

Washington NURSING COMMISSION NEWS

WINTER 2010 • VOLUME 4, Nº1, EDITION 7

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OFFICIAL PUBLICATION OF
THE WASHINGTON STATE NURSING CARE QUALITY
ASSURANCE COMMISSION AND THE WASHINGTON
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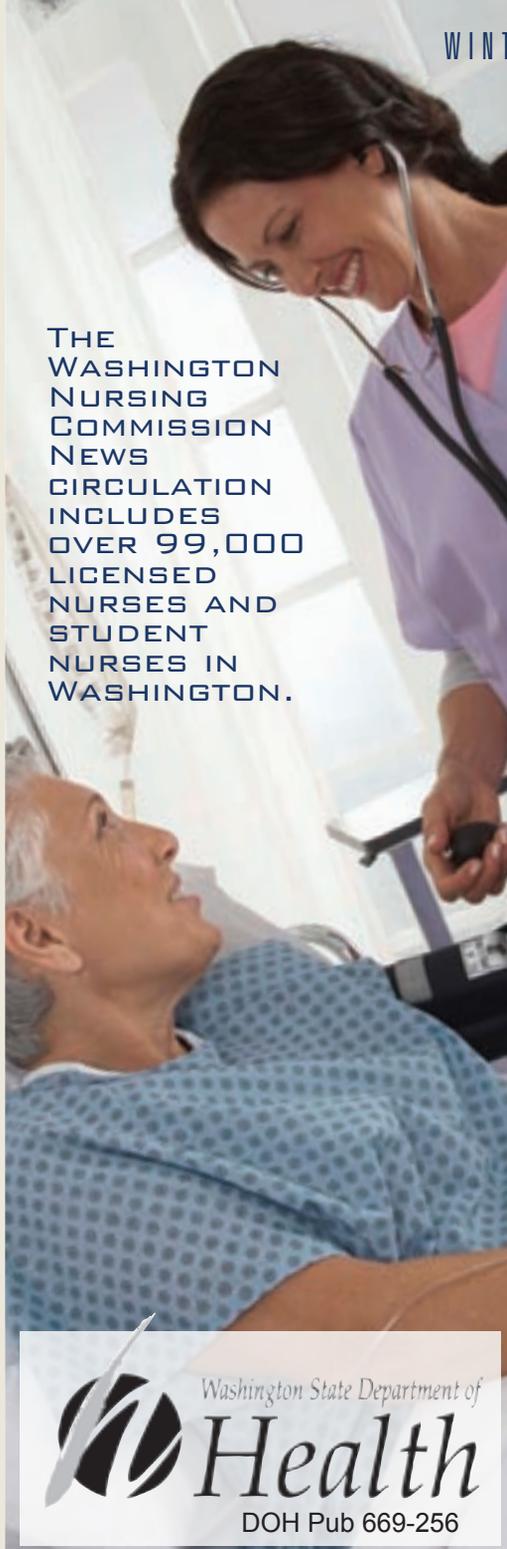
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edition 7

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 STUDENT
 NURSES IN
 WASHINGTON.



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

Executive Director

Paula R. Meyer, MSN, RN

Editor

Terry J. West

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Message from the Chair

BY SUSAN WONG, MBA, MPA, RN

I WANT TO ACKNOWLEDGE AND THANK DR. JUDITH PERSONETT for her expertise, guidance, leadership, and support during her time as chair for the past five years. I certainly feel I have some enormous shoes to fill as I step into this role as the new chair.

Participation on a state regulatory board sounded so ominous and somewhat scary for me when I first joined the Nursing Care Quality Assurance Commission five years ago. I have had the pleasure and opportunities to work with commission members and staff. They bring their knowledge and expertise from all walks of life. I have also been the Vice Chair for two years.

As I look back on the years since I first joined the commission, my first thoughts are, “Oh my, look at what we have accomplished!” We put in careful thought and laboriously developed our sanction guidelines for disciplinary action. These are now the sanction standards in disciplinary actions. These standards were used as a resource in the recent development of the Department of Health Secretary’s sanction guidelines for all health professions in our state.

With budget constraints created by the downturn of the economy, the commission became creative to carry out our mission as a regulatory board for our nursing profession. Audio conferencing has been available and used with ease for many years. Technology enabled us to conduct our open business meetings through video conferencing. This gives the public more access without the burden of huge travel costs. Meetings are held at six different sites throughout the state: Tumwater, Seattle/Shoreline, Spokane, Kennewick, Oroville, and Yakima.

Technology enhanced communication with online email and the launching of the commission’s newsletter and the Web site. We went from hard copy paper licensing to paperless renewals. We continue to strive for improvements in the competency and quality of our professional health care providers while promoting public safety. This brought us recognition as one of the most progressive commissions in the nation.

We celebrated our first 100 years of nursing regulation in the State of Washington. As we move forward into our second century of nursing regulation I cannot imagine a more exciting and challenging time to be involved actively with the commission.

Susan Wong, Chair
Nursing Care Quality Assurance Commission

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GET VACCINATED. STOP THE FLU.

“I’m a nurse. It’s my **job** to take care of people.” That simple, clear, unequivocal statement still echoes in my mind. It was 2003. A public health nurse made that statement at an emergency preparedness vaccination clinic. It was on a television interview. Those were powerful words that still ring true today, for nurses throughout the health care network. It’s certainly more than a statement about vaccine. It gets to the heart of what nursing is all about, and that touches what health care is all about.

I bring this up because the question of protecting patients in a health care setting is a topical issue right now due to the H1N1 swine flu outbreak. In the health care field, there’s a lot of discussion about influenza this season, and vaccination against the



INFECTION CONTROL IS A FOUNDATION OF PREVENTION. THAT’S WHY ALL HOSPITALS IN WASHINGTON ARE REQUIRED TO HAVE EFFECTIVE INFECTION CONTROL PLANS. SOME STATES HAVE TRIED TO MAKE VACCINATION AGAINST THE H1N1 FLU VIRUS MANDATORY FOR ALL HEALTH CARE WORKERS.

seasonal and H1N1 flu viruses. We know that vaccination is the best protection against flu. That alone should make flu vaccination a serious topic of discussion among health care providers every season.

Certainly, many nurses and others in health care routinely get vaccinated against the seasonal flu and got in line for the vaccine against this new strain of H1N1. Yet too often, for too many people in health care, the discussion doesn’t come up — and many health professionals don’t get vaccinated. For some, vaccination is not an option because of other health conditions. I know that. Yet I struggle to understand the resistance to vaccination among some

health care workers, who traditionally get vaccinated against seasonal flu at a national rate of less than 40 percent.

Infection control is a foundation of prevention. That’s why all hospitals in Washington are required to have effective infection control plans. Some states have tried to make vaccination against the H1N1 flu virus mandatory for all health care workers. In Washington, that’s not within my scope of authority, and I also don’t think mandates are the answer. I know flu vaccination is a personal medical decision. I respect that. It’s also a personal decision to work in the health care field. It seems that those on the front lines of an

outbreak response should ask themselves, “Am I doing all I can to protect my patients and my family, and to keep myself healthy so I can stay on the job?” I’m convinced many in health care would reach the same conclusion as the public health nurse in that TV news interview six years ago — it’s their job to protect people.

Vaccination is an important tool in that work. Health care and emergency workers have been at the top of the list to receive the early supplies of this new vaccine. It only makes sense to give those on the front lines the means to protect themselves by providing early access to the vaccine, right along with people at high risk for serious illness.

I’d also like to encourage you to help spread the word about prevention — when you talk to family and friends, as well as when you’re working with patients. You can be a messenger for clearing up misunderstanding and confusion about vaccine issues, and the effectiveness of good hygiene. You already model that behavior by washing your hands often, covering your cough and sneeze appropriately, and staying home when you’re sick. Carry the prevention message to others — and tell them that these things really do help. Remember, too, that the state **Department of Health Web site** (www.doh.wa.gov/) has a wide variety of informative sections that will help people understand the H1N1 outbreak and how they can prepare for it and prevent it.

On that note, I want to thank you for the work you do. Nursing certainly is the backbone of health care. Vaccination against flu will help keep you healthy and on the job. Getting vaccinated, and encouraging your peers to do the same, is the right thing to do.

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 visit^{1,2}
- 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 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.



Message from the Executive Director

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

SELF REGULATION.

Self regulation is a commonly held belief in nursing. Regulation includes licensing, discipline and defining nursing practice. The Nursing Care Quality Assurance Commission regulates nursing practice in Washington. The commission regulates the practice of licensed practical nurses, registered nurses, advanced registered nurse practitioners, and nursing technicians. The commission also determines the scope of practice for certified nursing assistants and approves places for nursing assistants to work.

PUBLIC MEMBERS ON COMMISSIONS.

