Nursing Care Quality Assurance Commission (NCQAC)
Meeting Agenda
January 8, 2021
8:30 AM- 5:00 PM
To attend via webinar, please register for the meeting at:
https://attendee.gotowebinar.com/register/201080197728708364

Commission Members:
Jeannie Eylar, MSN, RN, Chair
Mary Baroni, PhD, RN, Vice-Chair
Adam Canary, LPN, Secretary/Treasurer
Ella B. Guilford, MSN, M.Ed., BSN, RN
Dawn Morrell, RN, BSN, CCRN
Helen Myrick, Public Member
Sharon Ness, RN
Donna L. Poole MSN, ARNP, PMHCNS-BC
Tiffany Randich, RN, LPN
Tracy Rude, LPN
Laurie Soine PhD, ARNP
Yvonne Strader, RN, BSN, BSPA, MHA
Cass Tang, Public Member
Kimberly Tucker PhD, RN, CNE

Assistant Attorney General:
Gail S. Yu, Assistant Attorney General

Staff:
Paula R. Meyer, MSN, RN, FRE, Executive Director
Kathy Anderson, Director, Finance
Chris Archuleta, Director, Operations
Gerianne Babbo, Ed.D, MN, RN, Director, Education
Shad Bell, Assistant Director, Operations
Amber Bielaski, MPH, Assistant Director, Licensing
Debbie Carlson, MSN, RN, CPM, Director, Practice
John Furman, PhD, MSN, CIC, COHN-S, Assistant Director, Discipline – Washington Health Professional Services (WHPS)
Mary Sue Gorski, PhD, RN, Director, Advanced Practice, Research and Policy
Karl Hoehn, JD, FRE, Assistant Director, Discipline – Legal
Grant Hulteen, Assistant Director, Discipline – Investigations
Alana Llacuna, Administrative Assistant
Kathy Moisio, PhD, RN, Director, Nursing Assistant Programs
Amy Sharar, Public Information Officer
Catherine Woodard, Director, Discipline
If you have questions regarding the agenda, please call the Nursing Care Quality Assurance Commission (NCQAC) office at 360-236-4713. Agenda items may be presented in a different 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. If you have limited English language expertise call 360-236-4713 before January 3, 2021.

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 3, 2021. If you need assistance with special needs and services, please leave a message with your request at 1-800-525-0127 or, if calling from outside Washington State, call 360-236-4052. TDD may also be accessed by calling the TDD relay service at 711. 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 12, 2021, NCQAC meeting. For a copy of the actual recording, please contact the Public Disclosure Records Center (PDRC) at PDRC@doh.wa.gov.

If attending remotely, please mute your connection in order to minimize background noise during the meeting.

Smoking and vaping are prohibited at this meeting.

I. 8:30 AM Opening – Jeannie Eylar, 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 and are approved with one single motion

A. Approval of Minutes
   1. NCQAC Business Meeting –
      a. November 13, 2020
      b. December 10, 2020
   2. Discipline Sub-committee –
      a. October 20, 2020
   3. Consistent Standards of Practice Sub-committee –
      a. October 6, 2020
III. Consent Agenda – DISCUSSION/ACTION, continued

B. Performance Measures
   1. Legal
   2. Washington Health Professional Services (WHPS)
   3. Investigations
   4. Nursing Education
   5. Nursing Assistant Education

C. Washington Center for Nursing and NCQAC: monthly meeting minutes, December 2020
D. Governor Inslee’s Policy Brief, December 2020: A historic commitment to diversity, equity and inclusion
E. National Council of State Boards of Nursing (NCSBN) Policy Brief: COVID 19 Vaccine Administration

IV. 8:45 AM – 9:00 AM NCQAC Panel Decisions – DISCUSSION

The NCQAC delegates the authority as provided by law for certain decision to a panel of at least three members. A member of the NCQAC must chair panels. Pro tem members of NCQAC may serve as panel members. The following decisions are provided for information.

A. Nursing Program Approval Panel (NPAP)
   1. November 19, 2020
   2. December 3, 2020
   3. December 17, 2020
   Emergency Meetings:
   4. November 23, 2020

B. Nursing Assistant Program Approval Panel (NAPAP)
   1. November 9, 2020
   2. December 14, 2020

V. 9:00 AM – 9:45 AM Chair Report – Jeannie Eylar – DISCUSSION/ACTION

A. NCQAC Member Expectations
B. NCQAC Member and Pro Tem Member Turnover
C. NCQAC Proposed Business Meeting Dates and Locations

VI. 9:45 AM – 10:45 AM Executive Director Report – Paula Meyer – DISCUSSION/ACTION

A. Budget Report – Adam Canary, Kathy Anderson
B. Strategic Plan Update
   1. Communication – Cass Tang, Chris Archuleta, Shad Bell
   2. Nursing Assistants – Dr. Kathy Moisio
   3. Academic Progression, LPNs – Dr. Mary Sue Gorski
   4. Washington Health Professional Services – Dr. John Furman, Grant Hulteen
C. Rules – Shad Bell
   1. Emergency rules
   2. Nurse Tech
   3. Continuing Competency
   4. Scope of Practice
   5. Nursing Assistants
   6. Patient Abandonment
D. Secretary Wiesman’s Directive on Social Justice, Equity and Diversity; new Secretary of Health Dr. Umair Shah
E. Academic/Practice Partnerships
F. HELMS

10:45 AM – 11:00 AM Break

VII. 11:00 AM – 11:15 AM Subcommittee Report – DISCUSSION/ACTION

A. Advanced Practice – Laurie Soine, Chair
   1. Response from NCSBN related to Advanced Practice Compact

VIII. 11:15 AM – 12 NOON Education – Dr. Gerianne Babbo, Dr. Kathy Moisio - DISCUSSION/ACTION

A. Nursing Education
   1. COVID-19 Update
   2. Nursing Student/Faculty COVID Immunizations
   3. NCLEX Testing
   4. Occupational English Test (OET) option for International Applicants
      A. Request Commission Approval of Procedure B19.03
      B. Request proficiency scoring standard for the OET
B. Nursing Assistant Education
   1. COVID-19 Update
   2. Nursing Assistant Exam Update
   3. LTC Workforce Development Steering Committee Update

12 NOON – 1:00 PM Lunch

IX. 1:00 PM – 1:15 PM 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.

X. 1:15 PM – 1:45 PM Virtual Hearings – Roman Dixon, Tracy Bahm – DISCUSSION/ACTION

   The COVID 19 pandemic changed the business processes for NCQAC and other regulatory agencies. Virtual hearings were introduced. Mr. Dixon and Ms. Bahm present processes to follow for virtual hearings.
XI. 1:45 PM – 2:15 PM Health Systems Quality Assurance – Kristin Peterson – DISCUSSION/ACTION

Ms. Peterson updates the NCQAC on current topics and areas of cooperation between Health Systems Quality Assurance and the NCQAC.

2:15 PM – 2:30 PM BREAK

XII. 2:30 PM – 3:00 PM Washington Center for Nursing – Sofia Aragon – DISCUSSION/ACTION

Ms. Aragon updates the NCQAC on the work of the Center for Nursing, including the COVID 19 research study.

XIII. 3:00 PM – 3:30 PM Critical Gap Groups – Dr. Gerianne Babbo, Dr. Mary Sue Gorski – DISCUSSION/ACTION

At the November 13 NCQAC meeting, the six critical gap groups presented their recommendations to the NCQAC. NCQAC adopted a motion to use the Action Now! framework for this work to close the gaps identified in the 2019 Nursing Workforce Reports. Today, the NCQAC receives an update on the progress.

XIV. 3:30 PM – 4:00 PM Legislative Panel – Dr. Mary Baroni – DISCUSSION/ACTION

Dr. Baroni presents actions from the Legislative Panel. The Legislative Panel meets weekly during the legislative session. Dr. Baroni will review bills presented to the legislature that may impact the NCQAC and the panel’s actions.

XV. 4:00 PM – 4:30 PM Discipline Update – Catherine Woodard, Grant Hulteen, Karl Hoehn – DISCUSSION/ACTION

In 2018, NCQAC presented a decision package to the Governor’s office and legislature requesting increased discipline staff to address the increase in disciplinary cases. Ms. Woodard, Mr. Hulteen, and Mr. Hoehn update the NCQAC on performance measures achieved since the staff were hired.

XVI. 4:30 PM Meeting Evaluation

XVII. 4:45 PM Closing
Position Description

Commission Chair Person

Qualifications:

Served on the Nursing Care Quality Assurance Commission (NCQAC) a minimum of one year at the time the term as the chair is to begin.
Demonstrated leadership characteristics by serving at least one of the following:
  Chair of a sub-committee
  Chair of a panel
  Leadership in employment, association or community work

Duties and Responsibilities:

1. Provides strategic vision and leadership to the NCQAC, in collaboration with the Executive Director, determining NCQAC priorities, policy, and practice.
2. Conducts meetings of the NCQAC according to Roberts Rules of Order. Votes when necessary to make or break a tie.
3. Appoints chairpersons and members of all regular and special committees, panels, and task forces.
4. Participates as a member of the Legislative Panel.
5. Represents the NCQAC in public forums.
6. Appoints members to the Nominating Committee at the November meeting, receives the list of nominations in March, and oversees the election of officers in May.
7. Plans for succession and smooth transition to the next chair person.
8. Addresses NCQAC member performance issues.
9. Uses signatory authority on documents as required.
10. Serves as a delegate to the National Council of State Boards of Nursing for the annual delegate assembly held each August.

Approved: 7/06, 7/08
Revised: 10/08
03/11
03/13/15
01/11/19
Washington State Nursing Care Quality Assurance Commission

Position Description

Secretary Treasurer

Qualifications:

Served on the Nursing Care Quality Assurance Commission (NCQAC) a minimum of one year at the time the term is to begin. Demonstrated leadership characteristics by serving at least one of the following:
   - Chair of a sub-committee
   - Leadership in employment, association or community work

Duties and Responsibilities:

1. Reviews the minutes from the NCQAC business meetings prior to publishing in the packet of materials for the next business meeting. Editorial comments and substantive comments are forwarded to the executive director’s administrative assistant within two weeks of receipt of the draft minutes.
2. Gathers input from NCQAC members on budgetary priorities through the strategic planning process.
3. Reviews the biennial budget proposals with the executive director prior to being submitted through the Department of Health.
4. Reviews the monthly budget reports with the budget manager.
5. Presents the budget reports at the NCQAC business meetings.
6. Participates in state budget meetings as directed by the chair.
7. Conducts the NCQAC business meeting in the absences of the Chair or Vice Chair.

Approved: 03/13/15
Revised: 03/13/15
Revised: 09/09/16
Washington State Nursing Care Quality Assurance Commission

Position Description

Commission Vice Chair Person

Qualifications:

Served on the Commission a minimum of one year at the time the term begins as vice chair.
Demonstrated leadership characteristics by serving at least one of the following:
   Chair of a sub-committee
   Chair of a panel
   Leadership in employment, association or community work

Duties and Responsibilities:

1. Assumes the duties of the Chair as needed.
2. Chairs the Legislative Panel.
3. Provides assistance to the Chair and Executive Director as needed.
4. Participates at the HSQA Boards and Commission Forum as a representative of the NCQAC.
5. Participates in National Council of State Board of Nursing meetings and events as available.
6. Participates on NCQAC duties with various task forces, committees, charging panels, hearings.

Approved: 07/06, 07/08
Revised: 06/08
  03/11
  09/13
  03/13/15
Nursing Care Quality Assurance Commission (NCQAC)
Meeting Minutes
November 13, 2020
8:30 AM- 5:00 PM

Commission Members:  Jeannie Eylar, MSN, RN, Chair
Mary Baroni, PhD, RN, Vice-Chair
Adam Canary, LPN, Secretary/Treasurer
Ella B. Guilford, MSN, M.Ed., BSN, RN
Dawn Morrell, RN, BSN, CCRN
Helen Myrick, Public Member
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Kathy Moisio, PhD, RN, Director, Nursing Assistant Programs
Catherine Woodard, Director, Discipline
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I. AM Opening – Jeannie Eylar, Chair – DISCUSSION/ACTION

II. Call to Order

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

Mr. Bell will be the Nursing Commission’s (NCQAC) new rules coordinator along with Ms. Bonnie King, the former director of Health Professions Quality Assurance (HSQA), assisting as rules consultant.
Dr. Soine announced it is National Nurse Practitioner Week.

III. Consent Agenda – DISCUSSION/ACTION

Consent Agenda items are considered routine and are approved with one single motion

A. Approval of Minutes
1. NCQAC Business Meeting
   a. August 5, 2020
   b. September 11, 2020
2. Advanced Practice Sub-committee
   a. August 19, 2020
   b. September 16, 2020
3. Discipline Sub-committee
   a. September 15, 2020
4. Consistent Standards of Practice Sub-committee
   a. August 4, 2020
5. Licensing Sub-Committee
   a. August 28, 2020
   b. September 25, 2020
6. Research Sub-Committee
   a. August 24, 2020
   b. October 5, 2020

B. Performance Measures
1. Legal
2. Investigations
   a. August 2020
   b. September 2020
3. Washington Health Professional Services (WHPS)
4. Nursing Education
   a. Nursing Program Approval Panel (NPAP)
ACTION: Dr. Baroni moved with a second from Dr. Soine to approve the consent agenda. Motion carried.

IV. NCQAC Panel Decisions – DISCUSSION

The NCQAC delegates the authority as provided by law for certain decision to a panel of at least three members. A member of the NCQAC must chair panels. Pro tem members of NCQAC may serve as panel members. The following decisions are provided for information.

Dr. Baroni suggested to revise panel decision description to say, “decisions” or “meeting summaries” instead of “minutes.”

A. Nursing Program Approval Panel (NPAP)
   1. September 3, 2020
   2. September 17, 2020
   3. October 1, 2020
   4. October 15, 2020
   Emergency Meetings:
   1. September 17, 2020
   2. September 24, 2020
   3. September 30, 2020
   4. October 5, 2020
   5. October 16, 2020
   6. October 23, 2020

B. Nursing Assistant Program Approval Panel (NAPAP)
   1. September 14, 2020
   2. October 12, 2020

V. Chair Report – Jeannie Eylar -- DISCUSSION/ACTION

A. Washington Center for Nursing – Tracy Rude
   Ms. Rude provided update on facilitated meetings between WCN and the NCQAC regarding extension of the program of work and contract for the WCN. It was decided to move forward with a new contract and four deliverables have been added to the statement of work. The Department of Health will be the new contract manager in consultation with the NCQAC and Workforce Training Board.

Dr. Soine asked how the contract signing process works and the purpose of the contract. Ms. Meyer explained it will be decided by the end of June 30, 2021 whether the next contract will be one- or two-year biennial contract. The surcharge dollars are granted to a central nursing resource center and used for the activities the center conducts under the statement of work.
B. Nominating Committee members
Ms. Eylar appointed three members to the nominating committee: Ms. Guilford, chair, Ms. Randich and Dr. Tucker.

VI. Executive Director Report – Paula Meyer – DISCUSSION/ACTION

A. Budget Report - Adam Canary, Kathy Anderson
Ms. Anderson gave the report. Dr. Baroni asked if the NCQAC could experience cuts with the economic toll from the pandemic. Ms. Meyer explained the NCQAC does not have a clear answer and should have more of an idea once State budgets come out.

B. Strategic Plan Update
   1. Academic Progression, LPN – Mary Sue Gorski
      a. October 6, 2020 Webinar Summary
         Dr. Gorski shared the summary and next steps that included stakeholder input on findings. Additional stakeholder input is expected by Spring 2021.
      b. Registration Summary for all four webinars
         There were 19 States representing as registrants during the webinars in addition to 6 Canadian provinces.
   2. Communications
      Ms. Jennifer Anderson gave the update. The new NCQAC website work was pushed back to July 2021 due to the Governor’s freeze on contracts. It is unclear if this contract is subject to the freeze since it is between state agencies. The management is working to be move the host site from the DOH to WA Tech.
   3. WHPS – John Furman
      Dr. Furman gave the update. The WHPS website was updated to feature the NCQAC’s position statement adopted at the September meeting. The projected date for the virtual conference is April. The conference will be coordinated with the medical and health professional programs to engage stakeholders and expand audience and partnerships.
   4. Nursing Assistants
      Dr. Moisio gave the update on goals and plans around test capacities, testing revisions on long term care and streamlining the regulatory configuration in terms of licensing and discipline for Nursing Assistants. Letters requesting and extension of the 120-day requirement for nursing assistants to complete their competency examination were sent to the four corners of State legislature. The request was granted through December 7, 2020.

C. Rules Update
Ms. Meyer gave the update. Workshops for the Nurse Tech rules were completed, and draft language completed. The hearing is anticipated at the March 2021 meeting. Ms. King will be working with Mr. Bell on the Nursing Assistant rules. NCQAC approved a CR 101 to begin rule writing on Patient Abandonment.
1.
D. HELMS
The contract was signed by Salesforce. The goal live date of HELMS is June 20, 2022.

E. Secretary John Wiesman and Dr. Kathy Lofy transition plan
Dr. Wiesman will be moving to the University of North Carolina and Dr. Lofy resigned her position as the state health officer. Recruitment for the secretary position began and there are three potential candidates. A secretary has not been named yet.

F. Emergency responses
1. Plan if reduction in staff or NCQAC members needed
2. Prioritization of duties
   a. Renewals
   b. Summary suspensions
Ms. Meyer requested a task force to work on the current priorities. Ms. Randich, Ms. Guilford, Ms. Strader, Mr. Canary, Dr. Baroni and Dr. Soine volunteered.

G. Licensing update
Mrs. Zawislak-Bielaski and Mr. Archuleta gave the update. The emergency extensions to renewals, mandatory furloughs started in July and many other factors contributed to the increase in workload and delays in licensing.

VII. Sub-committee Report – DISCUSSION/ACTION

A. Advanced Practice – Laurie Soine, Chair
   1. Response to NCSBN about vote at the House of Delegates in August

   ACTION: Dr. Soine moved with a second from Ms. Poole to send a letter to NCSBN about ARNP compact language and vote as presented at the August annual meeting. Motion carried.

B. Consistent Standards of Practice – Tiffany Randich, Chair
   1. Death with Dignity Advisory Opinion – Revision

   ACTION: Ms. Randich moved with a second from the Sub-Committee, to adopt the revisions to the Death with Dignity (Aid-in-Dying) – Role of the Nurse Advisory Opinion to be consistent with the current law. Motion carried.

   2. Registered Nurse First Assistant (RNFA) Questions and Answers: Master Uterine Manipulator (MUM)

   ACTION: Ms. Randich moved with a second from the Sub-Committee, to adopt the FAQs about the perioperative RN functioning as the RNFA in the role of the Master Uterine Manipulator (MUM). Motion carried.

C. Discipline – Adam Canary, Chair
   1. Revision to WHPS Procedure W42 – Drug and Alcohol Testing
ACTION: Mr. Canary moved with a second from the Sub-Committee to adopt the revision to WHPS procedure W42 that increases the frequency of random drug testing in nurses on transitional contracts. Motion carried.

D. Licensing – Jeannie Eylar, Chair
1. Review draft language for Continuing Competency Rules

ACTION: Ms. Eylar moved with a second from the Sub-Committee to accept the proposed continuing competency draft language and move forward with the filing of the CR-102. Motion carried.

E. Research – Dr. Mary Baroni, Chair

Dr. Baroni gave an update:
- Change and orienting in membership— Pro Tem members Dr. Haerling and Drs. Shirley joined the Sub-Committee along with Ms. Ness.
- Mr. Archuleta, Director of Operations was requested to join in meetings to assist with cross unit overview.
- The Sub-Committee is working on next phase of work and will bring it back by May Business meeting.

VIII. Noon Education Report – Dr. Gerianne Babbo, Dr. Kathy Moisio - DISCUSSION/ACTION

A. Nursing Education
1. COVID Update
   Clinical placements continue to be a challenge with constant changes.
2. Site Visits
   Four collaborative virtual meetings were conducted. The experience was positive.
3. Presentation CNEWS
   Pre-licensure annual nursing program reports were submitted, and results will be received in December.

B. Nursing Assistants
Dr. Moisio gave the report.
1. Reimagine grant application – Dr. Baroni, Dr. Moisio
2. Nursing Assistant Testing Update
3. Other Nursing Assistant COVID-19 Updates
4. Definition of Healthcare Facility (RCW 18.88A.020(6))

In accordance with the authority granted in RCW 18.88A.020(6), the NCQAC adds to the definition of healthcare facility: those entities who are delivering healthcare services and have licensed nurses supervising nursing assistants performing within the nursing assistant scope.
**ACTION:** Ms. Myrick moved with a second from Ms. Rude to (1) Put the definition presented forward for approval by the NCQAC so it is explicitly reflected in our meeting minutes; and (2) to put forward the recommendation to incorporate this definition into the Nursing Assistant revision in the coming months. Motion carried.

