



**Nursing Care Quality Assurance Commission (NCQAC)
Regular Meeting Agenda
January 10, 2014 8:30 AM
Center Point Conference Center
20809 72nd Avenue S. Kent, WA 98032
Commons Area Mt. Rainer Room**

Commission Members:

Suellyn Masek, MSN, RN, CNOR, Chair
Erica Benson-Hallock, MPPA, Public Member, Vice-Chair
Mary A. Baroni, PhD, RN
Linda Batch, LPN
Jeannie M. Eylar, MSN, RN
Charlotte Foster, BSN, MHA, RN
Stephen J. Henderson, JD, MBA, BA
Lois Hoell, MS, MBA, RN
Margaret Kelly, LPN
Gene I. Pingle, BSN-BC, CEN, RN
Donna L. Poole MSN, ARNP, PMHCNS-BC
Tracy Rude, LPN
Laurie Soine PhD, ARNP
Cass Tang, PMP, Public Member

Assistant Attorney General:

Gail Yu, Assistant Attorney General

Staff:

Paula R. Meyer, MSN, RN, Executive Director
Debbie Carlson, MSN, RN, Nursing Practice Advisor
Teresa Corrado, LPN, Health Services Consultant
Mary Dale, Discipline Manager
Michael Hively, Administrative Assistant
Karl Hoehn, Staff Attorney
Mindy Schaffner, PhD, MSN-CNS, RN, Nursing Education
Advisor
Anne Schuchmann, MSN, RN, Deputy Executive Director
Catherine Woodard, Chief Investigator
Martha Worcester, PhD, ARNP, ARNP Advisor

If you have questions regarding the agenda, please call the NCQAC office at 360-236-4713. Items may be taken out of order. If you wish to attend the meeting for a single item, contact our office at the number listed above and request a specific time scheduled for that item.

This meeting is accessible to persons with disabilities. Special aids and services can be made available upon advance request. Advance request for special aids and services must be made no later than January 6, 2014. If you need assistance with special needs and services, please leave a message with that request at 1-800-525-0127 or, if calling from outside Washington State, call (360) 236-4052. If you have limited English language expertise call 360-236-4713 before January 6, 2014. TDD may also be accessed by calling the TDD relay service at 1-800-833-6388. If you need assistance due to a speech disability, Speech to Speech provides human voicers for people with difficulty being understood. The Washington State Speech to Speech toll free access number is 1-877-833-6341.

This meeting will be digitally recorded to assist in the production of accurate minutes. All recordings are public record. The minutes of this meeting will be posted on our website after they have been approved at the March 14, 2014 NCQAC meeting. For a copy of the actual recording, please contact the Public Disclosure Records Center (PDRC) at PDRC@doh.wa.gov.

Smoking is prohibited at this meeting.

I. 8:30 AM Opening – Suellyn Masek, Chair – DISCUSSION/ACTION

II. Call to order

- A. Introductions
- B. Order of the Agenda
- C. Correspondence
- D. Announcements

III. 8:40 AM Consent Agenda – DISCUSSION/ACTION

Consent agenda items are considered routine agency matters. The NCQAC approves the consent agenda by a single motion without separate discussion. To discuss a separate item requires a motion to remove the item and then place the item on the regular business agenda.

- A. Approval of minutes
 - 1. NCQAC Business Meeting, November 8, 2013
 - 2. Licensing and Discipline sub-committee, October 28, 2013, November 25, 2013
 - 3. Consistent Standards of Practice sub-committee, October 1, 2013, November 5, 2013
 - 4. Nursing Program Approval Panel (NPAP), August 29, 2013, September 24, 2013
 - 5. Nursing Assistant – Nursing Program Approval Panel (NA-NPAP), October 14, 2013, November 26, 2013

IV. 8:45 AM - 9:45 AM Chair Report –Suellyn Masek - DISCUSSION/ACTION

- A. 1518 report – the NCQAC delegated responsibility to the steering committee to act on its behalf for the report due to the Governor's office and Legislature by December 31, 2013. Strategy 360 consultants, Jonathan Seib and Joanie Deutsch, completed

- the report. The steering committee presents the report to the full NCQAC.
- B. Operating Agreement – The NCQAC directed Paula Meyer, executive director, to complete a draft operating agreement with the Department of Health, by December 31, 2013. The draft Operating Agreement may be presented to the NCQAC for comment. Ms. Meyer will present next steps in the process.
- C. Procedure on Meeting Interruptions
- D. Out of state travel
1. IRE Conference, San Diego
 2. NCSBN Mid-year meeting, March
 3. Research symposium, April, DC – Lois and Paula (JNR)
 4. National Organization of Alternative Programs, March 25-28, San Diego
- E. Nominations Committee – appoint members
1. NCQAC chair and vice chair
 2. NCSBN awards
 3. NCQAC award
- F. National Council of State Boards of Nursing (NCSBN) elections – Ms. Masek will present the opportunities to serve.

9:45 AM – 10:00 AM BREAK

**10:00 AM – 10:30 AM Chair Report, CONTINUED –Suellyn Masek -
DISCUSSION/ACTION**

**V. 10:30 AM – 11:00 AM Executive Director Report – Paula Meyer –
DISCUSSION/ACTION**

- A. Strategic plan revisions – staff request revision of deadlines to meet goals and objectives
- B. NCSBN Executive Officer forum November 18-19, 2013
- C. Washington State Nurses Association webinar, January 14: webinar – Medical Marijuana: What Nurses Need to Know
- D. Mobile Device Survey – results and recommendations – Anne Schuchmann and Cass Tang
- E. NCQAC Annual Retreat, July 2014 – planning for topics, speakers, dates
- F. Strategic Plan, Goal ED1: Develop a role modeling process for NCQAC using mentor/stories: small group to review mentor roles and responsibilities
- G. Nursing Education Rules workshops update – Mindy Schaffner
- H. Call Calendar – confirmation of members on sub-committees and panels, times, dates, phone numbers and PINs

VI. 11:00 AM – 11:30 AM Subcommittee Reports – DISCUSSION/ACTION

- A. Licensing and Discipline – Margaret Kelly, chair**
1. Procedure A31 – Timely Resolution of SOA/STIDs
 2. Continuing Competency Guidelines
 3. Performance Measures
 4. Sexual Misconduct rules
- B. Continuing Competency – Lois Hoell, chair**
1. Continuing competency rules workshops – Teresa Corrado

- C. **Consistent Standards of Practice – Gene Pingle, chair**
 - A. NCQAC Conference Planning Report
- D. **Advanced Practice - Donna Poole, chair**

VII. 11:30 – 1:00 PM Lunch

12 noon – 1:00 PM Education – Performance Measures in Washington State Government - Ms. Pam Pannkuk, Senior Performance Manager for Governor Jay Inslee.

Ms. Pannkuk will be presenting on the Governor’s performance plan. Ms. Pannkuk will discuss how the NCQAC can assist in contacting others and assist in achieving the plan.

The NCQAC collects performance measures on nine elements within the Department of Health. The NCQAC contributes data to the National Council of State Boards of Nursing on many performance measures.

VIII. 1:00PM - OPEN MICROPHONE

Open microphone is for public presentation of issues to the NCQAC. If the public has issues regarding disciplinary cases, please call 360-236-4713.

IX. 1:15 PM – 2:00 PM Subcommittee Reports, CONTINUED – DISCUSSION/ACTION

- A. **Licensing and Discipline – Margaret Kelly, chair**
- B. **Continuing Competency – Lois Hoell, chair**
- C. **Consistent Standards of Practice – Gene Pingle, chair**
- D. **Advanced Practice - Donna Poole, chair**

X. 2:00 PM – 2:30 PM Washington Center for Nursing – Linda Tieman – DISCUSSION/ACTION

Ms. Tieman, executive director, presents reports as required in the contract with the Center for Nursing.

- A. Diversity Mentoring pilot program
- B. Annual report

XI. 2:30 PM – 3:00 PM Prescription Monitoring Program – Chris Baumgartner – DISCUSSION/ACTION

Mr. Baumgartner is the program manager for the Prescription Monitoring Program. Mr. Baumgartner will demonstrate the PMP, its uses for prescribers (ARNP) and the NCQAC members as decision makers on cases related to overprescribing, medication monitoring, and potential substance abuse cases.

XII. 3:00 PM – 3:30 PM HEARING: Request for lists of addresses of nurses – Gail Yu - DISCUSSION/ACTION

According to the Administrative Procedures Act, RCW 34.05.419, the agency has 90 days after receipt of the request for a hearing to conduct an adjudicative proceeding. Verisys requested the list of addresses of Washington State nurses. The request

was denied according to Procedure J04.01 Lists and Labels Recognition Criteria. Verisys then requested a hearing related to the decision. The NCQAC will evaluate the request and may make a decision to uphold or reverse the denial.

XIII. 3:30 – Meeting Evaluation

3:45 PM - Closing



Nursing Care Quality Assurance Commission (NCQAC)

Regular Meeting Minutes

November 8, 2013 8:30 AM

Doubletree Inn

The Capital Room

415 Capital Way N

Olympia WA 98501

Commission Members:

Suellyn Masek, MSN, RN, CNOR, Chair
Erica Benson-Hallock, MPPA, Public Member, Vice-Chair
Mary Baroni, PhD, RN
Linda Batch, LPN
Charlotte Foster, BSN, MHA, RN
Barbara Gumprecht, MSN, RN
Lois Hoell, MS, MBA, RN
Margaret Kelly, LPN
Gene I. Pingle, BSN-BC, CEN, RN
Donna L. Poole MSN, ARNP, PMHCNS-BC
Tracy Rude, LPN
Laurie Soine PhD, ARNP
Cass Tang, PMP, Public Member
Jeannie M. Eylar, MSN, RN
Stephen J. Henderson, JD, MA, BA, Public Member

Excused
Excused

Assistant Attorney General:

Gail Yu, Assistant Attorney General

Staff:

Paula R. Meyer, MSN, RN, Executive Director
Debbie Carlson, MSN, RN, Nursing Practice Advisor
Teresa Corrado, LPN, Health Services Consultant
Michael Hively, Administrative Assistant
Karl Hoehn, Staff Attorney
Mindy Schaffner, PhD, MSN-CNS, RN, Nursing Education
Advisor
Catherine Woodard, Chief Investigator
Martha Worcester, PhD, ARNP, ARNP Advisor
Mary Dale, Discipline Manager
Anne Schuchmann, MSN, RN, Deputy Executive Director

Excused
Excused

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I. 8:30 AM Opening – Suellyn Masek, Chair – DISCUSSION/ACTION

II. Call to order

- A. Introductions
- B. Order of the Agenda
- C. Correspondence
- D. Announcements
 1. Ms. Meyer acknowledged the following staff appointments:
 - Dr. Mindy Schaffner appointed to National Council of State Boards of Nursing's (NCSBN) Distance Learning committee
 - Catherine Woodard and Mary Dale published in October issue of the Journal of Nursing Regulation
 - Teresa Corrado appointed to the NCSBN Board Member Profile Committee
 - Catherine Woodard appointed to the NCSBN Leadership Academy Committee
 2. Ms. Meyer welcomed new members and explained to the NCQAC that Ms. Gumprecht has accepted a position as a Nursing Consultant Advisor effective November 16th, 2013 and will resign her commission appointment on November 15th, 2013

III. 8:40 AM Consent Agenda – DISCUSSION/ACTION

- A. Approval of minutes
 1. NCQAC Business Meeting, September 13, 2013
 2. NCQAC Disciplinary Hearing minutes, June 6, 2013, June 28, 2013, July 25, 2013
 3. Advanced Registered Nurse Practitioner (ARNP) sub-committee minutes, September 14, 2013, October 2, 2013
 4. Licensing and Discipline sub-committee minutes, July 29, 2013, August 26, 2013
 5. Consistent Standards of Practice sub-committee minutes, September 3, 2013
 6. Nursing Program Approval Panel (NPAP), June 30, 2013, July 18, 2013
 7. Nursing Assistant – Nursing Program Approval Panel (NA-NPAP), July 8, 2013, September 9, 2013
 9. Veteran's Administration Nurse Practitioner Residency Program
 10. NCSBN Conference on Leadership and Public Policy, Rapid City, South Dakota, Sept. 17-19, 2013, Lois E. Hoell
 11. National Council of State Boards of Nursing, Letter from the President, Myra Broadway, October 16, 2013

12. HEAL-WA usage report
13. Department of Health, Health System Quality Assurance (HSQA) Boards and Commissions Leadership Meeting Report, October 21, 2013
14. Northwest Regional Primary Health Care Conference, October 19-22, 2013

Motion: Motion by Mr. Pingle with a second from Ms. Kelly to remove items III.A.1 NCQAC Business Meeting, September 13, 2013 and III.A.3 ARNP sub-committee October 2, 2013 minutes from the consent agenda for edits. Motion Passed.

- Ms. Hallock and Ms. Kelly explained the required corrections to items III.A.1 and III.A.3, the ARNP October 2, 2013 minutes

Motion: Motion by Ms. Poole with a second by Ms. Tang to adopt the consent agenda with changes. Motion Passed.

IV. 8:45 – 9:15 AM Chair Report –Suellyn Masek - DISCUSSION/ACTION

A. Appointment of new members to sub-committee and panels

1. NPAP – A:
 - Mary Baroni,
 NPAP – B:
 - Lois Hoell
2. CSP:
 - Public Member – Stephen Henderson
 - LPN – Tracy Rude
 - RN – Jeannie Eylar
3. Case Disposition Panel (CPD)
 - CDP 1: Lois Hoell, Jeannie Eylar, Suellyn Masek
 - CDP 2: No Change
 - CDP 3: Cass Tang Chair, Stephen Henderson
 - CPD 4: Mary Baroni, Susan Woods, Stephen Henderson
4. NA – PAP:
 - Erica Benson-Hallock

B. Task Force members

- Ms. Masek asked for NCQAC volunteers to work as members of task forces
1. Newsletter
 - Ms. Schaffner explained the NCQAC newsletter and the roles of its members. Mary Baroni, Laurie Soine, and Gene Pingle.
 2. Budget
 - Ms. Masek, Erica Benson-Hallock, and Lois Hoell.
 3. Legislative

- Ms. Masek, Erica Benson-Hallock, Linda Batch, Donna Poole, and Charlotte Foster.

V. 9:15 AM– 9:30 AM Executive Director Report – Paula Meyer – DISCUSSION/ACTION

A. Upcoming meeting dates and locations

- January 10th - Center Point, Kent
- March 14th - Center Point in Kent
- May 9th, - Spokane
- July 11th - TBD

B. Education at NCQAC meetings – change to January meeting presentation

- January 10th, 2014 meeting: presentation on performance measures
- May 9th, 2014 meeting: presentation on Washington Health Professional Service program.
- Ms. Benson-Hallock suggested adding to the May 9th, 2014 presentation on the legalization of marijuana.
- Ms. Kelly suggested a presentation on the LEAN process.

VI. 9:30 AM – 10:15 AM House Bill 1518 Report – Steering Committee – DISCUSSION/ACTION

House Bill 1518 amended RCW 18.79.390 and made permanent the authority granted to the NCQAC in 2008. The bill also requires the NCQAC to submit a report to the Governor and legislature with recommendations for further improvements by December 31, 2013. Jonathan Seib and Joanie Deutsch, Strategy 360, are consultants working with the NCQAC Steering Committee on the report.

- Mr. Seib and Ms. Deutsch from Strategies 360 provided a report that broke down the cumulative information including the recommendations of the NCQAC scheduled to go to the Governor and legislature in December 2013.

VII. 10:15 AM – 10:30 AM BREAK

VIII. 10:30 AM – 11:30 AM House Bill 1518 Report, Continued– Steering Committee – DISCUSSION/ACTION

- The NCQAC discussed their concern with Secretary Dr. John Wiesman of the Department of Health.

IX. 11:30 – 1:00 PM Working Lunch

The process for disciplinary hearings: roles and responsibilities for NCQAC members, attorneys general, health law judges. The NCQAC watched a DVD produced by the NCQAC. Copies of the DVD were distributed to all NCQAC and pro tem members.

X. 1:00PM - OPEN MICROPHONE

Open microphone is for public presentation of issues to the NCQAC. Members of the NCQAC may not be able to respond to concerns, but thank the presenters for their comments. Members of the public seeking information on disciplinary cases are

asked to call 360-236-4713.

- Mr. Mark Backstrom introduced himself and recalled his presence at the NCQAC September 13, 2013 business meeting. Mr. Backstrom addressed his concerns about being referred to the NCQAC newsletter for license discipline action. Mr. Backstrom held up a cardboard sign approximately 18" high x 24" wide with his contact information and asked any NCQAC member to contact him for case discussion. Mr. Backstrom had taken what appeared to be a \$100 bill from his pocket offering it to any staff or NCQAC member that can show him where the case was shown.
- The NCQAC Chair Ms. Masek informed Mr. Backstrom that his actions were inappropriate and that the NCQAC staff had prepared a packet of information for Mr. Backstrom.
- Ms. Meyer informed Mr. Backstrom that the case he was referring to had informal discipline and therefore was not published in the NCQAC newsletter. Ms. Meyer apologized for any inconvenience that had been caused. Ms. Meyer explained that all disciplinary actions are released to the public and state boards of nursing on three data bases:
 1. Washington State Provider Credential Search
 2. NURSYS, a national data base for employers and state boards of nursing
 3. Health Integrity & Portability Data Base: a federal data base that all health professional regulatory entities must report all disciplinary actions

**XI. 1:30 PM – 2:30 PM Retired Active Status Rules Hearing - -
DISCUSSION/ACTION**

The NCQAC adopted requirements for Continuing Competency in rules. The Retired Active Status addresses the requirements for nurses to renew licenses if they are retired from active employment.

- NCQAC took comments from the public.

The hearing commenced at 1:30pm. The hearing concluded at 1:44pm.

Motion: Motion by Ms. Hoell with a second by Ms. Tang to adopt Retired Active Status Rules. Motion Passed.

XII. 2:30 PM – 2:45 PM BREAK

XIII. 2:45 PM – 3:45 PM Subcommittee Reports – DISCUSSION/ACTION

A. Licensing and Discipline – Margaret Kelly, chair

- Ms. Kelly stated the L&D information is in the subcommittee minutes.

B. Continuing Competency – Lois Hoell, chair

- Ms. Hoell discussed awaiting the NCSBN report on Continuing Competency.

- C. Consistent Standards of Practice – Gene Pingle, chair**
 - Mr. Pingle stated there were no actions at this time.
- D. Advanced Registered Nurse Practitioner, Donna Poole, chair**
 - Changing name of Advanced Registered Nurse Practitioner Subcommittee to Advanced Practice Subcommittee

Motion: Motion by Ms. Poole with a second by Ms. Soine that the Steering Committee look at how to improve the integration of Advanced Practice representation on all subcommittees. Motion passed.

Motion: Motion by ARNP Subcommittee with a second by the subcommittee to change name from Advanced Registered Nurse Practitioner Subcommittee to Advanced Practice Subcommittee. Motion Passed.

XIV. 3: 45 PM – 4:00 PM – Meeting Evaluation

PRO	CON
Venue	Coffee
Informative	Parking
Security	Need questions and answer session for new members
Secretary Wiesman’s attendance	Healthier Meals
Strategies 360 Report	Outline needed for rules hearing process
Meals	
Wireless Internet Access	
Warm Welcome for new members	
Staff preparation	
Productive Meeting	

XV. 4:00 PM - Closing



**Nursing Care Quality Assurance Commission (NCQAC)
Licensing and Disciplinary Subcommittee
Special Meeting
October 28, 2013
Telephone Conference Call
4:00PM**

Sub-Committee Members: Margaret Kelly, Chair; Cass Tang; Lois Hoell (excused)
DOH Staff /Guest: Mary Dale (excused), Teresa Corrado, Karl Hoehn, Catherine Woodard, Margaret Holm

Call to order Digital recording announcement (Equipment broken or unavailable. Started at 4:07pm)

Roll call

- 1. September Minutes - Margaret**
DECISION: The September minutes were reviewed and approved to go to the next NCQAC meeting.
- 2. WHPS Workgroup – Margaret**
DISCUSSION: Paula, Margaret, Charlotte, and Mary met with John Furman to discuss the WHPS audit and questions. They are working on a plan and addressing questions. WHPS has a high caseload (175). The group discussed consistency regarding decisions at WHPS. They are working on a yearly performance audit. The workgroup will report back to the commission through the Licensing and Discipline subcommittee. Charlotte is taking the lead on this workgroup.
- 3. Sanction Standards for Continuing competency – Teresa**
DISCUSSION: Teresa met with the discipline staff; a process is not in place yet. Sanction standards need to be developed. Karl said that continuing education is a low priority in HSQA. If the attestation with the application or renewal is inadequate, a Notice of Correction (NOC) is issued and they will be audited the next year. If not corrected, we can charge failure to show proof of CE” and issue sanctions. There are no clear sanctioning standards at this time. There was concern regarding letting the issue slide for a full year. Using the Early Remediation Program is an option. The emphasis should be on taking the class or doing the practice.
DECISION: Teresa and Mary will bring a recommendation to the November meeting; plan to take to the January NCQAC meeting.
- 4. Online Renewal Notice – Teresa**
Teresa provided HSQAs updated message.
- 5. Investigator Report - Catherine**
Catherine presented the investigations statistics for last three months. In the future, she will bring the previous stats, so they can be compared to the current stats.

6. Work Plan - Margaret

Drug testing for nurses: Teresa is looking for clarity. The deadline was changed to December.

Performance measures: For Notices of Determination (NOD), the outliers are reviewed separately and are excluded from the Performance Measures.

Newsletter article: Margaret Holm will send the article next week. Mary will add due dates to work plan.

Adjournment

DRAFT



**Nursing Care Quality Assurance Commission (NCQAC)
Licensing and Disciplinary Subcommittee
Special Meeting
November 25, 2013
Telephone Conference Call
4:00PM**

Sub-Committee Members: Margaret Kelly, Chair; Cass Tang; Lois Hoell; Tracy Rude
DOH Staff /Guest: Mary Dale, Teresa Corrado (excused), Karl Hoehn, Catherine Woodard, Margaret Holm (excused)

Call to order Digital recording announcement
Introduction on new members, Tracy Rude and Karl Hoehn
Acknowledgement of Miranda Bayne's service

Roll call

- 1. October Minutes - Margaret**
Review minutes from the 10/28/13 meeting.
DECISION: The minutes will go to the next NCQAC meeting, with changes.
- 2. Sexual Misconduct Rule – Mary**
Mary presented the draft language that was developed last year, and asked for approval to add to the January Commission meeting. The draft will be sent to interested parties for input prior to filing the CR102.
DECISION: Add the rule language to the January commission meeting agenda for approval.
- 3. Sanction Standards for Continuing Competency – Lois**
Continuing competency audits begin in January 2014. Staff will provide technical assistance. Several options were discussed. Currently, HSQA is issuing a Notice of Correction (NOC), and then guaranteeing an audit the next year. The Early Remediation Program could be used, as there is no harm. A third option would be to make the license inactive.
DECISION: A flowchart and options will be on the agenda for an early December subcommittee meeting so the sanctions can go to the commission in January. Suggestions should be sent to Lois and Teresa. Margaret will discuss with Teresa and Karl. Cass will put the flow chart into Visio.
- 4. Procedure A31 No Response to a STID – Karl**
Karl presented proposed changes to this procedure, to expand it to address timelines for STIDs and to include authorization to change a STID to a Statement of Charges if it does not meet the STID timelines. The purpose is to protect the public by preventing lengthy negotiations. Changes were made to the draft procedure.
DECISION: Subcommittee members will send any comments to Karl and Mary. The revised procedure will come to the December meeting for approval prior to the commission meeting.
- 5. Licensing Report**
Teresa sent out stats on the licensing workload. Margaret will contact Teresa to see if she has any anecdotal comments.

6. Work Plan - Margaret

Drug testing for nurses: Teresa and Karl will meet with Paula to discuss the packet of information the subcommittee provided to her. They will discuss the need for statutory authority, and determine if and how to proceed. This topic will be added to the January subcommittee agenda.

Performance Measures: Margaret will present the current measures at the January NCQAC meeting. Margaret will discuss NODs with Karl and Teresa prior to the meeting.

Newsletter articles: The articles due this month have been submitted. Next articles are due in March 2014.

Sexual misconduct rules: Draft language will go to the January NCQAC meeting.

Sanction Standards for Continuing Competency: The standards will be drafted at the December subcommittee meeting for the January NCQAC meeting.

NCI Outreach: This topic is complete.

Reports: Reports will rotate between areas each month, according to the work plan dates.

Data from the previous report should be included for reference. If there are any urgent issues or trends, they can be added to any agenda.

DECISION:

Historically, the subcommittee has not met in December due to the holidays. A meeting will be scheduled for December 9 at 4 p.m. to complete two agenda items in time for the January NCQAC meeting. The two items are: Procedure A31 STIDs and Sanction Standards for Continuing Competency.

Adjournment: 5:40 p.m.



**Consistent Standards of Practice Minutes
November 5, 2013 12:00 PM to 1:00 PM
Nursing Care Quality Assurance Commission (NCQAC)
111 Israel Rd SE, Town Center 2, Room 140
Tumwater, Washington 98501**

Committee Members: Gene Pingle RN, BSN-BC, CEN, Chair
Laura Yockey LPN
Roger Gantz BA, MUP
Charlotte Foster RN, BSN, MHA

Staff: Debbie Carlson MSN, RN

This is a meeting of the Consistent Standards of Practice subcommittee. This meeting is being digitally recorded to assist in the production of accurate minutes. All recordings are public record. The minutes of this meeting will be posted on our website when approved by the full commission. For a copy of the recording, please contact the Public Disclosure Records Center (PDRC) at PDRC@doh.wa.gov.

Subcommittees do not have decision making authority. Recommendations from this subcommittee may be presented at the next scheduled Nursing Commission meeting. Only the NCQAC has authority to take action.

1. 12:00 PM Opening – Gene Pingle

- a. Call to order & roll call
- b. Introduction

2. Review of minutes

The October minutes were not available for review. The September minutes were approved by the NCQAC.

3. NCQAC Newsletter Article Drafts

- a. **RNFA Advisory Opinion Update:** The final copy is on the web.
- b. **Camp Nursing Advisory Opinion Update:** The final copy is on the web.
- c. **Medication Assistant Endorsement – The Registered Nurse’s Role:** The Sub-Committee had no changes to make to the article.
- d. **Nursys and e-Notify:** The Sub-Committee had no changes to make to the article.
- e. **New “ Rules of Engagement”:** Ms. Carlson wrote an updated “Rules of Engagement” the Committee did not have any changes for the article. Mr. Pingle stated that it was a very good article.

4. Nursing Conference Planning Discussion

The NCQAC is planning a statewide nursing conference. Right now, the staff is looking at different venues and looking at costs as well as space. Ms. Carlson has Greg Hammond helping her with the contacts. The conference will be focusing on Nursing Regulation and Licensing. The staff is looking at possible breakout sessions and video conferencing. Ms. Carlson has spoken with Paula Meyer about hiring an event planner. The plan is to have the conference the same week as the Commission meeting in May.

5. Educational Presentation Drafts – Washington State Nursing Association Continuing Education Approval and Recognition Program (CEARP)

- a. **Professional Nursing Boundaries:** Ms. Carlson and the Nurse Consultants will be presenting this in the next few months.
- b. **Nursing Roles and Responsibilities – Medical Assistants:** Margaret Holm and Linda Patterson will be doing presentations across the state. Once these have been completed the NCQAC will apply for a CEARP.
- c. **Nursing Roles and Responsibilities – Nursing Assistant – Certified (NAC) – Medication Assistant Endorsement (MAE):** This will be the final presentation to be prepared and given by the Nurse Consultant before the NCQAC can apply to become a CEARP.



**Consistent Standards of Practice Minutes
October 1, 2013 12:00 PM to 1:00 PM
Nursing Care Quality Assurance Commission (NCQAC)
111 Israel Rd SE, Town Center 2, Room 140
Tumwater, Washington 98501**

Committee Members: Gene Pingle RN, BSN-BC, CEN, Chair
Laura Yockey LPN
Roger Gantz BA, MUP
Charlotte Foster RN, BSN, MHA

Staff: Debbie Carlson MSN, RN

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Subcommittees do not have decision making authority. Recommendations from this subcommittee may be presented at the next scheduled Nursing Commission meeting. Only the NCQAC has authority to take action.

1. 12:00 PM Opening – Gene Pingle

- a. Call to order & roll call
- b. Introduction

2. Review of minutes

The minutes for the September meeting were reviewed and approved.

3. Nurse Practice Advisory Group (NPAG) Updates

Ms. Carlson gave a brief description for the attendees of what the NPAG is and what they do.

- a. **School Settings – Delegation:** Ms. Carlson stated that there is some concern regarding school settings and the Commission was asked to look into them.
- b. **Community-Based Settings – POLST:** Ms. Carlson stated that there is a question as to whether a CNA can honor a POLST that a patient already has.
- c. **Acute/Hospitals/Inpatient Settings – Neonatal Intubation/Neonatal Emergency Procedures:** Ms. Carlson stated that this came as a formal request. Ms. Carlson did answer this request informally but the requestor wants a formal statement.
- d. **Ambulatory/Administrative Settings – Standing Orders:** Ms. Carlson has not met with the NPAG handling the research for this request. She is planning a meeting for the near future.

4. Strategic Plan

- a. **OD6: NCQAC – NCQAC Conference Planning:** The NCQAC is working on putting together a statewide nursing conference in May.
- b. **OD7: Nursing Commission Educational Needs:** Ms. Carlson is the lead on this and will be working with Paula Meyer.

- c. **OD8: Educate the public on the Early Remediation Program:** Ms. Carlson explained what the Early Remediation Program is and what she is looking to do to create some education opportunities for the public.
- d. **RULE2: Define NCQAC role as health care transitions with the ACA:** What is the NCQAC role in the transition into the Affordable Care Act.
- e. **ED2: Assure accessible, quality, professional educational activities to promote safe nursing practice:** The Nurse Consultants do in person conferences to educate nurses on the ED program.
- f. **PRAC1: Identify opportunities to transfer the health care system and nursing practice based on IOM's Future of Nursing report to meet challenges of the ACA:** This goes with the new rules regarding the ACA and being broad with the Nurse Practice Guide and helping nurses during the transition.
- g. **PRAC2: Improve collection and analysis of data using consistent tools on nursing practice:** Ms. Carlson will develop a formal process to review the data collected.
- h. **PRAC3: Enhance patient safety and quality care using a formal approach of QA and CQI strategies:** This is just putting the finishing touches on the CQI plan.



**Nursing Care Quality Assurance Commission (NCQAC)
Nursing Program Approval Panel (NPAP)
PANEL B Minutes
August 29, 2013
4:00 to 6:00 PM**

Commission Members: Rhonda Taylor, MSN, RN, Chair
Laurie Soine, PhD, ARNP

Pro Tem: Karen Heys, DNP, CNM, ARNP
Mary Baroni, PhD, RN

DOH Staff: Mindy Schaffner, Nursing Education Advisor (NEA)
Carol Knutzen, Nursing Education Assistant
Tim Talkington, Staff Attorney

4:00 PM Opening — Rhonda Taylor, Chair

- Call to order at 4:00 p.m.
- Minutes from June 20, 2013 NPAP-B meeting were approved.

1. South Puget Sound Community College:

Discussion: The panel reviewed the Site Visit Report and the ACEN Accreditation Report using the Washington Administrative Code (WAC). The program recently lost national accreditation. The program is currently on conditional approval.

Decision: The program will continue to have conditional approval. The following information will be requested:

- a. Submit a statement of deficiency for each WAC with a plan of correction by October 11, 2013 which will be reviewed for approval by the panel.
- b. Corrections must be completed by June 1, 2014. Plan of correction should include time frames for each deficiency.
- c. The NEA will conduct a site visit after the June 1, 2014 corrections have been made and will inform the program of any further actions.

2. Moffett School of Nursing, Samford University:

Discussion: The panel discussed the request for clinical site placement of FNP students in MSN programs, post MSN certificate or post Master's DNP.

Decision: The panel denied the request citing:

- a. Lack of qualified clinical faculty, and
- b. Lack of information on how students select preceptors and the nursing program's responsibility.

