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The Washington Nursing Commission News circulation includes over 100,000 licensed nurses and student nurses in Washington.

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The Department of Health is an equal opportunity agency. For persons with disabilities, this document is available on request in other formats. To submit a request, please call 1-800-525-0127 (TTY 1-800-833-6388). For additional copies of this publication, call 1-800-521-0323. This and other publications are available at http://www.doh.wa.gov/hsqa/.
Welcome to the January 2018 edition of the Nursing Care Quality Assurance Commission (Nursing Commission) newsletter.

It is my pleasure and honor to serve as Nursing Commission chair. The trust given to me by the commission to be in this position is humbling. I am just starting my second appointment from Governor Inslee and know the next four years will pass far too quickly.

The Nursing Commission’s job is to protect the public and to enhance nursing practice. The commission does this by enforcing regulations related to licensing, discipline, and education for licensed practical nurses (LPN), registered nurses (RN), and advanced registered nurse practitioners (ARNP). Because nursing remains the No. 1 most trusted profession, the commission takes this responsibility seriously. It works toward maintaining public trust through subcommittee work, and work with the National Council of State Boards of Nursing (NCSBN).

The Nursing Commission accomplishes its purpose by use of open public meeting subcommittees. These committees work on important issues related to licensing and discipline of nurses, standards of practice, and advanced practice standards, with participation from nurses and others working in industry. These subcommittees are invaluable in advancing the work of the commission. We encourage your participation. We post the date, time, agenda, and other information on our website and listserv. Participants may also call the commission for information at 360-236-4703. Staff members are always willing and able to help.

The Nursing Commission is a member of NCSBN, and is recognized for making significant contributions to the mission and vision of NCSBN. Several commission and staff members serve on committees within NCSBN, including serving on the NCSBN Board of Directors. The commission actively participates in the Institute of Regulatory Excellence (IRE), discipline case investigator training, National Council Licensure Examination (NCLEX) development, education, and leadership succession planning. The commission continues its interest in the Enhanced Nurse License Compact (ENLC) and the ARNP Compact.

I am proud to be part of this commission, and to do the work necessary to protect the public and enhance nursing practice. This is an opportunity for which I am truly grateful. I look forward to the work ahead with your involvement. We continue our work on criminal background checks and Governor Inslee’s Opioid Task Force, where we have several commissioners and pro-tem members participating in stakeholder meetings around Washington State.
Honoring inductees for their lifelong contributions and achievements in professional nursing and for their leadership in the advancement of nurses and healthcare in Washington state.

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Debbie Brinker, MSN, RN, CNS
David Campbell, JD
Hilke Faber, MN, BSN, RN, FAAN
Judy Huntington, MN, RN
Karen Matsuda, MNA, BSN, RN
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WASHINGTON NURSING COMMISSION NEWS 5
In October of 2005, the Institute of Medicine recommended that 80 percent of registered nurses be prepared at the baccalaureate level. Historically, the Nursing Commission had not collected information on the academic progression of nurses. To meet the Institute of Medicine’s recommendation, we need a reliable collection of data.

Here are the steps to complete required licensing information:

**To renew your license**, you must complete two surveys:

1. **Nursing Commission Workforce survey:**
   [https://fortress.wa.gov/doh/opinion/s?s=WorkforceData](https://fortress.wa.gov/doh/opinion/s?s=WorkforceData)
   This survey needs to be completed only one time, with your 2018 renewal. When you complete this survey, you will be re-directed to the Nursys® e-Notify survey.

2. Register and complete your information at Nursys® e-Notify:
   You must enter this survey as a nurse. Do not enter the survey as an institution. Every year when you renew your license, you must review and update your information as needed.

**New applicants** must complete the two surveys. The Nursing Commission issues the license when all requirements are satisfied. You will then complete the two surveys using your license number.

1. New applicants must complete the Nursing Commission Workforce survey after receiving their license number:
   [https://fortress.wa.gov/doh/opinion/s?s=WorkforceData](https://fortress.wa.gov/doh/opinion/s?s=WorkforceData)
   This survey needs to be completed only one time, with your new license. When you finish this survey, you will be re-directed to the Nursys® e-Notify survey.


We are all concerned about the security of information being collected. At the Nursing Commission, we rely on three levels of security to assure the best data protection in today’s electronic world.

There are primarily four organizations working collaboratively to ensure the appropriate security controls are in place to protect nurses’ demographic data: The Washington Center for Nursing (WCN), University of Washington (UW), Washington State Department of Health (DOH) and National Council of State Boards of Nursing (NCSBN).

The WCN and UW Center for Health Workforce Studies Registered Nurse Workforce Survey has been reviewed by Washington’s human subjects review board, like any other research study. The identities of individual nurses will be kept confidential, no personal identifiers will be disclosed, and all information will be reported in aggregate form, consistent with all state and federal regulations.

The Department of Health (DOH), working with Washington State Office of Cyber Security,
works every day to detect, block and respond to cyber-attacks on state networks. This work includes preventing and mitigating threats before they can cause significant damage. Cyber threats will continue to evolve, and so will our defenses against them. DOH and security partners protect the information entrusted to them and are also prepared to respond in the event something unexpected occurs.

The National Council of State Boards of Nursing (NCSBN), Information Security Management Program is aligned with the Security and Privacy Controls for Federal Information Systems and Organizations. NCSBN uses the National Institute of Standards and Technologies (NIST) 800-53, moderate-impact security controls framework for its information security to protect the confidentiality, integrity and availability of information that NCSBN’s information systems process, store and transmit. Please see the NIST website for additional information on the NIST 800-53 framework.

NCSBN has incorporated security policies, procedures and contractual security requirements that promote the protection of intellectual properties, employee and customer personal information, proper data security and data handling procedures, and data transmissions. NCSBN also performs assessments, audits, penetration tests, and vulnerability scans to help ensure NIST 800-53, moderate-impact security control compliance.

The Nursing Commission already maintains personal and confidential information on nurses. The Nursing Commission will handle additional workforce information in the same manner as allowed under state and federal laws. Nursing workforce reports generated by use of this data will be reported in aggregate form. No personal identifiers will be disclosed.

I hope this information helps you understand why the Nursing Commission passed this rule; how your personal information is protected; and, how to satisfy the new licensing requirement.

