

# 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, FRE

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# Message from the Chair

Tracy Rude, LPN

Chair, Nursing Care Quality Assurance Commission



It has certainly been a busy time for commissioners and staff members the past few months.

## Opioid Prescribing Rules

This was a huge project requiring the cooperation of five health profession boards and commissions in Washington. The Nursing Commission (NCQAC) held several open meetings where there was opportunity for input from the public and other stakeholders. The NCQAC considered all comments received during the decision-making process. ARNPs Donna Poole and Erin Henderson were at the table for the majority of the meetings, and provided expertise nurse prescriber perspectives. We were able to implement the rules by the November 1, 2019, date requested by Governor Inslee. At the November NCQAC meeting, we voted to open the opioid prescribing rules at the request of the Washington Healthcare Association to address gaps in the rules for people admitted to nursing homes from acute care settings.

## Long-Term Care Workgroup (LTCW)

ESSB 6032 allocated \$30,000 of the general fund solely for NCQAC to convene and facilitate a workgroup to assess the need for nurses in long-term care (LTC) settings, and to make recommendations regarding worker recruitment, training, and retention challenges for LTC providers in skilled nursing facilities, assisted living facilities, and adult family homes. The proviso outlines expectations and workgroup participants. Porsche Everson was our facilitator and I chaired the workgroup. We had representatives from the following:

- Chair of the House Health Care and Wellness Committee
- Chair of the Senate Health and Long Term Care Committee
- Assistant secretary of the Washington State Department of Social and Health Services Aging and Disability Support Administration
- A member of the Washington Apprenticeship and Training Council chosen by the director of the Washington State Department of Labor and Industries
- Health Systems Quality Assurance
- Executive director of the Washington State Board for Community and Technical Colleges
- The largest statewide association representing nurses
- The largest statewide union representing home-care workers
- The largest statewide association representing assisted living and skilled nursing facilities
- The Adult Family Home Council of Washington
- Washington State Long-Term Care Ombudsmen

The LTCW held seven open meetings between July 15, 2018 and October 12, 2018. We would not have been able to do this work without the commitment and cooperation of all those serving on the workgroup. My gratitude goes to Porsche and the members for the respectful manner in which we were able to conduct the work and still have frank discussions about the many issues around LTC worker retention and education progression. All materials from the meetings are available online at <https://www.doh.wa.gov/LicensesPermitsandCertificates/NursingCommission>.

## Action Now

Action Now has concluded and the NCQAC voted to accept the recommendations resulting from the project. I urge you to read the article, included in this issue, where the work on the Action Now project is presented. I commend the group for its efforts in identifying issues and solutions to the education of nurses, including nursing faculty shortage.

As a final note, I would like to welcome our newest commissioner, Dawn Morrell, RN, BSN, CCRN. Some of you may know her from her service as your state representative in the 25th District. Dawn brings a wealth of experience and knowledge, and I do look forward to working with her and the leadership she brings.



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# Message from the Executive Director

By Paula R. Meyer, MSN, RN, FRE

Executive Director, Nursing Care Quality Assurance Commission

## NEW LICENSING REQUIREMENT

On January 1, 2018, the Nursing Care Quality Assurance Commission required all nurses with an active license in Washington State to complete two surveys for licensing. The Nursing Commission made this decision because in Washington State we want to know the educational preparation and areas of practice to determine the need for nurses in particular areas of practice and location.

In October of 2005, the Institute of Medicine recommended that 80 percent of registered nurses be prepared at the baccalaureate level. Historically, the Nursing Commission had not collected information on the academic progression of nurses. To meet the Institute of Medicine's recommendation, we need a reliable collection of data.

Here are the steps to complete required licensing information:

**To renew your license**, you must complete two surveys:

1. Nursing Commission Workforce survey: <https://fortress.wa.gov/doh/opinio/s?s=WorkforceData>  
This survey needs to be completed only one time, with your 2018 renewal. When you complete this survey, you will be re-directed to the Nursys® e-Notify survey.
2. Register and complete your information at Nursys® e-Notify:  
<https://www.nursys.com/EN/ENDefault.aspx>. You must enter this survey as a **nurse**. Do not enter the survey as an institution. Every year when you renew your license, you must review and update your information as needed.

**New applicants** must complete the two surveys. The Nursing Commission issues the license when all requirements are satisfied. You will then complete the two surveys using your license number.

1. New applicants must complete the Nursing Commission Workforce survey after receiving their license number: <https://fortress.wa.gov/doh/opinio/s?s=WorkforceData>. This survey needs to be completed only one time, with your new license. When you finish this survey, you will be re-directed to the Nursys® e-Notify survey.
2. New applicants use their new license number to register and complete their survey at Nursys® e-Notify <https://www.nursys.com/EN/ENDefault.aspx>.

We are all concerned about the security of information being collected. At the Nursing Commission, we rely on three levels of security to ensure the best data protection in today's electronic world.

Four main organizations are working collaboratively to ensure the appropriate security controls are in place to protect nurses' demographic data: The Washington Center for Nursing (WCN), University of Washington (UW), Washington State Department of Health (DOH), and National Council of State Boards of Nursing (NCSBN).

Washington's human subjects review board reviewed the WCN and UW Center for Health Workforce Studies Registered Nurse Workforce Survey like any other research study. The identities of individual nurses will be kept confidential, no personal identifiers will be disclosed, and all information will be reported in aggregate form, consistent with all state and federal regulations.

The Department of Health (DOH), working with Washington State Office of Cyber Security, works every day to detect, block and respond to cyber-attacks on state networks. This work includes preventing and mitigating threats before they can cause significant damage. Cyber threats will continue to evolve, and so will our defenses against them. DOH and security partners protect the information entrusted to them and are also prepared to respond in the event something unexpected occurs.



The National Council of State Boards of Nursing (NCSBN), Information Security Management Program is aligned with the Security and Privacy Controls for Federal Information Systems and Organizations. NCSBN uses the National Institute of Standards and Technologies (NIST) 800-53, moderate-impact security controls framework for its information security to protect the confidentiality, integrity and availability of information that NCSBN's information systems process, store and transmit. Please see the NIST website for additional information on the NIST 800-53 framework.

NCSBN has incorporated security policies, procedures and contractual security requirements that promote the protection of intellectual properties, employee and customer personal information, proper data security and data handling procedures, and data transmissions. NCSBN also performs assessments, audits, penetration tests, and vulnerability scans to help ensure NIST 800-53, moderate-impact security control compliance.

The Nursing Commission already maintains personal and confidential information on nurses. The Nursing Commission will handle additional workforce information in the same manner as allowed under state and federal laws. Nursing workforce reports generated by use of this data will be reported in aggregate form. No personal identifiers will be disclosed.

This data collection began one year ago. Each year with your renewal, you need to review the data you entered and update as needed. The updates will give current information on the number of nurses who continued in their education or moved to another practice area. Thank you for contributing your data. We look forward to the first data analysis in 2019.

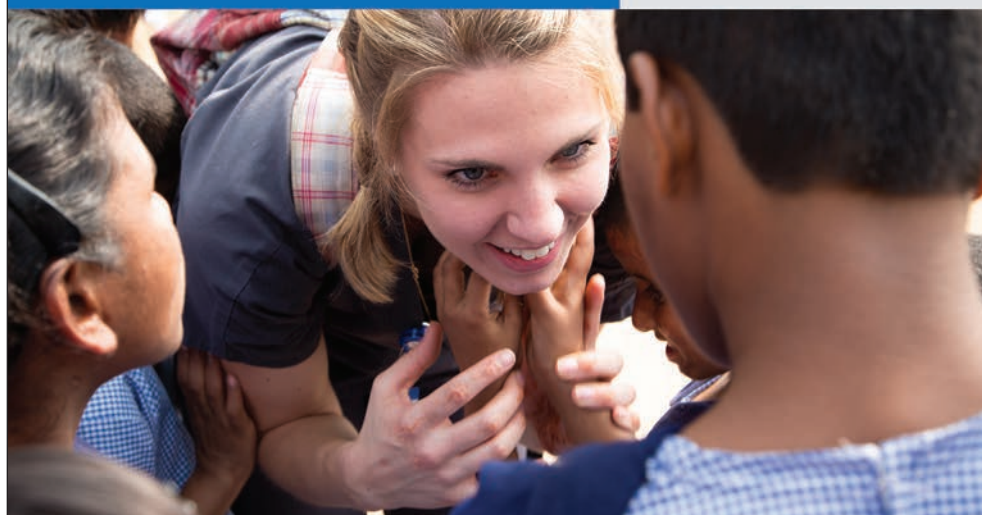
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By Alfie Alvarado-Ramos  
 Director, Washington State Department of Veterans Affairs

## HAVE YOU EVER SERVED?

As a nurse, your day is filled with questions.

- How are you feeling?
- Is your pain better or worse?
- Does the treatment we started seem to be working?

I would like to suggest another question.

- Have you ever served in the military?

