Country’s Oldest Working Nurse Recognized for Years of Service
page 10

Nursing Care Quality Assurance Commission Honored with Regulatory Achievement Award
page 8

Medication Diversion
page 20

Research Shows Work-Related Musculoskeletal Disorders a Major Issue for Washington Nurses
page 12
Have you ever wondered what home health nursing is about?

It’s about caring for medically fragile patients living at home with their families

&

It’s about movie night, brothers and sisters, holidays, family vacations, summer camp, going to school...

- Patient specific orientation with an experienced nurse
- Nursing supervisors available 24 hours a day for support

- Medical
- Dental
- Vision
- Vacation
- New competitive wages
- Flexible schedules
- One-on-one patient care
- Infants to adults

Avail
Home Health, Inc.
“Exceptional Service ~ Compassionate Care”

From experienced nurses to new grads...we invite you to call Avail to learn more about home health nursing.
COMMISSION MEMBERS

Margaret E. Kelly, LPN
Chair

Donna Poole, MSN, ARNP, PMHCNS-BC
Vice-Chair

Cass Tang, PMP, Public Member
Secretary/Treasurer

Mary Baroni, PhD, RN

Jeannie Eylar, MSN, RN

Charlotte Foster, BSN, MHA, RN

Stephen J. Henderson, JD, MA
Public Member

Lois Hoell, MS, MBA, RN

Suellyn M. Masek, MSN, RN, CNOR

Helen E. Myrick, Public Member

Gene Pingle, BSN-BC, CEN, RN

Tiffany Randich, LPN

Tracy Rude, LPN

Laurie Soine, PhD, ARNP

Teri Trillo, MSN, RN, CNE

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

Message from the Chair .................................................. 4
Message from the Executive Director ................................. 6
Nursing Care Quality Assurance Commission Honored with Regulatory Achievement Award ................................. 8
Country’s Oldest Working Nurse Recognized for Years of Service .................................................. 10
NCSBN APRN Roundtable ................................................. 11
Research Shows Work-Related Musculoskeletal Disorders a Major Issue for Washington Nurses ......................................... 12
Nurses can Help Injured Workers Recover with “Stay at Work” ................................................................. 14
Washington Center for Nursing Announces New Executive Director ................................................................. 14

Medical Marijuana Law Changes ............................................. 15
Accountability and Responsibility: Working under Another Person’s License .................................................. 16
Administration of Sedating, Analgesic, and Anesthetic Agents ........................................................................ 18
Medication Diversion .............................................................. 20
Is it Time for a Name or Address Change? .................................. 21
Upcoming Nursing Commission Meetings ............................. 21
Meet the New Commission Members ..................................... 22
Attention Rural Nurses: Survey Invitation .............................. 22
Results of the Nursing Programs Annual Survey: 2013-2014 Academic Year .................................................. 24
Licensure Actions ................................................................ 27

Information published in the Washington Nursing Commission News is copyrighted but may be reproduced for education and training purposes. The Nursing Commission would appreciate credit for the material used. Direct Washington Nursing Commission News questions or comments to: Editor, Nursing Care Quality Assurance Commission, PO Box 47864, Olympia, WA 98504-7864 or mindy.schaffner@doh.wa.gov.

Advertisements contained herein are not endorsed by the Washington State Nursing Care Quality Assurance 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/.
Welcome to the 2015 summer edition of the Nursing Commission Newsletter. The commission’s mission is to regulate the competency and quality of licensed practical nurses (LPN), registered nurses (RN), and advanced registered nurse practitioners (ARNP) licensed in Washington State. The commission accomplishes this by enforcing nursing qualifications for licensing, consistent standards of practice, continuing competency mechanisms, and discipline to protect the public and to enhance nursing practice. Nursing consistently ranks number one in surveys as the most trusted profession. It is a goal of the commission to maintain this trust.

The National Council of State Boards of Nursing (NCSBN) honored the commission for its accomplishments with the Regulatory Achievement Award on August 20, 2015. This award recognizes the member board or associate member that has made an identifiable, significant contribution to the mission and vision of NCSBN in promoting public policy related to the safe and effective practice of nursing in the interest of public welfare. We are honored to receive this acknowledgement for the service our Nursing Commission contributed. You can find more information in the article found on page 8.

The commission continues to explore ways to enhance competency and safety. High-quality education is the key to achieving these outcomes. You can explore more by reviewing Dr. Mary Sue Gorski’s article about the Annual Washington Nursing Education report on page 24.

Strategic planning for the 2015 – 2017 biennium began at the commission meeting in July. The commission will give several themes close attention, including multistate nursing licensure. The Nurse Licensure Compact (NLC) allows RNs and LPNs to have one multistate license with the ability to practice in both their home state and other NLC states, similar to an individual driver’s license. The APRN Compact allows an advanced practice registered nurse to hold one multistate license with the privilege to practice in other compact states. These compacts must be adopted by legislative action.

While the commission considers enactment of the nursing licensure compact a priority, we will also address other concepts during the strategic planning session. It is important to hear from you about what you believe are the vital issues for the commission to consider. We encourage you to attend commission, subcommittee, and/or stakeholder meetings. Check the commission website for locations and dates.

Please get involved and let us know your thoughts. The important thing is to have your voice heard. This will help promote excellence, lifelong learning, and enhanced nursing practice.

Enjoy your newsletter.
Margaret E. Kelly, BS, LPN, Chair
Nursing Care Quality Assurance Commission
Now Hiring Nurses!
RNs ♥ LPNs ♥ CNAs

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

Personal
Supportive
Compassionate

Bring your heart to work and make a real difference!

FT/PT openings for Pediatric & Adult Home Health nurses
New graduates welcome!
Competitive Home Health wages and benefits
Paid Ventilator & Trach training with in-house skills lab to practice

Providing skilled nursing in the home to families throughout Western Washington
&
Specializing in ventilator dependent / medically intensive Adult Family Homes

Apply Now! 1-800-473-3303

Alliance Nursing is an Equal Opportunity Employer: all qualified applicants will receive consideration for employment without regard to race, color, national origin, religion, sex, marital status, sexual orientation, age, disability, military status, and/or any other class status protected by federal, state or local law.

www.AllianceNursing.com
The commission protects the people of Washington State. The Washington Nurse Practice Act, RCW 18.79.010, states:

“It is the purpose of the Nursing Care Quality Assurance Commission to regulate the competency and quality of professional health care providers under its jurisdiction by establishing, monitoring, and enforcing qualifications for licensing, consistent standards of practice, continuing competency mechanisms, and discipline. Rules, policies, and procedures developed by the commission must promote the delivery of quality health care to the residents of the state of Washington.”

The commission approves nursing education programs located in Washington State. The commission also approves distance learning programs if students receive practice experiences in Washington State. The commission reviews distance learning programs to ensure educational standards for competency and quality are met, and to protect the public.

Within its jurisdiction, the commission reviews and investigates complaints of nursing care and misconduct in Washington State. The commission does not have authority to act on complaints outside Washington state borders. In 2006, the Washington State legislature gave all disciplinary authorities the ability to take action if a health professional license is suspended in another state. If the nursing license is suspended in another state, and the nurse has a Washington license, the Nursing Commission can immediately suspend the Washington nursing license. The misconduct must be the same as an offense committed in Washington. For example, if the nurse is convicted of a felony in another state, and the Nursing Commission would suspend the nursing license if the felony were committed in Washington, the commission immediately suspends the Washington nursing license. This immediate suspension prohibits a nurse from practicing in Washington State, which protects people in Washington.

The commission also establishes and enforces consistent standards of practice. The commission uses national professional standards, research, and state standards to determine the Washington standards. The commission worked with many stakeholders to develop and publish the standards, which have been adopted into rule through the Washington Administrative Code (WAC) 246-840-700 and 246-840-705. The commission is authorized to issue advisory opinions and interpretive statements to clarify the rules. The commission also considers the Institute of Medicine’s recommendation to allow nurses to work to their fullest scope of practice. The commission receives interesting, sincere questions from nurses, employers, and patient advocacy associations. The commission uses the Scope of Practice Decision Tree to formulate the response, and remains focused on patient safety.

The commission issues licenses to nurses who meet all of the requirements for licensure in Washington. RCW 18.79.030 states that in order to care for people in Washington, the nurse must have a Washington nursing license. Nurses complete the application and pay the fee. The applications must be approved, a criminal background check completed, and all necessary documents must be reviewed before a license is issued or denied. These requirements are enforced to protect the people of Washington.

The increasing popularity of telehealth, world travel, distance education, and cross border practice has led state boards of nursing, medicine, physical therapy, psychology, osteopathy, and emergency medicine to consider joining interstate compacts for licensure. On May 8, 2015, the Nursing Commis-
The Nursing Commission passed a motion to pursue legislation on the Nurse Licensure Compact for registered nurses and licensed practical nurses. On July 10, 2015, the Nursing Commission decided to move forward on the Advanced Practice Registered Nurse Compact. Compacts are agreements among states to resolve cross border issues. The Nursing Commission needs to hear from you, your professional association, employers, consumers, and patient advocacy groups about entering into a compact. The outcomes of stakeholder meetings will determine next steps on the Nurse Licensure and Advanced Practice Registered Nurse Compacts. The Nursing Commission will send you the dates and locations of the meetings through the listserv. If you are not a member of the listserv, please see [http://listserv.wa.gov/cgi-bin/wa?SUBED1=NURSING-QAC&A=1](http://listserv.wa.gov/cgi-bin/wa?SUBED1=NURSING-QAC&A=1) and sign up. You can review both of the compacts at [https://www.ncsbn.org/compacts.htm](https://www.ncsbn.org/compacts.htm). If you have questions, please send them to paula.meyer@doh.wa.gov.

Thank you for your interest in the work of the Nursing Commission.

REFERENCE LINKS:
- [https://www.ncsbn.org/compacts.htm](https://www.ncsbn.org/compacts.htm)

Are you a licensed RN with an associate degree? Seattle Pacific University’s ADN to MSN track can help you expand your career by building advanced leadership and care management skills.

Here, we focus on relationship-centered learning and clinical leadership in practice. Our MSN graduates are trained to be the nurse leaders employers want.

Your future starts today.
In August, the commission received the 2015 National Council State Boards of Nursing (NCSBN) Regulatory Achievement Award at the NCSBN Annual Meeting in Chicago. NCSBN is a not-for-profit organization whose members include the boards of nursing in the 50 states, the District of Columbia, and four U.S. territories and is the vehicle through which boards of nursing act and counsel together to provide regulatory excellence for public health, safety and welfare (www.NCSBN.org). NCSBN’s mission is to provide education, service, and research through collaborative leadership to promote evidence-based regulatory excellence for patient safety and public protection (adopted by Delegate Assembly 2010). Its vision is to advance regulatory excellence worldwide and values collaboration, excellence, innovation, integrity, and transparency.