Self regulation means nurses develop and enforce standards of nursing care. In the early 1990s, the Pew Commission recommended adding public members to regulatory boards such as the nursing commission. Public members are consumers of health care. Public members guard against health care providers protecting their own. They help keep nursing members from being overly sympathetic to nurses with substandard practice. The commission

includes seven registered nurses, three licensed practical nurses, two advanced registered nurse practitioners, and three public members who are appointed by the governor and serve four year terms. The fifteen members of the commission perform the regulatory tasks needed to protect – and improve – the health of the people of Washington State.

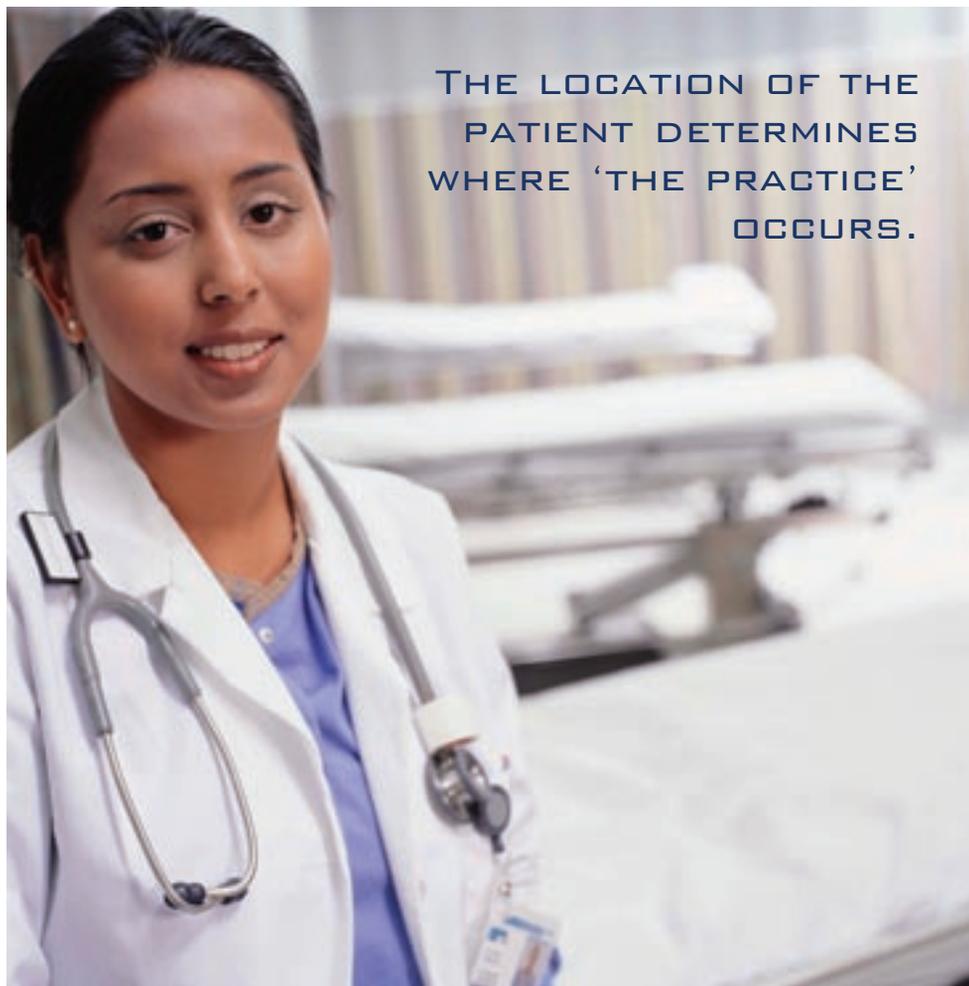
DEFINING STANDARDS FOR NURSING SCHOOLS.

Regulation defines standards for nursing education and evaluating nursing programs. Nursing programs must meet the standards and be approved by the commission. Nursing students must graduate from an approved school of nursing to be eligible to take the NCLEX® licensure examination. The standards assure the students receive the nursing education needed to safely begin nursing. The commission reviews the programs and grants approval, conditional approval, or removes approval of programs.

NATIONAL TESTING.

The NCLEX® examination measures the minimum safety standards needed by all nursing graduates. The NCLEX® examination uses a nursing job analysis to test competencies needed for all new nurses within the first six months of their practice. One commission member, Rhonda Taylor, is a member of the Item Review Subcommittee for the NCLEX® examination. Usrah Claar-Rice, the nursing practice advisor for the commission, is a member of the NCLEX® Examination Committee. It is an honor to have two very talented

THE LOCATION OF THE
PATIENT DETERMINES
WHERE 'THE PRACTICE'
OCCURS.



people represent Washington on these national committees.

WHERE DOES PRACTICE OCCUR?

All people practicing nursing in Washington must be licensed in Washington. We are frequently asked if the patient is in Washington, but the nurse is in another state, does the nurse need to be licensed in Washington. The answer is yes. The location of the patient determines where 'the practice' occurs.

return the renewal card and fee, and the renewal status is on-line.

LICENSING FEES, WHAT DOES IT COVER?

Licensing fees pay for all costs associated with the commission's responsibilities. The fees pay for paper, postage, and licensing staff to enter data and process applications. The commission also performs discipline. The fees cover the costs of investigations, legal staff and judges. The commission members are paid for their time to review investiga-



APPLICATION AND LICENSES.

To license as a nurse in Washington, the commission requires all new graduates and nurses moving to Washington to complete an application. The commission's Web site includes all applications. Print the application, complete all questions, and submit the application with the fee listed on the application. All registered and licensed practical nurses renew their licenses every year. Advanced registered nurse practitioners renew their ARNP licenses every two years. Nurses licensed in Washington receive a renewal card six to eight weeks prior to their birthday. Nurses

tive reports and make decision on actions. Licensing fees pay for the computer system, the building lease, and utilities. Additional surcharges enacted by the Legislature go directly to fund those programs.

The commission's work continues to increase. With the nursing shortage, there are more new graduates applying for licensure, new nursing programs needing review and approval, and more discipline. Licensing fees support all these costs. The commission continues to look for and implement cost savings. The commission carefully spends funds to achieve its mission – to protect and improve the health of the people of Washington.

#1

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ARNP CORNER

Can you practice in Washington if you are educated as an advanced practice nurse in another state? The answer may be yes or no. I know of an advanced registered nurse practitioner (ARNP), for example, who is eligible to practice in Florida but not in Washington. This is due to differences in the state laws. What about the ARNP who moves from the independent practice role in Washington to a state where physician supervision is required?

accreditation bodies, and certifying bodies toward an integrated approach.

■ Licensure and rules of a given state or jurisdiction;

■ Accreditation of educational programs preparing nurses for advanced practice;

■ Certification of specialty areas as a verification of competence;

■ Education.

The national council adopted the title: Advanced Practice Registered Nurse

- Women's health/gender related health
- Neonatal
- Pediatrics
- Psych/mental health

■ APRN title

■ Independent practice

■ Full prescriptive authority

■ Pre-approval of APRN education

In Washington State, the recent changes to the ARNP rules incorporate most of the above. We did not include the clinical nurse



While all RNs take the same NCLEX® exam for initial licensure, the standards for ARNPs regarding education and licensure vary widely from state to state. The National Council of State Boards of Nursing (NCSBN) is working with the four aspects of advanced practice (LACE) to develop a model. It hopes to move state boards of nursing, education programs,

(APRN) rather than the title of ARNP used in Washington. It agreed the following elements should be standardized for APRNs:

■ Definitions of advanced practice

■ Four roles for advanced practice (CNS, CNM, CRNA, NP)

■ Six population foci

- Family /individuals across the life span
- Adult/gerontology

specialists in our definition of advanced practice. Washington is at the forefront of independent practice and needs to remain a strong advocate for more progressive advanced practice legislation. After all, you may want to move to another state to practice. We have demonstrated that independent ARNP practice works for both practitioners and patients!

LPN CORNER

THIS ISSUE OF THE NURSING CARE QUALITY ASSURANCE COMMISSION'S NEWSLETTER THEME IS PROGRESS.

Thirty years ago Licensed Practical Nurses (LPN) were told there would no longer be an LPN role in health care teams. Nursing will only be for Registered Nurses (RN). LPN students asked why go to school for a job that has no future? The reply was, it will give you the opportunity to work as a direct care nurse and help others. Today LPNs continue to be valuable contributing members of the team.

The nursing schools for LPNs continue to be in high demand. At a Seattle community college recently there were 236 applications for the 35-member LPN class. This shows demand for this nursing education is stronger than ever.

