1997 - 99 Biennial Report

Health Professions Quality Assurance and Regulatory Activities

April 2000

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Page Contents

Page Contents

Executive Summary

This is the sixth biennial report of the Department of Health and the health care professions disciplinary authorities on their proceedings as required under the Uniform Disciplinary Act, RCW 18.130.310. The report details the number of complaints made, investigated, adjudicated and manner of disposition. This report includes improvements made in the disciplinary process, quality assurance mechanisms, and regulatory actions against practitioners.

A major accomplishment for the Health Professions Quality Assurance Division (HPQA) and the boards and commissions is the implementation of timelines for processing complaints. Various workgroups consisting of staff and board and commission members worked together to create changes that reduce delays and improve consistency in the handling of disciplinary cases. Among these changes are the use of:

- case management teams,
- board and commission panels,
- threshold criteria to eliminate investigation of reports that do not present significant concerns to support resource expenditure,
- case disposition criteria applied to investigated cases, and
- a new comprehensive tracking database.

Since July 1997, the average number of days for intake and initial assessment decreased from 34 days to 14 days. The average number of days for investigation decreased from 132 days to 108 days. The average number of days for case disposition decreased from 155 days down to only 94 days.

Accountability for the cases has increased. The HPQA director, executive directors, and program managers now routinely review case status reports and scrutinize progress of individual cases. Problems are quickly identified and addressed in a timely manner.

Expectations on the part of consumers concerning the quality of care they receive continue to increase and the workload of the programs has increased accordingly during the last few years. Consumer awareness, and the mandatory reporting of malpractice judgements, peer review, and facility reporting has led to a significant increase in the number of complaints the department received.

- During the 1989-91 biennium, the department received 4,874 complaints relating to health care practitioners. During the 1997-99 biennium, the department received 11,273 complaints (representing about 5% of practitioners). This represents a 131% increase over the number of complaints received during the 1989-91 biennium and a 27% increase over the number of complaints received during the 1995-97 biennium.
- The number of active licensees has increased from 164,355 in 1991 to 239,163 in 1999 (a 46% increase).
- During the past few years, the department has placed greater emphasis on settling disciplinary cases (stipulations to informal disposition and agreed orders) in lieu of conducting formal hearings.

- During the 1997-99 biennium, the disciplining authorities conducted formal hearings in approximately 14% of the disciplinary cases (a slight increase over the 1995-97 biennium).
- The department conducted 192 unlicensed practice investigations, an increase of nineteen from the 1995-97 biennium. Responsibility for the investigation, and subsequent legal action, against unlicensed individuals lies solely with the Secretary of the Department of Health rather than with the individual boards and commissions. Due to limited allocations and minimal resources for investigating allegations of unlicensed practice, the department focuses its resources on only those unlicensed practice cases that present a substantial risk to the public.

To help alleviate some of the workload burden on the disciplinary authorities, several boards and commissions have opted to delegate final decision-making on cases to the presiding officers at the department's Office of Professional Standards. This, along with the use of *Case Disposition Guidelines* and threshold criteria, has helped the disciplinary authorities focus their attention on the most serious cases.

Of the 1,195 orders written, the disciplinary authorities imposed rehabilitative sanctions 47% of the time. The practitioners were allowed to remain in practice while fulfilling the conditions of the order. In 48% of the cases, practitioner's licenses were revoked or indefinitely suspended. In 3% of the cases the practitioner's license was suspended with rehabilitative conditions required prior to practicing again. The remaining 2% were reprimanded or asked to pay a fine. Statistical analysis demonstrates that the *Disciplinary Guidelines* are being appropriately applied.

The table below reflects the percentage of increase and decrease in types of actions this biennium versus last.

Type of Action	1995-97 Biennium	1997-99 Biennium	Percentage of Increase or Decrease From 1995-97 Biennium
Complaints received	8,874	11,273	27% increase ⬆
Disciplinary orders issued	932	1,195	28% increase ⬆
Removal from practice	314	573	82% increase ⬆
Removal from practice with conditions	115	35	70% decrease ⬇
Rehabilitative	468	540	15% increase ⬆
Deterrent	35	21	40% decrease ⬇

It is interesting to note that five primary violations account for 79.8% of the violations cited. This is consistent with what is found in the literature concerning trends nation wide.

- Incompetence, negligence or malpractice (25.1%) (RCW 18.130.180 (4)).

- Drug or alcohol related cases (16.2%) (RCW 18.130.180 (6)), (RCW 18.130.180 (23)).
- Violation of any state or federal statute (13.1%) (RCW 18.130.180 (7)).
- Abuse of a client or patient or sexual contact with a client or patient (12.6%) (RCW 18.130.180 (24)).
- Conviction of a gross misdemeanor or felony relating to the practice of the person's profession (12.4%) (RCW 18.130.180 (17)).

Throughout the last biennium, HPQA and the boards, commissions, committees and councils have taken great strides in implementing many quality assurance mechanisms. Examples, which are identified more thoroughly in this report are:

- sexual misconduct rules adopted by the Nursing Care Quality Assurance Commission,
- pain management rules adopted by the Medical Quality Assurance Commission,
- the Secretary's adoption of rules to certify Chemical Dependency Practitioners,
- many health care professions boards and commissions have worked together in adopting policies and interpretive statements where scopes of practice have overlapped,
- quality improvement projects -- such as the Medical Quality Assurance Commission's new licensee orientation program, the Nursing Care Quality Assurance Commission's staff model for the delivery of school health services, and the Board of Pharmacy's improvements in the adjudicative process,
- web pages being created for all health professions regulated by HPQA,
- continuing competency models are being developed. Currently psychology, orthotics and prosthetics, chiropractic, occupational therapy and dental professions are working on continuing competency projects.
- the development of timelines for processing complaints.

The disciplinary process continues to evolve into a complex and costly legal process. Both the legislative and legal communities' emphasis on consistency and uniformity has resulted in continual review and enhancement of uniform procedures.

Section 1

Regulatory Reform and Quality Assurance Framework and Strategies

Health Professions Quality Assurance Overview

Health Professions Quality Assurance (HPQA) is a division of the Department of Health. HPQA is charged with protecting the health and safety of the public by regulating the competency and quality of over 240,000 credentialed health care practitioners.

HPQA works in partnership with 26 boards, commissions, committees and councils in the regulation of 55 different types of health care professions (e.g., medical doctors, nurses and counselors). HPQA receives and processes approximately 5,700 complaints annually against credentialed practitioners or unlicensed persons.

The mission of HPQA is accomplished by performing the following functions:

- setting minimum standards for obtaining a credential;
- setting educational requirements, conducting program reviews and site visits;
- reviewing applicant's qualifications and background;
- examining applicants applying for a credential;
- issuing credentials to qualified applicants, processing renewed credentials and monitoring continuing education requirements;
- setting the standard of practice and educating health care practitioners;
- developing and implementing administrative rules, policies, and procedures;
- receiving and processing complaints against health care practitioners;
- conducting investigations, audits and inspections;
- implementing disciplinary and other adjudicative processes;
- applying consistent disciplinary sanctions for all health professions;
- providing monitoring services to impaired practitioners;
- developing continuing competency mechanisms;
- providing information to the public (e.g., hospitals, managed care facilities, consumers) regarding credential status, complaint and disciplinary information;
- providing public disclosable documents to the public (e.g., lists and labels of health care practitioners and copies of disciplinary case file documents), and
- developing and implementing legislation.

Health Professions Quality Assurance has several quality assurance mechanisms to assist both the public and the health care practitioners obtain the most up to date information and help available. Regulatory reform provides an excellent venue for both public outreach and input into our regulatory framework. HPQA has an automated verification service, which allows hospitals, insurance providers, and managed health care organizations obtain information on health care practitioners 24 hours a day. Our public disclosure process allows individuals access to information concerning health care practitioners' licensure and disciplinary status. Technical assistance in the form of brochures and the Internet also gives individuals access to information. These mechanisms assist both consumers and practitioners in obtaining current information about the roles and responsibilities of the department and the disciplinary authorities. They also provide consumers avenues to assist them in making educated decisions about their health care practitioners.

Strategy Number One: Quality Rule Making

The Department of Health (DOH) and the various disciplining authorities are responsible for assuring competent practice among practitioners. Clarifying what constitutes unprofessional conduct is often done through rule making. Rules serve the dual purpose of educating practitioners on standards of professional conduct and providing the legal basis for disciplining the few practitioners who violate them.

Rule Reviews

HPQA has been conducting reviews of existing rules using the values expressed in Governor Locke's 1997 Executive Order on Regulatory Improvement (97-02). Each rule identified as significant or controversial is being reviewed using the seven criteria listed in the executive order. HPQA reviewed three hundred eighty three rules during the calendar years 1997-1998.

Sexual Misconduct Rules

In 1997, HPQA adopted a lengthy policy that addressed sexual misconduct for health care practitioners. The Uniform Disciplinary Act (chapter 18.130 RCW) forbids sexual contact between patients and practitioners and allows for the adoption of standards of professional conduct. DOH, in conjunction with disciplining authorities, wrote a policy to guide health care practitioners on avoiding sexual misconduct.

The policy review required by Executive Order on Regulatory Improvement (97-02) brought attention to problems with the sexual misconduct policy. While the policy itself is clear and provides good guidance, the policy could not be enforced. Since the language in the statute was brief, it became evident that rules were needed to give practitioners clear standards to follow and provide disciplining authorities with an enforcement mechanism.

In 1998, the Nursing Care Quality Assurance Commission took on the responsibility for determining what constitutes sexual misconduct by a nurse. After many meetings with stakeholders, the commission's rules were adopted January 1999. The rules give excellent guidance to young nurses just beginning to practice as well as experienced nurses. All nurses now have a clear standard to refer to, and, the few practitioners who commit sexual misconduct can now be appropriately disciplined.

The Medical Quality Assurance Commission (MQAC) is currently writing rules that will define what qualifies as sexual misconduct for physicians and physician assistants.

Working closely with stakeholders, the commission is defining the difference between professional conduct and sexual misconduct. The completed rules will offer better guidance than that contained in the old policy and will also be enforced against the few physicians who commit sexual misconduct.

The department will begin the rule making process for establishing sexual misconduct rules for the professions directly regulated by the department in 2000. These rules may be used by other disciplinary authorities as a model.

Pain Management Rules

In 1995, DOH and MQAC wrote *Guidelines for the Management of Pain.* These guidelines were intended to address advances in treating pain with opioids. The guidelines describe how the use of opioids can be consistent with currently accepted medical practice for treating acute, cancerous and non-cancerous pain.

Though the guidelines were an important step in facilitating the treatment of chronic pain in Washington, including the appropriate use of opioids and the under-treatment of pain, the guidelines did not accomplish all that was intended. The Executive Order on Regulatory Improvement provided a framework to address ongoing concerns about the guidelines.

A public forum was held to review the guidelines in July 1998. Patients reported that significant under-treatment of chronic pain still existed. Further, the perception that physicians would be disciplined by MQAC for using opioids to treat chronic pain, though inaccurate, was still widely held. As a result of the information gathered from stakeholders, MQAC and DOH decided to go forward with rule making.