**12 Noon – 1:00 PM Lunch**

**IX. 1:00 PM – 1:15 PM 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.

No one signed up for this presentation.


A. Race, ethnicity, and gender diversity in the nursing workforce - Sofia Aragon
B. Needed education preparation for RNs and LPNs – Mary Baroni
C. Distribution of ARNP specialties – Deborah Smith
D. Distribution of ARNPs, RNs and LPNs in rural areas – Sue Skillman
E. Distribution of ARNPs, RNs and LPNs in long term care – Lauri St. Ours
F. Distribution of ARNPs, RNs, and LPNs in community health – Suzanne Swadener

The 2019 Nursing Workforce Report was presented at the July NCQAC meeting. At the September NCQAC meeting, six critical gaps in the workforce were identified and small groups dedicated to each of the six critical gaps. The small groups met to develop goals and strategies to close these gaps. Each critical gap group leader had fifteen minutes to present the work of their group with recommendations. There were thirty minutes for discussion. The NCQAC considered next steps.

**ACTION:** Dr. Baroni moved with a second from Dr. Soine for the NCQAC to endorse the Action Now framework, support the Gap closure workgroups, facilitation of initial planning meetings and participation in leadership team. Motion carried.

Dr. Soine asked for clarification on next steps. Ms. Meyer explained the NCQAC is currently looking for partners to take leadership in this work to begin the next steps.

**XI. Legislative Panel report – Dr. Mary Baroni - DISCUSSION/ACTION**

Dr. Baroni updated the NCQAC on two potential legislative issues: Nurse Delegation across all healthcare settings and nursing assistant, certified examination requirements.

**XII. Meeting Evaluation**

Several NCQAC members expressed how impressed they were able to conduct meetings remotely. Members were also amazed with the work, accomplishments, and responses that have been made during the pandemic. The meetings have been successfully engaging
and productive. Ms. Morrell and Ms. Tang challenged everyone to think outside the box to move things forward, prioritize, and encouraged a more interactive environment. Ms. Poole suggested to move meetings to Zoom platform.

XIII. Closing
Meeting adjourned at 4:31 PM.
Nursing Care Quality Assurance Commission (NCQAC)
Special Meeting Agenda
December 10, 2020
3:00 PM – 4:30 PM

Commission Members: Jeannie Eylar, MSN, RN, Chair
Mary Baroni, PhD, RN, Vice-Chair
Adam Canary, LPN, Secretary/Treasurer
Ella B. Guilford, MSN, M.Ed., BSN, RN
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I. 3:00 PM Opening – Jeannie Eylar, Chair – DISCUSSION/ACTION

A. Call to Order
B. Introductions
C. Order of the Agenda

II. 3:05 PM Chair Report – Jeannie Eylar – DISCUSSION/ACTION

A. Licensing Sub-Committee recommendations during COVID 19 pandemic
   Ms. Meyer gave the update on options available for licensing:
   • It was approved to hire 15 non-permanent staff through the end of June 2021.
   • Dr. Weisman and Ms. Meyer reviewed the Department of Health dashboard that shows where Washington is at for COVID cases and staffing: currently, WA State are at 72 – 82% capacity for most counties.
   • The NCQAC produced a one-page document showing progress of issuing temporary practice permits, endorsement process, full licensure and emergency permits.

Ms. Strader updated on staff shortages on facilities in Washington State.

Ms. Meyer brought the recommendation from the licensing sub-committee to the NCQAC to pursue a Governor’s waiver of licensing requirements in Washington State with the requirement for nurses coming to WA State to complete application and fingerprint process within 30 days.

**ACTION:** Ms. Poole moved with a second from Dr. Soine to pursue a governor’s waiver for licensure requirements and require all nurses who come to state of Washington complete licensure application and fingerprints as possible within 30 days of hire. Motion carried.

B. NCQAC Continuation of Operations
   Ms. Meyer reviewed the continuation of operations for potential staff reductions and requested the NCQAC to adopt the document. The document addresses reduction in staff related to illness, disaster, or financial outcomes. The document also addresses NCQAC responsibilities of licensing, discipline and NCQAC member availability.

**ACTION:** Ms. Poole moved with a second from Dr. Soine to accept the Continuation of Operations document with edits as presented. Motion carried.

C. Administration of COVID vaccine, draft statement from National Council of State Boards of Nursing

III. **4:00 PM Open Microphone**

Several members of the general public signed up for presentation. Members voiced concerns on licensing backlog and fingerprinting process bringing challenges during the pandemic. Other members appreciated actions and discussions taken during special meeting.

IV. **4:15 PM Meeting Evaluation**

There was no evaluation.

V. **4:30 PM Closing**

Meeting adjourned at 4:32 PM.
Nursing Care Quality Assurance Commission (NCQAC)
Discipline Sub-committee Minutes
October 20, 2020  3:30 pm to 4:45 pm

Join the Meeting
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United States: +1 253-372-2181
Conference ID: 267 589 968#

Committee Members:  Adam Canary, LPN, Chair
                       Sharon Ness, RN
                       Tiffany Randich, RN
                       Tracy Rude, LPN ad hoc
                       Dawn Morrell, RN, BSN, CCRN
                       Cass Tang, Public Member

Staff:                 Catherine Woodard, Director, Discipline
                       Karl Hoehn, Assistant Director, Discipline - Legal
                       Grant Hulteen, Assistant Director, Discipline - Investigations
                       John Furman, Assistant Director, Discipline - WHPS
                       Helen Budde, Case Manager
                       Barb Elsner, HSC
                       Margaret Holm, JD, RN ad hoc

Public:                Katherine Ander, RN
                       Gloria Brigham, RN, WSHA
I. 3:30 pm opening – Adam
   - Call to order – digital recording announcement
   - Roll call

II. September 15, 2020 Minutes – Adam
   o Approved to go to the November commission meeting.

III. September 2020 performance measures: Grant, Karl, John
   o Grant provided highlights from the chart for Investigations; they are focusing on cases under 170 days.
   o Karl did the same for Legal; as investigators catch up, Legal gets a little further behind.
   o John reported no significant dip in participant numbers in WHPS.
   o John reported on non-compliance issues. Not as many referrals to CMT as the last few months. Positive tests are not associated with medications but rather alcohol. Two were probably not related to intentional use. Two nurses withdrew as they retired from nursing and there was no longer a benefit to monitoring for them. Adam asked if there is a list of substances that nurses can reference to prevent positive tests, like cough medications. John said WHPS uses the Talbott Medication Guide as a resource for using medication during recovery. WHPS provides a list of safe products for nurses to take, also.

IV. Procedure review – Helen - A51.02 Case Movement in ILRS
   o Helen highlighted the major changes, which brings the procedure up to date with current practice, terminology, and the paperless environment.
   o This is an internal process and does not require commission approval. It is presented to DSC for awareness.

V. Strategic plan update: Communications Task Force – Cass
   o Cass spoke from her Smartsheet view and provided updates on current activities. The task force is finalizing personas. Next will be focused outreach in underserved communities, which is not attached to any one unit in Nursing.
   o For discipline, Cass asks that the DSC think about what relevant stats we think are needed to post on the discipline homepage and at some point, provide feedback to the task force.

VI. Strategic plan update: WHPS – Catherine, John, Grant
   o Catherine mentioned that Rebecca Mosely, the pro-tem doing the graphic design work on the NCQAC-WHPS one pager, modified the document slightly to make it more compatible for printing. She did not alter any content as the commission had already approved the document.
   o John will use stakeholder lists to distribute the document. The next step is updating the brochure. C4PA has assigned a consultant to assist with the work and outreach. The DNP student intern who developed outreach and training material wants to monetize her work and might not share with WHPS. The virtual SUD conference will likely be in April 2021 and we may partner with other agencies such as WMC, HCA, HSQA. The conference will be SUD focused.
   o Grant continues his work on the SUYD panel to replace SUAT. He’s looking at other programs around the country and is working with two of the staff attorneys. He’s also reviewing the WMC model that uses a panel of medical commission members to review non-compliance issues. He is working on the rough draft of the white paper.

VII. Work plan review – Adam
   o No questions or comments.

VIII. Literature review – John - Creating Parity in Standards of Care Between Physicians and Nurses; The Montana Professional Assistance Program
John provided a review of the article and said it was helpful in the context of the strategic plan, helping nurses in monitoring compared to other professions. High level barriers exist for nurses that we cannot control, but we can control how we formulate messages and use language related to SUD. John would like the DSC to digest the information here and look at concepts we might use to increase participation.

Tracy asked if there was a component to tease out past trauma from nurses during their evaluation. John explained a mental health evaluation may grow out of an SUD evaluation. Physicians undergo a three to five-day co-occurring disorder evaluation. It is not the same for nurses.

Cass said it was a good article and reminded her of the public advocacy approach in Washington DC. More than just WHPS but a whole team approach.

IX. Public comment – Adam

Katherine Ander spoke. Information captured from audio recording. Please request audio recording for exact words.

Appreciated her comments captured in the minutes last month but the issue is that we did not capture what she was intending to say.

Her concern is that NCQAC is not accountable for timely investigations. We have not been meeting performance measures, she thinks, since 2010 or before. Our performance measure of 70% completion of investigations within 170 days is a low bar. It is not in keeping with other business practices or other state agency standards.

It is a convoluted process because it’s heavily attorney dependent; there are not enough investigators in a ratio to attorneys, and this information is derived not from her opinion, but from our own data that the Nursing Commission provided.

In addition to being the most expensive model with the worst outcome, based on our own data, we spend far more than other comparison states on investigations and we have the lowest level performance measures, which we don’t even meet.

Mr. Ander is asking us to look at the comparison we have already done with other states. It’s already available, and have every member of the DSC review the information and streamline our process based on process improvements and lean principles.

These are the things Ms. Ander is asking for.

X. Anything for the good of the order? – all

Catherine introduced John’s request for the DSC to revisit procedure W42 regarding monitoring interruptions, which the commission recently approved. John asked for a better definition of medical emergency.

Tracy said the more we drill down, the more worms come out of the can. She prefers the commission to review case-by-case as necessary. John said they don’t make decisions independently; they require pre-and post-procedure documentation and interruptions are based solely on medical treatment provisos.

Cass agreed with Tracy and said more detail would create more exceptions. She said the DSC reviewed this and approved it after considering many options, and the commission approved it, and we must move forward.

Tiffany and Adam agreed. DSC will not entertain changes to how the monitoring interruption section is written.

Catherine introduced another change as John requested, which was to increase the random urine testing frequency for nurses on transitional contracts from a minimum of 12-18 times per year to 24-36 times per year, matching practicing nurses. The DSC agreed with the change and approved it to go before the commission at the November business meeting.

XI. Closing

Meeting adjourned at 4:40pm.
Nursing Care Quality Assurance Commission (NCQAC)
Consistent Standards of Practice Sub-Committee (CSPSC) Minutes
October 6, 2020  12:00 p.m. to 1:00 p.m.

Sub-Committee Members Present:  Tiffany Randich, RN, LPN, Chair
                                    Helen Myrick, Public Member
                                    Sharon Ness, RN
                                    Tracy Rude, LPN, Ad Hoc

Sub-Committee Members Absent:  Ella Guilford, RN
                               Jamie Shirley, PhD, RN, Pro Tem

Staff Present:  Deborah Carlson, MSN, RN, Director of Nursing Practice
                Shana Johnny, MN, RN, Nurse Consultant
                Tori Lane, Nursing Practice Administrative Assistant

I.  12:00 PM Opening – Tiffany Randich
    Call to order 12:00 p.m.
    1.  Introduction – Tiffany Randich
    2.  Public Disclosure Statement – Tiffany Randich
    3.  Roll Call – Deborah Carlson

II. Standing Agenda Items
    1.  Announcements/Hot Topic/NCQAC Business Meeting Updates
        •  Upcoming Advanced Practice Subcommittee/Consistent Standards of
           Practice Subcommittee (APSC/CSPSC) joint meeting in November – Date
           to be determined. Notice will be sent out on Gov Delivery as soon as the
           date is set.
        •  COVID-19 Vaccination Table – Posted on the NCQAC Practice Website.
    2.  NCQAC Business Meeting Update – Announcement of documents approved by
        the NCQAC at the September meeting:
        •  Administration of Cannabis-Marijuana-Derived Cannabis/Marijuana
           Products in School Settings: Kindergarten-Twelve Grades, Public and
           Private Schools Advisory Opinion revision approved.
        •  Epinephrine Autoinjectors in Schools Frequently Asked Question revision
           approved.
        •  Infusion Therapy Management Advisory Opinion revision approved.
        •  Determining, Pronouncing, and Certifying Death Advisory Opinion revision
           approved.
        •  Patient Abandonment Interpretive Statement review – The NCQAC
           approved opening the rules to revise regulations regarding patient
           abandonment.

Page 1 of 2
3. Review of draft minutes for October 6, 2020 – Consensus was reached to take draft minutes to the January NCQAC business meeting for approval.

III. Old Business
1. Telehealth – Revision of [Telehealth/Telenursing for RNs (PDF) (2000)] – Initial draft is ready for discussion at the APSC/CSPSC joint meeting.
2. Telemedicine Training Requirement Update and Discussion – Debbie reviewed the training requirements for the new law.

IV. New Business
1. Nurse Consultation Questions Monitoring Report (July 1, 2020 to September 30, 2020) – Debbie collected a summary of consultation questions received over a two-month period to review with the members to determine what priorities/focus should be for upcoming workplans.
2. Master Uterine Manipulator (MUM) – Registered Nurse Scope of Practice Frequently Asked Questions (FAQs)– Consensus reached to take the draft to the November NCQAC Business Meeting.
3. Death with Dignity Advisory Opinion – Consensus reached to take the draft with revisions to the November NCQAC Business Meeting.
4. CSPSC Annual Report – Consensus reached to submit an annual report to the commission of the subcommittee’s achievements, trends in nursing practice, current issues, and recommendations.

Ending Items
1. Open Microphone – Several comments from public attendees.
2. Review of Actions
   a. Schedule joint APSC/CSPSC meeting in November.
   b. Prepare MUM FAQs draft for the November NCQAC Business Meeting.
   c. Prepare the Death with Dignity Advisory Opinion draft for the November Commission Meeting.
   d. Develop a draft CSPSC Annual Report.
4. Date of Next Meeting – December 1, 2020
5. Adjournment – Adjourned at 12:40 p.m.
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<th>Referred Back to NCQAC</th>
<th>Pending Discipline</th>
<th>Voluntary Withdrawal</th>
<th>Successful Completion</th>
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<td>Melissa Fraser</td>
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<td>Heidi Collins</td>
<td>111</td>
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<td>Lori Linenberger</td>
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<td>Avg. from Inquiry to Intake - Target 7 Days</td>
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<td>Avg. from Intake to Monitoring - Target 45 Days</td>
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<td>Cases Assigned to Legal</td>
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<td>TOTAL Finalized Cases</td>
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<td><strong>Performance</strong></td>
<td>Average of Finalized Cases per Attorney (Target 10 per month)</td>
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<td>Percentage of Legal Reviews Sent to RCM in 30 Days or less (Target 77%)</td>
<td>78.33%</td>
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<td>Document drafting time: Percentage of Drafts to AAG or SOA Served in 30 Days or less (Target 77%)</td>
<td>86.67%</td>
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<td>Percentage of Cases involving an ARNP</td>
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<td>Finalized with Legal Review only</td>
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<td>Finalized by Default or Final Order After Hearing</td>
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<td>Finalized by STID, AO or APUC (Settlements)</td>
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<td>Other (releases, reinstatements)</td>
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<td>INVESTIGATIVE PERFORMANCE MEASURES</td>
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<td>Cases Reviewed at CMT</td>
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<td>Percentage of Cases Completed w/in Time</td>
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<td>Lines Lines Target 77% PM 2.2</td>
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<td>Percentage of Investigations Opened Beyond</td>
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*Letters mailed within 30 days of NPAP meeting

*Letters mailed within 30 days of NPAP meeting
*Letters mailed within 30 days of NPAP meeting

*Letters mailed within 30 days of NPAP meeting
Descriptive Data:

### Number of Director/Instructor Applications (For Existing Programs)

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<th>Month</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
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YTD = 161
2019 = 176

Descriptive Data:

### Total Number of Director/Instructor Applications (Existing and New Programs Combined)

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<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
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<td>9</td>
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<td>22</td>
<td>7</td>
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YTD = 192
2019 = 279
Performance Measure:

**Director/Instructor Applications (For Existing Programs)**

Average Days Receipt to Evaluation Response

Target: ≤ 5 Days

2020

- JAN: 1
- FEB: 1
- MAR: 1
- APR: 1
- MAY: 1
- JUN: 1
- JULY: 2
- AUG: 1
- SEP: 2
- OCT: 1
- NOV: 1
- DEC: 1

Days Receipt:
- JAN: 1
- FEB: 1
- MAR: 1
- APR: 1
- MAY: 1
- JUN: 1
- JULY: 1
- AUG: 2
- SEP: 1
- OCT: 1
- NOV: 1
- DEC: 1
Descriptive Data:

*Does not include 2nd/subsequent reviews of revised applications

Performance Measure:

*Does not include 2nd/subsequent reviews of revised applications

**Due to personnel diverted to the COVID-19 emergency response for existing programs, new application reviews experienced extensive delays between March-July 2020.
**COVID-19 Note: Impact on New Program Applications**

The COVID-19 response shifted the work of the unit dramatically between March and July 2020. Emphasis was necessarily on shifting existing programs to a live online format for classroom/theory content and laying out the NAR work pathway to assure a continuation of training to support the workforce in caring for the public. With this and COVID-19 updates came many new and constantly evolving issues and need for time spent on discussions, decisions, and policy adjustments. During this time, the Nursing Assistant Program Approval Panel (NAPAP) shifted from monthly to weekly meetings, and applications for new programs that had been submitted just prior to or during COVID-19 were on hold for review and processing, and new submissions dropped off nearly completely.

In June and July, work shifted to a focus on resuming testing while approvals for live online classes continued as a daily activity. As of mid-December, we have approved the transition to a live online format for 82 nursing assistant training programs during COVID-19, and approximately 3,546 students have completed or are completing training in this format. Staff did have the ability to begin work on some of the backlog of program applications as well, and the timelines are beginning to normalize accordingly.

While timelines for Program Director and Instructor applications for existing programs have been maintained below benchmark throughout the COVID-19 response, the program application timelines for 2020 are in dramatic contrast to non-COVID-19 timelines for 2019 (average of 57 days vs. 11 days as the program application evaluation response time).
Standing agenda item(s)

1. Data efforts

Goals with regards to collecting supply data is to be reviewed at the January meeting between DOH, NCQAC and WCN. Preference on collection: nurses who are electronically/digitally in the state and/or physically in the state, in the state for short periods of time (2-4-week contract to 6 months to 1 year) needs to be discussed. Sofia will place this item on the January joint meeting agenda for discussion. Also, people who live here, but are licensed in another state. Sofia will invite Sue Skillman and Ben Stubbs to the January meeting to review their recommendations submitted related to future data collection through nursys e-notify.

Need to further discuss the role of HELMS in nursing data collection. Expanded race and ethnicity data had not been collected in a useful way through ILRS. NCSBN also needs to be approached with regards to improving basic race and ethnicity questions collected in NurSYS e-notify. Paula will invite Amber Zawislak, Karl Hoehn and Marcus Bailey (HELMS project director) to a future meeting for logistics after the discussion on data elements and collection is clarified.

Sue Skillman and Sofia met with Mary Sue Gorski and discussed items to address before the next round of data analysis. Mary Sue is checking with the National Council of State Boards of Nursing (NCSBN). Louise Kaplan and Mary Annette Brown previously worked on an Advanced Practice survey. How would Advanced Practice questions work in the new system? Update in January.

New business

2. Timing of invitations to meetings with WCN and members to attend the meetings

Meetings between DOH, NCQAC, and WCN are planned for January and March and plan on every other month thereafter. Agreed to every other month meetings for the larger group instead of quarterly. We will set dates at the January meeting to get on the calendar. Members from Nursing Commission are Tracy Rude, Barbara Trehearn, Dawn Morrell, Paula Meyer. Center for Nursing members are Michelle, Melissa Hutchison, Victoria Fletcher and Sofia Aragon; HSQA members are Kristin Peterson and Niki Pavliceck.

Frank Kohel will work on a date for March. On the question of the work on the applicant pool, we will add this as an item for the March meeting. The Center for Nursing is recruiting a full time researcher. It would
be good to have the researcher meet with Gerianne Babbo and Mary Sue Gorski to review the items collected on the Annual Education Survey.

