

Washington NURSING COMMISSION NEWS

SUMMER 2013 • VOLUME 7, Nº2, EDITION 16



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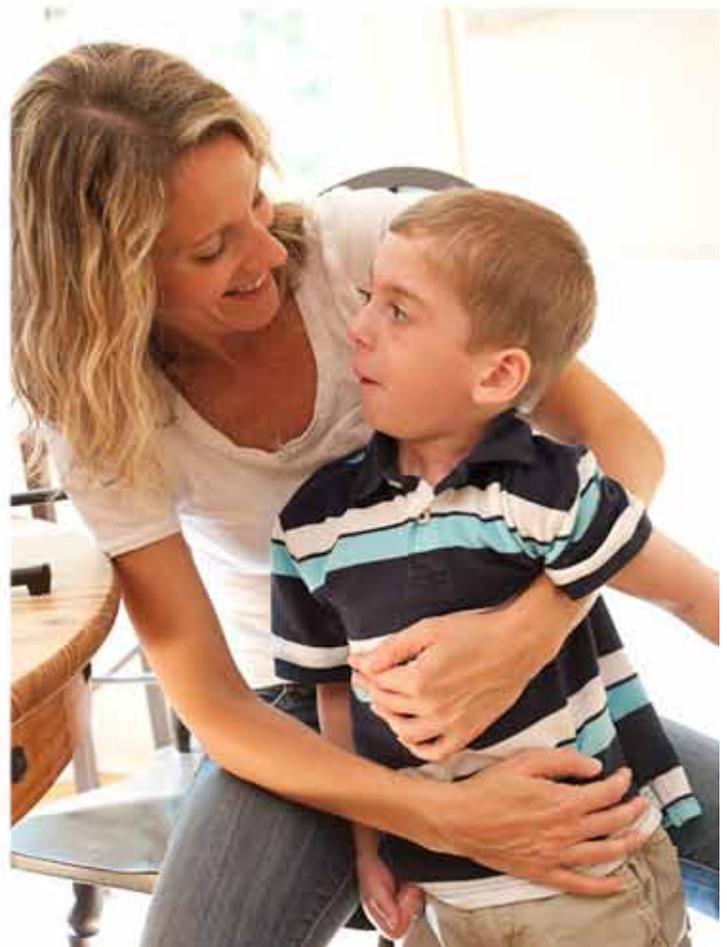
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PUBLISHED BY

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HTTP://WWW.DOH.WA.GOV/HSQA/PROFESSIONS.NURSING/DEFAULT.HTM

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

Executive Director

Paula R. Meyer, MSN, RN

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Message from the Chair

BY SUELLYN MASEK, MSN, RN, CNOR

The Nursing Care Quality Assurance Commission (NCQAC) is pleased to report that Second Substitute House Bill (SSHB) 1518 passed the legislature and was signed into law by Governor Inslee on April 25, 2013. This piece of legislation makes permanent the so-called “pilot project” in effect since July 2008 that granted the commission additional authority over staffing and budget, thus solidifying the current management structure. It took years of hard work by your commission leadership team and staff to achieve this goal. During this legislative session, I provided testimony on two separate occasions to our legislature concerning the results of our four-year pilot project. We found that by having more autonomy over our performance outcomes, we were able to increase the total number of completed investigations by 71 percent, decrease the amount of time used in investigations by 37 percent and decrease our backlog of investigations by 34 percent!

The passing of SSHB 1518 gives the Nursing Commission the authority it needs to continue to improve processes and procedures. The law also requires the commission to submit another performance report to the legislature by the end of 2013. We are excited and energized by our current performance results and welcome the responsibility and accountability of an additional report. We expect good news from a second report and are committed to excellent financial stewardship of your licensing fees.

In May 2012, the Nursing Commission leadership team completed the Military Medical Education and Training Comparison Report. This report compared three different military medical education programs with our Washington Administrative Code (WAC) educational requirements for Licensed Practical Nurse (LPN) licensure. A copy of the report is available upon request at Nursing@doh.wa.gov.

The National Council of State Boards of Nursing (NCSBN) expressed great interest in our work and expanded on our initial report by comparing selected military health care programs to a national standardized LPN curriculum. In this current national legislative session, many states submitted bills concerning the transition of military personnel into the civilian workforce. Several states have used the work your Nursing Commission leadership team completed in 2012 as a foundation in this national discussion. Washington State is leading the way!

I would be remiss if I did not mention continuing education in practice. It has been said that the only constant is change, and to be sure, nursing as a profession is constantly growing and changing. Please work with us to promote and engage lifelong learning for our nursing partners and peers.

Enjoy the newsletter.

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MEET NEW WASHINGTON SECRETARY OF HEALTH JOHN WIESMAN

It's an honor to be Washington's new secretary of health. Governor Jay Inslee is committed to improving the health of people in our state, and the state Department of Health is a nationally recognized leader. I'm excited to be a part of the team.

I've spent more than 22 years working in four local public health agencies in Connecticut and Washington. Most recently, I led Clark County Public Health as we transformed the agency into a first responder organization.

Like many in health professions, there was a pivotal moment in my life that led me to my career in public health. For me, that moment was reading a 1983 Time Magazine article about disease detectives tracking Legionnaires' disease, toxic shock syndrome, and HIV.

I received my master of public health (MPH) in chronic disease epidemiology from Yale University in 1987. That's when I met my husband, Ted. I recently earned my doctorate (DrPH) in public health executive leadership from the University of North Carolina-Chapel Hill.

I grew up in a home with seven children, which taught me patience, sharing, and the importance of working together. My parents provided a stable foundation for us to learn and grow – they set boundaries and made sacrifices so they could provide for us. Not everyone has this kind of a healthy start, but all children should. One of my passions in public health is to help parents and caretakers provide kids with the most nurturing, safe environment possible.

As nurses, you understand that protecting and improving the health of people in Washington is a huge responsibility; that's my commitment, too. I've hit the ground running by setting clear priorities for the agency, while making sure we continue



with the major, fundamental public health work that's already underway.

The devastation caused by tornados in Oklahoma, the Boston Marathon bombings, and other recent events prove that public health agencies and our health care system must be ready for immediate health threats 24/7. One of my main priorities is to make sure the Department of Health is an all-hazard, first-response agency that works seamlessly with health care and government partners on all levels. We've done good work in this area, but it's never finished.

Another top priority is patient safety and quality health care. Our work licensing and credentialing health care professionals is one of the keys to a health care system that provides safe, quality care. And it helps the system deliver on what's known as "the triple aim" – improving the patient experience of care, improving population health, and reducing the per capita cost of health care. To truly achieve

the triple aim, local health care professionals, public health, and human service agencies have to come together, break down their walls, and rethink how care is provided. Some parts of our state are already doing this, and the Department of Health supports that work.

Our state has made excellent progress driving down smoking rates, and the department will continue to make tobacco prevention a priority. There are challenges though; budget cuts have severely limited resources for this work. That means, more than ever, we must make sure we're focusing our efforts on areas where we can have real, measurable impacts. Nurses and all health care providers can play a key role; you're a trusted source of information for your patients. Please ask every one of them if they smoke. Encourage the ones who do to consider quitting and refer them to local resources or the state Tobacco Quitline (1-800-QUIT-NOW). Many health insurance companies provide some cessation support, and Medicaid also has assistance to help people quit.

Health insurance doesn't guarantee access to health care, but it's a start. Health care reform will greatly increase the number of people who are insured around the country. Some of the pieces of reform are in place and gaining momentum, yet there's still a lot to figure out and many opportunities ahead. I'm working closely with my peers at the state Health Care Authority, the Department of Social and Health Services, and other state agencies to identify agency roles in this important work.

We also have significant work to do to address the obesity epidemic. Nearly one in four tenth graders in our state is obese or overweight. The numbers are even higher among American Indians, African Americans, Hispanics, and Pacific Island-

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ers. We must slow or stop these trends; it's crucial to improving the health of our communities. The department will give special emphasis to childhood obesity. Of course, we can't do it alone. It's going to take a comprehensive effort across public health, other government agencies, health care, and private business. We'll set specific targets and accountabilities, and track our progress. I'm pleased to report that the governor is paying close attention to this issue, especially as it relates to diabetes.

The governor has also made climate change a priority, as have I. We'll be leaders in addressing the public health impacts of this important issue that will affect generations to come.

I'm also working on ways to strengthen our local-state public health network. It's on the breaking point in some communities and we can't let that happen. People in Washington deserve a basic level of public health protection and services regardless of where they live in our state.

I believe these priorities are a natural fit for the current operating environment and the challenges we face today. I'm excited to be on this journey with you as we strive to make Washington a healthier place to live, work, and play.



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Message from the Executive Director

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

Each year, the legislature considers hundreds of issues. The legislature drafts bills to address these concerns and some of the bills pass through both houses on their way to the governor for signature. Each session, I encourage people to watch “I’m Just a Bill” from *School House Rock* on YouTube. This video is a short demonstration of the legislative process of our government, similar to the civics course we took in school. Back then, a lecture on how a bill gets through the legislature and then to the governor for final approval may have seemed like just another teacher talking. But I have found actually following bills and working with people to make new laws is a fascinating experience. The Nursing Commission, which is part of the executive branch of our state government, is limited by law regarding how commission members may interact with legislators. All time spent by Nursing Commission members with legislators must be recorded and submitted to the Public Disclosure Commission.

During the 2013 legislative session, the Nursing Commission studied and participated in many bills affecting nursing regulation. The list below captures the bills that passed and the governor signed into law. You can access the full text of these at www.leg.wa.gov.

House Bill 1003¹

The Department of Social and Health Services (DSHS) surveys nursing homes according to state and federal standards. DSHS also surveys long-term care facilities and private homes to investigate complaints of abuse, potentially taking actions on licenses and privileges, upon a substantiated finding of abuse, neglect, abandonment, or financial exploitation of a minor or vulnerable adult or other violation. DSHS reports these individuals to the appropriate disciplinary authority. If the individual is a nurse, DSHS reports the findings to the Nursing Commission. DSHS reports nursing assistant findings to the Department of Health.

The new law requires immediate suspension of that individual’s license to practice by the Nursing Commission. That individual must not care for minors or

vulnerable adults until the disciplinary proceedings are complete. This law becomes effective January 1, 2014.

Substitute House Bill 1182²

This new law amends the Legend Drug Act of Washington to add pharmacists to the list of health care professionals who may prescribe legend drugs, according to drug therapy guidelines or protocols authorized by the Board of Pharmacy and approved by a practitioner authorized to prescribe legend drugs.

Substitute House Bill 1343³

In 2008, the legislature approved a \$5 surcharge to nursing licensure fees to support the work of a centralized nursing resource center. The surcharge goes directly to the Washington Center for Nursing. The Washington Center for Nursing collects data and information related to the supply and demand for nurses in our state, nursing education, and demographics of our nursing population. Visit the Washington Center for Nursing website to find the average age of a nurse in Washington, the number of licensed practical nurses in the Clark County, and the Institute of Medicine’s Future of Nursing Education report. The Department of Health was required to submit a report to the legislature on the work of the Washington Center for Nursing. You can find the report at this website: <http://www.wacenterformnursing.org/>. The report includes facts and testimony from national nurses associations and organizations supporting its work. Much of this work results from the surcharge. The surcharge was set to expire July 1, 2013. This bill repealed the expiration date.

