

Washington NURSING COMMISSION NEWS

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The Washington State Nursing Care Quality Assurance Commission regulates the competency and quality of licensed practical nurses, registered nurses and advanced registered nurse practitioners by establishing, monitoring and enforcing qualifications for licensing, consistent standards of practice, continuing competency mechanisms, discipline, and education. The commission establishes standards for approval and evaluation of nursing education programs.

Executive Director

Paula R. Meyer, MSN, RN

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Message from the Chair

BY SUELLYN MASEK, MSN, RN, CNOR

Colleagues, I want to give you a quick update on one of the items listed in our strategic plan. We are considering developing a nursing jurisprudence examination for all Washington nurses.

There have been many studies demonstrating the need for continuing education for nurses to maintain clinical and technological competency. According to the National Council State Boards of Nursing (NCSBN), 46 boards of nursing require continuing education to demonstrate continued competency requirements. Yet when the competency lens focuses specifically on what nurses know about new federal and state laws that govern their nursing practice (jurisprudence), little research exists. What do nurses know about Washington State law and how do nurses maintain legislative competency? How do travel nurses stay abreast of the ever-changing regulations that may differ from state to state? When is the last time you read the Nurse Practice Act? (RCW 18.79)¹

I represent you, the Washington nurse, at national meetings of NCSBN. All the states and U.S. territories sending representatives to NCSBN enjoy a very collaborative working relationship. In discussions with my colleagues, I realized that only two states, Kentucky and Texas, have a mandatory requirement for a nursing jurisprudence examination for all initial and endorsement licensure applicants. This examination ensures that nurses have a minimal level of knowledge about the state laws that govern nurse practice. Jurisprudence examinations exist for 13 Washington healthcare professions. This exam is mandatory for dental and chiropractic licensees and the Board of Pharmacy mandates a Multistate Pharmacy Jurisprudence examination for licensure.

If you are curious about your legislative competency, Washington State Nurses Association (WSNA) offers a terrific, free, on-line course covering our state Nurse Practice Act (www.wsna.org). I encourage you to check it out and get involved with your commission. Please visit one of our business or subcommittee meetings, attend a rules workshop, or just send us a letter. It is important to make your voice heard.

Enjoy the newsletter and as always, please help us promote and engage in life-long learning with fellow nurse peers.

Suellyn

REFERENCES:

¹<http://apps.leg.wa.gov/rcw/default.aspx?cite=18.79>

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Message from the Executive Director

BY PAULA R. MEYER, MSN, RN, NCQAAC

I **faithfully renew** my nursing license before my birthday every January. This January, the Nursing Commission started random audits of nursing licensure renewals for compliance with the continuing competency requirements. You guessed it; the commission audited me. The licensing staff assured me the selection was random and I sincerely believed them.

I received the letter explaining the regulations and the process to submit my documents. I must say, I have been the executive director of the Nursing Commission for 16 years. My pulse quickened and my palms were sweating a bit when I received the letter. I knew exactly what was expected. I prepared for an audit and was ready for the review. My continuing competency file was organized. I collected the certificates from all my continuing education sessions for the past three years showing at least 45 hours. My file also contained copies of my year-end earnings statements as evidence of working at least 531 hours in my position. My file also included a copy of my current position description with my career goals and plan. I produced all my documents in a timely manner.

Three weeks went by and I wondered if I passed the audit. I then received another letter from the Nursing Commission. Once again, I felt my heart pick up a few beats. I bravely opened the envelope to find that I passed! While this reaction may seem a bit juvenile, I was relieved. Of course, the licensing staff reminded me that I could be audited again, and to keep up the good work.

In February, I attended a conference sponsored by the National Council of State Boards of Nursing. The conference focused on continuing competency models. Some of the world's most recognized speakers presented on this topic. Dr. Zubin Austin, BScPhm, MBA, MISC, PhD, presented "How Competent are we at Assessing Competency?" Dr. Austin presented the patient, practitioner, regulator, educator, and lawyer perspectives.

Each perspective described what that person thought related to competency. Dr. Austin stated that patients assume and expect that all health care practitioners are competent. Patients rarely complain about poor care. Patient complaints usually relate to the practitioner being impolite. Dr. Austin found that competent people connect with other professionals and are usually members of professional networks. Competent professionals usually express satisfaction with their careers and with their personal lives. He described professionals who find something associated with their career even when they are on vacation and away from the office.

The Nursing Commission conducted a baseline study prior to the continuing competency requirements becoming permanent. In one year, the commission will repeat the study to assess if there were any changes resulting from the requirements. I am looking forward to the results. We will share them with you in our newsletter.

Continuing Competency: HERE AND NOW

The Continuing Competency Program approved in January 2011, is now operational as of January 2014. The start of the calendar year signaled the initiation of the audit process. Nurses renewing their license this year are now required to attest to completing the continuing competency requirements.

The Nursing Commission team responsible for processing paper renewals has detected a significant number of nurses who are not completing the attestation found on the reverse side of the notice. This results in many nurses not successfully completing the renewal process. Therefore, the commission staff has modified the renewal notice.

There are some modifications coming to the continuing competency rules. In 2013, the Legislature passed Senate Bill 5092 and amended RCW 18.79.110. This legislation exempts registered nurses from the continuing competency requirements if they are seeking advanced degrees in nursing. In November and December of 2013, the Nursing Commission held a series of stakeholder meetings around the state to seek public input into the new law prior to writing the rules. The commission will post the status of the rules on the website as the project progresses.

In the meantime, the commission staff continues to receive calls from nurses concerned about various aspects of the continuing competency requirements. Here are some examples of questions and answers.

Question #1: How do I count hours spent in formal college classes?

Answer #1: Count the number of clock hours for each class attended. If enrolled in a nursing program or prerequisites to advance

The Nursing Commission team responsible for processing paper renewals has detected a significant number of nurses who are not completing the attestation found on the reverse side of the notice.

your nursing career, you may be exempt from the continuing education requirements.

Question #2: When do I send my continuing competency documentation to the commission?

Answer #2: You submit proof of continuing competency requirements only if you are selected for an audit.

Question #3: Must I take only classes that are “certified” as continuing nursing education?

Answer #3: No, any continuing education that reasonably supports your current nursing practice or future nursing career goals count towards continuing competency.

Question #4: When does the next three-year cycle begin for me?

Answer #4: The next three-year audit cycle begins on your birthday following your first three-year cycle.

Question #5: What happens if I do not have the required work hours or continuing education hours?

Answer #5: You have the choice to place your license into inactive status. If you want to continue to work and meet the requirements, the commission offers technical assistance to help you achieve this.

Question #6: Do volunteer hours count towards practice hours?

Answer #6: Yes.

Question #7: If I am audited what happens if I do not have sufficient documentation?

Answer #7: You have the choice to place your license into inactive status. If you want to continue to work and meet the requirements, the commission offers technical assistance to help you achieve this.

Question #8: Will my employer receive notification if I do not meet the requirements of the continuing competency program?

Answer #8: If you do not meet the continuing competency requirements, your license will change to inactive status, allowing your employer to see on our website you no longer have an active license.

Question #9: Do my continuing education or active practice hours have to take place in Washington State?

Answer #9: No, you may acquire continuing competency requirements in any state.

For additional information, see the Nursing Commission website www.doh.wa.gov/nursing or call us at 360-236-4700 option 2.

Is the New Nursing Retired Active Status License an Option for You?

Active nursing licensure requires nurses to maintain a certain number of practice and continuing education hours. The new “retired nurse” status allows nurses to retire their nursing license instead of merely letting it expire. Many nurses do not meet the active license requirements but would like to continue to serve on an intermittent or emergency basis.

Just as for an active nursing license, practice and continuing education hours are required. At the time of your renewal, you may change your status on the application and submit the license renewal fee to the Department of Health by your birthday.

If you want to reenter active status, you must notify the Nursing Commission

in writing, provide proof of continuing competency, declare that other states have not taken action against your license in that state. You must also pay the active license fee for your profession.

The commission randomly audits nurses’ practice and continuing education hours every three years, and those nurses who do not renew by their birthday. You do not need to send in proof of hours worked or continuing education hours unless you get a letter requesting documentation.

Please make sure you update any name and address changes with the Nursing Commission as required for maintaining your license.

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nursing.wsu.edu/graduate-programs.html

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Seattle Pacific University now offers a generalist pathway in its Master of Science in Nursing (MSN) degree. Called “Clinical Leadership in Practice” (CLIP), this pathway allows nurses to develop the clinical knowledge and skills necessary to keep pace with the changing healthcare environment. CLIP serves three groups of licensed nurses – those who hold 1) a BSN degree, 2) an associate degree in nursing (ADN), or 3) an ADN plus a bachelor’s degree in a field other than nursing. ADN prepared nurses take a prerequisite set of “bridge” courses for transition into the CLIP pathway. In addition, CLIP students interested in pursuing a nurse educator emphasis can do so by taking

the required generalist core offerings along with specialty courses. Like all of the MSN

pathways at SPU, the CLIP option offers small class sizes and personal attention from experienced faculty. In addition, all MSN courses are designed for the working nurse and are offered in the evenings on a full-time or part-time basis. With an emphasis on quality, safety, and care coordination, the CLIP curriculum prepares MSN graduates to lead in all types of health care organizations from the bedside to the boardroom.



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Medical Cannabis (formerly Medical Marijuana): WHAT NURSES NEED TO KNOW

Federal Law

The Drug Enforcement Administration (DEA), the federal agency that regulates drugs, classifies cannabis as a Schedule I drug. Under federal law, it is illegal to prescribe or dispense Schedule I drugs, which includes cannabis. Schedule I drugs are considered to have high potential for abuse, no accepted medical use in the United States, and a lack of accepted safety.