3. Indiana State University:

Discussion: The panel discussed the response to NPAP questions from the last meeting regarding the request for approval of LPN to BS, RN to BS, and Masters in Nursing with concentrations in Administration, Education, and Family Nurse Practitioner, Doctorate in Nursing Practice, and Certificate in FNP and Nursing Education.

Decision: The panel denied based on policy/procedure E06-01 effective January 2013. Dr. Schaffner will reference that the response was not specific.

4. Regis University:

Discussion: The panel discussed the response to NPAP questions from last meeting regarding the request for clinical site placements for RN-BSN, RN-MS in Nursing, MS in Nursing (Leadership in Health Care Systems, FNP, Neonatal FNP) and DNP (Advanced Practice Nurse, Advanced Leader in Health Care).

Decision: The panel deferred action and requested more information on the following:

- a. Provide information on the seven students that are currently in program.
- c. Name of student and type of program.
- d. Name and location of clinical site for each student's specific practice experience.
- e. What are the plans for clinical site placements of these students in Washington?
- f. What are the attrition rates for the nursing programs offered in Washington?
- g. Identify how student experiences are evaluated at the remote clinical sites.

5. ITT Technical Institute (Portland Oregon):

Discussion: The program requested approval for clinical site placements of ADN Students

Decision: The decision is deferred. Dr. Schaffner will request more information:

- a. Are clinicals precepted?
- b. Do students receive clinical instruction and direct supervision by a preceptor? If so, where do these individual students obtain clinical experiences and for what course(s)?
- c. Who are the clinical faculty members that provide students supervision at these sites?
- d. Submit a list of clinical sites, corresponding courses and the name and contact information of the facility contact.
- e. Update contractual agreements.

6. University of Wisconsin, Concordia:

Discussion: The panel discussed the request for clinical site placements for nurse practitioner students. The program plans to establish written agreements for clinical placement sites and provide these to the Nursing Commission.

Decision: The panel approved of the request for clinical site placements.

7. Seattle Pacific University:

Discussion: The panel reviewed the information requested from the last meeting.

Decision: The panel gave full approval for the MSN program.

8. Pierce Community College:

Discussion: The nursing program requested a substantive curricular change which is to be implemented by January, 2014.

Decision: The panel approved the request for the curricular change. Dr. Schaffner will send a letter guiding the school on the requirements (e.g. the right courses, reviewing student learning out-comes,

the mission of the program and ensuring that the time lines are ample so that the change will be successively implemented by the January, 2014).

9. University of South Alabama:

Discussion: The panel discussed the program's request for clinical site placements for current students in RN to BSN, MSN and DNP Programs.

Decision: The panel deferred action and requested the following information:

- a. Where are the seven (3 MSN – 4 DNP) students currently obtaining their clinical site practice experiences?
- b. Identify the faculty that will be licensed in the state of Washington as clinical faculty.
- c. Explain the frequency of faculty supervision.
- d. Explain the practice experience for the RN to BSN track. What practice experiences do students obtain in their public/community health and leadership courses? Identify how students will obtain this practice experience and the written policies for students around clinical site selections.
- e. The Clinical Supervision of Students Assigned to Preceptors document identifies that "the clinical grade may be based on both the faculty's assessment of the student's performance and the preceptor's written evaluation of the student performance." Faculty, however, have the right to base the final clinical grad solely on the faculty's assessment of student performance, rather than the preceptor's evaluation. Under what circumstances would a faculty member override the evaluation of the preceptor?

10. Request for Exception to Licensing Rules for an Internationally Educated Nurse:

Discussion: An internationally educated nurse asked for an exception to licensing rule. The person requested an exception to WAC 246-840-045 (5)(c)(ii) – English Proficiency Test and WAC 246-840-090(1)(b).

Decision: The panel denied the exception request. The NCQAC approved the TOFEL as the standard for assessing English proficiency.

Adjourned: 6:30pm

Next scheduled meeting dates

Panel B: October 21, 2013 2:30 PM

Panel B: December 19, 2013 10:00 AM



**Nursing Care Quality Assurance Commission (NCQAC)
Nursing Program Approval Panel (NPAP)
PANEL A Minutes
September 24, 2013
10:00am – 12:00pm**

Commission Members: Susan Woods, PhD, RN, FAAN, Chair
Lois Hoell, MS, MBA, RN

Pro Tem: Carl Christensen, PhD, RN
Barbara Gumprecht, MSN, RN

Guest: Mary Baroni, PhD, RN

DOH Staff: Mindy Schaffner, Nursing Education Advisor
Carole Knutzen, Education Assistant
Tim Talkington, Staff Attorney
Sara Kirschenman, Staff Attorney

10:00 AM Opening — Susan Woods, Chair

- Call to order at 10:12AM
- The July 18, 2013 NPAP A minutes were reviewed and approved with changes.

1. Bellingham Technical College:

Discussion: The panel discussed the request for approval of changes in total program credits from the last approval in spring 2013. Clarification will be requested on how the program calculated the clinical hour calculations. An email from the program dated July 11th identified that “the correct 11 week calculation for a 6 credit lab course is 132 hours.” A letter from the program dated July 17 identified that the recalculation increases the clinical courses to 180 hours in an 11 week quarter. The August 28th letter (grid) identifies a total of 198 hours clinical/lab/simulation. The syllabus indicates that clinical lab hours are 180.

Decision: The panel deferred the decision. Dr. Schaffner will send a letter requesting more information.

2. Yakima Valley Community College:

Discussion: The panel discussed a request for waiver of WAC 246-840-570(5)(b)(ii)(A). The baccalaureate degree requirements for clinical faculty have not been met.

Decision: The panel denied the request.

Discussion: The panel discussed the program’s response to question related to the ACEN report.

Decision: The panel accepted the response and granted on-going approval for 8 years (2021).

3. Green River Community College

Discussion: The panel discussed the request for substantive changes and the 11 credit reduction in credits.

Decision: The panel approved the substantive change in the reduction of credits.

4. University of San Francisco

Discussion: The panel discussed the program's response to how student supervision will take place for the three (3) students in the Clinical Nurse Leader MSN Program. The panel questioned how the experience is evaluated, and how effective email contact is with a preceptor.

Decision: The panel gave conditional approval pending evidence of a qualified clinical faculty member with a Master's degree and RN licensure in Washington State.

5. Vanderbilt University School of Nursing

Discussion: The panel discussed the request for approval for clinical site placements of students in the Nurse Practitioner and DNP Program.

Decision: The panel gave conditional approval pending more information.

6. Graceland University

Discussion: The panel discussed the program's request for approval of clinical site placements of students in the RN to BSN program, the MSN/FNP program, MSN/Nurse Educator Program, and DNP program.

Decision: The panel denied the request as the application was not complete. The program can resubmit the application with corrections and more information. Dr. Schaffner's letter will request that the following areas be addressed:

- a. the clinical faculty must have a Washington State nursing license,
- b. the evaluation of students needs to be by preceptors and clinical faculty,
- c. how are preceptors selected?

7. Western Washington University:

Discussion: The panel discussed the program's response regarding NPAP's request for additional information.

Decision: The panel deferred action and requested more information related to the program's proposed systematic plan for program evaluation and on-going continuous quality improvement. The panel requested that the program resubmit the systematic program evaluation plan by December 31, 2013.

8. Saint Martin's University:

Discussion: The panel discussed the staff to student ratio and that there is only one full-time faculty/program director employed.

Decision: The panel deferred action until after Dr. Schaffner's site visit with CCNE. The panel expressed concern over the budget allotment for faculty and the plan for hiring additional faculty.

9. Carrington College

The program notified the panel of closure of the PN Program. The program will be taken off the out-of-state approved for clinical site placement list.

10. Oregon Health & Science University

Discussion: The panel discussed the program's response for additional information and clinical placements in Washington for both BSN and RNB Programs.

Discussion: Decision: The panel approved the request for clinical placements. All information requested by the panel was submitted and met standards.

11. Seattle University

Discussion: The panel discussed the status update regarding NPAP's Letter of Decision dated April 22, 2013.

Decision: The panel requested bi-annual reports, due January 2014 and September 2014 addressing faculty qualifications, the BSN and Master's entry programs, and chemistry requirements.

12. University of Washington - Bothell

Discussion: The panel discussed the University of Washington (UW) Bothell plans to expand the RNB program. The University of Washington Bothell plans to obtain a separate accreditation status.

Decision: If separate status is approved by the University, the UW Bothell must apply to NCQAC as a new program.

13. Renton Technical College

Discussion: The panel discussed Renton Technical College's desire to reduce the length of the program. The reduction of credits presented does not calculate correctly.

Decision: The panel deferred action until adequate information is received. Dr. Schaffner will contact with the specific requirements and how to present changes to the panel.

Next meeting: **Panel A:** Thursday, November 21, 2013 2:00 - 4:00 pm
 Panel A: Thursday, January 16, 2013 10:00 am – 12:00 pm

Meeting adjourned at 12:20pm

**Nursing Care Quality Assurance Commission (NCQAC)
Nursing Assistant Program Approval Panel (NAPAP)**

Minutes

October 14, 2013

Panel Members: Margaret Kelly, Chair
Barbara Gumprecht
Margaret Mary Castle
Judy Bungay

DOH Staff: Mindy Schaffner, Nursing Education Advisor
Carole Knutzen, Nursing Education Assistant
Tim Talkington, Staff Attorney
Sara Kirschenman, Staff Attorney

1. 10:00 AM Opening — Margaret Kelly, Chair

- a. The meeting was called to order at 10:04AM.
- b. The September 9, 2013 minutes were approved with minor changes.

2. Instructor Approval

- a. **An applicant would like to teach at Columbia Basin Job Corps. They signed a STID in 2001.**

Discussion: All stipulations were completed.

Decision: The request is approved.

3. Investigation Review

- a. **St. Patrick's CNA Training**

Discussion: The original complaint alleged that the program had unapproved staff teaching, that the students were not checked off on skills before going to clinical and that they were not adequately supervised at clinical. Paint fumes were eliminated.

Decision: The Commission will issue a statement of deficiencies and request that the program submit a plan of correction (POC) by November 11, 2013.

4. Plans of Correction for Low Pass Rates

- a. **Alderwood Park**

Decision: Denied – A directed POC will be sent and Staff will conduct a Site Visit. The program will do a directed plan of correction.

- b. **Care Plus Home Health**

Decision: The POC is accepted.

- c. **Caregiver Technical**

Decision: Accepted for now and will monitor.

- d. **Clover Park**

Discussion: Ms. Bungay recused herself.

Decision: The POC accepted.

- e. **College of Medical Training**
Decision: Staff will contact the school with a directed POC.
- f. **DT&T CNA Training**
Decision: Staff will send a directed POC that will give measurable points.
- g. **Evergreen**
Decision: The POC is accepted and monitor.
- h. **Health Professionals Institute**
Decision: The POC is denied – Staff will send a directed POC.
- i. **NW Pathways**
Decision: The POC is not accepted. Will send a directed POC.
- j. **Pierce College**
Decision: The POC is accepted and will monitor.
- k. **SENI**
Decision: The POC not accepted. Will send a directed POC.
- l. **Shelton Health and Rehab**
Discussion: Ms. Castle recused herself.
Decision: The POC is accepted
- m. **Skagit Valley IBEST**
Decision: The POC is approved.
- n. **Tri-Tech Skills Center**
Decision: The POC is approved.
- o. **Western State Hospital**
Decision: The POC approved.

5. Work Plan

- a. Programs will be entered in ILRS
- b. Newsletter – NACES will write next article. DSHS will review. The deadline is November 15, 2013
- c. Send out sample POC
- d. Letter to NACES about the Pearson Vue Test from Commission and NAPAP

Next Meetings:
November 18, 2013,
December 9, 2013



**Nursing Care Quality Assurance Commission (NCQAC)
Nursing Assistant Program Approval Panel (NAPAP)
Minutes
November 26, 2013**

Panel Members: Margaret Kelly, Chair
Margaret Mary Castle
Judy Bungay
Erica Benson-Hallock
Tracy Rude (Absent)

DOH Staff: Mindy Schaffner, Nursing Education Advisor
Carole Knutzen, Nursing Education Assistant
Tim Talkington, Staff Attorney
Sara Kirschenman, Staff Attorney (absent)

1. 10:00 AM Opening

- a. Call to Order at 10:00 a.m.
- b. Review of October 14, 2013 minutes – Approved with minor changes

2. Announcements, Meeting Dates and Times

- a. New Commission members were introduced and staff changes were announced.
- b. The meetings will be moved to 4pm-6pm to accommodate new commission member's schedules. The day will remain the second Monday of the month. The new schedule begins with the January 13, 2014 meeting.

3. NAPAP Procedures

- a. The panel reviewed procedure E02.03 Nursing Assistant Training Program Approval. The procedure was sent to all panel members.

4. Complaints

- a. **Blossom Nursing Assistant Training Program**
 - i. The panel authorized an investigation into the program to look at how they are storing files and providing confidentiality for the students.
- b. **Procure Academy**
 - i. The panel authorized an investigation into the program based on a complaint that the program director is not able to fulfill the job duties because of being delegated to a program administrator.

5. Plan of Correction for a Statement of Deficiencies

- a. **St. Patrick's NAC**
 - i. The panel did not accept the plan of correction. The panel requested an updated plan of correction addressing how the program will ensure that instructors are teaching the skills consistently and how the program is ensuring compliance in the clinical setting.

6. Response to Letter of Determination

- a. **CNA Schools NW**
 - i. The panel discussed the status of the previously issued Letter of Determination: Intent to Withdraw Approval.

7. Plans of Correction

a. Chelan High School

- i. The panel accepted the plan of correction.
- ii. The on-line exam does not accurately reflect the degree of difficulty of the exam. The panel recommends that the on-line exam be consistently updated.

b. Clark College

- i. The panel accepted the plan of correction.

c. Frontier

- i. The panel did not accept the plan of correction. The panel requested more information: a copy of the updated schedule, curriculum for the program, clarification on if they added extra hours and when are student skills checked off.

d. Spokane Community College

- i. The panel did not accept the plan of correction. The panel had question. How will they teach the skills? When are they tested on skills (check-off and final exam). Is the program director using the POC and is she making other changes? Ms. Knutzen will call to find out if the program is using the plan of correction and if the changes were made.

8. Medication Assistant Endorsement Certification for Endorsements

- a. The Commission staff will review the applications on a case by case basis. The panel will review in December 2013.

9. Work Plan

10. Program Complaints:

a. St. Patrick's NAC

- i. The panel authorized an investigation into the program based on a student complaint that alleged that the program gave inaccurate information about the certification exam to a student.

Adjourned at: 12:05

**DEPARTMENT OF HEALTH
NURSING CARE QUALITY ASSURANCE COMMISSION
PROCEDURE**

Title:	Interruption of Nursing Care Quality Assurance Commission Meetings	Number:	H10.01
Reference:	RCW 42.30.050		
Contact:	Paula R. Meyer, Executive Director, Health Professions Quality Assurance		
Effective Date:	January 10, 2014		
Supersedes:			
Approved:	Suellyn Masek Chair Washington State Nursing Care Quality Assurance Commission		

PURPOSE: Describe the process used by the chair of the Nursing Care Quality Assurance Commission (NCQAC) in the event of unnecessary interruptions by members of the audience, commission members, or staff.

PROCEDURE: The chair of the NCQAC has the responsibility and the authority to lead the NCQAC meetings according to the agenda and the Open Public Meetings Act, RCW 42.30.

At 1:00 pm of each NCQAC meeting, the chair recognizes members of the audience to speak to the NCQAC. This time is identified on the agenda as ‘Open Mic’ time. Each member of the audience who wishes to speak to the NCQAC signs in on the attendance roster posted at the entrance to the room for the NCQAC meeting. If multiple people signed the attendance roster, the chair determines the amount of time allotted to each person to speak. The chair announces the time allowed per person at the beginning of each open mic period. The chair reads the name of the person on the attendance roster and asks them to step to the microphone. If the person exceeds their time allowed or interrupts the NCQAC meeting in any way, the chair has the responsibility to address the behavior.

In the event that order of the meeting cannot be restored, the chair may order the room cleared. The chair may then determine if the meeting needs to be closed and ended or continue to conduct business. If needed, the meeting may be reconvened at a different location. The location of the meeting is determined by a majority vote of the members present. The chair continues to move through only the agenda items listed on the agenda for the public meeting.

NCSBN Committee members and travel

Out of State Travel

July 1, 2013 – June 30, 2014

Title of Event	Dates	Location	Name(s)
NCSBN Annual Meeting	August 15-18, 2013	Providence RI	Suellyn Masek
			Paula Meyer
			Margaret Kelly
			Susan Woods
			Mindy Schaffner
NCSBN Policy and Legislative Forum	September 17-19, 2013	Rapid City SD	Lois Hoell
CLEAR	October 3-5, 2013	St. Louis MO	Anne Schuchmann
			Teresa Corrado
FARB	January 24-26, 2014	Austin TX	Catherine Woodard
			Mary Dale
			Kathy Anderson
IRE Annual Conference	January 28-30, 2014	San Diego CA	Suellyn Masek
			Paula Meyer
NCSBN Midyear Meeting	March 10-12, 2014	Kansas City MO	Suellyn Masek
			Paula Meyer
			New Member
			New Member
Tri-Regulator Meeting	February 5, 2014	Dallas TX	Suellyn Masek
APRN Consensus Model – Executive Officers	February 11, 2014	Chicago IL	Paula Meyer
NCSBN APRN Roundtable	April 23, 24, 2014	Chicago IL	Dr. Martha Worcester
			Donna Poole
NCSBN Long Term Care Conference	March ??		Linda Batch
			Tracy Rude
Journal of Nursing Regulation	April 9, 2014	Arlington VA	Paula Meyer

NCSBN Committee members and travel

– Advisory Committee			
Scientific Symposium	April 10 – 11, 2014	Arlington VA	Lois Hoell Paula Meyer
			Anne Schuchmann
NCSBN Discipline Summit	June 4, 5, 6, 2014	Park City UT	Mary Dale
			Catherine Woodard
Committee	Dates	Location	Name(s)
NCLEX Examination	January 13, 2014(3 days); April 14, 2014 (3 days)	Chicago IL	Rhonda Taylor
NCLEX Item Review Sub-committee	December 16, 2013 (3 days), March 17, 2014 (3 days); April 28, 2014 (3 days); June 23, 2014 (3 days)	Chicago IL	Gene Pingle
Awards Committee	March 31, 2014	Chicago IL	Margaret Kelly
Finance Committee		Chicago IL	Lois Hoell
Institute of Regulatory Excellence		Chicago IL	Suellyn Masek Paula Meyer
Leadership Academy Committee	March 16-18, 2014	Chicago IL	Catherine Woodard
Member Board Profiles	March 31, 2014	Chicago IL	Teresa Corrado
Executive Officer Leadership Council	November 18-19, 2013	Chicago IL	Paula Meyer
Commitment to Ongoing Regulatory Excellence	December 5-6, 2013	Chicago IL	Paula Meyer

Washington State Nursing Care Quality Assurance Commission

Position Description

Nominations Committee

Purpose:

- A. Select members of the Nursing Care Quality Assurance Commission (NCQAC) who are qualified and willing to serve in leadership positions.
- B. Select members of the NCQAC and staff to be nominated for awards. Complete applications as necessary.

Membership:

At least three members of the NCQAC appointed by the Chair Person.
No member should serve more than two consecutive years on the nominations committee.

Duties and Responsibilities:

1. Select at least two candidates each for the position of NCQAC Chair Person and Vice Chair Person.
2. Nominate NCQAC members and staff for awards, such as the NCSBN annual awards. Complete and submit applications.

Timeline for leadership nominations and elections:

- January meeting –
 - Announces opening for nominations for the NCQAC annual award.
 - NCQAC Chair person appoints new members to the Nominations Committee.
- March meeting –
 - Presents the NCQAC annual award.
 - Verbally presents the slate of candidates to the NCQAC. The NCQAC approves the slate of candidates.
- May meeting - Election of the Officers, according to Procedure H02.01.
- July meeting - New officers take office.

Staff:

Executive Director

Adopted: 7/06, 7/08

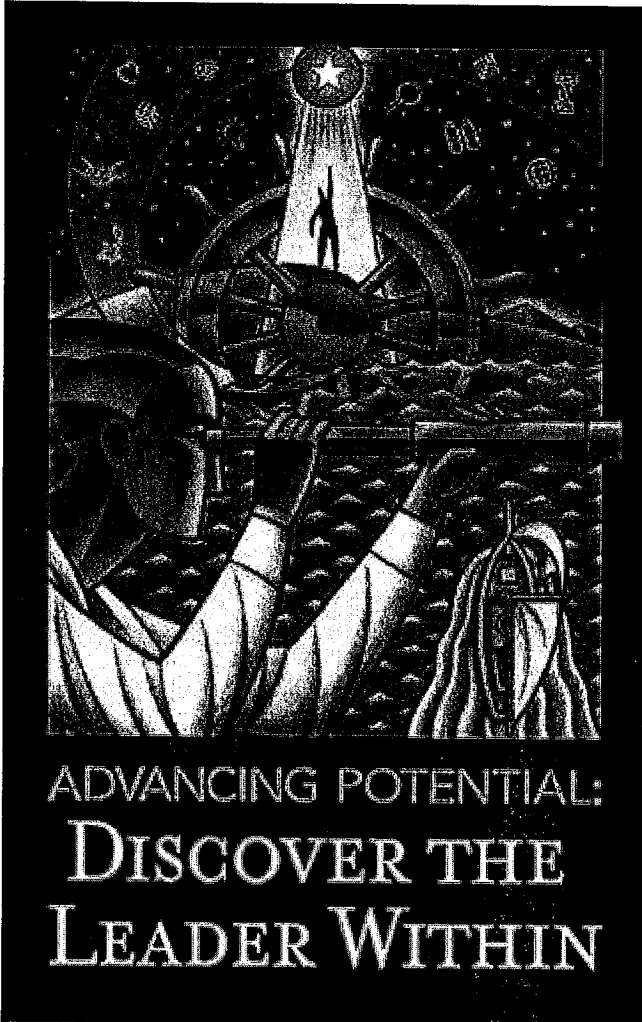
Revised: 6/08, 9/10, 11/11, 3/13

Approved: 7/06, 7/08, 3/13

Meyer, Paula (DOH)

Subject: FW: Call for Nominations!

Being sent to you on behalf of the National Council of State Boards of Nursing (NCSBN) Leadership Succession Committee...



Attention NCSBN Potential Leaders!

The FY14 NCSBN Leadership Succession Committee would like you to consider becoming a candidate for office and/or encouraging a colleague to do so.

The Call for Nominations is now open!
Apply Now!

Applications Due: March 24, 2014

Complete the NCSBN Candidate Nomination Form for these positions:

Board of Directors

- President (2-year term only; not eligible for reappointment)
- President-elect (2-year term)
- Treasurer (1-year term)
- Director-at-Large (2 positions) (2-year term)

Leadership Succession Committee

- Area I Member (2-year term)
- Area II Member (2-year term)
- Area III Member (2-year term)
- Area IV Member (2-year term)

Apply Now!

Questions? Contact a member of the Leadership Succession Committee!

Sincerely,

FY14 Leadership Succession Committee Members:

Sue Petula, Chair

Ann Coughlin

Lisa Emrich

Tony Graham

Mark W. Majek

Brenda McDougal

Pamela Randolph

Kate Doyle | Manager, Executive Office | 312.525.3669 (D) | kdoyle@ncsbn.org
National Council of State Boards of Nursing (NCSBN) | 111 E. Wacker Drive, Ste. 2900, Chicago, IL 60601-4277
312.525.3600 (P) | 312.279.1032 (F) | <http://www.ncsbn.org/>

**Strategic Plan 2013-2015
July 1, 2013 to June 30, 2015**

ORGANIZATION AND NCQAC DOMAIN (OD 1 – 9)						
ID	Goal	Objective	Resources	Responsibility	Due	Progress/Notes
OD1	Collaborate with the Medical Quality Assurance Commission and the Chiropractic Quality Assurance Commission on implementation of HB 1518	<ul style="list-style-type: none"> Make Nursing Commission decision at July 12, 2013 meeting to continue delegation to the steering committee to act on their behalf with the Operating agreement and the SSHB 1518 report 	<ul style="list-style-type: none"> Resources will include: <ul style="list-style-type: none"> Meeting room Per diem Travel expenses for leadership and executive director for each commission 	Executive Director	07/12/13	Complete
		<ul style="list-style-type: none"> If the NCQAC continues the delegation, plan a steering committee meeting to determine direction and timeline with the Operating Agreement and the SSHB 1518 report 			08/31/13	Complete
		<ul style="list-style-type: none"> Coordinate a meeting with leadership of the medical commission, chiropractic commission and the nursing commission by August 31, 2013: <ul style="list-style-type: none"> Agenda items Location, date Identify communication method with DOH 			08/31/13	Complete
OD2	Complete SSHB 1518 report: <ul style="list-style-type: none"> Comparison report with the 	<ul style="list-style-type: none"> Licensing, education, discipline and finance managers and commission members meet with 	<ul style="list-style-type: none"> Hire a consultant to complete the report. May be up to \$20,000 Steering committee 	Executive Director	06/30/13	Complete

**Strategic Plan 2013-2015
July 1, 2013 to June 30, 2015**

ORGANIZATION AND NCQAC DOMAIN (OD 1 – 9)						
ID	Goal	Objective	Resources	Responsibility	Due	Progress/Notes
	Arizona State Board of Nursing and the North Carolina Board of Nursing and use evidence to identify the best performance and support recommendations	<p>representatives of Arizona State Board of Nursing to gather information on their performance by June 30, 2013</p> <ul style="list-style-type: none"> Request Nursing Commission to continue delegation to steering committee to act on their behalf at the July 12, 2013 meeting Draft Request for Proposal (RFP) by July 1, 2013 for research analyst/consultant to complete report Award contract by August 31, 2013 Complete report with recommendations and present draft to Nursing Commission meeting November 8, 2013 	<p>meetings at least monthly from July through May 2013</p> <ul style="list-style-type: none"> Costs of team travel to Arizona to collect information to support report Support leadership of Arizona State Board of Nursing attending the Arizona State Board of Nursing attending the November 2013 NCQAC meeting 		<p>06/30/13</p> <p>07/12/13</p> <p>08/31/13</p>	<p>Complete</p> <p>Complete – AZ leadership did not attend the 11/13 meeting but both the AZ and NC boards will receive copy of 1518 report Contract completed: Strategy 360 Presentation at 11/08/13 meeting; report due on 12/31/13; will have to Governor’s office and legislative committees by then; share with Sec. Wiesman and Asst. Sec. Mueller</p>

**Strategic Plan 2013-2015
July 1, 2013 to June 30, 2015**

ORGANIZATION AND NCQAC DOMAIN (OD 1 – 9)						
ID	Goal	Objective	Resources	Responsibility	Due	Progress/Notes
OD3	Evaluate the legal, regulatory, financial benefits and impacts of name change to the Board of Nursing	<ul style="list-style-type: none"> • Assess and report to NCQAC on impacts at the September 2013 meeting • Consider changes to the title with the recommendations for the 1518 report 	<ul style="list-style-type: none"> • Within existing resources 	Executive Director	09/13/13	Complete; decision to retain NCQAC title as in 18.79
OD4	Establish a nursing regulation/scholarship program, leadership succession, and succession plan	<ul style="list-style-type: none"> • Work with Nominations Committee to complete application for Nursing Commission annual award: <ul style="list-style-type: none"> ○ Send application to Commission members and staff by June 21, 2013 ○ Application deadline July 1, 2013 ○ Nominations Committee to choose award recipient and announce at the July 12, 2013 NCQAC meeting • Leadership Succession <ul style="list-style-type: none"> ○ Each sub-committee chair to review sub- 	<ul style="list-style-type: none"> • Each commission member donated the funds for the award: <ul style="list-style-type: none"> ○ According to ethics act, the awards must be \$50 or under ○ Application completed and circulated • To be completed within existing funds 	Executive Director	06/21/13 07/01/13 07/12/13	<p>Complete; Nominations committee members to be appointed at 01/08/14 meeting and begin 2014 cycle</p> <p>First award recipients: Donne Rogers, Barb Elsner, Tom Bolender</p> <p>Chairs of sub-committees confirmed with members at</p>

Strategic Plan 2013-2015
July 1, 2013 to June 30, 2015

ORGANIZATION AND NCQAC DOMAIN (OD 1 – 9)						
ID	Goal	Objective	Resources	Responsibility	Due	Progress/Notes
		<ul style="list-style-type: none"> Assess risks and benefits of being members of the compact by October 31, 2014. Determine if approaching legislators for support is feasible by November 30, 2014. 			10/31/14 11/31/14	
OD6	Sponsor a Statewide NCQAC nursing conference focusing on regulatory and delivery of safe and quality nursing care	<ul style="list-style-type: none"> Develop and implement a Nursing Conference Project Management Plan by August 31, 2013 December 31, 2013. Present the plan to the NCQAC at the September 2013 January meeting Hold a nursing conference by June 30, 2014 	<ul style="list-style-type: none"> Project budget including publication, registration, speaker, IT/videoconferencing, advertising, site, exhibit, advertising, mailing, staff, NCQAC member, program evaluation costs and contract for events planner 	Nursing Practice Advisor	08/31/13 12-31/13 09/13/13 1-10-14 06/30/14	Early planning in progress. Venue site selected in Spokane May 8, 2014. Identifying speakers and developing agenda.
OD7	Identify Nursing Commission members' educational needs and provide education based on assessment at an annual retreat	<ul style="list-style-type: none"> Assess commission members' educational needs by July 30, 2014 Present a proposed educational plan of Nursing Commission members' educational needs for 2013-2014 and 	<ul style="list-style-type: none"> Staff costs, retreat costs, survey costs 	Nursing Practice Advisor	07/31/14 09/30/13 09/30/14	New staff member orientation completed. Survey not started

**Strategic Plan 2013-2015
July 1, 2013 to June 30, 2015**

ORGANIZATION AND NCQAC DOMAIN (OD 1 – 9)						
ID	Goal	Objective	Resources	Responsibility	Due	Progress/Notes
		2014-2015 needs to NCQAC by September 30, 2013 and September 30, 2014 <ul style="list-style-type: none"> Coordinate and schedule educational offerings for every meeting and an annual retreat to held at every July Commission meeting 				
OD8	Educate the public on the Early Remediation Program	<ul style="list-style-type: none"> Develop and implement an educational presentation and distribution plan to educate the public about the Early Remediation Program by December 31, 2013 	<ul style="list-style-type: none"> Staffing costs, marketing/media costs, distribution costs 	Nursing Practice Advisor	12/31/13	In progress

**Strategic Plan 2013-2015
July 1, 2013 to June 30, 2015**

TECHNOLOGY (TECH 1 – 2)						
ID	Goal	Objective	Resources	Responsibility	Due	Progress/Notes
TECH1	Improve the NCQAC website with consideration to content and usability	<ul style="list-style-type: none"> Analyze and evaluate current NCQAC website use and provide future needs assessment by August 31, 2013 In collaboration with DOH Division of Information Resource Management (DIRM) officers, develop the project improvement plan, deliverables, and deadlines by December 31, 2013 Based on analysis and if applicable, revise content by February 28, 2014 Transition to improved website by August 31, 2014 	<ul style="list-style-type: none"> Discovery phase to include staff salary for: <ul style="list-style-type: none"> Analysis of website use Needs assessment Internal stakeholder meetings Implementation phase to include webmaster salary for: <ul style="list-style-type: none"> Website refinement Social Networking resource Maintenance 	Deputy Executive Director	<p>08/31/13 12/31/13</p> <p>12/31/13</p> <p>02/28/14</p> <p>08/31/14 3/31/14</p>	<p>A user survey (9 questions speaking to website design and ease of use) was conducted at 5 separate sites (the last convened 12/10/13). We will compile and present the information to the IT subcommittee for recommendation/next steps (process is contingent on changes in the operation agreement).</p> <p>Phase 1 (systematic website cleanup) began 12/11/13.</p>