Engrossed Substitute House Bill 1381⁴

The Nursing Commission is the disciplinary authority for licensed practical nurses, registered nurses, advanced registered nurse practitioners, and nursing technicians. This authority means that members of the Nursing Commission make disciplinary decisions on nursing licenses. The Secretary of Health is the disciplinary authority for many professions in Washington

State, including registered and certified nursing assistants. For these professions, Department of Health personnel as delegated by the Secretary of Health, make disciplinary decisions.

The Nursing Commission and the secretary of health use a presiding officer or health law judge, to conduct disciplinary hearings. In the Nursing Commission's hearings, the Nursing Commission members make the final disciplinary decisions. The Nursing Commission members must make the decisions if the case is related to standards of nursing care or clinical expertise. If the case does not include standards of care or require clinical expertise, the Nursing Commission may delegate these decisions to a health law judge. Examples of these types of cases include when a nurse is found stealing from a patient or when there is a finding of financial exploitation.

Engrossed Substitute House Bill 1515⁵

In 2012, the legislature required health care assistants to be registered or licensed as medical assistants. The 2012 law defines which medical assistants require registration or certification, education and examination requirements; identifies who can supervise medical assistants; and lists tasks and responsibilities performed by medical assistants. The law also required the Department of Health to submit a report based on input from all health professions on the use of medical assistants in Washington. Engrossed Substitute House Bill 1515 used the information from this report to further define the scope of practice of medical assistants in Washington. Engrossed Substitute House Bill 1515 describes requirements for certified medical assistants, certified hemodialysis technician medical assistants, and certified phlebotomist medical assistants. The bill also lists requirements for current medical assistants to gain certification or registration by the Department of Health.

During the 2013 legislative session, the Nursing Commission studied and participated in many bills affecting nursing regulation.

The Department of Health is also drafting rules for medical assistants. Many professional organizations and employers provided excellent information for these regulations.

Second Substitute House Bill 1518⁶

In 2008, the legislature passed and Governor Gregoire signed House Bill 1103. This law required the Nursing Commission and the Medical Commission to participate in a pilot project. The law gave both commissions more authority over their personnel and budget, and required adoption of performance measures. The performance measures addressed licensing, discipline, rules, personnel, and financial outcomes. The law required both commissions to compare their performance to each other, to other health professions, and to their own performance prior to the pilot project. Second Substitute House Bill 1518 also required comparison to performance data from national databases. The new law required the secretary of health, the Nursing Commission, and the Medical Commission to submit a report to the legislature.

The Nursing Commission improved its performance in licensing, discipline, rules, personnel, and financial measures. The Nursing Commission compared its performance with the performance of the Arizona State Board of Nursing and the North Carolina Board of Nursing by using a national database from the National Council of State Boards of Nursing. We will dig deeper into this information and find ways to improve performance further.

Second Substitute House Bill 1518 is a result of the outcomes of the 1103 performance measures and report. This new law makes the pilot projects for the Nursing Commission and Medical Commission permanent and allows the Chiropractic Commission to begin a pilot project. The Nursing Commission requested an amendment to the original bill requiring more analysis of the findings and recommendations. This report is due by December 31, 2013.

The full report is available upon request by calling our office at 360-236-4700.

Substitute House Bill 1541⁷

The 2012 legislature adopted and Governor Gregoire signed a bill adding topical medications, eye drops, and ear drops to approved oral medications given by school personnel. Substitute House Bill 1541 adds nasal sprays to the approved types of medications administered by kindergarten through grade 12 (public and private) school personnel. The school board, governing board or chief administrator of a school must adopt policies addressing the designation of school employees who may administer oral and topical medications, eye drops, ear drops, and now nasal sprays. Parents (or legal guardians) must supply a request and instructions for the administration of these drugs in schools.

If a nurse is on the premises when a student needs a nasal spray that is a legend drug or a controlled substance, the school nurse must administer the nasal spray medication. If a nurse is not on

continued on page 10

the premises when the student needs the nasal spray medication, the medication may be administered by a trained school employee or Parent Designated Adult (PDA). After the nasal spray (that is a legend drug or controlled substance) is administered by the school employee or the PDA, emergency medical assistance must be notified as soon as practicable.

This law also describes the process for obtaining appropriate training in proper procedures for care of students with epilepsy for the school employee or PDA from a health care provider or expert in epileptic seizure care. If a school employee is to be trained to provide the nasal spray and care, the school must not be coerced. The school employee must first voluntarily submit a letter of interest to receive the training and provide the care. If a school employee chooses to not become a PDA or provide the nasal spray, there cannot be employer or parent reprisal.

Senate Bill 5092⁸

On January 1, 2014, the Nursing Commission will begin to audit nurses to assure compliance with the requirements for continuing competency. The Nursing Commission requires every licensed practical nurse and registered nurse to have 531 hours of active practice and 45 hours of continuing education every three years.

Senate Bill 5092 allows registered nurses who are advancing their nursing education an exemption from the continuing competency requirements. The law requires the Nursing Commission to write rules on continuing competency and allows the Nursing Commission to provide other exemptions.

The Nursing Commission published its frequently asked questions related to continuing competency in the Winter 2013 Nursing Commission Newsletter. Please review the Frequently Asked Questions for more information.⁹ The Nursing Commission will hold rules workshops on the exemptions. Please access the Nursing Commission website for information.¹⁰

Engrossed Senate Bill 5104¹¹

School laws allow epinephrine to be administered by school personnel in cases of life threatening emergencies. Engrossed Senate Bill 5104 allows schools to keep epinephrine injectors in the schools. The bill requires a healthcare professional with prescriptive authority (for example, an advanced registered nurse practitioner, physician, physician's assistant, or an osteopath) to provide a prescription for the epinephrine auto-injector for the school. The prescriber must also provide a standing order for the administration of the epinephrine.

Substitute Senate Bill 5416¹²

This law amends the legend drug laws and controlled substance laws by expanding the definition of electronic transmission of prescriptions. The new definition includes electronic transmission of prescriptions using computer systems.

REFERENCES:

1. <http://apps.leg.wa.gov/documents/bill-docs/2013-14/Pdf/Bills/House%20Passed%20Legislature/1003.PL.pdf>
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12. <http://apps.leg.wa.gov/documents/bill-docs/2013-14/Pdf/Bills/Senate%20Passed%20Legislature/5416-S.PL.pdf>

NEW MEDICAL ASSISTANT LAW EFFECTIVE JULY 1, 2013

The 2012 Legislature passed a bill that creates four medical assistant credentials in Washington State: medical assistant-certified, medical assistant-registered, medical assistant-phlebotomist, and medical assistant-hemodialysis technician. Coded as chapter 18.360 RCW, this law is effective July 1, 2013. These new medical assistant credentials will replace existing health care assistant certifications. The Department of Health will not issue health care assistant credentials after July 1, 2013. Medical assistants

may be supervised by allopathic physicians, osteopathic physicians, podiatric physicians, allopathic physician assistants, osteopathic physician assistants, advanced registered nurse practitioners, naturopaths, optometrists, and registered nurses.

To learn how health care assistants will transition to medical assistants or view general information about the new medical assistant credentials, please visit www.doh.wa.gov/medicalassistant.

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The RN to BSN program has been approved by the State Board for Community and Technical Colleges (SBCTC) and is on target for approval from the Washington State Nursing Care Quality Assurance Commission (NCQAC) for Summer 2013. Classes to start Fall 2013 on condition of full approval from NCQAC.

Why Bellevue College?

Bellevue College's RN to BSN program is designed with working nurses in mind. Students may choose to study full-time or part-time. Courses are taught through a low-residency, hybrid model in which degree candidates come to campus one or two days each week to meet with the instructor and their student colleagues. Lectures will be captured and available for online viewing. All students take the same core nursing courses, as well as general education courses in philosophy, economics, anthropology, and humanities. Students may choose to take additional healthcare-related or general education electives as well.

Overall credits in the program are 182, broken down as follows: 90 transfer credits from associate's degree, 45 NCLEX-RN exam credits, 32 credits in upper-division nursing courses, and 15-20 elective credits, taken during the RN to BSN program.

FOR MORE INFORMATION:

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You can also stop by and visit or give us a call at (425) 564-2012.
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AFTER THE INVESTIGATION IS COMPLETED

The last time you heard from us, we wrote about the investigative process and explained the steps an investigator takes to gather records, statements, and other necessary information to support or refute allegations presented in the complaint. The Nursing Commission opened a little over 600 complaints to investigation in 2012, a number which represents fewer than six percent of the licensed nurses in Washington. You may have never experienced the process or known someone who was the subject of an investigation.

After the investigation is completed, the investigator submits the investigative file containing the evidence and report to the chief investigator for review and approval. The investigative file then passes to the case manager, who scans copies of the entire file to both a Reviewing Commission Member (RCM) and a staff attorney. Case disposition, which lasts up to 140 days, is the phase from the time the investigation is complete, until the case either is closed without action or charges are served.

Under certain circumstances, the investigator may ask the Case Management Team (CMT) to review and consider a case for expedited closure. This option is used when the investigation clearly shows there is reason for the Nursing Commission to close the case without going through the full review process. Examples of these cases include:

- Evidence demonstrates the respondent was not the perpetrator.
- Evidence demonstrates the complaint is not a violation of law.
- Certain substance abuse investigations where the respondent signs a contract and enters into a formal monitoring program.



Expedited closures allow us to close the case quickly within the 45 days allowed for the RCM and panel review.

All other cases continue in the case disposition phase where the staff attorney writes a legal review of the investigation and confers with the RCM. The attorney and RCM identify the laws the nurse violated and consider aggravating and mitigating factors. If the case falls within the parameters of the Health Systems Quality Assurance Sanctions and the Nursing Care Quality Assurance Commission Sanction Standards, they propose sanctions.

During the RCM and staff attorney review process, either may request additional information from the investigative unit. When the RCM believes he or she has all the necessary relevant facts, the RCM presents the case to a panel of decision makers, which consists of a minimum of three Nursing Commission members. The staff attorney also serves on the panel for the purpose of explaining the law and answering questions for the panel. The panel dis-

cusses the case in order to determine how the case should be resolved. The panel may close the case at this time for these reasons:

- Evidence does not support a violation.
- Insufficient evidence.
- No jurisdiction.
- No violation at the time the event occurred.
- Risk minimal, not likely to reoccur.
- Conduct was within standard of practice.
- No violation of law.
- Care rendered was within the standard of care.
- Unique closure (such as the respondent met the criteria and entered the Washington Health Professional Services Program in lieu of discipline).

If the commission closes the case with no findings, the case goes back to the case manager. A letter is written which informs the complainant and respondent of the reason for the closure.

If the case moves forward, it travels through one of two paths: Statement of Allegations or Statement of Charges.

A Statement of Allegations is an attempt to reach an agreement to resolve the case through informal discipline. A Stipulation to Informal Disposition (STID) is a resolution where the nurse may not admit to the misconduct, but agrees to the resolution. The Nursing Commission will levy sanctions, which may include cost reimbursement, essays, continuing education, and suspension for a definitive period of time or restrictions on the nurse's practice.

