

2005–2007 Biennial Report

Health Professions Quality Assurance and Regulatory Activities

June 2008



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Page Contents

| | |
|----|---|
| 7 | Overview |
| 10 | Emerging Challenges – HPQA Responses |
| 12 | GMAP |
| 14 | 2006 Legislative changes |
| 15 | Sexual misconduct |
| 16 | Performance audit |
| 16 | Disciplinary Activities |
| 16 | Background checks |
| 17 | Federal criminal checks - Feasibility study |
| 17 | Case Disposition |
| 19 | Increased use of expert witnesses |
| 19 | Precedent-setting court decisions |
| 20 | Common violations of the law |
| 21 | Sanctions imposed on practitioners |
| 21 | Unlicensed Practice |
| 22 | Alternatives to Discipline |
| 23 | Index |
| | Appendices |
| 25 | Appendix A: Department of Health and Health Professions Quality Assurance Organization Charts, Contact information, and Boards, Commissions, and Committees listing |
| 33 | Appendix B: Licensee Counts by Profession |
| 34 | Appendix C: Mary Selecky’s memo on improving patient safety |
| 37 | Appendix D: Performance against Time Lines |
| 39 | Appendix E: Criminal Convictions |
| 40 | Appendix F - Investigation, Closure, and Case Resolution |
| 56 | Appendix G: Definitions |
| 57 | Appendix H: Biennial Comparison |
| 60 | Appendix I - Case Appeals Activity |
| 61 | Appendix J - Violations and Sanctions |
| 65 | Appendix K - Chemically Impaired Practitioners |

Overview

Every two years the Washington State Department of Health reports to the Legislature on its activities in regulating health professions. This report, prepared by the Office of Health Professions Quality Assurance (HPQA), covers the 2005-2007 biennium. The format has been changed to make it easier to read as an electronic document. Links are provided to appendices and can be printed as hard copies. Other links open external Web sites. The electronic paths for these documents are footnoted.

Scope

The division regulates more than 319,000 health care professionals in 57 professions. Five¹ more professions were added by the 2007 Legislature for a total of 62. The division works with 12 boards and four commissions to license health professionals, investigate complaints against them and take disciplinary action. It also oversees healthcare professionals' compliance with sanctions. Department and office organization charts and contact information are in [Appendix A](#).

Funding

These activities cost about \$27 million each year. Practitioners pay for this work through fees. Revenue and expenditures are tracked for each profession. Each profession must be self-supporting. All fees are subject to the Washington State Legislature's budget appropriation process.

Workload

During the 2005-2007 biennium, the division:

- Issued more than 70,000 new credentials and renewed more than 400,000. This will increase in 2007-2009. Laws passed in 2007 added five new professions with an estimated 11,000 practitioners.
- Processed more than 13,000 new complaints while also working on more than 2,800 from the prior biennium.
- Issued more than 2,000 disciplinary orders.
- Responded to more than 20,000 requests for public records.

Credential types

Health Professions Quality Assurance issues three types of credentials:

1. License: This allows people to practice if they meet certain qualifications. Doing so without a license is illegal. Licensing helps make sure practitioners do only what they are trained and licensed to do.

¹ [New professions](#): Athletic trainer, dental assistant, expanded function dental auxiliary, physical therapist assistant, retired volunteer medical worker. Credential changes: Animal massage was permitted by legislation in 2007; however, collection of fees was not approved by the Legislature in 2008. Without fees, animal massage will remain unregulated. Veterinary technicians are now licensed instead of registered. Rule-making must be completed in 2008 before new profession applicants can become credentialed.

2. Certification: This is a voluntary process. The state recognizes the person has met certain qualifications. The regulatory authority - a board, commission or the DOH secretary - sets the qualifications. A non-certified person may perform the same tasks, but may not use “certified” in the title.
3. Registration: The state keeps an official roster of names and addresses of the people in a given profession. If required, a description and the location of the service are included.

Division, Board and Commission responsibilities

The division directly regulates 27 professions on behalf of the secretary. It also provides administrative support to 16 boards and commissions. These 16 boards and commissions oversee 35 of the 62 professions. The 62 professions include five new professions authorized by the 2007 Legislature.

| Regulatory Authority | Licensing | Disciplining Authority |
|----------------------|-----------|------------------------|
| Secretary | 27 | 29 |
| Boards/ Commissions | 35 | 33 |
| Total | 62 | 62 |

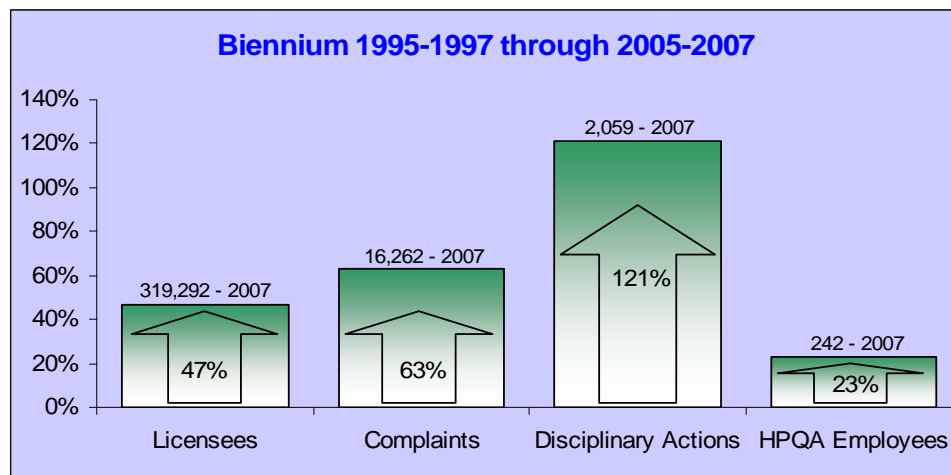
- Ten boards handle credentialing and discipline for 24 professions. These are the boards of hearing and speech, nursing home administrators, occupational therapy practice, optometry, osteopathic medicine and surgery, pharmacy, physical therapy, podiatric medicine, psychology, and veterinary.
- Two boards, Massage and Denturists, do not have disciplinary authority. They have only credentialing authority. The secretary oversees discipline for these professions.
- Four commissions oversee credentialing and discipline of nine professions. These are the Chiropractic, Dental, Medical, and Nursing Care Quality Assurance Commissions.
- The secretary has credentialing authority for 27 professions and disciplining authority for 29 professions. These professions are listed in [Appendix A](#).
- The Nursing Care Quality Assurance Commission sets standards through rule-making for both registered and certified nursing assistants. The secretary has authority to credential and discipline.

State law allows each board and commission to adopt its own rules and standards. The governor appoints the members of 15 of the boards and commissions. The secretary of health appoints members of the Denturist Board. Eight other advisory committees appointed by the secretary help her set licensing standards and discipline practitioners. The secretary may also appoint pro tem members to boards and commissions when workload demands become too great or conflicts arise.

Workload challenges

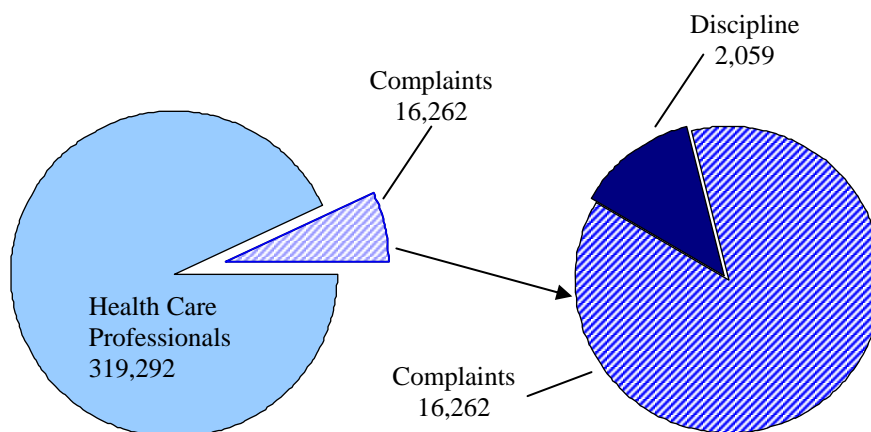
The workload for HPQA staff has jumped sharply since the 1995-1997 biennium, as shown in the following chart. The legislature approved 11 new disciplinary staff through June 2008 to cut the backlog of disciplinary cases. The legislature also asked for a workload study on staffing needs. In the past ten years:

- The number of licensees increased by 47 percent.
- Open complaints increased by 63 percent.
- Disciplinary actions increased by 121 percent.
- The number of regulated professions increased by 22 percent, from 51 to 62.
- Staffing for credentialing and discipline increased by 23 percent. This does not include the 11 staff granted for fiscal year 2008 only.



Complaints and Discipline

The division worked on 16,262 complaints in 2005-2007. This represents five percent of the 319,292 credentialed health care providers in the state. About 13 percent of the complaints led to disciplinary action. Overall, less than one percent of all providers were disciplined. The vast majority of practitioners did not come to the attention of HPQA.



Emerging Challenges – HPQA Responses

Profession growth

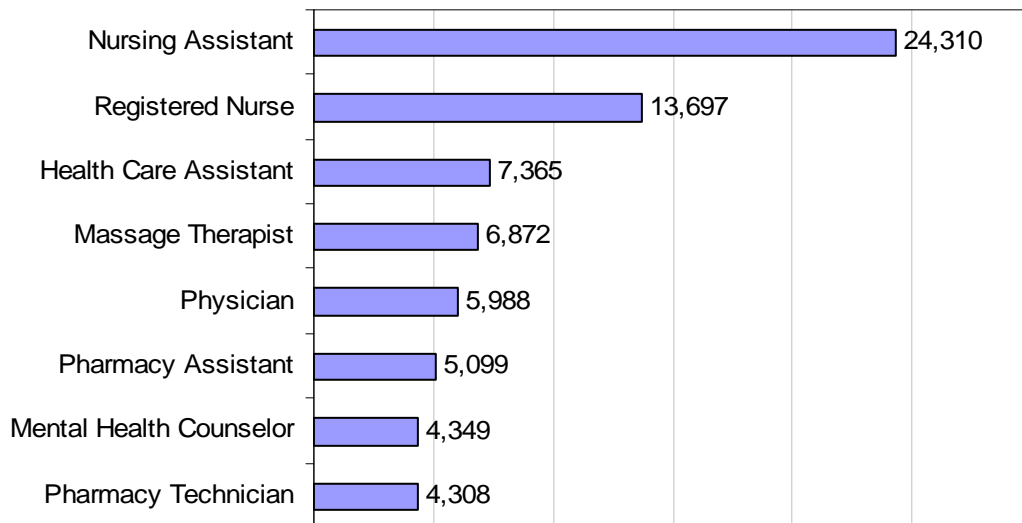
The number of regulated health care professions grew from 51 in 1997 to 62 in 2007. Five new professions were added in 2007 alone. The highest growth rates in the past ten years have been in the auxiliary and alternative health care professions. The number of credential holders grew from 216,721 to 319,293, a 47 percent increase. The growth in credentialed health care professionals has driven an increase in discipline.

| Profession | Licensees in July 2007 | 10 Year Growth Since 1997 |
|-----------------------------|------------------------|---------------------------|
| Acupuncturist | 1046 | 227% |
| Speech Language Pathologist | 1,532 | 224% |
| Naturopathic Physician | 843 | 149% |
| Pharmacy Technician | 8,155 | 112% |
| Massage Therapist | 13,468 | 104% |
| Health Care Assistant | 15,424 | 91% |

Information for all professions is presented in [Appendix B](#).

Nursing assistants and health care assistants showed a larger absolute increase in credential holders than nearly all other professions, including those with the highest growth rates. The growth exceeded available staff resources, which led to backlogs for processing new applications. The legislature approved more credentialing staff for these two professions in 2006.

Largest Increases in Number of Credential Holders (FY1997-FY2007)



New professions added

The legislature added five professions during the 2005-2007 biennium. Credentialing will begin in 2008 after regulatory rules have been adopted. The new professions include:

- Licensed athletic trainers. The department will set education, training, and examination requirements.
- Registered dental assistants. Expanded function dental auxiliaries² are a new licensed profession. The department and the Dental Quality Assurance Commission will set education and training requirements for both professions.
- Licensed physical therapist assistants. These assistants will perform tasks delegated by a supervising physical therapist. The Board of Physical Therapy will set education and training requirements.
- Licensed retired volunteer medical workers. This profession allows licensed retired medical workers to provide services during declared emergencies or disasters. They must also register as volunteers with a local emergency management organization.

Animal massage therapists were authorized by the 2007 Legislature. The 2008 Legislature did not authorize fees to charge credential applicants. Because all professions must be self-supporting, regulation of the profession cannot begin without a funding source.

Demand for Information

The demand for information on health care professionals continues to grow. In the past ten years, public disclosure requests jumped 19 percent. Growth accelerated to a 42 percent increase between the 2001-2003 and 2005-2007 biennia. Seven full-time staff process an average of 860 requests per month. Before a document is released, staff electronically or manually black out (redact) information that cannot be legally disclosed. Staff reviewed between 5,000 and 20,000 pages per month during the biennium.

During the biennium, more than nine out of ten requests were filled within 30 days. At the end of June, the longest pending request was 90 days old. Many requests are filled within five days by providing a summary of the complaint. Other requests are more extensive. One current request is likely to take years because of the scope of what has been requested. Washington is very open in filling public requests for information. Information is withheld only if there is a legal basis.

Public expectations

The public expects a quick and appropriate response to serious patient safety issues. News stories in 2005 and 2006 heightened these expectations. This included investigative reports about health care professionals. The reports criticized disciplinary actions taken by the department, boards and commissions.

Many improvements had already been started. This included an expedited case management process for high-priority cases. This quickly brings together the investigator, staff attorney, assistant attorney general, and program or board and commission representatives.

² Dental assistants (DAs) are more closely supervised than expanded functions dental auxiliaries (EFDAs). EFDAs require more training and are closer in scope to dental hygienists.

High-priority complaints focus on practitioners most likely to harm patients. Investigation and legal staff were centralized for better case management. A new process sped the removal of practitioners who did not obey their disciplinary orders. The department signed an agreement with other state agencies to make it easier to exchange investigation information. Other examples follow.

Governor's Government Accountability, Management and Performance (GMAP)

In 2005, Governor Gregoire recognized that Washington needed greater accountability. She began a statewide effort based on New York City's Comstat and Baltimore's Citystat. The result was GMAP. Cabinet-level agencies must develop performance measures and report results to the governor.

Secretary Selecky and Assistant Secretary Laurie Jinkins reported to the Governor for the first time in December 2005. They followed up with progress reports in May, July and November of 2006. The department presented again in October 2007. This was a follow-up to the state auditor's performance audit. These presentations can be found on the [Governor's Web site](#).

Complaints re-prioritized

In October 2005, DOH Secretary Mary Selecky directed staff to focus on aggressively protecting the public, consistency, timeliness, and making information accessible. This memo is in [Appendix C](#). The highest priority was given to cases involving serious physical injury, death, abuse of, or sexual contact with, a patient.

Priorities were already used for investigations. The priority of the case was not clear, however, once a case left the investigation step and moved to a reviewing board or commission member, external expert, or the Attorney General's Office. By January 2006, HPQA developed a system to track case priorities.

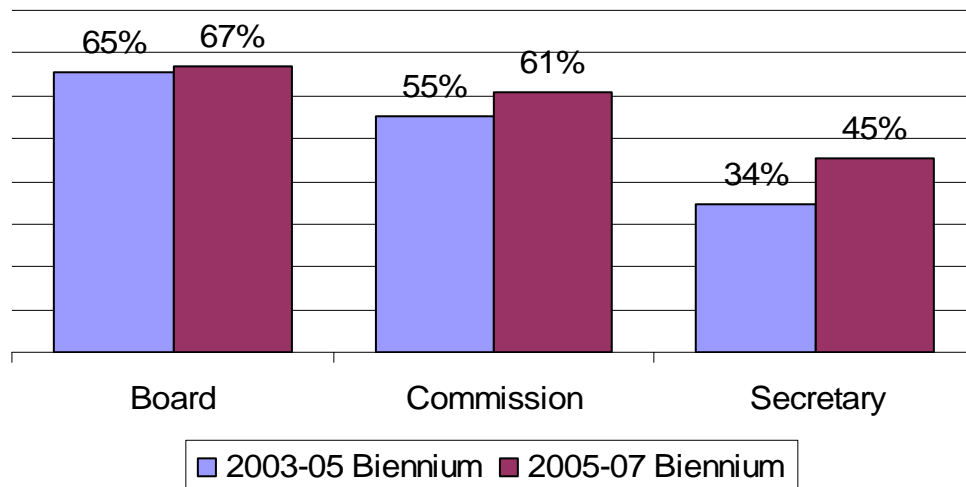
The tracking system enhanced accountability in each step of the disciplinary process. Because more cases are being investigated (see below), more cases are moving through all of the steps. It has been challenging for HPQA to keep pace with its disciplinary workload. The time needed to resolve cases increased. The following statistics compare performance against timelines for the past two biennia.

- Time to close without disciplinary proceedings increased 36 percent, from 84 to 114 days.
- Time to close with disciplinary proceedings (adjudication) increased 13 percent, from 368 to 415 days.
- Time to close with Agreed Orders and Final Orders (a subset of adjudication) increased 26 percent, from 403 to 508 days. For details by closure type, go to [Appendix D - Time Lines](#).
- The percentage of summary actions issued within 90 days of the date of the complaint improved to 62 percent during the biennium, from 39 percent during the previous biennium.

More complaints authorized for investigation

Disciplining authorities must authorize all investigations. The number of complaints being worked has held steady at about 16,000 the past two biennia. However, the percentage of complaints investigated increased in the past biennium.

Percent of Cases Authorized for Investigation



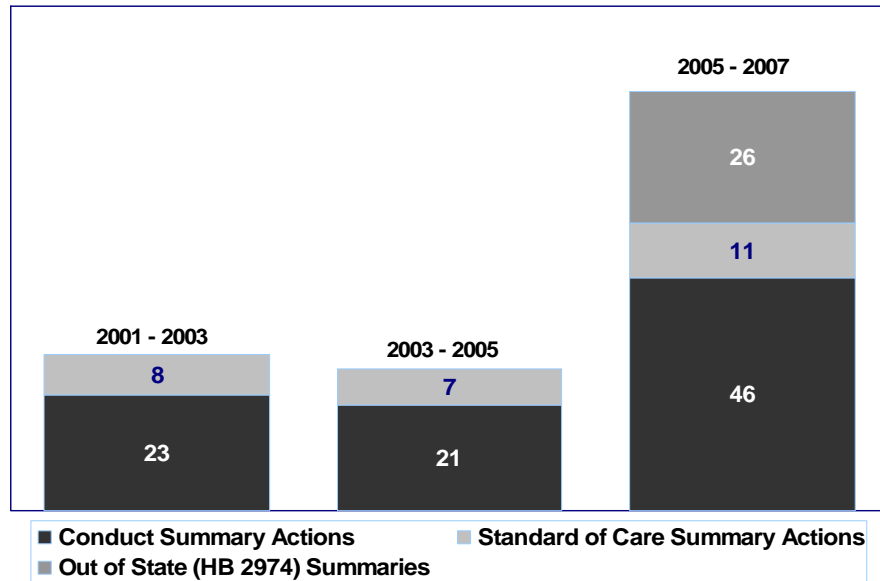
More summary actions

Summary actions can be taken by any disciplining authority - board, commission or secretary - when there is evidence of immediate danger to patients. Summary actions limit or suspend the health care professional from practice until a hearing is held. The practitioner is still entitled to a fair and legal process, referred to as due process.

