



**Do What You Can:
Choosing Winnable
Public Health
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in Washington**

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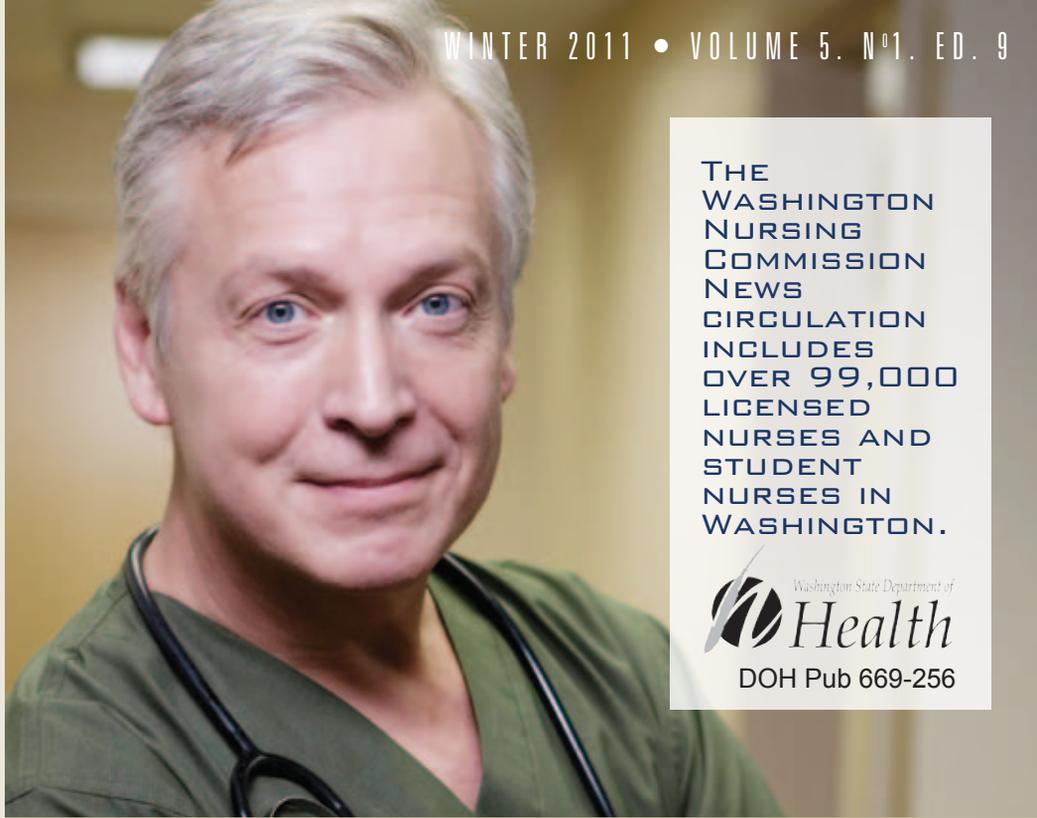
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The Washington State Nursing Care Quality Assurance Commission regulates the competency and quality of professional health care providers under its jurisdiction by establishing, monitoring, and enforcing qualifications for licensing, consistent standards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

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Message from the Chair

BY SUSAN WONG, MBA, MPA, RN

I HAVE BEEN APPROACHED WITH THE QUESTION, HOW COST EFFECTIVE IS THE COMMISSION?

The Nursing Care Quality Assurance Commission (NCQAC) serves as the regulatory and disciplinary body for the Washington State nursing profession. Nursing license fees supports its work. Legislation, RCW 18.79.390, requires the commission to participate in a pilot project. The pilot project grants the commission more authority over budget, spending and personnel. Along with this mandate, the economic downturn created challenges for NCQAC's work and responsibility to enforce the Uniform Disciplinary Act.

How can NCQAC be cost effective and continue to carry out the mission we have as a regulatory board for the nursing profession?

With the advent of technology, the commission eliminated paper license renewals. All renewal licenses are now on-line. The changes to the licensing computer system enhanced and improved reporting, tracking and licensing.

Technology enabled the commission to conduct open business meetings through video conferencing. Video conferencing accessibility allows for public attendance without the burden of huge travel costs to attend.

Technology enhanced communication with online email and the launching of our Web site. Through the Web site, you can obtain up-to-date information on commission business, the NCQAC newsletter, and links to resources related to the regulation of the nursing profession and public health.

NCQAC continues to look at creative ways to accomplish the commitments and work involved to carry out the mission as a regulatory board. We continuously strive for improvements in the competency and quality of nurses. We also promote public safety. The Washington NCQAC is considered one of the most progressive commissions in the nation.

Enjoy the newsletter!

Susan Wong, Chair
Nursing Care Quality Assurance Commission



BY MARY SELECKY, SECRETARY OF THE DEPARTMENT OF HEALTH

DO WHAT YOU CAN: Choosing Winnable Public Health Battles that Make a Difference

No general goes to war expecting to lose, but many do go down to defeat. History tells us it often happens because commanders go into battles they can't reasonably expect to win. They don't do enough reconnaissance to learn about the enemy. They don't adequately plan how to deploy their own forces. Instead of seeking a successful strategy, officers simply send outgunned troops to charge uphill against stronger opponents. That sort of short-sighted thinking doesn't work in combat – and it definitely doesn't work in public health.

That's why Dr. Thomas Frieden, director of the U.S. Centers for Disease Control and Prevention (CDC), and his lieutenants have identified six "winnable battles" in public health, and mapped out tactics for victory. The winnable battles were chosen because the challenges they represent are large and because the opportunities to make progress are substantial.

Dr. Frieden talked about his winnable battles during his recent visit to Washington. At the Washington State Department of Health, we're allies in fighting those same battles. We've made a lot of advances, yet we know we must keep gaining ground.

Tobacco use is a great example. Washington's adult smoking rate of 14.8 percent, down from 15.3 percent the previous year, is third lowest in the United States. The rate has dropped by about a third since our tobacco prevention program started a decade ago. It's a wonderful achievement that's saved plenty of lives and a lot of money. The other side of the coin, though, is that about one out of seven Washington adults is still lighting up, and smokeless tobacco continues to be a problem. Like the CDC's tobacco prevention work, we still have a lot to do.