3. HILT – Healthcare Industry Leadership Team

Cass Tang and Paula met with Liesel Schilperoot with HILT. HILT is a group of healthcare industry leaders in the Seattle/King County area working on workforce issues. Brenda Little, staff for WCN, is working with HILT. Diana Sosne, Center for Nursing board member and SEIU/1199 president, is on the HILT board. Patty Hayes, Seattle/King County Public Health director, and Dorene Hirsch, Seattle/King County Public Health nursing director, attended the HILT launch. One issue they are working on is when a nurse lives in one county but works in another, what are the associated issues. This was an interesting data point in the 2019 Nursing Workforce Report. Also, this is present with nursing assistants. The thought is the cost of living in Seattle/King County is high and the income is low for nursing assistants. Therefore, they cannot afford to live in the same county as they work. There is a question of transportation and other resources necessary to support this workforce.

4. Meeting with Senator Randall on her desire to increase diversity education

We understand that Sen. Randall would like to introduce legislation related to education of healthcare providers and diversity. Sofia, Paula, Mary Baroni and Lois Hoell are meeting with Sen. Randall on December 16, 2020. The intent of the bill will be discussed to determine if this is for prelicensure education, continuing education, or both. Sofia will discuss this with Jana Bitten, Oregon Center for Nursing. Sen. Randall may be interested in education on Oregon’s requirement. Sofia can also provide education on policies that various community colleges and universities in WA have on this issue. We need to start a conversation about internationally educated nurses and the requirements for English comprehension. Also, Paula will talk with Micah Matthews about the WA Medical Commission’s requirements for internationally educated physicians.

5. HRSA grant

The scope of the grant related to diversity is not clear and still being developed. The grant application is due mid-January 2021. WA has some data on Associate Degree graduates and also has an emphasis on recruiting diverse nursing faculty. There is an initiative to get more students with leaders in WA. We also need mentoring models. Paula shared that NCQAC has students and often is a preceptor for graduate students. Currently, there are 10 students working on projects with NCQAC. Paula will talk with Mary Baroni: has she worked on HRSA grants or know of others that have? Sofia thought the Center could host a leadership fellow.
6. Follow up conversation on Action Now as the vehicle for the critical gaps work moving forward

Victoria Fletcher felt we need to develop a consensus paper. As part of the consensus document, Frank Kohel and Theresa Berry will be working on budget items that would be associated with Action Now! This should be ready for the January meeting. Sofia asked about other partners on the leadership group that should be considered. Paula explained that the leadership group is to have representatives from groups that can bring resources, financial and services. The steering committee will be the leaders of the six critical gap groups. The critical gap groups will bring more reports to the NCQAC in March or May 2021. Sofia asked about timeline for the next phase of the critical gap groups. The DOH-WCN contract development timeline should be taken into consideration. Paula explained the momentum is there now with the critical gap groups. The desire is to maintain the momentum. Target is to have a final plan presented at the March 12 NCQAC meeting. Paula also suggested that the DOH contract with the Center for Nursing can be amended to include this work.

7. Agenda items for the January DOH/NCQAC/WCN meeting

The Center for Nursing is scheduled for a presentation at the January 8, 2021, NCQAC meeting. Sofia will ask Sue Skillman and Ben Stubbs to join her. They will discuss the goals for supply data. Also, the consensus document for Action Now! to review. A legislative report would be timely.

Paula R. Meyer MSN, RN, FRE
“These proposals begin the long process of tackling inequities that have plagued this state and country since our inception. We have seen Black, Indigenous and people of color historically and disproportionately impacted because of longstanding racial gaps and socio-economic factors — all of which have racism as a root cause.”

—Gov. Jay Inslee

A historic commitment to diversity, equity and inclusion

Inslee puts forward significant investments to address systemic racism, eliminate racial disparities within state government and Washington communities

After multiple, horrific deaths that included George Floyd and Washington’s own Manuel Ellis, people across the nation rose up by the millions to protest systemic racism and demand change. To meet this challenge, we will take action against past injustices and lay the foundation for a Washington where everyone can thrive and live successful lives. The governor will respond to bias and discrimination with a bold and assertive package of proposals that address systemic racism.

Gov. Jay Inslee’s budget and policy proposals demonstrate his commitment to diversity, equity and inclusion by funding a variety of efforts to eliminate racial disparities. These include fully funding an equity office as a tool to root out racism and other forms of discrimination in state government. His budget also includes funds to establish an office that investigates police using excessive force, to roll out new equity measuring tools, and to
introduce a financial literacy plan that can help reduce the racial wealth gap that COVID-19 has exacerbated.

The governor proposes funds to provide a safety net to immigration workers by maintaining the Washington Immigration Relief Fund. The governor will also focus on centering climate change proposals on environmental justice and health disparities for communities of color and low-income Washingtonians.

As he enters his third term as governor, Inslee is putting renewed emphasis on equity as a significant priority. He will work to eliminate the systemic racial disparities that exist in different aspects of life, and improve social equity across the state.

**Establish office to investigate police using excessive force**

The governor proposes to create the Office of Independent Investigations to conduct investigations of police use of excessive force.

After the deaths of George Floyd and Manuel Ellis earlier this year, the governor created a task force to recommend how the state can be more accountable and improve the way it investigates police use of excessive force. These recommendations would ensure that such investigations are fair, thorough and independent.

The majority of task force members held strong views that the state must create a new, independent agency to conduct police use of force investigations. Members also agreed that this office must be rooted in an understanding of the country’s deeply embedded institutional racism, the history of racism in policing, and how bias disproportionally impacts and harms people of color.

The task force told the governor that the new agency must conduct investigations with transparency, accountability and an anti-racist lens.

The governor will request legislation during the 2021 session to create the Office of Independent Investigations within the executive branch. An advisory board will provide input into the staffing and operations of the office. The director of the new office will work with the advisory board to develop the plans for implementation, including regional staffing and training. The budget includes funding for any prosecutions that result from these investigations. ($26 million in General Fund – State).

**Fund and task the new Equity Office**

The state Equity Office, created by the Legislature in 2020, will develop the state’s five-year equity plan. It will help the state develop language-access requirements, remove barriers to accessing state services and decrease inequities across state government. With a staff of eight, the office will also help agencies develop and implement their own diversity, equity and inclusion plans. To promote systemic and cultural changes, the office will introduce best practices and change management to agencies, and design an online performance dashboard that measures agencies' progress toward diversity goals. Any government agency can request the office’s help to reach its DEI goals. ($2.5 million GF-S)

**Maintain the Washington COVID-19 Immigrant Relief Fund**

The governor proposes additional state investments to the Washington COVID-19 Immigrant Relief Fund. The COVID-19 pandemic significantly impacted Washington immigrant workers, a demographic that can’t access many relief programs because of their immigration status. While the governor recently allocated $62.6 million in federal CARES Act funds to the Washington Immigrant Relief Fund for economic support, the needs within the immigrant community far surpass the amount of funding that’s currently available. ($10 million GF-S)
The Employment Security Department and Department of Social and Health Services will conduct a feasibility study on how to replicate the state’s unemployment insurance program and expand other safety net programs to individuals — regardless of their citizenship status. (Fiscal year 2021: $35,000 Employment Administrative – State; fiscal year 2022: $80,000 Employment Administrative – State, $77,000 GF-S)

**Establish Juneteenth as a legal holiday**

The governor supports honoring June 19 as a legal holiday and encourages local jurisdictions to do the same. This funding will cover the costs to maintain critical services during the new holiday each June 19.

Observing Juneteenth is one way we can recognize the horrors and brutality of slavery, and somberly reflect that the Declaration of Independence did not grant Black Americans liberty.

Juneteenth is the historic day in 1865 that commemorates and recognizes when Union soldiers told slaves in Galveston, Texas 1865 that they were free — nearly two and a half years after President Lincoln signed the Emancipation Proclamation. The day also recognizes the resiliency of Black Americans and hope for a more equitable future. Black historian Henry Louis Gates, Jr. describes June 19 as one of the "most inspiring grassroots efforts of the post-Civil War period," when Black Americans transformed June 19 from "a day of unheeded military orders into their own annual rite." ($5.6 million GF-S and $1.7 million Non-General Fund-State).

**Increase minority contractors**

The governor’s budget includes funding for the Business Diversity Management System, which measures and tracks the state’s progress toward equity in public spending and state contractors. The system also helps the state increase the number of minority- and women-owned business that participate in public spending. This funding will help the Office of Minority and Women’s Business Enterprises finish implementing the system’s final steps. ($1.9 million GF-S)

OMWB will also launch the Washington State Toolkit for Equity in Public Spending to support state agencies and educational institutions. This will promote equity and create more diverse, innovative and efficient business solutions for agencies. ($221,000 GF-S)

**Support financial literacy**

The Department of Financial Institutions will work with financial education partners and financial institutions to help address racial wealth inequities. DFI will create a diversity, equity and inclusion staff position dedicated to working with financial institutions; federal, state and local government agencies; and community partners.

DFI’s efforts will help underserved populations more equitably participate in safe, secure and affordable financial services ($674,000 Financial Services Regulation Account).
Invest in environmental justice

Climate change is an environmental harm that threatens human health, and access to clean air, safe drinking water, nutritious food and shelter. Vulnerable populations and communities exposed to environmental pollution over decades experience a disproportionate, cumulative risk of harm. Without proactive policy intervention, these communities are less likely to adapt or recover from climate change impacts.

In 2020, the Environmental Justice Taskforce found that Washington will only achieve environmental equity when no single group or community faces disadvantages as they deal with the effects of the climate crisis, pollution, environmental hazards or environmental disasters. The taskforce recommended how the state can improve government accountability to communities; incorporate environmental justice into government structures, systems and policies; invest more equitably; and improve environmental enforcement.

Ban insurance companies from using credit scores

One of the most common reasons why people struggle financially is from events outside of their control — unemployment, natural disasters and medical expenses. For many, the impact (financial or otherwise) is felt for generations. The pandemic has hit low-income Washingtonians and communities of color the hardest, and they will bear the repercussions for months and years to come.

This is one reason why the governor has joined the insurance commissioner to propose Senate Bill 5010, legislation that bans the use of credit scoring in auto, homeowner, renter and boat insurance. Credit-based insurance scores historically and disproportionately affect communities of color and low-income communities because of inequities embedded in our credit system. The Office of the Insurance Commissioner will oversee these efforts. ($89,000 Insurance Commissioner’s Regulatory-State)

**Insurance cost by credit score**

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Consumer Reports, “The secret score behind your rates”
The governor’s 2021 policy and budget proposals put environmental justice and equity at the center of the climate agenda and take the first step toward implementing the recommendations of the taskforce. The proposals will:

- Improve air quality and climate resilience in the most impacted communities by putting a cap on greenhouse gas emissions and supporting project investments that make communities more resilient to climate change impacts.
- Ensure that the benefits of the clean energy transition are equitably distributed so that vulnerable populations aren’t left behind.
- Give overburdened communities a voice with a formal advisory role in climate governance by creating a permanent Environmental Justice and Equity Advisory Panel.
- Incorporate environmental justice into environmental and economic development agency staffing and programs, and require that investments in climate change projects, programs and activities undergo an environmental justice analysis.

**Advance equity on school campuses**

The governor proposes to support creative efforts that advance equitable outcomes for community and technical college students. The state will establish a new center for diversity, equity and inclusion that sets up collaborative reviews of the curriculum, and removes equity barriers to student success. This money will also fund technology grants and faculty stipends to conduct those curriculum reviews on college campuses. These grants will convert technical and laboratory-based instruction to an interactive online format. ($23.3 million, Workforce Education Investment Account)

Eastern Washington University, Central Washington University, The Evergreen State College and Western Washington University will get funding for DEI inclusion efforts. In addition, the funding will expand recruitment and outreach efforts to historically underserved students and faculty, increase student supports and mental health counseling, establish a new Native Pathways Program and Ethnic Studies Program, and establish a new student center. ($9.9 million, Workforce Education Investment Account)

**Remove barriers to financial aid**

The governor proposes to continue funding the Aim Higher Free Application for Federal Student Aid initiative. This will help families and students connect to state and federal grants and loans, such as the FAFSA, to help pay for college and improve Washington students’ post-secondary outcomes. Washington has one of the lowest application completion rates in the country. ($1.1 million, Workforce Education Investment Account)

**Invest to close the digital divide**

Students having access to technology has been essential to their learning success during the pandemic. The governor’s budget includes funding to support residential broadband connections for families across Washington who cannot afford connection services in their area. ($79 million Near GF-S)

The state will also contract with a nonprofit entity to support a Digital Navigator Program in 10 regions across the state, with two navigators in each region. These navigators will provide one-on-one digital skills support to individuals seeking work, families supporting students in K-12, individuals who are English language learners and older Washingtonians. ($6 million Near GF-S)

**Support community-based organizations**

The governor proposes to fund community practices across the state that will advance racial equity in the state’s funding decisions and future investments. The Department of Commerce will work directly with community leaders and organizations to support
these robust strategies and fund community capacity building assistance. Community priorities will be part of the program’s design, and this will help equalize voices and remove barriers. ($1.1 million GF-S)

**Improve equity outcomes for foster and homeless students**

The governor proposes to provide grants, mentorship and student support services to college students or apprentices who experienced foster care or homelessness. The Passport to Careers Program serves students who lack family and financial support to complete their educational pathway – many of them coming from foster care or homelessness. This program provides financial and academic support to help these students complete their college or apprenticeship credential. ($8.4 million, Workforce Education Investment Account)

**Support career development**

The governor proposes $3 million from various transportation accounts to continue and expand WSDOT’s pre-apprenticeship program. This program awards groups that provide outreach, pre-apprenticeship training and supportive services to underrepresented populations in the construction trades. With an emphasis on individuals in juvenile rehabilitation and foster care communities, the program will provide organizations with funding to support:

- Pre-apprenticeship training in one or more highway construction trades.
- Support services that may include assistance with transportation, child care, basic tools and housing. Typically, women, minorities, veterans, and other disadvantaged individuals need these barrier-reducing supports to enter and succeed in apprenticeships.
- Mentorship and retention training.
- Cultural competency training to foster and encourage a safe and welcoming worksite for every person working Department of Transportation construction projects.

**Expand outdoor recreation equity**

**Statewide outdoor school**

The governor proposes $90,000 for Western Washington University to explore the possibility and benefits of expanding outdoor residential school programs. This will more equitably serve fifth and sixth grade students statewide. The study explores the COVID-19 impacts on institutions that provide participants with outdoor learning. Recommendations will center on using physical activity and exposure to natural settings to improve health disparities and accelerate learning for historically underserved populations. ($90,000 of the GF-S)

**Access outdoor recreation**

State Parks and Recreation Commission will facilitate a work group with the Commission on African American Affairs to identify inclusion barriers. The group will also develop recommendations to increase the number of Black Washingtonians who participate in the state park system and other outdoor recreation spaces and public parks. ($85,000 GF-S)
Physical Activity and School Facilities Task Force
The governor proposes $175,000 for the Recreation and Conservation Office to lead a task force that consider ways the state can improve equitable access to K-12 schools’ fields and athletic facilities, and local parks’ agency facilities. The task force will consider joint use agreements, partnerships, scheduling practices with local parks agencies including facility rental fees, and other strategies. The goal is to increase physical activity for youth and families. ($175,000 from the Youth Athletic Facility Account-Non appropriated)

Capital budget highlights for equity
The governor proposes reevaluating two significant capital funding grant programs and investing in several community-based organizations.

Create a more equitable grant process
The governor proposes $400,000 for the Department of Commerce to develop targeted equity strategies that are informed by community engagement, outreach and research. Commerce will create an equity work group to identify investments, programs and policy changes. This work will bring about a better understanding of the statutory, administrative, and operational barriers that exist in state capital programs. It will also recommend changes to reduce disparities and disrupt the displacement and gentrification of underserved communities. ($400,000 capital bonds)

The governor proposes funding for the Recreation and Conservation Office to lead a public stakeholder process for reviewing a subset of the state grant programs it administers. The group will assess the equity outcomes that these programs provide and recommend how we can increase the success of projects that serve highly impacted communities and vulnerable populations. ($400,000 capital bonds)

Capital projects
Asberry House
Dr. Nettie J. Asberry, possibly the first black woman in the United States to earn a Ph.D., purchased Asberry House in the Hilltop neighborhood of Tacoma over 115 years ago. Grant funding will help the Tacoma City Association of Colored Women’s Clubs acquire the historic home. From her home in the Hilltop neighborhood, Asberry taught music and Black history to local youth. During her life, she founded the Tacoma CWC and helped found the first NAACP chapter on the West Coast. Acquiring the Asberry Home symbolically reclaims and celebrates her life’s work and contributions for the Black community. ($800,000, capital bonds)

Miller Park in Yakima
Miller Park, located in Northeast Yakima, is the only green space and park within walking distance for many children and their families in a densely populated area. This project includes playground equipment that follows federal standards from the
Americans with Disabilities Act, a picnic shelter, improved lighting and walkway, and a prefabricated restroom facility. The Governor’s Office received letters from nearly 20 community members who requested this park improvement project. The proposed budget item reflects the vision for how an improved park will positively impact their neighborhood. ($625,000, capital bonds)

**Africatown Land Trust**
Africatown Land Trust receives funding to purchase the Keiro Center site, a former nursing home in Seattle’s Central District. A developer bought the property after the nursing home fell on hard times. Africatown Land Trust intends to turn the property into affordable housing. ($13.8 million, capital bonds)

**Rainier Valley Food Bank**
The governor’s proposal includes funding for a new community food center through Seattle’s Rainier Valley Food Bank, which will redefine the role the food bank plays to help address food justice and equity, and expand wrap-around services.

The center will offer a commercial kitchen, a grocery-store-style area, and a flexible gathering space for workshops and community-led organizing. Storage and staging space will help the food bank expand home delivery and ‘backpack programs’ for students who need food. The current food bank location is severely limited by their 1,200-square-foot space. Despite these operational challenges, grocery shopping and delivery has expanded from 300 households to 1,300 households a week during the pandemic. The food bank has also seen a 46% increase in students receiving groceries for their families through the food bank’s backpack program. ($1 million, capital bonds)

**McKinney Center**
Funding will help the Central District Community Preservation Development Authority restore the McKinney Center for Community and Economic Development. This facility was formerly known as the Seattle Vocational Institute and the state transferred it to the CDPCDA earlier this year. The project will also receive operating budget funds to help with general operating costs. ($480,000 General Fund-State and $1 million Capital Bonds)
Policy Brief: COVID-19 Vaccine Administration

Purpose

To provide guidance on the administration of the COVID-19 vaccines.

Context

As the U.S. prepares for the largest vaccine initiative in decades, boards of nursing (BONs) are ready to assist in this effort by providing recommendations regarding COVID-19 vaccine administration. It is essential that the public not only trust the vaccine, but also the care provider administering it. Safety of a vaccine extends beyond its pharmaceutical properties. The vaccine must be administered by individuals who are competent in all aspects of vaccine administration. This includes knowledge of the informed consent process, injection administration technique, vaccine reconstitution, storage requirements, side effects, emergency management of adverse reactions, record-keeping, waste and disposal and all other aspects of vaccine administration outlined in The COVID-19 Vaccination Program Interim Operational Guidance for Jurisdictions Playbook.

The COVID-19 vaccine will be administered to millions of people in a short time frame to get control of the virus and save lives. Many rural areas of the country have a significant shortage of nurses, while highly populated areas may not have an adequate number of nurses necessary to accommodate the volume of vaccine recipients. For these reasons the following is proposed:

Proposal

• COVID-19 vaccines can be safely administered by licensed practical nurses/vocational nurses (LPNs/VNs), registered nurses (RNs) and advanced practice registered nurses (APRNs), in addition to other licensed health care providers such as physicians, physician assistants and pharmacists.

• If needed, states should call upon retired nurses and those who have inactive licenses with no discipline on their records to assist in vaccine administration. States should work with their state BON to determine the most efficient method to reinstate those licenses.

• Partnerships with nursing education programs are encouraged. Student nurses who have been taught the principles of COVID-19 vaccine administration may do so under the supervision of faculty or other appropriate licensed practitioners.

• Waivers by the governor or BON may be necessary to authorize an RN or LPN/VN to delegate vaccine administration to certified medical assistants, medication aides and emergency medical technicians/paramedics that have been trained in COVID-19 informed consent, vaccine administration, COVID-19 vaccine side effects, emergency management of adverse reactions and the principles of reconstitution and proper storage.

Benefits

The enormity of the need for highly competent, safe and accessible COVID-19 vaccine administration calls for an expanded workforce to provide this important service. These recommendations extend nursing services beyond the RN, LPN and APRN to acknowledge the ability of other health care professionals and nursing students to participate in this effort.
Recommendations

• All nurses volunteering for COVID-19 vaccine administration who are not affiliated with an institution providing the vaccine should have their license verified through Nursys.com.

• Retired and inactive nurse records can also be found in Nursys.com.

• Nurses should also be involved in educating the public about the importance and safety of the vaccine to ensure high participation from the public. This is essential to eliminating COVID-19 in the U.S.

