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Washington NURSING COMMISSION NEWS

Opioid-Safety And Pain-Management To Improve Veteran Safety And Functioning

Page 19

OFFICIAL PUBLICATION OF
THE WASHINGTON STATE NURSING CARE QUALITY ASSURANCE COMMISSION AND THE WASHINGTON STATE DEPARTMENT OF HEALTH

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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 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.

Executive Director
Paula R. Meyer, MSN, RN, FRE

Editor
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Message from the Chair

Tracy Rude, LPN, Health Sciences Career and Technical Education (HSCTE)
Chair, Nursing Care Quality Assurance Commission

Hello Colleagues,

Wow! It has been a year since I was elected as chair of NCQAC and what a year it has been. We have seen new commission members join us, and long-time commissioners and pro-tems leave us. This time of year is always bittersweet to me, but because of continuing movement within the commission we always have fresh experience and leadership guiding our regulatory decisions. Our newest commissioners are Sharon Ness, RN; Gerianne Babbo, Ed.D., RN; Yvonne Strader, RN; and Edie Higby, public member. They began in summer 2017 and are a wonderful addition to the commission, providing new insights. I look forward to continuing to work together with them on the many regulatory projects in front of us.

Leaving us this year is Suellyn Masek, MSN, RN, CNOR. She has been a rock and leader second to none in her eight years in the position of practicing RN on the commission. She was at the helm as chair for three years, during which time we negotiated and implemented our operating agreement with the Washington State Department of Health, giving the commission control of its budget. She also served on the National Council of State Boards of Nursing Board of Directors as Area 1 representative for two years working with nursing regulators from the United States and its territories, as well as internationally. I have appreciated her guidance and support in my position as chair and will miss her.

A common thread among these commission members is their leadership ability and willingness to step forward to serve on the commission. Choosing to work in nursing regulation is not something most people just decide to do one day. It is a process whereby experience, whether it be personal or professional, slowly maneuvers us in that direction. All of us are born with leadership capability. Those of us fortunate enough to be guided along the way by outstanding leaders will follow their example onto our own leadership path. I have been particularly fortunate to have had the guidance of many remarkable leaders in nursing and nursing regulation. That said, there have been less than stellar examples of leadership as well along my journey, but all were learning opportunities I took advantage of to shape my own leadership style.

The NCQAC staff members are among the highest caliber people I have worked with or met. Their experience, knowledge base, and ability to work with people in all areas of practice and regulation is amazing to me. Our executive director demonstrates strong leadership and poise when working with commissioners, commission staff members, and stakeholders. The trickle-down effect is strong leadership within all pillars of the commission.

Leadership is something very personal, yet so public in its application. I am grateful to have many positive leadership influences, and just enough less than positive experiences, to guide me along. It is with pleasure I can serve another year as chair of this commission along with Mary Baroni, Ph.D., RN, vice chair, and Lois Hoell, MS, MBA, RN, secretary-treasurer. These are remarkable nurse leaders and I am humbled to serve with them, the commission, and staff members. I guess the end-game for me is to have a positive influence over the next generation of nurse leaders and bring the emerging leaders along with me. I hope it is yours as well.

Message from the Executive Director

By Paula R. Meyer, MSN, RN, FRE
Executive Director, Nursing Care Quality Assurance Commission

Nursing Care Quality Assurance Commission 101: What is it?

What does the Nursing Care Quality Assurance Commission do? *It is the purpose of the nursing care quality assurance commission to regulate the competency and quality of professional health care providers under its jurisdiction by establishing, monitoring, and enforcing qualifications for licensing, consistent standards of practice, continuing competency mechanisms, and discipline. Rules, policies, and procedures developed by the commission must promote the delivery of quality health care to the residents of the state of Washington. [RCW 18.79.010]*

Hundreds of new graduates seek licensure each summer, making this our busiest season. Licensing staff members receive, review and process all applications. Licensing staff members assure only those graduates meeting all the requirements receive a license in our state. The licensing staff provides the applicant with an "Authorization to Test" or ATT. New graduates register and take the National Council Licensure Examination (NCLEX) RN or PN at one of five test centers in Washington. The licensing staff receives the NCLEX results. Once the applicant passes the NCLEX, licensing staff members make sure an application is complete: transcripts received in the office, the fees paid, and acceptable criminal background checks completed. The new graduate then becomes a new nurse. While the busiest time of the year, summer is one of the most rewarding!

The Nursing Commission also disciplines licensed nurses not meeting practice standards in our state. The Nursing Commission reviews all complaints received and determines to investigate or close the complaint. The Nursing Commission informs the nurse and the complainant of the decision. If the Nursing Commission decides to open the complaint to an investigation, an investigator gathers evidence related to the complaint. The investigator gives all the evidence to a Nursing Commission member for review. The Nursing Commission member presents the evidence to a panel of three Nursing Commission members who decide whether the evidence supports action on the license or closing the case. The nurse has the right to legal representation, and to be heard by a panel of Nursing Commission members. The Nursing Commission schedules hearings monthly. The Nursing Commission posts the schedule on our website. Hearings are open to the public. Laws require the Nursing Commission to publish the actions. In each newsletter (Pages 29-30), the Nursing Commission publishes actions taken to inform the public. At the July Nursing Commission meeting in Richland, we will present an analysis of disciplinary work for the Nursing Commission. The data show an increase in the complaints and investigations.

The Nursing Commission requires all licensed RNs and LPNs to complete 531 hours of active practice of nursing and 45 hours of continuing education every three years. When the Nursing Commission began this requirement, it completed a survey of licensed nurses. Last year, the Nursing Commission completed a follow-up study to see whether the requirement made a difference in nursing care. Dr. Kathleen Hough completed the study and presented the results in January. The study demonstrated the requirement for active practice and continuing education did not result in any appreciable differences in nursing practice. Therefore, the Nursing Commission may consider changing the requirement. The Nursing Commission will hold a series of workshops on this topic over the next several months. The Nursing Commission needs your input: is the 531 hours

of active practice with the 45 hours of continuing education valuable for you and safe patient care? All licensed nurses who provide an email address to the office receive announcements of all the meetings, including the meetings to discuss the requirements for continuing competency.

Have you entered your demographic data for your license renewal or new license? The Nursing Commission now requires all new graduates and nurses renewing their licenses to provide their demographic data. Here are the steps to complete required licensing information.

To renew your license, you MUST complete two surveys:

1. Nursing Commission Workforce survey at https://fortress.wa.gov/doh/opinios?s=WorkforceData.

This survey needs to be completed only one time, with your 2018 renewal. When you complete this survey, you will be redirected to the Nursys® e-Notify survey.

2. Register and complete your information at Nursys®e-Notify:https://www.nursys.com/EN/ENDefault.aspx

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 two surveys. The Nursing Commission issues the license when applicants satisfy all requirements. 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/opinios?s=WorkforceData.

This survey needs to be completed only one time, with your new license. When you finish this survey, you will be redirected to the Nursys® e-Notify survey

2. New applicants use their new license number to register and complete their survey at Nursys® e-Notify: https://www.nursys.com/EN/ENDefault.aspx.

The Nursing Commission determines scope of practice for nursing in Washington State. Current issues the Nursing Commission is discussing include:

- Is medical acupuncture within the scope of practice for advanced registered nurse practitioners?
- Nursing staffing issues in long-term care; the role of LPNs in long-term care and acute care.
- Staffing model for delivering school health care.
- Opioid prescribing rules for advanced registered nurse practitioners.
- Death with dignity.
- The role of nurses at safe injections sites for people addicted to illegal drugs.
- These issues demonstrate the wide variety of work the Nursing Commission is addressing.

The Nursing Commission also regulates every nursing education program and nursing assistant training program in Washington State. The Nursing Commission reviews and determines whether nursing education and nursing assistant training programs meet education standards. There are 161 in-state nursing programs and 435 out-of-state nursing programs including LPN, RN, RN to BSN, MSN, DNP and Ph.D. programs. There are 188 nursing assistant training programs.