**Strategic Plan 2013-2015
July 1, 2013 to June 30, 2015**

					8/31/14	Hiring of non-perm webmaster/social network overseer will be accomplished in Q1, 2014. Phase 2 Website redesign remains on target.
TECH2	Develop a secure electronic access system used by commissioners and staff for record tracking, communication and education	<ul style="list-style-type: none"> • Purchase software/hardware to facilitate change by August 31, 2013: <ul style="list-style-type: none"> ○ Complete software recommendation ○ Draft plan (to include internal support needs) ○ Obtain approval ○ Obtain NCQAC management endorsement • Seek Nursing Commission endorsement by September, 2013 Commission Business Meeting 	<ul style="list-style-type: none"> • Discovery phase: <ul style="list-style-type: none"> ○ Commissioner (C.T.) hourly wage ○ Staff member salary • Implementation phase: <ul style="list-style-type: none"> ○ Software costs ○ Associated hardware costs ○ Staff training costs ○ Commissioners training costs ○ Costs associated with data migration (staff wage) • Sustainability phase: <ul style="list-style-type: none"> ○ Cost for annual software licensing fee ○ Possible cost for host 	Deputy Executive Director	10/31/13	Commissioner mobile device survey completed. Results compiled and will be presented at the January 10 th 2014 Commission Business Meeting. 08/31/13 11/22/13 10/31/13 3 Vendor presentations completed (Novus, Granicus)

**Strategic Plan 2013-2015
July 1, 2013 to June 30, 2015**

		<ul style="list-style-type: none"> Discuss plan and seek endorsement with DIRM by October 31, 2013 Migrate data by December 31, 2013 Train staff and NCQAC members by December 31, 2013 			<p>9/30/13 1/15/14</p> <p>10/31/13 3/14/14</p> <p>12/31/13 8/1/14</p>	<p>and Diligent). Awaiting response to additional questions sent by NCQAC.</p> <p>NCQAC to convene/decide on company</p> <p>Recommendation to Commission March, 2014 business meeting</p> <p>Contract negotiation</p> <p>Data migration, training completed</p>
DISCIPLINE (DISC 1 – 2)						
ID	Goal	Objective	Resources	Responsibility	Due	

**Strategic Plan 2013-2015
July 1, 2013 to June 30, 2015**

DISC1	Improve processes regarding nurses with substance abuse issues	<ul style="list-style-type: none"> • Draft a revision to the substance Abuse Procedure, A20, and bring to March 2014 NCQAC meeting. The draft will include: <ul style="list-style-type: none"> ○ Language stating that when a nurse is removed from the WHPS program for a second compliance violation, the case is opened as a “Priority A” investigation as a threat to public safety ○ A summary suspension is issued 	<ul style="list-style-type: none"> • Additional board pay for subcommittee members outside regular meetings 5 hours x 2 members 	Discipline Program Manager	03/14/14	<u>COMPLETE</u>
DISC2	Expand transparency of discipline using the <i>Just Culture</i> model and protecting the public	<ul style="list-style-type: none"> • Research and review Just Culture models to determine if a model can be adopted by the Commission or if laws or rules must be changed to allow the model to be adopted by September 1, 2014 	<ul style="list-style-type: none"> • Additional board pay for subcommittee members outside regular meetings 15 hours x 2 members • Staffing costs, travel costs, marketing costs 	Discipline Program Manager	09/01/14	

**Strategic Plan 2013-2015
July 1, 2013 to June 30, 2015**

RULES (RULE 1 – 7)						
ID	Goal	Objective	Resources	Responsibility	Due	Progress/Notes
RULE1	Improve the efficiency and effectiveness of the prosecution process of sexual misconduct by nurses	<ul style="list-style-type: none"> The Licensing & Discipline Subcommittee will begin the rules development process by July 1, 2013, and complete by December 1, 2014 	<ul style="list-style-type: none"> Rule revision costs 	Discipline Program Manager	07/01/13 12/01/14	
RULE2	Define the Nursing Commission's role as health care transitions with the Affordable Care Act	<ul style="list-style-type: none"> The Executive Director will attend NCSBN EO Summit June 18-19, 2013 dedicated to Affordable Care Act. Gather information from health insurance exchange by December 31, 2013. Nursing Practice and Nursing Education consultants will present recommendations on regulatory roles and responsibilities at the March 	<ul style="list-style-type: none"> 1.25 FTE Nurse <p style="color: red;"><u>Documents on ACA gathered for study and ready for Symposium in Spokane in May.</u></p> <p style="color: red;"><u>Plan in place for further dissemination for ARNPs – ready for 9.2014 NCQAC Mtg</u></p>	Nursing Education Advisor, Nursing Practice Advisor and ARNP Advisor	06/18/13 12/31/13 5/6/2014 8.22.2014	Complete; Suellyn and Lois Hoell attended Reviewed Summit information, gathering report from health insurance exchange and draft report in

**Strategic Plan 2013-2015
July 1, 2013 to June 30, 2015**

RULES (RULE 1 – 7)						
ID	Goal	Objective	Resources	Responsibility	Due	Progress/Notes
		2014 meeting			03/14/14	progress
RULE3	Review, update and clarify regulatory definitions of nursing in state law or rules	<ul style="list-style-type: none"> • One staff member assigned to review and make recommendations: <ul style="list-style-type: none"> ○ Compare NCSBN model laws and rules regarding definition of nursing ○ Identify definition(s) least restrictive and protects the public ○ Makes recommendation to the commission for statutory or rule changes if needed by May 1, 2014 	<ul style="list-style-type: none"> • Staff costs, stakeholder meeting costs, possible review and revision costs 	Deputy Executive Director	05/09/14	
RULE4	Review and revise Continuing Competency Rules based on: <ul style="list-style-type: none"> • Subcommittee feedback • Senate Bill 5092 	<ul style="list-style-type: none"> • Rules review and revision of Senate Bill 5092 by December 31, 2013. • Develop implementation plan by July 31, 2013 • CR 101 filed by December 31, 2013. • Hold Stakeholder meetings by May 2014 • Draft language and hold hearing by December 31, 	<ul style="list-style-type: none"> • Staff and commission time: <ul style="list-style-type: none"> ○ NCQAC ○ HSQA/OLS ○ Office of Communication ○ <u>ARNP Advisor & AP SC plan for working with Licensing Mx</u> 	Licensing Program Manager and ARNP Advisor	12/31/13 07/31/13 12/31/13 05/31/14 <u>02/19/14</u>	

**Strategic Plan 2013-2015
July 1, 2013 to June 30, 2015**

RULES (RULE 1 – 7)						
ID	Goal	Objective	Resources	Responsibility	Due	Progress/Notes
		2014 <ul style="list-style-type: none"> Adopt and file rules effective July 31, 2015 			12/31/14 07/31/15	
RULE5	Evaluate the legal ramifications and make recommendations to the NCQAC for changing the licensure name from ARNP to APRN to align with APRN consensus model	<ul style="list-style-type: none"> Work with legal staff to perform a legal analysis regarding a name change of ARNP to APRN by December 31, 2013 Complete stakeholder work regarding potential name change by June 30, 2014 Make a recommendation to the NCQAC for statutory or rule changes based on legal analysis and stakeholder findings to determine direction by June 30, 2015 	<ul style="list-style-type: none"> Staffing costs, travel costs, presentation, stakeholder meeting costs, material costs, legal analysis costs 	ARNP Advisor	12/31/13 3/31/2014 06/30/14 06/30/15	
RULE6	Develop a <i>Petition for Adoption, Amendment or Repeal of a State Administrative Rule</i> request to write Clinical Nurse Specialist (CNS) rules	<ul style="list-style-type: none"> Hold stakeholder groups by June 30, 2014 Provide education to the public about the APRN Consensus Model and advanced practice by December 31, 2014 Submit petition by June 30, 2015 (<i>The NCQAC would not submit a petition - - they</i> 	<ul style="list-style-type: none"> Rule writing petition costs, staffing costs, stakeholder meeting costs, travel costs, presentation and material costs, staff costs <u>Contribute to Symposium in May</u> 	ARNP Advisor	06/30/14 05/2014 12/31/14 06/30/15	

**Strategic Plan 2013-2015
July 1, 2013 to June 30, 2015**

RULES (RULE 1 – 7)						
ID	Goal	Objective	Resources	Responsibility	Due	Progress/Notes
		<i>would open the rules with a CR 101; if legislation needed, a decision package is completed in May preceding the leg session)</i>				
RULE7	Streamline the Nursing Assistant program process with Department of Social and Health Services (DSHS)	<ul style="list-style-type: none"> • Develop and implement LEAN project to include key stakeholders by September 1, 2013: <ul style="list-style-type: none"> ○ Identify purpose statement by July 11, 2013 ○ Enlist services of LEAN project facilitator by July 1, 2013 ○ Identify key stakeholders by July 1, 2013 ○ Conduct LEAN Project by August 1, 2013 ○ Write recommendations for Commission consideration by September 1, 2013 	<ul style="list-style-type: none"> • 04 FTEs (two people 40 hours/each) 	Nursing Education Advisor	<p style="text-align: center;">07/11/13</p> <p style="text-align: center;">07/01/13</p> <p style="text-align: center;">07/01/13</p> <p style="text-align: center;">08/01/13</p> <p style="text-align: center;">09/01/13</p>	<p>Purpose statement for contract was identified by July 11, 2013.</p> <p>Lack of interest expressed in LEAN project by DSHS.</p> <p>Met with DSHS representatives 12/9/2013 to discuss efficiencies and legal authorities of both agencies.</p>

**Strategic Plan 2013-2015
July 1, 2013 to June 30, 2015**

EDUCATION (ED 1 – 8)						
ID	Goal	Objective	Resources	Responsibility	Due	Progress/Notes
		<ul style="list-style-type: none"> Provide continuing education via self-study/web-based and group educational presentation by June 30, 2014 <u>June 30, 2015</u> 			<p>06/30/14 06/15/15</p>	
ED3	Evaluate Transition to Practice (TTP) residency programs	<ul style="list-style-type: none"> Assess status of TTP programs in the State of Washington using data from NCSBN, Washington Center for Nursing and Northwest Organization of Nurse Executives: <ul style="list-style-type: none"> Conduct Gap analysis and determine action plan of action by December 31, 2013 Coordinate findings to revise nursing education rules by DATE <u>12/31/2014</u> 	<ul style="list-style-type: none"> 0 FTE 	Nursing Education Advisor	<p>12/31/13</p> <p>Needs date <u>12/31/2014</u></p>	<p>The WNAC Education Committee conducted a TPP assessment of acute care settings. There are zero to few TTP programs in LTC, and Public Health settings. Some work is being done on ARNP TTP through the UW and VA system.. NCSBN TTP study should be completed by April 2014. This may</p>

**Strategic Plan 2013-2015
July 1, 2013 to June 30, 2015**

EDUCATION (ED 1 – 8)						
ID	Goal	Objective	Resources	Responsibility	Due	Progress/Notes
						<p>inform the commission of possible TCC strategies. The statewide Nursing Education Rules Workshops have identified interest in expanding and promoting the use of Nurse Technicians (NT) as a method for increasing TTP. The 30 days limit on utilization of NTs may be creating a barrier to TTP</p>
ED4	Establish criteria for approval of nursing education programs including need,	<ul style="list-style-type: none"> Submit Request for Proposal (RFP) by August 31, 2013 to retain researcher to develop formula and/or data 	<ul style="list-style-type: none"> Education Advisor and Contracts Manager Funding for RFP 	Nursing Education Advisor and ARNP Advisor	<u>6.30.2014</u>	<p>Rather than RFP, research position description approved; will</p>

**Strategic Plan 2013-2015
July 1, 2013 to June 30, 2015**

EDUCATION (ED 1 – 8)						
ID	Goal	Objective	Resources	Responsibility	Due	Progress/Notes
	size location (part of rule process) <ul style="list-style-type: none"> ○ Look at supply demand data ○ Create formulas for NPAP to use 	<p>resources for NPAP for use in making decisions for approval of new nursing programs and approval of existing programs seeking expansion of student numbers and branch sites</p> <ul style="list-style-type: none"> • Coordinate efforts with existing data and efforts to evaluate systems needed: Washington Center for Nursing, HRSA, Workforce Training and Education Coordinating Board, etc. 				hire 1 FTE
ED5	Require all nursing programs to have national nursing accreditation	<ul style="list-style-type: none"> • Identify the pros and cons of requiring national accreditation in rules by September 30, 2013 • Assess feasibility/impact to nursing schools during rules workshops • Work with Rules Coordinator to do significant business analysis on cost to programs after feasibility of accreditation rule determined 	<ul style="list-style-type: none"> • NPAP chairs and previous chairs • Nursing Education Advisor and Rules Coordinator 	Nursing Education Advisor	<p>09/30/13</p> <p><u>Expected date of draft rules is July 1, 2014.</u></p>	<p>Pros and Cons of requiring national accreditation in rules was completed by 9/30/2013. However, additional information has been obtained through the</p>

**Strategic Plan 2013-2015
July 1, 2013 to June 30, 2015**

EDUCATION (ED 1 – 8)						
ID	Goal	Objective	Resources	Responsibility	Due	Progress/Notes
						Nursing Education Rules Workshops. <u>A Significant Business and Legal Analyses will be completed by 7/1/2014.</u>
ED6	Evaluate non-traditional programs and make recommendations	<ul style="list-style-type: none"> • Conduct review of data collected on non-traditional nursing programs by September 15, 2013 • Develop action plan for non-traditional nursing programs based on recommendations and evaluation findings by November 16, 2013 	<ul style="list-style-type: none"> • Nursing Education Advisor and Licensing Manager 	Licensing Program Manager and Nursing Education Advisor	09/15/13 <u>11/16/13</u> <u>Recommend change this date until January 31/2014.</u>	Completed review of data on non-traditional nursing program by mid-July. Met with non-traditional program representatives in August and expressed concerns.
ED7	Develop a plan for nurses with military training education transitioning to	<ul style="list-style-type: none"> • Complete RFP to include: <ul style="list-style-type: none"> ○ Curriculum developed in Texas to build a model curriculum 	NO RESOURCES LISTED	Executive Director and Education Advisor		Pro tem member appointed to complete this

**Strategic Plan 2013-2015
July 1, 2013 to June 30, 2015**

EDUCATION (ED 1 – 8)						
ID	Goal	Objective	Resources	Responsibility	Due	Progress/Notes
	civilian employment	<ul style="list-style-type: none"> for Washington <ul style="list-style-type: none"> ○ Assess resources necessary to implement the model curriculum. ○ Approach personnel at JLBM and community colleges to implement the model curriculum • Award contract according to state contracting rules by September 30, 2013 • Assigned Nursing Commission members will continue to work with Western WA AHEC, NCSBN and other stakeholders • Work with military transition officers to explore concept of 'one stop shopping' to transition military medical personnel to civilian employment in health care careers 			09/30/13	work; orientation and project planning meeting 12/12/13
ED8	Evaluate effectiveness and	<ul style="list-style-type: none"> • Draft RFP by December 31, 2013 	NO RESOURCES	Executive Director and	12/31/13	Will be hiring research

**Strategic Plan 2013-2015
July 1, 2013 to June 30, 2015**

EDUCATION (ED 1 – 8)						
ID	Goal	Objective	Resources	Responsibility	Due	Progress/Notes
	outcomes of the medication assistant endorsement credential	<ul style="list-style-type: none"> Award contract according to state contracting rules by April 30, 2014 Begin data collection by July 1, 2014. Complete study and present results to the Nursing Commission by December 31, 2014 		Education Advisor	04/30/14 07/01/14 12/31/14	person to complete this study rather than contract process; position description approved

LICENSING (LIC 1 – 3)						
ID	Goal	Objective	Resources	Responsibility	Due	Progress/Notes
LIC1	<i>Option 1:</i> Change the nursing license renewal and competency assessment	<ul style="list-style-type: none"> Complete legal review and analysis by June 30, 2014 Develop plan including fee study and stakeholder groups by 	<ul style="list-style-type: none"> Staff and commission time: <ul style="list-style-type: none"> NCQAC Secretary's office HSQA/OLS Office of Communication/ 	Licensing Program Manager and ARNP Advisor - <u>Work with Licensing</u>	06/30/14 09/30/14	

**Strategic Plan 2013-2015
July 1, 2013 to June 30, 2015**

LICENSING (LIC 1 – 3)						
ID	Goal	Objective	Resources	Responsibility	Due	Progress/Notes
	cycle to every 3 years <i>Option 2:</i> Change the nursing license renewal every 2 years and competency cycle to every 4 years	September 30, 2014 <ul style="list-style-type: none"> Implement rule change by June 30, 2015 Review budget prediction and staffing by December 31, 2014 Determine biannual crossover with fiscal budget impact by December 31, 2014 Work with Communication's Office by March 30, 2015 Finalize the change by June 30, 2015 			06/30/15 12/31/14 12/31/14 03/30/15 06/30/15	
LIC2	Add Jurisprudence (JP) requirement for initial licensure and determine time period to require JP examination on renewals	<ul style="list-style-type: none"> Evaluate data from other professions and boards of nursing supporting jurisprudence examinations Obtain Commission approval at March 2014 Commission meeting Write the exam by November 30, 2014 	<ul style="list-style-type: none"> Staff and commission time: <ul style="list-style-type: none"> NCQAC HSQA/OLS Reliability/validity testing of examination questions Costs to develop on-line examination Costs to maintain on-line examination Determine outcomes if fails examination 	Licensing Program Manager	03/14/14 11/30/14	

**Strategic Plan 2013-2015
July 1, 2013 to June 30, 2015**

LICENSING (LIC 1 – 3)						
ID	Goal	Objective	Resources	Responsibility	Due	Progress/Notes
		<ul style="list-style-type: none"> • Work with DIRM to create and administer the exam online and collaborate with online renewal by August 31, 2014 • Update and link to applications by June 30, 2015 • Implement by June 30, 2015 • Capture baseline data with first year of examination • Develop longitudinal study to complete cost/benefit analysis by June 30, 2015 			<p style="text-align: center;">08/31/14</p> <p style="text-align: center;">06/30/15</p> <p style="text-align: center;">06/30/15</p> <p style="text-align: center;">06/30/15</p>	
LIC3	Evaluate the use of criminal background checks in other states	<ul style="list-style-type: none"> • Meet with WSP and FBI to develop research and feasibility study of other states by January 30, 2014 regarding: <ul style="list-style-type: none"> ○ FBI background checks on all applicants and renewals. ○ WSP 	<ul style="list-style-type: none"> • Staff and commission time <ul style="list-style-type: none"> ○ NCQA/ ○ Secretary's office ○ HSQA/OLS/leg relations 	Executive Director and Investigation Program Manager; Licensing Manager	03/31/14	Develop project plan 12/09/13

**Strategic Plan 2013-2015
July 1, 2013 to June 30, 2015**

LICENSING (LIC 1 – 3)						
ID	Goal	Objective	Resources	Responsibility	Due	Progress/Notes
		background checks and possible fee impacts on all renewals <ul style="list-style-type: none"> Provide recommendations to the Nursing Commission by November 30, 2014 			01/30/14	

**Strategic Plan 2013-2015
July 1, 2013 to June 30, 2015**

PRACTICE STANDARDS (PRAC 1 – 3)						
ID	Goal	Objective		Responsibility	Due	Progress/Notes
PRAC1	Identify opportunities to transform the health care system and nursing practice based on the Institute of Medicine's Future of Nursing report to meet the challenges of the Affordable Care Act	<ul style="list-style-type: none"> Promote nurses to practice to the full extent of their education and training through consultation and educational activities by June 30, 2015 Develop an educational presentation and provide educational events for the public, agencies and health care workers on the roles and opportunities for nurses and transforming nursing practice by December 31, 2013 Participate in meetings and other events with other internal and external agencies about health care reform activities by December 31, 2013 Collaborate with stakeholders and agencies to improve practice environments 	<ul style="list-style-type: none"> Staffing costs, travel costs, educational costs, marketing costs, stakeholder meeting costs <p><u>First step is to incorporate a portion of education on ACA into Symposium in may</u></p>	Nursing Practice Advisor and ARNP Advisor	<p>06/30/15</p> <p><u>12/31/13</u> <u>05/05/14</u></p> <p><u>12/31/13</u> <u>As they occur in 2014 & 2015</u></p> <p>06/30/15</p>	

**Strategic Plan 2013-2015
July 1, 2013 to June 30, 2015**

PRACTICE STANDARDS (PRAC 1 – 3)						
ID	Goal	Objective		Responsibility	Due	Progress/Notes
	and analysis of data using consistent tools on nursing practice by June 30, 2015	and analysis in the Quality Assurance and Continuous Quality Improvement Plan by December 31, 2013				
PRAC3	Enhance patient safety and quality care using a formal approach of quality assurance and continuous quality improvement strategies by June 30, 2014	<ul style="list-style-type: none"> Develop a formal Consistent Standards of Practice Quality Assurance and Quality Improvement Plan based analysis of data (TERCAP, ILRS, surveys, Adverse Event Data, Demographic Logs, ILRS, Nurse Practice Logs and other sources by December 31, 2013 	<ul style="list-style-type: none"> Staffing costs, data collection, data systems costs and modifications (TERCAP, ILRS, survey costs, data collection and analysis costs) 	Nursing Practice Advisor and ARNP Advisor	12/31/13 <u>12/31/14</u>	

Nursing Care Quality Assurance Commission

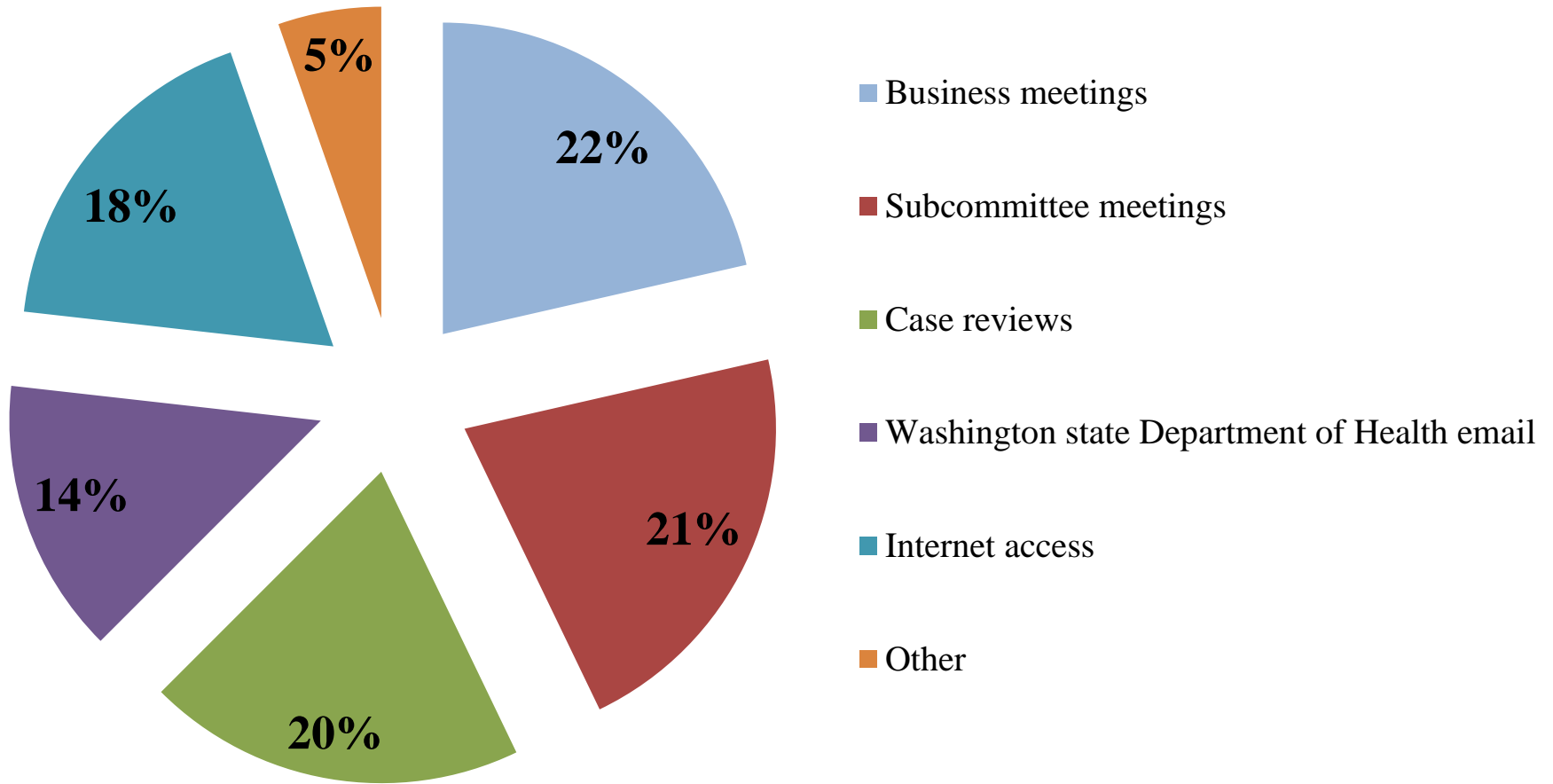
Mobile Devices Survey Fall 2013 Results

N=13



Question 1

How do you want to use the laptop? Check all that apply.

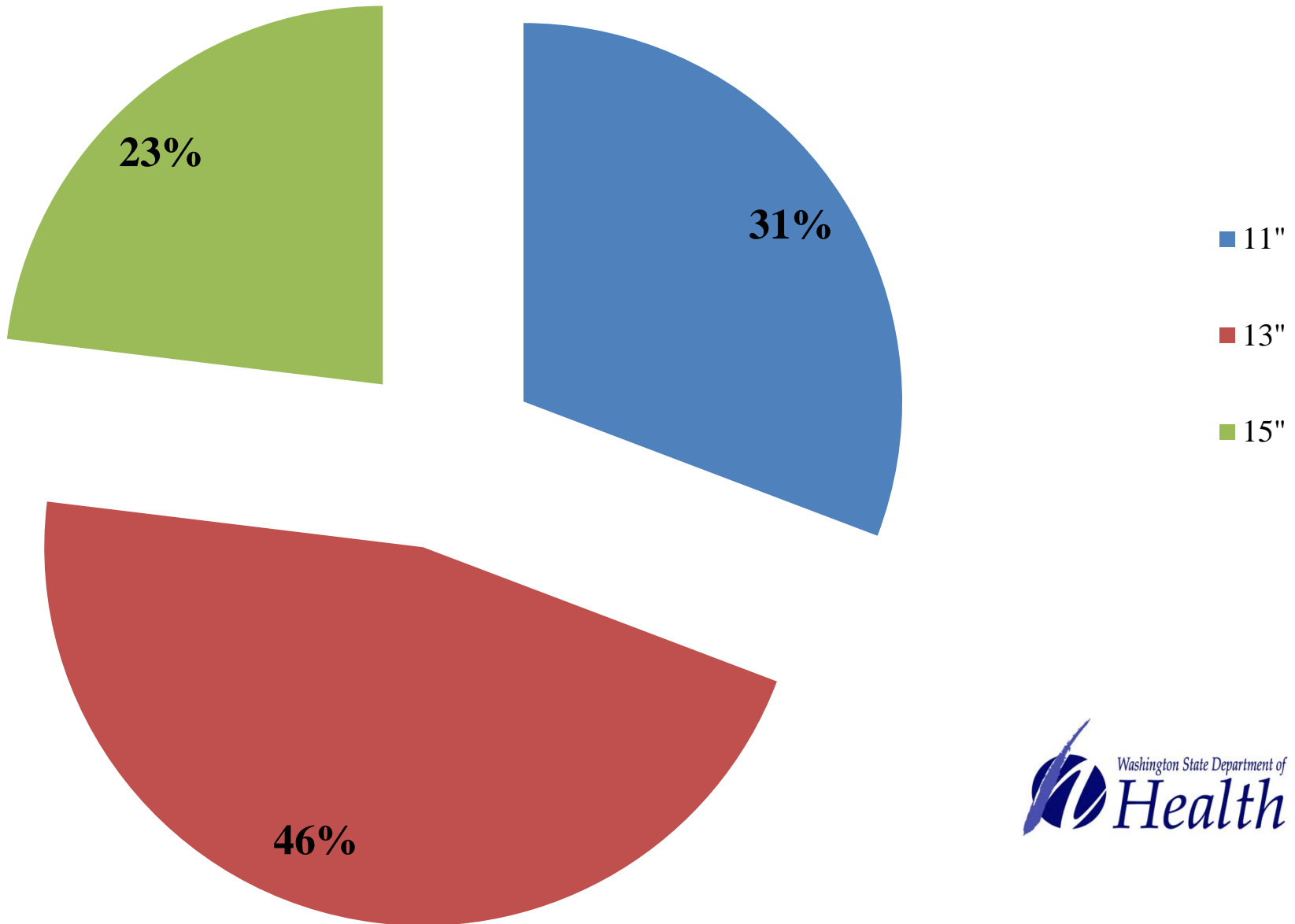


Question 1 - Other Comments

- Community groups
- Conferences
- While traveling in and out of state

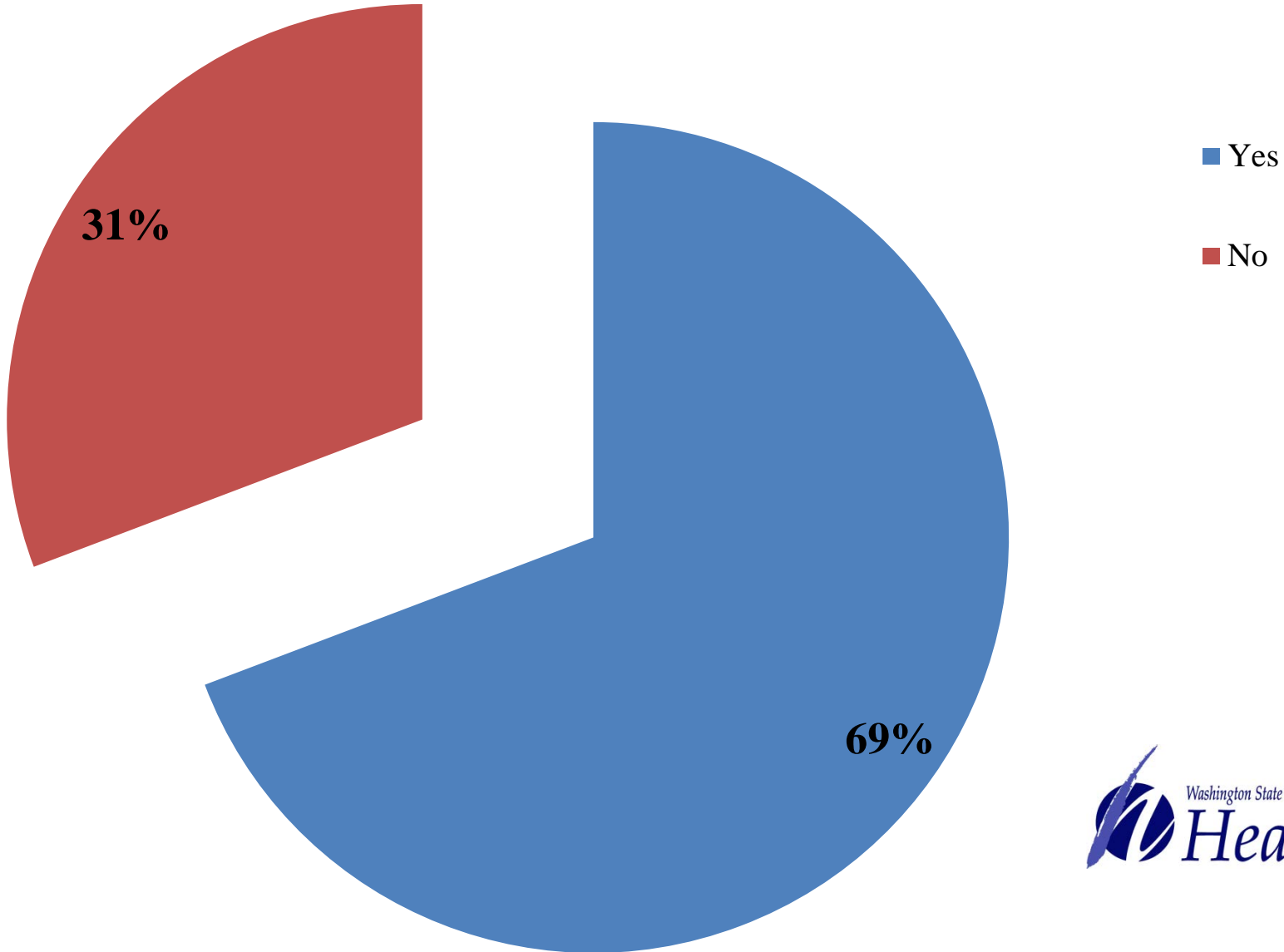
Question 2

What is the minimum screen size that you will tolerate?



