Do You Love Working With Children?

Become a dependable home healthcare nurse for PSA Healthcare — a national company with more than 25 years of experience caring for kids!

You’ll get unbelievable job satisfaction
At PSA Healthcare, we work with medically fragile, technology-dependant children, providing in-home care.
As a PSA Healthcare nurse, you have the opportunity to make a difference in a child’s life. You can provide a family with peace of mind and a sense of security.

PSA Benefits Include:
• Caring for Children In Their Home
• Compassionate, Caring Work Environment
• Friendly, Respectful Team Support
• Competitive Pay
• Direct Deposit
• Advancement Opportunities
• Tuition Reimbursement Plan

To apply, visit our website: jobs.psahealthcare.com
Message from the Chair
Meet New Washington Secretary of Health John Wiesman
Message From the Executive Director
New Medical Assistant Law Effective July 1, 2013
After the Investigation is Complete
Continued Competency Requirements
Newly Created ARNP Sanctioning Guidelines
Clinical Placement Northwest Collaborative
What’s Happening in the Nation for Advanced Practice?
Licensure Actions
Ethical and Moral Dilemmas
Alcohol and Drug Misuse Among Nursing Students
WHPS Speaking Engagement Request
Number of Licensed Nurses
Looking for Free Nursing Education?
Advanced Practice Corner News
Nursys® e-Notify – Monitoring the Status of Nurses
Nursing Assistant Endorsement for Medication Assistants
What Have We Done For You Lately?
Nursing Scope of Practice: Medication Refills
Nurse Practice Advisory Groups

Advertisements contained herein are not endorsed by the Washington State Nursing Care Quality Assurance Commission nor the Department of Health. The Washington State Nursing Care Quality Assurance Commission reserves the right to accept or reject any and all advertisements in the publication. Responsibility for errors is limited to corrections in a subsequent issue.

The Department of Health is an equal opportunity agency. For persons with disabilities, this document is available on request in other formats. To submit a request, please call 1-800-525-0127 (TTY 1-800-833-6388). For additional copies of this publication, call 1-800-521-0323. This and other publications are available at http://www.doh.wa.gov/hsqa/.
The Nursing Care Quality Assurance Commission (NCQAC) is pleased to report that Second Substitute House Bill (SSHB) 1518 passed the legislature and was signed into law by Governor Inslee on April 25, 2013. This piece of legislation makes permanent the so-called “pilot project” in effect since July 2008 that granted the commission additional authority over staffing and budget, thus solidifying the current management structure. It took years of hard work by your commission leadership team and staff to achieve this goal. During this legislative session, I provided testimony on two separate occasions to our legislature concerning the results of our four-year pilot project. We found that by having more autonomy over our performance outcomes, we were able to increase the total number of completed investigations by 71 percent, decrease the amount of time used in investigations by 37 percent and decrease our backlog of investigations by 34 percent!

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

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

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

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

Enjoy the newsletter.
Suelynn
Now Hiring Nurses!
RNs ♥ LPNs

Personal
Supportive
Compassionate

Working as a Home Health Care nurse allows for one-to-one patient care while helping to keep families together in a household environment.

Alliance Nursing
Your Partner in Home Health Care

♥ FT/PT openings for pediatric & adult Home Health Care nurses in your area
♥ New graduates welcome
♥ Competitive Home Health wages and benefits
♥ Medically Intensive Adult Family home positions available
♥ Equal Opportunity Employer

Positions throughout the Puget Sound
King Co. - Pierce Co. - Snohomish Co.
Jefferson Co. - Skagit Co. - Kitsap Co.
Thurston Co. & More

Call now or visit us online! 1-800-473-3303

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

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

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

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

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

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

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

Another top priority is patient safety and quality health care. Our work licensing and credentialing health care professionals is one of the keys to a health care system that provides safe, quality care. And it helps the system deliver on what’s known as “the triple aim” – improving the patient experience of care, improving population health, and reducing the per capita cost of health care. To truly achieve the triple aim, local health care professionals, public health, and human service agencies have to come together, break down their walls, and rethink how care is provided. Some parts of our state are already doing this, and the Department of Health supports that work.

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

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

We also have significant work to do to address the obesity epidemic. Nearly one in four tenth graders in our state is obese or overweight. The numbers are even higher among American Indians, African Americans, Hispanics, and Pacific Island-
As nurses, you understand that protecting and improving the health of people in Washington is a huge responsibility; that’s my commitment, too. I’ve hit the ground running by setting clear priorities for the agency, while making sure we continue with the major, fundamental public health work that’s already underway.

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

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

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

I believe these priorities are a natural fit for the current operating environment and the challenges we face today. I’m excited to be on this journey with you as we strive to make Washington a healthier place to live, work, and play.
Each year, the legislature considers hundreds of issues. The legislature drafts bills to address these concerns and some of the bills pass through both houses on their way to the governor for signature. Each session, I encourage people to watch “I’m Just a Bill” from School House Rock on YouTube. This video is a short demonstration of the legislative process of our government, similar to the civics course we took in school. Back then, a lecture on how a bill gets through the legislature and then to the governor for final approval may have seemed like just another teacher talking. But I have found actually following bills and working with people to make new laws is a fascinating experience.

The Nursing Commission, which is part of the executive branch of our state government, is limited by law regarding how commission members may interact with legislators. All time spent by Nursing Commission members with legislators must be recorded and submitted to the Public Disclosure Commission.

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

**House Bill 1003**

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

The new law requires immediate suspension of that individual’s license to practice by the Nursing Commission. That individual must not care for minors or vulnerable adults until the disciplinary proceedings are complete. This law becomes effective January 1, 2014.

**Substitute House Bill 1182**

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

**Substitute House Bill 1343**

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

**Engrossed Substitute House Bill 1381**

The Nursing Commission is the disciplinary authority for licensed practical nurses, registered nurses, advanced registered nurse practitioners, and nursing technicians. This authority means that members of the Nursing Commission make disciplinary decisions on nursing licenses. The Secretary of Health is the disciplinary authority for many professions in Washington.
During the 2013 legislative session, the Nursing Commission studied and participated in many bills affecting nursing regulation.

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

Second Substitute House Bill 1518

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

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

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

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

Substitute House Bill 1541

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

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

continued on page 10
the premises when the student needs the nasal spray medication, the medication may be administered by a trained school employee or Parent Designated Adult (PDA). After the nasal spray (that is a legend drug or controlled substance) is administered by the school employee or the PDA, emergency medical assistance must be notified as soon as practicable.

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

Senate Bill 5092

On January 1, 2014, the Nursing Commission will begin to audit nurses to assure compliance with the requirements for continuing competency. The Nursing Commission requires every licensed practical nurse and registered nurse to have 531 hours of active practice and 45 hours of continuing education every three years. Senate Bill 5092 allows registered nurses who are advancing their nursing education an exemption from the continuing competency requirements. The law requires the Nursing Commission to write rules on continuing competency and allows the Nursing Commission to provide other exemptions.

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

Engrossed Senate Bill 5104

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

Substitute Senate Bill 5416

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

REFERENCES:

NEW MEDICAL ASSISTANT LAW

EFFECTIVE JULY 1, 2013

The 2012 Legislature passed a bill that creates four medical assistant credentials in Washington State: medical assistant-certified, medical assistant-registered, medical assistant-phlebotomist, and medical assistant-hemodialysis technician. Coded as chapter 18.360 RCW, this law is effective July 1, 2013. These new medical assistant credentials will replace existing health care assistant certifications. The Department of Health will not issue health care assistant credentials after July 1, 2013. Medical assistants may be supervised by allopathic physicians, osteopathic physicians, podiatric physicians, allopathic physician assistants, osteopathic physician assistants, advanced registered nurse practitioners, naturopaths, optometrists, and registered nurses.

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

The Bellevue College RN to BSN program builds upon the academic foundations and experience of the Associate Degree prepared nurse. The basic foundation of the RN to BSN program is the Essentials of Baccalaureate Education in Nursing. The RN to BSN program enhances professional values and role development, scholarly inquiry, leadership, communication skills, health information technology and community and public health. This prepares graduates to be managers of care, providers of care and active members of the profession.

