

Washington NURSING

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COMMISSION NEWS

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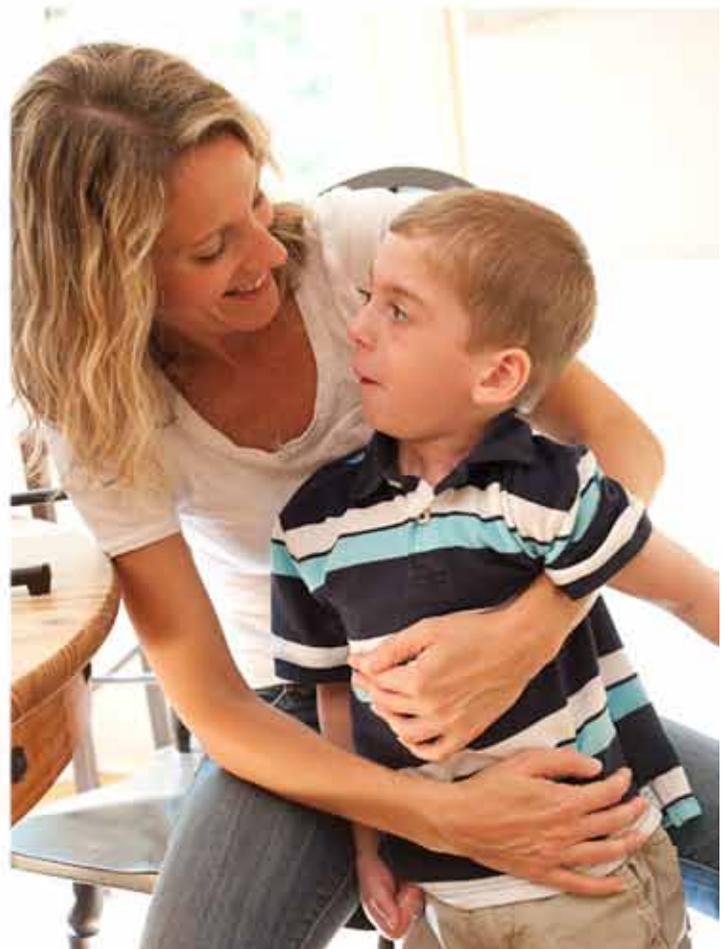
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The Washington State Nursing Care Quality Assurance Commission regulates the competency and quality of licensed practical nurses, registered nurses and advanced registered nurse practitioners by establishing, monitoring and enforcing qualifications for licensing, consistent standards of practice, continuing competency mechanisms, and discipline. The commission establishes standards for approval and evaluation of nursing education programs.

Executive Director

Paula R. Meyer, MSN, RN

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Message from the Chair

BY SUELLYN MASEK, MSN, RN, CNOR

Happy New Year from the Nursing Care Quality Assurance Commission (NCQAC)! Your board and staff have focused on streamlining processes, procedures and policies designed to protect and improve the health of people in Washington State while increasing efficiency and decreasing costs.

In November 2012, the NCQAC completed a pilot project designed to “evaluate the effect of granting the commission additional authority over budget development, spending and staffing.” (RCW 18.79.390) The NCQAC submitted the 1103 Report to the legislature in December 2012. The executive director’s portion of this newsletter provides more information on the report.

Periodically, the Consistent Standards of Practice Sub-committee reviews and updates all NCQAC interpretive statements. In November 2012, the commission voted to adopt the revised final version of the interpretive statement *Patient Abandonment*. You will find this updated interpretive statement on our website.¹ This committee works jointly with a group of nursing volunteers that form the Nursing Practice Advisory Group (NPAG). Members serve a two-year term and we will begin recruiting for new members in the spring. Please watch your listserv announcements for service opportunities.

In May 2012, the NCQAC completed a Military Medical Education and Training Comparison Report. This report compared the Washington Administrative Code (WAC) that governs licensed practical nursing to the Air Force Basic Medical Technician Program, Navy Corpsman Program and the Army’s Health Care Specialist Program. You may obtain a copy of this report by requesting a copy at the following email address: nursing@doh.wa.gov

In an effort to increase efficiency, we also updated our website! I encourage you to take a few minutes to familiarize yourself with its vast content.

Finally, please help us promote and engage in life-long learning with fellow nurse peers.

Enjoy the newsletter.
Suellyn

Website Links in this Article:

1. <http://www.doh.wa.gov/LicensesPermitsandCertificates/NursingCommission/PracticeInformation.aspx>

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BY MARY SELECKY, SECRETARY OF THE DEPARTMENT OF HEALTH

HEALTHY CHOICES SHOULD BE EASY FOR EVERYONE, EVERYWHERE

As nurses, you see firsthand how chronic diseases like diabetes and heart disease are the result of a handful of habits: smoking, not getting enough physical activity, and poor eating. A patient's treatment success is often the result of the quality of health care they receive from people like you.

Heart disease, stroke, cancer, and diabetes are the leading causes of death in our state. Many of us have lost a loved one prematurely to one of these preventable diseases. Healthy choices play a big part in preventing these diseases, but right now, not everyone has the same available options. Where we live and work often plays a major role in how easy or hard it is to make a healthy choice on any given day.

My goal is to make the healthy choice the easy choice everywhere in Washington. At the Department of Health, we're getting support for this as part of national health care reform. The Affordable Care Act invests in prevention, which evidence shows will improve health and save our country a lot of money over time. The act included an initiative called Community Transformation Grants, that helps states tackle the growing need for chronic disease prevention.

We received \$3.2 million under these grants to help us make strategic changes over the next five years. This money helps communities become healthier places to live, work, play, and go to school.

We've made great progress in just our first year. This summer 46 communities surveyed almost 300 local convenience stores. They're using the results to start working with storeowners to promote healthy items like fruits and vegetables, rather than tobacco and alcohol. We've been working with cities to encourage

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The Affordable Care Act invests in prevention, which evidence shows will improve health and save our country a lot of money over time.

more physical activity. Recently the City of Spokane passed "Complete Streets" ordinances that require streets to be designed and built with walkers, runners, and bicyclists in mind, making it easier for people to get out and move.

We also started a new Washington Health Care Improvement Network to help medical offices and clinics become patient-centered health homes. Health reform is putting a strong emphasis on health homes as the foundation of an effective and affordable health care system. Patient-centered care means responding to the unique needs of each patient and making them a partner in decisions affecting their health. Employees of health homes organize the care each patient may need. This includes prevention services, specialists, and other health providers.

Here's where you play an important role as a nurse. We need you to be a bridge between the changes occurring in our communities and clinics. For example, offering services like pre-diabetes screening to patients struggling with their weight; then connecting them to community programs that encourage healthy eating and active living lifestyle changes, like the Diabetes Prevention Program.

Another important way you can help protect the health of your patients is by making sure you don't unwittingly spread preventable illnesses. Too often, I've learned about health facility disease outbreaks where staff who weren't protected against the flu, whooping cough, or other illnesses that vaccines prevent, caught or spread the illness in the health care setting. We're all dedicated to patient health and safety; we can start with our personal decision to be immunized. When we all do our part to improve health, we have a much greater impact in our communities.

The mission of the Department of Health is to "protect and improve the health of people in Washington State." We know we cannot do it alone. While the department has a few hundred employees working statewide on prevention and community health issues, there are nearly 400,000 health care providers in this state. Every day those health professionals — people like you — connect with thousands of patients. It's an opportunity to have a direct and personal impact on the health of each person. Just a few words of advice, guidance, and information can make a real difference.

Thank you for all you do every day to help the people of our state live healthier lives.

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Message from the Executive Director

BY PAULA R. MEYER, MSN, RN, NCQA-C

The Nursing Commission protects the public through licensing qualified individuals and disciplinary actions on the licenses. The commission determines safe standards of practice. It approves the education necessary to practice nursing in Washington State and enforces safe standards and limitations for nurses. The public and the nursing profession demand that the commission completes its business with effective and efficient use of public resources, finances, information, time and staff.