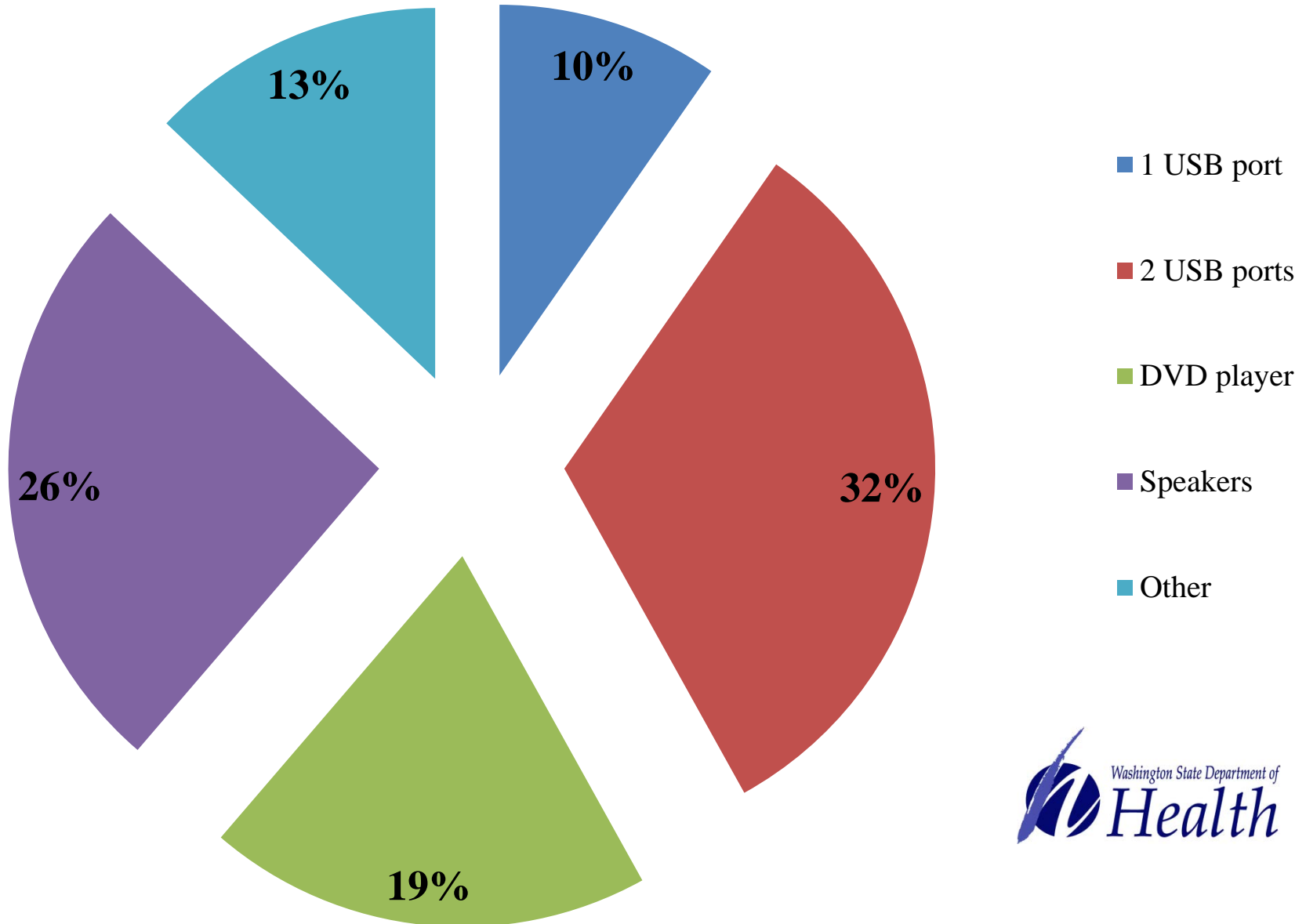
Question 3

Do you need a physical keyboard?



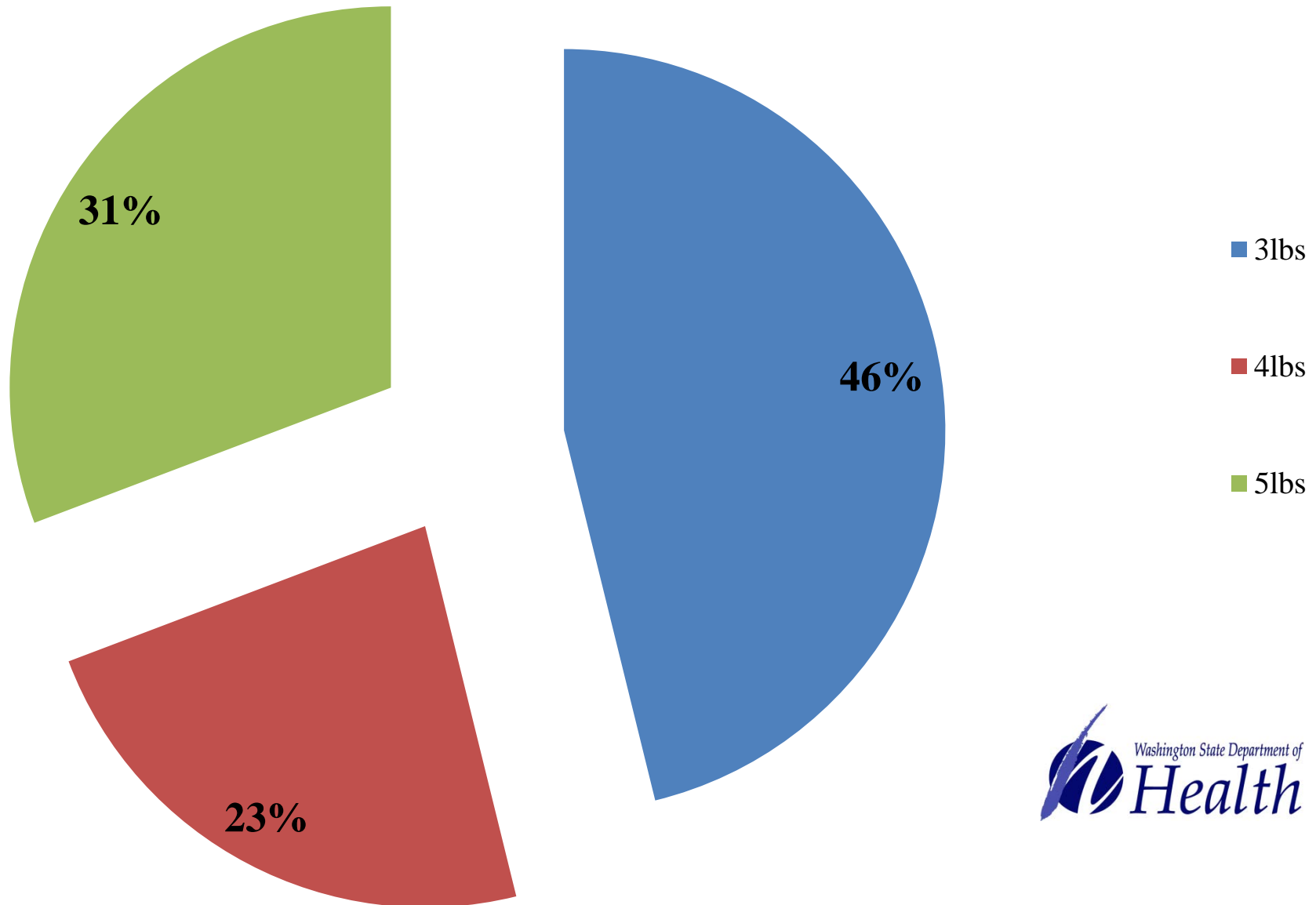
Question 4

What will you require in a laptop? Check all that apply.



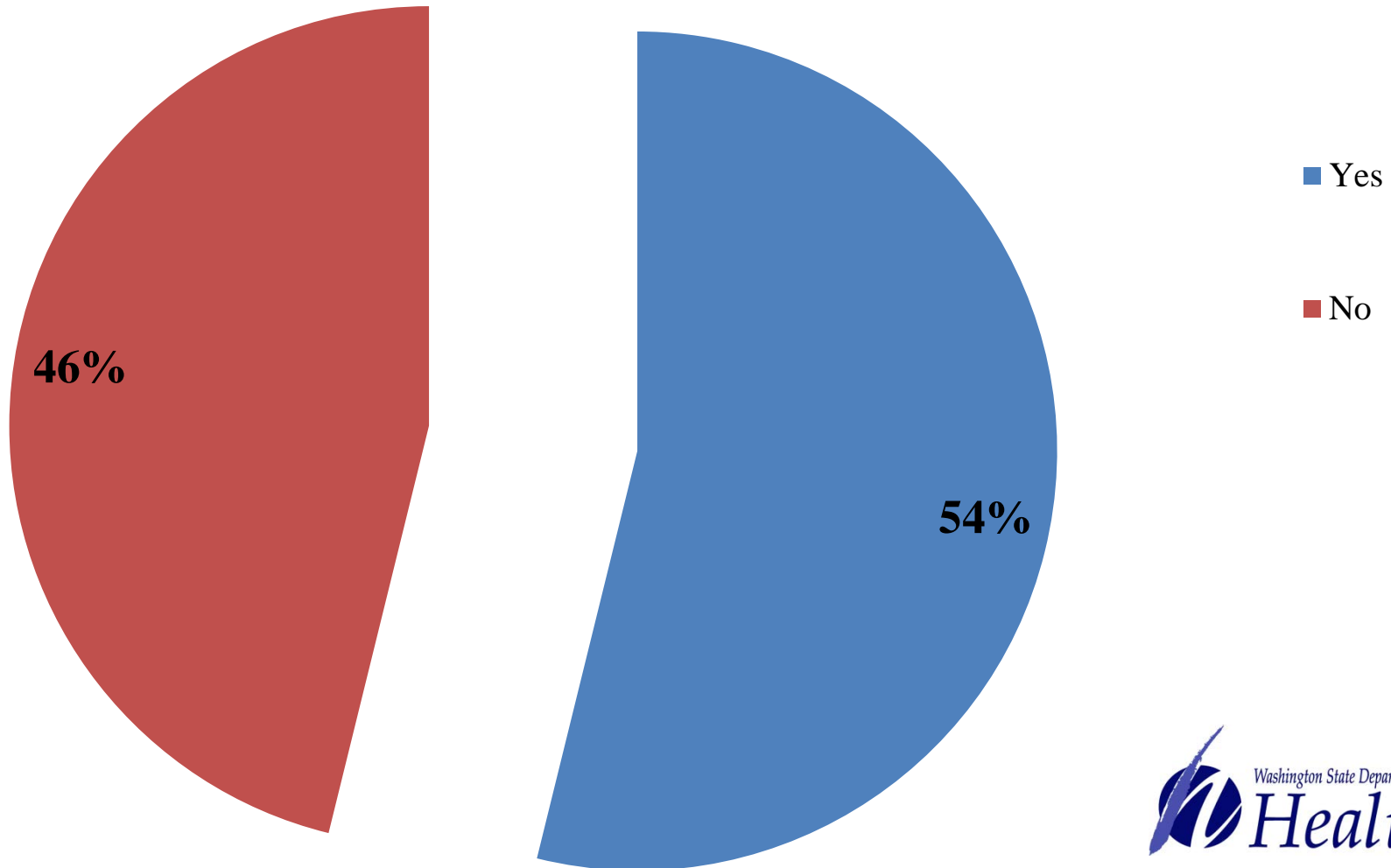
Question 5

What is the maximum tolerance for weight?



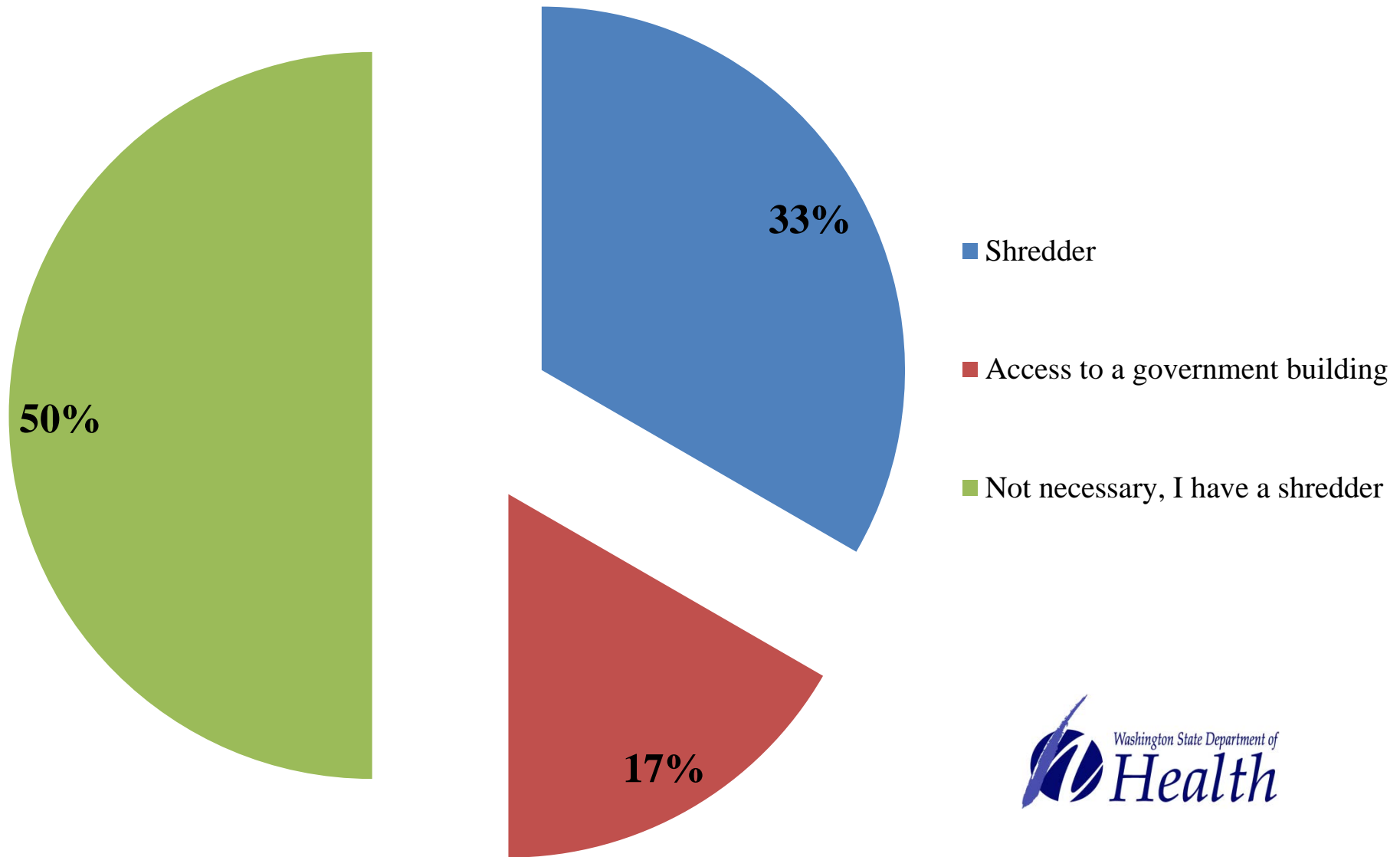
Question 6

If you had a choice, would you prefer to use your own computing device?



Question 7

What equipment do you need to dispose of confidential disciplinary files?



Question 8

What other comments would you like to add?

- I think the disciplinary process would be greatly improved if I were able to submit the case review and charging panel summary data online. Likewise you could save so much money if you didn't send out the cases in the mail. Completing by hand all those forms is very taxing, given my poor handwriting. Thanks for your interest in this matter.
- Would like to give back the mini laptop I was issued.
- My preference would be that we approach this as a 'cloud' and use our own devices.
- Thanks for asking for our input. I would also like to add the requirement for training on how to use the hardware and the applications for all users who will be allocated equipment from the State.
- I am not sure what device does not have a physical keyboard. Maybe an iPad?
- Please provide IT support and a tutorial on how to be more efficient with email and documents that are sent. I.E. how to go paperless and still find your notes and references. Thanks for doing this, it is long overdue!
- Secure access to disciplinary files that can be used by commission members, staff attorneys, investigators and AAGs.
- A wireless travel printer.



2013 - 2014 Phone Meeting Dates for Subcommittees and Disposition Panels NCQAC and Hearing Dates, Subcommittee Information

NCQAC Meetings	Hearings All in Tumwater	Steering Committee	Dates	NPAP Panel A	Dates	NPAP Panel B	Dates	NA – PAP	Dates
		7:00 pm – 9:00 pm 3 rd Wednesday 360-407-3780 PIN 885275#		10:00 am-12:00pm 3rd Thursday 360-407-3780 PIN 319493#		10:00 am-12:00pm 3 rd Thursday 360-407-3780 PIN 319493#		4:00 pm - 6:00 pm 2 nd Monday 360-407-3780 PIN 296872#	
1/10/14 Kent	12-none 1/6/14 1/24/14 2/4/14 2/27/14 3/7/14 3/24/14 4/8/14 4/25/14 5/5/14 5/30/14 6/3/14 6/26/14 7/8/14 7/24/14	Masek, Suellyn, Chair	**12/10/13 ***2/05/14 ***4/02/14 ***6/04/14	Baroni, Mary Chair	1/16/14 3/20/14 5/15/14 7/17/14	Hoell, Lois Chair	**1/13/14 1:00-3:00 2/20/14 4/17/14 6/19/14	Kelly, Margaret Chair	12/9/13 (10:00-12:00)
3/14/14 Kent		Benson-Hallock, Erica		Woods, Sue		Soine, Laurie		Benson-Hallock, Erica	
5/9/14 Spokane		Kelly, Margaret		Heys, Karen		Christensen, Carl		Rude, Tracy	
7/11/14 Kent		Pingle, Gene		Schaffner, Mindy, Staff		Taylor, Rhonda		Castle, Margaret Mary	
		Poole, Donna		Knutzen, Carole Staff		Schaffner, Mindy Staff		Rose-Bungay, Judy	
		Hoell, Lois		Talkington, Tim Staff Attorney		Knutzen, Carole Staff		Knutzen, Carole Staff	
		Meyer, Paula, Staff				Talkington, Tim Staff Attorney		Schaffner, Mindy, Staff	
								Talkington, Tim Staff Attorney	

2013 - 2014 Phone Meeting Dates for Subcommittees and Disposition Panels

NOTE: If the date or time of any state operator “meet me” conference calls need to be changed, contact Mike Hively at least 48 hours in advance. This will give sufficient time to update changes and notify anyone who is affected.

*Cancelled **Time and/or date Change *** Added

NCQAC and Hearing Dates, Subcommittee Information

Advanced Practice 3 rd Wednesday 6:30-8:30pm 360-407-3780 PIN 310075#	Continuing Competency Subcommittee 9:30-11:30am 3 rd Friday 360-407-3780 PIN 867153#	Consistent Standards 12:00pm-1:00pm 1 st Tuesday 360-407-3780 PIN 457766#	Licensing and Discipline Subcommittee 4:00-6:00pm Last Monday 360-407-3780 PIN 246795# Committee uses Go to Meetings for calls	Legislative Task Force 7:00-9:00pm Every Wednesday During session 360-407-3780 PIN: 917406#					
Dates	Dates	Dates	Dates	Dates					
Poole, Donna, Chair	12/18/13 1/15/14 2/19/14	Hoell, Lois, Chair	12/20/13 1/17/14 2/21/14	Pingle, Gene, Chair	1/7/14 2/4/14 3/4/14	Kelly, Margaret, Chair	12/30/13 1/27/14 2/24/14	Benson-Hallock, Erica, Chair	1/15/14 1/22/14
Soine, Laurie	3/19/14 4/16/14	Batch, Linda	3/21/14 4/18/14	Foster, Charlotte	4/1/14 5/6/14	Hoell, Lois	3/31/14 4/28/14	Masek, Suellyn	1/29/14 2/5/12
Herzog, Todd	5/21/14 6/18/14 7/16/14	Benson-Hallock, Erica	5/16/14 6/20/14 7/18/14	Henderson, Stephen	6/3/14 7/1/14	Rude, Tracy	5/26/14 6/30/14 7/28/14	Batch, Linda	2/12/14 2/19/14 2/26/14
Serna, Susana		Schuchmann, Anne Staff		Rude, Tracy		Tang, Cass		Poole, Donna	3/5/14 3/12/14 3/19/14
Hays, Karen		Corrado, Teresa, Staff		Eylar, Jeannie		Corrado, Teresa, Staff		Foster, Charlotte	3/26/14
Williams, Mariann		Patterson, Linda, Staff		Carlson, Debbie, Staff		Dale, Mary, Staff		Meyer, Paula, Staff	
Worcester, Martha, Staff						Woodard, Catherine, Staff		Carlson, Debbie, Staff	
						Hoehn, Karl Staff Attorney		Worcester, Martha, Staff	
						Schuchmann, Anne, Staff		Schuchmann, Anne, Staff	

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*Cancelled

**Time and/or date Change

***Added

**2013 - 2014 Phone Meeting Dates for Subcommittees, Disposition Panels
NCQAC and Hearing Dates, Subcommittee Information**

Case Disposition Panel #1 7:30-9:30pm 1 st Tuesday 360-407-3780 PIN 864133#	Dates	Case Disposition Panel #2 2:30-4:30pm 3 rd Tuesday 360-407-3780 PIN 996939#	Dates	Case Disposition Panel #3 7:00-9:00pm 2 nd Monday 360-407-3780 PIN 374523#	Dates	Case Disposition Panel #4 2:30-4:30pm 3 rd Tuesday 360-407-3780 PIN 388797#	Dates
Benson-Hallock, Erica, Chair	1/7/14 2/4/14 3/4/14	Pingle, Gene, Chair	*12/10/13 1/21/14 2/18/14	Tang, Cass, Chair	12/9/13 1/13/14 2/10/14	Batch, Linda, Chair	*12/30/13 1/21/14 2/18/14
Poole, Donna	4/1/14 5/6/14	Foster, Charlotte	3/18/14 4/15/14	Kelly, Margaret	3/10/14 4/14/14	Soine, Laurie	3/18/14 4/15/14
Eylar, Jeannie	6/3/14 7/1/14	Benson-Hallock, Erica	5/20/14 6/17/14 7/15/14	Rude, Tracy	5/12/14 6/9/14 7/14/14	Baroni, Mary	5/20/14 6/17/14 7/15/14
Hoell, Lois	(5)	Serna, Susana	(4)	Henderson, Stephen	(5)	Henderson, Stephen	(6)
Masek, Suelllyn		Staff Attorney		Williams, Mariann		Taylor, Rhonda	
Yockey, Laura				Sanders, Diane		Woods, Sue	
Staff Attorney				Herzog, Todd		Staff Attorney	
				Staff Attorney			

*Cancelled

**Time or date Change

***Added

NOTE: If the date or time of any state operator “meet me” conference calls need to be changed, contact Mike Hively at least 48 hours in advance. This will give sufficient time to update changes and notify anyone who is affected.

*Cancelled

**Time and/or date Change

***Added

**DEPARTMENT OF HEALTH
NURSING CARE QUALITY ASSURANCE COMMISSION
PROCEDURE**

Title:	<u>No Response to Timely Resolution of SOA/STIDs</u>	Number:	A31.042
Reference:	RCW 18.130.172(3); <u>WAC 246-14-100</u>		
Contact:	Mary Dale, Discipline Manager		
Effective Date:	<u>March 10, 2006</u> <u>January 10, 2014</u>		
Supersedes:	<u>March 10, 2006</u>		
Approved:	Paula R. Meyer, Executive Director Washington State Nursing Care Quality Assurance Commission		

PURPOSE:

This procedure defines the timeframe to resolve procedure to expedite the resolution of disciplinary cases that offer where a Stipulation to Informal Disposition (STID) is offered to a licensee, when the licensee does not respond but the licensee either does not respond to the Statement of Allegations (SOA) or the resolution of the case by STID has not occurred. This procedure also expedites public protection by pre-approving the use of formal discipline when settlement with a STID is not successful within timelines. This procedure conserves scarce resources and allows staff and Nursing Care Quality Assurance Commission (NCQAC) members to meet timelines.

PROCEDURE:

When the NCQAC determines that some disciplinary cases can be resolved with a Statement of Allegations (SOA) and Stipulation to Informal Disposition (STID), the staff send these documents to the licensee for a response to the SOA within 28 days with a deadline to respond. The licensee is also advised that the NCQAC has pre-approved formal charges and that the STID must be accepted by NCQAC within 60 days of the date of response by the licensee.

The NCQAC determined that any STID, where the licensee does not respond by the deadline, will be revised to a Statement of Charges (SOC) and formal action. This procedure allows staff to save resources by avoiding the return of these cases to the NCQAC for resolution.

When the licensee does not respond to the SOA within 28 days, or if having responded, the signed STID is not accepted by the commission within the additional 60 day deadline, the case will be converted to a Statement of Charges (SOC). This pre-authorization of the SOC expedites the process and avoids having to return these cases to NCQAC for authorization for the SOC.

If the licensee returns the signed STID to NCQAC during the conversion from SOA to SOC, or at any time prior to the time the SOC is served on the Respondent, the STID may be presented and accepted by NCQAC to resolve the case without further delay.

Revised: 07/19/11

DRAFT

246-840-207

Failure to meet continuing competency requirements.

- (1) A licensed registered nurse or practical nurse must comply with the continuing competency requirements in WAC [246-840-203](#). A nurse may place his or her license on inactive status as outlined in WAC [246-12-090](#) if the nurse does not meet the continuing competency requirements. See WAC [246-840-205](#) for additional steps on reactivation from inactive status.
- (2) The commission will send an audit form requesting documentation of the required continuing competency requirements to the registered nurse or practical nurse being audited at the address on record with the department.
- (3) If the commission does not receive the required documentation within thirty calendar days of the commission's original request for documentation, a second request will be sent by the commission to the nurse at the address of record with the department.
- (4) If the commission does not receive the required documentation within thirty calendar days following the second request, a third request will be sent to the address of record with the department.
- (5) If the commission does not receive the required documentation thirty calendar days following the third letter, the commission shall place the license on inactive status.
- (6) If the nurse's documentation does not match the hours in the attestation, technical assistance will be provided. Technical assistance may include providing information on the web site or at stakeholder meetings, and reviewing materials and offering assistance on the telephone.
- (7) If the nurse cannot provide the required documentation, the nurse may place his or her license on inactive status according to WAC [246-12-090](#).
- (8) If the nurse repeatedly fails to demonstrate continuing competency according to these rules, the nurse may be charged with unprofessional conduct under RCW [18.130.180](#), and appropriate disciplinary action will be taken which may include license suspension. License suspension may only occur after a hearing as provided in chapter [34.05](#) RCW.

[Statutory Authority: RCW [18.79.010](#) and 18.79.110. WSR 10-24-047, § 246-840-207, filed 11/24/10, effective 1/1/11.]

Health Systems Quality Assurance – 1103 Performance Measure Credentials Issued within 14 days

1.1 Performance Measure: Health care credentials issued within 14 days of receiving all documents.

Target: 95% issued within 14 days

Analysis:

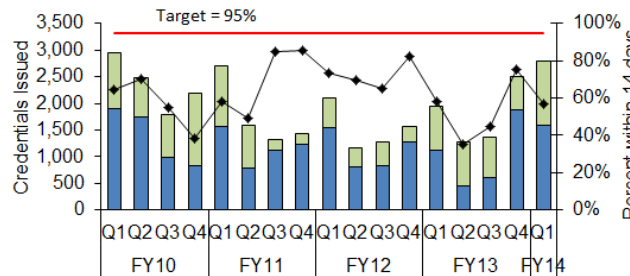
There were 34,881 credentials issued during the first quarter of fiscal year 2014.

- Health Systems Quality Assurance professions issued the majority of credentials, 29,348.
- Medical Commission issued 619 credentials.
- Nursing Commission issued 4,914 credentials.

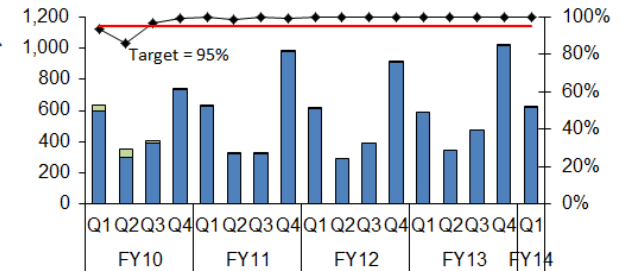
The Medical and Nursing Commissions met the target of 95% issued within 14 days in the first quarter.

- 91.3% for secretary professions.
- 56.6% for HSQA boards and commissions.
- 99.8% for the Medical Commission.
- 99.1% for the Nursing Commission.

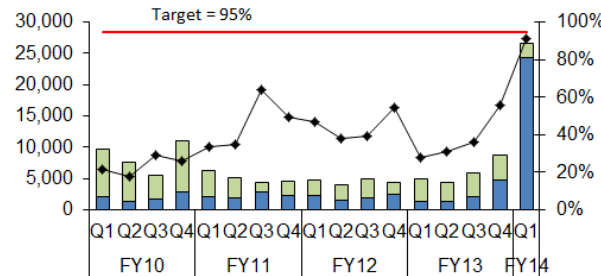
HSQA Board and Commissions



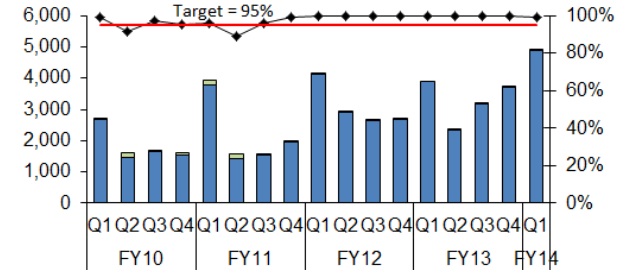
MQAC



HSQA Secretary Professions



NCQAC



■ Within 14 days
 ■ Over 14 days
 ◆ % within 14

Health Systems Quality Assurance – 1103 Performance Measure NODs Issued

1.2 Performance Measure: Percent of Notices of Decision issued within 30 days of the decision to deny.

Target: Under development.