Rule writing forums were held in Seattle and Spokane in November 1998. Physicians, patients, and representatives from other state agencies gathered together to write rules that encourage effective treatment of chronic pain. The rules were written to retain individual physician judgment and to allow for future advances in the treatment of chronic pain. In January 1999, draft rules were sent out for comments. A number of controversial aspects of the rules were debated. A public hearing was held on the draft rules in October 1999, and the rules were adopted by MQAC in December 1999.

Chemical Dependency Professional Rules

In 1998, legislation created a new credential to enhance chemical dependency counseling. Rules to certify Chemical Dependency Professionals (CDP) were completed in July 1999. CDP certification is required for people who counsel clients in facilities regulated by the Division of Alcohol and Substance Abuse (DASA) which is part of the Department of Social and Health Services.

Rules were written that describe the required education, experience, and competencies of CDPs. Stakeholders played a significant role in the development of the rules. These rules will protect consumers from physical, psychological, and financial harm by assuring that practitioners are qualified to provide services.

Strategy Number Two: Interpretive and Policy Statements

The secretary of the Department of Health (DOH) is mandated by RCW 18.130.065 to review and coordinate all proposed interpretive statements, policy statements and declaratory orders. The secretary is responsible for providing any comments based on that review to the boards or commissions.

Since July 1997, the secretary's designee, the HPQA director, has reviewed approximately 118 proposed issues or policy and interpretive statements. This review has provided for greater consistency across the professions. The types of recommendations provided include:

- making minor technical changes to policy or interpretive statements to add missing or clarifying language,
- consulting with the Assistant Attorney General,
- consulting with other professions on interpreting practice parameter issues that may affect their profession,
- taking issues to HPQA workgroups for review and input,
- incorporating policy or interpretive statements in existing rule, and
- explaining to the public the rationale for the decision or interpretation.

The secretary's review of policy and interpretive statements has increased the communication between the different health care professions as well as division staff. More information has been shared at the initial stages of consideration of the issues. In some cases there has been a decrease in workload because of the ability to use or to expand on policy statements issued by other professions.

Some examples of different professions working together on interpreting practice parameter issues are:

- The Nursing Care Quality Assurance Commission, the Medical Quality Assurance Commission, the Board of Osteopathic Medicine and Surgery, and the Board of Pharmacy formed a workgroup and developed a joint statement on standing orders and protocols. This workgroup looked at the issue of telenursing and the telephone services nurses use to support delivery of care and the concerns about medical diagnosis and drug prescribing.
- The Nursing Care Quality Assurance Commission has been working with members of the medical profession on a policy statement on the registered nurses role in administering and monitoring patients receiving procedural sedation.
- The Dental Quality Assurance Commission consulted with the Board of Pharmacy when it was considering who in a dental office could administer the medication Actisite.
- The Dental Quality Assurance Commission consulted with the Medical Quality Assurance Commission, the Board of Osteopathic Medicine and Surgery, and the Board of Pharmacy when it was considering whether dentists could prescribe Zyban.
- The Health Care Assistants program consulted with the Medical Quality Assurance Commission, Nursing Care Quality Assurance Commission, Board of Osteopathic Medicine and Surgery, and the Podiatry Board on whether phlebotomists (under the Health Care Assistant regulations) were able to perform blood-drawing techniques from a Hickman or Broviac catheter.

- The Dispensing Opticians Program consulted with the Optometry Board when considering whether dispensers of contact lenses could make substitutions when a prescription has been limited by the prescriber to a particular brand.
- The Nursing Care Quality Assurance Commission shared copies of its responses to various nurse practice issues with several professions. Some of these issues were: using lasers and pulsed light therapy, administering certain medications for conscious sedation, performing cardiac catheterization, signing entries on patient charts, and delegating tasks to EMTs.
- The Podiatry Board has shared its issue on dispensing orthotic devices with the Orthotics and Prosthetics Program.
- The Respiratory Care Program consulted with the Medical Quality Assurance Commission, Nursing Care Quality Assurance Commission and the Board of Osteopathic Medicine and Surgery on whether Respiratory Care Therapists may administer controlled substances, including intravenous narcotic drugs, during bronchoscopy procedures.

Strategy Number Three: Automation Projects

Automated Verification Service

The Automated Verification Service (AVS) is available 24 hours a day, seven days a week and can be accessed either by telephone or by computer modem (360) 664-4111. Primary users of the AVS are hospitals, insurance carriers and managed care organizations. Credentialed persons can also call the AVS to verify their own credential, see if their renewal has been processed, or if there are any open or closed complaints. The system is available for all 55 health care professions. During the biennium, 487,085 verifications were provided. Staff has benefited from having the AVS system because it reduces the time necessary to verbally provide the information. Hospitals, insurance carriers, managed care organizations and individual practitioners benefit from being provided with easy access to practitioner information. A limitation of the system is that the inquiry must be made by the license number.

Table 1: Automated Verification Service Data for 1997-99 Biennium

Profession	Telephone Requests	Computer Modem Requests	Total
Acupuncture	404	916	1,320
Adult Family Home Provider & Resident Manager	162	4	166
Chiropractic	2,912	5,704	8,616
Counselors	13,167	14,096	27,263
Dentistry	5,042	2,951	7,993
Denturist	37	5	42
Dietitian	327	343	670
Dispensing Optician	153	131	284
Health Care Assistant	1,077	74	1,151

Table 1: Automated Verification Service Data for 1997-99 Biennium (continued)			
Profession	Telephone Requests	Computer Modem Requests	Total
Hearing Instrument Fitter/Dispenser	620	428	1,048
Massage Therapy	2,888	3,241	6,129
Medical Physician	84,782	127,723	212,505
Midwifery	162	394	556
Naturopathic Physician	260	759	1,019
Nursing Assistant	60,999	891	61,890
Nursing Home Administrator	170	19	189
Nursing Pools	51	25	76
Occupational Therapy	969	827	1,796
Occupational Therapy Assistant	277	65	342
Ocularist	12	18	30
Optometry	1,782	4,552	6,334
Osteopathic Physician	2,359	4,513	6,872
Pharmacy	1,394	213	1,607
Pharmacy Firms	16	3	19
Physical Therapy	4,305	6,655	10,960
Podiatry	1,860	3,652	5,512
Practical Nurse	18,823	710	19,533
Psychology	5,558	6,246	11,804
Radiologic Technology	811	41	852
Registered Nurse	62,155	25,592	87,747
Respiratory Therapy	1,181	25	1,206
Sex Offender Treatment Provider	67	109	176
Veterinary	1,177	15	1,192
Animal Technician	9	10	19
Veterinary Medication Clerk	1	0	1
X-Ray Technology	151	15	166
Total	**276,120**	**210,965**	**487,085**

License and Enforcement Automation Project (LEAP)

During the biennium, the License and Enforcement Automation Program (LEAP) published a Request for Proposal (RFP) to replace the current credential and disciplinary information management system. System Automation Corporation, and its LICENSE 2000 system, was selected as a result of the RFP process. DOH obtained the services of a special assistant attorney general to help write and negotiate the contract. In addition, the department employed external quality assurance expertise to advise the project team. The Washington State Department of Information Services and Information Services Board has approved DOH's acquisition plan. The DOH LEAP Steering Committee outlined a strategy to test the system and identify critical modifications. The project team is moving forward to execute the strategy. If testing and any necessary modifications go according to plan, all health professions will be converted from the current system to LICENSE 2000 by the end of the 1999-2001 biennium.

HPQA Timeline Tracking System

During the biennium, the HPQA Timeline Tracking System (HTTS) was developed to perform complaint tracking functions not available on the current licensing system. The HTTS system is intended to be an interim system only while awaiting production of the LEAP system.

The HTTS system records data about each complaint, including the date a complaint changes stages throughout the process. It is linked with the licensing system to include essential practitioner information.

The primary function of capturing data in HTTS is the production of reports for management purposes. The HTTS system documents the work that has been accomplished and also provides a tickler of an upcoming due date of any individual complaint. It can produce reports sorted by individual professions, HPQA section groupings, and all of HPQA. The system can:

- identify all open and closed cases in a specified profession,
- reflect automatically the average number of days used in a timeline process step,
- reflect the deadlines to complete a process step, and
- identify the location of a complaint file in the process and the assigned staff person.

Along with the system itself, HPQA staff developed a training and operations manual for the system. Training was provided to staff in all programs on how to use the system. See "Improvements in the Complaint Process" for more information (pages 15-17).

Strategy Number Four: Quality Improvement Projects

Medical Quality Assurance Commission – New Licensee Orientation Program

The Medical Quality Assurance Commission began work to create a new licensee orientation program. The purpose of the program is to educate newly licensed physicians and physician assistants about the purpose of the Medical Quality Assurance Commission. Part of this education includes identifying those areas of practice that have brought practitioners to the attention of the commission for potential disciplinary action. Communication, boundary issues, and appropriate prescribing for chronic pain will be primary topics of discussion. The program will first be presented in April 2000 in King and Clark counties.

In subsequent months, additional programs will be provided with those counties with the highest populations of newer practitioners. It will be a three-hour evening program presented in hospitals or clinics easily accessible by practitioners. The Washington State Medical Association and the University of Washington are partnering with the Medical Quality Assurance Commission in this endeavor.

Nursing Care Quality Assurance Commission - Staff Model for the Delivery of School Health Services

The Nursing Care Quality Assurance Commission, working in conjunction with the School Health Action Team and the Office of the Superintendent of Public Instruction, developed the "Staff Model for the Delivery of School Health Services." The model has been endorsed by the School Health Action Team and the Nursing Commission and is in the approval process at the Office of the Superintendent of Public Instruction.

The model addresses the health needs of children in public and private schools, grades K-12. It is unique in that individual student needs are assessed to predict staffing levels and a nurse-to-student ratio for everyday health care needs and screening.

The first portion of the model identifies four levels of care: nursing dependent, medically fragile, medically complex, and health concerns. Within each of these levels, the staffing requirements are described as well as the supporting statutory authority. Needs of children during transportation and field trips are addressed in the model. The needs for training and supervision of school personnel are set out as well.

The second portion of the model describes a nurse-to-student ratio for the delivery of everyday needs associated with the students: from playground scrapes, to medication delivery, to illnesses. The model addresses appropriate staff levels among professional school nurses, RNs, LPNs, health room assistants and clerical staff needed to deliver the care. From these assessments of needs, the school nurse is able to predict the amount of nursing care needed by the student population, and predict the type and level of staffing needed to safely deliver care.

Board of Pharmacy – Improvements in the Adjudicative Process

The Department of Health's Board of Pharmacy licenses individuals and pharmacy locations, not corporations. Because of this, when violations occur, the agency traditionally takes action against only those individuals or locations. In 1998, staff for the board noticed a pattern of frequent violations by one particular chain of pharmacies owned by a corporation. Staff gathered further data to confirm the pattern. In a break from tradition, the findings were presented to the corporation as a whole. This nationwide corporation, when faced with the data, entered into negotiations with the State. The case was settled within weeks, rather than the usual months.

The corporation agreed to review its existing policies, procedures and practices, including personnel training and its implementation of those policies and practices. The corporation agreed to provide, within ninety days, a summary of its review, including the methods by which its policies comply with Washington law.