WE ALL KNOW THAT GOOD NUTRITION AND REGULAR PHYSICAL ACTIVITY COMBINE TO COMBAT OBESITY AND PROMOTE GOOD HEALTH. DRIVE INTO JUST ABOUT ANY COMMUNITY AND YOU'LL SEE VISIBLE REASONS WE HAVE A PROBLEM: RESTAURANTS FEATURING HIGH-CALORIE, HIGH-SODIUM MENUS AND CONVENIENCE STORES WHERE SNACKS AND SODAS ARE AVAILABLE 24 HOURS A DAY. WHAT YOU SHOULD SEE INSTEAD, BUT WON'T SEE IN MANY AREAS, ARE WALKING TRAILS AND SIDEWALKS, BICYCLE LANES, PLACES TO EXERCISE, AND FULL-SERVICE GROCERY STORES...

The same is true of traffic safety. New statistics shows 97.6 percent of people in Washington fasten their seat belts, and we have our lowest roadway fatality rate ever. But the Washington State Patrol still issues about 47,000 citations each year for failure to buckle up – and we've all read or heard countless news stories about fatal accidents in which the victim wasn't wearing a seat belt. That's one reason my agency is part of Target Zero, which aims to eliminate all traffic deaths on our state's roads by 2030. It's ambitious, all right, but it's a battle we must win.

We all know that good nutrition and regular physical activity combine to combat obesity and promote good health. Drive into just about any community and you'll see visible reasons we have a problem: restaurants featuring high-calorie, high-sodium menus and convenience stores where snacks and sodas are available 24 hours a day. What you should see instead, but won't see in many areas, are walking trails and sidewalks, bicycle lanes, places to exercise, and full-service grocery stores or farmers markets with fresh, wholesome foods. With obesity-related health issues becoming ever more apparent, we must promote healthy diets and lifestyles.

Naturally, that ties in with food safety — part of the same battle. We work with our federal and local partners to fight food-caused disease outbreaks. In our agency, we also strive to make sure the shellfish you eat and the water you drink will be safe and healthy.

Both our state health department and CDC are campaigning to stop infections associated with health care. We work with hospitals and other facilities to research those infections, many of which are preventable, aiming to make them a thing of the past.

HIV and AIDS may not get as much media attention as they once did, but they haven't gone away. We know the risky behavior that transmits them hasn't vanished either. That's why we join with the CDC in fighting that winnable battle.

Risky behavior also results in teen pregnancy, which has long-range consequences both for youthful parents and their children. Like the others, it's not a simple battle to fight, but it's one in which we can't afford to surrender.

Winning these six battles will require a lot of thought, a lot of foresight, and a lot of effort. It'll also require cooperation from our partners on the front lines in public health and health care, and that includes you. Fighting together, we can triumph.



Message from the Executive Director

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

BEST WISHES TO YOU IN 2011!

The most frequent question received this year: why did our nursing license fees increase?

Law requires nursing fees to cover all of the work done by the Nursing Care Quality Assurance Commission (NCQAC). In the past three years, the work of the commission increased. The NCQAC members and staff were not enough to meet the needs. Let me explain the trends leading to the increase in fees.

While the majority of nurses in Washington practice safely, a number of nurses do not. The commission receives complaints of poor nursing care, crimes committed by nurses, and patient harm from nurses. It investigates complaints and collects evidence to support charges on nursing licenses. It receives more complaints than can be investigated. If the complaints cannot be investigated, legal action on licenses cannot take place. This leaves unsafe nurses to practice with critically ill and trusting patients. Complaints against nurses rose 23 percent from 1,209 in 2006 to 1,276 in 2007 and 1,562 in 2008.

Washington Health Professional Services (WHPS) is the alternative to discipline monitoring program approved for nurses with substance use. The number of WHPS participants continues to grow. Between June 2006 and June 2009, participants in the program increased 63 percent. We expect this growth to continue due to two main reasons:

1. The number of providers continues to grow. Nursing alone represents 75 percent of the participants in WHPS and the cases are growing rapidly.

2. Awareness of the program increases referrals.

The shortage of nurses in Washington prompted the 40 or more nursing education programs to increase enrollment and the number of nursing graduates per year. July is the peak month for processing nursing applications and issuing licenses. In July of 2006, the commission issued 950 licenses. In July 2007, it issued 1,075

state licenses into Washington through an application process. In 2006, 3,908 nurses endorsed their licenses into Washington. In 2007, 4,269 nurses endorsed their licenses for a 9.2 percent increase. In 2008 we saw an additional 10.9 percent increase.

These data led the commission to request more staff to keep up with the licensing, discipline and substance use needs in our state. The increase in staff



licenses, or a 12 percent increase from the previous year. In July, 2008, the commission issued 1,499 licenses, another 28 percent increase. From July 1, 2007 through June 30, 2008, the commission issued 7,430 nursing licenses. One year later we saw an additional 20 percent increase in the number of licenses we issued. We received a total of 9,172 applications in 2007 and 10,107 in 2008, or a 10 percent increase.

The NCQAC noted an increase in the number of nurses moving to Washington from other states. We endorse out of

led to the need to raise fees. The 2010 legislature supported increases. The commission adopted the rules to increase the fees in September 2010, and we now have new staff to do the work.

Nursing is one of the very few professions in our state that will continue to grow. While employment is tight now, the demand for nurses will grow. As our baby boomer population grows, so do their health care needs. As our nursing population ages, more nurses will retire. We need every nurse to provide quality nursing care.

LPN | CORNER

LPN Scope of Practice on Delegation

As an LPN for 17 years now I have found that the LPN scope of practice is something that changes occasionally and should be reviewed often. A topic of interest for me lately has been my role in delegation as an LPN. Please take the time to review some of the following WACs (Washington Administrative Code) on delegation. If you feel you are practicing beyond your scope please refer to the decision tree on scope of practice. If you still have questions then please call the Department of Health about the concern.