This might not seem like an important healthcare question, but let me explain how important this truly is.

Only 24 percent of Washington’s veterans receive their healthcare at a Veterans Affairs (VA) medical center. That means more than 420,000 veterans across the state receive their healthcare in offices like yours, from nurses just like you!

That may seem surprising, but there are a number of reasons it is true.

- Not all veterans are eligible for VA healthcare.
- Some live too far away from a medical center.
- Others choose not to use the VA.

Whatever the reason, the fact is that veterans may have experiences and medical conditions that are different from non-veterans. So asking the question could help you understand your patients better, and provide more complete care and quality of life services focused on their unique situation.

My final question for you is:

- Will you join the Nursing Care Quality Assurance Commission and your Washington Department of Veterans Affairs in the Have You Ever Served campaign?

The American Academy of Nursing started the Have You Ever Served campaign to improve the health of veterans, and to encourage healthcare providers to ask about and document their patients’ military background. You can request copies of the Have You Ever Served clinician pocket card from the Washington Department of Veterans Affairs, or download and print in your office. The card provides a general overview of what health or mental health concerns veterans may have to help guide your questions and potential care offered.

Together we can help connect veterans and their families to the best care possible. In the process we can honor them for their service to our country. If we can help in any way, please contact us at [communications@dva.wa.gov](mailto:communications@dva.wa.gov), 1-800-562-0132 option 1, or [www.dva.wa.gov](http://www.dva.wa.gov).  
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## VACANCIES ON NURSING COMMISSION

The Nursing Commission has two openings for members: a public member and a registered nurse member who is a nurse educator from a community college.

The public member is meant to be a consumer of nursing care. The public member may not have a financial interest in a nursing organization, be an employer of nurses, or hire nurses. The Nursing Commission’s purpose is to protect the public through the education, licensure and discipline of nurses in Washington State. The public members of the Nursing Commission serve on panels to make

decisions related to these functions, and participate in the business meetings for the Nursing Commission.

The registered nurse may be a faculty member or a director of the nursing program. The nurse educator serves on panels that review the requirements for nursing education programs in Washington State and distance learning programs with students in our state. The nursing educator also serves on panels for disciplinary actions, and participates in the business meetings for the Nursing Commission.

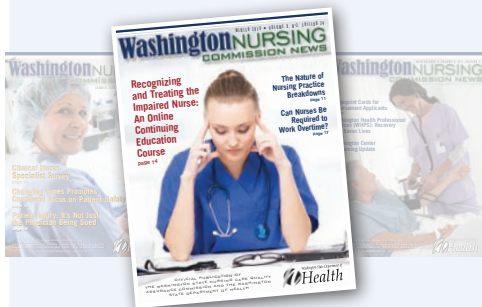
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If you are interested in these positions, please see Governor Jay Inslee’s website for an application. The website is at <https://fortress.wa.gov/es/governor/boardsapplication>. Applications are due by March 31, 2019. If you have any questions about these positions, please contact Shad Bell at 360-236-4711 or [shad.bell@doh.wa.gov](mailto:shad.bell@doh.wa.gov).



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# COMMUNICATING EFFECTIVELY WITH YOUR DEAF PATIENTS

In honor of Deaf Awareness Week, I would like to give my fellow nurses some insights on effectively communicating with deaf and hard of hearing (HoH) people.

Often, deaf and HoH patients are treated as if they are from a different planet, or, even worse, as if they are unintelligent and inconveniencing the hospital staff. When this happens a communication breakdown begins. Medical staff members can misunderstand a patient's symptoms, situation, and the importance of the patient's concerns. This can lead to misdiagnosis, mistreatment and poor outcomes. Ineffective communication can cause frustration with the medical system and avoidance of future medical care. You can read a firsthand account of this situation in Harper's Magazine titled "Can hospitals learn to better treat Deaf patients?" (Booth, 2018). It shows the need for nurses to be culturally competent and to maximize the "effective communication" the ADA requires (U.S. Department of Justice, 2003) for deaf patients to have positive outcomes.

The article referenced above introduced me to Deaf Strong Hospital, a program for first year medical students at the University of Rochester's School of Medicine and Dentistry. The program shows doctors what it is like for the deaf community to receive medical care by switching the roles of the deaf and hearing participants. Deaf Strong Hospital uses only American Sign Language (ASL). The hearing medical students (now patients) have to make it through registration, assessment and acquiring medication without using any spoken language. When patients are called in the lobby with fingerspelling, the hearing patients miss it (just like deaf patients in hearing clinics) and are embarrassed or are late for their appointment. During the exam, symptoms are misunderstood and a headache is misdiagnosed as mental illness or anxiety. The hearing patients feel alienated and frustrated.



Interpreters showed up for some of the patients. With an interpreter, doctors understood symptoms correctly. The patients understood the diagnosis and treatment options, they could clarify misunderstandings with questions and be a part of the decision-making process.

The take-home from Deaf Strong Hospital is to respect deaf people as regular people who need effective communication to be understood and to be a part of the decision-making process. It is also important for deaf people to have a say in what effective communication is for them as individuals. Most deaf people prefer an in-person interpreter while others prefer to write notes. Video Remote Interpreting (VRI) is not appropriate for children and is not effective for some adults. Expecting lip-reading is not realistic. It is also not appropriate to ask family members to interpret for the patient. There is no one-size-fits-all answer, so assessing the patient's needs is very important.

In the end, finding the most effective communication route is worth it because it will make a world of difference in your patient's care. Everyone is included and respected, and proper healthcare is much more accurate when people get the proper services for their communication needs. When they are included in their healthcare, deaf patients are more likely to develop trust and to go to their doctor with confidence when they have health concerns in the future.

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## References

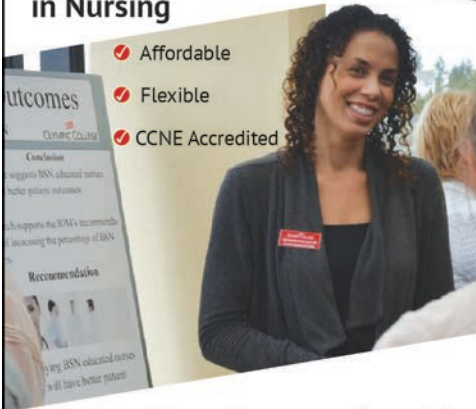
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# ACTION NOW! SOLUTION SUMMIT

In October 2018, Action Now! hosted a Solutions Summit for Nursing Education in Tukwila. Members of the Action Now! coalition understand the critical link between nursing education, the nursing workforce, and the health of the people of Washington State. Several complex issues impede the progress needed to stabilize the workforce, including most notably a nursing faculty shortage and a lack of quality clinical practice experiences for nursing students.

Action Now! used the Solutions Summit to brief attendees on the issues underlying the crisis in nursing education and workforce development, and asked them to help optimize the solutions presented. The keynote speaker, local innovator Pablos Holman, encouraged attendees to approach the crisis with a spirit of invention. He said we must, “A/B test our way to success” by piloting possible solutions on whatever scale we can afford and whatever scale allows us to minimize

red tape. He asked a series of provocative questions, such as, “What would it take to produce a nurse in six months? What would they need to know, and could they learn this outside of the traditional educational model? What barriers would have to be removed?” His spirit left attendees reinvigorated to take action, to think differently at every entry point – starting with amplifying innovation in their own thinking and the culture of the organizations in which they work.

For all the good that came, we want to thank the Action Now! coalition members, as well as our sponsors:

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# FILING A COMPLAINT WITH THE NURSING COMMISSION WHAT SHOULD I INCLUDE IN MY REPORT?



Reporting your fellow nurses, supervisors or employees for failed nursing practice and/or unprofessional conduct to the Nursing Care Quality Assurance Commission (Commission) is not something most people look forward to doing. It can be especially difficult if you do not know how to report it or what to include in the report.

You must submit reports of alleged misconduct in writing. You may file reports electronically using our electronic complaint form. The complaint form is on the Commission Discipline webpage at: <https://www.doh.wa.gov/LicensesPermitsandCertificates/NursingCommission/Discipline>.

You can also contact the Commission directly and we will send you a form by postal mail or email. If you choose not to use a complaint form, you should indicate in your correspondence that you are filing a nursing complaint. If you are unable to file a report electronically or in writing, you may call the Commission for technical assistance in submitting the report.

When submitting your report, please include the following information to enable the Commission to assess the report:

- Your name, address, and telephone number so we can contact you
- The full name of the nurse
- If known, the nurse's address, telephone number, and license number
- State your specific concern and provide a brief description or summary of the facts that caused the report, including:
  - o the date the incident occurred
  - o the time the incident occurred
  - o the exact location where the incident occurred (e.g., name of facility, nursing unit, room number)
  - o name of any patient or client who was harmed or placed at risk of harm
  - o as many factual details as possible about the incident
  - o any witnesses to the incident (other staff or patient family members or friends) and their contact information

- o any other facts available that helps explain the situation
- If known, information about corrective actions taken by the employer (e.g., education provided, counseling, suspension, termination)
- If you are an employer and you completed an internal investigation, please provide the outcome of your investigation and if available a copy of your final investigative report
- Names of anyone else you reported to (e.g., police, DSHS, DEA)
- For drug related conduct, provide the official drug screen results
- If court action is involved, the name of the court, the date of filing, and the docket number.
- Any other information that helps explain the situation.

