

# Washington NURSING COMMISSION NEWS

WINTER 2009 • VOLUME 3, N°1, EDITION 5

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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.**<sup>1</sup>



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

Additionally, they have stated that the pre-adolescent visit at 11–12 years of age is the best time to vaccinate.<sup>1</sup> 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 visit<sup>1,2</sup>
- ACIP and AAP<sup>†</sup> 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 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). Notice to readers: revised recommendations of the Advisory Committee on Immunization Practices to vaccinate all persons aged 11-18 years with meningococcal conjugate vaccine. *MMWR*. 2007;56(31):794-795. 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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 P.O. Box 47864  
 Olympia, WA 98504  
 Telephone: (360) 236-4700  
 FAX: (360) 236-4738

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Virginia Robertson, Publisher  
 vrobertson@pcipublishing.com  
 14109 Taylor Loop Road  
 Little Rock, AR 72223  
 501.221.9986

**For advertising information contact:**

Michelle Forinash at 501.221.9986 or 800.561.4686  
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The Washington State Nursing Care Quality Assurance Commission regulates the competency and quality of professional health care providers under its jurisdiction by establishing, monitoring, and enforcing qualifications for licensing, consistent standards of practice, continuing competency mechanisms, and discipline.

**Executive Director**

Paula R. Meyer, MSN, RN

**Editor**

Terry J. West

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# Message from the Chair

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

**THIS YEAR IS ONE OF CELEBRATION OF NURSES** in Washington State. We celebrate 100 years of nurses being registered to practice. Our registration is so important to each one of us, because it represents a body of knowledge learned in our nursing programs this allows us to give care that is safe and compassionate to our patients. Each one of us with a state issued license to practice nursing also holds a key to economic independence, because we can work in a variety of settings from acute care to professor. We also hold the key to personal freedom. We can practice our nursing profession anywhere we choose, including other countries as part of our military or other states by endorsement.

The wisdom of the nurse leaders of the past is celebrated in the standards that we live by each day. The evolution of health care during the past 100 years has carried us from frontier hospitals that provided a clean bed, hot food and a few medications into the era of great change that was enabled with the discovery and use of antibiotics in the 1940s. Hospitals were often founded and staffed by the religious, and care was delivered based on an altruistic model. In other words, the best interests of the patient came first. Fees for care did not exist. Care was provided at no charge or based on a low sliding scale.

With the advent of the antibiotic, surgical procedures became more complex and Intensive Care Units appeared in the 1960s. Hospital building programs boomed in the 50's and 60's with money appropriated through the Hill-Burton Act. The Joint Commission for the Accreditation of Hospitals (JCAH) was formed in Chicago as a voluntary process to help growing hospitals maintain standards of health care.

Medicare was enacted by President Johnson, and federal funds for health care were distributed to those hospitals that had standards approved by the JCAH. Suddenly, health care shifted from an altruistic model to the profit-oriented model that we know today. Costs escalated with new drugs and modalities of care. Accreditation expanded to health care organizations and became mandatory for funds. Pressure to do more with less has become the way we do business.

The nurse has been the constant care provider, with the patient's interest always the first concern during this past 100 years. It is my fervent hope that the nurse will provide compassionate and skillful care during the next 100 years. The challenge is great, and the satisfaction of being a nurse is also great.

Celebrate!! We are part of a glorious heritage.

Judith D. Personett, Chair  
Nursing Care Quality Assurance Commission

# Rewarding Nursing Opportunities in Washington State!

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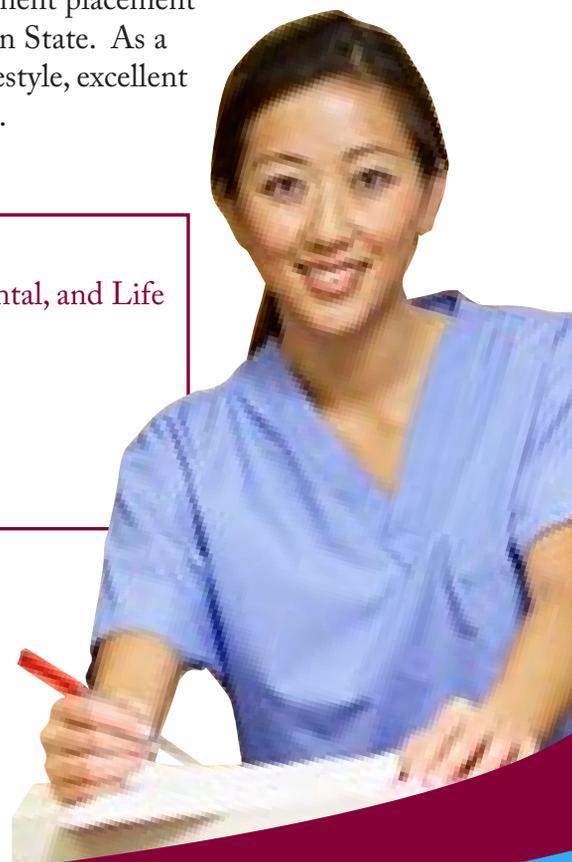
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Seattle Correctional Nursing, 866-457-0325  
Seattle Allied Staffing, 866-857-6312  
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Seattle Homecare, 800-658-3831  
Seattle Homecare Non-Medical (HHA), 866-547-2790  
Smokey Point Homecare, 866-492-6612  
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BY MARY SELECKY, SECRETARY OF THE DEPARTMENT OF HEALTH

## WASHINGTON SMOKING RATES HIT NEW LOW – SOME GROUPS STILL HARD TO REACH

**Health Care Providers can Make a Real Difference by Talking with their Patients.**

I remember when breathing tobacco smoke was normal. Most people didn't think twice about it. People smoked around kids; people smoked in business meetings. They smoked at family gatherings and in government buildings. Those of us who didn't smoke just put up with it. It makes my lungs hurt just thinking about it.

We've worked hard to change things, and we've had a lot of success. Smoking is no longer a "social norm." People expect clean air when they're at work, in a restaurant, or at the bowling alley. It's wonderful to go home and not have to wash the smell of smoke from your clothes or your hair. We've made incredible progress by any measure, but we're not done.

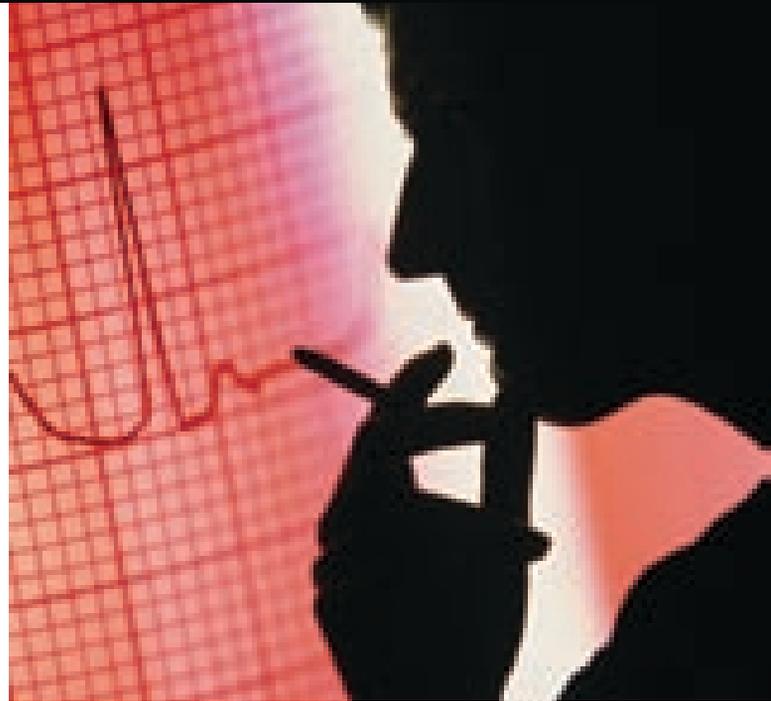
My agency, the state Department of Health, recently released our latest figures on adult tobacco use in the state. The numbers are heading in the right direction, but it's also clear that there's some very difficult work ahead.