A Statement of Charges (SOC) is a formal action issued when the conduct is too egregious to settle through informal disposition, the nurse contests a Statement of Allegations, or the nurse cannot reach an agreement on resolution by means of a STID. Sanctions can be as severe as permanent revocation of the nurse's license. Commission staff schedule hearing proceedings before a health law judge and an assistant attorney general serves as the

prosecutor. The judge sits with a panel of three commission members who hear the case, including evidence and testimony presented by both sides. Parties can continue to negotiate a settlement up to the date of the hearing. The decision of the panel when a health law judge hears a case is final and cannot be further negotiated. The nurse has the right to request reconsideration or a judicial review of the order.

Once adjudication is complete, both formal and informal discipline will appear on the provider/credential look-up on the Department of Health website, which is accessible to the public. Discipline also appears in the national databank (Nursys®) which reports the discipline to all other states who license the nurse. The commission also takes action against a nurse licensed in our state when another state has sanctioned the nurse for misconduct that, if committed in Washington, would violate the Nurse Practice Act.

BY LINDA PATTERSON, RN

Continued Competency Requirements

Have you been wondering what you need to do to comply with the continued competency requirements? Nurses, RNs and LPNs with active licenses in 2011 will be required to meet requirements by their birthday in 2014. Check out our newly updated frequently asked questions (FAQs): <http://www.doh.wa.gov/LicensesPermitsandCertificates/NursingCommission/Continuing-Competency/FrequentlyAsked-QuestionsFAQ.aspx>

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Newly Created ARNP Sanctioning Guidelines

Protecting the public of Washington State is the chief task of the Nursing Care Quality Assurance Commission (NCQAC). One of the ways the Nursing Commission achieves this objective is by overseeing discipline and sanctioning of nurses. The Nursing Commission receives approximately 33 LPN, 100 RN and 15 Advanced Registered Nurse Practitioner (ARNP) complaints a month. Complaints come from patients, colleagues, supervisors, and families. The nurse's name is hidden when the complaint is reviewed. A panel of three commission members reviews complaints

on a weekly basis. If the panel determines that the complaint warrants investigation, a commission investigator thoroughly investigates the complaint.

The nurse investigator carefully gathers source documents and information from the person who filed the complaint, the nurse charged with the complaint, and others involved in the case. The commission's investigative unit sends the completed investigative report to a commission reviewing member who works collaboratively with a staff attorney to review the information collected. The reviewing commission member

then presents the case, without revealing the name of the nurse, to a charging panel made up of other commission members. Based on the data, the charging panel decides if a violation occurred. If the charging panel decides that a violation occurred, sanctioning standards provide parameters to decide the appropriate sanction.

In an attempt to standardize the conditions associated with RN and LPN nursing violations, the commission adopted RN and LPN sanctioning guidelines in the spring of 2003. Washington State was one of the first states in the United States to

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The ARNP sanctioning guidelines assist reviewing commission members, charging panels, and attorneys in making fair and appropriate decisions when actions need to be taken against an ARNP license to assure safe practice.

create and use sanctioning guidelines in the nurse disciplinary process. Such guidelines provide a standardized structure to the discipline process, while still allowing for individualized conditions. Over the past year, the Nursing Commission's ARNP Subcommittee has created a set of sanctioning guidelines for ARNP licensees who are found to be in violation of the regulations of Washington State. The ARNP sanctioning guidelines were approved by the Nursing Commission at the March 2013 business meeting.

The disciplinary ruling or conditions may include such requirements as course work, Nursing Commission approval of employment settings, practice evaluations, precepted work, probation, or in some cases license suspension. The guidelines take into account the severity of the violation, mitigating and aggravating factors, and the Uniform Disciplinary Act (Revised Code of Washington RCW 18.130).

The ARNP sanctioning guidelines assist reviewing commission members, charging panels, and attorneys in making fair and appropriate decisions when actions need to be taken against an ARNP license to assure safe practice. The guidelines serve to protect the public of Washington State.

Clinical Placement Northwest Collaborative

Members of the Clinical Placement Northwest Collaborative work collectively to enhance nursing education, particularly at the point of practice in the health care setting. Promoting educational excellence and the delivery of safe, quality patient care drive the work of this group of nurse educators and health care professionals. The onboarding of nursing students into their clinical learning experiences often resulted in redundant processes, expended precious resources, and decreased a student's time in the actual clinical learning setting. The journey to address standardization of a student's health and safety requirements across the region's health care partners began ten years ago, in June 2003. Establishing one standard across health care employers promotes efficiency for all stakeholders. This summary chronicles that journey to create the Clinical Passport, a document reflecting the students' health profile relevant to placement such as immunizations, background screening, and learning modules.

Creating a standard was the first step toward process improvement. Although the concept of a clinical passport has long been envisioned, the process of acceptance required significant work among all organizations. The early undertakings by the Nursing Clinical Placement District #1 to standardize health and safety requirements within the South Puget Sound Region were later shared and adopted by the Inland Northwest Clinical Placement Consortium. Credit for improving the format design, lending clarity, and explanation to the document belongs to these partners.



Formally organized in 2010, the North Puget Sound Clinical Placement Consortium added 13 health care organizations and 15 nursing programs to membership. This collaboration resulted in a new degree of synergy and the call for cooperative evaluation of the evidence base across the regions. The need for consensus on this document led to an intense research of practice of immunization standards and enlisted the guidance of regional Occupational Health Nurses.

The Clinical Passport today represents both an achievement and best practice. In use by 33 nursing programs and 34 hospitals throughout Washington State and Northern Idaho, the Passport promotes efficiency and patient safety; provides appropriate protection for the student; and improves community well-being. Committed to a shared vision, this group of nurse educators and health care partners continue to collaborate in efforts to optimize the clinical learning experience for students, clinical instructors, staff registered nurses, and patients, thereby improving health care for the residents of Washington and Idaho. Future goals will be ongoing collaboration to standardize additional onboarding requirements, seek efficiencies that promote safety, and share best practices to optimize the clinical learning environment.

What's Happening in the Nation for Advanced Practice?

A Summary of the April 9, 2013, APRN Roundtable

The Advanced Practice Registered Nurse (APRN) Roundtable, held April 9, 2013, attracted 111 advanced practice nurses from 46 different states and U.S. Territories, and British Columbia. Topics included:

- Consistency in legislation, accreditation, certification, and education standards in all states.
- Graduate education partnerships for access to preceptors and coordination with nursing and medical professionals to increase the numbers of advanced practice nurses.
- National data base development for advanced practice registered nurses.

Consistency

The National Council of State Boards of Nursing (NCSBN) launched a campaign for advanced practice nurses across the United States and its territories. The focus was on consistency in rules governing practice, ease of mobility across state lines, and enhanced understanding of nurse practitioner practice.

Guided by the APRN Consensus Model, this campaign aligns with the model assuring quality of practice and access to more professionals in health care, allowing APRNs to practice at the full extent of their educational preparation. Four key elements need to be consistent irrespective of geographic location. They include legislation, accreditation, certification and education.

Legislation: A new NCSBN staff specialist is tracking state and national legislation. The staff member keeps track of all of the legislation that either advances

Figure 1: Legislation Map (April, 2013)

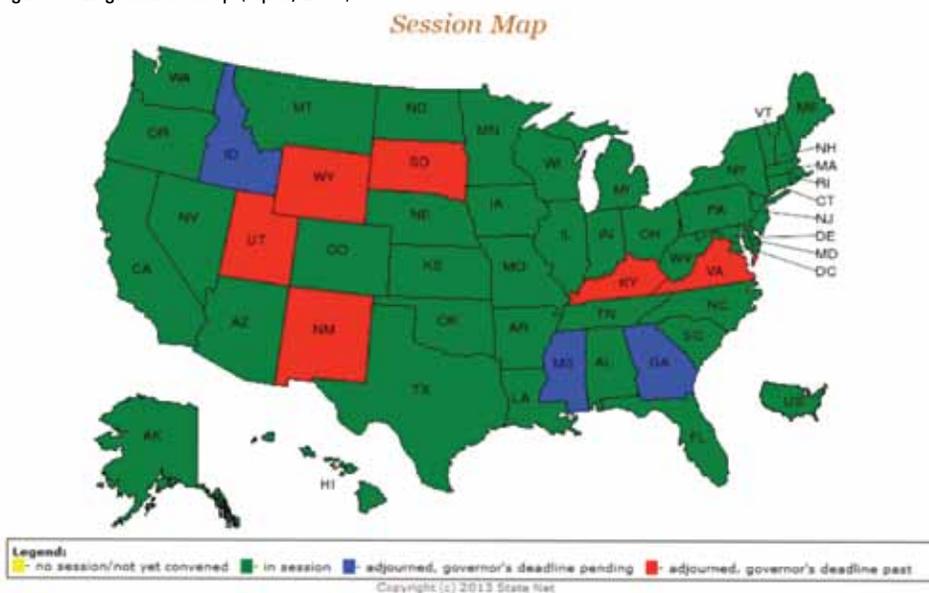


Table 1: 2013 Legislative Update

2013 Legislative Update

Elements of Consensus	2013 Proposed Legislation
Title	MI, RI, AR
Role	IN, MI, MS, NY, OH, RI
Education	MN, NY
Certification	NY
Licensure	HI, MI, MN, MO
Practice autonomy	AR, CT, IL, KY, MI, MN, MO, NV, MS, MD, NY, OR, RI
Prescriptive authority	AR, CT, IL, KY, MI, MN, MO, NE, NJ, NV, NY, OH, OK, OR

or limits implementation of the APRN Consensus Model across US jurisdictions. This process assists states in consulting with one another on helpful strategies. Figure 1 and Table 1 display the type of information collected.

Accreditation: All states are working on graduate education and certifications meeting national accrediting standards. National accrediting bodies assure high quality standards in educational programs. Accredited exams must meet quality standards that fit

Figure 2: All Four Advanced Practice Roles Recognized - Nurse Practitioner, Clinical Nurse Specialist, Certified Nurse Anesthetists, Certified Nurse Midwives