This national award recognizes the commission’s extensive contribution to NCSBN. Criteria for this recognition include: active participation in NCSBN activities; effective leadership in the development, implementation and maintenance of licensing and regulatory policies; active collaborative relationships among the member board or associate member, NCSBN, the public, and other member boards or associate members; and demonstrated advancement of the NCSBN mission.

Active participation in NCSBN activities

The Nursing Commission has a long and sustained reputation of having leaders, being recognized for its contributions to the mission of the NCSBN and participating at leadership levels. Ten Nursing Commission members and staff members serve on NCSBN committees and groups. In the recent past, the commission supported the following national work:

- a board member received the Exceptional Contribution Award for work on the Continuing Competency Committee;
- a board member chaired the Education Committee that led to and assisted in the publication of the World Café proceedings, and received the Exceptional Contribution Award;
- a staff member authored a chapter of the Substance Use Disorder Manual;
- a staff member was a member of the Taxonomy of Error, Root Cause Analysis Practice-Responsibility (TERCAP) committee and participated with Dr. Pat Benner in the publication of their work;
- a board member was a member of the Leadership Succession Committee; a staff member was the Area I Director on the board of directors; and
- a staff member served on two distance learning committees for pre-licensure and advanced registered nurse practitioner education.

The executive director currently chairs the Executive Officer Leadership Council. She was extensively involved in the work on the revision of the Nurse Licensure Compact and the Advanced Practice Compact.

Effective leadership in the development, implementation and maintenance of licensing and regulatory policies
The commission demonstrated effective leadership in the development, implementation, and maintenance of licensing and regulatory policies through its use of legislatively required performance measures. In 2008, the state legislature required the commission to participate in a pilot project, adopt performance measures, and report back in five years. The legislature granted additional authority to the commission in the pilot project. The commission was required to negotiate, adopt and compare its performance measures with other health professional regulatory boards in the state and with a national database. The commission chose to use the CORE report to compare its outcomes to other high-performing boards. The report compared performance outcomes with a semiautonomous board of nursing and a fully independent board of nursing. The commission documented large and sustained performance improvements in its licensing, disciplinary, and financial measures. As a result of the commission’s improved performance, the state legislature made permanent the additional authority granted in the pilot project. The full project was presented at the 2015 International Nurse Regulatory Symposium in Chicago. Two other boards of nursing are using the performance outcomes report.

Active collaborative relationships among the member board or associate member, NCSBN, the public, and other member boards or associate members

The commission exemplifies active collaborative relationships with NCSBN and other boards of nursing. One example of this collaboration was publishing a report (2004) comparing military medical training with nursing education requirements. The goal was to create a bridge program from military medical training to a career in nursing. The commission is working with a state college to develop a military health education to baccalaureate in nursing program. Another project related to the military is the communication of the “Have You Ever Served Campaign.” The commission dedicated its January 2015 newsletter to veterans, worked with the state Department of Veterans Affairs, and the state Department of Health to communicate and implement this program. The “Have You Ever Served Campaign” has been presented to students, professional organizations, and employers across the state. Both of these projects demonstrate the commission’s commitment to working with our military partners, the state colleges, and the Department of Veterans Affairs.

Demonstrated advancement of the NCSBN mission

The commission demonstrates the NCSBN mission to advance regulatory excellence worldwide. The commission worked on disaster preparedness issues through an international border alliance group. The group identified state licensure issues as an impediment to providing care in the event of a disaster that may affect not only the state, but Canadian provinces. The governor of the state directed health professional licensure boards and other professional licensure boards to explore licensure reciprocity between the state and Canadian provinces. This direction led to the commission publishing a report comparing the state licensure requirements for all states bordering Canada with Canadian licensure requirements. While the board did not move to recognize licensure reciprocity, the report illuminated inconsistencies in the licensure requirements among the northern tier states and Canadian provinces. The inconsistencies led the commission to analyze and streamline international licensure requirements with Canadian provinces. The report also assisted the governor’s office and other state regulatory bodies to recognize the governor’s authority to waive licensure requirements for a limited time in the event of a disaster.

The commission takes advantage of all education opportunities provided through NCSBN. The commission continues to improve its service excellence in patient safety and protecting the public through its use of NCSBN resources and products. The commission is proud to be a partner in this quest for patient safety and public protection.
Country’s Oldest Working Nurse Recognized for Years of Service

Did you always know you wanted to be a nurse?

Even as a small child she knew she wanted to be a nurse, except for a short time she thought she wanted to teach, but quickly went back to wanting to be a nurse. “Nursing is my first love.”

How has nursing evolved since you graduated from your school of nursing?

“There have been so many changes.” She wishes there was more practice for nursing students before they enter the workforce. When she was in nursing school and part of the nurse cadet corps, she had to spend 12 weeks in the operating room before she could graduate. SeeSee spent some time out of Washington when her husband entered the military and went to fight in the Korean War. She then stayed home and raised her children before going back to work in the operating room.

What do you like best about being a nurse?

“Patient care and being part of the recovery.”

Nursing is obviously a big part of your life, what do you do in your downtime to unwind?

She enjoys walking, cooking, baking, being a grandma, and socializing. She also used to cross country ski and golf.

What advice would you give to upcoming nurses?

“Always put the patient first. Treat the patient as you would like to be treated.”

SeeSee’s grandkids joke that “grandma has gone viral.” Referring to the YouTube video in which SeeSee’s colleagues surprised her with a 90th birthday celebration and presented her with a letter of recognition from Governor Jay Inslee.

You can view the video at https://www.youtube.com/watch?v=9JtrJkJFmm0.

REFERENCES
Martie Schultz (May 2015). The oldest working nurse in the United States turns 90 and still going! Retrieved from https://www.youtube.com/watch?v=9JtrJkJFmm0.
I had the pleasure of attending the 2015 NCSBN APRN roundtable in Chicago on April 15. The objective was to discuss the evolution of the prescription monitoring program (PMP) legislation in response to the epidemic of prescription drug abuse in the United States. The United States is in the throes of a prescription drug abuse epidemic. Below are recent statistics from the CDC.

Deaths from Prescription Opioid Overdose
Every day 44 people die because of prescription opioid overdose. Among those who died from prescription opioid overdose between 1999 and 2013, the majority were between the ages of 25 and 54. The overdose rate for adults ages 55 to 64 increased nearly 10 percent during the same period. A review of the National Survey on Drug Use and Health revealed Washington had the third highest rate of non-medical use of prescription opioid painkillers in 2011-2012. This is a compelling reason to implement and use the PMP.

Healthcare Providers Held Accountable for Safe Prescribing
A recent ruling by the West Virginia Supreme Court identified that state juries can decide if drug addicts can sue their healthcare providers for their addictions. The West Virginia Medical Association has called this ruling “troubling.” A 3-2 decision issued in May 2015 has paved the way for patients to claim damages from providers for causing or contributing to their patients’ addictions by unsafe prescribing of controlled substances. This will be a game changer in how healthcare providers treat and monitor opiate prescribing with increased liability and risk to their license. Washington is one of 16 states that does not require or enforce the use of a PMP.

Barriers to use of the PMP
Complaints have been that the system is time-consuming and does not have a user-friendly format. In addition, the registration process requires notarization, which has been a significant obstacle to use.

Future Trends in the PMP
The trends of the future may include mandated registration and collaboration for the use of the PMP. There most likely will be increased integration of the PMP into electronic health records systems.

PMP research has established the following outcomes:
- PMP promotes more informed and appropriate prescribing. This has resulted in a decrease (62 percent) in the amounts of opiates prescribed.
- PMP promotes use and development of clinical indicators such as multiple visits, suspicious history, symptoms greater than clinical findings, and other red flags.

For more information on the PMP or to signup go to http://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/HealthcareProfessionalandFacilities/PrescriptionMonitoringProgramPMP.
Can you lift 250 pounds on your own? Often, that is precisely what nurses and nursing assistants find themselves having to do at work. With the increase in obesity in the U.S., as well as increasingly complex needs of patients with multiple conditions, moving heavy patients has become a treacherous occupational hazard.

Manual patient lifting puts healthcare workers at increased risk of developing work-related musculoskeletal disorders (WMSD), including back strains, sciatica, rotator cuff syndrome, and tendinitis. These injuries are often painful and debilitating. Ironically, this forces many healthcare providers to leave an occupation caring for others to seek care themselves.

Work-related musculoskeletal disorders are a problem in Washington and across the nation. WSMDs are one of the most prevalent types of work-related injuries throughout all industries. Figuring out how to prevent them is an ongoing challenge for employers and occupational health and safety researchers.

My colleagues and I at SHARP, a safety and health research program at the Washington State Department of Labor & Industries, have been working on a five-year research study to dig deeper and find prevention answers. We are looking across all high-risk industry sectors. Here is some of what we have learned about healthcare.

What Do We Know?

SHARP recently published a comprehensive report on workers’ compensation injuries and claims, involving musculoskeletal disorders. Our researchers looked at data in Washington over an eight-year period from 2002 to 2010. The report found that, overall, the healthcare industry ranks third in its rate of WMSD claims that involve time loss at work. That is just behind the transportation and utilities sector and the construction sector, which ranked first and second.

When you look specifically at healthcare, nursing care facilities have the second highest rate of work-related musculoskeletal disorder claims involving work time loss. “Other ambulatory healthcare services” ranks first, and hospitals are third. Back injuries are especially prevalent in nursing care facilities.

What can we do differently?

It may be surprising, but current research shows teaching “proper body mechanics” to employees does not prevent injuries. From an injury prevention standpoint, other factors are at play. Interviews with injured nursing assistants in nursing homes turned up three important factors: equipment, chronic short-staffing, and timely patient assessment.

• Equipment is the key.

Injured nursing assistants point to the lack of available lifting equipment, explaining that even the equipment they had did not always function properly. As one nursing assistant put it:

“If you have patients that are wheelchair-bound and they’re dead weight, they should have a lift for the employees. That would prevent a lot of the injuries. And they should be mandatory.”

• Chronic short-staffing.

The nursing assistants we interviewed explained that their teams were often short-staffed, causing workers to cover more patients than may be possible.

“On the day that I injured myself, there were only five of us for 66 people. That night I was doing 15 to 20 people. So just not having enough staff can get you easily injured.”

• Timely patient assessments.

The cognitive and physical capabilities of residents at nursing care facilities can range and fluctuate widely, and with little notice. Nursing assistants said that timely re-assessments would help them be more prepared to transfer patients using the precautions necessary for each individual patient.

“She didn’t tell me that she was going to fall or that she couldn’t stand. She didn’t say anything. It just happened. I think it had to do with me being with a client I had never been with before.”

SHARP recently produced a short video telling the story of an injured nursing assistant who has experienced multiple work-related musculoskeletal disorder injuries and now may never be able to return to her job. You can find the video and other results from our research at Lni.wa.gov/Safety/Research/SafePatient.
Washington’s Stay at Work Program helps thousands of employers use light duty by paying 50% of base wages for injured workers. So talk to your patients about the Stay at Work Program. It will help them recover faster and avoid disability. And you get paid for consulting with employers. Doctors, workers and employers agree, Washington’s Stay at Work Program is a win-win.
Every year in Washington around 100,000 workers are hurt on the job. As one of the primary contacts for injured workers in healthcare settings, nurses play a significant role in helping these workers heal and return to activity — and that’s a big job.