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

Why Bellevue College?

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

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

FOR MORE INFORMATION:

Check out our website at http://bellevuecollege.edu/health/rtobsn/
You can also stop by and visit or give us a call at (425) 564-2012. We are located in R130 at the Bellevue College Main campus, 3000 Landerholm Circle SE, Bellevue, WA 98007
http://bellevuecollege.edu

BC reaffirms its policy of equal opportunity regardless of race, color, creed, religion, national origin, sex, sexual orientation including gender identity or expression, age, marital or family status, disability, or status as a disabled veteran or Vietnam-era veteran, in accordance with college policy and applicable federal and state statutes and regulations. BC is committed to providing access and reasonable accommodation in its services, programs, activities and education for individuals with disabilities. To request disability accommodation in the application process contact the Disability Resource Center at: Voice (425) 564-2486; TTY (425) 564-4110; Fax (425) 564-4138; E-mail drc@bellevuecollege.edu.
The last time you heard from us, we wrote about the investigative process and explained the steps an investigator takes to gather records, statements, and other necessary information to support or refute allegations presented in the complaint. The Nursing Commission opened a little over 600 complaints to investigation in 2012, a number which represents fewer than six percent of the licensed nurses in Washington. You may have never experienced the process or known someone who was the subject of an investigation.

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

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

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

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

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

During the RCM and staff attorney review process, either may request additional information from the investigative unit. When the RCM believes he or she has all the necessary relevant facts, the RCM presents the case to a panel of decision makers, which consists of a minimum of three Nursing Commission members. The staff attorney also serves on the panel for the purpose of explaining the law and answering questions for the panel. The panel discusses the case in order to determine how the case should be resolved. The panel may close the case at this time for these reasons:

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

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

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

A Statement of Charges (SOC) is a formal action issued when the conduct is too egregious to settle through informal disposition, the nurse contests a Statement of Allegations, or the nurse cannot reach an agreement on resolution by means of a STID. Sanctions can be as severe as permanent revocation of the nurse’s license. Commission staff schedule hearing proceedings before a health law judge and an assistant attorney general serves as the prosecutor. The judge sits with a panel of three commission members who hear the case, including evidence and testimony presented by both sides. Parties can continue to negotiate a settlement up to the date of the hearing. The decision of the panel when a health law judge hears a case is final and cannot be further negotiated. The nurse has the right to request reconsideration or a judicial review of the order.

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

### Take Courses at the Time and Place Most Convenient for You.

Avoiding Toxic Trespass: Incorporating an Environmental Assessment into Your Practice • Continuing Competency • Grassroots Political and Legislative Action • Guidelines for the Registered Nurse in Giving, Accepting, or Rejecting an Assignment • Introduction to Faith Community Nursing • Nurse Practice Act and ARNPs • Protecting Nurses as a Valuable Resource: Washington State’s Safe Patient Handling Law • Quality of Care, Nurses’ Work Schedules, and Fatigue • Recognizing and Treating the Impaired Nurse • Safe Staffing • Transformational Leadership for Direct Care Nurses • Washington State Nurse Practice Act for RNs • Violence in the Workplace • Washington State Nurse Practice Act for RNs

Start, stop, and re-start your reading where you left off if you cannot complete the course in one sitting • Upon passing a course, print your CNE contact hour certificate immediately • Keep a record of the courses you’ve completed through WSNA online CNE for up to seven years

Have you been wondering what you need to do to comply with the continued competency requirements? Nurses, RNs and LPNs with active licenses in 2011 will be required to meet requirements by their birthday in 2014. Check out our newly updated frequently asked questions (FAQs): [http://www.doh.wa.gov/LicensesPermitsandCertificates/NursingCommission/Continuing-Competency/FrequentlyAsked-QuestionsFAQ.aspx](http://www.doh.wa.gov/LicensesPermitsandCertificates/NursingCommission/Continuing-Competency/FrequentlyAsked-QuestionsFAQ.aspx)
Protecting the public of Washington State is the chief task of the Nursing Care Quality Assurance Commission (NCQAC). One of the ways the Nursing Commission achieves this objective is by overseeing discipline and sanctioning of nurses. The Nursing Commission receives approximately 33 LPN, 100 RN and 15 Advanced Registered Nurse Practitioner (ARNP) complaints a month. Complaints come from patients, colleagues, supervisors, and families. The nurse's name is hidden when the complaint is reviewed. A panel of three commission members reviews complaints on a weekly basis. If the panel determines that the complaint warrants investigation, a commission investigator thoroughly investigates the complaint.

The nurse investigator carefully gathers source documents and information from the person who filed the complaint, the nurse charged with the complaint, and others involved in the case. The commission’s investigative unit sends the completed investigative report to a commission reviewing member who works collaboratively with a staff attorney to review the information collected. The reviewing commission member then presents the case, without revealing the name of the nurse, to a charging panel made up of other commission members. Based on the data, the charging panel decides if a violation occurred. If the charging panel decides that a violation occurred, sanctioning standards provide parameters to decide the appropriate sanction.

In an attempt to standardize the conditions associated with RN and LPN nursing violations, the commission adopted RN and LPN sanctioning guidelines in the spring of 2003. Washington State was one of the first states in the United States to...
The ARNP sanctioning guidelines assist reviewing commission members, charging panels, and attorneys in making fair and appropriate decisions when actions need to be taken against an ARNP license to assure safe practice.

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

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

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

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

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

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

The Clinical Passport today represents both an achievement and best practice. In use by 33 nursing programs and 34 hospitals throughout Washington State and Northern Idaho, the Passport promotes efficiency and patient safety; provides appropriate protection for the student; and improves community well-being. Committed to a shared vision, this group of nurse educators and health care partners continue to collaborate in efforts to optimize the clinical learning experience for students, clinical instructors, staff registered nurses, and patients, thereby improving health care for the residents of Washington and Idaho. Future goals will be ongoing collaboration to standardize additional onboarding requirements, seek efficiencies that promote safety, and share best practices to optimize the clinical learning environment.
What’s Happening in the Nation for Advanced Practice?  
A Summary of the April 9, 2013, APRN Roundtable

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

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

**Consistency**

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

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

**Legislation:** A new NCSBN staff specialist is tracking state and national legislation. The staff member keeps track of all of the legislation that either advances or limits implementation of the APRN Consensus Model across US jurisdictions. This process assists states in consulting with one another on helpful strategies. Figure 1 and Table 1 display the type of information collected.

**Accreditation:** All states are working on graduate education and certifications meeting national accrediting standards. National accrediting bodies assure high quality standards in educational programs. Accredited exams must meet quality standards that fit
the expertise needed for either general or specialty advanced practice.

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

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

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

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

Graduate Education Partnerships

Two partnerships, described at the Roundtable, are in place to enhance the education of more advanced practice nurses. The first is a project focusing on education and support of preceptors. A program of preceptor training resulted in major growth in numbers of APRN placements continued on page 18
The Nursing Commission in Washington State voted to support the APRN Consensus Model. Elements needing alignment with the model include recognition of clinical nurse specialists under the umbrella of advanced practice, and title consistency with the model. All other elements of the model are in place for advanced practice in Washington State.

For more information, please email Martha Worcester at martha.worchester@doh.wa.gov.
The following is a list of licensure actions taken between January 1, 2012, and December 31, 2012.