In 2008, the Washington State legislature passed a law that requires health professional boards and commissions to adopt performance measures. The legislature required a report at the end of a five-year pilot project. The report includes recommendations based on these performance measures. The legislation also required a comparison to a national database. The Nursing Commission completed a research study to compare its performance outcomes with three other state boards of nursing. The commission used the 2012 Commitment to Ongoing Regulatory Excellence data. The National Council of State Boards of Nursing collects data through the Commitment to Ongoing Regulatory Excellence, or CORE.

The Nursing Commission works constantly to improve its performance. Recent improvements include on-line renewal of licenses for registered nurses and licensed practical nurses. The commission also adopted rules on continuing competency requiring active practice and continuing education with license renewal. We added licensing staff and customer service specialists to process applications and answer questions.

The law directing the pilot project also directed the Nursing Commission to adopt performance measures. One of the performance measures evaluated the time it takes to issue a new license. The commission issued 100% of the licenses on the same day as receipt of the last document submitted. To license a new applicant, the licensing staff must evaluate the application, the transcripts, NCLEX results, the criminal background checks, the fee, and determine



if there was a license issued in another state. Once all these documents are received and the review completed, the licensing staff issue the license the same day if the applicant meets all the requirements. This process is a major accomplishment and demonstrates commitment to public safety.

Another performance measure evaluated the time to complete a nursing investigation. The Nursing Commission continues to make improvement in this area. The commission revised the investigative report and increased the number of investigators. The commission adopted the Early Remediation Program. We adopted a new method addressing contract compliance with the Washington Health Professional Services program. A process to reconsider a closed complaint was adopted. Thousands of nurses and their employers have attended presentations on the disciplinary process.

If you would like a copy of the 1103 report, please contact the Nursing Commission at nursing@doh.wa.gov. The report includes results of the performance measures and the comparison to the performance of three other state boards of nursing.

QUICKCONFIRM

An App for Your Mobile Device to Check Nurse Credentials in NURSYS

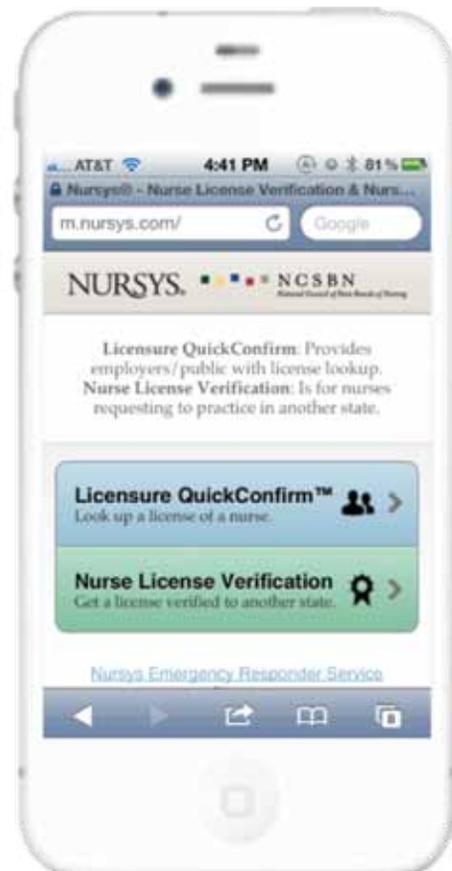
Scenario 1

A water dam fails and floods a neighborhood. The flood destroys several houses and schools. The flood wipes out electrical and internet services. Many adults and children need medical help. Local clinics and hospitals need nurses and doctors to handle a huge number of patients. A call for nurses goes out to the community. As the nurses arrive at emergency sites, a check with QuickConfirm provides real-time information on mobile phones and iPads that verify the nurse's identity and license so she can immediately start work. This helps save lives.

Scenario 2

Hurricane Katrina damages homes, stores, and schools in New Orleans. A call for nurses to assist goes out to the community. Emergency providers cannot perform identify and license checks without internet access. Several nurses cannot assist for days due to lack of identity information.

With today's technology-savvy generation, mobile device access is necessary to obtain fast, accurate information such as healthcare provider identities quickly, any time, any place. This service is made available by the National Council of State Boards of Nursing (NCSBN) with its mobile device application recently released to the general public. It is called QuickConfirm. QuickConfirm allows easy access to available public information about nurses from your iPad, iPhone, Android, Blackberry, or other mobile device. Patients, employers, peers, education providers, and the general public can get this free application that is easy to use. Imagine the ability for emergency



QuickConfirm allows easy access to available public information about nurses from your iPad, iPhone, Android, Blackberry, or other mobile device. Patients, employers, peers, education providers, and the general public can get this free application that is easy to use.

response organizations such as Red Cross to access Nursys.com data from their mobile device in the event of a disaster. This will let nurses get to work quickly if local computers and paper files are not

readily available. The application is available now.

How do I access this? Type nursys.com into your mobile device and it will automatically load the mobile device version.



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BY DEBBIE CARLSON, MSN, RN,
NURSING PRACTICE ADVISOR

Patient Abandonment

Abandoning your patients can have serious consequences for you, your patient, and your nursing career. The Nursing Care Quality Assurance Commission (NCQAC) often gets complaints accusing nurses of patient abandonment. Many are employment related issues instead of patient abandonment. This article will help you understand the difference. Abandonment can occur in any health care setting. It can only occur when you establish a nurse-patient relationship. Your responsibility ends when you transfer care to another qualified care provider.

Tip 1: Patient Assignment

Do not accept an assignment if you think it is unsafe. Communicate and transfer care to another qualified health care provider when you take breaks, end shifts or leave the area for any reason. Do not walk away from an accepted assignment without transferring care to a qualified staff member. Do not leave your assigned patients to help someone else if it is not safe to do so. Leave your patient safely or if the situation poses a threat to your personal safety. Notify your supervisor and other appropriate caregivers if there is a refusal of care. Give a reasonable amount of time to make other arrangements and assist in making referrals for other available resources. Notify your supervisor if your patient load is excessive and request assistance.

Tip 2: Scope of Practice

Know your own limits and strengths. Never work outside of your scope of practice. Know your state laws about nursing scope of practice. Use the *Scope of*

Practice Decision Tree if you are not sure.¹ Communicate your skill level and refuse to do any activity beyond that. Let your supervisor know if your patient needs care not within your scope of practice. Do not assist other nurses in giving care outside of your scope of practice. Let your supervisor know if you see anyone else practicing unsafe care. Use best practice standards.

Tip 3: Delegation

Make sure you delegate to someone with the skill level needed. Know your facility policies and state laws about nursing delegation. You are responsible to supervise the care you delegate. Refuse to delegate, or rescind delegation, at any time you think it is unsafe. Accept delegation only from a qualified care provider and only if it is within your scope of practice.

Tip 4: Overtime

Accept extra hours only when you are physically and mentally capable of giving safe care. Set boundaries and limits.

Know your agency policies. Verbal and written communication is essential. You may worry that you might be fired or get a poor performance evaluation if you refuse to accept a patient assignment. While this action may occur, the commission does not have the authority to discipline nurses for employment issues. We do investigate complaints and discipline following the Nursing Conduct Standards (WAC 246-840-710) and Uniform Disciplinary Act (RCW 18.130). If you abandon your patient, you could lose your nursing license.

Website Links in this Article:

1. <http://www.doh.wa.gov/Portals/1/Documents/Pubs/609305.pdf>

Teen Driving and the Role of Health Providers

Motor vehicle crashes are the leading cause of death for young people age 15 to 24 years. In Washington State from 2006-2010, this age group lost 547 of their peers. That's more than 51 deaths each year. Another 2,870 youth were injured badly enough to be hospitalized. Some of them incurred lifelong disabling injuries. The crash rate for teens is the highest among all drivers. This represents six percent of all drivers, yet account for about 14 percent of the total crashes per million miles driven.