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- The class structure and schedule enabled me to work full time
- I have deeper critical thinking skills with regard to my patient care
- I have tools to lead a team and strategically plan for the future
- I feel empowered to be a positive, active leader for change
- Diversity is now better ingrained in how I practice as a nurse

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On campus or invite us to your workplace!
Dear Nurses of Washington State,

I hope you are all having a wonderful start to 2018! The year always starts off busy, busy, busy for those of us engaged in state legislative affairs. As an even year, this is a “short” legislative session, although short doesn’t necessarily mean it isn’t full. In fact, a short session often feels as if we have to get more done in a shorter period of time.

While the winter in Olympia is certainly not without exciting and challenging days (and nights), the product from our policy makers often affects our agency, our licensees, and our citizens. One major bill that passed last year, Engrossed Substitute House Bill 1427 (ESHB 1427), requires the Nursing Commission to work with four other licensing boards and commissions to write prescribing rules for opioids. In addition, enhancements to the Prescription Monitoring Program (PMP) serve to address the prescribing and diversion aspects of the opioid epidemic.

While not all nurses prescribe medications, nurses everywhere have a part in addressing this significant problem in our communities. Whether you work in a community-based health clinic, at a long-term care facility, or in acute care, you will probably be faced with treating and counseling patients with opiate use disorder. As patient advocates, nurses are well-positioned to both help those suffering from abuse and to educate on the risks of misusing prescription medication. As care providers you have the opportunity to advocate, ensure and expedite use of the PMP to help keep patients safe, and to ensure prescribing guidelines are followed. Prescribers of legend drugs can use the PMP and can also delegate patient lookup to other licensed staff members, including RNs and LPNs. Find out more on [www.doh.wa.gov/pmp](http://www.doh.wa.gov/pmp).

The opioid epidemic is being addressed collaboratively by partners across the state, but I encourage you to become an active participant in addressing this growing problem. Participate in an ESHB 1427 workgroup meeting, and learn more about the epidemic from the Nursing Commission and other continuing education opportunities. I also hope you begin conversations with your family, friends, and fellow care providers. Proper use, safe storage, and disposal of prescription medication is knowledge that is essential to keeping our communities healthy and safe.

For more information on safe storage and disposal please see [www.lockyourmeds.org](http://www.lockyourmeds.org) and [www.takebackyourmeds.org](http://www.takebackyourmeds.org). As a valuable and trusted member of your community, you have a unique opportunity to help explain to your patients, your friends, and your neighbors how this epidemic is affecting all of us.

I hope you have a safe and healthy start to 2018.
Dr. Gerianne Babbo earned a diploma in nursing from St. Vincent’s College of Nursing in Los Angeles, Calif. She was a member of the first cohort of RN-MN students at the University of Washington earning her BSN and a MN in advanced community health nursing with a specialty in occupational health. Her doctorate is in educational leadership with an emphasis in nursing education from the University of Washington, Tacoma.

Dr. Babbo is tenured faculty and the associate dean of nursing at Olympic College in Bremerton, Washington. She taught and developed curricula in the associate degree and transition to associate degree (TADN) nursing programs and the RN-BSN program. Dr. Babbo led the development of the first RN-BSN program in the community college setting in Washington State in 2007 and collaborated with the University of Washington Tacoma nursing program in a unique partnership to promote nursing education progression in a geographically isolated area of Washington.

Dr. Babbo has a practice background in dialysis, hemoperfusion, apheresis, and emergency, trauma nursing care. Dr. Babbo states she is humbled and honored to serve on the NCQAC for Washington State. “It is an opportunity to serve and contribute to the nursing profession and to promote excellent nursing care for the citizens of Washington State.”

Edie Higby is a professional development and communications specialist, and is also a new public member of the Nursing Care Quality Assurance Commission. She, along with all commission members, are appointed by the governor of Washington State. Ms. Higby attends public forum meetings and hearings to help ensure our communities’ safety and wellbeing. As a member involved with Community-Minded Enterprises (CME) and Child Care Awareness Washington’s early learning community, she will have a voice for our littlest learners. This is just one of many awesome community partnerships that CME encourages and supports to make a stronger, healthier, and happier community.

For more information about the Nursing Commission’s open public business forum and Community-Minded Enterprises programs, see: http://www.doh.wa.gov/LicensesPermitsandCertificates/NursingCommission

http://community-minded.org/

Sharon Ness, RN has been a staff nurse, primarily in critical care, for 47 years. She received a diploma in nursing and a degree in political science. She continues to work per diem at the bedside. She was recognized as the Pierce County Nurse of the Year in 1987. She has also been a union representative, first with Washington State Nurses Association, then with United Food and Commercial Workers (UFCW), negotiating and administering contracts for registered staff nurses in 22 different hospitals. She also worked as a lobbyist for UFCW for 15 years.

Ms. Ness successfully helped introduce and pass a bill making assault of a nurse or healthcare worker a class C felony. Other legislative bills she helped pass include safe lifting legislation, biohazard drugs legislation, and nurse staffing legislation.

Sharon also worked with the Washington State Department of Labor and Industries as a health care representative on the Washington Industrial Safety and Health Act Advisory Committee, as well as the Governor’s Industrial Safety and Health Board, including serving a few years as its president. She also worked on numerous occupational health regulations, such as blood borne pathogens, tuberculosis, and workplace violence. In addition, Sharon served as chair of the first Safety and Health Grant Program.
Ms. Ness served on various boards in Pierce County, including the Board of the American Red Cross, United Way Board of Directors, and Workforce Development Board. Sharon states, “I am honored to receive an appointment to the Nursing Quality Care Commission. I will bring to the table my spirit for policy development, activism and advocacy for quality, safe patient care, and high standards of nursing, nursing care, and safe working conditions, which also serve to protect the patients we serve.”

Yvonne Strader has been in nursing for 30 years. She has a bachelor’s degree in nursing and a bachelor of science degree in professional arts, as well as a master’s degree in health administration and Catholic leadership. She is the chief nursing officer at Providence St. Mary Medical Center in Walla Walla. Yvonne has worked in pediatrics, medical, surgical, psychiatric nursing and urgent care. She has more than 17 years’ experience in quality leadership, concentrating on patient safety, quality and risk management, as well as medical staff services and quality. She is a green belt in Six Sigma and a change facilitator for process improvement. Yvonne is married with two daughters and three grandchildren.