<table>
<thead>
<tr>
<th>LICENSEE</th>
<th>DATE OF ACTION</th>
<th>ACTION</th>
<th>VIOLATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eddy, Randal M., LPN</td>
<td>01/06/12</td>
<td>Suspension</td>
<td>Alcohol and Other Substance Abuse: Criminal Conviction</td>
</tr>
<tr>
<td>Trupp, Christine C., RN</td>
<td>01/09/12</td>
<td>Suspension</td>
<td>License Disciplinary Action Taken by a Federal, State, or Local Licensing Authority</td>
</tr>
<tr>
<td>Herington, Jay T., LPN</td>
<td>01/11/12</td>
<td>Suspension</td>
<td>Violation of or Failure to Comply with Licensing Board Order</td>
</tr>
<tr>
<td>Ham, Lisel N., RN</td>
<td>01/12/12</td>
<td>Suspension</td>
<td>License Disciplinary Action Taken by a Federal, State, or Local Licensing Authority</td>
</tr>
<tr>
<td>Channel, Nicole M., RN</td>
<td>01/12/12</td>
<td>Suspension</td>
<td>Narcotics Violation</td>
</tr>
<tr>
<td>Pryce, Susan I., RN</td>
<td>01/17/12</td>
<td>Suspension</td>
<td>Violation of or Failure to Comply with Licensing Board Order</td>
</tr>
<tr>
<td>Wright, Collee J., RN</td>
<td>01/26/12</td>
<td>Suspension</td>
<td>Alcohol and Other Substance Abuse; Diversion of Controlled Substance; Violation of Federal or State Statutes, Regulations or Rules</td>
</tr>
<tr>
<td>Ponton, Tina J., LPN</td>
<td>01/26/12</td>
<td>Suspension</td>
<td>Narcotics Violation or Other Violation of Drug Statutes; Unable to Practice Safely by Reason of Alcohol or Other Substance Abuse; Violation of Federal or State Statutes, Regulations or Rules</td>
</tr>
<tr>
<td>Hill, Krista L., RN</td>
<td>01/26/12</td>
<td>Suspension</td>
<td>Fraud – Unspecified; Unprofessional Conduct</td>
</tr>
<tr>
<td>Pepin-Donat, Derelle R., RN</td>
<td>01/26/12</td>
<td>Suspension</td>
<td>Narcotics Violation</td>
</tr>
<tr>
<td>Remsing, Karen S., RN</td>
<td>01/30/12</td>
<td>Suspension</td>
<td>Alcohol and Other Substance Abuse</td>
</tr>
<tr>
<td>Nelson, Jo D., LPN</td>
<td>02/03/12</td>
<td>Suspension</td>
<td>Alcohol and Other Substance Abuse: Criminal Conviction; Violation of Federal or State Statutes, Regulations or Rules</td>
</tr>
<tr>
<td>Kinnaman, David L., LPN</td>
<td>02/03/12</td>
<td>Revelation</td>
<td>Sexual Misconduct; Violation of Federal or State Statutes, Regulations or Rules</td>
</tr>
<tr>
<td>Zapf, Cindy S., RN</td>
<td>02/03/12</td>
<td>Suspension</td>
<td>License Disciplinary Action Taken by a Federal, State, or Local Licensing Authority</td>
</tr>
<tr>
<td>Bocot, Jil E., RN</td>
<td>02/06/12</td>
<td>Suspension</td>
<td>Violation of or Failure to Comply with Licensing Board Order</td>
</tr>
<tr>
<td>Edwards, Laura C., RN</td>
<td>02/06/12</td>
<td>Monitor</td>
<td>Alcohol and Other Substance Abuse; Diversion of Controlled Substance</td>
</tr>
<tr>
<td>Yost, Beth V., RN</td>
<td>02/06/12</td>
<td>Probation</td>
<td>Practicing Beyond the Scope of Practice; Violation of Federal or State Statutes, Regulations or Rules</td>
</tr>
<tr>
<td>Sarvis, Samuel J., IV, RN</td>
<td>02/06/12</td>
<td>Suspension</td>
<td>Failure to Cooperate with the Disciplining Authority; Misrepresentation of Credentials; Violation of Federal or State Statutes, Regulations or Rules</td>
</tr>
<tr>
<td>Emshwiller, Maya G., ARNP</td>
<td>02/06/12</td>
<td>Suspension</td>
<td>License Disciplinary Action Taken by a Federal, State, or Local Licensing Authority</td>
</tr>
<tr>
<td>Emshwiller, Maya G., RN</td>
<td>02/06/12</td>
<td>Suspension</td>
<td>License Disciplinary Action Taken by a Federal, State, or Local Licensing Authority</td>
</tr>
<tr>
<td>Stake, Robin K., RN</td>
<td>02/06/12</td>
<td>Suspension</td>
<td>Violation of or Failure to Comply with Licensing Board Order</td>
</tr>
<tr>
<td>Pemberton, Heather K., RN</td>
<td>02/07/12</td>
<td>Suspension</td>
<td>License Disciplinary Action Taken by a Federal, State, or Local Licensing Authority</td>
</tr>
<tr>
<td>Haller, Shaylynn C., RN</td>
<td>02/13/12</td>
<td>Suspension</td>
<td>License Disciplinary Action Taken by a Federal, State, or Local Licensing Authority</td>
</tr>
<tr>
<td>Walter, Amy P</td>
<td>02/13/12</td>
<td>Monitor</td>
<td>Alcohol and Other Substance Abuse; Criminal Conviction</td>
</tr>
<tr>
<td>Goudie, Rhonda R., RN</td>
<td>02/27/12</td>
<td>Suspension</td>
<td>Criminal Conviction; Exploiting a Patient for Financial Gain; Violation of Federal or State Statutes, Regulations or Rules</td>
</tr>
<tr>
<td>Durst, Ann N., RN</td>
<td>03/02/12</td>
<td>Suspension</td>
<td>Violation of or Failure to Comply with Licensing Board Order</td>
</tr>
<tr>
<td>Smith, David A., RN</td>
<td>03/02/12</td>
<td>Suspension</td>
<td>Alcohol and Other Substance Abuse; Practicing Beyond the Scope of Practice; Violation of Federal or State Statutes, Regulations or Rules</td>
</tr>
<tr>
<td>Offer, Bryan J., LPN</td>
<td>03/09/12</td>
<td>Monitor</td>
<td>Alcohol and Other Substance Abuse; Criminal Conviction</td>
</tr>
<tr>
<td>Pilon, Tera J., RN</td>
<td>03/26/12</td>
<td>Suspension</td>
<td>Violation of or Failure to Comply with Licensing Board Order</td>
</tr>
<tr>
<td>Bliss, Julie A., RN</td>
<td>03/27/12</td>
<td>Suspension</td>
<td>Violation of or Failure to Comply with Licensing Board Order</td>
</tr>
<tr>
<td>Few, Melissa M., RN</td>
<td>03/27/12</td>
<td>Suspension</td>
<td>Alcohol and Other Substance Abuse: Failure to Cooperate with the Disciplining Authority</td>
</tr>
<tr>
<td>Brinkley, Aimes P., III, LPN</td>
<td>04/06/12</td>
<td>Probation</td>
<td>Practicing Beyond the Scope of Practice</td>
</tr>
<tr>
<td>Couper, Teresa M., RN</td>
<td>04/06/12</td>
<td>Monitor</td>
<td>Violation of Federal or State Statutes, Regulations or Rules</td>
</tr>
<tr>
<td>Revels, Craig W., RN</td>
<td>04/06/12</td>
<td>Monitor</td>
<td>License Disciplinary Action Taken by a Federal, State, or Local Licensing Authority</td>
</tr>
<tr>
<td>Kelly-Walsh, Mary C., LPN</td>
<td>04/06/12</td>
<td>Suspension</td>
<td>Violation of or Failure to Comply with Licensing Board Order</td>
</tr>
<tr>
<td>Knoll, Annette M., RN</td>
<td>04/06/12</td>
<td>Suspension</td>
<td>License Disciplinary Action Taken by a Federal, State, or Local Licensing Authority</td>
</tr>
<tr>
<td>Hendrickson, Tanya K., RN</td>
<td>04/06/12</td>
<td>Suspension</td>
<td>Narcotics Violation; Violation of Federal or State Statutes, Regulations or Rules</td>
</tr>
<tr>
<td>Fast, Elaine B., LPN</td>
<td>04/06/12</td>
<td>Suspension</td>
<td>Violation of or Failure to Comply with Licensing Board Order</td>
</tr>
<tr>
<td>Dalton, Sandra L., RN</td>
<td>04/06/12</td>
<td>Suspension</td>
<td>Unable to Practice Safely by Reason of Psychological Impairment or Mental Disorder</td>
</tr>
<tr>
<td>Anthony-Coleman, Laktia L., LPN</td>
<td>04/13/12</td>
<td>Suspension</td>
<td>License Disciplinary Action Taken by a Federal, State, or Local Licensing Authority</td>
</tr>
<tr>
<td>Bell, Paulette M., RN</td>
<td>04/13/12</td>
<td>Suspension</td>
<td>License Disciplinary Action Taken by a Federal, State, or Local Licensing Authority</td>