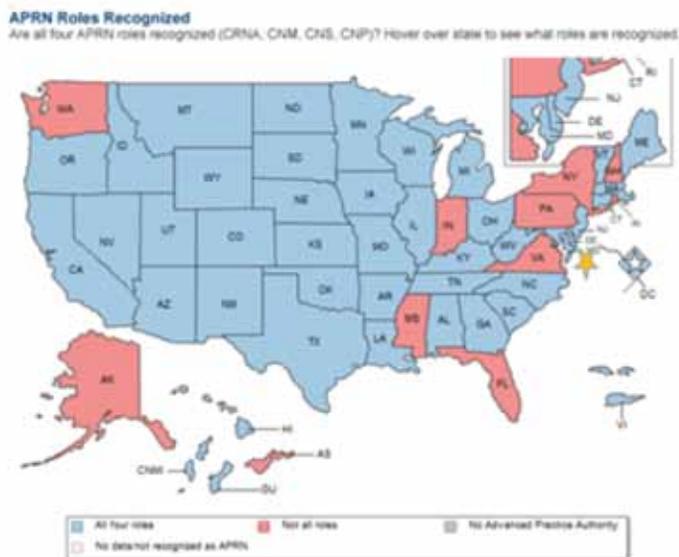


Figure 3: Advanced Practice Title Alignment with Model

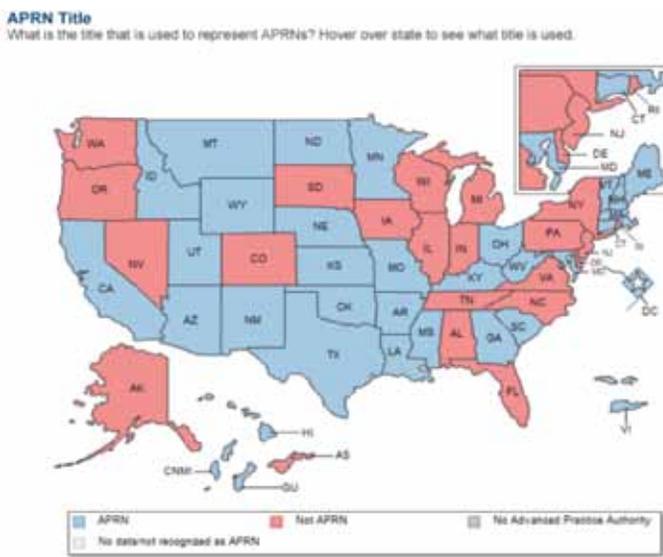


Figure 4: Educational Requirements Recognized

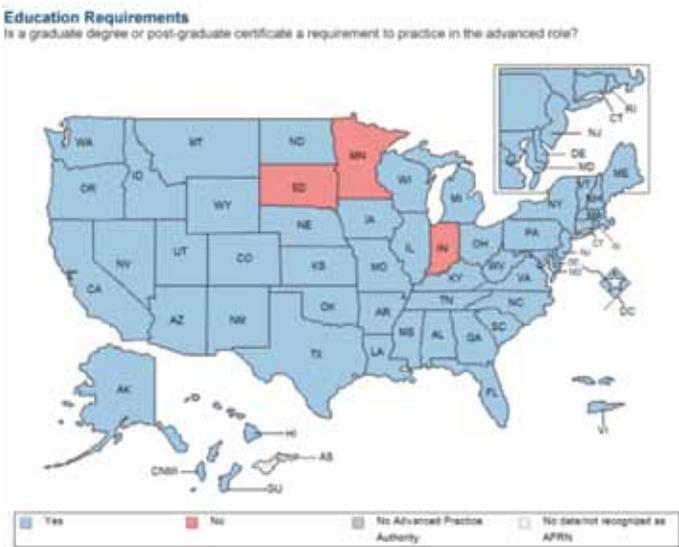
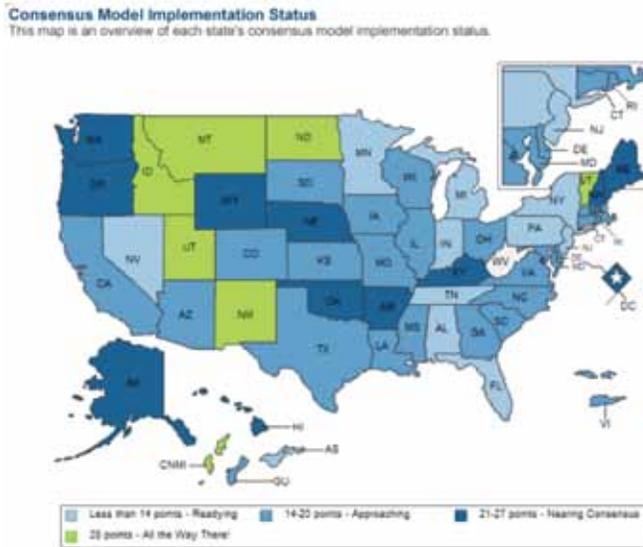


Figure 5: All Parts of the Model Recognized



the expertise needed for either general or specialty advanced practice.

Certification: National certification bodies provide exams and documents that specify the scope of practice and titles of advanced practice nurses for each advanced practice specialty. The consensus model specifies requirements for educational programs to assure advanced practice nurses are able to practice without physician oversight. Below are the numbers of states aligned with selected certification requirements:

- 45 states recognize clinical nurse specialist under their advanced practice laws,

- 30 states require the APRN umbrella title to include all four advanced practice groups, clinical nurse specialists, nurse practitioners, nurse anesthetists and nurse midwives (see Figure 2),
- 28 states allow independent authority in scope of practice and prescribing (see Figure 3),
- Five states are fully aligned with all elements of the consensus model.

Education: Forty-seven states meet the educational requirements outlined in the consensus model and two states have legislation pending to align with the model (see Figure 4).

All Elements Aligned Model: Five states are now fully aligned with all elements of the model. Two have legislation pending that would bring full alignment (see Figure 5).

Graduate Education Partnerships

Two partnerships, described at the Roundtable, are in place to enhance the education of more advanced practice nurses. The first is a project focusing on education and support of preceptors. A program of preceptor training resulted in major growth in numbers of APRN placements

continued on page 18



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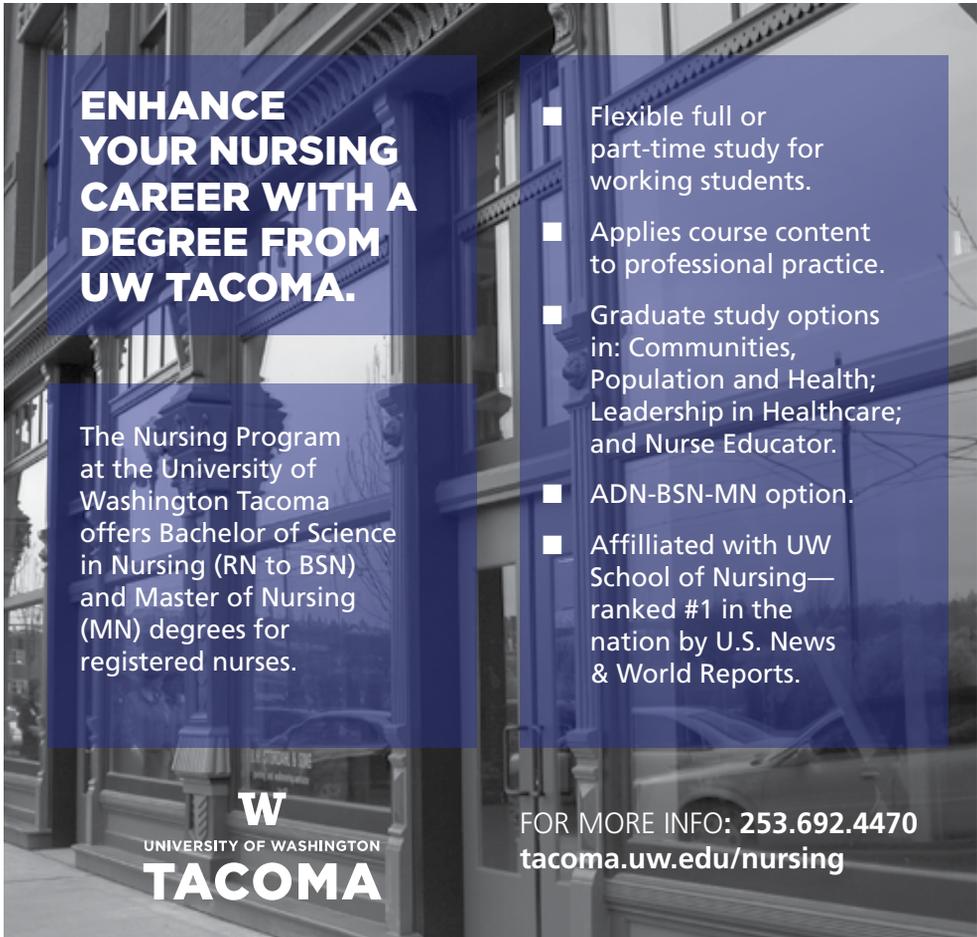
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Guided by the APRN Consensus Model, this campaign aligns with the model assuring quality of practice and access to more professionals in health care, allowing APRNs to practice at the full extent of their educational preparation.

with preceptors and retention of preceptors over time.

The second is a partnership of five medical centers in consortium with schools of nursing. Funds are administered by the Center for Medicare and Medicaid Services. It is a four-year demonstration project mandated by the Affordable Care Act with a goal of increasing the number of APRNs trained to meet the anticipated increases in patients seeking primary care services.

A National Database

The NCSBN is expanding its data system (Nursys®) to include advanced practice data. The data will be available to all states and enhance the exchange of data across state lines while providing information to support the APRN Model advancement.

Summary

The Nursing Commission in Washington State voted to support the APRN Consensus Model. Elements needing alignment with the model include recognition of clinical nurse specialists under the umbrella of advanced practice, and title consistency with the model. All other elements of the model are in place for advanced practice in Washington State.

For more information, please email Martha Worcester at martha.worcester@doh.wa.gov.

LICENSURE ACTIONS

The following is a list of licensure actions taken between January 1, 2012, and December 31, 2012.

