Opioid Related Deaths in Washington State 2006-2016

Page 8
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The Washington Nursing Commission News circulation includes over 100,000 licensed nurses and student nurses in Washington.

ON THE COVER: On May 5, 2017 Governor Jay Inslee Signed HB 1721 into law. This bill repealed RCW 18.79.380, which previously allowed for non-traditional registered nursing programs with no clinical practice experiences for nursing students. All nursing education programs are required to provide clinical practice experiences for all nursing students.

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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, discipline, and education. The commission establishes standards for approval and evaluation of nursing education programs.

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Charlotte Foster in the “other’ Washington

It is with heavy heart that the Washington State Nursing Care Quality Assurance Commission shares with you the passing of Charlotte Foster, Chair of the Commission. She will be remembered by so many people in the nursing profession and healthcare arena. She lived an amazing life and was an unforgettable person and nurse. She was appointed to the Nursing Commission by then-Governor Christine Gregoire in 2011, and re-appointed by Governor Jay Inslee in 2015.

Nursing Commission members and staff had the following to say about Charlotte:

Charlotte was everything you want in a nurse--kind, compassionate, dedicated, enthusiastic, cheerful, and dynamic. Although she died young, she lived a full life and had a lot of stories to tell. Someone should tell hers, because it is a magnificent story of overcoming adversity and stunning achievement. She will always be in my heart.

There were so many amazing attributes Charlotte had but the one that stuck out to me the most was her calmness. It is a trait that the very elite nurses have and she did it with grace and authenticity.

Charlotte was a kind and caring soul. She always spoke in a thoughtful and caring manner. I valued her contributions to the Commission as she always approached the discussions with clarity and with constructive suggestions. She had a presence that exuded dignity and respect for all that was clearly apparent. I admired her as a wonderful role model for leadership and the nursing profession. She leaves us with a large void and a treasure.

Charlotte Foster will be sorely missed by all who knew her and who were impacted by her gentle natural care for everyone. Charlotte had a genuine passion for the well-being of all people, which was so apparent in her tireless work for others.

Charlotte made an immediate impression as a leader of high professionalism in leading the business meetings—smooth as butter, thoughtful and respectful to all in her communications and approach, with an efficient focus on the matter(s) at hand.

Charlotte, I have admired your grace, your determination, your joyful presence, and your passion in giving your time and resources to the underserved. You have no idea how many lives you touched on your journey through this life. Mine is only one and I know there are many more. I am most certainly grateful for the short time we were here together doing the work we love. I will miss you.

Charlotte Foster embodied the essential nature of a nurse, overcoming cultural and personal obstacles, blessing those whose lives she touched with her calm, kind, and generous spirit, and using her considerable charisma for the power of good, always.

Whatever came her way, Charlotte found the positive. If it was a challenge, she thanked those who brought it to her. If it was a problem, she graciously accepted it and found a solution. If it was a deficit, she found a way to fill the gap with a smile. Charlotte loved life and the people in her life. She was a treasure.

I only got to spend a few minutes with Charlotte at a couple of the Commission meetings. I recall the first time I met her it was shortly after her daughter had passed away which made me nervous in standing in such close proximity to her, and in silence, as we waited in line for the restroom. You never know what to say in those situations. Charlotte graciously broke the silence and asked me questions about how long I had been with the Commission and did I like my job. She was warm and engaged. You wouldn’t even have known she was going through a deeply personal loss. It was evident that she was a strong brave woman. Someone others could look up to as a good example on how to do…life. Charlotte will not be forgotten. She positively impacted those she met even briefly.

She was such a beautiful person inside and out!

I can only imagine how difficult it is for any of us to contemplate our shared loss of Charlotte Foster as our NCQAC Chair, respected colleague, and dear friend. I have tried to find the way to express how she has touched me and I feel at a loss for the right words. A myriad of attributes has been swirling though my head since hearing of her passing: Remarkable, Gracious, Genuine, Articulate, Champion for Truth and Justice, Resilient, Engaged, Caring, and quite simply put, a “Good to the Core Human Being.”

Sitting next to her at meetings, for at least my first few years on the Commission, I so enjoyed how down to earth she was with a wonderful sense of humor balanced with the seriousness with which she understood her professional responsibilities. She never wavered in her deeply thoughtful ways of being such that whenever Charlotte spoke up at Commission meetings, everyone listened.

She was a woman of Courage in dealing with her own losses, Resilient in facing personal adversity and a Champion of Social Justice. As a bright light with her smile, Charlotte was a definite “the glass is half-full” kind of person of hope, while realizing the ever present “half-empty” parts of life.

I have nothing but respect for this remarkable woman who we have lost, and ask that we all honor her life, while remembering that although our dearly treasured friend and colleague has passed, her spirit remains strong and with us always.

We will miss you, Charlotte!
Advanced practice nurses have independent authority to prescribe controlled substances since 2005, including the prescribing of methadone and buprenorphine for pain. However, the federal government regulates the prescribing of methadone and buprenorphine for opiate addiction. Nurse practitioners (NPs) and physician assistants (PAs) gained the ability to prescribe buprenorphine to treat opiate addiction when former President Obama signed the Comprehensive Addiction and Recovery Act (CARA) into law on July 22, 2016.

The impetus for this bill is the devastating opioid crisis facing our country and the lack of buprenorphine prescribers available to provide needed treatment. Per the American Society of Addiction Medicine (ASAM):

“Drug overdoses are the current leading cause of accidental death in the U.S., having surpassed traffic fatalities. According to the Centers for Disease Control and Prevention (CDC), there were 52,404 lethal drug overdoses in 2015. Of these, 20,101 were related to opioid analgesics and 12,990 were related to heroin. Opioid misuse, addiction and related overdose deaths have become a public health epidemic in our country, but treatment works and can help people reach long-term recovery. Evidence shows that medications, such as methadone, buprenorphine and naltrexone, used in combination with psychosocial interventions are effective in treating opioid addiction.” [http://www.asam.org/advocacy/issues/opioids]

What I find most gratifying about this statement is the assertion that opioid use disorder (OUD) is treatable and that long-term recovery is possible. While there is strong evidence to support medical treatment for OUD, there is no evidence that incarceration of low-level drug offenders provides anything but the destruction of families and a big bill for taxpayers.

In addition to adding NPs and PAs as buprenorphine prescribers, CARA provides for grants for a number of programs including:
- Federally qualified health centers (FQHCs) for the establishment of opioid treatment programs (OTPs);
- Access to Naloxone, which quickly reverses opioid overdose and prevents death;
- Reauthorization of OTP program for pregnant and postpartum women; and
- Expanding education for prescribers of opioids and for public education.

However, other political risks to the treatment of OUD are looming on the horizon. The proposed American Health Care Act of 2017 has passed the House and is being reviewed in the Senate. While it offers generous opioid-specific initiatives, changes to the Medicaid infrastructure and financing may make insurance unaffordable to many, including people with OUD. The outpatient cost of methadone runs about $6,000 to $8,000 per year, and out-of-pocket expenses for buprenorphine are about $400 to $500 a month. Access to Naloxone could also be affected.

While opioid use disorder is a potentially lethal condition, it is very treatable with medication-assisted treatment (MAT) such as methadone, buprenorphine and naltrexone. It is the rare person with opioid addiction who can stop using opioids without MAT.

“Addiction is a disease that results when the opioid has made changes to the brain. A person using medication properly is not likely to get addicted, but this sometimes happens. Addiction usually occurs through misuse. Some people are at higher risk of addiction because of their genes, temperament, or personal situation.

Opioid addiction is a chronic disease, like heart disease or diabetes. A chronic disease is a medical condition for life. It cannot be cured, but it can be managed. A person with addiction can regain a healthy, productive life.” (Medication-Assisted Treatment for Opioid Addiction. Facts for Families and Friends. [www.samhsa.gov ])

Nurse practitioners are looking forward to joining the forces with other medical colleagues in providing humane, evidence-based treatment for patients with opioid use disorders.
In 2011, the Nursing Commission adopted rules for the treatment of chronic, non-cancer pain management in WAC 246-840-460 through WAC 246-840-493. The Nursing Commission, Medical Quality Assurance Commission, the Dental Quality Assurance Commission, Board of Osteopathic Medicine and Surgery, and the Board of Podiatry adopted the same rules for these professions. The five boards and commissions worked together to determine limits in prescribing pain medications, define pain management specialists, and consulting. The rules were effective in that they served as one strategy to decrease unintentional poisoning and deaths related to the use of opioids. Unfortunately, the crisis of people continuing to die from opioid use continues. Governor Jay Inslee issued an Executive Order directing state government agencies in their work to combat the opioid crisis. The Nursing Commission, with other health care regulatory agencies, is working together to identify strategies to further decrease access to opioids, and to continue to treat people’s pain.