This new process of addressing systemic problems with a corporation rather than with its individual store locations provided for more effective protection of the public, while saving staff resources and other costs for processing the complaints. The agreed settlement will help maintain the quality of health provided to the citizens of the state of Washington. Highlights of key results and impact are:

- The corporation agreed to pay a penalty of $10,000.
- Approximately $70,000 in appeal costs were avoided.
- The cost of adjudicating a minimum of fifty-five to sixty-five individual cases was avoided, saving substantial staff attorney and support staff time.
- The corporation agreed to pay an additional $40,000 to the Department of Health, Washington State Board of Pharmacy for the express purpose of health education. This is a unique approach in settling a case. The funds were used to produce and distribute a consumer medication safety tips brochure to retail pharmacies.
- A new and efficient method of conducting business was identified to achieve solutions to systemic problems by addressing them with the corporate entity.

Notices of Correction

During the 1995 legislative session, the legislature passed the Technical Assistance Program. The spirit of this regulatory reform legislation was to emphasize education and assistance before the imposition of penalties. Notices of Correction (NOCs) and Notices of Violation (NOVs) are administrative mechanisms which notify the licensee that a violation of a statute or rule has been documented and the licensee is provided a reasonable period of time to correct the violation. NOCs and NOVs cannot be appealed under the Administrative Procedures Act. Use of these notices, as well as education and assistance to the licensees and the correction of the areas of violation, allows the disciplining authority to handle certain types of complaints without a lengthy legal process or a record of formal disciplinary action.

In 1996, HPQA adopted *Case Disposition Guidelines* that identified the types of cases where a NOC or a NOV could be utilized. Each profession adopted either HPQA's *Case Disposition Guidelines* or its own profession-specific criteria for issuing the notices.

During the biennium, HPQA issued a total of 664 NOCs. Two professions issued the largest number of NOCs. The adult family home providers program issued 286 NOCs and pharmacy issued 155 NOCs. See the table on page 32 for a breakdown by profession on the numbers of notices issued.

HPQA Web Page Development

During the biennium, Health Professions Quality Assurance posted web pages for the 55 health care professions it regulates. The address for the site is: http://www.doh.wa.gov/Topics/topics.htm#Licensing. Each profession's web page provides the following information:

- Mission statement, goals and objectives.
- Board, commission, committee or council member names and expiration date of terms.
- Composition of board, commission, committee or council.
- Meeting schedule for the upcoming year.
- Fee schedule.
- Staff roster/main contact.
- Laws (RCWs) relating to the profession.
- Regulations (WACs) relating to the profession.
- Complaint form (if available).

HPQA's home page is under development. When completed, it will include the following information:

- Overview of Health Professions Quality Assurance.
- Information about boards, commissions, committees and councils.
- Regulations.
- The complaint process.
- Frequently asked questions.
- Individual profession information.
- Links to areas of interest.

Some professions such as Pharmacy, Nursing and Psychology have included additional information such as meeting agendas and minutes. HPQA's goal for next biennium is to include meeting agendas and meeting minutes on all web pages. HPQA will also be studying the feasibility of accepting applications and payments through the Internet. Another area of study is how interaction with constituents, such as completing surveys, questionnaires and requests to the department can be conducted through the Internet.

Continuing Competency Projects

Continuing education requirements have been called into question in recent years. Such requirements have existed for quite some time and are often considered to be the same as continuing competency. However, there is increasing evidence that just because practitioners take a course, they are not necessarily more competent or even that they are successfully applying what they learned to their practice. A major challenge has been to utilize a continuing competency approach to improve the quality of continuing education.

One recommendation is to require practitioners to conduct a self-assessment to determine individual strengths and learning opportunities. Once these have been established, practitioners develop a 3-5-year learning plan to address individual learning opportunities. Several professions are positively embracing this approach. Additionally, HPQA is encouraging professions to allow more than just standard continuing education as a means to meet the learning plan requirements. Mentoring, peer review, teaching a course, or giving a presentation are other possibilities.

Washington State is taking the lead nationally in developing continuing competency models. Five professions began developing tools to help enhance and promote the competency of practitioners after they become licensed:

- The Examining Board of Psychology is considering a pilot project requesting practitioners to conduct a self-assessment and then develop a learning plan based on the outcome of the assessment.
- The Orthotics and Prosthetics Advisory Committee is also considering utilizing a self-assessment tool to help practitioners develop a learning plan. Their approach would allow practitioners to use a variety of activities to enhance their skills.
- The Chiropractic Quality Assurance Commission is considering a self-assessment tool in addition to a colleague review and an assessment of the physical facility.
- The Occupational Therapy Practice Board is considering having practitioners maintain a portfolio. The model includes self-reflection in addition to identification of professional goals.

- The Dental Quality Assurance Commission is requiring a site review for practitioners who hold a dental anesthesia permit. Either a colleague or the individual practitioner can conduct the site review.

As continuing competency programs are implemented, issues and concerns have been identified. Of primary concern is that the information from self-assessment could be used in legal proceedings against the practitioner. A legislative change is needed in order to keep these tools from being used unfairly against the practitioner.

Improvements in the Complaint Process

Various workgroups consisting of staff and board and commission members worked together this past biennium on implementation of timelines for processing complaints. The goal for implementing these timelines was to reduce delays and improve consistency in disciplinary cases.

For years, the Legislature has directed consistency in investigation and resolution of complaints against practitioners. In the 1990s, the focus had been on timelines for internal processing of complaints. In 1993, the Uniform Disciplinary Act (UDA) was amended to require timelines for adjudication of complaints. In 1995, it was amended again to require time periods and enforcement mechanisms for assessment, investigation, and charging.

The focus on timelines for resolution of complaints arose from the following perceived problems:

- Individuals who file a complaint do not know when their complaint might be resolved.
- Practitioners are not able to respond and explain the matter as soon as they would like.
- Malpractice insurance carriers, health care insurance companies, HMOs, hospitals and other agencies may not be willing to extend coverage, provider status, and/or professional privileges to individuals during a pending complaint.
- Legislators and the media believe the public is not protected when no information is available about pending complaints and there is no predicted resolution date.
- Some complaints were left unresolved for years without apparent progress towards resolution.

HPQA adopted procedural rules for the adjudicative process in 1993. These rules include provisions for setting time periods for the adjudicating process steps in a scheduling order and provide for continuances granted by the presiding officer for good cause.

In 1995, HPQA began rule development for the other steps in the disciplinary process. This required an in-depth look at the processes being used by the various disciplining authorities, the issues, interests, and principles involved. Throughout the process, there was extensive board and commission involvement and input. Several public workgroups participated in issue identification, principle development, and rule writing. Additional input and review was obtained through mailings, reaching thousands of individuals. The proposed adoption date for timelines rules is March 2000.

The proposed rules will establish a basic time period for each of the steps in the process. Extensions of the basic time periods will be available upon petition if good cause is demonstrated. Good cause considers the facts and issues of the complaint and the situation surrounding its processing. If granted, extensions will result in oversight of the extended step by higher level management during assessment, investigation and case disposition and by the presiding officer during formal adjudication.

Since July 1998, the department and disciplinary authorities began working within the boundaries of the timelines as if they were in effect. Table 2 on page 17 reflects the decrease in time used to process complaints. Feedback from respondent attorneys has been very positive.

Concurrently, HPQA and its boards and commissions undertook process improvements addressing consistency and expeditious resolution. Other changes include:

- **Case Management Teams** - Case management teams have been established in each of the six sections within HPQA. This has contributed to timely processing and consistent handling of complaints.

  All new reports or letters of concern are reviewed weekly by teams consisting of program staff, investigators and staff attorneys. The team determines whether the report warrants investigation for secretary authority professions. For boards and commissions, the team uses criteria established by the board or commission to make the decision or to make a recommendation to the board or commission.

  The case management team also reviews the results of investigations. For secretary authority professions, the team makes the decision to close the case or to take disciplinary action. For boards and commissions, the team makes a recommendation to the reviewing board member or members.

- **Increased Use of Board and Commission panels** - Boards and commissions are using panels (that is, a group smaller than the full board or commission), who meet more frequently and may conduct meetings by phone instead of in person. These panels perform initial assessment and case disposition decisions on a regular and frequent schedule to comply with timelines.

- **Threshold Criteria** - Threshold criteria have been established in policy for all secretary authority professions, boards and commissions. These criteria are used to decide that a case should be closed rather than to expend resources on an investigation. This is only done when it is determined that to close the case does not present significant public protection concerns. The same criteria are applied after investigation where the facts show no significant concern.

- **Case Disposition Criteria** - Case disposition criteria have been established in policy for all professions. These criteria are applied to investigated cases to determine appropriate action, including notice of correction, informal disposition and formal charges. These criteria assure consistent actions across professions.

Table 2: Adjudicative Timelines				
Step	**Basic Time Period (proposed)**	**Average Days 7/1/97-6/30/98**	**Average Days 7/1/98-6/30/99**	**Comments**
Intake and Initial Assessment	21 days, decreasing to 14 after one year	34	14	A
Investigation	170	132	108	A
Case Disposition	140	155	94	A
Statement of Allegations-Receive Response	14	71	43	B
Stipulation to Informal Disposition- Signed and presented	60	367	23	B
Statement of Allegations-Serve Respondent	Included in 60 days		8	B
Statement of Allegations to Statement of Charges	60	89	53	B
Statement of Charges-Receive Answer	20	44	38	C
Statement of Charges-Produce Scheduling Order	30	20	20	C
Adjudication of Statement of Charges	180	171	138	C
Serve Final Order	45		9	C
Prepare Default Order	60	5	82	
Serve Default Order	45		11	
Steps Completed Within Basic Time Period		77.6%	86.6%	

Comments:

A. These steps were the focus of the process enhancements. They are the steps most under control of the program staff and board and commission members.

B. These steps involve Respondent action as well as staff action. They have not been the focus of enhancements.

C. These steps are under control of the presiding officer using existing procedural rules for adjudicative proceedings. Those rules have been in effect since 1993.

D. Where no entry appears in this table, there was insufficient data for analysis.

Strategy Number Five: Collection of Social Security Numbers

During this biennium, as a result of federal mandates, state law was amended to require the department to collect social security numbers for all health care practitioners. This was part of an effort to assist in child support enforcement. At the time this statute became effective, HPQA only had social security numbers for one third of its credentialed practitioners. A mass mailing was sent out to all credentialed practitioners for whom our records did not include a social security number. A system was developed to scan in Social Security numbers and upload the data to HPQA's main licensing system. By the end of the 1997-99 biennium, HPQA had collected social security numbers for over 95% of its active credentialed practitioners. Compliance with this statute is mandatory. During the 1999-2001 biennium, HPQA will take steps to deny the renewal of credentials for practitioners who do not provide a social security number.

Strategy Number Six: Alternative Programs – Substance Abuse Monitoring

State law (RCW 18.130.175) allows the disciplining authority to refer a practitioner to a voluntary substance abuse monitoring program in lieu of disciplinary action. This may occur if the disciplining authority determines that the unprofessional conduct may be the result of substance abuse. The disciplining authority may also require that a chemically dependent professional participate in a substance abuse program.

Within Washington's health care community, numerous chemically dependent practitioners go undetected and untreated. The implications of this include public safety concerns, loss of valuable, talented, well-trained practitioners, and the significant cost of investigations, disciplinary hearings, compliance monitoring and staff time. It was the intent of the legislature that the disciplining authorities seek ways to identify and support the rehabilitation of health care practitioners whose practice or competency may be impaired due to the abuse of drugs or alcohol. This policy is based on the concept that health care practitioners should be allowed to practice their profession but in a way that safeguards the public.