The number of summary actions jumped sharply during the 2005-2007 biennium. This was due to more focus on misconduct, including sexual misconduct, and the addition of mandatory suspensions in 2006. The 2006 Legislature passed House Bill 2974. This requires summary suspension of anyone prohibited from practice in another state. The prohibition must be based on conduct considered unprofessional in Washington.

The chart shows three types of summary actions: misconduct, failure to meet standards of care and suspension in another state.

Biennial Summary Actions



2006 Legislative changes and the department's response

The 2006 Legislature changed the Uniform Disciplinary Act (UDA), which governs the disciplinary process for all health care professions. The changes improved the department's ability to protect public health and safety. They require:

- Health care facilities and practitioners to report unprofessional conduct.
- Review of prior complaints and discipline before closing cases.
- Washington State Patrol (WSP) to report certain felony convictions to the department.
- Mandatory suspension if credentials were restricted in another state.

The department has adopted mandatory reporting rules in response to statute changes. These allow the secretary to require more reporting of unprofessional conduct by health care professionals. Public workshops generated a great deal of interest and controversy. Professional associations were concerned about additional requirements.

Disciplining authorities must now review all prior complaints and discipline before closing a case without investigation. This has increased the number of investigations. The Washington State Patrol now provides the names of convicted felons³ to the department. The department compares the information to the licensing data base.

The first data was received in November 2006. This included new convictions since January 2006. The data comparison identified 94 practitioners. The disciplining authorities determined whether action was already in progress or if an investigation was warranted.

³ Reportable felony crimes include homicide, assault, kidnapping, and sex offenses.

Governor’s executive order on sexual misconduct

In early 2006, Governor Gregoire issued [Executive order 06-03](#)⁴ regarding sexual misconduct. The order directed Secretary Mary Selecky to establish a comprehensive definition of sexual misconduct and protocols for investigating allegations of sexual misconduct.

Health Professions Quality Assurance, boards and commissions completed the protocols by July 2006. Definitions of sexual misconduct were established in [rules](#)⁵ the secretary adopted by September 2006. Sexual misconduct rules have now been adopted by all boards and commissions. The rules are on the individual profession Web pages at the [HPQA Professions page](#)⁶ on the [Department of Health Web site](#)⁷.

Secretary’s sanction guidelines

Secretary Selecky adopted uniform [sanction guidelines](#)⁸ in May 2006 for the professions she regulates. The guidelines create a decision framework to assure that the sanction fits the conduct. They protect the public. Decision-makers must consider the severity of the conduct, any aggravating or mitigating circumstances, and disciplinary history. The guidelines were revised in February 2007.

After adoption, 95 percent of disciplinary actions taken in secretary-regulated professions complied with sanction guidelines.

All boards and commissions with disciplinary authority adopted the sanction guidelines in 2006 and 2007. Their rate of compliance with the guidelines was 75 percent. The lower percentage is in part due to the varying points in time when the guidelines were adopted. An 80 percent compliance target is set for boards and commissions as part of the 2007-2009 Health Systems Quality Assurance Division Strategic Plan.

Disciplinary Orders in Compliance with Sanction Guidelines

| by Quarter | Secretary Professions | | | Board/Commission Professions | | | All Orders | | |
|----------------|-----------------------|-------|---------------------|------------------------------|-------|---------------------|----------------------|-------|---------------------|
| | Number in guidelines | Total | % within guidelines | Number in guidelines | Total | % within guidelines | Number in guidelines | Total | % within guidelines |
| Jul - Sep 2006 | 34 | 36 | 94% | 58 | 79 | 73% | 92 | 115 | 80% |
| Oct - Dec 2006 | 36 | 40 | 90% | 65 | 86 | 76% | 101 | 126 | 80% |
| Jan - Mar 2007 | 65 | 67 | 97% | 60 | 79 | 76% | 125 | 146 | 86% |
| Apr - Jun 2007 | 137 | 142 | 96% | 52 | 69 | 75% | 189 | 211 | 90% |
| Total | 272 | 285 | 95% | 235 | 313 | 75% | 507 | 598 | 85% |

⁴ Web link: http://www.governor.wa.gov/execorders/eo_06-03.pdf

⁵ Web link: <http://apps.leg.wa.gov/WAC/default.aspx?cite=246-16-100>

⁶ Web link: <https://fortress.wa.gov/doh/hpqa1/hpqa1links.htm>

⁷ Web link: <http://www.doh.wa.gov/>

⁸ Web link: https://fortress.wa.gov/doh/hpqa1/documents/Sanction_Guidelines.pdf

Governor-requested performance audit

In May 2006, Governor Christine Gregoire asked the Washington State Auditor's Office (SAO) to conduct a performance audit of the department's current processes for regulating health professionals. The Governor requested recommendations to improve licensing and discipline of health care professionals. The SAO published the [audit report](#)⁹ on Aug. 21, 2007.

The report includes detailed responses from the department and the Office of Financial Management. The audit's 13 findings resulted in 65 recommendations. In response, HPQA created a work plan with 65 actions. Forty-seven will be done with current resources, many were completed by the end of 2007 and the rest will be done in 2008. While changes recommended by the audit are already under way, certain recommendations have budgetary effects. Legislation was passed in 2008 to adopt or incorporate many of the auditor's recommendations.

Recommendations that have the greatest potential budget effect are those for public education, a document imaging system, federal criminal background checks, increased notifications to complainants and credential-holders, and more staff to decrease the backlog of cases.

Health Professions Quality Assurance finalized a workload staffing study in November 2007. An external consultant performed the study using proven time and motion methodology. The study calls for increased staffing levels for discipline. Legislation in 2006 requires the department to use the model each year through 2010. The results will be given to the legislature each year prior to requests for more staff and spending authority.

The audit recommended legislative changes in credentialing requirements and expanded access to non-conviction information from local law enforcement. The audit recommended the Legislature enact laws to require sanction guidelines if not all boards and commissions adopted the secretary's sanction guidelines.

Disciplinary Activities

Background checks

The Office of Health Professions Quality Assurance did more than 100,000 criminal background checks for applications received in 2005-2007. These checks against the Washington State Patrol's background checks database confirmed or revealed 4,234 convictions. Many of the "hits" resulted in investigations to gather more information. See [Appendix E](#), Criminal Convictions for details about each profession. Many applicants do not disclose those conditions on their applications.

| | |
|-----------------------------|---------|
| Total Applicants | 100,265 |
| Applicants with Convictions | 4,234 |
| Applicants who Disclosed | 1,802 |
| Applicants not Disclosing | 2,432 |
| % with Convictions | 4% |
| % Disclosed | 43% |
| % Non-Disclosed | 57% |

⁹ Web link <http://www.sao.wa.gov/Reports/AuditReports/AuditReportFiles/ar1000002.pdf>

Starting in June 2006, all new applicants are also checked through two federal databanks. These are the Healthcare Integrity and Protection Data Bank (HIPDB) and National Practitioner Data Bank (NPDB). By June 30, 2007, these checks confirmed or revealed 303 out-of-state actions. The NPDB and HIPDB¹⁰ provide information about actions in other states, including some criminal conviction data. This information helps users determine the need for further review.

Federal criminal checks - Feasibility study

In May 2006, Governor Gregoire directed the department to consider the feasibility of federal criminal conviction checks. The department published its feasibility study in November 2006. Staff analyzed five basic options. The costs ranged from \$2.1 million and 10.7 additional FTEs to \$54.4 million and 293.2 additional FTEs per biennium. The lower-cost option checks applicants only. The higher-cost option checks all applicants and active practitioners. Legislation was introduced in 2007, but did not pass. Similar legislation in 2008 passed. It will allow federal checks of non-resident applicants and applicants with criminal histories in Washington.

Complaints

Most of HPQA's disciplinary activity starts with complaints from the public, practitioners, facilities, and insurance companies. Health Professions Quality Assurance also opens complaints based on media accounts or information from law enforcement. During the biennium, HPQA received 13,390 new complaints against credentialed health care providers and people practicing without a license. This represented a five percent decrease from the 2003–2005 biennium. In addition, 2,872 open complaints carried over from the previous biennium. These resulted in a total of 16,262 complaints in the HPQA disciplinary system. See [Appendix F](#), Investigation, Closure and Case Resolution for detail about each profession.

Investigations

There were 7,261 investigations authorized during the 2005-2007 biennium, an increase of ten percent from the previous biennium. This resulted from a higher authorization rate than in the prior biennium, 54 percent compared to 47 percent.

A total of 7,164 investigations were completed during the biennium. This is a 14 percent increase over the previous biennium. The increase was due to the legislature authorizing additional staffing for one year.

Case Disposition

Complaints are resolved before or after adjudication. For cases closed after adjudication, the type of order issued to the health care provider indicates how the case was resolved. All orders are public records. Orders with actions against health care providers' credentials (since July 1998) are available on the [Internet](#)¹¹. [Appendix F](#) provides information on closure types before and after adjudication, by profession and type of disciplining authority (board, commission or secretary).

¹⁰ Healthcare Integrity and Protection Data Bank Website at <http://www.npdb-hipdb.hrsa.gov/hipdb.html>

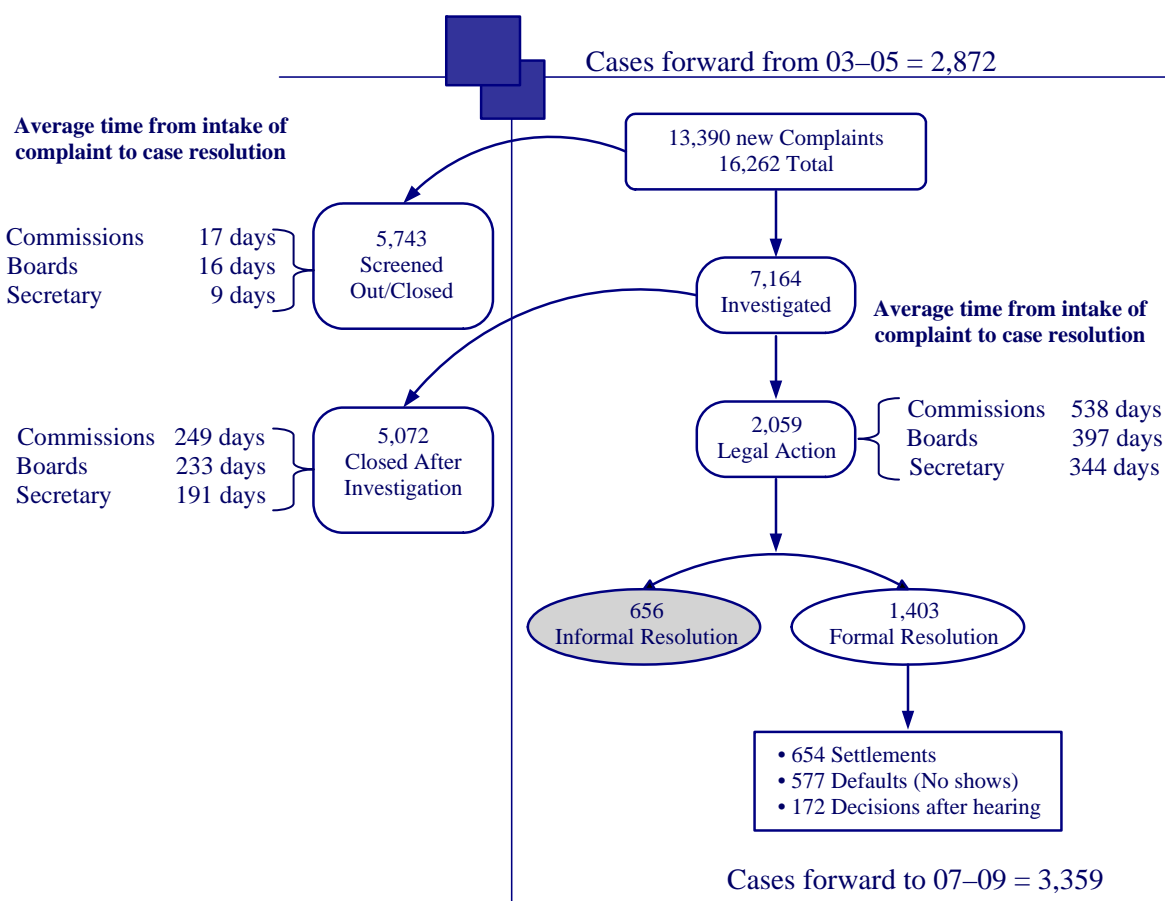
¹¹ Web link: https://fortress.wa.gov/doh/hpqa1/Application/Credential_Search/profile.asp

During the past biennium:

- More complaints were investigated. Complaints closed prior to disciplinary action (adjudication) fell seven percent in 2005-2007 from the previous biennium, from 11,664 to 10,815. Boards and commissions closed 5,685 and secretary professions closed 5,130.
- More disciplinary actions were taken. The number of complaints closed with disciplinary action rose 16 percent in 2005-2007, from 1,782 to 2,059. Board and commission disciplinary actions totaled 1,094 and secretary professions totaled 965.
- About 32 percent of complaints resolved after adjudicative proceedings were closed with informal dispositions and another 32 percent with agreed orders. About 28 percent were closed with default orders and 8 percent with final orders. Definitions are in [Appendix G](#).
- Boards and commissions took action on 12 percent and secretary professions took action on 14 percent of complaints.

Case Process

The following chart shows the flow and disposition of complaints. The chart indicates the average length of time from complaint intake to the disposition of the complaint in each step.



An increase in the rate of investigations authorized led to a jump in the number of open cases. The 3,359 open cases at the start of the 2007-2009 biennium was 17 percent above the 2,872 in the previous biennium. See [Appendix H](#) for a Biennial Comparison showing disciplinary trends over the past 10 years.

Increased use of expert witnesses

Expert witnesses are used in more cases and in a greater number of professions than in the past. These specialist practitioners are hired on contract to review investigation and medical files for standard of care issues. During the 2005-2007 biennium, HPQA spent about \$560,000 for expert witnesses in 238 cases. This was an increase of 69 percent from the 2003-2005 biennium. The increase was driven by both a 43 percent increase in the number of cases with expert witnesses and a rise in average contract fees.

Practitioners appeal disciplinary orders at higher rate

A health care practitioner may petition, or appeal, the superior court to review a disciplinary action. During the 2005-2007 biennium, disciplining authorities issued 172 orders after a formal hearing.¹² Thirty-nine of these orders were appealed, for an appeal rate of 23 percent.¹³ The rate has more than doubled from the 10 percent appeal rate during the 2003-2005 biennium. Health Professions Quality Assurance does not have data on what prompted practitioners to appeal more often.

Of the appeals in 2005-2007, two involved summary actions. In one, the court stayed the summary action. The other allowed the action to move forward. Appeals of summary actions have been rare.

Courts generally uphold the disciplining authority. Of the 17 superior court decisions in 2005-2007, five involved disciplinary decisions (final orders) from prior biennia. The courts upheld the disciplining authority in 12 cases, reversed two¹⁴, and returned three to the disciplining authority for further action. See [Appendix I](#), Case Appeals Activity for profession details.

Precedent-setting court decisions

Three new court decisions in 2005-2007 had significant effects on the disciplinary process.

Client A and B v. Yoshinaka – [Client A v. Yoshinaka, 128 Wn.App. 833, 116 P.3d 1081 (2005)], determined that boards and commissions must authorize investigations of any complaint.

Board and commission members must now meet more frequently to review complaints and authorize investigations. For investigation decisions to be made by staff, the board or commission must delegate the authority through a rule-making process.

The Medical Quality Assurance Commission (MQAC) and the Board of Psychology have done so. The MQAC still has commission representatives on phone calls when decisions are made. Three other disciplining authorities are moving ahead with rules: the Occupational Therapy Board, the Board of Osteopathic Physicians and Surgeons, and the Board of Pharmacy. All others have indicated they will not move forward with rules. They have increased the number of meetings by telephone to make decisions.

¹² Web link: <http://apps.leg.wa.gov/RCW/default.aspx?cite=34.05>

¹³ Some of the petitions for review were filed after July 1, 2007.

¹⁴ The reversals arose out of separate cases involving a single health care practitioner.

In a directive issued after the State Auditor’s Office performance audit, the governor encouraged boards and commissions to delegate investigative decisions to staff to save time. This was recommended in the audit.

Ongom v. Department of Health – [Ongom v. Dep’t of Health, 159 Wn.2d 132, 148 P.3d 1029 (2006)] extended the “clear, cogent, and convincing standard of proof” to all health profession discipline hearings.

This heightened standard of proof requires evidence that shows that unprofessional conduct is highly probable. The former standard required only proof that conduct was more likely than not to occur.

State v. Miles – [State v. Miles, 160 Wn.2d 236, 156 P.3d 864 (2007)] decided there are some records so personal that special protections should apply before investigators can get them. These include phone records, bank account records, and some employment records.

Investigators must notify affected people before issuing a subpoena for those records. This gives the person an opportunity to block the subpoena. This will add significant time to investigations.

Common violations of the law

The Uniform Disciplinary Act (UDA) regulates health care professionals. The UDA is administrative law. Violations are not considered criminal acts and the disciplining authority cannot send someone to jail. The disciplining authorities decide whether the health care professional can continue to practice and under what conditions. If practitioners commit crimes not already known to law enforcement, HPQA notifies the appropriate jurisdiction.

About 60 percent of UDA violations fell into the five most frequently reported categories:

| <u>Type</u> | <u>Percent</u> |
|--|----------------|
| Violation of any state or federal statute or administrative rule ¹⁵ | 17 |
| Incompetence, negligence, or malpractice ¹⁶ | 14 |
| Conviction of a gross misdemeanor or felony relating to the practice of a health care profession ¹⁷ | 12 |
| Personal drug or alcohol abuse ¹⁸ | 11 |
| Failure to comply with an order issued by the disciplining authority ¹⁹ | 7 |

Many violations also involve moral turpitude, dishonesty, or corruption²⁰. More than 90 percent of the time, this violation of the law is combined with other violations, such as those above, when charges are issued.

¹⁵ RCW 18.130.180(7).

¹⁶ RCW 18.130.180(4).

¹⁷ RCW 18.130.180(17).

¹⁸ RCW 18.130.180(6) and (23).

¹⁹ RCW 18.130.180(9).

Sanctions imposed on practitioners

Sanctions are the limits or conditions imposed on practitioners when a complaint case is resolved. Both sanctions and violations are reported to the national data bank known as Healthcare Integrity and Protection Data Bank (HIPDB). This report divides sanctions into five categories: removal from practice, removal from practice with conditions, rehabilitative, deterrent, and voluntary surrender of the credential. Definitions can be found in [Appendix G](#).

The number of final orders reported (1,525), for which there were sanctions, is less than the number of cases closed with disciplinary actions (2,059). Multiple complaint cases against a practitioner can be resolved with one final order. Reports to the data bank are reports on individual practitioners. This means that 1,525 orders reported to the databank closed out 2,059 complaint cases. See [Appendix J](#), Violations and Sanctions Imposed.

Sanctions during the 2005-2007 biennium compared to the prior biennium:

- Removal from practice decreased from 531 to 522 (-2 percent).
- Removal from practice with conditions decreased from 69 to 68 (-1 percent).
- Rehabilitative sanctions increased from 755 to 863 (14 percent).
- Deterrent sanctions decreased from 48 to 37 (-23 percent).
- Voluntary surrender sanctions increased from 27 to 35 (30 percent).