“Studies show that the longer an injured worker is away from work, the more likely they may never return,” says Diane Reus, RN, a clinical nurse specialist with the Washington State Department of Labor & Industries’ Workers’ Compensation Program. “Nurses have tremendous influence on a worker’s ability to return to work and have many opportunities to make a lasting difference to an injured worker.”

One way to help is to make sure injured workers understand their options for returning to work. The Washington Stay at Work Program is helping employers help injured workers by reimbursing businesses for half the base wages, up to $10,000, for medically approved light duty during recovery.

“Financial incentives can make a huge difference in the employer’s ability to offer medically appropriate light duty to an injured worker, but it’s not the only influencing factor,” says Reus. “Among employers surveyed, nearly 68 percent said they would give their injured worker a light duty job if their healthcare provider suggested it.”

Lori Swanson, co-owner of Guardian Roofing in Tacoma, first filed for Stay at Work reimbursement when one of her roofers fell through a skylight. The employee’s safety equipment saved his life, but he severely split his jaw during the fall. His provider supported him in returning to work in a light-duty job, but told him not to go back up on a roof until he healed.

Swanson understood the importance of keeping this worker connected to his job during recovery. He was the sole supporter of a family of five. However, she also needed a worker on the roof.

“I love the Stay at Work Program,” says Swanson, whose company has received over $40,000 in reimbursements for light duty in the last year. “I can use the reimbursement to support my business needs while helping my injured workers.”

Thousands of injured workers and employers face the same dilemma every year.

“We hope more nurses will learn about the Stay at Work program and initiate conversations with workers and employers about the program’s benefits,” says Reus. “We truly believe the Stay at Work Program is a win-win for the injured worker, employer, and provider who want to see a successful recovery for patients.”


---

Washington Center for Nursing Announces New Executive Director

The Washington Center for Nursing (WCN), the statewide nonprofit nursing workforce center, has announced the selection of Sofia Aragon JD, BSN, RN as its new executive director. WCN hired Aragon after a nationwide search. She began her new position at WCN on April 1, 2015.

“The WCN Board of Directors is excited and pleased to bring Sofia on board as our new executive director,” said Victoria Fletcher MSN, ARNP, FACNM, WCN board president. “Sofia’s background and experience will be a great asset in moving forward the work of WCN benefitting nurses in the state and WCN’s many partners.”

As the executive director, Aragon will lead WCN’s work focusing on promoting nursing as a desirable career; developing and managing data about the nursing workforce, identifying and disseminating information on best practices in nursing recruitment and retention, and increasing access to all levels of nursing education. WCN collaborates with stakeholders in workforce develop-
Aragon brings a background in health-care policy, nursing education, and practice. She earned a bachelor of arts degree in economics from the University of Washington in 1994; a bachelor of science in nursing degree from Seattle University in 1997; and her juris doctor degree from Loyola University-Chicago School of Law in 2002.

She holds a Washington State registered nurse license and is a member of the Washington State Bar Association.

Prior to joining WCN, Aragon was a senior governmental affairs advisor at the Washington State Nurses Association. She also serves as an adjunct faculty member at the Seattle University College of Nursing and as a legislative externship site supervisor at the Seattle University School of Law.

Other experience includes working at the Washington State Department of Health Community and Family Health Division as the legislative and policy manager; as the contracts manager with the department’s HIV Client Services; and direct-care nursing positions with Providence Medical Center and the Rainier Park Medical Clinic in Seattle.

Aragon also serves as the chair of the Governor’s Commission on Asian Pacific American Affairs; as president of the Washington chapter of the American Association for the Advancement of Nurse Attorneys; and is a member of the Filipino Lawyers of Washington.

“Im thankful to the board for this opportunity,” Aragon said. “With the tremendous changes in healthcare over the past few years, I’m excited to take on this role to further advance the nursing profession.”

Aragon replaced Linda Tieman RN, MN, FACHE, who left WCN on March 31, 2015 after 11 years in the position.

The Washington Center for Nursing supports a healthier Washington by engaging nurses’ expertise, influence, and perspective and by building a diverse, highly qualified nurse workforce to meet future demands.

For more information on the Washington Center for Nursing, visit www.wcnursing.org.

By Kristi Weeks, JD, Review Officer/Policy Counsel
Washington Department of Health, Office of the Secretary

Medical Marijuana Law Changes

On April 24, Governor Inslee signed Second Substitute Senate Bill (2SSB) 5052. The bill will align unregulated medical marijuana with the highly regulated marijuana framework created under Initiative 502. I-502 requires licensing by the Liquor Control Board (LCB) for producers, processors, and retailers of marijuana. It also requires safety measures such as pesticide restrictions, laboratory testing, and labeling requirements. None of these safeguards currently exist for marijuana sold in the medical market.

2SSB 5052 will fold medical marijuana into the LCB’s existing regulation of marijuana under I-502. In addition, it requires:

• the department to adopt rules defining “medical grade” marijuana;
• creates special requirements for patients under the age of 18;
• establishes a medical marijuana consultant credential for people working in a marijuana retail store that sells medical marijuana; and
• directs the department to create and maintain a database for patients authorized by their healthcare practitioners to use medical marijuana. Entry into the database will be voluntary but will grant additional rights and protections.

The bill will be implemented in stages. Although the bill will not be fully implemented until July 1, 2016, several sections relevant to healthcare practitioners who may authorize the medical use of marijuana took effect on July 24, 2015, including:

• Healthcare practitioners must write all new medical marijuana authorizations on a standard form created by the department.
• A healthcare practitioner who writes more than 30 authorizations in a single calendar month must report that number to the department.
• A healthcare practitioner must examine the patient in-person before writing an authorization.
• A healthcare practitioner cannot have a practice that consists solely of authorizing the medical use of marijuana and cannot write authorizations at any location other than his or her practice’s permanent business location.
• All authorizations must expire in 12 months for adults and six months for minors.
• Posttraumatic stress disorder and traumatic brain injury are added as qualifying conditions.

This is just a sample of the many changes. All healthcare practitioners who authorize the medical use of marijuana should read and understand the new law. A link to the bill can be found on the department’s medical marijuana webpage under the heading “What’s New.” The webpage has been updated with new information for healthcare practitioners and patients, including the new authorization form and survey tool for reporting authorizations in excess of 30 in a single calendar month. We will continue to update this page.

On April 24, Governor Inslee signed Second Substitute Senate Bill (2SSB) 5052. The bill will align unregulated medical marijuana with the highly regulated marijuana framework created under Initiative 502. I-502 requires licensing by the Liquor Control Board (LCB) for producers, processors, and retailers of marijuana. It also requires safety measures such as pesticide restrictions, laboratory testing, and labeling requirements. None of these safeguards currently exist for marijuana sold in the medical market.

2SSB 5052 will fold medical marijuana into the LCB’s existing regulation of marijuana under I-502. In addition, it requires:

• the department to adopt rules defining “medical grade” marijuana;
• creates special requirements for patients under the age of 18;
• establishes a medical marijuana consultant credential for people working in a marijuana retail store that sells medical marijuana; and
• directs the department to create and maintain a database for patients authorized by their healthcare practitioners to use medical marijuana. Entry into the database will be voluntary but will grant additional rights and protections.

The bill will be implemented in stages. Although the bill will not be fully implemented until July 1, 2016, several sections relevant to healthcare practitioners who may authorize the medical use of marijuana took effect on July 24, 2015, including:

• Healthcare practitioners must write all new medical marijuana authorizations on a standard form created by the department.
• A healthcare practitioner who writes more than 30 authorizations in a single calendar month must report that number to the department.
• A healthcare practitioner must examine the patient in-person before writing an authorization.
• A healthcare practitioner cannot have a practice that consists solely of authorizing the medical use of marijuana and cannot write authorizations at any location other than his or her practice’s permanent business location.
• All authorizations must expire in 12 months for adults and six months for minors.
• Posttraumatic stress disorder and traumatic brain injury are added as qualifying conditions.

This is just a sample of the many changes. All healthcare practitioners who authorize the medical use of marijuana should read and understand the new law. A link to the bill can be found on the department’s medical marijuana webpage under the heading “What’s New.” The webpage has been updated with new information for healthcare practitioners and patients, including the new authorization form and survey tool for reporting authorizations in excess of 30 in a single calendar month. We will continue to update this page.

On April 24, Governor Inslee signed Second Substitute Senate Bill (2SSB) 5052. The bill will align unregulated medical marijuana with the highly regulated marijuana framework created under Initiative 502. I-502 requires licensing by the Liquor Control Board (LCB) for producers, processors, and retailers of marijuana. It also requires safety measures such as pesticide restrictions, laboratory testing, and labeling requirements. None of these safeguards currently exist for marijuana sold in the medical market.

2SSB 5052 will fold medical marijuana into the LCB’s existing regulation of marijuana under I-502. In addition, it requires:

• the department to adopt rules defining “medical grade” marijuana;
• creates special requirements for patients under the age of 18;
• establishes a medical marijuana consultant credential for people working in a marijuana retail store that sells medical marijuana; and
• directs the department to create and maintain a database for patients authorized by their healthcare practitioners to use medical marijuana. Entry into the database will be voluntary but will grant additional rights and protections.

The bill will be implemented in stages. Although the bill will not be fully implemented until July 1, 2016, several sections relevant to healthcare practitioners who may authorize the medical use of marijuana took effect on July 24, 2015, including:

• Healthcare practitioners must write all new medical marijuana authorizations on a standard form created by the department.
• A healthcare practitioner who writes more than 30 authorizations in a single calendar month must report that number to the department.
• A healthcare practitioner must examine the patient in-person before writing an authorization.
• A healthcare practitioner cannot have a practice that consists solely of authorizing the medical use of marijuana and cannot write authorizations at any location other than his or her practice’s permanent business location.
• All authorizations must expire in 12 months for adults and six months for minors.
• Posttraumatic stress disorder and traumatic brain injury are added as qualifying conditions.

This is just a sample of the many changes. All healthcare practitioners who authorize the medical use of marijuana should read and understand the new law. A link to the bill can be found on the department’s medical marijuana webpage under the heading “What’s New.” The webpage has been updated with new information for healthcare practitioners and patients, including the new authorization form and survey tool for reporting authorizations in excess of 30 in a single calendar month. We will continue to update this page.

On April 24, Governor Inslee signed Second Substitute Senate Bill (2SSB) 5052. The bill will align unregulated medical marijuana with the highly regulated marijuana framework created under Initiative 502. I-502 requires licensing by the Liquor Control Board (LCB) for producers, processors, and retailers of marijuana. It also requires safety measures such as pesticide restrictions, laboratory testing, and labeling requirements. None of these safeguards currently exist for marijuana sold in the medical market.