Our overall smoking rate has hit a new low of 16.5 percent for 2007. That's down slightly from 2006, when 17 percent of people were smoking. Since 1999, the overall adult rate has declined by 25 percent — that's 240,000 fewer smokers and an estimated savings of \$2.1 billion in future health care costs. We have the sixth lowest smoking rate in the country.

Unfortunately, we're struggling to reach some groups — people with lower incomes and those with lower levels of education, for example. Their rates are substantially higher than the state rate. About one in three people with a household income less than \$25,000 smoke. The smoking rate for people with a high school diploma or less is 27 percent. Both are disappointing. We must do better.

I think public opinion is on our side; that's a good start. Not long after our survey results went public, I saw editorials in a couple of newspapers, challenging people to quit. We know that people with lower incomes and education levels try to quit as often as others, but for some reason, fewer succeed. That's why we're doing more to make sure they have the help they need.

As of July, people on Medicaid can receive extra support to help them quit, including free nicotine patches or gum, and prescription medications — if approved by their health care provider. All they have



to do is call our Quit Line — 1-800-QUIT-NOW — and ask for help. Callers talk with a quit coach who can help them come up with a personalized quit plan.

They'll receive a quit kit in the mail and follow-up calls to provide support and guidance so they can stay on track. We also have a number for people who speak Spanish — 1-877-2NO-FUME.

I need your help. People listen to and trust their health care provider. Please ask every patient if they smoke, and make them aware of this free resource to help them quit. The Quit Line is open to anyone in our state. Yet, there are still a number of people who don't know about it or won't call for one reason or another. Some encouragement from you could be all they need.

In this country, the tobacco industry spends more than \$160 million dollars annually to promote their deadly products in our state. More than 7,000 people die every year in Washington from tobacco-related diseases. Public health and health care providers can do more. We must work together to make sure people know the truth about the health effects of smoking and are aware of the many resources to help them successfully quit when they're ready.



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# Message from the Executive Director

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

**IN 1909, THE STATE OF WASHINGTON** created the Board of Registered Nursing. Washington celebrates 100 years of nursing regulation this year. In 100 years, nursing grew from a handful of registered nurses to over 105,000 registered nurses, licensed practical nurses and advanced registered nurse practitioners. In 100 years, nursing regulation also grew. What does nursing regulation mean and how does it work?

In 1994, the Washington State Legislature created the Nursing Care Quality Assurance Commission by combining the Board of Registered Nursing and the Board of Licensed Practical Nurses. The purpose of the Nursing Commission, stated in law, is

*“ . . . to establish, monitor and enforce licensing, discipline, consistent standards of practice, and continuing competency mechanisms.”*

The nursing profession believes in self regulation. The licensing, discipline, consistent standards and continuing competency mechanisms are established, monitored and enforced by nurses. The nursing law also states qualifications for the members of the Nursing Commission. The governor appoints seven registered nurses, three licensed practical nurses and two advanced registered nurse practitioners. Washington State also adopted the use of public members on all health care boards, and the governor appoints three public members.

Over 100 years, the education and licensing of nurses changed. Education moved from hospital-based to academic-based education. Academic standards were determined for nurses so patients in Spokane, Richland, Twisp and Seattle received safe, similar nursing care. A state examination tested nursing graduates to assure safety. There is now one national examination offered in all states and eleven English speaking nations around the world. This allows nurses in English speaking countries who meet a state's academic standards to test before moving to that state to begin work. The NCLEX examination is available five days a week, every week of the year in four locations: Seattle, Spokane, Renton and Yakima.

Self regulation also means the Nursing Commission issues a license as a privilege to practice nursing in Washington. In other words, the licensee met the educational and safety standards deter-

mined by the Nursing Commission. People in Washington State trust licensed nurses to be safe with them and their loved ones when they are most vulnerable. Nurses earn this trust through their education and work. While the vast majority of nurses are very good, some nurses do not meet the standards of care or safety.

When the Nursing Commission receives a complaint, it determines whether to investigate. The very fundamental aspects of our democratic society are in place with the disciplinary process: innocent until proven guilty, jury of your peers, protection of free speech, and right to privacy, to name a few. If an investigation begins, investigators follow strict protocols to protect individual rights and collect evidence to support the Nursing Commission's decisions. As with any court action, the nurse has the right to legal representation. The disciplinary process changes as our legal system changes. Over 100 years, discipline has become a busy and time-consuming process for the Nursing Commission.

The current shortage of nurses drives the number of schools and graduates needed for nursing. In Washington, we have noted a steep increase in the number of nursing programs and graduates per program. The Nursing Commission produces an annual report detailing the education of nurses in our state and program performance. You can request a copy of the most recent and past reports from the Nursing Commission's office or access the reports online at our Web site at [www.doh.wa.gov/nursing](http://www.doh.wa.gov/nursing).

The Nursing Commission constantly reviews and improves its business as a steward of licensing fees. While the Nursing Commission's business continues to increase through use of criminal background checks on licensees, the increase in the number of licensees, and the increase in disciplinary actions, the Nursing Commission strives to keep licensing fees reasonable. The fees pay for all business completed by the Nursing Commission members and staff. The Nursing Commission decreases costs with frequent conference calls, decreasing travel and time. The Nursing Commission is also trying to have more meetings outside of the Olympia area so that more nurses can attend the meetings. In order to reduce travel time and costs, some upcoming business meetings are scheduled by video conference in several cities throughout the state. Rules work-

# WHAT'S NEW AT THE WASHINGTON CENTER FOR NURSING?

THE NURSING PROFESSION BELIEVES IN SELF REGULATION, MEANING THAT THE LICENSING, DISCIPLINE, CONSISTENT STANDARDS AND CONTINUING COMPETENCY MECHANISMS ARE ESTABLISHED, MONITORED AND ENFORCED BY NURSES.

shops and hearings have been conducted by video conference. The Nursing Commission is also reviewing different methods to license and licensing renewal periods. Be looking forward to video conferences to announce some of these ideas and gather your input over the next several months. To receive these announcements, join the Nursing Commission list serve at <http://listserv.wa.gov/cgi-bin/wa?A0=NURSING-QAC>.

This issue is dedicated to our 100 years of nursing regulation in our state. Celebrate nursing!

We have added "Be a Nurse" informational brochures focused on the Hispanic and Native American populations, to the current English language version. These are great for K-12 students as well as adult second careerists who have been thinking about nursing, and for parents of potential nursing students. [pasbrc@spu.org](mailto:pasbrc@spu.org) or 206-281-2978 to order these at no charge.

The Rural Outreach Nursing Education (RONE) program was funded in part by \$25,000 from the Johnson & Johnson Promise of Nursing gala funds, administered by WCN. The first class of the rural incumbent worker nursing education starts in January 2009. Contact Helen Kuebel from Lower Columbia College if you're interested to know more. [hkuebel@lcc.ctc.edu](mailto:hkuebel@lcc.ctc.edu) or 360-442-2861.

The analysis of the nursing licensing data collected in fall 2007 by the Department of Health was completed. We have a better picture of the clinical work areas, ethnic composition, & educational level of our RN workforce than ever before. You can download this from our website under "Latest News" or call for a copy 206-281-2978.