On June 15, Governor Inslee held a second conference to announce his goals for Washington State:

**Goal 1:** Prevent inappropriate opioid prescriptions and use.

**Goal 2:** Treat people with opioid use disorder and connect them to support services, including housing.

**Goal 3:** Save lives by intervening in overdoses.

**Goal 4:** Use data to focus and improve our work.

The Nursing Commission will also work with many others to implement the order.

House Bill 1427 passed the legislature and was signed by Governor Inslee on May 16, 2017, becoming effective on July 23. The Nursing Commission will participate with other healthcare professional boards and commissions in developing the implementation, rules and actions.

As nurses, we assess and evaluate many people every day. As the largest single profession in healthcare, nurses play a key role in assessment of people in pain, and in decreasing unintentional deaths related to opioids. Our assessments and communication with other health care providers is essential to recognize when people are using opioids effectively, and how to intervene when people are using opioids incorrectly. As nurses, here are a few ways you can affect the opioid crisis:

- Medication reconciliation and safe storage in homes. Whenever you are educating patients on their use of pain medications, stress safe storage to prevent children from accessing medications.
- Supporting drug drop-offs at pharmacies for medication disposal. Simply flushing these in the toilet is no longer an acceptable method to rid the medication cabinet of unused medications. Check with local pharmacies to determine if they collect unused medications for safe disposal. This can be a very valuable resource for patients.

The Department of Health published the Opioid related Deaths in Washington State 2006-2016 that appears on pages 8 through 10. As you can see, there is a growing problem in our state. The Nursing Commission, with other boards, commissions and the governor’s support, wants to address the problem and see decreasing trends in the number of deaths in our state.
Dear Nurses of Washington State,

Welcome to summer! Recently I had the opportunity to give the graduation address for the University of Washington’s Department of Environmental and Occupational Health Science graduates. Standing there on stage in front of a crowd of eager young professionals about to embark on their careers, it struck me again that for all of us summer really is a special time; it’s a time when a new cohort of professionals join our ranks, bringing with them their new ideas, best practices, and energy. I have not yet had the opportunity to greet our new nursing professionals, many of whom have also just graduated this spring, but for those who have just completed their studies and are reading this newsletter for the first time, welcome! We’re thrilled you are here!

At DOH we see nurses as critical partners in ensuring the health of all Washingtonians. From those who work in acute care settings to our community-based nurses who act as allies in promoting upstream prevention efforts, you are each a necessary member of our community health system. We would not be successful without you. Because of the important role that nurses have in our community’s health systems, at DOH we seek to work effectively with our partners in higher education to help build tomorrow’s health leaders. For example, we recognize the challenge of training tomorrow’s nursing professionals as nurses in the community are increasingly taking on new roles and responsibilities. In response to this changing environment, our team here at DOH has worked hard to develop a scope of practice decision tree model that nursing educators can use in their curriculum. At DOH we see this as a part of our larger efforts to act as allies to support our nurses here in Washington.

Beyond the critical clinical work that nurses perform, nurses have a unique opportunity to advocate for the health of all Washingtonians. In both clinical and community settings, health care providers are given windows into the lives of patients to which one wouldn’t otherwise have access. Nurses in particular have the privilege of being our community’s most trusted profession. I encourage new graduates to remember that advocacy is not passive. Whether it’s within the context of a family, your organization, or here at the state, we need both your passion and unique perspective. Once you’ve gotten your bearings in your new position, I encourage you to consider reaching out to the Nursing Care Quality Assurance Commission or to another professional organization, and think about how you can help inform the broader health picture in our state.

So, new graduates, I encourage you to move forward and try new things, take on new challenges, and remember that as nurses you come from a proud and strong community. When you’re not quite sure how to proceed, remember that you’re surrounded by people who are experts in their fields. Take time to learn from them.

When you’re not quite sure how to proceed, remember that you’re surrounded by people who are experts in their fields. Take time to learn from them.

The Department of Health monitors opioid-related deaths by analyzing data from death certificates using two different methods. Details on these methods are in Appendix A (page 10). Differentiating between overdose deaths involving prescription opioids or heroin can be very challenging.

Opioid-related Overdose Deaths

Number of opioid-related overdose deaths by year, Washington State 2006-2016

<table>
<thead>
<tr>
<th>Year</th>
<th>State Population</th>
<th>METHOD 1*</th>
<th>METHOD 2**</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number of opioid-related deaths</td>
<td>Number of prescription opioid overdose deaths</td>
<td>Number of heroin overdose deaths</td>
</tr>
<tr>
<td>2006</td>
<td>6420263</td>
<td>678</td>
<td>565</td>
</tr>
<tr>
<td>2007</td>
<td>6525095</td>
<td>666</td>
<td>522</td>
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<tr>
<td>2008</td>
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<td>709</td>
<td>577</td>
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<td>2009</td>
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<td>2010</td>
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<td>649</td>
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<td>2011</td>
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<td>2012</td>
<td>6817763</td>
<td>713</td>
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<td>2013</td>
<td>6882394</td>
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<tr>
<td>2014</td>
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<td>2015</td>
<td>7061402</td>
<td>718</td>
<td>415</td>
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<tr>
<td>2016 Preliminary</td>
<td>7183713</td>
<td>694</td>
<td>435</td>
</tr>
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</table>

^ 2016 data are preliminary

*Method 1 includes intentional, unintentional, and undetermined deaths. Deaths due to “morphine” with no other information are assumed to be prescription overdose death. Deaths involving both heroin and prescription opioids will appear twice, once in each column. It includes all Washington State residents regardless of where they died and non-residents who died within Washington State.

**Method 2 includes unintentional and undetermined deaths only. Deaths due to “morphine” with no other information are assumed to be heroin overdose deaths. It includes Washington residents who died in Washington. Washington residents who die outside of Washington are excluded.
Number and age-adjusted rate of opioid-related overdose deaths by county of residence, Washington State, 2012–2016, using Method 1

<table>
<thead>
<tr>
<th>County</th>
<th>Number of Deaths</th>
<th>Rate per 100,000 population</th>
<th>County</th>
<th>Number of Deaths</th>
<th>Rate per 100,000 population</th>
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<td>Okanogan</td>
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<td>Skamania</td>
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<td>Thurston</td>
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<td>9</td>
<td>Whatcom</td>
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<td>Yakima</td>
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***Suppressed due to small numbers

Number and rate of opioid-related overdose deaths by age group and type of opioid, Washington State, 2012–2016^, using Method 1

<table>
<thead>
<tr>
<th>Age Group (yrs)</th>
<th>Number of opioid-related deaths</th>
<th>Rate per 100,000 population</th>
<th>Number of prescription opioid overdose deaths</th>
<th>Rate per 100,000 population</th>
<th>Number of heroin overdose deaths</th>
<th>Rate per 100,000 population</th>
<th>Number of synthetic opioid overdose deaths</th>
<th>Rate per 100,000 population</th>
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<tr>
<td>15-24</td>
<td>285</td>
<td>6.2</td>
<td>124</td>
<td>2.7</td>
<td>158</td>
<td>3.4</td>
<td>33</td>
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<td>25-34</td>
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<td>14.7</td>
<td>329</td>
<td>6.8</td>
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<td>8.2</td>
<td>57</td>
<td>1.2</td>
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<td>35-44</td>
<td>674</td>
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<td>422</td>
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<td>274</td>
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<td>45-54</td>
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<td>55-64</td>
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<td>75</td>
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<td>180</td>
<td>3.7</td>
<td>27</td>
<td>0.5</td>
<td>28</td>
<td>0.6</td>
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</tbody>
</table>

^ 2016 data are preliminary
Summary:

- In both methods, the total number of opioid overdose deaths has not changed substantially since 2008. And, the number of prescription opioid involved overdoses has declined, while heroin overdoses have increased.
- Method 1 likely underestimates heroin overdoses, and by a greater extent in earlier years. This underestimation makes the increase in the number of heroin overdose deaths appear more dramatic compared to Method 2.
- Method 1 results in a higher number of overdoses because it includes intentional overdoses, including suicides and homicides.
- The counties that have opioid overdose rates higher than the state rate are Clallam, Cowlitz and Snohomish.
- Persons who die from heroin overdoses tend to be younger than those who die from overdoses due to prescription opioids.
- The 2016 death data are still preliminary.