</tr>
<tr>
<td>Wolford, Jennifer L., RN</td>
<td>04/16/12</td>
<td>RN licensure denied</td>
<td>License Disciplinary Action Taken by a Federal, State, or Local Licensing Authority</td>
</tr>
<tr>
<td>Creshaw, Daniele M., LPN</td>
<td>04/18/12</td>
<td>Suspension</td>
<td>Criminal Conviction</td>
</tr>
<tr>
<td>Johnson, Anita M.</td>
<td>04/23/12</td>
<td>LPN licensure denied</td>
<td>Fraud, Deceit or Material Omission in Obtaining License or Credentials</td>
</tr>
<tr>
<td>Withey, Carrie A., RN</td>
<td>04/23/12</td>
<td>Suspension</td>
<td>License Disciplinary Action Taken by a Federal, State, or Local Licensing Authority</td>
</tr>
<tr>
<td>Morris, Mariya L, RN</td>
<td>04/24/12</td>
<td>Suspension</td>
<td>License Disciplinary Action Taken by a Federal, State, or Local Licensing Authority</td>
</tr>
<tr>
<td>Krutenat, Robert A., RN</td>
<td>04/27/12</td>
<td>Monitor</td>
<td>Alcohol and Other Substance Abuse; Narcotics Violation; Violation of Federal or State Statutes, Regulations or Rules</td>
</tr>
<tr>
<td>Hendricks, Natalie A., RN</td>
<td>04/27/12</td>
<td>Monitor</td>
<td>Practicing Without a Valid License</td>
</tr>
<tr>
<td>Raap, Betsy A., LPN</td>
<td>04/27/12</td>
<td>Voluntary surrender</td>
<td>Narcotics Violation; Violation of Federal or State Statutes, Regulations or Rules</td>
</tr>
<tr>
<td>Raap, Betsy A., RN</td>
<td>04/27/12</td>
<td>Voluntary surrender</td>
<td>Narcotics Violation; Violation of Federal or State Statutes, Regulations or Rules</td>
</tr>
<tr>
<td>Vilkuuskas, John E., LPN</td>
<td>04/27/12</td>
<td>Suspension</td>
<td>Incompetence; Violation of Federal or State Statutes, Regulations or Rules</td>
</tr>
<tr>
<td>Patterson, Mary E., RN</td>
<td>04/27/12</td>
<td>Suspension</td>
<td>Sexual Misconduct</td>
</tr>
<tr>
<td>Delate, Mary L., RN</td>
<td>04/27/12</td>
<td>Suspension</td>
<td>Alcohol and Other Substance Abuse; Criminal Conviction</td>
</tr>
<tr>
<td>Jackson, Jolene M., RN</td>
<td>05/01/12</td>
<td>Suspension</td>
<td>Violation of Federal or State Statutes, Regulations or Rules</td>
</tr>
<tr>
<td>Gahhart, Heidi R., RN</td>
<td>05/01/12</td>
<td>RN licensure denied</td>
<td>Criminal Conviction; Failure to Cooperate with the Disciplining Authority; Fraud, Deceit or Material Omission in Obtaining License or Credentials</td>
</tr>
<tr>
<td>Tibbett, Dawn A., LPN</td>
<td>05/11/12</td>
<td>Suspension</td>
<td>Violation of or Failure to Comply with Licensing Board Order</td>
</tr>
<tr>
<td>Wooldridge, Jason D., RN</td>
<td>05/22/12</td>
<td>Suspension</td>
<td>Alcohol and Other Substance Abuse; Criminal Conviction; Violation of Federal or State Statutes, Regulations or Rules</td>
</tr>
<tr>
<td>Mogaka, Ronald L., RN</td>
<td>05/22/12</td>
<td>Suspension</td>
<td>License Disciplinary Action Taken by a Federal, State, or Local Licensing Authority</td>
</tr>
<tr>
<td>Ritter, Theodora E., Jr, ARNP</td>
<td>05/24/12</td>
<td>Limitation or restriction</td>
<td>Incompetence; Sexual Misconduct; Violation of Federal or State Statutes, Regulations or Rules</td>
</tr>
<tr>
<td>Ritter, Theodora E., Jr, RN</td>
<td>05/24/12</td>
<td>Limitation or restriction</td>
<td>Incompetence; Sexual Misconduct; Violation of Federal or State Statutes, Regulations or Rules</td>
</tr>
<tr>
<td>Waller, Steve T., LPN</td>
<td>05/24/12</td>
<td>Suspension</td>
<td>Narcotics Violation; Sexual Misconduct; Violation of Federal or State Statutes, Regulations or Rules</td>
</tr>
<tr>
<td>Licensee</td>
<td>Date of Action</td>
<td>Action</td>
<td>Violation</td>
</tr>
<tr>
<td>--------------------------</td>
<td>----------------</td>
<td>-------------------------------</td>
<td>---------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Prestine, Patrick W., RN</td>
<td>05/24/12</td>
<td>Suspension</td>
<td>License Disciplinary Action Taken by a Federal, State, or Local Licensing Authority</td>
</tr>
<tr>
<td>Coggins, Mary A., RN</td>
<td>05/29/12</td>
<td>Probation</td>
<td>Incompetence</td>
</tr>
<tr>
<td>Scarberry, Lisa K., RN</td>
<td>05/31/12</td>
<td>Monitor</td>
<td>Violation of or Failure to Comply with Licensing Board Order</td>
</tr>
<tr>
<td>Corn, Lynda K., RN</td>
<td>05/31/12</td>
<td>Suspension</td>
<td>Violation of or Failure to Comply with Licensing Board Order</td>
</tr>
<tr>
<td>Therrien, Annette E., RN</td>
<td>05/31/12</td>
<td>Voluntary surrender</td>
<td>Violation of Federal or State Statutes, Regulations or Rules</td>
</tr>
<tr>
<td>Horst, Ramona K., RN</td>
<td>06/07/12</td>
<td>Suspension</td>
<td>Incompetence; Violation of Federal or State Statutes, Regulations or Rules</td>
</tr>
<tr>
<td>Ross, Amy K., LPN</td>
<td>06/08/12</td>
<td>Suspension</td>
<td>Alcohol And Other Substance Abuse; Criminal Conviction; Violation of Federal or State Statutes, Regulations or Rules</td>
</tr>
<tr>
<td>Storms, Tammy J., RN</td>
<td>06/08/12</td>
<td>Suspension</td>
<td>Alcohol And Other Substance Abuse; Violation of or Failure to Comply with Licensing Board Order</td>
</tr>
<tr>
<td>Battle, Stephanie R., RN</td>
<td>06/12/12</td>
<td>Suspension</td>
<td>License Disciplinary Action By A Federal, State, Or Local Licensing Authority</td>
</tr>
<tr>
<td>Yu, Vincent T., RN</td>
<td>06/12/12</td>
<td>Suspension</td>
<td>Sexual Misconduct; Violation of Federal or State Statutes, Regulations or Rules</td>
</tr>
<tr>
<td>Verzuz-Swadberg, Astrid V</td>
<td>06/12/12</td>
<td>RN License denied</td>
<td>Failure to Meet Licensing Board Reporting Requirements</td>
</tr>
<tr>
<td>Farmer, Catharine J., RN</td>
<td>06/21/12</td>
<td>Monitor</td>
<td>Violation of or Failure to Comply with Licensing Board Order</td>
</tr>
<tr>
<td>Meyer, Amber N., RN</td>
<td>06/21/12</td>
<td>Suspension</td>
<td>Alcohol and Other Substance Abuse; Criminal Conviction; Violation of Federal or State Statutes, Regulations or Rules</td>
</tr>
<tr>
<td>Watson, Lindsay C., RN</td>
<td>06/21/12</td>
<td>Suspension</td>
<td>Alcohol and Other Substance Abuse; Criminal Conviction</td>
</tr>
<tr>
<td>McGraw, James C., RN</td>
<td>06/21/12</td>
<td>Reprimand</td>
<td>Non-Sexual Dual Relationship or Boundary Violation; Violation of Federal or State Statutes, Regulations or Rules</td>
</tr>
<tr>
<td>Well, Dominique M., RN</td>
<td>06/22/12</td>
<td>Monitor</td>
<td>Violation of or Failure to Comply with Licensing Board Order</td>
</tr>
<tr>
<td>Well, Dominique M., ARNP</td>
<td>06/22/12</td>
<td>Monitor</td>
<td>Violation of or Failure to Comply with Licensing Board Order</td>
</tr>
<tr>
<td>Baumer, Ute A., RN</td>
<td>06/22/12</td>
<td>Suspension</td>
<td>Criminal Conviction</td>
</tr>
<tr>
<td>Miller, Alison M., LPN</td>
<td>06/22/12</td>
<td>Suspension</td>
<td>Criminal Conviction; Violation of Federal or State Statutes, Regulations or Rules</td>
</tr>
<tr>
<td>Welna, Theresa M., RN</td>
<td>06/22/12</td>
<td>Suspension</td>
<td>License Disciplinary Action Taken by a Federal, State, or Local Licensing Authority</td>
</tr>
<tr>
<td>Bouvette, Karla J., RN</td>