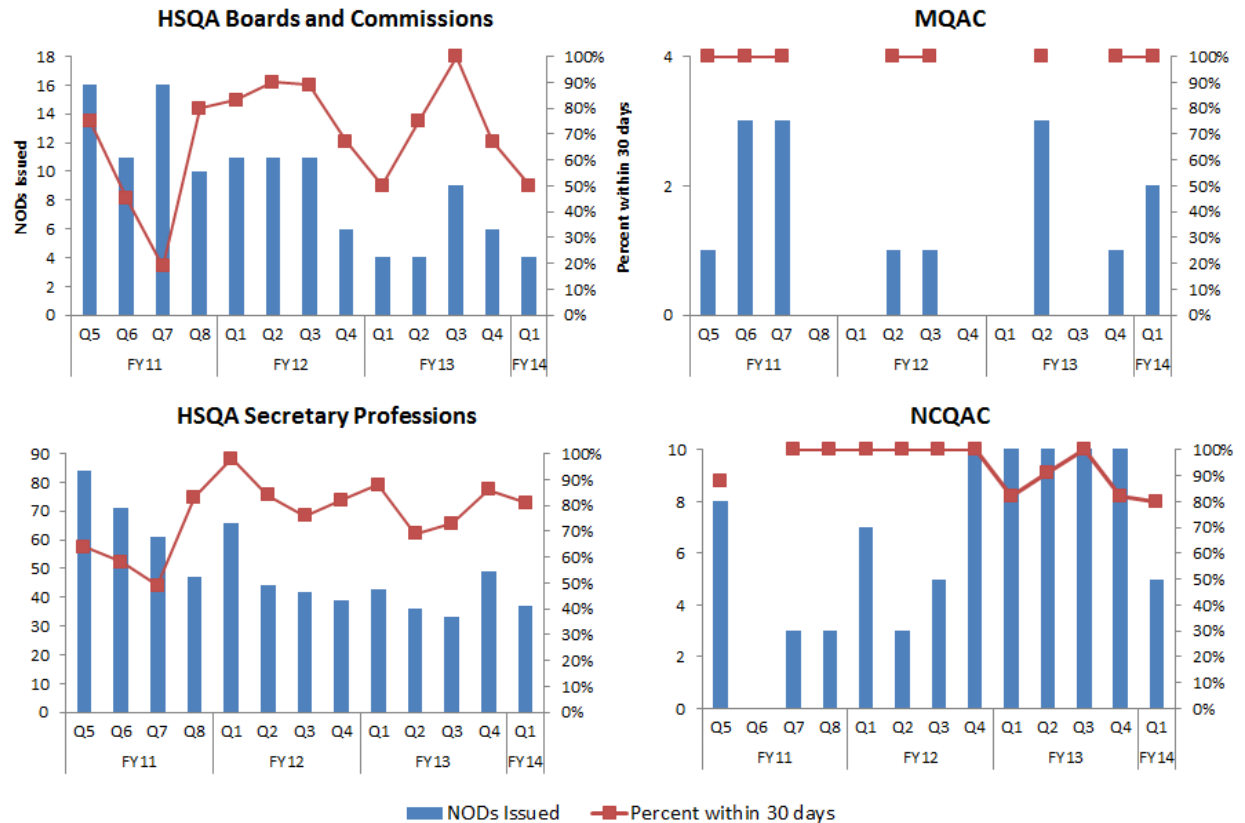
Analysis:

There were 48 NODs issued during the first quarter of fiscal year 2014.

- The majority of NODs were from Health Systems Quality Assurance.
 - 41 for Health Systems Quality Assurance.
 - 2 for the Medical Commission
 - 5 for the Nursing Commission

The percentage of NODs within 30 days during the first quarter of fiscal year 2014 includes:

- 50% for HSQA boards and commissions.
- 81% for HSQA secretary professions.
- 100% for the Medical Commission
- 80% for the Nursing Commission.





Health Systems Quality Assurance – 1103 Performance Measure Cases Processed – Intake/Assessment

2.1 Performance Measure: Percent of cases in which the intake and assessment steps are completed within 21 days.
Target: 77% within 21 days

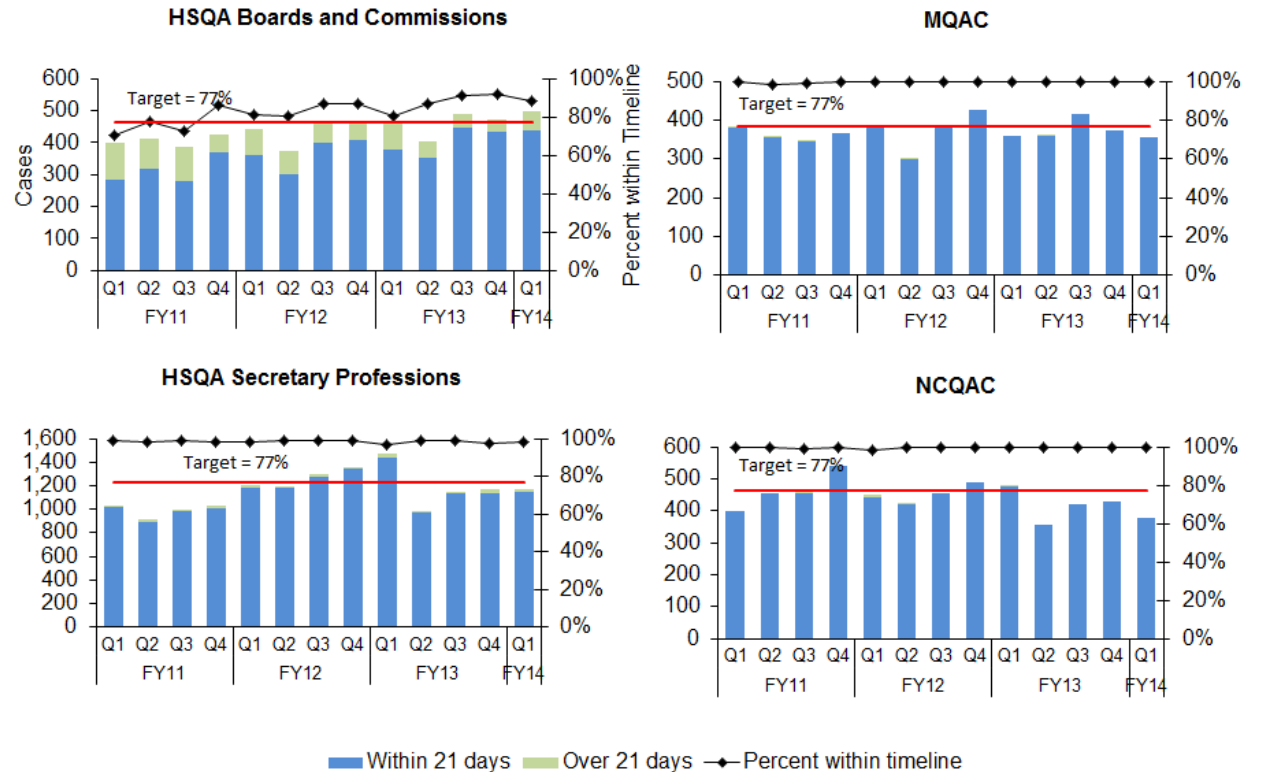
Analysis:

There were 2,399 complaints processed through intake/assessment during the first quarter of fiscal year 2014.

- 498 for HSQA boards and commissions.
- 1,167 for HSQA secretary professions.
- 357 for the Medical Commission.
- 377 for the Nursing Commission.

On average, 96.7% of complaints were processed within timeline in the first quarter

- 88.4% for HSQA boards and commissions.
- 98.1% for HSQA secretary professions.
- 100% for the Medical Commission.
- 100% for the Nursing Commission.





Health Systems Quality Assurance – 1103 Performance Measure Cases Processed - Investigation Steps

2.2 Performance Measure: Percent of cases in which the investigation step is completed within 170 days.
Target: 77% completed within 170 days.

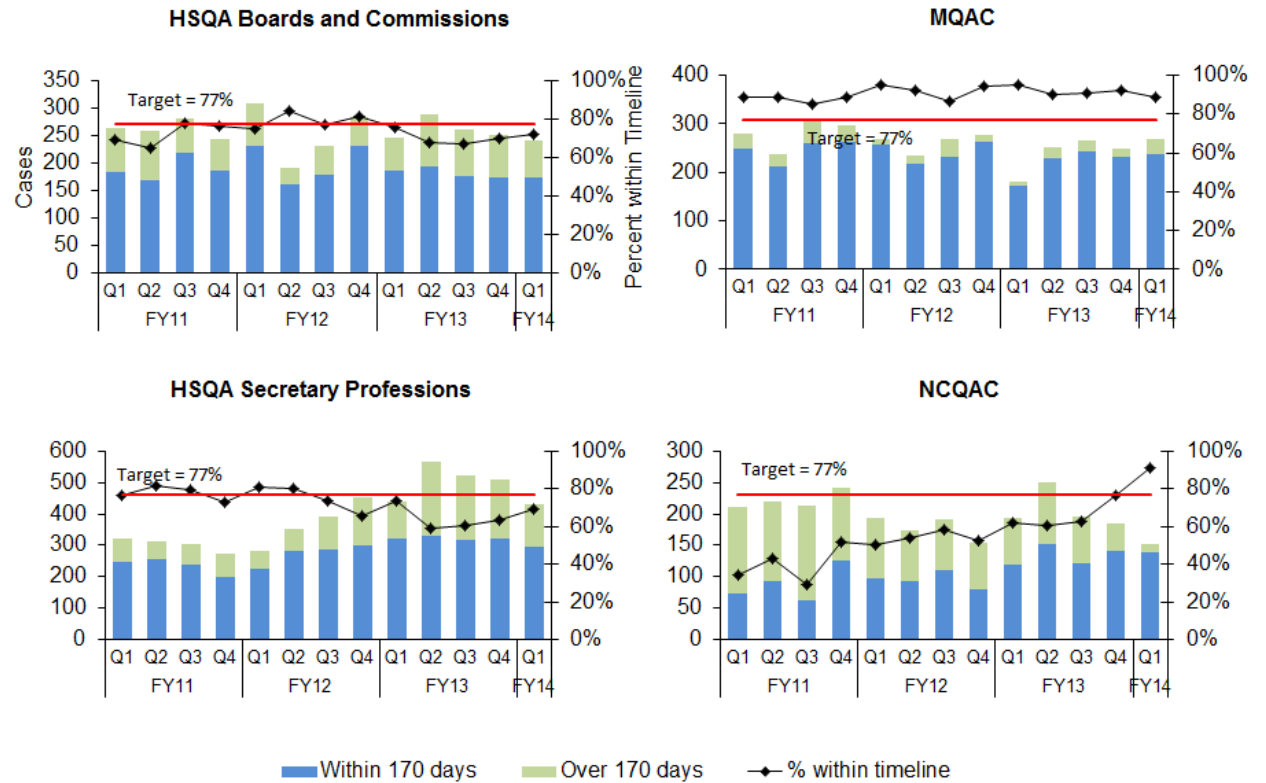
Analysis:

There were 1,093 cases processed through the investigation step during the first quarter of fiscal year 2014.

- 241 for HSQA boards and commissions.
- 431 for HSQA secretary professions.
- 268 for the Medical Commission.
- 153 for the Nursing Commission.

On average, 77.5% of investigations were completed within timeline in the first quarter.

- 71.8% for HSQA boards and commissions.
- 68.9 % for HSQA secretary professions.
- 88.8% for the Medical Commission.
- 90.8% for the Nursing Commission.



Health Systems Quality Assurance – 1103 Performance Measure Cases Processed – Case Disposition

2.3 Performance Measure: Percent of cases in which the case disposition step is completed within 140 days.
Target: 77% completed within 140 days

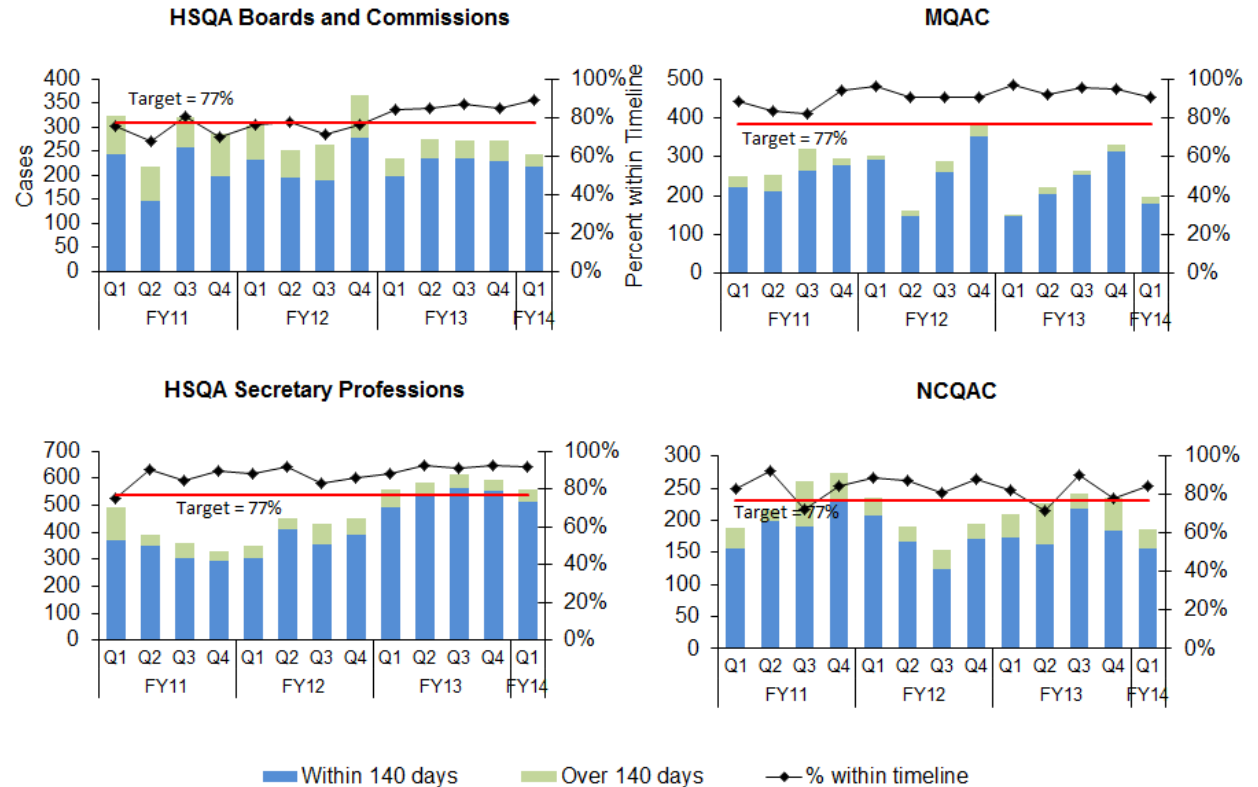
Analysis:

There were 1,188 cases processed through the case disposition step during the first quarter of fiscal year 2014.

- 245 for HSQA boards and commissions.
- 560 for HSQA secretary professions.
- 197 for the Medical Commission.
- 186 for the Nursing Commission.

On average, 89.8% of cases were processed within timelines in the first quarter.

- 89.4% for HSQA boards and commissions.
- 91.4% for HSQA secretary professions.
- 90.9% for the Medical Commission.
- 84.4% for the Nursing Commission.





Health Systems Quality Assurance – 1103 Performance Measure Cases in Investigation

2.4 Performance Measure: Percent of open cases currently in investigations step that are over 170 days.

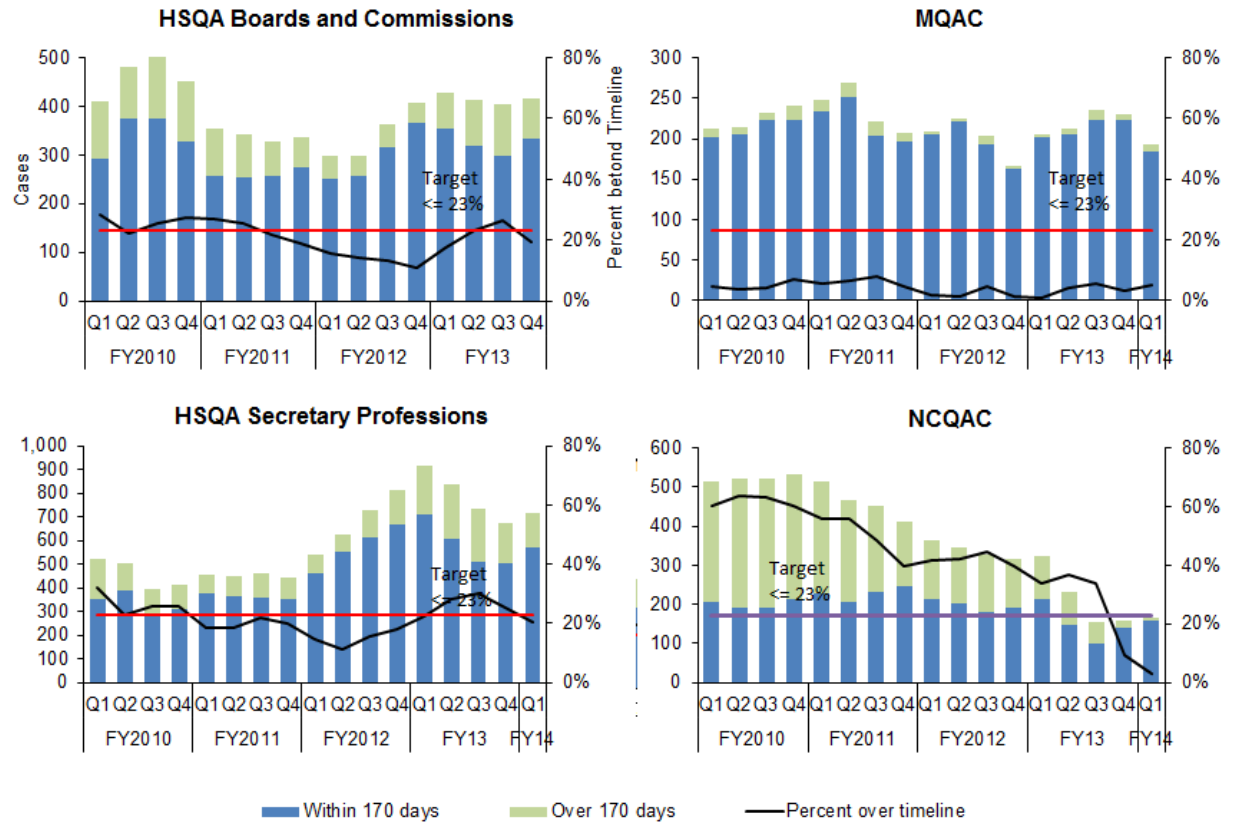
Target: No more than 23% over 170 days

There was an average of 1,502 open investigations during first quarter of fiscal year 2014.

- 432 for HSQA boards and commissions.
- 713 for HSQA secretary professions.
- 193 for the Medical Commission.
- 164 for the Nursing Commission.

On average, 16.6% of cases were over timeline in the first quarter.

- 20.8% for HSQA boards and commissions.
- 20.3% for HSQA secretary professions.
- 5.0% for the Medical Commission.
- 3.3% for the Nursing Commission.





Health Systems Quality Assurance – 1103 Performance Measure Cases in Case Disposition

2.5 Performance Measure: Percent of open cases currently in the case disposition step that are over 140 days.

Target: No more than 23% over 140 days.

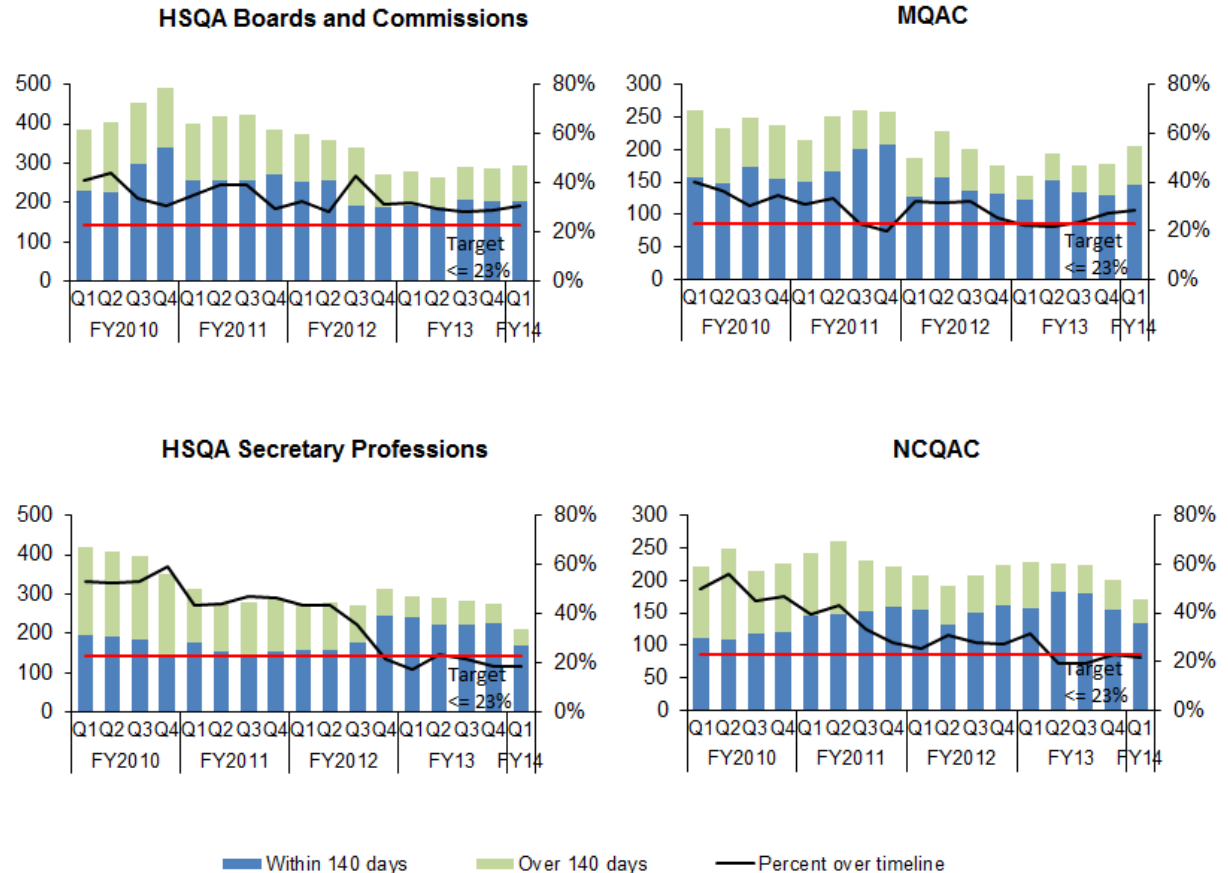
Analysis:

On average, there were 880 cases in the case disposition step during the first quarter of fiscal year 2014.

- 293 for HSQA boards and commissions.
- 211 for secretary professions.
- 206 for the Medical Commission.
- 170 for the Nursing Commission.

On average, 25.7% of open cases in the case disposition step were over the timeline in the first quarter of fiscal year 2014.

- 30.8% for HSQA boards and commissions.
- 18.9% for secretary professions.
- 28.7% for the Medical Commission.
- 21.6% for the Nursing Commission.





Health Systems Quality Assurance – 1103 Performance Measure Sanction Schedule

2.6 Performance Measure: Percent of Orders and STIDs that comply with the sanction schedule.

Target: 93%.

Analysis:

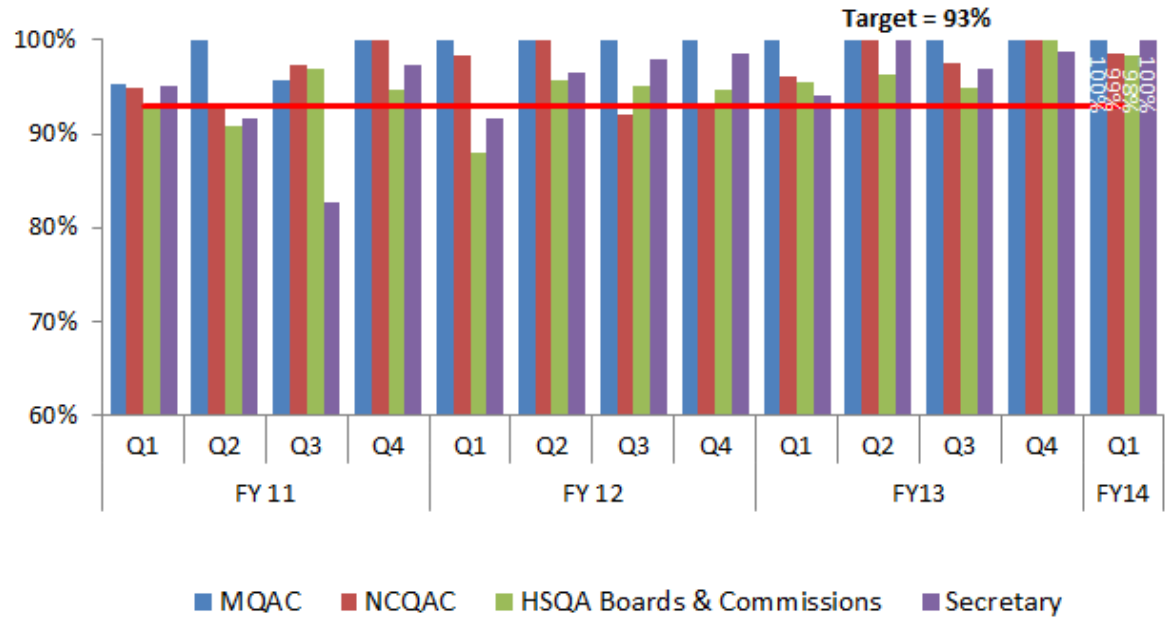
The Department of Health issued 266 final decisions in the first quarter of fiscal year 2014. These include:

- 123 for HSQA boards and commissions.
- 63 for secretary professions.
- 9 for the Medical Commission.
- 71 for the Nursing Commission.

Overall, 98.9% of these were within the sanction schedule in the first quarter.

- 98% for HSQA boards and commissions.
- 100% for secretary professions.
- 100% for the Medical Commission.
- 99% for the Nursing Commission.

Percent of Orders and STIDs that Comply with Sanction Schedule





Health Systems Quality Assurance – 1103 Performance Measure Sexual Misconduct Cases Transferred within 14 days

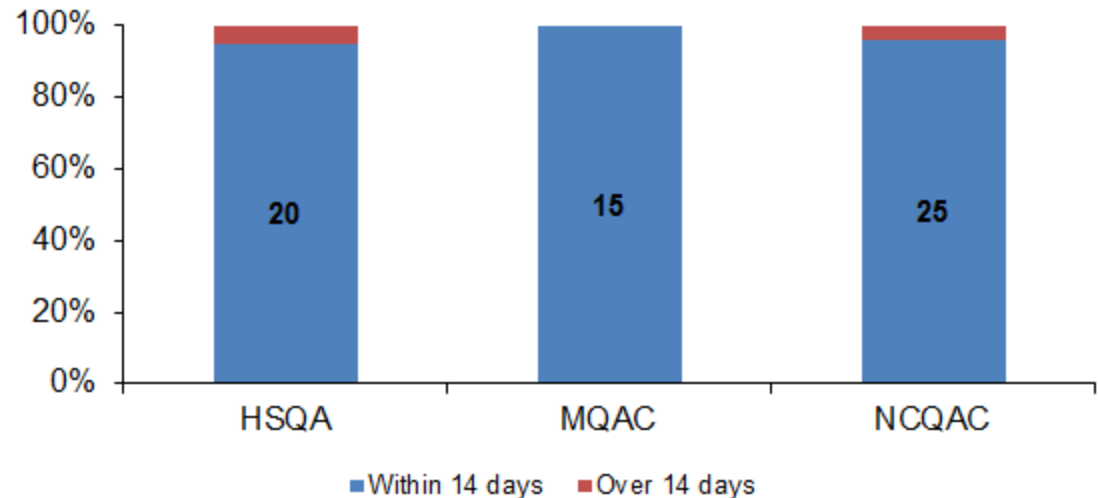
2.7 Performance Measure: Percent of cases involving sexual misconduct transferred to the Secretary within 14 days.

Target: 95% issued within 14 days

Analysis:

- A case is transferred to the secretary if a board or commission determines the case involves only sexual misconduct.
- HSQA has transferred 60 sexual misconduct cases to the Secretary since July 2010. All but two were within 14 days.

Sexual Misconduct Cases Transferred within 14 Days
July 2010 - September 2013





Health Systems Quality Assurance – 1103 Performance Measure Completed Investigations vs. Number of Investigators

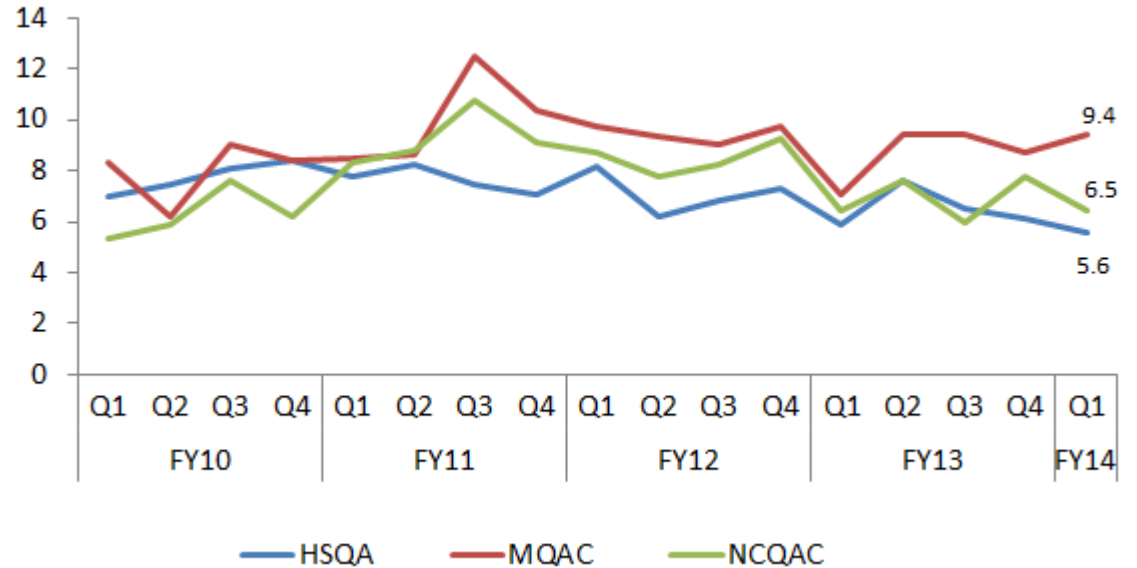
3.1 Performance Measure: Completed investigations vs. number of investigators.

Analysis:

During the first quarter of fiscal year 2014, investigators completed an average of 7.2 investigations per month.

- HSQA investigators completed 230 cases in the first quarter, an average of 5.6 investigations per month. During fiscal year 2013 HSQA averaged 6.5.
- MQAC investigators completed 94 investigations in the first quarter, an average of 9.4 investigations per month. During fiscal year 2013 MQAC averaged 8.7.
- NCQAC investigators completed 52 investigations in the first quarter, an average of 6.5 investigations per month. During fiscal year 2013 NCQAC averaged 6.9.