LICENSEE	DATE OF ACTION	ACTION	VIOLATION
Eddy, Randal M., LPN	01/06/12	Suspension	Alcohol and Other Substance Abuse; Criminal Conviction
Trupp, Christine C., RN	01/09/12	Suspension	License Disciplinary Action Taken by a Federal, State, or Local Licensing Authority
Herington, Jay T., LPN	01/11/12	Suspension	Violation of or Failure to Comply with Licensing Board Order
Ham, Lisel N. RN	01/12/12	Suspension	License Disciplinary Action Taken by a Federal, State, or Local Licensing Authority
Channel, Nicole M., RN	01/12/12	Suspension	Narcotics Violation
Pryce, Susan I., RN	01/17/12	Suspension	Violation of or Failure to Comply with Licensing Board Order
Wright, Collee J., RN	01/26/12	Suspension	Alcohol and Other Substance Abuse; Diversion of Controlled Substance; Violation of Federal or State Statutes, Regulations or Rules
Ponton, Tina J., LPN	01/26/12	Suspension	Narcotics Violation or Other Violation of Drug Statutes; Unable to Practice Safely by Reason of Alcohol or Other Substance Abuse; Violation of Federal or State Statutes, Regulations or Rules
Hill, Krista L., RN	01/26/12	Suspension	Fraud – Unspecified; Unprofessional Conduct
Pepin-Donat, Denelle R., RN	01/26/12	Suspension	Narcotics Violation
Remsing, Karen S., RN	01/30/12	Suspension	Alcohol and Other Substance Abuse
Nelson, Jo D., LPN	02/03/12	Suspension	Alcohol and Other Substance Abuse; Criminal Conviction; Violation of Federal or State Statutes, Regulations or Rules
Kinnaman, David L., LPN	02/03/12	Revocation	Sexual Misconduct; Violation of Federal or State Statutes, Regulations or Rules
Zapf, Cindy S., RN	02/03/12	Suspension	License Disciplinary Action Taken by a Federal, State, or Local Licensing Authority
Bocol, Jill E., RN	02/06/12	Suspension	Violation of or Failure to Comply with Licensing Board Order
Edwards, Laura C., RN	02/06/12	Monitor	Alcohol and Other Substance Abuse; Diversion of Controlled Substance
Yost, Beth V., RN	02/06/12	Probation	Practicing Beyond the Scope of Practice; Violation of Federal or State Statutes, Regulations or Rules
Sarvis, Samuel J., IV, RN	02/06/12	Suspension	Failure to Cooperate with the Disciplining Authority; Misrepresentation of Credentials; Violation of Federal or State Statutes, Regulations or Rules
Emshwiller, Maya G., ARNP	02/06/12	Suspension	License Disciplinary Action Taken by a Federal, State, or Local Licensing Authority
Emshwiller, Maya G., RN	02/06/12	Suspension	License Disciplinary Action Taken by a Federal, State, or Local Licensing Authority
Stake, Robin K., RN	02/06/12	Suspension	Violation of or Failure to Comply with Licensing Board Order
Pemberton, Heather K., RN	02/07/12	Suspension	License Disciplinary Action Taken by a Federal, State, or Local Licensing Authority
Haller, Shaylynn C., RN	02/13/12	Suspension	License Disciplinary Action Taken by a Federal, State, or Local Licensing Authority
Walter, Amy P.	02/13/12	Monitor	Alcohol and Other Substance Abuse; Criminal Conviction
Goudie, Rhonda R., RN	02/27/12	Suspension	Criminal Conviction; Exploiting a Patient for Financial Gain; Violation of Federal or State Statutes, Regulations or Rules
Durst, Ann N., RN	03/02/12	Suspension	Violation of or Failure to Comply with Licensing Board Order
Smith, David A., RN	03/02/12	Suspension	Alcohol and Other Substance Abuse; Practicing Beyond the Scope of Practice; Violation of Federal or State Statutes, Regulations or Rules
Offer, Bryan J., LPN	03/09/12	Monitor	Alcohol and Other Substance Abuse; Criminal Conviction
Pilon, Tera J., RN	03/26/12	Suspension	Violation of or Failure to Comply with Licensing Board Order
Bliss, Julie A., RN	03/27/12	Suspension	Violation of or Failure to Comply with Licensing Board Order
Fow, Melissa M., RN	03/27/12	Suspension	Alcohol and Other Substance Abuse; Failure to Cooperate with the Disciplining Authority
Brinkley, Amos P., III, LPN	04/06/12	Probation	Practicing Beyond the Scope of Practice
Couper, Teresa M., RN	04/06/12	Monitor	Violation of Federal or State Statutes, Regulations or Rules
Revels, Craig W., RN	04/06/12	Monitor	License Disciplinary Action Taken by a Federal, State, or Local Licensing Authority
Kelly-Walsh, Mary C., LPN	04/06/12	Suspension	Violation of or Failure to Comply with Licensing Board Order
Knoll, Annette M., RN	04/06/12	Suspension	License Disciplinary Action Taken by a Federal, State, or Local Licensing Authority
Hendrickson, Tanya K., RN	04/06/12	Suspension	Narcotics Violation; Violation of Federal or State Statutes, Regulations or Rules
Fast, Elaine B., LPN	04/06/12	Suspension	Violation of or Failure to Comply with Licensing Board Order
Dalton, Sandra L., RN	04/06/12	Suspension	Unable to Practice Safely by Reason of Psychological Impairment or Mental Disorder
Anthony-Coleman, Lakita L., LPN	04/13/12	Suspension	License Disciplinary Action Taken by a Federal, State, or Local Licensing Authority
Bell, Paulette M., RN	04/13/12	Suspension	License Disciplinary Action Taken by a Federal, State, or Local Licensing Authority
Wolford, Jennifer L.	04/16/12	RN licensure denied	License Disciplinary Action Taken by a Federal, State, or Local Licensing Authority
Crenshaw, Danniele M., LPN	04/18/12	Suspension	Criminal Conviction
Johnson, Anita M.	04/23/12	LPN licensure denied	Fraud, Deceit or Material Omission in Obtaining License or Credentials
Withey, Carrie A., RN	04/23/12	Suspension	License Disciplinary Action Taken by a Federal, State, or Local Licensing Authority
Morris, Mariya L, RN	04/24/12	Suspension	License Disciplinary Action Taken by a Federal, State, or Local Licensing Authority
Krutenat, Robert A., RN	04/27/12	Monitor	Alcohol and Other Substance Abuse; Narcotics Violation; Violation of Federal or State Statutes, Regulations or Rules
Hendricks, Natalie A., RN	04/27/12	Monitor	Practicing Without a Valid License
Raap, Betsy A., LPN	04/27/12	Voluntary surrender	Narcotics Violation; Violation of Federal or State Statutes, Regulations or Rules
Raap, Betsy A., RN	04/27/12	Voluntary surrender	Narcotics Violation; Violation of Federal or State Statutes, Regulations or Rules
Vitkauskas, John E., LPN	04/27/12	Suspension	Incompetence; Violation of Federal or State Statutes, Regulations or Rules
Patterson, Mary E., RN	04/27/12	Suspension	Sexual Misconduct
Delate, Mary L., RN	04/27/12	Suspension	Alcohol and Other Substance Abuse; Criminal Conviction
Jackson, Jolene M., RN	05/01/12	Suspension	Violation of Federal or State Statutes, Regulations or Rules
Gabhart, Heidi R., RN	05/01/12	RN licensure denied	Criminal Conviction; Failure to Cooperate with the Disciplining authority; Fraud, Deceit or Material Omission in Obtaining License or Credentials
Tibbett, Dawn A., LPN	05/11/12	Suspension	Violation of or Failure to Comply with Licensing Board Order
Woodridge, Jason D., RN	05/22/12	Suspension	Alcohol and Other Substance Abuse; Criminal Conviction; Violation of Federal or State Statutes, Regulations or Rules
Mogaka, Ronald I., RN	05/22/12	Suspension	License Disciplinary Action Taken by a Federal, State, or Local Licensing Authority
Ritter, Theodore E., Jr, ARNP	05/24/12	Limitation or restriction	Incompetence; Sexual Misconduct; Violation of Federal or State Statutes, Regulations or Rules
Ritter, Theodore E., Jr, RN	05/24/12	Limitation or restriction	Incompetence; Sexual Misconduct; Violation of Federal or State Statutes, Regulations or Rules
Waller, Steve T., LPN	05/24/12	Suspension	Narcotics Violation; Sexual Misconduct; Violation of Federal or State Statutes, Regulations or Rules

LICENSEE	DATE OF ACTION	ACTION	VIOLATION
Prestine, Patrick W., RN	05/24/12	Suspension	License Disciplinary Action Taken by a Federal, State, or Local Licensing Authority
Coggins, Mary A., RN	05/29/12	Probation	Incompetence
Scarbeary, Lisa K., RN	05/31/12	Monitor	Violation of or Failure to Comply with Licensing Board Order
Corn, Lynda K., RN	05/31/12	Suspension	Violation of or Failure to Comply with Licensing Board Order
Therrien, Annette E., RN	05/31/12	Voluntary surrender	Violation of Federal or State Statutes, Regulations or Rules
Horst, Ramona L., RN	06/06/12	Suspension	Incompetence; Violation of Federal or State Statutes, Regulations or Rules
Ross, Amy K., LPN	06/08/12	Suspension	Alcohol And Other Substance Abuse; Criminal Conviction; Violation of Federal or State Statutes, Regulations or Rules
Storms, Tammy J., RN	06/08/12	Suspension	Alcohol And Other Substance Abuse; Violation of or Failure to Comply with Licensing Board Order
Battle, Stephanie R., RN	06/12/12	Suspension	License Disciplinary Action By A Federal, State, Or Local Licensing Authority
Yu, Vincent T., RN	06/12/12	Suspension	Sexual Misconduct; Violation of Federal or State Statutes, Regulations or Rules
Verzoo-Swadberg, Astrid V.	06/12/12	RN Licensure Denied	Failure to Meet Licensing Board Reporting Requirements
Farmer, Catharine J., RN	06/21/12	Monitor	Violation of or Failure to Comply with Licensing Board Order
Meyer, Amber N., RN	06/21/12	Suspension	Alcohol and Other Substance Abuse; Criminal Conviction; Violation of Federal or State Statutes, Regulations or Rules
Watson, Lindsay C., RN	06/21/12	Suspension	Alcohol and Other Substance Abuse; Criminal Conviction
McGraw, James C., RN	06/21/12	Reprimand	Non-Sexual Dual Relationship or Boundary Violation; Violation of Federal or State Statutes, Regulations or Rules
Well, Dominique M., RN	06/22/12	Monitor	Violation of or Failure to Comply with Licensing Board Order
Well, Dominique, M., ARNP	06/22/12	Monitor	Violation of or Failure to Comply with Licensing Board Order
Spatharis, Voula I., LPN	06/22/12	Suspension	Criminal Conviction
Baumer, Ute A., RN	06/22/12	Suspension	Criminal Conviction; Negligence; Violation of Federal or State Statutes, Regulations or Rules
Miller, Alison M., LPN	06/22/12	Suspension	Criminal Conviction; Violation of Federal or State Statutes, Regulations or Rules
Welna, Theresa M., RN	06/22/12	Suspension	License Disciplinary Action Taken by a Federal, State, or Local Licensing Authority
Bouvette, Karla J., RN	07/06/12	Suspension	Violation of or Failure to Comply with Licensing Board Order
Kaschmitter, Angela M., RN	07/06/12	Suspension	License Disciplinary Action Taken by a Federal, State, or Local Licensing Authority
Thorpe, Jeannine L., RN	07/06/12	Suspension	Alcohol and Other Substance Abuse; Failure to Cooperate with the Disciplining authority
Parish, Jerie E., RN	07/06/12	Suspension	License Disciplinary Action Taken by a Federal, State, or Local Licensing Authority
Love, Joni D., RN	07/06/12	Suspension	License Disciplinary Action Taken by a Federal, State, or Local Licensing Authority
Grossman, Nancy A., RN	07/12/12	Suspension	Violation of or Failure to Comply with Licensing Board Order
Weinzimmer-Kirk, Linda C., RN	07/20/12	Suspension	Filing False Reports or Falsifying Records; Violation of Federal or State Statutes, Regulations or Rules
Cruz, Flor D., RN	07/30/12	Probation	Incompetence; Violation of Federal or State Statutes, Regulations or Rules
Taylor, Susan M., RN	07/30/12	Monitor	Violation of or Failure to Comply with Licensing Board Order
Ridgley, Charity A., RN	07/30/12	Monitor	Violation of or Failure to Comply with Licensing Board Order
Taylor, Christian F., LPN	07/30/12	Suspension	Criminal Conviction
Taylor, Christian F., RN	07/30/12	Suspension	Criminal Conviction
Sargent, Jennifer K., LPN	07/30/12	Suspension	Violation of or Failure to Comply with Licensing Board Order
Lynch, Peggy J., RN	07/31/12	Suspension	Alcohol and Other Substance Abuse; Failure to Cooperate with the Disciplining authority
Thomas, Victoria A., LPN	07/31/12	Suspension	Unable to Practice Safely by Reason of Psychological Impairment or Mental Disorder
Cooke, Beverly A., RN	07/31/12	Suspension	Alcohol and Other Substance Abuse
McCormack, Ann M., RN	07/31/12	Suspension	License Disciplinary Action Taken by a Federal, State, or Local Licensing Authority
Clark, Suzanne M., LPN	08/01/12	Suspension	Violation of or Failure to Comply with Licensing Board Order
Schwab, Crystal L., RN	08/01/12	Monitor	Violation of or Failure to Comply with Licensing Board Order
Lopez, Deborah A., LPN	08/06/12	Suspension	License Disciplinary Action Taken by a Federal, State, or Local Licensing Authority
Zulli, Julianna F., RN	08/06/12	Suspension	License Disciplinary Action Taken by a Federal, State, or Local Licensing Authority
Piano, Noreen T, RN	08/24/12	Suspension	Alcohol and Other Substance Abuse; Violation of Federal or State Statutes, Regulations or Rules
Martinez, Kimberly K., LPN	08/29/12	Suspension	Violation of or Failure to Comply with Licensing Board Order
Hilker, Sharon E., LPN	09/10/12	Suspension	Narcotics Violation or Other Violation of Drug Statutes
Cothren, Connie J., RN	09/10/12	Suspension	Failure to Cooperate with the Disciplining authority
McGonagle, Margaret A., RN	09/10/12	Suspension	License Disciplinary Action Taken by a Federal, State, or Local Licensing Authority
Bethards-Sanchez, Kathleen A., RN	09/11/12	Suspension	License Disciplinary Action Taken by a Federal, State, or Local Licensing Authority
Cham, Mamat, LPN	09/17/12	Probation	Violation of Federal or State Statutes, Regulations or Rules
Kurkov, Konstantin V., RN	09/18/12	Voluntary Surrender	Patient Abuse; Sexual Misconduct
Keen, Rebecca E., RN	09/19/12	Probation	License Disciplinary Action Taken by a Federal, State, or Local Licensing Authority
Hartsell, Christina M., RN	09/20/12	Suspension	Narcotics Violation or Other Violation of Drug Statutes; Violation of Federal or State Statutes, Regulations or Rules
Deering, Diana, RN	09/24/12	Probation	Negligence; Violation of Federal or State Statutes, Regulations or Rules
Langholz, Michele A., RN	09/25/12	Suspension	Alcohol and Other Substance Abuse; Diversion of Controlled Substance
Eskridge, Michele I., RN	9/25/12	Suspension	Fraud – Unspecified; Negligence; Violation of Federal or State Statutes, Regulations or Rules
Ervin, Catherine M., LPN	09/26/12	Monitor	Incompetence; Violation of Federal or State Statutes, Regulations or Rules
Hofman, Rhona J., RN	09/26/12	Monitor	Practicing Without a Valid License
Wardian, Sara L. RN	09/26/12	Suspension	Diversion of Controlled Substance; Narcotics Violation or Other Violation of Drug Statutes
Hemenway-Mantei, Denise M., LPN	09/27/12	Probation	Error in Prescribing, Dispensing or Administering Medication; Negligence
Foster, Kathryn S., RN	09/27/12	Monitor	Violation of or Failure to Comply with Licensing Board Order
Benson, Ronni M., LPN	09/27/12	Voluntary Surrender	Violation of or Failure to Comply with Licensing Board Order
Holguin, Jill L., LPN	09/27/12	Suspension	Error in Prescribing, Dispensing or Administering Medication; Negligence; Violation of Federal or State Statutes, Regulations or Rules
Junt, Tamira J., RN	09/27/12	Suspension	Negligence; Violation of Federal or State Statutes, Regulations or Rules
Ries, Aeron A., RN	09/28/12	Monitor	Narcotics Violation
Benjestorf, Leif S., RN	10/01/12	Probation	Non-Sexual Dual Relationship or Boundary Violation; Violation of Federal or State Statutes, Regulations or Rules
Benjestorf, Leif S., ARNP	10/01/12	Probation	Non-Sexual Dual Relationship or Boundary Violation; Violation of Federal or State Statutes, Regulations or Rules
Bigley, Karla A., RN	10/09/12	Suspension	Violation of or Failure to Comply with Licensing Board Order
Asrari, Deborah M., RN	10/09/12	Suspension	Violation of or Failure to Comply with Licensing Board Order
Lickar, Steven E., RN	10/09/12	Monitor	Practicing Without a Valid License; Violation of Federal or State Statutes, Regulations or Rules
Williamson, Patricia A., LPN	10/09/12	Suspension	Unable to Practice Safely by Reason of Physical Illness or Impairment; Unable to Practice Safely by Reason of Psychological Impairment or Mental Disorder
Drammeh, Alieu, RN	10/09/12	Revocation	License Revocation by a Federal, State or Local Licensing Authority; Violation of Federal or State Statutes, Regulations or Rules; Violation of or Failure to Comply with Licensing Board Order
Rhodes, Janet M., LPN	10/12/12	Suspension	Violation of Federal or State Statutes, Regulations or Rules