Health care providers have traditionally talked with teens and parents about the risk of drinking and driving, and the benefits of wearing seatbelts. Busier roads combined

with higher use of technology have made driving more complicated. Healthcare providers have opportunities during well child and back to school visits to talk about the driving risks with new teen drivers and their parents. Below are a few sample questions developed by the Children's Hospital of Philadelphia that can help guide a healthcare provider's discussion:

Is your teen demonstrating knowledge of the rules of the road and other proficiencies based on lessons learned in driver education classes?

Are there any medical or physical issues (e.g., untreated seizures, significant uncorrected visual impairment, uncontrolled dia-

betes, amputation, concussion) that may prevent him from driving safely?

Are there any behavioral or neuropsychiatric issues (e.g., drug dependence, depression, ADHD, intellectual disability) that may prevent her from driving safely?

You can find more questions and related information for medical providers at <http://www.chop.edu/professionals/childrens-doctor/articles/adolescent-medicine.html#questions>

Additional information to support families is available at:

www.teendriversource.org/support_parents
www.aaafoundation.org
www.allstatefoundation.org/teen-driving

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Online Renewals Now Available for Nurses

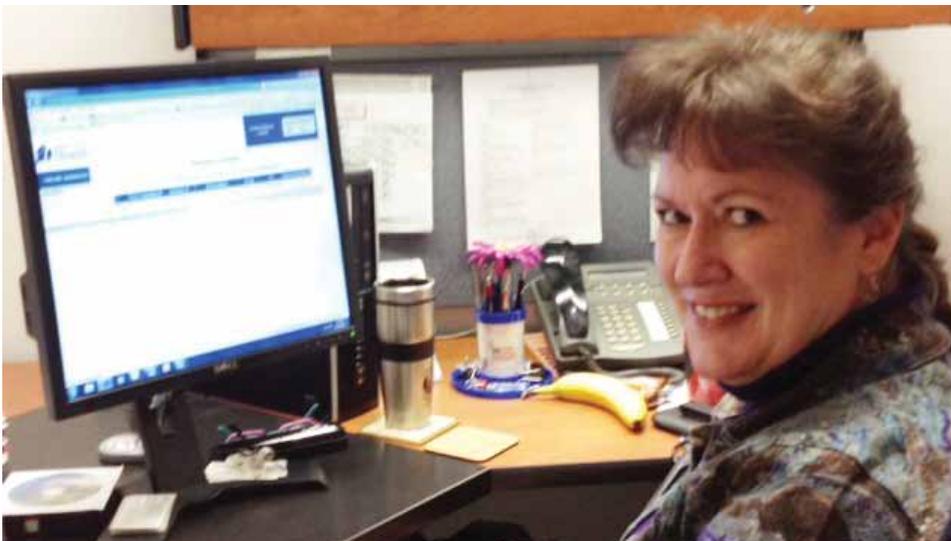
More than 82,000 registered nurses in Washington State can now conveniently renew their licenses online from their homes or offices. The mid-October addition of registered nurses and six other professions, and nearly 25,000 physicians the previous month, brings the online total to 266,000 providers. This represents 44 of the current 83 healthcare professions. We plan to provide 24-hour online access, seven days a week, for all healthcare providers in the state by June 2013.

professions and facilities. The beginnings of this project go back to 2008 when the agency added the vendor software needed to support the necessary core licensing for providers and facilities. They installed and tested software upgrades to the system, redesigned key business processes, and then worked with the state treasurer to set up credit card processing.

Modules to support 24/7 access to online license applications, renewals, address changes, and credit card pay-

There are several steps to follow to renew your credential (see below). You can use VISA and MasterCard, with a \$2 convenience fee for the use of the online renewal system. Credential holders receive a payment receipt page at the end of the process that they can print. If successful, the license update in the agency's licensing system takes place immediately.

For more information and instructions, please visit www.doh.wa.gov/hsqa/Renewals.htm. To verify the status of a



Last December, the Integrated Licensing and Regulatory System (ILRS) Online Project started with renewals instead of new applications, because the number of renewals processed each year is greater than the number of new applications.

Last December, the Integrated Licensing and Regulatory System (ILRS) Online Project started with renewals instead of new applications, because the number of renewals processed each year is greater than the number of new applications. Therefore, a higher number of healthcare providers could benefit more quickly. Delivering online services to credential holders helps reduce processing times. Previously only mailed and in-person renewals were available.

The Health Systems Quality Assurance division of the Washington State Department of Health is responsible for the licensing and regulation of healthcare

ments were included in the software purchased for the core functions. However, they did not implement these online modules as part of the original project due to the overall complexity of implementing the basic components of the system. The software upgrades actually took place in August 2011.

Each month additional professions become eligible to renew online. On July 16, 2012, almost 14,000 licensed practical nurses (LPN) were able to renew their credentials online. By October 11, 650 LPNs had already taken advantage of the online renewal process. Now all registered nurses are able to renew online.

credential, please use the provider credential search page at <https://fortress.wa.gov/doh/providercredentialsearch/>.

In mid-September 2012 the agency began accepting e-checks as an online payment option, in addition to credit cards. By June 2013 *new applications* for healthcare licenses will also be available online for eight categories of healthcare providers. They are counselor agency affiliated registration; hypnotherapists; x-ray technician registration; surgical technologist registration; dental assistant registration; nursing assistants registration; recreational therapy registration; and pharmacy assistant.

Free Access to University of Washington Library



Do you want free access to an electronic version of University of Washington Library?

Registered nurses and advanced registered nurses have access to this resource through the license fee that they pay every year. You can access the Health Evidence Resource for Washington State (HEAL-WA) through the Web or through an app on your smart phone. Go to <http://heal-wa.org/> to set up an account and download the app if you want it on your phone.

On the main *Heal-WA* page on the left side is a free webinar put on by the University of Washington librarian Valarie Lawrence, MLS, AHIP.¹ This webinar is one hour and 19 minutes long. You do not need an account to view the webinar. The webinar provides directions on how to set up an account. It also reviews all of the tools and available search engines. Ms. Lawrence talks about the various levels of evidence and the credibility of the different levels.

On the bottom of the page on the left side are the play button and a pause button if you need to step away and attend to something else. The objectives of the webinar are to evaluate scientific evidence using the evidence-based pyramid and to use the Heal-WA website to

address different patient care situations.

Ms. Lawrence shows how to use the different search capabilities found in Heal-WA, how to identify the level of evidence each article provides, how to limit search-

es, and how to find the information in the most effective manner. There are summary documents for each topic under the nurse reference center that you can download. There are quick lessons, which provide an immediate overview. There are evidence-based care sheets that also provide the references used in the article.

You can find patient handouts in both English and Spanish at the 5th grade, 12th grade, and professional levels. Contact Valerie Lawrence at the UW for questions or more information. You can reach her at 206-221-2452 or vjlawren@uw.edu

Website Links in this Article:

1. <http://heal-wa.org/>

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CONTINUING COMPETENCY DOCUMENTATION

Beginning January 1, 2011, the Nursing Care Quality Assurance Commission (NCQAC) implemented rules that required all nurses to comply with continued competency requirements. Nurses have had many questions on how to comply with these new rules. There are many options and different acceptable documentation of how nurses can comply with these rules. If you visit our web site at www.doh.wa.gov you will see some example logs on how to track these requirements. You can find a list below of how to comply with these new rules.

Continuing Education (CE):

You are required to complete 45 hours of continuing education in a three year audit cycle starting in the year you receive your license.

Acceptable continuing education may include, but is not limited to:

- Conventional classroom education
- Workshops
- On-line education
- Submission of professional articles
- Self-study
- On the job learning pertaining to current practice
- Correspondence courses.