2SSB 5052 will fold medical marijuana into the LCB’s existing regulation of marijuana under I-502. In addition, it requires:

• the department to adopt rules defining “medical grade” marijuana;
• creates special requirements for patients under the age of 18;
• establishes a medical marijuana consultant credential for people working in a marijuana retail store that sells medical marijuana; and
• directs the department to create and maintain a database for patients authorized by their healthcare practitioners to use medical marijuana. Entry into the database will be voluntary but will grant additional rights and protections.

The bill will be implemented in stages. Although the bill will not be fully implemented until July 1, 2016, several sections relevant to healthcare practitioners who may authorize the medical use of marijuana took effect on July 24, 2015, including:

• Healthcare practitioners must write all new medical marijuana authorizations on a standard form created by the department.
• A healthcare practitioner who writes more than 30 authorizations in a single calendar month must report that number to the department.
• A healthcare practitioner must examine the patient in-person before writing an authorization.
• A healthcare practitioner cannot have a practice that consists solely of authorizing the medical use of marijuana and cannot write authorizations at any location other than his or her practice’s permanent business location.
• All authorizations must expire in 12 months for adults and six months for minors.
• Posttraumatic stress disorder and traumatic brain injury are added as qualifying conditions.

This is just a sample of the many changes. All healthcare practitioners who authorize the medical use of marijuana should read and understand the new law. A link to the bill can be found on the department’s medical marijuana webpage under the heading “What’s New.” The webpage has been updated with new information for healthcare practitioners and patients, including the new authorization form and survey tool for reporting authorizations in excess of 30 in a single calendar month. We will continue to update this page.
Accountability and Responsibility: Working under Another Person’s License

A common misconception is that a licensed practical nurse works “under” the registered nurse’s license; or the nursing assistant works “under” the nurse’s license; or registered nurses are working “under” a physician’s license when they are carrying out a medical regimen. Other nurses think they are immune from accountability and responsibility if they receive and act on direction from someone else. A critical statement in our nursing rule is, “The nurse shall be responsible and accountable for the quality of nursing care given to clients. This responsibility cannot be avoided by accepting the orders or directions of another person.”

Nurses must supervise activities they delegate. Nurses practice nursing under their own licenses. Nurses are individually accountable and responsible for the care they provide.

A registered nurse provides nursing care independently and may carry out medical regimens under the direction of an authorized medical provider. A licensed practical nurse provides nursing care dependently under the direction and supervision of a registered nurse. Licensed practical nurses can also carry out medi-

Apply your heart and spirit to your nursing career!

Nursing and Nurse Leadership opportunities are available in our following communities:
Oregon: Florence, Cottage Grove, Springfield, Eugene • Southwest Washington: Vancouver, Longview

We’d love to speak with you personally! Call our friendly nurse recruiter: 360-729-2256.
Email our nurse recruitment team: Recruitment@peacehealth.org. Visit our website: jobs.peacehealth.org.

PeaceHealth is dedicated to EEO and Affirmative Action for all protected groups, including veterans and the disabled.

PeaceHealth is a not-for-profit, faith-based health care system. Grow your career in the specialty you’re passionate about!
Oh yes, I have plenty of time to check in for new assignments, what with all the bon bon eating and sitting around with my feet up.

Said no nurse ever.

Give your nurses the break they deserve with mobile job alerts. Find out more at prohealthstaffing.com.
Advisory Opinion Revision:
Administration of Sedating, Analgesic, and Anesthetic Agents

The Nursing Commission approved a revision of the advisory opinion on Administration of Sedating, Analgesic, and Anesthetic Agents. The revision removes language stating compounding medications is not within the scope of practice for a nurse. The Consistent Standards of Practice Sub-committee is performing a comprehensive review and analysis to submit an advisory opinion on compounding to the Nursing Commission for consideration. For questions, please contact Deborah Carlson at debbie.carlson@doh.wa.gov or 360-236-4725.

You may review the advisory opinion on our practice information webpage: http://www.doh.wa.gov/LicensPermitsandCertificates/NursingCommission/PracticeInformation.aspx

Bellevue College does not discriminate on the basis of race or ethnicity; creed; color; national origin; sex; marital status; sexual orientation; age; religion; genetic information; the presence of any sensory, mental, or physical disability; gender identity or veteran status in educational programs and activities which it operates. Please see policy 4150 at www.bellevuecollege.edu/policies/.
Tuition reimbursement.
On-site day care.
Magnet designation.
Competitive salaries with 12 percent differential for nights and 8 percent differential for weekends.
Extensive on-site professional development opportunities.
100 percent employer-paid health insurance premiums for full-time employees. Part-time employees only pay $30 per month.
Robust and incentive-driven wellness program.
Voted “Best Place to Work” in Modern Healthcare magazine.
Family-friendly community with fantastic outdoor recreation activities.
Relocation packages available.

To speak to a recruiter and learn more about career opportunities call (208) 625-4620 or visit us online at kh.org/careers

Have you considered a career at Kootenai Health?
MEDICATION DIVERSION

The following is a summation of the excellent article Drug diversion in Nursing Practice a call for Professional Accountability to Recognize and Respond by Roberta L. Wright, BSN, RN that appeared in the Winter 2013 (Vol. 33, No. 1) Journal of the Association of Occupational Health Professionals in Healthcare.

Medication diversion among nurses has serious implications on the healthcare system. Diversion is defined as the redirection of drugs from legitimate use to illicit channels (McHugh, et al, 2011). Diversion can result in loss of license, criminal and legal charges, higher costs to the healthcare organization and most importantly, harm to the patient (LaFerney, 2010). Patient safety is compromised when a nurse is working under the influence, withholds medication, or substitutes another substance for medication.

The extent of diversion in clinical settings is not fully known; however, opioids are the most common drug reported followed by tranquilizers, stimulants and sedatives (Ziegler et al, 2011). Nurses may divert medications through various channels either directly from unit supplies or from patients. When drug diversion does occur, it is primarily to support either the nurse or an associate and, less commonly, for sale to pursue financial gain (Berge, 2012).

In an effort to understand diversion an examination of contributing factors is essential. McHugh (2011) identifies stressors in the workplace such as increased workload, mandatory overtime, floating to unfamiliar units, and fatigue as potential factors contributing to a nurse’s decision to divert medications. Also, Darbro (2005) notes the presence of medical issues for which nurses need prescription pain medication or a dual diagnosis of physical pain along with depression and anxiety disorders.

Diversion is not easily recognized as nurses who divert are often exceptional practitioners. In the article, “Could Your Co-Worker be Diverting Pain Meds?” Dietrich (2009) lists the following signs of possible diversion:

- Frequently offers to give pain medication for co-workers
- Offers to dispose of pain medication cartridges or syringes
- Withdraws higher doses of pain medication than ordered so that wastage needs to occur
- Shows a change in behavior or mental status during shift
- Frequently needs to use the bathroom, or steps outside the unit after medicating patients
- Displays subtle changes in mood that are blamed on personal problems

Because diversion is a complex and high-risk issue, healthcare facilities should implement diversion-prevention measures and closely monitor opportunities for drug diversion. Diversion prevention measures include requiring a physician’s signature for telephone orders, immediate documentation of narcotic administration, and diligent adherence to the facility’s drug wastage policies. Facilities that have automated medication-dispensing systems should use statistical reports to identify standard deviations.

Awareness is the key in addressing diversion. Berge (2012) reinforces the importance of clear policies and workplace education to address diversion issues. Employers should provide education to all staff members starting with new employee orientation and repeating on a scheduled basis. Representatives from the commission’s substance abuse monitoring program (Washington Health Professional Services [WHPS]) are available to speak about substance use disorder among health professionals and issues related to diversion.

For more information, contact John Furman at 360-236-2882 or john.furman@dob.wa.gov.


Have you legally changed your name? Have you moved? It is your responsibility to notify us of legal name changes for your nursing license. We also require legal documentation showing the name change, such as a copy of a marriage license, divorce decree, or court order. It is also your responsibility to update address changes.

It is important for us to have updated contact information so we may contact you. We use your address to send courtesy reminders for license renewal, newsletters, and other official nurse licensing documents.

You may update your information by telephone or in writing. You may also send changes using the contact information change form at https://fortress.wa.gov/doh/opinio/s?s=CICF.

IS IT TIME FOR A NAME OR ADDRESS CHANGE?

UPCOMING NURSING COMMISSION MEETINGS

September 11, 2015, SeaTac Business Meeting

November 13, 2015, Kent Business Meeting

Patient First, Every Time

Wyoming Medical Center, located in the heart of Wyoming, is a 188-bed acute care Level II Trauma Center with more than 75 specialties and over 240 priviledged providers.

If you are a nurse committed to excellent service, join our team today. We offer excellent benefits and Wyoming has no state income tax!

To apply and view all of our current openings, visit WyomingMedicalCenter.org or call Denene Teduits at (307) 577-2078.

Equal Opportunity Employer

Online RN to BSN Track

Lewis-Clark State College

Division of Nursing & Health Sciences

• Flexible scheduling
• Entirely online
• Local preceptors
• Complete in as little as 9 months

Continue your professional journey with us today!

For more information, visit us at www.lcsc.edu/nursing
In collaboration with City University, our APIN practice partner group has developed an online needs assessment survey for rural Washington nurses. This survey is voluntary and anonymous; no respondent URLs will be tracked. It should take about 10-15 minutes to complete. The findings will be used by our practice partner group to work with rural employers and educational institutions to better assist rural nurses in advancing their education.

Your input and perspectives are critical to understand how we may best assist rural RNs to progress in their education! Please help us in this effort by completing the survey at this link: https://www.surveymonkey.com/r/RuralWA_RNSurvey

The Washington Center for Nursing has received a grant to help nurses in our state advance their education to bachelor’s degree and higher levels. The Institute of Medicine’s Future of Nursing Report made a strong case for improving patient care through supporting more education for RNs. This effort, called Academic Progression in Nursing, is being supported by a grant from the Robert Wood Johnson Foundation to our state (APIN-WA). We need to better understand the needs and barriers for rural nurses so colleges and employers can develop strategies and tools to help nurses advance to bachelors degree and higher levels.

Thanks so much in advance for your consideration, time and participation! If you have questions or need any other information please contact me (SuzanneS@wcnursing.org) or Linda Westbrook from City University of Seattle (lwestbrook@cityu.edu).

APIN-WA Practice Partner Group
Jeannie Eylar, Pullman Regional Hospital (Co-Lead)
Linda Latta, Chair of NWone Practice Commission (Co-Lead)
Arla Dunlop, Kittitas Valley Healthcare

APIN-WA Team
Sofia Aragon, Washington Center for Nursing
(Principal Investigator)
Mary Baroni, University of Washington Bothell (Co-PI)
Cindy Hollinsworth, Bellingham Technical College
(Co-Director)
Rene Hoeksel, Washington State University
Olena Rypich, Washington Center for Nursing

City University of Seattle
Steven Olswang, Provost
Linda Westbrook, Nursing Education Consultant
Free Subscription to StuNurse magazine!