Appendix A: Description of Methods

Method 1: This method is used by the Centers for Disease Control and Prevention. A death is considered to be opioid-related if the death certificate lists any of the following ICD-10 codes as an underlying cause of death:

- X40-X44: Accidental poisonings by drugs
- X60-X64: Intentional self-poisoning by drugs
- X85: Assault by drug poisoning
- Y10-Y14: Drug poisoning of undetermined intent

And, includes any of the following ICD-10 codes as a contributing cause-of-death:

- T40.0: Opium
- T40.1: Heroin
- T40.2: Natural and semisynthetic opioids
- T40.3: Methadone
- T40.4: Synthetic opioids, other than methadone
- T40.6: Other and unspecified narcotics

Method 2: This method was developed by Department of Health with input from University of Washington and Department of Labor and Industries in 2006. This method is time intensive, so data are currently available through 2014. Deaths are selected for further review if they have any of the following ICD-10 codes as a contributing cause-of-death:

- T40.0: Opium
- T40.1: Heroin
- T40.2: Natural and semisynthetic opioids
- T40.3: Methadone
- T40.4: Synthetic opioids, other than methadone
- T40.6: Other and unspecified narcotics
- F11: Mental and behavioral disorders due to use of opioids

And, the manner of death is either natural, accident or undetermined and a term describing an overdose is written on the death certificate. Deaths are classified as a prescription opioid if a prescription was listed on the death certificate, except if the drug was morphine or hydromorphone and it was not clear that these were prescriptions. This is because heroin metabolizes into these drugs, is what is detected by the toxicology testing, and therefore often written on the death certificate.

DOH 346-083 May 2017

For persons with disabilities, this document is available on request in other formats. To submit a request, please call 1-800-525-0127 (TDD/TTY 711).
By Debbie Carlson, RN, MSN
Associate Director Nursing Practice

The National Council of State Boards of Nursing (NCSBN) provides automatic license status quickly, easily, securely, and free of charge to individual nurses through Nursys® e-Notify. This system is the only national database for licensure verification for registered nurses, licensed practical nurses, and advanced registered nurse practitioners. The Nursing Care Quality Assurance Commission is a participating member of the NCSBN and update Nursys with nursing licensing information through daily secured data transfers. Nursys® also provides online verification for endorsement or for anyone who wants to verify a nurse license.

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Upcoming Nursing Care Quality Assurance Commission Meetings

<table>
<thead>
<tr>
<th>Date</th>
<th>Location</th>
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<tbody>
<tr>
<td>Sept 8, 2017</td>
<td>Red Lion-River Inn 700 N Division Street, Spokane, WA 99202</td>
</tr>
<tr>
<td>Nov 10, 2017</td>
<td>Tumwater Point Plaza East, Rm 152/153 310 Israel Road SE Tumwater, WA 98501</td>
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<tr>
<td>Jan 12, 2018</td>
<td>To be determined</td>
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- Director of Surgical Services
The definition of a correctional nurse is a professional who treats and cares for incarcerated people in the custody of a correctional facility. The Washington State Department of Corrections (DOC) has 12 of these facilities that employ more than 300 nurses around the state. What this definition doesn’t tell you is that this profession is one of autonomy like no other! You will use all your nursing and assessment skills, and will work to the very limits of your scope of practice. As a correctional nurse, you are often the first healthcare provider an inmate has seen in quite some time. As a correctional nurse, you will have a huge effect on the lives of your patients. You get to educate them on how to take care of themselves. You will see how your patients have fared over the course of their treatment, and you get to follow their progress as they heal. Your patients will be diverse. They will have any variety of ailments and conditions you might see in the community, as well as diseases and/or conditions you may have only read about in textbooks.

Correctional nursing may seem intimidating given that your work environment is inside of a prison, so I’ve asked several of our nursing staff members to provide their take on what it’s like here at DOC:

What does an average day look like in the life of a correctional nurse?

The consensus was that there “is no such thing” as an average day. Every day is different with new challenges. And in that day, you work collaboratively with other aspects of health care: dentistry, mental health, trauma/emergency, chronic disease management and even hospice (just to mention a few).

Of course, there are some routine things such as administering medication, giving vaccines, drawing labs, etc. But one minute you could be working in the clinic assessing a new patient, and the next, you could be responding to a medical emergency. This is where flexibility is a must – you have to be ready for the unexpected.

Do you feel safe working in the prisons?

“Absolutely!” It’s safer than you think. I know this is a concern for anyone entertaining the idea of working for Corrections, but I have been told that nurses feel safer here than walking into the local grocery store. You are surrounded by staff members who make safety and security a priority, even in the clinic. Additionally, DOC provides six weeks of training to teach you how to work safely as part of a team in a prison. For the most part, your patients appreciate the attention you give and the work you do. You just have to trust yourself, communicate with your team, and stay alert.

I know there is only so much I can tell you in a brief article. And I understand that this job is not for everyone... but for the right nurse, it can be a tremendously rewarding and satisfying field. If you’d like to know more about correctional nursing with the Washington Department of Corrections, please give Carolyn Haley, senior nurse recruiter, a call at 360-407-5741, or check jobs.doc.wa.gov to see our opportunities.

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How to Sign Up for HEALWA

Signing up for HEALWA is easy! Just complete the following steps to receive your HEALWA username and password:

1. If you haven’t already done so, update your contact information with the Department of Health to include an email address.
2. On healwa.org, select the “Getting Started” webpage. Select the option to create a UW NetID. Then enter your last name and credential number.
3. Then HEALWA emails you a username and password, and you are ready to 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, select the “Log In” link located on the upper left corner of the screen.

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You can now earn one free CNE contact hour just by learning about HEALWA. On the first Tuesday of each month, HEALWA offers a free one-hour workshop. This webinar demonstrates how to register for the HEALWA website and how to navigate the portal, and presents basic information about the HEALWA collection. Registration is required. More information is on the HEALWA website under News.

Need Help or Have Questions about HEALWA

Our goal at HEALWA is to help nurses and other medical professionals 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 us at 206-221-2452 or at heal-wa@heal-wa.org. You can also follow HEALWA on Facebook and Twitter.

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An advanced registered nurse practitioner (ARNP) pain management specialist must meet one or more of the following qualifications:

1. A minimum of three years of clinical experience in a chronic pain management care setting;
2. Credentialed in pain management by a Washington State NCQAC-approved national professional association, pain association, or other credentialing entity;
3. Successful completion of a minimum of at least 18 continuing education hours in pain management during the past two years; or
4. At least 30 percent of the ARNP’s practice is the direct provision of pain management care or is in a multidisciplinary pain clinic.

The Nursing Care Quality Assurance Commission made additions to the list of approved entities an ARNP may use as one of the requirements to be a pain management specialist.


ARNPs must practice within their scope of practice defined by the Washington State laws and regulations, the ARNP’s national credentialing body, individual scope of practice, and competencies. The Nursing Commission recommends ARNPs contact their credentialing body for questions related to scope of practice as a pain management specialist. The Nursing Commission does not maintain documentation of pain management certificates or identify an ARNP as a pain management specialist.

Reference:
During the 2016 legislative session, House Bill 2403 passed, requiring nurses and other healthcare providers to share information with parents who have received a pre- or postnatal diagnosis of Down syndrome. ([http://lawfilesext.leg.wa.gov/biennium/2015-16/Pdf/Bills/Session%20Laws/House/2403.SL.pdf](http://lawfilesext.leg.wa.gov/biennium/2015-16/Pdf/Bills/Session%20Laws/House/2403.SL.pdf))

The Department of Health Screening and Genetics Unit is pleased to inform you that Lettercase, housed in the National Center for Prenatal and Postnatal Resources at the University of Kentucky, prepared a booklet entitled “Understanding a Down Syndrome Diagnosis.” This booklet, printed in English and Spanish, is endorsed by professional and advocacy organizations alike.

When you have a family whose child is newly diagnosed with Down syndrome, you can request a copy for free through Lettercase ([www.lettercase.org](http://www.lettercase.org)) or by emailing us at genetics@doh.wa.gov. This booklet is also available for free online including additional languages such as Korean, Chinese, Japanese, Vietnamese, Somali, Russian, and Spanish. ([http://www.doh.wa.gov/YouandYourFamily/InfantsandChildren/HealthandSafety/GeneticServices/DownSyndrome](http://www.doh.wa.gov/YouandYourFamily/InfantsandChildren/HealthandSafety/GeneticServices/DownSyndrome))

We also created a list of local organizations in Washington, northern Oregon, and western Idaho that support people with Down syndrome and their families that can be found at ([http://www.doh.wa.gov/YouandYourFamily/InfantsandChildren/HealthandSafety/GeneticServices/DownSyndrome](http://www.doh.wa.gov/YouandYourFamily/InfantsandChildren/HealthandSafety/GeneticServices/DownSyndrome)).

Please contact Genetics@doh.wa.gov if you have any additional questions about this new regulation.