Non-acceptable continuing education:

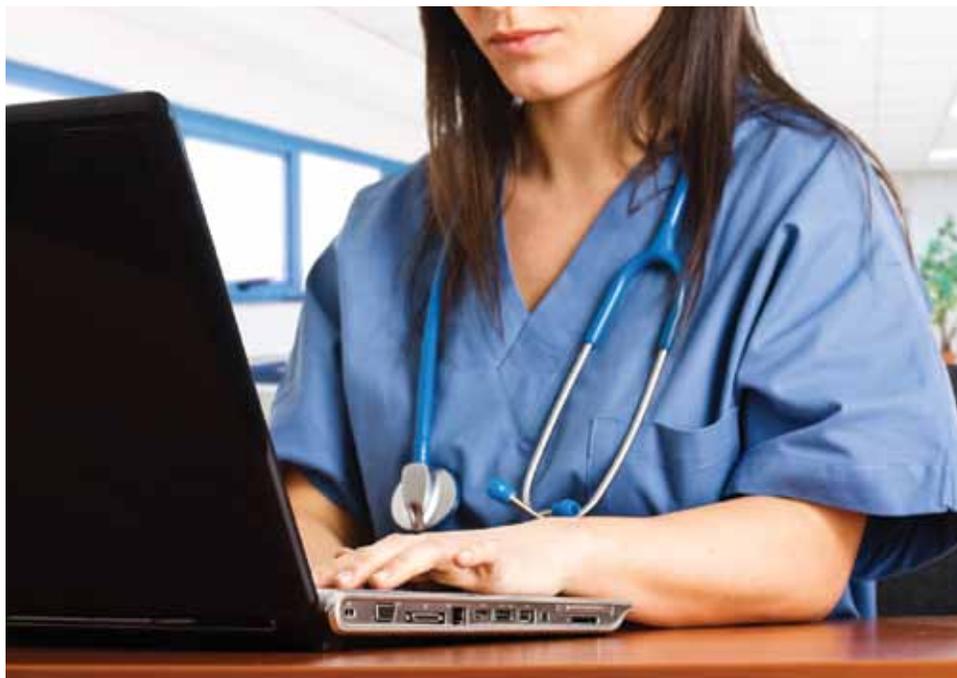
- Education or training designed for lay persons that does not pertain to current practice or future professional goals.

Documentation of CE:

You are required to complete 45 hours of continuing education related to the licensee's area of practice and /or future professional goals.

Documentation must include:

- Name of licensee
- Name of provider
- Title of educational activity



- Date of activity
- Number of hours for each activity

To validate national certification or recertification from a commission recognize certifying body, provide the following documentation:

- Name of the licensee
- Name of certifying body
- Date of certification
- Expiration date of certification.

Documentation for completion of a commission approved refresher course must include verification of courses completion to include:

- Name of licensee
- Name of provider
- Dates of attendance
- Date of course completion.

Completion of semester or quarter-hours of post licensure academic education related to nursing practice documentation includes a copy of the transcript listing:

- Name of licensee
- Educational institution

- Dates of attendance
- Course completed.

Note: one-quarter credit equals 10-30 hours; one semester credit equals 15-45 hours.

Active Practice:

You are required to complete 531 hours of active nursing practice in a three year audit cycle.

Acceptable active practice may include, but is not limited to:

- Conventional nurse practice (hospitals, clinics, nursing homes)
- Self employment in nursing related field
- Providing skilled nursing care for ill family member
- Volunteering in nursing or nursing related areas
- Completing a formal nursing project as principal or co-principal investigator
- Authoring or co-authoring a nursing related article, paper, book, or book chapter
- Designing, developing, and conducting an educational presentation for nurses

- or other health professionals
- Other human health professional licensee that requires a nursing license or use of nursing knowledge.

RN practice is acceptable practice to keep both LPN and RN licenses active. ARNP practice is acceptable practice to keep both RN and ARNP licenses active. However, LPN practice is not acceptable practice to keep an RN license active, nor is RN practice acceptable to keep the ARNP license active.

How to Document Active Practice:

➤ Conventional

- Log of hours worked
- Name and address of employer
- Signature of supervisor or person designated by employing agency

➤ Self-employment

- Log of hours worked
- Type of care provided

- Tax records or other business records
- Providing Skilled nursing care for ill family member
 - Log of hours worked
 - Type of care provided, nursing knowledge and skills required for care
 - A statement from the primary health care provider for the family member describing type of care needed
- Volunteering in nursing or nursing related area.
 - Log of hours volunteered
 - Type of care, and signature from agency supervisor
 - Name and address of agency
- Completion of a formal nursing project as principal or co-principal investigator
 - Log of hours on project
 - Role of licensee as principal or co-principal investigator
 - Abstract or summary of the project

(objectives, methods of evaluation used, and summary of findings)

- Date of project completion
- Authoring or co-authoring a nursing-related article, paper, book, or book chapter.
 - Log of hours in creation of article
 - Copy of the article including the name of the licensee as author of the article
- Designing, developing, and conducting an educational presentation(s) for nurses or other health professionals.
 - Log of hours in creating and presenting of education topic
 - Copy of the program brochure or course syllabi
 - Objectives, content outline, and teaching methods
 - Date and location of presentation(s)

For more information, please contact Teresa Corrado at teresa.corrado@doh.wa.gov or call 360-236-4700.



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SHIFTING GEARS IN HEALTHCARE

In any care setting, that range from local clinics to faraway military bases, successful nursing and effective leadership go hand-in-hand.

In its groundbreaking report, *The Future of Nursing: Leading Change, Advancing Health*, the Institute of Medicine (IOM) made several recommendations on transforming patient-centered care, and identified nurses as key partners in the process. One of these recommendations expands opportunities for nurses to *lead and diffuse collaborative improvement efforts and to prepare and enable nurses to lead change to advance health*, which reinforces the Washington Center for Nursing's (WCN) focus on cultivating strong nurse leaders.

Although the two terms are often used interchangeably, leadership is not limited to management positions. In fact, the nature of the nursing profession requires that registered nurses act independently, relying on their best judgment to give patients the highest quality care. Every licensed practical nurse and registered nurse is legally accountable for his or her actions. From constant interactions with patients and their families, nurses understand the necessary changes for addressing care needs. Strong leadership encompasses the ability to articulate and implement those ideas through collaboration with fellow professionals.

WCN and the Washington Health Foundation (WHF) are leading the Washington Nursing Action Coalition (WNAC), Washington's initiative to implement IOM's recommendations. That work encompasses leadership training opportunities for staff nurses, as well as leadership education for nurse educators. Check the WCN Web site in January for more leadership classes.

Although the two terms are often used interchangeably, leadership is not limited to management positions. In fact, the nature of the nursing profession requires that registered nurses act independently, relying on their best judgment to give patients the highest quality care.

WCN also strives to lead by example. Our Board of Directors is comprised of formal and informal leaders from various healthcare organizations who represent the voice of nursing in their communities. Four new members who are beginning their two-year terms on the Board are Charlene Godec, Chief Nurse Executive at the St. Luke's Rehabilitation Institute in Spokane; Tracey Kasnic, Vice President of Patient Care Services at Central Washington Hospital in Wenatchee; Dorene Hersh, Chief of Nursing at Public Health - Seattle King County; and Cyril Elep, Clinical Manager of General Medical & Telemetry, Neurology, and Inpatient Peritoneal Dialysis at St. Joseph Medical Center in Tacoma. Each of these leaders will offer unique perspectives and valuable insight into our work.

Another IOM recommendation is ensuring that 80 percent of the nursing workforce is prepared at the baccalaureate level or higher by 2020, to better prepare them for the changing patient needs. Currently just more than half of nurses in Washington State hold baccalaureate or higher degrees. And as our state's population becomes increasingly diverse, WCN is focused on creating a nursing workforce that mirrors our population.

To help advance our strategies aimed at creating a more highly educated, diverse nursing workforce, Washington received a

two-year \$300,000 grant through the Robert Wood Johnson Foundation's (RWJF) new program, Academic Progression in Nursing (APIN).

WCN is working with academic institutions and employers on implementing strategies to help nurses earn higher degrees in order to improve patient care. Currently, we are helping foster strong partnerships between Washington State community colleges and universities to make it easier for nurses to transition to higher degrees.

