, appropriate for entry-level practice, and appropriate for licensure decisions
- Review questions and answers to make sure they are accurate and up to date.

Serving on the committee has been one of the most rewarding experiences in my nursing career. It is challenging and enjoyable. I have had the opportunity to meet and work with nurse leaders from across the country, in addition to working with professionals from the NCSBN and Pearson Vue, the NCLEX testing vendor. I have developed confidence and appreciation for the integrity and importance of the council’s work. The council plays

YOU CAN SERVE ON COMMITTEES TO WRITE TEST QUESTIONS, REVIEW THOSE QUESTIONS OR HELP OVERSEE THE NCLEX® EXAMINATION PROCESS.

a big role in making sure that new nurses throughout the United States are ready to safely begin entry-level nursing practice.

I encourage all of you to consider applying to become an item writer for the national council. If you are selected, I am confident you will come away with a sense of pride and accomplishment.

If you are interested, you may apply on the council’s Web site at www.ncsbn.org exam development opportunities.

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SCHOOL IMMUNIZATION REQUIREMENT: TETANUS, DIPHTHERIA, AND PERTUSSIS (TDAP) VACCINE

NICOLE PENDER, MANAGER, DEPARTMENT OF HEALTH

A new school immunization requirement became effective last July. At the beginning of the 2007-2008 school year, all children aged 11 years attending grade six were required to show proof of Tdap immunization if it had been five years since they received a tetanus-containing vaccine (DTaP, DT, or Td).

Every school year, the Tdap requirement will expand to include an additional grade until it includes all students attending grades 6-12.

When parents bring their children in for an office visit, use the visit as an opportunity to educate them about all the

PROTECT YOURSELF AND PREVENT THE SPREAD OF DISEASE TO YOUR PATIENTS AND FAMILY.

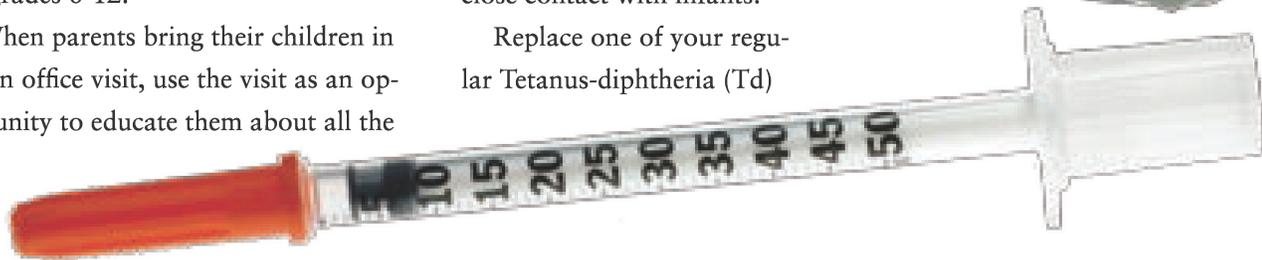
As a health care professional, it is important for you to keep your immunizations up-to-date.

One Tdap immunization is recommended for all people aged 11-64 years, especially for health care professionals and adults in close contact with infants.

Replace one of your regular Tetanus-diphtheria (Td)

DT/Tdap.htm.

A fact sheet on recommended immunizations for adolescents is available online at <http://www.doh.wa.gov/cfh/immunize/>



EVERY SCHOOL YEAR, THE TDAP REQUIREMENT WILL EXPAND TO INCLUDE AN ADDITIONAL GRADE UNTIL IT INCLUDES ALL STUDENTS ATTENDING GRADES 6-12.

recommended immunizations. This is also a good time to assess for any missed immunizations.

The following immunizations are recommended for children aged 11-12 years:

- Tdap
- Meningococcal conjugate (MCV4)
- Human Papillomavirus (HPV)

booster shots with Tdap. Don't forget to get your yearly flu vaccination too!

For more information on the **Tdap requirement**, visit www.doh.wa.gov/cfh/immunize/schools.htm.

For more information on the **Tdap vaccine**, visit <http://www.cdc.gov/vaccines/vpd-vac/combo-vaccines/DTaP-Td->

[documents/adolescentfactsheet.pdf](http://www.doh.wa.gov/cfh/immunize/documents/adolescentfactsheet.pdf). To order this fact sheet for free, visit <https://fortress.wa.gov/prt/printwa/wsprt/default.asp>.

Ordering materials from this Web site is simple. You just need to:

- Create an account
- Choose *Shop by Agency*
- Choose *Department of Health*
- Choose *Immunization Program CHILD Profile*
- Choose *Adult and Adolescent Materials*
- Select *Adolescent Immunization Fact Sheet (English or Spanish)*

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EOE

Treating Mental Illness with Dignity

SURVEY RESULTS

TERRY J. WEST, EDITOR, DEPARTMENT OF HEALTH

The last edition of the newsletter included an opinion survey regarding the contents of the newsletter. We received only 62 responses, but the input will be useful for future planning. Of the 62 who responded, 80 percent rated the frequency of editions as good (the highest level), 77 percent rated the presentation as good and 71 percent rated articles as good. Fifty two percent said advertisements were good.



Readers said they enjoyed the nursing shortage and disciplinary articles the most. A number of people took the time to suggest articles for future editions. These topics include:

- Legal malpractice issues to help nurses protect themselves
- Steps being taken to ease the nursing shortage
- Updates on career ladder programs
- Sample dilemmas evaluated using the decision tree
- Educational information on changing medical fields
- Issues affecting nurses ready to retire
- Health assessments
- Process for returning to nursing after an extended absence

Thank you for taking the time to identify these and many more article ideas. The Nursing Commission and Department of Health plan to use many of the ideas in future editions. You may comment on the newsletter at any time to nursing@doh.wa.gov.



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APRIL 6 -13, 2008

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Prices for this cruise and conference are based on double occupancy (bring your friend, spouse or significant other please!) and start as low as \$868 per person (not including airfare). If you won't be attending the conference, you can deduct \$75. A \$250 non-refundable per-person deposit is required to secure your reservation for the cruise, BUT please ask us about our Cruise LayAway Plan.

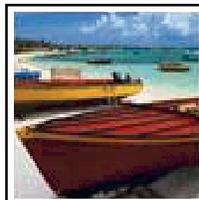
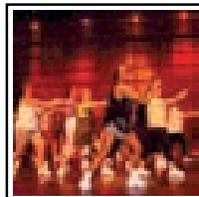
What a week! From the beautiful Port of Miami you're off to an island-hopping adventure. Your first stop is Nassau in The Bahamas where the beaches are uncrowded while the narrow streets are full of duty-free shops. In St. Thomas, more fabulous beaches and a hillside of shops at Charlotte Amalie. Then the Caribbean with more than a dash of Europe in half-French half-Dutch St. Maarten, an island that charms in a thousand different ways. On this cruise, you'll enjoy one fun experience after another.



7 Day Eastern Caribbean Itinerary

DAY	PORT	ARRIVE	DEPART
Sun.	Miami		4:00 PM
Mon.	Nassau	7:00 AM	2:00 PM
Tues.	"Fun Day" at Sea		
Wed.	St. Thomas/St. John*	9:00 AM	8:00 PM
Thurs.	St. Maarten	7:00 AM	6:00 PM
Fri.	"Fun Day" at Sea		
Sat.	"Fun Day" at Sea		
Sun.	Miami	8:00 AM	

*Optional shore excursion to St. John available



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