The Commission protects the public by balancing resources against a threshold of which cases it opens to investigation. We are not able to investigate every case that comes before the Commission for consideration. The Commission closes many cases before investigation because of insufficient information. By including adequate information in your report, the Commission can make the best-informed decision possible.

You can submit a report using our online complaint form located at <https://www.doh.wa.gov/LicensesPermitsandCertificates/NursingCommission/Discipline>:

by fax to: 360-236-3204

by mail to: Nursing Care Quality  
Assurance Commission  
Complaint Intake Desk  
P.O. Box 47864  
Olympia WA 98504-7864

by email to: [nursingcomplaints@doh.wa.gov](mailto:nursingcomplaints@doh.wa.gov)

For technical assistance, you can contact the Commission at 360-236-4703.

# DISCLOSING CRIMINAL HISTORY HONESTY IS THE BEST POLICY

## CRIMINAL RECORDS

The Washington State Nursing Care Quality Assurance Commission (Commission) often receives questions from applicants regarding the information on criminal information they must disclose on their application for licensure. Whether the applicant is seeking initial licensure or is reactivating an existing license, it is to their benefit to answer all questions truthfully and to the fullest extent possible.

Each application type, whether for initial licensure or for reactivation of an existing license, contains several disclosure questions. One of the questions relates to criminal history information and reads as follows, “Have you even been convicted, entered a plea of guilty, no contest, or similar plea, or had prosecution or a sentence deferred or suspended as an adult or juvenile in any state or jurisdiction?” It is very important all applicants read the question carefully and accurately respond to the question. The applicant must disclose all criminal citations and charges, regardless of the length of time since the incident. This includes whether or not the applicant was convicted, what jurisdiction it occurred in, how old the applicant was when the incident occurred, whether or not it was expunged, dismissed, set-aside, or any other action. Applicants with an out-of-state address must also submit to an FBI fingerprint criminal background check. Through the background check process, the Commission will learn of an applicant’s previous criminal action, including criminal history from Washington as well as in other states. These are some of the most common questions applicants ask:

**Q. I was arrested for a crime, but was never charged or convicted. Do I need to disclose that to the Commission?**

A. No. Only crimes for which you were charged or convicted must be disclosed, including any charges pled.

**Q. I was charged as a juvenile for a Minor in Possession (MIP); do I really need to disclose that arrest?**

A. Yes. You must disclose all charges and criminal citations, no matter how old you were at the time of the incident.

**Q. I was charged with a crime, but went to court and the case was dismissed (or I was found not guilty). Do I need to disclose that?**

A. Yes. You must disclose even charges that ended with dismissal or a not guilty finding. These charges may appear on a background check report.

**Q. I was convicted of Driving under the Influence (DUI), went to court, and received a deferred prosecution. I have since completed the terms of my deferred prosecution and the court dismissed my case. Do I still need to disclose that since it was dismissed?**

A. Yes. You must disclose all charges and convictions, including those the court dismissed.

**Q. I had a previous conviction, but the court has since expunged my record. Do I need to disclose that?**

A. Yes. Even charges that were previously expunged may appear on a criminal history report, so you must disclose them.

**Q. The court (or my attorney) told me that my arrest would not appear on my criminal record. Do I still need to disclose it?**

A. No, not if it was only an arrest and the court did not file charges.

**Q. I had a previous conviction, but it was many years ago. Do I still need to disclose it?**

A. Yes. You must disclose all criminal history, even if it occurred many years ago.

At any time that you disclose criminal history, it is important to include a detailed description of the incident(s), to include dates, times, where it occurred, the circumstances of the incident, and the final resolution. In addition to the detailed description, it is a requirement to submit certified copies of



all court documents related to criminal history with your application. If you must submit an FBI fingerprint background check as part of your application, disclosing court documents prior to the completion of the fingerprint process is important to avoid delays in the review of your fingerprints. If a positive FBI fingerprint hit is generated, the Department of Health's FBI Unit will review court documents submitted with the application to determine all records match. If the court documents do not match the FBI generated rap sheet, the Department of Health's FBI Unit will request additional court documents to match the positive hit, which will delay the licensure process.

In cases where an application includes a disclosure of criminal history or generates a positive criminal history report, Commission staff review the application and decide whether to forward the application to a panel of Commission members for further review. An investigator may contact you to request a detailed statement of the incident and obtain relevant records (arrest reports, court records, etc.) to determine the extent of the criminal history. The investigator will prepare a report for the Commission so they can review the case and make a decision regarding licensure.

If you fail to disclose previous criminal history, your application will be assigned to a Commission investigator who will ask you to explain the reasons for your failure to disclose,

as well as request the documents and information discussed earlier. There are many reasons why applicants fail to disclose criminal history:

- o Embarrassment or shame over the incident.
- o A desire to put the incident behind them.
- o Forgetfulness.
- o They don't think it will appear on their report.
- o They misunderstand the disclosure requirements.
- o An attempt to conceal the history from the Commission.

When in doubt about whether or not to disclose a criminal history, you should err on the side of disclosure, even if you have disclosed it before. Failure to disclose criminal history information on an application can also lengthen the time it takes to obtain a license, due to the need to investigate the information.

A positive criminal history is not immediate grounds to deny a license or a reactivation application. Each application is reviewed on a case-by-case basis, and the Commission considers several factors when making a decision regarding licensure. It is the responsibility of the Commission to determine whether an applicant's criminal history has the potential to present a threat to the health and welfare of the public.



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# FAQ



## REGISTERED NURSE AND LICENSED PRACTICAL NURSE FREQUENTLY ASKED QUESTIONS

The Nursing Commission recently approved several frequently asked questions (FAQs) for registered nurses and licensed practical nurses. We hope these will help clarify and assist in answering questions about nursing scope of practice.

- FAQ Overview Page
- RN and LPN General Scope of Practice FAQs
- RN and LPN Dermatology and Cosmetic Procedures FAQs
- RN and LPN Infusion Therapy, Phlebotomy, and Laboratory Tests FAQs

See these on our NCQAC Practice Information Website at  
<https://www.doh.wa.gov/LicensesPermitsandCertificates/NursingCommission/PracticeInformation.aspx>.

## UPCOMING COMMISSION MEETINGS

| DATE               | ACTIVITY         | LOCATION   |
|--------------------|------------------|--|
| May 10, 2019       | Business Meeting | Department of Health<br>Point Plaza East, Room 152/153<br>310 Israel Road S.E., Tumwater, WA 98501 |
| July 12, 2019      | Business Meeting | Department of Health<br>Point Plaza East, Room 152/153<br>310 Israel Road S.E., Tumwater, WA 98501 |
| September 13, 2019 | Business Meeting | Spokane, WA<br>Location: TBD   |
| November 8, 2019   | Business Meeting | SeaTac/Kent, WA<br>Location: TBD   |



# LONG-TERM CARE BUDGET PROVISO ESSB 6032 UPDATE

Last summer and fall, the Nursing Commission (NCQAC) convened a long-term care (LTC) workgroup as directed by the 2018 legislature (ESSB 6032). The 12-member workgroup assessed the need for nurses, including nursing assistants, in LTC settings, and made recommendations for worker recruitment, training, and retention the sectors of skilled nursing facilities, assisted-living facilities, and adult family homes.

The workgroup addressed:

- Current and projected worker vacancy rates in the long-term care sectors compared to the workload projections for these sectors;
- Recommendations for a standardized training curriculum for certified nursing assistants that ensures workers are qualified to provide care in each sector, including integration into the curriculum of specific training for the care of clients with:
  - o Dementia,
  - o Developmental disabilities, and
  - o Mental health issues;
- Academic and other prerequisites for training of licensed practical nurses, and identified barriers to career advancement for certified nursing assistants;
- Barriers to career advancement for long-term care workers; and
- Oversight roles of the Department of Health and the Department of Social and Health Services for nurse training programs, and made recommendations for streamlining those roles.

The final report contains the following 25 recommendations:

1. Direct the state workforce development councils to work with educational service districts and other stakeholders to convene regional workgroups to identify data gaps, and to make recommendations to improve existing data reporting systems. If needed, recommendations may include alternative approaches to collect more comprehensive data specific to the long-term care workforce and its needs, including retention and turnover data. Any recommendation to develop new data collection or to expand existing data collection should include a cost-benefit analysis. This effort should incorporate the following elements:
  - a. Inclusion of demographics and their effect.
  - b. The evidence-base on staffing ratios as a metric or benchmark.
2. Review and revise testing to more accurately reflect essential knowledge and skills relevant to current NAC practices and to align directly with the learning objectives of an updated standardized curriculum.