Washington State Law

In 1998, Washington voters passed Initiative 692, resulting in a new law (RCW 69.51A Medical Cannabis) that allows certain healthcare professionals to provide qualifying patients with valid documentation authorizing medical cannabis use. In 2010, the Washington legislature added ARNPs as authorizing providers of medical cannabis.

Under the state statute, healthcare professionals currently licensed to authorize medical cannabis include:

- o Medical doctors
- o Osteopathic physicians
- o Naturopathic physicians
- o Advanced registered nurse practitioners
- o Physician assistants
- o Osteopathic physician assistants

Registered nurses, licensed practical nurses, or medical assistants cannot authorize medical cannabis.

Who is a Qualifying Patient?

The law narrowly defines a ‘qualifying patient’ as the patient of a healthcare professional who has been diagnosed as having a qualifying terminal or debilitating medical condition, and a resident of the State

of Washington at the time of such diagnosis. Qualifying medical conditions include cancer, HIV, multiple sclerosis, epilepsy or other seizure disorder, spasticity disorders, and chronic renal failure. Conditions that also qualify when unrelieved by standard treatments and medications are intractable pain; glaucoma (acute or chronic with increased intraocular pressure); Crohn’s disease with debilitating symptoms; Hepatitis C with debilitating nausea or intractable pain; diseases (including anorexia), that result in nausea, vomiting, wasting, appetite loss, cramping, seizures, muscle spasms, or spasticity.

What is required to authorize medical cannabis?

To authorize medical cannabis, the provider must have an established or newly initiated relationship with the patient as the primary care provider or specialist for the ongoing treating or monitoring of the terminal or debilitating condition. The provider must complete an appropriate physical examination; document the terminal or debilitating medical condition and that the patient may benefit from treatment with medical use of cannabis; inform the patient of other options for treating the terminal or debilitating medical condition; and, document other measures attempted to treat the terminal or debilitating medical condition not involving medical cannabis.

What is prohibited conduct for a healthcare professional?

The provider’s practice cannot exist solely to authorize medical cannabis. The pro-

vider cannot have a physical nor economic relationship to a dispenser of medical cannabis. The provider may not make a statement or reference, visual or otherwise, to cannabis in advertisement of a practice. The provider cannot own nor have an economic interest in a medical cannabis enterprise.

What is valid documentation for medical cannabis?

The patient must present a signed and dated authorization from the provider, written on tamper-resistant paper that states: *“In the healthcare professional’s opinion, this patient may benefit from the medical use of cannabis.”* Nothing in current law stipulates an expiration date is required. The patient must present proof of identity, such as a Washington State driver’s license or Identicard. The patient may not use a medical record in place of a written authorization.

The Nurse Practice Act applied to medical cannabis

Nurses must use the standards of care required in the Nurse Practice Act for patients seeking or using a medical cannabis authorization (WAC 246-840-700). ARNPs authorizing medical cannabis must comply with the requirements of RCW 69.51A and their scope of practice in the Nurse Practice Act (WAC 246.840.300). If the ARNP fails to uphold the standards of care, the Nursing Commission may take disciplinary action against an ARNP’s license. You can search the Department of Health website for disciplinary notices at <http://www.doh.ws.gov/Newsroom.aspx>.

The law narrowly defines a ‘qualifying patient’ as the patient of a healthcare professional who has been diagnosed as having a qualifying terminal or debilitating medical condition, and a resident of the State of Washington at the time of such diagnosis.

Avoiding unnecessary discipline

Follow RCW 69.51A to the letter of the law. Do not have a practice solely to provide medical cannabis authorizations. Have a documented, newly initiated, or existing relationship with a patient as a primary care provider or specialist for the

ongoing treatment or monitoring of the terminal or debilitating condition. Complete a history and physical appropriate to the condition and age of the patient. Perform diagnostic tests, seek consultation, and/or obtain medical records to obtain evidence the patient has a qualifying condition. Authorize medical cannabis only for patients with a qualifying condition. Document the qualifying condition and that the patient will benefit from medical cannabis. Inform the patient of other options for treating the condition. Document other measures used to treat the qualifying condition. Do not engage in economic or business activities with an enterprise or person who produces, processes, or dispenses cannabis.

What else should I know about the medical cannabis law?

ARNPs are **not required** to authorize medical cannabis use for patients.

Employers may establish drug-free work policies and are not required to make accommodations for medical use of cannabis. Authorizations are valid unless a specific expiration date is included. Medical cannabis laws remain valid with the passage of Initiative 502, the legalization of marijuana in Washington State.

Learn more

Washington State Department of Health frequently asked questions about medical marijuana: <http://www.doh.wa.gov/YouandYourFamily/IllnessandDisease/MedicalMarijuanaCannabis/GeneralFrequentlyAskedQuestions.aspx>. In addition, Washington State Health-Care Provider frequently asked questions about medical cannabis: <http://www.doh.wa.gov/YouandYourFamily/IllnessandDisease/MedicalMarijuanaCannabis/HealthCareProvidersFrequentlyAskedQuestions.aspx>.



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BY LINDA TIEMAN, MN, RN,
EXECUTIVE DIRECTOR
WASHINGTON CENTER FOR NURSING



FIRSTS: Looking at the LPN Workforce in Washington State

Washington State is fortunate to have more than 12,000 Licensed Practical Nurses (LPNs) in our state. The majority of LPNs practice in a variety of healthcare settings. However, most LPNs practice primarily in long-term care, home care, and ambulatory care. They lend critical support to providers managing and delivering care directly to patients and families. As the Washington Center for Nursing (WCN) Board of Directors and staff began monitoring the LPN license numbers beginning in 2004, we saw that licenses were on the decline; in 2005, we had more than 14,600 LPNs. We sought more data about what might be happening to cause the numbers to change.

WCN set out on some “firsts.” In 2007, we sponsored the first study in Washington State analyzing the LPN workforce. The next year, we held another “first,” a summit for more than 100 LPNs, nursing educators and employers, focused solely on LPN issues. We learned one of the greatest concerns to the participants was the continuing confusion about the Scope of Practice for LPNs and the recurring incidents of LPNs asked by employers to work beyond their legal scope. Two additional issues cited were limited access to education and lack of support for education. In 2009, WCN sponsored a second LPN study (again, the first-ever in Washington), analyzing supply and demand for LPNs with projections to 2026.

In addition, we have produced “snapshots” of the LPN, RN, and ARNP popu-

lations since 2006, the most recent published last year. An update is under construction now with publication expected later in spring, 2014.

LPNs are an important part of our healthcare workforce teams. Many nurses begin their healthcare careers as LPNs with the plan to further their education and transition to being a registered nurse. Working as an LPN builds confidence and competence, offers the opportunity to evaluate different work settings, and provides a stable income. For many LPNs, the experience confirms that it’s “the right work” for them, also, and luckily, for patients in our state, those people continue to care for patients and families for many years. We know the overall need for healthcare services is increasing; this includes the need for LPNs in residential care facilities and in home health environments. The implementation of the Patient Protection and Affordable Care Act (ACA) and the state’s plan to create a new innovative healthcare system will affect the need for LPNs.

We encourage LPNs to connect to national LPN resources via the National Federation of Licensed Professional Nurses at www.nflpn.org and specialty nursing organizations. To view current statewide LPN data and to sign up for our newsletter, see our website at www.WCNursing.org. We look forward to hearing your suggestions for future article topics, speakers and events. Contact us at Info@wcnursing.org or call (206) 787-1200 ext. 107.

LICENSURE ACTIONS

The following is a list of formal licensure actions taken between January 1, 2013, and December 31, 2013.