Unlicensed Practice

Health care beyond the scope of practice of a professional, or health care provided by unlicensed people, is called unlicensed practice. The secretary is responsible for regulating unlicensed practice. The HPQA investigation unit manages these complaints. These complaints are closed before investigation if no evidence is found, or resolved with a Notice of Correction or a Cease and Desist Order.

A Notice of Correction notifies individuals of further action if they continue to engage in unlicensed practice. A Cease and Desist Order requires the individual to stop practice and may impose a fine. Continued unlicensed practice may result in court enforcement of the Cease and Desist Order or criminal prosecution. Due to limited resources, HPQA focuses on those cases with the highest risk to the public.

During 2005-2007, there were 765 unlicensed practice complaints, a 25 percent increase from the prior two years. The number of closures with a Notice of Correction or Cease and Desist Order grew from 37 to 110, an increase of nearly 200 percent.

²⁰ RCW 18.130.180(1).

| | |
|---|-----|
| Total Complaints | 765 |
| Closed No Action Taken Prior to Investigation | 285 |
| Closed No Action Taken After Investigation | 273 |
| Closed Notice of Correction | 23 |
| Cease & Desist Order Issued | 87 |
| Total Closed | 668 |

A more detailed listing of unlicensed practice by type of profession is found in [Appendix F](#).

Alternatives to Discipline

Substance abuse monitoring programs

HPQA uses three substance abuse monitoring programs. The first two have contracts with the department that are monitored by HPQA staff. The third program, Washington Health Professional Services, is staffed by department employees trained as chemical dependency professionals. Disciplining authorities can require practitioners to enter the programs as a condition of practice or return to practice. Practitioners may also volunteer for the programs if they have an active credential in Washington.

The programs must report practitioners to HPQA if they do not comply with the conditions of treatment. The disciplining authority then takes disciplinary action. See [Appendix K](#), Alternative Programs – Chemically Impaired Practitioners for more information.

- Washington Physicians Health Program (WPHP) works with chemically impaired allopathic physicians and physician assistants, dentists, osteopathic physicians and physician assistants, veterinarians and podiatrists.
- Washington Recovery Assistance Program for Pharmacy (WRAPP) monitors substance abuse for pharmacists and other pharmacy professionals. Only the Board of Pharmacy can require practitioners to enter the program, which also takes volunteers.
- Washington Health Professional Services (WHPS) is for all remaining HPQA health professionals not covered by WPHP or WRAPP. It also serves emergency medical personnel, intravenous therapy technicians, and paramedics regulated by another office within the Department of Health.

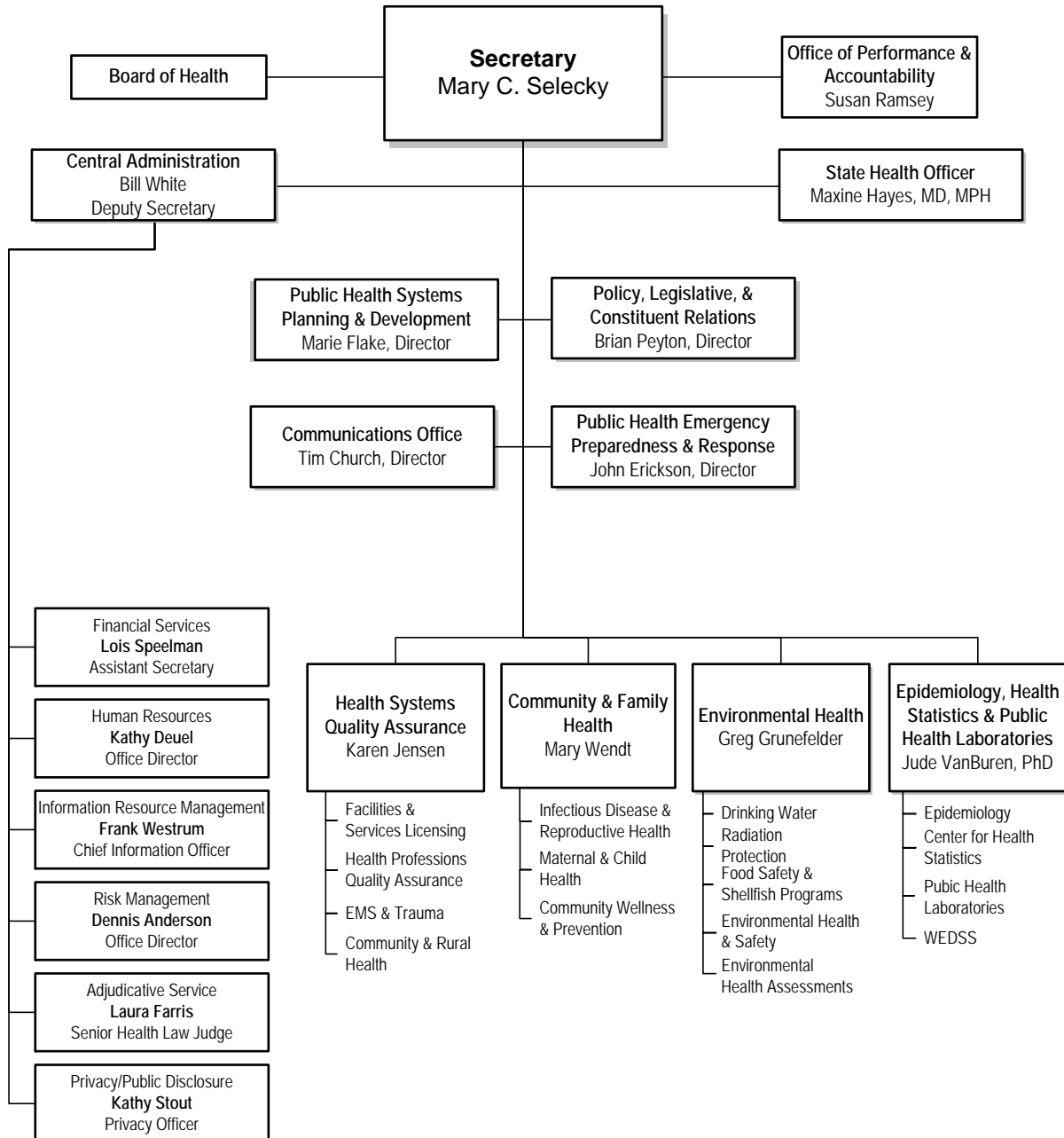
Index

Appendices

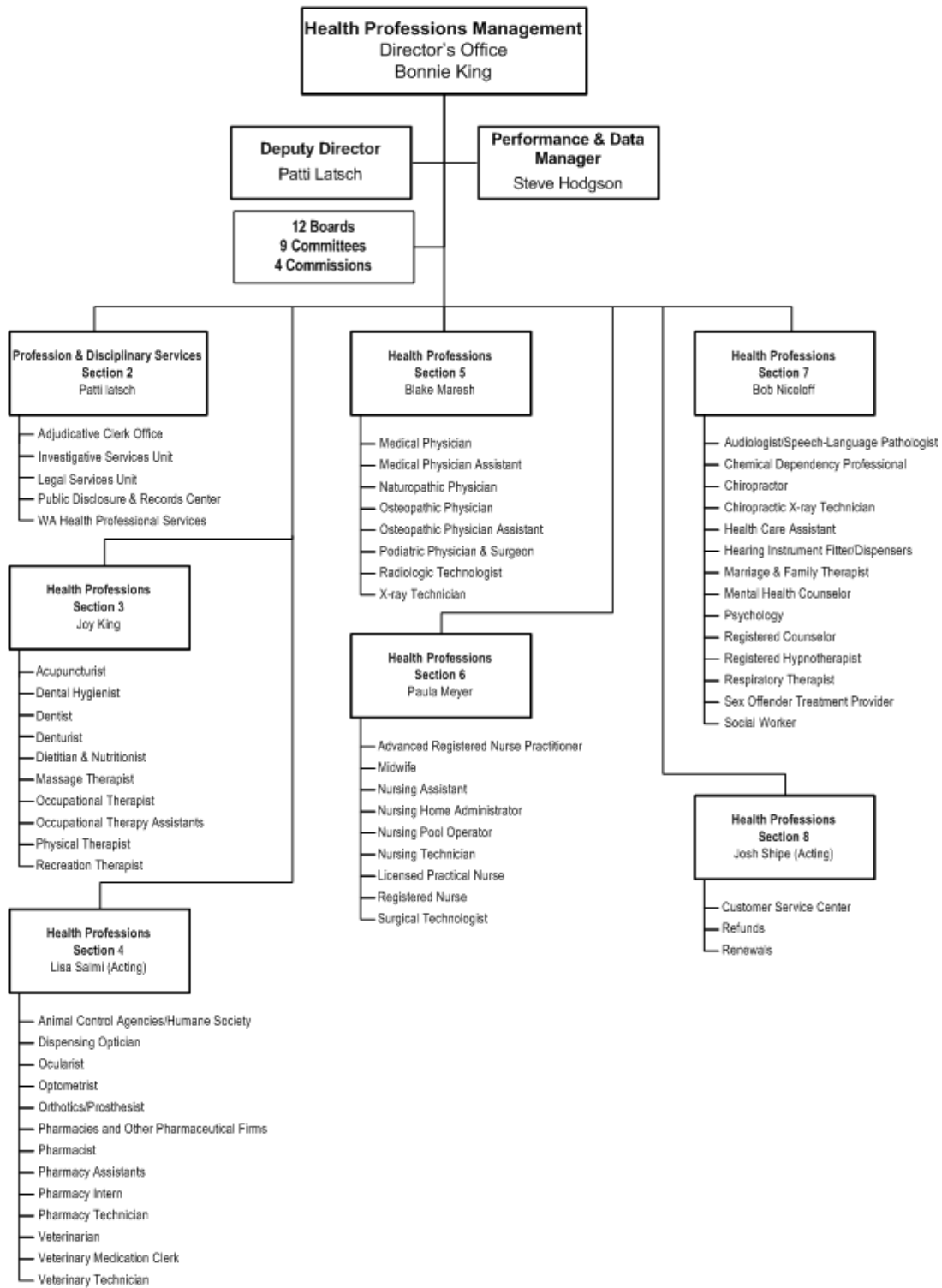
| | | |
|---|--|--------------------|
| A | Organizational Charts, Contact Information | 25 |
| | Contact Information | 27 |
| | Listing of Boards, Commission, and Committees | 29 |
| B | Licensee Counts by Profession | 33 |
| C | Secretary Selecky's Memo on Improving Patient Safety | 34 |
| D | Performance against Disciplinary Time Lines | 37 |
| E | Applicant Criminal Convictions | 39 |
| F | Investigation, Closure, and Case Resolution | 40 |
| G | Definitions | 56 |
| H | Biennial Comparison | 57 |
| I | Case Appeals Activity | 60 |
| J | Violations and Sanctions | 61 |
| K | Chemically Impaired Practitioners | 65 |

Appendix A

Washington State Department of Health Organizational Chart



Washington State
Department of Health
 Health Professions Quality Assurance
 Organizational Chart



Health Professions Quality Assurance Contact Information

Bonnie L. King, Director (360) 236-4995

Patricia Latsch, Deputy Director (360) 236-4683

| Section Number | Executive Director | Phone Number |
|----------------|--------------------|----------------|
| 2 | Patricia Latsch | (360) 236-4683 |
| 3 | Joy King | (360) 236-4859 |
| 4 | Lisa Salmi | (360) 236-4829 |
| 5 | Blake Maresh | (360) 236-4760 |
| 6 | Paula Meyer | (360) 236-4713 |
| 7 | Bob Nicoloff | (360) 236-4924 |
| 8 | Josh Shipe | (360) 236-4772 |

| Profession | Section |
|---|---------|
| Acupuncturist..... | 3 |
| Advanced Registered Nurse Practitioner..... | 6 |
| Animal Control Agencies/Humane Societies..... | 4 |
| Audiologist..... | 7 |
| Chemical Dependency Professional..... | 7 |
| Chiropractor..... | 7 |
| Counselor..... | 7 |
| Dental Hygienist..... | 3 |
| Dentist..... | 3 |
| Denturist..... | 3 |
| Dietitian/Nutritionist..... | 3 |
| Dispensing Optician..... | 4 |
| Health Care Assistant..... | 7 |
| Hearing Instrument Fitter/ Dispenser..... | 7 |
| Hypnotherapist..... | 7 |
| Licensed Practical Nurse..... | 6 |
| Marriage & Family Therapist..... | 7 |
| Massage Therapist..... | 3 |
| Mental Health Counselor..... | 7 |
| Midwife..... | 6 |
| Naturopathic Physician..... | 5 |
| Nurse Technician..... | 6 |
| Nursing Assistant..... | 6 |
| Nursing Home Administrator..... | 6 |
| Nursing Pool Operator..... | 6 |
| Occupational Therapist..... | 3 |
| Occupational Therapy Assistant..... | 3 |

| | |
|---|---|
| Ocularist..... | 4 |
| Optometrist | 4 |
| Orthotist | 4 |
| Osteopathic Physician | 5 |
| Osteopathic Physician Assistant | 5 |
| Pharmacies & Other Pharmaceutical Firms | 4 |
| Pharmacist..... | 4 |
| Pharmacy Assistant..... | 4 |
| Pharmacy Intern | 4 |
| Pharmacy Technician..... | 4 |
| Physical Therapist..... | 3 |
| Physician | 5 |
| Physician Assistant | 5 |
| Podiatrist | 5 |
| Prosthetist..... | 4 |
| Psychologist | 7 |
| Radiologic Technologist | 5 |
| Recreation Therapist | 3 |
| Registered Nurse | 6 |
| Respiratory Therapist..... | 7 |
| Sex Offender Treatment Provider | 7 |
| Social Worker | 7 |
| Speech Language Pathologist | 7 |
| Surgical Technologist | 6 |
| Veterinarian..... | 4 |
| Veterinary Technician..... | 4 |
| Veterinary Medication Clerk | 4 |
| X-ray Technician | 5 |
| Profession Services: | 2 |
| Adjudicative Services Unit – Administrative | |
| Investigative Service Unit | |
| Legal Services Unit | |
| Public Disclosure and Records Center | |
| Washington Health Professional Services | |
| Customer Service Center | 8 |
| Call Center | |
| Refunds | |
| Referrals | |

Boards, Commissions, and Committees

Governor Appointed Board or Commission
(11 boards and 4 commissions)

Board or Commission.....Members

Chiropractic Quality Assurance Commission..... 14 Members

- 11 Chiropractors
- 3 Public Members

Dental Quality Assurance Commission 14 Members

- 12 Dentists
- 2 Public Members

Board of Hearing and Speech 10 Members

- 2 Hearing Instrument Fitter/Dispensers
- 2 Audiologists
- 2 Speech Language Pathologists
- 1 Physician (non-voting)
- 3 Public Members

Board of Massage 5 Members

Note: Secretary has disciplinary authority; Board has rulemaking and licensing authority

- 4 Massage Therapists
- 1 Public Member

Medical Quality Assurance Commission..... 21 Members

- 13 Physicians
- 2 Physician Assistants
- 6 Public Members

Nursing Care Quality Assurance Commission 15 Members

- 7 Registered Nurses
- 2 ARNPs
- 3 LPNs
- 3 Public Members

Board of Nursing Home Administrators..... 9 Members

- 4 Nursing Home Administrators
- 4 Representatives of Health Care Profession
- 1 Public Member (resident of a nursing home or family member of a resident eligible for Medicare)

| Board or Commission | Members |
|---|----------------|
| Board of Occupational Therapy Practice | 5 Members |
| • 3 Occupational Therapists | |
| • 1 Occupational Therapy Assistant | |
| • 1 Public Member | |
| Optometry Board | 6 Members |
| • 5 Optometrists | |
| • 1 Public Member | |
| Board of Osteopathic Medicine & Surgery | 7 Members |
| • 6 Osteopathic Physicians | |
| • 1 Public Member | |
| Board of Pharmacy | 7 Members |
| • 5 Registered Pharmacists | |
| • 2 Public Members | |
| Board of Physical Therapy..... | 5 Members |
| • 4 Physical Therapists | |
| • 1 Public Member | |
| Podiatric Medical Board | 5 Members |
| • 4 Podiatrists | |
| • 1 Public Member | |
| Examining Board of Psychology | 9 Members |
| • 7 Psychologists | |
| • 2 Public Members | |
| Veterinary Board of Governors | 6 Members |
| • 5 Veterinarians | |
| • 1 Public Member | |

Secretary Appointed Board and Advisory Committees

(1 board and 8 advisory committees)

Committee.....Members

Board of Denturists 7 Members

Note: Board has rule making and licensing authority;

Secretary has disciplinary authority

- 4 Denturists
- 1 Dentist
- 2 Public Members, one over age 65

Chemical Dependency Certification

Advisory Committee 7 Members

- 4 Chemical Dependency Counselors
- 1 Chemical Dependency Treatment Program Director
- 1 Physician or a Licensed or Certified Mental Health Practitioner
- 1 Public Member Who Has Received Chemical Dependency Counseling

Dental Hygiene Examining Committee 4 Members

- 3 Dental Hygienists
- 1 Public Member

Dispensing Optician Examining Committee 3 Members

- 3 Dispensing Opticians

Mental Health Counselors,

Marriage & Family Therapists, and

Social Workers Advisory Committee 9 Members

- 2 Licensed Mental Health Counselors
- 1 Licensed Advanced Social Worker
- 1 Licensed Independent Clinical Social Worker
- 2 Licensed Marriage and Family Therapists
- 3 Public Members

Midwifery Advisory Committee..... 7 Members

- 1 Certified Nurse Midwife
- 2 Physicians
- 3 Licensed Midwives
- 1 Public Member

Committee.....Members

Naturopathic Advisory Committee5 Members

- 3 Naturopaths
- 2 Public Members

Orthotics & Prosthetics Advisory Committee5 Members

- 1 Orthotist
- 1 Prosthetist
- 1 Physician
- 2 Public Members–Consumers of O&P Services

Sex Offender Treatment Providers

Advisory Committee.....9 Members

- 3 Sex Offender Treatment Providers
- 1 Victim Treatment Provider
- 1 Defense Attorney
- 1 Prosecuting Attorney
- 1 Representative of DSHS
- 1 Representative of the Department of Corrections
- 1 Superior Court Judge

Secretary authority professions with no advisory committee:

Acupuncturists, Dietitian/Nutritionists, Health Care Assistants, Nursing Assistants*, Nursing Pools, Ocularists, Radiologic Technologists, Recreation Therapists, Respiratory Care Practitioners, Registered Counselors, Registered Hypnotherapists, Surgical Technologists, and X-Ray Technicians.

