



Nursing Care Quality Assurance Commission (NCQAC)

Meeting Agenda

September 8, 2022

8:30 AM- 3:00 PM

[Spokane Convention Center in room 302AB](#)

located at [322 N Spokane Falls Ct, Spokane, WA 99201](#)

[Click here for Zoom registration](#)

Masks are Required for in person attendees

Commission Members:

Yvonne Strader, RN, BSN, BSPA, MHA, Chair
Helen Myrick, Public Member, Vice-Chair
Adam Canary, LPN, Secretary/Treasurer
Jonathan Alvarado ARNP, CRNA
Quiana Childress, GCertHealthSc, BS, LPN
Ella B. Guilford, MSN, M.Ed., BSN, RN
Joan Madayag, LPN
Judy Loveland-Morris, Public Member
Dawn Morrell, RN, BSN, CCRN
MaiKia Moua, RN, BSN, MPH
Sharon Ness, RN
Emerisse Shen, RN, ARNP
Kimberly Tucker PhD, RN, CNE

Assistant Attorney General:

Sierra McWilliams, Assistant Attorney General

Staff:

Paula R. Meyer, MSN, RN, FRE, Executive Director
Chris Archuleta, Director, Operations
Gerianne Babbo, Ed.D, MN, RN, Director, Education
Shad Bell, Assistant Director, Operations
Amber Bielaski, MPH, Assistant Director, Licensing
Debbie Carlson, MSN, RN, CPM, Director, Practice
Mary Sue Gorski, PhD, RN, Director, Advanced Practice,
Research and Policy
Karl Hoehn, JD, FRE, Assistant Director, Discipline – Legal
Grant Hulteen, Assistant Director, Discipline – Investigations and
WHPS
Bethany Mauden, Administrative Assistant
Kathy Moisia, PhD, RN, Director, Nursing Assistant Programs
Catherine Woodard, Director, Discipline and WHPS

If you have questions regarding the agenda, please call the Nursing Care Quality Assurance Commission (NCQAC) office at 360-236-4713. Agenda items may be presented in a different order. If you wish to attend the meeting for a single item, contact our office at the number listed above and request a specific time scheduled for that item. If you have limited English language expertise call 360-236-4713 before September 1, 2022.

This meeting is accessible to persons with disabilities. Special aids and services can be made available upon advance request. Advance request for special aids and services must be made no later than September 1, 2022. If you need assistance with special needs and services, please leave a message with your request at 1-800-525-0127 or, if calling from outside Washington State, call 360-236-4052. TDD may also be accessed by calling the TDD relay service at 711. If you need assistance due to a speech disability, Speech-to-Speech provides human voicers for people with difficulty being understood. The Washington State Speech to Speech toll free access number is 1-877-833-6341.

This meeting will be digitally recorded to assist in the production of accurate minutes. All recordings are public record. The minutes of this meeting will be posted on our website after they have been approved at the November 18, 2022, NCQAC meeting. For a copy of the actual recording, please contact the Public Disclosure Records Center (PDRC) at PDRC@doh.wa.gov.

If attending remotely, please mute your connection to minimize background noise during the meeting.
Smoking and vaping are prohibited at this meeting.

I. 8:30 AM Opening – Yvonne Strader, Chair – DISCUSSION/ACTION

II. Call to Order

A. Introductions

B. Order of the Agenda

C. Land Acknowledgement – Dawn Morrell

D. Announcements

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

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

A. Approval of Minutes

1. NCQAC Business Meeting
 - a. July 7, 2022
 - b. July 8, 2022
2. Advanced Practice Subcommittee
 - a. May 18, 2022
 - b. June 2022 – Cancelled
 - c. July 2022 – Cancelled
3. Discipline Subcommittee
 - a. June 21, 2022
4. Consistent Standards of Practice Subcommittee
 - a. June 3, 2022

III. Consent Agenda – DISCUSSION/ACTION, continued

5. Licensing Subcommittee
 - a. June 21, 2022
 - b. July 2022 – No Meeting
6. Research Subcommittee
 - a. June 21, 2022
 - b. August 2022 – Cancelled
7. Education Subcommittee
 - a. July 25, 2022

B. Letter from NCSBN President Jay Douglas

C. Performance Measures

1. Investigations
2. Legal
3. Washington Health Professional Services (WHPS)
4. Nursing Assistant Program Approval Panel (NAPAP)
5. Nursing Program Approval Panel (NPAP)

D. Licensing Report to the Governor’s Office

E. Washington Center for Nursing/NCQAC monthly meetings

1. July 26, 2022

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

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

A. Nursing Program Approval Panel (NPAP)

1. July 13, 2022
2. July 21, 2022
3. August 4, 2022
4. August 11, 2022

B. Nursing Assistant Program Approval Panel (NAPAP)

1. July 11, 2022
2. August 8, 2022

C. Advanced Practice Panel Report

1. June 22, 2022

V. 9:00 AM – 9:45 AM Chair Report – Yvonne Strader – DISCUSSION/ACTION

A. Search Committee

B. Next NCQAC meetings: November 18, January 13

C. Joint Operating Agreement

D. NCQAC Annual Survey

E. Research Subcommittee members

F. Executive Director Leave Approval Procedure J 22.01

- VI. 9:45 AM – 10:30 AM Executive Director Report – Paula Meyer – DISCUSSION/ACTION**
- A. Budget Report – Adam Canary, Chris Archuleta**
 - B. Strategic Plan Update**
 - C. Rules Update – Shad Bell**
 - D. HELMS Update**
 - E. NCSBN Finance Committee – Chris Archuleta appointed**
 - F. Department of Health Patient Safety Improvement Task Force**

10:30 AM – 10:45 AM Break

- VII. 10:45 AM – 11:45 AM Subcommittee Report – DISCUSSION/ACTION**
- A. Advanced Practice – Jonathan Alvarado, Chair**
 - 1. None
 - B. Consistent Standards of Practice – Sharon Ness, Chair**
 - 1. Mentor-New Member
 - C. Discipline – Adam Canary, Chair**
 - 1. Updated personal data questions (PDQs) for nursing applicants
 - 2. NCSBN Guiding Nursing Regulation Philosophy and Disciplinary Decision Pathway for consideration when analyzing cases.
 - D. Licensing – Dawn Morrell, Chair**
 - 1. None
 - E. Research – Sharon Ness, Chair**
 - 1. Simulation Survey Results – Katie Haerling
 - F. Education – Kimberly Tucker, Chair**
 - 1. None

11:45 AM – 1:00 PM Lunch

VIII. 1:00 PM – 1:15 PM Public Comment

This time allows for members of the public to present comments to the NCQAC. If the public has issues regarding disciplinary cases, please call 360-236-4713.

- IX. 1:15 PM – 1:45 PM Education – Dr. Gerianne Babbo, Dr. Kathy Moisio - DISCUSSION/ACTION**
- A. Nursing Education Program Updates**
 - 1. Nursing Education Program 2020-2021 Annual School Report
 - 2. Nursing Education Updates
 - a. Clinical Placements
 - 1. Specialty Clinical Placement Survey June 2022
 - 2. Clinical Placements fall 2022
 - 3. Clinical Placement Summit Outcomes
 - b. Faculty shortages
 - c. Nursing program enrollments
 - d. Deans/Directors
 - 3. Preceptorship Grant Update

IX. 1:15 PM – 1:45 PM Education Report Continued

4. Education Subcommittee Oct 3, 2022
 - a. Simulation
 - b. NCLEX passing rates

1:45 PM – 2:00 PM BREAK

A. 2:00 PM-2:30 PM Nursing Assistant Updates

1. New Curriculum Roll-Out
2. Mass Examination Plan
3. Rules Work

X. 2:30 PM – 3:00 PM Out of State Travel Reports

A. NCSBN Annual Meeting, August 17-19, Chicago IL

Gerianne Babbo, Sarah Bear, Erin Bush, Adam Canary, Ella Guilford, Lori Underwood, Grant Hulteen, Paula Meyer, Dawn Morrell, MaiKia Moua, Sharon Ness

XI. 3:00 Closing. Meeting will be continued on September 9, 8:30 am.



**Nursing Care Quality Assurance Commission (NCQAC)
Workshop Meeting Minutes
July 7, 2022
8:00 AM- 5:00 PM**

Commission Members:

Laurie Soine PhD, ARNP, Chair
Yvonne Strader, RN, BSN, BSPA, MHA, Chair
Tiffany Randich, LPN, Vice-Chair
Helen Myrick, Public Member, Vice-Chair
Adam Canary, LPN, Secretary/Treasurer
Ella B. Guilford, MSN, M.Ed., BSN, RN
Dawn Morrell, RN, BSN, CCRN
MaiKia Moua, RN, BSN, MPH
Sharon Ness, RN
Kimberly Tucker PhD, RN, CNE
Judy Loveless-Morris, Public Member

Excused:

Jonathan Alvarado ARNP, CRNA
Quiana Childress, GCertHealthSc, BS, LPN
Mabel Ezeonwu PhD, RN
Emerisse Shen, ARNP
Joan Madayag, LPN

Assistant Attorney General:

Sierra McWilliams, Assistant Attorney General

Staff:

Paula R. Meyer, MSN, RN, FRE, Executive Director
Chris Archuleta, Director, Operations
Gerianne Babbo, Ed.D, MN, RN, Director, Education
Shad Bell, Assistant Director, Operations
Amber Bielaski, MPH, Assistant Director, Licensing
Debbie Carlson, MSN, RN, CPM, Director, Practice
Mary Sue Gorski, PhD, RN, Director, Advanced Practice,
Research and Policy
Karl Hoehn, JD, FRE, Assistant Director, Discipline – Legal
Grant Hulteen, Assistant Director, Discipline – Investigations and
WHPS
Bethany Mauden, Administrative Assistant
Kathy Moisio, PhD, RN, Director, Nursing Assistant Programs
Catherine Woodard, Director, Discipline and WHPS

I. Opening – Laurie Soine, Chair – DISCUSSION/ACTION

II. Call to Order

A. Introductions – Kaitlyn Ward, NCSBN

B. Order of the Agenda

III. NCQAC’s Vision - DISCUSSION

The NCQAC worked with facilitator, Katherine Boyd, to begin to vision the near future of their work. Ms. Meyer, the executive director, is retiring in the next year. The NCQAC discussed characteristics of a new executive director to assist the search committee in its work to find candidates for the position.

IV. Strategic Plan – DISCUSSION

Recommendation to continue the current strategic initiatives and do not recommend new ones.

A. Academic Progression – LPN

Background and purpose: Decline in number of LPN Graduates. Scope of Practice questions. Increasing diversity and inclusion in nursing workforce. Begin discussion of LPN education and practice.

A survey generated questions:

- What is the most helpful data to address identified issues?
- What factors negatively or positively affect program outcomes?
- How do academic progression pathways affect LPN workforce?

WA LPN Program Specifics

Total graduates by selected academic year;

2016.2017 (264)

2019.2020 (214)

2020.2021 (240)

Eight of nine schools are in Western Washington, two rural, two suburban, and the remaining urban.

two programs provide associate degrees and the remaining provide a certificate

Wide variability of prerequisite credits required

(Nursing Commission Annual Reports 2016-2021)

B. Nursing Assistants

Goal: Streamline nursing assistant training and testing processes, expand capacity through use of technology, and support progression into nursing.

The new curriculum is expected to be ready by the end of July. The curriculum is by unit and has video instruction.

C. Washington Health Professional Services (WHPS)

Goal: Increase the number of nurses enrolled in the Washington Health Professional Services (WHPS) program voluntarily and in lieu of discipline by 25% every two years through education, early identification, referral to treatment, and advocacy.

NCQAC and WHPS staff do this by promoting the just culture model and employment retention.

Baseline from 2019: 300 nurses Projected 2021: 375 nurses Projected 2023: 469 nurses Projected 2025: 587 nurses

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

Current participants ~ 280

WHPS will be doing a BON Cast and exploring posters.

Concerns – collection sites issues, and closures. Getting appointments is difficult.

D. Communications

NCQAC Communications has identified three overarching goals, and the objectives listed below directly support these goals. Objectives will be met through specific tasks outlined in our separate workplan. Year One of the biennium will be spent doing the work to achieve these goals, and year two will be spent evaluating our success/progress, as well as finalizing any work that supports the goals. Evaluation methods will be determined for each objective prior to Year Two.

Goals:

- Provide exceptional communications internally and externally.
- Develop and implement a strong and meaningful identity for NCQAC, to include mission, vision statement, and logo.
- Ensure accessibility and inclusivity in all aspects of communication with the public and our stakeholders.

Research goals – using Anthro-Tech to evaluate the NCQAC website and usability testing.

New website is in development. Style guides are currently under development along with publication standards.

V. Burning Issues – DISCUSSION

The NCQAC discussed current issues in nursing and their regulatory impact.

Issues:

- Increasing numbers in nursing school. How could we help? – Critical gap groups, Nursing Program Approval Panel, Holistic admissions policy (beyond GPA).
- Just Culture – Acute care and Long Term Care.
- NCLEX – how many times can a candidate take the NCLEX in WA (unlimited), most states it is times. This may be an issue for the licensing committee. Accommodations are available.
- Safe Harbor
- Nurses with home businesses (etc. Botox)
- University partners – faculty salaries (inequity to salary bump), issues with simulation ratios and clinical placement issues.

VI. Subcommittees work and roles – Sierra McWilliams – DISCUSSION

The subcommittees of the NCQAC gather and analyze information and present recommendations to the full NCQAC for action. The subcommittees do not have decision making authority and therefore act on consensus to achieve the recommendations. Ms. McWilliams presented the roles of the subcommittees, their limits and how they work to bring recommendations to the NCQAC.

VII. Operational Updates – DISCUSSION

A. Laptops

The NCQAC issues laptop computers to all NCQAC members and pro tem members who work on disciplinary cases. Mr. Archuleta updated the members on necessary actions to keep their lap top computers current with security and access.

B. Emails

C. Board Pay

D. TEMS & Travel

VIII. Closing

IX. NCQAC and Pro Tem member recognition

At the end of each fiscal year, the NCQAC recognizes members completing their second term and pro tem members completing their fourth term. For the past two years, these members received their service awards, but members were not able to attend the meetings in person. The NCQAC and pro tem members who were not able to receive their service awards in person for 2020 and 2021 were invited to dinner with the current NCQAC and pro tem members.

X. Rules Workshop for Temporary Practice Permits – Dawn Morrell, Amber Zawislak – DISCUSSION

The current Temporary Practice Permit rules are antiquated. The Licensing subcommittee lead discussion on the current rules, current practices, and potential changes. The impacts of those proposals on hiring nurses must be discussed.



**Nursing Care Quality Assurance Commission (NCQAC)
Meeting Minutes
July 8, 2022
8:00 AM- 5:00 PM**

Commission Members:

Laurie Soine PhD, ARNP, Exiting Chair
Tiffany Randich, RN, LPN, Exiting Vice-Chair
Adam Canary, LPN, Secretary/Treasurer
Yvonne Strader, RN, BSN, BSPA, MHA, Rising Chair
Helen Myrick, Public Member, Rising Vice-Chair
Jonathan Alvarado ARNP, CRNA
Ella B. Guilford, MSN, M.Ed., BSN, RN
Dawn Morrell, RN, BSN, CCRN
MaiKia Moua, RN, BSN, MPH
Sharon Ness, RN
Kimberly Tucker PhD, RN, CNE

Excused

Quiana Childress, GCertHealthSc, BS, LPN
Mabel Ezeonwu PhD, RN
Judy Loveless-Morris – Public Member
Emerisse Shen, ARNP
Joan Madayag, LPN

Assistant Attorney General:

Sierra McWilliams, Assistant Attorney General

Staff:

Paula R. Meyer, MSN, RN, FRE, Executive Director
Chris Archuleta, Director, Operations
Gerianne Babbo, Ed.D, MN, RN, Director, Education
Shad Bell, Assistant Director, Operations
Amber Bielaski, MPH, Assistant Director, Licensing
Debbie Carlson, MSN, RN, CPM, Director, Practice
Mary Sue Gorski, PhD, RN, Director, Advanced Practice,
Research and Policy
Karl Hoehn, JD, FRE, Assistant Director, Discipline –
Legal
Grant Hulteen, Assistant Director, Discipline –
Investigations and WHPS
Bethany Mauden, Administrative Assistant
Kathy Moisio, PhD, RN, Director, Nursing Assistant
Programs
Catherine Woodard, Director, Discipline and WHPS

I. 8:00 AM Opening – Laurie Soine, Chair – DISCUSSION/ACTION

II. Call to Order

A. Introductions

B. New officers take their seats

1. Yvonne Strader, Chair
2. Helen Myrick, Vice Chair
3. Adam Canary, Secretary/Treasurer

C. Order of the Agenda

D. Land Acknowledgement – Sharon Ness

E. Announcements

Ms. Meyer announced the resignation of Dr. Ezeonwu from NCQAC effective July 31, 2022.

III. Consent Agenda – DISCUSSION/ACTION

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

ACTION: Ms Ness motioned to approve the consent agenda. The motion was seconded by Ms. Guilford. The motion passed.

A. Approval of Minutes

1. NCQAC Business Meeting –
 - a. May 13, 2022
2. Advanced Practice Subcommittee –
 - a. April 20, 2022
3. Discipline Subcommittee – February 15, 2022
4. Consistent Standards of Practice Subcommittee – April 1, 2022
5. Licensing Subcommittee –
 - a. April 19, 2022
 - b. No May Meeting
6. Research Subcommittee –
 - a. April 18, 2022
 - b. May 16, 2022

B. Performance Measures

1. Investigations
2. Legal
3. Washington Health Professional Services (WHPS)
4. Nursing Program Approval Panel (NPAP)
5. Nursing Assistant Program Approval Panel (NAPAP)
6. Weekly Licensing Report to Gov

C. Washington Center for Nursing/NCQAC monthly meetings

1. April 2022
2. June 2022

D. Out of state travel reports

1. NCSBN IT conference, May 5-6, St. Petersburg FL; Adam Canary, Chris Archuleta, Shad Bell
2. National Organization of Alternative Programs (NOAP), May 16-19, Albuquerque NM; John Furman, Grant Hulteen, Paula Meyer
3. NCSBN Discipline Case Management, May 23-25, Milwaukee WI; Catherine Woodard, Barbara Justice, Karl Hoehn

IV. NCQAC Panel Decisions – DISCUSSION

The NCQAC delegated the authority as provided by law for certain decisions to a panel of at least three members. A member of the NCQAC must chair panels. Pro Tem members of NCQAC may serve as panel members. The following decisions were provided for information and are available in the packet.

A. Nursing Program Approval Panel (NPAP)

1. May 5, 2022
2. May 19, 2022
3. June 2, 2022
4. June 16, 2022

B. Nursing Assistant Program Approval Panel (NAPAP)

1. May 9, 2022
2. June 13, 2022

V. Chair Report – Yvonne Strader – DISCUSSION/ACTION

A. Search Committee

Ms. Strader reported the NCQAC delegated to the executive director search committee to complete the search and recommend decisions to the full NCQAC. Co-chairs of the search committee are Ms. Strader and Mr. Archuleta. Members are Helen Myrick, Adam Canary, Gerianne Babbo, Catherine Woodard and Amber Zawislak. During the workshop, the NCQAC members and protems reviewed and provided input on the position description.

B. Joint Operating Agreement (JOA)

Ms. Strader reported the JOA was revised and Ms. Meyer reported that the JOA draft was sent to the Secretary of Health, Dr. Umar Shah, to begin negotiations.

C. Letter from Bob Ferguson, Attorney General

Mr. Ferguson sent a letter to the NCQAC requesting information on the Supreme Court decision to overturn Roe v Wade. The letter requested the NCQAC to give information to nurses, especially nurse practitioners, on the current Washington State laws. A Frequently Asked Questions document was developed with the WA Medical Commission, the Board of Osteopathic Surgeons and the Pharmacy Commission.

D. Committee chairs and members

Helen Myrick, as the vice chair, will chair the legislative panel. Dawn Morrell will become the chair of the Substance Use Disorder Review Panel. Ms. Strader appointed

- Judy Loveless-Morris to the Discipline Subcommittee
- Joan Madayag to the Legislative Panel
- Emerisse Shen to the Advanced Practice Subcommittee and the Case Management Panel
- MaiKia Moua to the Licensing Subcommittee

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

A. State Auditor Office, Prescription Monitoring Program report

Ms. Meyer explained the purpose of the legislated audit of the Prescription Monitoring Program to determine if there are ways to improve actions. The report is due to be completed in early fall and may be presented at the November meeting.

B. Rules Update – Shad Bell

Ms. King gave a rules update. There are several rules are in process. There are interested parties' meetings upcoming on the rules changes.

C. HELMS Update

Ms. Meyer discussed HELMS. With the recent change in a subcontractor, the project is back on time, and on budget. Demographic data is required from nurses as they apply and renew licensure.

D. National Council of State Boards of Nursing Annual Meeting, August 17-19, Board of Directors recommendations

Ms. Meyer discussed the NCSBN board recommendations and candidates for elections. Ms. Morrell and Ms. Meyer are the delegates for the annual meeting. Several NCQAC members and staff are attending the meeting in Chicago.

E. Electronic Signatures

New board members will receive an email for approval to use their electronic signatures. Continuing NCQAC members will receive a request to continue using the esignatures.

VII. Subcommittee Reports – DISCUSSION/ACTION

A. Advanced Practice – Jonathan Alvarado, Chair

Mr. Alvarado gave a report on the Advanced Practice Subcommittee. The subcommittee offered two rules workshops, one on opioids and the other on housekeeping recent changes. Mr. Alvarado thanked Dr. Gorski for her assistance with the workshops.

B. Consistent Standards of Practice – Sharon Ness, Chair

No report

C. Discipline – Adam Canary, Chair

1. WRAMP transition – WRAMP is the substance monitoring program for professions other than nursing, doctors and pharmacists. The WRAMP program staff will transition to work with the WHPS staff. WRAMP staff will continue to serve the programs currently served. This transition allows for additional support and will coexist within WHPS. Ms. Woodard and Mr. Hulteen will communicate with the program managers for the professions and provide them with annual reports.
2. Remote testing in WHPS – GenoTech is a new company that uses DNA identifiers in urine to match the sample with the person being monitored. The person being monitored voluntarily chooses to use this method to submit body fluid samples. The person being monitored provides a cheek swab to the company. The company provides all the testing materials and mailing pouches. The person then sends the sample(s) back using FedEx to remove barrier for testing. There is an observational process to prevent issues. Once the program is complete all identifying information is destroyed. WHPS participants are very happy about this option since it provides them with a way to conveniently provide their body fluid tests. There are times when participants have not been able to test due to distances from a lab and hours of operation of the lab. With this test, the participant can travel and continue to provide the sample to a FedEx center or drop box.
3. SUDRP launched July 1st – Ms. Morrell will serve as the chair. The target date identified in the strategic plan has been met.

D. Licensing – Dawn Morrell, Chair

1. Paperless Process and Requirement for Demographic Data when HELMS is Implemented
ACTION: It was moved by Dawn Morrell, with a second by the licensing subcommittee, to require the electronic submission of applications and renewals for all registered nurses, licensed practical nurses, advanced registered nurse practitioners, and nursing technicians when HELMS is implemented and fully functional. The motion carried.
ACTION: It was moved by Dawn Morrell, with a second by the licensing subcommittee, to require all nursing applicants and licensees electronically submit the required demographic data in accordance with WAC 246-840-015. The motion carried.
2. Michigan English Test Recommendation – The licensing subcommittee recommends adding the Michigan English Test to the tests of English comprehension required for licensure for internationally educated nurses. The passing score is 55 on speaking and overall.
ACTION: It was Moved by Dawn Morrell, with a second by the licensing subcommittee, to adopt the Michigan English Test as an approved English proficiency exam to meet Licensing requirements. The motion carried.

E. Research – Sharon Ness, Chair

No report.

F. Education – Kimberly Tucker, Chair – Meets quarterly, no meeting held.

No report.

VIII. Education – Dr. Gerianne Babbo, Dr. Kathy Moio - DISCUSSION/ACTION

A. Education Report – Dr. Gerianne Babbo, Dr. Mary Sue Gorski

1. Clinical Placement Summit – July 29 at 8:00 am to 12:00

a. Industry partners, education, and interested parties will attend.

2. Preceptorship Grant Update – the new staff have been hired to administrate the grant and develop infrastructure. The new staff begin on August 1.

3. 2020-2021 Education Report Annual Survey –

In WA State, there are nursing education programs at 12 universities; 29 community and technical colleges (CTC); Eight of the AD-RN programs offer a pathway from LPN to AD. There are 94 out of state schools that completed the out-of-state survey for clinical placement; 242 approved tracks (49 prelicensure and 193 post-licensure); Total approved tracks :528.

Analysis/Recommendations

- Diversity/Inclusion
- Faculty Recruitment and Retention
- Academic Proression
- Workforce Data

B. Nursing Assistant Updates

1. Training - the common curriculum will be complete and ready to use this fall as reported on July 7.

2. Testing – **Issue:** Due to an ongoing backlog resulting from the COVID-19 pandemic, most nursing assistants in Washington, while trained are still unable to complete the certification examination and become certified within 120 days as required in federal statute.

Washington has taken and continues to take proactive steps to facilitate timely certification examinations for all nursing assistants; however, it is clear that our state will not succeed in achieving this goal unless the end of the federal CMS waiver is extended beyond June 5, 2022.

With the staffing crisis in nursing homes, losing any nursing assistants from the workforce poses serious risks to the health and safety of Washington’s nursing home residents.

Conclusion

Improvement in Washington’s capacity to implement the certification examination for nursing assistants has been slow; and, currently, Washington is functioning at about 80% of its prepandemic capacity. While this is progress,

it still means only 80% of current nursing assistant graduates can take the certification examination timely.

The Washington State Department of Social and Health Services and the Washington State Department of Health submitted a joint letter to CMS to request a state level extension of the 1135 federal waiver for 42 CFR §483.35(d) to allow more time for Nursing Assistants-Registered (NA-Rs) to work in skilled nursing facilities while they complete their Nursing Assistant-Certified (NA-C) credential.

IX. Education Session

VLBSN Nursing Program Update (Veterans, LPN to BSN)– Dr. Alicia Nye, Olympic College

Dr. Nye provided information on the VLBSN program, progress of the first class admitted to the VLBSN program, and future plans.

X. Public Comment

Public comment is for public presentation of issues to the NCQAC.

Public comment from Ms. Ross – Providence healthcare worker in Spokane, COVID vaccine requirements for nurses and religious beliefs concerns. Asked the education subcommittee to make exceptions to the Governor’s mandate.

XI. Budget Report – Miceal Carnahan and Pam Ranes; Adam Canary, Chris Archuleta – DISCUSSION/ACTION

Ms. Carnahan and Ms. Ranes presented on the allotment for the coming year and actions needed. Mr. Archuleta presented on actions that may be needed by the NCQAC.

Mr. Canary and Mr. Archuleta presented on the monthly budget and expenditures.

This report covered the period of July 1, 2021, through May 31, 2022, eleven months into the biennium, with thirteen months remaining. The NCQAC budget is underspent by 7% and the current revenue balance is \$5.8M.