LICENSEE	DATE OF ACTION	ACTION	VIOLATION
Villanueva, Moises J., LPN	01/03/13	Probation	Misappropriation of patient property or other property; Violation of federal or state statutes, regulations or rules
Karlin, Laura C., RN	01/04/13	Conditions	Alcohol and other substance abuse; Narcotics violation or other violation of drug statutes; Violation of federal or state statutes, regulations or rules
Blodgett, Clare, RN	01/07/13	Conditions	Violation of or failure to comply with licensing board order
Tamas, Estera, RN	01/07/13	Conditions	Alcohol and other substance abuse; Diversion of controlled substance; Narcotics violation or other violation of drug statutes; Violation of federal or state statutes, regulations or rules
Hunt, Gail L., LPN	01/07/13	Conditions	Negligence, Violation of federal or state statutes, regulations or rules
Fossell, Jody H., RN	01/07/13	Suspension	Criminal conviction; Alcohol and other substance abuse
Wenzel, Michelle R., LPN	01/08/13	Suspension	Alcohol and Other Substance Abuse; Failure to Cooperate with the Disciplining authority; Violation of Federal or State Statutes, Regulations or Rules
Schumann, Karen Y., RN	01/10/13	Suspension	License Suspension by a Federal, State or Local Licensing Authority
Kimbrel, Olga D., RN	01/25/13	Probation	Diversion of Controlled Substance; Violation of Federal or State Statutes, Regulations or Rules
Miller, Roger S., LPN	01/25/13	Suspension	Violation of or Failure to Comply with Licensing Board Order
Grimm, Kelly N., RN	01/28/13	Suspension	License Suspension by a Federal, State or Local Licensing Authority
Lukkes, Kevin E., RN	01/28/13	Conditions	Practicing Without a Valid License; Violation of Federal or State Statutes, Regulations or Rules
Rowan, Linda S., RN	01/29/13	Suspension	Alcohol and Other Substance Abuse; Negligence; Violation of Federal or State Statutes, Regulations or Rules
Motto, Melenie R., LPN	01/29/13	Probation	Violation of federal or state statutes, regulations or rules
Brucker, John A., RN	01/31/13	Suspension	Unable to Practice Safely by Reason of Alcohol or Other Substance Abuse
Franklin, Suzanne G., RN	02/01/13	Probation	License Suspension by a Federal, State or Local Licensing Authority
Cleverly, Darcy J., LPN	02/04/13	Conditions	Violation of or Failure to Comply with Licensing Board Order
Rydberg, Jay W., RN	02/07/13	Suspension	License Suspension by a Federal, State or Local Licensing Authority; Prohibition in Another State
Micomi-Owens, Jennifer J., RN	02/07/13	Suspension	Violation of or Failure to Comply with Licensing Board Order
Kaluzny, Micah W., RN	02/22/13	Conditions	Criminal Conviction
King, Michel D., RN	02/22/13	Suspension	License Disciplinary Action Taken by a Federal, State, or Local Licensing Authority
Michelle, Fulani T., RN	02/25/13	Suspension	License Suspension by a Federal, State or Local Licensing Authority
Revay, Jeanette G., RN, ARNP	02/25/13	Probation	Fraud
Storer, JoAnn M., RN	02/25/13	Suspension	License Suspension by a Federal, State or Local Licensing Authority
Arneson, Lisa A., RN	02/25/13	Suspension	Fraud; Practicing Without a Valid License; Violation of Federal or State Statutes, Regulations or Rules
Merritt, Maureen A., RN	02/25/13	Suspension	License Suspension by a Federal, State or Local Licensing Authority
Pena, Robin M., RN	02/25/13	Suspension	License Suspension by a Federal, State or Local Licensing Authority
Hawkins, Sabelita L., RN	02/25/13	Suspension	Criminal Conviction
Wandolowski, Christa A., RN	02/27/13	Suspension	Narcotics Violation or Other Violation of Drug Statutes
Lewis, Thomas C., RN	02/28/13	Suspension	Negligence; Violation of Federal or State Statutes, Regulations or Rules
Wachtel, Cynthia S., RN	03/04/13	Probation	Violation of Federal or State Statutes, Regulations or Rules
Jones, Audra E., RN	03/12/13	Suspension	License Suspension by a Federal, State or Local Licensing Authority
Provencher, Linda A., RN	03/14/13	Suspension	Violation of Federal or State Statutes, Regulations or Rules
Klevemann, Caroline A., RN	03/19/13	Suspension	Violation of or Failure to Comply with Licensing Board Order
Dupont, Laura M., LPN	03/19/13	Suspension	Violation of or Failure to Comply with Licensing Board Order
Coakley, Linda M., RN applicant	03/28/13	License denied	Criminal Conviction; License Suspension by a Federal, State or Local Licensing Authority
Lawson, Tarra D., RN	03/28/13	Probation	Criminal Conviction; Narcotics Violation; Unable to Practice Safely by Reason of Alcohol or Other Substance Abuse
Balagot, Anna-Mari J., RN	03/29/13	Suspension	Violation of or Failure to Comply with Licensing Board Order
Rathka, Darcy A., RN	03/29/13	Suspension	Violation of or Failure to Comply with Licensing Board Order
Stover, Karol L., RN	03/29/13	Suspension	Narcotics Violation; Unable to Practice Safely by Reason of Physical Illness or Impairment; Violation of Federal or State Statutes, Regulations or Rules
Henzel, Stephanie L., LPN	04/01/13	Suspension	Criminal Conviction; Narcotics Violation or Other Violation of Drug Statutes
Bolley, Breanna S., RN	04/05/13	Suspension	License Suspension by a Federal, State or Local Licensing Authority
Caoagdan, Zenaida R., RN	04/11/13	Suspension	Violation of or Failure to Comply with Licensing Board Order
Harman, Angela G., RN	04/15/13	Suspension	Violation of or Failure to Comply with Licensing Board Order
Safford, Beatrice E., LPN	04/23/13	Suspension	Violation of or Failure to Comply with Licensing Board Order
Zeman, Kathie L., RN	04/23/13	Suspension	Negligence; Practicing Beyond the Scope of Practice; Violation of Federal or State Statutes, Regulations or Rules
Whitaker, Hope R., RN	04/25/13	Suspension	Violation of or Failure to Comply with Licensing Board Order
Boyd, Yvonne D., RN	04/25/13	Conditions	License Suspension by a Federal, State or Local Licensing Authority
Bartrose, Mary Jane S., RN	04/26/13	Suspension	Violation of or Failure to Comply with Licensing Board Order
Olsen, Andrea M., RN	04/30/13	Conditions	Failure to Cooperate with the Disciplining authority
Junt, Tamira J., RN	04/30/13	Conditions	Negligence; Violation of Federal or State Statutes, Regulations or Rules
Parish, Jerie E., RN	05/01/13	Conditions	License Disciplinary Action Taken by a Federal, State, or Local Licensing Authority
Taylor, Susan M., RN	05/02/13	Suspension	Violation of or Failure to Comply with Licensing Board Order
Ainsley, Patricia A., RN	05/03/13	Suspension	Failure to Cooperate with the Disciplining authority; Negligence; Violation of Federal or State Statutes, Regulations or Rules
Woodard-Boatright, Jennifer R., RN	05/06/13	Suspension	Alcohol and Other Substance Abuse; Violation of or Failure to Comply with Licensing Board Order
Dees, Sara E., LPN	05/07/13	Suspension	Alcohol and Other Substance Abuse; Violation of Federal or State Statutes, Regulations or Rules
Mizumori, Michael R., RN	05/09/13	Suspension	Violation of or Failure to Comply with Licensing Board Order
Kwiecinski, Thaddeus R., RN	05/09/13	Suspension	License Suspension by a Federal, State or Local Licensing Authority
Grove, James C., RN	05/14/13	Suspension	License Suspension by a Federal, State or Local Licensing Authority
Vietmeier, Leslie J., RN, ARNP	05/14/13	Probation	Violation of Federal or State Statutes, Regulations or Rules
Bliss, Julie A., RN	05/16/13	Suspension	License Suspension by a Federal, State or Local Licensing Authority; Violation of or Failure to Comply with Licensing Board Order

