



**Nursing Care Quality Assurance Commission (NCQAC)
Regular Meeting Agenda
November 14, 2014 8:30 AM - 4:30PM
Center Point Conference Center 20809
72nd Avenue S. Kent, WA 98032
Commons Area Mt. Rainer Room**

Commission Members:

Suellyn M. Masek, MSN, RN, CNOR, Chair
Margaret Kelly, LPN, Vice-Chair
Mary Baroni, PhD, RN
Brian Barrientos, LPN
Jeannie Eylar, MSN, RN
Charlotte Foster, BSN, MHA, RN
Stephen J. Henderson, JD, MA, Public Member
Lois Hoell, MS, MBA, RN
John Peick, JD, Public Member
Gene Pingle, BSN-BC, CEN, RN
Donna Poole MSN, ARNP, PMHCNS-BC
Tracy Rude, LPN
Laurie Soine PhD, ARNP
Cass Tang, PMP, Public Member
Teri Trillo, MSN, RN, CNE

Assistant Attorney General:

Gail Yu, Assistant Attorney General

Staff:

Paula R. Meyer, MSN, RN, FRE, Executive Director
Kathy Anderson, Management Analyst
Debbie Carlson, MSN, RN, Associate Director, Nursing
Practice
Teresa Corrado, LPN, Health Services Consultant
Mary Dale, Discipline Manager
Michael Hively, Administrative Assistant
Karl Hoehn, Staff Attorney
Mindy Schaffner, PhD, MSN-CNS, RN, Associate Director,
Nursing Education
Anne Schuchmann, MSN, RN, Associate Director,
Operations/Licensing
Catherine Woodard, Associate Director, Discipline

If you have questions regarding the agenda, please call the NCQAC office at 360-236-4713. Items may be taken out of order. If you wish to attend the meeting for a single item, contact our office at the number listed above and request a specific time scheduled for that item.

This meeting is accessible to persons with disabilities. Special aids and services can be made available upon advance request. Advance request for special aids and services must be made no later than November 1, 2014. If you need assistance with special needs and services, please leave a message with that request at 1-800-525-0127 or, if calling from outside Washington State, call (360) 236-4052. If you have limited English language expertise call 360-236-4713 before November 1, 2014. TDD may also be accessed by calling the TDD relay service at 711. If you need assistance due to a speech disability, Speech to Speech provides human voicers for people with difficulty being understood. The Washington State Speech to Speech toll free access number is 1-877-833-6341.

This meeting will be digitally recorded to assist in the production of accurate minutes. All recordings are public record. The minutes of this meeting will be posted on our website after they have been approved at the January 9, 2015 meeting. For a copy of the actual recording, please contact the Public Disclosure Records Center (PDRC) at PDRC@doh.wa.gov.

Smoking is prohibited at this meeting.

I. 8:30 AM Opening – Suellyn Masek, Chair – DISCUSSION/ACTION

II. Call to order

- A. Introductions
- B. Order of the Agenda
- C. Correspondence
- D. Announcements

III. 8:40 AM Consent Agenda – DISCUSSION/ACTION

Consent agenda items are considered routine agency matters. The NCQAC approves the consent agenda by a single motion without separate discussion. To discuss a separate item requires a motion to remove the item and then place the item on the regular business agenda.

- A. Approval of minutes
 - 1. NCQAC Business Meeting, July 11, 2014 and September 12, 2014 draft minutes
 - 2. Advanced Practice sub-committee minutes, September 17, 2014 draft minutes
 - 3. Discipline sub-committee, July 28, 2014 and August 26, 2014 draft minutes
 - 4. Consistent Standards of Practice sub-committee January 7, 2014 and October 7, 2014 draft minutes
 - 5. Update from NCSBN President, Shirley Brekken, September 30, 2014

IV. 8:45 AM NCQAC Panel Decisions - DISCUSSION

The NCQAC delegates the authority as provided by law for certain decisions to a panel of at least three members. Panels must be chaired by a member of the NCQAC. Pro tem members of the NCQAC may serve as panel members. The following minutes are provided for information.

1. Nursing Assistant – Nursing Program Approval Panel (NA-NPAP) August 11, 2014 and September 8, 2014 minutes

V. 8:50 AM – 9:30 AM Chair Report –Suellyn Masek - DISCUSSION/ACTION

- A. Steering committee and Legislative Task Force position descriptions and duties
- B. Office of Financial Management meetings related to Indirect Rate charges to the NCQAC
- C. Medical Quality Assurance Commission/Chiropractic Quality Assurance Commission/NCQAC leadership meeting, October 16 – Lois Hoell and Paula Meyer
- D. International Nurse Regulator Symposium, October 28-30, Chicago – Suellyn Masek, Lois Hoell and Paula Meyer

VI. 9:30 AM – 10:30 AM Kathy Russell – Substance Use Disorder Manual, Audit tool, and Best Practices - DISCUSSION/ACTION

The National Council of State Boards of Nursing(NCSBN) published the Substance Use Disorder Manual. From that publication, the NCSBN produced an audit tool to evaluate substance abuse compliance monitoring programs. Ms. Russell will present the best practices published in the Manual and the Audit Tool.

10:30 AM – 10:45 AM BREAK

VII. 10:45 AM – 11:30 AM Subcommittee Reports – DISCUSSION/ACTION

- A. **Advanced Practice – Laurie Soine, chair**
 1. Approval of Advanced Practice Expert Evaluators Policy
 2. Request for Advanced Practice Experts and Advisors
 3. Clinical Nurse Specialist Inclusion in Advanced Registered Nurse Practitioner Rules
- B. **Consistent Standards of Practice – Charlotte Foster, chair**
- C. **Discipline – Gene Pingle, chair**
- D. **Licensing – Lois Hoell, chair**
 1. North Carolina model, learning and recommendations for improvement

VIII. 11:30 – 1:00 PM Lunch

IX. 12 NOON – 1:00 PM Education Session – Challenging the Dominant Logic: A Strategy for Moving Forward in Nursing – Dr. Maggie Baker, University of Washington

Dr. Baker will provide an overview on the ‘dominant logic’ commonly found in nursing. She will encourage attendees to challenge dominant logic in nursing to move the profession forward in nursing practice and education.

X. 1:00PM - OPEN MICROPHONE

Open microphone is for public presentation of issues to the NCQAC. If the public has issues regarding disciplinary cases, please call 360-236-4713.

XI. 1:15 PM – 2:00 PM Executive Director Report – Paula Meyer – DISCUSSION/ACTION

- A. Budget report
- B. Performance Measures report
- C. FBI fingerprint/RAP Back Criminal Background Checks – request legislation
- D. Reorganization of Legal Staff from Health Services Quality Assurance/Office of Legal

Service and Washington Health Professional Services to Nursing Commission Unit
E. Correspondence from the National Transportation Safety Board to the Medical, Nursing, Chiropractic Commissions and the Board of Osteopathy
F. Board Pay and TEMS reports
G. Strategic Plan

XII. 2:00 PM – 2:30 PM Accessing Automated Drug Distribution Machines, Pharmacy Quality Assurance Commission (PQAC) regulations – Paula Meyer and Dr. Mindy Schaffner - DISCUSSION/ACTION

WAC 246-872-010 through 246-872-050 are pharmacy regulations related to automated medication distribution systems. The regulations impact nursing education programs and students accessing automated drug distribution systems . The NCQAC and PQAC representatives will present the issues and recommendations.

2:30 PM – 2:45 PM BREAK

XIII. 2:45 PM – 3:15 PM Nursing Assistant, Certification, Competency Evaluation – Tracy Rude, Margaret Kelly, Mindy Schaffner - DISCUSSION/ACTION

RCW 18.88A.050 describes the authority of the Secretary of Health with nursing assistants. RCW 18.88A.060 describes the authority of the NCQAC with nursing assistants. The Secretary of Health, the NCQAC and the Department of Social and Health Services share responsibility in the competency evaluation of certified nursing assistants. Ms. Rude, Ms. Kelly and Dr. Schaffner will present the NCQAC’s responsibilities and update the NCQAC on contract negotiations for the competency evaluation.

XIV. 3:15 PM – 3:45 PM Medical Marijuana Guidelines – Mike Ellsworth - DISCUSSION/ACTION

Medical Marijuana Authorization Practice Guidelines – The NCQAC will review draft guidelines for authorizing medical marijuana developed by a public workgroup of representatives from the Board of Naturopathy, the Board of Osteopathic Medicine and Surgery, the Medical Quality Assurance Commission, and the Nursing Care Quality Assurance Commission. Mr. Ellsworth facilitated the work group to develop the guidelines. Mr. Ellsworth will present the draft guidelines developed by this workgroup. The NCQAC may adopt the guidelines or assign questions for further evaluation.

XV. 3:45 PM – 4:30 PM Request for Lists and Labels – Paula Meyer - DISCUSSION/ACTION

1. Merion Matters has requested approval for a list of address for Nurses and Nurse Practitioners

XVI. 4:00 PM – Meeting Evaluation

4:30 PM - Closing



**Nursing Care Quality Assurance Commission (NCQAC)
Regular Meeting Minutes (DRAFT)
July 11, 2014 8:30 AM – 4:30 PM
Red Lion Hotel, Evergreen Room
8402 S. Hosmer St.
Tacoma, WA 98444**

Commission Members:

Suellyn M. Masek, MSN, RN, CNOR, Chair
Margaret Kelly, LPN, Vice-Chair
Mary Baroni, PhD, RN
Brian Barrientos, LPN
John Peick, J.D, Public Member
Jeannie Eylar, MSN, RN
Charlotte Foster, BSN, MHA, RN
Stephen J. Henderson, JD, MA, Public Member
Lois Hoell, MS, MBA, RN
Gene Pingle, BSN-BC, CEN, RN
Donna Poole MSN, ARNP, PMHCNS-BC
Tracy Rude, LPN
Laurie Soine PhD, ARNP
Cass Tang, PMP, Public Member
Teri Trillo, MSN, RN

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Mary Dale, Discipline Manager
Michael Hively, Administrative Assistant
Karl Hoehn, Staff Attorney
Shari Kincy, Senior Secretary
Mindy Schaffner, PhD, MSN-CNS, RN, Nursing Education
Advisor
Catherine Woodard, Chief Investigator
Martha Worcester, PhD, ARNP, ARNP Advisor
Anne Schuchmann, MSN, RN, Deputy Executive Director

Excused:

This meeting was digitally recorded to assist in the production of accurate minutes. All recordings are public record. The minutes of this meeting will be posted on our website after they have been approved at the November 14, 2014 NCQAC meeting. For a copy of the actual recording, please contact the Public Disclosure Records Center (PDRC) at PDRC@doh.wa.gov.

I. 8:30 AM Call to order – Suellyn Masek - DISCUSSION/ACTION

- A. Introductions – New members: Brian Barrientos, LPN, and Teresa Trillo, MSN, RN
- B. New officers take their positions – Margaret Kelly, vice chair
- C. Order of the Agenda
 - 1. Ms. Masek explained under section VI. Subcommittee Reports item VI.D Advanced Practice subcommittee will begin the report process.
- D. Correspondence
- E. Announcements
 - 1. Paula Meyer explained that Hearing Minutes will no longer be included in the NCQAC business packet or agenda as they are already posted to the NCQAC website prior to the meeting.

II. 8:40 AM Consent Agenda – DISCUSSION/ACTION

Consent agenda items are considered routine agency matters. The NCQAC approves the consent agenda by a single motion without separate discussion. To discuss a separate item requires a motion to remove the item and then place the item on the regular business agenda.

- A. Approval of minutes
 - 1. NCQAC May 9, 2014 Business Meeting Minutes
 - 2. Advanced Practice sub-committee May 21, 2014; June 18, 2014 minutes
 - 3. Licensing and Discipline sub-committee March 31, 2014; April 28, 2014 minutes
 - 4. Consistent Standards of Practice sub-committee May 6, 2014; June 3, 2014 minutes
 - 5. Continuing Competency sub-committee May 16, 2014 minutes
- B. Meeting reports
 - 1. 2014 Boards/Commissions Leadership Forum, June 13, 2014, Lois Hoell, Catherine Woodard
 - 2. NCSBN Case Management and Disciplinary Summit, June 5-6, Park City UT Suellyn Masek, Kathy Anderson, Mary Dale, Catherine Woodard
 - 3. Strengthening Nursing Practice: Powerful Strategies to Achieve the IOM's Future of Nursing Recommendations, June 12-13, 2014, Hartford, CT., Dr. Mindy Schaffner

Motion: Motion by Ms. Tang with a second from Ms. Hoell to adopt the consent agenda with an editorial change to Item II.A.1. May 9, 2014 Business Meeting Minutes. Motion Passed.

III. 8:45 AM NCQAC Panel Decisions - DISCUSSION

The NCQAC delegates the authority as provided by law for certain decisions to a panel of at least three members. Panels must be chaired by a member of the NCQAC. Pro tem members of the NCQAC may serve as panel members. The following minutes are provided for information.

1. NCQAC March 7, 2014; March 23-24, 2014; March 24, 2104; April 25, 2014 Disciplinary Hearing minutes
2. Nursing Program Approval Panel (NPAP) March 20, 2014; April 24, 2014; May 15, 2014; May 19, 2014; June 16, 2014 minutes
3. Nursing Assistant – Nursing Program Approval Panel (NA-NPAP) April 14, 2014; May 12, 2014 minutes

IV. 8:45 AM – 9:45 AM Chair Report –Suellyn Masek - DISCUSSION/ACTION

1. NCQAC Operating Agreement with the Department of Health – Suellyn Masek and Dr. John Wiesman

Ms. Meyer invited Dr. Wiesman to come to the head table. Ms. Meyer acknowledged Ms. Masek, Ms. Kelly, Ms. Benson-Hallock, Mr. Pingle, Ms. Hoell, Ms. Poole, Mr. Henderson, and Dr. Woods, in addition to, NCQAC staff members Ms. Woodard, Ms. Dale, and Ms. Anderson’s efforts in negotiating the Joint Operating Agreement (JOA) in collaboration with representatives of the Department of Health (DOH).

Dr. Wiesman thanked the NCQAC Steering committee, NCQAC members and NCQAC staff for their efforts with the JOA. He explained that one of his foci is patient safety and that as DOH and NCQAC enter into this agreement, he believes the JOA focuses on preserving and enhancing patient safety through the joint efforts of the DOH and NCQAC.

Ms. Masek explained the section concerning indirect costs had reached impasse. That section of the JOA will be reviewed by the Office of Financial Management for mediation.

Ms. Masek and Dr. Wiesman signed the JOA and Performance Measure Agreement.

2. Assignments to sub-committees and panels, chairs of sub-committees and panels, mentors for new members

Ms. Masek completed committee and subcommittee assignments as follows:

Steering Committee	NPAP A	NPAP B	NAPAP
Suellyn Masek, Chair	Mary Baroni, Chair	Teri Trillo, Chair	Tracy Rude, Chair
Margaret Kelly	Lois Hoell	Laurie Soine	Margaret Kelly
Laurie Soine	Sue Woods, pro tem	Rhonda Taylor, pro tem	John Peick
Lois Hoell	Karen Heys, pro tem	Lin Murphy, pro tem	Margaret Castle, pro tem
Gene Pingle	Mindy Schaffner, Staff	Mindy Schaffner, Staff	Judy Rose-Bungay, pro tem
Charlotte Foster	Tim Talkington, Staff Attorney	Tim Talkington, Staff Attorney	Mindy Schaffner, Staff
Paula Meyer			Carole Knutzen, Staff
			Tim Talkington, Staff Attorney

Advanced Practice	Licensing	Consistent Standards of Practice	Legislative Task Force
Laurie Soine, Chair	Lois Hoell, Chair	Charlotte Foster, Chair	Margaret Kelly, Chair
Donna Poole	Brian Barrientos	Tracy Rude	Suellyn Masek
Todd Herzog, pro tem	Stephen Henderson	John Peick	Paula Meyer, Staff
Nancy Armstrong, pro tem	Sally Watkins, pro tem	Debbie Carlson, Staff	Debbie Carlson, Staff
Karen Hays, pro tem	Anne Schuchmann, Staff		Martha Worcester, Staff
Sheena Jacob, pro tem	Teresa Corrado, Staff		Anne Schuchmann, Staff
Martha Worcester, Staff	Linda Patterson, Staff		

Discipline	Case Disposition Panel 1	Case Disposition Panel 2	Case Disposition Panel 3
Gene Pingle, Chair	Lois Hoell, Chair	Gene Pingle, Chair	Cass Tang, Chair
Lois Hoell	Donna Poole	Charlotte Foster	Margaret Kelly
Tracy Rude	Jeannie Eylar	Erica Benson-Hallock, pro tem	Stephen Henderson
Cass Tang	Suellyn Masek	Susana Serna, pro tem	Brian Barrientos
Jeannie Eylar	Laurie Yockey, pro tem	Staff Attorney	Diane Sanders
Sue Woods, pro tem	Staff Attorney		Todd Herzog
Catherine Woodard, Staff			Staff Attorney
Mary Dale, Staff			
Margaret Holm, Staff			
Karl Hoehn, Staff Attorney			

Case Disposition Panel 4
Tracy Rude, Chair
Laurie Soine
Mary Baroni
Stephen Henderson
Rhonda Taylor, pro tem
Jeanell Rasmussen, pro tem
Sue Woods, pro tem
Staff Attorney

3. NCSBN Annual Meeting
 - a. Delegates: Suellyn Masek and Paula Meyer
 - b. NCSBN Board of Directors Recommendations
 - c. Members attending: Suellyn Masek, Margaret Kelly, Lois Hoell, Debbie Carlson. A public member forum will be held.

Ms. Masek asked for a public member to volunteer to attend a Public Member forum to attend the

meeting from August 12-15, 2014. Mr. Henderson accepted the invitation.

4. NCQAC Awards – annual NCQAC award recipients

Ms. Masek announced that Margaret Holm, Jim Burkhart, and Carole Knutzen as annual award recipients. The NCQAC presented them with the award.

Ms. Masek acknowledged each recipient and read letters written by the public and NCQAC staff recommending them for the awards.

5. Annual Evaluation – Gene Pingle

Mr. Pingle explained that the Steering Committee discussed some of the concerns the NCQAC had with the survey tool : different methods of collection (e.g. survey monkey, opinio), outcome oriented rather than process items (tie to strategic plan), evaluate subcommittees using action outcomes, increase internal NCQAC communication, and clearer information on how the survey's results will be used. Mr. Pingle, Ms. Hoell, and Ms. Kelly will work on next year's survey tool using this feedback.

V. 9:45 AM – 10:45 AM Executive Director Report – Paula Meyer – DISCUSSION/ACTION

A. Budget report – Kathy Anderson

Ms. Anderson explained that the report is through May, 2014 including 11 months of data.

Ms. Anderson reviewed direct costs and explained that NCQAC hours are underspent due to the 11 months of data, that rent is overspent due to staff increases and rent increases, legal services are overspent and addressed in Joint Operating Agreement.

B. Performance Measures report

1. Licensing – Teresa Corrado

Ms. Corrado explained that for performance measure 1.1, NCQAC is at 99%. She further explained that 99% clearly meets the performance measures goal, and that the 1% could be a result of an FBI background check, among others.

Ms. Corrado explained that Performance measure 1.2 notices of decision are issued within 30 days and that NCQAC is currently at 100%.

2. Investigations – Catherine Woodard

Ms. Woodard explained that Performance Measure 2.2 is the percent of cases completed within 170 days, and the correlation of Performance measure 2.4 the percent of cases over 170 days.

3. Discipline – Mary Dale

Ms. Dale reviewed Performance Measure 2.1 intake and assessment; Performance Measure 2.3 Case Disposition within 140 days timeline; Performance Measure 2.5 cases in case disposition overdue; Performance Measure 2.5 Sanctions schedules; and Performance Measure 2.7

Ms. Meyer reviewed Performance Measures 3.2 Number of Completed Investigations; 4.1 Financial Performance measures; Measure 5.1 Number of Rules Adopted in 18 Months; and Measure 5.2 Legislative Required Annual Reports Submitted On Time

C. Education Plan, September 2014 through May 2015 – Debbie Carlson

Ms. Carlson presented the 2015 NCQAC educational schedule. These presentations are completed during lunch at the NCQAC meetings.

D. Annual Board Pay report – Paula Meyer

Ms. Meyer explained the NCQAC annual board pay report summary.

E. Strategic Plan Update – Paula Meyer

Ms. Meyer explained areas of the Strategic plan that currently meet goals and those that require additional time to complete.

F. Hearing Panel Member education – Paula Meyer

Adena Nolet worked with Dr. Judith Personett (pro tem member), NCQAC Staff, and Assistant Attorney Generals in creating a DVD outlining NCQAC member's role on a hearing panel. Mr. Hively explained he is working on formatting the video so it will play on all DVD and BluRay mediums.