By Debra Lochner Doyle, MS, LCGC
Department of Health State Genetics Coordinator

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Nurse Practitioners and Physician Assistants Waiver to Prescribe Buprenorphine for Opioid Addiction Treatment

Section 303 of the Comprehensive Addiction and Recovery Act (CARA), signed into law by President Obama on July 22, 2016, expanded privileges for office-based opioid addiction treatment with buprenorphine to nurse practitioners (NPs) and physician assistants (PAs) until October 2, 2021. NPs and PAs are required to obtain 24 hours of initial training provided by one of the following organizations:

- The American Society of Addiction Medicine;
- American Academy of Addiction Psychiatry;
- American Medical Association;
- American Osteopathic Association;
- American Nurses Credentialing Center;
- American Psychiatric Association;
- American Association of Nurse Practitioners;
- American Association of Occupational Nurses;
- American Association of Nurse Practitioners;
- American Academy of Physician Assistants; or
- Other organization that the secretary of health and human services determines is appropriate.

NPs and PAs may take the eight-hour Drug Addiction Treatment Act of 2000 (DATA) waiver course for treatment of opioid use disorder. The course is offered for free by the Substance Abuse and Mental Health Services Administration (SAMHSA) through the Providers’ Clinical Support System for Medication Assistance Treatment (PCSS-MAT). For the additional 16 hours, SAMHSA will also offer the training for free through the PCSS-MAT once it has been developed. More information about the waiver or how to apply for the waiver is on the SAMHSA website. [https://www.samhsa.gov/medication-assisted-treatment/qualify-nps-pas-waivers] Sign up for SAMSHA’s Buprenorphine Waiver Management Listserv [https://visitor.r20.constantcontact.com/manage/optin?v=001Xwf8qpvKKiyzz3UjedgyPI8uOo58KenNVW7wO_XY1spaCvwH-LWer9iNkGiDv4zd9KP1XueFdrghqR-i0rXF2BYsQ5yDO6m-mpF9UT8AU%3D]

Providers’ Clinical Support System for Medication Assistance Treatment (PCSS)-Medication Assisted Treatment (MAT): [http://pcssmat.org/calendar-of-events/list/?tribe_eventcategory=9]

Buprenorphine Waiver Management Waiver Management Listserv: [https://visitor.r20.constantcontact.com/manage/optin?v=001Xwf8qpvKKiyzz3UjedgyPI8uOo58KenNVW7wO_XY1spaCvwH-LWer9iNkGiDv4zd9KP1XueFdrghqR-i0rXF2BYsQ5yDO6m-mpF9UT8AU%3D]

Helping in More Ways than One

Nurse Practitioners and Physician Assistants Waiver to Prescribe Buprenorphine for Opioid Addiction Treatment

By Melissa Wideman, Workforce Preferred, Plan and Initiatives Chief
Washington State Office of Financial Management

PUBLIC SERVANT NURSES: Helping in More Ways than One

Nurses are known for their compassionate and committed care for patients. You are the quintessential helping professional. But what if you could be of even greater service? Public Service Recognition Week was May 7-13. This annual celebration is an opportunity to reflect on the dedication of federal, state and local public servants, including nurses. As former Secretary of State Condoleezza Rice once said, “There’s no greater challenge and there is no greater honor than to be in public service.”

“There’s no greater challenge and there is no greater honor than to be in public service.”

Thousands of nurses serve the people of Washington as public servants within Washington State’s executive branch. They do everything from providing direct care to patients to improving health care policies and regulations. Jobs run the gamut from RNs, LPNs, ARNPs, nursing care consultants, and occupational nurses, to nurses specializing in clinical, community, and psychiatric care. They work with some of our most vulnerable populations. They do so because it is rewarding to make a difference to individual lives and our communities.

Opportunities to make a difference as a nurse and public servant are available across the state. Ten different agencies employ nurses in more than 20 counties. Each agency has its own compelling mission and unique culture. This includes institutional settings such as correctional institutions, mental health hospitals, and veterans hospitals. It also includes regulatory agencies, such as the Department of Health, Health Care Authority, and Labor and Industries, where nurses apply their expertise to improve the health care system. Nurses also work in specialized settings, including our State School for the Blind and Center for Childhood Deafness. This list doesn’t include public sector higher education institutions, where even more nurses are busy teaching the nurses of the future, or providing care to patients in hospitals and clinics.

Public sector nurses are all around us, working tirelessly to help the state of Washington, and its people, thrive. Take a moment to reflect on their contributions. Maybe some of these nurses are your neighbors, friends or family members. Have you told them how much you appreciate what they’re doing for the greater good? If not, there’s no day like today.

Find out more about nursing career opportunities with the state of Washington at careers.wa.gov.

By Deborah Carlson, MSN, RN
Associate Director of Nursing Practice

NURSING COMMISSION NEWS
HEALTHIER WASHINGTON
and Medical Transformation Project

Nurses will play a valuable role as Washington State moves to transform the care delivery system within Medicaid. Becoming familiar with the key projects and available resources will help nurses keep up with fast-moving trends.

The Medicaid Transformation Demonstration Project includes three initiatives that will provide the flexibility and investment needed to accelerate changes in our state’s Medicaid program. The demonstration launched in January and has until 2021 to be sustainable.

Beginning in summer 2017, the nine regional Accountable Communities of Health (ACHs) will identify and submit regional health improvement plans for projects. ACHs will pursue transformation projects in cooperation with their provider community aimed at:

- Health systems capacity building—workforce development; system infrastructure technology and tools; and system supports to assist providers in adopting value-based purchasing and payment.
- Care delivery redesign—integrated delivery of physical and behavioral health services; care focused on specific populations; alignment of care coordination and case management to serve the whole person; and outreach, engagement, and recovery supports.
- Prevention and health promotion—prevention activities for targeted populations and regions.

The Washington State Department of Health manages the Practice Transformation Support Hub to help small to medium-sized practices prepare for care delivery system redesign and value-based payments. The Practice Transformation Support Hub and its online Hub Resource Portal provide training, coaching and resources for clinicians and practice teams. The Hub programs support transition to bi-directional physical and behavioral health integration, and population health management approaches to whole-person care.

Nurses and others who want to learn more about care delivery system redesign and review opportunities for training and knowledge development may access the Hub Resource Portal at no cost. The Hub Resource Portal offers an online clearinghouse of curated resources and training at WAportal.org.

The Washington Health Workforce Sentinel Network links the health care sector with partners in education and training, policymakers, and workforce planners to collectively identify and respond to new and changing demand for health care workers, skills and roles. It produces rapid dissemination via a dashboard of results that can help health professionals see where the greatest need is for workers.

By Suzanne Swadener, Senior Health Policy Analyst
Washington State Health Care Authority

COMPLETION OF DEATH CERTIFICATES BY ADVANCED REGISTERED NURSE PRACTITIONERS

The Washington State Department of Health’s Center for Health Statistics developed guidelines as a standard of care in completing death certificates. RCW 70.58 gives the authority for an ARNP to certify a death, including a fetal death. The Nursing Care Quality Assurance Commission approved an advisory opinion adopting the guidelines for ARNPs to follow when completing death certificates.

References:
RCW 70.58: http://app.leg.wa.gov/rcw/default.aspx?cite=70.58

By Laurie Soine, PhD, ARNP
Commission Member – Advanced Practice Subcommittee Chair
SUICIDE PREVENTION TRAINING REQUIREMENTS FOR NURSES

FREQUENTLY ASKED QUESTIONS

Did you know?
• Washington State suicide rate is about 11 percent (15.9 per 100,000 people) higher than the national rate.
• More than 4 percent of Washington adults and one in five 10th graders say they seriously considered suicide in the last year.
• 1,129 Washington people died by suicide in 2015. That means roughly three people per day, two youths per week.

See the Department of Health’s webpage for more information, or sign up on our Nursing-QAC list serve https://listserv.wa.gov/cgi-bin/wa?SUBED1=nursing-qac&A=1 for up-to-date news and discussions.

What is the requirement for suicide education training?
Since January 1, 2016, Washington requires that nurses and other health professionals complete mandatory six hours of continuing education (CE) in suicide assessment, treatment and management. The Washington State Department of Health (DOH) adopted rules establishing the minimum standards for training programs. Beginning July 1, 2017, training courses must be on the DOH approved model list.

I’m in my three-year continuing education (CE) cycle but I don’t know where to find this information.

Any suggestions?
Your three-year continuing competency education cycle begins on your birthday and ends after a full three-years (for more information, refer to http://www.doh.wa.gov/LicensesPermitsandCertificates/NursingCommission/NurseLicensing/FrequentlyAskedQuestions/ContinuingCompetency). Your yearly renewal notice shows when the CE due date ends. You can check your due date on our website using the Provider Credential Search https://fortress.wa.gov/doh/providercredentialsearch/.

• Nurses who start their three-year cycle in 2016 won’t be required to have the course until 2019
• Nurses who start their three-year cycle in 2017 will not be required to have the course until 2020
• Nurses who start their three-year cycle in 2018 will not be required to have the course until 2021.
• Any nurse licensed continuously before 2011, is not required to have the training until their renewal date in 2020.