Ms. Strader states, “We are charged with the health safety of our community and we will see vast and fast changes in the years to come. The Nursing Commission looks at all aspects of nursing for our future state of growth and needs of our state. Nursing Commission work is the natural next step in my education and practice. I want to contribute to the practice of nursing and its future state using my experiences and skills in quality and process improvement and leadership, upholding nursing to the highest degree to support the workforce and those we serve.”

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Upcoming webinar schedule:
• Thursday January 11, 10-11 a.m. PST
• Thursday January 18, 7-8 p.m. PST
• Thursday February 1, 10-11 a.m. PST
• Thursday February 15, 7-8 p.m. PST
• Thursday March 8, 10-11 a.m. PST
• Thursday April 9, 10-11 a.m. PST

If you have any questions, please contact Kathryn Vela, MLIS, AHIP at 509-368-6557 or kathryn.vela@wsu.edu or Christina Pryor, MLIS at 206-221-2452 or cnpryor@uw.edu.

This activity has been submitted to the Washington State Nurses Association Approver of Continuing Nursing Education (A-CNE) for approval to award contact hours. The Washington State Nurses Association Approver of Continuing Nursing Education (ACNE) is accredited as an approver of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation.
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Unbecoming a Nurse

Sometimes we may never know how substance use disorders can affect others. Paula Davies Scimeca wrote a book called “Unbecoming a Nurse,” after losing her mother to an overdose in 2002. Her mother was a nurse, and so is Paula Davies Scimeca. Her book highlights telltale signs there may be a chemical dependency problem, and through her work providing presentations on the risk of substance abuse in nursing, she developed The SHUNT self-survey for nurses.

The self-survey has 10 different components, which are separated into two traits for each letter. The tool is a guide to measure the possibility a nurse may have a substance use problem. The tool is not diagnostic, and there is no score that would reveal a measurable risk factor. Rather, the SHUNT allows nurses to assess their own risk, based on their answers.

The SHUNT Survey is as follows:

**S** – Social withdrawal or self-isolated behavior

**S** – Self-care behaviors beneath societal, professional or the nurse’s own standard

**H** – History of chemical dependency in the nurse’s immediate family

**H** – History of negative consequences related to the nurse’s substance use.

**U** – Untreated or unremitting emotional or physical pain

**U** – Using medication for a reason it was not intended or in a manner not recommended

**N** – Nursing practice routinely in excess of 55 hours per week

**N** – Nursing duties include frequent access to controlled substances.

**T** – Transitional period requiring major adjustments within the past year.

**T** – Turmoil or tragedy with unresolved conflict.

Scoring the survey is straightforward. Each positive answer, or presence of a trait, is a score of one. There is no score if the trait does not apply. The higher the score, the greater the risk factor. And though the tool is not intended to diagnose a substance use disorder, it can be a seen as a more proactive tool to help the nurse develop lifestyle changes to avoid peril.

Early identification is key. It is important to address concerns before a substance abuse problem occurs. This SHUNT self-survey was developed specifically for this purpose. For nurses with risk factors for substance use disorder, the survey should be completed at least annually to identify, and address, any increased risk before a life spirals out of control.

Washington Health Professional Services (WHPS) provides support and monitoring services to nurses with substance use disorder. WHPS is available for consultation and CNE provided presentations. Please contact us at 360-236-2880 or WHPS@doh.wa.gov to schedule a presentation for your staff.
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—JESSE, AGE 5

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BEING PART OF THE SOLUTION: Preventing Opioid Overdose Deaths in Washington

Two people die of an opioid overdose nearly every day in Washington State. Though heroin and synthetic fentanyl overdoses have increased in number, deaths from opiates prescribed by providers remain the leading cause of unintentional overdose deaths. While the number of prescriptions for narcotics is decreasing in Washington, the number of deaths has not.

Nurses have a role to play in reducing opioid deaths in Washington.

• Enroll in and use the Prescription Monitoring Program (PMP) [http://www.wapmp.org/practitioner/pharmacist/](http://www.wapmp.org/practitioner/pharmacist/). As of July 2017 33 percent of ARNPs were enrolled, leading physicians in percentage enrolled, but behind physician’s assistants and osteopathic physicians. When seeing patients in clinical practice, check the PMP before any and every prescription for a controlled substance is written. If done every time for every patient, we are not targeting any individual. Nurses can be enrolled as delegates to simplify the process in a clinic.

• Become waivered with the DEA to prescribe buprenorphine [https://aanp.inreachce.com/Details/Information/714cb0a9-73b2-4daf-8382-27c5b70f5a?ref=featured](https://aanp.inreachce.com/Details/Information/714cb0a9-73b2-4daf-8382-27c5b70f5a?ref=featured). One year after waivers became available, 137 Washington State ARNPs are now registered with the Drug Enforcement Administration as buprenorphine prescribers. Becoming waivered requires 24 hours of continuing education provided free through the American Association of Nurse Practitioners and the American Society of Addiction Medicine. The training is free, but your time is not. Request additional time from your employer to complete the one-time training. Use a low threshold for patients
to access buprenorphine. Even if a patient continues using other drugs or alcohol, buprenorphine aids the patient in continued positive behavior change. Assist patients to find a source for substance use disorder treatment with “no wrong door,” including primary care, behavioral health or chemical dependency treatment. Be aware of housing and social services that can support a patient’s efforts to become opioid-free.

- Prevent opioid dependence to begin with by careful opiate prescribing. Exposure to a first dose of opioids increases the risk of recurrent use. Recognize that acute pain can quickly be addressed with non-opiate options. Chronic non-cancer pain requires a multi-modality approach to learn means of functioning and adapting using non-pharmacologic methods to maintain a higher quality of life.

- Follow the recommendations of the Agency Medical Directors Guidelines http://www.agencymeddirectors.wa.gov/Files/2015AMDGOpioidGuideline.pdf for safe prescribing. If you are a prescriber, refer to it. If you support prescribers, make sure they are aware of and follow these guidelines. The guidelines answer questions regarding challenging situations, including how to address the acute pain needs of a chronic pain sufferer. Support alternatives to opioid prescribing for chronic pain management including non-opiate medications, exercise, yoga, counseling and complementary medicine.

- Be aware of the new Health Care Authority guidelines https://www.hca.wa.gov/billers-providers/programs-and-services/opioids restricting opioid prescribing to 18 tablets, a three-day supply for patients 18 and under, and 42 tablets, a seven-day supply, for patients over 18.