Because chemical dependence is treatable, early and appropriate entry into effective treatment can save that practitioner's practice, license and even life. Programs offer several services, including confidential consultation with the practitioners or other concerned individuals, such as the person who referred the practitioner for treatment. Other services include intervention, referrals for evaluation and treatment, development of a comprehensive rehabilitation plan, compliance monitoring, support, outreach and education of the health care community. Nationally, professional health programs have very high success rates ranging from 85 to 90 percent. Success is generally defined as achieving a chemically free and professionally productive lifestyle.

There are currently three Substance Abuse Monitoring Programs used by Health Professions Quality Assurance. These programs are:

Washington Health Professional Services (WHPS) – (includes all HPQA health professions except for Medical Physicians, Physician Assistants, Pharmacists, Osteopaths, Podiatrists, and Veterinarians)

Washington Health Professional Services (WHPS) is a confidential program for chemically impaired practitioners. WHPS offers a voluntary program to practitioners who experience the effects of chemical dependency in their lives and practices.

Washington Physicians Health Program (WPHP) – Medical Physicians, Physician Assistants, Osteopaths, Veterinarians and Podiatrists

The Washington Physicians Health Program (WPHP) began under the auspices of the Washington State Medical Association in 1986. It has since evolved into a nationally respected program for assisting medical practitioners afflicted with alcoholism, other drug addiction, or mental illness. WPHP operates the program under a contract with HPQA.

Washington Recovery Assistance Program for Pharmacy (WRAPP)

The Board of Pharmacy contracts with Washington Recovery Assistance Program, a voluntary substance abuse monitoring program. The WRAPP program provides education, intervention, assessment, treatment referral and monitoring services to pharmacists, pharmacy technicians and pharmacy assistants.

Table 3: Alternative Programs-Substance Abuse Monitoring

Profession	Program	Total # Mandated	Total # Voluntary	Total # Enrolled	Total # of Successful Completions
Audiologist	WHPS	1	0	1	0
Counselors	WHPS	0	12	12	2
Dental Hygiene	WHPS	1	0	1	0
Dentistry	WHPS	4	10	14	9
Health Care Assistant	WHPS	1	2	3	1
Medical Physician	WPHP	14	131	145	65
	WHPS	0	1	1	1
Osteopathic Physician	WPHP	0	4	0	4
Pharmacy	WRAPP	10	17	27	Unavailable
Pharmacy Technician	WRAPP	0	6	6	0
Physicians Assistant	WPHP	9	15	24	3
Practical Nurse	WHPS	0	35	35	16
Psychology	WHPS	1	1	2	1
Radiologic Technology	WHPS	1	1	2	0
Registered Nurse	WHPS	2	180	182	81
Respiratory Therapy	WHPS	0	1	1	1
Social Worker	WHPS	0	1	1	0
Veterinary	WPHP	2	6	8	2
Total	**All**	**46**	**424**	**466**	**187**

WHPS - Washington Health Professional Services
WPHP - Washington Physicians Health Program
WRAPP - Washington Recovery Assistance Program for Pharmacy

Strategy Number Seven: Public Disclosure

Health Professions Quality Assurance processed over 17,000 requests for public disclosure this past biennium. The types of public disclosure requests vary considerably. Requests include copies of disciplinary case, complaint and credentialing application files. We also receive requests for written verifications of credential status. Public disclosure requests are a major workload for HPQA staff.

HPQA is committed to responding to these requests promptly and with legal accuracy. In order to establish a uniform approach in dealing with the public disclosure requests, HPQA formed a workgroup to write a division policy. In order to assist staff in understanding the importance and complexity of public disclosure, staff received training on implementation of the policy. Areas addressed by the policy include: how to take a public disclosure request, what information is legally not disclosable and how much the requester can be charged for the request. Public disclosure requests are very time consuming because there is so much information that cannot be released to the public, such as home addresses, social security numbers, and health care records. Complete files need to be copied. Non-releasable information is then blacked out, and the entire file with blacked out information is recopied. Staff must then list in a cover letter all materials not released and list the reasons why they were not provided. By creating the policy and training staff, HPQA has improved the way its resources are utilized to process the public disclosure requests.

Table 4: Public Disclosure Workload Requests For 1997-99 Biennium

Profession	Total Public Disclosure Requests for 1997-99 Biennium
Acupuncture	79
Advanced Registered Nurse Practitioner	42
Chiropractic	651
Counselors	260
Dental Hygiene	19
Dentistry	1,322
Denturist	3
Dietitian	3
Dispensing Optician	3
Hearing Instrument Fitter/Dispenser	84
Hypnotherapy	15
Marriage & Family Therapy	51
Massage Therapy	57
Medical Physician	10,236
Mental Health Counselor	239
Midwifery	46
Naturopathic Physician	14
Nursing Assistant	114
Nursing Home Administrator	15
Nursing Pools	5
Occupational Therapy	81

Table 4: Public Disclosure Workload Requests For 1997-99 Biennium (continued)	
Profession	Total Public Disclosure Requests for 1997-99 Biennium
Optometrist	100
Orthotics/Prosthetics	2
Osteopathic Physician	270
Pharmacy	33
Pharmacy Firms	38
Physical Therapy	116
Physician Assistant	82
Podiatric Physician	173
Practical Nurse	466
Psychology	443
Registered Nurse	2,356
Sex Offender Treatment Provider	18
Social Worker	150
Veterinary	61
Total	**17,647**

Strategy Number Eight: Adjudicative Clerk Office

The Adjudicative Clerk Office (ACO), a new service unit within Health Professions Quality Assurance, opened its doors July 1, 1997. The ACO consolidates administrative adjudicative tasks. It provides uniformity, consistency, and efficiency in the adjudicative process. It streamlines administrative functions from programs and the Office of Professional Standards, allowing timely statistical reporting, central tracking, and document handling.

During the 1997-99 biennium the ACO issued over 2,200 docket numbers, served over 1,700 motions or orders, and scheduled over 1,400 cases.

Recommendations for Improving the Disciplinary Process

The Department of Health did not propose specific legislation to modify the Uniform Disciplinary Act for consideration by the 2000 Legislature. However, the following areas warrant future consideration:

- Add a prompt action provision for failure to comply with a disciplinary order.
- An expedited disciplinary process for failure to comply with an order would reduce disciplinary costs and better protect the public.
- Add a provision to bar any form of financial exploitation of patients.

- Add a provision that a practitioner who voluntarily surrenders a credential issued by another state to avoid disciplinary action could be charged with unprofessional conduct in Washington (RCW 18.130.180 (5)).
- Add a provision to include the use of patient information for personal reasons as willful betrayal of practitioner-patient privilege (RCW 18.130.180 (20)).
- Allow an inactive status credential for all professions.
- Add a requirement that all professions report all final disciplinary actions which include specific findings of physical abuse, sexual abuse, exploitation or abuse of a child, and exploitation or abuse or a vulnerable adult, to the Washington State Patrol per RCW 43.43.735 and 830.
- Add language that would allow practitioners to voluntarily and permanently surrender their credentials in lieu of other sanctions when they are unable to practice due to mental or physical conditions. The opportunity for surrender of licenses might result in cost savings.
- Add a records protection provision for practitioners participating in continuing competency programs.

Section 2

Investigation, Case Disposition, Corrective and Disciplinary Action

Investigation, Case Disposition, Corrective and Disciplinary Action Data

Disciplinary Guidelines For Licensees & Applicants were developed October 6, 1993, to assist the disciplining authorities in determining what sanctions to impose on practitioners who violate the UDA. Since October 1993, the disciplining authorities have implemented the *Disciplinary Guidelines* as one step towards achieving uniformity and consistency in the disciplinary process.

The disciplining authorities use a complex and essentially qualitative decision-making process to determine what needs to be done to protect the public. This process is used to weigh the nature and evidence surrounding the complaint and make decisions concerning the practitioner's ability to safely and competently practice the profession.

This section of the report contains quantitative data concerning the corrective and disciplinary actions taken against practitioners between July 1997 and June 1999. The report focuses specifically on the findings and disposition of cases. These findings include cases closed by notices of correction, stipulations to informal disposition (STID) and cases adjudicated through settlement and formal hearing.

Cases settled through a notice of correction (NOC) or STID are not considered formal disciplinary action. The issuance of a NOC or STID is an informal method used to resolve a case. The *Case Disposition Guidelines* state that "stipulations to informal disposition should be used when the violation could have resulted in minimal to moderate patient harm, or patient harm resulting was minimal and when the risk of harm to future patients is not likely."

For presentation in this report, a primary violation was determined for each case. Primary violations include drug-related offenses, physical or sexual abuse of a patient, incompetence or negligence, violation of federal or state statutes regulating the profession, and non-compliance with previous disciplinary orders. Most orders contain more than one violation. In cases where there could be more than one primary violation, a judgment was made based on the manner in which the order was written and where the emphasis was placed.

An analysis was conducted to portray the relationship between sanctions and violations. The analysis is presented both in the aggregate and by profession.

- Different types of sanctions were separated into four conceptual categories: removal from practice, removal from practice with conditions, rehabilitative, and deterrent.
  - "Removal from practice" means the practitioner's license was revoked or indefinitely suspended.
  - "Removal from practice with conditions" means the respondent's license was suspended for any length of time and conditions for rehabilitation and reinstatement were identified. These conditions are imposed to rehabilitate the respondent and get him or her back into practice.
  - "Rehabilitative sanctions" include probation, substance abuse treatment and monitoring, counseling and continuing education. Stayed suspensions are considered rehabilitative since, in essence, the practitioner is placed on probation.
  - "Deterrent sanctions" include requests for voluntary compliance, reprimands, and fines.
- Categories of the primary violations are used as the unit of analysis to explore the range of sanctions imposed. For example, what sanctions are imposed on practitioners when they have been charged with substance abuse?

- Sanctions are then used as the unit of analysis to explore the kinds of sanctions imposed for the various types of violations (e.g., what violations result in the revocation of a license)?
- A comparison between the types of orders (STIDS, Agreed Orders, Default Orders, or Final Orders) and the sanctions imposed is reviewed.
- The severity of the violation in relationship to the sanctions imposed is also reviewed.

Tables 5 and 6 represent intake, assessment, and investigative activity for the 1997-99 biennium. The number of complaints received between July 1997 and June 1999 was 11,273. The total number of investigations completed was 5,911.