Practice is defined as:
RCW 18.79.060

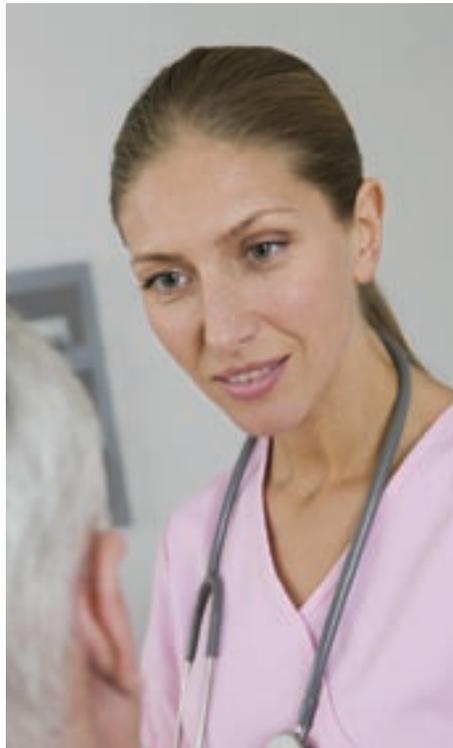
“Licensed practical nursing practice” means the performance of services requiring the knowledge, skill, and judgment necessary for carrying out selected aspects of the designated nursing regimen under the direction and supervision of a licensed physician and surgeon, dentist, osteopathic physician and surgeon, physician assistant, osteopathic physician assistant, podiatric physician and surgeon, advanced registered nurse practitioner, or registered nurse.

See: <http://apps.leg.wa.gov/RCW/default.aspx?cite=18.79.060>.

LPNs work in a wide variety of settings: hospital, rehabilitation, home health, skilled nursing care, assisted living, clinics and schools. The job descriptions can vary depending on the setting. The LPN's role can be confusing for the patient, as well as,

the health care team.

The LPN's role in a skilled long-term care facility often times is as the primary nurse - supervising nursing assistants certified and directing resident care. Thirty years ago, this role was only fulfilled by RNs. Today, it is more important than ever to understand the standards of nursing practice.



The standards of nursing care are outlined in state administrative code (WAC 246-840-700). This identifies the role difference between the LPN and RN. A few of the LPN duties include: assisting in the implementing of the nursing process, assessing to gather data and make basic observations, and participating in the care planning process. It is the LPN's responsi-

bility to communicate this information in a timely manner to the supervising person. It is important that both the LPN and RN have knowledge and understanding of the laws and rules regulating nursing, and function within the legal scope of nursing practice. <http://apps.leg.wa.gov/WAC/default.aspx?cite=246-840-700>.

LPNs work in a wide variety of settings: hospital, rehabilitation, home health, skilled nursing care, assisted living, clinics and schools.

Another link for reference is the scope of practice decision tree. <http://www.doh.wa.gov/hsqa/Professions/Nursing/documents/scopeofpractice.pdf>

Questions have been raised about the LPN's role. For this reason, the commission formed a task force in Sept. 2009 to examine this key role in the health care delivery system. This task force will review the scope of practice of LPNs across settings, limits and current practice issues. A series of meetings on this issue are planned starting Feb. 2010. The information gathered will be analyzed and evaluated. The task force will make recommendations to the commission at a future meeting. Make sure you are on the list serve to receive notifications at nursing-qac@listserv.wa.gov.

The progress continues. The LPN's role may change but it is still a career with a future.

FINGERPRINT CARDS for Endorsement Applicants

The Washington State Department of Health implemented an FBI fingerprint background process effective Jan. 2, 2009. The legislation requires a fingerprint card for every applicant with an out-of-state address. This article discusses the process and procedures used to ensure licensees are still licensed in a timely manner. But first, here are some statistics surrounding the fingerprint background checks.

- FBI fingerprint results are completed anywhere from 48 hours to 12 weeks after submission. If a set of prints is easily readable it can be completed within 48 hours. If a set of prints is difficult to read or unreadable, multiple attempts may be needed. This increases the time at the FBI to up to 12 weeks.
- Of the 3,000 nurse applications with an out of state address received, there have been a total of 153 positive FBI background checks for the Nursing Commission. A positive background check would be a conviction in another state.
- Of the 153 positive background checks, 146 applicants have been cleared and issued a permanent license. This is usually because convictions were very old, not a violation of the uniform disciplinary act or in error. The others are in process.
- To date, no one has been denied a nurse license due to a positive FBI background check. There have been denials based on other deficiencies.

LICENSING PROCESS

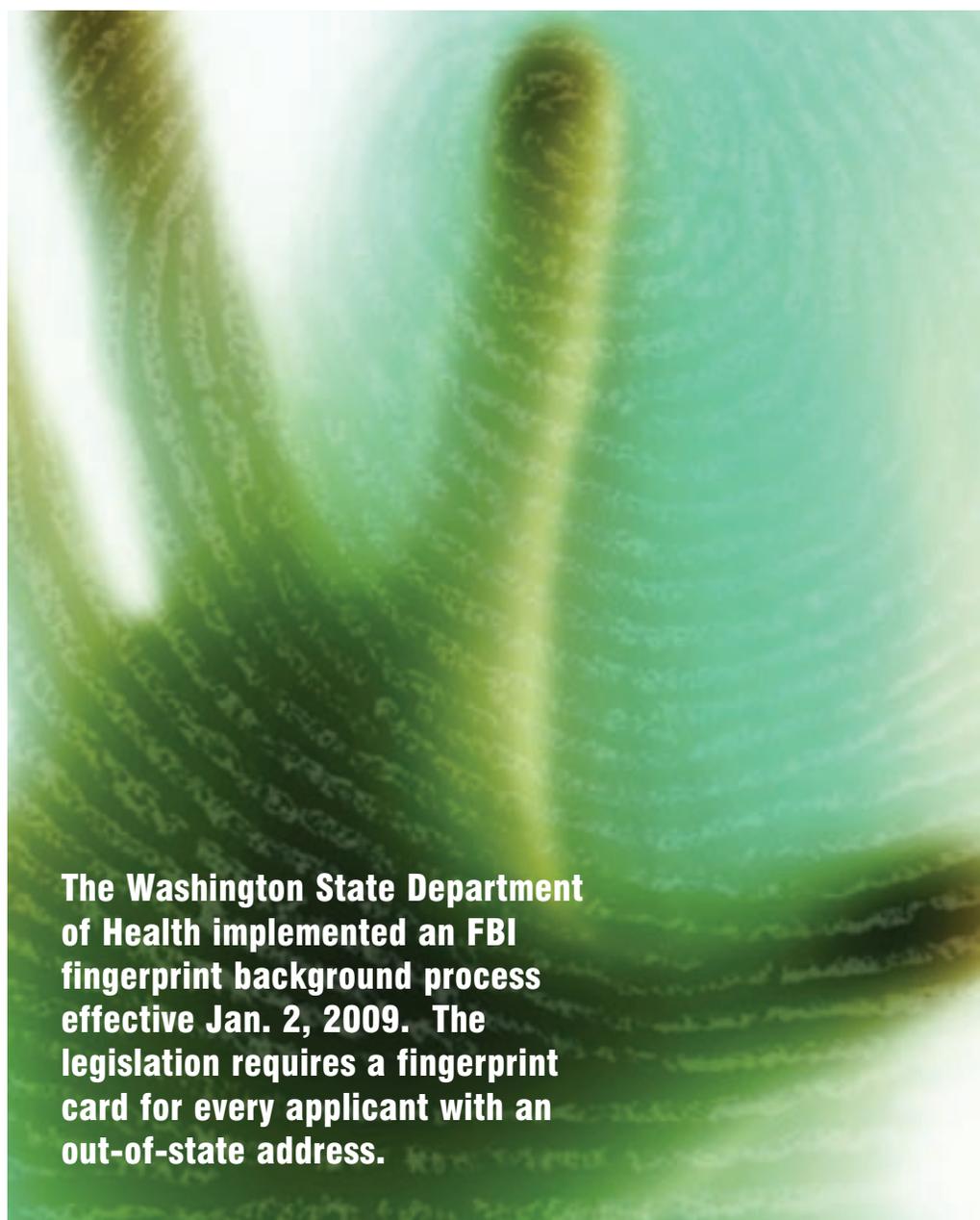
1. Applications are received in the Nurse Licensing Unit from the Customer Service Center five days after revenue processes the application payment.
2. Applications go through the intake process. The applications are entered

into our licensing data base within 24 hours from the time they are received. If the applicant has an out-of-state address then a finger print card packet is sent to the applicant.

3. Applications are forwarded for a Washington State Patrol background and a Healthcare Integrity and Protection Data

Bank check.

4. Staff review applications for deficiencies. If the application file is complete and has an out-of-state address, the review staff will give the file to the licensing manager to issue a temporary practice permit pending the FBI fingerprint background check.