You may locate or find the approval status of a Nursing Commission-approved nursing education program at this link: https://www.doh.wa.gov/LicensesPermitsandCertificates/NursingCommission/NursingEducation/NursingPrograms.

Find the Nursing Commission's approved nursing assistant training program list at this link: https://www.doh.wa.gov/LicensesPermitsandCertificates/NursingCommission/NursingEducation/NursingAssistantCertified

The Nursing Commission members and staff accomplish all of this work. We invite you to join us at Nursing Commission meetings. The Nursing Commission posts all meeting dates, locations, agendas, and minutes of the meetings at: https://www.doh.wa.gov/LicensesPermitsandCertificates/NursingCommission/CommissionMeetingSchedule

The Nursing Commission holds open public meetings. The Nursing Commission uses webinars for most meetings so you can attend in person or by computer. The Nursing Commission welcomes you and your input at all meetings.

Secretary of the Department of Health

By John Weisman, DrPh, MPH

Dear Nurses of Washington State,

Is stigma a fundamental contributor of health inequities? Emerging evidence indicates this may be true. Research also demonstrates that we must pay more attention to the effect of stigma and the connection it has to population health.

So what is stigma, what does it really mean, and what does it mean for the patients you see? There are varying definitions of stigma, but the definition from the sociological perspective defines it as the "co-occurrence of labeling, stereotyping, separation, status loss, and discrimination in a context in which power is exercised." While there is overlap with racism and discrimination, stigma also includes several other elements, such as labeling and stereotyping, which broadens the concept.

A May 2013 issue of the American Journal of Public Health explains that stigma has major consequences for health. The authors clarify that socio-economic status (SES) represents the resources of a person, and that higher-SES people and social groups have greater advantages in life, including more optimal health. Being stigmatized depletes these same resources, directly connecting stigma to health inequities.

We also know that adults with chronic illnesses may feel stigmatized by their chronic illness or they may anticipate that they will be stigmatized. These patients end up accessing healthcare less and have a lower quality of life. Certain diseases or disorders are stigmatized – for example, HIV and other sexually transmitted diseases, mental illness, and substance use disorder. Stigma also occurs with those who are assumed to be associated with a particular marginalized group (for example, LGBTQ, immigrants, those with less than a high school education, etc.). Clearly, stigma is a patient care concern we need to address.

Let's discuss, for example, weight bias. Research shows that many healthcare providers hold strong, negative attitudes and stereotypes about people with obesity. This can affect the quality the professionals provide. In turn, this often causes patients to avoid care, and to have mistrust of healthcare providers and poor adherence to health recommendations. We can theorize, then, that patients who experience other stigmas may react similarly.

You may be thinking **"But what am I supposed to do? I can't stop all stigmas in our society!"**

Here are some suggestions to proactively address stigma:

1. Recognize that stigma exists and commit to doing one thing that is within your power.
2. Understand that stigma directly and indirectly affects health.
3. Acknowledge your own biases and work to address them, including facilitating appropriate trainings and discussions at staff meetings.
4. Alter the clinic environment or procedures to create a setting where a person's situation is understood, and that people who experience stigma feel accepted for who they are.
5. Empower patients to raise their concerns if they are experiencing stigma in their healthcare setting.

As healthcare providers (nurses) who have more face-to-face time with patients, **you are in the prime position to address stigma and positively improve care for your patients.** Thank you for taking the time to read this article and consider this important issue. I encourage you to share this article with your coworkers and start a conversation around addressing stigma to increase the quality of care for all patients.

References:

1. Hatzenbuehler, M; Phelan, J; Link, B. Stigma as a fundamental cause of population health inequities. *American Journal of Public Health*. 2013; 103:813-821.
2. Phelan, S; Burgess, D, et al.; Impact of weight bias and stigma on quality of care and outcomes for patients with obesity. *Obesity reviews*. 2015; 16, 319-326

By Jeannie M. Eylar, NCQAC Member
Chief Clinical Officer, Pullman Regional Hospital

A CREATIVE PRACTICE EDUCATION PARTNERSHIP

In 2016 Pullman Regional Hospital developed a partnership with a nursing program that allowed a Pullman Regional Hospital registered nurse (RN) to serve as a clinical faculty member for nursing students doing a clinical rotation at the hospital. This partnership was initiated to address several concerns:

- The college was having difficulties recruiting faculty;
- Pullman Regional had experienced concerns with an ever-changing faculty in that they were not familiar with the hospital policies, practices, and people; and
- Pullman Regional Hospital had several RNs who were interested in teaching in a nursing program.

In 2017 Pullman Regional Hospital used this partnership with the nursing program and provided clinical faculty for three 12-hour shifts per week for both spring and winter semesters. Four hospital RNs participated in the clinical faculty position, while maintaining their clinical position at the hospital. The clinical faculty nurses came from the following areas of practice:

- Clinical informatics;
- Labor and delivery;
- Medical-surgical; and
- Use review.

Twelve hours of the RN's regular profiled hours each week are dedicated to the faculty position, during the school year. They are paid at their regular rate of RN pay and the college reimburses the hospital an agreed flat fee for these hours. The flat fee is less than any of these RNs are paid. To make up for that difference, the college provides the hospital two credit vouchers for each clinical faculty members each semester. The hospital provides these tuition vouchers to employees who attend the college.

Those who qualify may apply the credit vouchers to any college credits with priority in the following order:

- RNs attending the college for completion of the bachelors of science in nursing degree (BSN);
- Employees attending the college who are admitted into the nursing program;
- Employees attending the college who are admitted into any additional baccalaureate educational program; and
- Employees attending the college for a certified nursing assistant program.

The benefits of this partnership have been tremendous, including:

- Improved student clinical experience;
- Improved hospital staff satisfaction;
- Improved patient safety;
- New development opportunities for hospital RNs to participate in educating nursing students; and
- New educational development opportunities for hospital RNs and staff members to obtain further education at the college.

For more information about this article, please contact the Nursing Commission's Education Unit at NCQAC.Education@doh.wa.gov.

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By Deborah Carlson, MSN, RN, CPM
Associate Director of Practice and Licensing

DELEGATION OF BLOOD GLUCOSE MONITORING TO LICENSED NURSING ASSISTANTS OR HEALTH CARE AIDES IN COMMUNITY BASED SETTINGS

RCW 18.79.260 allows registered nurses to delegate to a Washington State-licensed nursing assistant (NA) and home care aide (HCA) blood glucose monitoring and insulin injection in community based settings. The definition of community-based settings includes:

- In-home care settings;
- Adult family homes;
- Assisted living facilities; and
- Community residential programs certified by the Washington State Department of Social and Health Services for people with developmental disabilities.

On July 14, 2017, the Nursing Care Quality Assurance Commission clarified that a registered nurse (RN) may delegate to a NA or HCA the following tasks in community-based settings:

- Piercing of the skin to get a blood sample to measure blood glucose using a Clinical Laboratory Improvements Amendments (CLIA) test to monitor treatment response and/or for administering medications for the treatment of diabetes (https://www.fda.gov/MedicalDevices/DeviceRegulationandGuidance/IVDRegulatoryAssistance/ucm124105.htm).
- Giving insulin injections and non-insulin injections, such as exanatide (Byetta®, liraglutide (Victoza®, dulaglutide (Trulicity®), and albiglutide (Tanzeum®), approved by the Food and Drug Administration (FDA) and prescribed with similar purpose and effect for treatment of diabetes.

The delegating RN must:

- Evaluate the appropriateness of the delegation,
- Verify completion of the "Fundamentals of Caregiving," the "Core Nurse Delegation Program," and the "Diabetic Training Program" through the Washington State Department of Social and Health Services (DSHS), and
- Supervise the NA or HCA carrying out the task. Teach the person about proper injection procedures and the use of insulin, demonstrate proper injection procedures, and supervise and evaluate the NA or HCA weekly during the first four weeks of delegation of insulin injections. If the delegating RN determines that the person is competent to perform the injection properly and safely, supervision and evaluation shall occur at least every 90 days.