Every conference we attend, article we read, and nurse we speak with asks for help with developing leadership skills, behaviors, and knowledge. Leadership at the point of care education is planned for 2009 for direct care nurses as well and beginning managers. Watch the WCN website for more detail.

We supported the Pierce County Youth Health Career Fair and the Hispanic Roundtable's Youth Summit, both held in October to expose students to healthcare careers.

As always call me or email with questions, ideas, and thoughts about how WCN can serve you better. [tiemal@spu.edu](mailto:tiemal@spu.edu) or 206-281-2634.

## Mental Health Nursing Is More Rewarding Than Ever

The rewards of working at Western State Hospital have always been very special. Mental health recovery is a journey of healing and transformation, helping a person with a mental health problem to live a meaningful life in a community of choice while striving to achieve his or her potential. Our holistic approach, recovery treatment philosophy, and "Best" proven practices provide the highest levels of job satisfaction for dedicated professionals.

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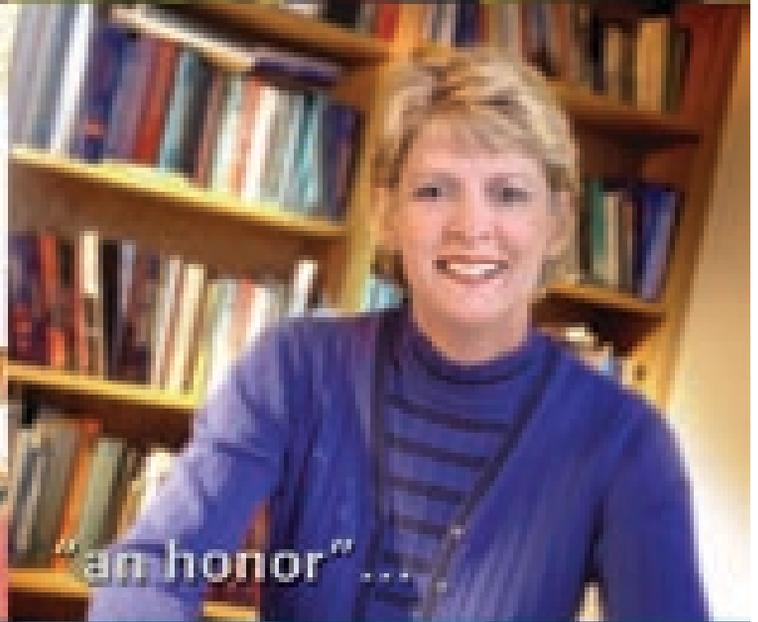
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# WASHINGTON STATE NURSING PROGRAMS 2006-2007 ANNUAL REPORT SUMMARY

## SURVEY BACKGROUND

The Nursing Care Quality Assurance Commission (NCQAC) requires all nursing programs to report annually. This is a summary of that report. The full report is available on the NCQAC Web site (see “nursing programs”): <https://fortress.wa.gov/doh/hpqqai/hps6/Nursing/NursingPrograms.htm>

(AD-RN). Twenty programs offer both LPN and associate degree RN programs. Eight universities offer baccalaureate degree programs (BSN). Three of the university programs also offer master’s entry RN programs (ME). One university offers a doctoral entry RN program. A list of approved nursing programs is available on the NCQAC Web site.

registered nursing program graduates.

Washington state candidates taking the national licensing examination have increased since 2001. Practical nursing candidates have increased 64 percent. Registered nursing candidates have increased 142 percent.

Registered nursing program expansion is slowing. Comparing the last two school years, there was a 10 percent increase in registered nursing candidates taking the national licensing examination. Graduates from registered nursing programs increased by 12 percent.



Washington State has 39 approved pre-licensure nursing programs. Three programs offer only practical nursing (LPN).

## SURVEY PARTICIPANTS

Washington State has 39 approved pre-licensure nursing programs. Three programs offer only practical nursing (LPN). Eight programs offer only associate degree RN programs

## DATA OVERVIEW

All levels of pre-licensure nursing programs increased production since 2001-2002. There is a 57 percent increase in practical nursing graduates. There is an 80 percent increase in

Practical nursing program graduate numbers declined in 2005-2006. The number of graduates returned to their previous level in 2006-2007. In both years, the number of candidates taking the national practical nursing license exam remained steady.

To fill the need for nursing faculty across the state, registered nurses must advance educationally. There is no increase in the number of associate degree registered nurses completing a bachelor’s degree in nursing (RNB) over the last three years. The number of master’s degree graduates decreased by 15 percent (ARNP) to 26 percent (non-ARNP) when compared to the previous year.

Nursing programs must compete for clinical learning sites. Nursing faculty is increasingly difficult to find. Hiring faculty is difficult, because school salaries lag far behind clinical salaries. These issues may negatively impact further increases in graduate nurse production.



# NORTHWEST HOSPITAL & MEDICAL CENTER

People value an excellent reputation, in themselves and in the professionals they trust with their health care. Northwest Hospital & Medical Center in north Seattle has a top-flight reputation on a number of levels, starting with:

## *Our people*



“My mother was a patient here, and she enjoyed her stay. She asked me, ‘Why don’t you apply at Northwest Hospital?’”

“Nurses want to work here because of family members who came here to give birth or for surgery; their families trust us.”

“There’s always someone to help you learn and expand your professional skill set.”

“You always have room for advancement, by learning new expertise on the job and getting tuition reimbursement for additional formal education.”

“The retention at Northwest Hospital is excellent – people like what they do here and they have a strong commitment to the community they work in.”

## *Our technology*



Our staff uses the latest robotic surgery, featuring the da Vinci S Robot, which minimizes operating room time and speeds recovery; laparoscopic surgical techniques; a recently remodeled and expanded emergency room; a growing patient telemetry program that will soon include most Northwest Hospital in-patients; the Rapid Response Team; and many other evidence-based technical advances to assure the best in patient-centered care.

## *Our location*



“The campus is very green and lush, and it reminds you that you’re in the Pacific Northwest.”

“The fountains and the landscaping give the medical center a relaxing feel. There are benches to sit down and talk. I like the way it’s done.”

“The hospital is beautifully landscaped: it’s very pleasant for patients and their families, as well as the staff.”

“Northwest Hospital is away from downtown, but very convenient – you can get there in a few minutes.”

*You've put everything into getting where you are.  
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#### *Our services*

- Seattle Breast Center
- Women's Cancer Care of Seattle
- Sleep Medicine Associates
- Bariatric Surgery Program
- The Sports Medicine Clinic
- The Seattle Arthritis Clinic
- Urology Northwest
- . . . and many more!

#### *Our awards*

- 2007 and 2008 HealthGrades Distinguished Hospital Award for Patient Safety
- 2008 Award for Excellence in Stroke Care
- 2008 Award for Excellence in Back and Neck Care

#### *Our benefits*

- Competitive salaries
- Specialty, training and residency programs
- Tuition reimbursement and scholarships for qualifying continuing education
- Flexible schedules
- On-site daycare
- Generous 401 (k) plan
- New on-site fitness center with incentive program and classes
- Transportation options, including free bus pass
- Easy commute, with on-site covered parking

#### *Our opportunities*

We're currently looking for emergency room, intensive care unit, telemetry, special care, medical-surgical float and critical care float nurses interested in working in a community-based hospital at the center of medical advancement.

For information on how you can become a part of the Northwest Hospital community, visit [www.nwhospital.org/jobs](http://www.nwhospital.org/jobs).