REVENUES:

The recommended revenue balance or “reserve” should be 12.5% of biennial budgeted allotments, or approximately \$4.3 million. NCQAC continues to operate above the recommended reserve balance and May revenues continue the trend of exceeding licensing projections. As a result, revenues currently outpace projections by approximately 8%, or just over \$1M. This is due in part to the continued high volume of endorsement applications and volunteer nurses applying for licensure to remain in Washington after the emergency.

BUDGET/ALLOTMENTS:

The agency posted all indirect charges; therefore, this report contains actuals, and no estimates required. The allotment adjustments discussed in the previous segment and the allotments granted in the 2022 supplemental budget have been uploaded and are reflected in this report. For the most part expenses continue to follow recent trends.

FISCAL OUTLOOK:

The combination of revenues exceeding projections and underspending the budget resulted in a gain of more than \$1.5 M to our revenue balance to date. However, there are several upcoming key expenditures impacting the revenue balance. NCQAC still owes \$5.4M for HELMS to be withdrawn in the 21-23 biennium. The approval of the licensing and LTC decision packages grants the additional spending authority, however, it does not include the funding (dollars) needed to support the work. As a result, we anticipate the reserve balance dropping below recommended levels in FY23. In response, NCQAC requested the secretary open a CR-101 to increase fees. At the April special meeting, the NCQAC approved recommending fee increases to the secretary. The secretary held the rules hearing in June. The CR-103 was submitted and new fees are on track to be implemented on November 1, 2022 (See the meeting packet page 170).

Mr. Archuleta discussed the preceptor grant funding allotment technical correction decision package.

Decision packages are sent to the Governor's office for consideration for the next legislative session. In the 2022 supplemental budget the NCQAC was directed to create and implement a nurse preceptor grant program. NCQAC was appropriated \$3M in FY22, \$3M in FY23, and ongoing of General Fund State to accomplish this directive. Due to the short time frame between the approval of the supplemental budget and the end of the fiscal year, the appropriation for FY22 was not able to be spent. The NCQAC will draft a technical correction decision package to request the money appropriated in FY22 be reappropriated in FY23. The total amount appropriated in FY23 will be \$6M. The final package will be presented at the September 9 meeting.

ACTION: Mr. Canary moved to adopt the concept description for the nurse preceptor grant program technical correction decision package to request the \$3M appropriated in FY22 be reappropriated in FY23. The motion was seconded by Mr. Alvarado. The motion passed

When the NCQAC received the control numbers to begin preparing the 2021-2023 biennial budget, an error in the methodology used by DOH to allocate the health professions account occurred. Resulting in the NCQAC being over allotted by approximately \$1M. Decisions regarding decision packages and strategic

planning were based on these incorrect allotments. The error was not noticed until 9 months into the biennium, resulting in a scramble to reevaluate decisions made. To accomplish NCQAC strategic goals and outcomes, requesting additional allotment to offset the allotment error is recommended. The final package will be presented at the September 9 meeting.

ACTION: Mr. Canary moved to adopt the concept description for the decision package to request additional allotment to offset the allotment error encountered in FY22. The motion was seconded by Dr. Tucker. The motion passed

Mr. Archuleta discussed the proposed fee increase.

The Department of Health (department) in consultation with the NCQAC considered fee changes for registered nurses, licensed practical nurses, advanced registered nurse practitioners, and nursing technicians.

RCW 43.70.280 requires the Secretary of the Department of Health (secretary), in consultation with NCQAC to establish by rule the administrative procedures, administrative requirements, and fees for initial issue, renewal, and reissue of a credential for professions under RCW 18.130.040, including procedures and requirements for late renewals and uniform application of late renewal penalties. "In consultation with" means providing an opportunity for meaningful participation in development of rules consistent with processes set forth in RCW 34.05.310.

RCW 43.70.250 requires that the costs of licensing each profession be fully borne by members of that profession.

Interested parties meetings to receive input from the public were held December 2nd, 8th and 10th, 2021 and March 21st and March 23rd, 2022 regarding the proposed fee increase.

Due to the unanticipated revenue from record volume of applications, the recommendation from the March 28 meeting is modified to reduce the RN fee increase from \$25 to \$15.

ACTION: Mr. Canary moved to support the NCQAC recommendation to the Secretary of the Department of Health for nursing fee increases as follows:

Profession	Application Fee	Renewal Fee
Advanced Registered Nurse Practitioner	\$130	\$130
Licensed Practical Nurse	\$69	\$69
Registered Nurse	\$114	\$114
Nursing Technician	No Increase	No Increase

The motion was seconded by Ms. Guilford. The motion carried. Implementation to take place December 1.

XII. Washington Center for Nursing – Sofia Aragon – DISCUSSION/ACTION

Ms. Aragon provided an update on the Center’s work on contract deliverables.
Ms. Aragon also reported on the Critical Gap Groups and their strategic plans.

XIII. Meeting Evaluation

XIV. Closing

DRAFT



**Nursing Care Quality Assurance Commission (NCQAC)
Advanced Practice Subcommittee Meeting Minutes
May 18, 2022 7:00 p.m. to 8:00 p.m.**

Committee Members: Jonathan Alvarado, ARNP, CRNA, Chair
Laurie Soine, PhD, ARNP
Kathleen Errico, PhD, ARNP, Pro Tem
Megan Kilpatrick, MSN, ARNP-CNS, AOCNS
Shannon Fitzgerald, MSN, ARNP

Absent: Joanna Starratt, MSN, ARNP, CRNA
Bianca Reis, DNP, MBA, ARNP, PMHNP-BC
Deb Smith DNP, ARNP, FNP-BC
Lindsey Frank, CD, OB-RNC, ARNP, CNM

Staff: Mary Sue Gorski, PhD, RN, Director, Advanced Practice and Research
Jessilyn Dagum, Research Assistant

**I. 7:00 PM Opening – Jonathan Alvarado, Chair
Call to order**

- Introduction
- Public Disclosure Statement
- Roll Call
 - Jonathan called the meeting to order at 7:00 PM. The Advanced Practice subcommittee members and staff were introduced. The Public Disclosure Statement was read aloud for the meeting attendees.

II. Standing Agenda Items

- Announcements/Hot Topic/NCQAC Business Meeting Updates
 - Jessilyn presented a brief update on the rules the subcommittee has been involved with.
 - Mary Sue gave a brief update from the May 13, 2022 commission meeting. The commission received input on the Advanced Practice prescriptive authority revisions that were proposed at the commission meeting. Considering the comments received, the commission decided to withdraw the proposed revisions regarding prescriptive authority for further exploration.
 - Kathy reminded the subcommittee of Louise Kaplan’s suggestion to pilot the prescriptive authority revisions to recent graduates and nursing students.
- Review of Advanced Practice Draft Minutes: April 20, 2022
 - Reviewed with consensus to bring to the July commission meeting for approval.

III. Old Business

- None

IV. **New Business**

- NCAO 12.00 Medical Acupuncture
 - At the May 13, 2022 commission meeting, the commission moved to open NCAO 12.00 Medical Acupuncture to update and modernize the document with current language. Mary Sue went over the process of opening and updating a nursing commission advisory opinion, beginning with staff researching the topic of the advisory opinion.

V. **Ending Items**

- Public Comment
 - *Leslie Emerick* – Inquired about the ARNP scope of practice rules work and if medical acupuncture would be included in the rules.
 - It is the commission's decision to not include specific topics or procedures, such as medical acupuncture, in nursing scope of practice rules due to the ever-evolving practice environment of nurses and the timely process it takes for specific rule changes, but rather issue specific Advisory Opinions on these topics to provide guidance and clarification.
- Review of Actions
- Meeting Evaluation – All
- Date of Next Meeting – June 15, 2022
- Adjournment – 7:58 PM



Nursing Care Quality Assurance Commission (NCQAC)
Discipline Sub-committee Minutes
June 21, 2022 3:30 pm to 5:30 pm

Join the Meeting
from your computer, tablet or smartphone

You can also dial in using your phone
United States: +1 564-999-2000
Conference ID: 478 294 276#

Committee Members:

Adam Canary, LPN, Chair
Sharon Ness, RN
Tiffany Randich, RN, LPN member
Tracy Rude, LPN pro-tem ad hoc
Dawn Morrell, RN, BSN, CCRN
Quiana Childress, GCertHealthSc, BS, LPN *absent*

Staff:

Catherine Woodard, Director, Discipline and WHPS
Karl Hoehn, Assistant Director, Discipline - Legal *came late after HELMS*
Grant Hulteen, Assistant Director, Discipline – Investigations and WHPS
John Furman, PhD, MSN, COHN-S, WHPS Liaison *absent*
Helen Budde, Case Manager
Teresa Corrado, LPN, Assistant Director, Discipline – Case Management/HELMS *absent*
Barb Elsner, HSC
Margaret Holm, JD, RN ad hoc
Amy Sharer, PIO

I. 3:30 pm opening – Adam

- Call to order – digital recording announcement
- Started the meeting at 3:34 pm.
- Roll call
- Recorded on the first page.

II. February 15, 2022 Minutes– Adam

- In draft format until the commission approves at the July 2022 business meeting.
- No comments or corrections. Good minutes per Sharon.

III. Performance measure trends – Catherine

- Catherine went through the ten charts in the packet to observe the visual improvements in Investigations and Legal since the high caseloads from 2018/2019.
- New complaints are down in this past fiscal year, but we are trending in the percentage of complaints opened at CMT. Contributed to the Florida transcript cases to some degree.
- We are getting closer to the performance measures in Investigations (77% completed withing 170 days and no more than 23% cases opened beyond 170 days).
- Investigations has been completing more cases than CMT opens, which attributes to the total numbers of cases under 500. Kudos to investigators. Case assignments coming down as a result.
- Investigators holding steady except for one position, which we reallocated to Legal as a new paralegal. Another investigator transferred back to OILS and we hired a new person who is coming to us from California. She starts July 16th. We will have 11 investigators.
- ER cases holding steady.
- In the legal charts, ARNPs are separately recorded because they can be very complex.
- Legal staff: one attorney left for the AGO and we hired back an attorney from OILS who worked with us once before.
- Staff attorneys are hitting the mark with legal reviews.
- Most cases are finalized with a legal review only.
- Caseloads are fairly steady in Legal.
- Amazing growth in nurse licensure.
- Dawn: example of case closed with legal review? Catherine: no recommended action against the license. Attorneys complete a legal review on every case.

IV. NOAP conference review – Grant

- Grant hit the highlights of the conference. Albuquerque, New Mexico in May.
- Main topic was the new norm related to COVID. How SUD programs are handling the changes related to the pandemic.
- Kristien Waite- Labott: nurse (from Milwaukee) who discussed her journey into addiction and then through recovery. Discussed stigma, why nurses don't seek help, why colleagues don't report each other.
- MRO toxicology panel re: different tests, drug interactions, etc. Interesting information; invited Donna Smith to participate in SUDRP training.
- Panel to discuss issues everyone faces because of COVID. Testing is the biggest challenge.
- Good conference to send people to. Great networking.

V. Discipline Case Management conference review – Catherine

- Karl and Catherine attended with Investigator Barb Justice.
- Very popular conference with discipline staff. Highly recommend.
- The session on investigating SUD was disappointing only because we are already do everything we can possibly do; no new pearls of wisdom.
- Panel discussion the same as Grant reviewed at NOAP about challenges during COVID times.
- Session on trauma-informed interviewing. Scientifically more relevant and better way to interview than more traditional methods.
- Karl attended the session on discipline in a compact state.
- Safe harbor protections for nurses.
- Dr Karl Erik Fisher was the keynote speaker, talking about his research that led to his book, The Urge.
- Videos of presentation will be available on the NCSBN website.

VI. WHPS updates – Catherine, Grant

- WRAMP transition – provided background and anticipated timeline. WRAMP within HSQA will migrate to WHPS and be supported by WHPS but remain separate in terms of budget and caseload. WRAMP will transfer on July 16th. NCQAC and HSQA will use an MOU to define the business model, expectations, and responsibilities.
- Genotox testing program – educated at NOAP about this. Will be used as an alternative when nurses can't get to a facility. Nurses can purchase at-home test kits for \$100 each. The first test is observed by video and sent to Genotox to set a DNA baseline. Over 100 drug comparisons tested in each sample. The cost may be lower than several specialty tests. Genotox promises test results back within 72 hours; currently test results are taking one week to ten days. The drawback is that the test can be stored before mailing and the delay may not be detected within seven days. Genotox can detect that the sample has been stored for longer than seven days because of DNA breakdown. Tracy asked if the DNA sample is destroyed after the nurse graduates; the answer is yes. Grant said they're also considering another remote testing system, Proof. Also based on DNA samples, but there are some complications with using this that staff are working through. Technical issues related to facial recognition.
- Monitoring program Request for Proposal (RFP) – working on the RFP for the database monitoring program. The contract with Recovery Trek is up in October; it has run its five-year limit. It cannot be a sole source contract as there are at least three other competitors.
- NCSBN pilot – the commission approved our participation in this research pilot. The next meeting with NCSBN is in September. We will provide updates as we move forward.

VII. Work plan and strategic plan review – Adam, John, Grant

- SUDRP training, implementation – training complete, commission members invited to SUAT for familiarization. SUDRP will occur weekly on the same day and time. It goes live July 1st.
- Comments on the work plan besides the strategic plan. Behind on procedure review. They're coming!

- WHPS outreach (including posters, WHPS toolkit, blog). Description of electronic toolkit that will be available for all the categories of nurses and others who may turn to it as a resource.
- Dawn: brochure is very well done and wants to see it on the side of a bus. Or light rail. Can we get money from a grant to help with this? Would WSNA put our brochures up on their bulletin boards in all hospitals?
- Tracy: are the brochures also on the website? Yes.
- We have not done any work on the plan to consider inactivating a nurse's license when they're dealing with a catastrophic event. Remove from work plan? Has been tabled during the pandemic. Tracy hates to let it go; should we discuss with case managers? Dawn doesn't want to see it go, either. Grant says we have very few of these cases.
- No headway yet on scholarship funds from WSNA or others. John thinks this issue is on the back burner for associations since the pandemic.
- Add RFP process to work plan. Also add WRAMP to the work plan.

VIII. Public comment – Adam

- Limited to two minutes per speaker
- No one commented.

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

- Refers to the portion of the agenda during which members may make statements or offer observations about the character or work of the subcommittee without having any particular item of business before the meeting.
- Reminding subcommittee members to get payroll done.
- Is everyone still solid with every other month meetings? Everyone thinks so.

Adjourned at 4:50pm



**Nursing Care Quality Assurance Commission (NCQAC)
Consistent Standards of Practice Subcommittee Minutes
June 3, 2022 12:00 p.m. to 1:00 p.m.**

Subcommittee Sharon Rott Ness, RN, Commission Member, Chair
Members Present: Helen Myrick, Public Commission Member
Ella Guilford, MSN, MEd, BSN, RN, Commission Member
Tiffany Randich, RN, LPN, Commission Member
Robin Fleming, PhD, MN, BSN, BA, RN, Pro Tem

Subcommittee
Members Absent: Jamie Shirley, PhD, RN, Pro Tem

Staff Present: Deborah Carlson, MSN, BSEd, PMC, CPM, RN, Nursing Practice Director
Shana Johnny, DNP, MN, RN, Nursing Practice Consultant
Holly Palmer, Administrative Assistant

I. 12:00 PM Opening – Sharon Ness, Chair

- a) Call to Order
- b) Introduction – Ms. Ness
- c) Public Disclosure Statement – Ms. Ness
- d) Roll Call – Shana Johnny

II. Standing Agenda Items

- a) Announcements/Hot Topic/NCQAC Business Meeting Updates
 - i. Ms. Ness – Camp Nursing Advisory Opinion was approved on May 13, 2022, NCQAC Business meeting.
 - ii. Debbie Carlson – Update on Notifiable Conditions Workgroup – Ongoing workgroup, the role of the Commission is around communication; nothing to report currently.
 - iii. Ms. Johnny – Update on SB 5183 Forensic Nurse Examiner Training: Group is developing strategies and will provide those to the governor this month.
 - iv. Ms. Johnny – Update on ESSB 5229 Health Equity Rules Workshops: Draft Model rules completed in May. We will submit it to CSPSC and the APSC for review and comment when finalized.
 - v. Ms. Johnny – Update on Jurisprudence Module: Currently hosted on the NCSBN website. The module will transition to the NCQAC website using a new software called Articulate. A final rollout date is pending. Updates provided at future meetings.
 - vi. Ms. Carlson – Update on Seattle Children’s Hospital Novel Models of Care for Trach/Vent Children: New workgroup, working on a program for parents to be compensated for care provided to a child in their home. The Commission will give

- guidelines on the scope of practice and provide updates at future meetings.
- vii. Ms. Carlson – Update on CR-101 Licensing Fee Increase – Commission voted on May 13, 2022, to increase fees for Registered Nurses (RNs) and Licensed Practical Nurses (LPNs).
 - viii. Ms. Ness – Update on Research Subcommittee: Supports the Commission with data collection and works with student engagement. Developing NCQAC style guide for all Subcommittees and staff to adopt.
 - ix. Review of Draft Minutes – Consensus reached to send April 6, 2022, draft minutes to the NCQAC July 8, 2022, business meeting.
 - x. Subcommittee Workplan Review – Ms. Johnny and Ms. Carlson reviewed the work plan.

III. Public Comment

- a) No public comments

IV. Old Business

- a) Ms. Carlson – Update on STI and Hepatitis B Advisory Workgroup ([STI Workgroup - DOH](#)) – The Commission’s role is around the regulatory aspect of finding new ways to treat and approach STIs. Will provide updates at future meetings.
- b) Ms. Carlson – Update on Prevention and Treatment of Opioid-Related Overdoses Advisory Opinion: At the NCQAC May 13, 2022, meeting, the Commission returned this to this Subcommittee to revise sections on delegation. That work is ongoing.
- c) Ms. Ness – Update on Patient Abandonment Rule Writing – Rescinded Motion for Rule Writing (CR-101): Requested motion for Rule Writing be rescinded at NCQAC May 13, 2022, meeting. As rule writing progressed, it became clear that writing one rule that would not cover all settings.

V. New Business

- a) Ms. Carlson – SHB 1124 – Nurse Delegation of Glucose Monitoring, Glucose Testing, and Insulin Injections Rule Writing (CR-101): It will require rule writing to change this rule due to significant changes in the legislation. The rule will be discussed on August 5, 2022, meeting to explore creating an Advisory Opinion around this topic.
- b) Ms. Carlson – Conscious Sedation for Perioperative and Endoscopy: Practice has received multiple questions on this recently. Discussion on if the Subcommittee should request the Commission approve the creation of an Advisory Opinion on this topic.
 - i. Will place issue on August 5, 2022, Agenda for discussion.

VI. Ending Items

- a) Review of Actions
 - i. Ms. Carlson will send documents related to Conscious Sedation for Perioperative and Endoscopy to the Subcommittee members.

- ii. Discussion of SHB 1124 – Nurse Delegation of glucose monitoring, testing, and insulin injections rule writing.
 - iii. Workplan evaluation ongoing.
- b) Meeting Evaluation
- c) Ms. Johnny’s paper, “[Examining Stigma Relating to Substance Use and Contextual Factors in a Social Media Discussions.](#)” published.
 - i. Ms. Ness: Request that Ms. Johnny share with Grant Hulteen and Catherine Woodard
- d) Date of next meeting: August 5, 2022
- e) Adjournment 1:05pm

DRAFT



**Nursing Care Quality Assurance Commission (NCQAC)
Licensing Subcommittee Minutes
June 21, 2022 1: 00 pm to 2: 00 pm**

Committee Members: Dawn Morrell, BSN, CCRN, RN, Chair
Adam Canary, LPN
Helen Myrick, Public Member
Yvonne Strader, RN, BSN, BSNA, MHA

Staff: Amber Zawislak-Bielaski, MPH, Assistant Director of Licensing
Shana Johnny, MN, RN, Nurse Practice Consultant, Ad- Hoc
Karl Hoehn, JD, Assistant Director of Discipline- Legal Services
Lori Underwood, Licensing Supervisor

This meeting was digitally recorded to assist in the production of accurate minutes. All recordings are public record. The minutes of this meeting will be posted on our website after they have been approved at the **September 9, 2022**, NCQAC meeting. For a copy of the actual recording, please contact the Public Disclosure Records Center (PDRC) at PDRC@doh.wa.gov.

I. 1:00 PM Opening – Dawn Morrell, BSN, CCRN, RN Subcommittee Chair

- **Roll Call**
- **Call to Order** - Commissioner Dawn Morrell, Commissioner Yvonne Strader, Commissioner Adam Canary, Commissioner Helen Myrick, Dr. Gerianne Babbo, Mr. Karl Hoehn, Dr. Sarah Bear, Ms. Amber Zawislak-Bielaski

II. Standing Agenda Items

- **Announcements/Hot Topic/NCQAC Business Meeting Updates** - Commissioner Morrell asked the committee if there were any topics to be discussed. No topics were brought forward.
- **Approve Minutes for April 19, 2022** - Commissioner Strader moved with a second from Commissioner Canary to approve the minutes for April 19, 2022.

III. Old Business

- **Florida School Issues and Current Actions** – Ms. Zawislak-Bielaski explained that there were no new issues; however, there was a discussion item under the new business section that would be discussed. Ms. Zawislak-Bielaski advised that we will discuss the limiting of NCLEX attempts and the possible requirement for adding a review course after an applicant has so many failed attempts.
- **Temporary Practice Permit Rules** – Ms. Zawislak-Bielaski shared that the upcoming rules workshop would be the evening of the Commission workshop day on July 7, 2022 at 8pm to 9:30pm. Ms. Zawislak-Bielaski also advised that she had been working on a PowerPoint presentation for the Rules Workshop.

Commissioner Morrell inquired if Commission members could attend this Rules Workshop. Ms. Zawislak-Bielaski responded that members are invited to attend.

IV. **New Business**

- **Governor's Weekly Report** – Ms. Zawislak-Bielaski reviewed the Governor's report explaining that we had a couple of really busy months. Ms. Zawislak-Bielaski pointed out that in March we had our highest record month on the books for applications received. We received a record high of 3,774 new applications. These numbers did not include the reactivation applications or the fair volume of renewals we receive. Ms. Zawislak-Bielaski further explained that the majority of these applications were endorsements. She additionally pointed out that the spike in applications was higher than our previous high which was March 2020 when we received these COVID related applications. The next highest months were April and May of 2022. Ms. Zawislak-Bielaski advised that we are now seeing that these numbers are starting to decline. She continued to share that we believe the high numbers are attributed to the 70.15 applicants who were working in Washington with their out of state credentials. We have been sending out communications for a while now advising these nurses to get their applications submitted so we can process and issue their Washington state license. We also are in graduation season. Ms. Zawislak-Bielaski also commented that we should begin to see the numbers decline and level off. Ms. Zawislak-Bielaski reviewed the graphs on the Governor's report explaining the how it reflects the input versus the output. She explained that the graphs gave a clearer picture on the numbers. Ms. Zawislak-Bielaski concluded by explaining that we were currently at nine days to issue a Temporary Practice permit, and that this was a decline from a peak of fourteen days earlier this year. Ms. Zawislak-Bielaski asked if there were any questions regarding the report.
- **Discussion on limiting NCLEX testing attempts and the possible requirement review course after x-number of failed testing** – Ms. Zawislak-Bielaski discussed how the unlimited NCLEX test attempts may make us more ideal for applicants to license with our state when they have already surpassed testing attempts in other states. Mr. Hoehn provided the subcommittee with data from NCSBN environmental scan on NCLEX attempts in other states. The Licensing subcommittee requested more data on Washington state applicants before proceeding with a decision.
- **HELMS Discussion** – Ms. Zawislak Bielaski discussed the impact HELMS (Healthcare Enforcement Licensing Management System) will have on nurse licensing processes in Washington state after implementation of the new system. The Licensing subcommittee supported moving forward with paperless applications and renewals for all registered nurses, licensed practical nurses, advanced registered nurse practitioners, and nursing technicians. The Licensing subcommittee is going to recommend the requirement for all nursing applications and credential renewals to be completed online through the new HELMS system. The Licensing subcommittee is also going to recommend all nursing applicants and licensees electronically submit the required demographic data in accordance with WAC 246-840-015 when HELMS is implemented.

- **Updates on ESSB 5229 Health Equity Rules, SB 5183 Forensic Nurse Examiner rules, JP module update, and Emerging practice trends** – Dr. Johnny provided documents in the packet updating the Licensing subcommittee on ESSB 5229 ad SB5183. Ms. Zawislak-Bielaski advised the subcommittee to send and questions regarding the materials to Dr. Johnny.
- **NPAP Recommendation for Michigan English Test (MET)** – Dr. Bear reviewed the materials provided on the Michigan English Test and the Education subcommittee’s recommendation to approve the MET as an additional English proficiency examination for licensure. The Licensing subcommittee is going to recommend approval of the MET to the full Commission.
- **August Meeting** – Due to the NCSBN meeting being the third week of August, the subcommittee agreed to move the meeting up a week to August 9th, 2022.

V. Ending Items

- **Public Comment** - None
- **Review of Actions** – Ms. Zawislak-Bielaski will work on getting NCLEX data for our next meeting. The Licensing subcommittee will have three motions to bring forward to the July Commission meeting.
- **Meeting Evaluation** – The subcommittee agreed this was a good meeting.
- **Date of Next Meeting** - August 9, 2022
- **Adjournment**



**Nursing Care Quality Assurance Commission (NCQAC)
Education Subcommittee Minutes
July 25, 2022 12:00 to 1:00 p.m.**

Join the Meeting
from your computer, tablet or smartphone

Join Zoom Meeting

<https://us02web.zoom.us/j/87431751958>

Meeting ID: 874 3175 1958

Committee Members:

Kim Tucker PhD, RN, CNE, Chair
Laurie Soine PhD, ARNP Member
Mabel Ezeonwu PhD, RN Member
Renee Hoeksel PhD, RN, ANEF, FAAN Pro Tem
Julie Benson MHA, MN, RN, CNE Pro Tem
Fionnuala Brown, DNP, MSN, FNP-C, RN Pro Tem
Helen Myrick, Public Member
Tracy Rude, LPN, Pro Tem

Staff:

Gerianne Babbo, EdD, MN, RN, Director of Nursing Education
Kathy Moio, PhD, MN, RN, Director of Nursing Assistant Education
Sarah Bear, EdD, MSN, RN, Nursing Education Consultant
Margaret Holm, JD, RN Nursing Education Consultant Practice
Tim Talkington, NCQAC Attorney
Sara Kirschenman, NCQAC Attorney
Janell Sparks, Education Administrative Assistant

If you have questions regarding the agenda, please call the Nursing Care Quality Assurance Commission (NCQAC) office at (360) 236-4744. Agenda items may be presented in a different order. If you wish to attend the meeting for a single item, contact our office at the number listed above and request a specific time scheduled for that item. If you have limited English language expertise call (360) 236-4744 before **July 18, 2022**.