WAC 246-840-705 Functions of RN and LPN

WAC 246-840-700 Standards of nursing conduct or practice.

Please read carefully the WAC on community based care settings.

WAC 246-840-910 thru 246-840-970 and also 246-841-405.

Medical Marijuana

There have been recent incidents of LPNs and RNs writing prescriptions for medical marijuana that are not valid. This task is beyond the scope of practice for nurses. The prescribers are protected from inquiry if the patient exceeds their limit of marijuana they may grow or possess. This practice leaves the nurse to deal with the police. Protect yourself! Know your scope of practice and know when to say NO to anyone asking you to exceed your scope.

Questions about your scope of practice? What can you implement and prescribe under a prescriber's order? First off, check the nurse practice act found at <http://www.doh.wa.gov/hsqa/professions/Nursing/default.htm>. Look under the laws section. This Web site also keeps you up to date with the new trends and laws affecting your career. Remember, an LPN or RN may not prescribe any medications. RNs and LPNs follow written or verbal orders given in person or telephone with a signature by the prescriber. The LPN or RN may not write a prescription on a prescription pad for a prescriber without his or her signature.



WASHINGTON CENTER FOR NURSING UPDATE

THE WASHINGTON CENTER FOR NURSING (WCN) IS NOW ON FACEBOOK! SEARCH FOR "WASHINGTON CENTER FOR NURSING" AND "LIKE" US TO HAVE ANOTHER WAY TO KEEP UP WITH US. YOU MAY ALSO SHARE YOUR THOUGHTS, PARTICIPATE IN INFORMAL POLLS, AND OF, COURSE, FIND OTHER NURSES.

EDUCATION NEWS

RONE (Rural Outreach Nursing Education) graduated its first class of 11 rurally-located RN nursing students in December. The second class of 12 students in Critical Access Hospitals across our state will complete their LPN in 2011 and RN in 2012. This unique program is supported by the local hospital. It responds to rural communities' needs for education that meets all accreditation standards.

THE NURSE OF THE FUTURE

"Our population is growing, and growing older. It is more diverse ethnically. There is a stronger focus on quality and safety in patient care. Our nursing workforce and nursing faculty workforce is aging. Care is more complex in all settings. Nurses need more knowledge and financial purse strings are tight. What is the role of the nurse of the future?"

The Institute of Medicine (IOM)¹ recommended competencies for all healthcare providers:

- Provide patient-centered care;
- Work in interdisciplinary teams;
- Employ evidence-based practice;
- Apply quality improvement, and
- Use informatics.

We asked 250 stakeholders across the state what key Knowledge, Skills, and Attributes (KSA)² nurses need in the future. Participants discussed their concerns and ideas about the increased complexity of care and the unique care and education needs of older patients and families. They discussed the need

for education in gerontology and the critical need for more diversity in our nursing workforce and nursing faculty. They recommended changes in education and the workplaces to better prepare nurses for a new healthcare world. Thanks to those of you who hosted and who participated! We sent the full report to all participants, the Department of Health, nurse leaders and educators. The report is on our Web site: www.WACenterforNursing.org, "data." Next, the WCN Board will develop formal recommendations for education and practice at its January meeting.

TOWARDS A MORE DIVERSE WORKFORCE

WCN is aggressively seeking funding for a full-time "Project Director: Diversity Initiatives" to lead our work to increase diversity in the nursing workforce and nursing faculty. We will learn from states that have had successes increasing diversity and enrich our nursing population in order to serve our population better. We know disparities in healthcare outcomes are reduced when the healthcare population is similar to the patient population.

INSTITUTE OF MEDICINE RECOMMENDATIONS ON NURSING (IOM)

"The Future of Nursing: Leading Change, Advancing Health: recommendations on transforming nursing to ensure quality care for our population have generated buzz everywhere in the US. Major recommendations include:

- Full professional practice for all nurses;
- Nursing leadership education integrated throughout all nursing education;
- Transition-to-practice programs for new graduates;
- More masters' and doctorally prepared RN's;
- Lifelong learning for nurses;
- Interdisciplinary education for all healthcare professions;
- A more well-educated nursing workforce, better data collection and analysis on our workforce;
- Eighty percent of all RN's having a BSN by 2020; and
- Nurses fully participating in planning, leading, and evaluating care as partners.

WCN sponsored a statewide webinar November, 2010 to discuss the recommendations and published "How does WA measure up to the IOM recommendations?" A statewide teleconference was co-sponsored by the UW School of Nursing, WCN, the Council on Nursing Education in WA State, NCQAC, and the Northwest Organization of Nurse Executives on January 12, 2011. The group heard from the study's leader, Dr. Susan Hassmiller. The local groups talked about implementation. Go to www.iom.edu/nursing for the full report, or www.WACenterforNursing.org.

REFERENCES:

- ¹Institute of Medicine: Health Professions Education: A Bridge to Quality http://www.nap.edu/catablot.php?record_id=10681
- ²Quality and Safety Education in Nursing (QSEN) <http://www.qsen.org>
Washington Center for Nursing
www.WACenterforNursing.org • info@wcnursing.org
206-787-1200 or Facebook

Continuing Competency **RULES**

THE NURSING CARE QUALITY ASSURANCE COMMISSION REVIEWED AND PASSED THE RULES FOR DOCUMENTING CONTINUING COMPETENCY SEPTEMBER 10, 2010.

Graduation from your basic nursing program is the first step in your chosen profession. The second step is to learn and understand the legal scope of your nursing practice. According to RCW 18.79.010 Purpose, "It is the purpose of the Nursing Care Quality Assurance Commission to regulate 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." To monitor compliance with the continuing competency rules under the authority of RCW 18.79.010, random audits by NCQAC require nurses to

demonstrate their nursing competence by review of written documentation of practice and education within a three-year time span. The three years begins with your birthday month in 2011 and ends with your birthday month in 2014.

Each individual nurse can chose the method of record keeping. Possibilities include computerized spread sheets, papers (such as pay stubs and certificates) organized in a notebook, or documents filed in a desk drawer. Sample logs are available on the Website.