VI. 10:45 AM – 11:00 AM BREAK

VII. 11:00 AM – 2:30 PM Subcommittee Reports – DISCUSSION/ACTION

A. Licensing and Discipline – Margaret Kelly, chair

1. Sexual Misconduct Rule

Ms. Kelly explained WAC 246-840-740 Sexual Misconduct draft rules were open for amendments and final language. Additions to section (5) state "A Nurse who has provided psychological or psychiatric diagnostic or therapeutic services to a patient shall never engage, or attempt to engage, in sexual misconduct as defined in subsection (1) of this section with a former patient, former client, or former key party." In addition section (9) will read "Sexual misconduct also includes sexual contact with any person involving force, intimidation, or lack of consent; or a conviction of a sexual offense listed in RCW 9.94A.030"

Motion: Motion by the subcommittee that the NCQAC approve the draft language for WAC 246-840-740 Sexual Misconduct Prohibited, and file with the Code Reviser's Office for a rules hearing on September 12, 2014. Motion Passed.

2. WAC 246-840-025 Initial licensure for registered nurses and practical nurses – Commission approved Washington State nurse education program

Ms. Kelly explained under section 4(b), there is no viable purpose to have "Transcript must be received within ninety days of the applicant's first taking of the examination" and no legal

repercussion can be taken.

Motion: Motion by subcommittee to open rule 246-840-025 to remove the verbiage “Transcript must be received within ninety days of the applicant’s first taking of the examination” from section 4(b) of the rule. Motion Passed.

B. Continuing Competency – Lois Hoell, chair

1. Subcommittee Change

Ms. Hoell explained adding suicide prevention to the continuing competency rules revision. Ms. Hoell explained potential areas of improvement. The Continuing Competency subcommittee would become the Licensing subcommittee and Licensing and Discipline subcommittee would become the Discipline subcommittee.

Motion: Motion by Ms. Hoell with a second from the Licensing and Discipline and Continuing Competency subcommittees to separate the Licensing and Discipline subcommittee and bring Continuing Competency under the Licensing subcommittee. Motion Passed.

Motion: Motion by Ms. Hoell with a second from Mr. Pingle to adopt the Discipline subcommittee position description with amendments to Duties and Responsibilities of the Chairperson (2) removing “which are to be held at least monthly, unless otherwise determined”. Motion Passed.

C. Consistent Standards of Practice – Gene Pingle, chair

1. Advisory Opinion: Registered Nurse Delegation in School Settings (Draft)

Motion: Motion by Mr. Pingle with a second from the subcommittee to adopt the Advisory Opinion: Registered Nurse Delegation in School Settings. Motion Passed.

D. Advanced Practice - Donna Poole, chair

1. Clinical Nurse Specialist Inclusion in Advanced Practice Rules

- The Advance Practice subcommittee requests the NCQAC open WAC 246-840-010 and 020 for an expedited rule change to adopt references to “clinical nurse specialist” should this specialty be adopted by the NCQAC.

Motion: Motion by the Advanced Practice subcommittee that the NCQAC open WAC 246-840-010 and 020 for an expedited rule change to adopt references to “clinical nurse specialist”, should this role be adopted by the NCQAC as part of the Advanced Practice rules 246-840-300 through 246-840-455. Motion Passed.

VIII. 11:30 – 1:00 PM Lunch

Education Session – Direct Transfer Agreement/Major Ready Program –DTA/MRP

Workgroup: Joint Transfer Council, Washington State Council of Presidents, State Board of Technical and Community Colleges, Independent Colleges of Washington, Washington Student Achievement Council, Washington Center for Nursing, and Washington State Nursing Care Quality Assurance Commission. Presenters: Dr. Mary Baroni, Dr. Mindy Schaffner, Jim West, Dr. Michelle Andreas, Dr. Louise Kaplan, Dr. Renee Hoeksel, Teri Trillo, and Dr. Jane Sherman.

The DTA/MRP pathway:

- Promotes seamless progression from the Associate Degree in Nursing (ADN) education to the Bachelor of Science Degree in Nursing (BSN);
- Contributes to meeting the Institute of Medicine Report on the Future of Nursing (2010) goal of 80 percent of nurses having a BSN or higher by 2020 through a statewide DTA for RN-to-BSN completion;
- Creates uniform nursing pre-requisites to ADN program, uniform General University Requirements (GUR) accepted toward BSN degree, and consistent RN-to-BSN credits; and
- Consists of 60 academic core credits plus 75 nursing core credits for the ADN degree and 45 upper-division nursing credits for a total of 180 credits for the BSN degree.

IX. 1:00PM – 1:15 PM OPEN MICROPHONE

Open microphone is for public presentation of issues to the NCQAC. If the public has issues regarding disciplinary cases, please call 360-236-4713.

X. 2:30 PM – 3:00 PM Washington Health Professional Services – Dr. John Furman – DISCUSSION/ACTION

Dr. Furman presents the WHPS annual report.

Dr. Furman presented the WHPS Annual Report. The Annual Report included data on WHPS business practices and implementing best practice for alternative to discipline programs. Dr. Furman presented the changes made in the last 6 months to improve the WHPS reporting process.

XI. 3:00 PM – 3:30 PM Request for Lists and Labels – Anne Schuchmann - DISCUSSION/ACTION

1. The Washington State Coalition on Mental Health Professionals and Consumers seeks approval to receive the list of addresses for Advanced Registered Nurse Practitioners.
2. Veeva Systems has requested approval for a list of addresses for Advanced Registered Nurse Practitioners, Registered Nurses, and Licensed Practical Nurses.
3. RediClinic has requested approval for a list of addresses for Advanced Nurse Practitioners.

Ms. Meyer explained that NCQAC staff may approve requests for list and labels, but are not authorized to deny a request. Based on the information provided by the above requesters, NCQAC staff could not determine if the requesters met the criteria for approval as a professional or educational entity. Ms. Meyer asked the NCQAC to provide determination.

Motion: Motion by Ms. Hoell with a second from Ms. Tang to deny Washington State Coalition of Mental Health Professionals and Consumers request to become an approved entity. Motion Passed.

Motion: Motion by Mr. Pingle with a second from Ms. Hoell to deny Veeva Systems request to

become an approved entity. Motion Passed.

Ms. Meyer explained that RediClinic has asked to be granted an extension in order to submit additional items.

Friendly discussion: The NCQAC decided to wait until the September 12, 2014 business meeting to wait for additional documents that were requested.

XII. 3:30 PM – Meeting Evaluation

PROS	CONS
NCQAC members working together	Chairs too hard
Lunch presentation	No windows
Licensing, Discipline, Investigations presentation	Food
Signing of Joint Operating Agreement	Room was too hot
	Packet not presented on screen
	Painting of Hotel
	Presentations not in packet
	Room was too dark

3:45 PM - Closing

DRAFT



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September 12, 2014 8:30 am – 4:00 pm
Red Lion Hotel
2525 North 20th Avenue
Pasco WA

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Laurie Soine PhD, ARNP

Excused:

Cass Tang, PMP, Public Member

Excused:

Stephen J. Henderson, JD, MA, Public Member

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Catherine Woodard, Chief Investigator
Martha Worcester, PhD, ARNP, ARNP Advisor

Excused:

Mindy Schaffner, PhD, MSN-CNS, RN, Nursing Education
Advisor

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 - 2. Advanced Practice sub-committee July 16, 2014 draft minutes
 - 3. Licensing and Discipline sub-committee May 19, 2014; & June 30, 2014 draft minutes
 - 4. Consistent Standards of Practice Aug 19, 2014
 - 5. Continuing Competency June 13, 2014 sub-committee draft minutes; & July, 17, 2014 sub-committee draft minute

Motion: Motion by Mr. Pingle with a second from Laurie Soine to adopt the consent agenda with the removal of item III.A.1 for editorial changes and to be added to the November business meeting consent agenda for approval. Motion Passed.

Item III.A.1 edits will be brought back to the November 14th, 2014 business meeting for approval.

IV. 8:45 AM NCQAC Panel Decisions - DISCUSSION

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- 1. Nursing Program Approval Panel (NPAP) July 14, 2014 minutes
- 2. Nursing Assistant – Nursing Program Approval Panel (NA-NPAP) June 6, 2014; & July 14, 2014 minutes

V. 8:45 AM – 9:30 AM Chair Report –Suellyn Masek - DISCUSSION/ACTION

- A. National Council of State Boards of Nursing Annual Meeting, Chicago, August 12-15

Suellyn Masek, Margaret Kelly, Lois Hoell, Debbie Carlson, Paula Meyer
Ms. Kelly recognized Paula Meyer for completing her Fellowship for the Institute of Regulatory Excellence.

Ms. Meyer discussed the Nurse Licensure Compact (NLC) explaining that Jim Puente had given a presentation at the July meeting outlining the similarities between a state driver's license and a nursing license for states that are, or would become part of the NLC. Ms. Meyer explained that although we are licensed by a state to drive, if an infraction is committed in another state, that state can take action on your license. The NLC's structure is based on this model. Ms. Meyer further explained that 24 states are currently part of the NLC. Ms. Poole, Ms. Eylar, Ms. Tang, Ms. Rude, Ms. Corrado, Ms. Dale are members of the Compact Task Force to begin discussion and open dialog for NLC and what it means for Washington State. Ms. Meyer explained that Dr. Leonard Marcus has facilitated five meetings over the past year for the National Council of State Boards of Nursing (NCSBN) Executive Officers group to discuss pros and cons of the NLC. A consensus was reached at the Executive Officer's meeting in June. The information was given to the Nurse Licensure Compact Administrators who drafted a revision of the NLC and was presented at the August 12, 2014 NCSBN Annual meeting for further revision. Ms. Meyer explained that the NCSBN asked for comments on the draft revision by September 19, 2014. The Compact Task Force's comments on the revised NLC will be sent to NCSBN. The Compact Task Force will continue stakeholder meetings in spring of 2015.

B. Operating Agreement
1. Update on reorganization

Ms. Meyer explained that October 14, 2014 is the first meeting for the demand to bargain. She further explained that all state employees are represented by collective bargaining units (unless exempt) and are represented by one of two unions: Washington Federation of State Employees and the Service Employees International Union. Members of the Washington Federation of State Employees presented a demand to bargain related to the reorganization of legal staff and staff from Washington Health Professional Services. Ms. Meyer explained that the meeting will be to discuss the impact on the legal and health professional service units.

2. Update on meetings with the Office of Financial Management

Ms. Masek explained the NCQAC's request for mediation on indirect costs of services provided to the NCQAC by the Department of Health. On September 9, 2014, Ms. Masek, Ms. Meyer, & Kathy Anderson met with the Office of Financial Management to discuss indirect costs. Another meeting was set for September 17, 2014 to determine if federal statutes determined the indirect cost rate.

C. Report on Nursing Cases associated with the WA Veterans' Administration facilities

Ms. Masek explained that Catherine Woodard put together a report on cases/complaints received about VA facilities. Although there were only nine cases, the report found that investigators have encountered issues in the past conducting investigations. Ms. Masek explained that the Steering Committee decided to send letters to State Legislators and Chief Nurses in the Puget Sound VA system of Washington State reminding them of State and Federal mandatory reporting laws.

**VI. 9:30 AM - 10:00 AM Executive Director Report – Paula Meyer –
DISCUSSION/ACTION**

A. Budget report

1. Budget status report – Kathy Anderson

Ms. Anderson reviewed the budget report and answered questions and comments from the NCQAC members.

2. Fees for Nursing licenses – Teresa Corrado

Ms. Corrado presented how nurse licensure fees are established, collected, and used. In addition, she answered questions and took comments from the NCQAC members.

Ms. Masek suggested placing a “frequently asked questions and answers” section on the NCQAC webpage. Ms. Corrado explained that a web page is being developed to cover active and inactive license status, but that the information is on the application located on the Nurse Licensure web page. Ms. Kelly suggested placing the questions and answers document in the newsletter.

3. Commission meeting cost analysis – Kathy Anderson

Ms. Anderson provided a comparison of one and two day meeting costs when in and out of area (Eastside of WA State vs. Westside of WA) and answered questions and comments from the NCQAC members. Ms. Hoell suggested creating a committee to examine the cost benefit of out of area meetings.

Motion: Motion by Mr. Pingle with a second from Ms. Soine to develop a committee to analyze the fiscal benefits of out of area travel. Ms. Masek asked for committee volunteers: Mr. Pingle, Ms. Eylar, Ms. Kelly, & Ms. Foster volunteered as committee members. Motion Passed.

B. Performance Measures report

1. Baseline measures for Legal Services
2. Current measures

Ms. Meyer explained that the NCQAC requested that legal services come back under the management of NCQAC and that the baseline and current performance measures in place will continue to be used.

3. Commitment to Ongoing Regulatory Excellence, 2014,(CORE)

Ms. Meyer explained that the HB1103 report submitted in 2013 included using the comparison to the NSCBN National Database. Last year’s HB1518 report to the Governor and Legislation was based on this data. She further explained that this year the data will be collected again for CORE and further comparison. Ms. Meyer also explained that with the Joint Operating Agreement there is a performance and tactical management agreement with HSQA and that this year’s data will be presented at those meetings.

C. FBI Criminal Background Checks – Catherine Woodard

Ms. Woodard explained how the FBI background RAP Back system works and that meetings with stakeholders, Washington State Patrol, and Washington State Legislators are being held to discuss and seek support for the request legislation. Ms. Woodard and Ms. Meyer further discussed and answered questions from the NCQAC members.

D. Department of Health and Medical Quality Assurance Commission request legislation

Ms. Meyer explained that the NCQAC set their legislative agenda at the May, 2014 meeting stating that the FBI Federal Background Checks request legislation would be the only request NCQAC put forward during the 2015 legislative session. Ms. Meyer and NCQAC members discussed the Alternative to discipline request from the Medical Commission. Ms. Meyer explained that this is currently a concept and there is no “Z draft”. Ms. Masek explained that although the Medical Commission is putting forth five topics for request legislation. The Steering Committee decided to only submit one to ensure maximum focus on FBI Criminal Background Checks and the RAP Back program to provide for greater public safety.

10:00 AM – 10:15 AM BREAK

VII. 10:15 AM – 11:30 AM Subcommittee Reports – DISCUSSION/ACTION

A. Licensing - Lois Hoell ,chair

Ms. Hoell explained that licensing is finishing the revision of the continuing competency rules. She explained that data is being collected on licensure fees. Ms. Hoell and Ms. Corrado will be traveling to North Carolina to review their continuing competency audit process for best practices.

B. Discipline – Gene Pingle, chair

1. Substance Use Disorder Best Practices/Audit Tool

Motion: Motion by Mr. Pingle with a second from Ms. Kelly to adopt the best practices listed in the National Council of State Boards of Nursing “Substance Use Disorder Manual” in Appendix A, as best practices for the Washington State Nursing Care Quality Assurance Commission. The motion includes the use of the Audit Tool as part of the best practices, and recommends the Substance Use Disorder (SUD) workgroup develop a policy/procedure as outlined in the Audit Tool. Motion Passed.

2. Procedure A20 Substance Use Orders

Motion: Motion by Mr. Pingle with a second from Ms. Rude to adopt the following changes to procedure A20: Changing the term “in a timely manner” to “within five business days” (number 2, first bullet) to clarify the expectation and avoid delays in entering the program and adding “tampering” to the list of serious misconduct, in addition to format changes. Motion Passed.

3. Procedure A25 Case Disposition Panels

Motion: Motion by Mr. Pingle with a second from Ms. Baroni to adopt the revisions to procedure A25 Case Disposition Panels, as a six month pilot, effective October 1, 2014.

Friendly Amendment: Bullet item number 4 on page 214 under documentation “RCM may leave

the call when their cases are completed” should move under case disposition and decision making. Item number 6 “if the AAG or staff attorney...”, should go under case disposition and decision making. Motion Passed.

4. Performance Measure 2.6 Sanction Schedule Outliers

Mr. Pingle explained that a panel of three people including Bill Kellington, Mike Farrell, and Karl Hoehn review all potential outliers to determine whether the Sanction Standard rules (WAC 246-16-800) were followed. This is for quality control, and is not a legal determination. This does not invalidate the order in any way. Ms. Dale explained that there were two outliers and felt that the commission needed to understand why the cases were outliers and provided an overview of them in the business packet.

C. Consistent Standards of Practice – Charlotte Foster, chair

1. Advisory Opinion: Standing Orders

Motion: Motion by Ms. Foster with a second from Mr. Pingle to adopt the Advisory Opinion: Standing Orders and Verbal Orders: Motion Passed.

2. Advisory Opinion: Anxiolytic, Sedating, and Analgesic Agents

Motion: Motion by Ms. Foster with a second from Mr. Pingle to adopt the Advisory Opinion Administration of Sedating, Analgesic, and Anesthetic Agents and to rescind the following statements: Scope of Practice for the Registered Nurse in the Administration of Procedural Sedation and the Management of Patients Receiving Procedural Sedation (July 13, 2005) and Managing Patients Receiving Epidural Analgesia (August 2003).

Friendly Amendment: Add supersedes “Scope of Practice for Registered Nurse and Administration of Procedural Sedation and the Management of Patients Receiving Procedural Sedation July 13, 2005” and “Managing Patients Receiving Epidural Analgesia (August 2003)” and to strike the term “Anesthesia Assistants.” Motion Passed.

3. Advisory Opinion: Physician’s Order for Life Sustaining Treatment

Motion: Motion by Ms. Foster with a second from Mr. Pingle to adopt the Advisory Opinion: Physician’s Order for Life Sustaining Treatment (POLST). Motion Passed.

4. Suicide Prevention Training Recommendations

Ms. Foster explained that the CSP subcommittee is working on suggestions for the public while rules are being written.

5. Nurse Practice Advisory Group Member Recognition

- Ms. Foster recognized NPAG members: Trina Roufs, MSN, BSN, RN, RN-BC., Barbara Berkau, BSN, RN., Gene Pingle, Tracy Rude, and Ms. Carlson for their work on the above Advisory Opinions over the past year.

D. Advanced Practice – Laurie Soine, chair

Ms. Soine explained that the AP subcommittee has worked for the past year to include Certified Nurse Specialist in the rules.

VIII. 11:30 – 1:00 PM Lunch

12 Noon – 1:00 PM Legislation Process – Paula R. Meyer

The NCQAC is pursuing legislation to allow the Washington State Patrol to retain FBI fingerprints, known as Rap Back. Ms. Meyer explained the process used for the NCQAC to pursue the legislation. Since the NCQAC members are appointed by the Governor, the NCQAC is a member of the executive branch of state government and enforces the laws under its jurisdiction. When NCQAC finds it necessary for a revision of those laws, the NCQAC works with the Governor’s office to request changes from the legislature. Ms. Meyer explained the process and deadlines.

IX. 1:00PM - OPEN MICROPHONE

Open microphone is for public presentation of issues to the NCQAC. If the public has issues regarding disciplinary cases, please call 360-236-4713.

Susan Jacobson and David Trevino, both Registered Nurses from the Yakima Regional Medical & Cardiac Center presented to the NCQAC the adverse working environment within the Yakima Regional facility. They spoke about being “bullied by nurse managers”, “hostile work environments”, and “Assignments Despite Objections (ADO)”. They expressed that nurses are afraid to report any potential public safety concerns out of fear of retaliation. Ms. Masek outlined the reporting process, and suggested having Yakima Regional staff submit formal complaints with related to patient safety according to mandatory reporting requirements.

X. 1:30 PM – 2:15 PM Hearing – Sexual Misconduct Rules – Suellyn Masek - DISCUSSION/ACTION

The NCQAC reviewed and considered adoption of revision to their rules on Sexual Misconduct of Nurses.

Motion: Motion by Mr. Pingle with a second by Ms. Soine to adopt the rules as proposed.

Friendly Amendment: To change the verbiage of section 9 from “Sexual” to “Sex”. Motion Passed.

XI. 2:15 PM – 2:30 PM Open Public Meetings Act Training– Gail Yu, AAG – DISCUSSION/ACTION

The Open Government Training Act (Engrossed Senate Bill 5964) went into effect July 1, 2014. The law requires members of governing bodies to receive training in the Open Public Meetings Act (OPMA) within 90 days of assuming their position, and requires existing members to have refresher training every four years.

XII. 2:30 PM – 3:00 PM Nursing Education Annual Report – Dr. Mary Baroni, Barbara Gumprecht DISCUSSION/ACTION

WAC 246-840- 520(3) requires nursing education programs to submit an annual report to the NCQAC. The information is analyzed and summarized in an annual report. The report is posted to the NCQAC website.

It was noted that in the July NCQAC business meeting, there was a presentation on the Direct Transfer Agreement/Major Ready Program,(DTA/MRP) Associate Degree in Nursing. The presentation was well-received and applauded by the Commission for the monumental work the group had achieved. It was noted that the Commission did not take any formal action at the time.

Motion: Motion by Ms. Baroni with a second by Ms. Hoell for the NCQAC to support the Direct Transfer Agreement/Major Ready Program Associate Degree in Nursing and notify the three national nursing education accrediting bodies of this support. The three accrediting bodies include the Accreditation Commission for Education in Nursing (ACEN), the Commission for Nursing Education Accreditation (CNEA), and the Commission on Collegiate Nursing Education (CCNE). Motion Passed.