• All individuals administering the vaccine must be competent in the informed consent process, COVID-19 vaccine administration, vaccine reconstitution, storage requirements, side effects, emergency management of adverse reactions, record-keeping, waste and disposal and all other aspects of vaccine administration outlined in The COVID-19 Vaccination Program Interim Operational Guidance for Jurisdictions Playbook.

About NCSBN

Founded March 15, 1978, as an independent not-for-profit organization, NCSBN was initially created to lessen the burdens of state governments and bring together nursing regulatory bodies (NRBs) to act and counsel together on matters of common interest. It has evolved into one of the leading voices of regulation across the world.

NCSBN’s membership is comprised of the NRBs in the 50 states, the District of Columbia, and four U.S. territories — American Samoa, Guam, Northern Mariana Islands and the Virgin Islands. There are three exam user members. There are also 27 associate members that are either NRBs or empowered regulatory authorities from other countries or territories.

Mission: NCSBN empowers and supports nursing regulators in their mandate to protect the public.
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Snapshot of Approved Nursing Assistant Training Programs (December 2020)

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<td>• Traditional Programs</td>
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<td>• Medication Assistant Certification Endorsement (MACE) Programs</td>
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**Trend Indicator in Program Numbers:**  ___ Notable Increase  **X** Stable  ___ Notable Decrease

**Comments:** Program numbers have ranged 180-200 total over last five years, but increased to >200 as 2019 came to a close and in early 2020. With the impact of COVID-19 in 2020, the number of programs has decreased to <200 once again, but remains on the high end of the usual range.
## NAPAP REPORT 2020

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<th>JULY 16</th>
<th>AUG 10</th>
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<th>NOV 9</th>
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*Added to March (Item was Left off of the Feb Report)
## COVID-19 Emergency NAPAP Meetings 2020

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**Note—COVID-19 Impact on NAPAP Activities:** We know that COVID-19 has had unprecedented impacts in just about every arena of our lives. The two tables above reflect the impact on NAPAP in two key ways. First, NAPAP meetings are traditionally held monthly, and emergency meetings have been rare in previous years, often completely absent. Second, you will note a shift away from “usual” activities (those captured clearly in most rows) to a clustering of activity in the bottom row (“Other” review or process decisions). This shift relates to the need for NAPAP to navigate through unanticipated and evolving COVID-19 issues as they arise.
Commission Member Expectations

RCW 18.79.010

Purpose

The Nursing Care Quality Assurance Commission (NCQAC) regulates the competency and quality of professional health care providers under its jurisdiction by establishing, monitoring, and enforcing qualifications for licensing, consistent standards of practice, continuing competency mechanisms, and discipline. Rules, policies, and procedures developed by the NCQAC must promote the delivery of quality health care to the residents of the state of Washington.

1. Each NCQAC member will attend all business meetings. Meetings are held on the second Friday of January, March, May, July, September and November unless otherwise scheduled by the NCQAC. In order to conduct business, even discussing business on the agenda, a quorum of the NCQAC must be present. If a NCQAC member is unable to attend a meeting, the commission member must inform the NCQAC chair and executive director at least 24 hours in advance of the meeting.

2. Attendance at all sub-committee and task force meetings is expected. Sub-committee and task force meetings are scheduled on an annual basis. If a NCQAC member is not able to attend at the scheduled time, revisiting the schedule can be an agenda item. If a commission member is not able to attend a meeting, the NCQAC member must communicate the absence to the chair of the sub-committee or task force. Recommendations for actions are considered at sub-committee and task force meetings. Attendance and participation are crucial to achieving consensus and presenting the recommendations at NCQAC business meetings.

3. Each NCQAC member is expected to be prepared for all meetings. Materials for the meetings are distributed prior to the meeting. If the materials are not received in a timely manner, the chair and staff person for the NCQAC, sub-committee or task force need to be informed. Decisions made by the NCQAC require every member to be fully informed.

4. Hearing dates are annually scheduled. Once a NCQAC member volunteers for a hearing date, they must make themselves available on that date. Every hearing panel must have three members to make decisions.

5. NCQAC members must be inquisitive. If the materials, discussion or motion is not clear, NCQAC members must ask questions. The outcomes of the decisions affect nursing practice in Washington.

6. The Uniform Disciplinary Act (UDA), RCW 18.130, is the basis for disciplinary action for all health professions in Washington. Every NCQAC member must be familiar with the UDA. Staff attorneys are available on all charging panels for questions. As a reviewing NCQAC member, use your staff attorneys for advice. In a hearing, the health law judge will review NCQAC member responsibilities according to the UDA.

Approved: 11/19/10
Reviewed: 09/11/15
01/08/21
7. Excellence in our work is expected. If a NCQAC member has concerns with the conduct or behaviors of a staff member, the NCQAC member speaks with the NCQAC chair. The NCQAC chair speaks with the executive director who guides and directs staff to improve performance.

If a staff member has concerns with the conduct or behaviors of a NCQAC member, the staff person speaks with the executive director. The executive director brings the feedback to the attention of the NCQAC chair. The NCQAC chair and executive director work with the NCQAC member to improve performance.

8. Meeting etiquette
   a. At the beginning of all meetings, turn cell phones to silence mode. Breaks will be held and phone business can be conducted at that time.
   b. Arrive on time and ready to begin meetings according to the start time on the agenda.
   c. Stay for the full meeting. If a NCQAC member is not able to arrive on time or stay the full meeting, the NCQAC member must communicate this with the NCQAC chair or the executive director.
   d. Be engaged in the meeting. Listen to the presentations. Participate in the discussions and recommendations.
   e. Side conversations at all meetings are not allowed.

9. Professional appearance and conduct
   a. Dress for meetings is business attire. Dress as if the Governor will be attending.
   b. Pay attention to the topics. Reading newspapers, doing crossword puzzles, texting personal messages, are not allowed.
   c. Respect all members’ contributions and time. Interruptions are to be kept to a minimum. The chair will recognize each member and allow time to speak.
   d. The chair is responsible for conducting the business meetings and to enforce meeting etiquette, appearance and conduct.
   e. Profanity is not allowed at any meetings.
Washington State Nursing Care Quality Assurance Commission

Commission Member Expectations

RCW 18.79.010

Purpose

Shared Purpose:
The Nursing Care Quality Assurance Commission (NCQAC) protects the public's health and safety by regulating the competency and quality of licensed practical nurses, registered nurses, advanced registered nurse practitioners and nursing technicians. The purpose of the NCQAC includes establishing, monitoring and enforcing licensing, consistent standards of practice, continuing competency mechanisms, nursing education, and discipline. NCQAC is part of the Executive Branch. Commission members are appointed by the Governor of Washington State. All regular and special business meetings and sub-committee meetings are subject to the Open Public Meetings Act (https://app.leg.wa.gov/RCW/default.aspx?cite=42.30). Commission members are subject to the Executive Ethics Act and all Commissioners are held to the higher standards of ethics applied to licensing regulators in public service (https://apps.leg.wa.gov/RCW/default.aspx?cite=42.52).

Commission members' role in achieving our shared purpose:

- Establish qualifications for minimal competency to grant or deny licensure of registered nurses, practical nurses, advanced registered nurse practitioners and nursing technicians.
- Ensure consistent standards of practice.
- Develop rules, policies and procedures to promote quality healthcare for the residents of the state.
- Investigate complaints against nurses.
- Serve as a reviewing member on disciplinary cases.
- Serve as a member of disciplinary hearing panels.
- Revoke, suspend, or restrict specific practices or place probationary conditions on nursing licenses.
- Approve curricula and establish criteria for new and existing nursing schools, including pre-licensure, post-licensure and out-of-state distance learning nursing education programs that are, both new and existing.
- Approve nursing assistant education training programs per RCW 18.88A.060.

NCQAC Regular and Special Business and sub-committee meeting participation:
The effectiveness of the NCQAC depends on the full participation of each commission member. Each commission member will:

Approved: 11/19/10
Reviewed: 09/11/15

S:\HSQA\NCQAC\Commission\Commission Members\Member expectations 11-19-10
1. Attend each NCQAC Regular and Special Business meeting. Regular meetings, which occur on the second Friday of January, March, May, July, September and November unless otherwise scheduled by the NCQAC. Additional Special meetings may be scheduled as needed. Commission members will thoroughly review the full NCQAC Business packet prior to the meeting. If a NCQAC member is unable to attend a meeting, the commission member will inform the NCQAC chair and executive director at least 24 hours in advance of the meeting. While face-to-face participation is preferred, commission members may request an occasional option of participating remotely.

2. Participate on one or more sub-committees, panels, or task forces. Sub-committee, panel (CMT, CDP, NPAP, NAPAP) and task force meetings are scheduled on an annual basis and are attended through remote access. If a commission member is not able to attend a meeting, the NCQAC member will communicate the absence to the chair of the sub-committee or task force. Recommendations for actions are considered at sub-committee and task force meetings. Attendance and participation are crucial to achieving consensus and presenting the recommendations at NCQAC business meetings.

3. Sign up to participate in NCQAC Hearings. Hearing dates are annually scheduled. Once a NCQAC member volunteers for a hearing date, they will make themselves available on that date. Every hearing panel must have three members to make decisions. Panels may be cancelled if an informal agreement is confirmed prior to the hearing date and panel members will be informed of such cancellations.

4. Participate as a RCM in the disciplinary case review. The Uniform Disciplinary Act (UDA), RCW 18.130 (make this a link), is the basis for disciplinary action for all health professions in Washington. Each commission member needs to be familiar with the UDA. Staff attorneys and staff investigators are key resources to commission members as they analyze and present make recommendations to the Case Disposition Panel; the triad team is key for a thorough review of each disciplinary case.

5. NCQAC members will conduct themselves in a professional manner whenever they participate in NCQAC activities. Areas of consideration include:
   a. Utilize modified Roberts Rules of Order and follow the Open Public Meeting Act regulations.
   b. Arrive on time and ready to begin meetings according to the start time on the agenda.
   c. At the beginning of all meetings, turn cell phones to silence mode. -Breaks will be held and phone business can be conducted at that time.
   d. Stay for the full meeting. -If a NCQAC member is not able to arrive on time or stay the full meeting, the NCQAC member must communicate this with the NCQAC chair or the executive director.
   e. Be engaged in the meeting. -Listen to the presentations. Participate in the discussions and recommendations. Members are discouraged from Side conversations
   f. Dress for meetings is business attire. -Dress as if the Governor will be attending.

Approved: 11/19/10
Reviewed: 09/11/15

S:\HSQA\NCQAC\Commission\Commission Members\Member expectations 11-19-10
g. Respect all members’ contributions and time. Interruptions are to be kept to a minimum. The chair will recognize each member and allow time to speak.

h. Profanity is not allowed at any meetings.

When NCQAC Business meetings and/or subcommittee taskforce meetings are conducted virtually and conducted subject to the OPMA virtually, meeting etiquette will include muting when not preparing to speak, not using chat functions, nor texting to individual participants, as this is not allowed under the OPMA Open Public Meeting Act. The Advising Assistant Attorney General (AAG) conducts OPMA which is annually reviewed training annually by the AG during a scheduled business meeting. https://apps.leg.wa.gov/RCW/default.aspx?cite=42.30.6.
Washington State Nursing Care Quality Assurance Commission

Commission Member Expectations

RCW 18.79.010
Purpose

Shared Purpose:
The Nursing Care Quality Assurance Commission (NCQAC) protects the public's health and safety by regulating the competency and quality of licensed practical nurses, registered nurses, advanced registered nurse practitioners and nursing technicians. The purpose of the NCQAC includes establishing, monitoring and enforcing licensing, consistent standards of practice, continuing competency mechanisms, nursing education, and discipline. NCQAC is part of the Executive Branch. Commission members are appointed by the Governor of Washington State. All regular and special business meetings and subcommittee meetings are subject to the Open Public Meetings Act (https://app.leg.wa.gov/RCW/default.aspx?cite=42.30). Commission members are subject to the Executive Ethics Act and are held to the higher standards of ethics applied to licensing regulators (https://apps.leg.wa.gov/RCW/default.aspx?cite=42.52).

Commission members’ role in achieving our shared purpose:
- Establish qualifications for minimal competency to grant or deny licensure of registered nurses, practical nurses, advanced registered nurse practitioners and nursing technicians.
- Ensure consistent standards of practice.
- Develop rules, policies and procedures to promote quality healthcare for the people of the state.
- Investigate complaints against nurses.
- Serve as a reviewing member on disciplinary cases.
- Serve as a member of disciplinary hearing panels.
- Revoke, suspend, or restrict specific practices or place probationary conditions on nursing licenses.
- Approve curricula and establish criteria for new and existing nursing schools, including pre-licensure, post-licensure and out-of-state distance learning nursing education programs.
- Approve nursing assistant education training programs per RCW 18.88A.060.

NCQAC Regular and Special Business and subcommittee meeting participation:
The effectiveness of the NCQAC depends on the full participation of each commission member. Each commission member will:

1. **Attend each NCQAC Regular and Special Business meeting.** Regular meetings occur on the second Friday of January, March, May, July, September and November unless otherwise scheduled by the NCQAC. Additional Special meetings may be scheduled as needed. Commission members will thoroughly review the full NCQAC Business packet prior to the meeting. If a NCQAC member is unable to attend a meeting, the commission member will inform the NCQAC chair and executive director at least 24 hours in advance of the
meeting. While face-to-face participation is preferred, commission members may request an occasional option of participating remotely.

2. **Participate on one or more subcommittees, panels, or task forces.** Subcommittee, panel (CMT, CDP, NPAP, NAPAP) and task force meetings are scheduled on an annual basis and are attended through remote access. If a commission member is not able to attend a meeting, the NCQAC member will communicate the absence to the chair of the subcommittee or task force. Recommendations for actions are considered at subcommittee and task force meetings. Attendance and participation are crucial to achieving consensus and presenting the recommendations at NCQAC business meetings.

3. **Sign up to participate in NCQAC Hearings.** Hearing dates are annually scheduled. Once a NCQAC member volunteers for a hearing date, they will make themselves available on that date. Every hearing panel must have three members to make decisions. Panels may be cancelled if an informal agreement is confirmed prior to the hearing date and panel members will be informed of such cancellations.

4. **Participate as a RCM in the disciplinary case review.** The Uniform Disciplinary Act (UDA), RCW 18.130 (make this a link), is the basis for disciplinary action for all health professions in Washington. Each commission member needs to be familiar with the UDA. Staff attorneys and staff investigators are key resources to commission members as they analyze and present to the Case Disposition Panel.

5. **NCQAC members will conduct themselves in a professional manner whenever they participate in NCQAC activities.** Areas of consideration include:
   a. Utilize modified Roberts Rules of Order and follow the Open Public Meeting Act regulations.
   b. Arrive on time and ready to begin meetings according to the start time on the agenda.
   c. At the beginning of all meetings, turn cell phones to silence mode. Breaks will be held and phone business can be conducted at that time.
   d. Stay for the full meeting. If a NCQAC member is not able to arrive on time or stay the full meeting, the NCQAC member must communicate this with the NCQAC chair or the executive director.
   e. Be engaged in the meeting. Listen to the presentations. Participate in the discussions and recommendations. Members are discouraged from Side conversations
   f. Dress for meetings is business attire. Dress as if the Governor will be attending.
   g. Respect all members’ contributions and time. Interruptions are to be kept to a minimum. The chair will recognize each member and allow time to speak.
   h. Profanity is not allowed at any meetings.

When NCQAC meetings are conducted virtually and subject to the OPMA, etiquette will include muting when not preparing to speak, not using chat functions, nor texting to individual participants, as this is not allowed under the OPMA. The Advising Assistant Attorney General (AAG) conducts OPMA review training annually during a scheduled business meeting.
# Commission Member Terms and Qualifications
## 2020-2021

<table>
<thead>
<tr>
<th>Position Number</th>
<th>Member Name</th>
<th>Term</th>
<th>Race</th>
<th>Gender</th>
<th>Appointment Date</th>
<th>Exp Date</th>
<th>RCW 18.79 Criteria</th>
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<tbody>
<tr>
<td>01</td>
<td>Laurie Soine, PhD, ARNP</td>
<td>00</td>
<td>C</td>
<td>F</td>
<td>05/17/13</td>
<td>06/30/22</td>
<td>ARNP</td>
</tr>
<tr>
<td></td>
<td></td>
<td>01</td>
<td></td>
<td></td>
<td>07/01/14</td>
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<td></td>
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<td></td>
<td>09/06/18</td>
<td></td>
<td></td>
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<tr>
<td>02</td>
<td>Helen Myrick</td>
<td>01</td>
<td>C</td>
<td>F</td>
<td>03/03/15</td>
<td>06/30/22</td>
<td>Public Member</td>
</tr>
<tr>
<td></td>
<td></td>
<td>02</td>
<td></td>
<td></td>
<td>09/06/18</td>
<td></td>
<td></td>
</tr>
<tr>
<td>03</td>
<td>Donna Poole</td>
<td>00</td>
<td>C</td>
<td>F</td>
<td>06/21/12</td>
<td>06/30/21</td>
<td>ARNP</td>
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<tr>
<td></td>
<td></td>
<td>01</td>
<td></td>
<td></td>
<td>09/16/13</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>02</td>
<td></td>
<td></td>
<td>07/01/17</td>
<td></td>
<td></td>
</tr>
<tr>
<td>04</td>
<td>Kimberly Tucker</td>
<td>01</td>
<td>C</td>
<td>F</td>
<td>07/01/20</td>
<td>06/30/24</td>
<td>RN</td>
</tr>
<tr>
<td>05</td>
<td>Dawn Morrell</td>
<td>01</td>
<td>C</td>
<td>F</td>
<td>10/08/18</td>
<td>06/30/22</td>
<td>Staff nurse providing direct care</td>
</tr>
<tr>
<td>06</td>
<td>Tiffany Randich</td>
<td>01</td>
<td>C</td>
<td>F</td>
<td>04/30/15</td>
<td>06/30/22</td>
<td>LPN</td>
</tr>
<tr>
<td></td>
<td></td>
<td>02</td>
<td></td>
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<td>09/06/18</td>
<td></td>
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</tr>
<tr>
<td>07</td>
<td>Cass Tang</td>
<td>00</td>
<td>Ch*</td>
<td>F</td>
<td>09/30/11</td>
<td>06/30/20</td>
<td>Public Member</td>
</tr>
<tr>
<td></td>
<td></td>
<td>01</td>
<td></td>
<td></td>
<td>07/01/12</td>
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<tr>
<td></td>
<td></td>
<td>00</td>
<td></td>
<td></td>
<td>07/02/19</td>
<td></td>
<td></td>
</tr>
<tr>
<td>08</td>
<td>Tracy Rude</td>
<td>01</td>
<td>C</td>
<td>F</td>
<td>09/16/13</td>
<td>06/30/21</td>
<td>LPN</td>
</tr>
<tr>
<td></td>
<td></td>
<td>02</td>
<td></td>
<td></td>
<td>07/01/17</td>
<td></td>
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<tr>
<td>09</td>
<td>Yvonne Strader</td>
<td>00</td>
<td>AA or AN*</td>
<td>F</td>
<td>08/02/17</td>
<td>06/30/23</td>
<td>RN</td>
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<td></td>
<td></td>
<td>07/01/19</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# Commission Member Terms and Qualifications
## 2020-2021

<table>
<thead>
<tr>
<th>Member ID</th>
<th>Name</th>
<th>Term</th>
<th>AA or AN*</th>
<th>M</th>
<th>Appointed</th>
<th>Expiration</th>
<th>Position and Education Details</th>
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</thead>
<tbody>
<tr>
<td>10</td>
<td>Adam Canary</td>
<td>01</td>
<td></td>
<td></td>
<td>07/01/16</td>
<td>06/30/24</td>
<td>LPN</td>
</tr>
<tr>
<td>11</td>
<td>Mary Baroni</td>
<td>01</td>
<td>C</td>
<td>F</td>
<td>09/16/13</td>
<td>06/30/21</td>
<td>RN Faculty member of a four-year university nursing program</td>
</tr>
<tr>
<td>12</td>
<td>Ella Guilford</td>
<td>01</td>
<td>Af*</td>
<td>F</td>
<td>06/20/19</td>
<td>06/30/21</td>
<td>RN Faculty at a two-year community college nursing program</td>
</tr>
<tr>
<td>13</td>
<td>Sharon Ness</td>
<td>01</td>
<td>C</td>
<td>F</td>
<td>08/02/17</td>
<td>06/30/21</td>
<td>Staff nurse providing direct care</td>
</tr>
<tr>
<td>14</td>
<td>Jeannie Eylar</td>
<td>01</td>
<td>C</td>
<td>F</td>
<td>09/16/13</td>
<td>06/30/21</td>
<td>RN Nurse Manager or Nurse Executive</td>
</tr>
</tbody>
</table>

*AA or AN = American Indian or Alaska Native  
** Hispanic or Latina  
C = Caucasian  
Ch = Chinese  
Af = African American

**Members completing their second term and not eligible for reappointment**: Donna Poole (served four years as a pro tem member); Tracy Rude, Mary Baroni, Jeannie Eylar. Ms. Rude, Dr. Baroni and Ms. Eylar are all eligible to serve as pro tem members, up to four, one-year terms.