- Provide Naloxone, a short-term antidote for opioid overdose, to all patients receiving opioid prescriptions, and to family members who express concerns about relatives with substance use disorders. Be sure they know how and when to use naloxone. All Safeway and Albertson pharmacies in Washington now have naloxone available directly from pharmacists. Pharmacies stock Narcan nasal spray. Patients can acquire it after a 15- to 20-minute pharmacy consultation. A prescription permits insurance coverage. At increased risk of overdose are people who have had a period of abstinence, such as someone leaving rehabilitation or detox facility, jail, prison or after a hospitalization. Such people’s tolerance will have decreased. If they resume opioid intake at the level they did before the period of abstinence, they are at increased risk for overdose.

- Support efforts for public and private insurers to cover the costs of substance use disorder treatment; Medicare pays for some services and not for others. Similarly, Apple Health programs are inconsistent on what treatments for what diagnoses are covered, exposing patients to prohibitive costs.

- Psychiatric ARNPs have a special role to play in providing cognitive behavioral therapy or dialectic behavioral therapy as a means of addressing chronic pain. The Washington State Department of Labor and Industries now pays ARNPs 100 percent of allowable charges for providing therapy to injured workers and assisting in their return to work.

- Learn where your nearest needle exchange program https://nasen.org/directory/wa/ is and provide the information to patients.

- Keep local and state legislators informed of effective, evidence-based substance use disorder treatment options, and ask them to support and fund these services in our communities.
The following is a list of stipulations to informal disposition taken between May 1, 2017, and September 30, 2017. For more information, please use Provider Credential Search (https://www.doh.wa.gov/LicensesPermitsandCertificates/ProviderCredentialSearch) or contact the Nursing Commission at 360-236-4703.
<table>
<thead>
<tr>
<th>Licensee</th>
<th>Date of Action</th>
<th>Formal Action</th>
<th>Violation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cessor, Irene E., LPN (LP00043227)</td>
<td>07/28/17</td>
<td>Suspension</td>
<td>Violation of or failure to comply with licensing board order</td>
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<tr>
<td>Tannier, Jonathan P., RN (RN60183136)</td>
<td>08/01/17</td>
<td>Suspension</td>
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<tr>
<td>Rishky, Amanda L., RN (RN00145820)</td>
<td>08/08/17</td>
<td>Conditions</td>
<td>Diversion of controlled substance; Narcotics violation or other violation of drug statutes; Violation of federal or state statutes, regulations or rules</td>
</tr>
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<td>Kopp, Lisa M., RN (RN00121611)</td>
<td>08/11/17</td>
<td>Suspension</td>
<td>Alcohol and other substance abuse; Failure to cooperate with the disciplining authority; Violation of federal or state statutes, regulations or rules</td>
</tr>
<tr>
<td>Joseph, Kenya E., RN (RN60098504)</td>
<td>08/16/17</td>
<td>Probation</td>
<td>Violation of or failure to comply with licensing board order</td>
</tr>
<tr>
<td>Woolner, Alex M., LPN (LP60466910)</td>
<td>08/18/17</td>
<td>Revocation</td>
<td>License disciplinary action taken by a federal, state or local licensing authority</td>
</tr>
<tr>
<td>Wayman, Mary Jane S., RN (RN60089672)</td>
<td>08/24/17</td>
<td>Suspension</td>
<td>Violation of or failure to comply with licensing board order</td>
</tr>
<tr>
<td>Lindgren, Karin, RN, ARNP (RN00168324, AP30083868)</td>
<td>08/30/17</td>
<td>Reinstatement</td>
<td>Unprofessional conduct</td>
</tr>
<tr>
<td>Carterette, Sara M., RN (RN00166764)</td>
<td>08/30/17</td>
<td>Conditions</td>
<td>Alcohol and other substance abuse; License suspension by a federal, state or local licensing authority; Violation of federal or state statutes, regulations or rules</td>
</tr>
<tr>
<td>Beachler, Melissa J., RN (RN60604083)</td>
<td>08/30/17</td>
<td>Reinstatement</td>
<td>License suspension by a federal, state or local licensing authority</td>
</tr>
<tr>
<td>Shoiles, Richard T., LPN (LP60342517)</td>
<td>09/12/17</td>
<td>Reinstatement</td>
<td>Alcohol and other substance abuse; Diversion of controlled substance; Violation of federal or state statutes, regulations or rules</td>
</tr>
<tr>
<td>Dunn, Mark R., RN (RN60585610)</td>
<td>09/12/17</td>
<td>Conditions</td>
<td>License suspension by a federal, state or local licensing authority</td>
</tr>
<tr>
<td>Reyes, Iris, RNTP (RNTP60600998)</td>
<td>09/12/17</td>
<td>Reprimand</td>
<td>Violation of or failure to comply with licensing board order; Negligence; Violation of federal or state statutes, regulations or rules</td>
</tr>
<tr>
<td>Counts, Lynn M., RN (RN00123983)</td>
<td>09/13/17</td>
<td>Suspension</td>
<td>License suspension by a federal, state or local licensing authority</td>
</tr>
<tr>
<td>Ruddell, Darrin L., RN (RN00133423)</td>
<td>09/13/17</td>
<td>Revocation</td>
<td>Alcohol and other substance abuse; Diversion of controlled substance; Violation of federal or state statutes, regulations or rules</td>
</tr>
<tr>
<td>Kindred-Joe, Ann L., LPN (LP60656116)</td>
<td>09/14/17</td>
<td>Licensure denied</td>
<td>License suspension by a federal, state or local licensing authority</td>
</tr>
<tr>
<td>Becker, Jennifer A., RN (RN00157757)</td>
<td>09/14/17</td>
<td>Suspension</td>
<td>Alcohol and other substance abuse; Violation of or failure to comply with licensing board order; Violation of federal or state statutes, regulations or rules</td>
</tr>
<tr>
<td>Kim, Stacey E., RN (RN60523960)</td>
<td>09/19/17</td>
<td>Suspension</td>
<td>Alcohol and other substance abuse; Diversion of controlled substance; Violation of federal or state statutes, regulations or rules</td>
</tr>
<tr>
<td>Easter, Myra J., RN (RN60687119)</td>
<td>09/21/17</td>
<td>Suspension</td>
<td>License suspension by a federal, state or local licensing authority</td>
</tr>
</tbody>
</table>

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In 2016 the Department of Health (department) had to raise nursing assistant application and renewal fees to $65 and $70, respectively. During that time, I received many calls from nursing assistants who are heavily burdened by this fee increase. The nursing assistant profession is an honorable calling that is often overworked and underpaid.