LICENSEE	DATE OF ACTION	ACTION	VIOLATION
Carlson, Christopher L., RN	05/17/13	Suspension	License Suspension by a Federal, State or Local Licensing Authority
Camerlo, Cris J., RN	05/22/13	Suspension	License Suspension by a Federal, State or Local Licensing Authority
Watkins, Jennifer K., RN	05/23/13	Suspension	Narcotics Violation or Other Violation of Drug Statutes; Negligence; Violation of Federal or State Statutes, Regulations or Rules
Gibson, Michelle R., RN	05/23/13	Suspension	Alcohol and Other Substance Abuse; Failure to Cooperate with the Disciplining authority
Miller, Carol A., RN	05/31/13	Suspension	Alcohol and Other Substance Abuse; Diversion of Controlled Substance; Failure to Cooperate with the Disciplining authority
Lopez, Julien C., RN	06/05/13	Suspension	Failure to Cooperate with the Disciplining authority; Violation of Federal or State Statutes, Regulations or Rules
Sneberger, Cary F., LPN	06/07/13	Conditions	License Suspension by a Federal, State or Local Licensing Authority
Savage-Landrum, Katherine A., LPN	06/07/13	Suspension	Diversion of Controlled Substance; Violation of Federal or State Statutes, Regulations or Rules
Pearson, Kimberley K., RN	06/07/13	Conditions	License Suspension by a Federal, State or Local Licensing Authority
Medeiros, Monica R., RN	06/07/13	Probation	License Suspension by a Federal, State or Local Licensing Authority
Simington, Rosalie, LPN	06/07/13	Probation	Negligence; Practicing Beyond the Scope of Practice; Violation of Federal or State Statutes, Regulations or Rules
Holloway, Teresa L., RN	06/07/13	Suspension	Violation of or Failure to Comply with Licensing Board Order
Hunter, Wendy D., RN	06/07/13	Suspension	Alcohol and Other Substance Abuse; Fraud – Unspecified; Narcotics Violation or Other Violation of Drug Statutes; Violation of Federal or State Statutes, Regulations or Rules
Byrd, Michael P., LPN	06/12/13	Suspension	Violation of Federal or State Statutes, Regulations or Rules
Bethea, Vivian D., LPN	06/12/13	Probation	Incompetence; Violation of Federal or State Statutes, Regulations or Rules
Gubbels, Ann-Lisa D., RN	06/14/13	Suspension	Violation of or Failure to Comply with Licensing Board Order
Kinard, Linda M., LPN	06/17/13	Suspension	Violation of or Failure to Comply with Licensing Board Order
Bryan, Julia A., RN applicant	06/18/13	Conditions	License Suspension by a Federal, State or Local Licensing Authority
Hodges, Eldon R., RN	06/25/13	Suspension	Alcohol and Other Substance Abuse; Diversion of Controlled Substance; Violation of Federal or State Statutes, Regulations or Rules
Kause, Pamela M., RN	07/02/13	Suspension	License Disciplinary Action Taken by a Federal, State, or Local Licensing Authority
Metcalfe, Melissa R., RN	07/05/13	Suspension	License Disciplinary Action Taken by a Federal, State, or Local Licensing Authority
Eirich, Alicia E., RN	07/15/13	Suspension	Violation of or Failure to Comply with Licensing Board Order
Davidson, Chris R., LPN	07/15/13	Probation	Negligence; Violation of Federal or State Statutes, Regulations or Rules
Cadiente, Debra E., RN	07/15/13	Conditions	Practicing Without a Valid License; Violation of Federal or State Statutes, Regulations or Rules
Chew, Kenneth G., RN	07/15/13	Suspension	License Disciplinary Action Taken by a Federal, State, or Local Licensing Authority
Barrett, Rosemary	07/15/13	Probation	Alcohol and Other Substance Abuse; Criminal Conviction; Violation of Federal or State Statutes, Regulations or Rules
Bain, Sarah M., RN	07/15/13	Suspension	Violation of or Failure to Comply with Licensing Board Order
Fast, Susan D., RN	07/15/13	Conditions	Criminal Conviction; Violation of Federal or State Statutes, Regulations or Rules
Apolista, Veronica Q., LPN	07/15/13	Conditions	Misrepresentation of Credentials; Violation of Federal or State Statutes, Regulations or Rules
Harris, Marcy C., RN	07/16/13	Suspension	License Disciplinary Action Taken by a Federal, State, or Local Licensing Authority
Van Holland, Cynthia L., LPN	07/17/13	Suspension	Criminal Conviction; License Suspension by a Federal, State or Local Licensing Authority
Mercer, Regina J., LPN	07/17/13	Suspension	Alcohol and Other Substance Abuse; Violation of Federal or State Statutes, Regulations or Rules
Bradley, Shannon L., RN	07/22/13	Suspension	License Suspension by a Federal, State or Local Licensing Authority
Hanna, Jessica G., RN, LPN	07/25/13	Probation	Misrepresentation of Credentials; Practicing Beyond the Scope of Practice; Violation of Federal or State Statutes, Regulations or Rules
Camarot, Gabrielle E., RN	07/26/13	Surrender	Error in Prescribing, Dispensing or Administering Medication; Incompetence; Violation of or Failure to Comply with Licensing Board Order
Billings, John V., RN, ARNP	07/26/13	Suspension	Alcohol and Other Substance Abuse; Failure to Cooperate with the Disciplining authority; Patient Neglect; Practicing Beyond the Scope of Practice; Violation of Federal or State Statutes, Regulations or Rules
Delos Santos, Justin C.	07/26/13	Suspension	License Disciplinary Action Taken by a Federal, State, or Local Licensing Authority
Akamatsu, Christine N., RN	07/29/13	Suspension	Violation of or Failure to Comply with Licensing Board Order
Palmer, Susanna T., RN	07/29/13	Conditions	Alcohol and Other Substance Abuse; Diversion of Controlled Substance; Violation of Federal or State Statutes, Regulations or Rules
Scott, Stephanie M., RN	08/06/13	Conditions	Violation of Federal or State Statutes, Regulations or Rules
Scott, Teresa A., RN	08/15/13	Suspension	Alcohol and Other Substance Abuse; Diversion of Controlled Substance; Failure to Cooperate with the Disciplining authority; Violation of Federal or State Statutes, Regulations or Rules
Derousie, Shelley K., RN	08/19/13	Suspension	Alcohol and Other Substance Abuse; Allowing or Aiding Unlicensed Practice; Diversion of Controlled Substance; Fraud – Unspecified; Improper or Inadequate Supervision or Delegation; Negligence; Violation of Federal or State Statutes, Regulations or Rules
Kasner, Linda J., LPN	08/23/13	Suspension	Failure to Cooperate with the Disciplining authority
Thompson, Wade A., RN	08/28/13	Suspension	Violation of or Failure to Comply with Licensing Board Order
Hutchison, Ashley K., LPN	08/29/13	Suspension	License Suspension by a Federal, State or Local Licensing Authority
Bocol, Jill E., RN	08/29/13	Suspension	Violation of or Failure to Comply with Licensing Board Order
Casagrande, Aaron N., RN	08/30/13	Probation	License Suspension by a Federal, State or Local Licensing Authority
Gubbels, Ann-Lisa D., RN	08/30/13	Probation	Violation of or Failure to Comply with Licensing Board Order
Otness, Cindy L., RN	08/30/13	Probation	Sexual Misconduct; Violation of Federal or State Statutes, Regulations or Rules
Blake, Diane G., RN	08/30/13	Suspension	Violation of or Failure to Comply with Licensing Board Order
Goodwin, Gina L., RN	08/30/13	Conditions	Alcohol and Other Substance Abuse; Diversion of Controlled Substance
Lopez, Julien C., RN	08/30/13	Probation	Failure to Cooperate with the Disciplining authority; Violation of Federal or State Statutes, Regulations or Rules
Mugnos, Kathleen K., RN	08/30/13	Conditions	Fraud – Unspecified
Duffy, Theresa M., RN, ARNP	08/30/13	Suspension	License Suspension by a Federal, State or Local Licensing Authority
Meyers, Tracy M., RN	08/30/13	Suspension	Violation of or Failure to Comply with Licensing Board Order
Chandos, Dawn M., LPN	09/04/13	Suspension	Failure to Cooperate with the Disciplining authority; Negligence; Violation of Federal or State Statutes, Regulations or Rules
Campbell, Maribeth K., RN	09/04/13	Probation	Failure to Cooperate with the Disciplining authority; Negligence; Violation of Federal or State Statutes, Regulations or Rules
Cook, Deborah A., RN	09/10/13	Suspension	Violation of Federal or State Statutes, Regulations or Rules
Albert, Allan J., LPN	09/12/13	Suspension	Violation of or Failure to Comply with Licensing Board Order
Johnson, Tavia L., RN	09/16/13	Suspension	License Suspension by a Federal, State or Local Licensing Authority
Rozzell, Quentin A., RN	09/23/13	Suspension	License Suspension by a Federal, State or Local Licensing Authority
Ireland, Aaron W., RN	09/26/13	Suspension	Violation of or Failure to Comply with Licensing Board Order
Snider, Thadeus L., RN	09/27/13	Suspension	Criminal Conviction; Violation of Federal or State Statutes, Regulations or Rules
Conklin, Dena R., RN	09/30/13	Conditions	Alcohol and Other Substance Abuse; Diversion of Controlled Substance; Fraud – Unspecified; Narcotics Violation

LICENSEE	DATE OF ACTION	ACTION	VIOLATION
Trudeau, Lael J., RN	09/30/13	Probation	Violation of Federal or State Statutes, Regulations or Rules
Lewis, Kathryn A., RN	10/04/13	Conditions	Negligence (note: an appeal is pending in Superior Court)
Lewis, Kathryn A., ARNP	10/04/13	Suspension	Negligence (note: an appeal is pending in Superior Court)
Smith, Jill A., RN applicant	10/18/13	License denied	License Suspension by a Federal, State or Local Licensing Authority
Perez, Karen A., LPN	10/21/13	Probation	Violation of Federal or State Statutes, Regulations or Rules
Tanedo, Edgardo O., RN	10/25/13	Suspension	License Suspension by a Federal, State or Local Licensing Authority; Violation of or Failure to Comply with Licensing Board Order
Gates, Cynthia D., LPN	10/28/13	Probation	Criminal conviction; License Disciplinary Action Taken by a Federal, State, or Local Licensing Authority
Berman, Joel G., RN, ARNP	10/28/13	Surrender	Negligence; Violation of Federal or State Statutes, Regulations or Rules
Willis, Lane M., LPN	10/28/13	Probation	Failure to Cooperate with the Disciplining authority; Fraud – Unspecified
Moffitt, Shirley J., RN, ARNP	10/28/13	Suspension	Alcohol and Other Substance Abuse; Violation of Federal or State Statutes, Regulations or Rules
Schippers, Louis J., RN	10/30/13	Suspension	License Suspension by a Federal, State or Local Licensing Authority
Lee, Tiffani R., RN	10/30/13	Suspension	Alcohol and Other Substance Abuse; Violation of Federal or State Statutes, Regulations or Rules
Lawagan, Bangyad A., RN	11/05/13	Probation	Sexual Misconduct; Violation of Federal or State Statutes, Regulations or Rules
Weinzimmer-Kirk, Linda C., RN	11/05/13	Probation	Filing False Reports or Falsifying Records; Violation of Federal or State Statutes, Regulations or Rules
Gusch, Linda M., RN	11/20/13	Suspension	Negligence; Violation of Federal or State Statutes, Regulations or Rules
Kelly, Stephen M., RN	11/20/13	Suspension	License Disciplinary Action Taken by a Federal, State, or Local Licensing Authority
Frauenberg, Wendy E., LPN	11/20/13	Suspension	Violation of or Failure to Comply with Licensing Board Order
Bursch, Patricia M., RN	11/21/13	Suspension	Criminal Conviction; Exploiting a Patient for Financial Gain
Clark, Deborah A., RN	11/25/13	Conditions	Negligence; Violation of Federal or State Statutes, Regulations or Rules
Snead, Diana L., LPN	11/25/13	Suspension	Violation of Federal or State Statutes, Regulations or Rules
Hamrick, Drew A., LPN	11/25/13	Suspension	Criminal Conviction
Chavez, Esther C., LPN	11/25/13	Probation	Error in Prescribing, Dispensing or Administering Medication; Negligence; Violation of Federal or State Statutes, Regulations or Rules
Smith, Leona M., RN	11/25/13	Suspension	License Suspension by a Federal, State or Local Licensing Authority
Harris, Paula A., LPN	11/25/13	Suspension	Unable to Practice Safely by Reason of Psychological Impairment or Mental Disorder
Ward, Vicki D., RN, ARNP	11/25/13	Probation	Diversion of Controlled Substance; Violation of Federal or State Statutes, Regulations or Rules
Deering, Diana, RN	11/26/13	Probation	Negligence; Violation of Federal or State Statutes, Regulations or Rules
Daily, Lisa A., RN	11/26/13	Suspension	Alcohol and Other Substance Abuse; Diversion of Controlled Substance; Violation of Federal or State Statutes, Regulations or Rules
Hunt, Gail, L., LPN	11/27/13	Suspension	Fraud – Unspecified; Violation of Federal or State Statutes, Regulations or Rules
Grove, James C., RN	12/02/13	Conditions	License Suspension by a Federal, State or Local Licensing Authority
Wyman, Jeanine M., RN	12/05/13	Suspension	Violation of or Failure to Comply with Licensing Board Order
Dawson, Margaret G., RN	12/05/13	Suspension	Violation of Federal or State Statutes, Regulations or Rules
Abbott, Jennifer L., RN	12/06/13	Suspension	Failure to Cooperate with the Disciplining authority
Ratcliff, Bob L., RN	12/09/13	Suspension	License Disciplinary Action Taken by a Federal, State, or Local Licensing Authority
Perry, Cynthia Y., RN	12/13/13	Suspension	Sexual Misconduct; Violation of Federal or State Statutes, Regulations or Rules
Carpenter, Kelly L., LPN applicant	12/18/13	Conditions	Criminal Conviction
Robinson Kolano, Claudia B., LPN	12/20/13	Suspension	Improper or Inadequate Supervision or Delegation; Negligence; Violation of Federal or State Statutes, Regulations or Rules
Lofgren, Karen, RN	12/27/13	Suspension	Criminal Conviction; Violation of Federal or State Statutes, Regulations or Rules
Mugnos, Kathleen K., RN	12/27/13	Suspension	Fraud - Unspecified
Trost, Jean E., RN	12/30/13	Probation	Negligence; Practicing Beyond the Scope of Practice; Violation of Federal or State Statutes, Regulations or Rules
Ensley, Gerald B., RN	12/31/13	Conditions	License Disciplinary Action Taken by a Federal, State, or Local Licensing Authority
Lemmon, Ronda E., RN	12/31/13	Suspension	Violation of or Failure to Comply with Licensing Board Order