*Nursing Care Quality Assurance has rule-making authority for Nursing Assistants

Appendix B – Licensee Counts by Profession 1997 - 2007

| Profession | 1997 | 1999 | 2001 | 2003 | 2005 | 2007 | Growth/ Decline 1997-2007 |
|---|----------------|----------------|----------------|----------------|----------------|----------------|---------------------------------|
| Acupuncturist | 320 | 458 | 648 | 841 | 950 | 1046 | 227% |
| Advanced Registered Nurse Practitioner | 2,486 | 2,871 | 3,123 | 3,412 | 3,706 | 4,058 | 63% |
| Audiologist | 157 | 257 | 279 | 348 | 363 | 395 | 152% |
| Chemical Dependency Professional | 0 | 0 | 2,378 | 2,540 | 2,559 | 2,687 | 13% |
| Chiropractic X-Ray Technician | 208 | 217 | 202 | 209 | 217 | 257 | 24% |
| Chiropractor | 2,011 | 2,138 | 2,223 | 2,320 | 2,164 | 2,291 | 14% |
| Counselor Registered | 15,753 | 16,301 | 15,724 | 15,820 | 16,966 | 18,317 | 16% |
| Dental Hygienist | 3,570 | 3,815 | 4,049 | 4,359 | 4,706 | 5,015 | 40% |
| Dentist | 4,692 | 4,953 | 5,214 | 5,585 | 5,876 | 5,825 | 24% |
| Denturist | 95 | 93 | 97 | 123 | 142 | 158 | 66% |
| Dietitian Nutritionist | 707 | 738 | 807 | 948 | 1055 | 1,201 | 70% |
| Dispensing Optician | 897 | 903 | 929 | 942 | 879 | 927 | 3% |
| Dispensing Optician Apprentice | 897 | 759 | N/A | 855 | 854 | 992 | 11% |
| Health Care Assistant | 8,059 | 9,340 | 10,143 | 11,803 | 13,082 | 15,424 | 91% |
| Hearing Instrument Fitter Dispenser | 409 | 329 | 313 | 321 | 275 | 271 | -34% |
| Humane Society | 0 | 0 | 0 | 10 | 10 | 9 | -10% |
| Hypnotherapist | 314 | 295 | 340 | 363 | 408 | 503 | 60% |
| Licensed Practical Nurse | 15,069 | 14,624 | 14,167 | 14,153 | 14,401 | 14,592 | -3% |
| Marriage and Family Therapist | 0 | 0 | 889 | 907 | 914 | 999 | 12% |
| Massage Therapist | 6,596 | 7,774 | 9,211 | 10,362 | 11,987 | 13,468 | 104% |
| Mental Health Counselor | 0 | 0 | 3,645 | 3,919 | 4,094 | 4,349 | 19% |
| Midwife | 119 | 108 | 115 | 97 | 90 | 89 | -25% |
| Naturopathic Physician | 338 | 398 | 472 | 577 | 727 | 843 | 149% |
| Nursing Assistant | 40,790 | 45,110 | 48,159 | 53,320 | 58,932 | 65,100 | 60% |
| Nursing Home Administrator | 651 | 640 | 600 | 552 | 447 | 451 | -31% |
| Nursing Technician | 0 | 0 | 0 | 202 | 508 | 769 | 281% |
| Nursing Pool Operator | 80 | 83 | 158 | 198 | 167 | 164 | 105% |
| Occupational Therapist | 2,004 | 2,114 | 2,098 | 2,212 | 2,355 | 2,512 | 25% |
| Occupational Therapy Assistant | 517 | 584 | 548 | 537 | 542 | 573 | 11% |
| Ocularist | 9 | 6 | 6 | 13 | 10 | 7 | -22% |
| Optometrist | 1,287 | 1,339 | 1,415 | 1,436 | 1,519 | 1,559 | 21% |
| Orthotics Prosthetics | 0 | 150 | 205 | 202 | 211 | 228 | 52% |
| Osteopathic Physician | 658 | 682 | 713 | 771 | 816 | 1,000 | 52% |
| Osteopathic Physician Assistant | 47 | 49 | 37 | 42 | 34 | 36 | -23% |
| Pharmacies and Other Pharmaceutical Firms | 1,358 | 2,166 | 2,300 | 2,498 | 2,786 | 3,037 | 124% |
| Pharmacist | 6,087 | 6,548 | 7,183 | 7,016 | 7,299 | 7,814 | 28% |
| Pharmacy Assistant | 0 | 0 | 1,232 | 3,108 | 3,624 | 5,099 | 314% |
| Pharmacy Intern | 630 | 658 | 310 | 698 | 700 | 1,037 | 65% |
| Pharmacy Technician | 3,847 | 4,532 | 5,270 | 6,156 | 7,120 | 8,155 | 112% |
| Physical Therapist | 3,562 | 3,678 | 3,809 | 4,146 | 4,511 | 4,878 | 37% |
| Physician | 17,532 | 18,249 | 18,953 | 20,911 | 21,173 | 23,520 | 34% |
| Physician Assistant | 1,068 | 1,266 | 1,424 | 1,605 | 1,810 | 2,022 | 89% |
| Podiatrist | 269 | 289 | 300 | 312 | 285 | 311 | 16% |
| Psychologist | 1,487 | 1,539 | 1,620 | 1,706 | 1,893 | 2,063 | 39% |
| Radiological Technologist | 3,005 | 3,325 | 3,684 | 4,313 | 4,704 | 5,358 | 78% |
| Recreation Therapist | 0 | 0 | 0 | 17 | 134 | 148 | 10% |
| Registered Nurse | 60,197 | 61,145 | 63,016 | 65,247 | 68,459 | 73,894 | 23% |
| Respiratory Care Practitioner | 1,891 | 2,039 | 2,035 | 2,098 | 2,196 | 2,286 | 21% |
| Sex Offender Treatment Provider | 151 | 143 | 140 | 143 | 152 | 160 | 6% |
| Social Worker | 0 | 0 | 2,648 | 2,763 | 2,852 | 3,035 | 15% |
| Speech Language Pathologist | 473 | 664 | 459 | 1068 | 1281 | 1,532 | 224% |
| Surgical Technologist | 0 | 0 | 1,227 | 1,507 | 1,732 | 2,237 | 82% |
| Veterinarian | 2,641 | 2,681 | 2,715 | 2,744 | 2,828 | 2,955 | 12% |
| Veterinary Medication Clerk | 169 | 206 | 235 | 299 | 357 | 393 | 133% |
| Veterinary Technician | 597 | 700 | 817 | 930 | 1101 | 1,246 | 109% |
| X-Ray Technician | 1,524 | 1,516 | 1,640 | 1,848 | 1,978 | 1,997 | 31% |
| Total | 216,721 | 231,197 | 252,257 | 271,432 | 290,941 | 319,292 | 47% |

Appendix C



STATE OF WASHINGTON

DEPARTMENT OF HEALTH

101 Israel Rd SE • Tumwater • PO Box 47890 • Olympia, Washington 98504-7890
Tel: (360) 236-4030 • FAX: (360) 586-7424 • TDD Relay Service: 1-800-833-6388

October 6, 2005

TO: Bonnie King, Director, Health Professions Quality Assurance
Laura Farris, Senior Health Law Judge
Joyce Roper, Senior Assistant Attorney General
Linda Dalton, Senior Assistant Attorney General

FROM: Mary C. Selecky

cc: Boards & Commissions
Bill White, Deputy Secretary
Laurie Jenkins, Assistant Secretary, Health Systems Quality Assurance

SUBJECT: IMPROVING PATIENT SAFETY

Regulating health care providers is a huge responsibility. As you know, the number of health care providers in our state is growing, and with that the number of complaints we receive about providers is also rapidly increasing. The system of boards and commissions is complex, and the legal system can be very challenging to navigate. While I know resources are tight and the job is tough, we must always make patient safety our top priority.

I would like to thank you and your staff for your hard work on system improvements over the past 18 months. We are moving in the right direction, but we certainly have more challenges ahead. We must focus on aggressively protecting the public, consistency in our process, timeliness, and making information accessible. Disciplinary action should be appropriate for the level of unprofessional conduct. Sanctioning orders must always focus on public protection.

As a part of our continued reform efforts, I am directing you to address the following areas:

- The highest priority should be given to cases involving serious physical injury or death to a patient, and sexual contact with or abuse of a patient. Establish a system for investigators, staff attorneys, assistant attorneys general and judges to understand and handle the case according to the assigned priority.
- Promptly adopt clear, consistent rules relating to sexual misconduct for all professions under the discipline authority of the secretary. Strongly encourage all boards and commissions to quickly adopt similar rules and ensure staff prioritization for prompt adoption.

- Increase management oversight and review of cases involving sexual contact or abuse of a patient, serious physical injury or patient death. Management scrutiny must occur at each point of case decision making.
- Immediately and swiftly complete the hiring and training process for investigative and staff attorney positions approved in the recent budget. Every position should be filled by January 15, 2006.
- Strengthen the charging and sanctioning guidance to staff attorneys, Department of Health judges and assistant attorneys general. Develop sanctioning guidelines for my approval and adoption, and implement management oversight to ensure application of tough, consistent and appropriate actions.
 - Sanctions imposed for unprofessional conduct must reflect the severity of that conduct and the risk to the public. Probation, stayed suspensions, and continuing education requirements should not be used to allow a provider who has engaged in serious misconduct to remain in practice.
 - Any doubts about a provider's ability to practice safely must be resolved in favor of protecting the public. When a provider's unprofessional conduct requires an evaluation or continuing education for safe practice, the provider's ability to practice that activity should be limited or restricted until the remedial work has been completed, and the disciplinary authority is assured that the provider can practice safely.
- Establish a process for management review of cases where conflicts occur with regard to charging decisions within the department, with board or commission members, and/or with the Office of the Attorney General. Work with the Attorney General's Office to more aggressively pursue cases, especially when it means more protection for the public.
- Ensure that decision makers have the history of past complaints and actions before deciding sanctions.
- Shorten the timeframe to take action on practitioners who are out of compliance with orders. Evaluate current compliance monitoring systems for effectiveness and develop process improvements.
 - When a provider has been placed on probation or stayed suspension, compliance with the conditions of probation or stayed suspension is essential. Particularly in cases involving serious physical injury to or death of a patient, and sexual contact with or abuse of a patient, a provider who is found to have violated the conditions of an order should be removed from practice for some period of time, at least until compliance is re-established.
 - Violation of an order must not be rewarded by the mere entry of a new set of conditions that allow the violator to continue in practice.
- Analyze costs and other pertinent information to determine if publishing health care provider malpractice settlements and complaints on the Internet is appropriate.

- Complete the study by December 15 on whether non-hospital based surgical facilities should be regulated. Ensure clear options and recommendations are included.
- Prepare a package of legislative recommendations that would address weaknesses in the current disciplinary process.

I am confident that this new work, along with the many improvements you've already made, will continue to improve patient safety in Washington. Please make this work your highest priority. As these efforts move ahead, I expect a weekly report of accomplishments. Please make sure the first update includes a work-plan that outlines specific, aggressive completion dates for each item. It is important that we are pulling in the same direction, so I am appointing Laurie Jenkins as the executive sponsor for these directives. Thank you for working hard to make Washington safer and healthier.

Appendix D - Performance against Time Lines

Timely regulatory actions help ensure credentialed health care practitioners provide services according to standards.

In 1993, the Legislature amended the UDA, chapter 18.130 RCW, to require time lines for adjudication of complaints. HPQA adopted model procedural rules in 1993; chapter 246-10 WAC for Secretary professions and chapter 246-11 WAC for boards and commissions. These rules have time periods for steps in the process and allow presiding officers to grant continuances for good cause.

The Legislature amended the UDA again in 1995 in an effort to resolve cases faster. HPQA worked with boards and commissions to develop rules that went into effect in 1999. The rules set basic time periods for:

- Intake and assessment
- Investigations
- Case disposition
- Steps within adjudication that had not been addressed in the 1993 rules

Extensions of the basic time periods are permitted if good cause is demonstrated. “Good cause” is based on the facts and issues of the case and the situation. Extensions add oversight during assessment, investigation, and case disposition.

The following statistics compare performance against timelines for the last two biennia:

- Closure for all case types, on average, with or without disciplinary proceedings increased 44 percent, from 113 days to 162 days.
- Closure without disciplinary proceedings increased 36 percent, from 84 days to 114 days.
- Closure with disciplinary proceedings (adjudication) increased 13 percent, from 368 days to 415 days.
- Closure with Agreed Orders and Final Orders (a subset of adjudication) increased 26 percent, from 403 days to 508 days. Specific data on average time to close with an Agreed Order or Final Orders is found in the table titled “Performance against Time Lines.”

The first table shows the disciplinary process steps and the respective basic time periods in chapters 246-10 and 246-11 in WAC.

Time Lines

| Step | Base Time Period |
|---|------------------|
| Intake and Initial Assessment | 21 |
| Investigation | 170 |
| Case Disposition | 140 |
| Statement of Allegations—Receive Response | 14 |
| Stipulation to Informal Disposition—Signed, Presented, Respondent Served | 60 |
| Statement of Allegations not accepted resulting in a Statement of Charges | 60 |
| Statement of Charges—Receive Answer | 20 |
| Statement of Charges—Produce Scheduling Order | 30 |
| Adjudication of Statement of Charges | 180 |
| Serve Final Order | 45 |
| Prepare Default Order | 60 |
| Serve Default Order | 45 |

Average time to close cases is shown in the following table by type of closure. The averages are compared to the time periods permitted in the usual steps to reach the closure.

Performance against Time Lines

2005-2007

| Closure Type | Number of Cases | Basic Time Period (Calendar Days) | Average Days 7/1/05 - 6/30/07 | % of Cases Within Basic Period |
|---------------------------------------|-----------------|-----------------------------------|-------------------------------|--------------------------------|
| Allegations Withdrawn | 41 | 405 | 512 | 39 |
| Charges Withdrawn | 56 | 606 | 496 | 77 |
| Closed Prior to Invest | 5,743 | 21 | 12 | 96 |
| Closed After Invest | 4,815 | 331 | 222 | 83 |
| Closed with Notice of Correction | 160 | 331 | 264 | 75 |
| Closed with Informal Disposition | 656 | 405 | 372 | 65 |
| Closed with Default Order | 577 | 486 | 330 | 83 |
| Closed with Agreed Order | 654 | 606 | 495 | 70 |
| Closed with Final Order | 11 | 606 | 81 | 100 |
| Closed with Final Order After Hearing | 161 | 606 | 591 | 60 |
| Closed with an Agreed or Final Order | 826 | 606 | 508 | 68 |

Appendix E - Criminal Convictions

2005 - 2007

| Profession | Total Applicants | Applicants with Convictions | Applicants who Disclosed | Applicants Not Disclosing | % with Convictions | % Disclosed | % Non-Disclosed |
|---|-------------------------|------------------------------------|---------------------------------|----------------------------------|---------------------------|--------------------|------------------------|
| Acupuncturist | 195 | 0 | 0 | 0 | 0% | 0% | 0% |
| Advanced Registered Nurse Practitioner | 760 | 2 | 2 | 0 | 0% | 100% | 0% |
| Audiologist, Hearing Instrument Fitter/Dispenser, Speech Language Pathologist | 640 | 5 | 1 | 4 | 1% | 20% | 80% |
| Chemical Dependency Professional | 569 | 92 | 70 | 22 | 16% | 76% | 24% |
| Chiropractic X-Ray Tech | 34 | 2 | 1 | 1 | 6% | 50% | 50% |
| Chiropractor | 426 | 7 | 4 | 3 | 2% | 57% | 43% |
| Counselor, Registered | 7,031 | 491 | 314 | 177 | 7% | 64% | 36% |
| Dental Hygienist | 705 | 7 | 6 | 1 | 1% | 86% | 14% |
| Dentist | 804 | 3 | 3 | 0 | 0% | 100% | 0% |
| Denturist | 54 | 1 | 1 | 0 | 2% | 100% | 0% |
| Dietitian/Nutritionist | 283 | 1 | 1 | 0 | 0% | 100% | 0% |
| Dispensing Optician | 893 | 49 | 16 | 33 | 5% | 33% | 67% |
| Health Care Assistant | 8,110 | 388 | 152 | 236 | 5% | 39% | 61% |
| Hypnotherapist | 172 | 3 | 1 | 2 | 2% | 33% | 67% |
| Licensed Practical Nurse | 3,146 | 91 | 47 | 44 | 3% | 52% | 48% |
| Marriage and Family Therapist | 201 | 4 | 1 | 3 | 2% | 25% | 75% |
| Massage Therapist | 3,550 | 115 | 66 | 49 | 3% | 57% | 43% |
| Mental Health Counselor | 781 | 11 | 4 | 7 | 1% | 36% | 64% |
| Midwife | 19 | 0 | 0 | 0 | 0% | 0% | 0% |
| Naturopathic Physician | 201 | 1 | 0 | 1 | 0% | 0% | 100% |
| Nursing Assistant | 37,187 | 2348 | 832 | 1516 | 6% | 35% | 65% |
| Nursing Home Administrator | 101 | 9 | 4 | 5 | 9% | 44% | 56% |
| Nursing Technician | 906 | 23 | 9 | 14 | 3% | 39% | 61% |
| Occupational Therapist | 491 | 0 | 0 | 0 | 0% | 0% | 0% |
| Occupational Therapy Assistant | 47 | 0 | 0 | 0 | 0% | 0% | 0% |
| Ocularist | 2 | 0 | 0 | 0 | 0% | 0% | 0% |
| Optometrist | 154 | 0 | 0 | 0 | 0% | 0% | 0% |
| Orthotist/Prosthetist | 36 | 1 | 0 | 1 | 3% | 0% | 100% |
| Osteopathic Physician | 282 | 1 | 0 | 1 | 0% | 0% | 100% |
| Osteopathic Physician Assistant | 18 | 0 | 0 | 0 | 0% | 0% | 0% |
| Pharmacies and Other Pharmaceutical Firms | 3 | 0 | 0 | 0 | 0% | 0% | 0% |
| Pharmacist | 951 | 9 | 4 | 5 | 1% | 44% | 56% |
| Pharmacy Assistant | 4,596 | 180 | 71 | 109 | 4% | 39% | 61% |
| Pharmacy Intern | 938 | 3 | 3 | 0 | 0% | 100% | 0% |
| Pharmacy Technician | 2,077 | 74 | 33 | 41 | 4% | 45% | 55% |
| Physical Therapist | 826 | 2 | 1 | 1 | 0% | 50% | 50% |
| Physician | 3,849 | 10 | 5 | 5 | 0% | 50% | 50% |
| Physician Assistant | 546 | 6 | 1 | 5 | 1% | 17% | 83% |
| Podiatrist | 40 | 0 | 0 | 0 | 0% | 0% | 0% |
| Psychologist | 338 | 4 | 4 | 0 | 1% | 100% | 0% |
| Radiological Technologist | 1,503 | 55 | 23 | 32 | 4% | 42% | 58% |
| Recreational Therapist | 35 | 0 | 0 | 0 | 0% | 0% | 0% |
| Registered Nurse | 12,904 | 134 | 72 | 62 | 1% | 54% | 46% |
| Respiratory Care Practitioner | 392 | 11 | 5 | 6 | 3% | 45% | 55% |
| Sex Offender Treatment Provider | 35 | 4 | 2 | 2 | 11% | 50% | 50% |
| Social Worker | 669 | 12 | 8 | 4 | 2% | 67% | 33% |
| Surgical Technologist | 840 | 32 | 16 | 16 | 4% | 50% | 50% |
| Veterinarian | 338 | 5 | 1 | 4 | 1% | 20% | 80% |
| Veterinary Medication Clerk | 260 | 5 | 4 | 1 | 2% | 80% | 20% |
| Veterinary Technician | 330 | 5 | 1 | 4 | 2% | 20% | 80% |
| X-Ray Technician | 997 | 28 | 13 | 15 | 3% | 46% | 54% |
| Total | 100,265 | 4,234 | 1,802 | 2,432 | 4% | 43% | 57% |

Appendix F - Investigation, Closure, and Case Resolution

The Uniform Disciplinary Act (UDA), chapter 18.130 RCW, provides standardized processes for discipline of practitioners. It serves as the statutory framework for the regulation of health care providers in Washington. This section of the report contains quantitative data on investigations, case closures, and case resolutions involving health care providers during the 2005-2007 biennium.