1103 Measure 3.1 - Investigations Completed per Investigator



WAC 246-840-740 Sexual misconduct prohibited. (~~(1) What is the nursing commission's intent in prohibiting this type of misconduct?~~)

~~Sexual or romantic conduct with a client or the client's family is serious misconduct because it harms the nurse/client relationship and interferes with the safe and effective delivery of nursing services. A nurse or nursing technician does not need to be "assigned" to the client in order for the nurse/client relationship to exist. The role of the nurse or nursing technician in the nurse/client relationship places the nurse or nursing technician in the more powerful position and the nurse or nursing technician must not abuse this power. Under certain circumstances, the nurse/client relationship continues beyond the termination of nursing services. Not only does sexual or romantic misconduct violate the trust and confidence held by health care clients towards nursing staff, but it also undermines public confidence in nursing. Nurses and nursing technicians can take measures to avoid allegations of such misconduct by establishing and maintaining professional boundaries in dealing with their clients.~~

~~(2) What conduct is prohibited?~~

~~Nurses and nursing technicians shall never engage, or attempt to engage, in sexual or romantic conduct with clients, or a client's immediate family members or significant others. Such conduct does not have to involve sexual contact. It includes behaviors or expressions of a sexual or intimately romantic nature. Sexual or romantic conduct is prohibited whether or not the client, family member or significant other initiates or consents to the conduct. Such conduct is also prohibited between a nursing educator and student.~~

~~Regardless of the existence of a nurse/client relationship, nurses and nursing technicians shall never use patient information derived through their role as a health care provider to attempt to contact a patient in pursuit of a nurse's own sexual or romantic interests or for any other purpose other than legitimate health care.~~

~~(3) What should a nurse or nursing technician do to avoid allegations of sexual or romantic misconduct?~~

~~Establishing and maintaining professional boundaries is critical to avoiding even the appearance of sexual or romantic misconduct. Nurses and nursing technicians can take certain preventative steps to make sure safeguards are in place at all times, such as:~~

~~(a) Setting appropriate boundaries with patients, physically and verbally, at the outset of professional relationships, and documenting such actions and the basis for such actions;~~

~~(b) Consulting with supervisors regarding difficulties in establishing and maintaining professional boundaries with a given client; and/or~~

~~(c) Seeking reassignment to avoid incurring a violation of these rules.~~

~~(4) What about former clients?~~

~~A nurse or nursing technician shall not engage or attempt to engage a former client, or former client's immediate family member or significant other, in sexual or romantic conduct if such conduct would constitute abuse of the nurse/client relationship. The nurse/client relationship is abused when a nurse or nursing technician uses and/or benefits from the nurse's professional status and the vulnerability of the client due to the client's condition or status as a patient.~~

~~(a) Due to the unique vulnerability of mental health and chemical dependency clients, nurses and nursing technicians are prohibited from engaging in or attempting to engage in sexual or romantic conduct with such former clients, or their immediate family or significant other, for a period of at least two years after termination of nursing services. After two years, sexual or romantic conduct may be permitted with a former mental health or chemical dependency client, but only if the conduct would not constitute abuse of the nurse/client relationship.~~

~~(b) Factors which the commission may consider in determining whether there was abuse of the nurse/client relationship include, but are not limited to:~~

~~(i) The amount of time that has passed since nursing services were terminated;~~

~~(ii) The nature and duration of the nurse/client relationship, the extent to which there exists an ongoing nurse/client relationship following the termination of services, and whether the client is reasonably anticipated to become a client of the nurse in the future;~~

~~(iii) The circumstances of the cessation or termination of the nurse/client relationship;~~

~~(iv) The former client's personal history;~~

~~(v) The former client's current or past mental status, and whether the client has been the recipient of mental health services;~~

~~(vi) The likelihood of an adverse impact on the former client and others;~~

~~(vii) Any statements or actions made by the nurse during the course of treatment suggesting or inviting the possibility of sexual or romantic conduct;~~

~~(viii) Where the conduct is with a client's immediate family member or significant other, whether such a person is vulnerable to being induced into such relationship due to the condition or treatment of the client or the overall circumstances.~~

~~(5) **Are there situations where these rules do not apply?**~~

~~These rules do not prohibit:~~

~~(a) The provision of nursing services on an urgent, unforeseen basis where circumstances will not allow a nurse or nursing technician to obtain reassignment or make an appropriate referral;~~

~~(b) The provision of nursing services to a spouse, or family member, or any other person who is in a preexisting, established relationship with the nurse or nursing technician where no evidence of abuse of the nurse/client relationship exists.) (1) Definitions.~~

(a) "Health care information" means any information, whether oral or recorded in any form or medium that identifies or can readily be associated with the identity of, and relates to the health care of, a patient or client.

(b) "Key party" means immediate family members and others who would be reasonably expected to play a significant role in the health care decisions of the patient or client and includes, but is not limited to, the spouse, domestic partner, sibling, parent, child, guardian, and person authorized to make health care decisions of the patient or client.

(c) "Legitimate health care purpose" means activities for examination, diagnosis, treatment, and personal care of patients or clients, including palliative care, as consistent with community standards of practice for the profession. The activity must be within the scope of practice of the nurse or nursing technician.

(d) "Nurse" or "nursing technician" means an individual applying for a credential or credentialed in a profession listed in RCW 18.130.040 (2)(b)(xii).

(e) "Nursing student" means an individual currently enrolled in a nursing program theory or clinical course.

(f) "Patient" or "client" means an individual who receives health care from a nurse or nursing technician.

(2) Sexual misconduct. A nurse or nursing technician shall not engage, or attempt to engage, in sexual misconduct with a current patient, client, or key party, inside or outside the health care setting. Sexual misconduct shall constitute grounds for disciplinary action. Sexual misconduct includes, but is not limited to:

(a) Sexual intercourse;

(b) Touching the breasts, genitals, anus, or any sexualized body part except as consistent with accepted community standards of practice for examination, diagnosis, and treatment and within the health care practitioner's scope of practice;

(c) Rubbing against a patient or client or key party for sexual gratification;

(d) Kissing;

(e) Hugging, touching, fondling, or caressing of a romantic or sexual nature;

(f) Examination of or touching genitals without using gloves;

(g) Not allowing a patient or client privacy to dress or undress except as may be necessary in emergencies or custodial situations;

(h) Not providing the patient or client a gown or draping except as may be necessary in emergencies;

(i) Dressing or undressing in the presence of the patient, client, or key party;

(j) Removing patient or client's clothing or gown or draping without consent, emergent medical necessity or being in a custodial setting;

(k) Encouraging masturbation or other sex act in the presence of the nurse or nursing technician;

(l) Masturbation or other sex act by the nurse or nursing technician in the presence of the patient, client, or key party;

(m) Suggesting or discussing the possibility of a dating, sexual, or romantic relationship after the professional relationship ends;

(n) Terminating a professional relationship for the purpose of dating or pursuing a romantic or sexual relationship;

(o) Soliciting a date with a patient, client, or key party;

(p) Discussing the sexual history, preferences, or fantasies of the nurse or nursing technician;

(q) Any behavior, gestures, or expressions that may reasonably be interpreted as seductive or sexual;

(r) Making statements regarding the patient, client, or key party's body, appearance, sexual history, or sexual orientation other than for legitimate health care purposes;

(s) Sexually demeaning behavior including any verbal or physical contact which may reasonably be interpreted as demeaning, humiliating, embarrassing, threatening, or harming a patient, client or key party;

(t) Photographing or filming the body or any body part or pose of a patient, client, or key party, other than for legitimate health care purposes;

(u) Showing a patient, client, or key party sexually explicit photographs, other than for legitimate health care purposes.

(3) A nurse or nursing technician shall not:

(a) Offer to provide health care services in exchange for sexual favors;

(b) Use health care information to contact the patient, client or key party for the purpose of engaging in sexual misconduct;

(c) Use health care information or access to health care information to meet or attempt to meet the nurse or nursing technician's sexual needs.

(4) A nurse or nursing technician shall not engage, or attempt to engage, in the activities listed in subsection (2) of this section with a former patient, client, or key party within two years after the provider-patient/client relationship ends.

(5) After the two-year period of time described in subsection (4) of this section, a nurse or nursing technician shall not engage, or attempt to engage, in the activities listed in subsection (2) of this section if:

(a) There is a significant likelihood that the patient, client, or key party will seek or require additional services from the nurse or nursing technician.

(b) There is an imbalance of power, influence, opportunity, and/or special knowledge of the professional relationship.

(6) When evaluating whether a nurse or nursing technician is prohibited from engaging, or attempting to engage, in sexual misconduct, the commission will consider factors including, but not limited to:

(a) Documentation of a formal termination and the circumstances of termination of the provider-patient relationship;

(b) Transfer of care to another nurse or nursing technician;

(c) Duration of the provider-patient relationship;

(d) Amount of time that has passed since the last health care services to the patient or client;

(e) Communication between the nurse or nursing technician and the patient or client between the last health care services rendered and commencement of the personal relationship;

(f) Extent to which the patient's or client's personal or private information was shared with the nurse or nursing technician;

(g) Nature of the patient or client's health condition during and since the professional relationship;

(h) The patient or client's emotional dependence and vulnerability;

(i) Normal revisit cycle for the profession and service; and

(j) Imbalance of power in the nurse-patient relationship.

(7) Patient, client, or key party initiation or consent does not excuse or negate the nurse or nursing technician's responsibility.

(8) These rules do not prohibit:

(a) Providing health care services in case of emergency where the services cannot or will not be provided by another nurse or nursing technician;

(b) Contact that is necessary for a legitimate health care purpose and that meets the standard of care appropriate to that profession; or

(c) Providing health care services for a legitimate health care purpose to a person who is in a preexisting, established personal relationship with the nurse or nursing technician where there is no evidence of, or potential for, exploiting the patient or client.

NURSING COMMISSION CONFERENCE PLANNING STATUS REPORT

Overview	<p>A conference sponsored by the Nursing Commission as identified in the Strategic Plan for 2013-2015. We are considering having at least one conference every 6 months in different areas of the state.</p> <ul style="list-style-type: none"> • Spokane, May 8, 2014 • Seattle, November 2014 • Walla Walla, May 2015 • Vancouver, November 2015
Planning Team	<ul style="list-style-type: none"> • Debbie Carlson, Nurse Practice Advisor, Coordinator • Martha Worcester, ARNP Practice Advisor • Linda Patterson, Nurse Practice Consultant • Margaret Holm, Nurse Practice Consultant • Martha Worcester, ARNP Practice Consultant • Mindy Schaffner, Nurse Education Advisor • Carole Knutzen, Nurse Education Assistant • Kathy Anderson, Management Analyst • Greg Hammond, Budget Assistant • Jen Anderson, Communications
Date	<p>Thursday, May 8, 2013 - The first one will coincide with the NCQAC Business Meeting, Friday, May 9, 2014 in Spokane. National Nurses Day is May 6, 2014.</p>
Time	<p>7:30 a.m. to 5:00 p.m.</p>
Theme	<p>"Prepare to Care – Changes in the World of Nursing"</p>
Event Venue	<p>Spokane Falls Community College, Spokane WA</p>
Technical Needs	<p>Arranged through Spokane Falls Community College</p>
Capacity	<p>150</p>
Registration	<p>We will be developing an on-line registration process on our website</p>
Exhibit Tables	<ul style="list-style-type: none"> • Tables will be available. We are in the process of clarifying the number available. We will have an application process by February 1, 2014 • NCQAC will also have a table with brochures and other information as well as assistance in signing up for the NCQAC Listserv, NCSBN Nursys/e-Notify and HEAL-WA
Advertising	<p>A "Save the Date!" announcement will be in our January newsletter. We are developing an advertising flyer that will be posted on our website, sent out on our Listserv and sent to our stakeholders by February 2014.</p>
Continuing Education Credits	<p>We will get the conference materials through WSNA's CEARP process for continuing education credits.</p>
Emcee	<p>Anne Schuchman, Deputy Executive Director</p>
Refreshments	<p>Light refreshments will be available at the conference</p>
Travel/Housing	<p>We are developing a list of possible hotels, restaurants and other information in the area. We will provide this information, maps and directions with registration.</p>

<p>Proposed Agenda</p>	<p>7:30-8:30 Registration & Networking 8:30-9:00 Welcome/Keynote Address: Paula Meyer or Suellen Masek 9:00-10:00 Keynote Speaker: TBD 10:00-10:15 Break & Networking 10:15-11:15 Speaker A - TOPIC 11:15-12:15 Speaker B - TOPIC 12:15-1:30 Lunch 1:30-2:30 Speaker C - TOPIC 2:30-3:30 Speaker D - TOPIC 3:30-3:45 Break & Networking 3:45-4:45 Speaker E - TOPIC 4:30-4:45 Questions/Discussion 4:45-5:00 Evaluation/Closing</p>
<p>Potential Topics & Speakers (These are only considerations & suggestions at this time)</p>	<ul style="list-style-type: none"> • Decision-Making Model for Scope of Practice – TBD • Delegation to Credentialed & Non-Credentialed Staff–TBD <ul style="list-style-type: none"> ○ The Role of the Nurse – Delegation to Nursing Assistants & Home Care Aides ○ The Role of the Nurse – Delegation to Medication Assistants ○ The Role of the Nurse – Delegation to Medical Assistants ○ The Role of the Nurse – Delegation to Non-credentialed staff • Moral and Ethical Dilemmas in Nursing – Linda Patterson • The Impaired Nurse – Ensuring Safe Practice/WHPS – Paula Meyers/Mary Dallman • Professional Boundaries & Social Media – Margaret Holm • Patient Advocacy & Patient Engagement – TBD • NCQAC 101 & the Disciplinary Process – TBD • Continuing Competency Requirements – Teresa Corrado • HEAL-WA-Valerie Lawrence • What Would Florence Do? Video – TBD Cross-Cultural Communication in Health Care – Rosetta Eun Ryong Lee • Civility Matters® – Cynthia Clark, School of Nursing, Boise State University or Civility in Nursing - Margaret Holm/Mary Dallman • Compassion Fatigue – Donna Poole • Just Culture – Early Remediation Program – TBD • Regulatory Issues –Deb Soholt, MSN, RN, South Dakota Senator
<p>Project Evaluation</p>	<ul style="list-style-type: none"> • Will be done as part of the overall plan based on CEARP Requirements • Will perform an internal evaluation to identify areas for improvement for future conferences



Find answers to frequently asked questions and questions not addressed in the Twitter Town Hall ...



Review feedback and ideas on how Results Washington measures progress.



Video message from the Governor



World Class Education



Prosperous Economy



Sustainable Energy
and a Clean Environment



Healthy and
Safe Communities



Efficient, Effective and
Accountable Government

2013 Lean conference

More than 2,000 people recently attended our two-day conference in Tacoma to find out more about Lean thinking and tools. [Learn more ...](#)

Learn about Results Washington

Results Washington is Gov. Inslee's data-driven performance management and continuous improvement system. [Learn more ... \(PDF\)](#) and see Gov. Inslee's [new strategic framework \(PDF\)](#).

Get engaged and stay connected

[Learn more about past feedback opportunities and our plan to respond to feedback.](#)

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FEATURED LINKS

- [Apply Lean](#)
- [Find resources from 2013 Lean conference](#)
- [Manage performance audits](#)

ABOUT US

- [Measure results](#)
- [Gov. Inslee's New Strategic Framework](#)



Policy Brief
September 2013

By setting clear goals and continually tracking results, the state will be better equipped to engage its employees, partners and the public in building a healthier, better-educated and more prosperous Washington.



World-Class
Education



Prosperous
Economy



Sustainable Energy
and a Clean
Environment



Healthy and Safe
Communities



Efficient, Effective
and Accountable
Government

www.results.wa.gov

Results Washington: A more efficient, effective and transparent state government

Any organization functions better — and gets better results — when its decisions and actions are guided by solid data. Washington has seen this firsthand. Over the past decade, for example, our data-driven “Target Zero” traffic safety program has helped reduce the state’s fatality accident rate to record lows. Intensive data-gathering has helped us speed up our response to reports of child abuse and streamline delivery of government services, from water permit approvals to vehicle registration renewals. Now we’re taking it to a new level.

Governor Inslee believes we can do more to ensure a faster, smarter and more accountable state government — a government focused on key goals that will help strengthen our economy, improve our schools and make Washington an ideal place to live and do business. By setting clear goals and continually tracking results, the state will be better equipped to engage its employees, partners and the public in building a healthier, better-educated and more prosperous Washington. Indeed, the Governor is delivering on his inaugural address promise that “We will provide efficiency, effectiveness and transparency.”



Washington has long been a national leader in adapting proven private-sector methods and tools to measure and improve state government performance. For the past eight years, tools such as the Government Management Accountability and Performance (GMAP) program and Lean process improvement tools and techniques have been used to improve individual state agency performance.

The state is now poised to launch [Results Washington](#), a new system combining the best aspects of GMAP with a significantly expanded Lean initiative that involves all state agencies. Results Washington will use the latest technology to routinely gather, review and display performance data which will make it easier for citizens to see for themselves how well state government and its many partners — such as school districts, local governments and community organizations — are delivering services and meeting key performance goals.

An innovative and data-driven approach to governing

Governor Inslee started this effort by identifying the vision, mission and top goal areas of his administration:

- » [World-Class Education](#)
- » [Prosperous Economy](#)
- » [Sustainable Energy and a Clean Environment](#)
- » [Healthy and Safe Communities](#)
- » [Efficient, Effective and Accountable Government](#)

These goals tie into his “Building a Working Washington” agenda and encompass everything from transportation and education to health care and a clean environment. Goal councils, composed of agency directors, representatives from the Governor’s budget and policy offices and the Results Washington team, were established for each goal area. The Results Washington team will work with agencies to gather and review performance data. This will provide valuable real-time information to help state managers spot trends and make data-driven decisions that will improve quality, speed up service delivery and support meeting improvement goals.

Access to an unprecedented array of performance data

Governor Inslee’s goal councils identified key outcome measures and leading indicators for each of his five goal areas. These indicators require agencies to work together in developing strategic plans to meet the established goals. Results Washington will provide unprecedented transparency and access to information about how well we’re making progress toward the goals. The goal councils, Results Washington team and Lean fellows will meet monthly to review performance data with the Governor, covering one goal area per month on a rotating basis. The data will be displayed and updated — with charts, graphs and context — on the Results Washington web portal.

Expanding state government’s Lean initiative

Washington’s businesses and health care industries have discovered the value of Lean as a way of doing business and achieved tremendous results. Lean is a system of proven principles, methods and tools that encourages employee creativity and problem solving. Lean is applied at all levels of an organization to review policies and procedures from a customer’s point of view and consider what adds value and what can be eliminated. As part of Results Washington, we are creating a new Lean fellowship program, led by a Lean expert, to work side-by-side with agencies on performance improvement plans. Lean efforts will help state agencies more efficiently serve the people and businesses of Washington.

Engaging employees, partners and the public to deliver results

Previous state government performance management efforts typically measured only selected state agency outcomes. While Results Washington will continue to do that, it will also have a broader focus. Results Washington will use higher-level measures that gauge how well state government — and its public and private sectors partners — are doing. For example, one proposed outcome measure in the Prosperous Economy goal area is increasing the average wage for workers statewide. In the World-Class Education goal area, one proposed outcome measure is increasing the percentage of children enrolled in high-quality early learning programs.

Governor Inslee understands that state government alone cannot deliver success. By setting the vision and mission, and establishing clear expectations of continuous improvement against clear goals and targets to achieve, we will build a healthier, better-educated and more prosperous Washington.

“Let’s get it done.”



“ We can do this for the health of our family and the health of our economy. ”

Healthy & safe communities

All Washingtonians deserve access to high-quality and affordable health care. They also expect to be safe and protected in their community, on the road and at work. We've developed preliminary outcome measures that focus on ensuring all Washingtonians are healthy, safe and supported.

Review and share your feedback

We've [mapped out sub topics, outcomes and leading indicators](#) for this goal. We welcome feedback at Results@gov.wa.gov.

Review draft outcomes

HEALTHY PEOPLE

Provide access to good medical care to improve people's lives

Healthy Babies

Decrease the percentage of preterm births from 9.6% in 2011 to 9.1% by 2016

Healthy Youth and Adults

Decrease the percentage of adults reporting fair or poor health from 15% in 2011 to 14% by 2017

Access/Pay for Quality

Decrease the rate of uninsured in state from 15% to 6% by 2017

SAFE PEOPLE

Help keep people safe in their homes, on their jobs and in their communities

Public

Decrease the rate of return to institutions for offenders from 27.8% to 25.0% by 2020

Traffic

Decrease the number of traffic-related fatalities on all roads from 454 in 2011 to zero in 2030

Worker Safety

Decrease workplace injury rates that result in missing 3 or more days from work from 376 per 100,000 full-time workers to 354 per 100,000 full-time workers by 2016

SUPPORTED PEOPLE

Help the most vulnerable people become independent and self-sufficient

Protection and Prevention

Decrease the rate of children with founded allegations of child abuse and/or neglect from 4.17 to 4.05 by 09/30/2014

Stability and Self-Sufficiency

Keep the percentage of residents above the poverty level 1.7% higher than the national rate through 2030

Quality of Life

Increase the percentage of supported seniors and individuals with a disability served in home and community-based settings from 86.6% to 87.2% by 06/30/2015

[View the draft leading indicators associated with these outcome measures. \(PDF\)](#)

What do these terms mean

Definitions for performance measurement terms may be helpful as you review the [draft measures and indicators \(PDF\)](#) above. There are three levels of information to think about for each of Gov. Inslee's goals.

- **Goal topic:** each goal is broken up into specific goal topics that organize how we define and measure progress on the larger goal.
- **Outcome measure:** each goal topic includes one or more outcome measures that identify the results we want to achieve over time.
- **Leading indicators:** the progress on each outcome measure is determined by a set of specific, detailed, quantifiable indicators. This is the data our state agencies regularly report to the Results Washington team.

Governor's goal council

Results Washington is distinctive for a number of reasons, including the cross-agency collaboration to draft the goals, outcome measures and leading indicators. The agencies listed to the left participated as a goal council in the preparation of the first drafts now available to the public and others for comment. They, and other state agencies and partners, will be working together to achieve the goals of Results Washington to provide a data-driven approach to decision making and making that process open and transparent to the public.

- [Measure results](#)
 - [World-class education](#)
 - [Prosperous economy](#)
 - [Sustainable energy & clean environment](#)
 - [Healthy & safe communities](#)
 - [Goal map](#)
 - [Efficient, effective & accountable government](#)
- [Apply Lean](#)
- [Improve performance audits](#)

Participating agencies/groups

- [Services for the Blind](#)
- [Department of Corrections](#)
- [Family and Children's Ombudsman](#)
- [Office of Financial Management](#)
- [Department of Health](#)
- [Health Care Authority](#)
- [Hispanic Affairs Commission](#)
- [Department of Licensing](#)
- [Department of Social and Health Services](#)
- [Washington State Patrol](#)
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Diversity Mentorship Program for Nursing

As our nation grows increasingly more diverse, our health care system and workforce must adapt to meet the changing needs of our patient population. A key strategy to promote health equity is to improve the cultural and linguistic competency and the diversity of the health-related workforce.¹ Washington State's nursing workforce has yet to reflect our population in terms of race and ethnicity. The 2010 U.S. Census reports the national percentage of Black persons is 13.1%, and 3.8% of Washington State's population.² Black/African American persons comprise less than 1% of Washington's RN population.³ The 2010 Census reports that persons of Hispanic or Latino origin are nearly 16.7% of the US population, and nearly 11.6% of Washington's population,⁴ but only 2% of Washington's RN population.⁵ Black, Asian/Pacific Islander (API), two or more races, and Hispanic populations expected to increase in proportion to Washington State's total population through 2030.⁶

The overarching goals of the Washington Center for Nursing's Diversity Initiative is to promote a nursing professional community that more closely reflects the diversity of the population of Washington State, and a nursing professional community that is competent in working within multicultural communities (Master Plan for Nursing Education, 2008). The WCN Diversity Mentorship Program for Nursing is WCN's focused strategy to promote retention among nursing students and new graduates of color, identified by the WCN Board. In April 2012, WCN hired the first Diversity Network Director, Dr. Christine Espina.

In August 2012, Dr. Espina first work was to develop a Diversity Initiative advisory committee comprised of a group of nurse leaders from different practice and specialty areas. The committee then helped design an online needs assessment in late winter 2013 to understand the needs among students and new graduates of color and/or from under-represented ethnic communities around mentoring. Three audiences were surveyed: current nursing students of color in Washington State, new graduates of color in Washington State, and experienced nurses who want to work with individuals from diverse communities as a mentor for students and graduates; nurses who identify as a person of color and/or with an under-represented ethnic community were strongly encourage to apply. WCN recruited participants via professional nursing associations and list-serves. The survey was conducted in March 2013 among 165 respondents. In partnership with a UW MPH graduate student, the survey was analyzed and the results are posted on WCN's website in a document titled "Diversity Mentoring Program Survey." The Advisory Committee recommended that the pilot initially begin in the Western Washington region, since 93% of the survey respondents were from Western Washington regions. In our survey, we found that formal mentoring is missing in nursing education and

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while working the first job as a RN.⁷ Our survey also revealed topics of interest that the students and new graduates would like to learn more about. The highest ranked topics of interest were work-life balance, developing a professional sense of identity, leadership and communication skills as a nurse, and transitioning from education to practice. Lateral violence/workplace bullying was suggested by committee members to include in our mentoring program, as this is a relevant and real practice issue that contributes to attrition rates.

In August 2012, the Washington Nursing Action Coalition and WCN were one of the recipients of the prestigious RWJF Academic Progression in Nursing (“APIN”) grants. The focus in Washington State is to increase capacity and improve quality of RN-BSN nursing education, and to support more under-represented students in attaining baccalaureate nursing degrees. The mentoring program aligned with the APIN grant goals, and the focus was narrowed to supporting RN-BSN students and new graduates in the pilot mentoring program.

Mentors serve as a support to students as they adjust to the culture of the profession, face struggles and celebrate accomplishments in the field. In our program, the mentoring relationship focuses on relational, emotional and professional development. Mentors do not give clinical and technical advice. The program goal is to harness and share the knowledge seasoned professionals have acquired through their experiences in nursing with students and recent graduates entering into programs and clinical practice.

Supporting Research

Diversity Mentorship Program for Nursing

A review of the literature supports that retention and quality of education is improved when students are paired with a mentor. The research shows that students are more likely to complete their educational programs and remain in their first professional positions, a time that can be particularly challenging in healthcare fields. Simply stated, mentoring increases retention and improves the quality of students in nursing programs. “Results demonstrate that mentoring is associated with a wide range of favorable behavioral, attitudinal, health-related, relational, motivational, and career outcomes...

Generally, larger effect sizes were detected for academic and workplace mentoring.”⁸

“Some writers maintain that mentorship is a research-based intervention that addresses the improvement of nurses’ confidence, promotes professional development, and encourages lifelong learning”.⁹

“Mentoring involves a voluntary, mutually beneficial and usually long-term professional relationship. In this relationship, one person is an experienced and knowledgeable leader (mentor) who supports the maturation of a less-experienced person with leadership potential (mentee)”.¹⁰

A sampling of the literature shows clear links exist between success in the field of nursing and the implementation of mentoring strategies, as shown in **The California Nurse Mentor Project: Every Nurse Deserves a Mentor**¹¹, and **Nursing Economics**¹².

Furthermore, a recent study indicated, “the weighted averages show the attrition rate for non-participants was 23% and the attrition rate for participants (with mentors) was 8%. In comparing the two groups, a nurse participant’s probability of leaving within the first 12 months was only about one-third of the probability of leaving for non-participants. This strongly suggests that participating as a mentee in the mentorship program can drastically reduce attrition early in a nurse’s career.”¹³

We have focused our mentoring program for under-represented students and new graduates because we know that health disparities affecting racial and ethnic minority populations persist, despite national efforts to reduce racial and ethnic health disparities.^{14, 15}

Participants

We had twenty experienced nurses express interest in learning more about the mentoring program, thirteen of whom applied. Based on mentee preferences indicated in the mentees’ applications, we invited ten of the mentor applicants to the three-hour October training. Of the ten who were invited, eight are now working with students or new graduates. The majority of the mentors found out about the program through their work, or through professional nursing organizations which they belong to.

We had thirteen new students/new graduates express interest in learning more about the mentoring program, ten of whom applied. We invited all ten to work with mentors, and nine chose to participate during the pilot year.

Applications were reviewed by the program director and WCN Diversity Advisory Committee volunteers.

Mentor and mentee participants reside, study, and work all over the Puget Sound region.

The mentees are the student counterparts entering or currently enrolled in nursing education programs, or recent graduates who are in various stages of their scholastic and career pathways. Mentors are aiming to help upcoming nurses to promote personal and professional growth and foster development. The mentors will guide and model how to work through struggles and challenges and celebrate successes with a focus on relational and emotional support, professional development and networking in the field. Mentors do not provide clinical or technical education; this is the responsibility of college and university faculty and employer-based residency/preceptorship programs. For our pilot, we’re working with eight mentors who feel comfortable with working with people from under-represented backgrounds, or may identify with a community of color or ethnic community. We are slowly building a network of nurses who are interested in giving back to the profession through supporting and mentoring emerging future nursing leaders from under-represented communities.

Communication Plan

After the needs assessment in spring 2013, the advisory committee then focused on developing communication tools to recruit applicants, and developing the training curriculum for mentors.

In consultation with Desautel Hege Communications, a communication plan for the mentoring program was developed. Recruitment flyers and FAQs were designed to recruit participants, and participants were recruited via list serves via nursing schools, large health systems, and professional nurses associations and organizations. As part of the larger work of the RWJF APIN grant, current nursing students were recruited from RN-BSN programs in Washington State. Nursing student participants are from University of Washington—Bothell and Olympic College, who helped us recruit via student list serves; interested participants contacted WCN through self-selection.

Program Structure

Training Materials & Workshop

In spring 2013, the WCN Diversity Initiative Advisory Committee developed the training materials for the mentors. Amy Riedel PhD, workforce career advisor, projects coordinator, and adjunct faculty at Whatcom Community College, served as a consultant in training material development. Ms. Riedel developed and launched a mentoring program for Whatcom Community College's nursing program from 2007-2011. The training was structured around reflective mentoring and practice, which is a collaborative relationship-based mentoring approach for professional growth that is strength-based. It involves the practice of examining with the mentee their thoughts, feelings, and actions, and reactions evoked in the course of working closely with patients, their families, and their team.

In this model, the mentor creates a safe, trusting time for the mentee to reflect on their feelings about the work they are doing, listens, and asks questions that assist them to discover the next steps in course of action. This relationship provides a parallel process—the experiences the mentee has can affect the way they interact with patients/peers/co-workers—in providing an opportunity for support and guidance that aids them with that same kind of relationship their mentor is modeling with them. This interlocking network of relationships is the foundation that enhances reflection leading to a higher quality practice^{16,17}

On October 8th, 2013, WCN sponsored a three-hour mentor training, where eight mentors completed the training. One mentor met with the program director for one-on-one training on October 23rd. Best practices for mentoring and general program expectations for mentors were reviewed, and mentoring was presented along the framework of reflective practice. Mentors are supported via online resources and links sent out regularly, and quarterly “mentor socials”, organized by the program director. Mentees have completed the program agreement form, and discussed program expectations with the program director. The mentors and mentees have all met and communicated, and will continue the mentoring relationship throughout the year through October 2014.

WCN Diversity Initiative Advisory Committee volunteers and the program director “matched” the mentors and mentees, based on application details. The program director reviewed program expectations and guidelines with mentees via telephone. Mentors and mentees have agreed to participate in on-going evaluation throughout the pilot year, through surveys and an interview, as described in the program agreement form for both mentors and mentees.

Mentors and mentees determine how often to communicate. We recommend they check-in with each other at least twice a month. Some matches have agreed to talk/email/call weekly, depending on the mentee’s needs.

Moving Forward

We have begun conversations with a few key players in Central and Eastern Washington about plans for expanding the program starting in autumn 2014, when the pilot is completed. Christine Espina will be transitioning out of WCN after 2013, and Amy Riedel will be the interim mentoring program director.

Dr. Susan Johnson, UW-Tacoma nursing faculty, will conduct the evaluation of the pilot mentoring program in July, August, and September 2014. Based on the evaluation plans, the program will be adapted for the next cohort of participants state-wide. We anticipate wide-spread adoption of our mentoring program, with the overarching goal to support more under-represented students into and through nursing and their transition to practice.

¹ Learn about the National Partnership for Action. (2011). Retrieved June 25, 2013 from <http://minorityhealth.hhs.gov/npa/templates/browse.aspx?lvl=1&lvlid=11#goal>

² Washington State Quickfacts: U.S. Census Bureau. (2011). Retrieved June 25, 2013 from <http://quickfacts.census.gov/qfd/states/53000.html>

³ Skillman, SM, Andrilla, CHA, et al. (2008). Demographic, education, and practice characteristics of Registered Nurses in Washington State: Results of a 2007 survey. WWAMI Center for Health Workforce Studies, University of Washington.

⁴ Washington State Board for Community and Technical Colleges. (2009). *Student demographics and enrollment (Academic year 2008-2009)*. Retrieved from <http://www.sbctc.ctc.edu/college/it/2008-09ayr/3enroll0809.pdf>

⁵ Skillman, SM, Andrilla, CHA, et al. (2008). Demographic, education, and practice characteristics of Registered Nurses in Washington State: Results of a 2007 survey. WWAMI Center for Health Workforce Studies, University of Washington.

⁶ Washington State Board for Community and Technical Colleges. (2009). *Student demographics and enrollment (Academic year 2008-2009)*. Retrieved from <http://www.sbctc.ctc.edu/college/it/2008-09ayr/3enroll0809.pdf>

⁷ Washington Center for Nursing. (Mar 2013). “Diversity Initiative Mentoring Program Survey.” Retrieved at http://www.wacenterfornursing.org/uploads/file/WCN_Mentoring_Program_Survey-Full_Report_FINAL.pdf

⁸ Journal of Vocational Behavior, Vol. 72, Issue 2, April 2008, pg. 254-267

⁹ Jakubik et al., 2004 **3**. CNA (2004), p. 24. Joyce F. Mills, MS, RN, PHN **5**. Anna C. Mullins, DNSC, RN, 200;26(5):310-315

¹⁰ CNA (2004), p. 24.