I’m in the middle of my three-year continuing competency cycle. My new cycle starts in 2018. Am I do for the course on my birthday in 2021?
Yes, your cycle started in 2015, so you are already in the middle of this cycle. You are not due until your renewal in 2021. However, you can take it ahead of time and it will count as the required training.

I was due for my registered nurse (RN) license renewal October 2016. I’m in the middle of the three-year continuing competency cycle. Was I required to attend a suicide training course before I renewed in October 2016 or, do I have until October 2017 to complete this training?
Your three-year continuing competency would start October 2017; you would not need your training until you renew your license in October 2020, the end of the three-year cycle.

On the DOH website, it says we must take a course before the end of the next full CE reporting period. I don’t know what a continuing education reporting period is. I took a course in 2016 and I’m unsure if I need to repeat a course every year, or every CE reporting period.
A CE reporting period is for three years. The continuing competency requirements for RNs and licensed practical nurses (LPNs) started with the 2011 renewal date for each licensed nurse. If you have taken a six-hour course that includes the basic requirements in assessment, treatment and management, you will not be required to take another course. This is a one-time course requirement. This is based on the RCW 43.70.442 law. Refer to: http://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/HealthcareProfessionsandFacilities/SuicidePrevention

Can the suicide training be used as part of the 45 hour CE every three-years?
Yes, the course can count as part of the required 45 hours of CE.

If nurses are newly licensed between 2017 and 2020, for example, June 2018, are they still responsible to get the training by their birth date in 2020?
If a nurse is licensed in June 2018, the full three-year cycle starts June 2018; the training is required by June 2021.

I’m unsure about the training requirements. Is the course a one-time session of six hours or three hours? Is it required every year?
The law requires RNs, LPNs and ARNPs to have a one time, six-hour course in suicide assessment, treatment, and management.

Do you have a list of courses that meet the requirements for suicide assessment, treatment, and management?
Yes, the 2017 model list is on our DOH website.

I completed the required six-hour training in January 2017 meeting the assessment, treatment, and management requirements. My license renewal takes place March 2017. Have I met the requirements?
The course would count as long as it met the requirements of assessment, treatment and management for six-hours of CE and if taken before July 1, 2017. After this date, providers will have to refer to the approved model list located on the DOH website.

By Deborah Carlson, MSN, RN
Associate Director –Nursing Practice
When will the approved suicide education classes be posted?
The 2017 Model List is posted to our website. You will not be required to choose a course from the list until July 1, 2017. You can take a course not on the list that meets the basic requirements of assessment, treatment and management.

I took a 15-hour suicide education course as an RN before 2014. Will this course count toward the requirement?
The law was enacted on June 12, 2014. If the course was taken on or after June 12, 2014, it would count. If the course was taken before June 12, 2014, it would not count toward meeting the suicide training requirements.

Do you offer any free or low-cost classes that are offered?
The DOH does not offer classes. Please check the approved DOH list periodically to find a low-cost course. There is no guarantee that the list will offer free or low-cost classes.

I represent an organization that would like to get our course approved to meet the suicide training requirements. Would you direct me to a resource that can provide this information?
Please see the DOH webpage http://www.doh.wa.gov/Portals/1/Documents/Pubs/971018.pdf for this information. The page provides information for the application process.

I coordinate training for school nurses and ARNPs. Is there a specific class that focuses on assessment, treatment and management for school nurses?

I’m an RN working in the public school system. We are required to have three hours of suicide education training. Would we need an extra three hours to fulfill the requirements?
Yes, an extra three-hour training course is required. The courses must meet the basic requirements of assessment, treatment and management. We would count this to meet the requirement until July 1, 2017. On or after July 1, 2017, the course (both the established three-hour and the extra three-hour) would need to be approved by the DOH and meet specific requirements established in rule.

I’m an ARNP and my continuing competency requirements are different for my RN license. Should I use the continuing medical education (CME) cycle for the ARNP license or the RN license?
You would follow the three-year RN continuing competency cycle, instead of the two-year continuing competency for your ARNP license. Suicide training is linked to your RN licensure for the purpose of tracking this change.

I’m an RN, with an active certified registered nurse anesthetist license (CRNA). Am I exempt from the suicide education requirement?
Yes, CRNAs are exempt from the required training.
Epinephrine Auto Injectors and Anaphylaxis Training and Reporting

Revised Code of Washington 70.54.440 (RCW) allows authorized entities to obtain epinephrine auto injectors. Examples of authorized entities include restaurants, recreation camps; youth sports leagues, amusement parks, colleges, universities, and sports arenas.

Authorized entities that choose to acquire epinephrine auto injectors must have people connected with the entity, such as employees, who have completed an anaphylaxis and epinephrine auto injector training. These people will be responsible for the storage, maintenance, and general oversight of the epinephrine auto injectors. They may administer or provide an epinephrine auto injector to people who are experiencing anaphylaxis.

An authorized entity is required to report to the Department of Health each incident of use of an obtained epinephrine auto injector that was provided or administered to a person.

References:
RCW 70.54.430: http://apps.leg.wa.gov/rcw/default.aspx?cite=70.54.440

DEPARTMENT OF VETERANS AFFAIRS GRANTS FULL PRACTICE AUTHORITY TO ADVANCE PRACTICE REGISTERED NURSES

The Department of Veterans Affairs (VA) changed regulations to permit full practice authority to advanced registered nurse practitioners (ARNPs): nurse practitioners, certified nurse midwives, and clinical nurse specialists. The rule excludes certified registered nurse anesthetists. VA APRNs are required to obtain and maintain current national certification.

DRUG ENFORCEMENT ADMINISTRATION

RENEWAL APPLICATIONS FOR ADVANCED REGISTERED NURSE PRACTITIONERS

The Drug Enforcement Administration (DEA) released an announcement about a change to renewal notifications. DEA will no longer send its second renewal notification by mail. Instead, an electronic reminder to renew will be sent to the email address associated with the DEA registration. You may find the renewal forms on the DEA Registration Website-https://www.deadiversion.usdoj.gov/drugreg/index.html. The DEA will otherwise retain its current policy and procedures for renewal and reinstatement of registration.

This policy is as follows:

• If a renewal application is submitted in a timely manner prior to expiration, the registrant may continue operations, authorized by the registration, beyond the expiration date until final action is taken on the application.
• DEA allows the reinstatement of an expired registration for one calendar month after the expiration date. If the registration is not renewed within that calendar month, an application for a new DEA registration will be required.
• Regardless of whether a registration is reinstated within the calendar month after expiration, federal law prohibits the handling of controlled substances or List 1 chemicals for any period of time under an expired registration.

Please contact the DEA if you have questions or need more information about the initial or renewal application process.

Registration Help
• Registration Service Center: 1-800-882-9539
• Email: DEA.Registration.Help@usdoj.gov (Include your DEA registration number in your email)
• Local field office registration program specialist

Links:
DEA registration website: https://www.deadiversion.usdoj.gov/drugreg/index.html
DEA local field office registration program specialist: https://apps.deadiversion.usdoj.gov/contactDea/spring/main;jsessionid=46EECF F29A25D433E110B4AA82CF9C44?execution=els1
In the fall of 2012, a friend and former colleague told me about an opening for the director of nursing at the Washington Veterans Home in Port Orchard. I was interested because I was familiar with the facility from when I had been a nursing home surveyor, and I am a veteran myself. I joined the U.S. Army in 1967 partly because I believed that whatever one’s opinion was about the Vietnam War, those who were fighting deserved the best care they could receive. I wanted to be a part of that.

The idea that my final “assignment” as a nurse could be caring for some of those same people 50 years later seemed a fitting way to conclude my career. Since being at the Washington Veterans Home, I believe I have always been part of a team that is committed to providing quality care, and I am proud to once again be “serving those who served.”

The primary nursing responsibilities in a state veterans home are really no different from nursing in any other skilled nursing facility, and as is true in many situations, it is the people who make the difference. So, how is working as a nurse in a state veterans home different from working as a nurse somewhere else? That’s a question I recently asked my nursing care team. Here is what they said:

- Veterans have a sense of camaraderie and bond with each other (and staff members) differently from in other settings.
- These residents placed themselves in harm’s way to protect our country; it’s rewarding to know we are caring for those who fought for us.
- Many of the residents have been living on the outskirts of life since serving their country; we help them when they most need help and in some cases have no one to turn to.

Our dedicated teams of nurses are the backbone of our homes. They serve in a variety of roles such as direct care, delivery of treatments, and administration of medications. In addition, nurses are involved in infection control and prevention, quality assurance and performance improvement, staff development, restorative nursing, gathering information for the minimum data set, and developing an individualized care plan, as well as the investigation of accidents and incidents.