Investigation

During the biennium, HPQA received a total of 13,390 new complaints against credentialed health care providers and people practicing illegally without a license. This represents a five percent decrease from the 2003–2005 biennium. A total of 2,872 open complaints carried over from the previous biennium. During the 2005-2007 biennium 7,261 investigations were authorized, an increase of 10 percent from the 6,597 investigations authorized during the previous biennium.

A total of 7,164 investigations were completed during the biennium, including unlicensed practice investigations. This is a 14 percent increase in investigations from previous biennium. This increase was made possible by the addition of permanent and temporary staff.

Investigation Activity by Profession

| Profession | Complaints | | Total Complaints | Total Investigations | Unlicensed Investigations | Total Investigations |
|--|----------------------------|------------------------|---------------------|-------------------------|------------------------------|-------------------------|
| | Carried Over from 03-05 | Complaints Received | | | | |
| Acupuncturist | 6 | 29 | 35 | 15 | 4 | 19 |
| Advanced Registered Nurse Practitioner | 27 | 159 | 186 | 67 | 0 | 67 |
| Audiologist, Hearing Instrument Fitter/Dispenser, Speech Language Pathologist | 20 | 41 | 61 | 28 | 4 | 32 |
| Chemical Dependency Professional | 85 | 231 | 316 | 192 | 7 | 199 |
| Chiropractic X-Ray Technician | 0 | 4 | 4 | 0 | 0 | 0 |
| Chiropractor | 118 | 216 | 334 | 174 | 15 | 189 |
| Counselor, Registered | 201 | 580 | 781 | 459 | 20 | 479 |
| Dental Hygienist | 5 | 31 | 36 | 18 | 6 | 24 |
| Dentist | 320 | 748 | 1,068 | 608 | 11 | 619 |
| Denturist | 30 | 61 | 91 | 58 | 5 | 63 |
| Dietitian/Nutritionist | 0 | 10 | 10 | 4 | 1 | 5 |
| Dispensing Optician | 8 | 16 | 24 | 5 | 9 | 14 |
| Dispensing Optician, Apprentice | 3 | 8 | 11 | 11 | 0 | 11 |
| Health Care Assistant | 73 | 184 | 257 | 129 | 8 | 137 |
| Humane Society | 2 | 1 | 3 | 0 | 0 | 0 |
| Hypnotherapist | 3 | 7 | 10 | 4 | 0 | 4 |
| Licensed Practical Nurse | 123 | 1,006 | 1,129 | 302 | 4 | 306 |
| Marriage and Family Therapist | 8 | 30 | 38 | 23 | 1 | 24 |
| Massage Therapist | 45 | 287 | 332 | 158 | 67 | 225 |
| Mental Health Counselor | 39 | 140 | 179 | 102 | 1 | 103 |
| Midwife | 7 | 18 | 25 | 15 | 0 | 15 |
| Naturopathic Physician | 19 | 34 | 53 | 29 | 2 | 31 |
| Nursing Assistant | 231 | 4,043 | 4,274 | 933 | 71 | 1,004 |
| Nursing Home Administrator | 19 | 67 | 86 | 48 | 1 | 49 |
| Nursing Pool Operator | 0 | 4 | 4 | 0 | 1 | 1 |
| Nursing Technician | 1 | 1 | 2 | 1 | 0 | 1 |
| Ocularist | 0 | 0 | 0 | 0 | 0 | 0 |
| Occupational Therapist | 6 | 13 | 19 | 8 | 2 | 10 |
| Occupational Therapy Assistant | 2 | 13 | 15 | 9 | 0 | 9 |

| Profession | Complaints | | Total Complaints | Investigations | Unlicensed | | Total Investigations |
|---|----------------------------|------------------------|---------------------|----------------|----------------|----------------|-------------------------|
| | Carried Over from 03-05 | Complaints Received | | | Investigations | Investigations | |
| Optometrist | 16 | 52 | 68 | 28 | 2 | 30 | |
| Orthotist/Prosthetist | 1 | 7 | 8 | 3 | 3 | 6 | |
| Osteopathic Physician | 81 | 157 | 238 | 113 | 1 | 114 | |
| Osteopathic Physician Assistant | 3 | 5 | 8 | 5 | 0 | 5 | |
| Pharmacies and Other Pharmaceutical Firms | 19 | 228 | 247 | 118 | 16 | 134 | |
| Pharmacist | 47 | 235 | 282 | 192 | 0 | 192 | |
| Pharmacy Assistant | 14 | 56 | 70 | 31 | 0 | 31 | |
| Pharmacy Intern | 3 | 14 | 17 | 9 | 0 | 9 | |
| Pharmacy Technician | 29 | 79 | 108 | 57 | 0 | 57 | |
| Physical Therapist | 30 | 71 | 101 | 45 | 3 | 48 | |
| Physician | 675 | 2,073 | 2,748 | 1,605 | 30 | 1,635 | |
| Physician Assistant | 28 | 112 | 140 | 74 | 0 | 74 | |
| Podiatrist | 21 | 52 | 73 | 25 | 1 | 26 | |
| Psychologist | 48 | 130 | 178 | 80 | 14 | 94 | |
| Radiological Technologist | 22 | 37 | 59 | 37 | 0 | 37 | |
| Recreational Therapist | 0 | 0 | 0 | 0 | 0 | 0 | |
| Registered Nurse | 224 | 1,170 | 1,394 | 527 | 16 | 543 | |
| Respiratory Care Practitioner | 8 | 26 | 34 | 21 | 1 | 22 | |
| Sex Offender Treatment Provider | 2 | 26 | 28 | 16 | 0 | 16 | |
| Social Worker | 21 | 70 | 91 | 54 | 2 | 56 | |
| Surgical Technologist | 3 | 18 | 21 | 7 | 0 | 7 | |
| Unknown / Unlicensed | 108 | 591 | 699 | 0 | 230 | 230 | |
| Veterinarian | 51 | 149 | 200 | 111 | 13 | 124 | |
| Veterinarian Retired | 1 | 7 | 8 | 8 | 0 | 8 | |
| Veterinary Medication Clerk | 0 | 1 | 1 | 1 | 0 | 1 | |
| Veterinary Technician | 2 | 7 | 9 | 2 | 0 | 2 | |
| X-Ray Technician | 14 | 35 | 49 | 22 | 1 | 23 | |
| Total | 2,872 | 13,390 | 16,262 | 6,591 | 573 | 7,164 | |

Percentage of Investigations Completed

The following tables compare investigations completed to the number of complaints received. The column titled Percentage of Total Board/Commission (Secretary) Investigations compares the total number of investigations completed for a profession to the total number of investigations completed for all professions. For example, completed physician investigations made up 35 percent (1,635) of the 4,634 board and commission investigations completed; completed nursing assistant investigations represented 40 percent (1,004) of the 2,530 completed Secretary profession investigations.

The column titled Percentage of Profession Investigations to Complaints shows investigations completed as a percentage of complaints received by the same profession. For example, 53 percent (94) of the 178 complaints received by the Examining Board of Psychology were investigated.

Board and Commission Professions Percentage of Investigations Completed

| Profession | Complaints Carried Over from 03-05 | Complaints Received | Total Complaints | Total Investigations | % of Total Board/ Commission Investigations | % of Profession Investigations to Complaints |
|---|--|------------------------|---------------------|-------------------------|--|---|
| Audiologist, Hearing Instrument Fitter/Dispenser, Speech Language Pathologist | 20 | 41 | 61 | 32 | 1 | 52 |
| Chiropractic X-Ray Technician | 0 | 5 | 5 | 0 | 0 | 0 |
| Chiropractor | 118 | 217 | 335 | 189 | 4 | 56 |
| Dentist | 321 | 751 | 1,072 | 619 | 13 | 58 |
| Humane Society | 2 | 1 | 3 | 0 | 0 | 0 |
| Licensed Practical Nurse | 123 | 1,006 | 1,129 | 306 | 7 | 27 |
| Massage Therapist | 46 | 293 | 339 | 225 | 5 | 66 |
| Nursing Home Administrator | 19 | 67 | 86 | 49 | 1 | 57 |
| Nursing Technician | 1 | 1 | 2 | 1 | 0 | 50 |
| Occupational Therapist | 6 | 13 | 19 | 10 | 0 | 53 |
| Occupational Therapy Assistant | 2 | 13 | 15 | 9 | 0 | 60 |
| Optometrist | 16 | 52 | 68 | 30 | 1 | 44 |
| Osteopathic Physician | 81 | 157 | 238 | 114 | 2 | 48 |
| Osteopathic Physician Assistant | 3 | 5 | 8 | 5 | 0 | 63 |
| Pharmacies and Other Pharmaceutical Firms | 19 | 229 | 248 | 134 | 3 | 54 |
| Pharmacist | 47 | 235 | 282 | 192 | 4 | 68 |
| Pharmacy Assistant | 14 | 56 | 70 | 31 | 1 | 44 |
| Pharmacy Intern | 3 | 14 | 17 | 9 | 0 | 53 |
| Pharmacy Technician | 29 | 79 | 108 | 57 | 1 | 53 |
| Physical Therapist | 30 | 71 | 101 | 48 | 1 | 48 |
| Physician | 675 | 2,078 | 2,753 | 1,635 | 35 | 59 |
| Physician Assistant | 28 | 112 | 140 | 74 | 2 | 53 |
| Podiatrist | 21 | 52 | 73 | 26 | 1 | 36 |
| Psychologist | 48 | 130 | 178 | 94 | 2 | 53 |
| Registered Nurse, Advanced Registered Nurse Practitioner | 251 | 1,329 | 1,580 | 610 | 13 | 39 |
| Veterinarian | 51 | 150 | 201 | 124 | 3 | 62 |
| Veterinarian Retired | 1 | 7 | 8 | 8 | 0 | 100 |
| Veterinary Medication Clerk | 0 | 1 | 1 | 1 | 0 | 100 |
| Veterinary Technician | 2 | 7 | 9 | 2 | 0 | 22 |
| Subtotal Boards and Commissions | 1,977 | 7,172 | 9,149 | 4,634 | 100 | 51 |

Secretary Professions Percentage of Investigations Completed

| Profession | Complaints Carried | | Total Complaints | Total Investigations | % of Total Secretary Investigations | % of Profession Investigations to Complaints |
|---|--------------------|---------------------|------------------|----------------------|-------------------------------------|--|
| | Over from 03-05 | Complaints Received | | | | |
| Acupuncturist | 6 | 29 | 35 | 19 | 1 | 54 |
| Chemical Dependency Professional | 85 | 231 | 316 | 199 | 8 | 63 |
| Counselor, Registered | 201 | 580 | 781 | 479 | 19 | 61 |
| Dental Hygienist | 5 | 31 | 36 | 24 | 1 | 67 |
| Denturist | 30 | 61 | 91 | 63 | 2 | 69 |
| Dietitian/Nutritionist | 0 | 10 | 10 | 5 | 0 | 50 |
| Dispensing Optician | 8 | 17 | 25 | 14 | 1 | 56 |
| Dispensing Optician, Apprentice | 3 | 8 | 11 | 11 | 0 | 100 |
| Health Care Assistant | 73 | 184 | 257 | 137 | 5 | 53 |
| Hypnotherapist | 3 | 7 | 10 | 4 | 0 | 40 |
| Marriage and Family Therapist | 8 | 30 | 38 | 24 | 1 | 63 |
| Mental Health Counselor | 39 | 140 | 179 | 103 | 4 | 58 |
| Midwife | 7 | 18 | 25 | 15 | 1 | 60 |
| Naturopathic Physician | 19 | 34 | 53 | 31 | 1 | 58 |
| Nursing Assistant | 231 | 4,047 | 4,278 | 1,004 | 40 | 23 |
| Nursing Pool Operator | 0 | 4 | 4 | 1 | 0 | 25 |
| Ocularist | 0 | 0 | 0 | 0 | 0 | 0 |
| Orthotist/Prosthetist | 1 | 8 | 9 | 6 | 0 | 67 |
| Radiological Technologist | 22 | 37 | 59 | 37 | 1 | 63 |
| Recreational Therapist | 0 | 0 | 0 | 0 | 0 | 0 |
| Respiratory Care Practitioner | 8 | 26 | 34 | 22 | 1 | 65 |
| Sex Offender Treatment Provider | 2 | 26 | 28 | 16 | 1 | 57 |
| Social Worker | 21 | 70 | 91 | 56 | 2 | 62 |
| Surgical Technologist | 3 | 18 | 21 | 7 | 0 | 33 |
| Unknown / Unlicensed | 106 | 567 | 673 | 230 | 9 | 34 |
| X-Ray Technician | 14 | 35 | 49 | 23 | 1 | 47 |
| Subtotal Secretary | 895 | 6,218 | 7,113 | 2,530 | 100 | 36 |
| Total Boards, Commissions, Secretary | 2,872 | 13,390 | 16,262 | 7,164 | 100 | 44 |

Board and commission professions had 65 percent of the 7,164 investigations completed during the biennium; Secretary authority professions completed 35 percent of the investigations. In general, boards and commissions regulate more of the primary care professions whose practitioners can pose a greater risk of harm to patients. This may be reflected in the higher percentage of complaints investigated. HPQA investigated 45 percent of complaints for all professions.

Threshold criteria were established in 1997 to speed processing of more serious cases, below which complaints are not investigated. Overall, new complaints decreased 5 percent this biennium from 14,082 in 2003-2005 to 13,390 in 2005-2007. Completed investigations, however, increased 14 percent over the previous biennium, from 6,279 in 2003-2005 to 7,164 in 2005-2007. During the 2005-2007 biennium 7,261 investigations were authorized, an increase of 10 percent from the 6,597 investigations authorized during the 2003-2005 biennium.

Case Review

Complaints Closed Prior to Disciplinary Action

Many complaints are closed before a statement of allegations or a statement of charges is issued. These cases are closed for a number of reasons including, but not limited to:

- The complaint does not rise to a threshold to warrant investigation.
- After investigation it is determined the complaint should be closed due to minimal risk.
- The evidence is insufficient to support the allegations against a health care provider.
- The evidence disproves the allegations.
- The evidence does not support a finding of unprofessional conduct.
- The disciplinary authority does not have jurisdiction.
- The complaint is best resolved with a Notice of Correction notifying the health care provider of a violation. The health care provider is given a reasonable time period to correct the violation and must notify the disciplinary authority that corrective action has been taken.

Sometimes new evidence warrants the withdrawal of a statement of allegations or statement of charges.

The following table provides information by profession for cases closed before disciplinary action. The statistics include closures in unlicensed practice cases.

Complaints Closed Prior To Disciplinary Action

| Profession | Closed No Action Prior to Invest | Closed No Action After Invest | Closed Below Thresh Prior | Closed Below Thresh After | Closed NOC | Charges Withdrawn | Total Closed |
|--|---|--|------------------------------------|------------------------------------|---------------|----------------------|-----------------|
| Acupuncturist | 5 | 10 | 2 | 0 | 1 | 1 | 19 |
| Advanced Registered Nurse Practitioner | 55 | 63 | 8 | 4 | 0 | 0 | 130 |
| Audiologist, Hearing Instrument Fitter/Dispenser, Speech Language Pathologist | 7 | 20 | 2 | 2 | 2 | 0 | 33 |
| Chemical Dependency Professional | 15 | 106 | 10 | 10 | 5 | 6 | 152 |
| Chiropractic X-Ray Technician | 1 | 0 | 2 | 0 | 0 | 0 | 3 |
| Chiropractor | 42 | 99 | 12 | 1 | 13 | 1 | 168 |
| Counselor, Registered | 52 | 189 | 44 | 26 | 11 | 12 | 334 |
| Dental Hygienist | 0 | 12 | 1 | 0 | 2 | 0 | 15 |
| Dentist | 99 | 400 | 92 | 26 | 11 | 9 | 637 |
| Denturist | 5 | 45 | 4 | 1 | 1 | 1 | 57 |
| Dietitian/Nutritionist | 0 | 4 | 1 | 0 | 1 | 0 | 6 |
| Dispensing Optician | 2 | 14 | 0 | 0 | 1 | 1 | 18 |
| Dispensing Optician, Apprentice | 0 | 4 | 0 | 0 | 1 | 0 | 5 |
| Health Care Assistant | 12 | 44 | 30 | 9 | 4 | 8 | 107 |
| Humane Society | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Hypnotherapist | 0 | 3 | 0 | 0 | 2 | 0 | 5 |
| Licensed Practical Nurse | 334 | 134 | 301 | 30 | 0 | 3 | 802 |
| Marriage and Family Therapist | 3 | 18 | 2 | 1 | 1 | 0 | 25 |
| Massage Therapist | 24 | 114 | 27 | 6 | 7 | 0 | 178 |
| Mental Health Counselor | 28 | 75 | 3 | 4 | 3 | 1 | 114 |
| Midwife | 4 | 8 | 1 | 0 | 0 | 0 | 13 |
| Naturopathic Physician | 4 | 19 | 6 | 1 | 1 | 0 | 31 |

| Profession | Closed No Action Prior to Invest | Closed No Action After Invest | Closed Below Thresh Prior | Closed Below Thresh After | Closed NOC | Charges Withdrawn | Total Closed |
|---|---|--|--|--|-----------------------|------------------------------|-------------------------|
| Nursing Assistant | 1436 | 617 | 1407 | 36 | 1 | 15 | 3512 |
| Nursing Home Administrator | 15 | 38 | 1 | 2 | 1 | 1 | 58 |
| Nursing Pool Operator | 2 | 1 | 0 | 0 | 0 | 0 | 3 |
| Nursing Technician | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Ocularist | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Occupational Therapist | 3 | 7 | 0 | 1 | 1 | 0 | 12 |
| Occupational Therapy Assistant | 3 | 4 | 1 | 1 | 0 | 0 | 9 |
| Optometrist | 14 | 19 | 5 | 2 | 2 | 0 | 42 |
| Orthotist/Prosthetist | 0 | 3 | 0 | 0 | 1 | 0 | 4 |
| Osteopathic Physician | 4 | 107 | 42 | 2 | 6 | 2 | 163 |
| Osteopathic Physician Assistant | 0 | 1 | 2 | 0 | 1 | 0 | 4 |
| Pharmacies and Other Pharmaceutical Firms | 56 | 123 | 33 | 2 | 2 | 1 | 217 |
| Pharmacist | 17 | 65 | 12 | 1 | 52 | 2 | 149 |
| Pharmacy Assistant | 0 | 17 | 1 | 0 | 0 | 0 | 18 |
| Pharmacy Intern | 0 | 4 | 1 | 0 | 0 | 0 | 5 |
| Pharmacy Technician | 3 | 17 | 3 | 0 | 2 | 0 | 25 |
| Physical Therapist | 19 | 28 | 3 | 1 | 3 | 1 | 55 |
| Physician | 50 | 1,364 | 394 | 12 | 0 | 16 | 1,836 |
| Physician Assistant | 3 | 58 | 29 | 0 | 2 | 1 | 93 |
| Podiatrist | 7 | 25 | 16 | 0 | 1 | 0 | 49 |
| Psychologist | 37 | 49 | 4 | 8 | 7 | 2 | 107 |
| Radiological Technologist | 2 | 15 | 0 | 0 | 0 | 4 | 21 |
| Recreational Therapist | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Registered Nurse | 263 | 286 | 195 | 29 | 0 | 4 | 777 |
| Respiratory Care Practitioner | 1 | 6 | 3 | 3 | 0 | 2 | 15 |
| Sex Offender Treatment Provider | 2 | 9 | 2 | 0 | 0 | 0 | 13 |
| Social Worker | 15 | 32 | 2 | 3 | 0 | 2 | 54 |
| Surgical Technologist | 2 | 7 | 1 | 0 | 0 | 0 | 10 |
| Unknown / Unlicensed | 233 | 213 | 136 | 2 | 0 | 0 | 584 |
| Veterinarian | 15 | 80 | 5 | 2 | 10 | 0 | 112 |
| Veterinarian Retired | 0 | 1 | 0 | 0 | 0 | 0 | 1 |
| Veterinary Medication Clerk | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Veterinary Technician | 0 | 2 | 0 | 0 | 0 | 0 | 2 |
| X-Ray Technician | 1 | 8 | 2 | 0 | 1 | 1 | 13 |
| Total | 2,895 | 4,587 | 2,848 | 228 | 160 | 97 | 10,815 |

Percentage of Complaints Closed

The following tables show the percentage of cases closed with no disciplinary action, compared to total cases closed with no action and to the number of complaints received.