The law requires that the cost of each profession be fully borne by the members of that profession (RCW 43.70.250). Regulating the nursing assistant profession requires numerous Department of Health staff members. The credentialing staff processes about 1,370 applications per month. The greatest expense for regulating nursing assistants is processing the complaints received. According to mandatory reporting laws, all allegations of abuse or neglect must be disclosed. The Department of Health receives about 70 nursing assistant complaints per week. Each of these complaints is reviewed individually by a case management team. Of the 70 complaints received, about 16 cases are determined to require an investigation into the allegations. Nursing assistant investigations represent 48 percent of the total investigations the department completes. This is because of the high number of credentialed nursing assistants and the mandatory reporting laws surrounding the important work they do with vulnerable adults and children.

Below is a list of some of the more common complaints against nursing assistants received by the department.

<table>
<thead>
<tr>
<th>Complaint</th>
<th>Examples of Behavior</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication Issues</td>
<td>Yelling, speaking harshly, rude behavior, using profanity to or in the vicinity of clients/patients.</td>
</tr>
<tr>
<td>Medication Errors</td>
<td>Providing medication to the wrong client/patient, missing dosages, giving incorrect dosages.</td>
</tr>
<tr>
<td>Rough</td>
<td>Being physically rough with client/patient when providing care.</td>
</tr>
<tr>
<td>Neglect</td>
<td>Failure to timely feed, change brief, reposition, bathe, answer call light, etc., for client/patient.</td>
</tr>
<tr>
<td>Elopement</td>
<td>Resident wanders from facility or other location.</td>
</tr>
<tr>
<td>Sexual Abuse</td>
<td>Inappropriate touching of patient or self in front of patient.</td>
</tr>
<tr>
<td>Abandonment</td>
<td>Leaving patients alone in facility.</td>
</tr>
<tr>
<td>Diverting Medications</td>
<td>Charting in MAR that medication was provided to patient when patient hasn’t received it, claiming to have disposed of medication but not having second person verify disposal, missing medication from client/patient private storage, missing medication from med carts.</td>
</tr>
<tr>
<td>Accepting Gifts</td>
<td>Accepting money, food, meals, loans, etc. from client/patient.</td>
</tr>
<tr>
<td>Theft</td>
<td>Theft of client/patient’s food, use of client/patient’s bank account or ATM card, theft of items or money from client/patient’s personal belongings.</td>
</tr>
<tr>
<td>Abuse</td>
<td>Locking patient/client in a room or not allowing mobility privileges; grabbing, hitting, restraining, or pushing client/patient; prohibiting meals, TV, or call button; not allowing visitors; threats of abuse; and taking pictures of client/patient.</td>
</tr>
<tr>
<td>Not Following Care Plan</td>
<td>Inappropriate transfer, failing to provide two-person care, etc.</td>
</tr>
<tr>
<td>Drug or Alcohol Abuse</td>
<td>Using drugs or alcohol inappropriately on or off the job.</td>
</tr>
<tr>
<td>Criminal Convictions</td>
<td>Any criminal conviction may be grounds for discipline.</td>
</tr>
</tbody>
</table>

There are about 76,175 credentialed nursing assistants in Washington State. The vast majority of these will never be disciplined for unprofessional conduct.

My hope in providing this information is to make nursing assistants aware of behavior that leads to complaints. Ultimately fewer complaints will lead to lower application and renewal fees.
MEDICAL MARIJUANA AUTHORIZATION FORM

Starting January 1, 2018, all healthcare practitioners will be required to use the newly designed 2018 Medical Marijuana Authorization form. The new form is available now and healthcare practitioners may order the Medical Marijuana Authorization form tamper-resistant paper from the same vendor they order prescription tamper-resistant paper. For details and training resources, please see the Medical Marijuana Authorization Form website. (https://www.doh.wa.gov/YouandYourFamily/Marijuana/MedicalMarijuana/AuthorizationForm)

We are allowing healthcare practitioners time to use up their old tamper-resistant paper stock, but effective July 1, 2018, all authorizations will be required to be printed on the tamper-resistant paper containing the Medical Marijuana Authorization Form RCW 69.51A.030 seal.

If you have any questions, please contact the Medical Marijuana program at 360-236-4819, option 1 or medicalmarijuana@doh.wa.gov.
HEALWA: The On Call Library for Washington State Practitioners has some exciting news!

HEALWA now has complete access to ClinicalKey. Nurses across the state now have access to a large library of Elsevier content including more than 1,000 eBooks, 680 eJournals, just under 3,000 drug monographs, and numerous multimedia files including images and videos. In addition to this content, the ClinicalKey platform includes First Consult Clinical Overviews, which are scanable summaries that include evidence-based information, current guidelines, and the latest advances.

How to Access ClinicalKey
To access the ClinicalKey platform, see the HEALWA website at http://heal-wa.org/ and then use the “Log In” button in the orange box at the top of the screen. Once logged in you can get to ClinicalKey by using the “Databases” button in the blue bar running down the left side of the website. Use the letter “C” on the Databases webpage and select ClinicalKey from the list.

Once you are logged in and you have loaded the ClinicalKey platform, you are ready to start researching. You can either type in what you are looking for in the “Search” box located on the screen or you can browse the collection by selecting the resource type directly below the “Search” box.

If you have any questions about ClinicalKey or any of the HEALWA resources, contact the HEALWA librarian at 206-221-2452 or by email at heal-wa@heal-wa.org.

Reminder about How to Sign Up for HEALWA
HEALWA is here to provide support and access to clinical and education information that improve patient care outcomes across Washington State.

Signing up for HEALWA is easy! Just complete the following steps to receive a HEALWA username and password:
1. Eligible users must ensure their contact information with the Department of Health includes their current email address.
2. Using a web browser, go to http://heal-wa.org/’s “Getting Started” webpage. Select the option to create a University of Washington NetID. Then users enter their last name and credential number, and follow the on-screen prompts to complete the registration process.
3. Then HEALWA emails the person a username and password, and the user may start exploring the HEALWA resources.