Table 5: Number of Licensees and Investigative Activity for 1997-99 Biennium

Profession	Number of Active Licensees	Administrative Investigations Completed	Field Investigations Completed	Unlicensed Practice Investigations Completed
Acupuncture	522	0	9	23
Adult Family Home Provider & Resident Manager	2,953	77	8	12
Advanced Registered Nurse Practitioner	2,939	0	24	0
Audiologist	264	0	0	0
Chemical Dependency Professionals	0	0	0	0
Chiropractic	2,258	0	160	2
Chiropractic X-Ray Technician	214	0	0	0
Counselors	16,127	33	126	18
Dental Hygiene	3,986	0	5	0
Dentistry	5,081	0	503	4
Denturist	95	0	25	2
Dietitian	674	0	0	0
Dispensing Optician	903	2	7	4
Apprentice Dispensing Optician	759	0	2	0
Health Care Assistant	9,706	2	0	0
Hearing Instrument Fitter/Dispenser	338	70	53	2
Hypnotherapy	300	3	1	1
Marriage & Family Therapy	887	2	10	0
Massage Therapy	7,981	16	24	30
Medical Physician	18,524	0	1770	14
Mental Health Counselor	3,376	24	21	1
Midwifery	110	0	7	2
Naturopathic Physician	417	2	2	4

Table 5: Number of Licensees and Investigative Activity for 1997-99 Biennium (continued)				
Profession	Number of Active Licensees	Administrative Investigations Completed	Field Investigations Completed	Unlicensed Practice Investigations Completed
Nursing Assistant	45,702	282	310	10
Nursing Home Administrator	634	67	9	0
Nursing Pools	101	0	0	0
Nutritionist	45	0	0	0
Occupational Therapy	2,097	0	9	0
Occupational Therapy Assistant	587	0	8	0
Ocularist	9	0	0	0
Optometry	1,402	10	19	1
Orthotist	88	0	0	0
Osteopathic Physician	645	1	52	0
Osteopathic Physician Assistant	48	0	4	0
Pharmacy	6,313	0	721	29
Pharmacy Technician	4,728	0	41	0
Pharmacy Firms	2,166	0	253	0
Pharmacy Intern	658	0	3	0
Physical Therapy	3,672	14	22	1
Physician Assistant	1,314	0	83	0
Podiatry	219	0	19	0
Practical Nurse	14,537	13	197	3
Prosthetist	80	0	0	0
Psychology	1,564	19	10	4
Radiologic Technology	3,338	0	2	4
Registered Nurse	60,987	42	406	4
Respiratory Therapy	2,044	0	0	0
Sex Offender Treatment Provider	143	1	7	0
Social Worker	2,587	8	64	2
Speech Language Pathologist	639	0	0	0
Veterinary	1,960	5	30	15
Animal Technician	723	0	0	0
Veterinary Med Clerk	220	0	0	0
X-Ray Technology	1,499	0	0	0
Total	**239,163**	**693**	**5,026**	**192**

Table 6: Complaint And Case Disposition Statistics By Profession For 1997-99 Biennium						
Profession	Number of Complaints	Closed No Action Taken (Prior to Investigation)	Closed No Action Taken (After Investigation)	Closed Below Threshold (Prior to Investigation)	Closed Below Threshold (After Investigation)	# of Allegations or Charges Withdrawn
Acupuncture	4	0	4	3	4	0
Adult Family Home Provider & Resident Manager	361	4	12	57	21	0
Advanced Registered Nurse Practitioner	49	13	0	3	4	0
Chiropractic	221	9	65	97	25	2
Chiropractic X-Ray Technician	0	0	0	0	0	0
Counselors	261	55	75	14	11	7
Dental Hygiene	9	0	0	2	0	0
Dentistry	689	0	453	224	58	4
Denturist	44	4	11	2	6	0
Dispensing Optician	53	0	18	2	16	1
Apprentice Dispensing Optician	1	4	3	0	0	0
Health Care Assistant	14	3	5	0	0	0
Hearing Instrument Fitter/Dispenser	170	26	47	26	4	1
Hypnotherapy	4	0	3	0	0	0
Marriage & Family Therapy	385	81	20	138	5	0

Table 6: Complaint And Case Disposition Statistics By Profession For 1997-99 Biennium (continued)						
Profession	Number of Complaints	Closed No Action Taken (Prior to Investigation)	Closed No Action Taken (After Investigation)	Closed Below Threshold (Prior to Investigation)	Closed Below Threshold (After Investigation)	# of Allegations or Charges Withdrawn
Massage Therapy	93	3	10	22	6	0
Medical Physician	1701	14	1349	248	0	33
Mental Health Counselor	82	31	20	7	4	1
Midwifery	15	1	3	0	2	0
Naturopathic Physician	14	6	10	3	4	0
Nursing Assistant	3203	1185	328	1347	25	6
Nursing Home Administrator	76	27	22	55	49	1
Nursing Pools	2	0	0	0	0	0
Occupational Therapy	11	7	1	0	0	1
Occupational Therapy Assistant	5	1	4	1	0	0
Ocularist	4	0	0	0	0	0
Optometry	52	4	24	17	6	0
Osteopathic Physician	119	15	51	36	1	1
Osteopathic Physician Assistant	3	0	6	2	0	0
Pharmacy	878	69	281	15	103	9
Physical Therapy	58	8	3	7	7	0

Table 6: Complaint And Case Disposition Statistics By Profession For 1997-99 Biennium (continued)						
Profession	Number of Complaints	Closed No Action Taken (Prior to Investigation)	Closed No Action Taken (After Investigation)	Closed Below Threshold (Prior to Investigation)	Closed Below Threshold (After Investigation)	# of Allegations or Charges Withdrawn
Physician Assistant	69	1	42	0	0	0
Podiatry	44	5	27	10	0	2
Practical Nurse	1282	135	38	238	21	5
Psychology	113	41	47	4	1	0
Radiologic Technology	8	1	2	1	0	0
Registered Nurse	954	218	69	253	24	15
Respiratory Therapy	16	1	13	0	0	0
Sex Offender Treatment Provider	15	3	1	1	0	0
Social Worker	40	19	12	4	0	1
Veterinary	150	0	90	44	8	3
Animal Technician	0	0	1	2	1	0
Veterinary Med Clerk	1	0	0	0	0	0
Total	**11,273**	**1,994**	**3,170**	**2,885**	**416**	**93**

Case disposition activity carries over from previous biennium, therefore numbers may not balance.

Unlicensed Practice

Responsibility for unlicensed practice lies with the Secretary of Health rather than individual boards and commissions. Due to limited resources for unlicensed practice activities, the department focuses its resources on those unlicensed practice cases that present a substantial risk to the public.

Table 7: Unlicensed Practice

Profession	Number of Unlicensed Practice Complaints	Closed No Action Taken (Prior To Investigation)	Closed No Action Taken (After Investigation)	Order Issued
Acupuncture	23	0	20	1
Adult Family Home Provider	22	10	12	0
Chiropractic	2	0	2	0
Counselors	18	0	15	0
Dentistry	4	0	3	1
Denturist	2	0	2	0
Dispensing Optician	4	0	1	1
Hearing Instrument Fitter/Dispenser	2	0	2	0
Hypnotherapy	1	0	1	0
Massage Therapy	31	1	28	0
Medical Physician	14	0	12	0
Mental Health Counselor	1	0	1	0
Midwifery	2	0	1	0
Naturopathic Physician	4	0	4	0
Nursing Assistant	10	0	9	0
Nutritionist	2	2	0	0
Optometry	1	0	1	0
Orthotics	1	0	1	0
Osteopathic Physician	2	0	1	0
Pharmacy	1	0	1	0
Physical Therapy	1	0	1	0
Practical Nurse	3	0	1	2
Prosthetics	1	0	1	0

Table 7: Unlicensed Practice (continued)				
Profession	Number of Unlicensed Practice Complaints	Closed No Action Taken (Prior To Investigation)	Closed No Action Taken (After Investigation)	Order Issued
Psychology	4	0	3	0
Radiologic Technology	4	0	3	0
Registered Nurse	4	0	2	1
Social Worker	2	0	2	0
Veterinary	15	0	13	0
Totals	**181**	**13**	**143**	**6**

Types of Corrective Actions

Tables 8 and 9 identify the types of corrective action taken for each of the professions. Of the 53 professions regulated, 33 professions had corrective action resulting in 1,859 actions taken. Appendix A contains the definition of terms and Appendix B contains a list of board, commission, and secretary professions.

Table 8: Types of Corrective Action for All Professions between July 1997 and June 1999						
	Agreed Orders	Default Orders	Final Orders	Informal Dispositions	Notices of Correction	Total
Secretary Professions	63	243	103	24	364	797
Boards and Commissions	306	129	57	270	300	1062
Total	**369**	**372**	**160**	**294**	**664**	**1,859**

Table 9: Types of Corrective Action by Profession between July 1997 and June 1999
(Note: 33 out of 55 professions had corrective action)

Profession	Agreed Orders	Default Orders	Final Orders	Informal Dispositions	Notices of Correction	Total
Acupuncture	1	0	0	0	0	1
Adult Family Homes	1	0	0	0	286	287
ARNP	5	0	0	2	0	7
Chiropractic	5	2	3	6	30	46
Counselors	18	2	41	0	14	75
Dentistry	27	1	2	31	15	76
Denturist	0	0	0	10	0	10
Dispensing Optician	2	0	0	0	0	2
Health Care Assistant	4	2	0	0	0	6
Hearing Instrument Fitter/Dispenser	7	4	0	3	34	48
Marriage & Family Therapy	1	0	2	0	1	4
Massage Therapy	6	2	3	7	4	22
Medical Physician	42	10	22	67	8	149
Physician Assistant	7	1	2	4	0	14
Mental Health Counselor	3	0	1	0	11	15
Midwifery	1	1	0	2	0	4
Nursing Assistant	19	234	51	2	41	347
Nursing Home Administrator	4	2	0	0	12	18
Occupational Therapy	1	0	0	0	1	2
Optometry	2	1	0	5	7	15
Osteopathic Physician	9	0	0	3	0	12
Pharmacy	21	3	4	4	155	187
Pharmacy Technician	4	4	2	0	0	10
Physical Therapy	4	0	2	0	0	6
Podiatry	2	0	0	7	2	11
Practical Nurse	51	51	9	44	7	162
Psychology	3	0	1	0	8	12
Radiologic Technology	3	1	0	0	0	4
Registered Nurse	103	50	8	81	18	260
Respiratory Therapy	3	1	2	1	0	7
Sex Offender Treatment Provider	0	0	0	1	2	3
Social Worker	1	0	3	1	1	6
Veterinary	9	0	2	13	3	27
Unlicensed Practice	0	0	0	0	4	4
Total	**369**	**372**	**160**	**294**	**664**	**1,859**

Categories of Sanctions Imposed in the Orders

Tables 10-12 contain the breakdown of the category of sanctions imposed in the orders. The analysis focuses on agreed orders, final orders, and informal dispositions. Notices of correction are not included because no sanctions are imposed. Table 11 contains the breakdown of the category of sanctions imposed in the orders according to the types of orders, and table 12 contains the breakdown of the category of sanctions by profession.