LICENSEE	DATE OF ACTION	ACTION	VIOLATION
Little, Sean G., LPN	10/25/12	Monitor	Alcohol and Other Substance Abuse; Diversion of Controlled Substance; Narcotics Violation or Other Violation of Drug Statutes; Unprofessional Conduct; Violation of Federal or State Statutes, Regulations or Rules
Crampton, Stacy L., RN	10/25/12	Voluntary Surrender	Alcohol and Other Substance Abuse; Diversion of Controlled Substance; Narcotics Violation or Other Violation of Drug Statutes; Violation of Federal or State Statutes, Regulations or Rules
Zachara, Heather R., RN	10/25/12	Suspension	Violation of or Failure to Comply with Licensing Board Order
Hadley, Virginia S., RN	10/26/12	Probation	Incompetence; Negligence; Violation of Federal or State Statutes, Regulations or Rules
Mc Whorter, Valerie A., RN	10/26/12	Suspension	Failure to Maintain Records or Provide Medical, Financial, Other Requirement Information; Negligence; Violation of Federal or State Statutes, Regulations or Rules
Dunn, Teresa, RN	10/26/12	Suspension	Violation of or Failure to Comply with Licensing Board Order
McVay, Laurie K., RN	10/26/12	Suspension	Alcohol and Other Substance Abuse; Failure to Cooperate with the Disciplining authority; Narcotics Violation; Negligence; Violation of Federal or State Statutes, Regulations or Rules
Settle, Alyse A., RN	10/26/12	Suspension	Alcohol and Other Substance Abuse; Diversion of Controlled Substance; Fraud – Unspecified; Narcotics Violation or Other Violation of Drug Statutes; Negligence; Patient Abandonment; Violation of Federal or State Statutes, Regulations or Rules
Ajax, Peggy E., RN	10/26/12	Suspension	License Suspension by a Federal, State or Local Licensing Authority
Whalawitsa, Judith C., LPN	10/29/12	Suspension	Negligence; Violation of Federal or State Statutes, Regulations or Rules
Campbell, Karren M., RN	11/15/12	Revocation	Criminal Conviction; Fraud – Unspecified
Davis, Mary J., LPN	11/27/12	Suspension	Violation of or Failure to Comply with Licensing Board Order
Marshall, Aaron D., LPN	11/27/12	Suspension	Narcotics Violation or Other Violation of Drug Statutes; Unable to Practice Safely by Reason of Alcohol or Other Substance Abuse
Marshall, Aaron D., RN	11/27/12	Suspension	Alcohol and Other Substance Abuse; Narcotics Violation or Other Violation of Drug Statutes
Strauch, Kellie L., RN	11/28/12	Suspension	Violation of or Failure to Comply with Licensing Board Order
Devor, Jo. L., LPN	12/05/12	Suspension	Failure to Maintain Records or Provide Medical, Financial, Other Requirement Information; Negligence; Violation of Federal or State Statutes, Regulations or Rules
Caoagdan, Zenaida R., RN	12/06/12	Probation	Practicing Without a Valid License; Violation of Federal or State Statutes, Regulations or Rules
Parker, Kaarene D., RN	12/06/12	Probation	Practicing Without a Valid License; Violation of Federal or State Statutes, Regulations or Rules; Violation of or Failure to Comply with Licensing Board Order
Nash, Victoria A., RN	12/06/12	Suspension	Alcohol and Other Substance Abuse; Violation of Federal or State Statutes, Regulations or Rules
Zablski, Mary J., RN	12/06/12	Suspension	Breach of Confidentiality; Fraud – Unspecified; Negligence; Practicing Beyond the Scope of Practice; Violation of Federal or State Statutes, Regulations or Rules
Campbell, Maribeth K., RN	12/07/12	Suspension	Failure to Cooperate with the Disciplining authority; Negligence; Violation of Federal or State Statutes, Regulations or Rules
Kraft, Bridgett B., RN	12/10/12	Probation	Negligence; Violation of Federal or State Statutes, Regulations or Rules
Kraft, Bridgett B., ARNP	12/10/12	Probation	Negligence; Violation of Federal or State Statutes, Regulations or Rules
Moore, Paige M., RN	12/10/12	Suspension	Negligence; Violation of Federal or State Statutes, Regulations or Rules
Muigua, Leonard, LPN	12/13/12	Probation	Negligence; Patient Abuse
Muigua, Leonard, RN	12/13/12	Probation	Negligence; Patient Abuse
Witte, Joanne H., LPN	12/14/12	Suspension	Failure to Cooperate with the Disciplining authority
Perry, Kimberly M., RN	12/14/12	Suspension	Violation of or Failure to Comply with Licensing Board Order



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Ethical and Moral Dilemmas

Ethics, a guiding philosophy or a set of moral issues or aspects, defines the principles of conduct governing an individual or a group. A dilemma involves a choice, a problem involving a difficult choice, an argument presenting two or more equally conclusive alternatives against an opponent (Merriam-Webster). These are closely associated ideals. Nurses face ethical and moral dilemmas every day.

To solve these dilemmas, a nurse needs to pull from his or her personal beliefs and professional guidance such as the American Nurses Association Code of Ethics. Consequence-based ethics gives priority to the value we attach to the results of actions. It involves assessing the good and the bad that might happen based on the different options in a certain situation. Sometimes we do something to achieve a certain goal, and at other times, we let nature take its course.

To make an informed decision, we frequently use ethical theories developed by philosophers. These give us a frame-

work in which we can then reflect on the situation and make a decision. The models involve multiple participants such as other nurses, physicians, patients, family members, and other care providers. It is clear that nursing practice does not take place in a vacuum and is not solely the responsibility of the nurse.

One popular framework is the STOP model (Cigger & Godfrey, 2011):

- **S** is for *standards* to remind you of the nurse practice act, ANA code of ethics, and institutional policies.
- **T** is for *thorough* and reminds you to consider the context of your decisions including relevant history, unspoken rules, personalities, and other facts.
- **O** is for *outcomes* and reminds you to consider whether your decision is in the best interest of the patient and shows respect for all concerned parties and society.
- **P** is for *personal* values and ideals and reminds you to make sure your decision is consistent with your character and personal values.

Take a few minutes and think through this ethical and moral dilemma. You are the nurse taking care of a 35 year-old man who suffered a traumatic brain injury in a motorcycle accident. He has been in a coma for over six months, and has no brain activity for three months. He is breathing on his own. He is married and has two young children. He has been receiving tube feedings throughout. The physician orders to discontinue the tube feeding. His wife wants the tube feeding to continue. What do you do? Are you doing the right thing? Do you maintain the tube feeding? Do you give the wife time to find another physician or get a court order? Do you request that a social worker assist the wife with grief counseling? What is your opinion? Does your opinion count?

REFERENCES:

- Merriam-Webster Dictionary. Retrieved from <http://www.merriam-webster.com/>
- American Nurses Association (2001). Retrieved from <http://www.nursingworld.org/MainMenu-Categories/EthicsStandards/CodeofEthicsforNurses/Code-of-Ethics.pdf>
- Cigger, N. & Godfrey, N. (2011). *The making of nurse professionals: A transformational, ethical approach*. Sudbury, MA: Jones & Bartlett.