References:

1. **RCW 18.79.260:** http://app.leg.wa.gov/rcw/default.aspx?cite=18.79.260
2. **WAC 246-840-930: Criteria for Delegation:** http://apps.leg.wa.gov/WAC/default.aspx?cite=246-840-930
3. **WAC 246-841-405:** http://apps.leg.wa.gov/wac/default.aspx?cite=246-841&full=true#246-841-405
4. **CLIA-Waived Test – U.S. Food and Drug Administration:** https://www.fda.gov/MedicalDevices/DeviceRegulationandGuidance/IVDRegulatoryAssistance/ucm124105.htm
5. **Washington State DSHS Long-Term Worker Training Curriculums:** https://www.dshs.wa.gov/altsa/training/dshs-curriculum-available

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- Skilled Nurse Waiver Program – Contract with their local Area Agency on Aging to provide a skilled nursing task.
- Nurse Delegation – A long-term care working under the guidance and supervision of a Registered Nurse may be taught to perform nursing tasks for clients in the community.
- Private Duty Nursing – Provides 1:1 continuous nursing care to complex clients in their own home.

Rates vary between programs and start at $40 per hour/occurrence (depending on the contract.) Please contact Erika Parada, RN at parade@dshs.wa.gov or Jevahly Wark, RN at warkj@dshs.wa.gov for more information.

Washington State Department of Social & Health Services
Transforming lives

By Shana Johnny, MN, RN, and Margaret Holm, JD, RN
NCQAC Nurse Practice Consultants

The Role of the Nurse Practice Consultant in the Early Remediation Program

Early Remediation Program

The Nursing Commission uses early remediation (ER) as a program approach that works in partnership with licensed nurses for clinical practice deficiencies or issues of substandard care. Practice deficiencies that result in no or minimal harm to the patient, and that can be corrected through timely education and monitoring within six months, are included in the ER program. The program offers an opportunity for improvement and enhanced clinical competency as a non-disciplinary alternative. and fulfills the NCQAC's mission to safeguard the public's health.

The ER process:

Once a complaint is made, the case management team (CMT) reviews the report and authorizes the case for investigation. If the candidate fits the criteria for the ER program, the CMT refers the case to a nurse practice consultant for a preliminary review. The nurse practice consultant:

- Reviews the case to understand the nature and extent of the complaint;
- Provides an overview of the ER program and requests the respondent's written statement of fact;
- Obtains agreement for participation as a possible candidate for the program; and
- Reviews the written statement and prepares a written summary for the clinical practice deficiency to the CMT, noting whether the respondent agrees or declines to participate.

Upon confirming the allegations are substantiated and the ER criteria are met, the CMT suggests an action plan based on the nature of the reported conduct. The nurse, the NCQAC, and the nurse's employer all need to agree to the plan. After the plan is complete, if the NCQAC believes the deficiencies are corrected, and are unlikely to reoccur, it may close the case as resolved.

Practice Breakdown Data and the Nurse Practice Consultant Role in Education

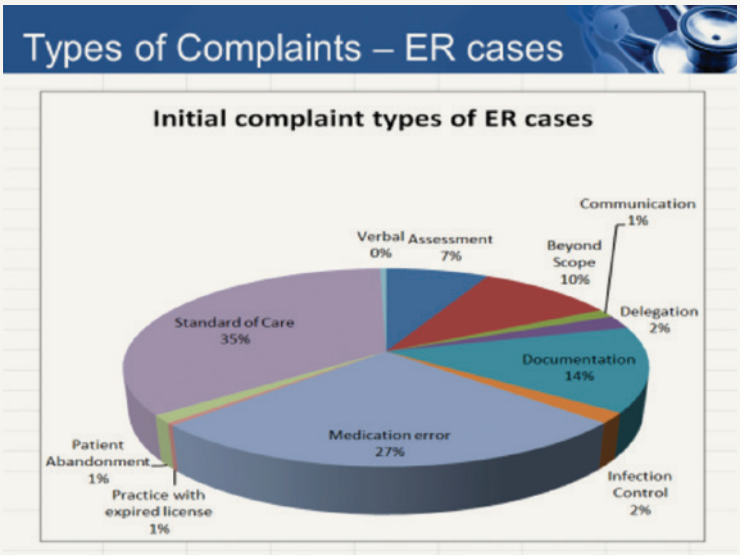
Communication factors appear to be the most significant system factor affecting practice breakdowns. Leadership factors also contribute to a high number of incidents. Incidents contributing to lack of clinical reasoning or professional responsibility are concerning. Medication errors comprise a high number of practice breakdowns with most identified as omissions. (Taxonomy of Error, Root Cause Analysis and Practice-Responsibility or TERCAP Report March 2014). Nurse practice consultants provide presentations around the state to promote an understanding of the nursing laws pertaining to documentation, practice breakdowns and the ER program.

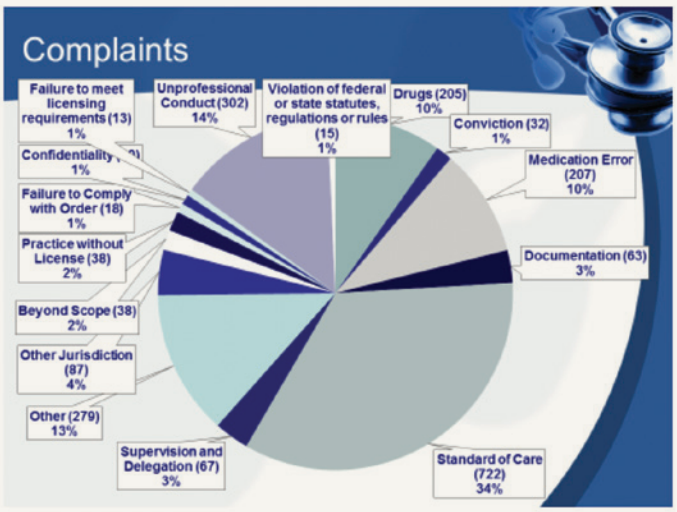
A key finding related to practice shows that only 56.8 percent of nurses; 75 percent of employers, and 83.3 percent of educators understand the scope and legal limits of nursing practice as defined by the Nurse Practice Act and related state statutes and rules (2014 Core State Report Synopsis). Nurse practice staff members conduct presentations around the state to promote an understanding of the nursing laws pertaining to scope of practice and mandatory reporting requirements.

Outcomes

TERCAP-Q45	WA % (N)	National % (N)
Alternative program	9% (22)	16% (480)
Board of Nursing disciplinary action	24% (61)	52% (1,614)
Dismissed, no action*	49% (123)	12% (379)
Non-disciplinary actions (e.g. letter of concern)	14% (36)	19% (589)
Recommendation to the health care agency involved in the practice breakdown	2% (4)	<1% (6)
Referral to another oversight agency	2% (4)	<1% (7)
Total	**250**	**3,075**

*Case selection criterion was changed in 2011





ER Laws and Rules

WAC 246-840-581 Early Remediation Program Purpose: http://apps.leg.wa.gov/WAC/default.aspx?cite=246-840-581
WAC 246-840-582 Early Remediation Program Definitions: http://apps.leg.wa.gov/WAC/default.aspx?cite=246-840-583
WAC 2460840-583 Early Remediation Program Criteria: http://apps.leg.wa.gov/WAC/default.aspx?cite=246-840-582

By Sue Birch, Executive Director
Washington State Health Care Authority

FOCUS ON A CULTURE OF WELLNESS THROUGH HEALTH TRANSFORMATION

Since I relocated to Washington earlier this year, the state's focus on a culture of wellness through health transformation impresses me. As a nurse, I applaud Washington's strong commitment to innovate – through supporting the expansion of nurse training opportunities, ensuring that nurses can work at the top of their profession, and working to solidify the nurse's role in a transformed system.

When I think about health transformation, I envision a healthy person. To me, "healthy" means content – physically, mentally, financially, intellectually, and spiritually. What amazes me about nurses is that they have unfettered insight into all five of these traits on behalf of their patients, at the point of care. This is a significant role and responsibility of a nurse: to advocate for people's sense of purpose from a health and wellbeing lens.