This meeting is accessible to persons with disabilities. Special aids and services can be made available upon advance request. Advance request for special aids and services must be made no later than February 28, 2022. If you need assistance with special needs and services, please leave a message with your request at 1-800-525-0127 or, if calling from outside Washington State, call 360-236-4052. TDD may also be accessed by calling the TDD relay service at 711.

If you need assistance due to a speech disability, Speech-to-Speech provides human voicers for people with difficulty being understood. The Washington State Speech to Speech toll free access number is 1-877-833-6341.

I. 12:00 PM Opening – Kim Tucker Chair

Call to order

- Introduction
- Public Disclosure Statement
- Roll Call

II. Standing Agenda Items

- Announcements/Hot Topics
 1. Clinical Placement Summit July 29, 2022, 8AM-12N
- Review of Draft Minutes
 1. March 7, 2022

III. Old Business

- None

IV. New Business

1. Preceptorship Grant Update

WA State legislature provided funds in 2022 to incentivize staff nurses to precept nursing students. The goal of the program is to increase clinical placement opportunities for nursing students.

2. Specialty Course Summary Report Analysis- Dr. Gorski

Dr. Gorski presented the data accumulated from the specialty course summary reports. The data will be used to support decision making by the Commission.

3. Simulation Discussion

The CNEWS president sent a letter requesting conversation with the Commission regarding simulation. We would like to invite comments from the public regarding this topic.

Dr. Carrie Miller commented the letter was created to open discussion about how programs use simulation and how programs use simulation to meet the needs of nursing students. Dr. Miller requests to present information defining quality simulation. Dr. Laurie Soine suggested a subcommittee meeting would be an appropriate place for the presentation.

Debra Storm, a member of the public, commented she had concerns about 100% simulation in specialty areas. New grads would go into the workplace without direct care experiences in specialty areas which results in less confidence when in the workplace.

Jillian Heist commented on simulation as a modality for not only new learning but continued growth for practice. She asked what are clinical partners seeing as far as onboarding for new graduates?

Dr. Lorie Wild advocates Dr. Miller's request to define quality simulation.

4. Mass examination plan for nursing assistants

Helen Myrick and Tracy Rude represented the Nursing Assistant Program Approval Panel (NAPAP); staff for the panel, Dr. Kathy Moio, also attended. Dr. Moio presented plans to implement a mass examination plan for nursing assistants to complete the state certification exam. She explained:

- This is necessary to work through the backlog of nursing assistants-registered (NARs) who need to become certified by early October for continued eligibility to work in nursing homes, per federal regulations.
- The backlog resulted from a 6-month shutdown of the state certification exam in 2020 due to COVID-19; also, capacity limitations for implementing the exam continued in 2021 and 2022, due to COVID-19 and shortages in RN evaluators.
- While the federal government waived the usual requirement for NARs to be certified within 120 days during the pandemic, the waiver has ended and all NARs must be certified by early October in order to continue working in nursing homes. NARs are critical staff for our nursing homes.
- The NCQAC and other state entities have worked to request an extension from the federal government and await response.
- In the meantime, the mass examination plan will begin and involves working with nursing programs (colleges/universities) across the state to provide testing in their nursing education laboratories with RN faculty acting as evaluators for the state certification exam.

5. Nursing assistant certification and admission to nursing programs.

Helen Myrick and Tracy Rude represented the Nursing Assistant Program Approval Panel (NAPAP); staff for the panel, Dr. Kathy Moio, also attended. Dr. Kathy Moio highlighted the importance of prioritizing NARs working in nursing homes for the mass examination plan – as well as NARs working in other care settings where certification is required on a timeline. In light of the ending of the federal waiver (discussed in item #4 above), Dr. Moio suggested college nursing programs requiring certification for admission might consider accepting certificates of training completion instead during this challenging time. Dr. Moio also explained that it is not known how many students get certified for admittance into nursing school and never work as nursing assistants. This group of students potentially inflates our workforce data estimates on the number of nursing assistants-certified providing care.

V. Ending Items

- Public Comments
- Review of Actions
- Date of Next Meeting –October 3, 2022
- Adjournment

This meeting will be digitally recorded to assist in the production of accurate minutes. All recordings are public record. The minutes of this meeting will be posted on our website after they have been approved at the September 9, 2022, NCQAC meeting. For a copy of the actual recording, please contact the Public Disclosure Records Center (PDRC) at PDRC@doh.wa.gov.

If attending remotely, please mute your connection to minimize background noise during the meeting. Time permitting, comments from the public will be taken at the end of the meeting. Use the question box on the meeting control panel to submit questions. Smoking and vaping are prohibited at this meeting.



Letter FROM THE President

POST-BOARD MEETING UPDATE

July 18, 2022

Dear Colleagues,

The Board of Directors (BOD) meeting held July 12-13 in Chicago did not disappoint in terms of the energy, generative discussions and the mission-focused contributions of those you elected. I remain grateful that BOD members once again set aside time to prepare, meet and thoughtfully consider the business matters of NCSBN and the needs of the member jurisdictions. As a governing body we could not meet our obligation without the expert support and guidance of the excellent NCSBN staff who, like our staff “back home,” have experienced their fair share of challenges due to the pandemic. The BOD was pleased to welcome CEO David Benton back to the helm and expressed their appreciation for Chief Operating Officer Phil Dickison for assuming CEO responsibilities in David’s absence.

The themes that emerged during the environmental scan discussion included health care and nurse regulatory board staff shortages, continuing impacts of COVID-19, international applicants, external pressures to decrease licensure process timeframes, APRN full practice authority advances, and threats and fraudulent activity related to education program and applicant situations.

We were fortunate to have Leadership Succession Committee (LSC) Chair Tammy Buchholz, associate director for education, North Dakota Board of Nursing, join the BOD for a discussion related to our mutual goals of increased membership engagement and leadership succession planning. During the session Tammy shared highlights of LSC activities, an informative dialogue ensued, and the BOD commended her for her insight and guidance related to leadership succession and the committee’s charge.

As part of their ongoing efforts to ensure sound governance, the BOD took part in a meaningful session with a consultant to process the results of a board assessment following the completion of individual board member self-assessments. Suggestions for areas of further development arose and will be incorporated by the BOD in the future.

At this meeting, the BOD considered the progress and a report on **Strategic Objective A2: Right Touch Regulation**, and approved for dissemination the NCSBN Guiding Nursing Regulation Philosophy, Guiding Principles and a Discipline Decision Pathway. These outputs are the joint work of staff and members who volunteered to take part in the workgroup. A report on **Strategic Objective B6: Collaborate with international regulatory bodies on the development of telehealth standards**, was well received. The NCSBN International Think Tank received positive feedback from members and will inform the ongoing

POST-BOARD MEETING UPDATE, CONTINUED

work on Objective B6.

Additionally, the BOD received an update on Nursys® in Canada that included a development timeline and a summary of the collaborative work with our Canadian exam user members, British Columbia College of Nurses and Midwives and the College of Nurses of Ontario.

As is customary, the board also considered external meeting attendance reports from staff and BOD members to include the Federation of State Medical Boards, the National Association of Boards of Pharmacy, the Tri-Council for Nursing, National Occupational Licensing and the National Association of State Chief Information Officers. Participation by NCSBN representatives at these meetings builds and supports strategically important relationships that afford the opportunity to deepen dialogue and better understand the unique missions and commonalities these organizations share.

Action items also included approving the PN panel of judges, and appointing the FY23 Awards Committee, Finance Committee and NCLEX® Item Review Subcommittee (NIRSC) members.

As you all know, August's Delegate Assembly is just around the corner. As is customary in July, the BOD reviewed plans for the hybrid annual meeting and specifically the Board of Directors session. Thank you to those of you who sent questions and topics for discussion.

We are pleased to see that so many of you have already registered to attend the 2022 NCSBN Annual Meeting. I look forward to interacting with you all, whether virtually or in person, during the various activities centered around this year's theme, "Leading Public Protection: Strategic Action toward Quantum Change."

Warm regards,

Jay Douglas, MSM, RN, CSAC, FRE

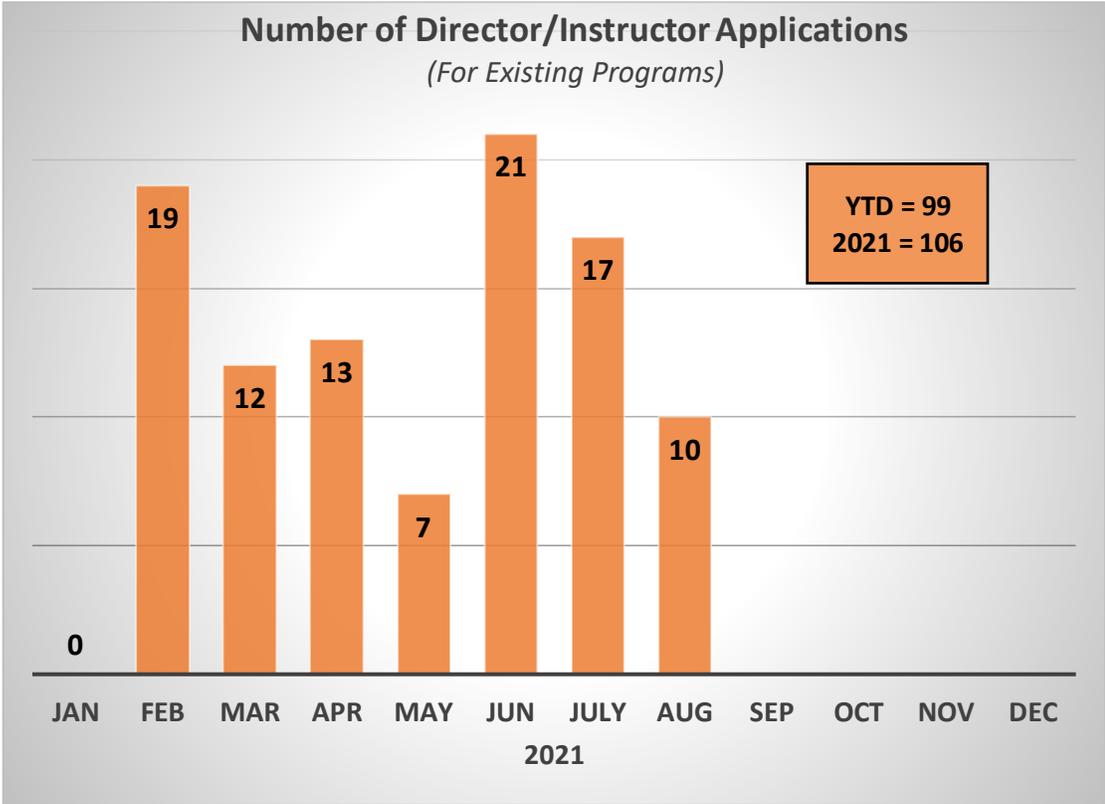
President

804.516.9028

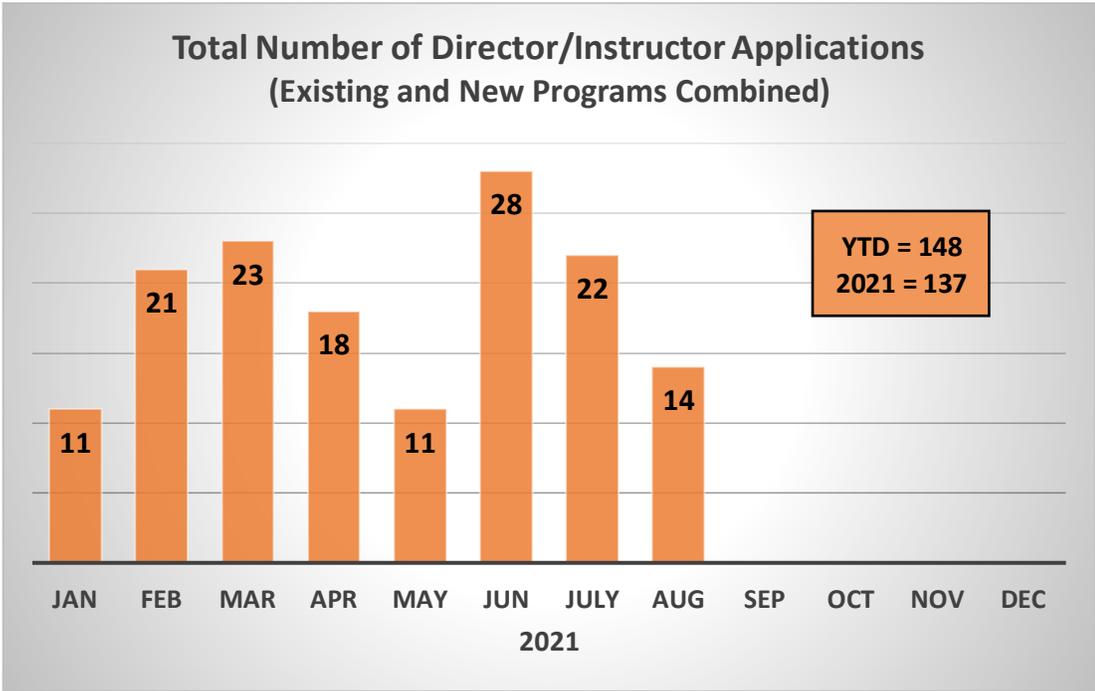
jay.douglas@dhp.virginia.gov

Data and Performance Measures Related to Nursing Assistant Training Programs

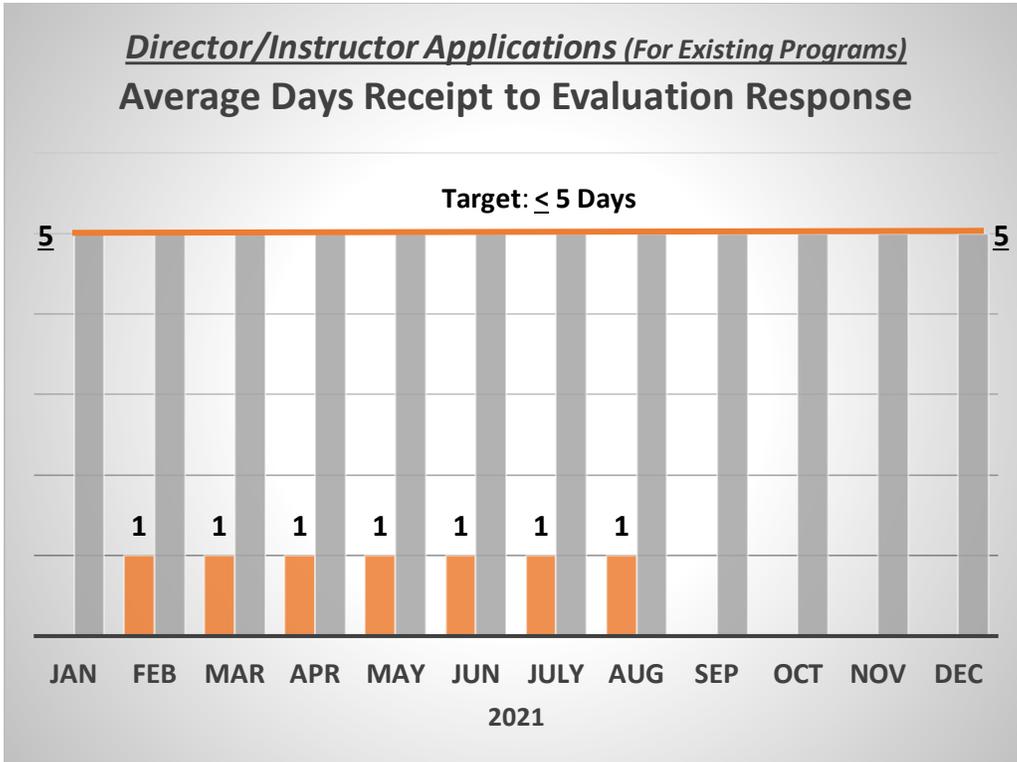
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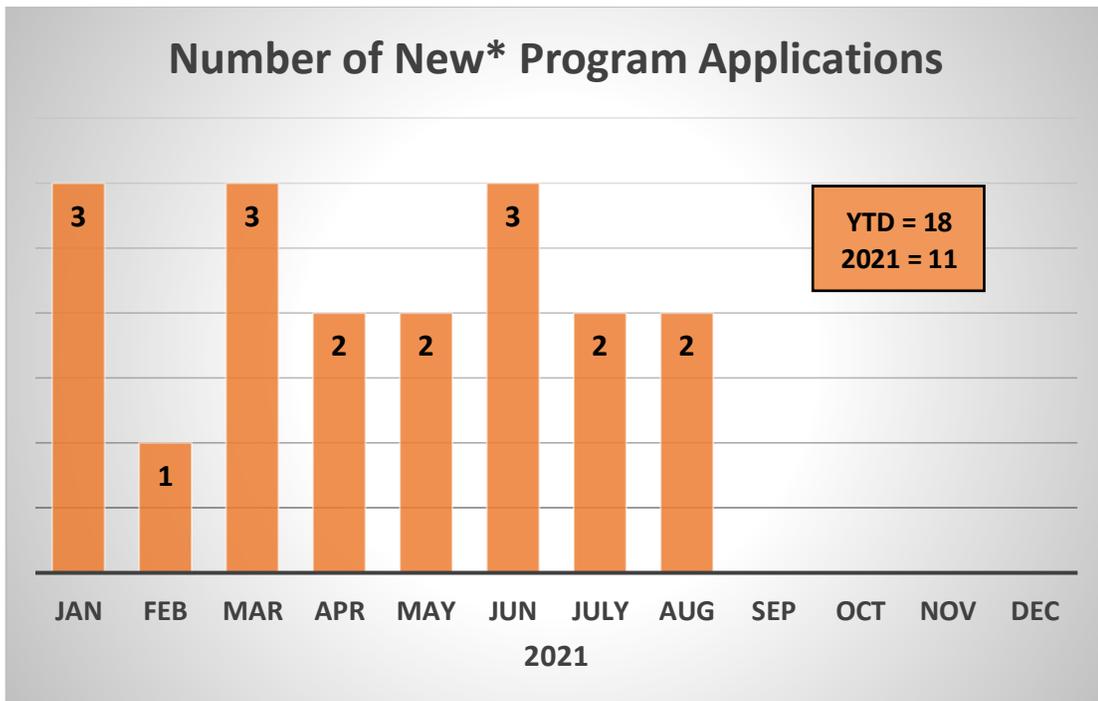
Descriptive Data:



Performance Measure:

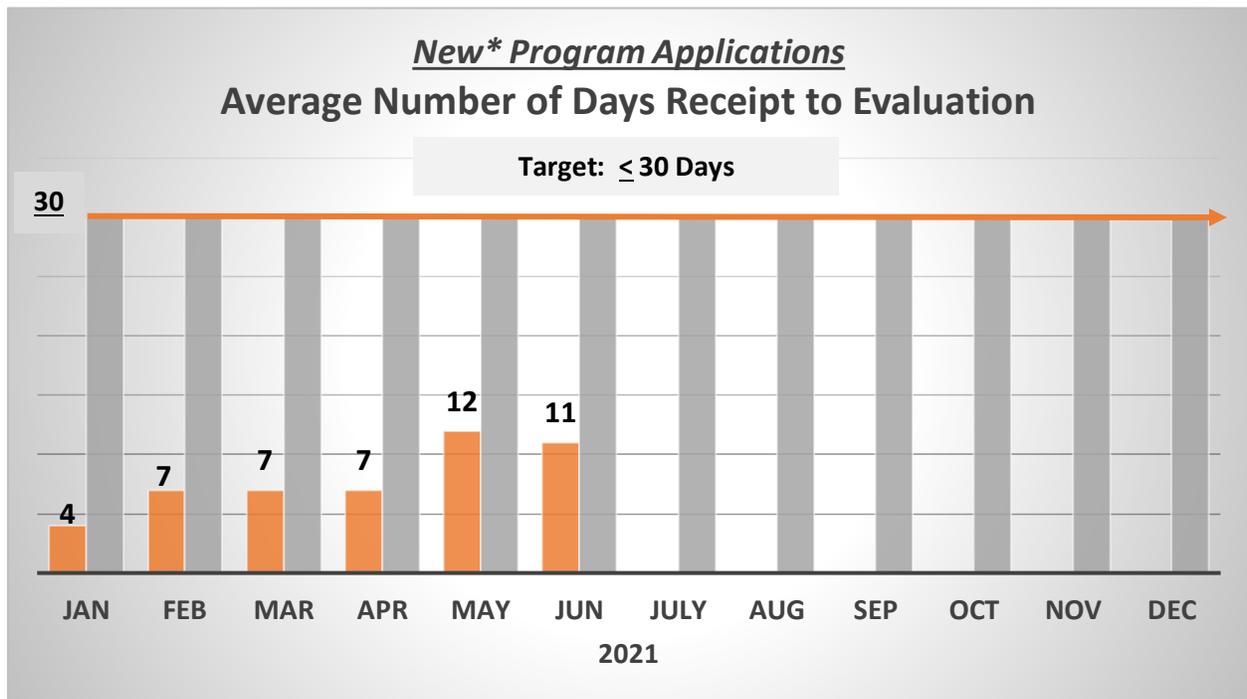


Descriptive Data:



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

Performance Measure:



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

INVESTIGATIVE PERFORMANCE MEASURES	Jul-21	Jul-22	% of Change	Jun-22	Jul-22	% of Change
Cases Reviewed at CMT	137	157	15%	129	157	22%
Cases Opened to Investigation	57	52	-9%	62	52	-16%
Open Cases in Investigation Queue	471	411	-13%	424	411	-3%
Average Caseload per Investigator	43	37	-13%	39	37	-3%
Total Investigations Completed	77	65	-16%	69	65	-6%
Percentage of Cases Completed w/in Time Lines Target 77% PM 2.2	52.0%	72%	20%	68%	72%	4%
Percentage of Investigations Opened Beyond 170 days Target 23% PM 2.4	72.0%	55%	-17.0%	53%	55%	2.0%
Investigations Completed per Investigator PM 3.1	7	6.5	-7%	6.3	6.5	4%
Task Back Assigned	8	2	-75%	4	2	-50%
# of COVID Cases Reviewed/Opened at CMT	5/2	6/1		1/0	6/1	

*Investigations completed is based on 10 investigators
Rashelle Beal was hired in July and in training for July*

INVESTIGATIVE PERFORMANCE MEASURES	Jun-21	Jun-22	% of Change	May-22	Jun-22	% of Change
Cases Reviewed at CMT	186	129	-31%	161	129	-20%
Cases Opened to Investigation	58	62	7%	43	62	44%
Open Cases in Investigation Queue	481	424	-12%	425	424	0%
Average Caseload per Investigator	40	39	-4%	39	39	0%
Total Investigations Completed	98	69	-30%	73	69	-5%
Percentage of Cases Completed w/in Time Lines Target 77% PM 2.2	53%	68%	15%	74%	68%	-6%
Percentage of Investigations Opened Beyond 170 days Target 23% PM 2.4	71%	53%	-18%	54%	53%	-1%
Investigations Completed per Investigator PM 3.1	8.2	6.3	-24%	6.6	6.3	-5%
Task Back Assigned	6	4	-33%	3	4	33%
# of COVID Cases Reviewed/Opened at CMT	9/2	1/0		6/1	1/0	

**Nursing Care Quality Assurance Commission
 Legal Unit Performance Measures
 FY 2023 (Q1)
 Karl Hoehn, Legal Manager**

Type of Measure	Month	Baseline	July	Aug	Sept	Q Avg.
Caseload/ Case volume	Average Caseload per Attorney	45.92	51			
	Cases Assigned to Legal	41.33	68			
	TOTAL Finalized Cases	56.33	35			
Performance	Average of Finalized Cases per Attorney (Target 10 per month)	14.08	5.00			
	Percentage of Legal Reviews Sent to RCM in 30 Days or less (Target 77%)	78.33%	90%			
	Document drafting time: Percentage of Drafts to AAG or SOA Served in 30 Days or less (Target 77%)	86.67%	10%			
Work Type/Complexity	Percentage of Cases involving an ARNP	6.00%	15%			
	Number of Cases forwarded to AAG	10.67	8			
	Finalized with Legal Review only	21.00	25			
	Finalized by Default or Final Order After Hearing	12.00	4			
	Finalized by STID, AO or APUC (Settlements)	19.00	2			
	Other (releases, reinstatements)	4.33	4			

**Nursing Care Quality Assurance Commission
 Legal Unit Performance Measures
 FY 2022 (Q4)
 Karl Hoehn, Legal Manager**

Type of Measure	Month	Baseline	April	May	June	Q Avg.
Caseload/ Case volume	Average Caseload per Attorney	45.92	48	46		47
	Cases Assigned to Legal	41.33	63	80	71	71.33
	TOTAL Finalized Cases	56.33	34	40	60	44.67
Performance	Average of Finalized Cases per Attorney (Target 10 per month)	14.08	5.70	5.70	8.60	6.67
	Percentage of Legal Reviews Sent to RCM in 30 Days or less (Target 77%)	78.33%	63%	76%	85%	75%
	Document drafting time: Percentage of Drafts to AAG or SOA Served in 30 Days or less (Target 77%)	86.67%	67%	60%	14%	47%
Work Type/Complexity	Percentage of Cases involving an ARNP	6.00%	18%	16%		17%
	Number of Cases forwarded to AAG	10.67	14	5	8	9.00
	Finalized with Legal Review only	21.00	20	22	46	29
	Finalized by Default or Final Order After Hearing	12.00	2	3	4	3
	Finalized by STID, AO or APUC (Settlements)	19.00	1	7	3	4
	Other (releases, reinstatements)	4.33	9	8	7	8.00

July 2022 WHPS Graduates

Case ID	Participation Type	Program Start Date	Program Discharge Date	License Type
1969-10-0640C	Order	6/19/2019	7/29/2022	RN
1984-11-4969	STID	12/23/2019	7/15/2022	RN
1981-04-3035B	Pending	2/25/2019	7/10/2022	RN
17-03-RN-04613B	Pending	4/6/2022	7/14/2022	RN
17-6-S/RN-05256	Pending	7/18/2017	7/17/2022	RN
18-7-RN-05387	Referral Contract	7/19/2018	7/18/2022	RN
17-02-PO/RN-04327B	Order (Agreed/Final)	6/27/2017	7/11/2022	RN
1983-10-6965	APUC	9/8/2021	7/5/2022	LPN

Washington Health Professional Services Significant Non-Compliance Report - July 2022