<td>07/06/12</td>
<td>Suspension</td>
<td>Violation of or Failure to Comply with Licensing Board Order</td>
</tr>
<tr>
<td>Kaschmitter, Angela M., RN</td>
<td>07/06/12</td>
<td>Suspension</td>
<td>License Disciplinary Action Taken by a Federal, State, or Local Licensing Authority</td>
</tr>
<tr>
<td>Thorpe, Jessica L., RN</td>
<td>07/06/12</td>
<td>Suspension</td>
<td>Alcohol and Other Substance Abuse; Failure to Cooperate with the Disciplining authority</td>
</tr>
<tr>
<td>Parish, Jerie E., RN</td>
<td>07/06/12</td>
<td>Suspension</td>
<td>License Disciplinary Action Taken by a Federal, State, or Local Licensing Authority</td>
</tr>
<tr>
<td>Love, Joni D., RN</td>
<td>07/06/12</td>
<td>Suspension</td>
<td>License Disciplinary Action Taken by a Federal, State, or Local Licensing Authority</td>
</tr>
<tr>
<td>Grossman, Nancy A., RN</td>
<td>07/12/12</td>
<td>Suspension</td>
<td>Violation of or Failure to Comply with Licensing Board Order</td>
</tr>
<tr>
<td>Weinzierm-Kirk, Linda C., RN</td>
<td>07/20/12</td>
<td>Suspension</td>
<td>Filing False Reports or Falsifying Records; Violation of Federal or State Statutes, Regulations or Rules</td>
</tr>
<tr>
<td>Cruz, Flor D., RN</td>
<td>07/30/12</td>
<td>Probation</td>
<td>Incompetence; Violation of Federal or State Statutes, Regulations or Rules</td>
</tr>
<tr>
<td>Taylor, Susan M., RN</td>
<td>07/30/12</td>
<td>Monitor</td>
<td>Violation of or Failure to Comply with Licensing Board Order</td>
</tr>
<tr>
<td>Ridgley, Charity A., RN</td>
<td>07/30/12</td>
<td>Monitor</td>
<td>Violation of or Failure to Comply with Licensing Board Order</td>
</tr>
<tr>
<td>Taylor, Christian F., LPN</td>
<td>07/30/12</td>
<td>Suspension</td>
<td>Criminal Conviction</td>
</tr>
<tr>
<td>Taylor, Christian F., RN</td>
<td>07/30/12</td>
<td>Suspension</td>
<td>Criminal Conviction</td>
</tr>
<tr>
<td>Sargent, Jennifer K., LPN</td>
<td>07/30/12</td>
<td>Suspension</td>
<td>Violation of or Failure to Comply with Licensing Board Order</td>
</tr>
<tr>
<td>Lynch, Peggy J., RN</td>
<td>07/31/12</td>
<td>Suspension</td>
<td>Alcohol and Other Substance Abuse; Failure to Cooperate with the Disciplining authority</td>
</tr>
<tr>
<td>Thomas, Victoria A., LPN</td>
<td>07/31/12</td>
<td>Suspension</td>
<td>Unable to Practice Safety by Reason of Psychological Impairment or Mental Disorder</td>
</tr>
<tr>
<td>Cooke, Beverly A., RN</td>
<td>07/31/12</td>
<td>Suspension</td>
<td>Alcohol and Other Substance Abuse</td>
</tr>
<tr>
<td>McCormack, Ann M., RN</td>
<td>07/31/12</td>
<td>Suspension</td>
<td>License Disciplinary Action Taken by a Federal, State, or Local Licensing Authority</td>
</tr>
<tr>
<td>Clark, Suzanne M., LPN</td>
<td>08/01/12</td>
<td>Suspension</td>
<td>Violation of or Failure to Comply with Licensing Board Order</td>
</tr>
<tr>
<td>Schwab, Crystal L., RN</td>
<td>08/01/12</td>
<td>Monitor</td>
<td>Violation of or Failure to Comply with Licensing Board Order</td>
</tr>
<tr>
<td>Lopez, Deborah A., LPN</td>
<td>08/06/12</td>
<td>Suspension</td>
<td>License Disciplinary Action Taken by a Federal, State, or Local Licensing Authority</td>
</tr>
<tr>
<td>Zulli, Julianne E., RN</td>
<td>08/06/12</td>
<td>Suspension</td>
<td>License Disciplinary Action Taken by a Federal, State, or Local Licensing Authority</td>
</tr>
<tr>
<td>Piano, Noreen T., RN</td>
<td>08/24/12</td>
<td>Suspension</td>
<td>Alcohol and Other Substance Abuse; Violation of Federal or State Statutes, Regulations or Rules</td>
</tr>
<tr>
<td>Martinez, Kimberly K., LPN</td>
<td>08/29/12</td>
<td>Suspension</td>
<td>Violation of or Failure to Comply with Licensing Board Order</td>
</tr>
<tr>
<td>Hilker, Sharon E., LPN</td>
<td>09/10/12</td>
<td>Suspension</td>
<td>Narcotics Violation or Other Violation of Drug Statutes</td>
</tr>
<tr>
<td>Cothorn, Connie J., RN</td>
<td>09/10/12</td>
<td>Suspension</td>
<td>Failure to Cooperate with the Disciplining authority</td>
</tr>
<tr>
<td>McGonagle, Margaret A., RN</td>
<td>09/10/12</td>
<td>Suspension</td>
<td>License Disciplinary Action Taken by a Federal, State, or Local Licensing Authority</td>
</tr>
<tr>
<td>Bellhards-Sanchez, Kathleen A., RN</td>
<td>09/11/12</td>
<td>Suspension</td>
<td>License Disciplinary Action Taken by a Federal, State, or Local Licensing Authority</td>
</tr>
<tr>
<td>Cham, Mamat, LPN</td>
<td>09/17/12</td>
<td>Probation</td>
<td>Violation of Federal or State Statutes, Regulations or Rules</td>
</tr>
<tr>
<td>Kurkov, Kristie V., RN</td>
<td>09/18/12</td>
<td>Voluntary Surrender</td>
<td>Patient Abuse; Sexual Misconduct</td>
</tr>
<tr>
<td>Keen, Rebecca E., RN</td>
<td>09/19/12</td>
<td>Probation</td>
<td>License Disciplinary Action Taken by a Federal, State, or Local Licensing Authority</td>
</tr>
<tr>
<td>Hartsell, Christina M., RN</td>
<td>09/20/12</td>
<td>Suspension</td>
<td>Narcotics Violation or Other Violation of Drug Statutes; Violation of Federal or State Statutes, Regulations or Rules</td>
</tr>
<tr>
<td>Deering, Diana, RN</td>
<td>09/24/12</td>
<td>Probation</td>
<td>Negligence; Violation of Federal or State Statutes, Regulations or Rules</td>
</tr>
<tr>
<td>Langholz, Michele A., RN</td>
<td>09/25/12</td>
<td>Suspension</td>
<td>Alcohol and Other Substance Abuse; Diversion of Controlled Substance</td>
</tr>
<tr>
<td>Eskridge, Michele I., RN</td>
<td>9/25/12</td>
<td>Suspension</td>
<td>Fraud – Unspecified; Negligence; Violation of Federal or State Statutes, Regulations or Rules</td>
</tr>
<tr>
<td>Ervin, Catherine M., LPN</td>
<td>09/26/12</td>
<td>Monitor</td>
<td>Incompetence; Violation of Federal or State Statutes, Regulations or Rules</td>
</tr>
<tr>
<td>Hoffman, Rhona J., RN</td>
<td>09/26/12</td>
<td>Monitor</td>
<td>Practicing Without a Valid License</td>
</tr>
<tr>
<td>Wardian, Sara L., RN</td>
<td>09/26/12</td>
<td>Monitor</td>
<td>Diversion of Controlled Substance; Narcotics Violation or Other Violation of Drug Statutes</td>
</tr>
<tr>
<td>Hamenway, Denise M., LPN</td>
<td>09/27/12</td>
<td>Probation</td>
<td>Error in Prescribing, Dispensing or Administering Medication; Negligence</td>
</tr>
<tr>
<td>Foster, Kathryn S., RN</td>
<td>09/27/12</td>
<td>monitor</td>
<td>Violation of or Failure to Comply with Licensing Board Order</td>
</tr>
<tr>
<td>Benson, Ronni M., LPN</td>
<td>09/27/12</td>
<td>Voluntary Surrender</td>
<td>Violation of or Failure to Comply with Licensing Board Order</td>
</tr>
<tr>
<td>Holguin, Jill L., LPN</td>
<td>09/27/12</td>
<td>Suspension</td>
<td>Error in Prescribing, Dispensing or Administering Medication; Negligence; Violation of Federal or State Statutes, Regulations or Rules</td>
</tr>
<tr>
<td>Junt, Tamira J., RN</td>
<td>09/27/12</td>
<td>Suspension</td>
<td>Negligence; Violation of Federal or State Statutes, Regulations or Rules</td>
</tr>
<tr>
<td>Ries, Aaron A., RN</td>
<td>09/28/12</td>
<td>Monitor</td>
<td>Narcotics Violation</td>
</tr>
<tr>
<td>Benjestorf, Leif S., RN</td>
<td>10/01/12</td>
<td>Probation</td>