Table 10:

Category of Sanctions by Type of Order for Secretary Controlled Professions between July 1997 and June 1999

(Note: 15 out of 25 secretary controlled professions had sanctions imposed)

Secretary Professions	Removal from Practice	Removal with Conditions	Rehabilitative	Deterrent	Total
Agreed Orders	21	3	38	1	63
Default Orders	238	1	4	0	243
Final Orders	88	1	14	0	103
Informal Dispositions	0	1	17	6	24
Total	**347**	**6**	**73**	**7**	**433**

Table 11:

Category of Sanctions by Type of Order for Board or Commission Controlled Professions between July 1997 and June 1999

(Note: 18 out of 30 board or commission controlled professions had sanctions imposed)

Board or Commission Professions	Removal from Practice	Removal with Conditions	Rehabilitative	Deterrent	Total
Agreed Orders	73	21	201	11	306
Default Orders	127	2	0	0	129
Final Orders	30	6	19	2	57
Informal Dispositions	0	0	264	6	270
Total	**230**	**29**	**484**	**19**	**762**

Table 12:
Category of Sanctions Imposed by Profession between July 1997 and June 1999

Profession	Removal from Practice	Removal with Conditions	Rehabilitative	Deterrent	Total
Acupuncture	1	0	0	0	1
Adult Family Home Provider & Manager	1	0	0	0	1
Advanced Registered Nurse Practitioner	1	0	4	2	7
Chiropractic	4	2	8	2	16
Counselor	45	0	16	0	61
Dentistry	6	3	46	6	61
Denturist	0	0	10	0	10
Dispensing Optician	0	0	2	0	2
Hearing Instrument Fitter/Dispenser	2	3	9	0	14
Health Care Assistant	2	0	4	0	6
Marriage & Family Therapy	3	0	0	0	3
Massage Therapy	5	1	7	5	18
Medical Physician	32	0	108	1	141
Physician Assistant	4	0	9	1	14
Mental Health Counselor	1	0	3	0	4
Midwifery	0	0	4	0	4
Nursing Assistant	280	4	22	0	306
Nursing Home Administrator	4	0	2	0	6
Occupational Therapy	0	0	1	0	1
Optometry	1	0	7	0	8
Osteopathic Physician	2	0	10	0	12
Pharmacy	8	2	20	2	32
Pharmacy Technician	9	0	1	0	10
Physical Therapy	4	0	1	1	6
Podiatry	0	0	9	0	9
Practical Nurse	68	12	74	1	155
Psychology	2	0	2	0	4
Radiologic Technology	2	0	1	1	4
Registered Nurse	81	6	153	2	242
Respiratory Therapy	4	1	2	0	7
Sex Offender Treatment Provider	0	0	1	0	1
Social Worker	3	0	1	1	5
Veterinary	2	1	20	1	24
Total	**577**	**35**	**557**	**26**	**1,195**

It is interesting to note that 98.1% of the time, default orders result in the practitioner's license being revoked or being indefinitely suspended. This could be explained by the fact that the disciplining authority has limited information on which to make a decision. The practitioner has not made any attempt to defend him or herself or supply the disciplining authority with additional information concerning the allegations to assist in making a decision. As with last biennium, the secretary authority professions removed practitioners from practice far more often than board or commission regulated professions. The board or commission professions tend to apply rehabilitative sanctions more often than the secretary controlled professions. The reason for this could be because there are significantly more default cases for secretary professions than for board or commission cases.

Three types of violations account for 54.2% of actions when a practitioner's license is revoked or indefinitely suspended:

1. Conviction of a gross misdemeanor or felony relating to the practice of the profession (RCW 18.130.180 (17)) accounts for 24.4%
2. Abuse of a client or patient or sexual contact with a client or patient (RCW 18.130.180 (24)) accounts for 18.4%
3. Failure to comply with an order issued by the disciplining authority (RCW 18.130.180 (9)) accounts for 11.4%

Two types of violations account for 52.8% of the actions where a practitioner was removed from practice with conditions for reinstatement imposed.

1. Incompetence, negligence, or malpractice (RCW 18.130.180 (4)) accounts for 25%
2. Diversion of controlled substances or legend drugs for personal use (RCW 18.130.160 (6)) account for 27.8% (emphasis added)

Two types of violations account for 64.9% of the rehabilitative sanctions:

1. Incompetence, negligence, or malpractice (RCW 18.130.180 (4)) accounts for 41.7%
2. Violation of any state or federal statute regulating the profession (18.130.180 (7)) accounts for 23.2%

Incompetence, negligence, or malpractice (RCW 18.130.180 (4)) accounts for 30.8% of the deterrent sanctions.

Using violations as the unit of analysis provides a different perspective of the disciplinary activity. The following violations accounted for 79.4% of all primary violations cited:

- Incompetence, negligence, or malpractice accounts for 25.1% of the cases. (RCW 18.130.180 (4)).
- Drug and alcohol related cases account for 16.2% (personal drug or alcohol abuse or impairment (7.9%) and prescription or drug violations (8.3%)). (RCW 18.130.180 (6)), and RCW 18.130.180 (23)).
- Violation of any state or federal statute accounts for 13.1% of the cases. (RCW 18.130.180 (7)).
- Abuse of a client or patient or sexual contact with a patient was cited 12.6% of the time. (RCW 18.130.180 (24)).
- Conviction of a gross misdemeanor or felony relating to the practice of the person's profession was cited 12.4% of the time. (RCW 18.130.180 (17)).

Types of Violations and Primary Sanctions by Profession

The following seven tables illustrate the sanctions imposed for primary violations, sorted by profession. Slightly over eighty-seven percent of all cases are accounted for by the following professions: counselors (counselors, hypnotherapists, marriage and family therapists, mental health counselors, and social workers), dentists, medical physicians, nursing assistants, pharmacists, practical nurses, registered nurses (including ARNPs). These professions represent about 73.2% of the practitioners regulated. The remaining profession data is presented in the aggregate. Information specific to other professions is available upon request.

- Practitioners convicted of gross misdemeanors or felonies were removed from practice 95% of the time.
- Practitioners were removed from practice 83% of the time for failing to comply with their disciplinary order.
- Practitioners were given rehabilitative sanctions 83% of the time for violating a federal, state or local statute.

Table 13: Sanctions Imposed for Incompetence, Negligence, or Malpractice

Profession	Removal from Practice	Removal with Conditions	Rehabilitative	Deterrent	Total
Counselors	2	0	7	0	9
Dentistry	1	0	31	4	36
Medical Physician	3	0	55	0	58
Nursing Assistant	5	1	5	0	11
Pharmacy	2	0	11	1	14
Practical Nurse	13	5	33	1	52
Registered Nurse	14	2	56	1	73
Other Professions	6	0	39	1	46
Total	**46**	**8**	**237**	**8**	**299**

Table 14: Sanctions Imposed for Violation of any State or Federal Statute Regulating the Profession

Profession	Removal from Practice	Removal with Conditions	Rehabilitative	Deterrent	Total
Counselors	1	0	4	0	5
Dentistry	0	1	2	1	4
Medical Physician	1	0	3	0	4
Nursing Assistant	10	0	1	0	11
Pharmacy	0	0	3	0	3
Practical Nurse	1	0	28	0	29
Registered Nurse	4	0	57	1	62
Other Professions	5	1	31	2	39
Total	**22**	**2**	**129**	**4**	**157**

Table 15: Sanctions Imposed for Abuse of a Client or Patient or Sexual Contact with a Client or Patient					
Profession	Removal from Practice	Removal with Conditions	Rehabilitative	Deterrent	Total
Counselors	21	0	6	0	27
Dentistry	1	1	0	0	2
Medical Physician	4	0	11	0	15
Nursing Assistant	66	1	3	0	70
Practical Nurse	5	0	5	0	10
Registered Nurse	3	0	10	0	13
Other Professions	6	0	8	0	14
Total	**106**	**2**	**43**	**0**	**151**

Table 16: Sanctions Imposed for Drug Related Violations: Personal Drug or Alcohol Abuse					
Profession	Removal from Practice	Removal with Conditions	Rehabilitative	Deterrent	Total
Dentistry	0	1	3	0	4
Medical Physician	4	0	2	0	6
Nursing Assistant	7	1	4	0	12
Pharmacy	1	1	2	0	4
Practical Nurse	14	3	5	0	22
Registered Nurse	19	4	15	0	38
Other Professions	5	2	2	0	9
Total	**50**	**12**	**33**	**0**	**95**

Table 17: Sanctions Imposed for Drug Related Violations: Prescription or Drug Violations					
Profession	Removal from Practice	Removal with Conditions	Rehabilitative	Deterrent	Total
Counselors	2	0	0	0	2
Dentistry	0	0	4	1	5
Medical Physician	1	0	14	0	15
Nursing Assistant	19	0	2	0	21
Pharmacy	2	0	3	1	6
Practical Nurse	7	1	3	0	11
Registered Nurse	16	0	8	0	24
Other Professions	7	0	8	0	15
Total	**54**	**1**	**42**	**2**	**99**

Table 18: Sanctions Imposed for Convictions of a Gross Misdemeanor or Felony					
Profession	Removal from Practice	Removal with Conditions	Rehabilitative	Deterrent	Total
Counselors	3	0	3	0	6
Medical Physician	2	0	0	0	2
Nursing Assistant	125	1	3	0	129
Practical Nurse	4	0	0	0	4
Registered Nurse	2	0	0	0	2
Other Professions	5	0	0	0	5
Total	**141**	**1**	**6**	**0**	**148**

Table 19: Sanctions Imposed for Other Violations					
Profession	Removal from Practice	Removal with Conditions	Rehabilitative	Deterrent	Total
Counselors	23	0	1	1	25
Dentistry	4	0	6	0	10
Medical Physician	17	0	23	1	41
Nursing Assistant	48	0	4	0	52
Pharmacy	3	1	1	0	5
Practical Nurse	24	3	0	0	27
Registered Nurse	24	0	11	2	37
Other Professions	15	5	21	8	49
Total	**158**	**9**	**67**	**12**	**246**

Severity of Violations by Category of Sanctions

The severity of the violation is classified as minor, moderate or severe. Threshold criteria assist the disciplinary authorities in closing most minor cases that do not present a significant concern or risk to the public.

Please note that the severity of the violation is not documented for stipulations to informal disposition or notices of correction since these are not considered formal disciplinary actions. The total number of cases analyzed for the biennium is 901.

Analysis shows that the *Disciplinary Guidelines* are being appropriately applied given the severity of the violations. A minor violation should not and does not result in the practitioner being removed from practice. The most severe violations do result in the practitioner being removed from practice. Moderately severe cases tend to result in rehabilitation or deterrent type actions.

Table 20: Severity of Violations by Category of Sanctions All Professions

	Removal from Practice	Removal with Conditions	Rehabilitative	Deterrent	Total
Minor	0	1	20	5	26
Moderate	53	8	166	9	236
Severe	524	25	90	0	639
Total	**577**	**34**	**276**	**14**	**901**

Table 21: Severity of Violations by Category of Sanctions Imposed for Incompetence, Negligence or Malpractice

	Removal from Practice	Removal with Conditions	Rehabilitative	Deterrent	Total
Minor	0	0	7	1	8
Moderate	2	2	70	5	79
Severe	44	6	24	0	74
Total	**46**	**8**	**101**	**6**	**161**

Table 22: Severity of Violations by Category of Sanctions Imposed for Violation of any State or Federal Statute Regulating the Profession

	Removal from Practice	Removal with Conditions	Rehabilitative	Deterrent	Total
Minor	0	0	5	1	6
Moderate	3	0	15	1	19
Severe	19	2	9	0	30
Total	**22**	**2**	**29**	**2**	**55**

Table 23: Severity of Violations by Category of Sanctions Imposed for Abuse of a Client or Patient or Sexual Contact with a Client or Patient				
	Removal from Practice	Removal with Conditions	Rehabilitative	Total
Minor	0	0	2	2
Moderate	10	0	18	28
Severe	96	2	10	108
Total	**106**	**2**	**30**	**138**

Table 24: Severity of Violations by Category of Sanctions Imposed for Drug Related Violations: Personal Drug or Alcohol Abuse				
	Removal from Practice	Removal with Conditions	Rehabilitative	Total
Moderate	1	1	16	18
Severe	49	11	15	75
Total	**50**	**12**	**31**	**93**

Table 25: Severity of Violations by Category of Sanctions Imposed for Drug Related Violations: Prescription or Drug Violations					
	Removal from Practice	Removal with Conditions	Rehabilitative	Deterrent	Total
Minor	0	0	3	1	4
Moderate	3	0	18	0	21
Severe	51	1	9	0	61
Total	**54**	**1**	**30**	**1**	**86**

Table 26: Severity of Violations by Category of Sanctions Imposed for Other Violations					
	Removal from Practice	Removal with Conditions	Rehabilitative	Deterrent	Total
Minor	0	1	3	2	6
Moderate	34	5	29	3	71
Severe	265	3	23	0	291
Total	**299**	**9**	**55**	**5**	**368**

Other Actions:
Mandatory Suspensions and Surrenders of License

In addition to the 1,859 cases cited in this report, the department began suspending licenses for non-payment of student loans and non-compliance with child support orders. Under state law, these mandatory suspensions of credentials are non-discretionary. If a lending agency certifies to the department that a practitioner is in default of a student loan, the department must suspend his or her license (RCW 18.135.125). If the Department of Social and Health Services certifies to the department that the person is in non-compliance with a child support order, the department must suspend his or her license (RCW 18.130.127).