XIII. 3:00 PM – 3:30 PM Request for Lists and Labels – Paula Meyer - DISCUSSION/ACTION

1. The approved entity list is reviewed and updated at each September meeting.

Motion: Motion by Ms. Hoell with a second from Laurie Soine to adopt the current list of recognized professional and educational organizations. Motion Passed.

2. Professional Research Services has requested approval for a list of addresses for Advanced Nurse Practitioners.

Motion: Motion by Ms. Hoell with a second from Mr. Pingle to deny Professional Research Services as a professional and/or educational organization. Motion Passed.

3. RediClinic has requested approval for a list of addresses for Advanced Nurse Practitioners.

Motion: Motion by Ms. Hoell with a second from Mr. Pingle to deny RediClinic as a professional and/or educational organization. Motion Passed.

4. J. Knipper and Company Inc. has requested approval for a list of addresses for Advanced Nurse Practitioners, Nurse Midwives, Certified Nursing Anesthesia and Registered Nurses.

Motion: Motion by Ms. Hoell with a second from Mr. Pingle to deny J. Knipper and Company Inc. as a professional and/or educational organization. Motion Passed.

XIV. 3:30 PM – Meeting Evaluation

PROS	CONS
Red Lion Venue	Limited Time to Conduct Business (2 day meetings suggested)
Windows in Meeting Space	Presenters Presentations Not in Business Packet
Dinner with Staff and NCQAC Members	Too Dark
Breakfast	
Debbie Carlson and NPAG Committee Member Efforts	

XV. 3:45 PM - Closing

DRAFT



**Nursing Care Quality Assurance Commission (NCQAC)
Advanced Practice Subcommittee Minutes
September 17, 2014 7:00 PM to 8:00 PM
Town Center 2, Room 158
111 Israel Rd SE, Tumwater, WA 98501**

- Committee Members:** Laurie Soine, PhD, ARNP, Chair
Donna Poole, MSN, ARNP, PMHCNS-BC
Nancy Armstrong, ARNP
Todd Herzog, CRNA, ARNP
- Excused:** Sheena Jacob, DNP, MSN, MPH
- Guests:** Heather Schoonover, President of Washington Affiliate of
National Association of Clinical Nurse Specialists (NACNS)
Louise Kaplan, ARNP United, Board of Directors
Margaret Holm, JD, RN Nurse Consultant for Nursing
Commission Unit
- Public Attendees:** Teri Woo, ARNP, Associated Dean, Pacific Lutheran University
- Staff:** Martha Worcester, PhD, ARNP-NP, ANP, GNP-BC,
Advanced Practice Advisor
- Excused:** Jean Wheat, Nursing Practice Administrative Assistant

I. 7:00 PM Call to Order - Laurie Soine, Chair

- The public disclosure statement was read.
- Introduction of Guests. Louise Kaplan and Heather Schoonover attended as invited guest to speak to their respective groups views on the clinical nurse specialist inclusion in the Advanced Practice rules. Margaret Holm attended to assist with policy development for Advanced Practice Experts.
- Announcements – The Advanced Practice in Primary and Acute Care Conference is being held at the Seattle Convention Center Oct 9-11th. Two panel discussions relevant to the Nursing Commission; “When Does a Mistake Rise to the Level of an Action Against Your License”, and “Should CNSs be ARNPs? Should ARNPs be APRNs?”
- Minutes of the August 20th, 2014, Advanced Practice Subcommittee was recommended to the Nursing Commission for approval as submitted.

II. Clinical Nurse Specialist Inclusion Update – All

- The revisions and a new section for clinical nurse specialist inclusion in the rules were reviewed as a work in progress. ARNP United and the Washington Affiliate of NACNS groups had discussed the best language and principles for RNs in Washington currently practicing as clinical nurse specialist in the states. Consensus was reached on what applicants would be required to do if they did not have sufficient direct clinical practice hours or national certification. Martha Worcester is working with staff to prepare the CR102 Hearing and keep the subcommittee up to date.
 - Key points of agreement were:
 - 250 hours of direct supervision of clinical practice be required for every two years the applicant had not practiced with a maximum of 1000 hours.
 - The supervised practice must occur within 2 years of the implementation date.
 - A temporary ARNP license to be issued during the supervised practice time to expire within two years of issuance.
 - Similar language to that in 246-840-365 would make language consistent with other ARNP requirements.
 - Other agreements had been reached during prior discussion.
 - Laurie congratulated and thanked Louise, Heather, Martha and the subcommittee for their “monumental achievements” in working on the rules.

III. Approval of Advanced Practice Experts Policy – Margaret Holm

- A draft of the policy was discussed. It was decided that changes in the draft would be made and then considered for recommendation at the October 15th subcommittee meeting. All comments should be e-mailed to Margaret Holm and she will prepare an updated draft for the next meeting.

IV. Brief Review of Strategic Planning Goals for 2014-2015 - Martha Worcester and All

- Tabled until October meeting.

V. Agenda Items for October 15, 2014 Advanced Practice Subcommittee Meeting

- Setting Goals for 2014
- Approval of Advanced Practice Expert Policy – needs to be recommended to the November Nursing Commission Meeting.

VI. Adjourned – 8:00 PM

Nursing Care Quality Assurance Commission (NCQAC)
Discipline Subcommittee Agenda
July 28, 2014
4:00 pm to 6:00 pm
111 Israel Rd SE
Tumwater, WA

Commission Members: Gene Pingle, BSN-BC, CEN, RN, Chair (excused)
Margaret Kelly, LPN
Cass Tang, PMP, Public Member
Lois Hoell, MS, MBA, RN
Tracy Rude, LPN

DOH Staff Mary Dale, Discipline Manager
Catherine Woodard, Chief Investigator
Margaret Holm, Nurse Consultant (excused)
Karl Hoehn, Staff Attorney

Guests: Suzanne Becker, AAG

1. 4:00 pm Opening — Margaret Kelly, Acting Chair

- Call to order
- Roll call

2. June L&D Minutes – Margaret

Consensus was to add the June minutes to the September NCQAC agenda for approval.

3. Subcommittee Changes – Margaret

Licensing and Discipline were separated into two subcommittees at the July NCQAC meeting. Gene Pingle is the new chair of the Discipline Subcommittee. Times and dates for the meetings were discussed.

DECISION: Mary will send out a “Doodle” meeting scheduler to members to determine what date/time will work best.

4. Best Practices for Substance Use Disorder (SUD) – Margaret/Mary

The subcommittee reviewed the final report from WHPS based on National Council’s audit tool. John Furman has agreed to the best practices, with the exceptions and clarifications added in the document.

National Council SUD Best Practices were discussed with exceptions noted by Gail Yu, AAG, and clarification by John. Several concerns were noted.

DECISION: Mary will take the concerns to Gail Yu, and bring the information to a meeting of the Substance Use Disorder (SUD) workgroup. The workgroup will make final changes to the audit tool

and submit it for the September NCQAC meeting packet. Mary will set up a meeting for the SUD workgroup.

There has been confusion over the definition of “relapse”. There were three definitions in the National Council SUD manual. The subcommittee reviewed the definitions.

DECISION: The subcommittee decided the best definition is from Appendix A, Guidelines for Alternative Programs and Discipline Monitoring Programs, page 216: “Relapse is defined as any unauthorized use or abuse of alcohol, medications, or mind-altering substances”. This will be included in Procedure A20 Substance Abuse Orders.

Procedure A20 was reviewed for possible changes. The subcommittee considered a request from John to allow participants to inactivate their license due to a medical condition or financial hardship. Medical conditions can be documented, but financial hardship is subjective and difficult to document. Documentation of medical condition must be “by health care provider of record”.

DECISION: Tampering was added as an example of serious misconduct. A paragraph was added allowing a participant of WHPS to inactivate their license rather than facing disciplinary action when they have a documented medical condition that prevents them from participating. Financial hardship was not included. The definition of relapse will be added to the policy. Mary will check with Teresa Corrado that licenses placed on “inactive status” will be reviewed prior to reactivation. A motion to revise Procedure A20 will go to the September NCQAC meeting. The documents will be in the August Discipline Subcommittee packet.

5. Nurse Licensure Compact – Cass/Mary

Cass discussed the presentation and workgroups from the July NCQAC meeting. Mary explained that the workgroup named at the meeting will continue the stakeholder process. Both Cass and Tracy are on the workgroup, and can give updates at future subcommittee meetings.

6. Work Plan – Margaret

The work plan was updated

7. Closing

The meeting was adjourned at 5:41

Nursing Care Quality Assurance Commission (NCQAC)
Discipline Subcommittee Agenda
August 26, 2014
3:00 pm to 5:00 pm
111 Israel Rd SE
Room 112
Tumwater, WA

Commission Members: Gene Pingle, BSN-BC, CEN, RN, Chair
Margaret Kelly, LPN (excused)
Cass Tang, PMP, Public Member
Lois Hoell, MS, MBA, RN
Tracy Rude, LPN

DOH Staff Mary Dale, Discipline Manager
Catherine Woodard, Chief Investigator (excused)
Margaret Holm, Nurse Consultant
Karl Hoehn, Staff Attorney

Guests: Daniel Baker

1. **3:00 pm Opening — Gene Pingle, Chair**
 - Call to order – digital recording announcement
 - Roll call

2. **July Minutes – Gene**

DECISION: There was a correction to the name of the guest at the July meeting. Consensus was to add the July minutes to the NCQAC agenda for approval.

3. **Subcommittee Meeting Times – Gene**

The time for the Discipline Subcommittee meetings was discussed. Three o'clock works for most, but not all members. A suggestion was made to change the start time to 4:00.

DECISION: This topic will be added to the next agenda.

4. **Best Practices for Substance Use Disorder (SUD) – Margaret/Mary**

- The final audit tool/best practices were referred to the SUD workgroup for finalization. Mary outlined the items that were exceptions; the AAG and WHPS agree to the remainder of the document. The SUD workgroup will submit a motion, through the Discipline Subcommittee, to adopt the audit tool/best practices at the September NCQAC meeting.
- Revisions to Procedure A20 were referred to the SUD workgroup for finalization. Mary outlined the changes to the document, and why some changes were not made. The SUD workgroup will submit a motion, through the Discipline Subcommittee, to adopt Procedure A20 at the September NCQAC meeting.

5. Case Disposition Panel (CDP) Procedure – Mary

At the July NCQAC workshop, staff was directed to develop a procedure for the proposed pilot CDP process. The draft procedure was reviewed, and edits were suggested.

DECISION: This pilot procedure will be presented at the September NCQAC meeting for adoption.

6. Performance Measures – Tracy

Tracy presented the performance measures for quarter 4, FY14. The commission is doing quite well with the measures. The question was raised on how different the measures might look if standard of care cases were measured separately. Most delays in resolving cases comes from these cases, while some (drug violations, criminal convictions) are resolved fairly quickly.

DECISION: Karl will find out if the charts can be revised to show the difference by case nature. Catherine will be asked to address in her next report why the investigation numbers have improved so much.

7. Case Management Team (CMT) Statistics – Mary

Mary provided charts of cases received and opened for FY14, along with the chart from FY13 for comparison. The numbers have increased slightly in the last year. The percentage of complaints opened for investigation increased from 35% in FY13 to 42% in FY14. Over the last ten years, this percentage has remained fairly steady.

DECISION: The subcommittee asked to include the pie chart breakdown of cases by case nature. Mary will bring this to the September meeting, and include in the yearly report.

8. Work Plan – Gene

The work plan was reviewed and two dates were revised. The next Nurse Consultant report will be at the October meeting, and the next Investigation report will be at the November meeting.

9. Closing

The meeting was adjourned at 4:30 pm.



Consistent Standards of Practice Minutes
January 7, 2014 12:00 PM to 1:00 PM
Nursing Care Quality Assurance Commission (NCQAC)
111 Israel Rd SE, Town Center 2, Room 140
Tumwater, Washington 98501

Committee Members: Gene Pingle RN, BSN-BC, CEN, Chair
Tracey Rude, LPN
Jeannie Eylar, MSN, RN
Charlotte Foster RN, BSN, MHA

Absent: Stephen Henderson, JD, MA, BA Public Member

Staff: Debbie Carlson MSN, RN

This is a meeting of the Consistent Standards of Practice subcommittee. This meeting is being digitally recorded to assist in the production of accurate minutes. All recordings are public record. The minutes of this meeting will be posted on our website when approved by the full commission. For a copy of the recording, please contact the Public Disclosure Records Center (PDRC) at PDRC@doh.wa.gov.

Subcommittees do not have decision making authority. Recommendations from this subcommittee may be presented at the next scheduled Nursing Commission meeting. Only the NCQAC has authority to take action.

1. 12:00 PM Opening – Gene Pingle

- a. Call to order & roll call
- b. Introduction

2. Review of minutes

The November minutes were approved by the Commission during the November meeting. The sub-committee did not have a December meeting.

3. Introduction of New CSP Sub-Committee Members

- a. **Stephen Henderson, JD, MA, BA, Public Member**
Mr. Henderson was unable to attend this meeting.
- b. **Tracey Rude, LPN**
- c. **Jeannie Eylar, MSN, RN**

4. Review of CSP Sub-Committee Members' Roles and Responsibilities

- Mr. Pingle reviewed the Consistent Standards of Practice Sub-Committees policy/processes. He also reviewed the roles and responsibilities of the members and NCQAC staff.
- Mr. Pingle discussed the plan for the Chair replacement when his term is up in July. Charlotte Foster volunteered.

5. Nurse Practice Advisory Group (NPAG) Status Update

- The status of the NPAG groups were reviewed. There was discussion on the basic process for Interpretive Statements, Advisory Opinions and Policy Statements.
- Ms. Carlson requested that some of the reviews/revisions of the existing documents be researched and completed by Nurse Practice program staff instead of through the NPAG process as this process is lengthy. The Committee approved Ms. Carlson's request.
- Ms. Carlson will bring a list of what may be processed by NCQAC staff.
- Mr. Pingle requested the Ms. Carlson send out a link to the current statements out to the Committee members.
 - I. NPAG-Acute: Neonatal Intubation and Other Emergency Procedures
 - Research and review/binder completed
 - Stakeholder meetings scheduled January 21 from 1:00 pm – 3:00 pm and January 22 from 10:00 am – 12:00 pm.
 - Plan to have draft statement to the Committee in February
 - II. NPAG-Community-Based: Physician Orders for Life Sustaining Treatment (POLST)
 - Research and review/binder completed
 - Stakeholder meetings scheduled January 28 from 1:00 pm – 3:00 pm and January 30 from 10:00 am – 12:00 pm
 - Plan to have draft statement to Committee in April
 - III. NPAG-Administrative: Standing Orders
 - Research and review/binder completed
 - Stakeholder meetings scheduled February 5 from 10:00 am – 12:00 pm and February 6 from 1:00 pm – 3:00 pm.
 - Plan to have draft statements to Committee in May
 - IV. NPAG-Schools: Delegation in Schools
 - Research and review/binder completed – draft recommendations and delegation tree completed.
 - Stakeholder meetings scheduled February 11 from 1:00 pm – 3:00 pm and February 12 from 10:00 am – 12:00 pm
 - Plan to have a draft statement to Committee in March.

6. Next Meeting:

The next meeting is tentatively scheduled for February 4 from 12 – 1 pm. Discussion of possible changes, Ms. Carlson will send out another poll of members. Next meeting will be done by GoToMeeting.

Meeting Adjourned at 12:22 pm



**Nursing Care Quality Assurance Commission (NCQAC)
Consistent Standards of Practice Subcommittee Minutes
October 7, 2014 12:00 PM to 1:00 PM
111 Israel Rd SE, Tumwater, WA 98501**

Committee Members: Charlotte Foster, BSN, MHA, RN, **Chair**
Tracy Rude, LPN
John Peick, JD, Public Member

Staff: Deborah Carlson, MSN, RN, Nursing Practice Advisor
Jean Wheat, Nursing Practice Administrative Assistant

I. 12:00 PM Opening – Charlotte Foster, Chair

- Call to order and roll call.
- Introduction.

II. Review of minutes

- None to Review

III. CSP Subcommittee Meeting Dates and Times

- Decision to continue routine CSP Subcommittee meetings on the 1st Tuesday of each month from 12:00 p.m. to 1:00 p.m.

IV. CSP Subcommittee 2014-2015 Work Plan

- Discussed and approved work plan and reviewed priority list for development, review and/or revision of advisory opinions, interpretive statements, policy statements, or other documents. The members identified the following as the top four priorities:
 - Registered nurse, licensed practical nurse, and nursing technicians scope of practice with efforts to try and merge other topics into this. For example, include the topics death pronouncement; and over-the-counter and Clinical Laboratory Improvement Amendment-waived testing.
 - Delegation to unlicensed assistive personnel.
 - School issues (medication, asthma, seizure, management in schools, or the school health model) – decision as to selection will be left up to the nursing practice advisory group working on school issues.
 - Telehealth /practicing across state lines.

V. Agenda Items for Next Subcommittee Meeting

- Next meeting scheduled Tuesday, November 4, 2014 from 12:00 p.m. to 1:00 pm.

VI. Closing

- Meeting adjourned at 1:00 pm.

Letter from the President

Letter from the President

POST-BOARD MEETING UPDATE

Sept. 30, 2014

Greetings!

Your Board of Directors (BOD) held a brief meeting immediately after the Delegate Assembly in August. We appointed Pamela Zickafoose, executive director of the Delaware Board of Nursing to the Area IV position on the Leadership Succession Committee. Gratefully, Pam agreed to serve.

The BOD met again on Sept. 4–5 for a full meeting. The BOD appointed Jim Cleghorn, executive director of the Georgia Board of Nursing, to serve as the Area III Director. This position on the BOD was vacant due to the selection of Kathy Thomas as president-elect. The NCSBN Bylaws provide that Jim will serve until August 2015 when an election is held. Again, the BOD is gratified Jim agreed to serve.

On behalf of the Finance Committee, Treasurer Julie George presented the BOD with financial statements, the FY2015 budget, and the audit plan for FY2014 engagements. All were approved by the BOD. You will be happy to know the organization is in good financial health.

Elliot Vice, director, Government Affairs, presented an update on federal government affairs and other activities. Elliott continues to engage in activities that increase NCSBN's presence in Washington, D.C., with government entities and the nurse policy community. Areas of discussion include the telehealth and interstate nursing practice mobility, licensure portability, and implementation of the APRN consensus model. Congressman Thompson removed licensure language from H.R. 5380, the Medicare Telehealth Parity Act, and after careful review, NCSBN staff voiced public support for the legislation as recognition of the importance of advancing telehealth legislation at the federal level while maintaining a state-based licensing model.

Dr. Nancy Spector, director, Regulatory Innovations, presented the results of the Transition to Practice Study, which will be coming out to you soon. The BOD directed staff to develop a paper regarding the implications for nursing regulation and develop talking points for member boards. Look for those products near the end of the year.

The BOD made appointments to the Fraud Detection Committee, which was created at the July BOD meeting in response to member boards reporting increased incidences of fraud in the application process. Members appointed were: Lori Scheidt (MO), Adrian Guerrero (KS), Kathryn Busby (AZ), Melissa McDonald (NC), Karen McCumpsey (AR), Veronica Robertson (TX) and Jennifer Childears (DE). The committee is charged with identifying best practices for detecting fraud and guidelines for the utilization of FITS regarding applicant fraud.

The BOD will have a retreat in October to discuss future direction and programs for NCSBN. You can look forward to more conversations with the BOD on where the journey might take us and the roadmap for success.

On behalf of the BOD, thank you for the opportunity to serve you. We are honored and challenged to do the best we can. If you have any questions, comments, and contributions please contact me at your convenience. We appreciate your wisdom and want to hear from you.

Shirley A. Brekken

President

612.317.3012

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**Nursing Care Quality Assurance Commission (NCQAC)
Nursing Assistant Program Approval Panel (NAPAP)**

**Minutes
August 11, 2014**

Panel Members: Tracy Rude, Chair
Margaret Kelly
Margaret Mary Castle
Judy Bungay
John Pieck

DOH Staff: Mindy Schaffner, Nursing Education Advisor
Carole Knutzen, Nursing Education Assistant
Tim Talkington, Staff Attorney
H. Louise Lloyd, Secretary Supervisor

1. 4:00 PM Opening

- a. Call to Order – 4:02
- b. Review of July 14, 2014 minutes – The minutes were approved with minor changes

2. Complaints:

a. Excel Tacoma

Discussion: The panel discussed the complaint against the school's NAC training program.
Decision: The panel decided the complaint does not meet the level to investigate. The panel will acknowledge receipt of the complaint and program staff will talk to the instructor.

3. Investigative Reports:

a. CNA of Vancouver

Discussion: The panel discussed the instructor teaching the use of a washcloth to dry a person. When using a washcloth the student fails the skill test because the check lists says a towel must be used.

Decision: The panel found no violation occurred and closed the investigation.

4. Plans of Correction (POC):

a. Care Plus Home Health

Discussion: The panel discussed the pass rate under 80% for the past 2 years.