Do you know someone who is a student nurse, or someone considering a nursing career? Then let them know about the StuNurse magazine. A subscription to the StuNurse digital magazine is FREE and can be reserved by visiting www.StuNurse.com and clicking on the Subscribe button at the upper right corner. Educators… let your students know they can subscribe free of charge!

And find us on Facebook.

LEAD THE WAY in healthcare
Designed by nurses with current practice needs in mind, Western’s nationally accredited RN-to-BSN Program prepares you for the future of healthcare.

Active Minds Changing Lives
AA/EO

She’s the change. You can be too.
Our graduates are shaping the future of health care.

Nurses should be full partners in redesigning health care in the U.S. – Institute of Medicine, Future of Nursing report

Manuela, DNP ’14

Nurse Leader
Nurse Educator
Population Health Nurse
Your path at WSU
Master of Nursing in Population Health (MN) & Post-Master’s Certificates

Family Nurse Practitioner
Psych Mental Health Nurse Practitioner
Population Health Nurse
Your path at WSU
Doctor of Nursing Practice (DNP)

Health Care Administrator/Leader in Hospital Management, Public Health & Group Practice
Your path at WSU
Master of Nursing in Population Health (MN), Master of Health Policy & Administration (MHPA), Lean Six Sigma certificates

Nurse Scientist
Nurse Faculty
Nurse Researcher
Your path at WSU
PhD in Nursing

Career Goal

nursing.wsu.edu/graduate-programs.html
The commission requires all nursing programs to report annually [WAC 246-840-520(3)]. Forty-three approved nursing schools (30 community or technical colleges and 13 universities) completed the annual survey, representing 89 nursing programs. Forty-six of the 89 programs prepare graduates for LPN or RN licensure. There are seven licensed practical nurse (LPN) programs and 28 associate degree registered nurse programs, either as a generic ADN or with an LPN component. Nine universities offer bachelor of science in nursing (BSN) programs. Two of the university programs offer graduate entry (GE) options.

The remaining 43 programs prepare graduates to advance their education post-licensure. There are eight RNB programs, two ADN to MSN, six ARNP and 10 other master’s programs. Finally there are five post-master’s certificate programs, five doctorate of nursing practice (DNPs) and two Ph.D. programs. There is one LPN to BSN and the remaining four programs were listed in the “other” category. Twenty-one of the 30 community or technical colleges and all 13 universities have national nursing accreditation. Selected analysis and reflection on survey results are provided below.

Higher Education for Nurses

Across settings, nurses are being called upon to coordinate care and collaborate with a variety of health professionals, including physicians, social workers, physical and occupational therapists, and pharmacists, most of whom hold master’s or doctoral degrees (IOM 2011). Research shows that a more highly educated RN workforce can benefit patient care overall (Akins, 2003, 2011, 2014; Needleman 2009; Kutney-Lee 2013) and may reduce costs (Yakusheva 2014). Washington State has committed to creating a more highly educated nursing workforce by endorsing the IOM recommendation, developing explicit goals in the master plan for nursing education, and a successful state wide Academic Progression in Nursing (APIN) project supported by Robert Wood Johnson Foundation.

The survey results indicate that nursing programs have responded by increasing enrollment and graduations in ADN, BSN, and Post licensure programs. Although increases in these program graduates are a good step, careful analysis of data trends suggests a need for a more focused strategic approach. Pre-licensure programs (LPN, ADN, BSN and GE) produced 3,076 graduates over the 2013-2014 academic year. The number of BSN graduates increased since 2012-2013 from 856 to 1,075 and ADN graduates increased from 1,179 to 1,671. The number of LPN graduates declined from 634 in 2012-2013 to 330 in 2013-2014.

There was a 41 percent increase (1,179 to 1,671) in the number of graduates from associate degree programs of nursing and only a 26 percent increase (856 to 1075) in graduates from BSN programs. Figure 1 illustrates trends in graduates of LPN and RN programs over the last nine years showing the steep increase in ADN graduates with a less rapid rise in BSN graduates.
The number of nurses graduating from all post-licensure programs increased in every category when compared with 2012-2013. There were 466 graduates of RNB programs in 2013-2014 and 930 students were enrolled in RNB programs, which is an increase from 383 graduates and 550 enrolled the previous year. Washington State RNB enrollments and graduations have increased 22 percent since last year adding to a higher educated workforce see Figure 2 on the left. There are likely more graduates from out-of-state online programs we have not yet captured in our report. The growing ADN graduate pool plus the need to advance the education of the current ADN workforce, highlights the priority to increase RNB capacity.

Auerbach, Beurhaus, and Staiger (2015) found that the percentage of BSN-prepared nurses in acute care hospitals is increasing, while the employment of associate degree nurses in these settings is decreasing. Further, AACN’s special survey on the Employment of New Nurse Graduates conducted last fall found that 79.6 percent of employers are now requiring or expressing a strong preference for nurses with a baccalaureate degree (AACN 2014). Given these trends, education programs must use innovative strategies to assure associate degree graduates are able to and successfully progress directly to the BSN.

A More Diverse Nursing Workforce

Demographic data on students shown in Figure 3 showed the majority of pre-licensure students are white women. Students in LPN programs had greater diversity than RN programs.

The makeup of our patients is diverse, and the makeup of nurses should reflect this diversity, yet 90 percent of nurses are women, and 96 percent of faculty members and more than 70 percent of students are Caucasian. We are clearly not representing the diversity of the populations we serve. Those students and faculty in PN and ADN programs are slightly more diverse than those in universities, representing an opportunity to retain these students and faculty member as they advance their education.

Faculty Shortages

Nursing programs continued to report difficulty filling nursing faculty positions. Programs reported that 14 percent of nursing faculty members anticipate retiring in the next five years, which is more than the 10 percent reported from the previous year. Nursing faculty members are primarily white-Caucasian females over the age of 55. Figure 4 illustrates how faculty shortages are likely to worsen as those faculty members ages 51 to 60 approach retirement without younger faculty members to take their place.

Conclusions

Review of annual state data and trends provides information for planning and evaluation. Research data is now available indicating a need for a higher education level of nurses in the future. Increases in enrollment and graduations have responded to nursing shortages and met current needs, but the future needs will require creative and strategic solutions to provide more BSN prepared nurses. Recruiting and retaining qualified diverse faculty members will also be essential to achieve an increased education level for the diverse nursing workforce we need now and in the future.

REFERENCES
Kutney-Lee A, Sloane DM, & Aiken LH. 2013. An increase in the number of nurses with baccalaureate degrees is linked to lower rates of postsurgery mortality. Health Affairs, 32(3):579-586.
ENHANCE YOUR NURSING CAREER WITH UW TACOMA

MASTER OF NURSING • BACHELOR OF SCIENCE IN NURSING (RN TO BSN) DEGREES DESIGNED FOR WORKING RNS

The Master of Nursing (MN) degree at UW Tacoma supports nurses to meet emerging healthcare needs.

All MN students acquire knowledge of leadership in organizations and systems, quality improvement and safety, informatics, and population-based care. The program’s current offerings in health disparities, research, and policy equip graduates to thrive and lead in a range of healthcare organizations.

Two curriculum options provide additional depth. The Nurse Educator option prepares nurses for a variety of roles, from faculty to patient educators. Graduates develop educational programs, evaluate performance, and facilitate learning.

The Leader in Healthcare Delivery option provides the knowledge and skills needed to lead in an environment of constant change—whether at the bedside, the boardroom or in the community. Graduates are leaders in care systems, governmental agencies, community organizations and patient care units.

The MN curriculum culminates with fieldwork and scholarly inquiry. Students plan individualized learning and inquiry experiences with the support of faculty.

WHY CHOOSE UW TACOMA?

- Flexible for full- or part-time study
- Predictable class schedule for working nurses
- Applies content to professional practice
- Emphasizes research, evidence-based practice, leadership, health policy and systems, and diversity related to health
- Affiliated with UW School of Nursing—Top ranked in the U.S. since 1984 by U.S. News & World Report

WHAT IF I DON’T HAVE A BSN?

RNs with non-nursing bachelor degrees are encouraged to apply to the MN program. Competency in Community Health and Leadership is demonstrated via petitions or taking selected courses.

ADN to BSN to MN option is available. Begin to take MN courses while completing your BSN degree.

CALL OR EMAIL TODAY
For a one-on-one appointment to discuss your future at UW Tacoma

For more info: 253.692.4470 | tnursing@uw.edu | tacoma.uw.edu/nursing
The following is a list of formal licensure actions taken between January 1, 2015, and June 30, 2015. For more information, please visit Provider Credential Search (https://fortress.wa.gov/doh/providercredentialsearch/SearchCriteria.aspx) or contact Customer Service at (360) 236-4700.