#	Case ID	Program Start Date	Entry Reason	Anticipated Completion Date	Incident Date	Incident Type	Drug(s)	WHPS Action(s) Taken	Referred to Commission	Drug of choice and Diagnosis	Notes
1	1984-07-6350	3-25-2022	Voluntary	3/24/2024	7/22/2022	Positive Drug Screen	Codeine	Additional Test Scheduled; Other - See Notes; PSG Facilitator Notified; Referred for Evaluation	Due by 8/27/22	Alcohol	Within 30 days of referral to SUDRP requirement; due by 8/27/22
2	1986-04-0890	6-15-2022	Order	6/14/2023	7/13/2022	Positive Drug Screen	Alcohol	Other - See Notes; Referred for Evaluation	N/A	No Use Reported	Within first 90 days of being in the program
3	17-12-RN-05345	3-6-2018	Referral Contract	3/5/2023	7/15/2022	Missed Test/No Show	N/A	Additional Test Scheduled; WSM Notified	N/A	alcohol	2nd missed test in two year period, not required to be referred to SUDRP
4	1969-10-4547C	4-28-2021	STID	4/27/2024	7/6/2022	Positive Drug Screen	Alcohol	Additional Test Scheduled	Due by 8/14/22	opiates	Within 30 days of referral to SUDRP requirement; due by 8/14/22
5	18-2-RN-05364	5-8-2018	Referral Contract	10/22/2023	7/19/2022	Positive Drug Screen	Alcohol	Additional Test Scheduled; Ceased/Removed from Practice; MRO Review Requested; PSG Facilitator Notified; Referred for Evaluation	Due by 8/26/22	benzodiazapines	Within 30 days of referral to SUDRP requirement; due by 8/26/22
6	1959-06-3752	10-20-2020	Order (Agreed/Final)	10/19/2022	7/14/2022	Missed Test/No Show	N/A	Other - See Notes; Self Test	N/A	alcohol	2nd missed test in two year period, not required to be referred to SUDRP
7	18-6-PO/RN-50292C	9-24-2018	Order (Agreed/Final)	11/12/2023	7/18/2022	Missed Test/No Show	N/A	Other - See Notes; Self Test; WSM Notified	Due by 8/18/22	alcohol	3rd missed test in a two year period; within 30 days of referral to SUDRP requirement; due by 8/18/22
8	1974-03-0509	3-25-2020	Voluntary	4/16/2025	7/5/2022	Missed Test/No Show	N/A	Additional Test Scheduled	N/A	alcohol	Voluntary nurse; referral to SUDRP not required
9					7/13/2022	Missed Test/No Show	N/A	Additional Test Scheduled; Other - See Notes			
10					7/14/2022	Relapse	Alcohol	Other - See Notes			
11	1978-11-3383B	5-8-2020	Referral Contract	5/20/2025	7/29/2022	Positive Drug Screen	Alcohol	Additional Test Scheduled; Ceased/Removed from Practice; Counselor Notified; Other - See Notes; PSG Facilitator Notified; Referred for Evaluation; WSM Notified	Due by 9/4/22	opiates	Within 30 days of referral to SUDRP requirement; due by 9/4/22

June 2022 WHPS Graduates

Participant: Case ID	Participant: Participation Type	Participant: Program Start Date	Participant: Program Discharge Date	Participant: License Type
16-11-PO/RN-05139C	Order (Agreed/Final)	2/8/2017	6/8/2022	RN
1979-04-0048	Referral Contract	4/28/2020	6/21/2022	RN
16-9-PO/RN-05250	Order (Agreed/Final)	10/26/2016	6/30/2022	RN
17-5-RN-50293	Pending	6/1/2017	6/1/2022	RN
16-7-S/RN-05231	Referral Contract	8/8/2016	6/4/2022	RN
15-10-PO/RN-05761	Order (Agreed/Final)	11/12/2015	6/13/2022	RN
16-12-S/RN-50265	Referral Contract	2/22/2017	6/15/2022	RN

Washington Health Professional Services Significant Non-Compliance Report - June 2022

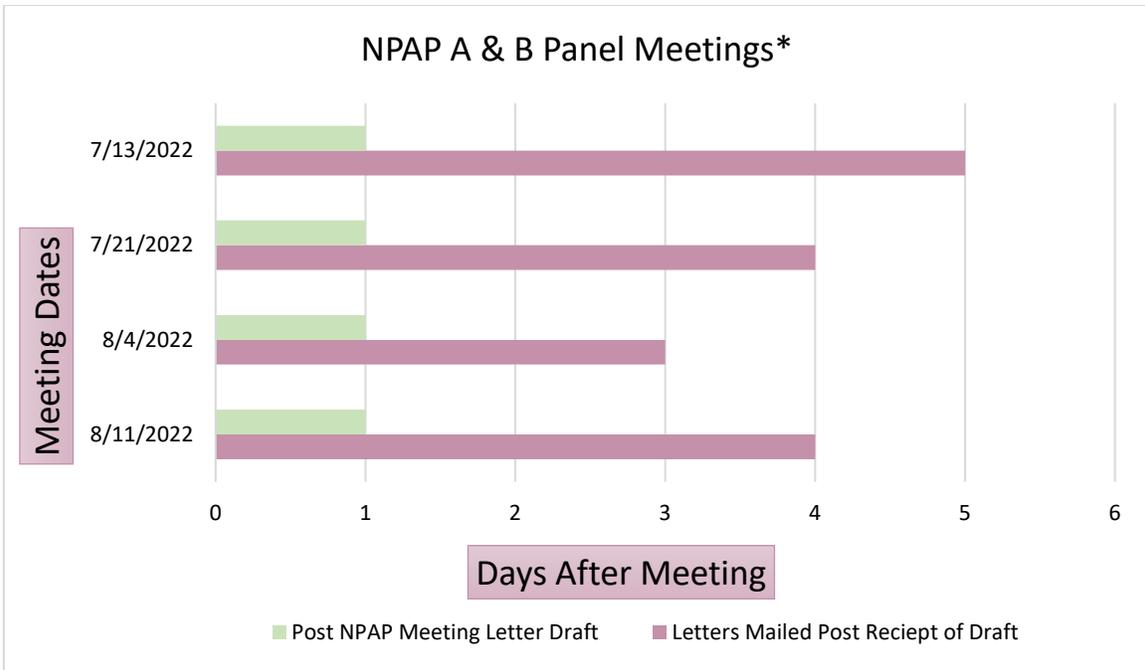
#	Participant Case ID	Program Start Date	Entry Reason	Anticipated Completion Date	Incident Date	Incident Type	Drug(s)	WHPS Action(s) Taken	Referred to Commission	Drug of choice and Diagnosis
1	1969-05-2845B	3/16/2022	Order	3/15/2023	6/10/2022	Positive Drug Screen	Alcohol	Ceased/Removed from Practice; MRO Review Requested; Other - See Notes; PSG Facilitator Notified; Referred for Evaluation; Self Test; WSM Notified		
2	17-02-PO/RN-04327B	6/27/2017	Order	7/11/2022	6/3/2022	Positive Drug Screen	Alcohol	Additional Test Scheduled; Ceased/Removed from Practice; PSG Facilitator Notified; Referred for Evaluation; WSM Notified		
3	1967-11-4075	2/4/2019	RC	2/3/2024	6/2/2022	Missed Test/No Show		Additional Test Scheduled; Notification Letter Sent		
4	1967-11-4075	2/4/2019	RC	2/3/2024	6/9/2022	Missed Test/No Show		Additional Test Scheduled		
5	1978-11-3383B	5/28/2020	RC	5/20/2025	6/7/2022	Positive Drug Screen	Alcohol	Additional Test Scheduled; Ceased/Removed from Practice; PSG Facilitator Notified; Referred for Evaluation; Referred to the Commission; WSM Notified	6/22/2022	
6	1971-01-7851	12/10/2021	RC	12/9/2026	6/21/2022	Positive Drug Screen	Alcohol	Counselor Notified; Other - See Notes; PSG Facilitator Notified; Referred for Evaluation		
7	1984-11-0635	3/20/2020	RC	3/26/2025	6/17/2022	Missed Test/No Show		Additional Test Scheduled; Other - See Notes		
8	1974-03-0834B	5/12/2021	RC	5/11/2026	6/17/2022	Missed Test/No Show		Additional Test Scheduled; Other - See Notes; Referred for Evaluation; WSM Notified		
9	1992-01-0260	9/13/2021	STID	9/26/2026	6/13/2022	Positive Drug Screen	Codeine	Counselor Notified; PSG Facilitator Notified; Referred for Evaluation; Testing Frequency Increased		
10	1988-05-9862	9/17/2021	APUC	9/16/2026	6/24/2022	Positive Drug Screen	Alcohol	Additional Test Scheduled; Ceased/Removed from Practice; Referred for Evaluation; WSM Notified		
11	1982-04-1903	5/6/2021	Order	5/5/2023	6/6/2022	Positive Drug Screen	Alcohol	MRO Review Requested; Other - See Notes		
12	1979-10-6734	4/13/2022	Voluntary	4/30/2024	6/6/2022	Positive Drug Screen	Alcohol	MRO Review Requested; Other - See Notes; PSG Facilitator Notified; Referred for Evaluation		
13	17-10-RN-05337	1/16/2018	RC	2/19/2023	6/10/2022	Positive Drug Screen	Opiates	Additional Test Scheduled; Ceased/Removed from Practice; MRO Review Requested; PSG Facilitator Notified; Referred for Evaluation; WSM Notified		
14	18-8-V/RN-05397	8/30/2018	Voluntary	10/3/2022	6/29/2022	Missed Test/No		Other - See Notes		

WHPS Monthly Report - July 2022

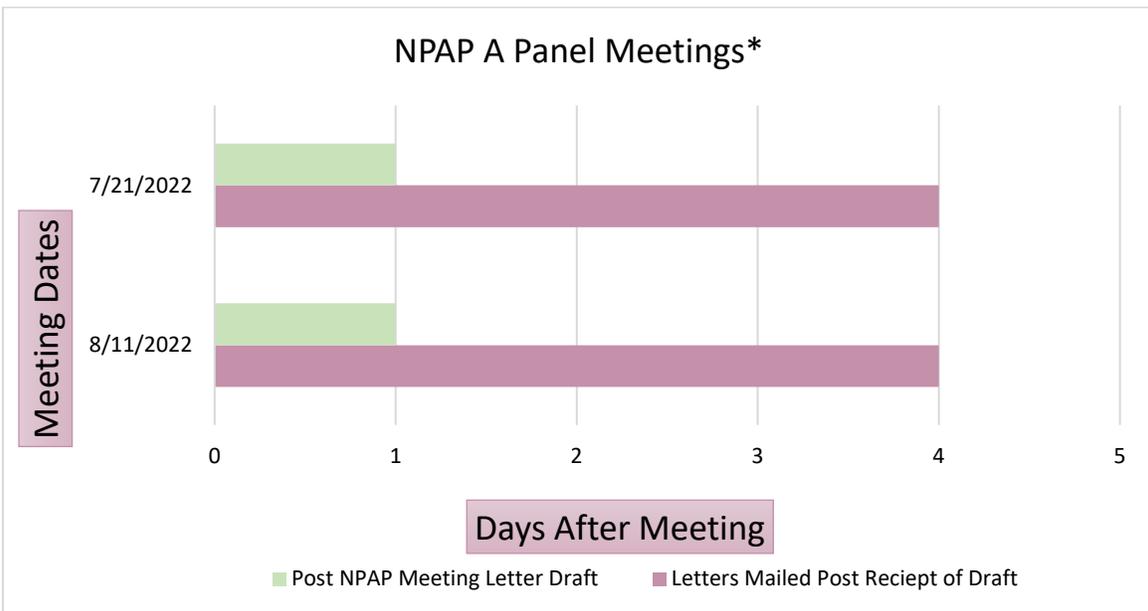
Stage																	
License Type	New Intake		Current Monitoring														
	2021	2022	2021	2022													
ARNP			16	20													
RN/LPN	10	6	269	225													
NT																	
Total	10	6	285	245													
Referral Type - Monitoring (In-State)																	
License Type	APUC		Order		Pending		RC		STID		Voluntary						
	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022			
ARNP	2	2	1	1	1	2	6	7			3	5					
RN/LPN	11	8	57	45	24	14	96	86	24	24	32	30					
NT																	
Total	13	10	58	46	25	16	102	93	24	24	35	35					
Total Monitoring	257	224															
Referral Type - Monitoring (Out-of-State)																	
License Type	APUC		Order		Pending		RC		STID		Voluntary						
	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022			
ARNP					1	1	1	1			1	1					
RN/LPN	2	1	7	5	1		8	7	7	5							
NT																	
Total	2	1	7	5	2	1	9	8	7	5	1	1					
Total Monitoring	28	21															
Discharge Type																	
License Type	Not Appropriate		Offered/Refused		Referred Back to NCQC		Pending Discipline		Voluntary Withdrawal		Successful Completion		Deceased		Medically Discharged		
	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022	
ARNP																1	
RN/LPN	1	1	2	1	3	1					7	9					
NT																	
Total	1	1	2	1	3	1	0	0	0	0	7	9	0	0	0	1	
Total Discharge	13	13															
Performance Measures																	
														2021	2022		
Case Manager Caseload (Intake & Monitoring)														Melissa Fraser	107	55	
														Heidi Collins	100	50	
														Lori Linenberger	105	48	
														Shelley Mezek	N/A	50	
														Alicia Payne	N/A	52	
Average from Inquiry to Intake - Target 7 Days														7	2		
Average from Intake to Monitoring - Target 45 Days														47	41		
Employment Measures (In-State)																	
License Type	2021				2022												
	Employed	Unemployed	Employed	Unemployed	Employed	Unemployed	Employed	Unemployed									
ARNP	12	1	13	4													
RN/LPN	192	52	164	43													
NT																	
Total	204	53	177	47													
Percentage - Target 72%	79%	21%	79%	21%													
Grand Total	257				224												

WHPS Monthly Report - June 2022

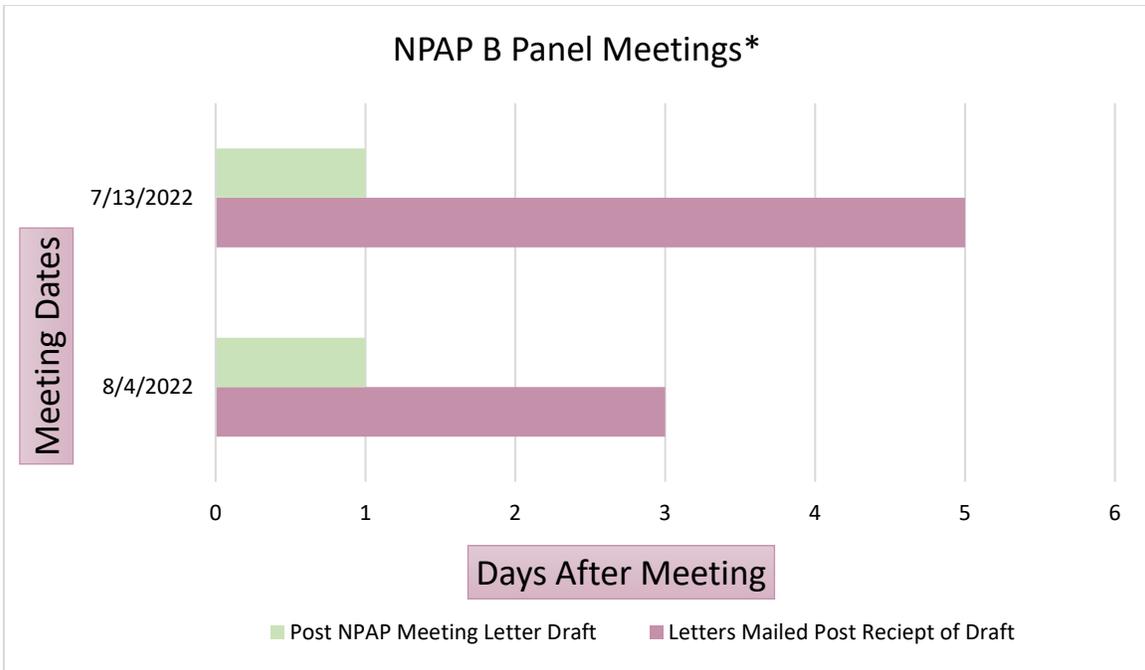
Stage														
License Type	New Intake		Current Monitoring											
	2021	2022	2021	2022										
ARNP	3		16	20										
RN/LPN	12	6	277	232										
NT														
Total	15	6	293	252										
Referral Type - Monitoring (In-State)														
License Type	APUC		Order		Pending		RC		STID		Voluntary			
	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022
ARNP	2	2	1	1	1	2	6	7			3	5		
RN/LPN	11	9	59	48	24	13	101	89	25	24	32	29		
NT														
Total	13	11	60	49	25	15	107	96	25	24	35	34		
Total Monitoring	265	229												
Referral Type - Monitoring (Out-of-State)														
License Type	APUC		Order		Pending		RC		STID		Voluntary			
	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022
ARNP					1	1	1	1			1	1		
RN/LPN	2	1	7	6	1		8	7	7	6				
NT														
Total	2	1	7	6	2	1	9	8	7	6	1	1		
Total Monitoring	28	23												
Discharge Type														
License Type	Not Appropriate		Offered/ Refused		Referred Back to NCQAC		Pending Discipline		Voluntary Withdrawal		Successful Completion		Deceased	
	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022
ARNP														
RN/LPN		1	3	2	2	3					4	7		1
NT														
Total	0	1	3	2	2	3	0	0	0	0	4	7	0	1
Total Discharge	9	14												
Performance Measures														
				2021	2022									
Case Manager Caseload (Intake & Monitoring)				Melissa Fraser	99	54								
				Heidi Collins	97	46								
				Lori Linenberger	97	53								
				Shelley Mezek		48								
				Alicia Payne		51								
Average from Inquiry to Intake - Target 7 Days				9	3									
Average from Intake to Monitoring - Target 45 Days				63	37									
Employment Measures (In-State)														
License Type	2021				2022									
	Employed	Unemployed	Employed	Unemployed	Employed	Unemployed	Employed	Unemployed						
ARNP	12	1	13	4										
RN/LPN	199	54	168	47										
NT														
Total	211	55	181	51										
Percentage - Target 72%	79%	21%	78%	22%										
Grand Total	266				232									



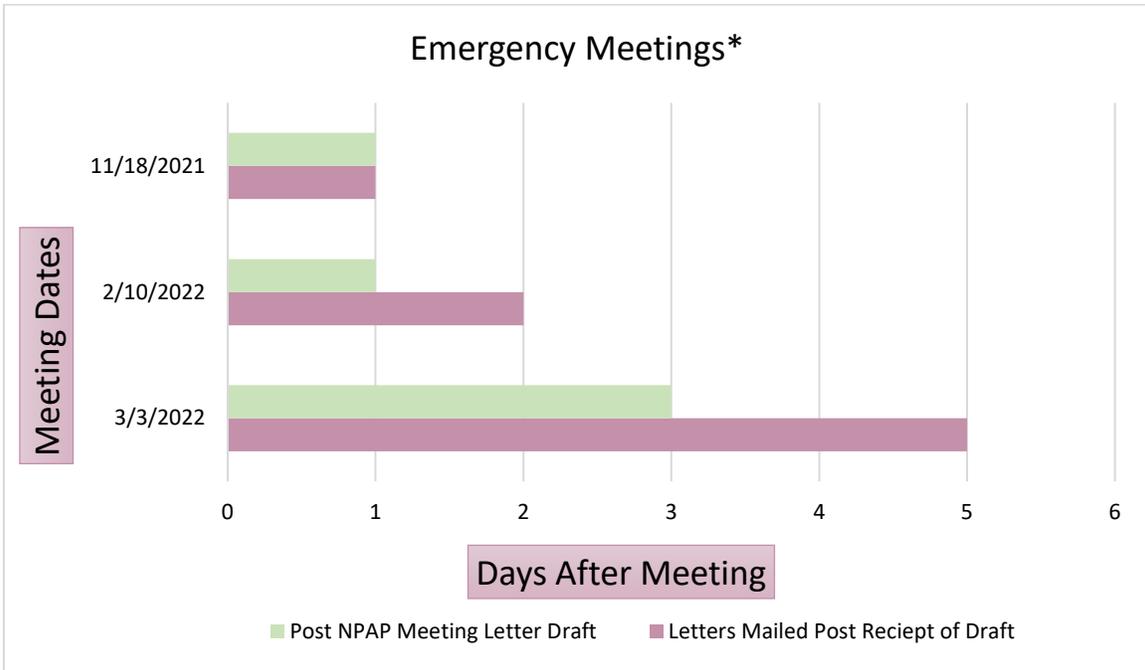
**Letters mailed within 30 days of NPAP meeting*



**Letters mailed within 30 days of NPAP meeting*



**Letters mailed within 30 days of NPAP meeting*



**Letters mailed within 30 days of NPAP meeting*

Nursing Care Quality Assurance Commission (NCQAC)

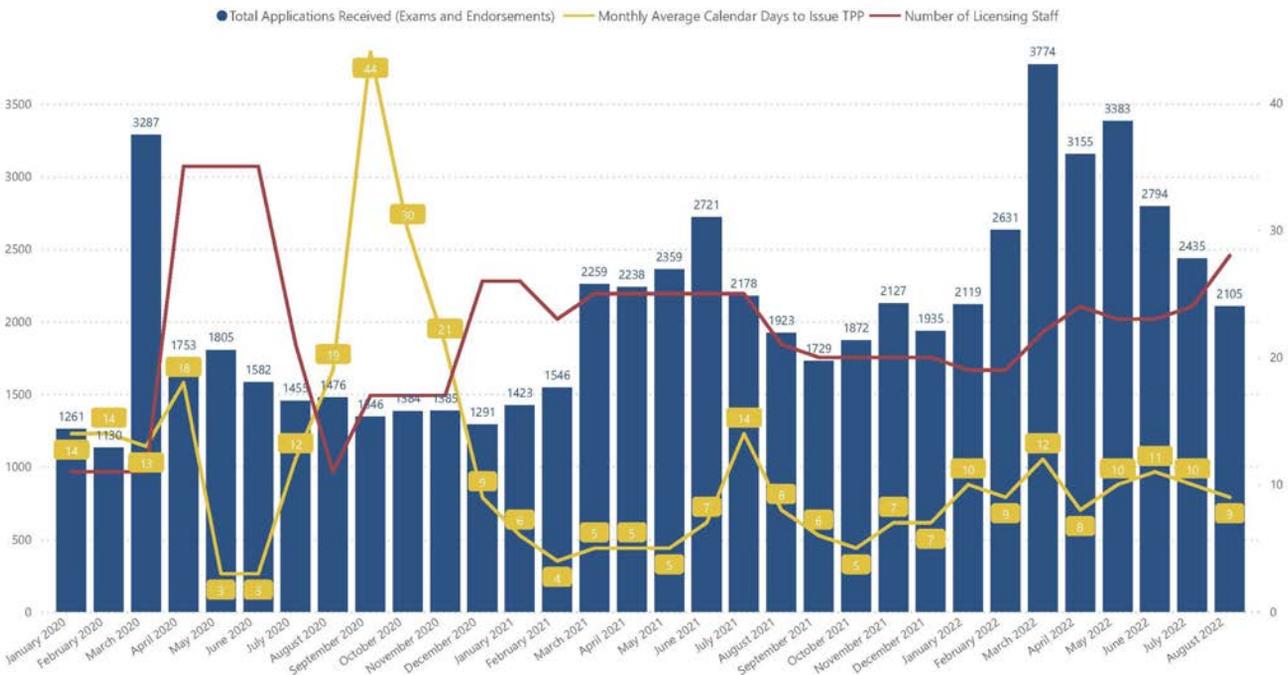
COVID-19 Response for Nurse Licensure

Weekly Update: Monday, August 22, 2022

As of August 22, 2022, the current processing time to issue a temporary practice permit (TPP) is 9 days (including weekends and holidays). NCQAC began tracking COVID-related complaints since March 2020. Specific to the week of August 8, 2022, NCQAC's Case Management Team reviewed one COVID related complaint this week and opened the complaint to investigation for working without proper PPE.

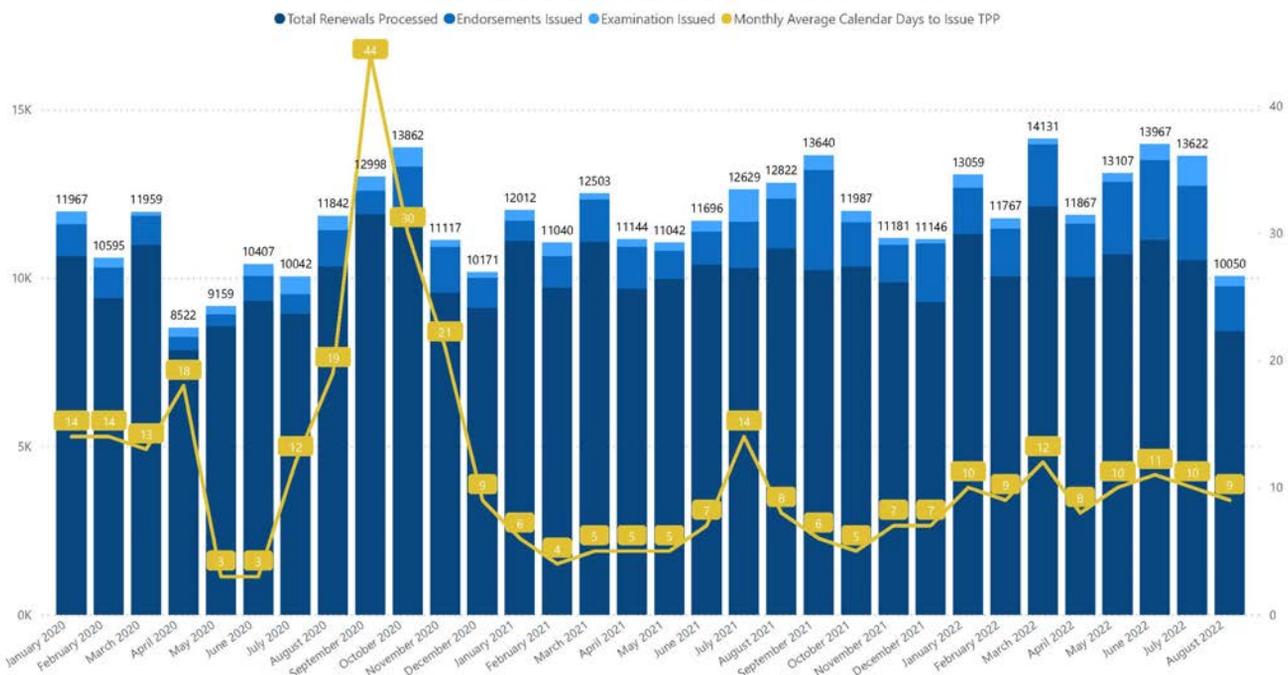
The first chart below reflects the monthly nursing application volumes, application processing times, and staffing levels for NCQAC over the last two and a half years. The NCQAC received 2,435 new applications during July 2022. To address this continued high summer trend in application volume, the NCQAC hired additional temporary licensing staff.

NCQAC Applications Received and Processing Timelines



The second chart on this report reflects the monthly outputs from the NCQAC. In July 2022, the NCQAC issued a total of 3,186 new nursing licenses (2,206 endorsements, 876 examinations, and 86 combined ARNPs/NTECs). In addition, 10,540 nursing renewals were completed.

NCQAC Applications and Renewals Processed



Note: *Temporary practice permits (TPP) are issued to nursing applicants who meet all licensure requirements, except for the FBI fingerprint background check. A preliminary background check is completed on all applications received by the NCQAC.