# CONTINUING COMPETENCY UPDATE



BY CHUCK CUMISKEY, BSN, MBA, RN, NURSE PRACTICE ADVISOR

Over the past six months, the Nursing Commission's Continuing Competency Subcommittee accomplished significant strides in moving the conceptual model to receiving feedback from nurses across the state. We used the feedback received to revise the model. This article reviews the course of events to the end of October 2008. It is important to review why the Commission is doing this work and a few key concepts that highlight the project.

The Nursing Commission's primary purpose is to protect the people of Washington State by ensuring that we have safe, evidence-based, competent nurses everywhere in this state. To this end, the Revised Code of Washington (RCW) 18.79.010 states the Nursing Commission will have "continuing competency mechanisms" in place. Measuring continuing competency is easy to say but a challenge to do.

Presently, North Carolina is the only state in the country with comprehensive continuing competency mechanisms in place. They have been revising and implementing this program over seven years. North Carolina's Board of Nursing just started auditing their licensees on July 2008 for program compliance. Other states developing continuing competency programs are Oklahoma and Tennessee. New Mexico and Oregon are strongly considering studying and implementing their own continuing competency programs. All of the Canadian provinces have continuing competency programs in place.

## A BRIEF REVIEW OF WHAT WE HAVE DONE IN WASHINGTON STATE:

We developed a conceptual model and started to distribute it to stakeholders at public meetings. The proposed program includes of documentation by each nurse of the following components:

- Active nursing practice
- Self-reflection and assessment of current knowledge, technical ability and learning needs
- A "continuing competency development plan" created by each nurse
- Timely implementation of the "Continuing competency development plan"
- Evaluation of the "Continuing competency development plan," including integration of new knowledge into practice.

## RULE WRITING WORKSHOPS AND PUBLIC FORUMS OCCURRED:

- *July 15th* - a video conference with seven locations
  - o Aberdeen
  - o Everett
  - o Seattle
  - o Spokane
  - o Vancouver
  - o Walla Walla
  - o Yakima
- *July 25th* - a public meeting in Olympia at.
- *August 13th* - a public meeting via the Rural Health Network with video conference connections in over 30 locations throughout Washington State.
- *September 4th* - Sacred Heart Medical Center of Sisters of Providence sponsored a workshop with Empire Health System and Intercollegiate Center for Nursing.
- *October 1st* - a public meeting sponsored by Virginia Mason Medical Center.

A wide variety of comments from these forums have been received by letter and via e-mail. The feedback has been very enlightening and direct. We continue to emphasize that the Nursing Commission's primary focus is to improve safety mechanisms for the people we have been charged to protect and serve.

## SOME OF THE FEEDBACK THEMES AND QUESTIONS ARE:

- It's about time we did something like this in our state.
- I work in acute care, and this model seems to be a duplication of what we already do through Joint Commission on Accreditation.
- Are our colleagues within medicine going to do this?
- Who is going to pay for this program?
- Will our license fees increase?
- Do other states in the country have this kind of program?
- What research supports the need for this kind of program?
- Practice hour requirements should align with what is expected of nurse practitioners.

The Continuing Competency Subcommittee reviewed the feed-

back. The committee asked if the cost of the model upholding responsibility to protect the people of Washington State. One theme which became evident was the concern of redundancy. Another was the concern for increased costs of implementing the program. These themes were acknowledged by the committee.

Active practice is defined as nursing practice that is paid or unpaid and is a key component of this model. The minimum practice requirement is 576 hours for the past thirty-six (36) month period. This approach to active practice allows for a nurse to take time off or work limited hours over a three year period and still maintain an active license. Research shows that active practice is one of the key factors in determining professional competency. Today, nursing

ria for” nursing practice.” At this point in our process, we are trying to be as inclusive as possible in defining criteria for active practice.

The changes described above still need to be refined and brought back to the constituents for comment. The program development and refinement of this public protection mechanism is projected to occur over the next five years. It is important that every nurse actively engages in the democracy process. One way to stay current with the issues is to sign up for the Nursing Commission’s list-serve:

<http://listserv.wa.gov/cgi-bin/wa?SUBED1=nursing-qac>

The continuing competency project provides a beneficial learning experience for all participants. Our work as nurses will take innovation and passionate involvement to make the improvements needed

## The Nursing Commission’s primary purpose is to protect the citizens of Washington state by ensuring that we have safe, evidence-based, competent nurses...



practice is broadly interpreted, covering a wide variety of settings. For example, it includes a staff nurse in a physician’s office as well as a nurse executive in a home health business. If a nurse uses his or her nursing knowledge to do their job, then they meet the inclusive crite-

to keep our patients safe. A quote by Albert Einstein comes to mind, “The significant problems we have cannot be solved at the same level of thinking with which we created them.” We invite you to participate with us on this important endeavor.

# COMPLAINTS RECEIVED IN 2007

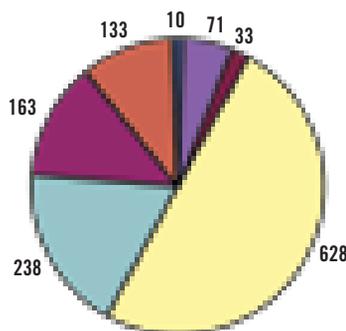
The Nursing Commission received 1,276 complaints in 2007. Complaints came from the public, facilities and nurses. Of these complaints, we have highlighted the seven most frequent types of complaints.

Some of these complaints have been closed without an investigation. Closure reasons range from no violation of a law and no jurisdiction to not enough information to identify the nurse. The majority of these complaints have been investigated. Some of the investigations have been closed with no violations found. A small percentage will result in charges being issued to the nurse. Once charges are issued, the nurse has due process rights and the opportunity to settle, enroll into a monitoring program if there are drug or alcohol problems or have a hearing to contest the charges.

Information on charges against nurses, decisions made or completion of previous charges are made available through press releases. These can be obtained at the Department of Health Web site at <http://www.doh.wa.gov/NewsRoom/default.htm>. The Nursing Commission's Web site has information on filing a complaint and the complaint process. That Web site is <https://fortress.wa.gov/doh/hpqa1/hps6/Nursing/default.htm>.

## Complaint Categories - 2007

Total = 1,276



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# Reach out for Help

## SUBSTANCE ABUSE PROGRAM

BY JEAN SULLIVAN, EXECUTIVE DIRECTOR, AND AMANDA CAPEHART, CASE CONSULTANT, DEPARTMENT OF HEALTH

The Washington Health Professional Services (WHPS) program was established in 1988 to work with practitioners impaired by alcohol or other drugs to safely return them to practice. Reference RCW 18.130.175. WHPS monitors health care professionals who are chemically impaired in order to:

- Promote early intervention for suspected substance abuse and support recovery from the disease of chemical dependency.
- Retain skilled practitioners by protecting his/her license and providing an alternative to discipline.
- Ensure the public's safety from chemically impaired practice and judgment; and
- Return recovering professionals safely back to work.

The WHPS program works with 53 of the 57 categories of licensed, certified or registered providers. The largest groups of participants are nurses (RN/ LPN/ ARNP), health care assistants, emergency medical technicians, chemical dependency professionals (CDP) and registered counselors. The Washington Physicians Health Program (WPHP) assists physicians, dentists, veterinarians, podiatrists, and physician assistants.

**It is important to note that for professionals, as with any chemical dependent patients, the earlier the intervention, the sooner treatment can occur and the better the outcome will be.**

Alcohol and drug impairment affect a significant number of health care professionals. However, there exists limited data on the numbers of substance-abusing professionals, because they rarely report themselves for fear of disciplinary action. Employers rarely document incidents. Data from the National Household Survey indicates that the overall rates in the general population for lifetime prevalence are 13.5 percent for alcohol disorders and 6.2 percent for drug abuse and dependence.