I see nurses in Washington staying activated, driving toward a culture of health, and understanding the inextricable connection between health and environment – because we see firsthand that health care is only a small fraction of what keeps a person healthy.

I'm sure you have heard the word "transformation" countless times from countless health leaders in countless contexts. But what does "transformation" actually mean for nurses every day? It means continuing to be outspoken and involved, pursuing ways to provide whole-person care and focusing on person-centeredness, embracing your role in primary care, being mentors for the next generation of caregivers, and maintaining the spirit of what drove us to become nurses in the first place.

As with any system change, challenges remain. I am committed to partnering with the Department of Social and Health Services, the Department of Health, and other state agencies to improve access to care (at the right time and in the right setting), and making the entire system more affordable for the people we serve.

My ask is that you continue to embrace the increasingly nontraditional role that nurses play. In return, I commit to supporting you and your own sense of purpose.

The great thing about nurses is that we get things done by challenging the status quo. On behalf of the 30-plus nurses the Washington State Health Care Authority employs, thank you.

About Sue Birch

Before joining HCA in January, Sue Birch was the executive director of the Colorado Department of Health Care Policy and Financing. She led the state's successful implementation of the Affordable Care Act. A nurse by training, Sue also served as chief executive officer of the Northwest Colorado Visiting Nurse Association.

RECOGNITION OF NURSES AT THE WASHINGTON STATE DEPARTMENT OF HEALTH

The Nursing Care Quality Assurance Commission wants to recognize nurses even though National Nurses Day on May 6, 2018 has come and gone before this edition of our newsletter. There are many different roles for nurses in many different kinds of settings. This article describes some of the different roles nurses play at the Washington State Department of Health (DOH), and the importance of nursing in public health and regulatory specialty areas.

Nurses play a significant role in public health and frequently serve in positions at public health agencies. Regulation is an important component in ensuring safe and competent nursing practice. Nursing consistently ranks No. 1 of all professions in Gallup's annual honesty and ethics survey, and is often viewed as the face of health care. Nurses who thoroughly understand and comply with regulations and standards support confidence. Many nurses and the public think nurses are under-appreciated and under-valued. Nursing practice has a significant effect on health care delivery, patient safety, and patient outcomes. Nurses play a crucial role in health care, acting as patient advocates and standing as sentinels of patient safety. The nurse's unique perspective of the health care system and the patient care experience make it critical for nurses to be involved in patient safety of quality and care standards.

Nurses at the Washington State DOH fulfill many different roles with the overall mission of protecting the public. Some nurses work in regulatory and investigative roles. These nurses protect the health and safety of state residents by inspecting health care facilities to ensure they follow state and federal regulations, licensure requirements, practice standards regarding quality of health care, and quality and safety concerns. Other nurses at DOH ensure nurses and nursing schools meet licensure requirements, ensure consistent standards of practice, investigate complaints, and may be involved in the discipline process. Another role for nurses at DOH focuses on population health with the goal of promoting health, and preventing disease and disability.

Nurses must maintain a high level of education, technological competency and a mix of skills. The path to becoming skilled and competent is long and hard in this scientific field. Publically honoring the work of nursing reinforces their skill set, those actions and behaviors that patients, families, and colleagues truly value. The Nursing Care Quality Assurance Commission recognizes the extraordinary contribution of DOH nurses in protecting the public.

Department of Veterans Affairs Final Rule/ Advanced Practice Registered Nurses Practice Authority

The Department of Veterans Affairs (VA) authorized full practice authority as a licensed independent practitioner to advanced practice registered nurses (APRNs) when they are acting in the full scope of their VA employment as a certified nurse practitioner, a clinical nurse specialist, or a certified nurse midwife. The rule does not include certified registered nurse anesthetists. APRNs will undergo the clinical privileging process at their VA medical center.

Federal Register: https://www.federalregister.gov/documents/2016/12/14/2016-29950/advanced-practice-registered-nurses

By Deborah Carlson, MSN, RN, CPM
Associate Director of Practice & Licensing

NEW ADVISORY OPINIONS APPROVED

Advisory opinions provide clarification, guidance, and recommendations about scope of nursing practice. The Nursing Care Quality Assurance Commission approved the following advisory opinions on November 17, 2017:

- Compounding Medications by Licensed Practical Nurses, Registered Nurses, and Advanced Registered Nurse Practitioners; and
- Medical Acupuncture: Scope of Practice for Advanced Registered Nurse Practitioners.

Advisory opinions on our NCQAC Practice Information Website.

By Amber Bielaski, BS
NCQAC Policy Analyst

THE HEART OF HEALTHCARE IN ADDRESSING THE OPIOID EPIDEMIC

The Centers for Disease Control and Prevention estimates that an average of 115 opioid related deaths occur every day in the United States. Over the past several years, many organizations in Washington State have strategized and implemented interventions to address the problems associated with the opioid epidemic. During the 2017 legislative session, Washington State lawmakers passed Engrossed Substitute House Bill 1427, directing the five prescribing boards and commissions to collaboratively develop opioid prescribing rules. Over the course of seven months, September 2017 to March 2018, the five boards and commissions operated as the Opioid Prescribing Task Force and held meetings around several different regions of Washington State. Interested stakeholders, including healthcare practitioners, professional associations, healthcare organizations, and private citizens, attended and provided testimony to inform the proposed new rules. By the conclusion of the last meeting held in March, the Task Force was successful in developing a boilerplate set of rules for each entity to endorse and customize for their profession.

It is important to recognize the leadership and attention to detail nurses exemplified during the drafting of the opioid prescribing rules. Even after the work of the joint task force concluded, the nurses involved in the task force wanted to ensure best practices for opioid prescribing be outlined in the Nursing Commission rules for advanced registered nurse practitioners. A special Nursing Commission open public business meeting was held in Des Moines on April 11, 2018 to review the customized Nursing Commission proposed draft opioid prescribing rule language in full. Stakeholders attended and provided comments for the Nursing Commission to consider before commission approval of draft rule language. The Nursing Commission again reviewed the draft language in its entirety at the regular scheduled open public business meeting in Tumwater on May 11, 2018.

At the May meeting, the Nursing Commission voted to approve draft language and file a CR-102 (proposed rule) with the Washington State Office of the Code Reviser as the next step in the rules process. The public hearing on the advanced registered nurse practitioner opioid prescribing rules is anticipated to be held August of 2018. Although the Nursing Commission has approved draft language, continued stakeholder involvement in the rules process is encouraged and essential to the success of these rules in addressing the opioid epidemic. We encourage interested stakeholders, associations, nurses, and patients to submit written questions or comments to nursing@doh.wa.gov.

Additionally, providing educational outreach on the new opioid prescribing rules after they are adopted is of the utmost importance. The Department of Health and Nursing Commission are working toward creating educational resources for healthcare providers and the public of Washington State. Please continue to follow updates about opioid prescribing for more information in the months to come.

The opioid prescribing rules' intent is not to induce fear or overwhelm practitioners with new requirements, but to ensure proper education and use of best practices whenever an opioid is considered or prescribed. Florence Nightingale, the founder of modern nursing, once stated, "I am of certain convinced that the greatest heroes are those who do their duty in the daily grind of domestic affairs whilst the world whirls as a maddening dreidel." Florence's words bring to mind the challenges healthcare providers face in addressing the opioid epidemic from the frontlines, while concurrently learning how to apply new rules to individual practice. At the same time, her words also remind us all that the solution to any problem lies within every person willing to take action. The Nursing Commission is confident that Washington State nurses will apply the same care in education and understanding of the opioid prescribing rules as they provide their patients every day. Thank you to all the wonderful nurses in Washington State who act as heroes each day and provide the heart of healthcare to so many.