<table>
<thead>
<tr>
<th>Licensee</th>
<th>Date of Action</th>
<th>Formal Action</th>
<th>Violation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brightwell, Tina M., RN (RN00069951)</td>
<td>01/05/15</td>
<td>Probation</td>
<td>Negligence; Violation of federal or state statutes, regulations or rules</td>
</tr>
<tr>
<td>Salem, Brandyn M., RN (RN60018914)</td>
<td>01/06/15</td>
<td>Suspension</td>
<td>License suspension by a federal, state or local licensing authority</td>
</tr>
<tr>
<td>Coventry, Jonathan C., LPN (LP60317716)</td>
<td>01/06/15</td>
<td>Suspension</td>
<td>License suspension by a federal, state or local licensing authority</td>
</tr>
<tr>
<td>Cook, Garrett M., RN applicant (RN60502193)</td>
<td>01/09/15</td>
<td>Probation</td>
<td>License suspension by a federal, state or local licensing authority</td>
</tr>
<tr>
<td>St Martin, Casey M., RN (RN00172440)</td>
<td>01/16/15</td>
<td>Suspension</td>
<td>License suspension by a federal, state or local licensing authority</td>
</tr>
<tr>
<td>Leach, Tiffany E., RN (RN00161236)</td>
<td>01/21/15</td>
<td>Suspension</td>
<td>Violation of or failure to comply with licensing board order</td>
</tr>
<tr>
<td>Archibald, Adam B., RN, ARNP (RN60171804, AP60180766)</td>
<td>01/23/15</td>
<td>Probation</td>
<td>Diversion of controlled substance; Violation of federal or state statutes, regulations or rules</td>
</tr>
<tr>
<td>Brawley, William B., RN (RN60397643)</td>
<td>01/23/15</td>
<td>Suspension</td>
<td>License suspension by a federal, state or local licensing authority</td>
</tr>
<tr>
<td>Stompro, David J., RN (RN00137214)</td>
<td>01/28/15</td>
<td>Probation</td>
<td>License suspension by a federal, state or local licensing authority</td>
</tr>
<tr>
<td>Dreyer, Lee A., RN (RN60185221)</td>
<td>02/02/15</td>
<td>Suspension</td>
<td>Negligence; Violation of federal or state statutes, regulations or rules</td>
</tr>
<tr>
<td>LaTendresse, Shannon L., RN (RN60321931)</td>
<td>02/02/15</td>
<td>Suspension</td>
<td>Alcohol and other substance abuse; Narcotics violation or other violation of drug statutes</td>
</tr>
<tr>
<td>Geerdes, Sabrina L., RN applicant (RN60484204)</td>
<td>02/02/15</td>
<td>Licensure denied</td>
<td>License disciplinary action by a federal, state, or local licensing authority</td>
</tr>
<tr>
<td>Chebli, Amira T., RN (RN60204383)</td>
<td>02/03/15</td>
<td>Suspension</td>
<td>Violation of federal or state statutes, regulations or rules</td>
</tr>
<tr>
<td>Dauphinee, Nicolle (RN60262661)</td>
<td>02/04/15</td>
<td>Suspension</td>
<td>License suspension by a federal, state or local licensing authority</td>
</tr>
<tr>
<td>Harimenshi, Marie-Josee, LPN (LP60108692)</td>
<td>02/05/15</td>
<td>Probation</td>
<td>Violation of or failure to comply with licensing board order</td>
</tr>
<tr>
<td>Hollingsworth, Janice K., RN (RN00129888)</td>
<td>02/05/15</td>
<td>Conditions</td>
<td>Alcohol and other substance abuse; Violation of federal or state statutes, regulations or rules</td>
</tr>
<tr>
<td>Reed, Tiina, RN (RN00107061)</td>
<td>02/05/15</td>
<td>Surrender</td>
<td>Violation of federal or state statutes, regulations or rules</td>
</tr>
<tr>
<td>Betterton, Elizabeth E., RN (RN00165191)</td>
<td>02/05/15</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>Delgado, Amparo S., LPN (LP00056954)</td>
<td>02/06/15</td>
<td>Probation</td>
<td>Violation of or failure to comply with licensing board order</td>
</tr>
<tr>
<td>Blanton, Gwendolyn S., RN (RN00111503)</td>
<td>02/06/15</td>
<td>Suspension</td>
<td>Negligence; Violation of federal or state statutes, regulations or rules</td>
</tr>
<tr>
<td>Linville, Gail A., RN (RN60215154)</td>
<td>02/06/15</td>
<td>Suspension</td>
<td>License suspension by a federal, state or local licensing authority</td>
</tr>
<tr>
<td>Cruse, Sheila C., LPN (LP00032550)</td>
<td>02/10/15</td>
<td>Modification</td>
<td>Failure to maintain records or provide medical, financial, other requirement information; Violation of federal or state statutes, regulations or rules</td>
</tr>
<tr>
<td>Eudy, Elizabeth G., RN (RN60185619)</td>
<td>02/10/15</td>
<td>Suspension</td>
<td>Alcohol and other substance abuse, Narcotics violation</td>
</tr>
<tr>
<td>Cline, Robert M., RN, ARNP (RN60524186, AP60524188)</td>
<td>02/20/15</td>
<td>Conditions</td>
<td>License disciplinary action by a federal, state, or local licensing authority</td>
</tr>
<tr>
<td>Deeter Larsen, Kellie D., LPN (LP00054437)</td>
<td>02/25/15</td>
<td>Probation</td>
<td>Negligence</td>
</tr>
<tr>
<td>Brown, Carolyn R., LPN (LP60278957)</td>
<td>02/25/15</td>
<td>Probation</td>
<td>License suspension by a federal, state or local licensing authority</td>
</tr>
<tr>
<td>Rydberg, Cherish A., RN (RN00123355)</td>
<td>02/25/15</td>
<td>Conditions</td>
<td>Alcohol and other substance abuse; Narcotics violation</td>
</tr>
<tr>
<td>Qualls, Lynda L., RN (RN60270131)</td>
<td>02/25/15</td>
<td>Conditions</td>
<td>License disciplinary action by a federal, state, or local licensing authority</td>
</tr>
<tr>
<td>Fowlkes, Carson R., RN (RN00158347)</td>
<td>02/25/15</td>
<td>Suspension</td>
<td>Violation of or failure to comply with licensing board order</td>
</tr>
<tr>
<td>Morgan, Sarah J., RN (RN00171389)</td>
<td>02/26/15</td>
<td>Suspension</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>Padlock, Lynn A., RN (RN00082701)</td>
<td>02/26/15</td>
<td>Reinstatement</td>
<td>Violation of or failure to comply with licensing board order</td>
</tr>
<tr>
<td>Brothers, William M., RN (RN00106317)</td>
<td>02/26/15</td>
<td>Reinstatement</td>
<td>Alcohol and other substance abuse</td>
</tr>
<tr>
<td>Laika, Kathleen F., RN (RN00105444)</td>
<td>03/03/15</td>
<td>Suspension</td>
<td>Alcohol and other substance abuse; Failure to cooperate with the disciplining authority; Violation of federal or state statutes, regulations or rules</td>
</tr>
<tr>
<td>Burns, Julie C., RN (RN00177471)</td>
<td>03/03/15</td>
<td>Suspension</td>
<td>License disciplinary action by a federal, state, or local licensing authority</td>
</tr>
<tr>
<td>Arnott, Erin M., RN (RN60481487)</td>
<td>03/09/15</td>
<td>Suspension</td>
<td>Fraud, deceit or material omission in obtaining licensure or credentials; License suspension by a federal, state or local licensing authority</td>
</tr>
<tr>
<td>Baird, Hannah J., LPN (LP00054640)</td>
<td>03/13/15</td>
<td>Suspension</td>
<td>Violation of or failure to comply with licensing board order</td>
</tr>
<tr>
<td>Boseski, Sherri A., RN (RN60118736)</td>
<td>03/13/15</td>
<td>Suspension</td>
<td>Violation of or failure to comply with licensing board order</td>
</tr>
<tr>
<td>Danner, Kim C., RN applicant (RN60502210)</td>
<td>03/18/15</td>
<td>Conditions</td>
<td>Alcohol and other substance abuse; Criminal conviction</td>
</tr>
<tr>
<td>Licensee</td>
<td>Date of Action</td>
<td>Formal Action</td>
<td>Violation</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>----------------</td>
<td>---------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Watson, Andrea L., RN</td>
<td>03/19/15</td>
<td>Conditions</td>
<td>Alcohol and other substance abuse; Narcotics violation; Violation of federal or state statutes, regulations or rules</td>
</tr>
<tr>
<td>Cargile, Amanda L., LPN</td>
<td>03/25/15</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>Bromley, Leigh A., RN</td>
<td>03/25/15</td>
<td>Suspension</td>
<td>Violation of federal or state statutes, regulations or rules</td>
</tr>
<tr>
<td>Daley, Theresa M., RN</td>
<td>03/25/15</td>
<td>Suspension</td>
<td>Alcohol and other substance abuse; Diversion of controlled substance; Failure to cooperate with the disciplining authority</td>
</tr>
<tr>
<td>Fischer, Laura D., RN</td>
<td>03/25/15</td>
<td>Suspension</td>
<td>License suspension by a federal, state or local licensing authority</td>
</tr>
<tr>
<td>Johnson, Robin N., RN</td>
<td>03/31/15</td>
<td>Suspension</td>
<td>Negligence; Patient abuse; Violation of federal or state statutes, regulations or rules</td>
</tr>
<tr>
<td>Rodarte, Robert J., RN</td>
<td>03/31/15</td>
<td>Suspension</td>
<td>Violation of or failure to comply with licensing board order</td>
</tr>
<tr>
<td>Dechenne, Jennifer S., RN</td>
<td>04/03/15</td>
<td>Suspension</td>
<td>Violation of or failure to comply with licensing board order</td>
</tr>
<tr>
<td>Lincoln, Laura R., RN</td>
<td>04/03/15</td>
<td>Suspension</td>
<td>Violation of or failure to comply with licensing board order</td>
</tr>
<tr>
<td>Merritt, Zachariah A., RN</td>
<td>04/07/15</td>
<td>Suspension</td>
<td>Alcohol and other substance abuse; Criminal conviction; Narcotics violation</td>
</tr>
<tr>
<td>Swenson, Linda A., RN</td>
<td>04/08/15</td>
<td>Conditions</td>
<td>Alcohol and other substance abuse; Violation of federal or state statutes, regulations or rules</td>
</tr>
<tr>
<td>Huffman, Angela A., RN</td>
<td>04/08/15</td>
<td>Conditions</td>
<td>Criminal conviction</td>
</tr>
<tr>
<td>Hinsdale, Mindy L., RN</td>
<td>04/09/15</td>
<td>Conditions</td>
<td>Violation of federal or state statutes, regulations or rules</td>
</tr>
<tr>
<td>Munford, Tara L., RN</td>
<td>04/09/15</td>
<td>Probation</td>
<td>Violation of or failure to comply with licensing board order</td>
</tr>
<tr>
<td>Vigue-Dry, Tanna N., RN</td>
<td>04/09/15</td>
<td>Modification</td>
<td>License suspension by a federal, state or local licensing authority</td>
</tr>
<tr>
<td>Kelly, Donna M., RN</td>
<td>04/09/15</td>
<td>Suspension</td>
<td>Negligence; Violation of federal or state statutes, regulations or rules</td>
</tr>
<tr>
<td>O’Handley, Heather D., RN</td>
<td>04/09/15</td>
<td>Licensure denied</td>
<td>License suspension by a federal, state or local licensing authority</td>
</tr>
<tr>
<td>Jacob, Shawn E., RN</td>
<td>04/09/15</td>
<td>Reinstatement</td>
<td>License suspension by a federal, state or local licensing authority</td>
</tr>
<tr>
<td>Price, Karen A., RN</td>
<td>04/09/15</td>
<td>Reinstatement</td>
<td>Criminal conviction</td>
</tr>
<tr>
<td>Michaud, Collette M., RN</td>
<td>04/09/15</td>
<td>Reinstatement</td>
<td>License disciplinary action by a federal, state, or local licensing authority</td>
</tr>
<tr>
<td>Stephens, Sandra L., RN</td>
<td>04/10/15</td>
<td>Surrender</td>
<td>Misrepresentation of credentials; Violation of federal or state statutes, regulations or rules</td>
</tr>
<tr>
<td>Richardson, Kristi D., RN</td>
<td>04/15/15</td>
<td>Probation</td>
<td>Diversion of controlled substance; Narcotics violation or other violation of drug statutes; Violation of federal or state statutes, regulations or rules</td>
</tr>
<tr>
<td>Dimond, Devrie R., RN</td>
<td>04/16/15</td>
<td>Suspension</td>
<td>License suspension by a federal, state or local licensing authority</td>
</tr>
<tr>
<td>Parker, Rebecca, RN, ARNP</td>
<td>04/17/15</td>
<td>Suspension</td>
<td>License suspension by a federal, state or local licensing authority</td>
</tr>
</tbody>
</table>

For more information and to apply, visit www.billingsclinic.com/careers or call (406) 238-2638

Great Opportunities!
- Nurse Practitioners
- Nursing Leadership
- Experienced RNs