The members and staff of the NCQAC will facilitate the nurse's compliance to the rules through education and consultation. It is the responsibility of each nurse to



maintain professional competency and to document proof of competency.

Download the rules. Keep them for reference. Check the Website <http://www.doh.wa.gov/hsqa/Professions/Nursing/continuecomp.htm> for more information.

Cultural Competency for Health Care Providers

BY KRIS REICHL
RULES AND LEGISLATIVE ANALYST
DEPARTMENT OF HEALTH

The Washington State Department of Health is pleased to announce a new resource to help health care providers serving diverse populations of patients. A law passed in 2006 encourages providers to receive multicultural health awareness education and training, and requires schools to provide it as part of a training program. The *Cultural Competency in Health Services and Care – A Guide for Health Care Providers* is a tool in that effort.

You can find this guide on our Web site. It is intended to increase the knowledge, understanding, and skills

WE HOPE IT WILL BROADEN YOUR AWARENESS OF HEALTH DISPARITIES, PROVIDE A BETTER UNDERSTANDING OF WHY CULTURAL COMPETENCY IS IMPORTANT, AND ILLUSTRATE SOME OF THE RESOURCES AVAILABLE TO YOU.

of those who provide health care in cross-cultural situations.

We hope it will broaden your awareness of health disparities, provide a better understanding of why cultural competency is important, and illustrate some of the resources available to you. There are several online resources that offer continuing education credits.

There are also resources with important information and statistics on the populations you serve.

Visit <http://www.doh.wa.gov/hsqa/Professions/Publications/documents/CulturalComp.pdf> to view the guide. Contact Kris Reichl at Kristin.reichl@doh.wa.gov or (360) 236-4985 for questions about this project.

WELCOME to New Commission Members

GOVERNOR CHRISTINE GREGOIRE APPOINTS TWO NEW MEMBERS TO SERVE FOUR-YEAR TERMS.

L. SUSANA SERNA, ARNP



L. Susana Serna is a family nurse practitioner. She owns Clinica de Salud Familiar, LLC, a private, safety net clinic that does not take any insurance. About forty percent of her patients are monolingual Spanish.

Prior to starting Clinica de Salud Familiar, LLC, she practiced at federally funded community health centers and private clinics in the greater Vancouver/

Portland area since 2001. Before moving to Vancouver, she practiced at the community health center and private clinics in the greater Salt Lake City, Utah area.

Prior to becoming an RN and then an advanced practice nurse, she was a successful health educator with The American Red Cross in California and Health Works in Wisconsin. She was also a child birth and parenting educator for the University of Utah.

Susana was born in Monterrey, Nuevo Leon, Mexico and raised in East Los Angeles. She received a BS in Community Health Education from the University of Utah and a BSN and MSN from Westminster College, Salt Lake City.

SUELLYN MASEK, MSN, RN, CNOR



Suellyn Masek was appointed to the Nursing Care Quality Assurance Commission on July 1, 2010. She retired from the United States Army after 23 years with two combat tours. She is a Nationally Certified Operating Room Nurse at Good Samaritan Hospital in Puyallup, Washington.

When I retired from the Army, I knew my training had prepared me to do many things. As an educator, I have always had a strong commitment to professional development. But my passion has always been for patient safety infection control and delivering the highest standard of care possible. Being appointed to NCQAC is a true honor and I will use my diverse experience and expertise to keep the people of Washington safe.

Outgoing Commission Members

MARIANN WILLIAMS, MPH, MSN, ARNP



I have been privileged to have been appointed to the commission by Governors Gary Locke and Christine Gregoire. It has been an exciting time

in the history of nursing and of health care to have been involved with the commission.

My appointment came at a time when the commission needed representation from Eastern Washington, from rural areas, education and nurse practitioners. I had practiced as a nursing instructor and a nurse practitioner in Okanogan County for 30 years. I was pleased to bring a rural perspective to the commission.

It has been gratifying to be a part of history in the making in the regulatory arena and I look back on several pieces that are particularly noteworthy. I was able to be part of making rules to make the fees more equitable and reasonable for nurse technicians (nursing students). It has been informative to wrestle with continuing competency and what that should look like for Washington State nurses. The commission changed size and became more autonomous during my tenure. I was able to be part of the national conversation about nurse practitioner regulation and practice, and I advocated for ARNP staff for the commission. I am currently serving a pro tem assignment to write rules about prescribing narcotics

for chronic non cancer pain.

It has been a time of growth for me personally and for the commission. It has been an honor to serve on behalf of the nurses and citizens of Washington State.

WOULD YOU LIKE TO SERVE ON THE NURSING COMMISSION?

For an application and information about serving on the commission see <http://www.doh.wa.gov/hsqa/Professions/Nursing/commission.htm> The governor appoints new members every year. On June 30, 2011 the commission will have a nurse manager or nurse executive position become vacant. Submit applications to the Office of the Governor by March 1st.

THE POWER OF HOPE: A NURSE'S STORY

WE OBSERVE RECOVERY MONTH EACH SEPTEMBER. AS OUR SURROUNDINGS PREPARE FOR THE COMING OF WINTER, WE CELEBRATE THE HOPE THAT A NEW LIFE OF RECOVERY BRINGS. THE FOLLOWING IS AN ACCOUNT OF ONE NURSE'S PERSEVERANCE TO RECOVER FROM ADDICTION AND A LIFE CHANGING DECISION TO EMBRACE HELP WHEN IT WAS OFFERED.

"It is the aloneness within us made manifest," Andrew Solomon wrote in his book *The Noonday Demon*, "and it destroys not only connection to others but also the ability to be peacefully alone with oneself."

Bill Wilson, Alcoholics Anonymous co-founder, also wrote of "a pitiful and incomprehensible moral degradation as we had never known before." I had reached a place in the progression of my disease of addiction where I was nothing. Nothing mattered – not life, not death. I was completely and utterly alone. Afraid and worthless, I had reached the end.