¹¹ Joyce F. Mills, MS, RN, PHN

¹² Anna C. Mullins, DNSC, RN, 200;26(5):310-315

¹³ Joyce F. Mills, MS, RN, PHN

¹⁴ Orsi, J. M., Margellos-Anast, H., & Whitman, S. (2010). Black-White health disparities in the United States and Chicago: a 15-year progress analysis. *Am J of Public Health, 100*(2), 349-56. doi:10.2105/AJPH.2009.165407

¹⁵ Sondik, E. et al. (2010). “Progress toward the Healthy People 2010 Goals & Objectives.” *Ann Rev PH, 31*:271-281. doi: 10.1146/annurev.publhealth.012809.103613

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- ¹⁶ Parlakian, R. (2001). Look, listen, and learn: Reflective supervision and relationship-based work. Washington, D.C: ZERO TO THREE
- ¹⁷ Heffron, MC & March, T. (2010) Reflective supervision and leadership in infant and early childhood programs



To: Paula Meyer, Executive Director, NCQAC
Anne Shuchmann, Deputy Director, NCQAC
From: Linda Tieman, Executive Director
Re: Deliverable 5 (e) and 6 (f) Regarding WCN & WA Nursing Action Coalition progress
Date: 12/20/13
CC: WCN Board of Directors

This is a follow-up to the June 2013 report on the progress of the Washington Center for Nursing (WCN) and the WA Nursing Action Coalition (WNAC) and the IOM recommendations on nursing. "Report on WCN and WNAC annually."

The WCN Board for 2013 & 2014 are listed, as are the WA Nursing Action Coalition members. Paula Meyer has served as an Ex-Officio member of the latter, and has presented information on several issues to the WCN Board during the year.

Highlights:

Education: The Council on Nursing Education in Washington State (CNEWS) has worked collaboratively and expertly to advance nursing education in Washington, in support of the IOM Report and in the interest of students. They have been strong leaders speaking to nursing education issues.

The education work is focused on the IOM recommendations related to residencies, the goal of at least 80% BSN or higher by 2020, and the goal of doubling the number of nurses with a doctorate by 2020. The WNAC Education workgroup has gathered data on residencies in WA, posted a document on the WCN Website to help students evaluate on-line education programs, discussed issues such as the "tenurability" of DNP degrees at research universities and whether mandating BSN legislatively is important. Via the Academic Progression in Nursing (APIN) grant from the Robert Wood Johnson Foundation, four RN-BSN programs received small grants to support their work. Western Washington University, St. Martin University and Bellevue College have both accepted their first co-horts of RNB students and Wenatchee Valley College has completed the first step of its application to SBCTC for an RNB program.

Our reviews by independent evaluators under contract with RWJF to survey all APIN grantees (9 states) indicate that we are meeting all of their expectations. Our budget performance in the first grant year met their expectations. This puts us in a positive position to apply for a second APIN grant which will be awarded in August 2014, for two more years of work. We have every expectation that they will award the grant to us.

Several APIN grant team members and WNAC leaders participated colleagues from other states in national meetings regarding the IOM work. RWJF continues to say "all eyes are on Washington."

Most impressively, the Direct Transfer Agreement (DTA) academic work to expedite the progression of ADN grads to BSN is moving through the official approval bodies in WA State. Approved by the Joint Transfer Council, the DTA was lauded as a model for other associate-level educational programs. The expectation is that it will complete all steps in 2014 and be launched in 2015. The APIN grant funds supported Deans, Directors and faculty participation in this work.

Because completion rates for RN-BSN programs are not as high as desired, we sponsored two "Safe Table" events of mixed stakeholders to learn about the barriers and enablers for nurses in WA to complete their BSN.

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Safe Tables are an approach to research that provide protection for the participants and encourage frank dialog; they are managed by the UW Health Policy Center. The report is available on the WCN Website under "WNAC/APIN." The cost of RNB education and work scheduling issues are primary problems, as is the lack of differentiated practice in many organizations. An additional problem is the confusion created by a myriad of for-profit & not-for-profit, private & public, in-state & out-of-state programs, each with unique costs. In 2014, WCN will create a grid for potential students to use to review information from the various programs.

We are very concerned about the magnitude of turnover at the Community College Director level and the instability that this creates in the programs. Poor compensation, almost-overwhelming workloads and lack of support at the levels above this role continue to be problematic. We are talking with some areas where there is interest in exploring having a PhD Dean for nursing for several schools. This would elevate the leadership role and potentially create the environment to have a single curriculum, shared faculty, a single application process and fee, and better utilization of resources overall.

WCN funded an independent formal evaluation of the Rural Outreach Nursing Education Program (RONE) by the University of Buffalo Center for Health Workforce Studies, to be completed by March 2014. This will produce more qualitative than quantitative calculations. It is hoped that an independent evaluation of this unique program will encourage other healthcare professions to consider this educational model.

WCN continued to participate in the steering committee for the multi-state Rural RN Residency program, started in WA and residing now at Idaho State University.

WNAC sponsored a statewide webinar on the Future of Nursing report with speakers Dr. Susan Hassmiller, the RWJF co-lead on the Future of Nursing work and report, and Donna Meyer from the Association of Associate Degree Nursing programs. NCQAC/DOH were gracious co-hosts, providing IT support and making it possible for ~100 people to participate across the state.

Leadership: This group is focused on the IOM recommendations regarding nurses and leadership. A first survey of organizations that have a nurse on their board/want one/and nurses wishing to be on a board was completed and analyzed, and reported upon at the national RWJF meeting on Leadership in November. The next work is to match organizations with individuals if that's possible. Paula Meyer has been helpful being a liaison with the Governor's office department that identifies openings on boards & commissions. We will be attempting to partner with the Northwest Organization of Nurse Executives on programming in 2014 to help nurses learn more about Board work.

We completed several workshops for staff and charge RNs on leadership, with the focus on "Knowing Yourself" in order to be effective "Leading Others." "Be the Change you Want to See" was presented to ~130 of the same audience. These workshops will be repeated in 2014. We focus on staff and charge RNs who are not usually invited to leadership/management workshops.

50 staff and charge RNs' from a variety of care settings participated in an all-day "Delegation and Supervision" workshop, to be repeated in 2104.

We also provided leadership education for CNEWS and are working with their internal Capacity Building team to plan more in 2104.

Practice: The Practice group is morphing into an Interprofessional Education group, as that is one of the pillars of the RWJF work moving forward. We have a first meeting scheduled for January, 2014. We have a relationship with one of the consultants from the CMS-funded Interprofessional Education Center in the US, based at the University of Minnesota, and should be able to have her help us in our work. WCN's Executive Director served as moderator for a presentation on Interprofessional work in the Medical Home at the Northwest Primary Care Association meeting held in Seattle this fall.

The WCN Board believes that we should focus on the professional practice area more in 2014, with healthcare reform advancing, new roles for nursing emerging, and multiple threats to nursing practice appearing almost daily. Because nursing has not done an effective job describing what impact a nurse makes on patient outcomes, patient satisfaction, quality outcomes and cost, we continue to be undervalued and the profession seen as easily replaceable with less-educated workers who can perform simple skills. We are concerned about patient safety and outcomes more so than "saving" the profession.

Establishing mutual expectations between education and practice about the key knowledge, skills and attitudes of nurses continues to be most challenging. We have a great deal of data and information and now are at the stage of identifying how to have the more difficult conversations on what to change, how to change, and how to measure the impacts. In May we held a statewide webinar on "shared competencies" with a national expert who led this work in Massachusetts.

Image: In addition to continuing to promote nurse/healthcare "camps" across WA each year, distributing our brochures widely, and attending career fairs, WCN produced our first video on nursing, called "Be a Nurse." It has been positively received. It was also posted on Facebook and UTube, and widely distributed to counselors and to the WA State Career Bridge leaders. We plan to produce at least one more next year, and are working with stakeholders to determine which focus to take. The discussion above about image may direct us as the next video.

Our website is regularly updated, and we have 500+ "friends" on Facebook who follow us. We continue to seek opportunities to serve nursing and the public via social media.

Data: The "Snapshots" of the LPN, RN and ARNP populations in WA were updated, giving us 6 data points for comparison. I will bring copies to the January NCQAC meeting; they are on the WCN website under "Data and Resources." We are monitoring the numbers of nurses who are not renewing licenses; a preliminary look indicated that they are NOT primarily >60 years of age, which is concerning. In 2014, a second data set will be reviewed for comparison and for planning for an in-depth survey of those non-renewers. We need to understand what is causing younger RNs to leave the workforce to identify strategies to retain them.

WA is an outlier in the world of collecting and analyzing the National Nursing Minimum Data Set elements, except for Nursing Education. We are hopeful about the DOH project to fund the collection of the minimum data sets elements for nursing supply so that we will be able to more easily access those data as well as compare then to other states.

Diversity: The Mentoring program pilot for Minority/Underrepresented nursing students and new graduates was launched in October, with 8 pairs of mentors & mentees working together. The statewide research involving minority/URM nursing students and nurses provided rich data for the pilot design. A separate report is provided in the NCQAC packet. The intent is to have formal evaluation completed late in the summer, with statewide

formal launch in the fall. We had the good fortune to have a graduate student from the UW School of Education to help with data collection and analyses, and another from the UW School of Educational Policy, who produced a paper on the barriers for URM students at the K-12 and Higher Education levels. These reports will both be posted on our website by January 10 under the "Diversity" tab.

A stakeholder advisory committee worked with Dr. Christine Espina, the Diversity Network Director, for the past year and will continue, with a broader mandate and wider representation from across the state. WCN was fortunate to have Dr. Espina work with us for 18 months; she brought a community health perspective & outstanding international diversity experience, and developed important relationships across organizations and areas. She has left WCN to pursue other professional opportunities. WCN will be posting a full-time Diversity/Inclusion Director position after the first of the year.

The APIN grant for 2014 is requiring a rigorous diversity plan, on which we have a good start already. We have data already on faculty diversity and overall WA nursing workforce diversity. We have work to do to at the educational level to support students.

And:

- Our financial situation is stable but not growing. We continue to work with NCQAC and DOH regarding the smooth flow of surcharge funds to WCN.
- Once again we completed an independent audit with no findings. We want to expand the Center's capabilities; this will require a fund development plan.
- On October 30 WCN held a celebration of its 10 years of progress working for nursing and the population of the state! Hard to believe it's been more than 10 years since the idea was generated and funding for a center became reality.
- WCN continues to participate in the national Forum of Nursing Workforce Centers' work. WA had several nurse leaders presenting at the meeting in June in Scottsdale, AZ on collaboration between practice and education.
- The WCN Board held a visioning retreat in December, with the outcome of developing a renewed vision for the center's next 10 years. We will be soliciting input from stakeholders.
- The Board members have been deeply attentive and invested in the current and future work of WCN.
- The NCQAC and DOH staff has been outstanding in working with us to develop a new "deliverable" agreement with the surcharge legislation renewal and the expiration of the original contract. We appreciate the Commission's continuing support of this important work.

As always, email/call with comments or questions. Thanks for the opportunity to provide this update to you.

Washington Center for Nursing 2013 Directors & Officers



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Vacant

UFCW Position 1

USNU Local 141 UFCW

Vacant

UFCW Position 2

USNU Local 141 UFCW

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Washington Center for Nursing 2014 Directors & Officers



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St. Joseph Medical Center
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Judson Park
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Everett, WA
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Seattle, WA
Public Health Position

Lin Murphy PhD RN

Gonzaga University
Spokane, WA
CNEWS University Position

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NNONE position

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Everett, WA
NNONE position

Grace Yang RN BS

Harborview Medical
Center
SEIU Healthcare 1199NW
SEIU 1199 NW Staff RN position

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Nursing Care Quality Assurance Commission

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WA Prescription Monitoring Program

January 10, 2014

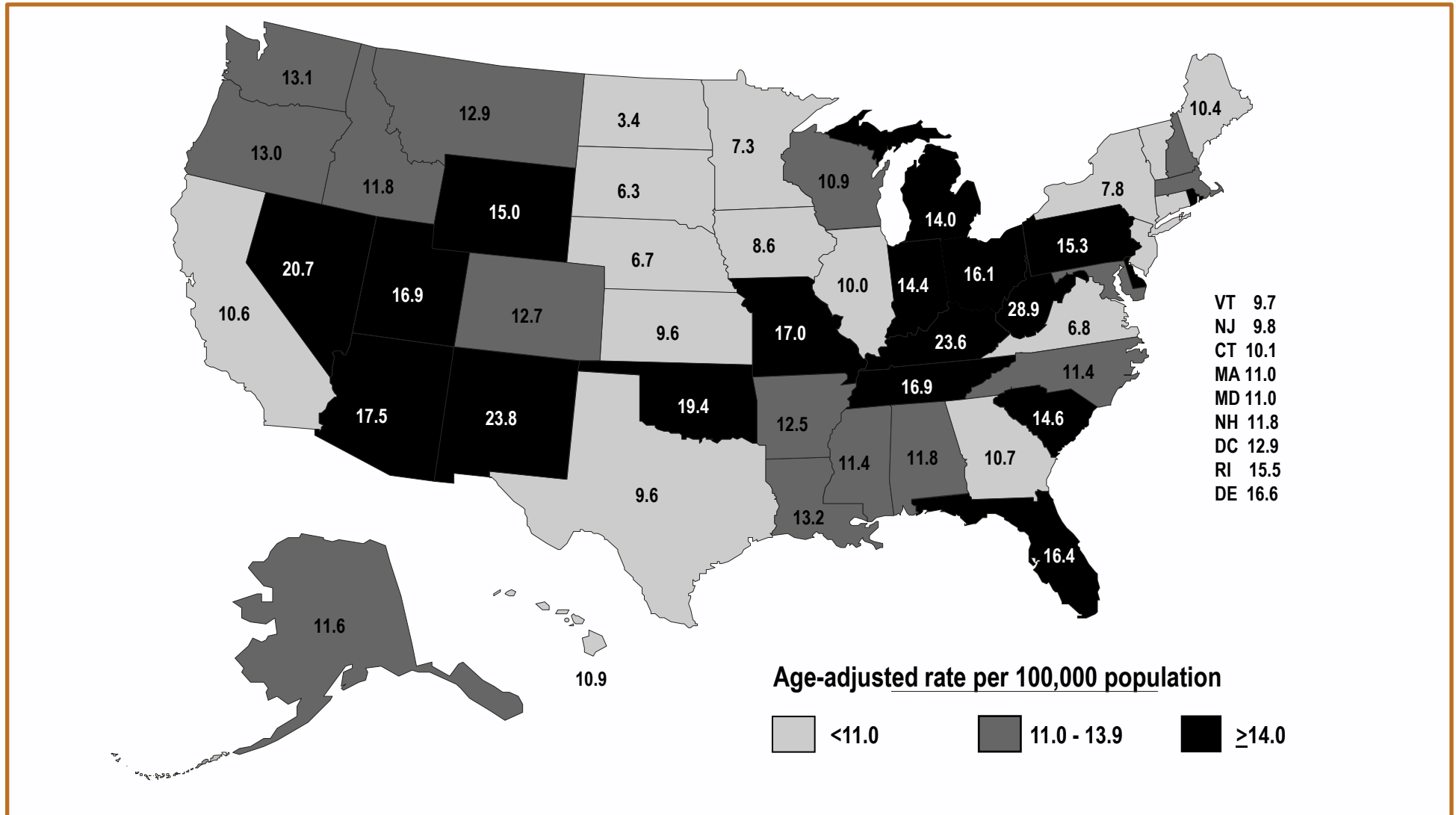


WA Prescription Monitoring Program

THE RX ABUSE EPIDEMIC

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Death Rates for Drug Overdose by State, 2010




Data: WONDER multiple causes mortality files, age-adjusted death rates for 2010. Deaths whose underlying cause was coded to unintentional (X40-44), intentional (X60-64, X85), or undetermined intent (Y10-14) drug poisoning.

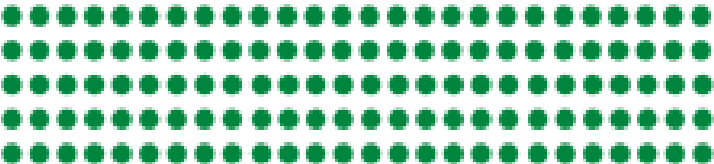
For every **1** death there are...



The Additional Impact

 **10** treatment admissions for abuse⁹

 **32** emergency dept visits for misuse or abuse⁶

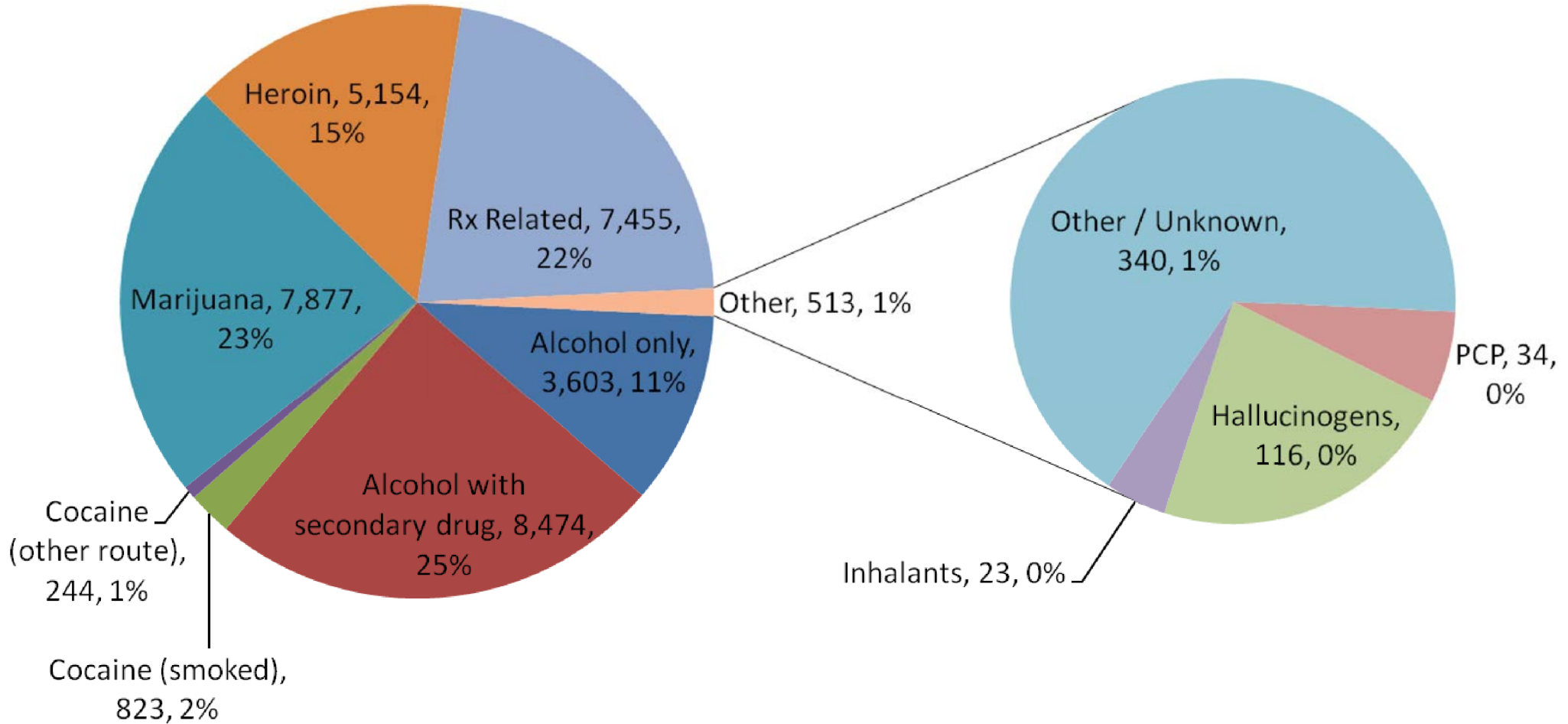
 **130** people who abuse or are dependent⁷

 **825** nonmedical users⁷

CDC Policy Impact: Prescription Painkiller Overdoses:

<http://www.cdc.gov/homeandrecrationalafety/rxbrief/index.html>

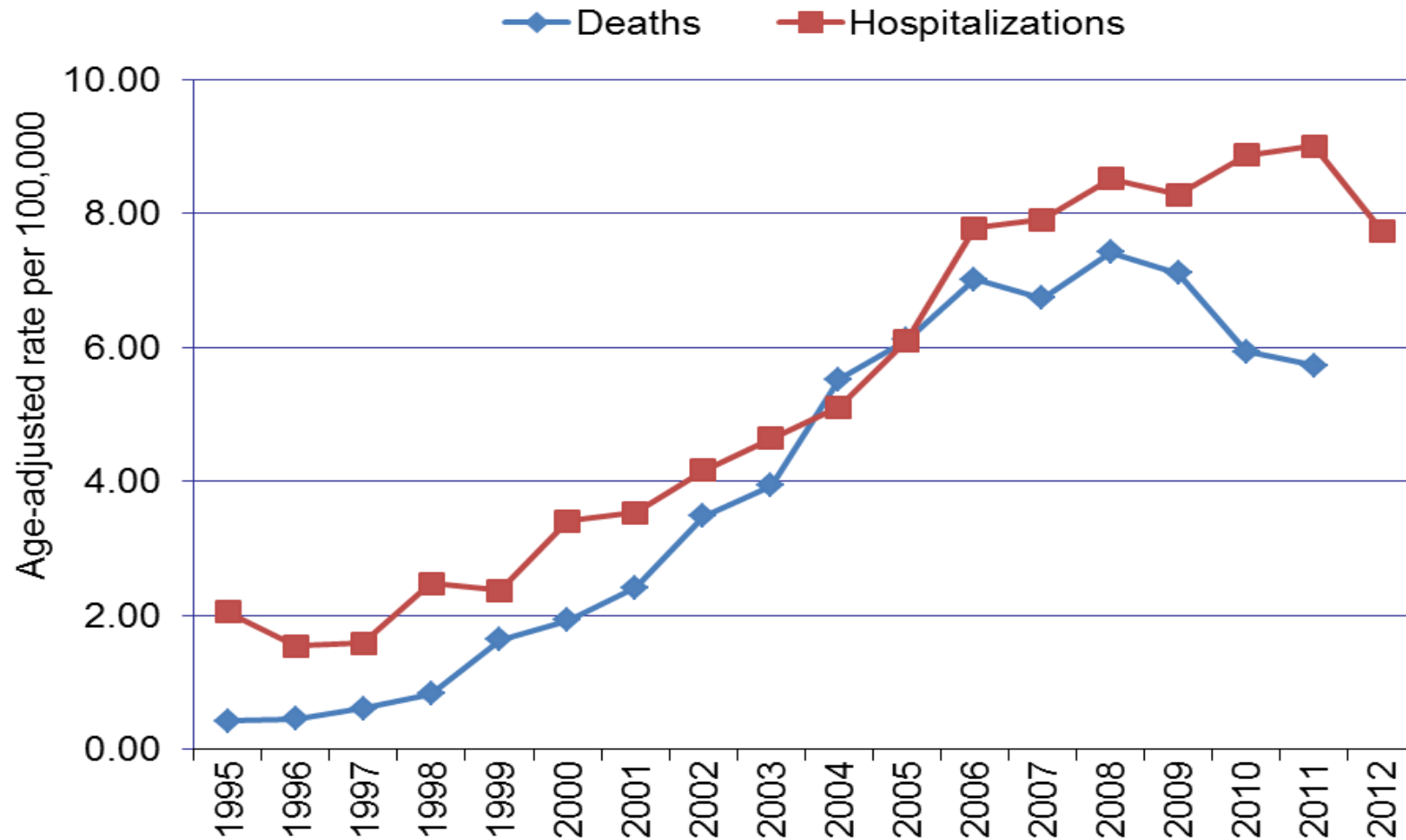
WA Treatment Admissions - 2012



* Substance Abuse Treatment Admissions by Primary Substance of Abuse – Treatment Episode Data Set

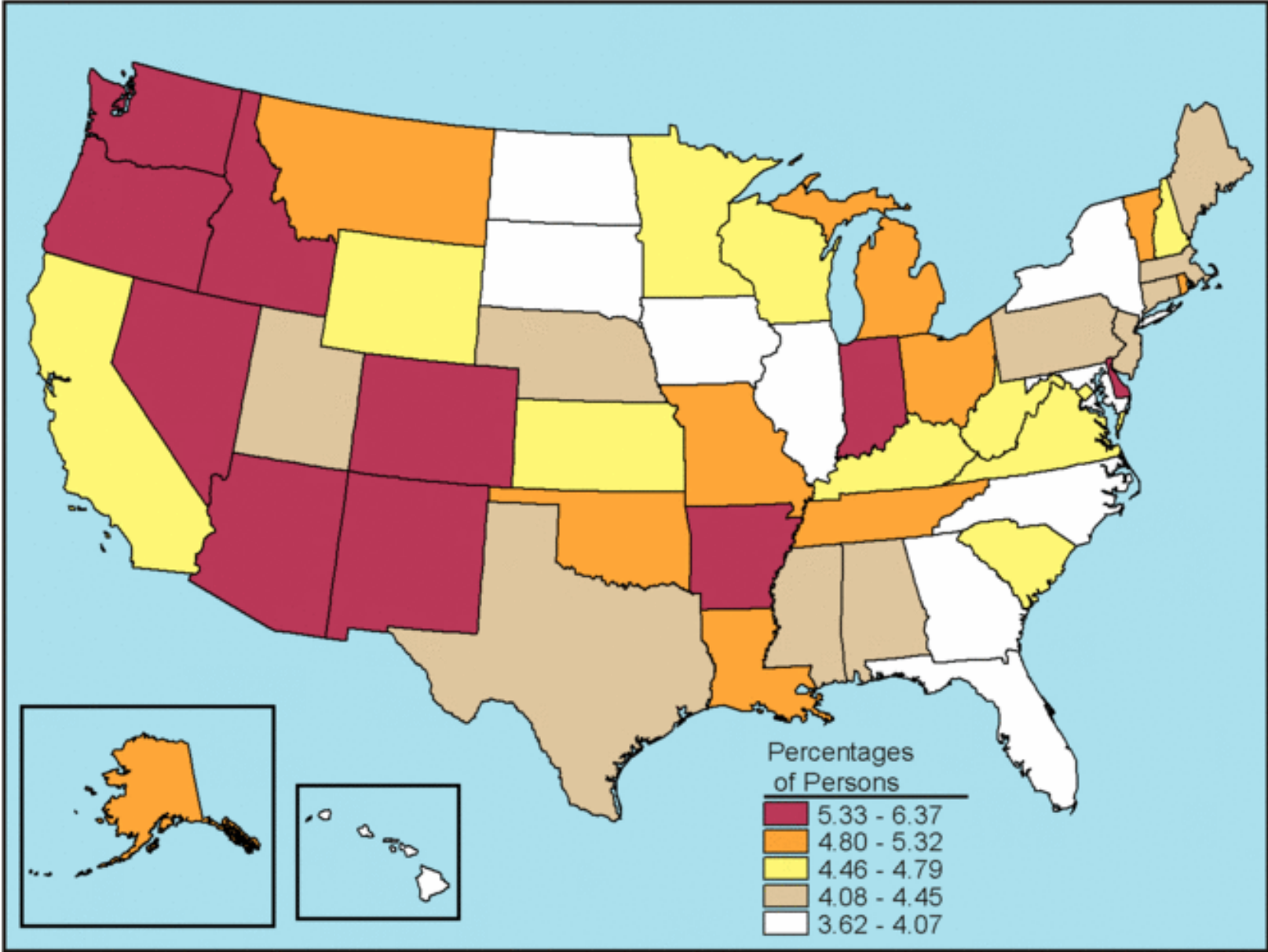
* Rx Related includes: Other Opiates, Amphetamines, Tranquilizers, & Sedatives

Prescription Opioid Involved Overdoses Washington State



Sources: Washington State Department of Health, Death
Certificates and Hospital Discharge Data

Non-medical Use of Pain Relievers in Past Year (12 or Older, 2010 & 2011)



* National Household Survey on Drug Use and Health (NSDUH) – Substance Abuse and Mental Health Services Administration

The PMP Solution- “An Overview”

- A PMP is a program designed to improve patient safety and protect public health with the goal of reducing overdose deaths, hospitalizations, and other related prescription drug abuse issues.
- Records for dispensing of controlled substances are submitted to a central database by pharmacies and other dispensers.
- Health providers and other authorized users are able to register for access, and once approved, can view information through a secure web portal.
- PMP information can help providers avoid duplicative prescribing and dangerous drug interactions; and help identify substance abuse or pain management issues.



WA Prescription Monitoring Program

PROGRAM OVERVIEW

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History



- Legislation was passed in 2007 (RCW 70.225)
- Federal funding was obtained in October 2010 to start implementing the program
- Rules were adopted in July 2011 (WAC 246-470)
- DOH contracted with an application service provider for data collection and reporting in July 2011
- An additional federal award was obtained in October 2011 to finalize implementation

Implementation Schedule

2011

- Begin Data Collection – October 1
- Begin Mandatory Reporting – October 7
- Begin DOH/PMP Staff/Licensing Board Access – October 26
- Begin Oversight Agencies Access – November 15
- Begin *Pilot* Data Requestor Access – December 1

2012

- Begin Data Requestor Access – January 4
- Begin Law Enforcement/Prosecutorial Agencies Access – February
- Begin Medical Examiners/Coroners Access – May
- Operations, Maintenance, Enhancements – ongoing

* Averaging over 900,000 records collected a month

PMP Operational Funding

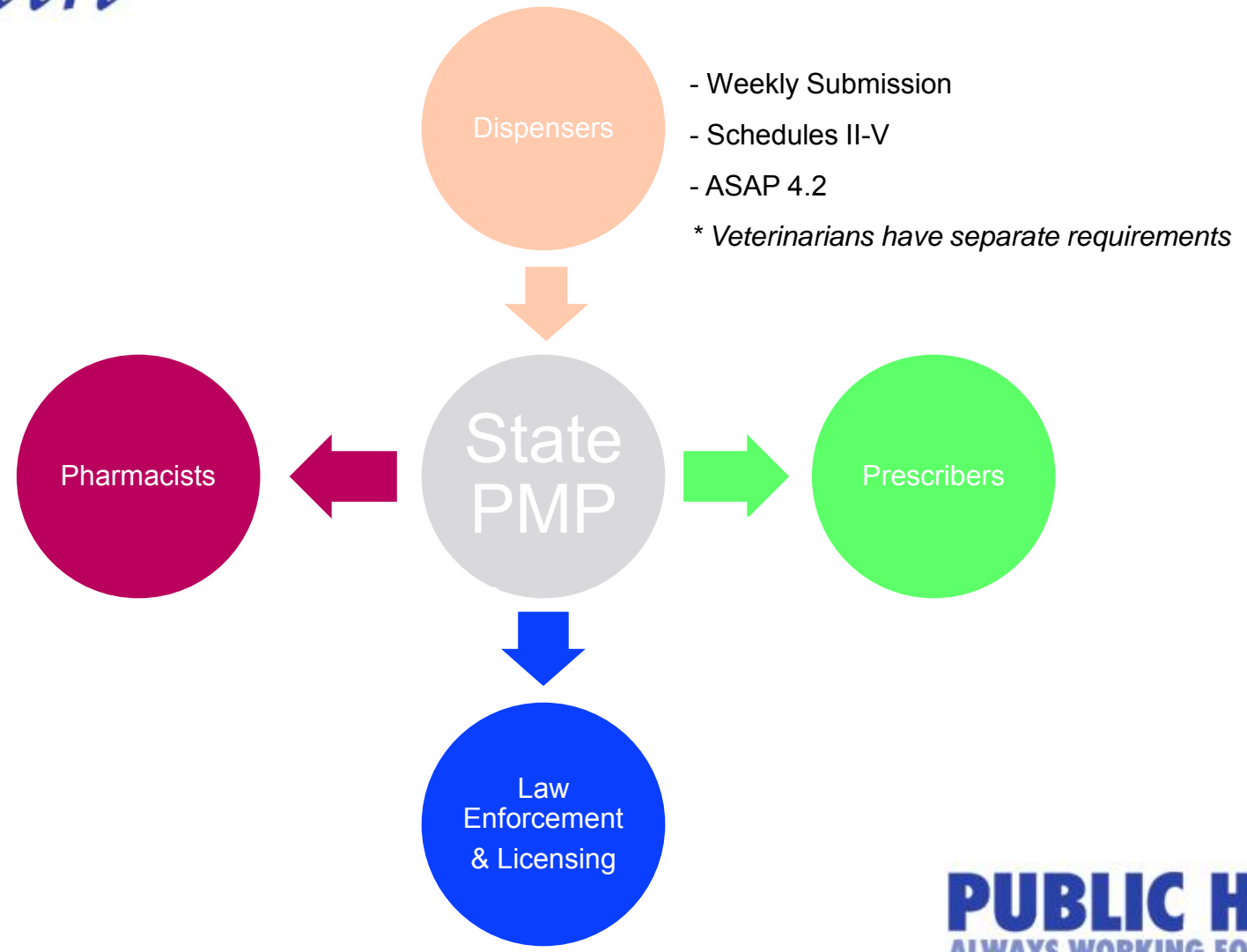
- HB 1565 provides ongoing funding through the Medicaid
 - Signed by Governor on 4/23
- The signed operating budget (6/30) includes funding for the PMP from this account and from HCA.
- The operating budget also includes a proviso requiring the PMP to integrate with EDIE.