**Members completing their first term and eligible for reappointment**: Ella Guilford, Sharon Ness

**Public member vacancy**
## 2021 Pro Tem Member Turnover; one year terms, up to four years

<table>
<thead>
<tr>
<th>Name</th>
<th>Term</th>
<th>Duties</th>
<th>Eligible for Reappointment</th>
</tr>
</thead>
</table>
| Amy Beazizo RN, MS, OCN, CBPN-IC | 3/1/2020 – 6/30/2020 (partial term) 1<sup>st</sup> 7/1/2020 – 6/30/2021 | - Participating on Disciplinary Hearing Panels.  
- Acting as a Reviewing Commission Member.  
- Serving on a Case Disposition Panel.  
- Serving on the Case Management Team. | Eligible for reappointment as a pro tem member  
Eligible for appointment as a NCQAC member |
| Diana Brovold RN, MSN       | 1<sup>st</sup> 7/1/2018 – 6/30/2019  
2<sup>nd</sup> 7/1/2019 – 6/30/2020  
3<sup>rd</sup> 7/1/2020 – 6/30/2021 | - Participating on Disciplinary Hearing Panels.  
- Acting as a Reviewing Commission Member.  
- Serve on a Case Disposition Panel.  
- Serve on the Case Management Team. | Eligible for reappointment as a pro tem member  
Eligible for appointment as a NCQAC member |
| Kathleen Errico, Ph.D, ARNP | 1<sup>st</sup> 2/16/2018 – 6/30/2019  
2<sup>nd</sup> 7/1/2019 – 6/30/2020  
3<sup>rd</sup> 7/1/2020 – 6/30/2021 | - Participating on the Advanced Practice Sub-Committee.  
- Acting as a Reviewing Commission Member.  
- Participating on Disciplinary Hearing Panels. | Eligible for reappointment as a pro tem member  
Eligible for appointment as a NCQAC member |
| Mabel Ezeonwu, PhD, RN      | 1<sup>st</sup> 2/22/19 – 6/30/2020  
2<sup>nd</sup> 7/1/2020 – 6/30/2021 | - Participating on the Nursing Program Approval Panel. | Eligible for reappointment as a pro tem member  
Eligible for appointment as a NCQAC member |
| Shannon Fitzgerald, MSN, ARNP | 1<sup>st</sup> 9/1/2020 – 6/30/2021 | - Participating as a member of the Advanced Practice Sub-Committee.  
- Acting as a reviewing commission member (RCM). | Eligible for reappointment as a pro tem member; previously served two full terms as a NCQAC member |
<table>
<thead>
<tr>
<th>Name</th>
<th>Dates</th>
<th>Activities</th>
<th>Eligibility</th>
</tr>
</thead>
</table>
| Lindsey Frank, CNM          | 1st 7/1/2019 – 6/30/2020 2nd 7/1/2020 – 6/30/2021 | ◊ Participating on the Advanced Practice Subcommittee  
◊ Acting as a Reviewing Commission Member  
◊ Participating in Case Management Team  
◊ Serving on Case Disposition Team | Eligible for reappointment as a pro tem member  
Eligible for appointment as a NCQAC member |
◊ Acting as a member of the Long Term Care budget proviso workgroup. This may include being a member of the testing workgroup. | Eligible for reappointment as a pro tem member  
Eligible for appointment as a NCQAC member |
| Katie Anne Haerling, PhD, RN, CHSE | 4/9/2020 – 6/30/2020 (partial term) 1st 07/01/20 - 06/30/21 | ◊ Collecting data and conduct research related to use of simulation in nursing education.  
◊ Presenting reports to the NCQAC.  
◊ Participating as a member of the Research Sub-Committee. | Eligible for reappointment as a pro tem member  
Eligible for appointment as a NCQAC member |
| Jeannine (Jae) Heidenreich  | 4/1/2020 – 6/30/2020 (partial term) 1st 7/21/2020 – 6/20/2021 | ◊ Providing expert consultation to NCQAC in field of communication strategy and public relations, web-based communications, and web site content. | Eligible for reappointment as a pro tem member  
Eligible for appointment as a NCQAC member (public member) |
<table>
<thead>
<tr>
<th>Name</th>
<th>Term Dates</th>
<th>Roles</th>
<th>Eligibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Renee Celeste Hoeskel, RN, ANEF</td>
<td>3/1/2020 – 6/30/2020 (partial term) 1st 7/1/2020 – 6/30/2021</td>
<td>◊ Participating on workgroup to formulate recommendations to NCQAC for approval and implementation.</td>
<td>Eligible for reappointment as a pro tem member Eligible for appointment as a NCQAC member</td>
</tr>
<tr>
<td>Rebecca Yvonne Sanderson Mosley</td>
<td>4/1/2020 – 6/30/2020 (partial term) 1st 7/1/2020 – 6/30/2021</td>
<td>◊ Providing expert consultation to NCQAC in field of communication strategy and public relations, web-based communications, and web site content. ◊ Participating on workgroup to formulate recommendations to NCQAC for approval and implementation.</td>
<td>Eligible for reappointment as a pro tem member Eligible for appointment as a NCQAC member (as public member)</td>
</tr>
<tr>
<td>Anne Mulligan, EdD, MS, RN</td>
<td>1st 7/1/2020 – 6/30/2021</td>
<td>◊ Participating on the Nursing Program Approval Panel.</td>
<td>Eligible for reappointment as a pro tem member Eligible for appointment as a NCQAC member</td>
</tr>
<tr>
<td>Name</td>
<td>Period (1st - 4th)</td>
<td>Activities</td>
<td>Eligibility</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>--------------------</td>
<td>-----------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Dr. Dana Nelson-Peterson, DNP, MN, RN</td>
<td>1st 7/1/2017 – 6/30/2018 2nd 7/1/2018 – 6/30/2019 3rd 7/1/2019 – 6/30/2020 4th 7/1/2020 – 6/30/2021</td>
<td>◊ Participating on Nursing Program Approval Panel. ◊ Acting as a Reviewing Commission Member.</td>
<td>Not eligible for reappointment as a pro tem member Eligible to be appointed as a NCQAC member</td>
</tr>
<tr>
<td>Carol O’Neal, RN, MN</td>
<td>1st 7/1/2018 – 6/30/2019 2nd 7/1/2019 – 6/30/2020 3rd 7/1/2020 – 6/30/2021</td>
<td>◊ Participating on Nursing Program Approval Panel.</td>
<td>Eligible for reappointment as a pro tem member Eligible for appointment as a NCQAC member</td>
</tr>
<tr>
<td>Rebecca Pizzitola, MPH</td>
<td>04/13/2020 – 6/30/2020 (partial term) 1st 7/1/2020 – 6/30/2021</td>
<td>◊ Assisting with designing, planning, and implementation of a NCQAC evaluation of the effectiveness of selected policy changes put in place during the corona virus. ◊ Assisting with designing and planning to evaluate if the new continuing competency rules help assure nurse competency. This evaluation plan should be designed by December 2022 for implementation by 2025.</td>
<td>Eligible for reappointment as a pro tem member Eligible for appointment as a NCQAC member (public member)</td>
</tr>
</tbody>
</table>
| Jamie Lynn Shirley, PhD, RN | 4/15/2019 – 6/30/2019 (Partial Term)  
1st 7/1/2019 – 6/30/2020  
2nd 7/1/2020 – 6/30/2021 | ◊ Providing advice on Nursing Care Quality Assurance Commission statements related to ethical issues in nursing and health care.  
◊ Participating on the Research Sub-Committee. | Eligible for reappointment as a pro tem member  
Eligible for appointment as a NCQAC member |
| Joanna M Starratt MSN, CRNA | 1st 10/01/2018-06/30/2019  
2nd 07/01/2019-06/30/2020  
3rd 07/01/2020-06/30/2021 | ◊ Participating on the Advanced Practice sub-committee.  
◊ Acting as a Reviewing Commission Member.  
◊ Participating on Disciplinary Hearing Panels.  
◊ Serving on Case Management Team. | Eligible for reappointment as pro tem member  
Eligible for appointment as NCQAC member |
| Barbara E. Trehearne, PhD, RN | 1st 8/16/2019 – 6/30/2019  
2nd 7/1/2020 – 6/30/2021 | ◊ Working with staff to evaluate contract deliverables related to RCW 18.79.202 | Eligible for reappointment as pro tem member  
Eligible for appointment as NCQAC member |
| Lorie Wild PhD, RN, NEA-BC | 1st 7/1/2018 – 6/30/2019  
2nd 7/1/2019 – 6/30/2020  
3rd 7/1/2020 – 6/30/2021 | ◊ Participating on Nursing Program Approval Panel. | Eligible for reappointment as pro tem member  
Eligible for appointment as NCQAC member |
| Renee Yanchura, MN, RN | 1st 7/1/2017 – 6/30/2018  
2nd 7/1/2018 – 6/30/2019  
3rd 7/1/2019 – 6/30/2020  
4th 7/1/2020 – 6/30/2021 | ◊ Participating on the Case Management Team  
◊ Serving on Case Disposition Panel  
◊ Participating on the Nursing Assistant Program Approval Panel.  
◊ Acting as a Reviewing Commission Member | Not eligible for reappointment as a pro tem member  
Eligible for appointment as a NCQAC member |
### NCQAC Proposed Meeting Dates and Locations

<table>
<thead>
<tr>
<th>NCQAC Business Meeting Date</th>
<th>Locations</th>
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<tbody>
<tr>
<td>January 8, 2021</td>
<td>Virtual</td>
</tr>
<tr>
<td>March 12, 2021</td>
<td>Virtual</td>
</tr>
<tr>
<td>May 14, 2021</td>
<td>Virtual</td>
</tr>
<tr>
<td>July 8-9, 2021</td>
<td>TBD</td>
</tr>
<tr>
<td>September 9-10, 2021</td>
<td>TBD</td>
</tr>
<tr>
<td>November 12, 2021</td>
<td>TBD</td>
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## NURSING BUDGET STATUS REPORT 19-21 BIENNIUM

As of November 30, 2020

### EXPENDITURES TYPES

<table>
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<tr>
<th></th>
<th>BIENNIAL</th>
<th>BUDGET/ALLOTMENT</th>
<th>EXPENDITURES</th>
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<th>% SPENT</th>
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<td>TO-DATE</td>
<td>TO-DATE</td>
<td>TO-DATE</td>
<td>TO-DATE</td>
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<tr>
<td><strong>DIRECT EXPENDITURES:</strong></td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>FTEs (average)</td>
<td>66.51</td>
<td>66.51</td>
<td>64.31</td>
<td>2.20</td>
<td>96.69%</td>
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<tr>
<td>Staff Salaries &amp; Benefits</td>
<td>$14,078,364</td>
<td>$9,855,892</td>
<td>$9,619,822</td>
<td>$236,070</td>
<td>97.60%</td>
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<tr>
<td>Commission Salaries</td>
<td>$618,000</td>
<td>$432,500</td>
<td>$396,599</td>
<td>$35,901</td>
<td>91.70%</td>
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<tr>
<td>Goods &amp; Services</td>
<td>$1,097,998</td>
<td>$740,683</td>
<td>$453,786</td>
<td>$286,897</td>
<td>61.27%</td>
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<tr>
<td>Rent</td>
<td>$934,695</td>
<td>$662,199</td>
<td>$542,964</td>
<td>$119,235</td>
<td>81.99%</td>
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<td>Attorney General (AG)</td>
<td>$1,628,488</td>
<td>$1,073,844</td>
<td>$895,603</td>
<td>$178,241</td>
<td>83.40%</td>
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<td>Travel</td>
<td>$394,992</td>
<td>$291,411</td>
<td>$167,062</td>
<td>$124,349</td>
<td>57.33%</td>
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<tr>
<td>Equipment</td>
<td>$79,992</td>
<td>$91,311</td>
<td>$94,333</td>
<td>($3,022)</td>
<td>103.31%</td>
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<tr>
<td>IT Support &amp; Software Licenses</td>
<td>$408,326</td>
<td>$286,724</td>
<td>$192,363</td>
<td>$94,361</td>
<td>67.09%</td>
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<tr>
<td><strong>TOTAL DIRECT</strong></td>
<td>$19,240,855</td>
<td>$13,434,564</td>
<td>$12,362,532</td>
<td>$1,072,032</td>
<td>92.02%</td>
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<tr>
<td><strong>SERVICE UNITS:</strong></td>
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<tr>
<td>FBI Background Checks</td>
<td>$647,065</td>
<td>$455,851</td>
<td>$555,549</td>
<td>($99,698)</td>
<td>121.87%</td>
</tr>
<tr>
<td>Office of Professional Standards</td>
<td>$323,880</td>
<td>$228,239</td>
<td>$225,738</td>
<td>$2,501</td>
<td>98.90%</td>
</tr>
<tr>
<td>Adjudication Clerk</td>
<td>$176,861</td>
<td>$124,578</td>
<td>$102,815</td>
<td>$21,763</td>
<td>82.53%</td>
</tr>
<tr>
<td>HP Investigations</td>
<td>$61,512</td>
<td>$43,522</td>
<td>$36,400</td>
<td>$7,122</td>
<td>82.53%</td>
</tr>
<tr>
<td>Legal Services</td>
<td>$35,868</td>
<td>$25,970</td>
<td>$18,442</td>
<td>$7,528</td>
<td>71.01%</td>
</tr>
<tr>
<td>Call Center</td>
<td>$153,612</td>
<td>$111,906</td>
<td>$117,831</td>
<td>($5,925)</td>
<td>105.29%</td>
</tr>
<tr>
<td>Public Disclosure</td>
<td>$283,216</td>
<td>$204,179</td>
<td>$211,882</td>
<td>($7,703)</td>
<td>103.77%</td>
</tr>
<tr>
<td>Revenue Reconciliation</td>
<td>$155,794</td>
<td>$109,741</td>
<td>$103,698</td>
<td>$6,043</td>
<td>94.49%</td>
</tr>
<tr>
<td>Online Healthcare Provider Lic</td>
<td>$446,674</td>
<td>$299,063</td>
<td>$211,464</td>
<td>$87,599</td>
<td>70.71%</td>
</tr>
<tr>
<td>Suicide Assessment Study</td>
<td>$31,070</td>
<td>$21,900</td>
<td>$16,000</td>
<td>$5,900</td>
<td>73.06%</td>
</tr>
<tr>
<td><strong>TOTAL SERVICE UNITS</strong></td>
<td>$2,315,552</td>
<td>$1,624,949</td>
<td>$1,599,819</td>
<td>$25,130</td>
<td>98.45%</td>
</tr>
<tr>
<td><strong>INDIRECT CHARGES:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Agency Indirects (16.9%)</td>
<td>$3,592,569</td>
<td>$2,545,058</td>
<td>$2,359,637</td>
<td>$185,421</td>
<td>92.71%</td>
</tr>
<tr>
<td>HSQA Division Indirects (11.3%)</td>
<td>$2,402,132</td>
<td>$1,701,725</td>
<td>$1,577,746</td>
<td>$123,979</td>
<td>92.71%</td>
</tr>
<tr>
<td><strong>TOTAL INDIRECTS (28.2%)</strong></td>
<td>$5,994,701</td>
<td>$4,246,783</td>
<td>$3,937,383</td>
<td>$309,400</td>
<td>92.71%</td>
</tr>
<tr>
<td><strong>GRAND TOTAL</strong></td>
<td>$27,551,108</td>
<td>$19,306,296</td>
<td>$17,899,734</td>
<td>$1,406,562</td>
<td>92.71%</td>
</tr>
</tbody>
</table>

### NURSING REVENUE

<table>
<thead>
<tr>
<th></th>
<th>To-Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>BEGINNING REVENUE BALANCE</td>
<td>$6,047,486</td>
</tr>
<tr>
<td>19-21 REVENUE TO-DATE</td>
<td>$18,508,178</td>
</tr>
<tr>
<td>19-21 EXPENDITURES TO-DATE</td>
<td>$17,899,734</td>
</tr>
<tr>
<td><strong>ENDING REVENUE BALANCE</strong></td>
<td>$6,655,930</td>
</tr>
</tbody>
</table>
NURSING BUDGET STATUS REPORT – NOVEMBER 2020

BUDGET/ALLOTMENTS:

This report covers the period of July 1, 2019 through November 30, 2020, seventeen months into the biennium, with seven months remaining. The Nursing Commission budget is underspent by 7%. Within our direct budget, we are underspent in all line items except equipment, which is higher than budgeted due to the need to work remotely during the pandemic. The set up and hiring of the staff for the disciplinary workload decision package delayed our rate of spending in many areas the first year of the biennium. The restrictions on travel due to COVID-19 also resulted in lower expenditures than anticipated.

Within the service unit section, we are overspent in FBI Background Checks, Call Center and Public Disclosure units. Most of these higher costs are due to the high volume of calls, requests and workload associated with COVID-19. We continue to work with HSQA on all of the Service Unit budgets to ensure they are correctly billed out to NCQAC.

We anticipate utilizing all our spending authority (allotment) by the end of the biennium. Additionally, NCQAC has been given approval by the Office of Financial Management (OFM) to exceed our spending authority through the end of this biennium (approximately $500,000 if needed). We requested and were approved to hire an additional 15 employees to meet the expectation of licensing nurses as quickly as possible through June 30, 2021. We had requested federal or state funds for the increase in staffing but were advised that there were no additional funds available. Therefore, we are now authorized to spend Nursing revenues for the increased staffing and associated workload.

REVENUES:

The recommended revenue balance or “reserve” should be approximately 12.5% of our budget, or approximately $3.4 million. Our current estimated revenue balance is $6.6 million. Our revenues have fluctuated over the past few months, as there has been a high volume of applications for Nurses assisting with COVID-19 and some licensees have utilized the extension of their license renewal dates until September 30, 2020.

Our revenue balance is higher than recommended, but there are many upcoming expenditures that will impact it. We need to allow for the additional approved expenditures for the licensing staff through the end of the biennium. We also have future withdrawals for the HELMS project over the next three years which will have a major impact on our overall revenues. Right now, we have the excess revenue to cover the first couple years. We will continue to evaluate, as we may need to adjust fees to cover our share of the HELMS project in the future.
## Academic Progression

**Goals:** Evaluate the demand for licensed practical nurses and registered nurses in long term care in the state. Continue the discussion of the appropriate degree preparation for PNs and RNs.

<table>
<thead>
<tr>
<th>Objectives</th>
<th>Responsibility</th>
<th>Resource projections (time, staff, money, etc.)</th>
<th>Deadlines</th>
<th>Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active participation in the NCSBN network of EOs interested in this initiative.</td>
<td>Paula Meyer, Mary Sue Gorski</td>
<td>Four webinars convened interested EOs across the US and Canada. Webinars completed March 24, May 11, Sept 16 and Oct 5. Summaries provided to the Commission and registrants Nov 2020.</td>
<td>August 2021</td>
<td>Paula and Mary Sue met with NCSBN staff David Benton (CEO) and Mary Ann Alexander December 9, 2020. Discussed possible pilot project with states also interested.</td>
</tr>
<tr>
<td>Incorporate the Long Term Care Budget Proviso Workgroup recommendations and actions relevant to this work.</td>
<td>Paula Meyer, Kathy Moisio</td>
<td>Access, analyze and synthesize findings from the report of the Long Term Care Proviso Workgroup</td>
<td>2021</td>
<td>Begin discussion with Kathy Moisio and Paula Meyer December 2020</td>
</tr>
<tr>
<td>Stakeholder work: identify barriers and strengths to proposal for consistent academic preparation for PN and RNs.</td>
<td>Mary Sue Gorski, Tori Lane</td>
<td>Two go to meeting stakeholder discussions and two in person stakeholder meetings across the state.</td>
<td>August 2021</td>
<td>LPN Educators focus group, Jan/Feb 2020</td>
</tr>
<tr>
<td>Develop a full proposal using workforce data, stakeholder group input, and national</td>
<td>Paula Meyer, Mary Sue Gorski</td>
<td>Pull together NCSBN input, long term care proviso recommendations, workforce data analysis, and</td>
<td>First full report 2021 with updates</td>
<td></td>
</tr>
<tr>
<td>collaboration and update annually.</td>
<td>Kathy Moisio, Gerianne Babbo</td>
<td>stakeholder input to develop a full proposal</td>
<td>annually through 2024</td>
<td></td>
</tr>
</tbody>
</table>
Communications – Updated August 2020

Goal: Increase effectiveness of internal and external communications through improved methods. Improve the customer experience through the use of interactive self-service tools and educational material. Increase stakeholder and public interaction with the commission during key events, such as rule changes.