Once registered, HEALWA users have access from anywhere, anytime whether on a computer or a mobile device. On healwa.org, use the “Log In” link located on the upper left corner of the screen.

Need Help or Have Questions about HEALWA
Our goal at HEALWA is to help practitioners across Washington State have affordable, anytime, online access to current, authoritative clinical information and educational resources. If you need assistance with learning how to navigate the resources or have questions about HEALWA, contact the HEALWA librarian at 206-221-2452 or by email at heal-wa@heal-wa.org.

You can also follow HEALWA on Facebook and Twitter.

Stay tuned for future HEALWA articles featuring helpful tips and hints about how to get the most information from your On Call Library.
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For more information contact:

Rachel Madson, Nurse Recruiter
rachel.madson@confluencehealth.org
509.436.6870

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GRANDPARENTS AND OTHER RELATIVES RAISING CHILDREN:
HOW NURSES CAN SUPPORT THE UNIQUE NEEDS OF KINSHIP CARE FAMILIES

Hundreds of grandparents raising grandchildren or “grandfamilies” in T-shirts bearing the powerful message created by Jenna gathered at an inspirational “GrandRally” (https://grandrally2017.org) on the lawn of the United States Capitol last May. Jenna, winner of the Generations United National T-Shirt Contest, is one of an estimated 40,000 children in our state and 2.6 million children nationwide with a grandparent or other relative raising them when their own parents are unable to do so. These families are known as grandfamilies or kinship care families.

The Pathways to Kinship Care

Recent media attention has put a national spotlight on grandparents who have come to the rescue of their grandchildren because of the opioid epidemic. Substance abuse is the No. 1 reason for kinship care situations, according to a 2016 Generations United report (https://dl2.pushbulletusercontent.com/qdCNUO2/MMZKzKRiyllwbgjMtf39xkKa/16-Report-SOGF-Final.pdf). Poverty, death, deployment, deportation, mental health issues, incarceration, and homelessness are other factors precipitating kinship care, according to the American Academy of Pediatrics (AAP) (http://pediatrics.aappublications.org/content/pediatrics/early/2017/03/23/peds.2017-0099.full.pdf).

Grandparents and other relatives acting as kinship caregivers demonstrate tremendous resilience and commitment to providing a loving safety net and family connection for these children, often at the cost of their personal health and/or financial security. According to the AAP, children in kinship care experience many of the same adversities as children in traditional foster care. Surprisingly, for every child living with a relative in the formal foster care system, an estimated nine children are living informally with relatives.
The Unique Challenges of Kinship Care

Washington survey data (https://www.dshs.wa.gov/sites/default/files/ALTSA/hcs/documents/kinship/HYS%202014%20Assoc%20with%20Kin%20and%20Homeless%20-%20Preliminary%20Findings.pdf) are aligned with AAP findings. They show that – in association with trauma or adverse childhood experiences (ACEs) that often precede the need for kinship care – kinship youth experience greater health risks than children living with their parents. Kinship youth show increased risk on multiple measures in categories such as: mental health; general health; nutrition; physical activity; sexual behaviors; and school achievement.


Washington data also seem to indicate alignment with AAP findings that kinship youth often lack access to primary care and dental care services. In addition, per the AAP, they are half as likely as children in non-kinship foster care to have an outpatient mental health evaluation, which is alarming given their frequent histories of ACEs and available depression and suicide attempt data (see Health Indicators table).

Health Risk Indicators: Kinship Youth vs. Youth Living With Parents in Washington*

<table>
<thead>
<tr>
<th>Health Risk Indicator</th>
<th>Kinship Youth</th>
<th>Youth Living with Parents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obesity</td>
<td>16%</td>
<td>11%</td>
</tr>
<tr>
<td>Diagnosed with diabetes</td>
<td>6%</td>
<td>3%</td>
</tr>
<tr>
<td>No dentist check-up in past year</td>
<td>40%</td>
<td>20%</td>
</tr>
<tr>
<td>Missed school due to tooth ache in past year</td>
<td>13%</td>
<td>3%</td>
</tr>
<tr>
<td>Haven’t seen a doctor in past year</td>
<td>45%</td>
<td>35%</td>
</tr>
<tr>
<td>Smoked cigarettes in past year</td>
<td>16%</td>
<td>7%</td>
</tr>
<tr>
<td>Expressed depressive feeling past year</td>
<td>49%</td>
<td>34%</td>
</tr>
<tr>
<td>Attempted suicide in past year</td>
<td>18%</td>
<td>9%</td>
</tr>
</tbody>
</table>

*View Data Source

To complicate matters, accessing non-emergency health services is challenging for a relative without court-ordered legal custody. Many relatives do not pursue custody or adoption because of the cost, complexity, and emotionally grueling process that can pit family members against one another – especially if there is hope that the birth parent(s) will someday be able to raise their children. To help in these circumstances, the Washington State Legislature passed a law more than a decade ago to enable relatives to fill out an affidavit for accessing mental, physical, and oral care. The Kinship Caregiver’s Guide to Consenting to Health Care (https://www.dshs.wa.gov/sites/default/files/SESA/publications/documents/22-1120.pdf) is a helpful resource for this situation.

Kinship caregivers have needs and risks of their own. Per the AAP, they tend to be significantly older and more likely than non-kin foster parents to report chronic health conditions or disabilities. Health conditions can be compounded by the stress of the caregiving role – often unexpected and unplanned – and by economic stressors, given that the majority of kinship caregivers represent single-parent households.

Due to these identified health risks and disparities, the AAP recently developed pediatric practice recommendations specific to the unique care needs of kinship care families. (http://pediatrics.aappublications.org/content/pediatrics/early/2017/03/23/peds.2017-0099.full.pdf)

Highlights of the AAP’s Pediatric Practice Recommendations:
- Ask about caregiving arrangements during routine visits to assure identification of kinship youth and comprehensive care coordination that meets their health needs.
- Learn about relevant resources and help caregivers access support by providing or referring them to navigation assistance. Note: A comprehensive Washington-based resource to have on hand is Grandparents and Relatives: Do you know about the services and supports for you and the children in your care? (https://www.dshs.wa.gov/sites/default/files/SESA/publications/documents/22-1120.pdf)
- Use a similar standard of care for kinship youth as for children in foster care, as discussed in the AAP manual.