Table 27: Mandatory Suspensions (Default Student Loans and Non Payment of Child Support)	**Total**
Chiropractic	12
Counselors	2
Dentistry	2
Nursing Assistant	1
Optometry	1
Total Number of Mandatory Suspensions	**18**

Table 28: Surrender of License	**Total**
Dentistry	1
Medical Physician	18
Registered Nurse	3
Total Number of Surrendered Licenses	**22**

Conclusion

The primary function of the disciplining authorities is to protect the public. It is the sole responsibility of the disciplining authority to review each case, evaluate the facts, and weigh the aggravating and mitigating circumstances prior to issuing an order or any other action. In drawing any conclusions or recommendations, the quantitative data contained in this report should be used as a starting point. It should be used to highlight the need for consistent use of the *Disciplinary Guidelines* in order to protect the public.

Appendix A

Glossary of Terms

Complaints	The number of complaints received. Licensees may have one to several complaints lodged against them. If these are received within a short time of each other and are regarding the same incident, they may be combined into a single case for investigative and disciplinary purposes. After a case is received, it is assessed by program staff to determine if there is jurisdiction for the complaint, and any possible violation before proceeding to investigation.
Compliance and Monitoring	As part of the elements of a Final Order, licensees are frequently required to adhere to specific requirements. The count in this column is a total of the number of licensees on compliance or monitoring status.
Default Order	A final order issued by the disciplining authority where the record shows the licensee was served and failed to answer the statement of charges or failed to participate in the adjudicative process as required by the Washington Administrative Code.
Deterrent Sanctions	Conceptual category of sanctions which were imposed on the practitioner. These sanctions include requests for voluntary compliance, reprimands, and fines.
Disciplinary Action	Formal and informal actions a regulatory agency can take to limit or restrict a practitioner from practicing. This can include censure or reprimand, fines, continuing education, substance abuse monitoring, probation, suspension or revocation. "In determining what action is appropriate, the disciplining authority must first consider what sanctions are necessary to protect or compensate the public. Only after such provisions have been made may the disciplining authority consider and include in the order requirements designed to rehabilitate the license holder or applicant." (RCW 18.130.160)
Findings of Fact, Conclusions of Law and Order	A final order entered by the disciplining authority as a result of a formal hearing. It identifies substantiated violations and imposes sanctions.
License Reinstatement	Restrictions on a respondent's license are removed after fulfilling the requirements of a disciplinary order.
Minor Violations	Violations that are minor in nature, result in minor injury, or create a low risk of harm as determined by the disciplining authority.
Moderate Violations	Violations that are moderate in nature, result in moderate injury, or create a moderate risk of harm as determined by the disciplining authority.
Notice of Correction	An administrative mechanism whereby the licensee is notified that violation of a statute or rule has been documented and the licensee is provided a reasonable period of time to correct the violation. These are not considered formal disciplinary action.

Number of Licenses Issued	This number reflects the number of individuals receiving a license, registration or certificate for the biennium.
Probation	A disciplinary action or agreement wherein the practitioner must abide by certain conditions for a prescribed amount of time (includes stayed suspensions).
Public Disclosure Requests	The number of public disclosure requests for both disciplinary and licensing cases.
Rehabilitative Sanctions	Conceptual category of sanctions which were imposed on the practitioner. These sanctions were imposed to rehabilitate the practitioner and the practitioner was never taken out of practice. These sanctions include probation, stayed suspension, substance abuse treatment and monitoring, counseling and continuing education.
Removal from Practice Sanctions	Conceptual category of sanctions which were imposed on the practitioner. The practitioner's license was revoked or indefinitely suspended.
Removal with Conditions Sanctions	Conceptual category of sanctions which were imposed on the practitioner. The practitioner's license was suspended for any length of time and conditions for rehabilitation and reinstatement were imposed.
Revocation	A disciplinary action where the practitioner's privilege to practice is taken away.
Sanctions	Conditions imposed upon the practitioner in a Findings of Fact, Conclusions of Law and Order, a Stipulation and Agreed Order, or a Stipulated informal disposition. Sanctions that can be imposed are defined in the Uniform Disciplinary Act (RCW 18.130.160) and range from censure or reprimand to revocation of a license.
Severe Violations	Violations that are severe in nature, result in severe injury, or create a high risk of harm as determined by the disciplining authority.
Statement of Charges	Formal document alleging that a violation of the UDA or practice act has occurred.
Stipulation to Informal disposition	An informal method for the disciplining authority to allow for the informal resolution of allegations in cases where there is evidence of a violation of the uniform disciplinary act.
Stipulation and Agreed Order	An order entered into between the disciplining authority and the respondent as a result of a statement of charges issued to the respondent. The order is the result of a settlement between the respondent and the disciplining authority and does not go through a formal hearing. It identifies agreed upon violations and imposes sanctions.

Suspension	A disciplinary action resulting in the temporary removal of a practitioner's privilege to practice.
Treatment Self Referral	Practitioners who enter into a voluntary substance abuse monitoring program, i.e., Washington Health Professional Services, Washington Recovery Assistance Program for Pharmacy, or Washington Physician Health Program.
Uniform Disciplinary Act (Chapter 18.130 RCW)	This act provides standardized procedures for licensure of practitioners and the enforcement of laws, the purpose of which is to assure the public of adequacy of professional competence and conduct in the healing arts.
Unprofessional Conduct	The Uniform Disciplinary Act (RCW 18.130.180) identifies 25 categories of unprofessional conduct for all health practitioners.

Appendix B

Boards, Commissions, Committees and Council Listing

Department of Health
Board or Commission Authority
Governor Appointed
(15 boards and 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 Note: Secretary has disciplining authority	5 Members • 4 Massage Therapists • 1 Public Member
Medical Quality Assurance Commission	19 Members • 13 Physicians • 2 Physician Assistants • 4 Public Members
Nursing Care Quality Assurance Commission	11 Members • 3 Registered Nurses • 2 ARNPs • 3 LPNs • 1 Midwife (non-voting) • 2 Public Members
Board of Nursing Home Administrators	9 Members • 4 Nursing Home Administrators • 4 Reps. of Health Care Profession • 1 Public Member (resident of a nursing home or family member of a resident eligible for Medicare)

Department of Health
Board or Commission Authority
Governor Appointed
(15 boards and commissions)

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

Department of Health
Secretary Authority
Secretary Appointed
(9 advisory committees, 1 advisory board and 1 council)

Committee, Board or Council	Members
Adult Family Homes Advisory Committee	6 Members • 2 Resident Advocates • 3 Adult Family Home Providers • 1 Public Member
Chemical Dependency Certification Advisory Committee	7 Chemical Dependency Professionals • 1 Chemical Dependency Treatment Program Director • 1 Physician, or, 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
Board of Denture Technology Note: board has rule-making authority	7 Members • 4 Denturists • 1 Dentist • 2 Public Members
Dispensing Optician Examining Committee	3 Members • 3 Dispensing Opticians • No Public Members
Health Care Assistant Committee	4 Members • 1 Registered Nurse • 1 Podiatrist • 1 Osteopathic Physician • 1 Physician

Department of Health
Secretary Authority
Secretary Appointed
(9 advisory committees, 1 advisory board and 1 council)

Committee, Board or Council	Members
Mental Health Quality Assurance Council	7 Members • 1 Certified Social Worker • 1 Certified Mental Health Counselor • 1 Registered Mental Health Counselor • 1 Certified Marriage and Family Therapist • 1 Registered Hypnotherapist • 2 Public Members
Midwifery Advisory Committee	7 Members • 1 Certified Nurse Midwife • 2 Physicians • 3 Licensed Midwives • 1 Public Member
Naturopathic Advisory Committee	5 Members • 3 Naturopaths • 2 Public Members
Orthotics & Prosthetics Advisory Committee	5 Members • 1 Orthotist • 1 Prosthetist • 1 Physician • 2 Public Members – Consumers of O&P Services
Sexual Offender Treatment Providers Advisory Committee	9 Members • 3 Sexual Offender Treatment Providers • 1 Mental Health Practitioner • 1 Defense Attorney • 1 Prosecuting Attorney • 1 Representative of DSHS • 1 Representative of Dept. of Corrections • 1 Superior Court Judge

Secretary authority professions with no advisory committee:
Acupuncturists, Dietitian/Nutritionists, Health Care Assistants, Nursing Assistants, Nursing Pool Operators, Ocularists, Radiologic Technologists, Respiratory Care Practitioners, and Surgical Technologists.

Appendix C

Health Professions Quality Assurance Structure

Health Professions Regulated By
Health Professions Quality Assurance

Health Professions Quality Assurance consists of 8 sections including: Health Professions Sections 1 through 6, Operations and Support, and Health Policy and Constituent Relations.