DOH's Goals for Washington's PMP

- To give practitioners an added tool in patient care
- To allow practitioners to have more information at their disposal for making decisions
- To get those who are addicted into proper treatment
- To help stop prescription overdoses
- To educate the population on the dangers of misusing prescription drugs
- To make sure that those who do need scheduled prescription drugs receive them
- To curb the illicit use of prescription drugs

System Overview



*Other groups may also receive reports other than those listed

Who isn't required to submit data

- Practitioners who directly administer a drug
- A licensed wholesale distributor or manufacturer
- Prescriptions provided to patients receiving inpatient care at hospitals
- Pharmacies operated by the Department of Corrections (unless an offender is released with a dispensing)
- Veterans Affairs, Department of Defense or other federally operated pharmacies (Indian Health Services is now reporting voluntarily & Veterans Affairs should be soon)

Who Has Access

- Prescribers & dispensers - in regards to their patients
- Licensing boards – in regards to investigations
- Individuals – in regards to any prescription dispensed to them
- DOH/Vendor – in regards to program operation
- Law Enforcement/Prosecutor – for bona fide specific investigations
- Medical Examiner/Coroner – cause of death determination
- HCA (Medicaid), L&I (Worker's Comp), DOC (Offenders)
- De-identified information may be provided for research and education

Master Acct. Registrations

- Pharmacist 3,263 of 9,372
- Medical Doctor 5,168
- Medical Limited 204
- Physician Fellowship 2
- Teaching/Research 2
- Osteopathic Physician 487
- Osteopathic Limited 30
- Physician Assistant 973
- Osteopathic Phys. Assist. 17
- Nurse Practitioner 1,405
- Dentist 1,083
- Dental Community Resident 0
- Dental UW Resident 2
- Dental Faculty 0
- Podiatric Physician 85
- Naturopathic Physician 48
- Optometrist 45
- Veterinarian 27

09/30/13 – 9,578 total prescribers registered (25.9% of DEA Registrants)

Sub-Account Registrations

- Chemical Dependency Prof. 10
- Med. Assistant Certified 114
- Med Assist. Hemodialysis 0
- Med Assist. Registered 4
- Med Assist. Phlebotomist 1
- **Licensed Practical Nurse 57**
- **Registered Nurse 411**
- Nursing Assistant Reg. 12
- Nursing Assistant Cert. 6
- Dental Assistant 4
- Dental Hygienists 1
- Expanded Func. Dental Aux. 0
- Mental Health Counselor 5
- Marriage & Family Therapist 2
- Psychologist License 13
- Social Worker Advanced 6
- Social Worker Associate 5
- Counselor Agency Affiliated 2
- X-Ray Technician 1

Patient History Requests

- **CY 2012 Requests**

- 319,050 by prescribers
- 55,308 by pharmacists
- 32,330 by prescriber sub-accounts

- ***CY 2013 Requests**

- 325,115 by prescribers
- 258,710 by pharmacists
- 54,211 by prescriber sub-accounts

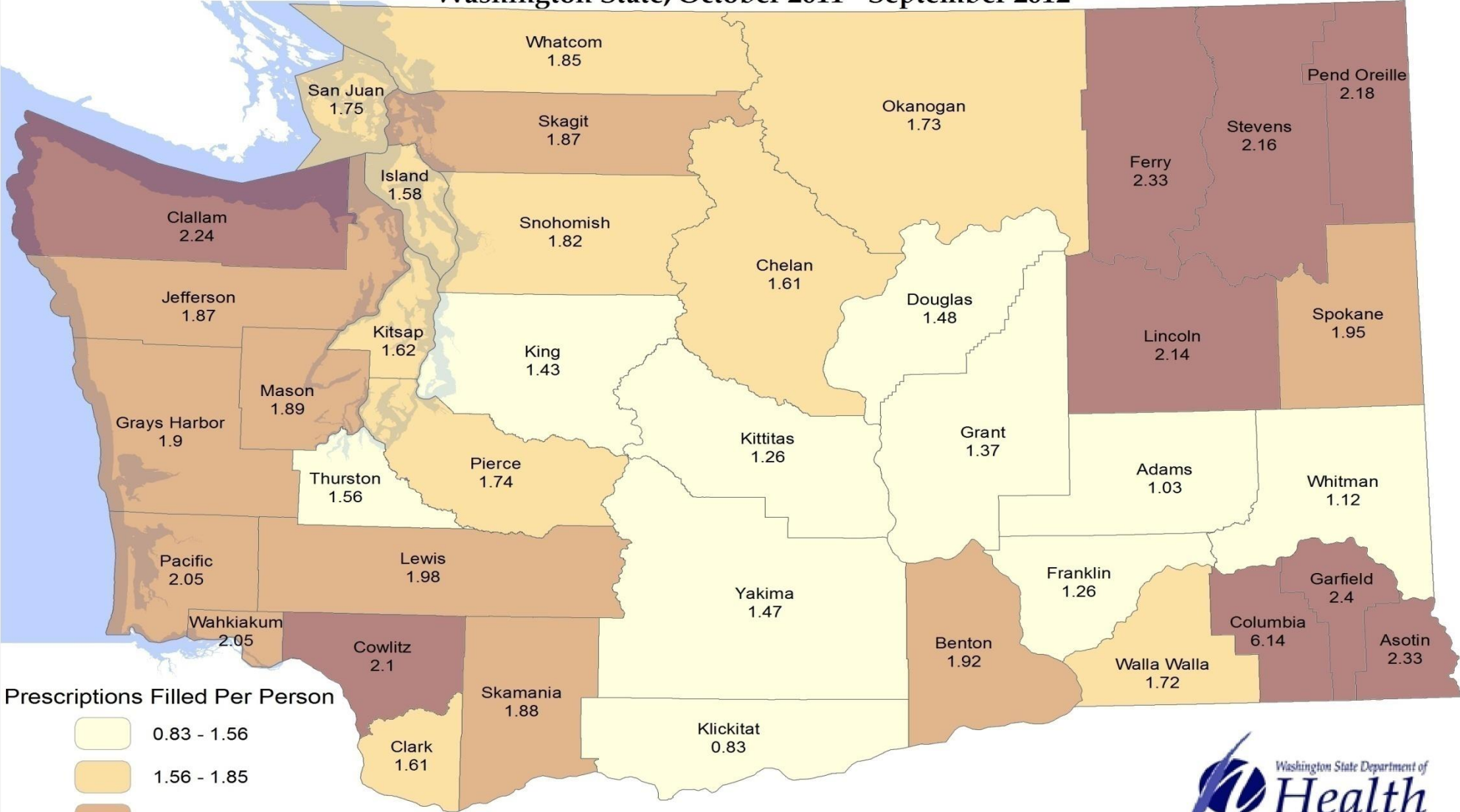
** Report was run on November 21, 2013*

Customer Satisfaction Survey Comments

- “This has changed my practice as an ER Physician. No single thing in the last 10 years has had such a positive impact on my practice and my patients as this program, so thank you!”
- “I really am grateful to have the PMP active. It is absolutely essential for any Pain Management practice and essential for any physician prescribing controlled substances.”
- “I believe that this program has literally saved the lives of several of my patients. I have been floored by the number of narcotics dozens of teenaged girls have been obtaining (1500 to 2000 pills in 6 months). I have been able to have meaningful interventions with them and their families.”

State Average: 1.88 Rx/Person

Controlled Substance Prescriptions Washington State, October 2011 - September 2012



Prescriptions Filled Per Person

- 0.83 - 1.56
- 1.56 - 1.85
- 1.85 - 2.05
- 2.05 - 6.14



November 30, 2012

Top 10 Drugs by Rx Count

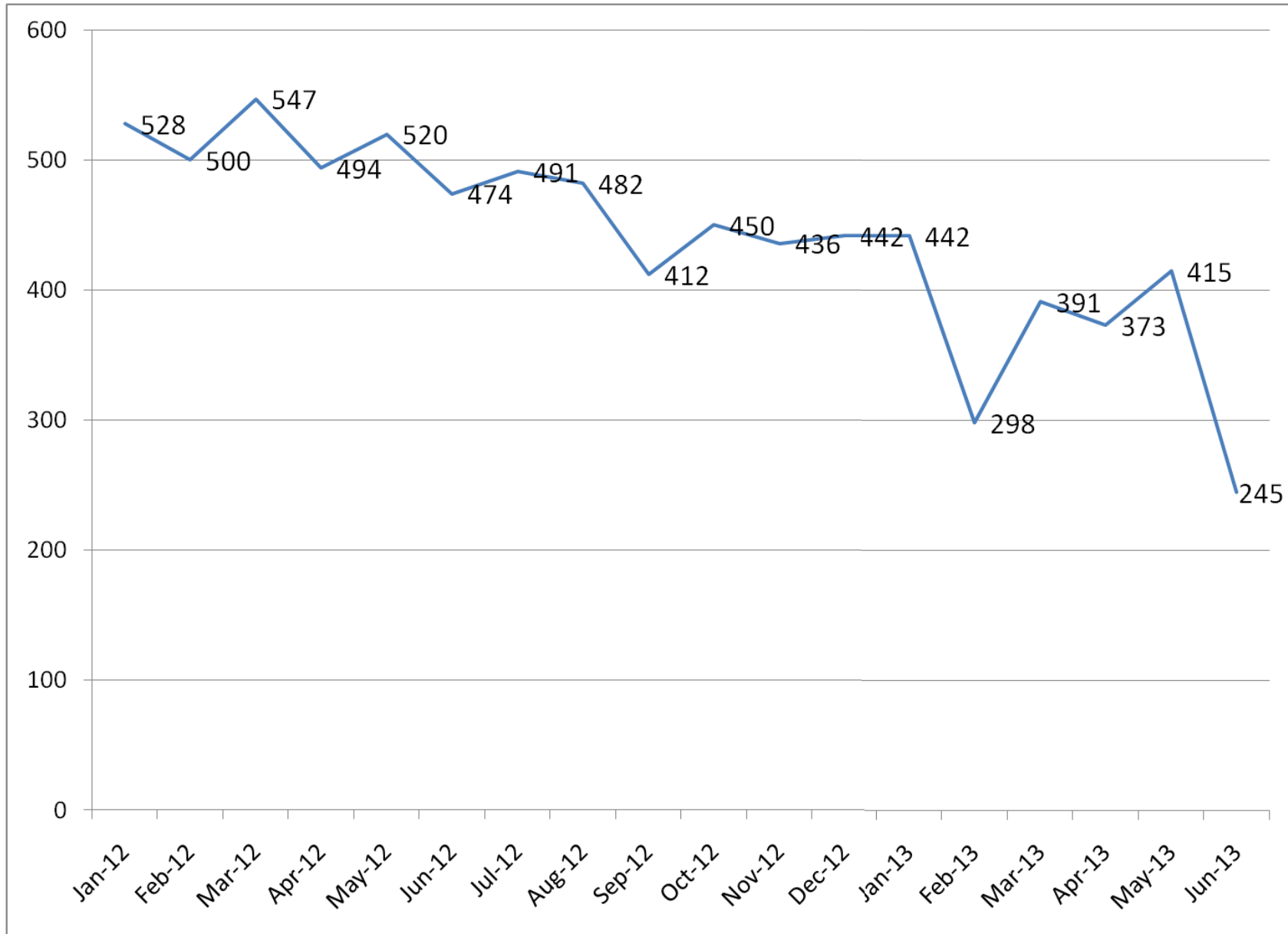
** Data pulled 01/04/13 covers CY 2012 to date | Enough Hydrocodone/Acetaminophen dispensed for each person in WA State to get 23 pills*

Generic Name	Number of RX	Total QTY	Total Days Supply
HYDROCODONE/ACETAMINOPHEN	2,921,740	156,525,266	35,389,898
OXYCODONE	899,846	84,702,464	15,557,002
OXYCODONE/ACETAMINOPHEN	894,746	51,465,471	10,637,304
ZOLPIDEM	888,327	27,681,658	26,143,793
ALPRAZOLAM	637,162	33,111,911	14,419,713
LORAZEPAM	625,973	29,029,145	12,769,898
CLONAZEPAM	513,499	30,464,949	14,633,766
AMPHETAMINE	462,452	24,453,072	13,427,580
METHYLPHENIDATE	393,112	20,742,827	11,757,459
MORPHINE SULFATE	323,580	24,304,227	7,566,306

of CS Recipients CY 2012

- 2,353,586 Washingtonians received a CS script in 2012 (34.52% of our population)
- Top 5 counties with highest % of their population receiving a CS:
 - Lewis (39.66%)
 - Spokane (38.77%)
 - Benton (38.54%)
 - Asotin (38.54%)
 - Lincoln (38.44%)

Patients with 5 or More Prescribers





WA Prescription Monitoring Program

FUTURE ENHANCEMENTS

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Interstate Data Sharing

- The technical components are now in place
- The next step will be putting into place data sharing agreements with state PMPs
- Once in place WA providers will be able to select additional states to request data from when using our system

Health Information Exchange

- We have built the connection to our state HIE (OneHealthPort) this summer.
- In phase II starting this fall:
 - Connection through the HIE to UW Medicine
 - Connection through the HIE to EDIE
- If you know of other organizations who would be interested in connecting this way please have them contact DOH

PROGRAM CONTACT

- **Program Staff:**

- Chris Baumgartner, Program Director
- Mariama Gondo, Operations Manager

- **Contact Info:**

- Phone: 360.236.4806
- Email: prescriptionmonitoring@doh.wa.gov
- Website: <http://www.doh.wa.gov/pmp>

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**DEPARTMENT OF HEALTH
NURSING CARE QUALITY ASSURANCE COMMISSION
POLICY**

Title:	Lists and Labels Recognition Criteria	Number:	J04.01
Reference:	RCW 42.56.070 (9)		
Contact:	Paula R. Meyer, MSN, RN (360) 236-4713		
Effective Date:	September 13, 2013		
Supersedes:	September 13, 2002; November 16, 2007; July 11, 2008; March 13, 2009; October 19, 2009		
Approved:	Suellyn Masek, MSN, RN, CNOR, Chair Washington State Nursing Care Quality Assurance Commission		

PURPOSE:

Pursuant to RCW 42.56.070(9) staff may give lists of individual nurses, including addresses, to professional associations and educational organizations recognized by the Nursing Care Quality Assurance Commission (NCQAC). An organization or association may be denied recognition by the NCQAC only for good cause after a hearing pursuant the Administrative Procedure Act, RCW 34.05.

PROCEDURE:

This procedure defines criteria for staff to evaluate applications for lists and labels by professional associations and educational organizations. Such associations or organizations meeting these criteria may be given lists of individual nurses, including addresses, upon payment of an appropriate fee as allowed by RCW 42.56.070(9).

If the applicant does not meet these criteria, a hearing before the NCQAC may be scheduled at the request of the organization or association's request.

Educational Organization

An accredited or approved institution or entity preparing professionals for initial licensure in a health care field or providing continuing education for health care professionals.

Professional Association

A group of individuals or entities organized to:

- represent the interest of a profession or professions;
- develop criteria or standards for competent practice; or,
- advance causes seen as important to its members, which will improve quality of care rendered to the public.

Revised: 09/13/13

NAME OF RECOGNIZED ASSOCIATION FOR PURPOSES OF LISTS/LABELS REQUESTS	DATE OF RECOGNITION
1. Council of Nurse Educators of Washington State (CNEWS)	9/13/13
2. Washington State Nurses Association (WSNA)	9/13/13
3. Washington Association of Nurse Anesthetists (WANA)	9/13/13
4. School Nurses Association of Washington (SNOW)	9/13/13
5. Association of Operating Room Nurses (AORN)	9/13/13
6. American College of Nurse Midwives	9/13/13
7. Midwives Association of Washington State (MAWS)	9/13/13
8. Washington Association of Perioperative Nurses (WAPN)	9/13/13
9. Washington State Hospital Association (WSHA)	9/13/13
10. Home Care Association of Washington (HCAW)	9/13/13
11. ARNP United	9/13/13
12. Association of Advanced Practice Psychology Nurses (AAPPA)	9/13/13
13. Rural Hospital Associations	9/13/13
14. Washington Hospice and Palliative Care Association	9/13/13
15. All approved schools of nursing as listed in the NCLEX Candidate bulletin for U.S. or U.S. territories jurisdictions	9/17/02
16. King County Nurses Association	9/13/13
17. Western University of Health Sciences, College of Graduate Nursing, 309 East Second Street, Pomona, CA 91766-1854	9/13/13
18. American Red Cross	9/13/13
19. RL University (California)	9/13/13
20. American Academy of Nurse Practitioners, PO Box 12846, Austin, TX 78711 (mjgoolsby@aanp.org)	9/13/13
21. Institute for Natural Resources , 2354 Stanwell Drive, Concord, CA 94250 (925) 609-2820	9/13/13
22. Fred Hutchinson Cancer Research Center	9/13/13
23. National Council of State Boards of Nursing (NCSBN)	9/13/13
24. Old Dominion University	9/13/13
25. Washington Center for Nursing – Seattle – Non profit organization	9/13/13
26. American Nurses Association (ANA)	9/13/13
27. West Sound Advanced Practice Association, 2916 NW Bucklin Hill Road, Suite 232, Silverdale, WA 98383 WSAPA@msn.com	9/13/13
28. Publishing Concepts Inc. (PCI) Virginia Robertson, 14109 Taylor Loop Road, Littlerock, AR 72223 vrobertson@pcipublishing.com	9/13/13
29. University of Phoenix, 3380 146 th Place SE, Suite 200, Bellevue, WA 98007 1-800-260-6977 meina.cheng@phoenix.edu	9/13/13
31. Cecil G. Sheps Center for Health Services Research (Branch of University of North Carolina at Chapel Hill) Alan R. Ellis, MSW,	9/13/13

Research Associate and Fellow, 725 MLK Boulevard, CB7590, Chapel Hill, NC27599-7590	
32. Brooks College of Health (ARNP), University of florida, J. Brooks Brown Hall Bldg 39/3031, 4567 St. Johns Bluff Road, South, Jacksonville, FL 32224-2673 (904)-620-2810 Lucy Trice, Ph.D, ARNP, BC	9/13/13
33. Maya Bhat, MPH, Infectious Disease Epidemiologist, Clark County Public Health, PO Box 9825, Vancouver, WA 98666-8825, (360) 397-8000 ext 7257	9/13/13
34. Steve Meyer, President, CEO, Fedelta Home Care, Washington Case Manager Association, Home Care & Hospice & National Private Duty Organization, 110 – 110 th Avenue NE, Suite 680, Bellevue, WA 98004 (425) 454-4548	9/13/13
35. Gritman Medical Center, Brian Frei, Clinical Educator, Brian.Frei@gritman.org (208) 883-2226	9/13/13
36. Fedelta Home Care, Steve Meyer, 110 110 th Avenue NE, Suite 680, Bellevue, WA 98004, (425) 454-4548 or www.fedeltahomecare.com	9/13/13
37. University of Washington Educational Outreach, Amanda Snypp, UWEO Marketing Assistant, 5025 25 th Avenue NE, Suite 204, Seattle, WA 98105, (206) 685-6521, asnyp@extn.washington.edu	9/13/13
38. Seattle STD/HIV Prevention Training Center University of Washington, 901 Boren Avenue, Suite 1100, Seattle, WA 98104, (206) 685-9846, ammeegan@u.washington.edu	9/13/13
39. PESI, LLC, Tommy Bennett, Research and Development, PO Box 1000, Eau Claire, WI 54702, (715) 833-5271 or tbennett@pesi.com	9/13/13
40. National Association of Pediatric Nurse Practitioners (NAPNAP) Nancy Nelson, 3322 Madrona Beach Road NW, Olympia, WA 98502 (360) 866-0854 http://www.nurse.org/wa/napnap/	9/13/13
42. National Organization of Nurse Practitioners Faculties, Louise Kaplan, Ph.D., ARNP, 14204 NE Salmon Creek Avenue, Vancouver, WA 98686, (360) 546-9618	9/13/13
43. The Research Foundation, 44 Pierrepont Avenue, Potsdam, NY 13676, Laurel Sharmer, Ph.D, MPH, CHES, 315 268-0836	9/13/13
44. Medical Simulation Corporation, Debbie Fimple, 4600 south Ulster Street, Suite 450, Denver, CO 80237 (303) 483-2800	9/13/13
45. Oregon Nurses Association, Mary Schwartz or Kathy Gannett, 18765 SW Boones Ferry Road, Suite 200, Tualatin, OR 97082 (503) 293-0011	9/13/13
46. Washington State Student Nurses	9/13/13
47. Cross Country Education, 9020 Overlook Boulevard, Suite 140, Brentwood, TN 37027 1 800- 397-0180 Melissa Harding	9/13/13
48. Medenet, Erich Kaiser 5930 South 58 th Street, Suite O, Lincoln, NE 68516 (402) 261-6826 (Educational)	9/13/13
49. West Sound Advanced Practice Association, Benjamin Miller, 2916 NW Bucklin Hill road #232, Silverdale, WA 98311 (406) 550-9012 (Educational)	9/13/13
50. Research Foundation of the State University of New York, Dr. Laurel Sharmer, 44 Pierrepont Avenue, Potsdam, NY 13676 (315) 268-0836	9/13/13

51. American Red Cross, Mount Rainier Chapter, Walter A. Huber, 1235 south Tacoma Way, Tacoma, WA 98409 (253) 759-2639	9/13/13
52. Health Education Network, LLC, DBA Health Ed. Pat Meixner, 304 Gray Street, Suite 201, Euclaire, WI 54701, (715) 532-9519	9/13/13
53. Tobacco Prevention Resource Center, Deb Drandoff, 2500 NE 65 th Avenue, Vancouver, WA 98661 (360) 750-7500 x 303	9/13/13
54. Oregon Health & Science University, Kelsey Cearley, 3181 SW Sam Jackson Park Road, Portland, OR 97239 (503) 494-1475	9/13/13
55. National Association of Nurse Practitioner Faculties, Kitty Werner 9202) 289-8044 or Louise Kaplan (360) 956-1164, 1522 K Street, Washington, DC 20005	9/13/13
56. Eastern Washington University, David Bunting, Ph.D., Department of Economics/PAT300, Cheney, WA 99004 (509) 359-7947	9/13/13
57. Texas Nurses Association, Kristine L. Winning, 7600 Burnet road, Suite 440, Austin, TX 78757, (512) 467-0615 ext 190	9/13/13
58. Pacific Lutheran University, Terry Bennett, 1010 south 122 nd Street, Tacoma, WA 98447, (253)-535-7683	9/13/13
59. The Wellness Institute, David Hartman, 3716 274 th Avenue SE, Issaquah, WA 98029, (425) 391-9716	9/13/13
60. Legacy Good Samaritan Hospital, Cancer Services, Ileana Craig, 1015 NW 22 nd Avenue, Wilcox 106, Portland, OR 97210 (503) 413-7766	9/13/13
61. The Rx Consultant, Tia Daniel, 628 D Street, Martinez, CA 94553	9/13/13
62. SEIU 1199 NW, Diane Sosne, RN, MN, President, 15 South Grady Way, Suite 200, Renton, WA 98057, 1-800-422-8934, fax (425) 917-9707	9/13/13
63. SEIU 775 NW, David Rolf, President, 33615 First Way South, Suite A, Federal Way, WA 98003, 1-866-371-3200, FAX (253) 815-3701	9/13/13
64. Transformative Group dba Association for Humanistic Psychology, Susan Burns, MA, LMHC, 2370 130 th Avenue NE, Suite 106, Bellevue, WA 98005, (415) 435-1604 or ahpoffice@aol.com	9/13/13
65. Boise State University, Lori Werth, 1910 University Drive, Boise, ID 83725-1840, (208) 426-4632	9/13/13
66. Mt. Baker Nurse Practitioner Association, Christine Anderson, 302 36 th Street, Bellingham, WA 98225, (360) 815-7043	9/13/13
67. Wu Hsing Tao School, Kristin Bach, 4000NE41 St, Bldg D, Seattle, WA 98105 www.wuhsing.org	9/13/13
68. Nurse Practitioner Group of Spokane, Marylynn Bernard, 1118 W 28 St, Spokane, WA 99203 509-624-2290	9/13/13
69. Bastyr University, Sue Russell, 14500 Juanita Dr NE, Kenmore, WA 98028 425-787-2697	9/13/13
70. Seattle University, College of Nursing, Martha H. Goedert, 901 12 th Ave Garrant #404, Seattle WA 98122	9/13/13
71. Western Pain Society, Jennifer M Wagner, 65W-1 Division Ave #237, Eugene OR 97404	9/13/13

DENIAL OF NURSING ORGANIZATIONS OR EDUCATIONAL INSTITUTIONS

Date received	Name/Address	Educational or Professional	Denial process
3/27/08	Dale Anderson, President, Right At Home, 412B Bowes Drive, Tacoma, WA 98466	Professional	Denial letter 4/10/08 Appeal received by fax 7/25/08 to ASU
?	Misha Werschkul, SEIU Healthcare 775NW, 33615 First Way South, Suite A, Federal Way, WA 98003	Professional	Denial Letter 4/17/08 sent from DOH. 7/11/08 NCQAC voted to remove from approved list although there was no pending nursing request . Denial letter sent 7/15/08 Copy of file to ASU 8/20/08 for appeal hearing
5/07/08	JoAnn DelProposto, Kelly Healthcare Resources	Professional	Denial Letter 5/27/08
5/16/08	Gina Redden, Fastaff Travel Nursing, 6501 South Fiddler's Green Circle, Suite 200, Greenwood village, CO 80111	Professional	Denial Letter 5/27/08
5/29/08	Jack Blackburn, 5762 27 th Avenue NE, Seattle, WA 98105	Educational	Denial Letter 6/30/08
5/29/08	Doug Minotti, Integrated Pharma Technologies	Professional	Denial Letter 6/30/08
7/14/08	Pauline McDaniel, RN, DNS, Liberty County Place, 917 south Scheuber Road, Centralia, WA 98531	Professional	Denial Letter 7/28/08
8/27/08	Ann L. Shepherd, RN, BSN, Law Offices of Julianne Kocer, P.S., 301 NE 100 th Street, Suite 310, Seattle, WA 98125	Educational	Denial ltr 8/27/08
8/16/08	Jim Kammerer Department of L & I PO Box 44322 Olympia, WA 98504-4322	Professional	Denial ltr 10/17/08
6/30/08	Edward Via Virginia College of Osteopathic Medicine 2265 Kraft Drive Blacksburg, VA 24060	Educational	Denial ltr 10/17/08
10/10/08	Joe Cattrell, President	Professional	Denial ltr 10/17/08

	AAA Medical Staffing 415 SE 117 th Ave, Suite 102 Vancouver, WA 98683		
9/16/08	Lisa Engvall, Librarian Research & Data Services – Library Services Department of L & I PO Box 44606 Olympia, WA 98504-4606	Professional	Denial ltr 10/17/08
9/27/08	Barbra Brown Dare to Care Enterprises 1233 South Stevens Street Tacoma, WA 98405	Professional	Denial ltr 10/17/08
2/11/09	Joanne Rogovoy March of Dimes Greater Oregon Chapter 1220 SW Morrison #510 Portland, OR 97205	Educational	Denial ltr 2/12/09
2/6/09	Joshua Kaplan-Lyman Healthcare United 3536 SE 26 th Avenue Portland, OR 97202	Professional	Denial ltr 2/24/09
3/25/09	Kelli Pearson, D.C. Full Life Consulting South 2119 Tekoa Spokane, WA 99203	Educational	Denial ltr 3/30/09
3/09/09	Labor and Industries, Ron Burford, 7273 Linderson Way SW, Tumwater, WA 98501- 4005	Professional	Denial ltr 4/9/09
4/6/09	Karen Moffett, Sound Family Medicine, 3908 10 th Street SE, Puyallup, WA 98374	Professional	Denial ltr 4/30/09
2/24/09	Karissa Patin, LHC Group, 420 West Pinhook Road, Lafayette, LA 70503	Professional	Denial Ltr 4/30/09
2/18/09	Casey Rukeyser, SEIU Healthcare District 1199 NW, 15 South Grady Way, Suite 15, Renton, WA 98055	Professional	Denial ltr 8/11/09 Needed additional information
6/16/09	Melody Hopkins, Cegedim Dendrite, 1025 Boulders parkway, Suite 405, Richmond, VA 23225	Professional	Denial ltr 8/11/09 Needed additional information
12/12/08	Kristi Wagoner, Kootenai	Professional	Denial ltr 8/11/09

	Health, 2003 Lincoln Way, Coeur d'Alene, ID 83814		Needed additional information
10/25/08	Sam Sharma, Protouch Staffing, 17822 Davenport road, Suite A, Dallas, TX 75252	Professional	Denial ltr 8/11/09 Needed additional information
10/13/08	Erin Murray, 2101 Ken Pratt Boulevard, Suite 200, Longmont, CO 80503	Not identified	Denial ltr 8/11/09 Needed additional information
10/13/09	Verisys/GMS, Jody Brandow, 10653 South river Front Parkway, Suite 140, South Jordan, UT 84095	Professional	Denied 10/19/09. Denial letter to come from DOH for all professions 10/27/09
10/20/09	StaffLink, Monica White, 14900 Interurban Avenue South, Suite 277, Tukwila, WA 98168	Professional	Denial letter 11/3/09
10/29/09	Gentiva Health Services	Professional	Denial ltr 12/4/09 Needed additional info
10/26/09	Medcor, Inc.	Professional	Denial ltr 12/4/09 Needed additional info
8/27/09	Fastaff Travel Nursing	Professional	Denial ltr 12/4/09 Needed additional info
6/10/09	Trinity Health Care Staffing Group	Unknown	Denial ltr 12/4/09 Needed additional info

Procedures for List and Label Requests

All requests to be added to the recognized list for purposes of lists/labels requests should be forwarded either to the Executive Director or Deputy Executive Director of Unit #6.

1. All requests for lists and labels should be forwarded to the Manager for the Public Disclosure Resource Center (PDRC).

Adding organizations to the recognized list:

1. The Executive Director or Deputy Executive Director review the request against the Nursing Commission's approved criteria. If the request meets the criteria the name of the organization is added to this list and a copy is sent to the Public Disclosure Resource Center, and the s:drive is updated.
2. If the organization does not meet the criteria the Executive Director or Deputy Executive Director writes a Notice of Intent to Deny to the organization explaining their rights of appeal. A copy of the letter will be sent to the Public Disclosure Resource Center.
3. If the organization files an appeal with the Adjudicative Service Unit a hearing will be arranged with the chair or his or her designee. The hearing will consist of a paper review of the materials supplied by the Department of Health and the appealing organization. A face-to-face hearing is an option for the chair or his or her designee.