The end came. My life, as I knew it, was over and, to tell the truth, I was relieved. I didn't want to live that way anymore. I simply did not know there was any other way. Asking for help was not in my repertoire. I was hopeless.

Help arrived in the form of an intervention organized by my employer, the institution where I worked, and my family. I was not entirely appreciative of this, but I was desperate. I "voluntarily" agreed to enter the detoxification program at a local hospital. It was there that I first glimpsed professional and personal hope. I was visited by a Case Consultant from the state program for health professionals with substance use disorders. She offered me the opportunity to enter the monitoring program in lieu of license discipline. The program, as she described it to me, was a place where other nurses who had similar diagnoses met and discussed recovery, along with issues related to our profession. It also offered struc-



ture, support and accountability for this early phase of my recovery.

While I was undergoing inpatient treatment, I worked with my case consultant and my employer to create a safe environment for my return to practice. I grasped this slim glimmer of hope. The program had suggestions to aid in my recovery and a requirement to comply with their guidelines. Today I consider my participation in this program and in recovery as a gift. A gift of HOPE. Today I have complied with the suggestions, structure and support Washington Health Professional Services has offered, become an active member of my support group, an active member of a Twelve Step program, continued with outpatient counseling and have begun to repair the hurt my disease brought my family and others I love.

Washington Health Professional Services allows recovery to happen if we are willing to share our experiences with others and accept the structure of the monitoring program. It has proved to be an invaluable part of my recovery and return to the successful and safe practice of nursing.

If there was anything I could say to a newcomer or a troubled professional, it would be to reach out and grab the hope offered so freely. It has truly been a life-changing event for me. I have been hopeless and I have had hope. I like hope better.

Anonymous

With special thanks to our friends at the New York State Peer Assistance Network. To contact the Washington Health Professional Services call (360) 236-2880 or the Web site at <http://www.doh.wa.gov/hsqa/Professions/WHPS/default.htm>.

Pain Management – NEW RULES

Legislature requested new rules from all boards/commissions with prescriptive privileges. The intent is to decrease the number of unintended deaths from prescription opioids. Rules are projected to take effect in June of 2011 and will affect ARNPs prescribing scheduled opioids. The following is a bill summary.

The 2010 legislature passed ESHB 2876 requiring the nursing commission to adopt rules on chronic non cancer pain management which include:

- Dosing criteria including a dosage amount that may not be exceeded without consultation with a practitioner specializing in pain management, and exigent or special circumstances under which the dosage may be exceeded without a consultation. The rules regarding consultation with a pain management specialist must, to the extent practicable, take into account:
 - Circumstances under which repeated consultation would not be necessary or appropriate for a patient undergoing a stable, ongoing course of treatment for pain management;
 - Minimum training and experience that is sufficient or exempt a practitioner for the consultation requirement;
 - Methods for enhancing the availability of consultations;
 - Allowing the efficient use of resources; and
 - Minimizing the burden on practitioners and patients;
 - Guidance on when to seek specialist and ways in which electronic specialty consultations may be sought;

- Guidance on tracking clinical progress by using assessment tools focusing on pain interference, physical function, and overall risk for poor outcome; and
- Guidance on tracking the use of opioids.

The boards and commissions must adopt the new rules in consultation with the Area Medical Directors Group, the Department of Health, the University of Washington, and the largest associations representing the professions the boards and commissions regulate. The boards and commissions adopting the rules must work collaboratively to ensure the rules area as uniform as practicable. The draft rules were submitted to the legislature in January, 2011.

The rules do not apply to:

- Palliative, hospice, or other end of life care; or
- The management of acute pain caused by an injury or surgical procedure.

In an effort to meet the legislature's mandate, the Pain Management Workgroup with representation from the affected boards/commissions, met to finalize rules to meet the requirements of ESHB 2876. More information on research and drafts are on the workgroup website: www.doh.wa.gov/hsqa/professions/painmanagement/. The commission will be enacting rules through the rules process and there will be opportunities for public comment. Commission representatives to the work group are Dr. Darrell Owens, ARNP and Mariann Williams, ARNP. Comments are solicited and appreciated and may be forwarded to the commission or directed through the above Web site.

Nursing Education in Washington

THE APPROVED PRE-LICENSURE PROGRAMS IN WASHINGTON STATE CONTINUE TO STRUGGLE TO INCREASE THE NUMBER OF GRADUATES. CANDIDATES FROM THESE PROGRAMS TAKE THE NATIONAL LICENSING EXAMINATION AS A PRACTICAL (LPN) OR REGISTERED NURSE (RN). THE MAJOR ISSUES FOR NURSING PROGRAMS ARE LACK OF QUALIFIED NURSING FACULTY AND LACK OF AVAILABLE CLINICAL SPACE. THESE TWO ISSUES LIMIT FURTHER EXPANSION OF NURSING PROGRAMS. YOU CAN FIND A LIST OF APPROVED NURSING PROGRAMS AT THE COMMISSION'S WEB SITE [HTTP://WWW.DOH.WA.GOV/HSQA/PROFESSIONS/NURSING/FORMS.HTM](http://www.doh.wa.gov/hsqa/Professions/Nursing/Forms.htm).

NCLEX®: First-Time Takers (Washington State Schools)

	LPN	RN-AD (1)	RN-BS/GE (2)	RN (1+2)
2001	579	487	464	951
2003	897	979	499	1478
2005	1018	1169	608	1777
2007	947	1555	745	2300
2009	943	1660	848	2508
Increase since 2001	63%	241%	83%	164%

FIGURE 1

In the decade since 2000, nursing programs dramatically increased production of registered nurses. This increase occurred through new RN programs and expansion of existing RN programs. Practical nursing (PN) programs initially increased production. Recently PN programs have slightly decreased production. These data can be seen by the number of Washington State graduates taking the national licensing examination (NCLEX®) the first time. You can see this information in Figure one. RN programs are separated: associate degree RN programs –AD-RN – or baccalaureate/graduate entry RN programs –BS/GE RN.

The increase in licensed nursing graduates has occurred with a rate above the national average in passing the national licensing examinations. Washington State PN graduates pass at a rate 5 to 10 percent above the national average.