The Washington State Department of Health implemented an FBI fingerprint background process effective Jan. 2, 2009. The legislation requires a fingerprint card for every applicant with an out-of-state address.

- When the FBI results come in a permanent license can be issued. If there was a “hit” on the FBI results the report will be reviewed for convictions that would bar licensure.



CRIMINAL BACKGROUND PROCESS

- Once the fingerprint card and correct fee is received in the Criminal Background Unit, the fingerprints are scanned to the Washington State Patrol office. If the prints are readable they are forwarded to the FBI.
- Once the fingerprints have been completed by the FBI, the results are forwarded back to the Washington State Patrol Office, then to the Criminal Background Unit here at the Department of Health.
- The Criminal Background Unit will then forward the results of the nurse applicants back to the Nurse Licensing Unit.

NOTE: It is very important that the fingerprints and fee not be sent to the Department of Health before an application has been received. Otherwise, there is no record to match to the fingerprint information.

If you have any questions about the timing or the process please contact Ms. Corrado at (360) 236-4708 or *teresa.corrado@doh.wa.gov*.

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EOE

WASHINGTON HEALTH PROFESSIONAL SERVICES (WHPS): Recovery That Saves a Life.

Each year, numerous chemically dependent professionals in Washington's health care community go undetected and untreated, resulting in public safety concerns, loss of valuable, talented, well-trained professionals, and significant cost of investigations, disciplinary hearings, compliance monitoring and Department of Health staff time.

WHPS offers an alternative to license discipline to chemically dependent nurses. Because chemical dependence is treatable, early and appropriate entry into effective treatment can save the nurse's practice, license, and even life.

The program offers several services. These include confidential consultation with the nurse or other concerned referring individual; consultation regarding intervention; referrals for evaluation and treatment; development of a comprehensive rehabilitation plan; compliance monitoring; and support, structure, outreach and education of the health care community.

When a nurse contacts the program, they are first referred for an evaluation to determine treatment needs. Based on that evaluation, they are connected with treatment programs that meet those needs and are within the economic means of the individual.

The recovering practitioner then enters into a contract with the program. This agreement outlines participation in the program and is crafted to meet the needs of the individual. Most contracts require successful completion of treatment, attendance at self-help groups such as Alcoholics Anonymous, and participation in a professional peer support group. Depending on the person's needs the contract may call for individual or group psychotherapy. The program also has a



random drug screen testing program, as an added assurance to the participant and the health consumer.

The first goal is to enter chemically impaired nurses into a recovery process that ensures the public safety in the most cost-effective manner while treating the professional and helping them continue to practice.

The second goal is to offer a system that attracts the professional on a self-referral basis. This can prompt early entry into recovery before the disease moves into stages with higher risks.

Many practitioners mistakenly believe they will jeopardize their career if they come forward. This is not the case as this is a confidential program designed to provide the professional the greatest chance with recovery, through monitoring, structure, and support.

For more information, please call WHPS at (360)-236-2880.

THE PROGRAM OFFERS SEVERAL SERVICES. THESE INCLUDE CONFIDENTIAL CONSULTATION WITH THE NURSE OR OTHER CONCERNED REFERRING INDIVIDUAL; CONSULTATION REGARDING INTERVENTION; REFERRALS FOR EVALUATION AND TREATMENT; DEVELOPMENT OF A COMPREHENSIVE REHABILITATION PLAN; COMPLIANCE MONITORING; AND SUPPORT, STRUCTURE, OUTREACH AND EDUCATION OF THE HEALTH CARE COMMUNITY.



RULES IN PROGRESS

The nursing commission is in the process of writing or re-writing three separate sets of rules. You are invited to participate at any step of the rules writing process. Public rules writing workshops are held at public locations as are the hearings. You can also comment on-line at <http://www.doh.wa.gov/search.htm?q=rules> on any nursing commission or Department of Health rule in progress.

1. Continuing Competency. Workshops were held in 2008 and 2009. The commission is summarizing the comments and writing final language. The rules hearing will be held in mid 2010 and will define requirements for continued

The Early Remediation Program allows the nurse to voluntarily participate in an action plan entailing remedial training and workplace monitoring, based on the nature of the reported conduct.

active practice, self reflection process and identifying areas for improvement. The draft comments can be reviewed on-line <http://www.doh.wa.gov/hsqa/Professions/Nursing/default.htm>.

2. Temporary Practice Permit. A permit is issued to any out-of-state candidate that has completed an application and

met all requirements except for the completion of the finger-print card. An amendment hearing is planned in early 2010 to make the language more clear about the process for receiving a one-time extension of the permit.

3. Early Remediation Program. A pilot project to explore more effective remediation in standard of care complaints involving low risk of patient harm. The Early Remediation Program allows the nurse to voluntarily participate in an action plan entailing remedial training and workplace monitoring, based on the nature of the reported conduct. A rules hearing will be held in early 2010.

While we are a health services provider, we function more like a supportive family for our employees. Our goal is to provide you with the environment, tools, and encouragement you need to achieve your professional and personal goals.

Home Health RNs and LPNs needed in our growing offices. We have offices in Longview, Centralia, Olympia, Ilwaco and Aberdeen, WA.

The needs of patients are top priority at Assured Home Health and Hospice. Our comprehensive program of homecare, rehabilitation and hospice services centers around the unique needs of each patient. Putting the patient first has helped us become a leading resource for physicians and families for those needing homecare.



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

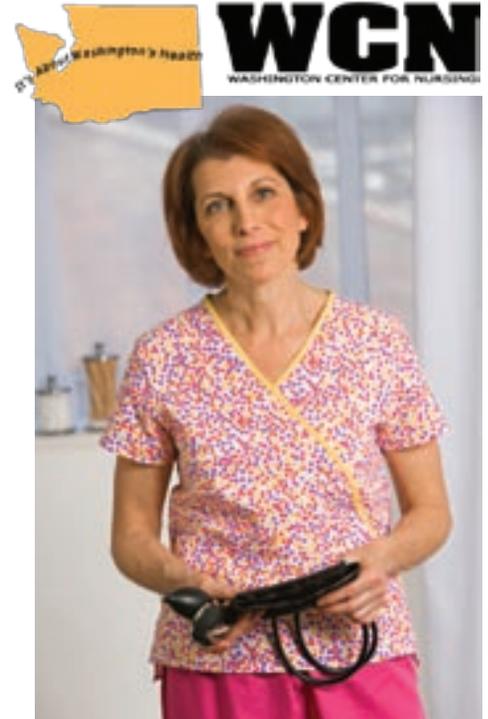
WASHINGTON CENTER FOR NURSING UPDATE

Updating Nursing's Image continues! With the fall school season we are sending more of the "Be a Nurse" brochures to the public. Please email info@wcnursing.org if you work with any organization, school, or career activity where accurate information about nursing would be helpful. Brochures are available in English, Spanish, and Russian; a Native American version is also available. Washington Center for Nursing's role is to spread the correct "words" about nursing and you can help.

New Data: go to www.WACenterforNursing.org to download the latest nursing data. The "LPN Supply and Demand through 2026" study is complete and is a first for Washington State. More studies are there for you also.

Repeat Performance: our second Johnson & Johnson Promise of Nursing for Washington gala, held in March 2009 raised more than \$300,000 for undergraduate and graduate nursing scholarships, and for Washington nursing school capacity expansion grants. Go to www.discovernursing.com and click on "scholarships" and then the highlighted "national student nurses association promise of nursing scholarships" to apply for Washington specific funds. The request for grant applications for the nursing school expansion funds was issued to our schools in 2009.

Progress on the Master Plan for Nursing Education continues. More than 90 individuals from across the state have been working on one of eight groups to develop the implementation plan to transform nursing education in the state. The goal is to ensure that we have an educational system



that provides enough nurses with the appropriate education to care for the people who live in Washington State. The major focus has been to understand promising practices in curriculum innovation, diversity, access, preparing future faculty, RN-BSN capacity, transition to practice for new grads, faculty compensation and faculty workload. Next steps? A detailed plan identifying resources needed, timelines, and measurable outcomes was submitted to the Department of Health December 31, 2009.

Coming in 2010: Summit on Diversity in Nursing Education, Leadership for Direct Care Nurses, Emerging Nurse Leaders, and Nurse Educators. Bookmark www.WACenterforNursing.org for the latest. As always, we love to hear from you. Email me with thoughts, ideas and questions about Washington Center for Nursing at info@wcnursing.org.