Some studies suggest that working in health care exposes professionals to a combination of unique risk factors for substance abuse, including:

- Access to pharmaceuticals.
- Family history of substance abuse.
- Denial, emotional problems.
- Stress at work or at home.
- Thrill seeking or self-treatment of pain.

These health care providers not only have easy access to medications, they also tend to adhere to the prevailing attitude about medications among health professions that prescription drugs work. They have an optimistic belief that their knowledge insulates them from the dangers of dependency and addiction.

Dr. Nora D. Volkow, Director on the National Institute of Drug Abuse, told a conference on drug dependency in June 2003 that she had never met a patient who wanted to be an addict. "Sure," she said, "they start out wanting to take a drug. But the problem is we don't know who will become addicted." According to the Institute of Medicine of the National Academy of Science, 32 percent of people who try



tobacco become dependent, as do 23 percent of those who try heroin, 17 percent of those who try cocaine, 15 percent who try alcohol and nine percent who try marijuana.

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

Dr. G. Douglass Talbott in his work with the Talbott Center has identified "a professional conspiracy of silence" in the health professions. He writes that, "Many health professionals continued to progress in their disease toward terminal or fatal consequences without appropriate intervention. Inherent in this conspiracy of silence was patient liability as practitioners who were actively chemically dependent continued in their roles. Late identification of health professionals with

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alcohol/other drug problems generates legal risks, as many lawsuits filed include not just the health professional, but his/her peers, associates, superiors, professionals and administrative individuals.”<sup>1</sup>

Health professionals are often highly trained and expected to assume leadership roles in clinical practice, and therefore may have great difficulty in acknowledging personal needs. It is common to hear, “I could not reach out for help.” However, it is important to note that for professionals, as with any chemical dependent patients, the earlier the intervention, the sooner treatment can occur and the better the outcome will be.

In order to achieve the goals listed above, develops a structured monitoring contract with each health practitioner to require the participant to obtain a diagnostic assessment, and if so indicated, enter and complete treatment, submit to random urinalysis and attend peer and self-help support groups. Employers sign the contract along with the participant,

and both the participant and worksite monitor report monthly on the participant’s ability to safely practice.

Please take a moment to become familiar with this resource. Feel free to call us at 360-236-2880 if we can answer any questions. Our staff also offers in-service trainings and consultation to your staff on the continuum of substance abuse, including addiction, among health care professionals. Training and consultation are available free of charge to employers, schools and universities, and professional associations. Finally, we are available to assist in planning and consultation for interventions with professionals who may be diverting or coming to work impaired. Our service is here to promote safety and to address recovery. Please consider using this valuable resource.

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



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100 years

## A CENTENNIAL COMMEMORATION of NURSING in WASHINGTON STATE!

### Next Year We Celebrate 100 Years of Nurses Being Registered to Practice!

Next year marks a special century of nursing in Washington State. It was 1909 when the first Washington State Board of Nurse Examiners (now, the Washington State Nursing Care Quality Assurance Commission) was established by the Washington State Legislature. It happened 20 years after Washington

law, titled Registration of Nurses, stated: “Every nurse desiring to style herself a registered nurse in the state of Washington shall make application to the nurses’ examining board for examination for registration; such examination to consist of questions in surgical nursing, contagious, *material medica*, dietetics, medical

from across Washington State. They have successfully planned a Nursing History Exhibit, which will open April 11, 2009, at the Washington State History Museum in Tacoma and run through July 5, 2009. Nurses throughout the state have been asked to contribute stories and artifacts to illustrate the development of professional nursing and our heritage in Washington State and in military service. Members of the consortium are taking oral histories of nursing leaders and using earlier oral histories of nurses to illustrate the Nursing History Exhibit.

With adequate funding, the consortium hopes to take the story of how professional nursing developed in Washington to citizens throughout the state. We plan to take the panels developed for the state museum on tour to five other state venues (historical societies, small museums or campuses) where nurses will collect artifacts in their locales. In that way, the Nursing History Exhibit will continue as a “traveling exhibit” through 2011. At this time, we hope that the traveling history exhibit will spend time in Seattle, Tacoma, Spokane, and Bellingham—all sites from which nurses were initially licensed in 1909. Other potential sites for the traveling exhibit are Wenatchee, Everett, Walla Walla, and Vancouver.

One of the consortium goals is “to record and archive oral histories on representative nurses who recall early nursing education, practice and research efforts in Washington state.” Nurses from this state have applied their unique knowledge and skills in providing care to millions over the last century and a half. Another goal is “to promote an accurate image

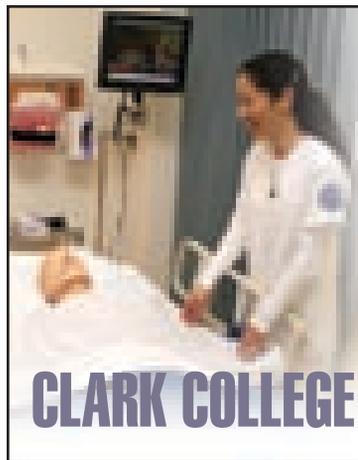


gained statehood. Even so, it was one of the early states to establish regulation of nursing, this came about at the recommendation of the Washington State Graduate Nurses Association, the original name of Washington State Nurses Association in 1908.

The legislation was passed by the House February 18, 1909, passed by the Senate March 2, 1909, and approved March 3, 1909. To assure professionalism and protect the public, on April 18, 1909 the governor appointed five graduate nurses to the first board. The

nursing, obstetrics and gynecology, anatomy, physiology and hygiene.” After a three-year period, allowing for registration without examination, all nurses were required to complete an approved program of study and pass a test to be licensed in the state.

The Washington State Nursing Centennial Consortium is planning a gala celebration next spring to celebrate the 100-year anniversary. The consortium was informally started January 2008 with 12 members. After almost a year of planning, the group numbers over 40 members



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of nursing in Washington State as a rewarding career attractive to men and women from every segment of our society.”

Every year, about one-third of the visitors to the Washington State History Museum are school-age children on field trips. They will see and read stories about nursing care and courage. They will hear and learn about the diversity of Washington nurses over the years who have contributed so much to improved health care in this state and overseas. It is our hope that every nurse in the state will be able to take part in some way. Find out if your hospital or employer plans to celebrate the Washington State Nursing Centennial. A good time to celebrate would be Nurses’ Week in May or when the traveling exhibit comes to your part of the state.

A gala event is being planned around the opening of the museum exhibit, tentatively scheduled for April 16, 2009. That evening, the celebration is planned for Tacoma. But, we encourage celebration all year in every corner of the state. Plan your own field trip to the Washington State History Museum to see the exhibit through July 5th. The Washington State Nurses Association is planning a bus tour for convention participants to see the Tacoma exhibit during the end of April 2009. Plan a convention or meeting of your professional nursing organization at one of the rooms in the Washington State History Museum.

For more information, contact Maura Egan, Ph.D., RN, Project Director, Washington State Nursing Centennial Consortium (253-584-1528 or [eganrandm@comcast.net](mailto:eganrandm@comcast.net)) Remember, we only get to celebrate the centennial of our rich historical past once in a hundred years!

**We want all nurses and nursing students in the state to know and celebrate our Nursing Centennial in 2009!**

**With pride, tell your patients, other providers and the public about 100 years and more of nursing’s legacy in Washington State.**

# ELDER ABUSE, EXPLOITATION, AND NEGLECT: It's Not Just Nursing Homes Anymore

BY GEORGIA A. MARTIN, RN, MSN, JD, PH.D.