WCN/NCQAC CHECK IN Meeting
July 26, 2022 4 PM
Minutes

Present: Sofia Aragon, Paula Meyer, Bethany Mauden, Frank Kohel

Topics	Discussion	Action Needed
Call to order	4:00pm	
1. Critical Gaps Group – Plan for Diversity on Strategic Direction for Creating Data Systems and Accountability	<p>Diversity Critical Gaps group would like a small group of people to review the Nursing administrative rules to evaluate if there are barriers related to diversity/equity/inclusion. Subset of the administrative rules, how to go about it. Paula was engaged in developing this initiative. Sofia will think of people who may be interested in this work.</p> <p>Recommend getting a group together to tackle the topic during the next contract period or the second half of the year. Butch de Castro would be interested in helping, from DOH Paula will need to talk to Shad Bell and Bonnie King. Paula would recommend MaiKia Moua from the Commission. Sofia would recommend Margaret Holm.</p>	Paula will need to talk to Shad Bell and Bonnie King who are DOH’s rules people as well as Margaret Holm. The new rules coordinator will be included once hired.
2. Demographic Data	<p>Paula met with the Center for Nursing Board to discuss demographic data and retributions if people do not complete it. Paula has also met with the licensure team to discuss.</p> <p>Would like to test it with a small group.</p> <p>HELMS group – developed the questions to be used in the system. The team used “Other” as a way of declining the questions. The survey requires participation in order to prevent delays or getting “kicked out” and have a complete application. HELMS requires an answer.</p>	<p>Sofia, Paula, Patricia, Mary Sue should meet to discuss where this should go.</p> <p>Paula will develop some test questions and send to Sofia prior to scheduling the meeting with the group Sofia, Paula, Patricia, and Mary Sue.</p>

3. Deliverables – Barbara Trehearne is in final year	Her term ends June 2023. Paula recommends adding an evaluator prior to her leaving to make an easier transition.	Sofia will make a recommendation of a Pro Tem to Paula.
4. Miscellaneous	<p>Mary Baroni - Paula met with Mary Baroni to revise her role at the commission, she would like to leave the critical gap group. Mary suggested Julie Benson, Diana Meyer, or Carrie Miller.</p> <p>CNEWS – Who is in charge of the fall meeting since the president elect has resigned? The hotel has been booked and most of the info will go out in September. Frank recommends meeting with Kyra McCoy to discuss the meeting.</p>	<p>Sofia will meet with Mary and let Paula know who she recommends.</p> <p>Frank will reach out to Kyra McCoy to discuss the CNEW Fall Meeting.</p>
Next Meeting –	<p>Continuing Scheduling the 4th Tuesday of the Month.</p> <p>Next Meeting August 30th at 4:00pm</p>	

Approved:



**Nursing Care Quality Assurance Commission (NCQAC)
Research Subcommittee Meeting Minutes
June 21, 2022 5:00 p.m. to 6:00 p.m.**

Committee Members: Sharon Ness, RN, Chair
Yvonne Strader, RN, BSN, BSPA, MHA
Katie Haerling, PhD, RN, CHSE
Deb Smith DNP, ARNP, FNP-BC

Excused: Mary Baroni, PhD, RN
Jamie Shirley, PhD, RN

Staff: Mary Sue Gorski, PhD, RN, Director of Advanced Practice and Research
Chris Archuleta, Director, Operations
Jessilyn Dagum, Research Assistant

I. 5:00 PM Opening – Sharon Ness

Call to order

- Introduction
- Public Disclosure Statement
- Roll Call
 - Sharon called the meeting to order at 5:00 PM and introduced the Research Subcommittee members and staff. The Public Disclosure Statement was read aloud for the meeting attendees.

II. Standing Agenda Items

- Announcements/Hot Topic/NCQAC Business Meeting Updates
 - Mary Sue shared that the students participating in the NCQAC Student Engagement Program for the 2021-2022 academic year have completed their time with the commission, one of which has been hired on by the commission as a full-time employee. The group of students will be the first to participate in the Student Engagement Program Exit Survey which will be include in the Research Subcommittee’s annual report.
- Review of Draft Minutes: May 16, 2022
 - Reviewed with consensus to bring to the July 2022 business meeting for approval.

III. Old Business

- Review Work Plan
 - The subcommittee reviewed the work plan and discussed the progress of the different projects and initiatives. The subcommittee’s work plan is organized by immediate, short term, mid-term, and long-term goals.

IV. New Business

- Critical Gaps Work and the Research Subcommittee

- Mary Sue shared that they are in the process of creating a link between the subcommittee and the Critical Gaps group and will update the subcommittee when it is finalized.
- Washington Center for Nursing (WCN) Supply and Demand Data
 - Mary Sue presented WCN's supply and demand data reports to the subcommittee. The supply data report is base off the commission's workforce data and will be shared on the commission's website. The demand data can be found on WCN's website.

V. Ending Items

- Public Comment
- Review of Actions
- Meeting Evaluation – All
- Date of Next Meeting – July 18, 2022
- Adjournment – 5:30 PM

DRAFT

Washington State Nursing Care Quality Assurance Commission
NPAP DECISION SUMMARY REPORT **Date:** June and August 2022 Updated 8/15/2022

Actions	Number Added for this reporting period	2022 Panel Actions YTD	2021 Totals	2020 Totals	Instate Approved Programs	Out of State Approved Programs
Letter of Determination:					7 LPN Programs	5 ADN Programs
					25 ADN Programs	2 LPN-BSN Programs
Intent to Withdraw Approval					18 RNB Programs	12 BSN Programs
Conditional Approval		1	2		17 BSN Programs	25 RNB Programs
Deny Approval			3		123 Post BSN Programs	38 Total BSN Programs
Letter of Decision:					3 Refresher Programs	286 MSN Programs
Approval – Programs	2	17	30	43		127 DNP Programs
Approval – Sub Change		21	20	47		1 EdD Nursing Education Program
Plan of Correction (POC) Required		3	2	4		1 Refresher Programs
Acceptance of Submitted Documents or POC	3	41	64	65		
Additional Documents or Actions Required			4	29		
Deferred Action	1	5	12	30		
Removal of Conditional Approval				1		
Limit Student Enrollment		1	1	2		
Voluntary Closure			1	2		
Require Monitoring Report		8		2		
Site Visit Report		8	3	10		
Removal of Moratorium on admissions				1		

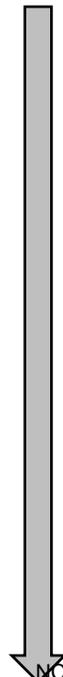
Covid-19 Curriculum Adjustments			7	92
Other		1	2	5
Letter of Concern		1		
Approvals-Miscellaneous (non-program)	1	2	2	3
Monitoring Report:				
Accept				5
Not Accept				1
Deferred				
Out-of-State DL Student Waivers:				
Accept				5
Deny				
Deferred				
Complaints:				
Open		2	3	3
Closed		2	3	11
Defer				
Complaint Investigation Reviewed:				
Accept Investigation Report			3	4
No Action Required		1		3
Action required				2
Licensing Education Exemption (Waiver) Request:				
Exemption Request Approved		3	5	8
Exemption Request Denied		1	1	2

Snapshot of Approved Nursing Assistant Training Programs (August 2022)

Number of Nursing Assistant Training Programs (All Types)	196
• Traditional Programs	153
• Home Care Aide Alternative/Bridge Programs	21
• Medical Assistant Alternative/Bridge Programs	11
• Medication Assistant Certification Endorsement (MACE) Programs	11

Trend Indicator in Program Numbers: ___ Notable Increase X Stable ___ Notable Decrease

Comments: Program numbers have ranged 180-200 total over last six years, but increased to >200 as 2019 came to a close and in early 2020. With the impact of COVID-19, the number of programs decreased temporarily to <200. They gradually climbed above 200 again in June 2022. Then, with a few nursing home sanctions and the 2-year program renewal process (where several inactive programs opted to close)-- the number is again slightly below 200.



NAPAP REPORT 2022

Activity	JAN 10+20	FEB 14+28	MAR 14	APR 11	MAY 9	JUNE 13	JULY 11	AUG 8	SEP 12	OCT 10	NOV 14	DEC 12	YTD
Programs Applications Approved	3	3	2	1	1	1		2					13
Program Applications Deferred	2		1			3							6
Program Applications Denied													
Program Change Requests Approved			2		1		1						4
Program Change Requests Deferred													
Program Change Requests Denied													
Program Complaints Reviewed				3			1						4
Program Complaints Opened				1									1
Program Complaints Closed	2			2			1						5
Site Visit Summaries Reviewed				1									1
Investigative Reports Reviewed	2												2
POC/DPOC or Program Condition Reviewed	2				1		1						4
Additional Documents/Program Actions Required	2	1	2		3		3						11
Intent to Change Program Status <i>(Full to Conditional or Conditional to Full)</i>													
Intent to Withdraw Program Approval					1								1
Program Director/Instructor Applications Requiring Panel Review													
Other Review or Process Decisions	6	9	6	6	6	10	4	8					55

*Program approvals for January 2022 adjusted from 2 to 3 for a program approved pending completion, which occurred at a later date.



**Nursing Care Quality Assurance Commission (NCQAC)
Advanced Practice Panel Report**

June 22, 2022 5:00 p.m. to 6:00 p.m.

Subcommittee Panel Members: Laurie Soine, PhD, ARNP, Chair
Jonathan Alvarado, ARNP, CRNA

Staff: Mary Sue Gorski, PhD, RN, Director Advanced Practice and Research
Karl Hoehn, JD, FRE, Assistant Director, Discipline – Legal
Amber Bielaski, MPH, Assistant Director, Licensing
Jessilyn Dagum, Research Assistant

Meeting brought to order at 5:00 p.m. by Laurie Soine. The processes of the ARNP panel and relevant licensing procedure were reviewed prior to this meeting.

Application materials were provided to the panel members and staff prior to the meeting and can be viewed upon request.

The Advanced Practice Panel reviewed the ARNP license application. Further information was required for the panel to make a recommendation. Staff is following up the Licensing Unit to see further information was received.



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

NURSING EDUCATION PROGRAMS
2020-2021 ANNUAL SCHOOL REPORT

STATISTICAL SUMMARY AND TRENDS ANALYSIS

DOH 669-269 (Revised May 2021)
Public Health – *Always Working for a Safer and Healthier Washington*

Acronyms

AD-RN	.....	Associate Degree in Nursing – Registered Nurse
AD-MS	.....	Associate Degree in Nursing to Master of Nursing
ARNP	.....	Advanced Registered Nurse Practitioner
BSN	.....	Bachelor of Science in Nursing – Registered Nurse
PN	.....	Licensed Practical Nurse
PN-RN	.....	Licensed Practical Nurse to Associate Degree in Nursing Programs
GE	.....	Graduate Entry Programs – Registered Nurse
MSN	.....	Master of Science Nursing
NCLEX®	.....	National Council Licensure Examination
NCQAC	.....	Nursing Care Quality Assurance Commission
RN	.....	Registered Nurse
RNB	.....	Registered Nurse Bachelor (Bachelor’s degree programs for licensed RNs)
PMC	.....	Post Master’s Certificate Nurse
DNP	.....	Doctorate of Nursing Practice
MN	.....	Master of Nursing
MS	.....	Master of Science
NA		Nursing Assistant

Nursing Programs Annual Report
2020-2021 ACADEMIC YEAR

Introduction

Background

The Nursing Care Quality Assurance Commission (NCQAC) requires all nursing education programs to provide information annually [WAC 246-840-520(3)]. This report summarizes 2020-2021 academic year survey data from approved Washington State nursing programs and out-of-state programs approved for clinical placement of students. Selected data trends are highlighted.

This report combines results from three different surveys; 1) the in state prelicensure nursing program survey administered by the National Council of State Boards of Nursing (NCSBN), 2) the in state post-licensure program survey administered by the NCQAC and, 3) the out-of-state program survey administered by NCQAC.

Twelve universities and 29 community and technical colleges (CTC) with approved nursing schools in Washington State completed the pre-licensure and post-licensure surveys as applicable. There are eight of the AD-RN programs offer a pathway from LPN to AD.

Ninety-four out of state schools approved for clinical placements completed the out-of-state survey during the 2020-2021 academic year. These 94 colleges and universities reported on a total of 242 approved programs (49 prelicensure and 193 post-licensure).

The report will combine, when possible, prelicensure and post-licensure student and faculty program information provided by nursing schools in the state of Washington. The more limited but valuable out-of-state program results are provided after the in-state program information. When appropriate, Washington state responses will be compared to national benchmarks and selected research findings. Finally, there is a summary and analysis of the annual survey findings, with a list of recommended actions based on these results and trend analysis.

Nurse Workforce

Workforce Survey Analysis

Beginning in January 2018, nurses (LPNs, RNs and ARNPs) in Washington State were informed of a requirement to complete an online survey with questions about their demographics, work characteristics, and education history when they renewed their nursing license or applied for a new license. The initial analyses for RNs, LPN, and ARNPs with an active Washington State license was completed on May 31, 2019 ([Stubbs 2020](#)). A second analyses for RNs, LPN, and ARNPs with an active Washington State license was released May 2022 ([WCN 2021](#)). A more complete picture of the nursing workforce can be appreciated combining the results of the Workforce Survey Analysis (WCN 2021) with this Nursing Programs Annual Report.

In-State Programs

Forty-one approved nursing schools in Washington State completed the annual survey. There are seven licensed practical nurse (PN) programs, and 25 associate degree RN (AD-RN) programs. Eight of the AD programs also offer an LPN to AD pathway. Five universities and four community colleges offer RN to BSN (RNB) programs. Nine universities offer Bachelor of Science in nursing (BSN) programs. Two ADN to MSN (AD-MS) programs, one program offering master’s degree graduate entry to the RN (GE), one program indicating “other” and one master’s degree advanced registered nurse practitioner (ARNP) and six other master’s programs. Finally, there are six post-master’s certificate (PMC) programs, six doctoral of nursing practice (DNP) and two Ph.D. programs. The undergraduate and graduate programs specifics are outlined below.

Undergraduate Programs

The number of pre-licensure graduates show impressive increases across programs despite the challenge of the pandemic year. In 2020-2021, practical nursing programs (PN) had 315 graduates representing an increase after five years of decline, the number of AD-RN graduates has also increased to 1689 in 2020-2021 and the number of BSN program graduates to 1124. Those completing GE degrees are included in these graduation numbers because they are prelicensure programs, however, the GE student and faculty demographics are included with the graduate program results. The graduates of RNB programs increased to 1310 during this academic and pandemic year.

Table 1. In State Undergraduate Graduates

	PN	AD	BSN/GE/other	RNB
2016-2017	264	1741	895	987
2017-2018	226	1506	854	1319
2018-2019	232	1507	867	1191
2019-2020	238	1561	941	1209
2020-2021	315	1689	1124	1310

Figure 1: Total Undergraduate Program Graduates by Type of Program

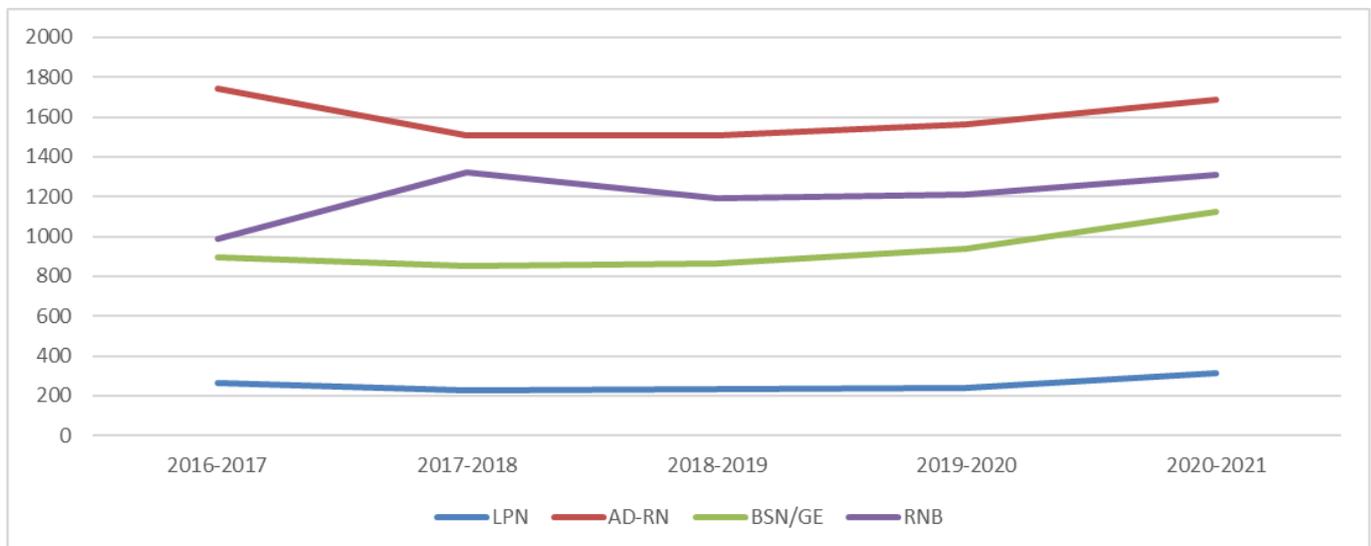


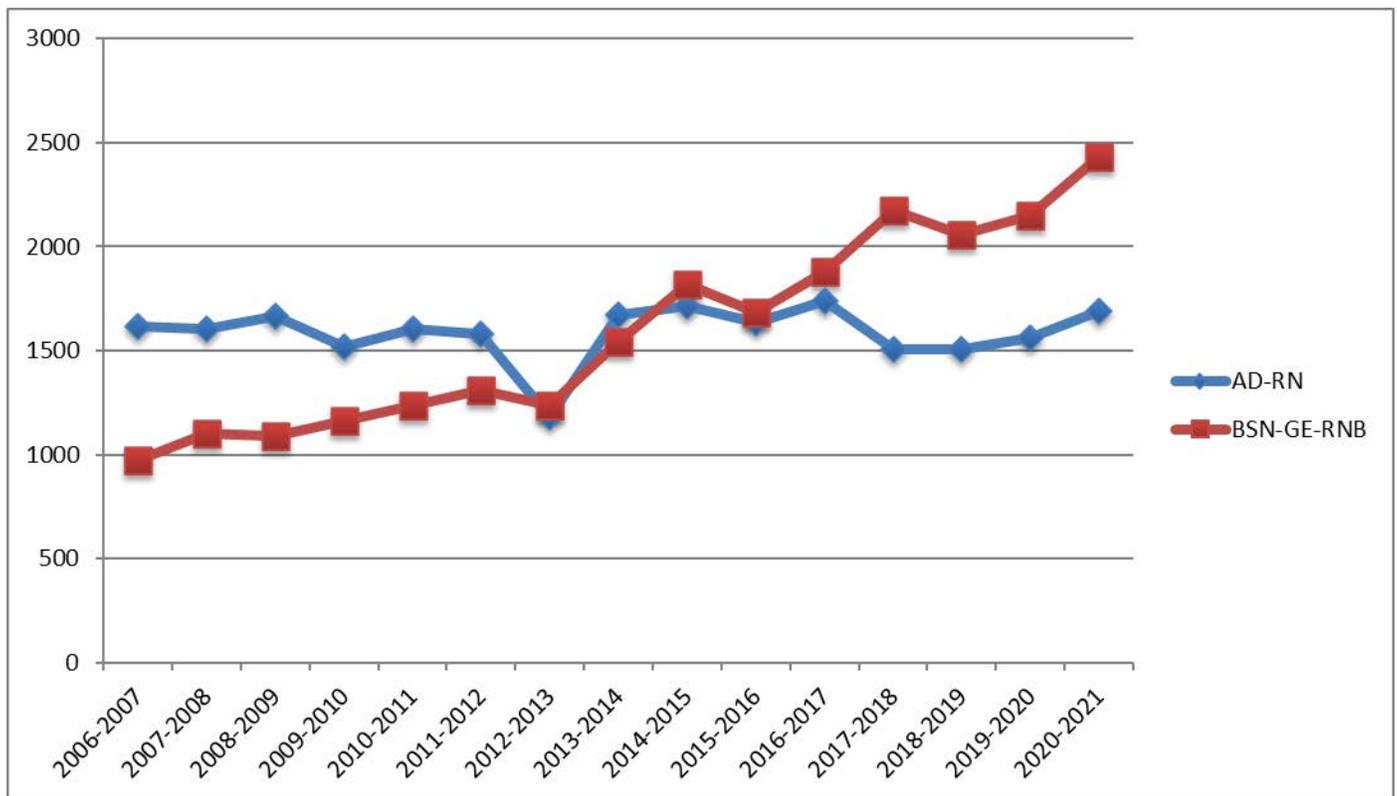
Table 1 and Figure 1 above provide undergraduate and GE/other program graduations for comparison to the past five years. There is a significant increase in graduates from all program types except the RNB. The Institute of Medicine Report (IOM) [2010], titled *The Future of Nursing*, identifies nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression. Washington State has been a leader in successful strategies for academic progression from AD to BSN. The impressive increases in prelicensure graduates at all levels illustrates the commitment of nursing faculty to providing a highly educated nursing workforce.

RN to BSN 2020-2021

The number of RN to BSN enrollment in Washington schools started to rise sharply in 2013-2014 academic year and continued to rise to a high in 2017-2018 with 2582 students enrolled in RNB programs, a significant increase from the previous year reported. There are 1310 RNB graduates this year representing a levelling off graduates over the last two years.

Figure 2 gives a little different picture of the results of these successful academic progression strategies on increasing the number of RNs with BSN degrees. The number of RN to BSN graduates are combined with BSN and GE graduate to represent the total BSN prepared RNs in 2020-2021. This can be compared with the ADN prepared RN graduates. Although an imperfect comparison, it can provide some insight into the changing nursing education landscape in the state.

Figure 2: Comparing ADN and total BSN graduate trends (RN)



Graduate Programs

Table 3 and Figure 3 outline the masters and doctoral graduates by type of program combining graduates into 2 master's categories and one doctoral for illustration. The 289 MN graduates preparing for specialties that do not require an ARNP and 64 RN to MS graduates are combined. One hundred-eight master's prepared advanced registered nurse practitioners graduated in 2020-2021 and are combined with the 24 post-master's certificates in nursing (PMCN) graduates. Also, programs reported 413 DNP and 37 PhD for a total of 450 graduates with a nursing doctorate in 2020-2021. The total number of graduates from master's and doctoral programs for three years is outlined below.

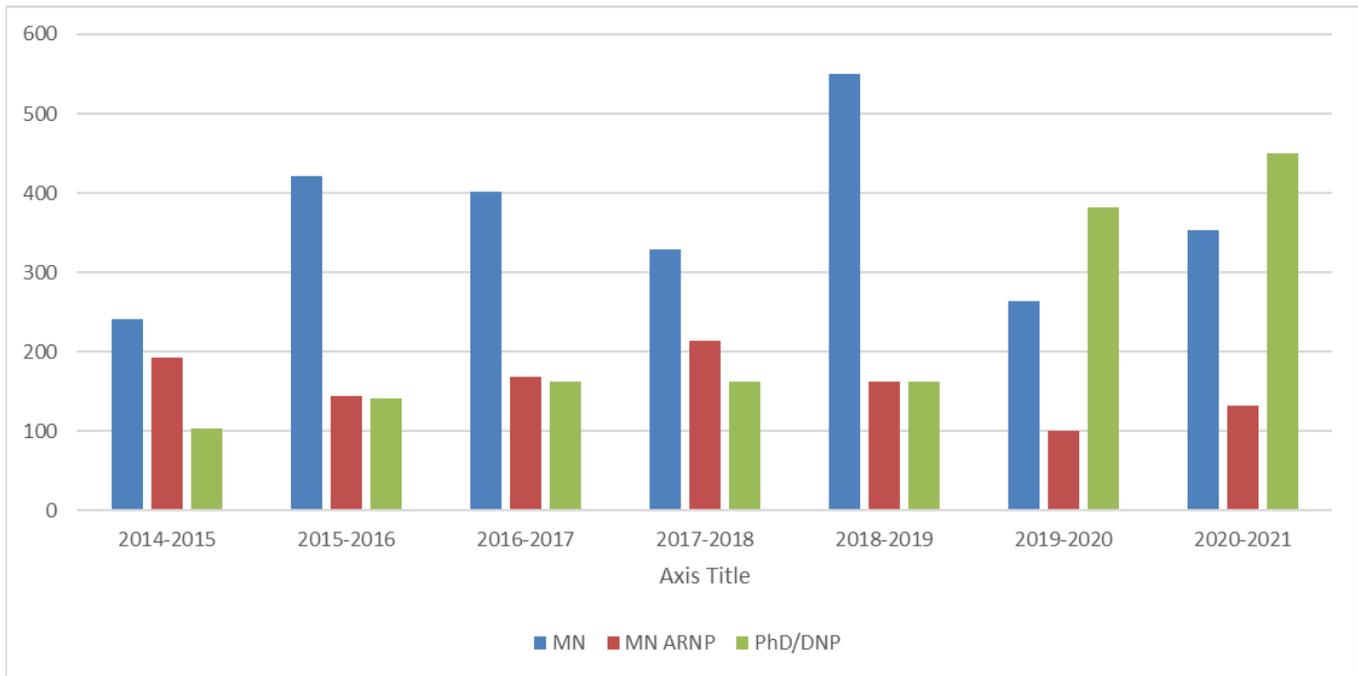
Table 3. Master's and Doctoral Total Number of Graduates by Program

	MSN/ADMN Non ARNP	MSN/ARNP/PMCN	PhD/DNP
2018-2019	550	163	162
2019-2020	264	101	382
2020-2021	353	132	450

**Post Master's Certificate in Nursing*

Although there were graduates from graduate entry (GE) programs during 2020-2021, the GE graduates were reported with undergraduate pre-licensure programs, so they are not included in the graduation numbers below. It is important to recognize the increase in graduates across programs in post-licensure programs is also noteworthy given the challenges of the pandemic.

Figure 3: Total Number of Master and Doctoral Graduates by Program



Individual specialty programs are provided in Table 4. The graduates prepared in different specialty areas meet needs across the state in primary care, education, research, and other areas of practice. The number of graduates by program and specialty area are outlined below from three types of programs and 12 different specialty areas.

Table 4. In-State Post licensure Graduates by Program and Selected Specialty Areas 2020-2021

2020-2021	CNS	FNP	ANP	MHNP	PNP	GNP	MW	ANES	ED	Adm	POP	Oth
ARNP-MN	0	44	0	35	0	0	0	0	0	0	0	0
MSN	0	0	0	0	0	0	0	0	104	135	9	15
ARNP-DNP	2	139	35	36	15	7	17	12	0	6	0	11
TOTALS	2	183	35	71	15	7	17	12	104	141	9	26

Faculty and Student Race

The 2020-2021 academic survey was completed by nursing programs impacted by the unprecedented Covid-19 pandemic in its second year. Washington State nurse educators are committed to the goal of assuring faculty and students reflected the diversity of the Washington State residents they serve. These efforts have accelerated with commitment to infuse all work with goals of equity and inclusion.