Health Professions Section One

- Dispensing Opticians
- Health Care Assistants
- Naturopaths
- Ocularists
- Optometrists
- Orthotics & Prosthetics
- Osteopathic Physician and Surgeons
- Osteopathic Physician Assistants
- Podiatrists
- Radiologic Technicians
- Respiratory Care Practitioners
- X-Ray Technicians

Health Professions Section Two

- Audiologists
- Chemical Dependency Professionals
- Hearing Instrument Fitter/Dispensers
- Hypnotherapists
- Marriage and Family Therapists
- Mental Health Counselors
- Psychologists
- Registered Counselors
- Sexual Offender Treatment Providers
- Social Workers
- Speech Language Pathologists

Health Professions Section Three

- Acupuncturists
- Adult Family Home Providers and Resident Managers
- Animal Technicians
- Chiropractors
- Dentists
- Dental Hygienists
- Denturists
- Dietitians & Nutritionists
- Massage Therapists
- Nursing Home Administrators
- Occupational Therapists
- Physical Therapists
- Veterinarians
- Veterinary Medication Clerks

Health Professions Section Four

- Pharmacists
- Pharmacy Technicians
- Pharmacy Interns
- Pharmacies and other Pharmaceutical Firms

Health Professions Section Five

- Physicians and Surgeons
- Physician Assistants

Health Professions Section Six

- Advanced Registered Nurse Practitioners
- Certified Nursing Assistants
- Registered Nursing Assistants
- Licensed Practical Nurses
- Licensed Midwives
- Nursing Pool Operators
- Registered Nurses
- Surgical Technologists

Health Professions Operations and Support

- Accounting Services
- Application Management
- Facility Support Services
- Information Systems
- Receptionist Services
- Word Processing Services
- Investigations Services Unit
- Unlicensed Practice Investigations

Health Policy and Constituent Relations

- Adjudicative Clerk Office
- Board and Commission Relations
  - Board Member Training
  - Recruitment
- Constituent Relations
  - Newsletters
  - Communications
  - Media Relations
- Health Policy
- Office of Professional Standards
- Rules and interpretive statement review
- Technical Services, Research, Planning & Development
  - Policy Research, Implementation & Compliance
  - Legislative Activities & Coordination
  - Business Plan Implementation & Maintenance
  - Special Projects
  - Initiative Development and Management
- Washington Health Professional Services

Appendix D

Health Professions Quality Assurance Phone Numbers

Department of Health
Health Professions Quality Assurance

Susan E. Shoblom, Director (360) 236-4995

Health Profession	Executive Director	Phone Number
Acupuncture	Gail Zimmerman	(360) 236-4859
Adult Family Home Provider & Manager	Gail Zimmerman	(360) 236-4859
ARNP	Paula Meyer	(360) 236-4713
Animal Technician	Gail Zimmerman	(360) 236-4859
Audiologist	Laurie Jinkins	(360) 236-4924
Chemical Dependency Professionals	Laurie Jinkins	(360) 236-4924
Chiropractic	Gail Zimmerman	(360) 236-4859
Chiropractic X-Ray Technician	Gail Zimmerman	(360) 236-4859
Counselor	Laurie Jinkins	(360) 236-4924
Dental Hygiene	Gail Zimmerman	(360) 236-4859
Dentistry	Gail Zimmerman	(360) 236-4859
Denturist	Gail Zimmerman	(360) 236-4859
Dietitian	Gail Zimmerman	(360) 236-4859
Dispensing Optician	Bob Nicoloff	(360) 236-4950
Apprentice Dispensing Optician	Bob Nicoloff	(360) 236-4950
Health Care Assistants	Bob Nicoloff	(360) 236-4950
Hearing Instrument Fitter/Dispenser	Laurie Jinkins	(360) 236-4924
Hypnotherapy	Laurie Jinkins	(360) 236-4924
Marriage & Family Therapy	Laurie Jinkins	(360) 236-4924
Massage Therapy	Gail Zimmerman	(360) 236-4859
Medical Physician	Bonnie King	(360) 236-4789
Mental Health Counselor	Laurie Jinkins	(360) 236-4924
Midwifery	Paula Meyer	(360) 236-4713
Naturopathic Physician	Bob Nicoloff	(360) 236-4950
Nursing Assistant	Paula Meyer	(360) 236-4713
Nursing Home Administrator	Gail Zimmerman	(360) 236-4859
Nursing Pools	Paula Meyer	(360) 236-4713
Nutritionist	Gail Zimmerman	(360) 236-4859
Occupational Therapy	Gail Zimmerman	(360) 236-4859
Occupational Therapy Assistant	Gail Zimmerman	(360) 236-4859
Ocularist	Bob Nicoloff	(360) 236-4950
Optometry	Bob Nicoloff	(360) 236-4950

Health Profession	Executive Director	Phone Number
Orthotics	Bob Nicoloff	(360) 236-4950
Osteopathic Physician	Bob Nicoloff	(360) 236-4950
Osteopathic Physician Assistant	Bob Nicoloff	(360) 236-4950
Pharmacy	Don Williams	(360) 236-4825
Pharmacy Technician	Don Williams	(360) 236-4825
Pharmacy Firms	Don Williams	(360) 236-4825
Pharmacy Interns	Don Williams	(360) 236-4825
Physical Therapy	Gail Zimmerman	(360) 236-4859
Physician Assistants	Bonnie King	(360) 236-4789
Podiatry	Bob Nicoloff	(360) 236-4950
Practical Nurse	Paula Meyer	(360) 236-4713
Prosthetics	Bob Nicoloff	(360) 236-4950
Psychology	Laurie Jinkins	(360) 236-4924
Radiologic Technologist	Bob Nicoloff	(360) 236-4950
Registered Nurse	Paula Meyer	(360) 236-4713
Respiratory Therapy	Bob Nicoloff	(360) 236-4950
Sexual Offender Treatment Provider	Laurie Jinkins	(360) 236-4924
Social Worker	Laurie Jinkins	(360) 236-4924
Speech Language Pathologists	Laurie Jinkins	(360) 236-4924
Surgical Technologists	Paula Meyer	(360) 236-4713
Veterinary	Gail Zimmerman	(360) 236-4859
Veterinary Med Clerk	Gail Zimmerman	(360) 236-4859
X-Ray Technologist	Bob Nicoloff	(360) 236-4950

Health Policy and Constituent Relations — Diana Ehri — (360) 236-4984

- Adjudicative Clerk Office
- Office of Professional Standards
- Washington Health Professional Service

Operations and Support — Pat Collins — (360) 236-4994

- Investigative Service Unit
- HPQA Information Services

Appendix E

Resource Documents

Resource Documents Available From Health Professions Quality Assurance

To obtain any of the following documents please contact the Health Policy and Constituent Relations Office at (360) 236-4982 or write to PO Box 47860, Olympia, Washington, 98504-7860.

Adjudicative Clerk Office Informational Document

The scope of the Adjudicative Clerk Office is divided into three major subsections: maintaining official records, scheduling, and service of legal documents. (An informational document with more details on the Adjudicative Clerk Office is available).

Automated Verification Service (AVS) Brochure

This brochure provides information about HPQA's voice response system for verification of health profession credentials (licenses, certifications and registrations). The brochure explains step by step how to access verifications. The verifications are considered to be official verifications for credentialing purposes. The brochure also outlines the basic hardware and software requirements needed to complete verification by computer.

Guide on the Complaint Process

This brochure explains who Health Professions Quality Assurance is, what it does, and guidance on how to receive information about a practitioner. It also explains what the complaint process is and gives guidance on how to file a complaint.

Health Professions Quality Assurance Credentialing Overview

This document provides information such as HPQA's mission, focus, overview and organization. It provides individual profession information such as:

- Fee schedules
- Number of exams per year
- Renewal cycle
- Continuing education requirements
- Staff contact person(s)
- Number of active credentialed providers
- Rules
- Board description and length of terms

Public Disclosure Brochure

This brochure explains what public records are and how to request them. It also explains what kind of information is not disclosable, the cost of obtaining records, and the timelines for public disclosure requests.

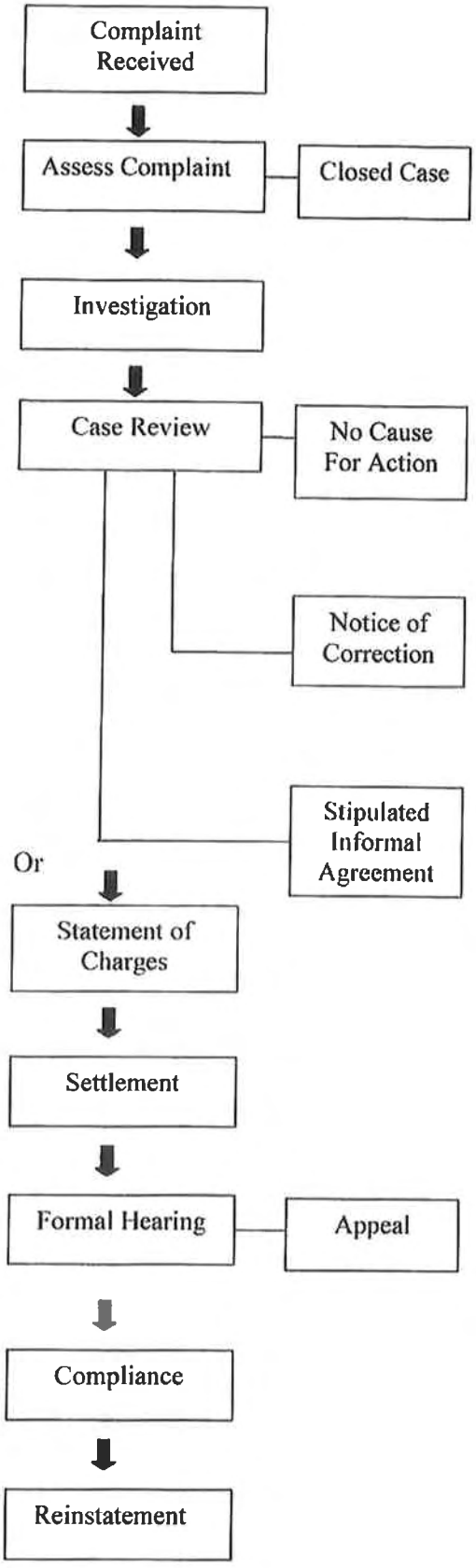
Washington Health Professional Services (WHPS) Brochure

WHPS is a confidential program for chemically impaired practitioners. This brochure provides information about what the program does and how it can help practitioners in need. It provides examples of signs that may indicate a practitioner is experiencing problems, as well as information about confidentiality and referrals.

Washington Recovery Assistance Program for Pharmacy (WRAPP) Brochure
WRAPP is a confidential program for chemically impaired pharmacists and pharmacy technicians. This brochure provides information about what the program does and how it can help practitioners in need. It provides examples of signs that may indicate a practitioner is experiencing problems, as well as information about confidentiality and referrals.

Appendix F

Disciplinary Process Flow Chart



Current Disciplinary Process

Complaints are received from a variety of sources and reflect widely varying degrees of seriousness.

Upon receipt of a complaint, a file is set up, licensure status is checked and former cases are traced. Case management or board/commission review: decision to close case or forward to investigations.

Cases requiring investigation are forwarded to a health professional investigator to gather the facts surrounding the case.

The case management team reviews investigated complaints. For secretary authority professions, the team makes the case disposition decision (close or what action to initiate). For boards and commissions, the team makes a recommendation to the reviewing board member or panel to decide the case disposition (close no cause for action, issue a statement of allegations, statement of charges or notice of correction).

A Notice of Correction is an administrative mechanism whereby the licensee is notified that violation of a statute or rule has been documented and the licensee is provided a reasonable period of time to correct the violation. It is not considered formal disciplinary action.

A stipulated informal agreement is a non-reportable method for the disciplining authority to allow for the informal resolution of allegations in cases where there is evidence of a violation of the Uniform Disciplinary Act but where the imposition of sanctions would not provide additional protection to consumers.

Information obtained in the investigation substantiates the allegations and statement of charges is issued.

Settlement conference is made available to all respondents who have formally received a statement of charges. The desired outcome of the settlement conference is a mutually agreed upon Stipulation and Agreed Order which can be presented to the disciplining authority for approval.

The cases are presented by an assistant attorney general. Final orders called Findings of Fact, Conclusion of Law and Order may mandate revocation, suspension, restriction or limitation. All statement of charges and final orders are disclosable to the public. The respondent has the right to appeal the decision of the disciplining authority to the superior court.

The monitoring of the conditions stipulated in the final order such as practice reviews, urinalysis reports, patient notification, progress reports, and continuing education.

When conditions of compliance are met, the respondent requests a termination of the disciplining authorities' jurisdiction and the license becomes unencumbered.

Appendix G

Acknowledgements

Acknowledgments

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