The column titled “Percentage of Total Board/Commission (Secretary) Closures” shows the total number of cases closed with no action for that profession compared to the total number of Board/Commission cases closed with no action. For example, registered nurse and ARNP cases closed with no action represented 16 percent (907) of 5,685 board and commission cases closed with no action; nursing assistant cases closed with no action represented 68 percent (3,512) of the 5,130 Secretary profession cases closed with no action.

The column titled Percentage of Profession Closures to Complaints shows the percentage of cases closed with no action against the total number of complaints received by the same profession. For example, the Dental Quality Assurance Commission closed 59 percent (637) of the cases with no action compared to the 1,072 complaints received by the commission.

Board and Commission Complaints Closed Prior to Adjudicative Proceedings

| Profession | Complaints Carried Over from 03-05 | Complaints Received | Total Complaints | Total Closed | % of Total Board/Commission Closures | % of Profession Closures to Complaints |
|---|---|----------------------------|-------------------------|---------------------|---|---|
| Audiologist, Hearing Instrument Fitter/Dispenser, Speech Language Pathologist | 20 | 41 | 61 | 33 | 1 | 54 |
| Chiropractic X-Ray Technician | 0 | 5 | 5 | 3 | 0 | 60 |
| Chiropractor | 118 | 217 | 335 | 168 | 3 | 50 |
| Dentist | 321 | 751 | 1,072 | 637 | 11 | 59 |
| Humane Society | 2 | 1 | 3 | 0 | 0 | 0 |
| Licensed Practical Nurse | 123 | 1,006 | 1,129 | 802 | 14 | 71 |
| Massage Therapist | 46 | 293 | 339 | 178 | 3 | 53 |
| Nursing Home Administrator | 19 | 67 | 86 | 58 | 1 | 67 |
| Nursing Technician | 1 | 1 | 2 | 0 | 0 | 0 |
| Occupational Therapist | 6 | 13 | 19 | 12 | 0 | 63 |
| Occupational Therapy Assistant | 2 | 13 | 15 | 9 | 0 | 60 |
| Optometrist | 16 | 52 | 68 | 42 | 1 | 62 |
| Osteopathic Physician | 81 | 157 | 238 | 163 | 3 | 68 |
| Osteopathic Physician Assistant | 3 | 5 | 8 | 4 | 0 | 50 |
| Pharmacies and Other Pharmaceutical Firms | 19 | 229 | 248 | 217 | 4 | 88 |
| Pharmacist | 47 | 235 | 282 | 149 | 3 | 53 |
| Pharmacy Assistant | 14 | 56 | 70 | 18 | 0 | 26 |
| Pharmacy Intern | 3 | 14 | 17 | 5 | 0 | 29 |
| Pharmacy Technician | 29 | 79 | 108 | 25 | 0 | 23 |
| Physical Therapist | 30 | 71 | 101 | 55 | 1 | 54 |
| Physician | 675 | 2,078 | 2,753 | 1,836 | 32 | 67 |
| Physician Assistant | 28 | 112 | 140 | 93 | 2 | 66 |
| Podiatrist | 21 | 52 | 73 | 49 | 1 | 67 |
| Psychologist | 48 | 130 | 178 | 107 | 2 | 60 |
| Registered Nurse, Advanced Registered Nurse Practitioner | 251 | 1,329 | 1,580 | 907 | 16 | 57 |
| Veterinarian | 51 | 150 | 201 | 112 | 2 | 56 |
| Veterinarian Retired | 1 | 7 | 8 | 1 | 0 | 13 |
| Veterinary Medication Clerk | 0 | 1 | 1 | 0 | 0 | 0 |
| Veterinary Technician | 2 | 7 | 9 | 2 | 0 | 22 |
| Subtotal Boards and Commissions | 1,977 | 7,172 | 9,149 | 5,685 | 100 | 62 |

Pharmacies and other pharmaceutical firms have the highest percentage of cases (88 percent) closed before adjudication. Complaints are often opened against pharmacies and firms when complainants do not have enough information to name a specific practitioner. Many of these complaints are closed during the investigation phase and transferred to individual practitioners.

Secretary Professions Complaints Closed Prior to Adjudicative Proceedings

| Profession | Complaints | | | Total Closed | % of Total Secretary Closures | % of Profession Closures to Complaints |
|---|-------------------------------|------------------------|---------------------|-----------------|-------------------------------------|--|
| | Carried Over from 03-05 | Complaints Received | Total Complaints | | | |
| Acupuncturist | 6 | 29 | 35 | 19 | 0 | 54 |
| Chemical Dependency Professional | 85 | 231 | 316 | 152 | 3 | 48 |
| Counselor, Registered | 201 | 580 | 781 | 334 | 7 | 43 |
| Dental Hygienist | 5 | 31 | 36 | 15 | 0 | 42 |
| Denturist | 30 | 61 | 91 | 57 | 1 | 63 |
| Dietitian/Nutritionist | 0 | 10 | 10 | 6 | 0 | 60 |
| Dispensing Optician | 8 | 17 | 25 | 18 | 0 | 72 |
| Dispensing Optician, Apprentice | 3 | 8 | 11 | 5 | 0 | 45 |
| Health Care Assistant | 73 | 184 | 257 | 107 | 2 | 42 |
| Hypnotherapist | 3 | 7 | 10 | 5 | 0 | 50 |
| Marriage and Family Therapist | 8 | 30 | 38 | 25 | 0 | 66 |
| Mental Health Counselor | 39 | 140 | 179 | 114 | 2 | 64 |
| Midwife | 7 | 18 | 25 | 13 | 0 | 52 |
| Naturopathic Physician | 19 | 34 | 53 | 31 | 1 | 58 |
| Nursing Assistant | 231 | 4,047 | 4,278 | 3,512 | 68 | 82 |
| Nursing Pool Operator | 0 | 4 | 4 | 3 | 0 | 75 |
| Ocularist | 0 | 0 | 0 | 0 | 0 | 0 |
| Orthotist/Prosthetist | 1 | 8 | 9 | 4 | 0 | 44 |
| Radiological Technologist | 22 | 37 | 59 | 21 | 0 | 36 |
| Recreational Therapist | 0 | 0 | 0 | 0 | 0 | 0 |
| Respiratory Care Practitioner | 8 | 26 | 34 | 15 | 0 | 44 |
| Sex Offender Treatment Provider | 2 | 26 | 28 | 13 | 0 | 46 |
| Social Worker | 21 | 70 | 91 | 54 | 1 | 59 |
| Surgical Technologist | 3 | 18 | 21 | 10 | 0 | 48 |
| Unknown / Unlicensed | 106 | 567 | 673 | 584 | 11 | 87 |
| X-Ray Technician | 14 | 35 | 49 | 13 | 0 | 27 |
| Subtotal Secretary | 895 | 6,218 | 7,113 | 5,130 | 100 | 72 |
| Total Boards, Commissions, Secretary | 2,872 | 13,390 | 16,262 | 10,815 | 100 | 67 |

During the biennium HPQA closed nearly 11,000 cases prior to adjudication. About 53 percent were board and commission cases and 47 percent were secretary profession cases. Boards and commissions percentage of closures compared to the number of complaints was 62 percent. The Secretary professions percentage of closures compared to the number of complaints was about 72 percent.

Complaints are resolved before or after the adjudicative process. The type of order issued to the health care provider indicates the manner in which the case was resolved. All orders are public records. Orders associated with actions against health care providers' credentials since July 1998 are available on the Internet.

The Legislature amended the Uniform Disciplinary Act in 2001 to permit practitioners to surrender their license in lieu of disciplinary action. There was a need for health care providers to be able to surrender their credential without going through the disciplinary process. The surrender of license is used when the practitioner agrees to retire from practice and not to resume practice and when the circumstances involve a practitioner at the end of his or her effective practice.

The surrender is not used if the practitioner intends to practice in another jurisdiction, if the disciplining authority believes return to practice is reasonably possible, or if a hearing has been conducted in the case.

Stipulation to Informal Disposition: A Stipulation to Informal Disposition (STID) is an informal resolution. If the health care provider agrees to the STID, he or she does not admit to unprofessional conduct, but does agree to corrective action. STIDs are reported to national data banks, but because they are informal they do not result in a press release.

Default Orders: A Default Order is issued when the credentialed health care provider was given due notice, but either failed to answer the allegations or failed to participate in the adjudicative process as required by law.

Agreed Order: The document, formally called a Stipulated Findings of Fact, Conclusions of Law and Agreed Order, is a negotiated settlement between the health care provider and representatives of the agency. It states the substantiated violations of law and the sanctions being placed on the health care provider's credential. The health care provider agrees to the conditions in the order. The Agreed Order is presented to the disciplinary authority and if approved, becomes final. The order is reported to national data banks and the public through a press release.

Final Order after Hearing: The document is formally called Findings of Fact, Conclusions of Law and Order. This document is issued after a formal hearing has been held. The hearing may be before a health law judge representing the Secretary as the decision-maker or before a panel of board or commission members with a health law judge acting as the presiding officer. The document identifies the proven violations of law and the sanctions being placed on the health care provider's credential. The health care provider has the right to ask for reconsideration of the decision or to appeal to a superior court. The order is reported to national data banks and the public through a press release.

Complaints Resolved After Adjudicative Proceedings

| Profession Name | Informal Disposition | Default Order | Agreed Order | Final Order | Total |
|--|-----------------------------|----------------------|---------------------|--------------------|--------------|
| Acupuncturist | 1 | 0 | 3 | 0 | 4 |
| Advanced Registered Nurse Practitioner | 5 | 0 | 2 | 1 | 8 |
| Audiologist, Hearing Instrument Fitter/Dispenser, Speech Language Pathologist | 6 | 0 | 4 | 0 | 10 |
| Chemical Dependency Professional | 35 | 28 | 18 | 6 | 87 |
| Chiropractic X-Ray Technician | 0 | 0 | 0 | 0 | 0 |
| Chiropractor | 26 | 14 | 22 | 6 | 68 |
| Counselor, Registered | 88 | 70 | 93 | 15 | 266 |
| Dental Hygienist | 2 | 1 | 3 | 2 | 8 |
| Dentist | 60 | 5 | 36 | 19 | 120 |
| Denturist | 3 | 1 | 11 | 2 | 17 |
| Dietitian/Nutritionist | 0 | 0 | 0 | 1 | 1 |
| Dispensing Optician | 0 | 0 | 2 | 1 | 3 |
| Dispensing Optician, Apprentice | 0 | 5 | 1 | 0 | 6 |
| Health Care Assistant | 37 | 33 | 21 | 3 | 94 |
| Humane Society | 2 | 0 | 0 | 0 | 2 |
| Hypnotherapist | 0 | 0 | 2 | 0 | 2 |
| Licensed Practical Nurse | 46 | 40 | 33 | 5 | 124 |
| Marriage and Family Therapist | 1 | 0 | 5 | 0 | 6 |
| Massage Therapist | 32 | 17 | 22 | 11 | 82 |
| Mental Health Counselor | 9 | 5 | 11 | 1 | 26 |
| Midwife | 0 | 0 | 1 | 2 | 3 |
| Naturopathic Physician | 1 | 1 | 3 | 1 | 6 |
| Nursing Assistant | 32 | 212 | 86 | 19 | 349 |
| Nursing Home Administrator | 1 | 1 | 1 | 0 | 3 |
| Nursing Pool Operator | 0 | 0 | 0 | 0 | 0 |
| Nursing Technician | 0 | 1 | 0 | 0 | 1 |
| Ocularist | 0 | 0 | 0 | 0 | 0 |
| Occupational Therapist | 1 | 0 | 2 | 0 | 3 |
| Occupational Therapy Assistant | 1 | 0 | 0 | 0 | 1 |
| Optometrist | 5 | 0 | 1 | 0 | 6 |
| Orthotist/Prosthetist | 0 | 0 | 1 | 0 | 1 |
| Osteopathic Physician | 10 | 2 | 4 | 1 | 17 |
| Osteopathic Physician Assistant | 0 | 0 | 0 | 0 | 0 |
| Pharmacies and Other Pharmaceutical Firms | 1 | 1 | 2 | 2 | 6 |
| Pharmacist | 20 | 4 | 29 | 3 | 56 |
| Pharmacy Assistant | 3 | 13 | 12 | 0 | 28 |
| Pharmacy Intern | 1 | 1 | 3 | 0 | 5 |
| Pharmacy Technician | 6 | 20 | 22 | 1 | 49 |
| Physical Therapist | 4 | 1 | 2 | 2 | 9 |
| Physician | 63 | 12 | 91 | 43 | 209 |
| Physician Assistant | 9 | 1 | 4 | 0 | 14 |
| Podiatrist | 1 | 3 | 3 | 2 | 9 |
| Psychologist | 1 | 0 | 4 | 5 | 10 |
| Radiological Technologist | 14 | 5 | 9 | 1 | 29 |

| Profession Name | Informal Disposition | Default Order | Agreed Order | Final Order | Total |
|---------------------------------|-----------------------------|----------------------|---------------------|--------------------|--------------|
| Recreational Therapist | 0 | 0 | 0 | 0 | 0 |
| Registered Nurse | 79 | 65 | 60 | 13 | 217 |
| Respiratory Care Practitioner | 3 | 5 | 3 | 2 | 13 |
| Sex Offender Treatment Provider | 3 | 0 | 0 | 0 | 3 |
| Social Worker | 6 | 0 | 8 | 1 | 15 |
| Surgical Technologist | 0 | 2 | 1 | 0 | 3 |
| Unknown / Unlicensed | 0 | 1 | 0 | 0 | 1 |
| Veterinarian | 21 | 1 | 8 | 1 | 31 |
| Veterinarian Retired | 5 | 0 | 0 | 0 | 5 |
| Veterinary Medication Clerk | 0 | 0 | 0 | 0 | 0 |
| Veterinary Technician | 1 | 0 | 0 | 0 | 1 |
| X-Ray Technician | 11 | 6 | 5 | 0 | 22 |
| Total | 656 | 577 | 654 | 172 | 2,059 |

Percentage of Disciplinary Action

The following tables show the percentage of disciplinary action for each profession compared to all board, commission and secretary disciplinary actions. For example, dental disciplinary actions made up 11 percent (120) of the 1,094 board and commission disciplinary actions; registered counselor disciplinary actions made up 28 percent (266) of the 965 Secretary-profession disciplinary actions. The tables also show the percentage of disciplinary actions for each profession compared to the same profession's total complaints. For example, massage disciplinary actions were 24 percent (82) of the 339 complaints received by the Massage Board.

Board and Commission Professions Complaints Resolved After Adjudicative Proceedings

| Boards and Commissions | Complaints Carried Over from 03-05 | Complaints Received | Total Complaints | Total Disciplinary Actions | % of Total Board/Commission Disciplinary Actions | % of Profession Disciplinary Actions to Complaints |
|--|---|------------------------|---------------------|----------------------------------|---|--|
| Audiologist, Hearing Instrument Fitter/Dispenser, Speech Language Pathologist | 20 | 41 | 61 | 10 | 1 | 16 |
| Chiropractic X-Ray Technician | 0 | 5 | 5 | 0 | 0 | 0 |
| Chiropractor | 118 | 217 | 335 | 68 | 6 | 20 |
| Dentist | 321 | 751 | 1,072 | 120 | 11 | 11 |
| Humane Society | 2 | 1 | 3 | 2 | 0 | 67 |
| Licensed Practical Nurse | 123 | 1,006 | 1,129 | 124 | 11 | 11 |
| Massage Therapist | 46 | 293 | 339 | 82 | 7 | 24 |
| Nursing Home Administrator | 19 | 67 | 86 | 3 | 0 | 3 |
| Nursing Technician | 1 | 1 | 2 | 1 | 0 | 50 |
| Occupational Therapist | 6 | 13 | 19 | 3 | 0 | 16 |
| Occupational Therapy Assistant | 2 | 13 | 15 | 1 | 0 | 7 |
| Optometrist | 16 | 52 | 68 | 6 | 1 | 9 |
| Osteopathic Physician | 81 | 157 | 238 | 17 | 2 | 7 |
| Osteopathic Physician Assistant | 3 | 5 | 8 | 0 | 0 | 0 |
| Pharmacies and Other Pharmaceutical Firms | 19 | 229 | 248 | 6 | 1 | 2 |
| Pharmacist | 47 | 235 | 282 | 56 | 5 | 20 |
| Pharmacy Assistant | 14 | 56 | 70 | 28 | 3 | 40 |
| Pharmacy Intern | 3 | 14 | 17 | 5 | 0 | 29 |
| Pharmacy Technician | 29 | 79 | 108 | 49 | 4 | 45 |
| Physical Therapist | 30 | 71 | 101 | 9 | 1 | 9 |
| Physician | 675 | 2,078 | 2,753 | 209 | 19 | 8 |
| Physician Assistant | 28 | 112 | 140 | 14 | 1 | 10 |
| Podiatrist | 21 | 52 | 73 | 9 | 1 | 12 |
| Psychologist | 48 | 130 | 178 | 10 | 1 | 6 |
| Registered Nurse, Advanced Registered Nurse Practitioner | 251 | 1,329 | 1,580 | 225 | 21 | 14 |
| Veterinarian | 51 | 150 | 201 | 31 | 3 | 15 |
| Veterinarian Retired | 1 | 7 | 8 | 5 | 0 | 63 |
| Veterinary Medication Clerk | 0 | 1 | 1 | 0 | 0 | 0 |
| Veterinary Technician | 2 | 7 | 9 | 1 | 0 | 11 |
| Subtotal Boards and Commissions | 1,977 | 7,172 | 9,149 | 1,094 | 100 | 12 |