All four state veterans homes (Port Orchard, Orting, Spokane and Walla Walla) rely on a variety of nursing positions such as nursing assistants-certified (NAC) and registered nurses (RN). Three of the homes employ licensed practical nurses (LPN) and one of the homes has an advanced registered nurse practitioner (ARNP) on staff.

While it’s obvious that residents at state veterans homes are veterans or family members, it’s not so clear outside of our veterans homes. That is why the Washington Nursing Commission embraced the “Have You Served?” campaign to encourage nurses to ask their patients whether they’ve served.

Only 20 percent of Washington’s 593,000 veterans receive medical care at VA medical centers, so the majority of our state’s veterans seek care in community clinics, hospitals and doctor’s offices. This means you are uniquely positioned to help veterans and their family members get connected to their earned benefits. Nurses are truly healthcare’s boots on the ground!

You became a nurse to make positive effects, so thank you for your help in serving those who served. If you’re interested in learning more about how to serve veterans and families you meet, or how to join the WDVA team, see www.dva.wa.gov or email communications@dva.wa.gov.
NURSING EDUCATION PROGRAMS
2015 – 2016 ANNUAL SCHOOL REPORT SUMMARY AND ANALYSIS

This article presents the summary and analysis of the 2015-2016 academic year survey from approved Washington State and out-of-state nursing programs, highlighting selected data trends since 2006. When appropriate, Washington state responses are compared to national benchmarks and selected research findings. Finally, there is a summary and trend analysis. The full annual report is available on the Nursing Care Quality Assurance Commission website. Forty-one approved nursing schools in Washington State completed the annual survey, representing 79 nursing programs. Fifty-eight schools approved for student clinical placements completed the out-of-state survey representing a total of 1,017 student clinical placements in Washington State compared to 904 in 2014-2015.

In-state Programs
The Institute of Medicine Report (IOM) [2010] titled The Future of Nursing identifies that nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression. WAC 246-840-520 (1) requires nursing program participation in a statewide articulation plan that facilitates the educational advancement of nurses across the various levels of nursing education. As you will see by the survey results and trends outlined below, Washington State nursing education has responded to this national and state call by increasing academic progression from PN and ADN to BSN and from BSN to PhD/DNP. Twenty-five of 30 community or technical colleges have national nursing accreditation and all 11 of the universities have national nursing accreditation.

Undergraduate Program Graduates
Since 2006, the number of AD-RN and BSN graduates has been relatively stable. AD-RN programs graduated 1,633 students in 2015-2016, which is a slight decrease from 1,712 graduates last year. Although BSN programs showed a decrease in graduates from 1,283 last year to 967 in 2015-2016, the decrease is because of a correction in program reporting rather than a real decrease in graduates. Despite being master’s programs, those completing GE programs are also included in the undergraduate graduation numbers because they are pre-licensure programs. In 2015-2016, practical nursing programs (PN) had 293 graduates and is the one program type with a decline in graduates since 2010.

The number of RN to BSN graduates in Washington schools rose sharply in 2010-2011 academic year and continued to rise through 2015-2016 with 718 graduates and 2,352 students enrolled in RNB programs, a significant increase from the previous year reported.

Direct Transfer Agreement (DTA) 2015-2016
The support over four years of funding from the Robert Wood Johnson Foundation (RWJF) helped accelerate the progress toward a higher educated workforce by supporting the adoption of the Direct Transfer Agreement (DTA) streamlining academic progression between ADN and BSN programs. Several questions were added to the annual survey to track progress and to evaluate success. Nine community colleges had implemented the associate in nursing DTA at the time of the survey, reporting a total of 600 students currently enrolled in this pathway. The first 26 graduates awarded this new degree were from South Puget Sound Community College, which implemented this pathway in fall 2014.

Sixteen of the 18 colleges that had not yet implemented the DTA were either in the process of implementation (nine) or interested in implementation but not yet started (seven). With 600 students enrolled and 16 more colleges planning to implement the DTA, this streamlined pathway from AD to BSN is poised to have a major effect on increasing the overall education level of nurses in the state.

Graduate Program Graduates
There were 421 who graduated from master’s degree programs in nursing (not ARNP) representing a significant increase from 241 in 2014-2015 in these programs. This difference is because of a correction in the program reporting and represents more accurate data. There were 86 graduates from GE programs during 2015-2016; however, the graduates were reported above
with undergraduate pre-licensure programs so to prevent duplication; they are not included in these graduation numbers. The total number of graduates from master’s and doctoral programs from 2005-2006 through 2015-2016 is outlined below.

Figure 2: Master’s and Doctoral Total Number of Graduates by Program

Student and Faculty Diversity
A goal for a higher educated workforce also includes diversity in the workforce to mirror the diversity of our state. The figure below compares the reported ethnicity demographics in Washington State (U.S. Census data 2015) with the nursing students and faculty. Eighty-four percent of nursing faculty, 76 percent undergraduate students, and 79 percent of graduate students identify as White/Caucasian, which reflects significantly less diversity than the Washington State population with 69.8 percent White/Caucasian.

Figure 3: Diversity: Washington State, Students, and Faculty

Our Graduates Say...
- 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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Analysis

Washington State nurse educators made the commitment for a higher educated diverse nursing workforce in 2011 when the Council for Nurse Education in Washington State (CNEWS) and the Washington Center for Nursing (WCN) collaborated to develop a Master Plan for Nursing Education (WCN, 2014). The support over four years of funding from the Robert Wood Johnson Foundation (RWJF) helped accelerate the progress toward a higher educated workforce by supporting the adoption of the Direct Transfer Agreement (DTA) streamlining academic progression between ADN and BSN programs.

Nationally, Auerbach, Beurhaus, and Staiger (2015) found that the percentage of BSN-prepared nurses in acute care hospitals is increasing while the employment of associate degree nurses in these settings is decreasing. A more highly educated RN workforce can benefit patient care overall (Akins, 2003, 2011, 2014; Needleman 2009; Kutney-Lee 2013) and may reduce costs (Yakusheva 2014). Competencies needed to practice have expanded placing increased pressures on the education system and its curricula.

Nurse educators in Washington have responded with increased enrollments. This report highlights trends in the direction to meet the goals. The recent addition of two RNB programs, and expansion of current RNB programs, has resulted in significant increases in enrollment (1,038 to 2,352) and graduations (536 to 718). Two community colleges offer RNB programs and more community colleges are considering this option. Thanks to these significant efforts of nurse educators, the capacity needs for RNB programs are being met at this time.

Graduations have also increased overall in master’s and doctoral programs, responding to the shortage of nurse faculty, primary care providers, and researchers. Enrollment and graduation in GE programs has increased and provides additional options for students. Approval of out-of-state programs for clinical placements helps assure quality. Increases in the RNB and MN student clinical placements will provide additional capacity in these high needs areas.

Despite these impressive gains, we cannot meet our goal of RNs prepared at BSN or higher if we continue to graduate and license more ADN nurses than BSN nurses. Now is the time to take bold steps to accelerate our progress in providing the right educational mix of nurses for safe and quality care in Washington State. Across settings, nurses are being called upon to coordinate care and to collaborate with a variety of health professionals, including physicians, social workers, physical and occupational therapists, and pharmacists, most of whom hold master’s or doctoral degrees (IOM 2011). RNB, master’s, and doctoral enrollments and graduations have increased significantly adding to a higher educated workforce, but we must continue to accelerate our progress to meet the growing health care needs of the residents of Washington State.

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jobs@confluencehealth.org
509.664.4868 ext. 5217
References:


Charting Nursing’s Future “The Case for Academic Progression” issue (http://www.rwjf.org/content/dam/farm/reports/issue_briefs/2013/rwjf407597).


The Alphabet Soup of Nursing Credentials

Have you ever wondered how you are supposed to list your credentials? While there is no law about how you should list these, a standard way ensures that everyone understands the significance and value of credentials. The preferred order is:

- Highest earned degree
- State designations/licensure
- National certifications
- Awards and honors
- Other recognitions

Start with Education

Your educational degree comes first because it is permanent and cannot usually be taken away. This may be a diploma, vocational or technical school certification, associate degree in nursing (ADN), bachelor of science in nursing (BSN), master of nursing (MN), master of science in nursing (MSN), doctorate of philosophy in nursing (PhD), or doctorate of nursing practice (DNP). You may see certificate of advanced study (CAS) or post-master’s certificate (PMC). Others include non-nursing degrees such as health care administration (HCA), doctor of jurisprudence (JD), and master of laws (LLM).

Licensure

A nursing license is required to use the title as a licensed practical nurse (LPN), registered nurse (RN), advanced registered nurse practitioner (ARNP).