Finally, as a first step in the diversity initiative, Dr. Christine Espina, WCN's diversity network director, has assembled a Diversity Initiative Advisory Committee to link regional and local stakeholders who are interested in working to reduce health disparities and increasing the diversity of our nursing workforce. The committee is on track to develop an online mentoring network for nursing students and new graduates of color, which Espina hopes to launch in the spring. To learn more about or volunteering or serving as a mentor, contact Espina at christineE@wcnursing.org

WCN is the nonprofit 501c3 statewide nursing resource and workforce center for our state. Go to www.WACenterforNursing.org for information and the latest news. You may call 206-281-2978 or visit www.info@wcnursing.org for more help.



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Qualified candidates please submit your CV or résumé to Human Resources at hr@woodcreekhealthcare.com.

Nursing Practice Q & A



I have a Washington State registered nurse (RN) license. I provide telephone nursing case management for a health insurance company based in Washington State. Is my nursing license valid when I provide case management to patients that live in other states?

Your Washington State nursing license would not be valid when you are providing care to patients living in other states, whether it is in-person or by telephone.

I am a licensed practical nurse (LPN). Can I work as a case manager?

You can contribute and assist in collecting information, assist in developing the plan of care, and perform activities within your scope of practice. You will need to have a RN develop, implement, and evaluate the case management plan.

Can I provide massage therapy?

You can provide massage as a nursing intervention. It is common for nurses to provide massage to relieve discomfort, pain, anxiety, and to increase circulation. You cannot advertise yourself as a massage therapist unless you have a license as a licensed massage practitioner (LMP). You cannot accept payment for massage unless you are an LMP.

As an RN in a clinic, can I authorize pharmacy requests for refills?

Your scope of practice does not include prescribing medications, including refills.

As an RN, can I give Botox to a patient with an order from a dentist?

Washington Administrative Code (WAC 246-817-360) states that a dentist can prescribe drugs only for dental-related conditions. Dentists in our state cannot order Botox for cosmetic purposes.

We often have residents and staff that need vaccines. As an RN, can I make the decision independently to give vaccines?

You can give a vaccine if it is within your scope of practice. A prescription is required.

I am an RN working in surgery. Can I delegate to a surgical technician?

You can delegate tasks to surgical technicians if it is within their scope of practice.

I am an RN working on a surgical ward. Can I remove pacer wires and chest tubes?

You will need an order from a qualified healthcare provider. You should use the Scope of Practice Decision Tree to determine if you are competent and can safely perform this procedure. You should follow any facility policies and procedures.

Is Operating or Working in a Medical Spa Right for You?

As baby boomers get older, they are looking for ways to look younger. There are medical spas popping up on every corner. People are ready to part with some serious money for some quick medical fixes that will take years off their faces and bodies.

Procedures range from laser surgery, Botox injections, microderm abrasion, IPL photo facials, dermal fillers, spider vein treatments and more. So, can a nurse do these procedures? Would you be acting within the scope of your practice? The Nursing Commission receives questions regularly from nurses, other

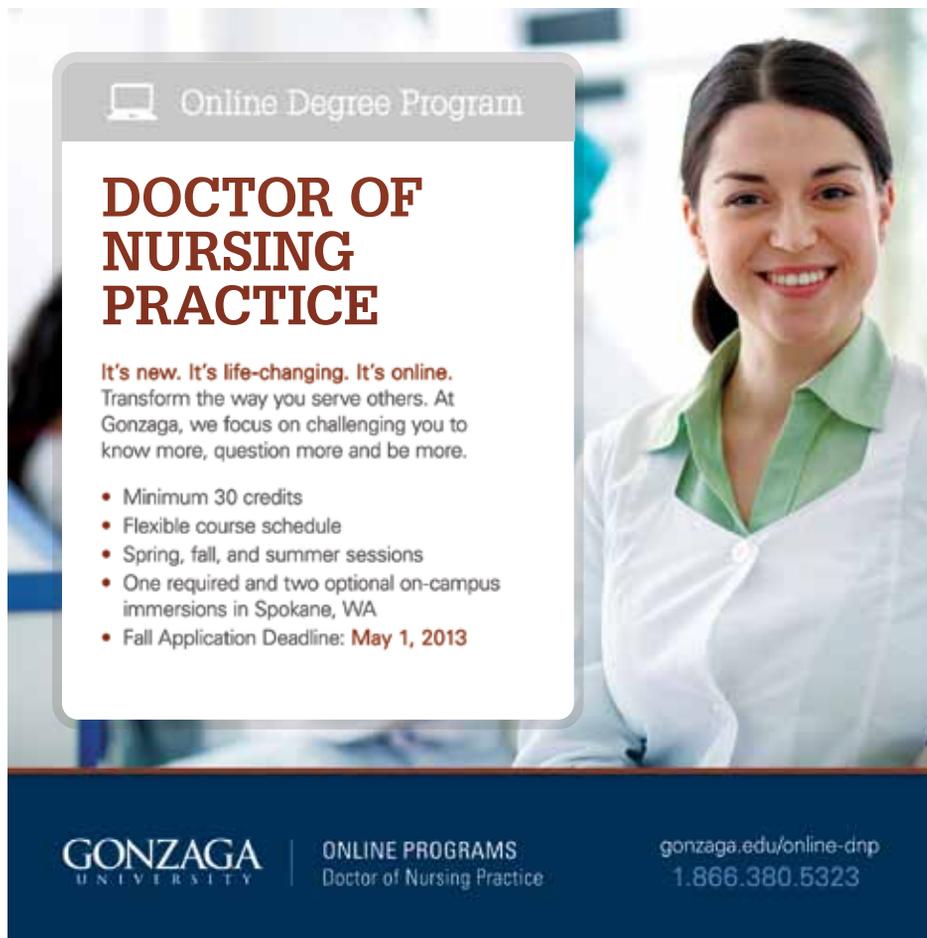
professionals, and the public regarding this emerging field. How do you determine the answer?

Visit our website at www.doh.wa.gov and hover your mouse over licensing and permits. Select Nursing Commission and you will be on the Nursing Commission's main page. On the right hand side is a bar titled Resources. Select the Practice guide. <http://www.doh.wa.gov/License-PermitsandCertificates/NursingCommission/PracticeInformation.aspx>

The top section outlines the rules that apply to nurses. As you scroll down, you will see advisory opinions addressing

some of these questions. Specifically, the commission developed advisory opinions about *Lasers in Skin Care Treatment and Administration of Botox and the Role of Licensed Nurses*. At the bottom of the page is a Scope of Practice Decision Tree. These tools will arm you with the information you need to practice safely and within your scope.

Another place to look is the Department of Licensing website for cosmetology or esthetician licensing at <http://www.dol.wa.gov/business/cosmetology/lawsrules.html>. You may require a license from them to perform some procedures.



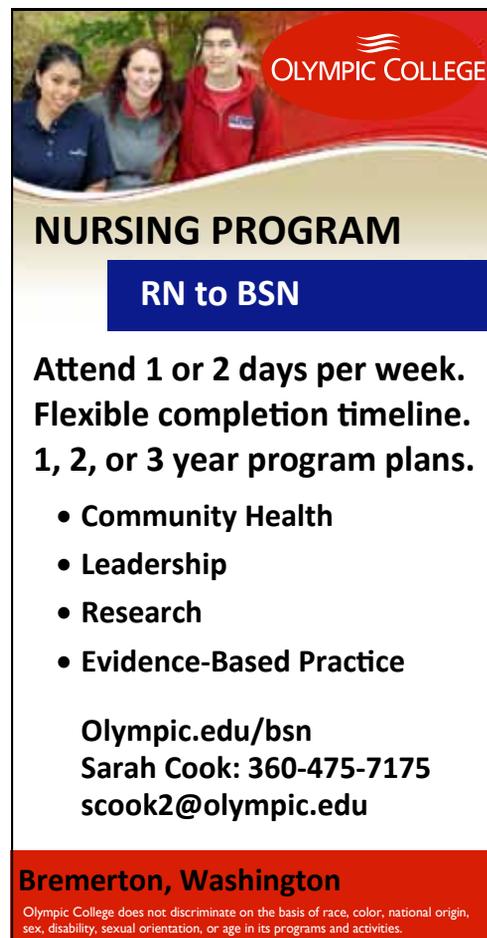
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NURSING ASSISTANT TRAINING

The educational preparation of nursing assistants (NA) promotes quality care for some of our most vulnerable citizens. Nursing assistants provide direct personal care to individuals with functional impairments. Nurses rely on the nursing assistant's keen eye and ability to recognize and report changes in the patient's condition.