The following is a list of Stipulations to Informal Disposition taken between January 1, 2013, and December 31, 2013. A Stipulation is an informal disciplinary action where the licensee admits no wrongdoing but agrees to comply with certain terms.

LICENSEE	DATE OF ACTION	ACTION	VIOLATION
Luy, Kristina L., LPN	01/08/13	Probation	Violation of Federal or State Statutes, Regulations or Rules
Miller, Lori M., RN	01/08/13	Probation	License Revocation by a Federal, State or Local Licensing Authority
Ku, Soon H., RN	01/08/13	Surrender	Negligence; Violation of Federal or State Statutes, Regulations or Rules
Hardtke, Joanne G., RN, ARNP	01/24/13	Probation	Negligence; Violation of Federal or State Statutes, Regulations or Rules
Rainwater, Kylee L., RN	01/25/13	Conditions	Alcohol and Other Substance Abuse; Criminal Conviction; Diversion of Controlled Substance
Apin, Ana May M., LPN	01/28/13	Probation	Negligence; Practicing Beyond the Scope of Practice; Violation of Federal or State Statutes, Regulations or Rules
Stoneking, Daniel K., RN	01/28/13	Probation	Unprofessional Conduct
Gibbs, Kathi S., RN	01/28/13	Conditions	Criminal Conviction
Bryan, Molly K., LPN	01/28/13	Probation	Negligence; Violation of Federal or State Statutes, Regulations or Rules
Braden, Charlotte N., RN	02/22/13	Surrender	Alcohol and Other Substance Abuse
Mohler, Georgia A., RN, ARNP	02/22/13	Probation	Negligence; Violation of Federal or State Statutes, Regulations or Rules
Wyman, Jeanine M., RN	02/25/13	Probation	Criminal Conviction
Rhodes, Judith A., LPN	02/25/13	Conditions	Negligence; Violation of Federal or State Statutes, Regulations or Rules
Smith, Susan M., RN	02/25/13	Conditions	Negligence; Violation of Federal or State Statutes, Regulations or Rules
Nelson-Watkins, Tammy S., RN	02/25/13	Probation	Fraud in Obtaining License or Credentials
Yorba, Janenne L., RN	03/28/13	Probation	Improper or Inadequate Supervision or Delegation; Violation of Federal or State Statutes, Regulations or Rules
Nicholas, Suellen J., LPN	03/28/13	Surrender	Violation of Federal or State Statutes, Regulations or Rules
John, Ai K., LPN	03/29/13	Probation	Negligence; Practicing Beyond the Scope of Practice; Violation of Federal or State Statutes, Regulations or Rules
Shields, Christine S., RN	03/29/13	Probation	Negligence; Practicing Beyond the Scope of Practice; Violation of Federal or State Statutes, Regulations or Rules
Andrews, Jimmy D., RN	03/29/13	Probation	Violation of Federal or State Statutes, Regulations or Rules
Carr, Marjorie C., LPN	03/29/13	Probation	Negligence; Violation of Federal or State Statutes, Regulations or Rules
Greer, Richard E., Jr, RN, ARNP	03/29/13	Probation	Violation of Federal or State Statutes, Regulations or Rules

LICENSEE	DATE OF ACTION	ACTION	VIOLATION
Sesay, Sallieu M., RN	03/29/13	Probation	Negligence; Violation of Federal or State Statutes, Regulations or Rules
Blackhall, James C., RN	04/25/13	Conditions	Criminal Conviction; Narcotics Violation; Violation of Federal or State Statutes, Regulations or Rules
Grove, Suzanne M., RN, ARNP	04/25/13	Probation	Negligence
Rasmussen, Tracy L., RN	04/25/13	Conditions	Alcohol and Other Substance Abuse; Fraud – Unspecified; Narcotics Violation
Lusk, Lisa A., RN	04/26/13	Probation	Alcohol and Other Substance Abuse; Narcotics Violation or Other Violation of Drug Statutes
Sullivan, Debbie J., RN	06/06/13	Probation	Negligence; Violation of Federal or State Statutes, Regulations or Rules
Loree, Gina M., RN	06/06/13	Probation	Fraud – Unspecified; Violation of Federal or State Statutes, Regulations or Rules
Michelsen, Jody L., RN	06/06/13	Probation	Criminal Conviction; Failure to Cooperate with the Disciplining authority
Carlile, Malinda M., RN, ARNP	06/06/13	Conditions	Violation of Federal or State Statutes, Regulations or Rules
Hornberger, Paula L., RN	06/06/13	Probation	Criminal Conviction
Robins, Sarah E., RN	06/06/13	Conditions	Negligence; Violation of Federal or State Statutes, Regulations or Rules
Goodwin, Diane L., LPN	06/07/13	Conditions	Violation of Federal or State Statutes, Regulations or Rules
LeBlanc, Dora J., LPN	06/07/13	Conditions	Violation of Federal or State Statutes, Regulations or Rules
Ednacot, Edna T., RN	06/07/13	Conditions	Error in Prescribing, Dispensing or Administering Medication; Negligence
Collins, Sheila R., RN	06/07/13	Probation	Negligence; Violation of Federal or State Statutes, Regulations or Rules
Ashley, Margo L., LPN	07/08/13	Surrender	Violation of Federal or State Statutes, Regulations or Rules
Peratrovich, Reahlda R., LPN	07/08/13	Probation	Substandard or Inadequate Care; Violation of Federal or State Statutes, Regulations or Rules
Dworsky, Baila	07/15/13	Conditions	Improper or Inadequate Supervision or Delegation; Incompetence; Negligence
Unogu, Damian O., RN	07/15/13	Probation	Violation of Federal or State Statutes, Regulations or Rules
Winter, Danika J., RN	07/15/13	Probation	Violation of Federal or State Statutes, Regulations or Rules
Lanning, Heather E., RN	07/15/13	Conditions	Narcotics Violation or Other Violation of Drug Statutes
Nordyke, Josanne M., RN	07/15/13	Conditions	Narcotics Violation or Other Violation of Drug Statutes
Zahler, Lori D., RN	07/15/13	Conditions	Violation of Federal or State Statutes, Regulations or Rules
Muigai, Peter K., LPN	07/15/13	Probation	Fraud – Unspecified
Rodríguez, Ricardo W., RN, ARNP	07/15/13	Conditions	Violation of Federal or State Statutes, Regulations or Rules
Ackermann, Robyn M., RN	07/15/13	Probation	Incompetence; Practicing Beyond the Scope of Practice
Belnap, Allison, LPN	07/25/13	Probation	Criminal Conviction
Davis, Carol J., RN	07/26/13	Probation	Unable to Practice Safely by Reason of Psychological Impairment or Mental Disorder
Balgos, Jomar V., RN	07/26/13	Conditions	Negligence; Violation of Federal or State Statutes, Regulations or Rules
Smith, Rita R., RN	07/26/13	Probation	Negligence; Violation of Federal or State Statutes, Regulations or Rules
Lemmon, Ronda E., RN	07/29/13	Conditions	Violation of Federal or State Statutes, Regulations or Rules
Melsen, Jaimie J., LPN	07/31/13	Conditions	Alcohol and Other Substance Abuse; Diversion of Controlled Substance; Negligence; Violation of Federal or State Statutes, Regulations or Rules
Wagner, Lynn D., LPN	07/31/13	Probation	Violation of Federal or State Statutes, Regulations or Rules
Thorp, Melinda M., LPN	07/31/13	Probation	Negligence