<td>Non-Sexual Dual Relationship or Boundary Violation; Violation of Federal or State Statutes, Regulations or Rules</td>
</tr>
<tr>
<td>Benjestorf, Leif S., ARNP</td>
<td>10/01/12</td>
<td>Probation</td>
<td>Non-Sexual Dual Relationship or Boundary Violation; Violation of Federal or State Statutes, Regulations or Rules</td>
</tr>
<tr>
<td>Bigley, Karla A., RN</td>
<td>10/09/12</td>
<td>Suspension</td>
<td>Violation of or Failure to Comply with Licensing Board Order</td>
</tr>
<tr>
<td>Asari, Deborah M., RN</td>
<td>10/09/12</td>
<td>Suspension</td>
<td>Violation of or Failure to Comply with Licensing Board Order</td>
</tr>
<tr>
<td>Lickar, Steven E., RN</td>
<td>10/09/12</td>
<td>Monitor</td>
<td>Practicing Without a Valid License; Violation of Federal or State Statutes, Regulations or Rules</td>
</tr>
<tr>
<td>Williamson, Patricia A., LPN</td>
<td>10/09/12</td>
<td>Suspension</td>
<td>Unable to Practice Safety by Reason of Physical Illness or Impairment; Unable to Practice Safety by Reason of Psychological Impairment or Mental Disorder</td>
</tr>
<tr>
<td>Drammeh, Aliyu, RN</td>
<td>10/09/12</td>
<td>Revocation</td>
<td>License Revocation by a Federal, State or Local Licensing Authority; Violation of Federal or State Statutes, Regulations or Rules; Violation of or Failure to Comply with Licensing Board Order</td>
</tr>
<tr>
<td>Rhodes, Janet M., LPN</td>
<td>10/12/12</td>
<td>Suspension</td>
<td>Violation of Federal or State Statutes, Regulations or Rules</td>
</tr>
<tr>
<td>LICENSEE</td>
<td>DATE OF ACTION</td>
<td>ACTION</td>
<td>VIOLATION</td>
</tr>
<tr>
<td>-------------------</td>
<td>----------------</td>
<td>-------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Little, Sean G., LPN</td>
<td>10/25/12</td>
<td>Monitor</td>
<td>Alcohol and Other Substance Abuse; Diversion of Controlled Substance; Narcotics Violation or Other Violation of Drug Statutes; Unprofessional Conduct; Violation of Federal or State Statutes, Regulations or Rules</td>
</tr>
<tr>
<td>Crampton, Stacy L., RN</td>
<td>10/25/12</td>
<td>Voluntary Surrender</td>
<td>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</td>
</tr>
<tr>
<td>Zachara, Heather R., RN</td>
<td>10/25/12</td>
<td>Suspension</td>
<td>Violation of or Failure to Comply with Licensing Board Order</td>
</tr>
<tr>
<td>Hadley, Virginia S., RN</td>
<td>10/26/12</td>
<td>Probation</td>
<td>Incompetence; Negligence; Violation of Federal or State Statutes, Regulations or Rules</td>
</tr>
<tr>
<td>Mc Whorter, Valerie A., RN</td>
<td>10/26/12</td>
<td>Suspension</td>
<td>Failure to Maintain Records or Provide Medical, Financial, Other Requirement Information; Negligence; Violation of Federal or State Statutes, Regulations or Rules</td>
</tr>
<tr>
<td>Dunn, Teresa, RN</td>
<td>10/26/12</td>
<td>Suspension</td>
<td>Violation of or Failure to Comply with Licensing Board Order</td>
</tr>
<tr>
<td>McVay, Laurie K., RN</td>
<td>10/26/12</td>
<td>Suspension</td>
<td>Alcohol and Other Substance Abuse; Failure to Cooperate with the Disciplining authority; Narcotics Violation; Negligence; Violation of Federal or State Statutes, Regulations or Rules</td>
</tr>
<tr>
<td>Settle, Alysse A., RN</td>
<td>10/26/12</td>
<td>Suspension</td>
<td>Alcohol and Other Substance Abuse; Diversion of Controlled Substance; Fraud – Unspecified; Narcotics Violation or Other Violation of Drug Statutes; Negligence; Patient Abandonment; Violation of Federal or State Statutes, Regulations or Rules</td>
</tr>
<tr>
<td>Ajax, Peggy E., RN</td>
<td>10/26/12</td>
<td>Suspension</td>
<td>License Suspension by a Federal, State or Local Licensing Authority</td>
</tr>
<tr>
<td>Whalawitsa, Judith C., LPN</td>
<td>10/29/12</td>
<td>Suspension</td>
<td>Negligence; Violation of Federal or State Statutes, Regulations or Rules</td>
</tr>
<tr>
<td>Campbell, Karen M., RN</td>
<td>11/15/12</td>
<td>Revocation</td>
<td>Criminal Conviction; Fraud – Unspecified</td>
</tr>
<tr>
<td>Davis, Mary J., LPN</td>
<td>11/27/12</td>
<td>Suspension</td>
<td>Violation of or Failure to Comply with Licensing Board Order</td>
</tr>
<tr>
<td>Marshall, Aaron D., LPN</td>
<td>11/27/12</td>
<td>Suspension</td>
<td>Narcotics Violation or Other Violation of Drug Statutes; Unable to Practice Safely by Reason of Alcohol or Other Substance Abuse</td>
</tr>
<tr>
<td>Marshall, Aaron D., RN</td>
<td>11/27/12</td>
<td>Suspension</td>
<td>Alcohol and Other Substance Abuse; Narcotics Violation or Other Violation of Drug Statutes</td>
</tr>
<tr>
<td>Strauch, Kellie L., RN</td>
<td>11/28/12</td>
<td>Suspension</td>
<td>Violation of or Failure to Comply with Licensing Board Order</td>
</tr>
<tr>
<td>Devor, Jo. L., LPN</td>
<td>12/05/12</td>
<td>Suspension</td>
<td>Failure to Maintain Records or Provide Medical, Financial, Other Requirement Information; Negligence; Violation of Federal or State Statutes, Regulations or Rules</td>
</tr>
<tr>
<td>Caoagdan, Zenaida R., RN</td>
<td>12/06/12</td>
<td>Probation</td>
<td>Practicing Without a Valid License; Violation of Federal or State Statutes, Regulations or Rules</td>
</tr>
<tr>
<td>Parker, Kaarenne D., RN</td>
<td>12/06/12</td>
<td>Probation</td>
<td>Practicing Without a Valid License; Violation of Federal or State Statutes, Regulations or Rules; Failure to Comply with Licensing Board Order</td>
</tr>
<tr>
<td>Nash, Victoria A., RN</td>
<td>12/06/12</td>
<td>Suspension</td>
<td>Alcohol and Other Substance Abuse; Violation of Federal or State Statutes, Regulations or Rules</td>
</tr>
<tr>
<td>Zabiski, Mary J., RN</td>
<td>12/06/12</td>
<td>Suspension</td>
<td>Breach of Confidentiality; Fraud – Unspecified; Negligence; Practicing Beyond the Scope of Practice; Violation of Federal or State Statutes, Regulations or Rules</td>
</tr>
<tr>
<td>Campbell, Maribeth K., RN</td>
<td>12/07/12</td>
<td>Suspension</td>
<td>Failure to Cooperate with the Disciplining authority; Negligence; Violation of Federal or State Statutes, Regulations or Rules</td>
</tr>
<tr>
<td>Kraft, Bridgett B., RN</td>
<td>12/10/12</td>
<td>Probation</td>
<td>Negligence; Violation of Federal or State Statutes, Regulations or Rules</td>
</tr>
<tr>
<td>Kraft, Bridgett B., ARNP</td>
<td>12/10/12</td>
<td>Probation</td>
<td>Negligence; Violation of Federal or State Statutes, Regulations or Rules</td>
</tr>
<tr>
<td>Moore, Paige M., RN</td>
<td>12/10/12</td>
<td>Suspension</td>
<td>Negligence; Violation of Federal or State Statutes, Regulations or Rules</td>
</tr>
<tr>
<td>Muigua, Leonard, LPN</td>
<td>12/13/12</td>
<td>Probation</td>
<td>Negligence; Patient Abuse</td>
</tr>
<tr>
<td>Muigua, Leonard, RN</td>
<td>12/13/12</td>
<td>Probation</td>
<td>Negligence; Patient Abuse</td>
</tr>
<tr>
<td>Witte, Joanne H., LPN</td>
<td>12/14/12</td>
<td>Suspension</td>
<td>Failure to Cooperate with the Disciplining authority</td>
</tr>
<tr>
<td>Perry, Kimberly M., RN</td>
<td>12/14/12</td>
<td>Suspension</td>
<td>Violation of or Failure to Comply with Licensing Board Order</td>
</tr>
</tbody>
</table>