The appalling abuse of elders in nursing homes and institutions is common; however, the incidences of blatant exploitation, abuse and neglect of elders by their children, family members and caregivers is escalating. In 1986, there were 117,000 reported cases. By 1996, the number had increased to 293,000 cases. In 2000, the total number of reports was 472,813. Two in five victims are age 80 or older. The actual number of unreported incidences is believed to be much higher and will continue to escalate as the population over 65 years increases.

Elder abuse is an escalating problem and is a crime that is punishable and must be reported in every state.

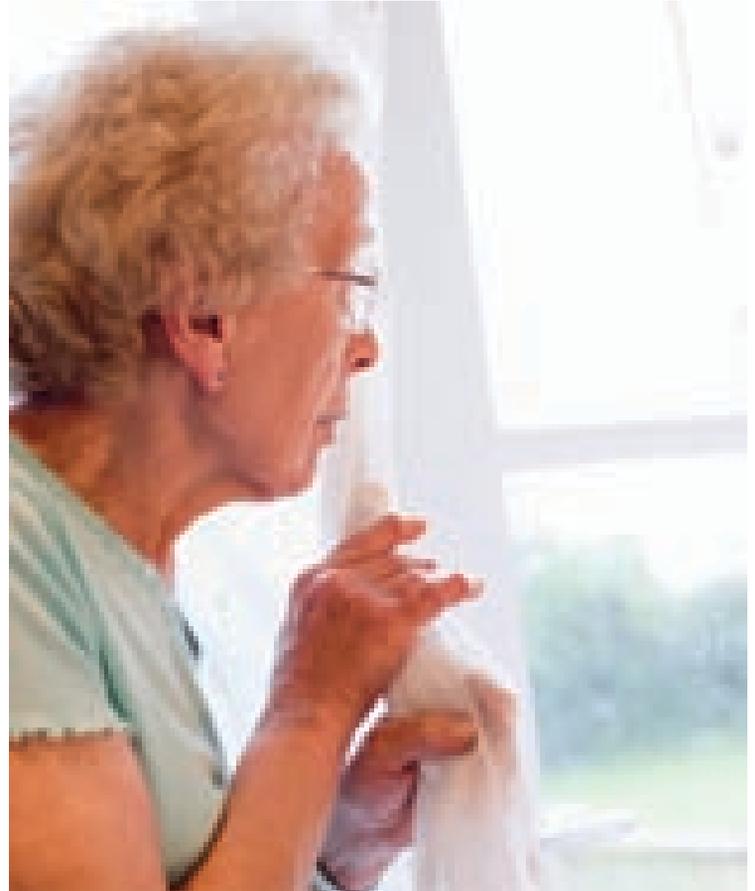
## **MUST YOU REPORT SUSPECTED CASES?**

Much like child abuse, elder abuse is a reportable crime in every state. Professionals may be held responsible for failure to report suspected cases. Although the individual provisions of state laws vary, health and mental health care providers of all types, social workers, day care providers, nursing home administrators, and law enforcement personnel have a legal duty to report suspected cases to both state and federal adult protective services.

The legal standard for mandatory reporting is a “reasonable belief” that an elder person has been or is about to be abused, neglected, or exploited. One does not have to be positive that abuse has actually occurred. For example, it is reasonable to suspect elder abuse when an elder smells like feces or urine, has numerous bruises, and the caretaker or elder is evasive, defensive, or inconsistent when providing information on the incident. To protect themselves from civil and criminal liability, whistle-blowers must report suspected abuse cases in “good faith” and be prepared to support their suspicions with good documentation and witnesses when possible.

## **WHAT IS ELDER ABUSE ANYWAY?**

Elder abuse refers to cruel, inhumane treatment and malicious acts such as physical, mental, psychological, or sexual injuries these are per-



petrated against an adult, 18 years and older, who lacks the physical or mental capacity to provide for their daily needs and is unable to remove self from dangerous situations. The term also refers to the infringement of an elder’s constitutional rights to dignity, freedom of choice, life, and privacy. Neglect refers to the willful deprivation of a vulnerable adult of adequate food, clothing, essential medical or habilitation treatment, shelter, or supervision. Exploitation refers to any action which involves the misuse of a vulnerable adult’s property, funds or person.

## **CAN YOU RECOGNIZE ELDER ABUSERS?**

In 2003, 44 percent of alleged perpetrators were the elder’s own children or other intimate family member, and 11 percent were spouses or intimate partners. Seventy-seven percent of abusers are white, 47 percent are female, and 66 percent are less than 60 years of age. Abusers may be uncooperative and act indifferent, domineering, aggressive,

## TABLE 1 - ELDER ABUSE INDICATORS

ABUSE TYPES	ABUSE INDICATORS
<b>PHYSICAL</b>	Bruises, cigarette, iron, rope, and immersion burns, wounds, welts, black and blue marks, cuts, lacerations, unusual imprint and pattern injuries or injuries in unusual locations such as the neck or genitalia, injury incompatible with history, untreated or improperly treated medical conditions, weight loss, undernourishment or dehydration, clothes or bed linen soiled with urine or feces, poor hygiene, unshaven, malodorous, absence of hair, unreasonable physical restraints, doctor and hospital hopping, multiple emergency room visits
<b>SOCIAL</b>	Isolation from outside friends and family members, violence, drug abuse, family with personal problems, unable to speak freely
<b>SEXUAL</b>	Nonconsensual symptoms of sexual assault such as bruising of the genitalia, mouth, and anus
<b>NEGLECT</b>	Abandonment, inappropriate or inadequate housing, shelter, supervision and monitoring, food or water, hygiene or bathing, assistance with eating or drinking, inappropriate clothing for the weather, denial or delay of medical care rashes, presence of sores, rashes or lice
<b>SELF NEGLECT</b>	Inability to manage personal finances and daily living, suicidal acts, wanderings, refusing medical attention, substance abuse, dehydrated, malnourished, changes in intellectual functioning
<b>BEHAVIORAL &amp; PSYCHOLOGICAL</b>	Confusion, forgetfulness, shame, helplessness, fear, withdrawal, anger, implausible stories, depression, hesitation to talk openly, denial, agitation, confusion
<b>FINANCIAL</b>	Change in spending habits, unusual bank account activity, signature on checks do not match, power of attorney given, recent changes in will, unpaid bills, lack of amenities, missing personal belongings
<b>VIOLATION OF RIGHTS</b>	Dignity, freedom of choice, life, or privacy, especially matters concerning health care and living arrangements

or angry toward elders. They may display inappropriate affection or over-protectiveness and may not give elders an opportunity to speak. They may blame elders and describe them as “accident prone” or “clumsy.” They may show an undue concern for medical costs, provide excessively detailed accounts of injuries, and show evidence of or have a history of mental illness, alcohol or drug use, or abuse of others. Additionally, abusers may provide little or no assistance to the elder, be socially isolated from friends or other family members, provide contradicting versions of the incident, demonstrate inappropriate or unwarranted defensiveness, and show evidence of excessive dependence on the elder for financial support.

### WHAT CAN YOU DO?

Without proper training, detection of elder abuse is extremely difficult. Professionals who have a legal duty to report must educate themselves in all aspects of elder abuse. Additionally, they must be knowledgeable regarding adult protective and support services, shelters, other community resources, and toll-free hotline numbers. With proper training and by using the strategies outlined in this article, professionals will be better able to recognize, to intervene, and to report abusive situations.