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LICENSEE	DATE OF ACTION	ACTION	VIOLATION
Reddiex, Leslie K., LPN	08/19/13	Probation	Unprofessional Conduct
Stepp, Ashley A., RN	08/29/13	Conditions	Diversion of Controlled Substance; Violation of Federal or State Statutes, Regulations or Rules
Bhuller, Gurvinder K., RN	08/29/13	Conditions	Patient Abuse; Violation of Federal or State Statutes, Regulations or Rules
Nguyen, Oanh T., RN	08/29/13	Probation	Negligence; Violation of Federal or State Statutes, Regulations or Rules
Vantrease, Retta A., RN	08/29/13	Surrender	Negligence; Violation of Federal or State Statutes, Regulations or Rules
Gorbett, Susan E., LPN	08/29/13	Probation	Negligence; Violation of Federal or State Statutes, Regulations or Rules
Warnick, Michelle D., RN	08/30/13	Probation	Diversion of Controlled Substance; Negligence; Violation of Federal or State Statutes, Regulations or Rules
Baker, Andrea M., RN	09/09/13	Conditions	Violation of Federal or State Statutes, Regulations or Rules
Durrin, Molly C., RN	09/26/13	Conditions	Diversion of Controlled Substance; Narcotics Violation; Negligence; Violation of Federal or State Statutes, Regulations or Rules
Berkley, Tamara L., LPN	08/26/13	Probation	Fraud – Unspecified; Narcotics Violation or Other Violation of Drug Statutes; Violation of Federal or State Statutes, Regulations or Rules
Blackledge, Denese S., LPN	09/27/13	Conditions	Violation of Federal or State Statutes, Regulations or Rules
Johnson, Robert H., RN	09/27/13	Surrender	Unable to Practice Safely by Reason of Physical Illness or Impairment
Melton-Alberg, Donna M., RN	09/30/13	Probation	Negligence; Violation of Federal or State Statutes, Regulations or Rules
Burgett, Denise S., RN	10/25/13	Probation	Negligence; Violation of Federal or State Statutes, Regulations or Rules
Johnson, Liza A., RN	10/25/13	Conditions	Unprofessional Conduct
Klock, Mary M., RN	10/25/13	Probation	Fraud – Unspecified; Negligence; Violation of Federal or State Statutes, Regulations or Rules
McHugh, Sara J., RN	10/25/13	Conditions	Alcohol and Other Substance Abuse; Diversion of Controlled Substance
Palmer, Wendy P., RN	10/25/13	Conditions	License Suspension by a Federal, State or Local Licensing Authority
Van Voorhis, Audrey C., RN, ARNP	10/28/13	Conditions	Violation of Federal or State Statutes, Regulations or Rules
Uy, Mia C., RN	10/28/13	Conditions	Violation of Federal or State Statutes, Regulations or Rules
Munford, Tara L., RN	10/28/13	Probation	Violation of Federal or State Statutes, Regulations or Rules
Diem, Catherine M., RN	11/22/13	Conditions	Diversion of Controlled Substance; Violation of Federal or State Statutes, Regulations or Rules
Boggs, Deborah K., RN	11/22/13	Probation	Fraud – Unspecified; Practicing Beyond the Scope of Practice; Violation of Federal or State Statutes, Regulations or Rules
Krocker, Kelly L., LPN	11/22/13	Probation	Fraud – Unspecified; Violation of Federal or State Statutes, Regulations or Rules
Pinoski, Laurie A., RN	11/22/13	Probation	Negligence; Violation of Federal or State Statutes, Regulations or Rules
Parker, Linda S., RN	11/22/13	Conditions	Violation of Federal or State Statutes, Regulations or Rules
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Peterson, Sandra A., RN	11/22/13	Probation	Filing False Reports or Falsifying Records
Hawkins, Lori M., RN	12/30/13	Conditions	Violation of Federal or State Statutes, Regulations or Rules
Olsen, Susan L., RN	12/30/13	Probation	Negligence; Violation of Federal or State Statutes, Regulations or Rules
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Fairfax Behavioral Health: GROWING WITH THE NEEDS OF THE COMMUNITY



Fairfax Behavioral Health is in the completion phases of two exciting expansion projects. The combined addition of 98 new beds at two facilities will make Fairfax Washington’s largest private behavioral health care system. This expansion will increase the quantity and quality of behavioral health services for the region, as well as create nearly 100 new jobs.

New Fairfax Hospital Wing

Construction is wrapping up on Fairfax Hospital’s new, 68-bed wing. As its acute inpatient capacity increases with the expansions, so does the need for additional hospital staff experienced in providing acute and general psychiatric care for adults and adolescents as well as initial treatment for chemical dependency; co-occurring disorders and medical detoxification.

When asked why Fairfax was expanding its Kirkland facility at this time, CEO Ron Escarda said, “Throughout our history, Fairfax Hospital’s mission has been the provision of excellent patient care in response to the behavioral health needs of the community we serve. Our new capacity in Kirkland coupled with remodeling all remaining hospital units this summer are all part of that commitment.”

Expanding in Everett

Fairfax Behavioral Health will also be opening a new 30-bed adult psychiatric unit this summer located on the seventh floor of Providence Regional Medical Center’s Pacific Avenue campus in Everett, WA. The new unit is seeking RNs, Mental Health Professionals and ARNPs to join their clinical team in response to a projected increase in patients requiring quality, and compassionate care.

The Fairfax Behavioral Health System includes Fairfax Hospital, Fairfax Behavioral Health Everett, and two therapeutic and academic schools located in Kirkland and Tacoma, WA.

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NURSING COMMISSION – Role of Nurses in the Affordable Care Act

The Patient Protection and Affordable Care Act (ACA) is the most comprehensive national health reform legislation enacted in decades. Along with improving healthcare access and quality, the ACA's goal is to help our health system continue to move its focus from treating disease to preventing disease.

The Washington State Department of Health plays an important role in disease prevention, and in helping to build healthier environments and communities. Our agency works to assure the quality of our health system, and provides the data and information necessary for research and resource planning. We also provide funding and technical assistance to partner organizations working on key prevention issues. To learn more about our role, see our website at: www.doh.wa.gov/healthreform.

The ACA tilts the view of the healthcare workforce and costs. The ACA also:

- Expands the universe of people getting coverage either through Medicaid (fully subsidized care) or through Health Benefit Exchanges (partially subsidized care). It increases incentives for people to get care through tax credits.
- Increases demand for the healthcare workforce because more people will have coverage and seek out care.
- Increases payment levels for primary care providers, which can include Advanced Registered Nurse Practitioners (ARNPs). In particular, it encourages ARNPs to participate in leadership roles.
- Calls on the workforce to integrate across professional disciplines to achieve the triple aim of improved health, improved care, and lower costs.



- Engages the workforce to achieve better care transitions with fewer re-hospitalizations and emergency room visits. It encourages those successful transitions as a way, for example, for hospitals to avoid financial penalties. Nurses play a key role in ensuring the transitions happen seamlessly.
- Calls on healthcare professionals to work in a collaborative way for better care coordination. Nurses play a key role in collaboration.
- Encourages the healthcare workforce to use evidence-based practices to achieve good patient outcomes.
- Encourages innovation and openness in communication. Nurses strongly employ these skills.
- Calls for a stepping up on the reliance on workforce members to participate in teams and to assist clients in navigating a complex system. Nurses surpass the utilization of these skills.

Resources that may be of interest:

The Role of Nurse Practitioners in Meeting Increasing Demand for Primary Care

<http://www.nga.org/files/live/sites/NGA/files/pdf/1212NursePractitionersPaper.pdf>

Nurse Role Exploration Project: ACA and new nursing roles

http://www.aone.org/conference2014/Handouts/2014_Concurrent_Handouts/WIS331A_W5.pdf

Implementing Health Care Reform: Issues for Nursing

<http://www.aannet.org/assets/docs/implementinghealthcarereform.pdf>

Nurses and the ACA – A call to lead – Mary Wakefield

http://www.reflectionsonnursingleadership.org/Pages/Vol39_3_Wakefield_Obamacare.aspx

Nurses at the Forefront of Suicide Prevention

Recent Washington State legislation highlights the important role that health-care providers can play in suicide prevention. ESHB 2315 mandates training for key healthcare professionals, and it is noteworthy that nurses are prominent among them. This bill reiterates the importance of nurses as focal professionals in state and national mandates to reduce suicide. Our recent report examining suicide assessment, treatment, and management of suicidal behavior (Walsh & Hooven, 2013) notes the inclusion of nurses in suicide prevention activities that have had measurable success with patients.

Many suicides are preventable, and nurses are in a position to detect early signs of risk and to support patients in seeking further help. Nurses can ask questions, gather information, and notice changes that may indicate risk for suicide. Training that nurses already receive in how to interact with patients is highly compatible with principles of suicide prevention. Healthcare professionals need to know how to ask a patient about current physical and mental health concerns in ways that encourage disclosure and trust. Being present, listening, and noticing changes in health status are hallmarks of the nursing profession.

Training specific to suicide prevention is congruent with the relationships and roles nurses have with their patients. Suicide prevention training typically focuses on detecting potential risk among patients and on learning and practicing responses to reduce that risk. Training enables nurses to identify the warning signs for suicide, notice distress, and facilitate appropriate responses and/or referrals. Importantly,

WARNING SIGNS FOR SUICIDE RISK

(Source SPRC <http://www.sprc.org/bpr/section-III/warning-signs-suicide-prevention>)

- Someone threatening to hurt or kill themselves
- Someone looking for ways to kill themselves: seeking access to pills, weapons, or other means
- Someone talking or writing about death, dying, or suicide
- Hopelessness
- Rage, anger, seeking revenge
- Acting reckless or engaging in risky activities, seemingly without thinking
- Feeling trapped—like there's no way out
- Increasing alcohol or drug use
- Withdrawing from friends, family or society
- Anxiety, agitation, unable to sleep, or sleeping all the time
- Dramatic mood changes
- No reason for living; no sense of purpose in life

preventing suicide involves willingness to act on concerns about a patient by asking directly about suicidal thoughts and behaviors. Interview skills taught and practiced include timing of questions and communicating acceptance and support. Helping an individual create a safety plan and identify resources to help maintain safety is another key aspect of suicide prevention training. Suicide prevention training includes information about the kinds of behavioral histories that warrant continued attention to patient mental health and the risk of possible suicide risk. These risk factors for suicide include previous suicide attempts, depression, substance abuse, chronic pain, insomnia, post-traumatic stress disorder (PTSD), traumatic brain injury (TBI), and events or recent losses leading to humilia-

tion, shame, or despair (Suicide Prevention Resource Center, 2007).