3. Study the current certification test systems for LTC workers (HCA and NAC) and establish recommendations for improvement. The study should assess:
  - a. Improving testing access in rural and underserved areas.
  - b. The cost of testing, and the potential for cost savings through contract or vendor changes;
  - c. The potential for allowing employers to administer tests.
  - d. Whether a certificate of completion is sufficient for an HCA or if a certification test is necessary.
  - e. Assess the use and value of the bridge program. Create recommendations for improvement or consider eliminating the program.
4. Provide supports for skills testing evaluation for HCAs and NACs in languages other than English.
5. Direct DOH and DSHS to collaborate with LTC providers and other stakeholders to identify priority learning content and desired learning outcomes in order to create a competency-based common curriculum for nursing assistant training programs that:
  - a. Efficiently integrate person-centered specialty training (on mental health, developmental disabilities, and dementia) including self-determination.
  - b. Remove/revise outdated content (e.g. HIV/AIDS training requirements).
  - c. Require adequate program hours without

- adding more than necessary.
      - d. Reflect minimum standards established through federal and state law.
- 6. Perform a Lean or other performance audit process of NAC and HCA testing programs to identify ways to increase access and efficiency, including:
  - a. Simplifying and speeding up the application and approval process for becoming a test site.
  - b. Increasing test sites and frequency of test offerings to ensure testing availability to all students within 45 days of training program completion.
- 7. Look at increasing reciprocity among states for licenses and certifications.
- 8. Perform a root-cause analysis of NAC skills testing in order to:
  - a. Examine variability in evaluation and identify ways to reduce potential bias and improve evaluator inter-rater reliability, fidelity, and consistency.
  - b. Identify, evaluate, and reduce other potential reasons for low pass rates.
  - c. Identify and implement ways to increase skills pass rates.
- 9. Explore ways to allow NAC candidates to complete a second attempt of the NAC certification exam at a reduced rate. Perform a cost analysis to ensure there is not an adverse effect on initial testing fees or on those who pass the exam on the first try.
- 10. Encourage use of registered apprenticeship programs in the LTC and the health care industry.
- 11. Support development of more part-time options and hybrid/distance-learning opportunities for students.
- 12. Standardize prerequisite requirements for LPN programs by convening relevant industry and education subject matter experts to review and streamline.
- 13. Support the State Board for Community and Technical Colleges' request to expand high-demand programs including licensed practical nursing programs.
- 14. Obtain more data on LPN education (waitlists, capacity, data related to program availability and demand, including workforce projections).
- 15. Analyze the needs of LTC populations and identify what needs to be included for the basic scope for nursing assistants that applies uniformly across all LTC settings and is supported by a base or foundational curriculum.
- 16. Provide funding to conduct analysis of requirements at all levels; determine what is needed for integration of the system; and ensure coordinated development of step-wise nursing education continuum for seamless progression from entry-level through the following certification or licensing levels: HCA, NAC, LPN, ADN, BSN, and graduate nursing degrees.
- 17. Provide numeracy and literacy support programs.
- 18. Develop and launch a statewide effort to recruit and inform potential workers about the opportunities and value of working in LTC settings.
- 19. Evaluate reducing or subsidizing licensing fees for HCAs and NACs who have low incomes.
- 20. Strengthen the career ladder among high school/skills center programs and the LTC industry.
- 21. Evaluate and expand use of the nursing technician program.
- 22. Modify the facility-based training standards to:
  - a. Allow DSHS-qualified adult family home and assisted living providers to provide related continuing education for staff members in the adult family home or assisted living center; and
  - b. Recognize provider experience in meeting instruction qualification requirements.
- 23. Ensure adequate funding of the 02G Health Professions Account to add the staff necessary to address backlog and reduce wait times (related to training program/ instructor approval, testing, and credentialing processes).
- 24. Direct DOH/NCQAC/DSHS to continue efforts with stakeholders to review their oversight structure; delineate an efficient division of roles in alignment with federal and state regulations; and provide their recommendations to the legislature by December 2019. This work should:
  - a. Address oversight roles related to nursing training, testing, credentialing, investigation, and background checks.
  - b. Analyze current department oversight roles and competencies to assess gaps in knowledge or inefficiencies.
- 25. Implement a Lean or similar performance audit process to identify ways to simplify forms and speed up processes for: approval of training programs and instructors (nursing assistants, home care aides, continuing education, specialty training); credentialing; and tracking of continuing education compliance status for LTC workers.

For a copy of the complete report go to the following link:

<https://www.doh.wa.gov/LicensesPermitsandCertificates/NursingCommission>.

You may direct questions about the report to Dr. Mindy Schaffner at 360-236-4745.





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# NURSING CARE OF PATIENTS WITH SUBSTANCE USE DISORDERS IN PRIMARY CARE

March 13 to June 19, 2019

Washington State University, the University of Washington, and the Department of Health will jointly offer a 15-week course in addictions nursing. The goal is to provide updated information nurses and their care teams can use to reduce harmful use of substances including opioids, tobacco, alcohol, methamphetamine, and other substances. All course materials will be made available to participants at no cost so future faculty can use and modify the materials to continue training the Washington State workforce.

**Target audience:** Nurses and health care team members working in settings with patients with substance use disorders including primary care clinics, jails, opioid treatment programs, school clinics, office-based buprenorphine clinics, and emergency departments. Faculty who teach nurses are also warmly welcomed.

**Time:** Wednesdays, March 13 to June 19, from 5:30 to 7:30 p.m. via Zoom connection.

**Location:** Webinar with discussion. Details available upon registration.

**Course structure:** The course will consist of didactic lectures, case presentation and discussion to help improve clinical skills and/or the clinics' care of people with substance misuse. In addition, the course will help prepare nurses for the addictions nursing certification exam. Participants will be encouraged to inform their supervisor and team that they are attending. Participants will be asked to present an anonymous patient for case review and discussion. Participants can choose three tracks (Basic Care, Quality Improvement, or Faculty) and will be able to select activities to practice for each track. Other clinic staff members are invited to join the participant to facilitate implementation of topics of interest.

**Cost:** No cost to participants; however, reading materials and suggested textbooks will be at the participant's expense. Participants must register in advance by March 10 or earlier if course capacity is reached.

**Registration:** Sign up at <https://www.uwcne.org/> to be notified when registration is open. The registration deadline will be March 10th; registration may close early if course capacity is reached.



**Funding:** Funds for the first course are provided by Cooperative Agreement 5 NU17CE002734, funded by the Centers for Disease Control and Prevention (CDC). The course faculty will make every effort to use evidence-based materials. However, the contents are solely the responsibility of the faculty and do not necessarily represent the official views of the Centers for Disease Control and Prevention or the Department of Health and Human Services.

**Note:** The course will provide the 30 continuing education hours that meet one criteria for nurses seeking certification in addictions nursing. People working at specified clinics who are certified in addictions nursing are eligible to apply for HRSA Substance Abuse loan repayment program.

**CNE:** Continuing nursing education credits are provided through the University of Washington Continuing Nursing Education (UWCNE) program, which is accredited with distinction by the American Nurses Credentialing Center's Commission on Accreditation (ANCC).

**Questions?** Contact Mary Catlin ([mary.catlin@doh.wa.gov](mailto:mary.catlin@doh.wa.gov)) or Joan Riesland ([jriesl@uw.edu](mailto:jriesl@uw.edu)).



## COURSE TOPICS:

1. Course overview and population level description of substance use epidemic
2. Assessment, treatment planning and goal setting, part 1
3. Assessment, treatment planning and goal setting, part 2
4. Neurobiology and pharmacology of addiction
5. Helping clinic patients quit tobacco use
6. Risky alcohol use and alcohol use disorder
7. Marijuana in Washington State
8. Treatment of opioid use disorder and opioid dependence in clinics with buprenorphine and naltrexone
9. Treatment of opioid use disorder with methadone in opioid treatment programs (regulations, pharmacology, PMP, coordination of care for prenatal patients, hospitalized and jail)
10. Stimulant disorders (ADHD med misuse, cocaine, methamphetamine)
11. Substance use in pregnancy, with a focus on opioid use disorder
12. Anxiety, depression, suicidality, PTSD in substance use patients, nurses' role in primary care
13. Care of substance use in incarcerated populations in Washington
14. Substance use in hospitalized patients and emergency departments
15. Process disorders: shopping, gambling, sex, porn, exercise, food, and gaming

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# WHEN THE FUN STOPS

## GAMBLING DISORDER IS A REAL PUBLIC HEALTH ISSUE

Bingo, card games, casino games, horse racing, lottery games, machine games, pull tabs, raffles, and scratch tickets can all be fun forms of entertainment for many people. For some, however, gambling can get out of control and lead to problems that are devastating for individuals, families, and communities.