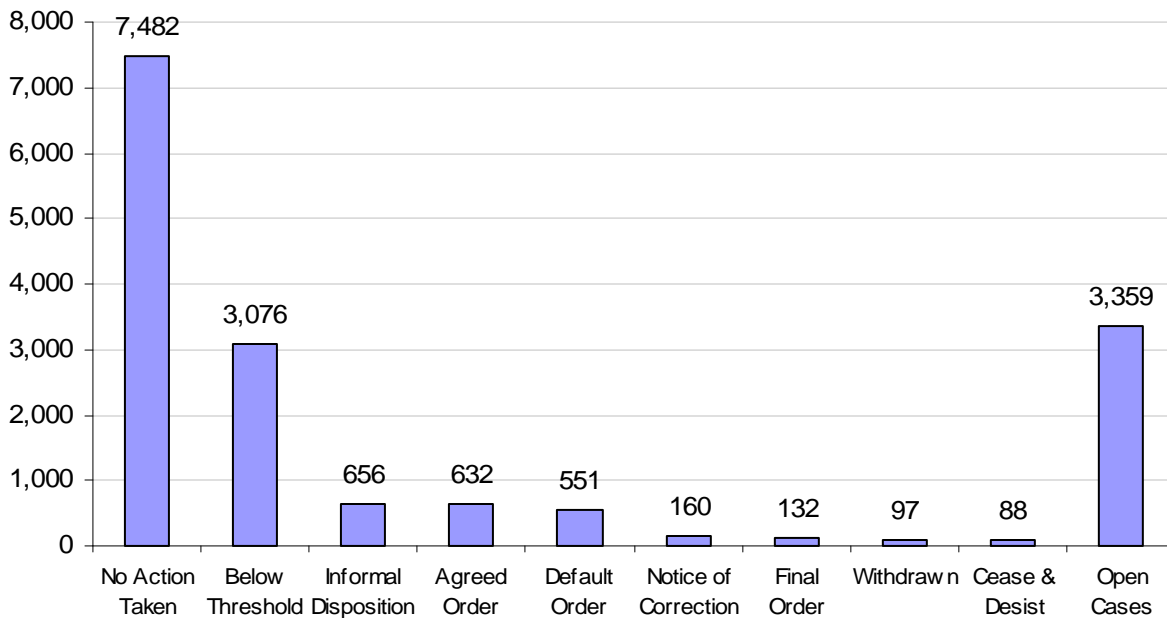
Secretary Professions Complaints Resolved after Adjudicative Proceedings

| Secretary Professions | Complaints Carried Over from 03-05 | Complaints Received | Total Complaints | Total Disciplinary Actions | % of Total Secretary Disciplinary Actions | % of Profession Disciplinary Actions to Complaints |
|--|---|------------------------|---------------------|----------------------------------|--|--|
| Acupuncturist | 6 | 29 | 35 | 4 | 0 | 11 |
| Chemical Dependency Professional | 85 | 231 | 316 | 87 | 9 | 28 |
| Counselor, Registered | 201 | 580 | 781 | 266 | 28 | 34 |
| Dental Hygienist | 5 | 31 | 36 | 8 | 1 | 22 |
| Denturist | 30 | 61 | 91 | 17 | 2 | 19 |
| Dietitian/Nutritionist | 0 | 10 | 10 | 1 | 0 | 10 |
| Dispensing Optician | 8 | 17 | 25 | 3 | 0 | 12 |
| Dispensing Optician, Apprentice | 3 | 8 | 11 | 6 | 1 | 55 |
| Health Care Assistant | 73 | 184 | 257 | 94 | 10 | 37 |
| Hypnotherapist | 3 | 7 | 10 | 2 | 0 | 20 |
| Marriage and Family Therapist | 8 | 30 | 38 | 6 | 1 | 16 |
| Mental Health Counselor | 39 | 140 | 179 | 26 | 3 | 15 |
| Midwife | 7 | 18 | 25 | 3 | 0 | 12 |
| Naturopathic Physician | 19 | 34 | 53 | 6 | 1 | 11 |
| Nursing Assistant | 231 | 4,047 | 4,278 | 349 | 36 | 8 |
| Nursing Pool Operator | 0 | 4 | 4 | 0 | 0 | 0 |
| Ocularist | 0 | 0 | 0 | 0 | 0 | 0 |
| Orthotist/Prosthetist | 1 | 8 | 9 | 1 | 0 | 11 |
| Radiological Technologist | 22 | 37 | 59 | 29 | 3 | 49 |
| Recreational Therapist | 0 | 0 | 0 | 0 | 0 | 0 |
| Respiratory Care Practitioner | 8 | 26 | 34 | 13 | 1 | 38 |
| Sex Offender Treatment Provider | 2 | 26 | 28 | 3 | 0 | 11 |
| Social Worker | 21 | 70 | 91 | 15 | 2 | 16 |
| Surgical Technologist | 3 | 18 | 21 | 3 | 0 | 14 |
| Unknown / Unlicensed | 106 | 567 | 673 | 1 | 0 | 0 |
| X-Ray Technician | 14 | 35 | 49 | 22 | 2 | 45 |
| Subtotal Secretary | 895 | 6,218 | 7,113 | 965 | 100 | 14 |
| Total Boards/Commissions/ Secretary | 2,872 | 13,390 | 16,262 | 2,059 | 100 | 13 |

Of the 2,059 disciplinary actions for this biennium, boards and commissions handled 53 percent and the Secretary professions 47 percent. When comparing the number of disciplinary actions to total complaints, the percentage for boards and commissions was 12 percent. It was 14 percent for Secretary professions. The percentage for all professions was 13 percent. This is an increase from last biennium for boards, commissions and Secretary Professions from 11 to 13 percent.

Professions with high rates of disciplinary actions compared to total complaints include registered counselors with 34 percent (266), chiropractors 20 percent (68), registered nurses and ARNPs 14 percent (225), dentists 11 percent (120), and physicians (MDs) 8 percent (209).

Summary of Case Dispositions and End of Biennium Open Cases



Unlicensed Practice Closures and Resolutions

The Secretary is responsible for preventing unlicensed practice. The HPQA investigation unit manages intake, assessment, and investigation. Unlicensed practice complaints are closed before investigation or resolved with a Notice of Correction or a Cease and Desist Order. A Notice of Correction notifies the practitioner that there will be further action if they continue to infringe on the scope of practice of credentialed health care providers. A Cease and Desist Order requires the recipient to stop practice and may impose a fine. Continued unlicensed practice may result in court enforcement of the Cease and Desist Order or criminal prosecution. HPQA focuses its resources on those cases posing the greatest risk to the public.

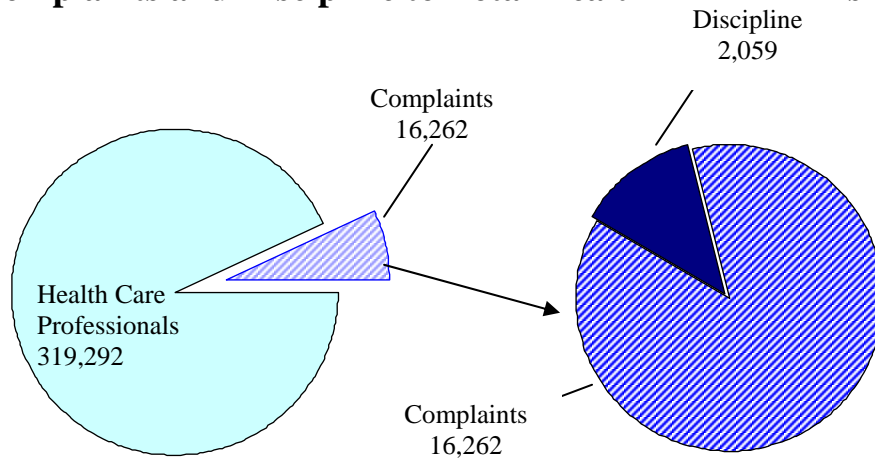
Unlicensed Practice Closures and Resolutions

| Profession | Carry Over | Complaints Received | Total Complaints | Closed | Closed | Closed | Cease and | Total Closed |
|---|------------|---------------------|------------------|---------------------------------|------------------------------|----------------------|---------------------|--------------|
| | | | | No Action Taken Prior to Invest | No Action Taken After Invest | Notice of Correction | Desist Order Issued | |
| Acupuncturist | 2 | 5 | 7 | 1 | 2 | 0 | 1 | 4 |
| Audiologist, Hearing Instrument Fitter/Dispenser, Speech Language Pathologist | 0 | 4 | 4 | 0 | 2 | 2 | 0 | 4 |
| Chemical Dependency Professional | 2 | 11 | 13 | 1 | 6 | 0 | 1 | 8 |
| Chiropractic X-Ray Technician | 0 | 1 | 1 | 1 | 0 | 0 | 0 | 1 |
| Chiropractor | 5 | 16 | 21 | 3 | 12 | 1 | 5 | 21 |
| Counselor, Registered | 4 | 24 | 28 | 3 | 18 | 0 | 2 | 23 |
| Dental Hygienist | 2 | 6 | 8 | 0 | 3 | 1 | 4 | 8 |
| Dentist | 5 | 12 | 17 | 2 | 10 | 2 | 2 | 16 |
| Denturist | 3 | 3 | 6 | 0 | 3 | 0 | 1 | 4 |
| Dietitian/Nutritionist | 0 | 4 | 4 | 0 | 0 | 1 | 1 | 2 |
| Dispensing Optician | 4 | 9 | 13 | 2 | 7 | 1 | 3 | 13 |
| Dispensing Optician, Apprentice | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Health Care Assistant | 9 | 11 | 20 | 4 | 6 | 4 | 4 | 18 |
| Humane Society | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Hypnotherapist | 0 | 2 | 2 | 0 | 0 | 0 | 1 | 1 |
| Licensed Practical Nurse | 1 | 5 | 6 | 1 | 2 | 0 | 1 | 4 |
| Marriage and Family Therapist | 0 | 1 | 1 | 0 | 1 | 0 | 0 | 1 |
| Massage Therapist | 10 | 80 | 90 | 11 | 49 | 3 | 17 | 80 |
| Mental Health Counselor | 0 | 5 | 5 | 2 | 2 | 1 | 0 | 5 |
| Midwife | 0 | 1 | 1 | 1 | 0 | 0 | 0 | 1 |
| Naturopathic Physician | 1 | 3 | 4 | 2 | 1 | 0 | 1 | 4 |
| Nursing Assistant | 6 | 274 | 280 | 202 | 67 | 0 | 3 | 272 |
| Nursing Home Administrator | 0 | 2 | 2 | 1 | 1 | 0 | 0 | 2 |
| Nursing Pool Operator | 0 | 1 | 1 | 0 | 1 | 0 | 0 | 1 |
| Nursing Technician | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Ocularist | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Occupational Therapist | 1 | 2 | 3 | 1 | 1 | 0 | 1 | 3 |
| Occupational Therapy Assistant | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Optometrist | 1 | 2 | 3 | 0 | 2 | 0 | 0 | 2 |
| Orthotist/Prosthetist | 0 | 4 | 4 | 0 | 2 | 1 | 0 | 3 |
| Osteopathic Physician | 0 | 2 | 2 | 1 | 2 | 0 | 0 | 3 |
| Osteopathic Physician Assistant | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Pharmacies and Other Pharmaceutical Firms | 3 | 37 | 40 | 11 | 17 | 1 | 2 | 31 |
| Pharmacist | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 |
| Pharmacy Assistant | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Pharmacy Intern | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Pharmacy Technician | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Physical Therapist | 0 | 8 | 8 | 4 | 4 | 0 | 0 | 8 |
| Physician | 32 | 43 | 75 | 12 | 27 | 0 | 22 | 61 |
| Physician Assistant | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Podiatrist | 0 | 1 | 1 | 0 | 1 | 0 | 0 | 1 |
| Psychologist | 8 | 13 | 21 | 4 | 9 | 2 | 4 | 19 |
| Radiological Technologist | 2 | 1 | 3 | 1 | 0 | 0 | 2 | 3 |
| Recreational Therapist | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Registered Nurse, Advanced Registered Nurse Practitioner | 7 | 27 | 34 | 8 | 16 | 0 | 5 | 29 |
| Respiratory Care Practitioner | 0 | 1 | 1 | 0 | 1 | 0 | 0 | 1 |
| Sex Offender Treatment Provider | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Social Worker | 1 | 6 | 7 | 5 | 1 | 0 | 1 | 7 |
| Surgical Technologist | 0 | 2 | 2 | 2 | 0 | 0 | 0 | 2 |
| Veterinarian | 6 | 15 | 21 | 4 | 8 | 3 | 3 | 18 |
| Veterinarian Retired | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Veterinary Medication Clerk | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Veterinary Technician | 0 | 2 | 2 | 0 | 0 | 0 | 0 | 0 |
| X-Ray Technician | 0 | 3 | 3 | 0 | 0 | 0 | 0 | 0 |
| Total | 115 | 650 | 765 | 290 | 284 | 23 | 87 | 684 |

Summary

When the number of disciplinary actions taken (2,059) is compared to the number of credentialed health care providers (319,292), less than one percent of all credentialed health care providers were disciplined. The vast majority of health care providers in Washington provide high-quality care to their patients. About 5 percent of health care professionals came to the attention of HPQA in 2005–2007. Of all complaints, about 13 percent (2,059 of 16,262) resulted in discipline.

Complaints and Discipline to Total Health Care Professionals



During the 2005–2007 biennium as compared to the 2003–2005 biennium:

- New complaints decreased from 14,082 to 13,390 (-5 percent).
- Investigations authorized increased from 47 to 54 percent (7 percent).
 - Board and commission authorizations increased from 57 to 62 percent (5 percent).
 - Secretary authorizations increased from 34 to 45 percent (11 percent).
- Investigations completed increased from 6,279 to 7,164 (14 percent).
 - The increase was due to the addition of permanent and temporary investigative staff.
 - Board and commission investigations increased from 4,399 to 4,634 (5 percent).
 - Secretary profession investigations increased from 1,880 to 2,530 (35 percent).
- Complaints closed prior to disciplinary action (adjudication) decreased from 11,664 to 10,815 (-7 percent).
 - Board and commission closures prior to disciplinary action decreased from 6,438 to 5,685 (-12 percent).
 - Secretary profession closures prior to disciplinary action decreased from 5,226 to 5,130 (-2 percent).
- Number of complaints closed with disciplinary action increased from 1,782 to 2,059 (16 percent).
 - Board and commission closures with disciplinary action increased from 1,016 to 1,094 (8 percent).
 - Secretary profession closures with disciplinary action increased from 766 to 965 (26 percent).

Appendix G - Definitions

Stipulation to Informal Disposition: A Stipulation to Informal Disposition (STID) is an informal resolution. If the health care provider agrees to sign the STID, he or she does not admit to unprofessional conduct, but does agree to corrective action. STIDs are reported to national data banks, but because they are informal they do not result in a press release.

Default Orders: A Default Order is issued when the credentialed health care provider was given due notice, but either failed to answer the allegations or failed to participate in the adjudicative process as required by law.

Agreed Order: The document, formally called a Stipulated Findings of Fact, Conclusions of Law and Agreed Order, is a negotiated settlement between the health care provider and representatives of the agency. It states the substantiated violations of law and the sanctions being placed on the health care provider's credential. The health care provider agrees to the conditions in the order. The Agreed Order is presented to the disciplinary authority and if approved, becomes final. The order is reported to national data banks and the public through a press release.

Final Order after Hearing: The document is formally called Findings of Fact, Conclusions of Law and Order. This document is issued after a formal hearing has been held. The hearing may be before a health law judge representing the Secretary as the decision-maker or before a panel of board or commission members with a health law judge acting as the presiding officer. The document identifies the proven violations of law and the sanctions being placed on the health care provider's credential. The health care provider has the right to ask for reconsideration of the decision or to appeal to a superior court. The order is reported to national data banks and the public through a press release.

Removal from Practice: The health care provider's credential is revoked or indefinitely suspended.

Removal from Practice with Conditions: The health care provider's credential is suspended for a specified period. Conditions for rehabilitation and reinstatement must be met before the credential can be returned to good standing.

Rehabilitative Sanctions: These include probation of license, substance abuse treatment and monitoring, counseling, and limitations or restrictions on the practice. The health care provider continues to practice with conditions imposed.

Deterrent Sanctions: These include compliance requirements, reprimands and fines.

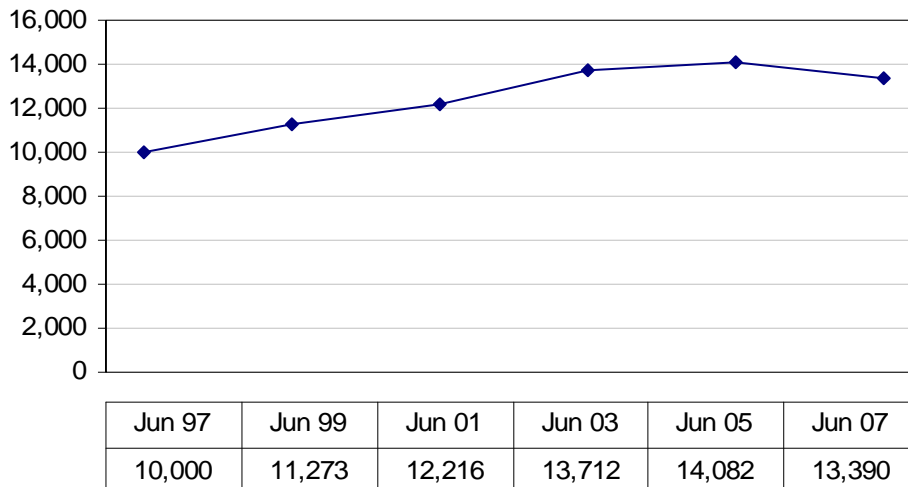
Voluntary Surrender: The health care provider voluntarily relinquishes the right to practice. This type of sanction is only permitted, once a complaint is filed, through a stipulation to informal disposition or a formal order.

Appendix H - Biennial Comparison

Complaints Received

Since 1997 the number of new complaints received by HPQA has increased by 34 percent. This does not include carry-forward complaints from the previous biennium.

New Complaints Received



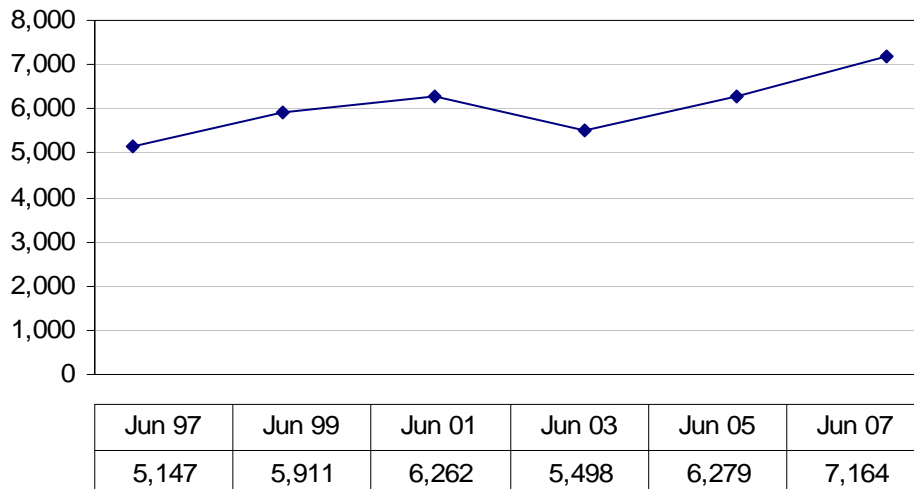
Investigations

The number of completed investigations (including unlicensed practice) increased 39 percent over the last 10 years. This is in spite of a decrease in investigations in the 2001–2003 biennium as compared to 1999–2001.

The decline in investigations during 2001–2003 was due to a change in the way investigations were counted. Prior to the 2001–2003 biennium, a new investigation was counted each time it was returned from program or a board or commission member for additional investigative activity in the same case. During the 01-03 biennium, HPQA began counting these multiple phases as one investigation.

While there was an initial decline using the new counting method the latest biennium greatly exceeds all previous counts. The increase in investigations from last biennium to 2005–2007 was 14 percent. Temporary investigators were added permitting better coverage of cases.