Figure 4: Percent of Faculty and Student Race Compared with WA State Population

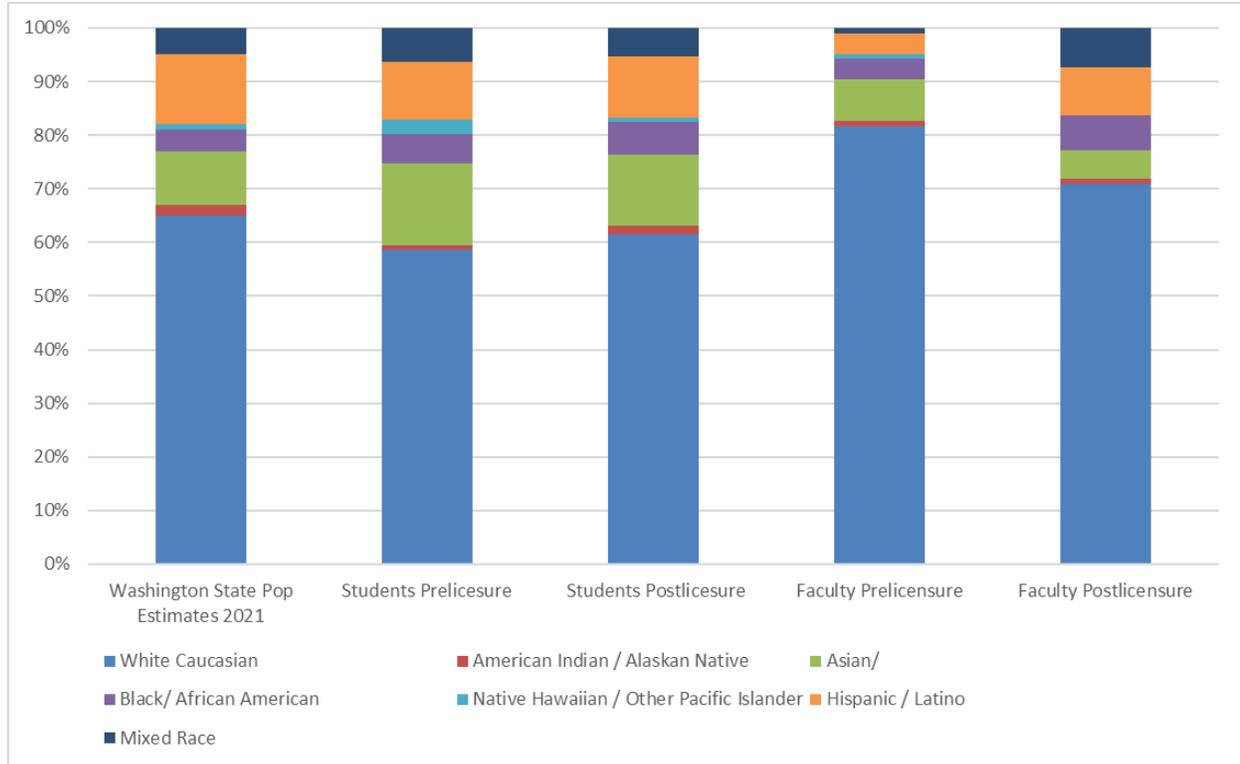


Figure 4 above illustrates the differences between Washington State population patterns compared with students and faculty. There have been some improvements in diversity of students and pos-licensure faculty. Table 5 below provides the 2020-2021 percentage comparisons of student and faculty race with Washington State population. Eighty-five percent of prelicensure fulltime and part time faculty members are White/Caucasian, 8 percent Asian, 4 percent black/African American. Seventy eight percent of post licensure faculty are White/Caucasian 6 percent Asian, 7 percent black/African American. The figure below illustrates that prelicensure and post-licensure students are more in line than faculty with the diversity of the state population in the variable of race/ethnicity.

Table 5: Percent of Faculty and Student Race Compared with WA State Population

Race / Ethnicity	WA St Pop Estimates 2021	Stud Pre-licensure	Stud Post-licensure	Faculty Pre-licensure	Faculty Post-licensure
White Caucasian	65	65	70	85	78
American Indian / Alaskan Native	2	1	2	1	1
Asian	10	17	15	8	6
Black/ African American	4	6	7	4	7
Native Hawaiian / Other Pacific Islander	1	3	1	1	0
Hispanic / Latino	13	12	13	4	10
Mixed Race	5	7	6	1	8

Faculty Retention

Table 6 outlines important information on faculty retention. Nursing programs reported in 2020-2021 that 12 percent of full-time faculty are expected to retire in the next five years compared to 22 percent the year before. There are 10 percent of faculty reported to have resigned in the last year compared to 5 percent the previous year. Retaining full time faculty in this time of transition is a major concern.

Table 6: Full Time Faculty Turnover 2019-2020 and 2020-2021

Academic Year	Percent expected to retire in 5 years	Percent who resigned
2020-2021	12	10
	22	5

Faculty Salary

A barrier to successful recruitment and retention of nursing faculty members is inadequate compensation. Respondents answered the following questions. What are the contract lengths and associated salary ranges for your full-time nursing faculty? The largest number of programs reported nine-month contracts. The average salary ranges for nine- and 12-month contracts at community colleges and universities have been collected and are currently being validated to provide the most accurate picture across CTC and Universities. The validated salary information will be available by September 2021.

Out-of-State Programs

The out-of-state nursing program approval process for student clinical placement in Washington State began in 2012. Initial data were gathered by calendar year in 2013 and 2014. The out-of-state survey was revised to reflect the academic year beginning 2014-2015 so it could be reported with the data from in-state programs to offer a more complete picture of nursing education program capacity in the state.

Because the approval process relates to clinical placements only, the data gathered are different from that gathered from the in-state programs. The student numbers reflect student clinical placement only and do not currently include graduation numbers. Since many of these students may remain in the state after graduation, we plan to track Washington state graduation rates starting year 2020-2021.

There are a total of 528 tracks in 109 colleges and universities from other states who are approved in the state of Washington for clinical placement. Ninety-four approved colleges and universities completed the survey and indicated they had clinical placements in one or more tracks. Table 9 outlines there were 49 prelicensure programs and 193 post-licensure program tracks totaling 242 tracks with clinical placements this year.

Table 9: Out of State Programs and Student Clinical Placements 2020-2021

College/University (94 total)	Total Programs	Total Clinical Students
Prelicensure	49	1068
Post licensure	193	788
Totals	242	1856

During the academic year 2020-2021, forty-nine programs with clinical students in Washington State preparing graduates for initial PN or RN licensure completed the survey. Two practical nurse (PN) programs four associate degree RN (AD-RN) programs, two graduate entry (GE), and 18 schools have students in Bachelor of Science in nursing (BSN) programs.

The remaining programs with clinical students prepare graduates to advance their education post-licensure. There are 23 RN to BSN (RNB) programs, eight associate degree to master's (AD-MS), 46 master's programs preparing for ARNP licensure (NP-MN) and 43 other master's programs (MSN). Finally, there are 38 post master's certificate programs (PMC), 53 doctoral of nursing practice (DNP) and five Ph.D. programs. The total number of programs by type is outlined below in Table 11 providing the previous five years results for comparison.

Table 11: Number and Types of Out of State Programs with Clinical Site Placements

	PN	AD-RN	BSN	RNB	AD-MS	GE	MSN	NP-MN	PMC	DNP	PhD	Total
2016-2017	4	6	28	22	14	3	35	39	30	42	8	231
2017-2018	4	6	30	19	5	1	37	38	32	39	7	218
2018-2019	3	6	28	33	6	4	41	41	34	51	8	252
2019-2020	1	6	29	30	9	5	39	43	37	44	9	252
2020-2021	2	4	18	23	8	2	43	46	38	53	5	242

Out-of-State Student Statistics

The number of students placed in clinical by out of state programs is illustrated below showing trends for the last five years. Approved out-of-state programs completing the survey provided 1856 clinical site placements for students in the 2020-2021 academic year reflecting an increase from a total of 1,738 students in 2019-2020.

Prelicensure program clinical placements from out of state programs preparing students for PN or RN licensure returned to previous numbers after a significant decline last year. The ARNP MN program placements have continued to increase particularly in the last two years as well as an increase in DNP programs.

Table 10: Students with Clinical Site Placement from Out of State Programs by Program Type

	PN	AD-RN	BSN	RNB	AD-MS	GE	MSN	NP-MN	PMC	DNP	PhD	Total
2016-2017	48	198	354	249	19	0	313	137	31	66	2	1,417
2017-2018	126	309	400	163	6	0	440	145	40	85	0	1,714
2018-2019	168	276	534	240	4	8	139	516	185	191	0	2,261
2019-2020	20	163	206	107	3	0	61	557	61	94	1	1,738
2020-2021	126	235	551	155	1	1	86	532	51	114	4	1,856

Summary/Analysis

Washington State nurse educators made the commitment in 2011 for a higher educated and more diverse nursing workforce, when the Council for Nurse Education in Washington State (CNEWS) and the Washington Center for Nursing (WCN) collaborated to develop a Master Plan for Nursing Education ([WCN, 2014](#)). The commitment has been reinforced with the work of *Action Now!* and the Critical Gap workgroups addressing the gaps in the nursing workforce. This report highlights trends in the direction to meet these goals as well as refocused goals and priorities due to the pandemic.

Diversity/Inclusion

The survey results indicate there are continued challenges meeting our commitment to a more diverse nursing workforce. Our experiences in the pandemic have further illustrated the urgency of assuring our faculty and students reflect the population they serve.

Providing a nursing faculty workforce that reflects the diversity of their students and the population of Washington State is essential. A diverse nursing workforce can help improve patient and population health outcomes, particularly related to reducing disparities in health. The undergraduate student diversity closely resembles Washington residents, and graduate students are showing some positive changes. However, the nursing faculty diversity is furthest from the state population and there has been little change over the past four years (NAM 2021).

Academic Progression

Access to academic progression for nurses at all levels from nursing assistant (NA) to PhD is important. Nurse educators in Washington have responded with increased enrollments, creative strategies, and increased education capacity. Thanks to these significant efforts of nurse educators, the capacity needs for RNB programs are being met at this time. There are several projects examining LPN academic progression and significant work has been ongoing standardizing nursing assistant curriculum.

Enrollment and graduations in graduate programs have shown impressive increases responding to the shortage of nurse faculty, primary care providers, and researchers. Our state mirrors national trends with more ARNP students moving to DNP programs from MSN programs. Approval of out-of-state programs tracks for clinical placements helps ensure quality and additional capacity in high-need areas, however availability of quality clinical placements for all nurses provides a significant challenge for both in state and out of state programs.

Faculty

The overall educational preparation of all faculty (full time and adjunct) needs to be increased to meet state (WAC 246-840-523) and national (CCNE 2017) standards for a master's degree in CTC and a doctorate in universities. Faculty must complete graduate studies potentially accruing additional debt and further straining income inequities. In addition to the imperative to increase nursing faculty education level, there are impending retirements and vacancies. Salary trends for university nursing faculty are being tracked, validated, and will be shared in September.

Recommendations

Diversity/Inclusion

Play key leadership role as the Nursing Commission to support the closure of the identified critical gaps in the nursing workforce. Provide resources and time to infuse concepts of diversity and inclusion in this work, as well as all ongoing work of the Commission.

Faculty Recruitment and Retention

Work to increase University faculty salaries and examine workload. Support and sustain current funding level of Community and Technical College nursing faculty and additional education for faculty.

Academic Progression

Continue to support strategic initiative on LPN academic progression, scope of practice, and education.

Workforce Data

Continue to serve on the leadership team to close the critical gaps in the nursing work force to assure the right mix of nurses to meet the needs of Washington state residents, using supply, demand, and education data to inform actions, meet goals and evaluate progress.

Conclusions

Now is the time to learn from the difficulties of the pandemic and accelerate our progress providing the educational mix of nurses for safe and quality care in Washington State. The complex multiple education pathways in nursing provide multiple opportunities to increase the overall education level of nurses. Across settings, nurses are being called upon to coordinate care and to collaborate with a variety of health professionals, including physicians, social workers, physical and occupational therapists, and pharmacists, most of whom hold master's or doctoral degrees.

The Future of Nursing 2020-2030: Charting a Path to Achieve Health Equity (NAM 2021) renews the focus on the education preparation of nurses as well as challenges nurses to be leaders in the urgent work to advance health equity. RNB, masters, and doctoral enrollments and graduations have continued to increase, adding to a higher educated workforce, but we must continue to accelerate our progress to meet the growing health care needs of the residents of Washington State including LPN and nursing assistants' academic progression. The Nursing Commission is one of four lead organizations to address critical gaps in the nursing workforce and will continue to advance the goals of health equity so essential to this work.

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DRAFT Timeline for NCQAC Executive Director Recruitment

February 2, 2022

Date	Activity	
February 2022	-Paula drafts a position description for the ED role and shares with Laurie -Laurie meets with Sierra and MC Leaders and seeks input (the role the Open Publics Meetings act, MC learnings)	-Completed 1/18 -emails sent to arrange meeting
March 2022	-Paula shares with NCQAC her plans to retire, June 2023. -Laurie presents and seeks input on the draft timeline for recruitment and hiring of new ED, including advertising timeline	
April 2022	The Officers and Paula draft a charter for the Search Committee including membership	
May 2022	At the May Business meeting NCQAC: - The charter for ED Search Committee is approved. - The Search Committee members are selected - Chair of the Search Committee is selected - finalize ED position description (need to add new FTEs and finances as a result of legislative packages) - Advertising plan (where, when, budgetary decisions) - Approve required elements of application Search committee to meet no later than May 27, 2022	Staff members: Chris Archuleta. Catherine Woodard, Gerianne Babbo, Amber Zawislak
July 2022	At the July 7th Commission Workshop: -4 hrs are spent in a facilitated discussion to identifying vision for/attributes and skills of the next ED	
August 2022	At the September Business meeting NCQAC: Position is widely posted – <ul style="list-style-type: none"> • Recommend including notice that candidates may be discussed in open meeting during the process and when/how • Set clear minimum standards for position 	
September and October 2022	Deadline to submit applications: September 30, 2022 Applications are accepted <ul style="list-style-type: none"> • Staff screen applications to allow only those meeting minimum qualifications to be passed on for review and to de-identify applicants -Search Committee meets and drafts interview questions and drafts a worksheet for standardized review.	
October 2022	Search Committee members individually review applications <ul style="list-style-type: none"> • Make sure there is no cross-discussion between reviewers • Remind committee members that application materials are confidential under PRA, so should be treated accordingly. RCW 42.56.250(2) 	

November 2022	Search Committee meets and decides upon top 8 candidates <ul style="list-style-type: none"> • May be in executive session under RCW 42.30.110(1)(g). <u>Reminder</u>: All voting must take place after executive session has closed and open public meeting has reopened. 	
December 1-2, 2022	Search Committee spends two days doing 2 hr back-to-back Zoom interviews with top 8 candidates using standardized interview question template. <ul style="list-style-type: none"> • May be in executive session under RCW 42.30.110(1)(g) 	
The week of December 5, 2022	Search Committee meets and narrows to top 3 candidates <ul style="list-style-type: none"> • May be in executive session under RCW 42.30.110(1)(g) 	
The week of December 12, 2022 (due to holidays)	References for top candidates are explored <ul style="list-style-type: none"> • Staff will check references using standardized questions and provide that information to search committee. 	
January 2023	Top 3 candidates interview with staff, commissioners and other interested parties and feedback is gathered.	
The week of February 3, 2023	Search Committee meets and finalizes recommendation, incorporating staff, commissioners and other interested parties feedback, and ranks top 3 candidates.	
Complete at the March 10 NCQAC meeting or a special meeting for this purpose on March 9	A Special Meeting of the NCQAC is called, <i>if so required</i> , to support/vote on the Search Committee’s recommendation. <ul style="list-style-type: none"> • Can we evaluate the top three in executive session? Yes, under same executive session law. • Commission may host a purely social meeting with one or more candidates—as long as the commission does not discuss agency business or take any other “action.” RCW 42.30.070. • Would Commission pay for travel costs for candidates if they come here in person for these events? Paula will ask HR • Discussions of salary and other conditions of employment must be in open meeting RCW 42.30.140(4). <ul style="list-style-type: none"> ○ Paula will discuss salary band with DOH HR per JOA. 	
The week of March 20, 2023	Offer extended to first choice This allows one month for new ED to give notice to their current employer.	
May 1, 2023	New ED begins orientation with Paula	

Salary procedures—Paula says HR at DOH provides a salary range that the Commission must work within.

Chris and I met with HR and suggest using a special WMS Exempt category that will increase the salary. We think this is necessary due to the comparison to RN and RN executive wages.

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

Title:	Executive Director Leave Approval	Number:	J22.01
Reference:	RCW 18.79.390		
Contact:	Chris Archuleta Chris.archuleta@doh.wa.gov		
Effective Date:	September 8, 2022	Date Reviewed:	September 8, 2022
Supersedes:	Enter the previous effective date for the procedure		
Approved:	Yvonne Strader, RN, BSN, BSPA, MHA Chair		
	Nursing Care Quality Assurance Commission (NCQAC)		

Purpose: The Executive Director (ED) of the Nursing Care Quality Assurance Commission (NCQAC) serves at the pleasure of the NCQAC. The chair of the NCQAC acts as the direct supervisor of the executive director. This procedure describes the request, approval and entry of leave for the executive director.

Procedure: The ED identifies leave time, to include annual leave, sick leave, and Family Medical Leave as identified by the Department of Health, Human Resources, office. The ED requests the dates and times of leave from the chair of the NCQAC through email.

The chair may approve, deny or request modification of the request.

The ED enters the dates of approved leave in the Department of Health Leave Management System. In the notes section, the ED copies and pastes the email response from the chair that includes the date of the request and date of action.

NPAP Panel A	NPAP B	NA-PAP	Education Subcommittee	Advanced Practice Subcommittee	Licensing Sub-Committee	Consistent Standards of Practice Subcommittee	Discipline Subcommittee	Legislative Panel	Case Management Team	Case Disposition Panel	Each member of the NCQAC may serve as a chair	Research Subcommittee	Substance Use Disorder Review Panel
3rd Thursday, 10am-12pm; Microsoft Teams meeting	1st Thursday of Month; 10am-12pm; Microsoft Teams meeting	2nd Monday every month; 3:00-5:00pm; Microsoft Teams meeting	Quarterly	3rd Wednesday every month; 7-8pm; Microsoft Teams meeting	3rd Tuesday of every other month; 1pm - 2pm; Microsoft Teams meeting	1st Friday every other month; 12-1pm; Microsoft Teams meeting	3rd Tuesday Every Other Month; 3:30 - 5:30pm; Microsoft Teams meeting	Every Thursday During Session; 5-6pm; Microsoft Teams meeting	Every Tuesday 8:30-10am; Microsoft Teams meeting			3rd Monday of every month; 5-6pm; Microsoft Teams meeting	TBD
Chair Brown, Fionnuala Fought, Sharon Benson, Julie Hoeksel, Renee Cochrell, Patty Babbo, Gerianne, Staff Bear, Sarah, Staff Talkington, Tim, Staff Attorney Sara Kirschenman Staff Attorney Sparks, Janell, Staff	Tucker, Kim, Chair Soine, Laurie Baroni, Mary Guilford, Ella Mulligan, Anne Babbo, Gerianne, Staff Joan Owens Talkington, Tim, Staff Attorney Sparks, Janell, Staff Sara Kirschenman Staff Attorney Llacuna, Alana, Staff	Myrick, Helen, Chair Childress, Quiana Rude, Tracy Graham, Sandra Murray, Amy Moisio, Kathy, Staff Hulteen, Grant, Staff Bayne, Miranda, Staff Attorney Seanna Reichold, Staff Attorney (as able) Sparks, Janell, Staff Llacuna, Alana, Staff	Tucker, Kim, Chair Soine, Laurie Hoeksel, Renee Brown, Fionnuala Benson, Julie Myrick, Helen, ad hoc Rude, Tracy, ad hoc Babbo, Gerianne, Staff Bear, Sara, Staff Talkington, Tim, Staff Attorney Sara Kirschenman Staff Attorney Moisio, Kathy, ad hoc Reichold, Seana, ad hoc Bayne, Miranda, ad hoc Holm, Margaret (ad hoc)	Alvarado, Jonathan, Chair (CRNA) Emerisse Shen (NP) Soine, Laurie (NP) Fitzgerald, Shannon (NP) Frank, Lindsey (CNP) Kilpatrick, Megan (CNS) Murchie, Wendy E. (NP) Sadak, Tatiana (ARNP) Veilleux, Kimberley A. (NP) Reis, Bianca (DNP) Graham-Heine, Keyna (DNP) Gorski, Mary Sue; Staff Dagum, Jessilyn; Staff	Morrell, Dawn, Chair Canary, Adam Myrick, Helen Public Member needed Moua, MaiKia Underwood, Lori, Staff Zawislak-Bielaski, Amber, Staff Johnny, Shana Ad-Hoc, Staff Hoehn, Karl, Staff Attorney	Ness, Sharon, Chair Myrick, Helen Public Member Guilford, Ella RN Member Randich, Tiffany LPN Member Shirley, Jamie Pro Tem Fleming, Robin Pro Tem Johnny, Shana Staff Carlson, Deborah (Ad Hoc) Staff Palmer, Holly Staff	Canary, Adam, Chair Loveless-Morris, Judy Ness, Sharon Morrell, Dawn Randich, Tiffany Rude, Tracy Woodard, Catherine, Staff Hulteen, Grant, Staff Hoehn, Karl, Staff Attorney Furman, John, Staff Buddle, Helen, Staff Elsner, Barbie, Staff Holm, Margaret Staff (Ad Hoc)	Myrick, Helen, Chair, Public Member Alvarado, Jonathan, ARNP Strader, Yvonne, RN Madayag, Judy, LPN Meyer, Paula, Staff Sharar, Amy Staff Woodard, Catherine, Staff Hulteen, Grant, Staff Hoehn, Karl, Staff Attorney Batchelder, Lynn, Staff Margaret Holm, Staff	Strader, Yvonne, Chair Myrick, Helen Canary, Adam Ness, Sharon Childress, Quiana Shen, Emerisse, ARNP Staff Buddle, Helen, Staff Hoehn, Karl, Staff Batchelder, Lynn, Staff Margaret Holm, Staff	Rude, Tracy Baroni, Mary Kimberly Tucker Canary, Adam Guilford, Ella Loveless-Morris, Judy New Public Member Morrell, Dawn Myrick, Helen Ness, Sharon Alvarado, Jonathan (NP) Randich, Tiffany Soine, Laurie Strader, Yvonne Childress, Quiana Moua, MaiKia	Chair must be a NCQAC member Madayag, Joan Shen, Emerisse Loveless-Morris, Judy New Public Member Morrell, Dawn Myrick, Helen Ness, Sharon Alvarado, Jonathan (NP) Randich, Tiffany Soine, Laurie Strader, Yvonne Childress, Quiana Moua, MaiKia	Ness, Sharon, Chair Strader, Yvonne Haerling, Katie Baroni, Mary Shirley, Jamie Loveless-Morris, Judy Gorski, Mary Sue, Staff Archuleta, Chris; Staff Furman, John; Staff Dagum, Jessilyn; Staff Holm, Margaret Staff (Ad hoc) Johnny, Shana (Ad hoc)	Morrell, Dawn, Chair Canary, Adam Ness, Sharon Strader, Yvonne Rude, Tracy Hulteen, Grant, staff Hoehn, Karl, staff Nolet, Adena, staff Bacon, Cicely, staff

NURSING BUDGET STATUS REPORT – July 2022

2021-2023 BIENNIUM:

This report covers the period of July 1, 2021, through July 31, 2022, thirteen months into the biennium, with eleven months remaining. The NCQAC budget is underspent by 6.5% and the current revenue balance is \$2.8M.

REVENUES:

The recommended revenue balance or “reserve” should be 12.5% of biennial budgeted allotments, or approximately \$3.7 million. NCQAC revenue balance dipped below the recommended reserve balance for the first time in many years. This was due to the most recent HELMS withdrawal of \$2.8M on June 30, 2022. Recent revenues continue the trend of exceeding projections and currently outpace projections by approximately 9%, or just over \$1.3M. This is due in part to the continued high volume of endorsement applications and volunteer nurses applying for licensure to remain in Washington after the emergency.

BUDGET/ALLOTMENTS:

Due to the fiscal year end closeout, the agency was not able to post service unit or indirect charges at the time of this report; therefore, this report contains estimates, highlighted in yellow.

Highlights:

- The AG bill continues to come in above budget due to ongoing litigation.
- Salaries and Benefits are now trending below allotment due to the addition of the allotments granted to the NCQAC in the 2022 supplemental budget in response to the legislative mandate to process licenses in seven days or less and the crisis in long term care and delays in filling new positions.
- FBI Background Checks are charged based on actual files processed and are now trending higher than projected due to the increased volume of endorsement applications.
- HP Investigations and Public Disclosure – these service unit costs are charged based on actual hours or files reviewed. The allotments are based on the activity from the previous biennium. To date actual use appears to be lower than last biennium.

FISCAL OUTLOOK:

With the recent HELMS withdrawal, the combination of revenues exceeding projections, and underspending the budget, the revenue balance fell just below the recommended reserve balance. We anticipate revenues to continue to exceed projections and the new fee increase will be implemented on December 1, 2022. As a result, the revenue balance will rebound and will approach and exceed recommended levels for the remainder of FY23. The final HELMS withdrawal, \$2.4M, will take place at the end of June 2023, at which time we expect the revenue balance to drop below the recommended reserve once again.