References:
Centers for Disease Control and Prevention. (2017). Opioid Overdose: Understanding the Epidemic. Retrieved from http://www.cdc.gov/drugoverdose/epidemic/index.html

By Andrew Saxon, M.D.
Staff Psychiatrist
Lisa Glynn, Ph.D.
Clinical Psychologist

OPIOID-SAFETY AND PAIN-MANAGEMENT TO IMPROVE VETERAN SAFETY AND FUNCTIONING

During the early to mid-2000s, the national standard of care for the treatment of patients with chronic pain was opioid medications. At the time, it was not fully understood how ineffective opioids were in the treatment of chronic pain, or the associated risks of impairment and overdose that came with prescribing it. This was followed by the increased availability of synthetic opioids available from illicit sources, along with other social and economic factors, all of which helped fuel today's opioid epidemic.

According to the Centers for Disease Control and Prevention, more than 200,000 people in the U.S. died from prescription opioid-related overdoses from 1999 to 2016. Finding effective ways to address pain and curtail this epidemic is a nationwide effort, a nationwide concern and something with which the VA remains actively involved on national, regional and local levels.

Because some veterans enrolled in the Department of Veterans Affairs (VA) health care system suffer from high rates of chronic pain, the VA initiated a multi-faceted approach called the Opioid Safety Initiative (OSI) in 2013 to reduce the use of opioids among America's veterans using VA health care. OSI is a comprehensive approach to improve the quality of life for the hundreds of thousands of veterans with chronic pain.

Through the OSI, veterans on high doses of opioids are being carefully tapered down to lower doses or even off these medications, and are being offered alternative treatments including psychotherapy, physical therapy, acupuncture, and non-opioid medications. In 2016, the VA moved forward with the Comprehensive Addiction Recovery Act, which mandated steps to reframe how the country would improve opioid safety and pain management to address the opioid epidemic. Then in 2017, the VA updated its clinical practice guidelines for opioid safety to align with new research knowledge, and now recommends a multimodal and "biopsychosocial" approach to pain management. In fact, patients with chronic pain not previously started on opioids are also being provided these evidence-based alternative treatments as first-line therapies.

Through these collective initiatives, the VA is lowering dependency on this class of drugs by incorporating a team approach with the goal of reducing opioid use by alleviating a veteran's pain using non-prescription methods.

Evidence-based alternative pain treatments, however, are not always readily available in rural areas, where veterans' access to specialty pain services is reduced by geographic features, limited mobility, co-occurring medical challenges, and other complex barriers. Because rural veterans are at increased risk of opioid-related harms, intervention there is especially important. In response to this need, the VA Puget Sound Health Care System launched a pain telehealth pilot program at four of its community-based outpatient clinics (CBOCs) in Bremerton, Chehalis, Mount Vernon and Port Angeles to better connect with veterans in rural areas. In the future, this will be expanded to include a telepain program offering pain services through video teleconferencing to VA Puget Sound's CBOCs and eligible veteran homes in the four-state region we serve. Once fully implemented, the program will include treatment options that include pain education classes, group psychotherapies for pain, acupuncture education, yoga and tai chi, and opioid safety interventions. The telepain program is expected to reduce veteran suicide risk, increase opioid safety and access to care, while reducing travel burden. Telepain also

continued on page 20>>

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seeks to increase collaboration among VA clinicians across departments and sites, to enhance the coordination for veterans with complex treatment needs—including opioid tapering.

Sometimes patients already on opioids have considerable trouble reducing the dosage or discontinuing opioids. These difficulties fall on a continuum from normal use, to misuse, to opioid use disorder (OUD). People with OUD can have severe withdrawal symptoms when the dosage is reduced, develop tolerance such that higher and higher doses are needed to achieve the same effect, take more medications than what are prescribed, have frequent cravings for opioids, and find their functioning in relationships and productive activities adversely affected by their opioid use. Some data indicate that 10 to 20 percent of patients exposed to opioid treatment for chronic pain will develop OUD. Adding to the problem, heroin and the synthetic opioid, fentanyl, have become more widely and cheaply available from illicit sources, making it easier for people to turn to these substances when they can't get prescription opioids, or to develop OUD directly from using these illicit opioids.

The treatment for OUD involves using one of three medications: methadone, buprenorphine or naltrexone. All three are readily available through the VA Puget Sound Addiction Treatment Center, where patients with OUD can now be started on medication the day they present for treatment. Methadone can be provided only in a licensed opioid treatment program under specialty care. VA Puget Sound has two such programs (Seattle and Tacoma). The other two medications can be prescribed in any medical setting. Initiatives are under way to make the other two even more widely available by training general mental health and primary care providers to prescribe the medications and how best to care for patients with OUD in those settings. Psychosocial interventions – available in several VA settings – can also be beneficial to veterans engaged in medication assisted therapy.

The VA Puget Sound Pain Clinics at its Seattle and American Lake locations offer comprehensive pain-care offerings to address complex chronic pain. Treatment options available to veterans include co-disciplinary visits with a medical provider and psychologist simultaneously, pain skill groups, complementary and alternative approaches, pain procedures, opioid tapering, and intensive pain rehabilitation services through the outpatient and residential functional restoration programs.

Collaboration across VA clinics and specialties is an important tenet of both comprehensive pain care and opioid safety. VA Puget Sound has developed innovative programs to meet the complex needs of veterans with co-occurring pain, substance use disorder and mental-health concerns. The Opioid Safety Review Board provides tailored opioid-safety recommendations, and veterans undergoing opioid tapering can choose to engage in the Opioid Safety Program for support in maximizing their safety and functioning. The Collaborative Addictions, Mental Health and Pain Program (CAMP) provides flexible care coordination, staffing and expedited referral among the Addictions Treatment Center, Pain Clinic, Mental Health Clinic, Primary Care Clinic, Telehealth Program and Suicide Prevention Coordinator.

Caring for veterans is paramount to VA. When it comes to their care and treatment, our goal is simple: to provide the appropriate and thoughtful care our veterans deserve. And through these initiatives and others such as participation in state prescription monitoring programs, the VA remains committed to reducing the harms of opioids and doing everything possible to ensure veterans live longer, safer, and healthier lives.

New on the Webpage!

Complaint and Discipline Process

Last year nearly 2500 complaints were filed against nurses in Washington State. Most of them did not result in charges against the nurse, and revocation of a nurse's license is rare. Regardless, if you receive a notice that you are the subject of a complaint, it can be a stressful situation. You may have questions: *What will happen? Can I work? Will they take my license away?* Maybe you don't even know what questions to ask.

The Nursing Commission developed a page on its website to explain the discipline process, which includes the steps, timelines, and options available to the nurse. The information is helpful to both the nurse and to the person who files a complaint. While the information may not ease your concern, it will let you know what to expect.

The Nursing Commission initially assesses each complaint according to violations outlined in the Uniform Disciplinary Act, the Nurse Practice Act, and commission policies*. The commission closes some complaints because they are not violations of law, or are minor issues that did not cause harm to the public. Additionally, the commission may close other complaints after an investigation based on lack of evidence to support the allegation. Cases that continue in the process may be resolved through several legal options, and are often resolved with the nurse continuing to work with restrictions on the license. Please see the website for full information. www.doh.wa.gov/LicensesPermitsandCertificates/NursingCommission/Discipline/ComplaintProcess.

* These documents are included on the web page under "resources."

Margaret E Kelly, LPN

Jessica Martinson, MS

By Margaret E Kelly, LPN
NCQAC Pro-Tem Member
Jessica Martinson, MS
Director, Clinical Education and Professional Development
Washington State Medical Association (WSMA)

ADVANCE CARE PLANNING:

A Gift of Clarity and Peace of Mind for You and Your Loved Ones

Our nursing careers provide us with the honor and opportunity to serve both professionally and personally. Often, our service extends to our loved ones.

A Powerful Personal Story

One example is the story of my mother and me. One day years ago, my mom collapsed in our kitchen. I began CPR and directed my nephew to call 911. More than 30 minutes later, sitting in the ambulance, I witnessed emergency medical services (EMS) personnel performing life-sustaining treatment to her. I recognized there was no "provider orders for life-sustaining treatment" (POLST) form, no durable power of attorney (DPOA) paperwork, or any other documents to direct her wishes or care. I was aware what would happen later when we would arrive at the medical center.