BY JOHN FURMAN, PHD, RN

Alcohol and Drug Misuse Among Nursing Students

Substance use disorders are chronic progressive diseases that can lead to serious physical, psychological, and social problems ranging from loss of employment to death. Nurses are generally considered to misuse alcohol and other drugs at about the same rate as the general population (10-15 percent). However, nurses may carry specific risk factors that place them at high risk for substance misuse, including job stress, access to and a familiarity with medications, and achievement-oriented personality.

Nursing students carry similar risks for substance misuse as the working nurse pop-

ulation. Age and peer influences are additional risk factors for the nursing student. The Substance Abuse and Mental Health Services Administration (SAMHSA) reports that the rate of illicit drug use among young adults ages 18-25 (21.4 percent) is higher than among youths and adults ages 26 or older. Studies have shown that substance abuse among nurses frequently begins before or while they are in school.

A major risk factor is a lack of education about substance use disorders, for all health professionals, both academically and professionally. Substance abuse educa-

tion should be provided to nursing faculty, staff, and students as part of the formal curriculum. Education must include information on the addictive process, how to recognize signs and symptoms, professional standards of behavior, and the school's alcohol and drug use policy. The lack of education contributes to an overlooked risk factor, which is the negative stereotyping and stigma towards those with substance disorders.

Schools of nursing are encouraged to adopt similar policies and oversight systems as are used for practicing nurses including

prevention and education, identification of individuals with possible abuse problems, evaluation and referral for treatment, and provision for re-entry to school upon successful completion of treatment.

The American Association of Colleges of Nursing (AACN) has adopted a set of guidelines for the development of policies and procedures. The AACN states that schools of nursing should adopt a written, comprehensive, and equitable substance abuse policy for students, faculty and staff. The policy should be based on:

1. The assumption that addiction is an illness that can be successfully treated and that individuals can be returned to a productive level of functioning.
2. The philosophy that schools of nursing are committed to assisting their students and employees with recovery.

The AACN's position mirrors that of the Washington State legislature (Revised Code of Washington 18.130.175) in recognizing

substance use disorders as chronic, progressive diseases similar to other chronic diseases, such as diabetes or asthma, and supporting an alternative to discipline (dismissal). The legislature directs authorities to:

"... seek ways to identify and support the rehabilitation of health professionals whose practice or competency may be impaired due to the abuse of drugs or alcohol. The legislature intends that such health professionals be treated so that they can return to or continue to practice their profession in a way which safeguards the public."

Washington Health Professional Services (WHPS) is the Nursing Care Quality Assurance Commission's approved alternative to the discipline substance abuse monitoring program for nurses and many other health care professions. While WHPS does not provide direct services to nursing students it is our mission to protect and improve the health of people in Washington State. We

support identification and early intervention with nursing students who may be struggling with a substance use disorder. WHPS is available to provide educational presentations to nursing students, faculty, and staff. You may call us directly at 360-236-2880 or fax the Speaking Engagement Request form to 360-664-8588.

REFERENCES:

- Dunn, D. (2005). Substance Abuse among Nurses – Defining the Issue. *AORN Journal*, Vol. 82(5), 573 - 596.
- Substance Abuse and Mental Health Services Administration (2011). National Survey on Drug use and Health. Retrieved from <https://nsduhweb.rti.org/RespWeb/homepage2.cfm>
- Monroe, T. (2007). Addressing Substance Abuse among Nursing Students: Development of a Prototype Alternative-to-dismissal Policy. *Journal of Nursing Education*, Vol. 48(5), 272 - 278.
- National Council of State Boards of Nursing (2011). Substance use Disorder in Nursing. Retrieved from <https://www.ncsbn.org/2106.htm>
- American Association of Colleges of Nursing (1998). Substance Abuse Statement. Retrieved from <http://www.aacn.nche.edu/publications/position/substance-abuse-policy-and-guidelines>

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Phone: () _____ Email: _____

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NUMBER OF LICENSED NURSES PREPARED JULY 1, 2013

June 2013	Active	Inactive	Military Active
(AP) ARNP	5,388	52	53
(LP) LPN	12,904	205	41
(NC) NAC	48,322		4
(NA) NAR	27,224		1
(NS) NTEC (Nurse Tech)	331		
(RN) RN	83,347	855	318



BY LINDA PATTERSON, BSN, RN

Looking for Free Nursing Education?

Did you know the Nursing Commission provides free educational presentations? The commission regulates the competency standards and practice of professional nurses. One of the strategies we use is to educate nurses on safe practices. Margaret Holm, JD, RN and Linda Patterson, BSN, RN can come to your facility to educate your staff about nursing practice. Ms. Holm and Ms. Patterson also can provide educational information at conferences, nursing schools, and other events. We offer flexible scheduling and a variety of topics, including:

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 - Investigation and Disciplining Process
- Our presentations count towards continuing education requirements. If you are interested, please contact:

Debbie Carlson, MSN, RN
Nurse Practice Advisor
360-236-4725
debbie.carlson@doh.wa.gov

Advanced Practice Corner News

What's New for ARNPs in Washington State?

Greetings to Advanced Registered Nurse Practitioners (ARNP) in Washington! We now number more than 5,000 ARNPs. The state is making progress to support ARNP safe practice and provide quality care. This article contains information about improvements in the ARNP Nursing Commission website; answers to two of the most frequently asked questions; and an update on the clinical nurse specialists (CNS) rule writing request.

Website Improvements for ARNPs

To see the website changes for ARNP information, go the Nursing Commission Website at <http://www.doh.wa.gov/LicensesPermitsandCertificates/NursingCommission.aspx>. You will see *Advanced Registered Nurse Practitioner* at the top of the left hand menu. By touching the down arrow, the menu for ARNPs appears. Work is ongoing for changes and continuous quality improvement. Visit the website and explore the menu options. We invite your recommendations for improvements (martha.worcester@doh.wa.gov).

Frequently Asked Questions (FAQs)

As your Advanced Practice Advisor, I average 20 to 30 questions a day from ARNPs, pharmacies, and other professionals related to ARNP scope of practice. Below are two frequently asked questions, as well as answers to those questions. We are drafting a new set of FAQs and improving the organization of FAQs.

Botox & Lasers

Question: What are the rules that apply to ARNPs performing aesthetic laser and Botox treatments and to delegating those



treatments to other healthcare providers?

Answer: ARNPs have independent prescriptive authority. This authority includes medications and procedures WAC 246-840-300 see (h). Individual procedures are not identified in the laws or rules. There are no laws restricting ARNPs from using Lasers, Light, Radiofrequency, and Plasma (LLRP) devices or requiring supervision or delegation by a physician. Go to the Scope of Practice Decision Tree at <http://www.doh.wa.gov/Portals/1/Documents/Pubs/609305.pdf> to evaluate for safe practice in any new procedure you wish to include in your practice. Procedures can be delegated to health professionals who have the procedures within their scope of practice. The amount of supervision needed by each type of practitioner is summarized in a concise explanatory table that can be found on the Nursing Commission website.

Medical Marijuana (cannabis) Authority

Question: Does your state have statutes that allow the prescription of medical marijuana? Is marijuana a schedule II medication or I?

Answer: A prescriber cannot prescribe medical marijuana (cannabis). Cannabis is classified as schedule I. There is no regulation of the dosage or concentration. A prescriber may “recommend” its use under certain conditions. Recommending its use is not the same as prescribing it. Federal and state laws often conflict. Rules are in the process of changing since new laws are being passed in 2013. For the most up-to-date information on marijuana statues in Washington go to <http://www.doh.wa.gov/PublicHealthandHealthcareProviders/HealthcareProfessionsandFacilities/MedicalMarijuanaCannabis.aspx>.

Clinical Nurse Specialists and Washington State Update

The commission continues to evaluate the inclusion of Clinical Nurse Specialist (CNS) within the ARNP title. Workshops attended by stakeholders were held last summer to gather preliminary information. Sheena Jacob, a doctorate of nursing practice (DNP) student, is gathering information from CNSs in Washington State, institutions that employ CNSs, CNS programs, and other states. These data will be informative to the rule-writing process.

Nursys® e-Notify – Monitoring the Status of Nurses

Nursys® e-Notify is an innovative nurse licensure notification system where you receive real-time notifications about nurses employed at your institution. The system provides publicly available licensure and discipline data directly to you, while the Nursing Care Quality Assurance Commission and other participating state boards of nursing enter information into the Nursys® database. The system is available for free or low-cost through the National Council of State Boards of Nursing. For more information, visit:

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Nursys® e-Notify Frequently Asked Questions:

<https://www.nursys.com/Help/FAQ.aspx?FID=EN>

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- Post-Master's to PhD in Nursing



Nursing Assistant Endorsement for Medication Assistants

Washington Administrative Code (WAC 246-841-586 through 246-841-595) applies to the endorsement of a nursing assistant-certified as a medication assistant. A nursing assistant-certified with a medication assistant endorsement administers medications and nursing commission-approved treatments to residents in nursing homes, under the direct supervision of a designated registered nurse.

The mission of the Nursing Commission is to protect the public. The commission is responsible for ensuring that nurses and nursing assistants are safe and competent. The commission approves nursing assistant training programs and nursing assistant competency testing in Washington State.

The Nursing Commission evaluates all new medication assistant training programs. The medication assistant training programs prepare certified nursing assistants to administer medications in *nursing homes*. The curriculum for the medication assistant training program includes the complete medication assistant certified curriculum adopted by the National Council of State Boards of Nursing (NCSBN). This curriculum consists of a minimum of sixty hours of didactic training, including work in a skills lab or simulation facility. The theory portion of the curriculum includes medication fundamentals, safety, communication and documentation, medication administration, and ethical and legal issues. The curriculum also includes a practicum with a minimum of forty hours of supervised and progressive clinical practicum in the administration of medications to residents in nursing homes. WAC 246-841-590 (6) and (7) describe the curriculum and training program approval process. Existing nursing assistant training programs or approved schools of nursing may apply to add a medication assistant training program. Contact nursing@doh.wa.gov to request the medication assistant training program application packet.

After a certified nursing assistant successfully completes an approved medication assistant training program, the certified nursing assistant submits an

application to the Department of Health for the medication assistant endorsement certification. The certified nursing assistant must have current work experience to meet the requirements. The applicant must have worked one thousand hours as a certified nursing assistant in a nursing home within the immediate year prior to the application date. The certified nursing assistant submits the application with the correct fee to the department. The department determines if the nursing assistant meets the requirements of completing the approved training program and work experience. If completed, the department determines the certified nursing assistant's eligibility to take the approved competency examination. The department issues an Authorization to Test (ATT) to the certified nursing assistant. The certified nursing assistant then registers with Pearson/VUE testing company to take the medication assistant certification examination. According to the NCSBN, "This competency evaluation measures an individual's knowledge and skills related to the safe, competent performance as a medication assistant." The examination assesses the competency required in the curriculum. To apply for the medication assistant endorsement, please go to <http://www.doh.wa.gov/LicensesPermitsandCertificates/ProfessionsNewReneworUpdate.aspx> to download the application. The application includes the directions on how to complete and submit the application with the correct fee.

Registered nurses in nursing homes may direct medication administration and certain tasks associated with medication administration to the certified medication assistant. The registered nurse is responsible

for the direction and supervision of the medication assistant. The certified medication assistant cannot replace the role of the registered nurse in medication administration. The registered nurse must still exercise his or her judgment when administering medications. The registered nurse must:

- Assess residents, evaluate the need for or response to medications,
- Determine if it is safe for the medication assistant to administer medications to individual residents,
- Perform conversions or calculations of drug dosages whenever necessary,
- Provide resident education on medications,
- Decide when to administer PRN (as needed) medication, and,
- Communicate with prescribers.