Gambling addiction, or disordered gambling, is an important public health issue. In Washington State, 2.1 to 4 percent of adults are affected by gambling disorder – that’s about 120,000 to 220,000 individuals. Yet only one in 10 people affected by problem gambling ever seek treatment, for many reasons. Stigma and shame associated with problem gambling and not knowing effective treatments are available are barriers to seeking treatment. Many people are unaware that their insurance covers gambling treatment and, for those without insurance, there is free, publicly funded treatment for those in need in Washington.

Medical professionals are seeing patients with gambling problems and gambling-related health issues, and may not know it. Gambling disorder is often called a “hidden addiction” – here is no “UA” test or other physical test to determine if someone is gambling. Research suggests that gambling can create the same effects on the brain as drug and alcohol use. This is why the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) lists gambling disorder as the only non-substance-related disorder. This reflects research findings showing that gambling disorder is

similar to substance-related disorders in clinical expression, brain origin, comorbidity, physiology, and treatment.

Co-occurring mental health, alcohol, personality, mood, substance use, and anxiety disorders with gambling disorder are very common. Patients who present with signs of depression, risky drinking or drug use, or financial difficulties are at high risk for gambling disorder. Patients with gambling disorder may present with a wide range of health issues, from higher rates of fatigue, insomnia, intestinal disorders, migraine headaches, high blood pressure, or cardiovascular disease. Complex psycho-social issues, such as domestic violence and suicide ideation and attempts, are high among those affected by gambling disorder.

Primary care and ER nurses play an important role in responding to many of these health concerns. Nurses, physicians, and physician assistants can play a crucial role in improving awareness and in supporting help-seeking for people with gambling problems. You have an important part to play in raising awareness of these problems in the public health agenda. Adding a brief screening instrument, such as the four-question Brief Bio-Social Gambling Screen (BBGS) available at [www.evergreencpg.org](http://www.evergreencpg.org) in our Problem Gambling Awareness Month Tools and Resources, to existing intake assessments could make a big difference for many patients at risk for a disorder that might not otherwise be uncovered.

**March is Problem Gambling Awareness Month** – Nationally and in Washington State by proclamation of Governor Inslee. Throughout the month, numerous events and awareness activities aim at increasing public awareness of problem gambling, and the availability of prevention, treatment and recovery services. Information on all of these events and activities is at the Evergreen Council on Problem Gambling website: [www.evergreencpg.org](http://www.evergreencpg.org).

I’d like to highlight a few Problem Gambling Awareness Month events of particular note:

**Tuesday, March 12**

**GAMBLING DISORDER SCREENING DAY**

Treatment providers, hospital chemical dependency programs, recovery service providers, and more will offer free gambling disorder screenings. We encourage your participation.

**2019 Twitter Chat Tuesdays | 11 am – 2 pm PST**

Join [@EvergreenCPG](https://twitter.com/EvergreenCPG) every Tuesday in March (Problem Gambling Awareness Month) to learn more about how gambling disorder affects individuals, families, and communities, and to discuss how we can promote #AwarenessPlusAction.

**Tuesday, March 5**

Co-Occurring Disorders and National Screening Day

**Tuesday, March 12**

A New Frontier: Sports Betting, and the Blurring Lines Between Gambling and Gaming

**Tuesday, March 19**

Hope and Help in Recovery – Supporting Health, Home, Purpose, and Community

**Tuesday, March 26**

Problem Gambling: How it Affects Seniors and Families

You can make a difference. The Evergreen Council on Problem Gambling is a resource for you. Whether you have questions, want more information about screening tools, or would like to get involved in prevention, treatment, or outreach and awareness efforts, please contact us. Thank you for all you do to help support individuals, families, and communities in making healthy choices that add to their quality of life.



The following questions are about gambling. By gambling, we mean when you bet or risk money or something of value on an event or action whose outcome is uncertain. For example, buying lottery or scratch-off tickets, gambling at a casino, playing casino and card games or bingo, shooting dice, betting on sports or horse racing, playing keno or pull tabs.

**BRIEF BIOSOCIAL GAMBLING SCREEN**

1. Have you ever gambled at least 5 times in any one year of your life?  
 YES       NO
2. During the past 12 months, have you become restless, irritable, or anxious when trying to stop/cut down on gambling?  
 YES       NO
3. During the past 12 months, have you tried to keep your family or friends from knowing how much you gambled?  
 YES       NO
4. During the past 12 months, did you have such financial trouble as a result of your gambling that you had to get help with living expenses from family, friends, or welfare?  
 YES       NO

Helpline: 1.800.547.6133

[www.evergreencpg.org](http://www.evergreencpg.org)



|                       |   |
|-----------------------|---|
| <b>LOW RISK:</b>      | An individual has answered “no” to all questions.<br>Provide individuals with their score, give feedback on their risk level, and give literature regarding Gambling Disorder in case their behavior worsens or they have affected family/friends with whom they want to share.   |
| <b>MODERATE RISK:</b> | An individual has responded “yes” to question 1, but has said “no” to all other questions.<br>Provide or refer to a certified problem gambling counselor who can provide low risk intervention. Additionally, the clinician should discuss with the participant the continuum of gambling behaviors (e.g. recreation, at risk, problem, disorder), risk factors associated with moderate and problem gambling (e.g. medical issues), and guidelines to reduce risk for gambling problems. |
| <b>HIGH RISK:</b>     | An individual has responded “yes” to question 1 <b><i>and</i></b> has said “yes” to at least <b><i>one</i></b> other question.<br>Provide or refer to a certified problem gambling counselor who can provide low and moderate risk interventions. Additionally, review risk factors for problem gambling and options for further assistance, including self-help materials, referral for further evaluation and referral to Gambler’s Anonymous or a recovery support specialist.         |



*Problem Gambling Awareness Month*  
AWARENESS + ACTION



# PROGRESS AND PRECISION: *The NCSBN 2018 Environmental Scan*

## **Introduction**

The annual National Council of State Boards of Nursing (NCSBN) Environmental Scan provides regulators and other nursing leaders with a current, comprehensive portrait of nursing in the United States, including emerging issues and challenges. It describes the current state of nursing and where we are headed, and it asks questions about our readiness to enter the modernized era of health care. As you are reading it, ask yourself: Are we ready to take nursing to the next level? Are educators ready to evaluate their curricula and incorporate new content? Are regulators ready to accept present and future challenges of mobility, workforce, confidentiality issues, new treatment methods, advancements in scope of practice, and, potentially, fresh approaches to opioid addiction? Are state legislators willing to take the necessary steps to pass legislation to modernize regulation and to be an important part of this transformation? Modernization of health care cannot adequately be achieved without the participation of nursing, and a new era of nursing depends on a contemporary and revitalized regulatory system. The environmental scan is present and future based and reflects substantial professional, social, and political changes needed for regulators and other nursing leaders to keep pace with potential health care system transformations.

## **The U.S. Nursing Workforce in 2018 and Beyond**

Nursing is at the heart of health care. Sufficient numbers of nurses at all levels and the ability to forecast and plan for shortages is integral to safe and quality patient care. For this reason, NCSBN has acted to ensure that researchers have the data required to monitor future workforce needs. In 2017, NCSBN collaborated with the National Forum of State Nursing Workforce Centers to conduct a national workforce study to assess and describe the current RN and LPN workforce (in press). The findings data will be published in the July 2018 issue of the *Journal of Nursing Regulation*.

Individual boards of nursing (BONs) are also collecting workforce data with licensure renewals, which are being deposited into NCSBN's National Nursing Workforce Repository. When all boards can provide these data, nursing will have a profound and accurate database, including population data, with which to analyze the workforce and make predictions.

It is expected that 2018 will be a historic and landmark year for nursing regulation and the nursing workforce. The enhanced Nurse Licensure Compact (eNLC), nursing regulation's newest licensure model, was officially implemented on January 19, 2018. Currently adopted by 29 states, the eNLC enables nurses to receive a multistate license in their state of residence with the



privilege to practice in all other states that joined the compact. The eNLC increases public protection as it: (a) mandates specific nursing licensure requirements for participating states; (b) provides improved access to care through greater workforce mobility, allowing nurses to migrate to locations with the greatest need and job availability; (c) enhances telehealth nursing, which can expand the workforce into shortage areas; and, (d) perhaps most importantly, mobilizes nursing care quickly, efficiently, and safely during a disaster. For military spouses who are nurses and who may have to frequently move and change jobs, the eNLC offers an opportunity for many to move without being relicensed. In addition, nurses with compact/multistate licenses have the flexibility to care for patients across state borders without the time and expense of obtaining additional licenses.