### NURSING ASSESSMENT STRATEGIES

Maintain a nonthreatening and nonjudgmental attitude toward both the elders and suspected abusers. Never accuse suspected abusers,

because they will never admit to any type of abusive relationship.

Always conduct interviews and assessments in private with the elder person so that the elder’s version of events isn’t influenced by others.

Use good listening and communication techniques. Ask open-ended questions, and keep questions simple and direct. It is okay to ask, “Have you been physically injured by anyone in your family?”

Insure that documentation is accurate, detailed, nonjudgmental, and objective. Use quotations when possible, and describe physical cuts, burns, abrasions, and bruises in great detail to include size, shape, appearance, and location.

Obtain a detailed history of all current and previous injuries and illnesses. Keep in mind that several types of abuse can occur simultaneously and that most elders will not readily admit or discuss abusive relationships because they are either ashamed of the abuse or afraid of the abusers. Ascertain when, where, and how all injuries occurred. Ask about the reasons for any delays in treatment. Look for inconsistencies between the story and the physical evidence. Ask about the use of multiple physicians or hospitals for the treatment of past illnesses and injuries.

Complete a detailed physical examination and mental assessment of the elder using an abuse assessment tool, skin care flow sheet, or the indicators listed in Table 1. Keep in mind that bruises in and of them are not necessarily a symptom of abuse, because the fragile, thin skin

of elderly patients bruises easily.

Document in great detail the size, shape, location, and appearance of all burns (cigarette, iron, rope, and immersion), bruises, lacerations, and injuries. Assess for unusual injuries such as pattern and parallel injuries and for injuries in unusual locations like the genitalia and neck.

Obtain photographs and diagnostic studies such as X-rays and autopsies to evaluate the extent of all injuries and to supplement the patient's record.

#### CONCLUSION

Elder abuse is an escalating problem. It is a crime that is punishable and must be reported in every state. Federal and state regulations require certain professionals and institutions to report suspected cases, and they may be held responsible for failure to report suspected cases. If an elder is in danger, call 911 or the local police for immediate help. If abuse, neglect, or exploitation is suspected, call the National Center on Elder Abuse hotline at 1-800-677-1116, or visit their Web site at [http://www.ncea.aoa.gov/NCEARoot/Main\\_Site/Find\\_Help/Help\\_Hotline.aspx](http://www.ncea.aoa.gov/NCEARoot/Main_Site/Find_Help/Help_Hotline.aspx).

Detection of elder abuse is extremely difficult. However, with proper training and by using the strategies outlined in this article, professionals will be able to recognize, intervene, and report abusive situations sooner. The scope of this article is limited, but there is a plethora of related educational and useful information on the Internet simply by using Google to research the term "elder abuse."

However, self education is not enough. The community at large, elder patients, family members, and potential abusers should be informed that elder abuse is a reportable crime. Additionally, they must be educated in every aspect of elder abuse and be knowledgeable regarding adult protective and support services, shelters, other community resources, and state and federal toll-free hotline numbers.



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.

## 2009 NURSING COMMISSION MEETING DATES

#### DATES

January 9, 2009

March 13, 2009

May 8, 2009

July – date not set

September – date not set

November – date not set

#### LOCATIONS

Video conference at five sites

Spokane

Tumwater

To be determined

To be determined

To be determined

*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](http://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.*

# NEW COMMISSION MEMBERS APPOINTED

Governor Chris Gregoire recently appointed two new commission members. Thank you to outgoing members Reverend Ezra Kinlow, public member, and Richard Cooley, LPN, for their years of service and dedication to the

public and the Nursing Commission.

**WELCOME TO THE TWO NEW MEMBERS!**

**CHARLOTTE COKER, PUBLIC MEMBER**

I am a long time community activist. Volunteerism has allowed me to exercise my deep love



for public service. I served five years as Parliamentarian for the Spokane City Council and six years on the Washington State Human Rights Commission, including chairing

this body for over a year. I am a past president of the General Federation of Women's Clubs of Spokane and currently continue to serve on its Board of Trustees. It will be an honor and a privilege to be a part of the NCQAC, and I look forward to this challenging facet of new public service.

**MARGARET E. KELLY, LPN**



Ms. Kelly was appointed to the commission in October 2008. She earned her Bachelor of Science degree in community health education at SUNY Brockport in New York. Her 30 years of

nursing service includes: skilled care, adult family home, assisted living, home health, and staff development. She is a twelve year employee of Providence Senior and Community Services, holding a variety of direct care and supervisory roles. In 2003, Margaret brought her nursing experience to South Seattle Community College as an instructor in the LPN and NAC nursing programs. She is honored to help improve nursing care and education for Washington state through her membership on the commission.

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# ARNP CORNER

BY DARRELL OWENS, PH.D., MSN, ARNP

The Nursing Commission is pleased to announce that the updated rules for Advanced Registered Nurse Practitioners (ARNPs) became effective January 1, 2009. The rules governing ARNP practice in Washington were opened in 2007 to allow for a review and update of scope of practice and definitions, some of which were over ten years old. The review process is now complete, having provided stakeholders multiple opportunities to provide input. For immediate updates on the ARNP rules process, sign up for the list serve at <http://listserv.wa.gov/cgi-bin/wa?A0=NURSING-QAC>.

The focus of this newsletter is continuing competency. This program is designed to help improve the health and safety of the people through effective and efficient nursing care. The ability to assess knowledge and educational needs, and then to expand one's knowledge based on that assessment, is the cornerstone of safe and effective ARNP practice. Like many nurses, ARNPs are asking what continuing competency means for them.

For ARNPs, continuing competency will mean documenting your existing continuing education plans into an assessment model for current knowledge and skill. Unlike registered and practical nurses in Washington, ARNPs must complete 30 continuing education hours every two years, with an additional 15 hours in pharmacotherapeutics for those with prescriptive authority. The continuing competency program will provide ARNPs with the opportunity to assess their education and training needs in a more formalized manner, and then to organize those needs into a formalized plan for accomplishment over the coming two years.

Many ARNPs often find themselves scrambling at the last minute to locate continuing education courses to meet the 30 and 15 hour requirements for renewal. This process can leave providers with a limited number of educational options. While courses may satisfy the continuing education requirement, they may not provide personal satisfaction or practice-specific knowledge. Through continuing competency, ARNPs can organize and plan their professional development in a way that provides them with both professional and personal satisfaction, while at the same time improving the overall health of those for whom we provide care.





# Investigator Position in Your Future?

If you have an inquisitive mind, a great attention to detail, and are a critical thinker, is an investigator position in your future?

The Nursing Commission is in need of registered nurses with a bachelor's in Nursing. If you have three or more years of experience as a registered nurse, the health care investigator two positions may be for you. The positions are based in Tumwater, Wash. Entry level is a level two investigator position with potential advancement to a level three investigator position with progressive responsibilities. Starting pay for a level two investigator position is \$43,572 depending on qualifications, with advancement to a level three investigator position, the top range pay is \$57,240.

For more information on the job announcement, see <http://dohweb/hr/Jobs/Jobs%20page.htm> or call Sandra Prideaux, Chief Investigator, at (360) 236-4731 or by e-mail at [Sandra.prideaux@doh.wa.gov](mailto:Sandra.prideaux@doh.wa.gov).



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# WHAT IS HEAL-WA?

BY VALERIE LAWRENCE, MLS, RESOURCE COORDINATOR

HEAL-WA (Health Electronic Resource for Washington) is an evidence-based health sciences information portal being developed by the University of Washington Health Sciences Libraries. This effort is a response to a new state law passed in 2007.