PATIENT ABANDONMENT

THE NURSING CARE QUALITY ASSURANCE COMMISSION HAS RECEIVED QUESTIONS FROM NURSES AND EMPLOYERS ASKING, “WHAT IS PATIENT ABANDONMENT?” THIS ARTICLE REVIEWS NURSING REGULATIONS AND THE COMMISSION’S INTERPRETATION OF PATIENT ABANDONMENT. THE ARTICLE INCLUDES EXAMPLES OF WHAT IS AND WHAT IS NOT PATIENT ABANDONMENT.

Definition

Nursing regulation states that a nurse may be subject to disciplinary action under the Uniform Disciplinary Act for “willfully abandoning clients by leaving a nursing assignment, when continued nursing care is required by the condition of the client(s), without transferring responsibilities to appropriate personnel or caregiver.” [WAC 246-840-710(5)(c)] <http://apps.leg.wa.gov/WAC/default.aspx?cite=246-840-710>

The commission’s interpretative statement identifies that “a licensed nurse-patient relationship begins when the nurse accepts the assignment for patient care. Patient abandonment occurs when the nurse leaves the nursing assignment without transferring patient care and giving specific patient information to an appropriate care giver.”

Nursing Assignment

A nurse-patient relationship begins when a nurse accepts the assignment for patient care. The “nursing assignment” includes nursing care functions and responsibilities. The nurse performs this as directed by a person authorized to administer, supervise, or direct the nurse. A nursing assignment also includes the functions and duties that a nurse independently assumes responsibility for, based on his professional judgment.

Transferring Patient Care

Before leaving a nursing assignment, a nurse must report the condition, circumstances, and needs of all patients under her care. This report may be oral

“Patient abandonment occurs when the nurse leaves the nursing assignment without transferring patient care and giving specific patient information to an appropriate care giver.”

or written. The report is directly given to another nurse or appropriate caregiver who acknowledges receipt and understanding of the report.

Appropriate Caregiver

An appropriate caregiver is someone who is licensed as a state-regulated health care professional. His or her scope of practice and qualifications must include the transferred nursing care functions and responsibilities. In some health care agencies, an appropriate caregiver may be defined as family members.

Examples of Patient Abandonment

Examples of patient abandonment include the following:

- A licensed nurse accepts an assignment to work on a particular unit and then leaves the facility without reporting the condition, circumstances, and needs of all patients under his or her care to the appropriate nurse or caregiver.
- A licensed nurse withdraws from a contractual relationship with a patient to provide such services as counseling, home health, or daily nursing care and

fails to provide sufficient notice to the patient when such services are needed to ensure patient safety.

- A licensed nurse leaves the operating room during a surgical procedure without transferring patient care to another qualified person.

Examples of what is NOT Patient Abandonment

The following examples may be employer-employee issues, but are not considered patient abandonment situations. The nurse may be in violation of facility policy and may be subject to action by the employer, but not disciplinary action by the commission. Examples include the following:

- A licensed nurse completes a regularly scheduled work shift and then notifies the employer that the employment relationship between the nurse and the employer is being ended.
- A licensed nurse does not return from a scheduled leave of absence, and has not provided the employer with a period to obtain replacement staff for that position.
- A licensed nurse asked to work beyond a regularly scheduled work shift informs the employer that he or she will not comply with that request.

Additional Information

If you have additional questions, please contact Chuck Cumiskey, Practice Consultant at (360) 236-4725.

NEWSPAPER

HEALTH & NUTRITION

Nutrition recession: too many calories, too few nutrients

Based on the concept of nutrient density, a long-standing dietary principle and the cornerstone of the Dietary Guidelines and MyPyramid, the nutrient rich foods approach can help Americans learn how to choose nutrient-dense foods and beverages first within each basic food group – milk, fruits, vegetables, meat, and grains. Recent research shows consumers view the nutrient rich foods approach to eating as a new and positive way to better health.

Eating nutrient-rich foods first is a solution, experts say

Based on the concept of nutrient density, a long-standing dietary principle and the cornerstone of the Dietary Guidelines and MyPyramid, the nutrient rich foods approach can help Americans learn how to choose nutrient-dense foods and beverages first within each basic food group – milk, fruits, vegetables, meat, and grains. Recent research shows consumers view the nutrient rich foods approach to eating as a new and positive way to better health.

Nutrient Rich Foods



Six key criteria for nutrient profiling systems*

Objective	based on accepted nutrition science and labeling practices
Simple	based on published daily values and meaningful amounts of food
Balanced	based on nutrients to encourage and nutrients to limit
Transparent	based on published algorithms and open-source data
Validated	against measures of a healthful diet
Consumer-driven	likely to guide better food choices and more healthful diets

* Nutrient profiling is the science of ranking or classifying foods based on their nutrient composition.
 (Dziewicki A, Fulginiti V, et al. "Nutrient profiling of foods: creating a nutrient-rich food index." Nutrition Reviews, Jan 2008.)

In recent years, Americans have learned **how to eat** by learning **what not to eat**. Is it working?

AMERICANS CONTINUE TO BE OVERWEIGHT AND UNDERNOURISHED.

Now a shift in thinking is under way to help Americans "get more nutrition from their calories," as recommended by the 2005 Dietary Guidelines for Americans.

As health professionals, you can play a pivotal role in educating your patients on how to base their food decisions on a food's total nutrient package rather than solely on what to avoid, such as calories or fat.

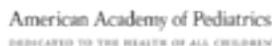
The nutrient rich foods approach is a fresh, realistic solution to help people evaluate food and beverage choices and get more nutrition per calorie, build healthier diets and achieve better health. Based on the concept of nutrient density, a long-standing dietary principle and the cornerstone of the Dietary Guidelines and MyPyramid, the nutrient rich foods approach

can help Americans learn how to choose nutrient-dense foods and beverages first within each basic food group – milk, fruits, vegetables, meat & beans, and grains. Recent research shows consumers view the nutrient rich foods approach to eating as a new and positive way to think about making healthy choices – they like that it shifts their thinking from how not to eat to **what to eat**.

Help your patients embrace the nutrient rich foods approach. Show them that nutrient-rich foods are familiar and easy to find, so healthy eating doesn't have to be difficult, stressful, or negative. Visit www.3aday.org for more information, including science-based resources, recipes, meal ideas and a supermarket shopping list to help your patients build and enjoy a nutrient-rich lifestyle.



These health and nutrition organizations support 3-A-Day™ of Dairy, a science-based nutrition education program encouraging Americans to consume the recommended three daily servings of nutrient-rich low-fat or fat-free milk and milk products to improve overall health.



VOLUNTEER OPPORTUNITIES

AS WE CONTINUE TO PLAN FOR THE UPCOMING FLU SEASON, WASHINGTON STATE DEPARTMENT OF HEALTH (DOH) WOULD LIKE TO REMIND INTERESTED LICENSED HEALTH CARE PROFESSIONALS OF SEVERAL VOLUNTEER OPPORTUNITIES THAT ARE CURRENTLY AVAILABLE FOR CONSIDERATION.

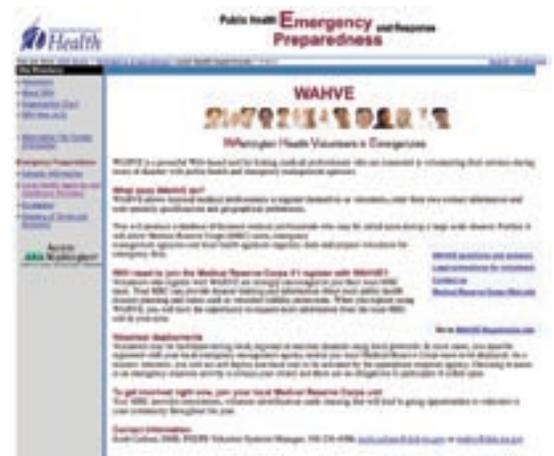
Within the Department of Health, the new Web based Washington State Health Volunteers in Emergencies (WAHVE) is now available for registration. WAHVE is a tool for linking health care professionals who are interested in volunteering their services during times of disaster with public health and emergency management agencies. WAHVE allows licensed health care professionals to register themselves as potential volunteers, enter their own

and local staff to utilize in the event of an emergency. WAHVE volunteer information will also be shared with Medical Reserve Corps (MRC) units as applicable.

MRC programs are housed within many local health jurisdictions and other community based agencies. MRC units are composed of both medical and non-medical volunteers and support a variety of emergency response, medical surge and public health education activities. MRC

on-going time commitments that might be difficult for some health care providers.

Another option to consider is the American Red Cross (ARC) www.redcross.org. ARC is a national organization that provides a variety of volunteer opportunities for all skill levels and backgrounds. ARC is well known for providing disaster response, emergency shelter and feeding programs. Specific disaster response roles for *licensed* health care providers are sometimes limited. However,



contact information and note specialty qualifications and geographical preferences. Registration in the system takes around 30 - 45 minutes.