Investigations Completed

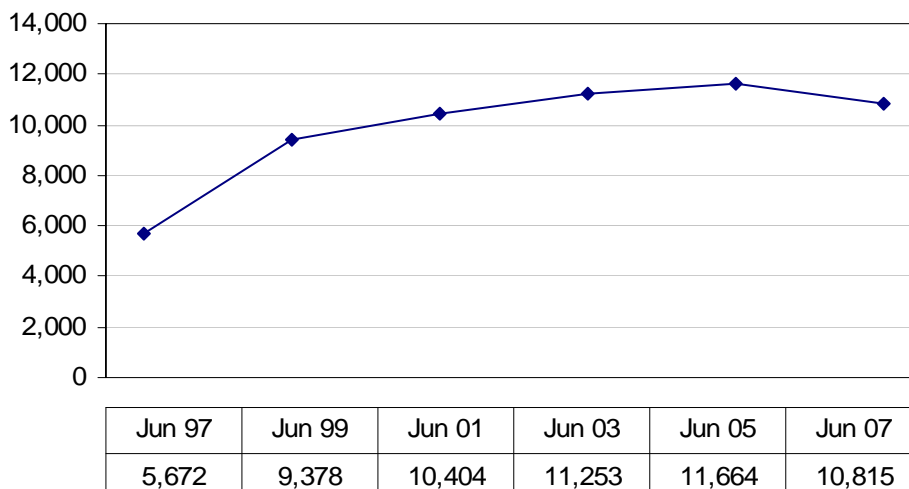


Complaint Closures before Adjudicative Proceedings

The following chart shows the change in closures before adjudicative proceeding over the last ten years. These are cases that were closed with no action due to insufficient evidence. In these cases, evidence disproved the allegations, the complaint was below the threshold for investigation, the disciplinary authority did not have jurisdiction, the allegations were withdrawn, or a Notice of Correction (NOC) was issued. The notice of correction has only been used since the 1997–1999 biennium.

The department began including unlicensed practice during the 2001–2003 biennium. This influenced the upturn in closures from 1999 to 2001. Despite the downturn in the last biennium, there has been a 91 percent increase in the number of closures before adjudicative proceedings over the past ten years, while total complaints increased 34 percent.

Complaint Closures before Adjudicative Proceedings

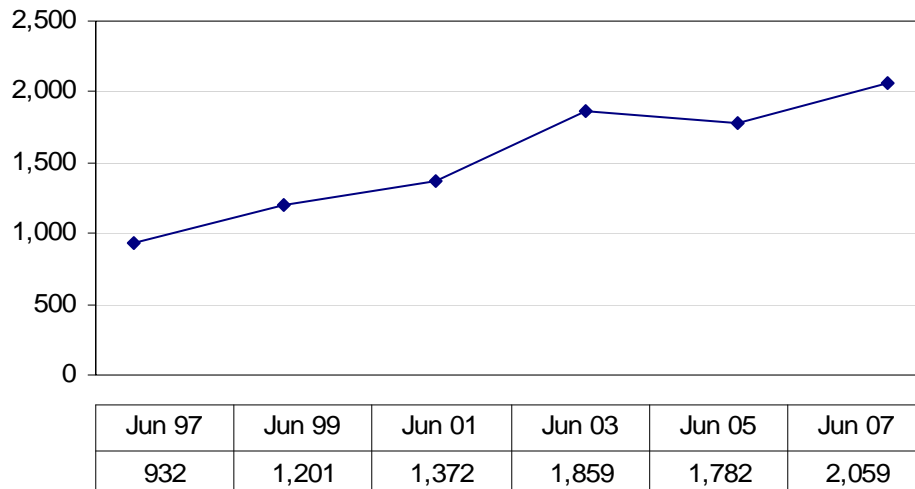


Complaint Closures after Adjudicative Proceedings

The following chart shows the 121 percent increase in cases resolved with corrective or disciplinary action over the past 10 years. They include cases closed by default orders, informal dispositions, agreed orders, final orders after hearing, and unlicensed practice cease and desist orders.

The 4 percent decline between 2001–2003 and 2003–2005 is due to a funding allotment shortfall during the last six months of the biennium that slowed legal work necessary to the adjudicative process.

Complaint Closures after Adjudicative Proceedings



Appendix I - Case Appeals Activity

| Docket # | Profession | Court | Outcome |
|-----------------|-------------------|--------------|----------------------|
| 04-01-A-1017CH | Chiropractic | Thurston | Denied |
| 04-10-A-1009CH | Chiropractic | Pierce | Pending |
| 05-07-A-1023CH | Chiropractic | King | Remanded |
| 00-07-A-1080DE | Dental | King | Pending |
| 03-01-A-1013DE | Dental | King | Affirmed |
| 03-10-A-1019DE | Dental | Douglas | Partial Stay granted |
| 04-07-A-1029DE | Dental | Clark | Pending |
| 04-10-A-1053DE | Dental | Thurston | Pending |
| 05-01-A-1026DE | Dental | Lewis | Pending |
| 06-07-A-1018DE | Dental | Yakima | Pending |
| 06-11-A-1052DE | Dental | Thurston | Pending |
| 06-02-B-1104MA | Massage | Thurston | Reversed/Remanded |
| 04-11-A-1065OP | Osteopathic | Lewis | Pending |
| 05-01-A-2004PH | Pharmacist | Thurston | Pending |
| 03-12-A-1078MD | Physician | King | Affirmed |
| 04-07-A-1022MD | Physician | Whatcom | Pending |
| 04-08-A-1056MD | Physician | King | Affirmed |
| 04-11A-1091MD | Physician | Snohomish | Pending |
| 04-12-A-1046ML | Physician | King | Affirmed |
| 05-01-A-1038MD | Physician | Benton | Remanded |
| 05-05-A-1013MD | Physician | King | Pending |
| 05-06-A-1010MD | Physician | Thurston | Pending |
| 05-07-A-1028MD | Physician | King | Stayed |
| 04-10-A-1101PY | Psychology | King | Stayed |
| 04-07-A-1054RN | Registered Nurse | King | Dismissed |
| 05-09-A-1024RN | Registered Nurse | Thurston | Affirmed |
| 06-02-A-1103RN | Registered Nurse | Thurston | Reversed/Remanded |
| 06-03-A-1070RN | Registered Nurse | Pierce | Pending |
| 04-06-B-1079UR | Unlicensed | Thurston | Denied |
| 05-06-B-1063UR | Unlicensed | Skagit | Remanded |
| 06-03-B-1013UR | Unlicensed | Clark | Pending |

Appendix J - Violations and Sanctions

Uniform Disciplinary Act Violations

The Uniform Disciplinary Act (UDA), RCW 18.130.180, lists 25 violations considered unprofessional conduct. Health care providers cannot be criminally charged by boards, commissions, or the Secretary because the UDA is administrative law. However, their ability to make a living in the health care field may be adversely affected. Criminal convictions can result in UDA actions against practitioners' credentials.

Frequent Violations

Of the 25 possible UDA violations, five accounted for 61 percent of the 2,729 violations across all professions. The number of violations exceeds the number of sanctions because violators are often cited for more than one violation when reported to HIPDB. The most frequently reported violations during the 2005-2007 biennium were:

1. RCW 18.130.180(7): Violation of any state or federal statute or administrative rule, 452 (17 percent).
2. RCW 18.130.180(4): Incompetence, negligence, or malpractice, 395 (14 percent).
3. RCW 18.130.180(17): Conviction of a gross misdemeanor or felony relating to the practice of a health care profession, 336 (12 percent).
4. RCW 18.130.180(6) and (23): Personal drug or alcohol abuse, 288 (11 percent).
5. RCW 18.130.180(9): Failure to comply with an order issued by the disciplining authority, 181 (7 percent).

Last biennium the top five also included RCW 18.130.180(24): Abuse of a client or patient or sexual contact with a client or patient. It is not in the top five this biennium.

Violations related to moral turpitude, dishonesty, or corruption, RCW 18.130.180(1), were cited 500 times in sanctions reported to HIPDB, making these violations the most frequently reported violation. Violations of RCW 18.130.180(1) are not considered a primary violation. In fact, 91 percent were cited in conjunction with other violations.

Sanctions Imposed

When adverse actions are reported to the Healthcare Integrity and Protection Data Bank (HIPDB), the sanction imposed on the practitioner is also reported. For purposes of this report sanctions were divided into five categories: removal from practice, removal from practice with conditions, rehabilitative, deterrent, and voluntary surrender of the credential.

Removal from Practice: The health care provider's credential is revoked or indefinitely suspended.

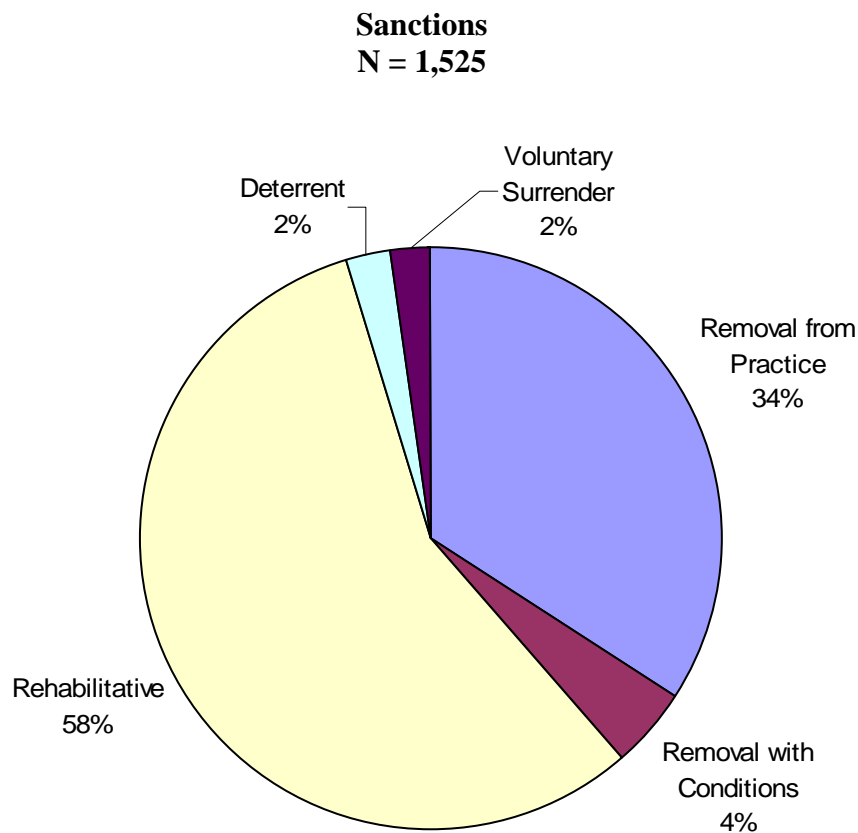
Removal from Practice with Conditions: The health care provider's credential is suspended for a specified period. Conditions for rehabilitation and reinstatement must be met before the credential can be returned to good standing.

Rehabilitative Sanctions: These include probation of license, substance abuse treatment and monitoring, counseling, and limitations or restrictions on the practice. The health care provider continues to practice with conditions imposed.

Deterrent Sanctions: These include compliance requirements, reprimands and fines.

Voluntary Surrender: The health care provider voluntarily relinquishes the right to practice. This type of sanction is only permitted, once a complaint is filed, through a stipulation to informal disposition or a formal order.

The total number of sanctions (1,525) shown below is less than the total number of disciplinary actions after adjudication (2,059). The disciplinary actions represent cases closed after adjudication. There can be multiple cases against a single practitioner. Reports to the data bank represent reports on individual practitioners, not individual cases.



Sanctions Imposed by Profession

| Profession Name | Removal from Practice (Revocation Indefinite Suspension) | Removal with Conditions (Suspension for Specific Period) | Rehabilitative (Probation Limitation or Restriction) | Deterrent (Reprimand, Fine) | Voluntary Surrender | Total |
|--|---|--|--|-----------------------------------|------------------------|--------------|
| Acupuncturist | 0 | 0 | 3 | 0 | 0 | 3 |
| Advanced Registered Nurse Practitioner | 2 | 1 | 5 | 0 | 0 | 8 |
| Audiologist, Hearing Instrument Fitter/Dispenser, Speech Language Pathologist | 0 | 1 | 5 | 0 | 0 | 6 |
| Chemical Dependency Professional | 24 | 4 | 44 | 0 | 1 | 73 |
| Chiropractor | 6 | 3 | 29 | 5 | 2 | 45 |
| Counselor, Registered | 59 | 12 | 139 | 0 | 5 | 215 |
| Dental Hygienist | 0 | 0 | 3 | 1 | 0 | 4 |
| Dentist | 11 | 0 | 75 | 10 | 4 | 100 |
| Denturist | 5 | 0 | 4 | 1 | 0 | 10 |
| Dispensing Optician | 3 | 0 | 1 | 0 | 0 | 4 |
| Health Care Assistant | 29 | 3 | 42 | 0 | 1 | 75 |
| Hypnotherapist | 1 | 0 | 0 | 0 | 0 | 1 |
| Licensed Practical Nurse | 47 | 9 | 56 | 2 | 1 | 115 |
| Marriage and Family Therapist | 0 | 0 | 3 | 0 | 1 | 4 |
| Massage Therapist | 12 | 0 | 38 | 0 | 5 | 55 |
| Mental Health Counselor | 8 | 0 | 16 | 0 | 2 | 26 |
| Midwife | 1 | 0 | 2 | 0 | 0 | 3 |
| Naturopathic Physician | 0 | 0 | 4 | 0 | 0 | 4 |
| Nursing Assistant | 149 | 10 | 65 | 1 | 1 | 226 |
| Nursing Home Administrator | 1 | 0 | 2 | 0 | 0 | 3 |
| Nursing Technician | 1 | 0 | 0 | 0 | 0 | 1 |
| Occupational Therapist | 1 | 0 | 1 | 0 | 0 | 2 |
| Occupational Therapy Assistant | 1 | 0 | 1 | 0 | 0 | 2 |
| Optometrist | 0 | 0 | 6 | 0 | 0 | 6 |
| Orthotist/Prosthetist | 0 | 0 | 1 | 0 | 0 | 1 |
| Osteopathic Physician | 1 | 0 | 8 | 0 | 0 | 9 |
| Pharmacist | 9 | 2 | 30 | 3 | 3 | 47 |
| Pharmacy Assistant | 12 | 0 | 8 | 0 | 1 | 21 |
| Pharmacy Intern | 1 | 0 | 5 | 0 | 0 | 6 |
| Pharmacy Technician | 33 | 1 | 13 | 0 | 1 | 48 |
| Physical Therapist | 2 | 0 | 3 | 0 | 0 | 5 |
| Physician | 13 | 2 | 77 | 10 | 6 | 108 |
| Physician Assistant | 2 | 0 | 9 | 1 | 1 | 13 |
| Podiatrist | 1 | 0 | 3 | 0 | 0 | 4 |
| Psychologist | 0 | 0 | 4 | 1 | 0 | 5 |
| Radiological Technologist | 3 | 1 | 21 | 0 | 0 | 25 |
| Registered Nurse | 71 | 18 | 101 | 1 | 0 | 191 |
| Respiratory Care Practitioner | 5 | 0 | 5 | 0 | 0 | 10 |
| Sex Offender Treatment Provider | 0 | 0 | 3 | 0 | 0 | 3 |
| Social Worker | 2 | 1 | 10 | 1 | 0 | 14 |
| Surgical Technologist | 3 | 0 | 0 | 0 | 0 | 3 |
| Veterinarian | 1 | 0 | 5 | 0 | 0 | 6 |
| X-Ray Technician | 2 | 0 | 13 | 0 | 0 | 15 |
| Total | 522 | 68 | 863 | 37 | 35 | 1,525 |

Summary

Sanctions during the 2005-2007 biennium as compared to the 2003-2005 biennium:

- Removal from practice decreased from 531 to 522 (-2 percent).
- Removal from practice with conditions decreased from 69 to 68 (-1 percent).
- Rehabilitative sanctions increased from 755 to 863 (14 percent).
- Deterrent sanctions decreased from 48 to 37 (-23 percent).
- Voluntary surrender sanctions increased from 27 to 35 (30 percent).

There was a significant increase in the use of rehabilitative sanctions and an increase in voluntary surrender sanctions. Decreases were seen in the use of removal from practice, deterrent sanctions, and removal from practice with conditions.

Appendix K - Chemically Impaired Practitioners

The law provides a way to assure practitioners provide services according to regulatory standards. RCW 18.130.175 allows disciplining authorities to refer a practitioner to a voluntary substance abuse monitoring program instead of disciplinary action. The disciplining authority can also require that a chemically dependent health care provider participate in a substance abuse program.

Early and effective treatment can save the health care provider's practice, license and even his or her life. Programs offer several services including confidential consultation with the practitioner or other concerned individuals. Other services include intervention, referrals for evaluation and treatment, development of a comprehensive rehabilitation plan, compliance monitoring, support, outreach and education in the health care community.

Nationally, these programs have high success rates ranging from 85 percent to 90 percent. Success is generally defined as achieving a chemically free and professionally productive lifestyle.

Alternative Programs-Chemically Impaired Practitioners

| Profession | Program | Total # Mandated | Total # Voluntary | Total # Enrolled | Total # of Successful Completions |
|--|---------|---------------------|----------------------|---------------------|---|
| Advanced Registered Nurse Practitioner | WHPS | 1 | 1 | 10 | 5 |
| Chemical Dependency Professional | WHPS | 1 | 0 | 6 | 1 |
| Chiropractor | WHPS | 1 | 0 | 1 | 0 |
| Counselor | WHPS | 32 | 3 | 39 | 13 |
| Dental Hygienist | WHPS | 1 | 0 | 2 | 0 |
| Dentist | WPHP | 3 | 23 | 30 | 0 |
| Emergency Medical Technician | WHPS | 0 | 2 | 19 | 2 |
| Health Care Assistant | WHPS | 4 | 1 | 7 | 2 |
| Licensed Practical Nurse | WHPS | 14 | 2 | 38 | 17 |
| Massage Therapist | WHPS | 0 | 0 | 1 | 1 |
| Naturopath | WHPS | 1 | 0 | 1 | 0 |
| Nursing Assistant | WHPS | 4 | 0 | 8 | 3 |
| Optometrist | WHPS | 1 | 0 | 1 | 0 |
| Osteopathic Physician | WPHP | 0 | 6 | 36 | 4 |
| Osteopathic Physician Assistant | WPHP | 0 | 0 | 0 | 0 |
| Paramedic | WHPS | 0 | 0 | 1 | 0 |
| Pharmacist and Pharmacy Technician | WRAPP | 15 | 16 | 71 | 11 |
| Physical Therapist | WHPS | 0 | 0 | 0 | 2 |
| Physicians | WPHP | 2 | 70 | 153 | 65 |
| Physician Assistants | WPHP | 0 | 6 | 15 | 6 |
| Podiatric Physician | WPHP | 1 | 4 | 11 | 1 |
| Radiological Technologist | WHPS | 2 | 0 | 4 | 2 |
| Registered Nurse | WHPS | 61 | 10 | 165 | 69 |
| Respiratory Care Therapist | WHPS | 1 | 0 | 2 | 0 |
| Social Worker | WHPS | 1 | 0 | 1 | 0 |
| Surgical Technician | WHPS | 0 | 0 | 2 | 2 |
| X-Ray Technician | WHPS | 0 | 0 | 1 | 0 |
| Total | | 146 | 144 | 625 | 206 |