<table>
<thead>
<tr>
<th>#</th>
<th>Goals</th>
<th>Objectives</th>
<th>Responsibility</th>
<th>Resources</th>
<th>Target</th>
<th>Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Create a communications task force and related workgroups to assist with the ongoing project</td>
<td>Establish project team Establish workgroups</td>
<td>NCQAC and Task force</td>
<td>Task force</td>
<td>November 2019 – June 2020</td>
<td>Completed</td>
</tr>
<tr>
<td>2</td>
<td>Web audit</td>
<td>Review of web site map and content, research and consult with C4PA for solutions options. Seek endorsement from the Commission for strong recommendation. Gather Unit requirements, develop specification, create wireframe visuals and seek endorsement from the Commission for web development plans</td>
<td>Workgroup – Rebecca and Jae</td>
<td>Various Units</td>
<td>June 2020 – December 2020</td>
<td>In progress - started June 2020 Initial web analysis completed. Discovery meetings held/scheduled with C4PA and HTS ongoing.</td>
</tr>
<tr>
<td>3</td>
<td>Website governance document</td>
<td>Develop and publish an operational governance document. Review and Approval by Shad and Chris</td>
<td>Jen</td>
<td>Rebecca / Jae / Shad / Chris</td>
<td>August 2020 – October 2020</td>
<td>In progress</td>
</tr>
<tr>
<td>4</td>
<td>Engage stakeholder groups</td>
<td>Establish focus groups and information update meetings. Survey/study NCQAC purpose awareness levels among nurses, complainants, the public, and students</td>
<td>Jae</td>
<td>Rebecca / Mary Baroni / Margaret Holm / Mary Sue Gorski</td>
<td>January 2021 – March 2021</td>
<td>In progress: Held initial workgroup meeting 7/15/20 to identify external stakeholder groups. Surveys developed and sent out for internal stakeholders’ feedback.</td>
</tr>
<tr>
<td>#</td>
<td>Goals</td>
<td>Objectives</td>
<td>Responsibility</td>
<td>Resources</td>
<td>Target</td>
<td>Progress</td>
</tr>
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<td>--------------------------------------------------------------------------</td>
</tr>
<tr>
<td>5</td>
<td>Identify Nursing Commission promotion methods that highlight education, licensure, discipline, practice, etc.</td>
<td>Review and recommend promotion methods</td>
<td>Rebecca</td>
<td>Jae and Units</td>
<td>January 2021 – MM YYYY</td>
<td>Met multiple times with WHPS. Reviewing final promotions documents. Initial Licensing meetings ongoing.</td>
</tr>
<tr>
<td>6</td>
<td>Differentiate communication styles and develop flexible support mechanisms</td>
<td>Prepare proposal for approval – style and effective messaging – external focused</td>
<td>Rebecca</td>
<td></td>
<td>August 2020 – September 2020</td>
<td>Not started</td>
</tr>
<tr>
<td>7</td>
<td>Determine usability of available communication web and social media tools</td>
<td>Research tools and evaluate their effectiveness in reaching our external audiences</td>
<td>Rebecca</td>
<td>Jae</td>
<td>September 2020 – October 2020</td>
<td>Not started</td>
</tr>
<tr>
<td>8</td>
<td>Develop communication request process</td>
<td>Prepare proposal for approval – SmartSheet</td>
<td>Jen</td>
<td></td>
<td>October 2020 – November 2020</td>
<td>In progress</td>
</tr>
<tr>
<td>9</td>
<td>Solidify Commission image</td>
<td>Draft vision, mission, and values Consult with AAG about officially changing name to the Washington State Board of Nursing NCQAC Logo (consult with C4PA)</td>
<td>Chris</td>
<td>Paula, Shad</td>
<td>March 2021 – June 2021</td>
<td>Not started</td>
</tr>
<tr>
<td>10</td>
<td>Streamline Commission orientation / onboarding</td>
<td>Survey commission members on satisfaction with current process and solicit their feedback and ideas for improvements</td>
<td>Rebecca</td>
<td></td>
<td>March 2021 – MM YYYY</td>
<td>Not started</td>
</tr>
<tr>
<td>11</td>
<td>GovDelivery governance document</td>
<td>Review current topic lists and their effectiveness Create professional templates for recurring messages (agendas, advisory opinions, etc.)</td>
<td>Jae</td>
<td>Rebecca</td>
<td>June 2021 – MM YYYY</td>
<td>Not started</td>
</tr>
<tr>
<td>#</td>
<td>Goals</td>
<td>Objectives</td>
<td>Responsibility</td>
<td>Resources</td>
<td>Target</td>
<td>Progress</td>
</tr>
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</tr>
<tr>
<td>12</td>
<td>Establish a collaborative team for communications projects/products and develop appropriate procedures</td>
<td>Develop a quality control team to meet regularly and review communications projects/products and develop standards</td>
<td>Cass</td>
<td>Jen</td>
<td>September 2021 – March 2022</td>
<td>Not started</td>
</tr>
<tr>
<td>13</td>
<td>Identify resources <strong>required for operations</strong></td>
<td>Research current resources (staff, time, training, and budget) and compare against actual needs</td>
<td>Shad</td>
<td>Jae / Rebecca / Jen</td>
<td>June 2020 – MM YYYY</td>
<td>In progress</td>
</tr>
<tr>
<td>14</td>
<td>Emergency Communications</td>
<td>Identify emergency situations requiring an emergency communication response from NCQAC Create a process in collaboration with DOH</td>
<td>Jae</td>
<td>DOH (C4PA), Paula/Chris</td>
<td>September 2020 – MM YYYY</td>
<td>Started</td>
</tr>
</tbody>
</table>
## Nursing Assistants – Updated December 15, 2020

**Goal:** Increase the number of safe, qualified nursing assistants by 10% annually

<table>
<thead>
<tr>
<th>Objectives</th>
<th>Staff Responsibility</th>
<th>Resource projections (time, staff, money, etc.)</th>
<th>Deadlines</th>
<th>Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>1—Implement the NCQAC’s full statutory authority over the competency evaluation of nursing assistants by <strong>establishing a direct contract with the testing vendor via amendment</strong> to the Medication Assistant Certification Endorsement Exam for nursing assistants.</td>
<td>Kathy Moisio (coordinating with the Contracts Unit and Paula Meyer)</td>
<td>Kathy Moisio to shift portion of her FTE to this work by adding: general program and investigation support from the recent addition of a Program Specialist (Stephanie Bryant); program application review support (Margaret Kelly); and general program support (half-time through June 2020) (Poppy Budrow)</td>
<td>• First contract via amendment fully executed by December 2019</td>
<td>Completed 12/19/19</td>
</tr>
<tr>
<td>2—Assure there are no gaps in testing services in the contract transition to the NCQAC</td>
<td>Kathy Moisio (coordinating with the Contracts Unit and Paula Meyer)</td>
<td>Same as above</td>
<td>• First contract via amendment fully executed by December 2019</td>
<td>Completed 12/19/19</td>
</tr>
<tr>
<td>3—Negotiate the first contract via amendment as a short-term contract (12-24 months) with performance measures that support immediate quality improvement in key areas and perform ongoing evaluation to assure they are achieved:</td>
<td>Kathy Moisio (coordinating with the Contracts Unit and Paula Meyer)</td>
<td>• Same as above</td>
<td>• First contract amendment fully executed by December 2019</td>
<td>Completed 12/19/19</td>
</tr>
<tr>
<td>• Testing capacity allows for completion of testing by test-takers within 30 days of applying at least 90% of the time (or similar agreed benchmark)</td>
<td></td>
<td>• Ultimately, there will likely be a need for FTE support for testing (since DSHS currently has 1 FTE and support staff assigned) and since Poppy Budrow plans to transition out in June 2020. We will need to monitor efficiencies instituted, progress, and outcomes to determine long-term FTE needs</td>
<td>• First contract amendment fully executed by December 2019</td>
<td>Completed 12/19/19</td>
</tr>
<tr>
<td>• A first-time test-taker pass rate of 80% is identified as an achievable benchmark for Washington without compromising the</td>
<td></td>
<td>• Contract terms will likely allow for a phase-in process of performance measures during the contract period (Jan. 1, 2020-June 30, 2021) --or will be addressed in a new longer-term contract, per</td>
<td>12/15/20: In progress, but delayed due to testing closure March-Aug; data related to pass rates, timelines, and performance expectations are</td>
<td></td>
</tr>
</tbody>
</table>
safety and quality of basic care provided *(this will include working with the NCQAC to identify allowable modifications to the evaluation approach and assuring training of and consistency across evaluators so that testing validity and reliability are not compromised)*

- A plan and timeline is established for **moving the written/oral testing from a paper-pencil format to an electronic format** at regional testing centers
- A plan and timeline is established for **building capacity for higher volume skills testing** (i.e. regional test centers vs. 5-7 students at a time)
- A plan and timelines are established for **data and reports to be provided by the vendor in meaningful format(s) for monitoring and evaluating achievement of performance measures**

<table>
<thead>
<tr>
<th>Objective #5</th>
<th>Kathy Moisio in coordination with Contracts Unit, Paula Meyer, possibly Legal Staff, and the other agencies involved: DSHS staff (Candy Goehring, Jody Pilarski, and/or Anne Richter or other appointee(s)); DOH/HSQA staff (Diane Young and/or other appointee(s))</th>
<th>This work will need to be integrated into current staff roles/responsibilities</th>
<th>Objective #5 below.</th>
</tr>
</thead>
<tbody>
<tr>
<td>4—Develop a new Memorandum of Understanding with DSHS and DOH/HSQA to reflect the shift of competency evaluation to the NCQAC and to assure the following:</td>
<td></td>
<td></td>
<td>just becoming available for analysis. Pass rates for the skills exam appear to be significantly improved since testing re-opened in August. Computer-based testing for the knowledge exam began in Sept. 2020. Large scale skills test pilot did not draw well.</td>
</tr>
<tr>
<td>• Roles and responsibilities of each agency are clearly articulated.</td>
<td></td>
<td></td>
<td>• Finalized by December 31, 2019</td>
</tr>
<tr>
<td>• State and Federal requirements are met</td>
<td></td>
<td></td>
<td>• Completed 12/12/19</td>
</tr>
<tr>
<td>• Data needs of each agency are clearly articulated and met</td>
<td></td>
<td></td>
<td>12/15/20: Governance Committee has met quarterly; COVID-19 issues have necessarily been the main topic during the pandemic.</td>
</tr>
<tr>
<td>• A governance structure is established that provides for evaluation of data/performance measures and streamlined articulation and functionality of all processes (across agencies and externally from the customer perspective)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5—Negotiate a longer-term contract for competency evaluation that operationalizes the work of the LTC Budget Proviso (ESHB 1109) to revise testing (see item #6 below for details)</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>---</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kathy Moisio in coordination with Contracts Unit and Paula Meyer and other relevant entities (to be determined based on work of the LTC Budget Proviso).</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>To be determined based on work of the LTC Budget Proviso (through June 2021)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Budget Proviso Work Completed by June 30, 2021</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Implementation and QA/QI of plan and work products July 2021-June 2024</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• 12/15/20: LTC Workgroup on Testing ending its work on recommendations by Feb.; work to act on ideas to date is in progress.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>6—Achieve the mandates of the continued work of the LTC Budget Proviso (ESHB 1109), which reflect key stakeholder priorities and recommendations from the report to the Governor and Legislature (December 2018):</th>
</tr>
</thead>
<tbody>
<tr>
<td>6(a)—Create a competency-based common curriculum for nursing assistant training programs that meets the following mandates of ESHB 1109:</td>
</tr>
<tr>
<td>• includes knowledge and skills relevant to current practices</td>
</tr>
<tr>
<td>• removes or revises outdated content</td>
</tr>
<tr>
<td>• integrates specialty trainings</td>
</tr>
<tr>
<td>• provides for educational progression</td>
</tr>
<tr>
<td>• does not add training hours unnecessarily</td>
</tr>
<tr>
<td>• meets all federal and state requirements</td>
</tr>
<tr>
<td>6(b)—Revise testing with a long-term plan that meets the following mandates of ESHB 1109:</td>
</tr>
<tr>
<td>• aligns directly with the learning outcomes of the common curriculum</td>
</tr>
<tr>
<td>• improves access</td>
</tr>
<tr>
<td>• reduces costs</td>
</tr>
<tr>
<td>• provides for consistent evaluation</td>
</tr>
<tr>
<td>• increases pass rates</td>
</tr>
</tbody>
</table>

| Project Management: Kathy Moisio |
| Leader Participation/Steering |
| • Tracy Rude, Steering Committee Chair |
| • Paula Meyer, Steering Meetings |

| Workgroup or Consult Participation (Staff and Commission Members and Pro Tem Members): |
| • Tracy Rude, Testing Workgroup |
| • Sandra Graham, Testing Workgroup |
| • Adam Canary, SNF Staffing Workgroup |
| • Gerianne Babbo, Curriculum Workgroup |

| • Budget Proviso Funding ($50,000 each year of the biennium for facilitation) |
| • Staff, Commissioner, and Pro Tem Participation and Expertise |
| • Participation and Expertise of Diverse Stakeholders Serving on the Steering Committee and/or Workgroups |
| • Operations and policy staff assisting with technology, web communications, packets, etc. |
| • Expert Facilitation and Report-Writing Support |
| • Regular Meetings, Meeting Space, and Technology toAchieve Objectives |

| • Interim Report to Legislature (on Workplan), November 2019 |
| • Progress Report to Legislature November 2020 |
| • Budget Proviso Work Completed by June 30, 2021 |
| • Implementation and QA/QI of work products July 2021-June 2024 |
| • Completed 11/13/19 |

| • 12/15/20: The report has been submitted |
| • 12/15/20: All Workgroups and Steering Committee work and meetings continue on schedule; next Steering Committee meeting is Jan 21, 2021. Work is now focused on completion of legislative charges. Final report to legislature to be submitted by June 30, 2021. |
6(c) — Develop Data Capacity:
- Identify data sources to begin to use data as a tool to assure timeliness of training, testing, and certification of long-term care workers
- Work with regional workforce councils to begin to use data as a tool to project worker shortages and ongoing demand

| 7 — Streamline the regulatory configuration for nursing assistants by: | Paula Meyer and Kathy Moisio coordinating with DOH/HSQA leadership and stakeholders; with a potential statutory change involved, policy staff would also participate | For the LEAN Process (to be implemented prior to pursuing objective 7(a)):
- Cost of a professional, external LEAN facilitator for a 3- to 7-day intensive exercise (~$30,000-$40,000 to be shared by the NCQAC and DOH/HSQA)
- Staff time to coordinate and participate in a LEAN exercise (to be absorbed into current role/FTE)
- Space and equipment/supplies to conduct the LEAN exercise (to be absorbed by current resource allocations)

For Obtaining Licensing/Disciplining Authority (Objective 7(a)):
- Staff time and coordination to pursue statutory change
- Staff time to coordinate staff transitions and possible space transition(s), if successful
- Staff shifting to be budget neutral |

| OR | Mary Baroni, Consult on Progression/Curriculum Workgroup |
| Work with regional workforce councils to begin to use data as a tool to project worker shortages and ongoing demand |
| Amy Murray, Data Workgroup |
| Helen Myrick, Data Workgroup |
| Mary Baroni, Consult on Progression/Curriculum Workgroup |

7(a) — Obtaining licensing and discipline authority for the nursing assistant professions

7(b) — Identifying other effective, sustainable alternative(s) through a LEAN exercise involving key/diverse stakeholders

- LEAN exercise to be completed by February 2020
- If statutory change is pursued, legislative placeholder to be completed by June 1, 2020 for the 2021 session
- If statutory change pursued, legislation to be drafted/complete by September 1, 2020 for the 2021 session
- If authority for licensing/discipline is obtained, a transition plan would follow 2021-2022 — with continued implementation, evaluation, and

Ongoing 2020: The LEAN exercise was deferred indefinitely due to COVID-19; this item is on pause during the COVID-19 crisis.

The LEAN exercise was deferred indefinitely due to COVID-19; this item is on pause during the COVID-19 crisis.
8—Support statutory changes related to nursing assistants to remove setting-dependent barriers to scope and to facilitate maximal use of nursing assistants (This reflects recommendations from the LTC Budget Proviso report to the Governor and Legislature in December 2018 and is expected to be brought forward as legislation from WSNA in the 2020 and/or 2021 session(s).)

Paula Meyer, Kathy Moisio, Policy Staff (TBD)

- Staff time to provide information and support and connect this work to the LTC Budget Proviso curriculum work (so they dovetail) as appropriate
- Integrate with LTC Budget Proviso curriculum work to be completed by June 30, 2021
- Legislative Sessions 2020 and/or 2021

12/15/20: The LTC Steering Committee opted not to bring this legislation forward for the 2021 session; however, DSHS, WSNA, and NCQAC continue discussions on this topic.

WHPS

Goal: Increase the number of nurses enrolled in the Washington Health Professional Services (WHPS) program voluntarily and in lieu of discipline by 25% every two years through education, early identification, referral to treatment, and advocacy. NCQAC and WHPS staff do this by promoting a cultural change through adoption of the just culture model and employment retention.


Will require an additional case management team for each 100 nurses added to the program.

<table>
<thead>
<tr>
<th>Objectives</th>
<th>Responsibility</th>
<th>Resource projections</th>
<th>Deadlines</th>
<th>Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>Promote the role and mission of WHPS through the use of a NCQAC position statement. Use position statement as the foundation for outreach.</td>
<td>Discipline Subcommittee to draft; full commission to approve.</td>
<td>Discipline Subcommittee during monthly meetings.</td>
<td>March 2020</td>
<td>Completed. Working on updating WHPS brochure</td>
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<tr>
<td>Establish direct relationships with acute and long-term care organizations to promote WHPS and encourage enrollment.</td>
<td>NCQAC WHPS staff NCQAC staff</td>
<td>Identify all state licensed/ certified facilities; meet with ≥25% of identified facility executives, HR, etc., annually;</td>
<td>Annual reportable milestones of 25% contact in November of each year beginning in 2020.</td>
<td>Ongoing. Also working directly with commission members to reach out.</td>
</tr>
<tr>
<td>Strengthen relationships with associations and other stakeholders, including WSNA, SEIU, UFCW, WSHA, WHCA, NWONE, CNEWS,</td>
<td>NCQAC NCQAC staff</td>
<td>Meet with ≥25% of associations and other identified stakeholders annually. WHPS staff travel time increased by 5%.</td>
<td>Annual reportable milestones of 25% contact in November of each year beginning in 2020.</td>
<td>All contacted. Both Paul and John presented to WSNA</td>
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<tr>
<td>Provide educational resources, including but not limited to: lectures, brochures, web sites, publications/articles, newsletters, display booths, on-site consultations, and inclusion of information on licensure and renewal applications</td>
<td>WHPS staff WHPS staff NCQAC staff</td>
<td>To be determined</td>
<td>1. Publically available outreach materials identified (e.g. NCSBN resources) and catalogued – March 2020 2. WHPS materials reviewed and updated – March 2020 3. WHPS website reviewed and updated – May 2020 4. NCQAC/WHPS educational meeting – Fall 2020 and thereafter biannually.</td>
<td>In the process of updating brochure and website materials. Virtual educational meeting tentatively planned for April 2021</td>
</tr>
<tr>
<td>Develop education courses and modules to provide to stakeholders for their use.</td>
<td>WHPS staff PLU DNP candidate intern</td>
<td>WHPS is sponsoring a Pacific Lutheran University DNP candidate who is developing a core set of educational modules.</td>
<td>1. Demonstration projects with PLU nursing program, Pullman Regional Hospital, and Providence St. Mary Medical Center.</td>
<td>UWT nursing student coming on in January to help with course development</td>
</tr>
<tr>
<td>Objectives</td>
<td>Assigned by</td>
<td>Leader(s)</td>
<td>Timeline</td>
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<tr>
<td>Support professional workforce reentry and increase employment retention by 10% through education and cooperative approach to worksite monitoring, prioritizing patient safety.</td>
<td>WHPS staff</td>
<td>N/A</td>
<td>10% annual goal, reportable in November of each year beginning in 2020.</td>
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<tr>
<td>Reduce the number of nurses who withdraw from monitoring due to financial limitations by 50%.</td>
<td>Assistant Director, Discipline – WHPS</td>
<td>Explore options for making scholarship funds available for nurses in financial straits.</td>
<td>Reported increasing success annually each year in November, beginning in 2020. Reach 50% reduction in withdraws by November 2024.</td>
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<tr>
<td>Develop a Substance Use Disorder panel as an organization-based intervention tool for nurses. Consider this as an alternative to the Substance Use and Abuse Team.</td>
<td>Discipline Subcommittee NCQAC Assistant Director, Discipline – Investigations (lead on project) Assistant Director, Discipline - Legal</td>
<td>Potential weekly panel meetings of commission members and discipline staff.</td>
<td>Framework completed and ready for commission review May 2020.</td>
<td></td>
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</table>
NCQAC Table of current waivers and modifications

12/18/2020

- Governor waivers identified by Proclamation number, e.g. {{20-32}}
- {{E-Rules 1}} denotes emergency rules WSR 20-14-065 by NCQAC, now in WSR 20-22-024
- {{E-Rules 2}} denotes rules approved 4/16/2020 by NCQAC made permanent by WSR 20-10-015
- {{E-Rules 3}} denotes emergency rules WSR 20-14-066 by NCQAC, now in WSR 20-22-023
- {{Secretary}} denotes waivers granted by the Secretary of Health

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<th>Section of law changed</th>
<th>Source of change</th>
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December 17, 2020

VIA e-mail

Paula R. Meyer, MSN, RN, FRE
Executive Director, NCQAC
State of Washington
Department of Health
Nursing Care Quality Assurance Commission
Post Office Box 47864
Olympia, Washington 98504-7864

Jeannie Eylar, MSN, RN
Chair, NCQAC
State of Washington
Department of Health
Nursing Care Quality Assurance Commission
Post Office Box 47864
Olympia, Washington 98504-7864

RE: Washington State Motion on Advanced Practice Compact

Dear Executive Director Meyer and Chair Eylar:

Thank you for your letter dated November 13, 2020 regarding the Washington State Motion on Advance Practice Compact. We truly appreciate your input and suggestions. Your letter makes two requests, which are addressed below.