Registering in WAHVE will produce a database of licensed health care professionals who *may* be called upon during a large scale event. There is no obligation to volunteer your services if called upon, and in fact, we expect the majority of health care professionals to be needed at their primary place of employment. The information is kept securely available for select DOH state

volunteers receive a formal orientation, as well as ongoing disaster training activities throughout the year. MRC programs also work closely with local emergency management agencies to ensure that volunteers are registered as designated emergency workers. This provides the all so important liability protections to volunteers when providing services in an organized disaster response activity. Registering with your local MRC unit is the most efficient way of getting involved in public health response activities right now, but requires

local Red Cross Chapters are integrated in almost every community and licensed health care providers are often asked to take on leadership and/or volunteer instructor roles for classes such as First Aid/CPR.

Please visit the WAHVE Web site at <http://www.doh.wa.gov/phepr/wahve/default.htm> to register and / or get more information on the Medical Reserve Corps program. Questions can be forwarded to Scott Carlson, DOH Volunteer Coordinator, at scott.carlson@doh.wa.gov or (360) 236-4086.

UPDATE on Nursing Programs

Washington State has 39 approved pre-licensure nursing schools, offering 69 programs. The 69 programs include practical nursing (PN), associate degree registered nursing (AD-RN), bachelor's degree and graduate entry registered nursing (BS/GE-RN).

Many of the nursing schools offer more than one program. (A list of approved nursing programs is available at: <http://www.doh.wa.gov/hsqa/Professions/Nursing/NursingPrograms.htm>).



Quantity: Since 2001, nursing programs in Washington State have dramatically increased the number of graduates. The number of individuals taking the national licensing examination (NCLEX) the first time mirrors nursing program production.

Table 1 summarizes the number of first time test takers for 2001 and 2008. The number of test takers in all levels of pre-licensure programs rose sharply in seven years.

NCLEX	2001	2008	% INCREASE
PN	579	887	53%
AD-RN	487	1671	243%
BS/GE-RN	464	864	86%
ALL RN	951	2535	166%

Quality: There is concern whether this increase in nursing graduates leads to a decrease in the quality of nursing education. One measure of nursing program quality is the number of candidates who pass the national licensing examinations the first time. Washington State candidates consistently pass at rates above the national average. Pass rates by program are available on the Web site at <http://www.doh.wa.gov/hsqa/Professions/Nursing/NursingPrograms.htm>.

NCLEX PASS RATES	2004	2005	2006	2007	2008
WA RN	86.9%	88.4%	91.6%	87.9%	88.3%
NATIONAL RN	85.3%	87.3%	88.1%	85.5%	86.7%
WA PN	96.3%	94.9%	94.9%	96.4%	95.6%
NATIONAL PN	89.4%	89.1%	87.9%	87.6%	85.6%

Concerns: Nursing programs are finding limits to continued expansion. Over half of the nursing programs state further expansion is limited due to lack of clinical sites. Major hospitals find nursing programs competing for clinical placements in their facilities.

The second factor limiting nursing program expansion is lack of qualified nursing faculty. PN faculty must be registered nurses with a minimum of a bachelor's degree in nursing. RN faculty must be registered nurses with a minimum of a master's degree in nursing. Academic salaries are significantly lower than salaries elsewhere. Nursing programs

report an increasing number of individuals turning down nursing faculty positions due to low salaries. Nursing faculty is also leaving the college setting due to retirement or higher salary offers from clinical agencies.

The second factor limiting nursing program expansion is lack of qualified nursing faculty.

Advancing Education

Registered nurses (AD-RN) advance their education by seeking a bachelor's degree in nursing (RNB). There has been a 25 percent increase in graduates from RNB programs in one year (290) and a 45 percent increase in five years (200). Schools reported a 64 percent increase in enrollment in RNB programs in one year and a 76 percent increase over four years.

Nurses completing graduate degrees have also increased. ARNP graduates (nurse practitioner, nurse midwife, nurse anesthetist) increased to 171 in 2007-2008. This is a 13 percent increase in ARNP graduates in one year and a 43 percent increase over five years. In 2007-2008, 135 master's degree nurses graduated (MSN). This is an increase of 33 percent in one year and 45 percent over five years for MSN's. Doctoral level graduates increased from ten in 2005-2006 to 18 in 2007-2008.

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COASTAL WASHINGTON STATE

Grays Harbor Community Hospital, a busy 140-bed full service acute care hospital, is located on the beautiful Olympic Peninsula in Washington State. Close to numerous recreational and cultural opportunities, we enjoy a moderate climate with warm summers and mild winters. We are recruiting experienced RNs to join us as we provide excellent patient care to our community. We offer a smoke free environment, no lift policy and patient care tech support.

Nurses are represented by the Washington State Nurses Association. Excellent salary and benefits provided. Relocation assistance and sign on bonus available.

For more info visit us at: www.ghchwa.org

Or contact: Jim Weaver, Recruiter

jweaver@whnet.org

(360) 537-5017

FAX (360) 537-5051

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Who said Continuing Education can't be fun? We are changing that forever. Join ThinkAboutItNursing and Poe Travel for a CE Cruise that will cure your overworked blues with some salsa and sun on Carnival's newest, biggest ship-Splendor. While you're touring the Mexican Riviera, you can earn your annual CE credits AND possibly write the trip off on your taxes. How is that for paradise?

Prices for this cruise and conference are based on double occupancy (bring your friend, spouse or significant other please!) and **start as low as \$760 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! We depart from Los Angeles. Your first stop is Puerto Vallarta, Mexico. Our next stop is Mazatlan, then Cabo San Lucas before cruising back to L.A.

Sunday, Apr 18 – Los Angeles (Long Beach), CA
Monday, Apr 19 – Fun Day At Sea
Tuesday, Apr 20 – Fun Day At Sea
Wednesday, Apr 21 – Puerto Vallarta, Mexico
Thursday, Apr 22 – Mazatlan, Mexico
Friday, Apr 23 – Cabo San Lucas, Mexico
Saturday, Apr 24 – Fun Day At Sea
Sunday, Apr 25 – Los Angeles (Long Beach), CA

Presented by thinkaboutitnursing in association with the Arkansas State Board of Nursing

For more information about the cruise and the curriculum, please log on to our website at www.thinkaboutitnursing.com or call Teresa Grace at Poe Travel Toll-free at 800.727.1960.

POE TRAVEL

NEW EFFORT UNDERWAY TO REACH SMOKERS

Recent budget cuts and special orders from the state legislature required the Department of Health's Tobacco Prevention and Control Program to think creatively in getting smokers viewing and acting upon the new "Dear Me" tobacco cessation campaign. The campaign targets 25-44 year old working low income adults who are often around smokers at home or work. The tobacco cessation Web site – www.quitline.com – is now redesigned to better serve the needs of tobacco users looking for help in quitting.

Background

The program held four rounds of group research and testing with low income adult smokers in the Seattle, Spokane and Yakima areas. Low income and less educated adults tend to have higher smoking rates, which is why this target was selected for the campaign. Results show smokers work



THE CAMPAIGN GOAL IS TO INCREASE QUIT ATTEMPTS AND THE MOTTO IS
“**NO ONE CAN MAKE ME QUIT BUT ME.**” PEOPLE WHO SMOKE
WERE TAPED WRITING AND READING LETTERS TO THEMSELVES SAYING
WHY IT'S TIME TO BREAK FREE FROM TOBACCO.

hard and tobacco is one of their few pleasures. They easily put up a wall when coming face-to-face with quitting. To them, quitting is private and takes extreme will-power. Their reasons for quitting include health effects, how smoking affects their kids and grandkids, limits it puts on their lives, bad social reaction, and money.

The campaign goal is to increase quit attempts and the motto is “*No one can make me quit but me.*” People who smoke

were taped writing and reading letters to themselves saying why it's time to break free from tobacco. The ads are emotional and effective in getting smokers to think about quitting while realizing they can kick the habit for good.

Viewing the Ads

Eight ads can be seen on www.quitline.com under the *Dear Me* tab, with the option of also seeing a two-minute video

featuring the same smokers. During late summer 2009 the ads ran as public service announcements on television and radio.

Also this summer 13 issues of *People* magazine with a *Dear Me* covers were distributed free of charge to 1,500 medical clinics and physician's offices serving low income and Medicaid patients. Bus riders saw *Dear Me* ads and signage on 240 busses in seven counties from June through August.

Quitline.com

The tobacco program also re-did the cessation Web site, www.Quitline.com. Content is now streamlined to ensure easy accessibility. Information is geared towards helping users better understand what to expect when and if they call the tobacco quit line at 1-800-QUIT-NOW, including what a coaching session involves and who the quit coaches are. The quit tools were made available immediately on the site to address the needs of visitors who might not be comfortable calling a quit line.