Washington State RN graduates pass at a rate of 1 to 3 percent above the national average. See Figure two for a summary of pass rates for first-time test takers over the last five calendar years. You can find pass rates by program at: <http://www.doh.wa.gov/hsqa/Professions/Nursing/NursingPrograms.htm>.

Clinical facilities increasingly want RNs prepared at the baccalaureate level. Data show that as the education level of the RN increases, patient outcomes improve.

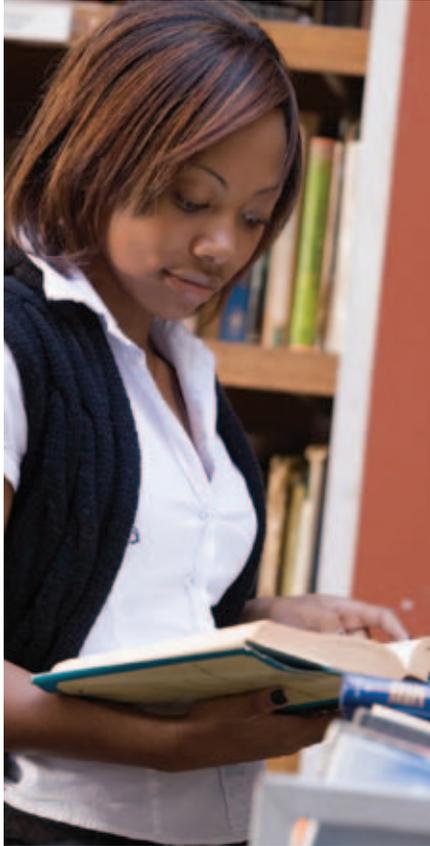
GRADUATE DEGREES IN NURSING CONTINUE TO EXPAND PRODUCTION. NURSE PRACTITIONERS, NURSE MIDWIVES, AND NURSE ANESTHETISTS CAN BE LICENSED AS ARNPs IN WASHINGTON STATE. ARNPs CAN BE PREPARED AT THE MASTER'S OR DOCTORAL LEVEL.

NCLEX® Pass Rates

Practical Nursing					
	2005	2006	2007	2008	2009
National	89.1%	87.9%	87.5%	85.6%	85.7%
Washington	94.9%	94.5%	96.4%	95.6%	95.2%
Registered Nursing					
	2005	2006	2007	2008	2009
National	87.3%	88.1%	85.5%	86.7%	88.4%
Washington	88.4%	91.6%	87.9%	88.3%	90.1%

FIGURE 2

Associate degree RNs can enroll in programs to receive more education and the baccalaureate degree. In the last five years, 209-290 RNs graduated from these baccalaureate degree programs (RNB). RNB programs reported a dramatic increase in 2009 of RNs enrolling in the baccalaureate completion programs.



Graduate degrees in nursing continue to expand production. Nurse practitioners, nurse midwives, and nurse anesthetists can be licensed as ARNP's in Washington State. ARNPs can be prepared at the master's or doctoral level. The most common major for ARNPs graduating from Washington State schools is family nurse practitioner. Master's and doctoral programs are also available. These programs prepare nurses as educators, administrators, researchers, and clinical nurse specialists. Graduate programs are essential to continued progress in meeting patient needs across Washington State.

Changing your Address?

REMINDER: It is the responsibility of each nurse holding an active license to inform the Nursing Care Quality Assurance Commission of any *change in address* and telephone number whether renewing or not. If a complaint is lodged against you, it is important to be able to reach you. You need to be able to provide your perspective on the complaint. Bulk mail is not forwarded by the U.S. Post Office. Even if you file a forward address change form, bulk mail will not be forwarded. For this reason and others, it is extremely important that we have your current address. Send changes to: nursing@doh.wa.gov or call (360) 236-4703.

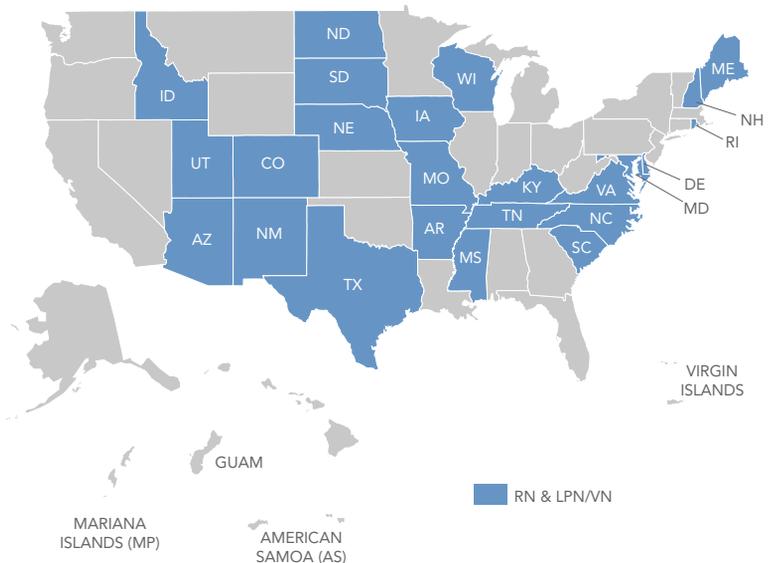


Background

- The Nurse Licensure Compact (NLC) allows a registered nurse (RN) and licensed practical/vocational nurse (LPN/VN) to have one multi-state license in a primary state of residency (the home state) and to practice in other compact states (remote states), while subject to each state's practice laws and discipline.
- The NLC allows a nurse to practice both physically and electronically across state lines unless the nurse is under discipline or restriction.
- Advanced practice registered nurses (APRNs) are not included in this compact. APRNs must apply in each state in which they practice, unless exempted when employed in a federal facility.