First, as we understand it, your letter requests that future vote tallies on the APRN Compact be revealed by state. We have discussed this with Dr. Leonard Young, our Parliamentarian. Please note that if any Board of Nursing (BON) desires for a future vote to be revealed by state, that BON could make a motion in advance of the vote being taken, that the vote on a particular item of business be taken by roll call. Absent an approved motion for a roll call vote, pursuant to Roberts Rules of Order an electronic vote is a secret ballot vote. Therefore, individual BONs cannot be compelled to disclose their votes to the full Delegate Assembly. A secret ballot is prevented from being disclosed even by a unanimous vote of the delegates. This is why we were unable to provide you with a tally by state on Washington’s APRN Motion. We also note that even if the Delegate Assembly had been held in person, rather than virtually, the individual BONs would have submitted their votes via the handheld electronic voting devices and, therefore, the votes would have been secret.

Second, your letter requests that a task force be convened with members from multiple states that have full practice authority for APRNs. This suggestion of another task force was already declined by the Delegate Assembly when it did not vote in favor of Washington’s motion. We also note that there were four member boards represented on the previous APRN Compact Taskforce. Of the four, three were from full-practice authority states: North Dakota and Wyoming were represented by Stacey Pfenning and Jennifer Burns; Minnesota was represented by Shirley Brekken. Minnesota is a full practice authority state with a 2,080-hour transition to practice (“TTP”). Kathy Thomas, chair of the task force and Executive Officer of the Texas BON, represented the only non-full-practice authority state. With that, we believe full-practice authority states were well represented on the original task force.
Your letter states that the newly adopted APRN Compact is inconsistent with the Consensus Model. We, however, do not see it that way. For one thing, the Consensus Model did not address multistate licensure at all. The requirements for obtaining a multistate license codify the Consensus Model elements of title, role, population, graduate education, national certification, and licensure, promoting uniformity and consistency. Also, the Compact requires a multistate licensee to follow state practice laws in the state where the patient is located, which expressly excludes a “party state’s laws, rules, and regulations requiring supervision or collaboration with a healthcare professional, except for laws, rules, and regulations regarding prescribing controlled substances.” Compacts supersede conflicting state laws, including burdensome TTPs which require supervision and vary in length. Therefore, once an APRN obtains a multistate license under the Compact, any state law requiring supervision or collaboration, except for those regarding prescribing controlled substances, is superseded by the Compact. Accordingly, we believe the Compact is a powerful tool in pursuing the independent practice that NCSBN and its partners have sought for decades.

Finally, we feel it is important to note that unlike TTPs, the 2,080-hour requirement does not require physician supervision of any kind and does not place any additional barriers to applicants seeking single state licenses beyond those in place at the state level. As noted, the APRN Compact supersedes any TTP hours beyond the first year that a licensee would otherwise be subject to under a single state license. The 2,080 hours are completed by an APRN under their single-state license and in accordance with state law in the state, or states, in which they seek licensure. As you are aware, making progress in removing barriers at state-level can be complex and as an organization, NCSBN continue to work and invest resources in individual states to achieve this goal. Information on this work is routinely covered in the APRN calls and via the government affairs updates on EO and President calls but if you wish further information on the situation on any particular state, we would be happy to provide that.

We hope this fully responds to the concerns in your letter. Again, we appreciate your input and perspective. Your feedback is helpful as we consider how we can improve ongoing communications with our member boards and stakeholders. We look forward to ongoing collaboration on these important issues.

Very truly yours,

[Signature]
David Benton
Chief Executive Officer
OET in the healthcare sector

The Occupational English Test (OET) assesses the language proficiency of healthcare professionals seeking to register and practise in an English-speaking environment.

OET is recognised as proof of English proficiency in the UK, Ireland, Australia, New Zealand, Dubai, Namibia, Singapore and Ukraine for registration in 12 healthcare professions. OET is also accepted by the Australian Department of Immigration and Immigration New Zealand for all visa categories where an English language test result is required.

Why OET is used by regulators, educators, employers and immigration

OET helps regulators, employers and educators select healthcare professionals with the right level of English proficiency to deliver safe and high quality care, by optimising communication with patients, carers and colleagues.

What are the benefits of using OET as proof of English proficiency?

- Ensuring patient safety and improving quality of care by optimising communication with patients, carers and colleagues.
- Reducing the training burden for hospitals and other employers.
- Establishing a fair way to select internationally trained health professionals.
- Attracting candidates committed to excellence and professionalism.
OET assesses the English language skills of 12 health professions: dentistry, dietetics, medicine, nursing, occupational therapy, optometry, pharmacy, physiotherapy, podiatry, radiography, speech pathology, and veterinary science. OET is available monthly in 40 countries. OET maintains a highly secure online registration and results system. Candidates apply for the test online and results are released 16 business days after the test.

OET tests writing, speaking, reading and listening skills using real healthcare scenarios

**Writing**
(45 minutes)
Writing a profession-specific letter of referral or discharge; or a letter to inform or advise a patient/carer/group.

**Speaking**
(20 minutes)
Profession-specific scenario role-plays with an interlocutor who plays the part of a patient/relative/carer.

**Reading**
(60 minutes)
Completion of a health-related summary paragraph and multiple choice questions on a longer health-related text.

**Listening**
(approx. 40 minutes)
Note-taking on a recorded professional consultation and multiple choice questions on a health-related audio.

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**How is OET different to general and academic English tests?**

OET tests real communication scenarios candidates will meet in the healthcare workplace, whereas other tests assess English language skills using everyday scenarios.

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**Why candidates choose OET**

**Recognition** | OET is accepted by healthcare regulators in the UK, Ireland, Australia, New Zealand, Dubai, Namibia, Singapore and Ukraine for registration purposes, and both the Australian and New Zealand Immigration for all visa categories.

**Support** | OET provides a wide range of preparation resources, many of which are online and included in the cost of the test.

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**How OET is used by healthcare educators**

**Admission** | OET results can be used as proof of English proficiency for students applying to take a healthcare course taught in English.

**Preparing work-ready graduates** | OET preparation materials and tests can be embedded into healthcare courses to raise the English language skills of students up to the necessary level for registration and employment on graduation.

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**How OET is used by healthcare regulators and healthcare employers**

**Proof of proficiency** | Healthcare regulators use OET results as proof of the required level of English language proficiency for registration and employment in English-speaking healthcare environments.

**Grades accepted** | Most healthcare regulators accept an A or B grade in each subtest for registration purposes, but exact requirements need to be checked with individual regulators. Candidates receive a numerical score ranging from 0-500 in ten-point increments (e.g. 350, 360, 370...). The numeric score is mapped to a separate letter grade for each sub-test ranging from A (highest) to E (lowest). There is no overall grade for OET.

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OET Results table - effective from 9 September 2018 test date

<table>
<thead>
<tr>
<th>OET pass mark: August 2018</th>
<th>OET score from September 2018</th>
<th>OET band descriptors</th>
<th>IELTS equivalent band score</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>490</td>
<td>Can communicate very fluently and effectively with patients and health professionals using appropriate register, tone and lexis. Shows complete understanding of any kind of written or spoken language.</td>
<td>8.0 - 9.0</td>
</tr>
<tr>
<td>B</td>
<td>440</td>
<td>Can communicate effectively with patients and health professionals using an appropriate register, tone and lexis; with occasional inaccuracies and hesitations. Shows good understanding of a range of clinical contexts.</td>
<td>7.0 - 7.5</td>
</tr>
<tr>
<td>C</td>
<td>410</td>
<td>Can maintain the interaction in a relevant healthcare environment despite occasional errors and gaps, and follow standard spoken language normally encountered in his/her field of specialisation.</td>
<td>6.5</td>
</tr>
<tr>
<td>D</td>
<td>360</td>
<td>Can maintain some interaction and understand straightforward factual information in his/her field of specialisation, but may ask for clarification. Frequent errors, inaccuracies and mis- or overuse of technical language can cause strain in communication.</td>
<td>Less than 5.5</td>
</tr>
<tr>
<td>E</td>
<td>310</td>
<td>Can manage simple interaction on familiar topics and understand the main point in short, simple messages, provided he/she can ask for clarification. High density of errors and mis- or overuse of technical language can cause significant strain and breakdowns in communication.</td>
<td></td>
</tr>
</tbody>
</table>
Validity and reliability

OET is highly secure and results can be independently verified by accepting organisations using the online results verification service. Underpinned by more than 30 years of extensive research, the validity and reliability of OET is regularly monitored, and tests are regularly updated in consultation with researchers from Cambridge Assessment English, leading Australian Universities and healthcare experts.

Research has shown that "OET test takers are perceived as effective communicators able to communicate on matters that are both technical and emotional and who can use lay language so that patients can easily understand what they are saying".


OET Case Study

Flinders University

The Intensive English Language Institute (IELI) offers English language training and testing under agreement with Flinders University, Australia. Flinders University offers a range of healthcare courses for domestic and international students. IELI has been an Authorised OET Test Venue since 2013.

Flinders University OET Test Venue and Preparation Venue

A major component of IELI’s syllabus is a healthcare communication English course, incorporating OET preparation. Courses run between 3-10 weeks, both on campus and remotely via online and Skype. Being both a Test and Preparation Provider offers students a convenient and satisfying experience.

Student testimonial

"Successful completion of OET shaped my career"

Hardik Patel, Nurse

Hardik Patel studied Nursing at Flinders University and passed OET during his final year of clinical studies, allowing him to apply for registration with the Nursing Board of Australia.

Like many OET candidates, preparing for OET gave Hardik long-term benefits of improving English for his career.

Hardik’s video testimonial: www.occupationalenglishtest.org/hardik-patel

About OET

OET is owned by Cambridge Boxhill Language Assessment Trust (CBLA), a venture between Cambridge Assessment English and Box Hill Institute. Cambridge Assessment English, part of the University of Cambridge, helps millions of people learn English and prove their skills to the world. Box Hill Institute is a leading Australian vocational and higher education provider.

Talk with OET

To find out more about OET, contact us or go to: www.occupationalenglishtest.org/organisations

OET Business Development
The OET Centre
stakeholders@oet.com.au
Telephone +61 3 8656 4000
To help you prepare and select international healthcare professionals with excellent English language skills, you need a high-quality test that has been specifically designed to meet the needs of the healthcare sector.

What is the Occupational English Test (OET)?

OET is an international English language test that assesses the language proficiency of healthcare professionals who seek to register and practise in an English-speaking environment.

It provides a valid and reliable assessment of all four language skills – listening, reading, writing and speaking – with an emphasis on communication in healthcare professional settings.

OET tests health practitioners from the following 12 professions:

<table>
<thead>
<tr>
<th>Dentistry</th>
<th>Occupational Therapy</th>
<th>Podiatry</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dietetics</td>
<td>Optometry</td>
<td>Radiography</td>
</tr>
<tr>
<td>Medicine</td>
<td>Pharmacy</td>
<td>Speech Pathology</td>
</tr>
<tr>
<td>Nursing</td>
<td>Physiotherapy</td>
<td>Veterinary Science</td>
</tr>
</tbody>
</table>

The Occupational English Test (OET) is designed to meet the specific English language needs of the healthcare sector. It assesses the language proficiency of healthcare professionals who wish to register and practise in an English-speaking environment.

OET is owned by Cambridge Boxhill Language Assessment Trust (CBLA), a venture between Cambridge Assessment English and Box Hill Institute. Cambridge Assessment English, part of the University of Cambridge, helps millions of people learn English and prove their skills to the world. Box Hill Institute is a leading Australian vocational and higher education provider.
A growing number of healthcare regulators, educators and government departments recognise OET as proof of English proficiency, ensuring healthcare professionals are registration and work-ready.

**Why recognise OET?**

OET can help you ensure that healthcare professionals have the right level of English language proficiency to deliver high-quality care.

- **Governments, healthcare boards and councils** have a crucial role to play in safeguarding public safety and OET gives confidence for safe and effective practice.

- **Educators** integrate OET preparation and testing and accept OET results for entry into healthcare courses, helping students to demonstrate they are ready to communicate effectively in the workplace.

- **Employers** know that limited language proficiency is an obstacle to effective communication and quality of care. OET replicates the critical tasks of workplace settings and measure candidates' abilities in listening, reading, writing and speaking.

- **Teachers** have access to the knowledge and tools needed to run high quality OET preparation courses.

- **Agents** know that OET is recommended by healthcare professionals as most suitable for visa and healthcare registration.

Other benefits of using OET:

- protect patient safety and improve quality of care by optimising communication with patients, carers and colleagues

- reduce the training burden for hospitals and other employers

- establish a fair way to select internationally trained health professionals

- attract candidates committed to excellence and professionalism.
Who recognises OET?

**Government departments**

OET is accepted as proof of English proficiency for visas in:

**Australia** | The Australian Department of Immigration and Border Protection (DIBP) accepts OET for all visa categories where an English test may be required. Visit [www.immi.gov.au](http://www.immi.gov.au) for more details.

**New Zealand** | Immigration New Zealand accepts OET for all visa categories where an English test may be required. Visit [www.immigration.govt.nz](http://www.immigration.govt.nz) for more details.

**Healthcare Boards and Councils**

**Australia** | OET is accepted for registration purposes by most professional Boards within the Australian Health Practitioner Regulation Agency (AHPRA), and most healthcare profession Councils for accreditation purposes.

**New Zealand** | OET is accepted by most healthcare Boards and Councils.

**Dubai Healthcare City Authority-Regulatory (DHCR)** | OET is accepted for licensing of healthcare professionals who have not graduated from a program offered in English, nor worked or licensed in a native English-speaking country.

**Singapore** | OET is accepted by four major healthcare Councils.

**Namibia** | OET is accepted by the Health Professions Council of Namibia.

**UK** | OET is accepted by the Nursing and Midwifery Council, the General Medical Council and several Royal Colleges.

**Ireland** | OET is accepted by the Nursing and Midwifery Board of Ireland and the Irish Medical Council.

**Ukraine** | OET is accepted by the Ukraine Medical Council.

**Qualification Authorities**

**Dubai** | The Dubai Knowledge and Human Development Authority (KHDA) accepts OET as a quality standard qualification for proof of English proficiency.

**New Zealand** | The New Zealand Qualifications Authority (NZQA) accepts OET as an approved English Proficiency Assessment.

**Universities, education providers and recruiters**

OET is accepted as proof of English proficiency for employment by healthcare employers, and a growing number of leading educators in:

**Australia** | OET is accepted as proof of English proficiency for admission and graduation from healthcare courses at leading universities, TAFEs and colleges in Australia.

**New Zealand** | OET is accepted as proof of English proficiency for admission and graduation from healthcare courses at leading universities and technical colleges.

**UK** | OET is accepted as proof of English proficiency for admission and graduation from healthcare courses at leading colleges in the UK.

For the most up to date list of organisations recognising OET as proof of English proficiency visit: [www.occupationalenglishtest.org/recognition](http://www.occupationalenglishtest.org/recognition)
Continual research-based development

OET is underpinned by over 30 years of extensive research by the Language Testing Research Centre (LTRC) at the University of Melbourne. This work is now supported by the Research and Validation department at Cambridge Assessment English. The test is regularly updated to keep pace with changes in language testing in a healthcare context, in turn ensuring the ongoing validity and reliability of the test.

Leading language testing academics contribute to the continued development and improvement of the test, placing it at the forefront of research and practice in the assessment of English for specific purposes.

Input from subject matter experts provides for authentic test materials, underpinning OET's validity. This ensures that tasks are based on a typical workplace situation and reflect the demands of the profession.

Numerous studies have been published exploring various aspects of the test's validity. Below is a sample of OET research:

<table>
<thead>
<tr>
<th>Title and Source</th>
<th>Author/Editor</th>
<th>Date of publication</th>
</tr>
</thead>
<tbody>
<tr>
<td>Authenticity in language testing</td>
<td>Elder, C (ed.)</td>
<td>2016</td>
</tr>
<tr>
<td>Language Testing, (Vol 33, Issue 2) <a href="http://journals.sagepub.com/toc/ltja/33/2">http://journals.sagepub.com/toc/ltja/33/2</a></td>
<td></td>
<td></td>
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<tr>
<td>The 8 papers in this guest edited special issue cover four years of research into</td>
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<tr>
<td>the OET, including the findings of a project funded jointly by the Australian</td>
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<tr>
<td>Research Council and the Occupational English Test.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Towards improved language assessment of written health professional</td>
<td>Knoch, U, McNamara, T,</td>
<td>2015</td>
</tr>
<tr>
<td>communication: the case of the Occupational English Test</td>
<td>Woodward-Kron, R., Elder,</td>
<td></td>
</tr>
<tr>
<td>Papers in Language Testing and Assessment 4.2, 60–66.</td>
<td>C., Manias, E., Flynn, E.,</td>
<td></td>
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<tr>
<td></td>
<td>Zhang, Y.</td>
<td></td>
</tr>
<tr>
<td>perceptions of test relevance and efficacy</td>
<td>Elder, C. &amp; Knoch, U</td>
<td></td>
</tr>
<tr>
<td>Final report to the Occupational English Test Centre. S1pp. Melbourne</td>
<td></td>
<td></td>
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<tr>
<td>Language Testing Research Centre, the University of Melbourne.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>study</td>
<td></td>
<td></td>
</tr>
<tr>
<td>University of Cambridge ESOL Examinations Research Notes, Issue 54,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>pp. 29–32.</td>
<td></td>
<td></td>
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<tr>
<td>Health professionals' views of communication: Implications for assessing</td>
<td>Elder, C., Pill, J., Woodward-</td>
<td>2012</td>
</tr>
<tr>
<td>performance on a health-specific English language test</td>
<td>Kron, R., McNamara, T.,</td>
<td></td>
</tr>
<tr>
<td>TESOL Quarterly, 46(2), 409–419.</td>
<td>Manias, E., McColl, G. &amp;</td>
<td></td>
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<tr>
<td></td>
<td>Webb, G.</td>
<td></td>
</tr>
<tr>
<td>Problematising content validity: The Occupational English Test (OET) as a</td>
<td>McNamaara, T.</td>
<td>1997</td>
</tr>
<tr>
<td>measure of medical communication</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Melbourne Papers in Language Testing, 6(1), 19–43.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Language proficiency testing for migrant professionals: new directions for the</td>
<td>Alderson, J., Candlin, C.,</td>
<td>1986</td>
</tr>
<tr>
<td>Occupational English Test</td>
<td>Clapham, C., Martin, D. &amp;</td>
<td></td>
</tr>
<tr>
<td>Report submitted to the Council on Overseas Professional Qualifications.</td>
<td>Weir, C.</td>
<td></td>
</tr>
<tr>
<td>Institute for English Language Education University of Lancaster.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

To see the complete list of research visit www.occupationalenglishtest.org/research
What's in the test?

OET is an in-depth and thorough assessment of all areas of language ability.

The test is divided into four sub-tests:

- Listening
- Reading
- Writing
- Speaking.

The Listening and Reading sub-tests are designed to assess a candidate's ability to understand spoken and written English, based on health-related topics and tasks common to all professions. The Writing and Speaking sub-tests are specific to the 12 individual healthcare professions – designed to reflect common tasks performed in the workplace.