**Registered Nurses and Licensed Practical/Vocational Nurses**

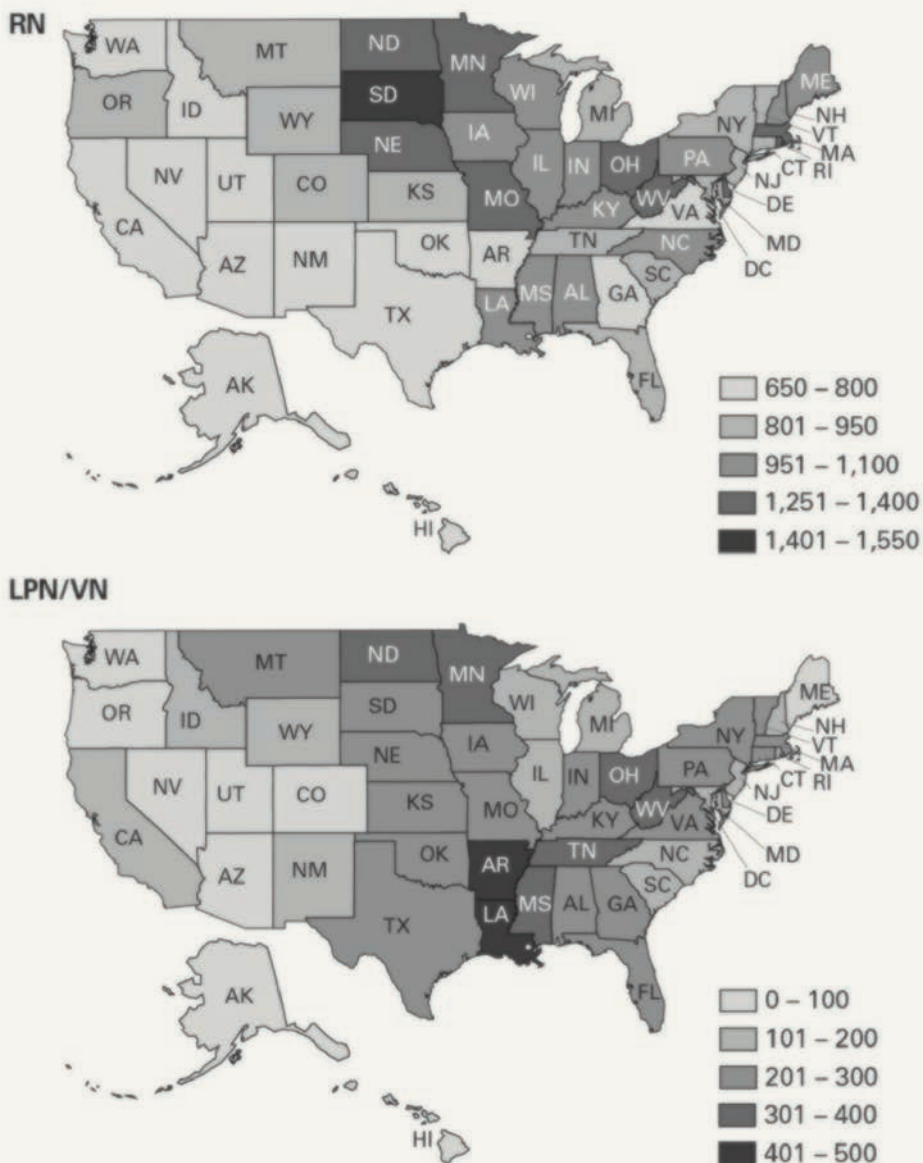
In 2018 and beyond, workforce mobility will be vital for patients’ access to care and nurses’ access to jobs as studies predict both shortages and surpluses in the nursing workforce. Currently, the number of employed registered nurses (RNs) per population in each state varies widely, from fewer than 700 RNs per 100,000 population in Nevada to over 1,500 RNs per 100,000 in the District of Columbia (U.S. Department of Labor, Bureau of Labor Statistics, 2017a; U.S. Census Bureau, 2017). Other states with approximately 700 RNs per 100,000 people are California, Georgia, Oklahoma, and Utah. Conversely, South Dakota (1,402 per 100,000), Massachusetts (1,250 per 100,000), and Delaware (1,189 per 100,000) have the highest ratios of employed RNs per population along with the District of Columbia. Appendix B provides a detailed portrayal of the distribution of RNs and licensed practical nurses/vocational nurses (LPNs/VNs) across the country.

The ratio of employed LPNs/VNs is between 65 and 70 per 100,000 people in

Alaska, Oregon, and Utah and over 400 per 100,000 in Arkansas and Louisiana (U.S. Department of Labor, 2017a; U.S. Census Bureau, 2017). States with shortages include Maine and most of the western states except for California, which has slightly more VNs per 100,000 population than its neighboring states. (Figure 1 provides a broad comparison of the numbers of RNs and LPNs across the country.)

A number of studies published in 2017 indicated that the nursing workforce needs will continue to fluctuate according to state and region of the country. In 2017, the Health Resources and Services Administration (HRSA) released national projections for the U.S. nursing workforce through 2030 (HRSA, 2017a). Projections made from the Health Workforce Microsimulation Model used nurse data from the American Community Survey

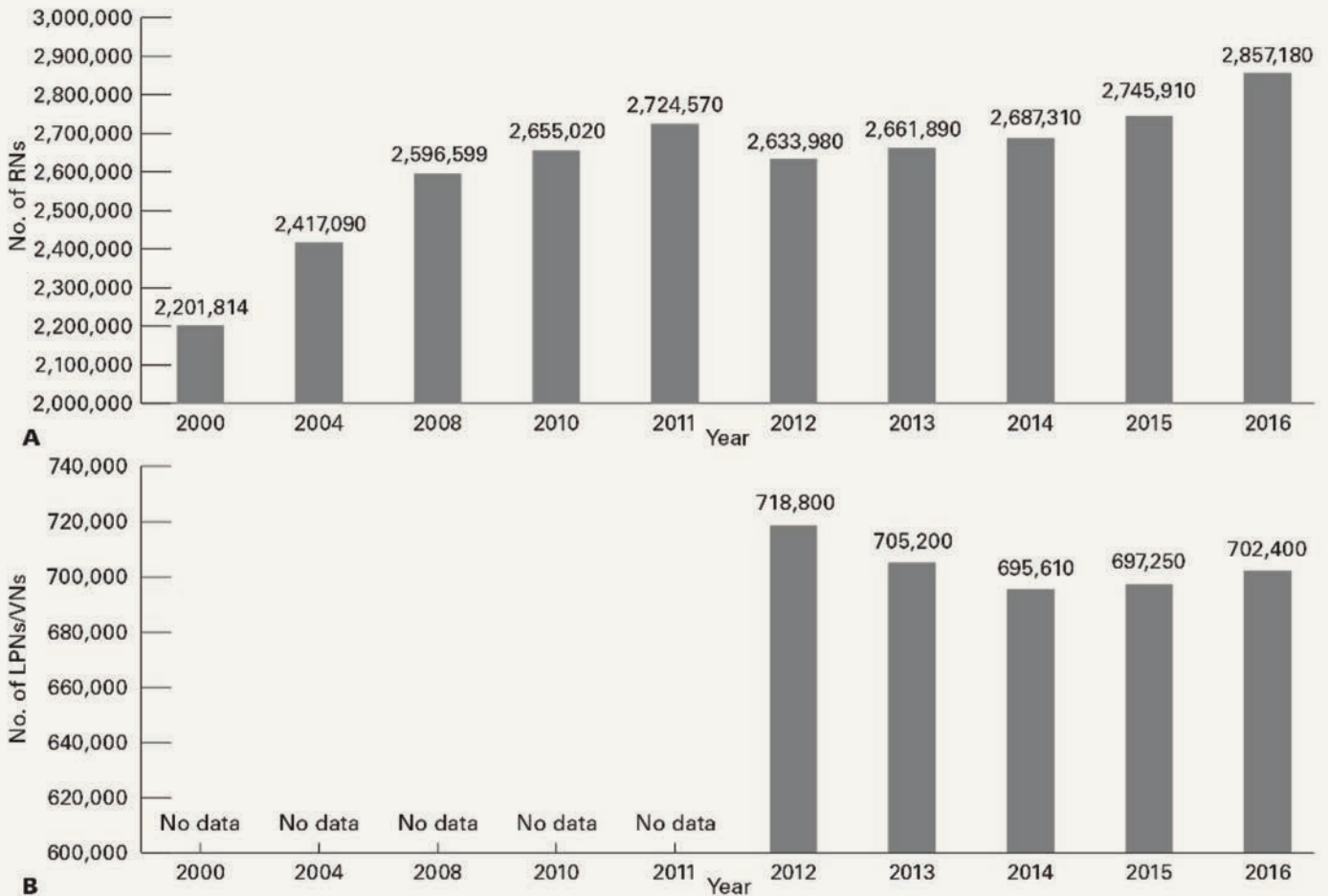
**FIGURE 1  
RN and LPN/VN Employment by State\***



\*Employed RNs and LPN/VNs per 100,000 people by state  
Source: U.S. Department of Labor, 2017; U.S. Census Bureau, 2017.