The tobacco cessation Web site – www.quitline.com – is now redesigned to better serve the needs of tobacco users looking for help in quitting.



DVDs Available

DVDs of the ads are available for clinics, medical offices, training centers, and other facilities to share with tobacco-using clients, patients and visitors. For information on the campaign, or to request a DVD or even a speaker for your program, contact *Scott Schoengarth at the Tobacco Program at 360-236-3634 or Scott.Schoengarth@doh.wa.gov.*

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How

Virginia Mason is changing the delivery of health care.

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As part of our interdisciplinary team, you'll be amazed how much more effective and enjoyable your career can be. Join us, and find out just how many ways Virginia Mason offers you the chance to focus on what really matters—your patients.

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RENEWAL TIPS - HOW TO AVOID DELAYS

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

Keep your contact information current.

Courtesy renewal notices are mailed out eight weeks prior to license expiration dates. All notices are mailed to the address on file. If for some reason you do not receive a courtesy renewal notice, it is your responsibility to renew before your license expires. Renewal notices are not forwarded by the post office. It is very important to keep your contact information up to date. Please notify us in writing of any name or address changes. These can be sent via e-mail, fax, or mail. E-mails can be sent to hsqa.csc@doh.wa.gov. Our fax number is (360) 236-4818. Mailing information is listed below. All name changes require a copy of a marriage certificate, divorce decree, or a court order.

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

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

Checks or money orders are processed by the department within 24 to 48 hours

of receipt. When checking on the status of your renewal, please verify if your check or money order has been cashed before contacting the department.

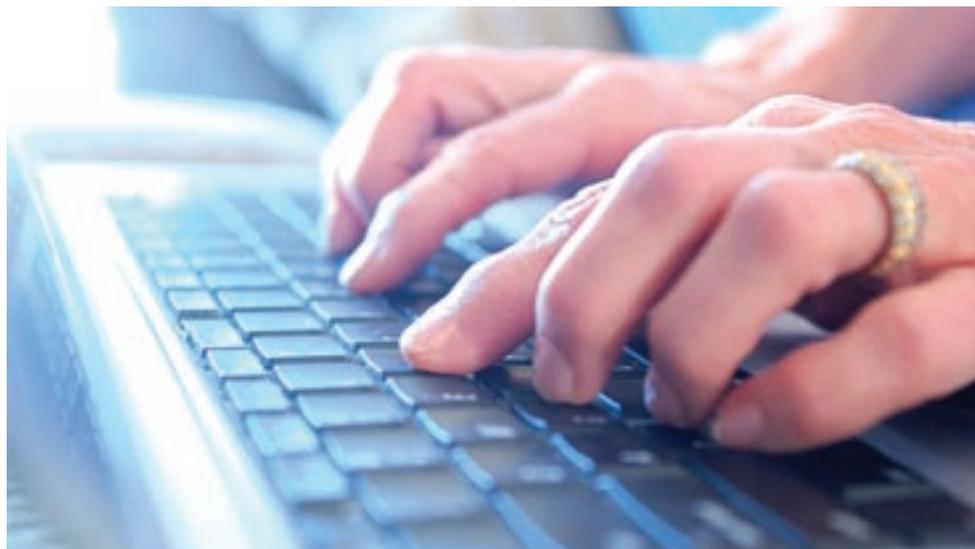
What to do if you do not receive your renewal notice.

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

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

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

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



Contact Information (with payment):

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

Contact Information (without payment):

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

NEW COMMISSION MEMBER



WELCOME TO GENE PINGLE, RN-BC, BSN

Gene was appointed to the Nursing Care Quality Assurance Commission on July 1, 2009, and will serve a four year term. Gene has served in the U.S. Navy, and worked as a charge nurse at several hospitals and is now a resource nurse in Pierce County.

When asked why he wished to be appointed Gene said, "The love of my life is nursing. I want to do whatever I can to advance nursing. That is why I wanted to be appointed. Nurses should be held to the higher standard. A nurse should be recognized for the professional they are not the hand maids of the position."

COMMISSION MEMBER OFFICERS



NEW CHAIR

SUSAN WONG, MBA, MPA, RN

My goal as the new chair is to help bridge diversity and provide interpretive support of the nurse practice statute and current practice to ensure and maintain public safety in health care.

I have 29 years of public-sector service in health care and management. I have a diverse background and experience in education, health care, and management. My background demonstrates a commitment to putting quality first and enhancing work cultures to improve relationships and safety with the caregivers and the people they serve.

I am a registered nurse with a Bachelor of Science in Nursing and a Bachelor of Arts in Psychology from the University of Washington. I have a Masters in Business Administration, a Masters in Public Administration, and have been a Certified Chemical Dependency Nurse.



NEW VICE CHAIR

RHONDA TAYLOR, MSN, RN

Now as I start my second term on the commission, I feel that the learning curve is not quite so steep. I am excited to take on more leadership on the commission as we move forward with many important tasks.



IMMEDIATE PAST CHAIR

JUDITH PERSONETT, ED.D., RN, CNAA

Dr. Judith Personett served as chair for five years. A special thanks to her for her tireless dedication to the nursing commission and the nursing community.

Serving as the Chair of the Washington State Nursing Care Quality Assurance Commission is a powerful experience of challenge, responsibility, and new vistas. To facilitate policy discussion and decisions that impact the healthcare safety of all of us now and into the future is a great responsibility and an honor. Working as the chair for the past five years has made clear the complexity of our nursing profession as we care for the sick and the well, administer complex organizations, do research, and teach new nurses. What a wonderful opportunity to serve my profession. Thank you. Judith D. Personett, Ed.D., RN, C.N.A.A. Immediate past Chair.

Dynamic Opportunity to Serve on the Nursing Commission in 2010

The Nursing Care Quality Assurance Commission (NCQAC) has 15 members. Four vacancies will occur June 30, 2010.

- Licensed Practical Nurse
- Public Member
- Registered Nurse – staff nurse
- Advanced Registered Nurse Practitioner

If you are interested in serving on the nursing commission you may submit your application by March 1, 2010. The governor will make appointment decisions by May. An application can be found at <http://www.doh.wa.gov/hsqa/Professions/Nursing/commission.htm>. This Web site also includes information about the current members, roles, and duties.

The commission protects the public's health and safety by regulating the competency and quality of all nurses including nursing students. The purpose of the commission includes establishing, monitoring and enforcing licensing; consistent standards of practice; developing continuing competency mechanisms; and discipline". <http://www.doh.wa.gov/hsqa/Professions/Nursing/laws.htm>

Being a member of the commission is an exciting experience. You will learn about disciplinary issues and participate in disciplinary hearings. Members spend time researching practice issues and writing advisories. Members routinely work with the public and nurses on practice issues, rules, legislation, and discussions. The time commitment can vary from a couple of hours per week to several days a month depending on disciplinary hearings and business meetings.

For more information feel free to call (360) 236-4712 or e-mail terry.west@doh.wa.gov.

Nurses Have a Major Role in Preventing FOOD AND WATER ILLNESS OUTBREAKS

Gastrointestinal illness continues to be a problem in Washington's communities. Nurses have a vital role in recognizing and preventing these diseases as well as helping patients to recover.

Washington State detects 40 to 60 outbreaks of food-borne illness a year. About 80 percent of outbreaks are discovered after people report a suspect

As nurses, your contributions to detecting food and waterborne illnesses are essential. Please consider what you can do to recognize patterns of illness and educate patients about safe practices.

food source, such as a restaurant or grocery store, to local health jurisdictions. Nurses can help by encouraging patients who might have gotten sick from food to contact their local health department and directly report likely outbreaks. Contacts are available at <http://www.doh.wa.gov/ehp/food/localcontacts.html>.

The other 20 percent of food-borne outbreaks are discovered when epidemiologists recognize patterns in clinical samples. Patterns of illness can be recognized at the local, state, or national level. While clinical sampling is not always important to an individual patient's treatment, it is critical for recognizing outbreaks and protecting the community.

It is also important to be aware that most cases of gastroenteritis are not part of an outbreak. For example, more than 1,000 cases of the infection campylobacteriosis are reported to the state Health Department in a typical



year. Because such a small percentage of gastrointestinal cases are diagnosed and reported, the real number is thought to be more like 40,000 cases.

Waterborne illnesses may be trickier to spot because they can come from swimming as well as drinking water. In 2007, for example, there were 26 confirmed cases in waterborne outbreaks of cryptosporidiosis. These cases of parasitic disease were all in people who swam in lakes and pools. Another 32 people were sickened in a norovirus outbreak from a restaurant with a private well.

As nurses, your contributions to detecting food and waterborne illnesses are essential. Please consider what you can do to recognize patterns of illness and educate patients about safe practices.