## WHERE DID THE IDEA FOR HEAL-WA COME FROM?

Improving health professionals' access to information statewide was one of 16 recommendations of Governor Chris Gregoire's Blue Ribbon Commission on Health Care Costs and Access. This legislation encourages practitioners to rely on evidence-based information to deliver health care. The HEAL-WA site will provide electronic access to information for many practitioners through the services of a health sciences library.



## THE HEAL-WA WEB SITE WILL BE AIMED AT GIVING PRACTITIONERS IN EACH OF THE NAMED PROFESSIONS ACCESS TO TIMELY, EVIDENCE-BASED ANSWERS TO THEIR PATIENT CARE QUESTIONS...

### WHO WILL HAVE ACCESS TO THE SITE?

All professionals licensed by Washington state who are members of one of the named professions will be able to use the resources in the Web site. Professions named in the legislation are registered nurses, physicians, physician assistants, osteopathic physicians, osteopathic physicians' assistants, massage therapists, naturopaths, podiatrists, chiropractors, psychologists, optometrists, mental health counselors, clinical social workers, and acupuncturists.

### HOW WILL THE SITE BE FUNDED?

The site is being funded by an add-on to the license fees of the named practitioners.

### WHEN WILL THE SITE BE AVAILABLE?

The site is scheduled to go live by January 1, 2009. You can expect to be able to use a limited number of resources beginning in fall 2008, as we will begin adding resources to the site and making free trials available. We will also be inviting user feedback at that time.

### WILL HEALTH PRACTITIONERS ACROSS THE STATE HAVE ACCESS TO THE HEALTHLINKS SITE AT UW HEALTH SCIENCES LIBRARY?

There may be some overlap between the resources that are contained in HEAL-WA and HealthLinks. However, the HEAL-WA portal will be a completely separate resource from the services provided to University of Washington faculty, staff, and students. Access to HEAL-WA will not include access to all of the resources contained in HealthLinks.

CONTINUED ON THE NEXT PAGE



# ADDRESS ON RECORD

On occasion, the Nursing Commission is required to release lists of licensees to qualified associations or educational organizations. The address that is released is the one on your license. If you would like an alternate address used for mailings other than your renewal, you can send in a request for an alternate mailing address to be used. This could be a post office box or a business address.

Send in your request for an alternate address to [hpqa.csc@doh.wa.gov](mailto:hpqa.csc@doh.wa.gov) and include your license number and alternate address.

You should update your address with the Department of Health any time you move. We will send out the courtesy renewal notices to the last known address. Because we use the bulk rate, it cannot be forwarded. So even if you request the post office to forward your mail, they will not forward bulk mail.

## WHAT WILL BE INCLUDED IN HEAL-WA, THEN?

The HEAL-WA Web site will give practitioners in each of the named professions access to timely, evidence-based answers to their patient care questions, and it will contain a variety of resources including:

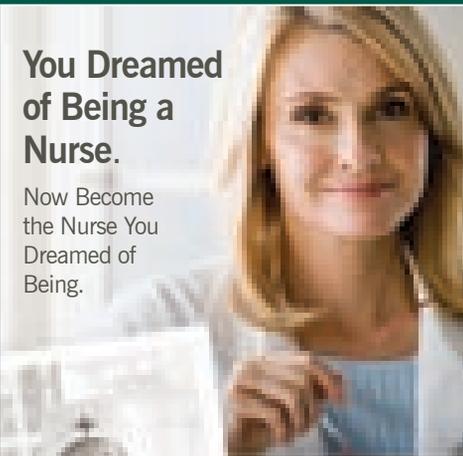
- online databases
- electronic journals
- full text articles
- electronic textbooks

If you would like to make suggestions for resources you wish to see included, or offer feedback on this project, please contact Valerie Lawrence, MLS, Acting HEAL-WA resource coordinator, at (206) 221-2452 or by e-mail at [vjlawren@u.washington.edu](mailto:vjlawren@u.washington.edu).

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**Children's Hospital & Regional Medical Center** in Seattle is ranked **8th** among the "Top Ten" best children's hospitals in the nation by *U.S. News & World Report*. We bring together the best resources, technology, and most importantly, talent, to enhance the lives of children across the Pacific Northwest every day.

We welcome talented nurses to join our team. If you are an experienced RN with or without pediatric experience, consider a new role with Children's. Training is available for nurses with adult patient care experience.

**Pediatric nursing opportunities are available in the following areas:**

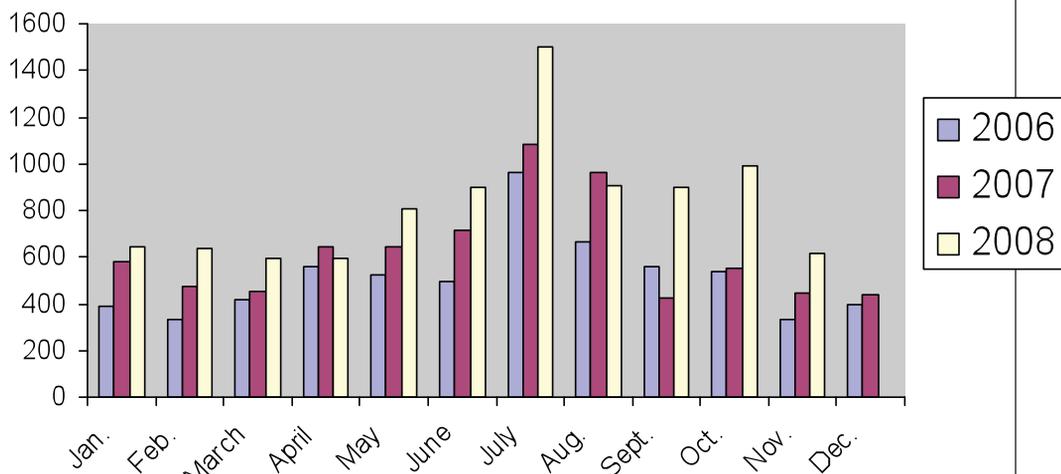
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We offer excellent pay and benefits, retirement plans, opportunities for career advancement, paid training days, certification pay and much more. For immediate consideration, apply online at [www.seattlechildrens.org/jobs](http://www.seattlechildrens.org/jobs) or call our **Nurse Recruiter** at **1-800-874-6691**. EOE.

**Children's**  
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# NUMBER OF NURSES ON THE INCREASE

**Total Nurse Licenses Issued**



The number of nurses licensed in Washington state is increasing. The chart below compares the numbers of applicants from 2006, 2007 and part of the way through 2008 at the time of this article. In 2006, there were 6,168 RNs, LPNs and ARNPs licensed in Washington. In 2007, that rose to 7,430. In 2008, we have 7,483, with three months remaining.

As of October 1, there were a total of 81,102 registered nurses, 15,256 licensed practical nurses and 4,698 advanced registered nurse practitioners.

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**Evergreen Healthcare**  
12040 NE 128th Street  
Kirkland, WA 98034



## HELPING PATIENTS WITH END OF LIFE DECISIONS

The last edition had an article about helping patients with end of life decisions. It also included information about living wills. The correct link is [www.doh.wa.gov/livingwill/](http://www.doh.wa.gov/livingwill/)



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email: [hpqa.csc@doh.wa.gov](mailto:hpqa.csc@doh.wa.gov)

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City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_





Odds of a child becoming an Olympic athlete: 1 in 28,500

Odds of a child being diagnosed with autism: 1 in 150

**Some signs to look for:**

No big smiles or other joyful expressions by 6 months.

No babbling by 12 months.

No words by 16 months.



To learn more of the signs of autism, visit [autismspeaks.org](http://autismspeaks.org)



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# PICTURE THIS!



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