Decision: The panel did not accept the POC. A conference call with program director and Nursing Education Advisor will be scheduled. A directed POC will be sent and a possible site visit will be conducted.

b. Clover Park – Ms. Bungay recused herself.

Discussion: The panel discussed the programs plan of correction for low pass rates.

Decision: The panel deferred discussion and decision until the panel receives some additional information.

c. Evergreen School of Nursing

Discussion: Students must know skills and the steps of each skill.

Decision: The panel will request more information about which book is used and provide technical assistance to the program regarding the skills checklist.

d. Josephine Sunset home

Discussion: The panel discussed the below 80% pass rate and school's complaint regarding delayed test dates.

Decision: The panel requested a directed POC.

e. Renton Technical College

Discussion: The panel discussed the programs plan of correction for low pass rates.

Decision: The panel approved the POC.

5. Letter Regarding Conditional Approval:

a. NEWTECH Skills Center

Discussion: The panel discussed that NEWTECH is working to become an approved program.

Decision: The panel suggested that NEWTEC align with like programs.

6. New Director Orientation Discussion and Impact of DSHS changes:

Discussion: The panel discussed practice skills of evaluators and the impact of the program director at DSHS leaving this position.

Decision: The panel suggested that the commission could audit on how skills are taught during information sessions.

7. Work Plan – on-going

Adjourned – 6:06PM

Next Meetings:

September 8, 2014-Starting with the September meeting, the time of the meeting will change to 2:30pm – 4:30pm

October 13, 2014



**Nursing Care Quality Assurance Commission (NCQAC)
Nursing Assistant Program Approval Panel (NAPAP)
Minutes
September 8, 2014**

Panel Members: Tracy Rude, Chair
Margaret Kelly
Margaret Mary Castle
Judy Bungay
John Peick

DOH Staff: Mindy Schaffner, Nursing Education Advisor
Carole Knutzen, Nursing Education Assistant
Tim Talkington, Staff Attorney
Cable Wolverton, Administrative Assistant

1. **2:30 PM Opening**
 - a. **Call to Order**
 - b. **Review of August 11, 2014 Minutes-The minutes were approved with minor corrections.**

2. **Investigative Reports:**
 - a. **St. Patrick's**
Discussion: The panel reviewed results from a site visit and program investigation.
Decision: The panel voted to close the investigation.

3. **Plan of Correction (POC) for Statement of Deficiencies:**
 - a. **MedPrep**
Discussion: The panel discussed the POC response to the Statement of Deficiencies.
Decision: The panel did not accept the POC. A commission staff member will send a directed POC to address the hiring of qualified teaching instructors. In addition, a letter will be sent to the program requesting compliance within a week's time. Commission Staff will immediately contact the program director regarding this matter.

4. **Instructor Review:**
 - a. **More information was submitted about an instructor for Life Care Center of Mount Vernon.**
Discussion: The panel reviewed the application of a proposed instructor.
Decision: The panel approved the instructor.

5. **Plans of Correction: The panel discussed the nurse aide training programs identified below and made the following decisions:**
 - a. **Clover Park Technical College**
Decision: The panel deferred approval pending receipt of clarifying information regarding what program the POC was written for.

 - b. **Divine CNA POC**
Decision: The panel approved the POC.

 - c. **NAC Essential Prep**
Decision: The panel approved the POC.

- d. Northwest Indian College**
Decision: Approval deferred pending receipt of information regarding the number of lab hours provided by the program.

- e. Sequim Health and Rehab**
Decision: Panel deferred approval pending receipt of additional information regarding the teaching of skills.

6. Work Plan – Ongoing

Adjourned – 4:43PM

Washington State Nursing Care Quality Assurance Commission

Position Description

Steering Committee

Purpose: To establish agendas in compliance with the Open Public Meeting Act.
Specific duties as delegated by the Nursing Care Quality Assurance Commission (NCQAC).

Membership:

Commission Chair
Commission Vice Chair
Chairs of the sub-committees: Continuing Competency, Licensing and Discipline, Consistent Standards of Practice, and ARNPs.

Duties and Responsibilities:

1. To establish the agenda for special meetings of the Commission and workshops.
2. In the event of an urgent situation requiring prompt action by the Commission, appoint a task force to begin work until the next regularly scheduled meeting of the Commission.
3. Advise the Commission Chair regarding management of individual Commission member performance issues. The Steering Committee will convene an Executive Session to discuss such performance issues.
4. In the event that the Commission Chair is not able to continue to complete the full term, the Steering Committee will develop a plan for filling the vacancy for approval by the full Commission.
5. RCW 18.79.390 requires a report to the governor and legislature, due December 31, 2013. In order to conduct business related to the report between business meetings, the NCQAC delegated responsibility to the steering committee to act on its behalf. A report of all actions must occur at the next business meeting.
6. Draft the strategic plan for the NCQAC and present to the full NCQAC for adoption.

Staff:

Executive Director

Approved: 7/06, 7/08

Revised: 6/08

7/09

9/10

7/13

Washington State Nursing Care Quality Assurance Commission

Position Description

Legislative Task Force

Purpose: To review and comment on all legislative activity that may affect the practice of nursing in the State of Washington.

Membership:

Chairperson of Nursing Commission
Vice-Chairperson of the Nursing Commission,
Other interested Commission members.

Duties and Responsibilities:

1. Commission vice chair serves as the chair of the legislative task force
2. Develops an agenda as suggested by professional nursing groups and State Legislative activity,
3. Acts as a consultant in bill and fiscal analysis,
4. Presents Legislative issues to the Nursing Commission throughout Legislative session,
5. Maintains communication with the Executive Director who will be tracking the progress of Legislative session.

Staff:

Executive Director
Advanced Practice Advisor
Nurse Practice Advisor

Approved: 7/06, 7/08

Revised: 6/08

03/11

From: Pannkuk, Richard (OFM)
Sent: Tuesday, September 23, 2014 5:38 PM

Colleagues:

First, I would like to thank each of you for the work that you do in support of the Nursing Commission in the state of Washington. It is evident that we are in good hands.

After considerable conversations and much deliberation, we are making the following recommendations concerning the Nursing Home Indirect Rate:

Recommendation #1: The Department of Health should remove costs associated with Division Directors from each Division's indirect rate. These costs should be directly billed to those entities whom utilize the services. This change should be part of the new cost allocation methodology submitted to the Federal Office of Cost Allocation in the next few months.

Recommendation #2: The Department of Health and the Nursing Commission should continue to work toward a solution for direct charging IT costs.

Recommendation #3: The Department of Health and the Nursing Commission should continue to strengthen the Service Level Agreement.

These recommendations are based upon follow-up conversations with the Federal Office of Cost Allocation and our Washington State state-wide cost allocation plan experts, whom acknowledge that a two-step allocation model is common practice for state's and state agencies.

The Department of Health currently employs a two-step allocation model.

Should you have further questions or concerns, please don't hesitate to contact me.

Again, I want to thank each you for your help and support.

Rich



The NCSBN Checklist and Program Audit for Alternative to Discipline or Monitoring Programs

This checklist and program audit of Alternative to Discipline Program or Monitoring Program (ATD program) analyzes fourteen criteria to determine whether the ATD program is in alignment with NCSBN Guidelines for Alternative Programs and Discipline Monitoring Programs.¹ The checklist and audit will identify and inform, and then assist in the management and remediation of any deficiencies.

Nursing Care Quality Assurance Commission

Review date: 07/28/2014

ATD program desk audit : Washington Health Professional Services

Reviewer:

PROGRAM CRITERIA	ASSESSMENT The following scale is used for assessment of ATD program criteria.			NOTES	RECOMMENDATION
<p>ATD Program criteria for evaluation include the following areas:</p> <ul style="list-style-type: none"> ▪ Mission Statement and/or Program Objectives ▪ Eligibility Criteria ▪ Screening and Assessment ▪ Participant Contract ▪ Recovery Monitoring Requirements ▪ Practice Requirements and Limitation ▪ Standards for Treatment Programs ▪ Nurse Support Groups ▪ Drug and Alcohol Testing Policies and Procedures ▪ Return to Work ▪ Program Completion ▪ Termination from the Program ▪ Program Education and Outreach 	Satisfactory	Needs improvement	Unsatisfactory		
	MATERIALS REQUIRED TO PERFORM ADT AUDIT				
	<ul style="list-style-type: none"> ▪ ATD program mission statement ▪ ATD program brochure ▪ Sample participant contract ▪ Policies and procedures ▪ Sample return-to-work agreement 				

¹NCSBN (2011). *Substance Use Disorder in Nursing: A resource manual and guidelines for alternative and disciplinary monitoring programs*. Chicago: NCSBN.

PROGRAM CRITERIA	ASSESSMENT			NOTES	RECOMMENDATION
Mission Statement and/or Program Objectives	Satisfactory	Needs improvement	Unsatisfactory		
<ul style="list-style-type: none"> Protect the public while monitoring the nurse to assure safe practice 	X			<p>WHPS Mission WHPS works to protect and improve the health of people in Washington State through early intervention, safe return to practice, and effective monitoring of health professionals with substance use disorders.</p> <p>WHPS Vision To be a leader in the monitoring of health professionals with substance use disorders through engagement on the national level, and utilization of current research and best practices.</p> <p>Supports the NCQAC philosophy contained in WAC 246-840-750 and the department vision and values.</p>	
<ul style="list-style-type: none"> Encourage early identification, entry into treatment and entry into a contractual agreement for monitoring of compliance with treatment and practice monitoring 	X				
<ul style="list-style-type: none"> Transparent and accountable to the public by providing information to the public through policies and procedures, annual reports, audits, aggregate data and educational materials 	X				
<ul style="list-style-type: none"> Identify, respond to and report noncompliance to the BON in a timely manner 	X				
<ul style="list-style-type: none"> Facilitate nurses to enter and maintain an ongoing recovery consistent with patient safety. 	X				
<ul style="list-style-type: none"> Provide adequate resources and staffing to implement policies and procedures and all contract requirements. 	X				

PROGRAM CRITERIA	ASSESSMENT			NOTES	RECOMMENDATION
Eligibility Criteria	Satisfactory	Needs improvement	Unsatisfactory		
<p><i>Admission to program:</i></p> <ul style="list-style-type: none"> ▪ <i>APRN, RN or PN in jurisdiction</i> ▪ <i>Requests admission in writing</i> ▪ <i>Admits to Substance Use Disorder (SUD)</i> 	X			NCQAC decisions	
	X				
	X				
<p><i>Denial of application for admission if:</i></p> <ul style="list-style-type: none"> ▪ <i>Diversion of controlled substance for other than self-use</i> ▪ <i>Caused known provable harm to patients</i> ▪ <i>Diverted drugs by replacing drug with another drug</i> ▪ <i>Not eligible for licensure in this jurisdiction</i> 	X			NCQAC decisions	
	X				
	X				
	X				
<p><i>May deny admission if:</i></p> <ul style="list-style-type: none"> ▪ <i>Past probation, revocation or suspension (unrelated to SUD)</i> ▪ <i>Pending criminal action or prior felony</i> ▪ <i>Incidents that may have caused harm, abuse or neglect to patients</i> ▪ <i>Discharged or terminated from the same or any other alternative program for non-compliance</i> ▪ <i>On medication-assisted treatment or therapy</i> ▪ <i>Has been prescribed controlled substances for dual diagnosis or chronic pain</i> ▪ <i>Previous unsuccessful participation and substantial noncompliance with the contractual agreement in the last five years</i> ▪ <i>If participation in the program is determined to pose significant risk for the health care consumer as determined by alternative program staff, a consulting BON member or the treatment provider</i> 	X			NCQAC decisions	
	X				
	X				
	X				
	X				
	X				
	X				
	X				

PROGRAM CRITERIA	ASSESSMENT			NOTES	RECOMMENDATION	
Screening and Assessment	Satisfactory	Needs improvement	Unsatisfactory			
<p>Screening includes:</p> <ul style="list-style-type: none"> ▪ Participant's motivations for entering ATD ▪ Admission requirements ▪ Participant's willingness to participate in program ▪ Current chemical dependency evaluation (performed by a licensed or certified medical, mental health or psychological specialist) 	X					
<p style="text-align: center;">Participant Contract Part 1 of 4</p>	Satisfactory	Needs improvement	Unsatisfactory	NOTES	RECOMMENDATION	
<ul style="list-style-type: none"> ▪ Written contract ▪ Witnessed participant signature upon entering program ▪ Signature of ATD program coordinator or representative 	X			Contracts are accessed via a secure individually password protected website.		
<p>Contract must include statements related to:</p> <ul style="list-style-type: none"> ▪ Voluntary & nondisciplinary nature of program ▪ Program records are non-public & have necessary exception for disclosure to BON, other BON, other ATDs ▪ Expected length of participation ▪ Requirements for drug & alcohol screens, 12-step, support, therapeutic meeting attendance and self & supervisory reports 	X					
<ul style="list-style-type: none"> ▪ Requirements for work-site monitoring upon return to work ▪ Consequences of relapse & noncompliance with ATD contract ▪ Parameters for referral to BON ▪ Definition of relapse ▪ Any waivers & releases ▪ 5 year period of monitoring 	X				The SUD manual specifies 3-5 year contracts (Appendix A, pg 207).	The Nursing Commission will develop clear criteria for monitoring contracts less than 3 to 5 years in duration.
	X					
	X					
	X					
	X					

PROGRAM CRITERIA	ASSESSMENT			NOTES	RECOMMENDATION
Participant Contract Part 2 of 4	Satisfactory	Needs improvement	Unsatisfactory		
<p>Contract must include expectation that participant:</p> <ul style="list-style-type: none"> ▪ Abstain from all alcohol & alcohol containing products without prior ATD program approval ▪ Abstain from drug use, including all over-the-counter medications and other mind-altering substances unless lawfully prescribed with prior ATD program approval ▪ Obtain a current evaluation of co-occurring conditions such as psychiatric or medical disorders ▪ Maintain current state nursing licensure ▪ Cease nursing practice and agree to inactivate their license until or unless approved to continue or return to practice by the treatment professional and the ATD program 	X			Addressed by the Alternative to Discipline contract with the exception of the license inactivation.	
	X				
	X				
	X				
	X				
<p>Contract must include requirement that participant execute any releases for monitoring and information exchange between:</p> <ul style="list-style-type: none"> ▪ Employer and alternative program ▪ Healthcare providers and alternative program ▪ Alternative program and BON ▪ Treatment professionals and alternative program ▪ Other state boards and alternative programs 	X				
	X				
	X				
	X				
	X				
<p>Contract must include that participant agrees to:</p> <ul style="list-style-type: none"> ▪ Enter treatment & participate with recommendations ▪ Provide counselors with necessary forms ▪ Assessment by a medical doctor (approved by ATD program, with sub-specialty in addictions and pain management) ▪ Adhere to pain management contracts as necessary ▪ Undergo any additional evaluation as requested by the ATD program or treatment provider ▪ Complete SUD, dependency or mental health assessment, treatment, continuing care & aftercare 	X				
	X				
	X				
	X				
	X				
	X				

PROGRAM CRITERIA	ASSESSMENT			NOTES	RECOMMENDATION
Participant Contract Part 3 of 4	Satisfactory	Needs improvement	Unsatisfactory		
<p>By signing the contract the participant agrees to the following:</p> <ul style="list-style-type: none"> ▪ Existence of problems with substance use or has SUD ▪ Has violated the NPA; violation of the contract is further violation of the NPA and grounds for referral to the BON ▪ Voluntary entry into ATD program, with opportunity to seek advice and to clarify any terms/conditions ▪ Has read and will abide by the terms and conditions of the program handbook or manual as well as any policies ▪ Waiver of all rights to appeal, grievances, complaints or otherwise contest licensure actions arising out of ATD participation, and the right to contest the imposition of discipline arising from a breach of this agreement with the exception of contesting a determination that one or more terms of the agreement have been violated 	X			<p>In an alternative to discipline program, the respondent must stipulate to the facts in the investigative file, which may be used against them in a subsequent disciplinary action.</p> <p>Under WAC 246-840-780, the nurse may be subject to disciplinary action under RCW 18.130.160, a process in which the nurse reserves the right to a hearing.</p>	
<p>The contract shall contain the following program notification requirements. The participant shall:</p> <ul style="list-style-type: none"> ▪ Notify ATD program within 2 days if participant has a disciplinary meeting or employment counseling meeting ▪ Notify ATD program within 2 days of any changes in residency, contact information, termination or resignation ▪ Report within 24 hours any crimes committed, criminal arrests, citations, or deferred sentences and conviction or a conviction following a plea of nolo contendere ▪ Notify ATD program if a complaint is filed against the license ▪ Report all alcohol or unauthorized substance use ▪ Obtain a re-assessment by a licensed addiction counselor in the event of relapse or suspected relapse ▪ Abide by recommendations if actual or suspected relapse ▪ Appear for all routinely scheduled and additional interviews ▪ Inform ATD manager of a pending relocation out of the state ▪ Pay all fees and costs associated with ATD program 	X				

PROGRAM CRITERIA	ASSESSMENT			NOTES	RECOMMENDATION
Participant Contract Part 4 of 4	Satisfactory	Needs improvement	Unsatisfactory		
<p><i>The contract shall contain the following noncompliance notifications:</i></p> <ul style="list-style-type: none"> ▪ <i>May be found non-compliant with program if there is:</i> <ul style="list-style-type: none"> ▪ <i>Any unauthorized missed drug or alcohol testing</i> ▪ <i>Any confirmed positive drug screen provided the program has not received the proper documentation from the prescribing practitioner</i> ▪ <i>Noncompliance with drug and alcohol testing will result in an increased level of testing and will result in a report to the BON</i> ▪ <i>Non-compliance with any of the terms of the contract in any respect may require the participating nurse to cease practice, notify the nurse's employer and may extend the length and modify the terms of this contract</i> ▪ <i>Noncompliance with the contract or unsuccessful termination from the program is unprofessional conduct, is in violation of the rules and laws regarding the practice of nursing and may be used to support any future progressive disciplinary actions</i> ▪ <i>If any single part or parts of the contract are violated by the participant, the remaining parts remain valid and operative</i> 	X				
<p><i>The participant will cease nursing practice until further evaluation and receipt of written authorization to return to practice from ATD program if:</i></p> <ul style="list-style-type: none"> ▪ <i>Any confirmed positive drug screen for which the ATD program has not received prior written authorization and confirmation from an approved provider</i> ▪ <i>Any drug screen that is confirmed as an adulterated or substituted specimen</i> 	X				
<p><i>The contract does not preclude the program from initiating or taking appropriate action regarding any other misconduct not covered by the contract including reporting the offense to the BON</i></p>	X				

PROGRAM CRITERIA	ASSESSMENT			NOTES	RECOMMENDATION
Recovery Monitoring Requirements	Satisfactory	Needs improvement	Unsatisfactory		
<i>Participant is expected to:</i>					
<ul style="list-style-type: none"> ▪ Attend three 12-step or other approved self-help meetings a week and one peer support group per week & submit monthly ATD documentation 	X				
<ul style="list-style-type: none"> ▪ Maintain a relationship with a sponsor 	X				
<ul style="list-style-type: none"> ▪ Select and provide contact information for pharmacy, one health care provider and one dentist to ATD program 	X				
<ul style="list-style-type: none"> ▪ Report any prescriptions for mood-altering drugs as well as over-the-counter medications within 24 hours of receipt of prescription to the ATD program and prior to returning to nursing practice 	X				
<ul style="list-style-type: none"> ▪ Notify any and all health care providers of substance use history prior to receiving any prescription 	X				
<ul style="list-style-type: none"> ▪ Provide a written statement from the prescribing provider that confirms the provider's awareness of the participant's history of SUD or dependence and the participant's responsibility to confirm any prescription within 24 hours of prescribing 	X				
<ul style="list-style-type: none"> ▪ Have practitioners complete medication verification forms and medication logs provided by ATD program and submit quarterly 	X				
<ul style="list-style-type: none"> ▪ Submit medication forms quarterly 	X				
<ul style="list-style-type: none"> ▪ Provide written self-reports as specified by ATD program, at least monthly 	X				
<ul style="list-style-type: none"> ▪ Submit to random drug and alcohol testing, minimum of 2-3 times per month for the first 12 months of ATD program 	X				
<ul style="list-style-type: none"> ▪ Drug and alcohol testing after 12 months may be reduced. 	X				
<ul style="list-style-type: none"> ▪ Upon return to practice, screenings increase for first 12 mos. 	X				
<ul style="list-style-type: none"> ▪ Drug and alcohol testing may include body fluid testing, hair testing or any other valid and reliable method of testing such as saliva 	X				