Many practical (LPN) and registered nurse (RN) educational programs require the completion of a nursing assistant course as a requirement for admission into its program. Nursing programs preparing students for LPN or RN licensure must maintain an average passing rate of 80 percent for first time test takers. Similarly, nursing assistant programs must maintain this same average. However, nursing assistant programs must maintain the average for both the written and skills examinations.

Nurse aide training programs have identified several interventions that help maintain the 80 percent test average. These practices include interventions in the following areas of the program: 1. Pre-admission, 2. Testing and Teaching, and 3. Preparation for test taking.

Pre-admission

A nursing assistant program should know the level of language comprehension and learning styles of each student. Successful completion of a NA course requires that instructors provide the necessary resources and referrals when needed. Washington's Integrated Basic Education and Skills Training Program (I-BEST) is a nationally recognized model that helps students learn basic skills in reading, math, writing, or English language. You can find a list of approved programs at the State Board and Technical College website.¹

The Comprehensive Adult Student Assessment Systems (CASAS) evaluates



adult basic reading, math, listening, writing, and speaking skills.² Some NA programs have raised the minimum passing score of the CASAS to ensure students can read, write, speak, and understand English at the level necessary for performing duties of the nursing assistant. The Washington Nursing Assistant Candidate Handbook provides a simple test for vocabulary and comprehension. You may request copies of the handbook from the Nurse Aide Competency Evaluation Service (NACES) at 1-800-842-4562.

Testing and Teaching

A key component to successful testing is successful teaching based on solid evidence-based teaching practices. Program outcomes set the stage for student learning objectives. The nursing assistant standards of practice and competencies identified in WAC 246-841-400 provide direction on topics to cover in the classroom.³

The NA curriculum is the template for classroom teaching. The curriculum identifies specific observable actions and behaviors that students need to perform

or show. An outline of the information the learner needs to know must also be included in the curriculum. A well-planned curriculum identifies the learning activities such as lecture, discussion, readings, films, or clinical practice.

Evaluation methods such as tests, quizzes, observation, oral presentations, and skills demonstration measure student learning. Nursing assistant instructors may use questions from test banks provided by companies that sell NA textbooks. Local colleges and universities provide courses on curriculum and test development.

Instructors should encourage students to take the national exam shortly after completing the NA course. Students test higher on the National Nurse Aide Assessment Program (NNAAP) exam when short periods of time have lapsed between completion of the course and the actual testing. Programs have identified that students who test shortly after completing the NA

course are more likely to be successful on the NNAAP.

Preparation for the National Exam

Preparation of students for test-taking helps to increase student scores. The preparation should include both taking exams, and skills testing. Instructors should construct tests to mimic national exam testing. You can find sample NA tests by the national testing company on the Pearson Vue website.⁴ Some NA programs offer test-taking strategies as part of its course.

Students who are relaxed and rested and most of all prepared for the national exam will likely have high test scores. NA instructors may include stress-relieving methods, such as deep-breathing exercises as part of the course. Testing in an environment that is familiar to the student, may also help reduce test anxiety. Nursing

Assistant Programs report that by becoming a regional testing site to administer the national exam, students experience less stress because they are familiar with the resources used by the NA program.

To become a NA test site, the program must provide a room for the examination and a skills laboratory area for student skills testing. The lab must resemble a resident care room in a nursing home. The test site must have the necessary supplies and equipment needed for student testing. The site needs to have a fax machine in close proximity to the skills laboratory. To find out more about becoming a Regional Test site or onsite testing, call NACES Plus at 888-855-1685.

Website Links in this Article:

1. <http://www.sbctc.edu/college/e-ibestcreateyourprogram.aspx>
2. <https://www.casas.org/>
3. <http://apps.leg.wa.gov/wac/default.aspx?cite=246-841-400>
4. <http://www.pearsonvue.com/>

One Shot Goes a Long Way

ANNUAL FLU VACCINATION PROTECTS NURSES AND THEIR PATIENTS

Patients count on nurses to care for them and safeguard their health in all settings – from a routine visit with the family doctor to an unexpected trip to the emergency room. As a nurse, you spend many hours a day with sick patients who are at risk for certain diseases, like flu. When you get your annual flu vaccine, you're protecting those vulnerable patients who are looking to you for the best possible care, as well as protecting yourself and your family.

A recent report from the Centers for Disease Control and Prevention (CDC) showed that during the 2011-2012 flu

season, the vaccination rate for nurses was 78 percent – higher than the general public but still below the Healthy People 2020 goal of 90 percent. Long-term care facilities, where patients are at higher risk for serious complications from the flu, had the lowest overall rate, with only 52.4 percent of health care workers and staff in these facilities vaccinated.

The CDC report identified the three most common reasons health care workers gave for not getting the flu vaccine: belief that they don't need it, concern about its effectiveness, and concern about side effects.

Vaccines, like many medications and medical procedures, are not risk-free or completely effective, but they are the best protection we have against flu and other serious illnesses. Severe reactions from the flu vaccine are rare, and the most common issues are tenderness and redness at the injection site.

Annual flu vaccination for all health care workers is a key to preventing the spread of disease, and especially important among the vulnerable people nurses work with.

One shot does indeed go a long way. Get your flu vaccine every year. Do it for yourself. Do it for your family. And do it for your patients.

Advanced Practice Corner

Building Consensus for Advanced Practice: We're on the Move!

When advanced practice nurses move across state lines, differences in titles, scope of practice, and degree of independence create barriers in their ability to practice to the full extent of their education. To decrease the barriers, building consensus among advanced practice nurses is essential. The why, what, who, where, and when of building consensus will highlight key understandings and actions needed at both the federal and state levels.

What are the elements of the APRN Consensus Model? – Matching Practice to Education

The APRN Consensus Model was created through joint efforts of the National Council of State Boards of Nursing (NCSBN) and many professional organizations representing advanced practice. The four elements, LACE are (a) licensure, (b) accreditation, (c) credentialing, and (d) education. Within the LACE categories APRN

the title advanced practice registered nurse (APRN) versus the title advanced registered nurse practitioner (ARNP).

Who are the Key Players in Washington State?

Clinical nurse specialists (CNSs) have petitioned the Nursing Commission to be included within the Advanced Practice rules in Washington. Stakeholder meetings are currently under way. To date the



The statutes in the state of Washington align with many of the model's guidelines. Scope of practice rules, accreditation, and credentialing and education requirements are consistent with the model.

Why Consensus? – Working Toward a Common Purpose

The Institutes of Medicine Future of Nursing Report¹ and the Advanced Practice Registered Nurse (APRN) Consensus Model² are two nationally developed documents that spell out the key issues, and provide tools for our work. When we gain a common vocabulary and focus, we can work effectively together to decrease barriers to practice created by outdated state and federal regulations and institutional policies. The essential first step is for advanced practice nurses to become familiar with the APRN Consensus Model.

practice is defined, titles are provided, and requirements for licensure, credentialing, and educational programs are identified.

The statutes in the state of Washington align with many of the model's guidelines. Scope of practice rules, accreditation, and credentialing and education requirements are consistent with the model. Two areas in Washington rules and statutes that do not align with the Consensus guidelines are inclusion of Clinical Nurse Specialists (CNS) within the advanced practice designation, and a difference in title than what is recommended. The national recommendation is to use

Nursing Commission has met with professional organizations representing nurse anesthetists, nurse midwives, nurse practitioners, CNS groups, registered nurses, nurse educators, and agencies where nurse specialist are employed. See Table 1 for state holders to consider.

How can change occur?