Needless to say, I will never forget that day: It taught me lessons I now feel compelled to share with others.

For Yourself and Your Loved Ones

We plan for a lot of things in life, such as education, buying a home, and retirement. We even plan for bad weather and natural disasters. But have you and your loved ones planned for future health care decisions?

Together with Honoring Choices® Pacific Northwest, I urge you to start the advance care planning process.

Health Care Agents, Proxies, Surrogates

If something suddenly happened to you, such as a car accident or illness, someone may need to make health care decisions for you. This person is known as a health care agent, proxy, or surrogate.

Look for certain qualities in a health care agent. It isn't enough to simply name someone on a durable power of attorney for healthcare (DPOAH) form. You should talk with your health care agent about your decisions:

- The person should be willing to accept the role.
- He or she should be willing to discuss your goals, values and preferences with you.
- The person should be willing to follow your decisions, even if he or she does not agree with them.
- He or she should also be able to handle stressful situations.

Advance Directives

Think about and write down your goals, values and preferences in an advance directive. Be sure to share this information with your loved ones and health care providers as well as your health care agent, proxy, or surrogate.

Advance care planning can be a gift to your loved ones. Doing so helps avoid the burden of not knowing what care you would want.

Resources to Help You with Advance Care Planning

Several resources will get you started on basic advance care planning.

Across the state, health care organizations and community groups are implementing the Honoring Choices® Pacific Northwest advance care planning program. The program offers certified advance care planning facilitators to help you: explore your goals, values and preferences; identify and prepare a health care agent; and complete an advance directive. Find more information at: www.honoringchoicespnw.org.

Two additional online resources you can use to get started are: The Conversation Project (https://theconversationproject.org) and "Prepare for Your Care" (https://prepareforyourcare.org).

Taking Action

We encourage you to take steps today to provide your loved ones with the clarity of a directive. This will give them the peace of mind that they will know how to honor your wishes when that time comes. Please encourage the people you serve to do the same.

Please send questions or comments about this article to NCQAC.Education@doh.wa.gov.

MAKE BREAKFAST HAPPEN SO KIDS CAN BE HUNGRY FOR MORE

Photo By: Peggy Sirota

I was one of our nation's hungry kids growing up. Today, 1 in 5 children in America struggle with hunger. But when they get breakfast, their days are bigger and brighter. Learning, attention, memory and mood improve. Together, we have the power to get breakfast to kids in your neighborhood — let's make it happen. Go to hungeris.org and lend your time or your voice.

Viola

Viola Davis, Hunger Is Ambassador

HUNGER IS®

Albertsons Companies Foundation

EIF™

Hunger Is® is a joint initiative of the Albertsons Companies Foundation and the Entertainment Industry Foundation, which are 501(c)(3) charitable organizations.

2018 LEGISLATIVE SESSION UPDATE ON HB 2403

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://app.leg.wa.gov/billinfo/summary.aspx?bill=2403&year=2015) The Department of Health Screening and Genetics Unit has available for your use a booklet titled "Understanding a Down Syndrome Diagnosis." This booklet, printed, is available in English and Spanish, and 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) 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: www.understandingdownsyndrome.org.

We also updated list of local organizations in Washington, northern Oregon, and western Idaho that support people with Down syndrome and their families. It is provided as an attachment, and is at http://www.doh.wa.gov/genetics.

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

Resources for families who have a member with Down syndrome

NATIONAL Support

National Down Syndrome Congress
www.ndsccenter.org
info@ndsccenter.org
800-232-6372
Jolie Ganley

National Down Syndrome Society
www.ndss.org
info@ndss.org
800-221-4602
Colleen Hatcher

STATEWIDE Support

Parent and Family Support

The Arc of Washington State
www.arcwa.org
info@arcwa.org
888-754-8798 ext.2
Jackie Thomason

DadsMove
http://dadsmove.org
swilliams@dadsmove.org
253-394-4796
Stephen Williams

Exceptional Families Network
www.exceptionalfamilies.org
parents@exceptionalfamilies.org
253-584-4336
Angela Fish

Families Together
www.familiestogether.org
denise@familiestogether.org
208-874-7891
Denise Welzel

Family Voices of Washington
www.familyvoicesofwashington.com
jmccormick@wapave.org
800-572-7368
Jill McCormick

Informing Families
www.informingfamilies.org
grier@ddc.wa.gov
800-634-4473
Grier Jewell

Washington State Parent to Parent Programs (P2P)
www.arcwa.org/index.php/getsupport/parent_to_parent_p2p_programs
parent2parentwa@gmail.com
800-821-5927
Susan Atkins

WithinReach
www.parenthelp123.org
help@parenthelp123.org
Parent help hotline: 800-322-2588
Jennifer St. Cyr

Father's Support

Washington State Father's Network
www.fathersnetwork.org
louis.mendoza@kindering.org
425-653-4286
Louis Mendoza

Sibling Support

Sibling Support Project
www.siblingsupport.org
info@siblingsupport.org
206-297-6368
Don Meyer

REGIONAL Support

Puget Sound and Northwestern Region

Down Syndrome Association of Snohomish County
www.dsasc.org
info@dsasc.org
425-610-8226
Lori Schmieder

Down Syndrome Community of Puget Sound
www.downsyndromecommunity.org
contact@downsyndromecommunity.org
206-257-7191
Becky Ronan

Down Syndrome Outreach of Whatcom County
www.arcwhatcom.org/wp/programs/down-syndrome-outreach/
admin@arcwhatcom.org
360-715-0170 ext. 304
Jessika Houston

Project Little Dude
www.projectlittledude.com
krissy@projectlittledude.com
360-483-6954
Krissy Eiben

South Puget Sound Up with Down Syndrome
www.southsoundupwithdowns.com
becca@southsoundupwithdowns.com
360-915-6276
Becca Brandt

UPSIDE (Down Syndrome Support Group of Kitsap County)
upsidepnw@gmail.com
360-434-8729
Julie Smoley

Whatcom Taking Action
www.whatcomtakingaction.org
SEAS@appco.org
360-715-7485
Deirdra Brummer

Whidbey Island

Zoe Foundation
zoefoundation.org
zoefoundation@whidbey.com
425-343-5799
Tiffany Wheeler-Thompson

Olympic Peninsula

Clallam Mosaic Parent to Parent
www.clallammosaic.org/p2p/
p2p@clallammosaic.org
360-406-1215
Shawnda Hicks

Central Washington

Down Syndrome Association of the Mid-Columbia
www.dsamc.org
contact@dsamc.org
509-440-1889
Julie Gould

Down Syndrome Society of Grant County
www.dssgc.org
cbbuddywalk@gmail.com
509-855-2152 (voicemail)
Kerry Aronsohn

Eastern Washington and Idaho

Down Syndrome Connections NW
www.dsconnectionsnw.org
megan.yen@uscm.org
509-432-5455
Megan Yen

Alexa, born with Down syndrome, working in the hospitality division of corporate Starbucks.

Washington State Department of Health

DOH 344-066 July 2018

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).
To request a translated version, or for more information, contact: genetics@doh.wa.gov.

STAND UP FOR US ALL

Clinical trials bring us closer to the day when all cancer patients can become survivors.