PROGRAM CRITERIA	ASSESSMENT			NOTES	RECOMMENDATION
	Satisfactory	Needs improvement	Unsatisfactory		
Practice Requirements and Limitations					
<i>The participant shall:</i>					
▪ <i>Limit nursing practice to this state only</i>	X				
▪ <i>Obtain permission to work in any other state by written approval from ATD program & BON in both states</i>	X				
▪ <i>Authorize ATD program to release participant information to licensure state or where seeking application</i>	X				
▪ <i>Maintain continuous employment in a nursing position for at least 1 year of the 3- to 5-year contract in order to be eligible for successful discharge from ATD program</i>	X				
▪ <i>Notify and obtain approval from ATD program of any health care related position or job change prior to making the change or relocating</i>	X				
▪ <i>Abide by return-to-work restrictions and requirements</i>	X				
▪ <i>Abide by all policies, procedures and contracts of employer</i>	X				
▪ <i>Inform all employers or schools of participation in the ATD program; provide a copy of the contract, stipulations or final orders from the BON to any prospective or current nursing employers</i>	X				
▪ <i>Ensure that the supervisor at employer is given a copy of the contract and any other necessary forms; failure to comply will result in an immediate cease and desist of all work-related activities from ATD program</i>	X				
▪ <i>Ensure that ATD program receives signed agreement by direct supervisor at employer prior to beginning a new or resuming an existing position</i>	X				
▪ <i>Schedule at least monthly check-in meetings with the supervisor; provide documentation of such meetings to ATD program upon request</i>	X				
▪ <i>Notify ATD program within 2 days of any change in supervisor, workplace monitor or employment</i>	X				
▪ <i>Discontinue access to and administration of controlled substances or any potentially addictive medications for a minimum of six months of returning to work</i>	X				

PROGRAM CRITERIA	ASSESSMENT			NOTES	RECOMMENDATION
Standards for Treatment Programs	Satisfactory	Needs improvement	Unsatisfactory		
<i>Minimum standards for approved treatment providers include:</i>				Per WAC 246-840-760, treatment providers are required to be DBHR certified (DSHS Division of Behavioral Health and Recovery) and meet the requirements of WAC 388-877B.	
▪ <i>Licensure by the state</i>	X				
▪ <i>Geographically convenient location for treatment to encourage the participation of family members in treatment</i>	X				
▪ <i>Offer family involvement in the treatment</i>	X				
▪ <i>Adhere to an abstinence-based program</i>	X				
▪ <i>Adhere to a 12-step philosophy</i>	X				
▪ <i>Require frequent random and for-cause drug screening with positive results reported to ADT program</i>	X				
▪ <i>Development of an individualized initial treatment and a minimum 12-month aftercare program</i> ▪ <i>Provide information to ATD program on the status of referred patients including:</i> <ul style="list-style-type: none"> ▪ <i>immediate reports on significant events in treatment related to the nurse's ability to practice safely</i> ▪ <i>assessments, diagnosis, prognosis, discharge summary, follow-up recommendations and compliance with treatment</i> 	X				

PROGRAM CRITERIA	ASSESSMENT			NOTES	RECOMMENDATION
Nurse Support Groups	Satisfactory	Needs improvement	Unsatisfactory		
<p><i>Nurse support groups are an essential component of monitoring compliance and facilitating safe and appropriate re-entry into the workplace. Nurse support group requirements include:</i></p> <ul style="list-style-type: none"> ▪ <i>adherence to the total abstinence model of recovery and the 12-step program model</i> ▪ <i>ability to respond to crisis situations by either intervening or referring</i> ▪ <i>weekly meetings conducted by a qualified facilitator</i> ▪ <i>facilitator-to-nurse ratio that is not to exceed 12:1</i> 	X				
<p><i>A facilitator for the nurse professional support group can:</i></p> <ul style="list-style-type: none"> ▪ <i>be a licensed nurse or a health professional in good standing with licensing board</i> ▪ <i>have demonstrated expertise in the field of SUD</i> ▪ <i>having worked in the area for at least 1 year within the last three years</i> ▪ <i>having at least 30 hours of continuing education in the area or have certification or eligibility for certification in SUD</i> ▪ <i>have a minimum of 6 months experience facilitating groups</i> ▪ <i>if recovering, a minimum of 4 years continuous recovery</i> ▪ <i>not have any current complaints pending with the board of nursing or other regulatory board</i> ▪ <i>not be a current participant in ATD program</i> ▪ <i>not have a current license encumbrance</i> 	X				
	X				
	X				
	X				
	X				
	X				
	X				
	X				
	X				

PROGRAM CRITERIA	ASSESSMENT			NOTES	RECOMMENDATION
Drug and Alcohol Testing	Satisfactory	Needs improvement	Unsatisfactory		
<p><i>Drug testing must be observed and include:</i></p> <ul style="list-style-type: none"> ▪ <i>Strict chain of custody must be followed</i> ▪ <i>Participant is responsible for payment of testing charges</i> ▪ <i>Screens by a certified laboratory with results to ATD</i> ▪ <i>ATD will be notified of any positive, adulterated, missed or noncompliant tests within the same business day of the identification</i> 	X				
<p><i>If an observed collection is not available:</i></p> <ul style="list-style-type: none"> ▪ <i>Minimum standard is a dry room collection</i> ▪ <i>An observed collection can be required if a dry room is not available or the nurse has a report of or prior history of substitution, dilution or adulteration of specimens</i> 	X				
<p><i>Strict guidelines for drug testing service providers:</i></p> <ul style="list-style-type: none"> ▪ <i>Must be able to scientifically test for urine, blood and hair specimens for alcohol or illegal and controlled substances</i> ▪ <i>Must have or subcontract drug testing services with toxicology laboratories accredited and certified by the U.S. Department of Health and Human Services, College of American Pathology or American Board of Forensic Toxicologists</i> ▪ <i>Must provide collection sites located throughout state</i> ▪ <i>Must have automated 24-hour toll-free telephone system</i> ▪ <i>Must have or be subcontracted with operating collection sites engaged in the business of collecting urine, blood and hair follicle specimens for the testing of drugs and alcohol</i> ▪ <i>Must have a secure, HIPAA compliant website or computer system to allow regulatory or alternative program staff access to drug test results available 24 hours a day</i> ▪ <i>Must employ or contract with toxicologists that are licensed physicians with SUD knowledge and medical training to interpret and evaluate laboratory drug test results, medical histories</i> 	X				

PROGRAM CRITERIA	ASSESSMENT			NOTES	RECOMMENDATION
Policies and Procedures Part 1 of 2	Satisfactory	Needs improvement	Unsatisfactory		
<p><i>ATD program must have a policy and procedure manual which contains:</i></p> <ul style="list-style-type: none"> ▪ <i>Program’s function per administrative and statutory authority</i> ▪ <i>Relationships and functioning with administrative authority or advisory capacity over the program</i> ▪ <i>Normal business operating hours that coincide at minimum with the licensing board’s business days or hours</i> ▪ <i>Job descriptions and related human resource documents</i> ▪ <i>Intake (referral) process including the required information and how it is obtained including verification of licensure and licensure action or current board investigation</i> ▪ <i>Coverage of the intake process when the program’s primary intake staff is absent</i> ▪ <i>All aspects of office operations including measures taken to ensure the maintenance of non-public information, procedures detailing the program’s case management system and what type of communication will be sent by the program such as initial contact letters, noncompliance letters and the time constraints</i> ▪ <i>Case management criteria for compliance (For example, the required program forms, receipt of appropriate assessment and treatment recommendations, registration, initiation and results of drug and alcohol testing.)</i> ▪ <i>Reporting of noncompliance</i> ▪ <i>Continuity of case management in the event of absences</i> ▪ <i>Successful completion of the program, including necessary documentation is required and reporting</i> ▪ <i>type, frequency and protocol for audits, financial and performance reports</i> 	X				
	X				
	X				
	X				
	X				
	X				
	X				
	X				
	X				
	X				
	X				
	X				
	X				
<ul style="list-style-type: none"> ▪ <i>New participants must be provided with an orientation handbook</i> 	X				

PROGRAM CRITERIA	ASSESSMENT			NOTES	RECOMMENDATION
Policies and Procedures Part 2 of 2	Satisfactory	Needs improvement	Unsatisfactory		
<p><i>Programs must keep records of the following data, compile and analyze those data and share with the board of nursing to verify compliance with all program expectations and requirements:</i></p> <ul style="list-style-type: none"> ▪ Referral and entry into the program ▪ Demographics of participants ▪ Program requirements ▪ Relapses ▪ Other program violations ▪ Referrals to the board ▪ Non-completers (participants who did not successfully complete the program) ▪ Participants who sign new contracts due to noncompliance ▪ Recidivism rate of participants who successfully completed the program and relapsed ▪ Completers (participants who successfully complete the program) 	X				
	X				
	X				
	X				
	X				
	X				
	X				
	X				
	X				
	X				
	X				
<p><i>All policies and procedures must be reviewed at least annually to ensure currency with existing practice, laws and other requirements by:</i></p> <ul style="list-style-type: none"> ▪ program director or designated staff ▪ board or its designee 	X				
<p><i>BON must be notified of any identified non-compliance and the identity of each nurse participant in ATD program</i></p>		X			<p>The Nursing Commission will develop clear criteria to define relapse, noncompliance, and those events requiring reporting to the commission.</p>
<p><i>ATD program records related to noncompliance, discharge or termination from program can be available to BON or the board's representative upon request and upon discharge or termination from the ATD program.</i></p>	X				
<p><i>BON must be able to review nurse participant files and audit the administrative records for compliance of participants</i></p>	X				

PROGRAM CRITERIA	ASSESSMENT			NOTES	RECOMMENDATION
	Satisfactory	Needs improvement	Unsatisfactory		
Return to Work Part 1 of 2					
<i>The participant agrees license will be placed on inactive status until return to work is recommended by ATD program</i>				Addressed by the alternative to discipline program contract with the exception of license inactivation.	
<i>Nurse's practice must be monitored by participant's supervisor and whenever possible at least one nurse monitor</i>	X				
<i>Supervisors or work-site monitors shall be licensed or privileged to practice nursing, shall not have an encumbered license, shall not be a current participant in any alternative program and shall avoid any conflicts of interest that could impede the ability to objectively monitor the nurse</i>	X				
<i>Supervisors and work-site monitors must be</i>	X				
▪ <i>Available on-site</i>	X				
▪ <i>Knowledgeable of the participant's nursing role</i>	X				
▪ <i>Knowledgeable of the nurse's participation in ATD program including the nurse's return-to-work agreement and any associated practice restrictions</i>	X				
▪ <i>Willing to provide regular and as-needed reports on the nurse's ability to practice safely</i>	X				
▪ <i>Willing to engage in continuous and ongoing communication with program staff</i>	X				
▪ <i>Willing to periodic face-to-face visits with the nurse, work-site monitor or supervisor</i>	X				
<i>Nurse employers must make reasonable accommodations for nurses with SUD under the Americans with Disabilities Act of 1990</i>	X				
<i>Employer shall have the authority to request a for-cause specimen for drug testing when warranted or when requested by ATD program</i>	X				
<i>A meeting shall be held with the nurse's co-workers who have a legitimate need to know regarding the nurse's work restrictions</i>	X				

PROGRAM CRITERIA	ASSESSMENT			NOTES	RECOMMENDATION
Return to Work Part 2 of 2	Satisfactory	Needs improvement	Unsatisfactory		
<p><i>Upon return to work, the participant is not allowed to work any of the following for a minimum of 12 months:</i></p> <ul style="list-style-type: none"> ▪ <i>Odd schedules such as overtime, night shift or anything in excess of a 12-hour shift</i> ▪ <i>More than three consecutive 12-hour shifts</i> ▪ <i>Without direct supervision</i> ▪ <i>With limited or full access to controlled substances</i> ▪ <i>In a home health or hospice type of setting, travel, registry or agency, float or on-call PRN pool, tele-nursing and disaster relief nursing</i> ▪ <i>In any other unsupervised nursing position</i> 	X				
	X				
	X				
	X				
<p><i>If relapse, diversion or other violations of the work-related requirements occur, ATD program will require the participant to immediately cease practice and ATD program will notify the employer and the BON</i></p>	X				
<p><i>Treatment program will continue to monitor the nurse even after referring the nurse to the BON or the discipline program until the discipline program can begin monitoring or pending board action</i></p>	X				

PROGRAM CRITERIA	ASSESSMENT			NOTES	RECOMMENDATION
Program Completion	Satisfactory	Needs improvement	Unsatisfactory		
<p><i>A participant successfully completes the program when the participant complies with all terms and conditions of the program as specified in the participant’s contract</i></p>	X				
Termination from the Program	Satisfactory	Needs improvement	Unsatisfactory	NOTES	RECOMMENDATION
<p><i>Participation in ATD program may be terminated for any of the following reasons; if participant:</i></p> <ul style="list-style-type: none"> ▪ <i>Fails to comply with any of the terms and conditions of ATD program specified in the policies and procedures</i> ▪ <i>Fails to comply with any provision of the participant’s contract.</i> ▪ <i>Is unable to practice according to acceptable and prevailing standards of safe care</i> <i>Receives a criminal conviction</i> 	X				
	X				
	X				
<p><i>Participation in ATD program may be terminated if ATD program receives information that indicates that the participant may have committed additional violations of the grounds for disciplinary action</i></p>	X				

DEPARTMENT OF HEALTH
NURSING CARE QUALITY ASSURANCE COMMISSION
POLICY

Title:	Approval of Advanced Practice Expert Evaluators	Number:	TBA
Reference:	RCW 18.79, RCW 18.130.		
Contact:	Paula R. Meyer, Executive Director		
Effective Date:	TBD		
Supersedes:	None		
Approved:	Suellyn Masek, MSN, RN, CNOR, Chair Washington State Nursing Care Quality Assurance Commission		

PURPOSE:

The NCQAC approves advanced practice experts to conduct or evaluate mental and/or physical health, sexual deviancy, sexual or other misconduct, boundary violations, or any other applicable evaluations of advance practice registered nurses... Such evaluations may be required in Interim Orders, Agreed Orders and Final Orders.

PROCEDURE:

1. The Advanced Practice Advisor is responsible for the recruitment efforts and application process for potential Advanced Practice Experts. Applications for Advanced Practice Expert status will be processed under the supervision of the Advanced Practice Advisor.
2. The Advanced Practice Advisor:
 - a. ensures required documentation is received from the applicant;
 - b. screens for minimum qualifications;
 - c. maintains and revises the expert list;
 - d. places the applicant (s) on the agenda for Advance Practice Subcommittee consideration; and
 - e. sends copies of the applicants) documents and the current policy to the Advanced Practice Subcommittee members.
3. The Advanced Practice Subcommittee reviews and forwards recommended applicants for Nursing Commission Quality Assurance Commission (NCQAC) approval using established procedures.

Advanced Practice Expert Minimum Criteria

1. Licensed in the State of Washington for at least two (2) years in a discipline or specialty appropriate to advanced practice issues. An out of state expert may be allowed on selected issues as needed.
2. No sanctions or disciplinary action in any jurisdiction.
3. Minimum of five (5) years of experience in assessment and treatment in area of specialization or expertise in the particular issues involved.
4. Verification of a Master's Degree or post graduate education in area of expertise.
5. Exceptions to the minimum criteria standards may be approved by the Nursing Commission.
6. Experts may be non nurses when appropriate, and must meet criteria 2 and 4 as appropriate to their area of expertise

Application and Appointment Process

The applicant submits the Advanced Practice Expert application and resume reflecting related specialized training and experience including formal education, work and research experience, and professional activities;

1. The applicant submits
 - a. a written agreement to provide consultation, opinion, and/or testimony within the designated time period;
 - b. professional documents to demonstrate competency in order to function as an Advanced Practice Expert; and
 - c. three professional references.
2. The Advanced Practice Advisor will
 - a. review applications for completion, verify licensure and/or certification status, and for any disciplinary actions
 - b. submit qualified applicant's names to the Advanced Practice Subcommittee;
 - c. send the applicant an appointment notification letter when approved by NCQAC; and
 - d. review the list of approved Advanced Practice Experts every two years to determine currency of their eligibility, contact information and if they wish to continue to serve.

Date: November 14, NCQAC Meeting
To: Nursing Commission Members
From: Laurie Soine, Advanced Practice Subcommittee chair.
Re: Names needed of person to serve as Advanced Practice Experts or Advisors

We need your help in identifying persons are who might to share their expertise on issues related to Advanced Practice. The experts or advisors would: Answer scope of practice issues about a specialty of Advanced Practice

1. Serve on a short-term taskforce with members of the Advanced Practice Subcommittee to explore specific issues related to practice or regulation.
2. Serve as a pro-tem member on one of NCQAC's subcommittees to represent advance practice issues
3. Participate in decision making panel which oversees licensing and/or discipline issues.
4. Serve expert witness on a discipline case hearing.

If you know of someone, or know of an administrator of faculty member who might provide contacts for sending a recruitment letter please send

Send the information to: AdvancedPractice.NCQAC@doh.wa.gov

Include:

- the name and contact information, and
- what you know about their area of expertise

The letter that will be sent to them, will explain what the needs are and the qualifications for being and expert or advisor.

Thank you for your assistance.

CONSULTATION WITH THE NORTH CAROLINA BOARD OF NURSING
ON CONTINUING COMPETENCE PROCESSES

October 23, 2014

The North Carolina Board of Nursing implemented requirements for Continuing Competence effective July 1, 2006. North Carolina requires a substantial variation for meeting continuing competency requirements versus Washington State.

North Carolina delineates 8 Learning Plan Options for licensees to meet Continuing Competence. Licensees may select any one of the options. Options 1-4 are very prescriptive and the licensee has to only meet one plan under Options 1-4. Options 5-8 describe a variety of activities which the licensee may select. The one consistent activity in #5-8 is, 15 contact hours of continuing education along with one of the options as described. For example, one option is the 15 contact hours with 640 hours of active practice. Another choice is the 15 contact hours with co-authoring a nursing paper/article/book or book chapter. There is a 2 year cycle for meeting the requirements.

Licensees are notified in the renewal notice if they are selected for audit. The renewal notice includes a separate letter explaining how and when they must submit evidence of having complied with Continuing Competence. All documents must be submitted at least 10 days prior to expiration of the current license. Failure to meet the audit process, either by time frames or documentation, results in the license being placed on inactive status. North Carolina initially audited 1% of licensees and periodically they have increased the percentage. Currently, the audit numbers are about 200 licensees a month.

When the program went into effect, the audit was completed after renewal had been granted. The process became cumbersome and often resulted in time-consuming follow-up. The process was changed to conduct the audit prior to granting renewal. This allows for the employer to know if and when the nurse meets continuing competency audit requirements. Validation of continuing education contact hours was also time-consuming at the start and was quickly remedied by developing a list of "approved" providers to improve processing of information. The staff developed forms for audited licensees to complete as a strategy to standardize the way information was received. It made processing and turn-around time much more efficient.