Other Ways to Help Kinship Care Families:

Support is available for kinship care families in Washington State. Nurses and other health professionals who work outside of pediatric practice are very likely to encounter kinship caregivers or kinship youth in work environments and personal encounters. Important resources to know include:

- Relative Support and Service Funds: Offer emergency, short-term funds to unlicensed relatives and other approved caregivers with a state-dependent child with an open case (non-foster care) with Children’s Administration. The child’s social worker can access these funds to support placement needs.
- Kinship Navigator Program: Provides navigators (in 30 counties and eight Tribes) who can help with emotional support and accessing services and benefits (https://www.dshs.wa.gov/altsa/kinship-care-support-services)
- Kinship Support Groups: Facilitate connection with other relatives and provide helpful information (https://www.dshs.wa.gov/altsa/kinship-care-support-services)
- Free Kinship Family Annual Passes to the Seattle Aquarium and Pacific Science Center: Available through each county’s KCSP, Kinship Navigator Program, or the child’s social worker.

Appropriate resources and support can help strengthen kinship care families and go a long way toward assuring their health and wellness.

For more information on Kinship Care in Washington, please contact: Hilarie Hauptman, MSW, Kinship Program Manager, Aging and Long-Term Support Administration/Department of Social and Health Services, hilarie.hauptman@dshs.wa.gov / 360-725-2556.

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Wanted: “Voices of Children” Contest Entries!

Washington State’s “Voice of Children Raised by Grandparents and Other Relatives” Contest is accepting entries of visual art, poem or story of experiences about being raised by a relative! Youngsters 5-19 can enter to win cash prizes and attend a reception honoring winners at our state Capitol!


Nathan, a former contest winner (at age 7), shared his thanks for his grandmother with this drawing and caption.

"My Memaw is now my Momma. She defends me and my sister forever and I love her."

The contest, now in its 15th year, is organized by Family Education and Support Services.
MAX IMPACT TBI MOBILE APP HELPS EMPOWER YOUR PATIENTS

As a nurse, you have likely dealt with the impacts of a traumatic brain injury, or TBI, at some point in your career. Traumatic brain injuries are common. They can occur from everyday activities like falling off a bike, hitting your head on the ski slope, car accidents, as well as more traumatic events such as concussive blasts in combat. Traumatic brain injuries often have lasting effects that can be hard to recognize by both the patient and sometimes even medical providers.

Washington State’s TBI Council and your Washington State Department of Veterans Affairs (WDVA) have developed a mobile phone application (app) that can help people recognize and manage the signs and symptoms of TBI. The “Max Impact” Traumatic Brain Injury Mobile Application assists and empowers veterans, family, friends, caregivers, and nurses of veterans living with the effects of a TBI.

The apps TBI screener, allows for validation that the symptoms the person is experiencing may be related to a head injury. For example, users can learn that the tinnitus they are experiencing is a common result of TBI. They learn that one of the primary ‘treatments” for tinnitus is to simply drown out the ringing noise with other sounds. Max Impact provides the “soothing sounds” to do that.

With Max, the user is guided through various exercises and techniques that are easily learned and can even be used without the app after some practice.

Many of the tools included in Max Impact are also designed to empower people to intervene themselves in triggering moments, such as a panic attack, without requiring another person to be present to guide them through helpful exercises. Max is always there.

The app encourages people to learn more about their condition through a “FAQ” section, by actively pursuing more knowledge and resources by connecting with a support group using the “provider finder feature” or the online peer-to-peer service found in the “community” feature.

By using the Max Impact TBI app, people learn more about their particular and unique condition as well as coping mechanisms to help them get through their good days as well as the bad.

Four Simple Ways Nurses Can Use the Max Impact TBI Mobile App:

First- Use the FAQ section to learn more about TBI.

Second- Use the TBI screening tool in the app. Answer screening questions or allow the patient to answer the questions using the screening feature. Even if the patient is medically “cleared,” research suggest that as many as 15 percent of people who experience a concussion will have ongoing symptoms. Using the TBI screening tool can begin the conversation of understanding ongoing symptoms.

Third- Use Max Impact TBI tools at no cost. There is no need to purchase anything, or streaming data, etc.

Finally- Use the “Provider Finder” in discharge planning to help find resources close to the patient’s home.

The Max Impact Mobile App is available to download free at iTunes and the Google Play Store.


Or search for it on iTunes and/or Google Play store as just one word, “MaxImpact”

If you have questions about the WDVA TBI Program, would like more information about how to be listed as a TBI Provider, or have an event that you would like us to share more about Max Impact, please visit http://www.dva.wa.gov/benefits/traumatic-brain-injury-tbi or contact the WDVA TBI Coordinator, Dan Overton at danielo@dva.wa.gov or 360-725-2223.
HELP US PAINT AN ACCURATE PICTURE OF WASHINGTON’S NURSING WORKFORCE

Statewide surveys will look at current trends and future nursing workforce needs

Nurses in Washington State will be asked to complete one or more surveys in 2017 and 2018. The Nursing Care Quality Assurance Commission (NCQAC), the state regulatory board, will require for licensure a statewide demographic nursing survey. Some nurses will also receive a separate survey from the Washington Center for Nursing (WCN), the state nursing workforce center, and University of Washington Center for Health Workforce Studies (UW CHWS). While they will have similar questions, each survey will serve a different purpose, and data from both will be crucial to identifying state and national trends, as well as informing nursing workforce development efforts.

By filling out both surveys, you will help inform policy recommendations on how to expand and improve nursing education programs, and strengthen the nursing workforce to better serve our changing communities.

What information is needed, and why?

Across the country, state nursing workforce centers and state boards of nursing collaborate to collect and analyze data about the nursing workforce. The reports that are generated inform policy makers, nursing education programs, and employers of nurses about the characteristics of the state’s nursing workforce, including education and skills obtained, where nurses choose to practice, practice specialty, and other data for workforce planning and development. In addition, information about the nurse workforce benefits nurses directly by informing them about professional opportunities and challenges. Like all credible research surveys, the upcoming surveys from WCN-UW CHWS and NCQAC will carefully protect individual nurses’ information. They will use approved procedures to ensure personal information is not disclosed and all data are kept confidential (read more about the processes in the FAQ section). The reports will not focus on any individuals, but rather will paint a broader picture of Washington’s nursing workforce.

What data is already being collected?