BE READY FOR YOUR FUTURE HEALTHCARE CAREER

- Bachelor of Science in Nursing
  - RN-to-BSN
  - First Year Entry
- Health Studies (BA)
- Master of Nursing

COURSE CONTENT RELEVANT TO YOUR PRACTICE
- Nursing degree classes 1 day/week
- RN-to-BSN in Bothell, Everett, and Seattle (4–5 quarters minimum)
- In person, hybrid, and distance learning classes taught by UW Bothell faculty
- MN Friday classes (7 or 11 quarters)

NHS@uw.edu  425.352.5000  www.uwb.edu
<table>
<thead>
<tr>
<th>Licensee</th>
<th>Date of Action</th>
<th>Formal Action</th>
<th>Violation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Termure, Magdalena (RN600172366)</td>
<td>04/23/15</td>
<td>Restrictions</td>
<td>Improper or inadequate supervision or delegation; Negligence; Violation of federal or state statutes, regulations or rules</td>
</tr>
<tr>
<td>Casey, Paul A., RN (RN00112183)</td>
<td>04/27/15</td>
<td>Suspension</td>
<td>Violation of or failure to comply with licensing board order</td>
</tr>
<tr>
<td>Henning, Joyce M., LPN (LP00047808)</td>
<td>04/28/15</td>
<td>Conditions</td>
<td>License suspension by a federal, state or local licensing authority</td>
</tr>
<tr>
<td>Schwartz, Kelly D., RN (RN00148083)</td>
<td>04/28/15</td>
<td>Conditions</td>
<td>Alcohol and other substance abuse; Diversion of controlled substance; Negligence; Violation of federal or state statutes, regulations or rules</td>
</tr>
<tr>
<td>Uy, Mia C., RN (RN60026041)</td>
<td>04/28/15</td>
<td>Probation</td>
<td>Violation of or failure to comply with licensing board order</td>
</tr>
<tr>
<td>Hardman, Jennifer D., RN (RN60293858)</td>
<td>04/28/15</td>
<td>Conditions</td>
<td>Non-sexual dual relationship or boundary violation</td>
</tr>
<tr>
<td>Harini, Habib, RN, LPN (RN60242719, LP00052311)</td>
<td>04/29/15</td>
<td>Probation</td>
<td>Negligence</td>
</tr>
<tr>
<td>Lanning, Heather E., RN (RN60068170)</td>
<td>04/29/15</td>
<td>Suspension</td>
<td>Violation of or failure to comply with licensing board order</td>
</tr>
<tr>
<td>Harsh, Heather L., RN (RN00131334)</td>
<td>04/29/15</td>
<td>Reinstatement</td>
<td>Violation of federal or state statutes, regulations or rules</td>
</tr>
<tr>
<td>Art, Ench, RN (RN00137850)</td>
<td>04/30/15</td>
<td>Suspension</td>
<td>Criminal conviction; Violation of federal or state statutes, regulations or rules</td>
</tr>
<tr>
<td>Smith, Leona M., RN (RN00177534)</td>
<td>04/30/15</td>
<td>Reinstatement</td>
<td>License suspension by a federal, state or local licensing authority</td>
</tr>
<tr>
<td>Sample, Samantha D., LPN (LP60500372)</td>
<td>05/04/15</td>
<td>Suspension</td>
<td>License revocation by a federal, state or local licensing authority</td>
</tr>
<tr>
<td>Askew, Teresa L., LPN (RN00039131)</td>
<td>05/05/15</td>
<td>Probation</td>
<td>Negligence; Violation of federal or state statutes, regulations or rules</td>
</tr>
<tr>
<td>Chamelee, Deema M., RN, ARNP (RN00140546, AP30006115)</td>
<td>05/06/15</td>
<td>Suspension</td>
<td>Unable to practice safely by reason of psychological impairment or mental disorder</td>
</tr>
<tr>
<td>Hardy, Marlana S., RN (RN00148387)</td>
<td>05/06/15</td>
<td>Suspension</td>
<td>Exploiting a patient for financial gain; Violation of federal or state statutes, regulations or rules</td>
</tr>
<tr>
<td>Dunham, Jody M., LPN (LP000034245)</td>
<td>05/06/15</td>
<td>Reinstatement</td>
<td>Alcohol and other substance abuse; Diversion of controlled substance</td>
</tr>
<tr>
<td>Tarver, John D., RN (RN606435659)</td>
<td>05/13/15</td>
<td>Surrender</td>
<td>Unprofessional conduct</td>
</tr>
<tr>
<td>Gates, Cynthia D., LPN (LP00052388)</td>
<td>05/15/15</td>
<td>Suspension</td>
<td>Violation of or failure to comply with licensing board order</td>
</tr>
<tr>
<td>Hafstad, Gwyneth F., RN (RN00148594)</td>
<td>05/18/15</td>
<td>Suspension</td>
<td>Unprofessional conduct</td>
</tr>
<tr>
<td>Bratches, Katherine M., RN (RN60087884)</td>
<td>05/20/15</td>
<td>Conditions</td>
<td>License suspension by a federal, state or local licensing authority</td>
</tr>
<tr>
<td>Keown, Riley E., RN (RN60383822)</td>
<td>05/20/15</td>
<td>Probation</td>
<td>Negligence; Violation of federal or state statutes, regulations or rules</td>
</tr>
<tr>
<td>Buntin, Nicole A., RN (RN60405445)</td>
<td>05/20/15</td>
<td>Suspension</td>
<td>Violation of or failure to comply with licensing board order</td>
</tr>
<tr>
<td>Carlson, Linda D., RN (RN00084607)</td>
<td>05/26/15</td>
<td>Suspension</td>
<td>Alcohol and other substance abuse; Criminal conviction; Diversion of controlled substance</td>
</tr>
<tr>
<td>Muzzey, Frank D., RN (RN00100065)</td>
<td>05/28/15</td>
<td>Conditions</td>
<td>Fraud – unspecified; Violation of federal or state statutes, regulations or rules</td>
</tr>
<tr>
<td>Nichols, Jane E., RN (RN00112430)</td>
<td>05/28/15</td>
<td>Probation</td>
<td>Negligence; Practicing beyond the scope of practice; Violation of federal or state statutes, regulations or rules</td>
</tr>
<tr>
<td>Gubbels, Ann-Lisa D., RN (RN60019565)</td>
<td>05/28/15</td>
<td>Conditions</td>
<td>Alcohol and other substance abuse; Diversion of controlled substance; Fraud – unspecified; Practicing beyond the scope of practice; Violation of federal or state statutes, regulations or rules</td>
</tr>
<tr>
<td>Harris, Sarah A., RN (RN60457004)</td>
<td>05/28/15</td>
<td>Conditions</td>
<td>Violation of or failure to comply with licensing board order</td>
</tr>
<tr>
<td>Farnsworth, Lesli L., RN (RN00030200)</td>
<td>05/28/15</td>
<td>Suspension</td>
<td>Unable to practice safely by reason of psychological impairment or mental disorder</td>
</tr>
<tr>
<td>Grove, James C., RN (RN60184741)</td>
<td>05/28/15</td>
<td>Modification</td>
<td>License suspension by a federal, state or local licensing authority</td>
</tr>
<tr>
<td>Corn, Patrick J., RN (RN00111394)</td>
<td>05/28/15</td>
<td>Suspension</td>
<td>Negligence; Violation of federal or state statutes, regulations or rules</td>
</tr>
<tr>
<td>Shepherd, Joshua L., RN (RN60254072)</td>
<td>05/28/15</td>
<td>Suspension</td>
<td>License suspension by a federal, state or local licensing authority</td>
</tr>
<tr>
<td>Collins, Sheila R., RN (RN00088462)</td>
<td>05/28/15</td>
<td>Reinstatement</td>
<td>Violation of or failure to comply with licensing board order</td>
</tr>
<tr>
<td>Conklin, Dena R., RN (RN00106512)</td>
<td>06/02/15</td>
<td>Modification</td>
<td>Alcohol and other substance abuse; Diversion of controlled substance; Fraud – unspecified; Narcotics violation</td>
</tr>
<tr>
<td>Warner, BrendaJean F., RN (RN00117367)</td>
<td>06/03/15</td>
<td>Surrender</td>
<td>Diversification of controlled substance; Violation of federal or state statutes, regulations or rules</td>
</tr>
<tr>
<td>Lawson, Penny S., RN (RN60605074)</td>
<td>06/03/15</td>
<td>Suspension</td>
<td>License suspension by a federal, state or local licensing authority</td>
</tr>
<tr>
<td>Holloman, Aaron R., RN (RN00124895)</td>
<td>06/05/15</td>
<td>Suspension</td>
<td>License suspension by a federal, state or local licensing authority</td>
</tr>
<tr>
<td>Tannler, Jonathan P., RN (RN00183136)</td>
<td>06/11/15</td>
<td>Suspension</td>
<td>Fraud – unspecified; Violation of federal or state statutes, regulations or rules</td>
</tr>
<tr>
<td>Hollingsworth, Janice K., RN (RN00129688)</td>
<td>06/12/15</td>
<td>Suspension</td>
<td>Failure to violate licensing board order</td>
</tr>
<tr>
<td>Keele, Christina R., RN (RN00169743)</td>
<td>06/15/15</td>
<td>Suspension</td>
<td>Failure to pay child support order</td>
</tr>
<tr>
<td>Brokaw, Robert S., RN (RN00168672)</td>
<td>06/22/15</td>
<td>Suspension</td>
<td>Diversification of controlled substance; Narcotics violation; Violation of federal or state statutes, regulations or rules</td>
</tr>
<tr>
<td>McNary, Nancy B., RN (RN60046150)</td>
<td>06/23/15</td>
<td>Suspension</td>
<td>License suspension by a federal, state or local licensing authority</td>
</tr>
<tr>
<td>Ihle, Charles T., RN (RN60499967)</td>
<td>06/23/15</td>
<td>Suspension</td>
<td>Fraud, deceit or material omission in obtaining license or credentials; License suspension by a federal, state or local licensing authority</td>
</tr>
<tr>
<td>Miller, Meghan R., LPN (LP60103130)</td>
<td>06/29/15</td>
<td>Conditions</td>
<td>Alcohol and other substance abuse; Diversion of controlled substance; Violation of federal or state statutes, regulations or rules</td>
</tr>
<tr>
<td>Trosten, Karen E., RN (RN00071552)</td>
<td>06/29/15</td>
<td>Conditions</td>
<td>Narcotics violation or other violation of drug statutes</td>
</tr>
<tr>
<td>Douglas, Lori A., RN (RN00098957)</td>
<td>06/29/15</td>
<td>Conditions</td>
<td>Alcohol and other substance abuse</td>
</tr>
<tr>
<td>Jones, Cecilia V., RN (RN00061483)</td>
<td>06/29/15</td>
<td>Surrender</td>
<td>Improper or inadequate supervision or delegation; Negligence; Violation of federal or state statutes, regulations or rules</td>
</tr>
<tr>
<td>Kimbrei, Olga D., RN (RN00157008)</td>
<td>06/29/15</td>
<td>Suspension</td>
<td>Violation of or failure to comply with licensing board order</td>
</tr>
<tr>
<td>Fasske, Chelsea D., RN (RN00169878)</td>
<td>06/29/15</td>
<td>Suspension</td>
<td>Alcohol and other substance abuse</td>
</tr>
<tr>
<td>Sterling, Angela M., RN (RN00114710)</td>
<td>06/29/15</td>
<td>Suspension</td>
<td>Diversification of controlled substance; Failure to cooperate with the disciplining authority; Narcotics violation or other violation of drug statutes</td>
</tr>
<tr>
<td>Brown, Cynthia A., RN, ARNP (RN00130329, AP30004753)</td>
<td>06/29/15</td>
<td>Suspension</td>
<td>Alcohol and other substance abuse; Diversification of controlled substance; Fraud – unspecified; Violation of federal or state statutes, regulations or rules</td>
</tr>
<tr>
<td>Brightwell, Tina M., RN (RN00069951)</td>
<td>06/29/15</td>
<td>Suspension</td>
<td>Incompetence</td>
</tr>
<tr>
<td>Holzman, Diane H., RN (RN60273119)</td>
<td>06/29/15</td>
<td>Suspension</td>
<td>License disciplinary action by a federal, state, or local licensing authority</td>
</tr>
</tbody>
</table>
The following is a list of Stipulations to Informal Disposition taken between January 1, 2015, and June 30, 2015. A Stipulation is an informal disciplinary action where the licensee admits no wrongdoing but agrees to comply with certain terms.