RECOMMENDATIONS:

1. If needed, amend WAC 246-840-206 to conduct audit prior to license renewal being issued
2. Amend WAC 246-840-206 to remove percentage numbers for random audit.
3. Accept CE approved by national certifiers, rather than making them convert to clock hours. Examples include but not limited to:
 - a. American Nursing Credentialing Center (ANCC)
 - b. Oncology Nursing Certification Corporations (ONCC)
 - c. Board of Certification for emergency Nursing (BCEN)
 - d. American Academy of Nurse Practitioners (AANP)
 - e. National Certification Corporation (NCC)
 - f. Pediatric Nursing Certification Board (PNCB)
 - g. Council on Certification of Nurse Anesthetists (CCNA)

Lois Hoell, MS, MBA, RN

Teresa Corrado, LPN, Licensing Manager

NURSING BUDGET STATUS REPORT

AS OF AUGUST 2014 (14 months)

EXPENDITURES TYPES	BUDGET/ALLOTMENT	EXPENDITURES	VARIANCE	% SPENT
	TO-DATE	TO-DATE	TO-DATE	TO-DATE
DIRECT EXPENDITURES:				
FTEs (stated in staff/man months)	597.42	543.3	54.12	90.94%
Staff Salaries & Benefits	\$3,717,503	\$3,400,261	\$317,242	91.47%
Commission Salaries	\$277,082	\$199,852	\$77,230	72.13%
Goods & Services	\$471,428	\$384,272	\$87,156	81.51%
Rent	\$283,640	\$289,105	(\$5,465)	101.93%
Attorney General (AG)	\$878,326	\$694,323	\$184,003	79.05%
Travel	\$180,306	\$151,687	\$28,619	84.13%
Equipment	\$181,458	\$110,066	\$71,392	60.66%
Enterprise Software (Microsoft)	\$14,198	\$14,198	\$0	100.00%
Campus IT Support (desk/lap tops)	\$72,569	\$56,370	\$16,199	77.68%
TOTAL DIRECT	\$6,076,510	\$5,300,134	\$776,376	87.22%
SERVICE UNITS:				
FBI Background Checks	\$123,276	\$144,241	(\$20,965)	117.01%
Office of Professional Standards	\$207,942	\$273,224	(\$65,282)	131.39%
Adjudication Clerk	\$110,732	\$102,535	\$8,197	92.60%
WHPS	\$689,215	\$645,443	\$43,772	93.65%
HP Investigations	\$96,839	\$88,829	\$8,010	91.73%
Legal Services	\$844,230	\$1,029,327	(\$185,097)	121.92%
Tort Claims	\$4,093	\$0	\$4,093	0.00%
Call Center	\$70,749	\$67,620	\$3,129	95.58%
Public Disclosure	\$134,486	\$132,227	\$2,259	98.32%
Revenue Reconciliation	\$226,121	\$201,395	\$24,726	89.07%
Online Healthcare Provider Lic	\$252,810	\$85,079	\$167,731	33.65%
Suicide Assessment Study	\$53,581	\$21,861	\$31,720	40.80%
TOTAL SERVICE UNITS	\$2,814,074	\$2,791,781	\$22,293	99.21%
INDIRECT CHARGES:				
Agency Indirects (13.7%)	\$968,992	\$971,961	(\$2,969)	100.31%
HSQA Division Indirects (12.1%)	\$985,235	\$921,364	\$63,871	93.52%
TOTAL INDIRECTS (25.8%)	\$1,954,227	\$1,893,325	\$60,902	96.88%
GRAND TOTAL	\$10,844,811	\$9,985,240	\$859,571	92.07%

NURSING REVENUE

BEGINNING REVENUE BALANCE	\$3,319,372
13-15 REVENUE TO-DATE	\$9,905,221
13-15 EXPENDITURES TO-DATE	\$9,985,240
ENDING REVENUE BALANCE	\$3,239,353



Health Systems Quality Assurance – Quarterly Dashboard Performance Measure Cases Processed – Case Disposition

2.3 Performance Measure: Percent of cases in which the case disposition step is completed within 140 days.
Target: 77% completed within 140 days

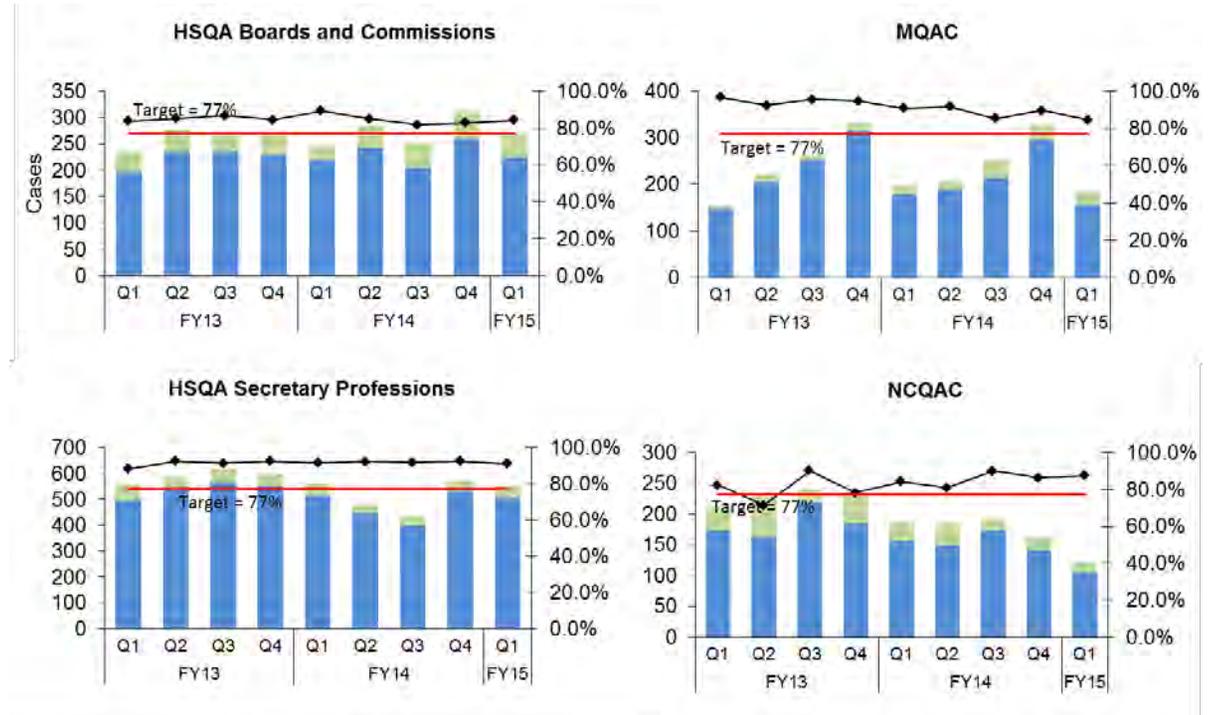
Analysis:

There were 1,120 cases processed through the case disposition step during quarter.

- 267 for HSQA boards and commissions.
- 551 for HSQA secretary professions.
- 182 for the Medical Commission.
- 120 for the Nursing Commission.

On average, 88% of cases were processed within timelines in the quarter.

- 85% for HSQA boards and commissions.
- 91% for HSQA secretary professions.
- 85% for the Medical Commission.
- 88% for the Nursing Commission.





Health Systems Quality Assurance – Quarterly Dashboard Performance Measure Cases in Case Disposition

2.5 Performance Measure: Percent of open cases currently in the case disposition step that are over 140 days.

Target: No more than 23% over 140 days.

Analysis:

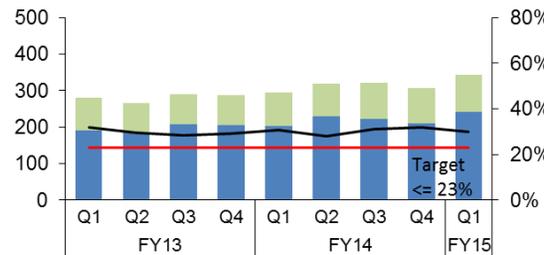
There was an average of 1,040 open investigations during the quarter.

- 343 for HSQA boards and commissions.
- 306 for HSQA secretary professions.
- 190 for the Medical Commission.
- 202 for the Nursing Commission.

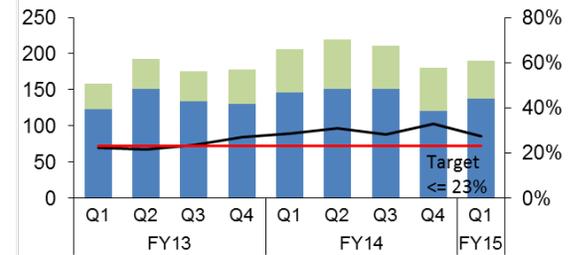
On average, 25% of cases were over timeline in the quarter.

- 30% for HSQA boards and commissions.
- 18% for HSQA secretary professions.
- 27% for the Medical Commission.
- 21% for the Nursing Commission.

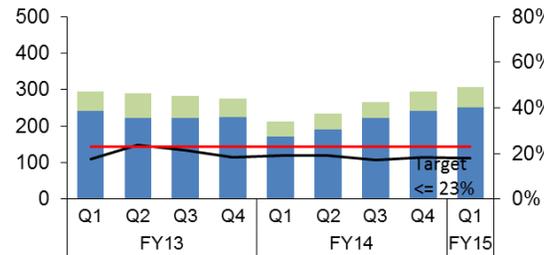
HSQA Boards and Commissions



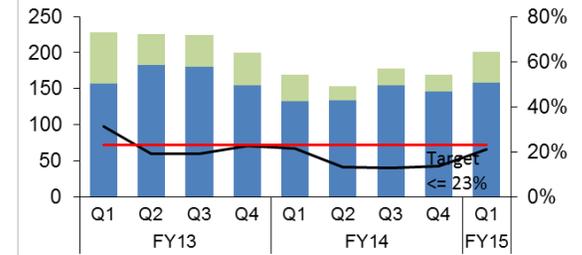
MQAC



HSQA Secretary Professions



NCQAC





Health Systems Quality Assurance – Quarterly Dashboard Performance Measure Comparison of Legal Caseloads

3.2 Performance Measure: Number of completed investigations that are assigned to a staff attorney for legal review or production of documents v. number of staff attorneys.

Target: 65 cases per attorney

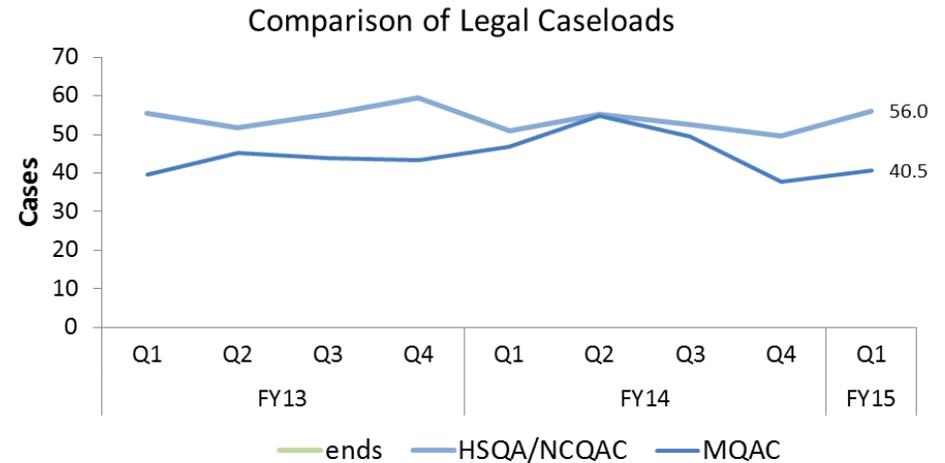
Analysis:

The caseload size for HSQA staff attorneys averaged 56 cases in the quarter.

- The average caseload size is an increase from 50 cases in the previous quarter.

The caseload size of MQAC staff attorneys averaged 41 cases in the quarter.

- The average caseload size is an increase from 38 cases in the previous quarter.



ONE-TIME FINGERPRINTS FOR FBI BACKGROUND CHECKS

NURSING COMMISSION PROPOSED LEGISLATION JANUARY 2015

WHAT IS IT?	Next Generation Identification Rap Back is a new service offered by the FBI that allows the subscriber (such as the Nursing Commission) to receive notifications each time a nurse applicant or licensee has a change in criminal history anywhere in the country. It is a federal background check that captures past criminal behaviors <u>AND</u> alerts us to any future criminal activity anywhere in the country.
HOW DOES IT WORK?	Applicants and licensees are fingerprinted one time, either upon application or at the time of renewal. Fingerprints are submitted electronically to Washington State Patrol, who then submits them to the FBI for comparison against all stored fingerprints. If a fingerprint matches that of a criminal offender, the FBI notifies WSP electronically, who immediately notifies the Nursing Commission of the change in criminal history.
WHO CAN USE IT?	The Nursing Commission will be the first to pilot this important work and the FBI's new technology. However, agencies that already conduct background checks, other health care professions, and agencies who license persons will have access to the same service. The public places their trust in these agencies.
WHY DOES THE LAW NEED TO BE CHANGED?	The existing law (RCW 43.43.700) allows WSP to retain only criminal fingerprints. A change in law will allow WSP and the FBI to retain applicant and licensee fingerprints in order to use the Rap Back service. A change in the Uniform Disciplinary Act and Nurse Practice Act will specifically allow the Nursing Commission Unit and other health professions as deemed necessary to use the Rap Back service.
WHY IS IT IMPORTANT?	Public safety is at the heart of the Nursing Commission's mission. Washington is in a minority of states not conducting federal background checks on all nurse applicants and licensees. Best practices of the National Council of State Boards of Nursing recommends federal background checks on all nurses. The State Auditor's Office report in 2013 recommends federal background checks on all licensees. A 2012 report from the National Center on Medicare and Medicaid also recommends state healthcare agencies complete federal background checks.
WHAT WILL IT COST?	The Rap Back service fee to collect digital fingerprints is \$32.50, compared to \$42.50 now collected for fingerprint cards. There is also a \$13 fee for WSP to retain fingerprints and conduct criminal history updates. The one-time cost to fingerprint using Rap Back will be \$45.50. The Nursing Commission proposes contracting with a WSP-approved digital fingerprint vendor. The fee would be a pass-through fee and the money would go directly to WSP and the FBI.
WHAT ARE ANTICIPATED IMPACTS?	The Nursing Commission expects the work of the complaint and discipline unit to increase by a small percentage based on criminal convictions that rise above the threshold in policy. The work of the criminal background check unit will increase to process the additional background checks and report back on positive 'hits.' WSP's work will also increase to be able to retain and process all applicant and licensee fingerprints, phased in over several years. Overall, the public's safety is greatly enhanced.

Nursing Care Quality Assurance Commission

As of
Organization Code 6000

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Executive Director
71014409

Mike Hively
AA 4
71034482

Vacant
AA3
70041443

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Associate Director, NAC
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70041446

Jennifer Anderson
AA 3
71033217

Mindy Schaffner
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71021193

Catherine Woodard
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HSC 2
70041783

Donna Rogers
HSC 3
70042063

Helen Budde
HSC 2
71022730

Vacant
SSA

Vacant
SA

Vacant
SA

Vacant
SA

Vacant
SA

Vacant
PL

Vacant
LS

Garr Nielsen
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Anne Overby
HCI 3
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Joe Grangnelli
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71014406

John Miller
HCI 3
71014407

Jim Burkhardt
HCI 3
70041711

Dana Malone
HCI 3
70041464

Barbara Justice
HCI 3
70041461

Vacant
HCI 3
70042314

Vacant
HCI 3
70041849

Alicia Payne
HSC3

Case Manger
(proposed)

Associate
HSC 2

Case Manager
HSC 4

Case Manager
HSC 4

Associate
HSC 2

Heather Speck NP
OA3

Amber Zawislak
HSC2
71021811

Rena Hannahs
HSC1
70041649

Becky Cebula
HSC1
71022375

Barbara West
HSC1
70041939

Pam Smith
HSC1
71022119

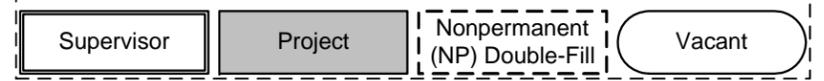
Lori Underwood
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Tom Bolender
HSC 1
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Steve Reeves
HSC1 NP
70115786

Janice Pulvino
HSC1
70115786

Katie Crawford
HSC1
71022120





National Transportation Safety Board

Washington, DC 20594

Safety Recommendation

Date: September 23, 2014

In reply refer to: I-14-1 and -2

The Honorable Jay Inslee
Governor of Washington
Office of the Governor
PO Box 40002
Olympia, WA 95804

The National Transportation Safety Board (NTSB) is an independent federal agency charged by Congress with investigating every civil aviation accident in the United States and significant accidents in other modes of transportation—railroad, highway, marine, and pipeline. We determine the probable cause of the accidents and issue safety recommendations aimed at preventing future accidents. In addition, we carry out special studies concerning transportation safety and coordinate the resources of the federal government and other organizations to provide assistance to victims and their family members affected by major transportation disasters. We are providing the following information to urge the state of Washington to take action on the safety recommendations being issued in this letter.

On September 9, 2014, we adopted our safety study, *Drug Use Trends in Aviation: Assessing the Risk of Pilot Impairment*.¹ Additional information about this topic and the resulting recommendations may be found in the study, which can be accessed at our website, <http://www.nts.gov>, under report number SS-14/01.

As a result of this safety study, we issued six new recommendations, including four recommendations to the Federal Aviation Administration and the following two recommendations to the 50 states (including the state of Washington), the District of Columbia, and the Commonwealth of Puerto Rico:

I-14-1

Include in all state guidelines regarding prescribing controlled substances for pain a recommendation that health care providers discuss with patients the effect their

¹ *Drug Use Trends in Aviation: Assessing the Risk of Pilot Impairment*, September 9, 2014, SS-14/01.

medical condition and medication use may have on their ability to safely operate a vehicle in any mode of transportation.

I-14-2

Use existing newsletters or other routine forms of communication with licensed health care providers and pharmacists to highlight the importance of routinely discussing with patients the effect their diagnosed medical conditions or recommended drugs may have on their ability to safely operate a vehicle in any mode of transportation.

An informational article that could be distributed to fulfill Safety Recommendation I-14-2 is enclosed for your consideration.

Acting Chairman HART, and Members SUMWALT, ROSEKIND, and WEENER concurred in these recommendations.

The NTSB is vitally interested in these recommendations because they are designed to prevent accidents and save lives. We would appreciate receiving a response from you within 90 days detailing the actions you have taken or intend to take to implement them. When replying, please refer to the safety recommendations by number. We encourage you to submit your response electronically to correspondence@ntsb.gov. If it exceeds 10 megabytes, including attachments, please e-mail us at the same address for instructions. Please do not submit both an electronic copy and a hard copy of the same response.

By:  Christopher A. Hart
Acting Chairman

Enclosure

cc: Ms. Melanie De Leon
Executive Director
Washington Medical Quality Assurance Commission

Ms. Paula Meyer
Executive Director
Washington State Nursing Care Quality Assurance Commission

Chris Humberson, RPh
Executive Director
Washington State Pharmacy Quality Assurance Commission

Blake T. Maresh, MPA, CMBE
Executive Director
Washington Board of Osteopathic Medicine and Surgery

Evidence That Pilots Are Increasingly Using Over-the-Counter, Prescription, and Illicit Drugs

The National Transportation Safety Board (NTSB) recently analyzed toxicology tests from 6,677 pilots who died in a total of 6,597 aviation accidents between 1990 and 2012. The results demonstrate a significant increase in the use of a variety of potentially impairing drugs.

The study found significantly increasing trends in pilots' use of all drugs, potentially impairing drugs (those with a US Food and Drug Administration warning about sedation or behavior changes in routine use), controlled substances, and illicit drugs (those defined as Schedule I by the US Drug Enforcement Administration). The final report, *Drug Use Trends in Aviation: Assessing the Risk of Pilot Impairment*, is available on the NTSB's [Safety Studies](#) web page under report number SS-14/01.

In this study, the pilot was considered to be positive for a drug if it could be qualitatively or quantitatively identified in blood or tissue; drugs identified only in urine or used as part of resuscitative efforts were excluded.

Overall, 98% of the study pilots were male and 96% were flying privately rather than for commercial purposes. The average age of study pilots increased from 46 to 57 years over the study period.

Over the course of the study, for fatally injured pilots, the following was found:

The proportion of pilots testing positive for at least one drug increased from 10% to 40%.

More than 20% of all pilots from 2008-2012 were positive for a potentially impairing drug, and 6% of all pilots were positive for more than one potentially impairing drug.

Overall, the most common potentially impairing drug pilots had used was diphenhydramine, a sedating antihistamine (the active ingredient in many Benadryl and Unisom products).

During the most recent 5 years studied, 8% of all pilots tested positive for controlled substances; hydrocodone and diazepam each accounted for 20% of the positive findings.

The percentage of pilots testing positive for marijuana use increased to about 3% during the study period, mostly in the last 10 years.

The large increase in the proportion of fatally injured pilots with evidence of potentially impairing drugs suggests an increasing risk of impairment in general aviation. Aviation is the only transportation mode in which a fatally injured operator (pilot) routinely undergoes extensive toxicology testing; no similar testing is routinely performed for fatally injured operators of boats, trains, trucks, or cars. Given the general increase in drug use in the population, it is likely that there has been a similar trend in drug use among operators across all modes of transportation.

These results highlight the importance of routine discussions between health care providers and pharmacists and their patients about the potential risks that drugs and medical conditions can create when patients are operating a vehicle in any mode of transportation.