Changing rules requires a legal review to assure that changes are consistent with the laws. Several processes are required

- Obtaining permission to open the rules – allowing for public comment

TABLE 1. STAKEHOLDERS TO CONSIDER WHEN CHANGING RULES OR LAWS

Legislators, Patients, Families, Consumer Groups
Physicians, Pharmacists, Insurers
ARNP > CNSs > RNs, LPNs, NA-C > Nurse Educator > Nurse Administrators

Note: Those on the bottom are most important when making minor adjustments in rules already in force. All groups in the Table need to be in agreement for effective legislation to occur.

ARNPS (Advanced Registered Nurse Practitioners). CNSs (Clinical Nurse Specialists), RNs (Registered Nurses). LPNs (Licensed Practical Nurses, Nurse Assistant's Certified)

- Filing a draft of the rules changes – allowing for comment on the changes, and
 - Filing of the rule changes – allows for editing of the rule changes only.
 - Filing of the final rules – becomes law after signed, usually in 31 days
- A title change would require legislative action, which is a more lengthy process and requires sponsoring a bill, and garnishing a wider spectrum of support and more uncertain time line.

When will there be Consensus? How can we speed up the process?

Nationally it is already happening. Here are things we all can do to assist one another. Become familiar with the APRN Consensus Model. Visit the National Council of State Boards of Nursing Website and watch the video on the model. Visit your advance practice groups' national and state web sites and see what they are saying about the model.

Persistence is required. We are on the move in the direction of consensus. At the Advance Practice Registered Nurse (APRN) Roundtable meeting in April of 2012, the phrase used that captured the hard work needed was “relentless communication.” This includes being well informed within our profession on the foundational documents, and then creating clear messages among all our contacts in professional settings and the communities where we live.

Key References for being informed.

1. Institutes on Medicine: Future of Nursing Report http://books.nap.edu/open-book.php?record_id=12956 Section 7 D. and H are specific to Advanced Practice. You can download individual pages or entire chapters.
2. APRN Consensus Model <https://www.ncsbn.org/aprn.htm>

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WASHINGTON HEALTH PROFESSIONAL SERVICES: Bringing the Impaired Nurse Safely Back to Practice

Washington State Health Professional Services (WHPS) works with and monitors nurses and other health professionals who are impacted by substance abuse. WHPS helps protect the public's health and safety while offering nurses a way to retain their license while recovering. This supportive monitoring program provides a voluntary alternative to license discipline.

Misuse of alcohol or other drugs involves a continuum that may lead to abuse and dependence. Our goal is to help nurses who misuse and abuse drugs avoid progressing to the point of habitual or addictive use. Prevention and early intervention is effective. The disease of chemical dependency is manageable. Individuals with the proper treatment and safeguards can and do achieve a full and sustained remission.

Employers are valuable partners in bringing the impaired health professional safely back into practice. WHPS program participants must inform their prospective employer of their participation in WHPS, identify a worksite monitor (usually a direct supervisor), and review their WHPS program contract with their monitor. The worksite monitor reports monthly on the participant's progress and compliance.

Practice restrictions may be implemented for nurses and some other professions. These restrictions will depend on a number of factors, such as drug history, length of recovery and practice setting. This is done to both help ensure a successful recovery and to ensure public safety. Examples of these restrictions include:

- **Access to controlled substances:** This



may include counting, dispensing, or handling legend or controlled drugs. These restrictions minimize the possibility of relapse.

- **Work Schedule:** This may include limits to hours worked, over time, and shift rotation. These restrictions help the participant live a balanced, less stressful lifestyle.
- **Employment:** In most cases, participants cannot practice until significant progress is made in the intensive phase of their treatment. Other restrictions may include limits of shifts, position or facility. All employment opportunities must be approved by the case manager prior to accepting a position. Failure to inform the case manager prior to any employment in the health care industry shall result in immediate discharge with no right to re-enter WHPS.
- **Program completion:** Participants may not graduate until they have returned to practice for at least one year.

Most WHPS participants work in healthcare. Many employers are aware of the WHPS Program and can accommodate the work restrictions in the WHPS contract. However, nurses still face challenges with finding employers who are willing

to hire individuals with substance use disorders. WHPS encourages employers to consider the following positive aspects of employing nurses who are participating in a substance abuse monitoring program:

- That substance use disorders are a treatable illness and that treatment combined with reasonable accommodations and monitoring promote good recovery and often, a better nurse.
- Employers who incorporate positive approaches to substance abuse issues can reap many benefits including higher productivity, reduced absenteeism, and better workplace relations.
- Support of substance abuse monitoring programs plays an important role in protecting public health and safety while at the same time retaining highly trained and skilled health care professionals.

WHPS has made it a priority to work with employers to ensure that they have a full understanding of the WHPS program and participant contract requirements. We will work with employers to develop safe and mutually beneficial work plans in order to create the basis for success. For information, consultation, or to schedule a presentation contact, WHPS at 360-236-2880 or WHPS@doh.wa.gov.

Opportunities to Serve on the Nursing Commission

“You will never be able to discover new oceans unless you have the courage to lose sight of the shore” Hannah Tatum Whitall Smith

Are you looking for a new challenge in the new year?

Are you seeking an opportunity for professional growth and development?

Would you like to have a direct impact on nursing regulation in Washington State and have your voice heard at the national level through National Council State Boards of Nursing (NCSBN)?

Are you ready to discover the leader within?

*I am ready to serve the purpose, mission and values of Nursing Care Quality Assurance Commission (NCQAC).

*I am sensitive to and tolerant of different views.

*I can deal with ambiguity and complexity.

*I am flexible and adaptable.

*I am a good steward and will serve the greater good.

*I can think strategically and be open to new ideas.

*I can make decisions using the best evidence.

*I will strive to lead effective change.

*I will pursue excellence in all endeavors.

*I am collaborative.

*I am ready to do the right thing for the right reason through informed, open, and ethical debate.

If so, there is a leadership opportunity for you!

The NCQAC is currently seeking nurse leaders for the following commission members positions:

1. A staff registered nurse providing direct care,
2. A nurse manager or nurse executive,
3. A faculty member at a two year community college nursing program,
4. A faculty member at a four year university nursing program,
5. A licensed practical nurse.

These five vacancies will occur June 30, 2013.

Commission Description and Duties

Description:

The Nursing Care Quality Assurance Commission (NCQAC) protects the public's health and safety by regulating the competency and quality of licensed practical nurses, registered nurses, advanced registered nurse practitioners and nursing technicians. The purpose of the NCQAC

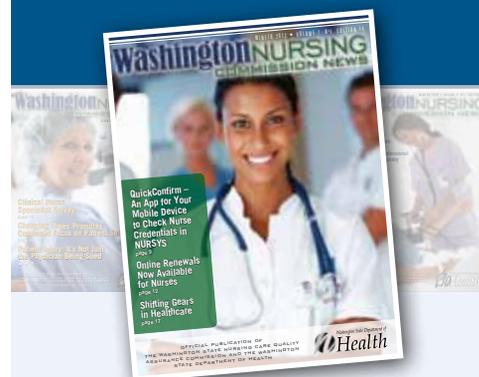
includes establishing, monitoring and enforcing licensing, consistent standards of practice, continuing competency mechanisms, and discipline.

Duties:

- Establish qualifications for minimal competency to grant or deny licensure of registered nurses, practical

continued on page 26

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The Nursing Care Quality Assurance Commission (NCQAC) protects the public's health and safety by regulating the competency and quality of licensed practical nurses, registered nurses, advanced registered nurse practitioners and nursing technicians.

nurses, advanced registered nurse practitioners and nursing technicians.

- Ensure consistent standards of practice:
 - Develop continuing competency standards.
 - Develop rules, policies and procedures to promote quality healthcare for the residents of the state.
 - Investigate complaints against nurses.
 - Serve as a reviewing member on disciplinary cases.
 - Serve as a member of disciplinary hearing panels.
 - Revoke, suspend, restrict specific practice or place probationary conditions on nursing licenses.
 - Approve curricula and establish criteria for nursing schools, both new and existing.
 - Approve nursing assistant education training programs per RCW 18.88A.060.