FIGURE 2

**Number of Employed RNs and LPNs/VNs in the United States, 2000–2016**



Source: The data for years 2010 - 2016 are from the U.S. Bureau of Labor Statistics Occupational Employment Statistics (2017a; 2017b). The data for 2000, 2004, and 2008 in the RN graph are from the U.S. Department of Health and Human Services Health Resources Services Administration's National Sample Survey of Registered Nurses (2010).

along with information reflecting the economy and labor markets. The model estimated the growth in RN supply (39%) will outpace the growth in RN demand (28%) by 2030 resulting in an excess of almost 300,000 RNs nationally. For LPNs, the growth in supply is estimated to be 26% while the growth in demand is expected to be 44%. This imbalance could result in national-level shortage of 151,000 LPNs by 2030; however, the report indicates a shortage of this magnitude is unlikely because LPNs can be educated relatively quickly.

According to the HRSA report (2017) inequitable distributions of nurses exist across states. Seven states are projected to have a RN shortage, and 33 states are projected to have a LPN shortage by 2030. The greatest shortages of RNs are predicted in California, Texas, New Jersey, and South Carolina. Texas and Pennsylvania are expected to have the greatest LPN shortages. Florida, Ohio, Virginia, and New York could expect a surplus of RNs. A LPN surplus is projected for Ohio and California. HRSA's proposed solution is optimal migration

(i.e., nurses moving to states where the in-state supply is less than demand). Thus, nurses would move to or work in areas of greater need. The distribution of the nursing workforce is likely to improve as more states join the eNLC.

Buerhaus, Skinner, Auerbach, and Staiger (2017) identified four factors effecting the supply and demand of U.S. nurses in the future: (a) aging baby boomers, (b) the number of nurses retiring, (c) health care reform, and (d) the physician shortage. They also forecast regional shortages, rather than a national shortage. The aging baby boomers may exceed both the clinical capacity of the nursing workforce and the number of new graduates with geriatric expertise. The rate at which RNs retire from the workforce could reduce the number of nurses available, particularly in the New England and Pacific Regions (where the number of RNs per capita is lowest), as well as decrease the overall experience level of the workforce. Changes to the Patient Protection and Affordable Care Act (ACA, 2010), such as provisions to increase efficiency and a shift toward



value-based purchasing, could result in greater recognition of the cost efficiency of nurses and the expanded roles of RNs in Medicare accountable care organizations. Finally, the physician shortage (Streeter, Zangaro, & Chattopadhyay, 2017) is likely to increase demand for nurses providing primary care, particularly to rural and vulnerable populations. As of November 23, 2017, the U.S. workforce consisted of 4,015,250 RNs and 922,196 LPNs/VNs\* (NCSBN, 2017e). Of these, 2,857,180 RNs and 702,400 LPNs/VNs were employed in the United States as of May 2016, the most recent statistics available (U.S. Department of Labor, Bureau of Labor Statistics, 2017a).

Although employment data are not as recent as licensing data, they show that the number of employed RNs in the United States has steadily increased since 2012 (Figure 2a), whereas the number of employed LPN/VNs, despite a slight rise from 2014 to 2016, has decreased substantially since 2012 (Figure 2b).

The predominant employers of RNs and LPNs/VNs will be hospitals and long-term care facilities, respectively. According to the most recent data from the U.S. Department of Labor, Bureau of Labor Statistics, RNs held an estimated 3 million jobs in the United States in 2016. Of those, 61% were in hospitals.

Hospitals were followed by ambulatory health services (18%), nursing and residential facilities (7%), government facilities (5%), and educational services (3%). The same data showed that LPNs/VNs held approximately 724,500 jobs in 2016. The largest employers of these nurses were nursing and residential care facilities (38%), hospitals (16%), physician offices (13%), home health care services (12%), and government facilities (7%) (U.S. Department of Labor, Bureau of Labor Statistics, 2017a).

It is anticipated that a greater proportion of nursing employment will be seen in ambulatory and home care settings as health care shifts to those settings (Bauer & Bodenheimer, 2017). In fact, Bauer and Bodenheimer (2017) predict a dramatic shift in the RN role in primary care as the demand for primary care providers and services increases alongside payment models that allow for add-on payments for RN-delivered services in primary care settings. As primary care practices use team models to greater extent, the scope of RNs in primary care will include managing chronic disease, leading complex care management teams, and coordinating care between the primary care practice and communities (Bauer & Bodenheimer, 2017).

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# LICENSURE ACTIONS

The following is a list of stipulations to informal disposition taken between May 1, 2018, and October 31, 2018. A stipulation is an informal disciplinary action where the licensee admits no wrongdoing but agrees to comply with certain terms.

| Licensee   | Date of Action | Informal Action | Allegation  |
|--|----------------|-----------------|---|
| Garrison, Robert L., RN (RN00085106)                   | 05/16/18       | Surrender       | Diversion of controlled substance; narcotics violation  |
| Greer, Richard E., RN, ARNP (RN00067848, AP30004502)   | 06/06/18       | Surrender       | Negligence  |
| Chapman, Barbara A., RN (RN60561206)                   | 06/11/18       | Probation       | Diversion of controlled substance; violation of federal or state statutes, regulations or rules                       |
| Braganza, Remedios M., RN (RN00108319)                 | 06/13/18       | Probation       | Negligence; violation of federal or state statutes, regulations or rules  |
| Paris, Scott L., RN, ARNP (RN00135307, AP30006338)     | 06/20/18       | Conditions      | Negligence; violation of federal or state statutes, regulations or rules  |
| Fata, Debra A., RN (RN00118090)                        | 07/09/18       | Probation       | Records; violation of federal or state statutes, regulations or rules   |
| Peterson, Sharla K., RN, ARNP (RN00144319, AP60016832) | 07/12/18       | Probation       | Diversion of controlled substance; violation of federal or state statutes, regulations or rules                       |
| Sprunger, Joanne E., RN, ARNP (RN00079344, AP30001929) | 07/27/18       | Probation       | Negligence  |
| Neihart, Rosalie K. LPN (LP60308937)                   | 08/03/18       | Probation       | Narcotics violation or other violation of drug statutes; violation of federal or state statutes, regulations or rules |
| Lane, Julie, RN (RN00117300)                           | 08/03/18       | Probation       | Practicing beyond the scope of practice   |
| DeLong, Shanon V., RN (RN00168230)                     | 08/03/18       | Conditions      | Alcohol and other substance abuse; violation of federal or state statutes, regulations or rules                       |
| Rosenstein, Frank, RN (RN60301872)                     | 08/07/18       | Probation       | Criminal conviction   |
| Clausen, Elizabeth C., LPN (LP00039972)                | 08/10/18       | Probation       | Alcohol and other substance abuse; violation of federal or state statutes, regulations or rules                       |
| Nelson, Sarah, LPN (LP00056233)                        | 08/10/18       | Conditions      | Alcohol and other substance abuse; violation of federal or state statutes, regulations or rules                       |
| Davidson, Tiffany A., RN (RN60325495)                  | 08/30/18       | Conditions      | License suspension by a federal, state or local licensing authority   |
| Schreckengost, Brooke M., RN (RN60160931)              | 09/17/18       | Conditions      | Narcotics violation; violation of federal or state statutes, regulations or rules                                     |
| Choi, Hyesoon, RN, ARNP (RN00145937, AP60211482)       | 09/24/18       | Probation       | Negligence  |
| Thompson, Debra L., LPN (LP00044028)                   | 09/26/18       | Surrender       | Negligence; violation of federal or state statutes, regulations or rules  |
| Christensen, Heidi A., RN (RN00108989)                 | 09/26/18       | Probation       | Criminal conviction   |
| Usrey, Margaret G., RN (RN60288652)                    | 09/26/18       | Conditions      | Diversion of controlled substance; violation of federal or state statutes, regulations or rules                       |
| Comello, Christine A., RN (RN60494923)                 | 09/28/18       | Conditions      | Diversion of controlled substance; violation of federal or state statutes, regulations or rules                       |
| Allarde, Norma M., LPN (LP00039075)                    | 10/05/18       | Probation       | Violation of federal or state statutes, regulations or rules  |
| Brester, Julie A., RN (RN00152988)                     | 10/17/18       | Conditions      | Alcohol and other substance abuse   |
| Droubay, Tammy L., RN (RN00165061)                     | 10/18/18       | Probation       | Diversion of controlled substance; violation of federal or state statutes, regulations or rules                       |
| Perez, Larenda G., LPN (LP00046891)                    | 10/24/18       | Conditions      | Diversion of controlled substance; negligence; violation of federal or state statutes, regulations or rules           |

The following is a list of formal licensure actions taken between May 1, 2018, and October 31, 2018. For more information, please see Provider Credential Search (<https://fortress.wa.gov/doh/providercredentialsearch/>) or contact Customer Service at (360) 236-4703.