Revisions to Strategic Plan					
Plan Item	Continue Items	Plan Item	Consider Change	Plan Item	Revise Deadlines
RULE 1,2,4,5,6	Rules (Clean Up)	ED 1-5, 7, 8	Education Rules (delay until June)	PRAC 2	ACA Report (Delay until June 2015)
LIC 1	Background Check	TECH 2	Commission Orientation-Training-Equipment-Software-Training	DISC 2	Just Culture
ED 2	CEARP Provider Unit Application			RULE 3	Clarify RCW & WAC
ED 6	Non-Traditional Programs			LIC 1	Changing Renewal & Audit Cycles (Next strategic plan)
TECH 1	Website Improvements			LIC 2	JP Exam
Revisions to Office/Commission Goals					
	Continue Items		Consider Change		Revise Deadlines
	Fingerprint Cards		Commission Meetings		November Symposium
	New Program Director Orientation				
	PDPs				
	Newsletter				
	TEMS approval/back log				
	NPAG Meetings				
	Research Support				
	New Hire Support				
	Nurse Aid Program Approval Website				

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TECHNOLOGY (TECH 1 – 2)						
ID	Goal	Objective	Resources	Responsibility	Due	Progress/Notes
TECH1	Improve the NCQAC website with consideration to content and usability	<ul style="list-style-type: none"> Analyze and evaluate current NCQAC website use and provide future needs assessment by August 31, 2013 In collaboration with DOH Division of Information Resource Management (DIRM) officers, develop the project improvement plan, deliverables, and deadlines by December 31, 2013 Based on analysis and if applicable, revise content by February 28, 2014 Transition to improved website by August 31, 2014 	<ul style="list-style-type: none"> Discovery phase to include staff salary for: <ul style="list-style-type: none"> Analysis of website use Needs assessment Internal stakeholder meetings Implementation phase to include webmaster salary for: <ul style="list-style-type: none"> Website refinement Social Networking resource Maintenance 	Deputy Executive Director	<p>08/31/13 12/31/13</p> <p>12/31/13</p> <p>02/28/14</p> <p>08/31/14 3/31/14</p>	<p>A user survey (9 questions speaking to website design and ease of use) was conducted at 5 separate sites (the last convened 12/10/13). We will compile and present the information to the IT subcommittee for recommendation/next steps (process is contingent on changes in the operation agreement).</p> <p>Phase 1 (systematic website cleanup) began 12/11/13.</p>

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					4/1/14	Hiring of non-perm webmaster/social network overseer will be accomplished in Q1, 2014.
						Clean up being accomplished by AA3 assigned to A.S. User survey to List Serv – 4/18/14 return deadline
					<u>5/31/14</u>	Phase 2 Website redesign remains on target.
TECH2	Develop a secure electronic access system used by commissioners and staff for record	<ul style="list-style-type: none"> • Purchase software/hardware to facilitate change by August 31, 2013: <ul style="list-style-type: none"> ○ Complete software recommendation ○ Draft plan (to include internal 	<ul style="list-style-type: none"> • Discovery phase: <ul style="list-style-type: none"> ○ Commissioner (C.T.) hourly wage ○ Staff member salary • Implementation phase: <ul style="list-style-type: none"> ○ Software costs ○ Associated hardware costs 	Deputy Executive Director	<u>10/31/13</u>	Commissioner mobile device survey completed. Results compiled and will be presented at the

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	tracking, communication and education	<p>support needs)</p> <ul style="list-style-type: none"> ○ Obtain approval ○ Obtain NCQAC management endorsement <ul style="list-style-type: none"> ● Seek Nursing Commission endorsement by September, 2013 Commission Business Meeting ● Discuss plan and seek endorsement with DIRM by October 31, 2013 ● Migrate data by December 31, 2013 ● Train staff and NCQAC members by December 31, 2013 	<ul style="list-style-type: none"> ○ Staff training costs ○ Commissioners training costs ○ Costs associated with data migration (staff wage) <ul style="list-style-type: none"> ● Sustainability phase: <ul style="list-style-type: none"> ○ Cost for annual software licensing fee ○ Possible cost for host 		<p>08/31/13 11/22/13</p> <p>10/31/13</p> <p>9/30/13 1/15/14</p> <p>2/25/14</p>	<p>January 10th 2014 Commission Business Meeting.</p> <p>3 Vendor presentations completed (Novus, Granicus and Diligent). Awaiting response to additional questions sent by NCQAC.</p> <p>NCQAC to convene/decide on company</p> <p>Granicus is the leading contender as 2nd Vendor has back up outside the continental USA (This is against DERM operational</p>
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					<p>guidelines). Staff request additional demonstrations scheduled. Demonstrations scheduled for 4/3, and 4/8. Managers, Staff, and invited.</p> <p>10/31/13 <u>3/14/14</u></p> <p>Recommendation to Commission March, 2014 business meeting</p> <p>12/31/13 <u>8/1/14</u></p> <p>Next Steps</p> <p>Contract negotiation</p> <p>Data migration, training completed</p>
DISCIPLINE (DISC 1 – 2)					

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ID	Goal	Objective	Resources	Responsibility	Due	
DISC2	Expand transparency of discipline using the <i>Just Culture</i> model and protecting the public	<ul style="list-style-type: none"> Research and review Just Culture models to determine if a model can be adopted by the Commission or if laws or rules must be changed to allow the model to be adopted by September 1, 2014 	<ul style="list-style-type: none"> Additional board pay for subcommittee members outside regular meetings 15 hours x 2 members Staffing costs, travel costs, marketing costs 	Discipline Program Manager	09/01/14	Presentation of the Communication Resolution Program (CRP) at the Nursing Symposium 5/8/14.

RULES (RULE 1 – 7)						
ID	Goal	Objective	Resources	Responsibility	Due	Progress/Notes
RULE1	Improve the efficiency and effectiveness of the prosecution process of sexual misconduct by nurses	<ul style="list-style-type: none"> The Licensing & Discipline Subcommittee will begin the rules development process by July 1, 2013, and complete by December 1, 2014 	<ul style="list-style-type: none"> Rule revision costs 	Discipline Program Manager	07/01/13 12/01/14	Rules hearing scheduled for 9/12/2014

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RULES (RULE 1 – 7)						
ID	Goal	Objective	Resources	Responsibility	Due	Progress/Notes
RULE2	Define the Nursing Commission's role as health care transitions with the Affordable Care Act	<ul style="list-style-type: none"> The Executive Director will attend NCSBN EO Summit June 18-19, 2013 dedicated to Affordable Care Act. Gather information from health insurance exchange by December 31, 2013. Nursing Practice and Nursing Education consultants will present recommendations on regulatory roles and responsibilities at the NQQAC meeting 1-9-15 	<ul style="list-style-type: none"> 1.25 FTE Nurse 	Nursing Education Advisor, Nursing Practice Advisor and ARNP Advisor	<p>06/18/13</p> <p>12/31/13</p> <p>1-9-15</p>	<p>In progress. Coincides with PRAC1 goals and objectives.</p> <ul style="list-style-type: none"> Suelyn Masek and Lois Hoell attended NCSBN EO Summit reviewed Information, gathered and reviewed from health insurance exchange. Written report in progress. Delay in objective to present to the NCQAC.
RULE3	Review, update and clarify regulatory definitions of nursing in state law or rules	<ul style="list-style-type: none"> One staff member assigned to review and make recommendations: <ul style="list-style-type: none"> Compare NCSBN model laws and rules regarding definition of nursing Identify definition(s) 	<ul style="list-style-type: none"> Staff costs, stakeholder meeting costs, possible review and revision costs 	Deputy Executive Director		<p>4/1/14 Information from NCSBN and IOM reviewed. Must do comparison/contrast with RCW/WAC and call representative</p>

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RULES (RULE 1 – 7)						
ID	Goal	Objective	Resources	Responsibility	Due	Progress/Notes
		least restrictive and protects the public <ul style="list-style-type: none"> ○ Makes recommendation to the commission for statutory or rule changes if needed by May 1, 2014 			05/09/14 7/11/14	stakeholders(ie, Gladys Campbell, Rep from WSNA, etc) For anecdotal eval, (roadblocks to least restrictive practice) Seek Pro Tem assignment to complete study by December 31, 2014
RULE4	Review and revise Continuing Competency Rules based on: <ul style="list-style-type: none"> • Subcommittee feedback • Senate Bill 5092 	<ul style="list-style-type: none"> • Rules review and revision of Senate Bill 5092 by December 31, 2013. • Develop implementation plan by July 31, 2013 • CR 101 filed by December 31, 2013. • Hold Stakeholder meetings by May 2014 • Draft language and hold hearing by December 31, 2014 • Adopt and file rules effective July 31, 2015 	<ul style="list-style-type: none"> • Staff and commission time: <ul style="list-style-type: none"> ○ NCQAC ○ HSQA/OLS ○ Office of Communication ○ <u>ARNP Advisor & AP SC plan for working with Licensing Mx</u> 	Licensing Program Manager and ARNP Advisor	12/31/13 07/31/13 12/31/13 05/31/14 <u>02/19/14</u> 12/31/14 07/31/15	
RULE5	Evaluate the legal ramifications and	<ul style="list-style-type: none"> • Work with legal staff to perform a legal analysis 	<ul style="list-style-type: none"> • Staffing costs, travel costs, presentation, 	ARNP Advisor	12/31/13 <u>3/31/2014</u>	

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EDUCATION (ED 1 – 8)						
ID	Goal	Objective	Resources	Responsibility	Due	Progress/Notes
ED2	Assure accessible, quality, professional educational activities to promote safe nursing practice	<ul style="list-style-type: none"> Obtain WSNA-CEARP approval for 3 educational activities by March 30, 2014 8-31-14 Obtain WSNA-CEARP Provider Unit approval by June 30, 2014-2015 Obtain WSNA-CEARP for all educational presentations by June 30, 2015 Provide continuing education via self-study/web-based and group educational presentation by June 30, 2014 June 30, 2015 	<ul style="list-style-type: none"> Presentation Software and Platform Costs; WSNA-CEARP individual accreditation fees, Provider Unit Fee, staffing costs, IT/web/videoconferenc e costs, marketing costs 	Nursing Practice Advisor and ARNP Advisor	03/30/14 6-30-15	Ongoing progress. WSNA CEARP approval taking longer than anticipated
ED3	Evaluate Transition to Practice (TTP) residency programs	<ul style="list-style-type: none"> Assess status of TTP programs in the State of Washington using data from NCSBN, Washington Center for Nursing and Northwest Organization of Nurse Executives: <ul style="list-style-type: none"> Conduct Gap analysis and determine action plan of action by December 31, 2013 Coordinate findings to 	<ul style="list-style-type: none"> 0 FTE 	Nursing Education Advisor	 12/31/13 Needs date	The WNAC Education Committee conducted a TPP assessment of acute care settings. There are zero to few TTP programs in LTC, and Public Health settings. Some

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EDUCATION (ED 1 – 8)						
ID	Goal	Objective	Resources	Responsibility	Due	Progress/Notes
		revise nursing education rules by DATE <u>12/31/2014</u>			<u>12/31/2014</u>	work is being done on ARNP TTP through the UW and VA system.. NCSBN TTP study should be completed by April 2014. This may inform the commission of possible TCC strategies. The statewide Nursing Education Rules Workshops have identified interest in expanding and promoting the use of Nurse Technicians (NT) as a method for increasing TTP. The 30 days limit on

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EDUCATION (ED 1 – 8)						
ID	Goal	Objective	Resources	Responsibility	Due	Progress/Notes
						<p>utilization of NTs may be creating a barrier to TTP.</p> <p>WCN to deliver assessment of TTP programs in Washington by 12/2014.</p>
ED4	Establish criteria for approval of nursing education programs including need, size location (part of rule process) <ul style="list-style-type: none"> ○ Look at supply demand data ○ Create formulas for NPAP to use 	<ul style="list-style-type: none"> • Submit Request for Proposal (RFP) by August 31, 2013 to retain researcher to develop formula and/or data resources for NPAP for use in making decisions for approval of new nursing programs and approval of existing programs seeking expansion of student numbers and branch sites • Coordinate efforts with existing data and efforts to evaluate systems needed: Washington Center for Nursing, HRSA, Workforce 	<ul style="list-style-type: none"> • Education Advisor and Contracts Manager • Funding for RFP 	Nursing Education Advisor and ARNP Advisor	6.30.2014 12.31.2014	<p>Rather than RFP, research position description approved; will hire 1 FTE</p>

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EDUCATION (ED 1 – 8)						
ID	Goal	Objective	Resources	Responsibility	Due	Progress/Notes
		Training and Education Coordinating Board, etc.				
ED5	Require all nursing programs to have national nursing accreditation	<ul style="list-style-type: none"> Identify the pros and cons of requiring national accreditation in rules by September 30, 2013 Assess feasibility/impact to nursing schools during rules workshops Work with Rules Coordinator to do significant business analysis on cost to programs after feasibility of accreditation rule determined 	<ul style="list-style-type: none"> NPAP chairs and previous chairs Nursing Education Advisor and Rules Coordinator 	Nursing Education Advisor	09/30/13 <u>Expected date of draft rules is July 1, 2014.</u> 12.31.2014	Pros and Cons of requiring national accreditation in rules was completed by 9/30/2013. However, additional information has been obtained through the Nursing Education Rules Workshops. <u>A Significant Business and Legal Analyses will be completed by 7/1/2014.</u>
ED6	Evaluate non-traditional programs and make	<ul style="list-style-type: none"> Conduct review of data collected on non-traditional nursing programs by September 	<ul style="list-style-type: none"> Nursing Education Advisor and Licensing Manager 	Licensing Program Manager and Nursing	09/15/13	Completed review of data on non-traditional

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EDUCATION (ED 1 – 8)						
ID	Goal	Objective	Resources	Responsibility	Due	Progress/Notes
	recommendations	15, 2013 <ul style="list-style-type: none"> Develop action plan for non-traditional nursing programs based on recommendations and evaluation findings by November 16, 2013 		Education Advisor	11/16/13 <u>Recommend change this date until January 31/2014. 12.31.2014</u>	nursing program by mid-July 2013. Met with non-traditional program representatives in August 2013 and expressed concerns. 1/2014 NPAP issued request of program to submit self-study relative to Washington Students due to low NCLEX pass rates and high attrition rates. 3/2014 NPAP did not accept non-traditional school's request to consider the ACEN Focused self-study

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EDUCATION (ED 1 – 8)						
ID	Goal	Objective	Resources	Responsibility	Due	Progress/Notes
						completed in 2012. 4/2014 School sends focused self-study and asks for reconsideration. 5/2014 NPAP affirms want self-study by 09/01/2014.
ED7	Develop a plan for nurses with military training education transitioning to civilian employment	<ul style="list-style-type: none"> • Complete RFP to include: <ul style="list-style-type: none"> ○ Curriculum developed in Texas to build a model curriculum for Washington ○ Assess resources necessary to implement the model curriculum. ○ Approach personnel at JLBM and community colleges to implement the model curriculum • Award contract according to state contracting rules by September 30, 2013 	NO RESOURCES LISTED	Executive Director and Education Advisor	09/30/13	<p>Pro tem member appointed to complete this work; orientation and project planning meeting 12/12/13</p> <p>6/2014 Met with nursing program stakeholders interested in developing curriculum. Four EdD</p>

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EDUCATION (ED 1 – 8)						
ID	Goal	Objective	Resources	Responsibility	Due	Progress/Notes
		<ul style="list-style-type: none"> Assigned Nursing Commission members will continue to work with Western WA AHEC, NCSBN and other stakeholders Work with military transition officers to explore concept of 'one stop shopping' to transition military medical personnel to civilian employment in health care careers 				students who will be precepted by Education Advisor.
ED8	Evaluate effectiveness and outcomes of the medication assistant endorsement credential	<ul style="list-style-type: none"> Draft RFP by December 31, 2013 Award contract according to state contracting rules by April 30, 2014 Begin data collection by July 1, 2014. Complete study and present results to the Nursing Commission by December 31, 2014 	NO RESOURCES	Executive Director and Education Advisor	12/31/13 04/30/14 Recommend change this date to July 31/2014 07/01/14 Recommend change this date to 9/31/2014	Will be hiring research person to complete this study rather than contract process; position description approved

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EDUCATION (ED 1 – 8)						
ID	Goal	Objective	Resources	Responsibility	Due	Progress/Notes
					<p>for the proposal.</p> <p>12/31/14</p> <p>Final report when have sufficient sample (maybe 2015 to 2016?)</p>	

LICENSING (LIC 1 – 3)						
ID	Goal	Objective	Resources	Responsibility	Due	Progress/Notes
LIC1	Option 1: Change the nursing license renewal and	<ul style="list-style-type: none"> Complete legal review and analysis by June 30, 2014 Develop plan including fee study 	<ul style="list-style-type: none"> Staff and commission time: <ul style="list-style-type: none"> NCQAC Secretary's office HSQA/OLS Office of 	Licensing Program Manager and ARNP Advisor - <u>Work with</u>	<p>06/30/14</p> <p>09/30/14</p>	

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LICENSING (LIC 1 – 3)						
ID	Goal	Objective	Resources	Responsibility	Due	Progress/Notes
	competency assessment cycle to every 3 years <i>Option 2:</i> Change the nursing license renewal every 2 years and competency cycle to every 4 years	and stakeholder groups by September 30, 2014 <ul style="list-style-type: none"> Implement rule change by June 30, 2015 Review budget prediction and staffing by December 31, 2014 Determine biannual crossover with fiscal budget impact by December 31, 2014 Work with Communication's Office by March 30, 2015 Finalize the change by June 30, 2015 	Communication/	<u>Licensing</u>	06/30/15 12/31/14 12/31/14 03/30/15 06/30/15	
LIC2	Add Jurisprudence (JP) requirement for initial licensure and determine time period to require JP examination	<ul style="list-style-type: none"> Evaluate data from other professions and boards of nursing supporting jurisprudence examinations Obtain Commission approval at March 2014 Commission meeting 	<ul style="list-style-type: none"> Staff and commission time: <ul style="list-style-type: none"> NCQAC HSQA/OLS Reliability/validity testing of examination questions Costs to develop on-line examination Costs to maintain on-line examination 	Licensing Program Manager	03/14/14	

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LICENSING (LIC 1 – 3)						
ID	Goal	Objective	Resources	Responsibility	Due	Progress/Notes
	on renewals	<ul style="list-style-type: none"> • Write the exam by November 30, 2014 • Work with DIRM to create and administer the exam online and collaborate with online renewal by August 31, 2014 • Update and link to applications by June 30, 2015 • Implement by June 30, 2015 • Capture baseline data with first year of examination • Develop longitudinal study to complete cost/benefit analysis by June 30, 2015 	<ul style="list-style-type: none"> ○ Determine outcomes if fails examination 		<p>11/30/14</p> <p>08/31/14</p> <p>06/30/15</p> <p>06/30/15</p> <p>06/30/15</p>	
LIC3	Evaluate the use of criminal background checks in other states	<ul style="list-style-type: none"> • Meet with WSP and FBI to develop research and feasibility study of other states by January 30, 2014 regarding: <ul style="list-style-type: none"> ○ FBI background checks on all 	<ul style="list-style-type: none"> • Staff and commission time <ul style="list-style-type: none"> ○ NCQA/ ○ Secretary's office ○ HSQA/OLS/leg relations 	Executive Director and Investigation Program Manager; Licensing Manager NOTE: Project lead has been assigned to the	03/31/14	Develop project plan 12/09/13

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LICENSING (LIC 1 – 3)						
ID	Goal	Objective	Resources	Responsibility	Due	Progress/Notes
		<ul style="list-style-type: none"> ○ applicants and renewals. ○ WSP background checks and possible fee impacts on all renewals ● Provide recommendations to the Nursing Commission by November 30, 2014 		Chief Investigator. The process is in discussion.	01/30/14	

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PRACTICE STANDARDS (PRAC 1 – 3)						
ID	Goal	Objective		Responsibility	Due	Progress/Notes
PRAC1	Identify opportunities to transform the health care system and nursing practice based on the Institute of Medicine's Future of Nursing report to meet the challenges of the Affordable Care Act	<ul style="list-style-type: none"> Promote nurses to practice to the full extent of their education and training through consultation and educational activities by June 30, 2015 Develop an educational presentation and provide educational events for the public, agencies and health care workers on the roles and opportunities for nurses and transforming nursing practice by December 31, 2013-May 31, 2014 Participate in meetings and other events with other internal and external agencies about health care reform activities by December 31, 2013 	<ul style="list-style-type: none"> Staffing costs, travel costs, educational costs, marketing costs, stakeholder meeting costs 	Nursing Practice Advisor and ARNP Advisor	<p>06/30/15 6-30-15</p> <p>4-30-14</p> <p>1-9-15</p> <p>6-30-15</p>	<p>In progress.</p> <ul style="list-style-type: none"> Continually promote practice to full extent. Basic overview presented at the NCQAC Symposium May 9, 2014. Will update educational presentation based on NCQAC recommendations with plan to present at the November NCQAC Symposium. Written report in progress. Plan to present to the NCQAC delayed Attending meetings on ACA as provided.

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PRACTICE STANDARDS (PRAC 1 – 3)						
ID	Goal	Objective		Responsibility	Due	Progress/Notes
		<ul style="list-style-type: none"> Collaborate with stakeholders and agencies to improve practice environments and health systems by June 30, 2015 			06/30/15	Ongoing
		<ul style="list-style-type: none"> Promote lifelong learning through continuing competency requirements by June 30, 2015 			06/30/15	Ongoing
		<ul style="list-style-type: none"> Assign a Nurse Practice Advisory Group to study and analyze LPN roles, utilization and trends and make recommendations to the NCQAC by June 30, 2014-2015 			06/30/15	<ul style="list-style-type: none"> NPAG to work assigned to work on LPN issues. Continue to review and revise statements.
		<ul style="list-style-type: none"> Review and revise existing Interpretive Statements, Advisory Opinions and Policies relevant to LPN scope of practice by June 30, 2014-2015 			06/30/15	

WAC 246-872-010

Purpose.

The purpose of this chapter is to define the requirements for automated drug distribution devices in licensed pharmacies and health care facilities as defined in RCW [70.38.025](#)(6) and medical facilities as defined in RCW [70.40.020](#)(7) that choose to use them. The requirements for automated drug distribution devices provide drug security to protect public health and safety and provides access to medications for quality care. The chapter defines appropriate medication security, accountability, device performance, and patient confidentiality. Facilities with automated drug distribution devices must obtain board of pharmacy approval for the use of the devices.

[Statutory Authority: RCW [18.64.005](#). WSR 06-23-078, § 246-872-010, filed 11/13/06, effective 12/14/06.]

WAC 246-872-020

What definitions do I need to know to understand these rules?

(1) "Automated drug distribution devices" means automated equipment used for remote storage and distribution of medication for use in patient care. The system is supported by an electronic data base.

(2) "Information access" means entry into a recordkeeping component of the automated drug distribution device, by electronic or other means, to add, update, or retrieve any patient record, medication record, or other data.