The certified medication assistant may assist the nurse in specific tasks listed in the rules. It is important to remember, that when the certified medication assistant is performing medication administration task, this is the only role he or she may perform. In other words, the medication assistant is not performing feeding, ambulation and bathing, or other nursing assistant duties in addition to medication administration.

Certified medication assistants must maintain additional annual continuing competency requirements. To learn more about becoming an approved program for medication assistants or a certified medication assistant, please visit the Nursing Commission website at <http://www.doh.wa.gov/LicensesPermitsandCertificates/NursingCommission/MedicationAssistantEndorsement.aspx> or call 360-236-4700.



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



WHAT HAVE WE DONE FOR YOU LATELY?

This fall, the Washington Center for Nursing (WCN) is celebrating its 10th anniversary of serving nurses, educators, current and future students, and many other stakeholders as the state's nursing workforce and resource center.

Ten years ago, nursing leaders from across the state, legislators, and others concerned about the nursing workforce gathered to hear from national experts about the growing nursing shortage. A sub-group created the Washington State Strategic Plan for Nursing, which was adopted by leading organizations in the state. The plan called for the creation of a center for nursing to focus on nursing resource, education and workforce issues, and WCN was born.

Work began in 2004; we obtained our 501 (c) (3) status and created the strategic business plan. Since then, we've expanded our Board of Directors to 15 members with participation from nurses in many settings across the state, including primary care, public health, the military, professional nursing organizations, and nursing education.

The law authorizes the Department of Health to collect \$5 from every new and renewed RN and LPN license to come to WCN as a grant to support nurses and ensure they are well equipped to care for our changing population. Here is a sample of what we've accomplished for nurses in the decade:

- Brought critical nursing issues to more public eyes through continuing outreach to the media.
- Distributed our "Be a Nurse" promotional brochures in English, Spanish and Russian languages and a Native American culture version, to the pub-



lic, especially K-12 students, to help them learn about opportunities and careers in nursing (To order, email us at info@wcnursing.org).

- Built the nursing workforce database that most decision-makers use and many students access for projects and research.
- Promoted strategies to enhance patient safety and quality patient care, including a safe and healthy workplace environment for nurses.
- Presented "Leadership Matters" workshops for staff and charge nurses, with some of the most well-known and accomplished leadership experts.
- Developed our website to provide current information on nursing issues important to you.
- Launched our Facebook page, blog, and Twitter account to keep in touch with you.
- Participated in steering the Rural Outreach Nursing Education program, which gives individuals living in rural areas local access to nursing education.
- Continued to manage the Master Plan for Nursing Education, which provides

a framework for comprehensive transformation of the nursing education system in Washington State.

- Worked to develop an online diversity-mentoring program, which will pair minority/underrepresented nursing students and new graduates with seasoned nurses to ensure they have support as they begin their careers.
 - Raised almost \$1 million for nursing scholarships, faculty fellowships to teach nursing, and nursing school capacity expansion grants through the Johnson & Johnson "Promise of Nursing for Washington" galas. Application details are available at www.WACenterforNursing.org.
 - Held 20+ focus group across the state to hear from nurses about what knowledge, skills and attitudes the nurse of the future must have.
 - Were designated to lead the WA Nursing Action Coalition to ensure that the national IOM Recommendations on Nursing are implemented in our state.
 - Received a \$300,000, two-year grant from the Robert Wood Johnson Foundation to make BSN education more accessible for RNs and reach the national goals for a more highly-educated workforce.
 - Put Washington in the national spotlight because of innovations in education, practice and collaboration.
- We're happy about our accomplishments and excited about the future, and we're looking forward to hearing from you. Join our celebration and find how you can join our efforts! Visit our events calendar at <http://wacenterfornursing.org/news-events/events-calendar/> and follow us on Facebook for details on our festivities.

Nursing Scope of Practice: Medication Refills

In our last newsletter, we had a question and answer: *Can a nurse authorize a prescription refill?* The answer we gave was no. Prescribing medications is not within a RN's or LPN's scope of practice. This answer caused a great deal of confusion because of the words *authorize* and *refill*. To explain, it is important to understand the difference between a prescription *refill* and a *renewal*. A *refill* continues a current prescription. For example, the patient's chart or the medication label may indicate a 90-day supply of insulin with three refills.



The prescription exists until the refills end or the prescription expires. A *renewal* means there is not a current prescription. Therefore, a qualified prescriber must order the medication with a new prescription.

You can visit, *Who Can Prescribe and Administer Rx in Washington State?* to see a quick view summary of who can prescribe medications (<http://www.doh.wa.gov/portals/1/Documents/Pubs/690158.pdf>).

BY GENE PINGLE, BSN, RN, BC, CEN
NURSING CARE QUALITY ASSURANCE COMMISSION MEMBER
CONSISTENT STANDARDS OF PRACTICE SUB-COMMITTEE CHAIR

Nurse Practice Advisory Groups

The Nursing Care Quality Assurance Commission wants to recognize those individuals who volunteer as Nurse Practice Advisory Group members to integrate prevention, evidence-based practice, and quality into the commission's interpretive statements, advisory opinions and policies.

Edwina Dorsey, BSN, MPA, RN
Janice Doyle, MSN, RN, NCSN, FNASN
Gregory Fletcher, RN
Theresa Hutchison, MEd, RN
Sarah Jablonski, RN
Mary Lara, RN
Janis Miller, MN, RN
Candice Mohar, PhD, MS, MSN, RN, APFNS

Mary Nametka, MSN, RN, ARNP-BC, CWS, CWON
Charlotte Pinegar, MA, MS, RN
Pamela Shull, MS, MBA, RN
William Swarens, MSN Ed, RN, RNC, CPAN
Sheryl O'Connor Taylor, RN
Margaret Voelker, MN, RN, RN-BS, CCP
Sally Watkins, PhD, MS, RN

The Nurse Practice Advisory Groups provide advice to the Consistent Standards of Practice Sub-Committee which helps meet the commission's goal of public safety. The groups perform comprehensive literature reviews of evidence-based research, research communi-

ty and national professional nursing standards, and present findings and make recommendations to the commission on practice issues.

Thank you for your dedication and commitment to enhance the quality of nursing practice in our state!



Every day is a journey of hope and compassion at Seattle Children's.

Here, you'll find your heart touched, your spirit moved and your talents challenged. This is a place where children and their families come to receive highly sophisticated, personalized care in an environment where patients and professionals alike are nurtured, encouraged and empowered. We invite you to do your best work with us — and to make a difference that lasts far beyond today.

Be Part of Our Nationally Recognized Nursing Team

The American Nurses Credentialing Center designated Children's a "Magnet" hospital in 2008. Children's is the first pediatric hospital in the Pacific Northwest to achieve this distinction. We are consistently ranked as one of the best children's hospitals in the country by *U.S. News & World Report*.



Current Opportunities:

- **Nursing Leadership**
- **Nurse Practitioners**
- **Experienced Staff Nurses**
- **Clinical Nurse Specialists/Educators**

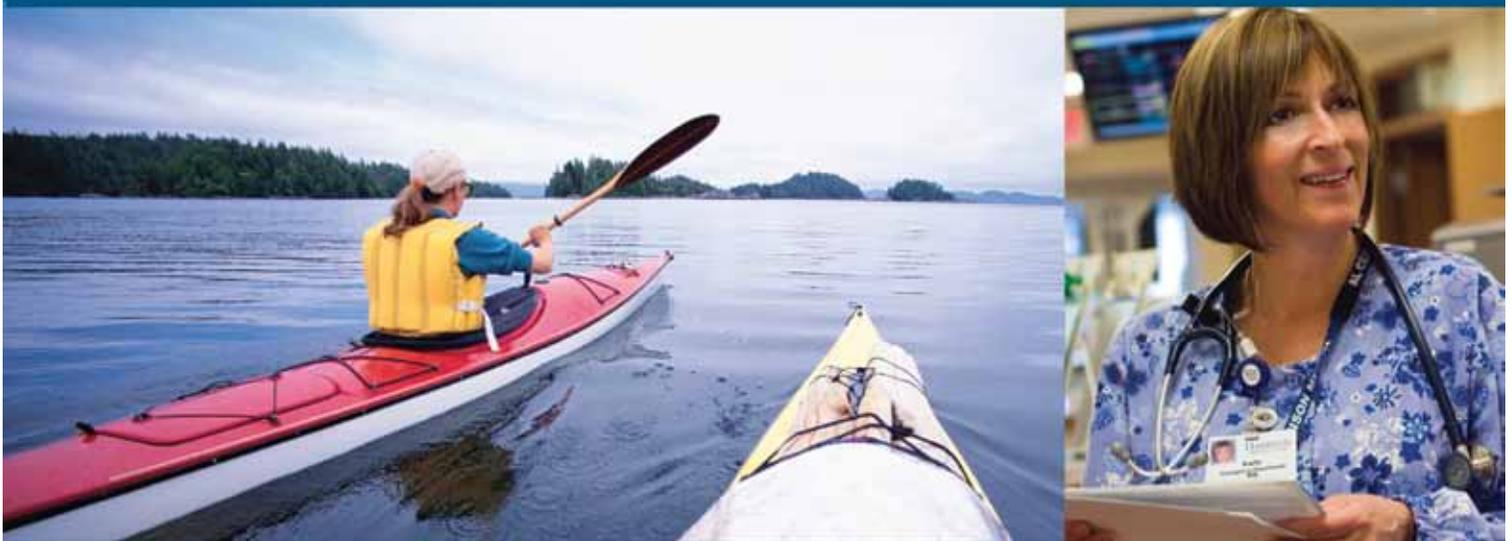
For more information about our exciting opportunities and to apply online, visit www.seattlechildrens.org/jobs or call our **Nurse Recruiters at 1-800-874-6691**.

Seattle Children's is an Equal Opportunity Employer



Seattle Children's
HOSPITAL • RESEARCH • FOUNDATION

In September 2013, Harrison will open a new three-story, 54,000 square foot Orthopaedic Center on the Silverdale campus. Currently, more than 2,000 Orthopaedic surgeries are performed at Harrison Bremerton, and current patient rooms and post-surgical rehab areas are too small for Orthopaedic patients. The number of people needing Orthopaedic care in Kitsap County will grow by another twenty percent in the next five years. The new Orthopaedic Center will help patients remain close to home for orthopedic and joint replacement surgery.



The Harrison Orthopaedic Center at Silverdale will feature:

- Four large dedicated Orthopaedic designed operating rooms
- 16 Ortho-dedicated pre- and post-surgical rooms
- State-of-the-art surgical systems specifically suited for Orthopaedic
- Dedicated and certified Orthopaedic surgical and nursing teams
- Spacious family and friends surgical waiting room
- 24 private, single patient rooms with capacity for 24 more in the future
- A large family room for patients and their loved ones to prepare for their return home
- Specially-designed rehabilitation gym and rooftop rehabilitation trail

In anticipation of the center's opening, aggressive staff recruitment efforts are underway to fill 15.5 positions for perioperative and post-operative registered nurses, surgical nurses, certified nursing assistants, and operating room technicians.

HARRISON
MEDICAL CENTER

LIFE WORKS HERE. COME SEE HOW.

Please view job posting at www.harrisonmedical.org/employment/