Qualifications

The Nursing Commission is comprised of 15 governor-appointed members. These include three public members, two advanced registered nurse practitioners, three licensed practical nurses, and seven registered nurses. All members must be citizens of the United States and residents of Washington.

Nursing members must have been licensed to practice nursing in Washington with at least three years of experience.

Public member representatives may not:



- Be a member of any other healthcare licensing board or commission.
- Have a fiduciary obligation to a facility rendering health care services.
- Have a financial interest in the rendering of health services.

Total Annual Time Commitment Meetings/Conferences:

Eight to nine days per year

Meeting Preparation:

One to two hours per meeting (or the equivalent of about 1 day per year)

Complaint file review:

Two to three hours per month (about 24 hours per year)

Case Disposition Panels:

Two hours per month

Hearing Panels:

Two to four days per year

Sub-committee and panel meetings:

One to two hours per meeting

Commission Member Application

The Governor appoints members to the Nursing Care Quality Assurance Commission. If you have interest in applying for a position on commission, visit the Governor's website to obtain an application: <http://www.governor.wa.gov/boards/application/application.asp>.

To apply, submit a cover letter addressed to the Governor. Include a current resume and your application. Send your completed application packet to the address listed on the application.

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Wed	Freeport, The Bahamas	8:00 AM	5:00 PM
Thu	Nassau, The Bahamas	7:00 AM	5:00 PM
Fri	Fun Day At Sea		
Sat	Fun Day At Sea		
Sun	Galveston, TX	8:00 AM	

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POE TRAVEL

Pertussis Epidemic Slows; Vigilance and Up-To-Date Vaccines Critical

Whooping cough cases through November this year, are at the highest level in more than 70 years, with more than 4,500 reported. The pace has slowed in many areas of the state, yet some areas are still seeing higher than the typical number of cases.

Although we are seeing lower overall case counts, whooping cough will always circulate at some level in our communities. The epidemic has increased awareness of how serious whooping cough is, and driven more than twice as many adults in Washington to get their Tdap booster this year than last. Still, more adults should get vaccinated, especially those who will be around babies.

The state health department wanted to know why the normal ebb and flow of this disease became an epidemic. Many people who were infected with pertussis were up-to-date on boosters. A team from the U.S. Centers for Disease Control and Prevention (CDC) came to Washington to help the state review and analyze data. In mid-July, the Department of Health co-wrote a journal article with CDC on the effectiveness of the pertussis vaccine during the epidemic. The article reported on data that show rates are highest among infants and children 10-13 years old, suggesting that vaccine protection does not last as long as previously thought. Even though the vaccine does not protect as long as expected, vaccinated people who get whooping cough usually have less severe symptoms and are less likely to spread the disease.

Since newborns do not receive their first DTaP vaccine until they are two months old, they are most at risk. At 18 months children obtain full protection once they receive four doses of the vaccine. Children receive the last in the series before



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they turn seven years old. A child should receive a booster (Tdap) at age 11 or 12.

When a baby gets whooping cough, it is usually from an adult family member or sibling. Washington buys and provides all recommended vaccines for kids through age 18, available from health care providers across the state. An office visit fee and

a fee to give the vaccine (an administration fee) may be charged. People who can not afford the administration fee can ask to have it waived. Over the summer the state also bought whooping cough vaccine for uninsured and underinsured adults. Many local health agencies still have that vaccine available.

How does e-Notify work?

e-Notify is an innovative nurse licensure notification system where you receive real-time notifications about nurses employed at your institution. The system provides licensure and publicly available discipline data directly to you as the information is entered into the Nursys database by boards of nursing.

What are the benefits to using e-Notify?

The information in e-Notify is pulled directly from Nursys, the only national database for licensure verification, discipline and practice privileges for RNs and LPN/VNs. Nursys data is compiled from information inputted directly from boards of nursing and is primary source equivalent (visit nursys.com for current participation list). e-Notify provides real-time automatic notification of status and discipline changes delivered directly to you. With e-Notify, any institution that employs a nurse can utilize this system to track licensure and discipline information for little or no charge (cost is dependent on the number of nurses uploaded into the system). It is economical and provides vital information saving you money and staff time.

Is e-Notify primary source information?

The information you will receive from e-Notify is pulled directly from Nursys, the only national database for licensure, discipline and practice privileges for RNs and LPN/VNs. Nursys data is compiled from information directly inputted from

boards of nursing and is primary source equivalent.

What will the email notifications tell me?

e-Notify will alert subscribers when the following changes are made to a nurse's record:

- License status
- License expirations
- Publicly available disciplinary and alert action and resolution

How often will I receive email notifications?

That's up to you. You have the option of receiving email notifications daily, weekly or monthly. You can also customize licensure renewal emails to receive notifications 30, 60 or 90 days prior to a nurse's license expiring.

How do I create an account?

Visit www.nursys.com and click on the e-Notify button. It takes just a few minutes to register.

How many accounts can my institution have? Can my institution register more than once?

Each institution should only register once, but can have multiple administrator accounts. The administrator account can access and manage payment information, and assign additional users to the system. These users have the ability to view and manage your institution's nurse enrollments and reports, including uploading nurses, searching, editing nurse information and viewing individual nurse reports.

If an institution has multiple locations and each facility wishes to manage their own nurse list, then each facility should be registered with their own address and administrator account(s).

What is the cost?

All users are given 100 credits free of charge. This means that the first 100 nurses enrolled into the system are free. After that, each nurse is \$1 per nurse, per year. So if you have 150 nurses in your employ, you only pay \$50 per year. For a nurse to count against a credit, they must be enrolled in the system AND their notifications must be turned ON.

I have a nurse who is taking several months off to care for her ailing mother. Can I delete her from the system and add her again later when she returns to work?

You can delete a nurse from e-Notify at anytime. However, instead of deleting a nurse that will likely be employed at your facility again, just turn his/her notifications off. You are only charged a credit if the nurse is enrolled in system and his/her notifications are turned ON.

How will I be charged? Will I receive a bill?

Your account will be charged every year on the date of your registration. Credit cards are the only acceptable form of payment. Fees are non-refundable; credit card information is used for billing purposes only. If you employ 100 nurses or less, you

continued on page 30

The information in e-Notify is pulled directly from Nursys, the only national database for licensure verification, discipline and practice privileges for RNs and LPN/VNs.

will not be required to enter credit card information. If you employ more than 100 nurses, you will be required to purchase credits and enter credit card information at that time.

How do I enroll a nurse? What information do I need?

Enrolling your nurses is easy. First, you need his/her license number, license type and the state(s) that issued the license. This information is used to locate the nurse directly from Nursys. Then, you add other information to their profile, including nursing specialty, email and address. For employment verification purposes, you will be required to enter the last four digits of the nurse's social security number and date of birth. You can also add the nurse's cell phone number if you choose to have the system send automatic license expiration reminders on your behalf.

Can I upload several nurses into the system at once?

Yes you can. With bulk upload, you can add multiple nurses into e-Notify by using a CSV file. Specifications and sample files are available to help make this process seamless.

I work for a very large hospital that employs several hundred nurses. I don't have the resources or the time to compile my nurse's information into the necessary format to enroll nurses into e-Notify. Are there any other options available to enroll nurses?

For health care facilities that employ a large number of nurses, you have the option of integrating your system with e-Notify through the application programming interface (API). API allows your system to communicate with e-Notify directly

behind the scenes to share data automatically. For more information about utilizing API at your facility, please have a member of your Information Technology department review the API specifications available on the e-Notify dashboard.

Can I download data about my nurses from e-Notify?

You can download your nurse list into a Microsoft Excel or PDF file.

Can I edit a nurse's information after he or she has been added to the system?

You can update a nurse's information at anytime.

Can I notify my nurses that their license is about to expire directly from e-Notify?

Yes, you can. e-Notify can be configured to send license expiration e-mail reminders, as well text message reminders, to nurses on your behalf. For text messages, the nurse's mobile carrier's standard message and data rates may apply.

For more information contact nursys-enotify@ncsbn.org.



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