NURSES TO THE RESCUE

Nurses can help vanquish food and waterborne illness by:

- **BEING VIGILANT.** Ask patients about foods eaten, water exposure and other activities that could have caused gastrointestinal illness and whether family or friends are experiencing similar symptoms.
- **BEING THOROUGH.** Encourage clinical sampling of patients whose gastroenteritis may have been caused by contaminated food or water. Not all water-borne illnesses can be diagnosed with commercial tests, but health care providers should report any suspected waterborne illness to local health departments: <http://www.doh.wa.gov/Notify/guidelines/waterborne.htm>.
- **BEING PROACTIVE.** Urge patients to report the illness to their local health department.
- **BEING INFORMATIVE.** Guide patients to information about safe food-handling practices. Share these sources of food safety guidelines for home cooks: <http://www.doh.wa.gov/ehp/food/safetytips.html> and <http://www.foodsafety.gov/~fsg/f08steps.html>.

Early Remediation Program Added

The Nursing Care Quality Assurance Commission has approved a pilot project to find better solutions in standard of care cases with low risk of patient harm. At its September 2009 meeting the commission reviewed and approved the Early Remediation Program. It began as a one year pilot and the commission has begun the process of developing rules for the program. [See Rules In Progress article on page 18.]

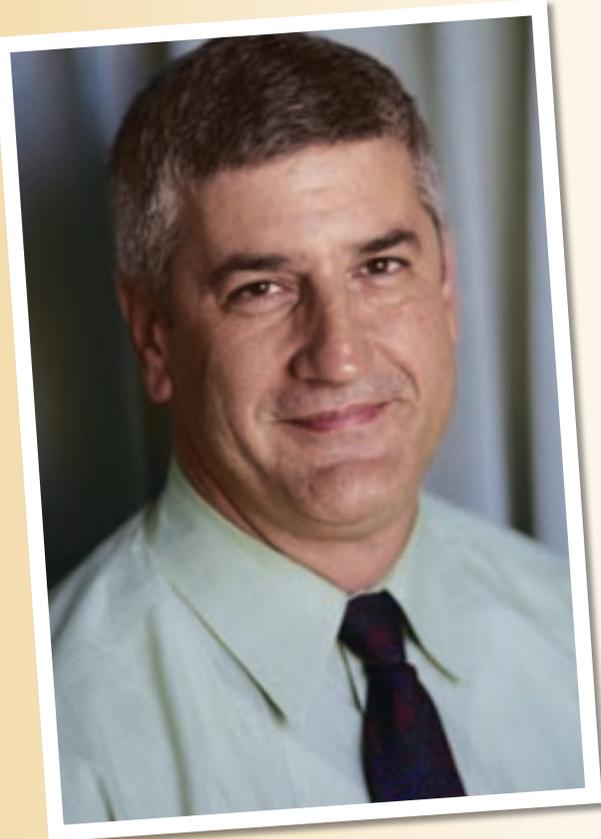
The program will move complaints that meet specific criteria into an expedited investigation. Then the

commission may suggest an action plan for a nurse who is subject to the complaint. The voluntary action plan would entail remedial training and workplace monitoring, based on the nature of the reported conduct.

The commission plans to work with nurses facing substandard practice complaints as well as their current employer to design the action plans. The commission will consider successful completion of these plans in deciding whether to resolve the complaint without disciplinary proceedings. This will meet three specific goals:

At its September 2009 meeting the commission reviewed and approved the Early Remediation Program. It began as a one year pilot and the commission has begun the process of developing rules for the program.

- Patient safety through more timely and better tailored training, and oversight.
- Quick resolution for the nurse and employer without disciplinary action.
- Cost savings by avoiding litigation.



Seattle University College of Nursing

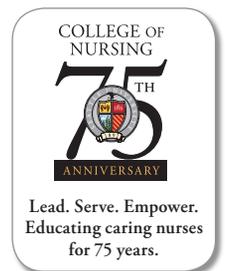
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– David Guidry BS, RN, current Psych-Mental Health Nurse Practitioner student



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CLINICAL NURSE SPECIALIST Survey Results:

MORE THAN 90 OF YOU RESPONDED TO OUR SUMMER SURVEY ON CLINICAL NURSE SPECIALISTS. THREE-QUARTERS OF THE RESPONDENTS SAID THEY WORK IN THIS SPECIALTY. ONLY A FEW, 16 PERCENT, SAID THEIR JOBS REQUIRED THE CERTIFICATION.

The vast majority of respondents held advanced degrees. About 85 percent had a master's degree and an additional nine percent had a doctorate. Of those with master's degrees, nearly 70 percent had a focus on clinical nurse specialist. For others, their master's degree focused on education or other. None of the respondents had a focus on nurse practitioner.

The top three completed graduate education courses were health assessment, 81 percent; pathophysiology, 78 percent; and pharmacology, 54 percent. Only about half completed 500 clinical hours as part of their graduate degree. Even fewer, about

one in six had a post-master's certification in the specialty of clinical nursing. A much larger number, six in ten, held a nationally recognized certification in this practice area. The top area for clinical practice was medical and surgery, with about a third. This was followed by critical care, psychiatry and ambulatory care.

The respondents practiced in education, care of populations, care of individuals, administration, and other areas. About one fifth of respondents were also licensed in another state, mostly in Oregon. Of those licensed in another state, about a third said having prescriptive authority

The top three completed graduate education courses were health assessment, 81 percent; pathophysiology, 78 percent; and pharmacology, 54 percent.

helped provide more comprehensive care to individuals. Only three said they already had prescriptive authority and were licensed as an ARNP.

We thank those who have replied to this survey and encourage others working in the role of CNS to complete the survey if you have not already. www.commissioncnssurvey.com.

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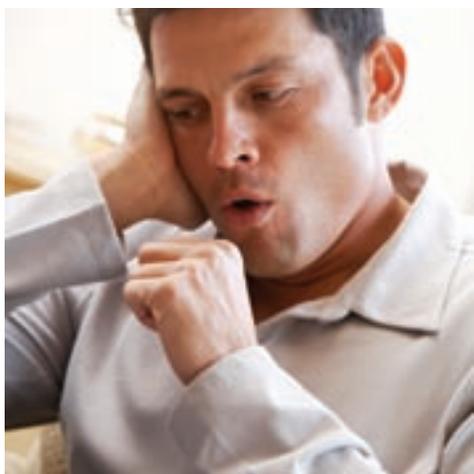
WWW.MAXIMNURSES.COM

TUBERCULOSIS PROGRAM

The Washington State Department of Health Tuberculosis (TB) Program reports on progress of two projects, one ongoing and one new to the program.

TB Services Manual

In Oct. 2007, Washington State introduced the TB Services Manual. This helps readers understand how public health staff completes TB control tasks. The manual, created from a template by Francis J. Curry National Tuberculosis Center, includes laws, laboratory information, and forms relating to Washington State.



Please keep in mind that it contains technical terms not well understood by the general public. The most likely readers of the manual consist of people who work in the public health field. This may include the following and others:

- Nurses (city, county, regional public health)
- Physicians and physician consultants
- State TB services staff
- Indian health services staff
- Public health officers
- Epidemiologists
- Outreach workers

The manual receives updates on a quarterly basis. The TB program emails a list of these updates to Local Health Jurisdictions (LHJs) every quarter to keep them informed

on changes. To view the most recent version of the manual visit <http://www.doh.wa.gov/cfb/TB/07TBManual.htm>.

TB News

The TB program began writing a quarterly newsletter titled “TB News”. It released the first edition in July 2009. The TB Program wanted to keep LHJs, stake-

holders, and others informed about TB in Washington State. The newsletter includes staff highlights, LHJ highlights, reminders, frequently asked questions, Centers for Disease Control news, resources, and more. To view current and archived newsletters visit <http://www.doh.wa.gov/cfb/TB/TBNews.htm>. Contact: Sherry Carlson 360-236-3528.

THE NEWSLETTER INCLUDES STAFF HIGHLIGHTS, LHJ HIGHLIGHTS, REMINDERS, FREQUENTLY ASKED QUESTIONS, CENTERS FOR DISEASE CONTROL NEWS, RESOURCES, AND MORE.





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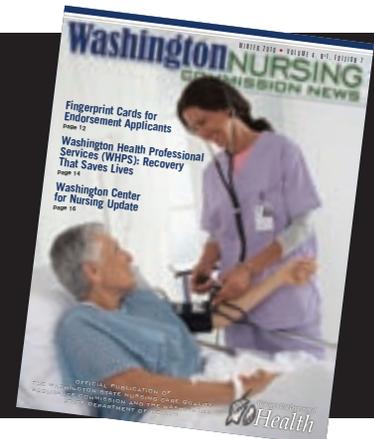
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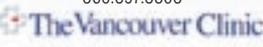
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