**Nursing Care Quality Assurance Commission
2021-23 Budget Status Report (Health Professions Account)**

For the period of July 1, 2021 through July 31, 2022

EXPENDITURES TYPES	BIENNIAL	BUDGET/ALLOTMENT	EXPENDITURES	VARIANCE	% SPENT
	BUDGET	TO-DATE	TO-DATE	TO-DATE	TO-DATE
DIRECT EXPENDITURES:					
FTEs (average)	81.375	81.38	75.97	5.41	93.35%
Staff Salaries & Benefits	\$16,455,614	\$8,936,266	\$8,522,922	\$413,344	95.37%
Commission Salaries	\$604,615	\$325,384	\$282,301	\$43,083	86.76%
Goods & Services	\$597,803	\$318,557	\$338,843	(\$20,286)	106.37%
Rent	\$830,031	\$437,843	\$307,454	\$130,389	70.22%
Attorney General (AG)	\$1,533,730	\$745,348	\$928,640	(\$183,292)	124.59%
Travel	\$180,000	\$95,685	\$33,349	\$62,336	34.85%
Equipment	\$111,696	\$53,396	\$49,883	\$3,513	93.42%
IT Support & Software Licenses	\$367,476	\$189,372	\$161,026	\$28,346	85.03%
TOTAL DIRECT	\$20,680,965	\$11,101,851	\$10,624,417	\$477,434	95.70%
SERVICE UNITS:					
FBI Background Checks	\$527,013	\$279,249	\$308,582	(\$29,333)	110.50%
Office of Professional Standards	\$435,023	\$211,067	\$220,921	(\$9,854)	104.67%
Adjudication Clerk	\$213,498	\$112,881	\$63,447	\$49,434	56.21%
HP Investigations	\$86,601	\$44,086	\$39,026	\$5,060	88.52%
Legal Services	\$39,570	\$19,957	\$23,934	(\$3,977)	119.93%
Call Center	\$164,978	\$84,084	\$83,829	\$255	99.70%
Public Disclosure	\$382,476	\$202,076	\$180,065	\$22,011	89.11%
Revenue Reconciliation	\$180,909	\$95,538	\$107,806	(\$12,268)	112.84%
Online Healthcare Provider Lic - Staff	\$305,352	\$162,110	\$185,217	(\$23,107)	114.25%
Online Healthcare Provider Lic - Contract	\$195,792	\$106,054	\$96,127	\$9,927	90.64%
Suicide Assessment Study	\$40,800	\$22,100	\$9,371	\$12,729	42.40%
TOTAL SERVICE UNITS	\$2,572,012	\$1,339,202	\$1,318,325	\$20,877	98.44%
INDIRECT CHARGES:					
Agency Indirects (16.9% in FY1 - 15.3% in FY2)	\$4,764,198	\$2,085,645	\$1,847,432	\$238,214	88.58%
HSQA Division Indirects (11.3% in FY1 - 9.7% in FY2)	\$3,180,861	\$1,393,524	\$1,261,442	\$132,081	90.52%
TOTAL INDIRECTS (28.2% in FY1 - 25% in FY2)	\$7,945,059	\$3,479,169	\$3,108,874	\$370,295	89.36%
GRAND TOTAL	\$31,198,036	\$15,920,222	\$15,051,616	\$868,606	94.54%

Estimated Amounts

NURSING REVENUE	To-Date
BEGINNING REVENUE BALANCE	\$4,257,147
21-23 REVENUE TO-DATE	\$16,493,805
21-23 HELMS ASSESS. TO-DATE	\$2,887,402
21-23 EXPENDITURES TO-DATE	\$15,051,616
ENDING REVENUE BALANCE	\$2,811,934

Academic Progression - Updated August 2022

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

Objectives	Responsibility	Resource projections (time, staff, money, etc.)	Deadlines	Progress
1) Identify barriers and strengths identified by employer organizations of current models for consistent academic preparation for LPNs	Mary Sue Gorski, Jessilyn Dagum	Expand interested party discussions statewide and nationally to include broader range of employer organizations.	Expanded employer groups to convene Fall 2022	NCSBN leadership presentation held on April 19, 2021; LPN to RN Educators and LPN Employers focus groups May 2021; Convene representatives of interested states and provinces May/June 2021. October 2021 Completed LPN educator group addition LPN LTC employer Commission members
2) Develop a report using workforce data, stakeholder group input, and national collaboration.	Paula Meyer, Mary Sue Gorski, Gerianne Babbo	Pull together NCSBN input, workforce data analysis, and stakeholder input to develop a full report of progress to date	Fall 2022	Data gathered focus group summaries reviewed
3) Explore outcomes of existing LPN education models and expand employer input.	Paula Meyer, Mary Sue Gorski, Gerianne Babbo	Compare education outcomes identified in the Annual Education Program report across current LPN programs over four years 2017-2022 to explore trends	February 2022 through February 2024	Trend data compiled and grid of LPN programs completed. Preliminary outcomes data by June 2022.

Communications – Updated August 2022

NCQAC Communications has identified three overarching goals, and the objectives listed in the table below directly support these goals. Objectives will be met through specific tasks outlined in our separate workplan. Year One of the biennium will be spent doing the work to achieve these goals, and year two will be spent evaluating our success/progress, as well as finalizing any work that supports the goals. Evaluation methods will be determined for each objective prior to Year Two.

Goals:

- **Provide exceptional communications internally and externally.**
- **Develop and implement a strong and meaningful identity for NCQAC, to include mission, vision statement, and logo.**
- **Ensure accessibility and inclusivity in all aspects of communication with the public and our stakeholders.**

High Level Objectives	Responsibility	Resource projections (time, staff, money, etc.)	Deadlines	Progress
Construct a new, streamlined website	NCQAC Communications, Communications Task Force	NCQAC Communications/WaTech staff, unit input Lead: Shad	Fall 2022	Putting finishing touches on new site. Plan to go live September 1
Revamp SharePoint for internal use by staff to include a landing page for information sharing	NCQAC Communications	NCQAC Communications/DOH IT staff, unit input Lead: Shad	Spring 2023	Waiting on DOH for next phase.
Develop and implement style guide and publication standards	NCQAC Communications	NCQAC Communications, leadership input Lead: Amy	Spring 2022, most work to occur in tandem with website build	To be completed in tandem with website build
Develop and ensure that Language Access Plan requirements are met for publications that have	NCQAC Communications, Communications Task Force	NCQAC Communications, leadership input Lead: Laura	Fall 2022	DOH revamping process. Working with them to make sure NCQAC complies.

accessibility requirements.				
Develop and implement agency templates for a variety of purposes, such as GovDelivery PowerPoint, MS Word, Excel, Teams/Zoom meetings, etc.	NCQAC Communications	NCQAC Communications, leadership input Lead: Amy	Spring 2022	To be completed once identity is defined, which will happen in initial phase of website build
Complete the communications visions submitted by each division.	NCQAC Communications, Communications Task Force	NCQAC Communications, leadership input All	Spring 2022	To be completed prior to July 1, 2022 – some work to be completed in tandem with website build, remainder post web launch
Determine evaluation methods for objectives supporting goals.	NCQAC Communications, Communications Task Force	NCQAC Communications, leadership buyoff Lead: Amy	Summer 2022	Transition project from Rebecca to Jessilyn
Evaluation Period	NCQAC Communications, Communications Task Force	NCQAC Communications, leadership buyoff All, Amy	Spring 2023	To be completed prior to July 1, 2023

Nursing Assistants – Established August 2021 (for 2021-2023) – **UPDATED AUGUST 26, 2022**

Goal: Streamline nursing assistant training and testing processes, expand capacity through use of technology, and support progression into nursing as evidenced by the following outcomes:

- New training program applications consistently reviewed in 7-10 days;
- Statewide first-time test-taker pass rates (average, annualized) improved to 75% for 2023 and to 80% by 2024;
- Testing capacity increases to 22,932 test-takers per year (119% increase) through use of a virtual approach;
- Quantitative ratings of >3.7 on a 5-point scale on electronic surveys regarding the new curriculum by training programs and students at 6, 12, and 18 months post-implementation; and
- The LPN Registered Apprenticeship Program (LPN RAP):
 - Enrolls 45 students (15 at each pilot site) in three different geographical areas in 2023; and
 - The completion rate for students in the pilot is $\geq 85\%$.

Objectives	Staff Responsibility	Resource projections (time, staff, money, etc.)	Deadlines	Progress
1—Pilot, evaluate, and refine the new nursing assistant training curriculum.	Kathy Moisio	Porsche Everson is contracted to support pilot preparation; members of the LTC Workforce Development Steering Committee and Workgroups are eager to pilot. NAPAP to review and make decisions re feedback/refinements.	• To be completed in SPRING 2022	• Completed April-June 2022
2—Establish a steering committee, workgroup, and workplan for the LPN Apprenticeship Pathway; hire a Nurse Consultant to lead the LPN Apprenticeship Pathway work; and host a statewide LTC Summit to gain statewide stakeholder input on developing the pathway.	Kathy Moisio with new hire taking over the leadership role once hired	Dr. Mary Baroni has been instrumental in making connections to support the foundational work for a successful launch.	• To be completed in FALL 2021	• Completed Timely
3—Conduct public rules meetings to gather input on nursing assistant rules revisions that address curriculum and testing changes and other needed updates.	Bonnie King and Kathy Moisio	Online meetings will be used maximally to provide efficiencies of time and cost and maximize stakeholder participation.	• To be completed in FALL 2022	• Preparation in progress; dates are still TBD
4—Testing plan or contract in place for 2022, including timelines for phasing in	Kathy Moisio in coordination with	Completion represents a challenge with other activities, but must be	• To be ready for implementation JAN 1, 2022.	• Recommendations are included in the contract on a

Objectives	Staff Responsibility	Resource projections (time, staff, money, etc.)	Deadlines	Progress
revisions recommended from the LTC Workforce Development Steering Committee and Testing Workgroup (virtual skills testing within training programs at point of graduation, new evaluation approach, etc.).	Contracts Unit, Paula Meyer, possibly legal staff, and the other agencies involved: DSHS and DOH/HSQA	finished by 12/31/2 to avoid interruptions to testing. NAPAP considers, makes decisions re: final plans.		phase-in schedule (2022-2023) <ul style="list-style-type: none"> Contract completed/signed timely
5—Develop nursing assistant curriculum into an online-capable format	Kathy Moisio	Legislative allocations are available to support this development as a means of assuring smooth progression from NAC toward LPN as part of the LPN Apprenticeship Pathway. Also, members from the LTC Workforce Development Steering Committee and Workgroups have expressed interest in participating. NAPAP participates and/or reviews, makes decisions re: final plans.	<ul style="list-style-type: none"> To be completed in SPRING 2022 	<ul style="list-style-type: none"> Completed by June 30, 2022
6—Finalize nursing assistant rules revisions, incorporating stakeholder input.	<ul style="list-style-type: none"> Bonnie King with support from Kathy Moisio and others (legal staff, DOH/HSQA staff, etc.) 	NAPAP reviews, makes decisions re: final version.	<ul style="list-style-type: none"> To be completed after public meetings held (see item #3)—FALL/WINTER 2022 	<ul style="list-style-type: none"> Work to finalize a draft and identify public meeting dates is in progress
7—Develop the communication/roll-out plan regarding curriculum, testing, and rules changes for launch in September 2022.	Kathy Moisio with support from Communications staff	Online meetings will be used maximally to provide efficiencies of time and cost and maximize stakeholder participation.	<ul style="list-style-type: none"> To be completed in SUMMER-FALL 2022 	<ul style="list-style-type: none"> Curriculum roll-out began in July 2022 with weekly online orientation sessions through August for existing and new programs to go through orientation, gain access to

Objectives	Staff Responsibility	Resource projections (time, staff, money, etc.)	Deadlines	Progress
				materials, and complete application form for approval to begin using if they choose. Orientation sessions will continue in September and onward as needed.
8—Continue LPN Apprenticeship Pathway development with steering committee and workgroup members according to timelines established in the workplan.	Marlin Galiano	<ul style="list-style-type: none"> Legislative allocations cover the FTE for the new Nursing Consultant and for the costs of planning activities, contracts, etc. 	<ul style="list-style-type: none"> To continue through SPRING 2022 to JUNE 30, 2022 deadline 	<ul style="list-style-type: none"> Completed the planning phase timely-- Implementation phase in progress
9—Participate actively in legislative session in relation to the Decision Package (DP), re-introducing HB 1124 (glucometer testing by nursing assistants), and support for LPN Apprenticeship Pilot funding.	Paula Meyer and others as directed	<ul style="list-style-type: none"> There is stakeholder support for re-introducing HB 1124. Senator Conway sponsored the LPN Apprenticeship Pathway planning and has expressed interest in supporting the piloting; federal grant submission may lead to funding to support piloting at one site. 	<ul style="list-style-type: none"> To occur in WINTER 2022 	<ul style="list-style-type: none"> Decision Package Passed HB 1124 Passed Federal Grant Passed (Yakima Valley College) These Milestones Completed Timely
10—Implement the communication/roll-out plan for curriculum/testing/rules revisions	Kathy Moisio, Alana Llacuna, New Staff via Decision Package	NAPAP members and members of the LTC Workforce Development Curriculum and Testing Workgroups may have interest in participating; online presentations will be used maximally for time/cost efficiency and ease of participation by stakeholders.	<ul style="list-style-type: none"> To begin in SUMMER 2022 	<ul style="list-style-type: none"> Curriculum roll-out underway timely Testing revisions on hold with implementation of the Mass

Objectives	Staff Responsibility	Resource projections (time, staff, money, etc.)	Deadlines	Progress
	(starting in Sept. 2022)			Examination Plan <ul style="list-style-type: none"> Public meetings re: rules to begin in late Sept/early Oct.
11 —Begin LPN Apprenticeship Pathway approval processes (NCQAC and LNI)	Marlin Galiano	NPAP and LNI will provide review and decisions; NCQAC and LNI staff may also provide technical assistance as needed; steering committee and workgroup support revision work as needed.	<ul style="list-style-type: none"> To begin in after plan is developed – deadline for planning is JUNE 30, 2022 	<ul style="list-style-type: none"> Development of a plan and timelines for work July 1-onward are in progress
12 —Launch new nursing assistant curriculum and testing revisions with corresponding rules effective; Provide ongoing support, evaluation, continuous quality improvement	Kathy Moisio, Alana Llacuna, New Staff via Decision Package (starting in Sept. 2022)	Contracted testing vendor or implementing entities provide direct testing services with staff overseeing performance; stakeholder feedback and NPAP review and decisions provide support for continuous quality improvement.	<ul style="list-style-type: none"> SEPTEMBER 2022 –Onward with goal of having rules in place Sept 2023 with revisions in place 	<ul style="list-style-type: none"> Curriculum is on-target and available to programs who want to launch voluntarily by September 2022 A phase-in process from Sept. 2022 to Sept 2023 is expected with a goal of all programs using as of Sept. 2023 Testing revisions are on hold as we implement the Mass Examination Plan Public meetings for rules to begin

Objectives	Staff Responsibility	Resource projections (time, staff, money, etc.)	Deadlines	Progress
				late Sept/early Oct
13 —Launch LPN Apprenticeship Pathway pilot in 1-3 sites (in accordance with funding, if received)	New Nursing Consultant	NPAP and LNI will provide review and decisions; NCQAC and LNI staff may also provide technical assistance as needed.	• GOAL: Academic Year 2023-2024	<ul style="list-style-type: none"> • Work to launch this is in progress

WHPS Updated August 26, 2022

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

Baseline from 2019: 300 nurses Projected 2021: 375 nurses Projected 2023: 469 nurses Projected 2025: 587 nurses

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

<i>Objectives</i>	<i>Responsibility</i>	<i>Resource projections</i>	<i>Deadlines</i>	<i>Progress</i>
<p>Provide educational resources, including but not limited to lectures, brochures, web sites, publications/articles, newsletters, display booths, on-site consultations...</p> <p>(Required CEU? see Florida Statute: 64B9-5.014:3)</p> <p>https://www.flrules.org/gateway/ChapterHome.asp?Chapter=64B9-5</p>	<p>Dr. Furman WHPS staff NCQAC Communication task force</p>		<p>1. Publicly available outreach materials identified (e.g. NCSBN resources) and catalogued – December 2021</p> <p>2. WHPS materials reviewed and updated – December 2021</p> <p>3. WHPS website reviewed and updated – May 2022</p>	<p>Continue to work with C4PA to update materials and explore the use of social media.</p> <p>Investigate cost of contracting out to develop interested party training courses.</p> <p>Blog posted June 2022.</p> <p>Dr. Furman is distributing new posters.</p>
<p>Host a SUD-related educational conference every two years.</p>	<p>Dr. Furman to coordinate 2023 SUD conference with Amy Sharer and Shad Bell.</p>		<p>Begin conference prep December 2022</p>	<p>Next conference Fall 2023</p>

Develop education courses, modules and toolkits for interested party use.	Dr. Furman WHPS staff	Work with Communications Task Force and C4PA to develop resources to include on the new NCQAC/WHPS web site.	<p>1. Work with Communications Task Force to develop website and external resources.</p> <p>2. Consider establishing an interested party group to help guide resource development.</p> <p>3. Explore use of social media to promote WHPS services.</p>	<p>Blog posted beginning June 2022.</p> <p>Virtual toolkit work underway.</p>
Support professional workforce reentry and increase employment retention by 10% through education and cooperative approach to worksite monitoring, prioritizing patient safety.	Dr. Furman WHPS staff	N/A	10% annual goal, reportable in March of each year beginning in 2022. Found in performance measures.	Dr. Furman has approached WSNA, SEIU, and UFCW to gauge current interest. Ongoing effort.
Reduce the number of nurses who withdraw from monitoring due to financial limitations by 50%.	Dr. Furman – WHPS Liaison	Explore options for making scholarship funds available for nurses in financial straits.	On hold during pandemic. Goal to reach 50% reduction in withdraws by November 2024.	Dr. Furman negotiating with SEIU and WSNA to explore scholarship opportunities. Associations report competing

				priorities at this time.
Develop a Substance Use Disorder Review Panel (SUDRP) as an organization-based intervention tool for nurses. This will take the place of the Substance Use and Abuse Team and will connect nurses in WHPS with commission members (both disciplinary and for achieving milestones). The intent is to reduce noncompliance and recidivism rates and increase program completion rates.	Discipline Subcommittee; Assistant Director, Discipline – WHPS (lead on project).		Annual updates at July commission meetings beginning 2023.	July 2022 SUDRP fully implemented.

Nursing Care Quality Assurance Commission
Washington Administrative Code (Rules) Agenda
 Updated: August 24, 2022

#	Profession	Staff Content Experts Rules Staff assigned	WAC Sections	Purpose for Rule Making	CR-101 Preproposal	CR-102 Proposal & CR-105 Expedited	CR-103P Permanent	CR-103E Emergency 120-day limit WSR means Washington State Register
1	RN, ARNP, NA (Emergency rulemaking)	Kathy Moisio Bonnie King	9/9/2022: Revised: 246-840-930 246-841-405 3/14/2022: Original: 246-840-930 246-841-405	Amending specific training requirements for Nursing Assistants Registered (NARs) and Home Care Aides (HCAs). The Nursing Care Quality Assurance Commission (commission) is adopting an emergency rule to <u>allow a registered nurse delegator to delegate nursing tasks to a NAR or HCA based on evidence as required by DSHS and in accord with timing set by DSHS in rule.</u> To align with the corresponding NAR rule, the commission is adopting emergency language to correspond. (Emergency rules expire every 120 days and must be re-filed, if necessary).				WSR: File: 9/9/2022 WSR: 22-15-020 Filed: 7/12/2022 WSR: 22-07-046 Filed: 3/14/2022
2	NT, LPN, RN, ARNP Nurses (Emergency rulemaking)	Debbie Carlson, Gerianne Babbo, Mary Sue Gorski Bonnie King	9/9/2022 Revised: 246-840-365, 367 5/13/2022 Revised: 246-840-365, 367, 533 1/14/2021 Revised: 246-840-010, 365, 367, 533, 840	Amend specific credential and license requirements for Nurse Technicians (NT), Licensed Practical Nurses (LPN), Registered Nurses (RN), and Advanced Registered Nurse Practitioners (ARNP) in response to the COVID-19 pandemic and the critical demand for healthcare professionals. (Emergency rules expire every 120 days and must be re-filed, if necessary).				WSR: File: 9/9/2022 WSR: 22-11-047 Filed: 5/13/2022 WSR: 22-03-056 Filed: 1/14/2022 WSR: 21-19-092 Filed: 9/17/2021 WSR: 21-12-012 Filed: 5/20/2021 WSR: 21-04-005

#	Profession	Staff Content Experts Rules Staff assigned	WAC Sections	Purpose for Rule Making	CR-101 Preproposal	CR-102 Proposal & CR-105 Expedited	CR-103P Permanent	CR-103E Emergency 120-day limit WSR means Washington State Register
			<p>9/17/2021 Revised: 246-840-010, 365, 367, 533, 840, 930</p> <p>4/24/2020 Original: 246-840-010, 125, 210, 240,361, 365, 367, 533, 534, 840, 930</p>					<p>Filed: 1/20/2021</p> <p>WSR: 20-22-024 Filed: 10/23/2020</p> <p>WSR: 20-14-065 Filed: 6/26/2020</p> <p>WSR: 20-10-014 Filed: 4/24/2020</p>
3	NAR, NAC Nursing Assistants (Emergency rulemaking)	Kathy Moisio Bonnie King	<p>1/14/2022 Revised: 246-841-420, 470, 490, 500, 510, 555</p> <p>6/26/2020 Original: 246-841-405, 420, 470, 490, 500, 510, 555</p>	<p>Amend specific training requirements for Nursing Assistant Certified (NAC) and Nursing Assistant Registered (NAR) in response to the COVID-19 pandemic and the critical demand for healthcare professionals.</p> <p>(Emergency rules expire every 120 days and must be re-filed, if necessary).</p>				<p>WSR: File: 9/9/2022</p> <p>WSR: 22-11-049 Filed: 5/13/2022</p> <p>WSR: 22-03-055 Filed: 1/14/2022</p> <p>WSR: 21-19-091 Filed: 9/17/2021</p> <p>WSR 21-12-011 Filed: 5/20/2021</p> <p>WSR 21-04-004 Filed: 1/20/2021</p> <p>WSR 20-22-023, Filed: 10/23/2020 WSR 20-14-066 Filed: 6/26/2020</p>

#	Profession	Staff Content Experts Rules Staff assigned	WAC Sections	Purpose for Rule Making	CR-101 Preproposal	CR-102 Proposal & CR-105 Expedited	CR-103P Permanent	CR-103E Emergency 120-day limit WSR means Washington State Register
4	NA Standards of Practice & NAC Training Program Standards (Standard rulemaking)	Kathy Moisie Bonnie King	Chapter 246-841 WAC (amend) Chapter 246-842 WAC (repeal)	Legislated work by NCQAC with key interested parties in 2018-2020 resulting in a final Long-Term Care Report to the Legislature (June 2021) confirmed the need for updating rules. The coronavirus disease 2019 (COVID-19) pandemic magnified the need and urgency for changes to eliminate barriers to career advancement for nursing assistants to help address the nursing assistant shortage in health care. NCQAC believes standardizing curriculum in training programs will also result in standardizing scope of practice across work settings.	WSR: 21-05-021 Filed: 2/8/2021 Note: The Nursing Assistant Program Approval Panel (NAPAP) is drafting language for interested parties to consider in public workshops.			
5	NA Secretary Authority Rules (Standard rulemaking)	Ross Valore (HSQA) Kathy Moisie Bonnie King	246-841-520, 720	Chapter 246-841 WAC is being revised. Within the chapter are three sections which are under the authority of the DOH Secretary: WAC 246-841-520 Expired licenses, 720 Mandatory reporting, 990 Fees. WAC 246-841-520 and 720 need revisions to align with the rest of the chapter revisions which are ongoing. See # 4 above.	WSR: 22-08-019 Filed: 3/28/2022			
6	ARNP Scope of Practice (Standard rulemaking)	Mary Sue Gorski Jessilyn Dagum	246-840-300, 700, 710	The rules were opened in response to an April 3, 2018, petition about scope of practice for advanced registered nurse practitioners.	WSR: 19-01-002 Filed: 12/5/2018 Note: Workshops on the concepts were held 1/22, 23, 24/2019. The Advanced Practice Subcommittee drafted language. Additional public workshops were held 1/26 and 2/7/2022.	WSR: 22-15-078 Filed: 7/18/2022 Note: Hearing scheduled for 9/9/2022 Business meeting at 1:15 PM.		

#	Profession	Staff Content Experts Rules Staff assigned	WAC Sections	Purpose for Rule Making	CR-101 Preproposal	CR-102 Proposal & CR-105 Expedited	CR-103P Permanent	CR-103E Emergency 120-day limit WSR means Washington State Register
7	ARNP 2018 Opioid Prescribing (Standard rulemaking)	Mary Sue Gorski Jessilyn Dagum	WAC 246-840-463 and 246-840-465	The rules were opened to address concerns expressed by Washington state long-term care associations and advanced practice nursing associations about the implementation of the 2018 opioid prescribing rules. On December 21, 2018, the NCQAC adopted Interpretive Statement (NCIS 2.00), Application of WAC 246-840-4659 to nursing homes and long-term acute care hospitals. Interpretive statements are not enforceable and not subject to discipline under the Uniform Disciplinary Act. Opening the rule provides the opportunity for additional stakeholder engagement, rule clarification, and possible amendments to address identified concerns.	WSR: 19-15-092 Filed: 7/22/2019 Note: Interested Parties Workshop held 6/21/2022 and 6/30/22.			
8	ARNP Inactive and Expired Licenses (Standard rulemaking)	Mary Sue Gorski Jessilyn Dagum	246-840-365, 367	Concerns expressed at the 3/11/2022 CR-102 rules hearing (see Emergency to Perm Rules below effective 9/9/2022) caused the commission to remove 365 and 367 from consideration. They voted to begin a new CR-101 process and consider adding other rule sections.	WSR: 22-12-090 Filed: 6/1/2022 Note: The NCQAC approved filing a Preproposal at the 3/11/2022 meeting. Interested Parties Workshop held 6/21/2022 and 6/30/22.			
9	NT, LPN, RN, ARNP Temporary Practice Permits (Standard rulemaking)	Amber Zawislak, Debbie Carlson, Gerianne Babbo Jessilyn Dagum	246-840-095	When the department and commission first began completing FBI fingerprint background checks on out-of-state applicants the process took several months. To remedy this delay in licensure, the commission issues a temporary practice permit after the applicant meets all other	WSR: 22-06-057 Filed: 2/25/2022 Note: NCQAC approved filing a Preproposal in a			

#	Profession	Staff Content Experts Rules Staff assigned	WAC Sections	Purpose for Rule Making	CR-101 Preproposal	CR-102 Proposal & CR-105 Expedited	CR-103P Permanent	CR-103E Emergency 120-day limit WSR means Washington State Register
				licensure requirements, allowing the nurse to begin working in Washington State. Under WAC 246-840-095, the temporary practice permit is valid for 180 days or until the commission issues a permanent Washington State license to the nurse. WAC 246-840-095 also allows for an additional 180-day extension of the temporary practice permit if the department has not received the fingerprint results during the initial 180-day period. The commission intends to engage in rulemaking to shorten the length of a temporary practice permit and to align the internal NCQAC process with WAC language.	2017 commission meeting. Interested parties' workshops scheduled for: 7/7/22, 8/4/22, and 9/19/22.			
10	RN, ARNP, NA Delegation Legislation SHB 1124 Governor signed 3/11/22 Effective 7/1/2022 (Standard rulemaking)	Debbie Carlson, Jessilyn Dagum	246-840-010, 700, 910, 920, 930, 940, 950, 960	1124-S.PL.pdf (wa.gov) Nurse Delegation of Glucose Monitoring, Glucose Testing, and Insulin Injections (c) Except as authorized in (b) or (e) of this subsection, a registered nurse may not delegate the administration of medications. Except as authorized in (e) <u>or</u> (f) of this subsection, a registered nurse may not delegate acts requiring substantial skill and may not delegate piercing or severing of tissues. Acts that require nursing judgment shall not be delegated. (e) For delegation in community-based care settings or in-home care settings, a registered nurse may delegate nursing care tasks only to registered or certified nursing assistants <u>under chapter 18.88A</u> RCW or	WSR: Filed: Note: At a commission meeting held on May 13, 2022, the commission voted to begin the rulemaking process for nursing rules. Note: NA rules in progress will incorporate			