Since 2006, the WCN in collaboration with UW CHWS has published Nurse Data Snapshots, an analysis and report on Washington’s nurse supply, distribution, and demographic characteristics – based on the limited data available from nurse licenses (birthdate, gender, and address) maintained by Washington State Nursing Care Quality Assurance Commission (NCQAC).

Established in 2003 by the leaders of the Washington State nursing community, including the state nurses association, collective bargaining, four-year and community college nursing education programs, and nurse executives to address the nursing shortage, WCN serves as the statewide nursing resource center. WCN is largely funded by a $5 surcharge on LPN and RN licenses.

Why do we need to track the changing nursing trends?

Health care delivery in Washington is changing rapidly. The landmark publication “The Future of Nursing,” published in 2010 by the Institute of Medicine, set goals about the nursing workforce to meet the health care challenges of our diverse communities:

• Nurses should practice to the full extent of their education and training.
• Nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression.
• Nurses should be full partners, with
physicians and other health care professionals, in redesigning care in the United States.

• Effective workforce planning and policy-making require better data collection and an improved information infrastructure.

As a leader in nursing, Washington State was well positioned in 2010 to act on these goals. However, because of the lack of data on the nursing workforce, there is little information on to what extent our state has advanced these goals.

The upcoming surveys will give us a clearer view of the workforce, how nurses are prepared to meet health care demands and what support is needed.

The Nursing Commission Demographic Survey

Beginning on January 1, 2018, all nurses in Washington State will be required to fill out the Nursing Commission’s demographic survey questions online at the time they renew their licenses.

The WCN UW CHWS Registered Nurse Workforce Survey

Some nurses will be invited to participate in an additional sample survey conducted by the WCN and the UW CHWS in early 2018, either by mail or email. This survey will gather more information about where nurses work, their practice specialty, whether they are working part time or full time, whether they have plans to advance their education, career satisfaction, the provision of culturally competent care, and other factors. The findings from this survey will also be available by the end of 2018.

Nurses may also be invited to participate in one or more national surveys.

Since 2013, the National Forum of Nursing Workforce Centers and the National Council of State Boards of Nursing collaborated every odd year on a nationwide nursing workforce survey to learn about the nursing supply. This survey was open until November 30, 2017. Results from the 2015 survey can be viewed at https://www.ncsbn.org/workforce.htm

The Health Resource Services Administration within the U.S. Health and Human Services administration will also conduct a survey of registered nurses across the U.S. beginning in March of 2018.

What are the differences between state and national nursing workforce surveys?

• National surveys compile data from small samples of nurses in each individual state. Sample sizes for a given state may not be sufficiently large to provide results that can accurately represent the nurse workforce of that state.

• The national surveys provide “big picture” context but do not seek to explain regional or local workforce trends. They can contribute to informing national workforce efforts, such as providing support for federal funding initiatives. Informing state policy requires analysis appropriate to the data collection provided by the state in conjunction with the state’s socioeconomic and political trends.

• Additional state-level data collection from a large number of nurses remains important to provide information about the nurse workforce statewide and for areas within the state.

Funding for nurse workforce data collection and analysis comes from different sources and is available at different times, so having sufficient high quality data for national, state and sub-state workforce information may mean nurses are asked to respond to multiple surveys with similar questions.

It is key for nurses to participate in each nursing workforce survey they may receive from the Nursing Commission, WCN, NCSBN and HRSA.

Nurses’ full participation in these surveys is vital to inform the policy makers, educators and others who influence nursing workforce development efforts. Information from these surveys can bolster support to expand and improve nursing education programs, and to prevent nursing shortages that threaten the health of Washington communities.
FREQUENTLY ASKED QUESTIONS

How are these surveys conducted?

The WCN is contracting with the UW CHWS to conduct the Registered Nurse Workforce survey in early 2018. A sample of nurses will be asked to participate by mail or email. This survey will be identified as being from the WCN and the UW CHWS, with the Social and Economic Sciences Research Center (SESRC) at Washington State University carrying out the data collection. Only a portion of licensed registered nurses in Washington will be asked to complete the Registered Nurse Workforce survey. Separately, beginning January 1, 2018 the Nursing Care Quality Assurance Commission (NCQAC) is requiring nurses to complete a demographic survey electronically, through Nursys e-Notify (nurses can currently volunteer to complete the survey.)

How frequently will a registered nurse have to complete these surveys?

The WCN and UW CHWS Registered Nurse Workforce Survey will be completed early in 2018. The NCQAC survey (using Nursys) will require data submission annually upon license renewal. After the initial Nursys data submission, nurses will be asked to update changes for any of the questions asked.

How is my personal information protected?

Data and information security is important to everyone. There are primarily three organizations working collaboratively to ensure the appropriate security controls are in place to protect nurses’ demographic data: The ethics boards overseeing WCN and UW, the Washington State Department of Health (DOH) and National Council of State Boards of Nursing (NCSBN).

The WCN and UW CHWS Registered Nurse Workforce Survey has been reviewed by Washington’s human subjects review board, like any other research study. WSU’s human subjects review board reviews SESRC’s survey operations involvement. The identities of individual nurses will be kept confidential, no personal identifiers will be disclosed, and all information will be reported in aggregate form, consistent with all state and federal regulations.

The DOH, working with Washington State Office of Cyber Security, works to detect, block and respond to cyber-attacks on state networks every day. This work includes prevention and mitigation of threats before they can cause significant damage. Cyber threats will continue to evolve, and so must our defenses against them. DOH and security partners protect the information assets entrusted to them and are also prepared to respond in the event something unexpected occurs.

The NCSBN Information Security Management Program is aligned with the Security and Privacy Controls for Federal Information Systems and Organizations. NCSBN uses the National Institute of Standards and Technologies (NIST) 800-53, moderate-impact security controls framework for its information security to protect the confidentiality, integrity and availability of information that is processed, stored and transmitted by NCSBN’s information systems. Please see the NIST website for additional information on the NIST 800-53 framework.

NCSBN has corporate security policies, procedures and contractual security requirements that promote the protection of intellectual property, employee and customer personal information, proper data security and data handling procedures, and data transmissions. NCSBN also performs assessments, audits, penetration tests, and vulnerability scans to help assure NIST 800-53, moderate-impact security control compliance.

View nursing workforce snapshots and other WCN nursing data at www.wcnursing.org/data-resources.
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