| Licensee   | Date of Action | Formal Action    | Violation  |
|--|----------------|------------------|--|
| Applonie, Brien E., LPN (LP00041235)             | 05/02/18       | Suspension       | Criminal conviction  |
| Lund, Victoria A., LPN (LP00015312)              | 05/03/18       | Suspension       | Negligence; violation of federal or state statutes, regulations or rules   |
| Hoffer, Mary B., RN (RN00155296)                 | 05/03/18       | Suspension       | License suspension by a federal, state or local licensing authority  |
| Dumas, Therese W., RN (RN60842675)               | 05/11/18       | Conditions       | License suspension by a federal, state or local licensing authority  |
| Salter, Barbara W., RN (RN00062819)              | 05/16/18       | Conditions       | Unable to practice safely by reason of physical illness or impairment  |
| Paulus, Victoria D., ARNP (AP30004268)           | 05/24/18       | Suspension       | Violation of federal or state statutes, regulations or rules   |
| Arkansas, Billy R., LPN (LP60584735, RN60723054) | 05/24/18       | Suspension       | Violation of or failure to comply with licensing board order   |
| Moseley, Deborah D., LPN (LP00051410)            | 05/29/18       | Suspension       | Violation of federal or state statutes, regulations or rules   |
| Leonard, Yahchika C., RN (RN60495148)            | 05/29/18       | Suspension       | Criminal conviction; license suspension by a federal, state or local licensing authority; violation of federal or state statutes, regulations or rules |
| Mooney, LaDonna L., RN applicant (RN60808215)    | 05/30/18       | Licensure denied | Failure to meet initial requirements of a license; unable to practice safely by reason of psychological impairment or mental disorder                  |
| Fisher, Elliott E., LPN (LP60002327)             | 06/01/18       | Suspension       | License suspension by a federal, state or local licensing authority  |
| Marquardt, Richard R., RN (RN60303599)           | 06/04/18       | Suspension       | Diversion of controlled substance; violation of federal or state statutes, regulations or rules  |
| Huggett, Rose F., RN (RN00163533)                | 06/06/18       | Modification     | Alcohol and other substance abuse; failure to cooperate with the disciplining authority  |
| Lowy, Jed W., RN, ARNP (RN60623652, AP60623653)  | 06/07/18       | Suspension       | License suspension by a federal, state or local licensing authority  |

| Licensee   | Date of Action | Formal Action    | Violation  |
|--|----------------|------------------|--|
| Martian, Jerri A., RN (RN00116189)                 | 06/07/18       | Suspension       | Negligence; violation of federal or state statutes, regulations or rules   |
| Smith, Jacqueline K., RN (RN00138985)              | 06/07/18       | Suspension       | Criminal conviction  |
| Luther, Belinda D., LPN (LP60251030)               | 06/18/18       | Suspension       | Exploiting a patient for financial gain; license suspension by a federal, state or local licensing authority; violation of federal or state statutes, regulations or rules |
| Rath, Caroline C., RN (RN00154030)                 | 06/19/18       | Reinstatement    | License suspension by a federal, state or local licensing authority  |
| James, Sarah E., RN, ARNP (RN00133219, AP30006286) | 06/21/18       | Suspension       | Criminal conviction; license suspension by a federal, state or local licensing authority; violation of federal or state statutes, regulations or rules                     |
| Williams, Donald R., RN (RN60111113)               | 06/21/18       | Suspension       | Alcohol and other substance abuse  |
| Faye, Gwyneth F., RN (RN00148594)                  | 06/27/18       | Modification     | Unprofessional conduct   |
| Dumas, Therese W., ARNP (AP60841862)               | 06/29/18       | Conditions       | Failure to meet initial requirements of a license; license suspension by a federal, state or local licensing authority   |
| Chebli, Amira T., RN (RN60204383)                  | 07/09/18       | Reinstatement    | Violation of federal or state statutes, regulations or rules   |
| Dillard, Darcy K., LPN (LP60502077)                | 07/10/18       | Suspension       | Violation of federal or state statutes, regulations or rules   |
| Chura, Asfaw K., LPN (LP60546393)                  | 07/12/18       | Probation        | Violation of federal or state statutes, regulations or rules   |
| Morgan, Tammie L., RN (RN60197826)                 | 07/24/18       | Suspension       | Alcohol and other substance abuse; violation of federal or state statutes, regulations or rules  |
| Ware, Janet C., RN (RN60410953)                    | 07/26/18       | Suspension       | License suspension by a federal, state or local licensing authority  |
| Kimbley, Karen A., LPN (LP00059763)                | 08/01/18       | Suspension       | Violation of or failure to comply with licensing board order   |
| Rios, Jennifer K., RN (RN00177082)                 | 08/01/18       | Suspension       | Violation of or failure to comply with licensing board order   |
| Smith, Jacqueline K., RN (RN00138985)              | 08/02/18       | Reinstatement    | Criminal conviction  |
| Yauney, Glenn E., RN (RN00175915)                  | 08/02/18       | Suspension       | Fraud - unspecified; misrepresentation of credentials; violation of federal or state statutes, regulations or rules  |
| Hanna, Patricia S., RN (RN60240460)                | 08/02/18       | Reinstatement    | Alcohol and other substance abuse; diversion of controlled substance; license suspension by a federal, state or local licensing authority; narcotics violation             |
| Torres, Debra M., RN ARNP (RN00118772, AP60314839) | 08/07/18       | Suspension       | License suspension by a federal, state or local licensing authority  |
| Foutch, Katherine A., RN (RN60849983)              | 08/07/18       | Conditions       | Alcohol and other substance abuse; failure to meet initial requirements of a license   |
| Wall, Christopher M., RN applicant (RN60848492)    | 08/13/18       | Licensure denied | Criminal conviction; failure to meet licensing board reporting requirements  |
| Hamilton, Diane, RN (RN00037670)                   | 08/17/18       | Reinstatement    | Violation of or failure to comply with licensing board order   |
| Boudinot, Rachele, RN (RN60374530)                 | 08/17/18       | Reinstatement    | License suspension by a federal, state or local licensing authority  |
| Yun, Denise, LPN (LP00041755)                      | 08/23/18       | Reinstatement    | Alcohol and other substance abuse; criminal conviction   |
| Sawyer, Cheryl A., RN (RN00113434)                 | 08/30/18       | Conditions       | Alcohol and other substance abuse; violation of federal or state statutes, regulations or rules  |
| Rice, Brian T., RN applicant (RN60860428)          | 08/30/18       | Licensure denied | Criminal conviction; unable to practice safely by reason of psychological impairment or mental disorder  |
| Ludwig, Melanie J., RN (RN60481439)                | 08/31/18       | Suspension       | License disciplinary action taken by a federal, state or local licensing authority   |
| Crawford, Brett L., RN (RN60651585)                | 08/31/18       | Suspension       | License disciplinary action taken by a federal, state or local licensing authority   |
| Deeter Larsen, Kellie D., LPN (LP00054437)         | 09/11/18       | Suspension       | Violation of federal or state statutes, regulations or rules   |
| Crawford, Ashley R., LPN (LP60851639)              | 09/17/18       | Conditions       | Failure to meet initial requirements of a license; license suspension by a federal, state or local licensing authority   |
| Thompson, Jill S., RN (RN60864873)                 | 09/26/18       | Conditions       | Failure to meet initial requirements of a license  |
| Antovich Skeel, Autumn M., RN (RN00125048)         | 09/27/18       | Suspension       | Diversion of controlled substance; violation of federal or state statutes, regulations or rules  |
| Strickland, Anna C., RN (RN60405937)               | 09/27/18       | Suspension       | Violation of federal or state statutes, regulations or rules   |
| Doyle, Margaret L., LPN (LP60447600)               | 09/28/18       | Suspension       | Alcohol and other substance abuse; violation of federal or state statutes, regulations or rules  |
| Frederickson, Danete J., LPN (LP00051448)          | 10/05/18       | Suspension       | Diversion of controlled substance; violation of federal or state statutes, regulations or rules  |
| Schwab, Crystal L., RN (RN60249039)                | 10/05/18       | Suspension       | Diversion of controlled substance; fraud - unspecified; violation of federal or state statutes, regulations or rules   |
| Mwangi, Moses K., RN (RN60359631)                  | 10/05/18       | Suspension       | Alcohol and other substance abuse; failure to cooperate with the disciplining authority; violation of federal or state statutes, regulations or rules                      |
| Speaks, Janie T., LPN (LP00034148)                 | 10/11/18       | Suspension       | Alcohol and other substance abuse; failure to cooperate with the disciplining authority; violation of federal or state statutes, regulations or rules                      |
| Larson, Michael J., RN (RN60845949)                | 10/18/18       | Conditions       | Criminal conviction; failure to meet initial requirements of a license   |
| Roedel, Renae L., RN applicant (RN60704543)        | 10/24/18       | Licensure denied | Failure to meet initial requirements of a license; unable to practice safely by reason of physical illness or impairment   |
| Hartman, Gary C., RN (RN00130998)                  | 10/30/18       | Suspension       | Unprofessional conduct   |





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