<table>
<thead>
<tr>
<th>Sub-test (duration)</th>
<th>Content</th>
<th>Shows candidates can:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Listening (approx. 40 minutes)</td>
<td>2 tasks Common to all 12 professions</td>
<td>follow and understand a range of health-related spoken materials such as patient consultations and lectures.</td>
</tr>
<tr>
<td>Reading (60 minutes)</td>
<td>2 tasks Common to all 12 professions</td>
<td>read and understand different types of text on health-related subjects.</td>
</tr>
<tr>
<td>Writing (approx. 40 minutes)</td>
<td>1 task Specific to each profession</td>
<td>write a letter in a clear and accurate way which is relevant for the reader.</td>
</tr>
<tr>
<td>Reading time: 5 minutes Writing time: 40 minutes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Speaking (20 minutes)</td>
<td>2 tasks Specific to each profession</td>
<td>effectively communicate in a real-life context using role-plays.</td>
</tr>
</tbody>
</table>

How is OET different to general and academic English tests?

OET tests real communication scenarios candidates will experience in the healthcare workplace, whereas other tests assess English language skills using everyday scenarios.

Example 1: Writing

General or academic English Test
Write an essay on a general topic

OET
Write a healthcare letter, usually a referral letter based on case notes

Example 2: Speaking

General or academic English Test
Structured interview on a general topic

OET
Health professional to patient role-plays
When and where is the test available?

OET is available in more than 110 locations in 40 countries.
To see the current test dates and a list of countries and venues where the test is available visit
www.occupationalenglishtest.org

OET scoring and results

Candidates will receive a numerical score for each sub-test, ranging from 0 to 500 in ten-point increments (e.g., 350, 360, 370...). The numerical scores will be mapped to a separate letter grade, ranging from A (highest) to E (lowest). There is no overall grade for OET.

Results are published on the OET website approximately 16 business days after the test. Candidates log in to a secure online profile to view results.

Here are the descriptions for each grade that appears on the OET Statement of Results received by candidates:

### OET Results table - effective from 9 September 2018 test date

<table>
<thead>
<tr>
<th>OET results to August 2018</th>
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<th>OET band descriptors</th>
<th>IELTS equivalent band score</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>450 - 500</td>
<td>Can communicate very fluently and effectively with patients and health professionals using appropriate register, tone and lexis. Shows complete understanding of any kind of written or spoken language.</td>
<td>8.0 - 9.0</td>
</tr>
<tr>
<td>B</td>
<td>350 - 440</td>
<td>Can communicate effectively with patients and health professionals using appropriate register, tone and lexis, with only occasional inaccuracies and hesitations. Shows good understanding in a range of clinical contexts.</td>
<td>7.0 - 7.5</td>
</tr>
<tr>
<td>C+</td>
<td>300 - 340</td>
<td>Can maintain the interaction in a relevant healthcare environment despite occasional errors and lapses, and follow standard spoken language normally encountered in his/her field of specialisation.</td>
<td>6.5</td>
</tr>
<tr>
<td>C</td>
<td>200 - 290</td>
<td>Can maintain some interaction and understand straightforward factual information in his/her field of specialisation, but may ask for clarification. Frequent errors, inaccuracies and mis- or overuse of technical language can cause strain in communication.</td>
<td>5.5 - 6.0</td>
</tr>
<tr>
<td>D</td>
<td>100 - 190</td>
<td>Can manage simple interaction on familiar topics and understand the main point in short, simple messages, provided he/she can ask for clarification. High density of errors and mis- or overuse of technical language can cause significant strain and breakdowns in communication.</td>
<td>Less than 5.5</td>
</tr>
<tr>
<td>E</td>
<td>0 - 90</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Online Results Verification Service

We provide a free and secure online Results Verification Service to enable organisations and authorities to verify candidate results. The service provides access to a secure database through which candidates' results – across the previous three years – can be checked for authenticity. The site is securely encrypted and designed for use in high-stakes environments.

Find out more about OET results at www.occupationalenglishtest.org/results-verification
Title: Review and Approval of International Educated Nurse Exam Applications

Number: B19.03

Reference:
- RCW 18.79.190 Reciprocity - Foreign Programs - Examination
- RCW 18.79.160 Applicants - Required Documentation - Criteria - Rules
- WAC 246-840-045 Initial Licensure or Registered Nurses and Practical Nurses who Graduate from an International School of Nursing
- WAC 246-840-050 Licensing Examination

Contact: Amber Zawislak-Bielaski, MPH
Assistant Director of Licensing
Washington State Nursing Care Quality Assurance Commission

Effective Date: TBD
Reviewed: October 2020

Supersedes: B19.01 – November 13, 2015
B19.02 – April 1, 2016

Approved: Paula R. Meyer, MSN, RN, FRE
Executive Director
Washington State Nursing Care Quality Assurance Commission

PURPOSE:

The purpose of the procedure is to establish the process for review and approval of International Educated Nurse (IEN) license applications and educational preparation for Washington State nurse licensure by examination.

Background

WAC 246-840-045(1) (a) identifies the educational preparation of an IEN must be equivalent to the minimum standards prevalent for nursing education programs approved by the Nursing Care Quality Assurance Commission (NCQAC). WAC 246-840-050(3) indicates only nurse applicants meeting the education, experience, and application requirements shall be eligible to take the National Council Licensure Exam® (NCLEX®-RN or NCLEX®-PN). WAC 246-840-045(5) (b) (1) and (c) (1) requires official transcripts to be sent directly to the NCQAC and an NCQAC approved credential evaluation service (CGFNS, IREF, or ERES) be completed. The approved credential evaluation service provides a course-by-course evaluation report to the NCQAC, determining the applicant’s education equivalency to the registered nurse (RN) or the practical nurse (PN) programs in the United States.
PROCEDURE:

A. Initial Application Review

Licensing staff review applications of internationally educated RN and LPN applicants to ensure a complete application. The reviewing licensing staff sends an email to the applicant requesting the missing requirements and copies the email into the Integrated Licensing Regulatory System (ILRS) “Notes Field”. As application requirements are received, licensing staff documents in the ILRS workflows steps and updates the ILRS last date of contact. Licensing staff evaluates the completion of requirements to determine eligibility to take the NCLEX®. The requirements include:

1. Education Evaluation
   Education staff evaluate transcripts, course by course, from one of the following NCQAC-approved education and licensure evaluation service providers:
   a. Graduates of Foreign Trained Nursing Schools (CGFNS) – Website: www.cgfns.org
   b. Education Records Evaluation Service (ERES) – Website: www.eres.com
   c. International Education Research Foundation, Inc.® (IERF®) – Website: www.ierf.org

2. Official Transcripts
   A copy of the applicant’s official transcript with the degree listed must come directly from the school of nursing, if the evaluation service does not provide the NCQAC a copy of the applicant’s transcript.

3. Education Verification (if applicable)
   The school completes, signs, dates, and returns the Department of Health (DOH) Education Verification Form (669-325) and sends it to the NCQAC office upon completion of the nursing program, if requested by education staff.

4. English Proficiency (if applicable)
   WAC 246-840-045 requires all LPN and RN license applicants who received their nursing education out of the United States, except for Canada (Quebec requires the English Proficiency exam), United Kingdom, Ireland, Australia, New Zealand, Samoa, Guam, Mariana Islands, and Virgin Islands, to complete an English proficiency test. English proficiency exams approved by the NCQAC for both RN and LPN applicants include:
   a. Test of English as a Foreign Language (TOEFL) iBT®
      i. TOEFL® institution code: 7292
      ii. TOEFL® website: www.toefl.com
      iii. Minimum passing standard for RN and LPN applicants is an overall total score of 84 and a score of 26 in the speaking section.
      iv. The passing standard remains consistent with National Council of States of Board of Nursing (NCSBN) recommendations.
   b. The International English Language Testing System™ (IELTS™).
      i. IELTS™ website: www.ielts.org.
ii. Minimum passing standard for RN and LPN applicants is an overall score of 6.5 and 6.0 in the speaking module.

iii. The passing standard remains consistent with National Council of States of Board of Nursing (NCSBN) recommendations.

c. The Occupational English Test (OET)
   i. OET website: www.occupationalenglishtest.org
   ii. Minimum passing standard for RN and LPN is a C+ or 300-340

5. Canadian NCLEX® (if applicable)
   Applicants educated in Canada, who have taken and passed the NCLEX® post 2015, do not need to repeat the NCLEX. The applicant must request the Canadian province of initial licensure to complete a verification of licensure by NCLEX® Examination (DOH form 669-218) and submit the form directly to the NCQAC’s licensing unit.

B. Education Unit Review
   Licensing staff forwards the application to the NCQAC education unit for review. Licensing staff documents the application was forwarded for review in the notes field of ILRS.

   1. Education staff reviews and evaluates the EIN application requirements and determines academic eligibility to take the NCLEX®. The reviewed application is returned to the licensing unit.
   2. The licensing or education staff notifies the applicant if deemed academically ineligible via email and documents in the ILRS notes field. The documentation includes the academic deficiency and provides resources for the applicant to meet requirements.
      a. If the applicant does not submit the required documentation, licensing staff closes the application as incomplete following procedure B.16. The applicant may reapply later upon meeting requirements.
      b. If the applicant submits additional documentation, licensing staff forwards the application to education staff for review.
      c. If education staff determines the applicant does not meet requirements, licensing staff forward the application to the appropriate discipline staff to begin the Notice of Decision (NOD) process.

C. NCLEX® Approval and Licensure
   Upon all requirements being met, licensing staff authorizes eligibility of the applicant to take the NCLEX using Pearson Vue and documents the authorization date in ILRS.

   1. Licensing review staff enters the passing NCLEX® results in ILRS and forwards the completed file to licensing final review staff to issue the license. The completion of the review process is confirmed through an ILRS workflow and all completed files are forwarded for record retention.
   2. Licensing review staff enter failing NCLEX® results in ILRS and track the applicant for the NCLEX retake process.
ADDENDUM A: Memo from Commission on Graduates of Foreign Nursing Schools (CGFNS): Credential Evaluation Service

April 1, 2016

Paula Meyer, MSN, RN, FRE, Executive Director
Washington State Nursing Care Quality Assurance Commission

Dear Ms. Meyer,

In recent weeks, I have become aware of questions being raised regarding the CGFNS CES Professional Report among colleagues from various State Boards of Nursing. I am writing to address these questions. My responses are clustered around five topics:

1. **Primary Source Documentation**: CGFNS uses only documents sent directly from primary source institutions, including institutions of higher education and licensing authorities. We verify the authenticity of these documents using detailed document forensic procedures, including but not limited to matching the seals and signatures affixed to specific documents against authoritative prototypes housed in our education database. This database is kept current at all times.

2. **Verification of Graduation**: The date/year of applicant’s graduation from the program is unambiguously stated in the official transcript received. We review this academic record and verify the graduation date.

3. **Program Approval/Accreditation Status**: The CES Professional Report clearly states if the program is approved or accredited in the country of origin. It further states if this status was maintained during the time when the program of study was undertaken.

4. **Language of Textbooks and Instruction**: This information is clearly stated in the CES Professional Report.

5. **Applicant License Status**: The CES Professional Report provides information on applicant’s license status based on validation sent directly from the respective issuing authorities. A statement regarding whether the applicant has been subjected to any disciplinary action is also provided.

CGFNS is committed to providing the state boards of nursing with enhancement to our report on a continuous basis. We are in the process of launching a new generation of CES Professional Report and we are sharing this prototype with you via a web-based meeting being scheduled over several weeks. This new prototype will focus not only on all the critical information that you need to make informed decisions but will also provide a better design layout to facilitate the use of the report. We value your feedback and we look forward to working with you to meet your assessment needs.

Sincerely,

Franklin A. Shaffer, EdD, RN, FAAN, FFNMRCSSI
Chief Executive Officer
DEPARTMENT OF HEALTH
NURSING CARE QUALITY ASSURANCE COMMISSION
OPERATIONAL PROCEDURE

Title: Review and Approval of International Educated Nurse Exam Applications
Number: B19.03

Reference:
- RCW 18.79.190 Reciprocity - Foreign Programs - Examination
- RCW 18.79.160 Applicants - Required Documentation - Criteria - Rules
- WAC 246-840-045 Initial Licensure or Registered Nurses and Practical Nurses who Graduate from an International School of Nursing
- WAC 246-840-050 Licensing Examination

Contact:
Amber Zawislak-Bielaski, MPH
Assistant Director of Licensing
Washington State Nursing Care Quality Assurance Commission

Effective Date: TBD
Reviewed: October 2020

Supersedes:
- B19.01 – November 13, 2015
- B19.02 – April 1, 2016

Approved:
Paula R. Meyer, MSN, RN, FRE
Executive Director
Washington State Nursing Care Quality Assurance Commission

PURPOSE:
The purpose of this procedure is to establish the process for review and approval of International Educated Nurse (IEN) license applications and educational preparation for Washington State nurse licensure by examination.

Background

The WAC 246-840-045(1) (a) identifies the educational preparation of an IEN must be equivalent to the minimum standards prevalent for nursing education programs approved by the Nursing Care Quality Assurance Commission (NCQAC). The WAC 246-840-050(3) indicates only nurse applicants meeting the education, experience, and NCQAC determined application requirements shall be eligible to take the National Council Licensure Exam® (NCLEX®-RN or NCLEX®-PN). The WAC 246-840-045(5) (b) (1) and (c) (1) requires official transcripts be sent directly to the NCQAC and for RNs that NCQAC-approved credential evaluation service (CGFNS, IREF, or ERES) be completed. The approved credential evaluation service provides a course-by-course evaluation report to the NCQAC staff, determining the
applicant’s education equivalency to the registered nurse (RN) or the practical nurse (PN) programs in the United States.

PROCEDURE:

A. Initial Application Review

Licensing staff will initially review applications of internationally educated RN and LPN applicants to ensure a complete application. If there are deficiencies in the application, the reviewing licensing staff sends an email requesting the missing requirements and uploads copies of the email into the Integrated Licensing Regulatory System (ILRS). As deficiencies are found, the reviewing licensing staff updates the ILRS last date of contact. The licensing staff evaluates the completion of requirements to determine eligibility to take the NCLEX®. The requirements include:

1. Education Evaluation:

   A. Education Evaluation
   
   Staff evaluate transcripts must be evaluated, course by course, from one of the following NCQAC-approved education and licensure evaluation service providers:
   
   a. Graduates of Foreign Trained Nursing Schools (CGFNS) – Website: www.cgfns.org
   b. Education Records Evaluation Service (ERES) – Website: www.eres.com
   c. International Education Research Foundation, Inc.® (IERF®) – Website: www.ierf.org
   
2. Education Verification

   After the applicant completes the nursing program, the school completes, signs, dates, and returns the Department of Health (DOH) Education Verification Form (669-325) and sends it to the NCQAC office upon completion of the nursing program.

3. Official Transcripts

   If the evaluation service does not provide the NCQAC a copy of the applicant’s transcripts, an official transcript with the degree listed must come directly from the school of nursing if the evaluation service does not provide the NCQAC a copy of the applicant’s transcript.

4. Education Verification (if applicable)

   The school completes, signs, dates, and returns the Department of Health (DOH) Education Verification Form (669-325) and sends it to the NCQAC office upon completion of the nursing program, if requested by education staff.

D. English Proficiency (if applicable)
The WAC 246-840-045 requires all LPN and RN license applicants who received their nursing education out of the United States, except for Canada (Quebec requires the English Proficiency exam), United Kingdom, Ireland, Australia, New Zealand, Samoa, Guam, Mariana Islands, and Virgin Islands, to complete an English proficiency test.

English proficiency exams approved by the NCQAC for both RN and LPN applicants include:

- **a.** The Test of English as a Foreign Language (TOEFL) iBT®
  - i. TOEFL® institution code: 7292
  - ii. TOEFL® website: www.toefl.com
  - Minimum passing standard rates for RN and LPN applicants is an overall total score of 84 and a score of 26 in the speaking section.

- **b.** The International English Language Testing System™ (IELTS™)
  - i. IELTS™ website: www.ielts.org
  - Minimum passing standard rates for RN and LPN applicants is an overall score of 6.5 overall and 6.0 in the speaking module each additional section.

The passing standard rates remains consistent with National Council of States of Board of Nursing (NCSBN) recommendations.

- **c.** The Occupational English Test (OET)
  - OET website: www.occupationalenglishtest.org
  - Minimum passing standard for RN and LPN is a C+ or 300-340.

Education Unit Review

Licensing staff forward the application to the Education Unit for review. Licensing staff documents that in the notes field of ILRS the application was forwarded in the notes field of ILRS.

1. The Education Unit reviews and evaluates the above listed documentation and determines academic eligibility to take the NCLEX®. The Education Unit staff returns an approved application to licensing staff to issue the license.
2. The Licensing or Education Staff notifies the applicant if deemed academically ineligible via email and documented in ILRS notes field, including documentation of the academic deficiency and provide resources for the applicant on how to meet requirements.
3. If the applicant fails to complete the application process, Licensing staff will close the applications as incomplete following procedure B16 if the applicant fails to complete the application process.
4. If the applicant submits further education documentation, the Licensing staff forwards the documentation and application to the Education Unit for another review. If the applicant submits additional education documentation...

5. Licensing staff forwards the application to the appropriate discipline staff to start the Notice of Decision (NOD) process following procedure B30 NOD process if the Education Unit determines the applicant completed a program from a non-approved or fraudulent nursing program.

E. NCLEX®

Licensing staff use the www.pearsonvue.com website to make the applicant eligible to take the exam and documents authorization date in ILRS exam field.

1. Review staff enters Passing NCLEX® results in ILRS and forwards the completed file to approval staff to issue the license. The completion of the review process is confirmed through an ILRS workflow. Licensing staff place completed files in records retention boxes for records staff to process.

2. Review staff enters failing NCLEX® results in ILRS and places the file in the file cabinet to track re-takes of the exam.

F. Canadian NCLEX® (if applicable)

Applicants educated in Canada, who have taken and passed the NCLEX® post 2015, do not need to repeat the exam.

The applicant must request the applicable Canadian province of initial licensure to complete a verification of licensure by NCLEX examination (on DOH form 669-218) and submit the form directly to the NCQAC’s licensing unit office.

B. Education Unit Review

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Sincerely,

Franklin A. Shaffer, EdD, RN, FAAN, FFNMRCSI
Chief Executive Officer

Commented [ZA(3)]: Should this be removed since it is a letter from CGFNS from 2016?
January 8, 2021
Closing Critical Gaps in the Nursing Workforce
Background

• Workforce data collected from nurses in WA State.
• May 2020 report published.
• July 9, 2020 workshop to consider how findings might impact stakeholder groups and industry.
• July 2020 six potential and/or actual GAPS in the nursing workforce were identified.
• Sept 10, 2020 workshop six Critical Gaps were discussed.
• Nov 13, 2020 draft gap closure plans developed and presented to the Commission.
• Nov 13, 2020 Commission recommended Action Now! framework to continue the work.
Example Gap Closure Plans

ARNP Specialty – Increase Capacity for PMHNP students in Washington State Programs

Community Health - Improve knowledge in community-based RN roles to raise awareness of career roles and options.

Diversity - Promote more diverse leaders into management and leadership positions to better reflect communities served
Example Gap Closure Plans

Education - Revisioning quality clinical practice options in the era of Covid-19 and beyond

Long Term Care - Link educational programs directly with the LTC healthcare delivery

Rural Health - Understand reasons for, and impact of, nurses travelling in/out of rural areas for work.
Why Use the Action Now Framework?

Builds on the success from 2017/2019 focus on Nursing Education and passage of HB 2158 to increase faculty salaries in the CTC.

Action Now is a flexible framework that was designed for a variety of initiatives.

Enhances the work of small groups ensuring coordination and synergy of efforts keeping the work moving forward.

It supports statewide participation by many stakeholder groups.
**Action NOW**
A Framework for Collaboration to close gaps that will enhance the Nursing Workforce in WA State

**Vision:** All residents of Washington State have access to a diverse nursing workforce where they live and work.

**Mission:** Identify and close critical gaps in our nursing workforce using data, strong collaboration and effective partnerships.

**Action Now is a Strategy to Address the Identified Gaps**
Action NOW
A Collaborative Movement
to enhance the Nursing Workforce in WA State

Identified Gaps in Nursing Workforce

- Race, Ethnicity & Gender Diversity of Nursing Workforce
- Educational Prep for RNs & LPNs
- Long Term Care – ARNPs, RNs, LPNs
- Rural Distribution of ARNPs, RNs, LPNs
- Community Health Distribution of ARNPs RNs and LPNs
- Specialty Distribution for ARNPs

Each Gap Has a Work Group and a Work Group Chair
A Steering Committee for Action Now

- Made up of the chairs from each work group
- Additional members with needed expertise
- Members of the Gap Closure Planning Committee
- Guest members as needed and requested by the Steering Committee
- Suggested Core of the Leadership Team: WA State Nursing Commission, organization with workforce expertise.
Questions

Next Steps?

Thank you!