Multistate and Single-state Licenses

- A nurse must legally reside in an NLC state to be eligible for issuance of a multistate license. In order to obtain a compact license, one must declare a compact state as the primary state of residency and hold a nursing license in good standing. There is not a separate application for obtaining a multistate license.
- A nurse whose primary state of residence is a noncompact state is not eligible for a compact license.
- Upon being issued a compact (multistate) license, any additional active compact state licenses held are inactivated because a nurse can only hold one multistate license.
- A nurse licensed in a compact state must meet the licensure requirements in the home state. When practicing on a multistate privilege in a remote state, the nurse is accountable for complying with the Nurse Practice Act of that state.
- A nurse with an active compact (multistate) license wanting to practice in another compact state does not need to complete any applications nor pay any fees as the home state license is accepted as a privilege to practice in other compact states.
- A nurse who declares a noncompact state as the primary state of residence will be issued a single-state license.



- A nurse must hold a separate license in each noncompact state where practice privileges are desired.
- While under disciplinary action, multistate privileges may be removed and the nurse's practice may be restricted to the home state.
- The NCLEX® can be taken in any jurisdiction. The results should be directed to the state board of nursing where the nurse will apply for licensure.



Requirements when Moving

- When a nurse moves from a compact state to a noncompact state to practice nursing, the compact license is changed to a single-state license and the nurse must apply for licensure by endorsement in the new state of residency.
- When a nurse declares a compact state as the primary state of residency, the nurse must apply for licensure by endorsement in the new state of residency.
- When a nurse changes primary state of residency by moving from one compact state to another compact state, the nurse can practice on the former residency license for up to 30 days. The nurse is required to apply for licensure by endorsement, pay any applicable fees and complete a declaration of primary state of residency in the new home state, whereby a new multistate license is issued and the former license is inactivated. Proof of residency may be required.
- Licensure renewal cycles vary state to state. Nurses are required to promptly declare a new state of residency when they obtain a new driver's license, change where federal taxes are paid or register to vote and not wait for their license to lapse or expire in the prior home state.
- A nurse on a visa from another country applying for licensure in a party state may declare either the country of origin or the party state as the primary state of residency. If the foreign country is declared the primary state of residency, a single-state license will be issued by the party state.

Definitions

- **Compact:** An interstate agreement between two or more states established for the purpose of remedying a particular problem of multistate concern. (Black's Law Dictionary)
- **Party or Compact State:** Any state that has adopted the NLC.
- **Home State:** The party state that serves as the nurse's primary state of residence.
- **Remote State:** A party state other than the home state where the patient is located at the time nursing care is provided or in the case of the practice of nursing not involving a patient, a party state where the recipient of nursing practice is located.
- **Primary State of Residence:** The state in which a nurse declares a principal residence for legal purposes.
- **Nursys®:** A database that contains the licensure and disciplinary information of all RNs and LPN/VNs as contributed by party states.



For more information about NLC, visit www.ncsbn.org/nlc or e-mail nursecompact@ncsbn.org.

111 E. Wacker Drive, Ste. 2900, Chicago, IL 60601-4277 ■ 312.525.3600 ■ www.ncsbn.org

CONTROLLING DIABETES

A RECENT WASHINGTON STATE DEPARTMENT OF HEALTH STUDY FOUND THAT ABOUT ONE IN THREE WASHINGTON ADULTS AGES 25 OR OLDER HAD FASTING BLOOD GLUCOSE LEVELS INDICATING PRE-DIABETES. PRE-DIABETES MEANS THAT YOUR BLOOD SUGAR LEVEL IS HIGHER THAN NORMAL. PEOPLE WITH PRE-DIABETES HAVE AN INCREASED RISK OF DEVELOPING COSTLY CHRONIC DISEASES SUCH AS TYPE 2 DIABETES, HEART DISEASE, AND STROKE. DIAGNOSING PEOPLE WITH PRE-DIABETES EARLY HELPS IN SEVERAL WAYS. IT HELPS THEM INCREASE PHYSICAL ACTIVITY AND REDUCE BODY WEIGHT. WE CAN PREVENT ABOUT HALF OF THE PEOPLE WITH PRE-DIABETES FROM PROGRESSING TO TYPE 2 DIABETES. PRE-DIABETES IS PREVENTABLE AND REVERSIBLE.

Health care professionals can prevent type 2 diabetes by screening those at risk early. According to the 2010 American Diabetes Association (ADA) Clinical Practice Recommendations, to identify people with pre-diabetes, testing should be considered in all adults who are overweight (BMI \geq 25) and have one or more *additional risk factors*:

- Physical inactivity.
- 45 years or older.
- First-degree relative with diabetes.
- Members of high-risk populations including, African American, Latino, Native American, Asian American, and Pacific Islander.
- Women who delivered a baby weighing more than nine pounds or who were diagnosed with gestational diabetes.
- Hypertension (\geq 140/90 mmHg or on medication).
- HDL cholesterol level less than 35 mg/dl and/or triglyceride level greater than 250 mg/dl.
- Women with polycystic ovary syndrome.
- History of cardiovascular disease.

ADA. *Standards of Medical Care in Diabetes -2010. Diabetes Care, January 2010;33(Suppl. 1): S13 (Table 4).*

In addition, the ADA Clinical Practice Recommendations list the diagnostic criteria for pre-diabetes as one of the following:

- Impaired Fasting Glucose (IFG): 100

mg/dl -125 mg/dl.

- Impaired Glucose Tolerance (IGT): Post-load glucose 140 mg/dl -199 mg/dl.
- Hemoglobin A1C: 5.7 percent -6.4 percent.

In 2002, the U.S. Diabetes Prevention Program confirmed that an intensive lifestyle intervention combining dietary modification and regular physical activity could reduce the development of diabetes by more than half among adults with pre-diabetes. Three and 10-year follow-up studies have shown that participants continue to delay diabetes onset.

Over the past seven years, Indiana University School of Medicine conducted a series of research studies to design a more cost effective, group based, community model. By partnering with YMCA's in Indianapolis, they were able to replicate

the same weight loss (5 percent-7 percent body weight) as the intensive model at a fraction of the cost. Modest weight loss is important to delaying or preventing type 2 diabetes.