(3) "Medication access" means the physical entry into any component of the automated drug distribution devices to stock, inventory, remove medications, or repair the device.

[Statutory Authority: RCW [18.64.005](#). WSR 06-23-078, § 246-872-020, filed 11/13/06, effective 12/14/06.]

WAC 246-872-030

What are the pharmacy's responsibilities?

Each facility using drug distribution devices must designate a registered pharmacist responsible for the oversight of the use of these devices. The responsibilities of this pharmacist are to ensure:

(1) Policies and procedures are in place for the safe use of patient medications that are removed from the devices, prior to pharmacist review of the prescriber's order.

(2) Conduct of quarterly audits of compliance with policies and procedures.

(3) Approval of the medication inventory to be stocked in the automated drug distribution devices.

(4) The checking and stocking of medications in the automated drug distribution devices is reserved to a pharmacist, pharmacy intern, or a pharmacy technician.

(a) A pharmacy technician checking the accuracy of medications to be refilled into automated drug distribution devices must have met the criteria for specialized functions in WAC [246-901-035](#) and have documentation of the training on file in the pharmacy.

(b) The board may approve electronic bar code checking, or other approved technology, in place of manual double-checking of the medications stocked in the automated drug distribution devices.

(5) Ensure the security of medications in automated drug distribution devices by:

(a) Limiting access to licensed health personnel consistent with the patient care services identified within their scope of practice;

(b) Using safeguards to prevent unauthorized access to the devices, including termination of access at the end of employment;

(c) Monitoring controlled substance usage and taking appropriate action as warranted; and

(d) Working in cooperation with nursing administration to maintain an ongoing medication discrepancy resolution and monitoring process.

(6) A process is in place for all staff using the automated drug distribution devices to receive adequate training.

(7) Pharmacist participation in the facility automated drug distribution devices system quality assurance and performance improvement program.

[Statutory Authority: RCW [18.64.005](#). WSR 06-23-078, § 246-872-030, filed 11/13/06, effective 12/14/06.]

WAC 246-872-040

What are the responsibilities of the facility in the use of automated drug distribution devices?

The licensed health care facility must maintain readily available policies and procedures for the use of automated drug distribution devices that address:

(1) Type of equipment, components, and locations.

(2) Medication and information access.

(a) The automated drug distribution devices must have a system in place to record all medication removal, waste, and returns including date and time, identity of user, patient name, complete description of medication, quantity, and witness signature or verification, if required;

(b) The record of medications filled, inventoried, or stocked including identification of the person accessing the automated drug distribution devices shall be readily retrievable and maintained by authorized personnel;

(c) Verification that a patient's information in the automated drug distribution device matches the information in facility records; and

(d) The records for patients discharged from the facility must be removed from the automated drug distribution devices data base within twelve hours.

(3) Medication management.

(a) All medications in the automated drug distribution devices must be packaged and labeled in compliance with state and federal laws;

(b) All controlled substances activities must comply with requirements of state and federal laws. The responsible pharmacist must have a system in place to verify the accuracy of controlled substance counts. Once in place, the counting system no longer requires compliance with WAC [246-873-080](#) (7)(h). The process for securing and accounting for returned or wasted medication is defined.

[Statutory Authority: RCW [18.64.005](#). WSR 06-23-078, § 246-872-040, filed 11/13/06, effective 12/14/06.]

WAC 246-872-050

What are quality assurance and performance improvement requirements for the use of automated drug distribution devices?

Each facility shall establish and maintain a quality assurance and performance program that includes but is not limited to:

- (1) Accuracy of medication filling and removal;
- (2) Regular review of controlled substances discrepancies;
- (3) Use of the data collected to take action to insure quality of care and make improvements to the automated drug distribution device system;
- (4) Documentation of the outcomes of the quality assurance activities.

[Statutory Authority: RCW [18.64.005](#). WSR 06-23-078, § 246-872-050, filed 11/13/06, effective 12/14/06.]

**MEMORANDUM OF UNDERSTANDING
BETWEEN
THE DEPARTMENT OF HEALTH CREDENTIALING (CR) AND NURSING
CARE QUALITY ASSURANCE COMMISSION (NCQAC) AND
THE DEPARTMENT OF SOCIAL AND HEALTH SERVICES (DSHS)
RESIDENTIAL CARE SERVICES (RCS)**

I. PURPOSE

1. The Department of Health (DOH) Credentialing (CR) and the Nursing Care Quality Assurance Commission (NCQAC) and the Department of Social and Health Services (DSHS) Residential Care Services (RCS) (the parties) hereby enter into this Memorandum of Understanding (MOU). By this MOU, the parties hereby seek to increase efficiency and benefit the state and minimize any duplication in order to meet federal and state legal requirements for nursing assistant competency testing, credentialing and managing of the OBRA Registry.

II. PRINCIPLES

This Memorandum is to be interpreted in accordance with the following principles:

1. DSHS investigates allegation of abuse, neglect, misappropriation or violation of resident rights in long-term care settings. DSHS will investigate complaints involving violation of CFR 483.75, 483.150-156 and is responsible for ensuring nursing assistants placed on the OBRA Registry have taken a competency evaluation test.
2. DSHS maintains and manages access to the certified nursing assistant Omnibus Budget Reconciliation Act (OBRA) Registry to enable nursing home facilities to complete OBRA Registry checks on prospective certified nursing assistants prior to hire as required by 42 CFR 483.75 (e)(5)(i)(ii).
3. The Secretary of DOH issues nursing assistant certification (NAC) to qualified applicants who fulfill the requirements for certification outlined in RCW 18.88A.085 and investigate complaints filed against NACs or nursing assistants registered (NAR). DOH applies the Uniform Disciplinary Act for NACs as outlined in RCW 18.130 and RCW 18.88A.
4. DSHS will review nursing assistant training programs in nursing homes according to CFR 483 with on-site surveys.

5. For Washington State NAC certification, the NCQAC has the authority provided by law as identified in RCW 18.88A.060.

III. TERMS

1. Nursing Assistant competency testing is required for state certification and placement on the OBRA Registry.
 - a. DSHS has a contract in place with PearsonVue that meets the requirements for nursing assistant competency testing and evaluation with an end date of June 30, 2015. While the current contract between PearsonVue and DSHS is in place, PearsonVue will send examination pass rate reports to NCQAC and DOH CR at the same time reports are sent to DSHS.
 - b. DSHS will form a governance committee with equal representation, derived from one staff member from the following positions: DOH credential manager, NCQAC Nursing Education Advisor, DSHS NATCEP manager, DSHS Compliance Office Chief. The committee will be tasked with developing an RFP, awarding of the contract and developing a quality assurance program to ensure Contractor compliance with performance measures and scope of work. The committee will also develop a process for the handling of complaints regarding the Contractor performance or testing procedures. In the event that the committee cannot reach a mutual agreement, the unresolved issues will be escalated to the Assistant Secretary of each the DOH, DSHS, the NCQAC Executive Director, and the RCS Director for a final decision.

At a minimum the governance committee will conduct quarterly conference calls. DSHS will work with DOH CR and NCQAC to develop a 2014 – 2015 call/meeting schedule at mutually agreed times and dates. DSHS will facilitate the development of an agenda with DOH CR and NCQAC at least two weeks prior to the established meeting dates.
 - c. DSHS will have the responsibility of managing the contract with the vendor that develops and administers the competency examination for NAC candidates. A representative from DSHS, DOH and NCQAC with signatory authority will sign the contract with the vendor. Changes to the contract will be pre-approved by the governance committee.

- d. DOH CR, NCQAC and DSHS will have access to PearsonVue SFTP sites to obtain and upload test result files to their respective databases. PearsonVue will notify each agency by email when report files are placed on the secure site.
2. DOH CR will review and authorize requests for the Nursing Assistant Certified (NAC) exam from individuals educated in the military, schools of nursing, internationally educated nurses, and out-of-state trained NAC candidates. NAC candidates will continue to apply for competency testing through NACES Plus until the end of the current PearsonVue contract in place. DOH CR will work directly with PearsonVue regarding exam authorization issues.
3. DSHS and DOH CR and NCQAC maintain websites that provide information relevant to each agency's respective work and authority. The agencies will share website links with each other for the purpose of sharing information with nursing assistant training programs.
4. NCQAC will process all NAC training program approvals, re-approvals, denials, and withdrawal of approvals, including curricula, program directors, instructors, training sites and affiliation agreements. DSHS will communicate with NCQAC regarding sanctioned nursing home facilities at the time that a sanction is placed on a nursing home facility. NCQAC will not approve of any nursing assistant training affiliation agreements in a sanctioned nursing home facility unless DSHS has approved this arrangement. DSHS will notify sanctioned skilled nursing facilities and affiliate nursing assistant training programs of its decision.
5. NCQAC will process approvals, re-approvals, denials and withdrawal of approvals for all programs to meet the requirements in WAC 246-841-420. DSHS will process approvals, re-approvals, denials and withdrawal of approvals, for training sites and programs in licensed nursing facilities to meet the requirements in to CFR 483.
6. NCQAC will add (iv) to WAC 246-841-420(1)(j) to state "(j) Verification that the nursing assistant-certified training program or school is approved to operate in the state of Washington by:
 - (i) The state board for community and technical colleges;
 - (ii) The superintendent of public instruction;
 - (iii) The workforce training and education coordinating board;
 - (iv) The department of social and health services."
7. Certificates of Completions (COC) are currently required by NACES for NAC competency testing. NCQAC will continue to provide an electronic

copy of the COC to approved Washington State nursing assistant training programs until such time when a copy of the COC is no longer needed.

8. DSHS will notify the DOH CR and NCQAC in writing within 10 business days of changes in the federal requirements for certified nursing assistant training and competency evaluation.
9. NCQAC will include DSHS in stakeholder meetings and will notify DSHS within 10 business days of any change made to chapter 18.88A, chapter 246-841 WAC or any policy that affects nursing assistants certified.
10. Whenever sharing of information between the two agencies occurs, it will be handled in accordance with the Revised Code of Washington and the Code of Federal Regulations.

IV. AGREEMENT

This Agreement will commence on the Date of Execution and shall end on June 30, 2017 unless terminated sooner or extended by approval of the parties.

This Memorandum of Understanding (MOU) consisting of four (4) pages, is executed by the persons signing below who warrant that they have the authority to execute this MOU.

DSHS Signature

Date

DOH Signature

Date

NCQAC Signature

Date

RCW 18.88A.050

Powers of secretary.

In addition to any other authority provided by law, the secretary has the authority to:

(1) Set all nursing assistant certification, registration, medication assistant endorsement, and renewal fees in accordance with RCW [43.70.250](#) and to collect and deposit all such fees in the health professions account established under RCW [43.70.320](#);

(2) Establish forms, procedures, and the competency evaluation necessary to administer this chapter;

(3) Hire clerical, administrative, and investigative staff as needed to implement this chapter;

(4) Issue a nursing assistant registration to any applicant who has met the requirements for registration;

(5) After January 1, 1990, issue a nursing assistant certificate to any applicant who has met the training, competency evaluation, and conduct requirements for certification under this chapter;

(6) Issue a medication assistant endorsement to any applicant who has met the requirements of RCW [18.88A.082](#);

(7) Maintain the official record for the department of all applicants and persons with registrations, certificates, and medication assistant endorsements under this chapter;

(8) Exercise disciplinary authority as authorized in chapter [18.130](#) RCW;

(9) Deny registration to any applicant who fails to meet requirement for registration as a nursing assistant;

(10) Deny certification to applicants who do not meet the training, competency evaluation, and conduct requirements for certification as a nursing assistant; and

(11) Deny medication assistant endorsement to applicants who do not meet the requirements of RCW [18.88A.082](#).

[2012 c 208 § 5; 2010 c 169 § 5; 1991 c 16 § 6; (1991 c 3 § 222 repealed by 1991 sp.s. c 11 § 2); 1989 c 300 § 7; 1988 c 267 § 6. Formerly RCW [18.52B.060](#).]

Notes:

Effective date -- 2012 c 208 §§ 2-10: See note following RCW [18.88A.020](#).

Findings -- Rules -- 2012 c 208: See notes following RCW [18.88A.082](#).

Conflict with federal requirements -- 2010 c 169: See note following RCW [18.88A.010](#).

RCW 18.88A.060

Commission — Powers.

In addition to any other authority provided by law, the commission may:

- (1) Determine minimum nursing assistant education requirements and approve training programs;
- (2) Approve education and training programs and examinations for medication assistants as provided in RCW [18.88A.082](#);
- (3) Define the prescriber-ordered treatments a medication assistant is authorized to perform under RCW [18.88A.082](#);
- (4) Prepare, grade, and administer, or determine the nature of, and supervise the grading and administration of, the competency evaluation for applicants for nursing assistant certification, using the same competency evaluation for all applicants, whether qualifying to take the competency evaluation under an approved training program or alternative training;
- (5) Establish forms and procedures for evaluation of an applicant's alternative training under criteria adopted pursuant to RCW [18.88A.087](#);
- (6) Define and approve any experience requirement for nursing assistant certification;
- (7) Adopt rules implementing a continuing competency evaluation program for nursing assistants; and
- (8) Adopt rules to enable it to carry into effect the provisions of this chapter.

[2012 c 208 § 6; 2010 c 169 § 6; 1994 sp.s. c 9 § 710; 1991 c 16 § 8; 1989 c 300 § 8; 1988 c 267 § 7. Formerly RCW [18.52B.070](#).]

Notes:

Effective date -- 2012 c 208 §§ 2-10: See note following RCW [18.88A.020](#).

Findings -- Rules -- 2012 c 208: See notes following RCW [18.88A.082](#).

Conflict with federal requirements -- 2010 c 169: See note following RCW [18.88A.010](#).

Severability -- Headings and captions not law -- Effective date -- 1994 sp.s. c 9: See RCW [18.79.900](#) through [18.79.902](#).

MEDICAL MARIJUANA AUTHORIZATION PRACTICE GUIDELINES

Purpose

To improve patient safety and maintain the dignity of the health professions in the state of Washington, the Board of Naturopathy, the Medical Quality Assurance Commission, the Nursing Care Quality Assurance Commission, and the Board of Osteopathic Medicine and Surgery have worked together to adopt shared professional practice standards expected of all health care professionals who authorize medical marijuana under Washington State law.

Guidelines

A health care professional may provide valid documentation to authorize medical marijuana to a qualifying patient under Chapter 69.51A RCW under the following conditions:

Section 1: Patient Examination

1. A health care professional should obtain, evaluate, and document the patient's health history and physical examination in the health record prior to treating for a terminal or debilitating condition.
 - a. The patient's health history should include:
 - i. Current and past treatments for the terminal or debilitating condition;
 - ii. Comorbidities; and
 - iii. Any substance abuse.
 - b. The health care provider should:
 - i. Complete an initial physical examination as appropriate based on the patient's condition and medical history; and
 - ii. Review the patient's medications including indication(s), date, type, dosage, and quantity prescribed.

Section 2: Treatment Plan

2. A health care professional should document a written treatment plan that includes:

- a. Review of other measures attempted to treat the terminal or debilitating medical condition that do not involve the medical use of marijuana;
- b. Advice about other options for treating the terminal or debilitating medical condition;
- c. Determination that the patient may benefit from treatment of the terminal or debilitating medical condition with medical use of marijuana;
- d. Advice about the potential risks of the medical use of marijuana to include:
 - i. The variability of quality and concentration of medical marijuana;
 - ii. Adverse events, including falls or fractures;
 - iii. Use of marijuana during pregnancy or breast feeding; and
 - iv. The need to safeguard all marijuana and marijuana infused products from children and pets or domestic animals.
- e. Additional diagnostic evaluations or other planned treatments;
- f. A specific duration for the medical marijuana authorization for a period no longer than twelve months; and
- g. A specific ongoing treatment plan as medically appropriate.

Section 3: Ongoing treatment

3. A health care professional should conduct ongoing treatment as medically appropriate to review the course of patient's treatment, to include:
 - a. Any change in the medical condition;
 - b. Any change in physical and psychosocial function; and
 - c. Any new information about the patient's terminal or debilitating medical condition.

Section 4: Maintenance of Health Records

4. A health care professional should maintain the patient's health record in an accessible manner, readily available for review, and include:
 - a. The diagnosis, treatment plan, and therapeutic objectives;

- b. Documentation of the presence of one or more recognized terminal or debilitating medical conditions identified in RCW 69.51A.010(6) or approved pursuant to RCW 69.51A.070;
- c. Results of ongoing treatment; and
- d. The health care professional's instructions to the patient.

Section 5: Treating Minor Patients or Patients Without Decision Making Capacity

- 5. If the patient is under the age of eighteen or the patient is without decision making capacity, the health care professional should:
 - a. Ensure the patient's parent, guardian, or surrogate participates in the treatment and agrees to the medical use of marijuana;
 - b. Consult with other health care providers involved in the patient's treatment, as medically indicated and as agreed to by the patient's parent, guardian, or surrogate, before authorization or reauthorization of the medical use of marijuana; and
 - c. Include a follow-up discussion with the minor's parent or patient surrogate to ensure the parent or patient surrogate continues to participate in the treatment.

Section 6: Continuing Education

- 6. A health care professional issuing authorizations or valid documentation for the medical use of marijuana on or after the effective date of these guidelines should complete a minimum of 3 hours of continuing education related to medical marijuana. Such program should explain the proper use of marijuana, including the pharmacology and effects of marijuana (e.g. distinction between cannabidiol (CBD) and tetrahydrocannabinol (THC); methods of administration; and potential side effects or risks).

Application for Approval to Receive Lists/Labels

This is an application for approval to receive lists and labels, not a request for lists and labels. You may request lists and labels after you are approved. Approval can take up to three months.

RCW 42.56.070(9) limits access to lists and labels. Lists of credential holders may be released only to professional associations and educational organizations approved by the disciplining authority.

- A "professional association" is a group of individuals or entities organized to:
 - Represent the interests of a profession or professions;
 - Develop criteria or standards for competent practice; or
 - Advance causes seen as important to its members that will improve quality of care rendered to the public.
- An "educational organization" is an accredited or approved institution or entity which either
 - Prepares professionals for initial licensure in a health care field or
 - Provides continuing education for health care professionals.

We are a "professional association"

We are an "educational organization."

Lisa Cione, Marketing Coordinator

800-355-5627 - ext. 1752

(610) 270-3180

Primary Contact Name ↓

Phone ↓

Fax ↓

Christina Allmer, Kate McNally

Additional Contact Names (Lists are only sent to approved individuals) ↓

Merion Matters

Professional Assoc. or Educational Organization ↓

Federal Tax ID or Uniform Business ID number ↓

2900 Horizon Drive

King of Prussia, PA 19406

Street Address ↓

City, State, Zip Code ↓

The lists will be used to promote our free national print and digital healthcare magazines.

1. How will the lists and labels be used? ↓

Nurses, NPs, and PAs

2. What profession(s) are you seeking approval for? ↓

Please attach information that demonstrates that you are a "professional association" or an "educational organization" and a sample of your proposed mailing materials.

Mail to: PDRC - PO Box 47865 - Olympia WA 98504-7865

Fax to: PDRC - 360-586-2171

Email to: PDRC@DOH.Wa.Gov

Lisa Cione

9/19/2014

Signature ↓

Date ↓

If you have questions, please call (360) 236-4836

For Official Use Only

Authorizing Signature: _____

Approved: _____ Printed Name: _____

Denied: 5-year one-time

Title: _____ Date: _____



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
Nursing Care Quality Assurance Commission
PO Box 47864
Olympia, Washington 98504-7864

October 14, 2014

Lisa Cione
Merion Matters
2900 Horizon Drive
King of Prussia, PA 19406

Re: Request for Additional Information

Dear Ms. Cione:

On September 19, 2014, we received your request for recognition by the Nursing Commission to receive lists and labels for the following profession(s): Registered Nurses, Licensed Practical Nurses, Nurse Technicians and Advanced Registered Nurse Practitioners.

To qualify as an approved "educational organization" you must meet the following definition:

- An educational organization is defined as an accredited or approved institution or entity which either prepares professionals for initial licensure in a health care field or provides continuing education for health care professionals.

Based on the information you provided, we cannot determine whether you meet the definition of an educational organization. The Nursing Commission will review your request at the next commission meeting on November 14, 2014. In order to assist us with our decision please provide documentation confirming your status as an educational organization. In order to assist us with our decision please provide documentation confirming your status as an educational organization. We must receive this information in our office by November 7, 2014.

If you have any questions, please feel free to contact me at (360) 236-4713.

Sincerely,

Paula R. Meyer, MSN, RN, FRE
Executive Director
Nursing Care Quality Assurance Commission
PO Box 47864
Olympia, WA 98504-7864

Enclosure

DECLARATION OF MAILING

I declare that today, at Olympia, Washington, I sent a copy of this document to Lisa Cione by mailing a copy properly addressed with postage prepaid.

Dated this 14th day of October 2014.

Paula R. Meyer, MSN, RN, FRE, Executive Director
Nursing Care Quality Assurance Commission
(360) 236-4713

 MSN, RN, FRE
Signature

cc: Adjudicative Service Unit