National Certification

Nurses may get certifications in specialty areas. A certification credential is always tied to a specialty role and not the legal title unless the legal title is the same as the professional credential. For instance, a RN with a RN-BC would not need to use RN and professional credential. For instance, a RN with a RN-BC would not need to use RN and another relevant field, you may choose to list it. For example a nurse executive might use MBA, MSN, RN. The highest non-nursing degree listed first. If you have a doctorate and a master’s degree, omit your baccalaureate degree. Other certifications maybe listed in any order you prefer. Consider listing them either in order of relevance or in order they were obtained, with the most recent first. Always list non-nursing certifications last.

Requirements to Use Credentials

While it is not necessary to include all of the alphabet soup on every document, you need to use required credentials on legal documents such as prescriptions and medical records. You must use the credentials required by Washington State: RN, LPN, or ARNP. In professional endeavors, such as speaking, writing for publication, or providing testimony before a legislative body, you should use all your relevant credentials.

Here are some examples:

- LPN, CLTC, BLS
- ADN, RN, CCRN, CFRN, ACLS, PALS
- PhD, HCA, RN-BC, CENP, FHMSS, CPHIMS
- PsyD, MSN, ARNP-CNS, PMHCNS-BC
- DNP, ARNP-FNP, FRE
- BSN, RN-BC, CHPN
- JD, LLM, BSN, RN

Don’t be shy about adding more letters to the alphabet as you achieve your professional career goals through education and certification. You work hard to get them. They represent your knowledge and experience. Identifying your credentials instills professionalism and confidence in the nursing profession.

References:


Swomski M. Playing the Credentials Game. Silver Spring, MD: American Nurses Credentialing Center, 2008: [http://nursingworld.org/FunctionalMenuCategories/AboutANA/Leadership-Governance/NewCNPE/CNPEMembersOnly/CNPEReferenceDocuments/PlayingtheCredentialsGame.pdf](http://nursingworld.org/FunctionalMenuCategories/AboutANA/Leadership-Governance/NewCNPE/CNPEMembersOnly/CNPEReferenceDocuments/PlayingtheCredentialsGame.pdf)
EDUCATION AS THE FOUNDATION FOR SAFE, COMPETENT CARE:
Revised Rules for Nursing Assistant Training Programs Emphasize the Critical Link

By Tracy Rude, LPN
Commission Member
Kathy Moisio, PhD, RN
Nursing Education Consultant

Education provides the foundation for safe, competent care of the public by nursing assistants (NAs). In order to assure NAs are prepared for safe practice upon certification, the Nursing Care Quality Assurance Commission (NCQAC) establishes minimum standards for NA training programs, and reviews, approves, and monitors them.

Included in NA training programs types are: traditional programs; alternative or “bridge” programs for certified home care aides and certified medical assistants; and medication assistant-certified endorsement (MACE) programs.

Over the last year, the NCQAC has worked with stakeholders to revise the Washington Administrative Codes (WACs) or rules for NA training programs; a hearing for these rules is expected in the coming months.

The revised rules are designed to better support NA achievement of core competencies needed to address the complex care needs of Washington’s diverse population in a manner that is safe, within the NA scope, and applicable across a variety of care settings.

Highlights of the revised rules include:

- More program hours for teaching and learning activities in the classroom, skills lab, and clinical settings.

  The revised rules call for a minimum of 140 hours of training: 55 classroom hours; 16 skills laboratory hours; 64 clinical hours; and an additional five hours for post-clinical competency testing in the skills laboratory.

  The expansion of program hours provides a more realistic time-frame for competency achievement by students, which aligns with emerging evidence in the literature and the trend of increased hours required in other states. Many existing NA training programs in Washington have already identified the need to expand program hours and have chosen to do so.

- More teaching experience and coursework in the field of education required for program directors and instructors.

  The revised rules require program directors to have completed a course on instruction AND demonstrate one year of full-time equivalency in teaching; program instructors must complete a course on instruction OR demonstrate one year of full-time equivalency in teaching. The course on instruction and teaching experience must relate to teaching adults (beyond patient teaching), except in the case of high school-based programs; for personnel working in high school programs, coursework on the instruction of adolescents and experience teaching high school students applies.

  These requirements are designed to equip program directors and instructors with the tools they need—such as educational principles, teaching methods and classroom organizational/management skills—to support curriculum development, implementation, and evaluation for effective student learning.

- A maximum instructor-to-student ratio of 1:10 in the skills laboratory, which matches the existing maximum ratio for the clinical setting.

  This ratio is stipulated in the revised rules to support adequate supervision and guidance of students’ skills practice by the instructor.

  Ultimately, the ratio supports the instructor’s ability to evaluate and verify students’ safety and competency with skills before their application with residents or patients in the clinical setting.

- More specific standards related to the qualifications of guest lecturers and their use within NA training programs.

  In the existing rules, where applicable, guest lecturers must hold a license, certification, or registration in good standing in the field of expertise.

  In the revised rules, guest lecturers must also have at least one year full-time equivalency of experience in their professional field or be approved by an outside organization to teach the content. Also, guest lecturers are not able to replace approved program instructors; approved instructors are to remain in the classroom and maintain responsibility for the content.

- Explicit statements to support standard educational practice in NA training programs.

  For example, classroom, skills laboratory, and clinical teaching are to be aligned to facilitate students’ integration of knowledge with manual skills. One example is teaching knowledge and skills with the concepts of safety, infection control, and resident rights integrated at the forefront, which can improve retention while supporting the provision of safe, competent care; in fact, the steps within each skill learned can be related to one of these important concepts.

  The revised rules include “grandfathering” terms for currently approved program directors and instructors, as well as extended timelines for the revisions that represent major program changes. Grandfathering and extended timelines are intended to support programs in making the changes and meeting requirements successfully.

  For more information or to obtain a copy of the draft rules for NA training programs, please contact Kathy Moisio, nursing education consultant, at: Kathy.Moisio@doh.wa.gov or at 360-236-4712.
The following is a list of formal licensure actions taken between October 1, 2016, and April 30, 2017. For more information, please visit Provider Credential Search (https://fortress.wa.gov/doh/providercredentialsearch/SearchCriteria.aspx) or contact Customer Service at 360-236-4700.