The Centers for Disease Prevention and Control (CDC), Y-USA and UnitedHealth Group recently partnered to formally disseminate the community based model across the nation. Currently, several YMCA's in Washington offer the 16 week YMCA Diabetes Prevention Program for people with pre-diabetes.

HOW YOU CAN TAKE ACTION:

- Identify patients at risk and screen for pre-diabetes.
- Refer patients diagnosed with pre-diabetes to a Diabetes Prevention Program. See list of locations below.

PROGRAM LOCATIONS

Seattle YMCA - 4 locations

Lindsey Gregerson
(206) 344-3181
lgregerson@seattleyymca.org

Gig Harbor YMCA

Susan Buell
10550 Harbor Hill Drive
Gig Harbor, WA 98332
(253) 853-9622
www.ymcatacoma.org

Wenatchee Valley YMCA

Hillary Conner
217 Orondo
Wenatchee, WA 98801
(509) 662-2109
www.wenymca.org

YMCA of the Inland Northwest

Keats McGonigal
930 N. Monroe
Spokane, WA 99201
(509) 777-YMCA (9622)
www.ymcaspokane.org

WHOOPING COUGH: Health Care Professional's Key to Stopping Disease's Spread

Whooping cough, or pertussis (www.doh.wa.gov), continues to circulate with deadly results. It killed at least two Washington infants in 2010 and in late October, Grant County Health District declared an outbreak. As health care professionals, it's our duty to fight the disease and prevent more deaths.

Communities need a high immunity level to stop whooping cough. Immunity can wane as soon as five years after immunization or infection. That means most young children who get vaccinated are susceptible again by early adolescence.



WE CAN HELP PROTECT INFANTS BY CHECKING PATIENTS' IMMUNIZATION STATUS. WE CAN ALSO VACCINATE ALL WOMEN OF CHILDBEARING AGE AND ENSURE ALL HOUSEHOLD CONTACTS AND CAREGIVERS ARE VACCINATED AT LEAST TWO WEEKS BEFORE THE BABY IS DUE.

Whooping cough kills and hospitalizes infants who are too young to vaccinate. Most infants who get the disease catch it from immediate family members. So it is important for parents and other caregivers to get vaccinated.

As medical professionals, our advice is vital as patients decide whether to get vaccinated. We can help protect infants by checking patients' immunization status. We can also vaccinate all women of childbearing age and ensure all household contacts and caregivers are vaccinated at least two weeks before the baby is due.

Providers who suspect whooping cough should take action – test and

treat patients. Promptly report suspected and confirmed cases to local public health agencies.

The free, web-based CHILD Profile Immunization Registry tracks immunizations in all age groups. For information or to register, call the CHILD Profile Help Desk at 1-800-325-5599, or register on the CHILD Profile website (www.doh.wa.gov/cfh/childprofile/).

A big part of our job as health care providers is to stop problems before they start. Prevention is a cornerstone of public health. By battling whooping cough in all age groups, especially among vulnerable infants, we can make our state a healthier place to live.

TEXT4BABY: A FREE SERVICE FOR EXPECTANT AND NEW MOTHERS

WASHINGTON STATE DEPARTMENT OF HEALTH IS PLEASED TO BE A PARTNER WITH TEXT4BABY. WE HOPE YOU WILL JOIN US BY INFORMING PREGNANT WOMEN AND NEW MOMS ABOUT THIS SERVICE.

Each year in the U.S., more than 500,000 babies are born prematurely and an estimated 28,000 children die before their first birthday, signifying a national public health crisis.

- The infant mortality rate in the U.S. is one of the highest in the industrialized world.
- Prematurity is often cited as being a leading cause of infant mortality. Birth weight and gestational age are key predictors of a child's chances for survival.
- Glaring disparities exist within certain populations. Babies born to African-American mothers are most at risk with a rate of 13.5 deaths per 1,000 births.
- Alarming, for the first time since the 1950s, the U.S. infant mortality rate has increased.

Mobile phones have potential to play a significant role in health care by delivering information directly to those who need it most. Text messaging can deliver the right health information at the right time to pregnant women and new moms, and can be particularly helpful in reaching underserved populations.

- While not everyone has access to the Internet, 90 percent of Americans have a mobile phone. More than 1.5 trillion text messages were sent in the U.S. last year alone.
- Text messaging is disproportionately higher among women of childbearing age and minority populations who face higher infant mortality rates.
- In studies from around the world, mobile health services like text4baby



These messages focus on a variety of topics critical to maternal and child health, including birth defects prevention, immunization, nutrition, seasonal flu, mental health, oral health and safe sleep.

have demonstrated the ability to help change patient behavior and improve health outcomes.

Text4baby, a free mobile information service designed to promote maternal and child health among underserved populations, was developed to provide timely health information from pregnancy through baby's first year.

- An educational program of the National Healthy Mothers, Healthy Babies Coalition (HMHB), text4baby will help women have safe and healthy pregnancies by providing pregnant and new moms with information to help them care for their health and give their babies the best possible start in life.
- Women who sign up for the service by texting BABY to 511411 (or BEBE for Spanish) will receive free SMS text messages each week, timed to their due date or baby's date of birth.
- These messages focus on a variety of topics critical to maternal and child health, including birth defects prevention, immunization, nutrition, seasonal flu, mental health, oral health and safe

sleep. Messages also connect women to prenatal care and infant care services and other resources.

Text4baby is made possible through a broad, public-private partnership, which hopes to serve as a model to address other pressing public health issues.

- It includes the White House Office on Science and Technology Policy, the U.S. Department of Health and Human Services, the Department of Defense Military Health System, Voxiva, CTIA-The Wireless Foundation, Grey Healthcare Group (a WPP company), wireless service providers, Founding Sponsor Johnson & Johnson, Premier Sponsors WellPoint, Pfizer, and CareFirst BlueCross BlueShield and many others.

Learn more about text4baby and get posters and other national promotional materials by contacting info@text4baby.org or 703-838-7548 or go to www.text4baby.ning.com. For Washington State information contact Lana Hutnik at lanahutnik@doh.wa.gov or call (360) 236-3538.

Washington State Nursing Care Quality
Assurance Commission (NCQAC)

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