---

**IT’S A BIG WORLD. LET’S HELP HEAL IT. NURSING: ONLINE**

**Enrolling Now**

[online.gonzaga.edu](http://online.gonzaga.edu)

---

**Robust academics.**

**Relationship-centered learning.**

**Grounded in faith and values.**

---

**RN to BSN program now accepting applications for 2013–14**

**Seattle Pacific University**

Engaging the culture, changing the world®

applications: spu.edu/rn2bsn
rnbinfo@spu.edu | 206-281-2765

---

**Take Nursing to a Higher Level**

Our RN to MSN, MSN and DNP online programs help you improve patient care and advance advocacy – right from home. Our respected faculty actively work in the field, making what you learn immediately applicable to your job.

**Program Details:**

- RN to MSN, MSN, DNP programs
- 30 to 36 credits (depending on degree)
- On-campus immersions with faculty & peers
- Fall Application due: August 1, 2013
Ethical and Moral Dilemmas

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

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

To make an informed decision, we frequently use ethical theories developed by philosophers. These give us a framework in which we can then reflect on the situation and make a decision. The models involve multiple participants such as other nurses, physicians, patients, family members, and other care providers. It is clear that nursing practice does not take place in a vacuum and is not solely the responsibility of the nurse.

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

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

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

REFERENCES:

Alcohol and Drug Misuse Among Nursing Students

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

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

A major risk factor is a lack of education about substance use disorders, for all health professionals, both academically and professionally. Substance abuse education should be provided to nursing faculty, staff, and students as part of the formal curriculum. Education must include information on the addictive process, how to recognize signs and symptoms, professional standards of behavior, and the school’s alcohol and drug use policy. The lack of education contributes to an overlooked risk factor, which is the negative stereotyping and stigma towards those with substance disorders.

Schools of nursing are encouraged to adopt similar policies and oversight systems as are used for practicing nurses including...
prevention and education, identification of individuals with possible abuse problems, evaluation and referral for treatment, and provision for re-entry to school upon successful completion of treatment.

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

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

The AACN’s position mirrors that of the Washington State legislature (Revised Code of Washington 18.130.175) in recognizing substance use disorders as chronic, progressive diseases similar to other chronic diseases, such as diabetes or asthma, and supporting an alternative to discipline (dismissal). The legislature directs authorities to:

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

Washington Health Professional Services (WHPS) is the Nursing Care Quality Assurance Commission’s approved alternative to the discipline substance abuse monitoring program for nurses and many other health care professions. While WHPS does not provide direct services to nursing students it is our mission to protect and improve the health of people in Washington State. We support identification and early intervention with nursing students who may be struggling with a substance use disorder. WHPS is available to provide educational presentations to nursing students, faculty, and staff. You may call us directly at 360-236-2880 or fax the Speaking Engagement Request form to 360-664-8588.

REFERENCES:

Seattle STD/HIV Prevention Training Center

We provide training to health care providers in Alaska, Idaho, Oregon, and Washington on the prevention, diagnosis, management, and treatment of sexually transmitted diseases.

Our education and training programs are specifically designed for physicians, nurses, physician assistants, nurse practitioners, laboratorians, health educators, and other health care professionals.

Our course offerings include:
• STD Updates for Clinicians
• Clinical Practicum
• Ask, Screen, Intervene: Incorporating HIV Prevention into the Medical Care of Persons Living with HIV
• Essential STD Exam Skills
• Microscopic Exam of Vaginal Fluids
• Venipuncture Techniques

Clinical & laboratory training programs include:
• in-person lectures and didactic courses
• hands-on clinical and laboratory experience
• clinical consultation on all aspects of managing patient care
• Internet-based training and educational resources

For more information, please visit us online
(206) 685-9850 www.SeattleSTDHIVPTC.org seaptc@uw.edu

Washington Nursing Commission News
Lifestyle Focused Nursing Opportunities on the Beautiful Pacific Coast

• Competitive salary
• Relaxed and professional atmosphere
• Sign on bonus and relocation allowance negotiable
• Full medical, vision and dental at no employee cost

Service lines at Grays Harbor Community Hospital include:

• Ambulatory Infusion Services
• Critical Care Unit
• Emergency Department
• Medical / Surgical / Pediatrics
• Wound Healing Center
• Family Birth Center

About Us

Grays Harbor Community Hospital is a comprehensive acute care regional medical center situated on the Pacific Ocean and surrounded by the abundant outdoor offerings of the Olympic Peninsula.

Our location is ideal for relaxed, rural living while only a short drive to the cities of Olympia, Seattle and Portland.

For our most current job offerings and a detailed list of requirements, please visit our website.

We would love to have you on our team!

www.ghchwa.org
Washington Health Professional Services (WHPS) Speaking Engagement Request

We are available to provide education and consultation, free of charge to your staff and students about substance use disorders among healthcare professionals and the WHPS program. Providing this information to nursing students is a valuable part of their education.

| Today's Date: _______________ |
| Name of Organization: ___________________ |
| Requested date for presentation: _______________ |
| 1st Choice: ______ 2nd Choice ______ 3rd Choice ______ |
| Presentation Topic: ___________________ |
| Name of Meeting Room: ___________________ |
| Address: ___________________ |
| City/State Zip: ___________________ |
| Contact Person: ___________________ |
| Phone: (___) __________ Email: ___________________ |
| Audience (primary specialty of attendees): ___________________ |
| Number of Attendees expected: ___________________ |
| Available audiovisual equipment ___________________ |

Please FAX this completed form to W.H.P.S at 360-664-8588. Once we receive the request form, we will contact you to begin program arrangements. If you have questions or need assistance, please call us at 360-236-2880.