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<th>Date of Action</th>
<th>Formal Action</th>
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<td>Modification</td>
<td>Incompetence; Violation of or failure to comply with licensing board order</td>
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<tr>
<td>Grossman, Nancy A., RN (RN00078146)</td>
<td>01/09/17</td>
<td>Reinstatement</td>
<td>Violation of or failure to comply with licensing board order</td>
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<tr>
<td>Miller, Stanton G., Jr, RN (RN00098105)</td>
<td>01/09/17</td>
<td>Conditions</td>
<td>Diversion of controlled substance; Narcotics violation; Violation of federal or state statutes, regulations or rules</td>
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<tr>
<td>Post, Julia A., RN (RN00127185)</td>
<td>01/09/17</td>
<td>Suspension</td>
<td>Diversion of controlled substance; Failure to cooperate with the disciplining authority; Violation of federal or state statutes, regulations or rules</td>
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<tr>
<td>Wharton, Kristina R., RN (RN60527564)</td>
<td>01/09/17</td>
<td>Suspension</td>
<td>Narcotics violation; Violation of federal or state statutes, regulations or rules</td>
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<tr>
<td>Fast, Jessie L., RN (RN60141517)</td>
<td>01/19/17</td>
<td>Suspension</td>
<td>Alcohol and other substance abuse; Narcotics violation or other violation of drug statutes; Violation of federal or state statutes, regulations or rules</td>
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<tr>
<td>Licensee</td>
<td>Date of Action</td>
<td>Formal Action</td>
<td>Violation</td>
</tr>
<tr>
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<tr>
<td>Beachler, Melissa J., RN</td>
<td>01/20/17</td>
<td>Suspension</td>
<td>License suspension by federal, state or local licensing authority</td>
</tr>
<tr>
<td>Sterling, Angela M., RN</td>
<td>01/20/17</td>
<td>Reinstatement</td>
<td>Diversion of controlled substance; Failure to cooperate with the disciplining authority; Narcotics violation or other violation of drug statutes</td>
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<td>Smith-Gutter, Ora P., RN</td>
<td>01/25/17</td>
<td>Suspension</td>
<td>Failure to cooperate with the disciplining authority; Violation of federal or state statutes, regulations or rules; Violation of or failure to comply with licensing board order</td>
</tr>
<tr>
<td>Dillon, Jennifer L., RN</td>
<td>01/30/17</td>
<td>Suspension</td>
<td>Alcohol and other substance abuse; Criminal conviction</td>
</tr>
<tr>
<td>Galvez, Mary R., RN (RN60706531)</td>
<td>01/30/17</td>
<td>Conditions</td>
<td>Alcohol and other substance abuse; Failure to meet initial requirements of a license</td>
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<tr>
<td>Berg, Tiffany A., RN applicant</td>
<td>02/02/17</td>
<td>Conditions</td>
<td>Criminal conviction; Failure to meet initial requirements of a license; License suspension by federal, state or local licensing authority</td>
</tr>
<tr>
<td>Harris, Rachael C., RN applicant</td>
<td>02/09/17</td>
<td>Licensure denied</td>
<td>License suspension by federal, state or local licensing authority</td>
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<tr>
<td>Gelb, Susan L., LPN</td>
<td>02/15/17</td>
<td>Surrender</td>
<td>Sexual misconduct; Violation of federal or state statutes, regulations or rules</td>
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<tr>
<td>Bushfield, Kathryn G., ARNP (AP00099117, AP30004033)</td>
<td>02/17/17</td>
<td>Suspension</td>
<td>Violation of federal or state statutes, regulations or rules</td>
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<tr>
<td>Schlesman, Jennifer K., LPN (LP60286995)</td>
<td>02/21/17</td>
<td>Probation</td>
<td>Violation of or failure to comply with licensing board order</td>
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<tr>
<td>Callicot, Matthew M., RN</td>
<td>02/21/17</td>
<td>Conditions</td>
<td>Criminal conviction; Failure to meet initial requirements of a license</td>
</tr>
<tr>
<td>Judd, Angela C., RN (RN60486564)</td>
<td>02/27/17</td>
<td>Revocation</td>
<td>Criminal license; License suspension by federal, state or local licensing authority</td>
</tr>
<tr>
<td>Joseph, Kenya E., RN (RN60098504)</td>
<td>02/28/17</td>
<td>Probation</td>
<td>Violation of or failure to comply with licensing board order</td>
</tr>
<tr>
<td>Arkansas, Billy R., RN (RN60723054)</td>
<td>03/02/17</td>
<td>Conditions</td>
<td>Alcohol and other substance abuse; Criminal conviction; Failure to meet initial requirements of a license</td>
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<tr>
<td>Nimmo, Rebecca V., LPN (LP00052818)</td>
<td>03/09/17</td>
<td>Suspension</td>
<td>Alcohol and other substance abuse; Violation of federal or state statutes, regulations or rules</td>
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<tr>
<td>Stoneking, Daniel K., RN (RN00172588)</td>
<td>03/10/17</td>
<td>Reinstatement</td>
<td>Alcohol and other substance abuse; License suspension by federal, state or local licensing authority; Narcotics violation; Negligence; Violation of federal or state statutes, regulations or rules; Violation of or failure to comply with licensing board order</td>
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<tr>
<td>Scalet, Lisa A., RN (RN00173293)</td>
<td>03/10/17</td>
<td>Probation</td>
<td>Violation of federal or state statutes, regulations or rules</td>
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<tr>
<td>Taylor, Rebecca L., RN (RN60105132)</td>
<td>03/10/17</td>
<td>Suspension</td>
<td>Alcohol and other substance abuse; Narcotics violation or other violation of drug statutes; Violation of federal or state statutes, regulations or rules</td>
</tr>
<tr>
<td>Galvez, Kathy A., ARNP (AP60706532)</td>
<td>03/15/17</td>
<td>Conditions</td>
<td>License suspension by federal, state or local licensing authority</td>
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<tr>
<td>Brown, Carolyn R., LPN (LP60278957)</td>
<td>03/21/17</td>
<td>Probation</td>
<td>Violation of federal or state statutes, regulations or rules; Violation of or failure to comply with licensing board order</td>
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<tr>
<td>Young, Mark D., RN (RN00136107)</td>
<td>03/21/17</td>
<td>Conditions</td>
<td>Diversion of controlled substance; Violation of federal or state statutes, regulations or rules</td>
</tr>
<tr>
<td>Tekia, Yodit R., RN (RN60085999)</td>
<td>03/23/17</td>
<td>Probation</td>
<td>Negligence</td>
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<tr>
<td>Kimbley, Karen, LPN (LP00059763)</td>
<td>04/04/17</td>
<td>Reinstatement</td>
<td>Alcohol and other substance abuse; Violation of federal or state statutes, regulations or rules; Violation of or failure to comply with licensing board order</td>
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<tr>
<td>Wilson, Jean, RN, ARNP (RN60539873, AP60539874)</td>
<td>04/05/17</td>
<td>Conditions</td>
<td>License suspension by a federal, state or local licensing authority</td>
</tr>
<tr>
<td>Bassett, James B., RN (RN00110558)</td>
<td>04/05/17</td>
<td>Conditions</td>
<td>Alcohol and other substance abuse; Diversion of controlled substance</td>
</tr>
<tr>
<td>Williams, Tanya R., RN (RN60387733)</td>
<td>04/05/17</td>
<td>Suspension</td>
<td>Violation of or failure to comply with licensing board order</td>
</tr>
<tr>
<td>O'Leary, Nancy A., RN (RN00110987)</td>
<td>04/07/17</td>
<td>Conditions</td>
<td>Alcohol and other substance abuse; Narcotics violation or other violation of drug statutes</td>
</tr>
<tr>
<td>Hernandez, Donalyn C., LPN (LP60476514)</td>
<td>04/25/17</td>
<td>Conditions</td>
<td>Failure to cooperate with the disciplining authority; Failure to meet initial requirements of a license; Violation of federal or state statutes, regulations or rules</td>
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</table>

The following is a list of stipulations to informal disposition taken between October 1, 2016, and April 30, 2017. A stipulation is an informal disciplinary action where the licensee admits no wrongdoing but agrees to comply with certain terms.

<table>
<thead>
<tr>
<th>Licensee</th>
<th>Date of Action</th>
<th>Formal Action</th>
<th>Violation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blijak-Hitzloth, Kari, RN (RN137507)</td>
<td>10/19/16</td>
<td>Conditions</td>
<td>Alcohol and other substance abuse; Diversion of controlled substance; Violation of federal or state statutes, regulations or rules</td>
</tr>
<tr>
<td>Johanson, Amy, RN (RN00174152)</td>
<td>10/19/16</td>
<td>Conditions</td>
<td>Alcohol and other substance abuse; Diversion of controlled substance; Violation of federal or state statutes, regulations or rules</td>
</tr>
<tr>
<td>Griswold, Angela J., RN (RN60386716)</td>
<td>10/19/16</td>
<td>Probation</td>
<td>Violation of federal or state statutes, regulations or rules</td>
</tr>
<tr>
<td>Dworschak, Justin L., LPN (LP60304671)</td>
<td>12/07/16</td>
<td>Probation</td>
<td>Negligence; Violation of federal or state statutes, regulations or rules</td>
</tr>
<tr>
<td>Yarborough, Sonja D., RN (RN00098028)</td>
<td>01/10/17</td>
<td>Probation</td>
<td>Fraud – unspecified; Negligence; Violation of federal or state statutes, regulations or rules</td>
</tr>
<tr>
<td>Del Mundo, Roberto M., RN (RN001769994)</td>
<td>01/30/17</td>
<td>Probation</td>
<td>License disciplinary action taken by a federal, state, or local licensing authority</td>
</tr>
<tr>
<td>Luur, Arin A., RN (RN60483310)</td>
<td>01/30/17</td>
<td>Probation</td>
<td>Negligence</td>
</tr>
<tr>
<td>Higo, Gina A., LPN (LP00040905)</td>
<td>02/21/17</td>
<td>Conditions</td>
<td>Alcohol and other substance abuse; Diversion of controlled substance</td>
</tr>
<tr>
<td>Collier, Teri M., RN (RN00135999)</td>
<td>02/21/17</td>
<td>Conditions</td>
<td>Diversion of controlled substance; Violation of federal or state statutes, regulations or rules</td>
</tr>
<tr>
<td>Lane, Mary E., RN (RN00120498)</td>
<td>03/10/17</td>
<td>Surrender</td>
<td>Alcohol and other substance abuse; Diversion of controlled substance; Violation of federal or state statutes, regulations or rules</td>
</tr>
<tr>
<td>Ogburn, Melanie, LPN (LP00048873)</td>
<td>04/05/17</td>
<td>Conditions</td>
<td>Distribution and storage; Diversion of controlled substance; Violation of federal or state statutes, regulations or rules</td>
</tr>
<tr>
<td>Ellis, Lynne A., RN (RN00135327)</td>
<td>04/19/17</td>
<td>Probation</td>
<td>Negligence; Violation of federal or state statutes, regulations or rules</td>
</tr>
<tr>
<td>Harris, Mindy D., RN (RN60235503)</td>
<td>04/19/17</td>
<td>Probation</td>
<td>Violation of or failure to comply with licensing board order</td>
</tr>
</tbody>
</table>
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