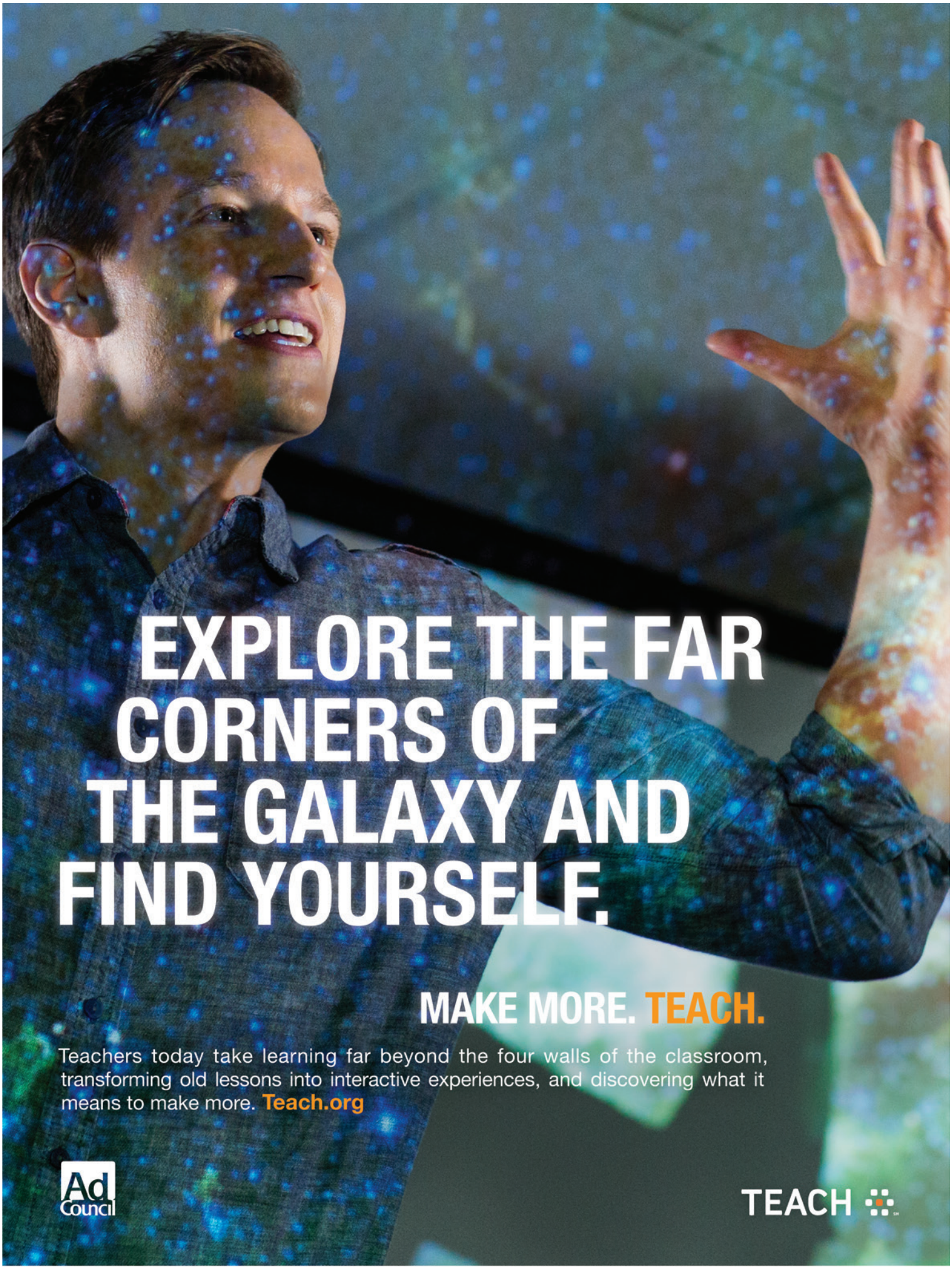
Clinical trials are an essential path to progress and the brightest torch researchers have to light their way to better treatments. That's because clinical trials allow researchers to test cutting-edge and potentially life-saving treatments while giving participants access to the best options available.

If you're interested in exploring new treatment options that may also light the path to better treatments for other patients, a clinical trial may be the right option for you. **Speak with your doctor and visit StandUpToCancer.org/ClinicalTrials to learn more.**

STAND UP TO CANCER®

Sonequa Martin-Green, SU2C Ambassador

Stand Up To Cancer is a division of the Entertainment Industry Foundation, a 501(c)(3) charitable organization.


EXPLORE THE FAR CORNERS OF THE GALAXY AND FIND YOURSELF.
MAKE MORE. TEACH.
Teachers today take learning far beyond the four walls of the classroom, transforming old lessons into interactive experiences, and discovering what it means to make more. Teach.org
Ad Council
TEACH

LICENSURE ACTIONS

The following is a list of stipulations to informal disposition taken between October 1, 2017, and April 30, 2018.
A stipulation is an informal disciplinary action where the licensee admits no wrongdoing but agrees to comply with certain terms.

Licensee	Date of Action	Informal Action	Allegation
Pratt, Beverly L., LPN (LP00014337)	10/19/17	Probation	Violation of federal or state statutes, regulations or rules
Rupp, Claire R., RN (RN60588212)	10/25/17	Conditions	License suspension by a federal, state or local licensing authority
Domingo, Keri K., LPN (LP00040024)	11/08/17	Probation	Violation of federal or state statutes, regulations or rules
Harrison, Steven A., RN (RN60034853)	11/21/17	Probation	Violation of federal or state statutes, regulations or rules
Van, Tou, LPN, RN (LP60505545, RN60585143)	11/29/17	Conditions	Alcohol and other substance abuse; Diversion of controlled substance; Violation of federal or state statutes, regulations or rules
Aasheim, Fred L., RN (RN00174648)	11/29/17	Probation	Violation of federal or state statutes, regulations or rules
Long, Kent W., RN (RN00116815)	11/30/17	Conditions	Alcohol and other substance abuse; Narcotics violation or other violation of drug statutes
Lovett, Kim A., LPN (LP00059348)	12/07/17	Probation	Violation of federal or state statutes, regulations or rules
John, Michael J., RN (RN00110867)	12/29/17	Surrender	Negligence; Violation of federal or state statutes, regulations or rules
Pierson, Rebekah T., RN, ARNP (RN00056264, AP60003946)	01/09/18	Probation	Negligence; Violation of federal or state statutes, regulations or rules
Duquene, Jina M., RN (RN00121835)	01/11/18	Probation	License suspension by a federal, state or local licensing authority
Smith, Laura M., RN (RN00101348)	01/24/18	Conditions	Fraud – unspecified
Elbert, Susan E., RN (RN00134572)	01/24/18	Probation	Negligence; Violation of federal or state statutes, regulations or rules
Carter, Leslie A., LPN (LP60104755)	02/12/18	Probation	Unprofessional conduct
Ciancio, Sandra L., RN (RN00156728)	02/12/18	Conditions	Diversion of controlled substance; Narcotics violation; Violation of federal or state statutes, regulations or rules
Ferrer, Patrick E., RN (RN60032847)	02/13/18	Probation	Fraud – unspecified
Renninger, Michele L., RN (RN00123722)	02/28/18	Conditions	License suspension by a federal, state or local licensing authority
Pitre, Sharon M., RN (RN00148615)	02/28/18	Probation	Violation of federal or state statutes, regulations or rules
Vitela, Katherine A., RN (RN00142461)	04/05/18	Conditions	Violation of federal or state statutes, regulations or rules
Eilmann, Kelly A., LPN (LP00029511)	04/11/18	Surrender	Unable to Practice Safely by Reason of Psychological Impairment or Mental Disorder
Shipman, Jennifer L., RN (RN00132716)	04/11/18	Probation	Narcotics violation

The following is a list of formal licensure actions taken between October 1, 2017, and April 30, 2018. For more information, please visit Provider Credential Search (https://fortress.wa.gov/doh/providercredentialsearch/) or contact Customer Service at (360) 236-4703