Looking for Free Nursing Education?

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

- Nursing Commission 101
- Continuing Competency
- Nurse’s Scope of Practice
- Washington Health Professional Services Program (WHPS) for Impaired Practitioners
- Investigation and Disciplining Process

Our presentations count towards continuing education requirements. If you are interested, please contact:

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

NUMBERS OF LICENSED NURSES
PREPARED JULY 1, 2013

<table>
<thead>
<tr>
<th>June 2013</th>
<th>Active</th>
<th>Inactive</th>
<th>Military Active</th>
</tr>
</thead>
<tbody>
<tr>
<td>(AP) ARNP</td>
<td>5,388</td>
<td>52</td>
<td>53</td>
</tr>
<tr>
<td>(LP) LPN</td>
<td>12,904</td>
<td>205</td>
<td>41</td>
</tr>
<tr>
<td>(NC) NAC</td>
<td>48,322</td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>(NA) NAR</td>
<td>27,224</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>(NS) NTEC (Nurse Tech)</td>
<td>331</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(RN) RN</td>
<td>83,347</td>
<td>855</td>
<td>318</td>
</tr>
</tbody>
</table>
Greetings to Advanced Registered Nurse Practitioners (ARNP) in Washington! We now number more than 5,000 ARNPs. The state is making progress to support ARNP safe practice and provide quality care. This article contains information about improvements in the ARNP Nursing Commission website; answers to two of the most frequently asked questions; and an update on the clinical nurse specialists (CNS) rule writing request.

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

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

Botox & Lasers
**Question:** What are the rules that apply to ARNPs performing aesthetic laser and Botox treatments and to delegating those treatments to other healthcare providers?

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

Medical Marijuana (cannabis) Authority
**Question:** Does your state have statutes that allow the prescription of medical marijuana? Is marijuana a schedule II medication or I?

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

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

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


DOCTORAL NURSING DEGREES

NOW TAKING APPLICATIONS

The Ph.D. in Nursing program will prepare graduates to conduct independent research, collaborate as scholars, and educate for improving health and healthcare globally. The application is available at www.isu.edu/nursing/phd.shtml

The Doctor of Nursing Practice degree program will prepare the graduate for practice in the Family Nurse Practitioner role with an emphasis on innovation and evidence based practice. The application is available at www.isu.edu/nursing/dnp.shtml.

MS and BSN options are also available at ISU School of Nursing.

Idaho State University
School of Nursing

(208) 282-2132 • www.isu.edu/nursing

Flexibility. Face to Face.

Many paths lead to a future as a nurse practitioner, scientist, educator, or leader. Find yours.

MASTER of NURSING (MN)

DOCTOR of NURSING PRACTICE (DNP)
or PhD in NURSING


Master of Nursing
- Advanced Population Health (APH)
- APH Nursing Leadership
- APH Nursing Education
- APH Individualized Option

Post-Master’s Certificates
- Nursing Leadership
- Nursing Education

Doctor of Nursing Practice
- Advanced Population Health (APH)
- Family Nurse Practitioner
- Psych/Mental Health Nurse Practitioner
- Post-Master’s DNP

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

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

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

Registered nurses in nursing homes may direct medication administration and certain tasks associated with medication administration to the certified medication assistant. The registered nurse is responsible for the direction and supervision of the medication assistant. The certified medication assistant cannot replace the role of the registered nurse in medication administration. The registered nurse must still exercise his or her judgment when administering medications. The registered nurse must:

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

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

Certified medication assistants must maintain additional annual continuing competency requirements. To learn more about becoming an approved program for medication assistants or a certified medication assistant, please visit the Nursing Commission website at http://www.doh.wa.gov/LicensesPermitsandCertificates/NursingCommission/MedicationAssistantEndorsement.aspx or call 360-236-4700.
This fall, the Washington Center for Nursing (WCN) is celebrating its 10th anniversary of serving nurses, educators, current and future students, and many other stakeholders as the state’s nursing workforce and resource center.

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

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

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

- Brought critical nursing issues to more public eyes through continuing outreach to the media.
- Distributed our “Be a Nurse” promotional brochures in English, Spanish and Russian languages and a Native American culture version, to the public, especially K-12 students, to help them learn about opportunities and careers in nursing. (To order, email us at info@wcnursing.org).
- Built the nursing workforce database that most decision-makers use and many students access for projects and research.
- Promoted strategies to enhance patient safety and quality patient care, including a safe and healthy workplace environment for nurses.
- Presented “Leadership Matters” workshops for staff and charge nurses, with some of the most well-known and accomplished leadership experts.
- Developed our website to provide current information on nursing issues important to you.
- Launched our Facebook page, blog, and Twitter account to keep in touch with you.
- Participated in steering the Rural Outreach Nursing Education program, which gives individuals living in rural areas local access to nursing education.
- Continued to manage the Master Plan for Nursing Education, which provides a framework for comprehensive transformation of the nursing education system in Washington State.
- Worked to develop an online diversity-mentoring program, which will pair minority/underrepresented nursing students and new graduates with seasoned nurses to ensure they have support as they begin their careers.
- Raised almost $1 million for nursing scholarships, faculty fellowships to teach nursing, and nursing school capacity expansion grants through the Johnson & Johnson “Promise of Nursing for Washington” galas. Application details are available at www.WACenterforNursing.org.
- Held 20+ focus group across the state to hear from nurses about what knowledge, skills and attitudes the nurse of the future must have.
- Were designated to lead the WA Nursing Action Coalition to ensure that the national IOM Recommendations on Nursing are implemented in our state.
- Received a $300,000, two-year grant from the Robert Wood Johnson Foundation to make BSN education more accessible for RNs and reach the national goals for a more highly-educated workforce.
- Put Washington in the national spotlight because of innovations in education, practice and collaboration.

We’re happy about our accomplishments and excited about the future, and we’re looking forward to hearing from you. Join our celebration and find how you can join our efforts! Visit our events calendar at http://wacenterfornursing.org/news-events/events-calendar/ and follow us on Facebook for details on our festivities.

By Linda Tieman, MN, RN, Executive Director Washington Center for Nursing

WHAT HAVE WE DONE FOR YOU LATELY?
Nursing Scope of Practice: Medication Refills

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

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

Nurse Practice Advisory Groups

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

Edwina Dorsey, BSN, MPA, RN
Janice Doyle, MSN, RN, NCSN, FNASN
Gregory Fletcher, RN
Theresa Hutchison, MEd, RN
Sarah Jablonski, RN
Mary Lara, RN
Janis Miller, MN, RN
Candice Mohar, PhD, MS, MSN, RN, APFNS
Mary Nametka, MSN, RN, ARNP-BC, CWS, CWON
Charlotte Pinegar, MA, MS, RN
Pamela Shull, MS, MBA, RN
William Swarens, MSN Ed, RN, RNC, CPAN
Sheryl O’Connor Taylor, RN
Margaret Voelker, MN, RN, RN-BS, CCP
Sally Watkins, PhD, MS, RN

The Nurse Practice Advisory Groups provide advice to the Consistent Standards of Practice Sub-Committee which helps meet the commission’s goal of public safety. The groups perform comprehensive literature reviews of evidence-based research, research community and national professional nursing standards, and present findings and make recommendations to the commission on practice issues.

Thank you for your dedication and commitment to enhance the quality of nursing practice in our state!
Every day is a journey of hope and compassion at Seattle Children’s.

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

Be Part of Our Nationally Recognized Nursing Team

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

Current Opportunities:

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

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

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

The Harrison Orthopaedic Center at Silverdale will feature:

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

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

HARRISON
MEDICAL CENTER

LIFE WORKS HERE. COME SEE HOW.
Please view job posting at www.harrisonmedical.org/employment/