Including screening and asking direct questions about suicidal thoughts and behaviors evaluation is a vital step in detecting suicide risk. This can be part of the nursing assessment process, and nurses can advocate for screening with patients and populations served by their facility or agency. Nurses can also train and advocate for training of all staff—including those who are not healthcare professionals. A question about billing or records could involve opportunities for any staff member to notice comments or behaviors that indicate possible risk for suicide. Nurses can also make suicide risk part of the conversation about health in general, and about the links between physical and



mental health. Another important issue is that nurses can be alert for colleagues who are at risk for suicide.

Suicide prevention training and experience working with individuals who are at risk for suicide is critical. There is indeed a shortage of mental health providers in

Washington State, but the fact remains that many people are not willing or able to go to a mental health provider. The help and care they receive in primary care clinics, skilled nursing facilities, schools, and the many other places that nurses' work is vital.

Nursing professionals trained in suicide prevention become models for how to discuss difficult and personal topics when they ask appropriate questions about moods and emotions, and as they respond calmly and competently to a patient's answers. The National Strategy for Suicide Prevention (DHHS, 2012) emphasizes that suicide prevention is not only a mental health issue, but also a health issue in general. Nursing personnel make a difference and help save lives.

REFERENCES:

Suicide Prevention Resource Center. (2007). Warning signs for suicide prevention. Retrieved April 3, 2014 from <http://www.sprc.org/bpr/section-II/warning-signs-suicide-prevention>.
 U.S. Department of Health and Human Services. (2012). *2012 National strategy for suicide prevention: Goals and objectives for action*. Washington, DC: Author.
 Walsh, E., & Hooven, C. (2013). Washington State Department of Health suicide education study. Retrieved April 2, 2014 from <http://www.doh.wa.gov/Portals/1/Documents/Pubs/631049.pdf>.

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2014 LEGISLATIVE REPORT

The Nursing Commission delivered a report to the legislature and Governor in December 2013, according to House Bill 1518 signed by Governor Inslee. The report contained the full outcomes of the authority granted to the Nursing Commission in the 2012 session and tools available to the commission. You can read the full report at <http://www.doh.wa.gov/Portals/1/Documents/Pubs/669361.pdf>.

ment as part of the continuing education, continuing competency, or recertification requirements.”¹ The Nursing Commission is required to approve of the one-time training in suicide assessment, treatment, and management for registered nurses, advanced registered nurse practitioners and licensed practical nurses. All nurses “. . . must complete the one-time training during the first full continuing education

cycle (three years) in January 2014. I am now in a new three-year cycle for the requirements. In January 2017, I will be required to have evidence of completing an approved six-hour course on suicide assessment, treatment and management.

The Nursing Commission held rules workshops to revise the rules for continuing competency. With this law change, the Nursing Commission will include the new requirements in the rules. For more information, please contact Teresa Corrado at 360-236-4700 for information on the continuing competency rules.

Engrossed House Bill 2351 Volunteer Health Care Professionals Licensed in a Foreign Jurisdiction³

Healthcare professionals, including nurses, from other states may provide volunteer services in Washington, under certain conditions:

1. Confirmation that the healthcare professional is not presently subject to any disciplinary action or investigations for criminal or professional misconduct;
2. Must acknowledge understanding of working within their scope of practice in Washington or their state of licensure, whichever is more restrictive;
3. Confirmation that the healthcare professional has not volunteered for more than 30 days in the current calendar year;
4. Contact information for the organization sponsoring the volunteer clinic or event, if any; and,
5. The dates of the volunteer practice.

The Department of Health is required to develop an attestation form available for volunteers to complete with these requirements. The healthcare professionals must submit the attestation to the Department of



During the 2014 legislative session, the Nursing Commission followed and acted on bills associated with nursing and nursing regulation. Three bills related to nursing practice passed the legislature and Governor Jay Inslee signed them into law.

Engrossed Substitute House Bill 2315 An act relating to suicide prevention

One line from the new law captures the purpose: “It is therefore the intent of the legislature to help lower the suicide rate in Washington by requiring certain health professionals to complete training in suicide assessment, treatment, and manage-

ment reporting period after the effective date of the new law or the first full continuing education reporting period after initial licensure, whichever is later.”²

Washington Administrative Code 246-840-203 defines the requirements for registered nurses and licensed practical nurses for continuing competency. To maintain an active nursing license, every nurse must complete 531 hours of active practice and 45 hours of continuing education. With the new law, nurses must complete the required training on suicide assessment, treatment and management within the first full cycle for continuing education requirements. For example, I completed my first

Health at least ten working days before the volunteer experience.

If an organization is sponsoring the volunteer event, the organization must maintain proof of the verification of each volunteer meeting the requirements. The organization must keep patient healthcare records.

Separate laws, RCW 38.10 and RCW 38.52, address volunteering in the event of an emergency.

Senate Bill 6128⁴ An act related to unlicensed school employees and provision of medications and nursing care.

The legislature passed Senate Bill 6128, and Governor Inslee vetoed the first section of the bill. Governor Inslee stated that in Section 1 of the bill, the introduction, was not necessary to implement the bill. Therefore, all but Section 1 of the bill became law. This law becomes effective on June 12, 2014.

School nurses may train unlicensed school employees to provide medications or nursing care to students as requested by parents. When the parent requests school employees to perform the care, the school employee files a written document stating he or she will or will not accept the duties. There can be no reprisal against employees who do not accept the duty.

School employees who choose to perform the duties are not civilly liable if they comply with the directions from the registered nurse. In the event of an emergency, school employees are not civilly liable if they act within the directions received.

REFERENCES:

¹<http://apps.leg.wa.gov/documents/bill-docs/2013-14/Pdf/Bills/House%20Passed%20Legislature/2315-S.PL.pdf>, Section (5) (a)

²<http://apps.leg.wa.gov/documents/bill-docs/2013-14/Pdf/Bills/House%20Passed%20Legislature/2315-S.PL.pdf> Section (5) (b)

³<http://apps.leg.wa.gov/documents/bill-docs/2013-14/Pdf/Bills/House%20Passed%20Legislature/2351.PL.pdf>

⁴<http://apps.leg.wa.gov/documents/bill-docs/2013-14/Pdf/Bills/Senate%20Passed%20Legislature/6128.PL.pdf>

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Preparing for Emerging Healthcare Needs

By Sharon Gavin Fought, RN, PhD, UW Tacoma Nursing Program Director

New Commission on Collegiate Nursing Education (CCNE) “Essentials” for national accreditation provided an opportunity to infuse new content into the Master of Nursing (MN) curriculum at University of Washington Tacoma. These exciting revisions enable the program to support experienced nurses to meet emerging healthcare needs.

All MN graduates will now acquire knowledge of organizational and systems leadership, quality improvement and safety, informatics, and population-based care (AACN, 2011). These additions supplement the program’s current offerings in research, society and health, and policy.

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prepares nurses to teach in a variety of roles, from academic program faculty to patient educators. Graduates can

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THE ADVANCED PRACTICE CORNER: Opportunities to Become Involved



If you are an Advanced Practice nurse, exciting opportunities are available for you to contribute your expertise to the work of the Nursing Care Quality Assurance Commission. Your input is important in shaping advanced nursing practice in this state, the nation, and the international arena. You can be a part of this exciting work by:

Applying to be an Advanced Practice Expert:

The commission needs experts to work on taskforces and to serve as expert witnesses at hearings. If you are an expert in advanced nursing practice, please apply. You can also help us by encouraging experts you know to apply. Please contact Jean Wheat at jean.wheat@doh.wa.gov for more information.

Applying for the Advanced Practice Advisor staff position:

This new opening is a second part-time permanent position responsible for working on ARNP licensing and

discipline, as well as advanced practice policy, technical assistance, legislative analysis, and rulemaking issues. You will find the position description and application at <http://agency.governmentjobs.com/washington/default.cfm?action=viewJob&jobID=733076>

Attending Advanced Practice Subcommittee meetings:

Sign up for the Nursing Commission Listserv (<http://listserv.wa.gov/cgi-bin/wa?SUBED1=nursing-qac&A=1>) to automatically receive notices of our meetings, which occur the third Wednesday of every month from 7:00 to 8:00 p.m. Attendance may be in person or by webinar. The 2013-2015 Strategic Plan goals of the Advanced Practice Subcommittee include:

- (a) organizing a process for responding to current issues;
- (b) coordinating systems of communication with advanced practice nurses and key stakeholders;
- (c) evaluating and developing resources for the sanctioning guidelines;

- (d) completing guidelines for obtaining a “pain specialist” designation;
- (e) aligning with the APRN Consensus Model;
- (f) improving our website; and
- (g) managing FAQs efficiently.

Attending rulemaking workshops and hearings on the issue of including Clinical Nurse Specialist (CNS) under the ARNP title:

Licensee input is especially important at rulemaking workshops. To familiarize yourself with the Advanced Practice Registered Nurse Consensus Model of the National Council of State Boards of Nursing, please visit the NCSBN website: <https://www.ncsbn.org/aprn.htm>.