Licensee	Date of Action	Formal Action	Violation
Cozad, Shannah K., RN, ARNP (RN00150724, AP60399114)	10/04/17	Probation	Negligence; Practicing beyond the scope of practice; Violation of federal or state statutes, regulations or rules
Fair, Mariya I., RN (RN60320185)	10/06/17	Conditions	Unable to practice safely by reason of physical illness or impairment
Loewen-Hays, Stacey N., RN (RN00148268)	10/12/17	Suspension	Violation of or failure to comply with licensing board order
Reding, Randall W., RN (RN60758047)	10/17/17	Conditions	Unable to practice safely by reason of physical illness or impairment
Schipper, Shauna M., RN (RN60546320)	10/19/17	Conditions	Diversion of controlled substance; Violation of federal or state statutes, regulations or rules
Newman, Dauna J., RN (RN60788257)	10/23/17	Probation	Failure to meet initial requirements of a license; License suspension by a federal, state or local licensing authority
Pulito, Rebecca C., RN (RN60740390)	10/24/17	Conditions	Alcohol and other substance abuse; Failure to meet initial requirements of a license; License suspension by a federal, state or local licensing authority
Kimbley, Karen A., LPN (LP00059763)	10/27/17	Suspension	Violation of or failure to comply with licensing board order
Hayes, Sukanlaya, RN, ARNP (RN60576020, AP60576937)	11/06/17	Revocation	Fraud in obtaining license or credentials
Millman, Barbara L., RN (RN60235507)	11/08/17	Reinstatement	Diversion of controlled substance; Failure to cooperate with the disciplining authority
Mellon, Marilee J., RN (RN00110431)	11/17/17	Reinstatement	Violation of federal or state statutes, regulations or rules
Holcomb, Elihue K., RN, ARNP (RN60637387, AP60637602)	11/22/17	Conditions	License suspension by a federal, state or local licensing authority
Lane, Greg L., RN (RN00135313)	11/27/17	Reinstatement	License disciplinary action taken by a federal, state or local licensing authority
Bell, Kelly, M., ARNP (AP30005937)	11/29/17	Surrender	Negligence; Violation of federal or state statutes, regulations or rules
Rogerson, Nancy K., RN (RN00160769)	11/30/17	Reinstatement	Violation of or failure to comply with licensing board order
Corpuz, Alberto M., LPN (LP00040700)	12/04/17	Suspension	Violation of federal or state statutes, regulations or rules

Licensee	Date of Action	Formal Action	Violation
McArthur, Cheryl M., RN (RN00086912)	12/12/17	Suspension	Violation of or failure to comply with licensing board order
Yarborough, Sonja D., RN (RN00098028)	12/12/17	Suspension	Violation of or failure to comply with licensing board order
Williams, Stephanie M., RN (RN60495786)	12/12/17	Suspension	License suspension by a federal, state or local licensing authority
Johanson, Amy, RN (RN00174152)	12/13/17	Suspension	Violation of or failure to comply with licensing board order
Shoecraft, Charles V., RN (RN00112935)	12/26/17	Suspension	Alcohol and other substance abuse
Beachler, Melissa J., RN (RN60604083)	01/03/18	Suspension	License suspension by a federal, state or local licensing authority
Peters, Rosemary C., RN (RN60385232)	01/05/18	Suspension	Failure to cooperate with the disciplining authority; License suspension by a federal, state or local licensing authority
Kimbley, Karen A., LPN (LP00059763)	01/09/18	Reinstatement	Alcohol and other substance abuse; Violation of federal or state statutes, regulations or rules; Violation of or failure to comply with licensing board order
Johnson, Alison L., LPN (LP60015869)	01/09/18	Suspension	Unable to practice safely by reason of physical illness or impairment
Morgan, Sarah J., RN (RN00171389)	01/09/18	Reinstatement	Alcohol and other substance abuse; Diversion of controlled substance; Narcotics violation or other violation of drug statutes; Violation of federal or state statutes, regulations or rules
Lambert, Carol J., RN (RN60363635)	01/09/18	Revocation	Alcohol and other substance abuse; Narcotics violation
Kutrich, Paulus R., RN (RN00169953)	01/12/18	Suspension	Violation of or failure to comply with licensing board order
Bresina, Christina M., LPN (LP00058796)	01/17/18	Suspension	Criminal conviction; Violation of or failure to comply with licensing board order
Basham, Terry G., RN (RN00111937)	01/25/18	Revocation	Criminal conviction; Violation of federal or state statutes, regulations or rules
Hull, Carissa D., RN (RN60060440)	01/26/18	Reinstatement	Violation of federal or state statutes, regulations or rules
Kutrich, Dena R., RN (RN00152905)	02/05/18	Suspension	Diversion of controlled substance; Violation of or failure to comply with licensing board order
Bahta, Fiyori B., LPN (LP60311539)	02/12/18	Suspension	Diversion of controlled substance; Failure to cooperate with the disciplining authority; Fraud – unspecified; Violation of federal or state statutes, regulations or rules
Gemmell, Karla J., RN (RN60083074)	02/12/18	Suspension	Criminal conviction; Diversion of controlled substance; Failure to cooperate with the disciplining authority; Violation of federal or state statutes, regulations or rules
Willoughby, Amy M., RN (RN60528474)	02/12/18	Suspension	Violation of or failure to comply with licensing board order
Mitike, Nigussu H., LPN (LP60048392)	02/20/18	Reinstatement	License suspension by a federal, state or local licensing authority; Negligence; Patient neglect; Violation of federal or state statutes, regulations or rules
Brawley, William B., RN (RN60397643)	02/21/18	Reinstatement	License suspension by a federal, state or local licensing authority
Esparza, Benito J., RN (RN60028013)	02/26/18	Suspension	Violation of or failure to comply with licensing board order
Hamilton, Kimberly W., RN (RN60772386)	02/28/18	Conditions	License suspension by a federal, state or local licensing authority
Collier, Teri M., RN (RN00135999)	03/06/18	Suspension	Violation of or failure to comply with licensing board order (note: an appeal is pending in Superior Court)
Croft, Sheila S., RN (RN60149755)	03/08/18	Conditions	Unable to Practice Safely by Reason of Psychological Impairment or Mental Disorder
Boudinot, Rachelle, RN (RN60374530)	03/08/18	Suspension	License suspension by a federal, state or local licensing authority
Harber, Crystal L., RN applicant (RN60765253)	03/14/18	Licensure denied	License suspension by a federal, state or local licensing authority; Unable to practice safely by reason of physical illness or impairment; Unable to Practice Safely by Reason of Psychological Impairment or Mental Disorder
Fuller, Amanda M., RN (RN00148463)	03/19/18	Suspension	Diversion of controlled substance; Failure to cooperate with the disciplining authority
McShane, Deanna L., RN (RN60208635)	03/21/18	Suspension	License suspension by a federal, state or local licensing authority; Violation of or failure to comply with licensing board order
Gonzales, Callie R., RN (RN00124393)	03/23/18	Suspension	Diversion of controlled substance; Violation of federal or state statutes, regulations or rules
Fuentes, Juan de Dios, RN (RN60099030)	04/04/18	Suspension	Violation of or failure to comply with licensing board order
Rosati, Diana L., RN, ARNP (RN60533104, AP60533108)	04/06/18	Suspension	License suspension by a federal, state or local licensing authority
Fisher, Elliott E., LPN (LP60002327)	04/06/18	Revocation	License suspension by a federal, state or local licensing authority
Bartley, Jodi L., RN (RN00150641)	04/06/18	Suspension	Violation of federal or state statutes, regulations or rules
Turner, Brian J., LPN (LP60586064)	04/13/18	Suspension	Sexual misconduct; Violation of federal or state statutes, regulations or rules
Hayes, Melissa J., RN applicant (RN60690737)	04/19/18	Licensure denied	Alcohol and other substance abuse; Criminal conviction; License suspension by a federal, state or local licensing authority
Wilson, Denise S., RN (RN60645647)	04/25/18	Suspension	License suspension by a federal, state or local licensing authority
Fair, Mariya, I., ARNP (AP60324589)	04/30/18	Conditions	License disciplinary action taken by a federal, state or local licensing authority

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POETRAVEL

Day	Port	Arrive	Depart
Sun	Galveston, TX		4:00 PM
Mon	Fun Day At Sea		
Tue	Fun Day At Sea		
Wed	Mahogany Bay, Isla Roatan	8:00 AM	6:00 PM
Thu	Belize	8:00 AM	5:00 PM
Fri	Cozumel, Mexico	8:00 AM	4:00 PM
Sat	Fun Day At Sea		
Sun	Galveston, TX	8:00 AM	

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