<table>
<thead>
<tr>
<th>Licensee</th>
<th>Date of Action</th>
<th>Informal Agreement</th>
<th>Allegation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Whaley, Carol D., RN (RN00117799)</td>
<td>01/07/15</td>
<td>Conditions</td>
<td>Violation of federal or state statutes, regulations or rules</td>
</tr>
<tr>
<td>West, Donna J., RN, ARNP (RN00062394, AP30005349)</td>
<td>02/05/15</td>
<td>Probation</td>
<td>Violation of federal or state statutes, regulations or rules</td>
</tr>
<tr>
<td>Vichas, Amanda L., RN, ARNP (RN00148939, AP60137713)</td>
<td>02/05/15</td>
<td>Probation</td>
<td>Alcohol and other substance abuse; Diversion of controlled substance</td>
</tr>
<tr>
<td>Nelson, Ingrid K., LPN (LP00032655)</td>
<td>02/05/15</td>
<td>Probation</td>
<td>Negligence; Violation of federal or state statutes, regulations or rules</td>
</tr>
<tr>
<td>Landos, Autumn C., LPN (LP00050568)</td>
<td>02/05/15</td>
<td>Probation</td>
<td>Negligence</td>
</tr>
<tr>
<td>Childers, Lori E., LPN (LP00051252)</td>
<td>02/05/15</td>
<td>Conditions</td>
<td>Alcohol and other substance abuse; Violation of federal or state statutes, regulations or rules</td>
</tr>
<tr>
<td>Golovin, Tamara I., LPN (LP00059494)</td>
<td>02/05/15</td>
<td>Probation</td>
<td>Negligence; Violation of federal or state statutes, regulations or rules</td>
</tr>
<tr>
<td>Gordon, Melissa R., RN (RN00175168)</td>
<td>02/05/15</td>
<td>Probation</td>
<td>Diversion of controlled substance; Practicing beyond the scope of practice; Violation of federal or state statutes, regulations or rules</td>
</tr>
<tr>
<td>Sesay, Saidu, RN (RN00176861)</td>
<td>02/05/15</td>
<td>Conditions</td>
<td>Negligence; Violation of federal or state statutes, regulations or rules</td>
</tr>
<tr>
<td>Wilson, Kathi G., LPN (LP00040992)</td>
<td>02/05/15</td>
<td>Surrender</td>
<td>Negligence; Violation of federal or state statutes, regulations or rules</td>
</tr>
<tr>
<td>Coram, Judith W., RN (RN00058395)</td>
<td>02/05/15</td>
<td>Surrender</td>
<td>Negligence</td>
</tr>
<tr>
<td>Balch, Thomas B., RN, ARNP (RN00055607, AP30000357)</td>
<td>02/05/15</td>
<td>Probation</td>
<td>Negligence; Violation of federal or state statutes, regulations or rules</td>
</tr>
<tr>
<td>Van Brunt-Oreiro, Debra, LPN (LP00055397)</td>
<td>02/27/15</td>
<td>Probation</td>
<td>Criminal conviction</td>
</tr>
<tr>
<td>Hausserman, Denise L., LPN (LP00054126)</td>
<td>03/02/15</td>
<td>Probation</td>
<td>Negligence; Violation of federal or state statutes, regulations or rules</td>
</tr>
<tr>
<td>Njuguna, Anne W., LPN (LP00073949)</td>
<td>03/02/15</td>
<td>Probation</td>
<td>Violation of federal or state statutes, regulations or rules</td>
</tr>
<tr>
<td>Kennedy, Leah N., RN (RN00075864)</td>
<td>03/16/15</td>
<td>Surrender</td>
<td>Negligence</td>
</tr>
<tr>
<td>Rozhnovskaya, Irina V., LPN (LP00056694)</td>
<td>04/08/15</td>
<td>Probation</td>
<td>Negligence; Violation of federal or state statutes, regulations or rules</td>
</tr>
<tr>
<td>Mansell, Glenn R., RN (RN00138524)</td>
<td>04/08/15</td>
<td>Probation</td>
<td>Violation of federal or state statutes, regulations or rules</td>
</tr>
<tr>
<td>Bradley, Tamara R., RN (RN60019412)</td>
<td>04/08/15</td>
<td>Conditions</td>
<td>Alcohol and other substance abuse; Diversion of controlled substance; Violation of federal or state statutes, regulations or rules</td>
</tr>
<tr>
<td>Smith, Rita R., RN (RN00127913)</td>
<td>04/09/15</td>
<td>Surrender</td>
<td>Negligence; Violation of federal or state statutes, regulations or rules</td>
</tr>
<tr>
<td>Gardner, Melinda M., LPN (LP00062854)</td>
<td>04/28/15</td>
<td>Probation</td>
<td>Fraud – unspecified; Negligence; Violation of federal or state statutes, regulations or rules</td>
</tr>
<tr>
<td>Nelson, Lydia L., RN (RN00051234)</td>
<td>04/28/15</td>
<td>Surrender</td>
<td>Negligence; Violation of federal or state statutes, regulations or rules</td>
</tr>
<tr>
<td>Zimmerman, Alan E., RN (RN00084122)</td>
<td>04/28/15</td>
<td>Surrender</td>
<td>Diversion of controlled substance; Narcotics violation</td>
</tr>
<tr>
<td>Bowers, Julie A., LPN (LP00023227)</td>
<td>05/20/15</td>
<td>Probation</td>
<td>Negligence</td>
</tr>
<tr>
<td>Omomukuyo, Tina A., LPN (LP00074323)</td>
<td>05/28/15</td>
<td>Probation</td>
<td>Practicing beyond the scope of practice; Violation of federal or state statutes, regulations or rules</td>
</tr>
<tr>
<td>Short, Carolyn A., RN (RN00069978)</td>
<td>05/28/15</td>
<td>Conditions</td>
<td>License suspension by a federal, state or local licensing authority</td>
</tr>
<tr>
<td>Tenney-Gomez, Janette E., RN (RN00077785)</td>
<td>05/28/15</td>
<td>Probation</td>
<td>Violation of federal or state statutes, regulations or rules</td>
</tr>
<tr>
<td>Tomlin, K. Melissa, RN (RN00137841)</td>
<td>05/28/15</td>
<td>Probation</td>
<td>Negligence; Violation of federal or state statutes, regulations or rules</td>
</tr>
<tr>
<td>Beamer, Laurel A., RN (RN00056529)</td>
<td>05/28/15</td>
<td>Surrender</td>
<td>Violation of federal or state statutes, regulations or rules</td>
</tr>
<tr>
<td>Waggoner, Paul D., RN (RN60016921)</td>
<td>05/28/15</td>
<td>Surrender</td>
<td>License suspension by a federal, state or local licensing authority</td>
</tr>
<tr>
<td>Secrist, Robin A., RN, ARNP (RN60228068, AP60396770)</td>
<td>06/29/15</td>
<td>Probation</td>
<td>Fraud – unspecified; Unauthorized prescribing of medication</td>
</tr>
<tr>
<td>Small, Joseph W., RN (RN00127777)</td>
<td>06/29/15</td>
<td>Conditions</td>
<td>Negligence; Patient care; Violation of federal or state statutes, regulations or rules</td>
</tr>
<tr>
<td>Oatfield, Jamie S., RN (RN00176234)</td>
<td>06/29/15</td>
<td>Probation</td>
<td>Narcotics violation</td>
</tr>
<tr>
<td>McGearry, Mary E., RN (RN00077608)</td>
<td>06/29/15</td>
<td>Surrender</td>
<td>Alcohol and other substance abuse</td>
</tr>
<tr>
<td>Gibson, Andrea M., RN (RN00133537)</td>
<td>06/30/15</td>
<td>Probation</td>
<td>Violation of federal or state statutes, regulations or rules</td>
</tr>
<tr>
<td>Young, Elizabeth E., RN (RN60079788)</td>
<td>06/30/15</td>
<td>Probation</td>
<td>Negligence; Violation of federal or state statutes, regulations or rules</td>
</tr>
</tbody>
</table>
Live the Alaskan Dream at Mat-Su Regional Medical Center, named as one of 150 Great Places to Work in Healthcare!

Join us at the newest medical center in Alaska’s fastest growing economy. Mat-Su Regional Medical Center has earned recognition as a National and State quality leader and also as a Top Performing Hospital by The Joint Commission.

We value top nursing talent and offer exceptional benefits that include Medical/Dental/Vision/Life, 401k with Employer match, Paid Time Off, relocation and sign on bonus.

Apply online at www.matsuregional.com or email c.babuscio@msrmc.com

Current Nursing Openings:
FT Operating Room RN’s
FT Labor and Delivery RN’s
FT Endo RNs

Becker’s Hospital Review/Becker’s ASC Review

150 Great Places to Work in Healthcare
YOU’RE NOT AFRAID TO WORK LONG HOURS.

CARING FOR OTHERS COMES NATURALLY.

EVERY DAY YOU EXCEL UNDER PRESSURE.

YOU’VE GOT THIS.

WGU Washington offers CCNE-accredited* BSN or MSN degree programs that are designed to fit your busy life. With a flat-rate tuition of about $6,000 per year that hasn’t been raised since 2008, it’s more affordable than you think. We’re online, accredited, and we’re here to help you reach your goals.

washington.wgu.edu/nursing

*Through Western Governors University, WGU Washington’s nursing programs are accredited by the Commission on Collegiate Nursing Education (One Dupont Circle, NW, Suite 530, Washington, DC 20036, 202-887-6791).