Here is an example of our international role: The Nursing Commission recently had the honor of hosting ten members of the South African Nursing Council (SANC) here in Tumwater for a half-day workshop on our continuing competency rules and implementation of rules. The SANC visited our state as part of a University of Washington sponsored weeklong workshop. They have been consulting with many nations in preparation for implementing regulations as part of an ambitious 2015-2017 strategic plan. South Africa makes extensive use of family nurse practitioners and nurse midwives. Although their most common health problems may differ from those we face in the U.S., it was exciting to experience their enthusiasm and very affirming to find our commonalities as we work together on the shared goal of improving healthcare.

Advanced Practice Nurse Practitioners’ Frequently Asked Questions: INITIAL AND ONGOING EDUCATION AND PRACTICE REQUIREMENTS FOR RN AND ARNP LICENSURE

It is difficult for advanced registered nurse practitioners (ARNPs) to remember the many current and new requirements that affect their practice. My primary role as a Pro-Tem member of the Nursing Commission is to assist the advanced practice advisor in categorizing and tracking questions sent by e-mail or phone. Periodically, frequently asked questions (FAQs) and answers are published in the Nursing Commission News-

letter and placed on our website.¹

Major categories of FAQs and answers developed include: (a) Initial and Ongoing Required Education, (b) Regulation and Scope of Practice, (c) Prescribing and Prescriptive Authority, (d) Business Practices and (e) Cross Professional Communication. This article provides answers from the category *Initial and Ongoing Required Education* requirements.

Question #1: To obtain an ARNP license, will an RN need a MSN (Master’s of Nursing Science) or a DNP (Doctorate of Nursing Practice)?

Answer #1: A DNP is not required for ARNP licensure in Washington State. A DNP is also not required for the National Certification Exam. The Advanced Practice Registered Nurse Consensus Model, the guide Washington State uses, allows

Table 1: Continuing Education and Practice Hours for License Renewal for RNs and ARNPs

RN CONTINUING EDUCATION^{1RN}

Hours: 45 within three years prior to renewal

- Hours should relate to the nurse’s area of professional practice or areas identified through self-assessment and reflection for professional growth and development.
- Examples include Attendance where the provider determines the pace of the activity. The learner designs others for completion, independently, at the learner’s own pace and at a time of the learner’s choice.
- Hours obtained through mentorship, certification, presentations, and specialty certification.

ARNP CONTINUING EDUCATION^{1ARNP}

Hours: 30 within two years prior to renewal. Hours must:

- Be acceptable to the commission-approved certification program identified in WAC 246-840-302
- Be obtained from courses in which the contact hour is at least fifty minutes; and
- Not include the fifteen hours of continuing education required for ARNPs with prescriptive authority as identified in WAC 246-840-450 (1)(b); and
- Not include the same course taken more than once during the renewal cycle.

RN ACTIVE PRACTICE^{2RN}

Hours: 531 within three years prior to renewal

May be paid or volunteer:

- Paid examples include working as a nursing administrator, nursing quality manager, nursing policy officer, public health nurse, parish nurse, home health nurse, nursing educator, nursing consultant, nursing regulator or any practice requiring nursing knowledge and a nursing license.
- Unpaid examples include volunteering time to a church such as a parish nurse or a nurse volunteering nursing services at a community clinic.

ARNP ACTIVE PRACTICE = CLINICAL PRACTICE^{2ARNP}

Hours: 250 within three years prior to renewal

- Active Practice = Clinical Practice
- Clinical practice includes the formulation, implementation and evaluation of plans of care for patients for whom ARNPs are responsible.
- Clinical practice includes teaching advanced nursing practice if the faculty member is providing patient care or serving as a preceptor.

Note these hours relate to direct care of patients for whom the nurse is responsible.

Note: Not all RN continuing education and practice hours count as ARNP continuing education or practice hours. However, all ARNP continuing education and practice hours count as RN continuing practice hours.

Safe practice for protection of the public is the main goal we strive to attain. Keep asking questions.

either an MSN or DNP.² A DNP is preferred because of the extra expertise it provides in improving practice through systems level change.

Question #2: My ARNP license is late or has lapsed. How do I get back my active status?

Answer #2: You will need to verify 250 hours of practice within the past 2 years,

30 hours continuing education for the past two years, and 15 hours in pharmacology to move to active status. In addition, a penalty fee may be applied. If the license has been expired over three years, you must meet additional requirements, depending on the length of time expired.³

Question #3: Do I need separate continuing education and practice hours for a Registered Nurse (RN) and ARNP license?

Answer #3: No. All continuing education hours and practice hours completed for ARNP licensure count for RN licensure. Duplication of hours is not required. Be aware that for the RN, continuing education and practice hours are broader than ARNP requirements.⁴

Question #4: What is the suicide continuing education requirement which just passed this year in the legislature?⁵

Answer #4: ARNPs must take six hours of continuing education related to suicide assessment management and treatment within the next full renewal cycle. This requirement will be part of the 30 hours of continuing education requirements, but not in addition to the 30 hours now required.

SUMMARY: Questions are frequently multifaceted and complex, rarely fitting into one category. They reflect the ebb and flow of current events, changes in the laws, technological advances, and the uniqueness of each practice. Some answers are straightforward because the regulations are clear. Others require the use of judgment by the practitioner or facility. Safe practice for protection of the public is the main goal we strive to attain. Keep asking questions. You may get more information by emailing *martha.worcester@doh.wa.gov* or on our website at <http://www.doh.wa.gov/LicensesPermitsandCertificates/NursingCommission.aspx>.

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New Agreement Aims to Advance Nurse Education in Washington

Community and technical colleges and universities in Washington state reach a deal that will make it easier for nurses to get bachelor's degrees.

Nurses and nursing students in Washington will soon have an easier time getting their bachelor's degrees thanks to a new agreement among the state's academic institutions.

In March, the state's community and technical colleges and four-year universities announced a plan to create a shorter, smoother path to the bachelor's in nursing (BSN) degree. The agreement will help increase the number of nurses with bachelor's degrees, which will, in turn, improve the quality and safety of patient care, proponents say.

"This agreement will improve the efficiency and transparency of the pathway to the BSN and allow students to be able to get credit for work that's been done," said Mary Baroni, PhD, RN, a professor at the University of Washington at Bothell. "That has been difficult in the past because of different transfer policies at different academic institutions."

Some 53 percent of the state's nurses held bachelor's degrees in 2008—far from the 80 percent threshold recommended by a landmark report on the future of nursing released in 2010 by the Institute of Medicine (IOM). More BSN-prepared nurses are needed to provide more highly skilled care to an aging, and increasingly complex, population, the report says.

The need for more highly educated nurses is especially acute in some of Washington's more rural areas, where the percentage of BSN-prepared nurses is lower than 30 percent, Baroni added. Nurses and nursing students in the state's

more rural areas have few opportunities to access higher education because four-year universities are located in more densely populated, urban areas. That puts rural nurses at a disadvantage when it comes to advancing their careers, Baroni said, noting that health care facilities are putting a greater emphasis on hiring and promoting nurses with BSNs and higher degrees.

Confusion, Redundancy, and Delay

Moreover, moving from the associate degree to the baccalaureate is often fraught with confusion, redundancy, and delay, thanks to differences among academic institutions over how credit hours are determined, what courses are required for acceptance, limits on the number of transferrable credits, and variability in general education requirements.

The new Associate in Nursing Direct Transfer Agreement seeks to iron out those differences so more nurses from all regions in the state will be able to earn their BSNs. Under the plan, students will take at least three years of academic coursework at a participating community or technical college and, after passing a pre-licensure exam, will be eligible to finish the BSN in a fourth year. It assures consistent transfer of credits toward the BSN degree across the state, trimming up to one year off the time it currently takes to earn the degree.

It also standardizes the way academic institutions award and accept credits

for classes students have already taken, increasing transparency and reducing the potential for redundancy and delay. In short, it creates more efficient and consistent nurse education programs across the state.

The agreement was expedited thanks to a grant from the Robert Wood Johnson Foundation (RWJF) *Academic Progression in Nursing* program (APIN). The Washington Nursing Action Coalition, a group of nurses and others working to transform health care through nursing, was one of nine state groups that received APIN grants in 2012. Action Coalitions are the driving force behind the Future of Nursing: *Campaign for Action*, a collaborative effort between RWJF and AARP that is working to implement recommendations from the IOM report on the future of nursing.

"The grant really gave the state a sense of pride and recognition and the synergy to make the agreement happen," Baroni said. "A strong history of collaboration among and between all levels of nurse educators and stakeholders in higher education was also an immense help," she added. "This broad constituency of support, and the incorporation of our work into our state's higher education infrastructure, will make long-term sustainability possible."

She and others plan to apply for a second APIN grant to support the development of a new nursing school curriculum to support the new academic pathway to the BSN.

Washington State Community and Technical Colleges and Four-Year Universities Join Forces to Advance Nursing Profession

In a move to boost the number of nurses with bachelor's degrees in Washington State, the community and technical college system and four-year universities have reached a landmark agreement to create a shorter, smoother process for students to achieve the degree. A new statewide Associate in Nursing transfer agreement standardizes the way credits are awarded and accepted between and among Washington's community and technical colleges and four-year universities.

Students who earn an associate degree in nursing from a participating community or technical college and pass the registered nurse license exam may enter Bachelor of Science in Nursing programs as seniors rather than as juniors, trimming up to a year off the path to a bachelor's degree in nursing.

Associate transfer degrees typically place students at the junior level, but the agreement recognizes that community and technical college students already

have a head start on their general education requirements because of the tough prerequisites needed for competitive admission into their own community or technical college nursing programs.

Community and technical colleges that plan to make use of the agreement are now working to ensure their programs align to the new transfer pathway.

Visit http://www.wcnursing.org/about-us/news-detail.php?entity=204&entity_type=9 for more information.



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