#	Profession	Staff Content Experts Rules Staff assigned	WAC Sections	Purpose for Rule Making	CR-101 Preproposal	CR-102 Proposal & CR-105 Expedited	CR-103P Permanent	CR-103E Emergency 120-day limit WSR means Washington State Register
				<p>home care aides certified under chapter 18.88B RCW.</p> <p>(v) When delegating insulin injections under this section, the registered nurse delegator must instruct the individual regarding proper injection procedures and the use of insulin, demonstrate proper injection procedures, and must supervise and evaluate the individual performing the delegated task (()) <u>as required by the commission by rule</u>. If the registered nurse delegator determines that the individual is competent to perform the injection properly and safely, supervision and evaluation shall occur at (()) <u>an interval determined by the commission by rule</u>.</p> <p>(f) <u>The delegation of nursing care tasks only to registered or certified nursing assistants under chapter 18.88A RCW or to home care aides certified under chapter 18.88B RCW may include glucose monitoring and testing.</u></p>	<p>language for NAs. See #4 above.</p>			
11	<p>RN, LPN, ARNP, NA, NT</p> <p>Equity Education</p> <p>Legislation ESSB 5229 effective 7/25/2021</p> <p>(Standard rulemaking)</p>	<p>Debbie Carlson, Shana Johnny, HSQA</p> <p>Jessilyn Dagum</p>		<p>5229-S.SL.pdf (wa.gov) Health Equity & Continuing Competency</p> <p>The law, effective 7/25/2021, in Section 2 requires rule-making authorities for each health profession to adopt rules requiring a licensee to complete health equity continuing education training at least once every 4 years. The new law is very prescriptive. DOH is to develop model rules in consultation with boards and commissions by 1/1/2023 with minimum standards for continuing education. Information about available courses must be available to licensees by 7/1/2023 and include a course option that is free of charge.</p>	<p>Note: 9/9/2022 Commission votes to begin NCQAC rule making.</p>			

#	Profession	Staff Content Experts Rules Staff assigned	WAC Sections	Purpose for Rule Making	CR-101 Preproposal	CR-102 Proposal & CR-105 Expedited	CR-103P Permanent	CR-103E Emergency 120-day limit WSR means Washington State Register
Rules Effective 2021-2022								
1	NT Nursing Technician Definition (Expedited rulemaking)	Gerianne Babbo Tim Talkington Bonnie King	246-840-010	The commission Education Subcommittee determined the proposed rules are needed to align rule language with the statute, RCW 18.79.340 regarding requirements for nursing program approval.		Expedited WSR: 22-12-092 Filed: 6/1/2022 Public comment period ends 8/1/2022. CR-105 expires 180 days after publication. Must file CR-103P Before 11/28/2022	WSR: 22-17-144 Filed: 8/23/2022 Effective 9/23/2022	
2	NT, LPN, RN, ARNP Fees (Standard rulemaking)	Chris Archuleta Fiscal Staff (HSQA) Bonnie King	246-840-990	The Secretary of the Department of Health in consultation with NCQAC is considering an increase in licensure fees for professions under its regulation. A fee increase is needed to address the increasing costs associated with the agency's new Healthcare Enforcement and Licensing Modernization Solution (HELMS) database, the need to increase staffing levels to meet the new legislative mandate to process nurse licenses in seven days or less, and an increase in workload associated with implementing solutions addressing the nursing assistant and long-term care crisis.	WSR:21-23-053 Filed: 11/10/2021 Note: The NCQAC voted at the 9/9/2021 meeting to begin the standard rulemaking process.	WSR: 22-10-104 Filed: 5/4/2022 Note: The DOH hearing is scheduled for 6/13/2022 at 2 pm.	WSR: 22-15-074 Filed: 7/18/2022 Note: Effective 12/1/2022 to allow time for 90 day advance notice about the fee change.	
3	NT, LPN, RN, ARNP Emergency to Permanent Rules	Debbie Carlson, Gerianne Babbo, Mary Sue Gorski, Shana Johnny	3/11/2022 246-840-533, 930 9/17/2021 Original	Create permanent rules from some of the previous emergency rules. The NCQAC first adopted emergency rules in response to COVID-19 in April 2020. They were refiled multiple times while permanent language is being developed.	WSR: 21-19-104 Filed: 9/17/2021 Note: Public workshops held 11/3 & 11/8/2021.	WSR: 22-04-081 Filed: 1/31/2022 Note: CR-102 hearing held 3/11/2022.	WSR: 22-12-026 Filed: 5/23/2022 Note: Effective 9/9/2022 to coincide with	

#	Profession	Staff Content Experts Rules Staff assigned	WAC Sections	Purpose for Rule Making	CR-101 Preproposal	CR-102 Proposal & CR-105 Expedited	CR-103P Permanent	CR-103E Emergency 120-day limit WSR means Washington State Register
	(Standard rulemaking)	Jessilyn Dagum	246-840-365, 367, 533, 930		CR-102 hearing scheduled for 3/11/2022.	WAC 246-840-365, 367 removed and will be included in a new CR-101.	expiration of emergency rule.	
4	LPN/NT Practice Opportunities (Standard rulemaking)	Debbie Carlson, Gerianne Babbo, Shana Johnny Jessilyn Dagum	246-840-010, 840, 850	Allow LPN students practice opportunities. NCQAC's legislative panel completed a review of the benefits of apprenticeship programs. The panel recommended opening rules to grant LPN students the same opportunity as registered nurse (RN) students to obtain a nurse technician credential.	WSR: 20-11-044 Filed: 5/18/2020 Note: Workshops 10/5, 9/2020. NCQAC approved rule language for (CR-102) on 3/12/2021.	WSR 21-20-058 Filed: 9/28/2021 Note: Hearing held 11/12/2021. CR-103 to be filed with an effective date of 5/15.	WSR: 22-04-082 Filed: 1/31/2022 Note: Effective 5/13/2022 to coincide with expiration of emergency rule.	
5	NT, LPN, RN Continuing Competency (Standard rulemaking)	Amber Zawislak, Shana Johnny, Debbie Carlson, Gerianne Babbo, Mary Sue Gorski Bonnie King	WAC 246-840-111, 120, 125, and 200 through 260	The Nursing Care Quality Assurance Commission (commission) is adopting amendments to the continuing competency rules and requirements for active, inactive, expired, and retired active credential statuses. This reduces the continuing education hours from 45 hours to eight hours, the active practice hours from 531 to 96 hours and the reporting period from a three-year cycle to an annual cycle. These changes applied to the retired active rule, the active credential rule, the reactivation from expired rule, and the reactivation from inactive rule. The commission also adopted changes that now allow the commission to choose to audit licensees based on a random audit, or as part of the disciplinary process and the language for extensions is removed as it is no longer needed.	WSR: 19-01-001 Filed: 12/5/2018	WSR: 21-04-096 Filed: 2/1/2021	WSR: 21-11-032 Filed: 5/12/2021 Effective 6/12/2021	
6	NT, LPN, RN, ARNP, NA	Debbie Carlson, Gerianne Babbo, Mary Sue Gorski,	WAC 246-840-025, 030, 045, 090, 539, 541,	Section 22, paragraph (11) of ESHB 1551 repeals RCW 70.24.270-Health Professionals-Rules for AIDS education and		Expedited WSR: 20-18-045 Filed: 8/28/2020	WSR: 21-04-016 Filed: 1/22/2021	

#	Profession	Staff Content Experts Rules Staff assigned	WAC Sections	Purpose for Rule Making	CR-101 Preproposal	CR-102 Proposal & CR-105 Expedited	CR-103P Permanent	CR-103E Emergency 120-day limit WSR means Washington State Register
	Aids Education & Training (Expedited rulemaking)	Kathy Moisio Bonnie King	860, 905, 246-841-490, 578,585 and 610	training. This repeal no longer requires health professionals to obtain AIDS education and training as a condition of licensure. The amendment of the impacted rules is to help reduce stigma toward people living with HIV/AIDS by not singling out AIDS as an exceptional disease requiring special training and education separate from other communicable health conditions.			Effective 2/22/2021	
Future Rulemaking from Legislation								



Patient Safety Improvement Task Force

In December 2021, Washington State Secretary of Health, Dr. Umair A. Shah, convened the Patient Safety Improvement Task Force to develop recommendations to improve the disciplinary process for sexual misconduct cases. The task force was asked to focus on two goals:

- Reduce the timeline to process sexual misconduct cases, and
- Recommend changes to better inform the public about disciplinary cases to help patients make more informed decisions when selecting a health care provider.

Task force members included representatives from the Department of Health (DOH), Office of the Attorney General (AGO), Washington Medical Commission (WMC), Nursing Care Quality Assurance Commission (NCQAC), Chiropractic Quality Assurance Commission (CQAC), Board of Massage, and Board of Physical Therapy. Additionally, two members from outside the disciplinary process were invited to represent provider and patient perspectives.

The task force met several times between December 2021 and January 2022. DOH drafted a recommendation report for task force review and later shared the draft report with 38 stakeholder organizations for comment. Stakeholder organizations included health care provider associations, labor unions, and organizations that work on the issues of patient advocacy, sexual assault prevention, and equity.

The following page summarizes the work that the Department of Health will undertake to address the goals to reduce the timeline for processing sexual misconduct cases and to better inform the public about disciplinary cases, guided by the recommendations of the task force.

Sasha de Leon

Assistant Secretary
Health Systems Quality Assurance
Washington State Department of Health
Sasha.deleon@doh.wa.gov NCQAC
September 8-9 2022
Business Meeting

Task Force Recommendations

Note: The numbers following each recommendation correspond to the full recommendations report.

Work Already Underway

- Monthly and bi-monthly meetings of subject matter experts at DOH to improve and monitor enhanced management oversight practices for sexual misconduct cases.
- Quarterly meetings of DOH and AGO leaders to review themes in sexual misconduct cases that exceed timelines to identify and address root causes of delays.
- Begin an education campaign using various communication tools and social media platforms to inform the public about DOH's Provider Credential Search tool and how to file complaints against providers.
- Apply for new funding to support a sustained public education effort to increase awareness about DOH's Provider Credential Search tool and how to file a complaint against a provider.
- Conduct outreach to partner agencies, boards and commissions to establish a workgroup with the goal of implementing the process improvements based on the recommendations of the task force.

Short-Term Focus of the Workgroup (by June 30, 2023)

- Reach consensus on shorter timelines for sexual misconduct cases and produce a roadmap for implementation.
- Develop and implement strategies to expedite board and commission review of sexual misconduct cases.
- Enhance the capacity of boards and commissions by expanding the pool of pro tems, filling vacancies, and implementing [SSB 5753](#).
- Identify and implement ways to accelerate the contracting process for hiring experts for disciplinary cases.
- Expand the pool of experts available to consult and testify on sexual misconduct cases.
- Assess and implement a broad range of time-saving procedural efficiencies within each phase of the disciplinary process.
- Update the memorandum of understanding and explore a service level agreement between DOH and the AGO.

Long-Term Focus of the Workgroup (beyond June 30, 2023)

- Update rules with shorter timelines for sexual misconduct cases.
- Develop a dashboard for visualizing data on the status of sexual misconduct cases.
- Implement a paperless process for managing disciplinary and adjudicative case files.
- Research new tools to remove a provider from practice during the legal process.
- Research ways to clarify when sexual misconduct cases should be referred to the Secretary and adopt rules.
- Explore statutory changes that would delegate greater authority to Executive Directors to approve steps in the disciplinary process.
- Research the regulation of health profession sexual misconduct in other states.
- Explore approaches for creating specialized units for sexual misconduct cases.
- Research the risk and benefits for adding investigative information to DOH's Provider Credential Search tool and prepare a recommendation for the Secretary of Health.
- Launch an on-going sustained public education effort to increase awareness about DOH's Provider Credential Search tool and how to file a complaint against a provider.

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov.



STATE OF WASHINGTON

DEPARTMENT OF HEALTH

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July 28, 2022

TO: Board, Commission, and Office of the Attorney General Partners

FROM: Umair A. Shah, MD, MPH, Secretary of Health

SUBJECT: Patient Safety Improvement Task Force News Release

Valued Partners,

Last December, I invited representatives from your organizations to participate in the Patient Safety Improvement Task Force I established. Your thoughtful collaboration resulted in a series of recommendations on how to improve the disciplinary process for sexual misconduct cases.

While the Department of Health (department) convened the task force and prepared the final recommendations, I recognize that we cannot act on them alone. Many of these recommendations involve parts of the process where there is shared ownership or independent regulatory authority, and any proposed changes to policy would require further engagement with boards and commissions and the Office of the Attorney General, in addition to the public, the legislature, and the regulated community.

With that in mind, I have instructed the department to issue a news release updating the public on the results of the task force and committing to a series of short- and long-term actions based on the recommendations. I am asking my team to prioritize these actions knowing that many of them will require your time and support to implement. I do not make this commitment lightly, and I recognize the challenges that must be overcome and resources that may be required to succeed.

Attached you will find a two-page summary of the department's action plan, which will be included with the upcoming news release as a supplementary item. Additionally, the department will make the full report of the task force recommendations available.

Patient safety is a critical priority for all of us, and I hope that you will join the department in moving boldly forward with these improvement efforts.

Best,

A handwritten signature in black ink, appearing to read "Umair A. Shah".

Umair A. Shah, MD, MPH
Secretary of Health

Mentor-New Member Guidelines & Resources



September 2022

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DRAFT

LEADERSHIP TEAM

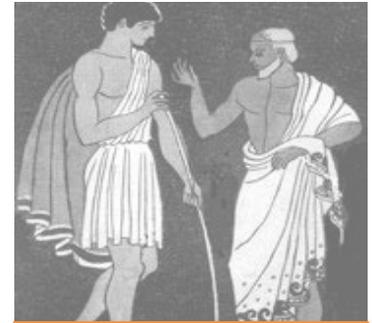
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OVERVIEW OF MENTORING

Introduction

In Greek Mythology, when King Odysseus went to fight in the Trojan Wars, he asked an elderly counselor to develop his son, Telemachus, to be king. The friend and teacher's name? "Mentor".

The role as a mentor is very important in getting a new member trained, and oriented to the philosophy of the commission, providing support and serving as a resource.



Telemachus and Mentor by Pablo E. Fabisch, from Les Aventures de Telemaque

This **Mentor Manual** provides guidance for the mentor with information about mentoring and resources that can be used through the mentoring process.

Purpose

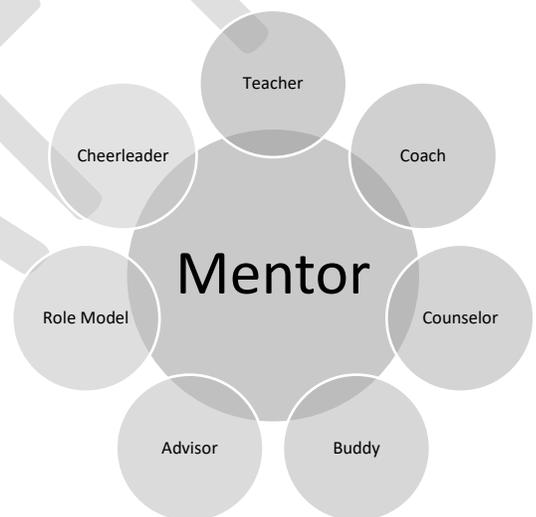
- Provide an understanding of the roles and responsibilities of the mentor and mentee
- Provide a summary of policies, procedures, laws, rules and other information to use as references/resources throughout the mentoring process

Objectives

- Define mentoring
- Identify mentor roles
- Identify benefits of mentoring for the NCQAC, mentor and mentee
- Identify types of mentoring

Definition of Mentoring

The basic principle of mentorship is that one's accomplishments and failures are the life lessons of others. Mentoring provides a two-way learning experience for you and the mentee. You assist the mentee in developing specific skills and knowledge to enhance their professional and personal growth. Mentoring occurs in formal, informal or unconscious ways. Individuals learn from others, adopt modeled behaviors and attitudes, and absorb workplace culture and organizational values through day-to-day interactions. Mentoring gives people the confidence, resources and skills they need to reach their full potential. It is one of the most powerful techniques available to modern organizations. When used as part of a formal workforce development strategy it delivers significant benefits.



Types of Mentoring

There are a range of different mentoring styles or types that organizations or individuals may use. You will most likely be involved in small group and informal mentoring based on your assignments and expertise.

Informal Mentoring	Formal Mentoring	Small Group Mentoring	E-Mentoring
<ul style="list-style-type: none"> • Two people form a mentoring relationship without facilitation by a third party • Unstructured • Often begins spontaneously between colleagues or friends <p>Evolves into a mentoring relationship over time</p>	<ul style="list-style-type: none"> • Creates a one on one relationship facilitated by a third party • Defined details, expectations & objectives of the relationship 	<ul style="list-style-type: none"> • Group setting • Common interests and goals 	<ul style="list-style-type: none"> • Uses email as a primary communication tool • Advantage of time commitment and flexibility • Can be enhanced by web chats, videoconference

E-Mentoring may be the most common way you connect with your mentee. E-mentoring commonly uses some form of information and communication technology. This may include cell phones for texting, chatting using a messenger program or social media, and video conferencing. E-mentoring can be used for one-on-one mentoring or group mentoring.

E-mentoring has some advantages over in-person models, allowing flexibility in meeting and increased opportunity to communicate. Mentoring is a “people-centered” activity creating a meaningful relationship and engagement. A high level of engagement should always be the primary goal with any mentoring relationship.

Benefits of Mentoring

Mentoring programs quickly ramp up performance because they facilitate the transfer of business knowledge in a way that may not be easily achievable through regular training. Effective mentoring is not a “stand-alone” effort. It is most effective when it is integrated into broader development activities.

Mentor	Mentee
<ul style="list-style-type: none">• Improved goal achievement• Improved communications• Skilled and committed members• Retention of institutional knowledge• Fosters teamwork• Network development	<ul style="list-style-type: none">• Professional and personal growth• Acquisition of institutional knowledge• Leadership development• Safe learning environment• Stimulus to act as mentor to others• Development of long-term professional relationships• Increased confidence

Roles of the Mentor

Once a mentoring relationship has been established, group activities among NCQAC members and staff may be organized. These face-to-face meetings and a mix of group activities encourage interaction. Group activities foster a sense of community and provide for informal sharing between the mentor and mentee. It is important to provide ongoing support, supervision and monitoring for mentoring relationships to ensure they continue successfully. Frequency and method of contact should be mutually determined by the mentor and mentee. Training opportunities can be provided on an as-needed basis to address any issues raised by either the mentor or mentee.

Roles of the Mentee

The mentee plays many different roles in a mentoring relationship.

- Identify the skills, knowledge, and/or goals that the mentee wants to achieve and communicate them to the mentor
- Bring up new topics that are important at any point and give feedback to the mentor
- Develop and maintain the mentoring plan and work with the mentor to set up goals, developmental activities, and time frames
- Work with the mentor to seek resources for learning, identify people and information that might be helpful
- Look for opportunities to give back to the mentor; share information that might be valuable
- Take full advantage of the opportunity to learn

TIMELINES

The following are recommended timelines for the first six months of your role as a mentor:

- Contact your mentee within two weeks of assignment. Arrange for an in-person meeting if geographically possible. A meeting just prior to the beginning of the commission meeting may work as well.
- Contact your mentee least one week prior to the meeting(s) to review the agenda and discuss the background.
- For agenda items, possible action or goal of the agenda items. Ensure that they have a basic understanding of current issues, travel arrangements, their role during the meeting and a review of any potential conflicts as a NCQAC member.
- Schedule a telephone call one week prior to your mentee's first hearing to answer any questions about what to expect; how and when to ask questions during the hearing; and conduct during deliberations. Ensure that they have thoroughly reviewed the disciplinary manual and understands their role before, during and after the hearing. Ensure they know the appropriate resources for questions about the hearing process.
- Ensure they understand the differences between the Prosecuting Assistant Attorney General, Advising Attorney General and the Department of Health Staff Attorney.
- Ensure they understand the confidentiality issues around complaint files, resources available within the Nursing Unit for answering questions and an awareness of timelines associated with reviewing cases.
- Ensure they feel comfortable in contacting you during and after the six-month initial mentoring process.

NEW MEMBER ORIENTATION

Orientation may be done by webinar, in-person, or a combination of both methods.

Materials

- NCQAC Orientation Presentation & Manual
 - Role of a committee member
 - Policies on conflicts
 - Policy on gifts & other ethical considerations
 - Overview of Washington state government
 - Overview of Department of Health & Nursing Unit
 - Chapter on National Council of State Boards of Nursing (NCSBN)
 - Acronyms & glossary
 - Travel procedures & forms
 - Administrative rule making process (how a bill becomes law)
 - Disciplinary manual & disciplinary guidelines

Travel and Expense reimbursement

- Review travel and expense reimbursement information:
 - All Commission members will be reimbursed for travel expenses, meals, lodging and other travel related expenses while in travel status following the current travel policies.
 - Airfare is arranged by the Nursing Unit staff. The Commission member needs to decide whether they need to leave the night before or the morning of and let the staff know. Staff will make all other arrangements.
 - Newly appointed commission and pro tem members get an application for a VISA credit card in their orientation packet that they may fill out.
 - [Washington State DOH Travel Page](#)

Discipline

- Ensure they understand the materials and complaint and disciplinary review process
- Review documents in hearing packets, including complaint letters and investigative information
- Assist in completing review paperwork
- Schedule a telephone conference call to discuss cases and case disposition

Hearings

- Review section of the manual on hearings
- Review member roles, prior to, during, and following hearings
- Review protocols, deliberations, and how to identify conflicts

COMMISSION MEETINGS

Expectations

Commission meetings may be conducted in-person or videoconferencing. The commission member and pro tem is expected to attend all assigned meetings and panels.

Members and pro tems must be prepared to discuss, make recommendations, and, at business meetings and hearing panels, make decisions. Be fully informed.

- Materials are distributed prior to the meetings
- Notify the meeting chair and staff person if the materials are not received in a timely manner
- Members must be inquisitive
- Ask questions if materials, discussion, or a motion is not clear
- Outcomes of the decisions affect nursing practice
- Excellence is expected
- Speak with the commission chair about a commission member, pro tem, or staff for any concerns about behavior or conduct
- Commission chair will speak with the Executive Director for guidance and plan to resolve
- Meeting etiquette and conduct
- Turn cell phones to silent mode and wait for break to conduct telephone business
- Arrive on time and be ready to begin meetings
- Stay for the full meeting (Let commission chair or executive director know in advance if the member is not able to stay)
- Listen, be engaged and participate in discussions and recommendations
- Side conversations at all meetings are not allowed
- Pay attention to the topics (Reading newspapers, doing crossword puzzles, texting personal messages, are not allowed)
- Respect all members' contributions and time
- Keep interruptions to a minimum
- Chair will recognize each member and allow time to speak
- Profanity is not allowed
- Dress for meetings is business attire
- Chair is responsible for conducting business meetings and enforcing meeting etiquette, conduct and appearance
- [Robert's Rules of Order - Quick Reference](#)
- [Robert's Rules of Order - Frequently Asked Questions](#)

Business Meetings

- The routine schedule is usually the second Friday of January, March, May, July,

September, and November

- Special commission business meetings may be scheduled as needed
- A quorum is required
- At least twenty-four-hour advance notice to the commission chair and executive director is required if a commission member is not able to attend

Subcommittee and Panels

- All meetings are scheduled in advance on an annual basis. Additional meetings and panels may be scheduled as needed
- Some panels are not open to the public
- Members should notify the subcommittee chair as soon as possible if they are unable to attend
- Chair may revisit the schedule as necessary
- Recommendations for actions are considered at subcommittee and task force meetings
- Attendance and participation are crucial to achieving consensus and presenting the recommendations at commission business meetings

Hearing Dates

- Scheduled in advance annually
- Member must make themselves available for a hearing date once they volunteer
- Hearing panels require three members to make decisions

Uniform Disciplinary Act (UDA)

- Members must be familiar with and follow the [Uniform Disciplinary Act \(UDA\)](#), [RCW 18.130](#) the basis for disciplinary action for all health professions in Washington
- Staff attorneys are available on all charging panels for questions
- Use staff attorneys for advice
- The health law judge will review commission member responsibilities at the hearing according to the UDA

Open Public Meeting Act (OPMA)

The OPMA law requires that all public commissions, boards, councils, committees, subcommittees, departments, divisions, offices, and all other public agencies of this state and subdivisions thereof exist to aid in the conduct of the people's business.

- [RCW 42.30 OPEN PUBLIC MEETINGS ACT](#)

MENTOR RESOURCES

The following information is provided for the mentor to use as resources to assist in the mentoring process.

Washington State Department of Health Overview

The Washington State Department of Health was formed in 1989 as the state agency responsible for preserving public health, monitoring health care costs, maintaining minimal standards for quality health care delivery and planning activities related to the health of its citizens. The secretary of health is appointed by the governor.

- [Department of Health Overview](#)
- [Vision, Mission, & Values](#)
- [Rule Making](#)
- [Agency Organization Chart](#)

Public Records/Public Disclosure Requests

Nursing Care Quality Assurance Commission

- [Commission Members and Pro Tem List](#)
- [Current Meeting Schedule](#)
- [Committee Description and Duties](#)
- [Qualifications](#)
- [Total Annual Time Commitment](#)
- [Commissioner Participation Expectation Guidelines](#)
- [Statutes](#)
- [Rules](#)
- [Performance Guidelines for Newly Appointed Commissioners](#)

Statutes and Regulations

- [Purpose of NCQAC](#)
- [Chapter 18.130 RCW Uniform Disciplinary Act](#)
- [RCW 42.56 Public Records Act](#)
- [RCW 42.30 Open Public Meetings Act](#)
- [Chapter 43.70.240 Written Operating Agreements](#)
- [Chapter 18.79 RCW Nursing Care](#)
- [Chapter 246-840 WAC Practical and Registered Nursing](#)
- [Chapter 18.88A RCW Nursing Assistants](#)
- [Chapter 246-841 WAC Nursing Assistants](#)

NCQAC Composition

The NCQAC includes 15 governor-appointed commission members, including three (3) public members, two (2) advanced registered nurse practitioners, three (3) licensed practical nurses, and seven (7) registered nurses.

The NCQAC's Executive Director appoints pro tem members to work on specific assignments or activities. Activities may include member assignment on a panel, subcommittee, workgroup, or task force. Pro tem members cannot participate in decision-making, nor can they chair a subcommittee meeting or panel. The pro tem appointment is for a one-year term.

Strategic Plan

The NCQAC develops a two-year strategic plan identifying high-level goals, objectives, and actions. The plan is reviewed at each NCQAC business meeting.

Policies and Procedures

The commission member, pro tems, and staff need to be knowledgeable regarding the policies and procedures approved by the commission. See the [NCQAC Policies and Procedures](#) SharePoint site.

National Council State Boards of Nursing

The NCQAC is a member of the [National Council State Boards of Nursing \(NCSBN\)](#). The NCSBN provides many resources and tools to protect and promote the welfare of the public and interests of the profession of nursing.

NCSBN-ICRS

The International Center for Regulatory Scholarship (ICRS) is an educational initiative, presented by NCSBN, that offers online as well as blended courses designed to cultivate and elevate nursing leaders and policymakers around the world. ICRS also provides unprecedented opportunities for global networking and collaboration. [Homepage | ICRS \(icrsncsbn.org\)](#)

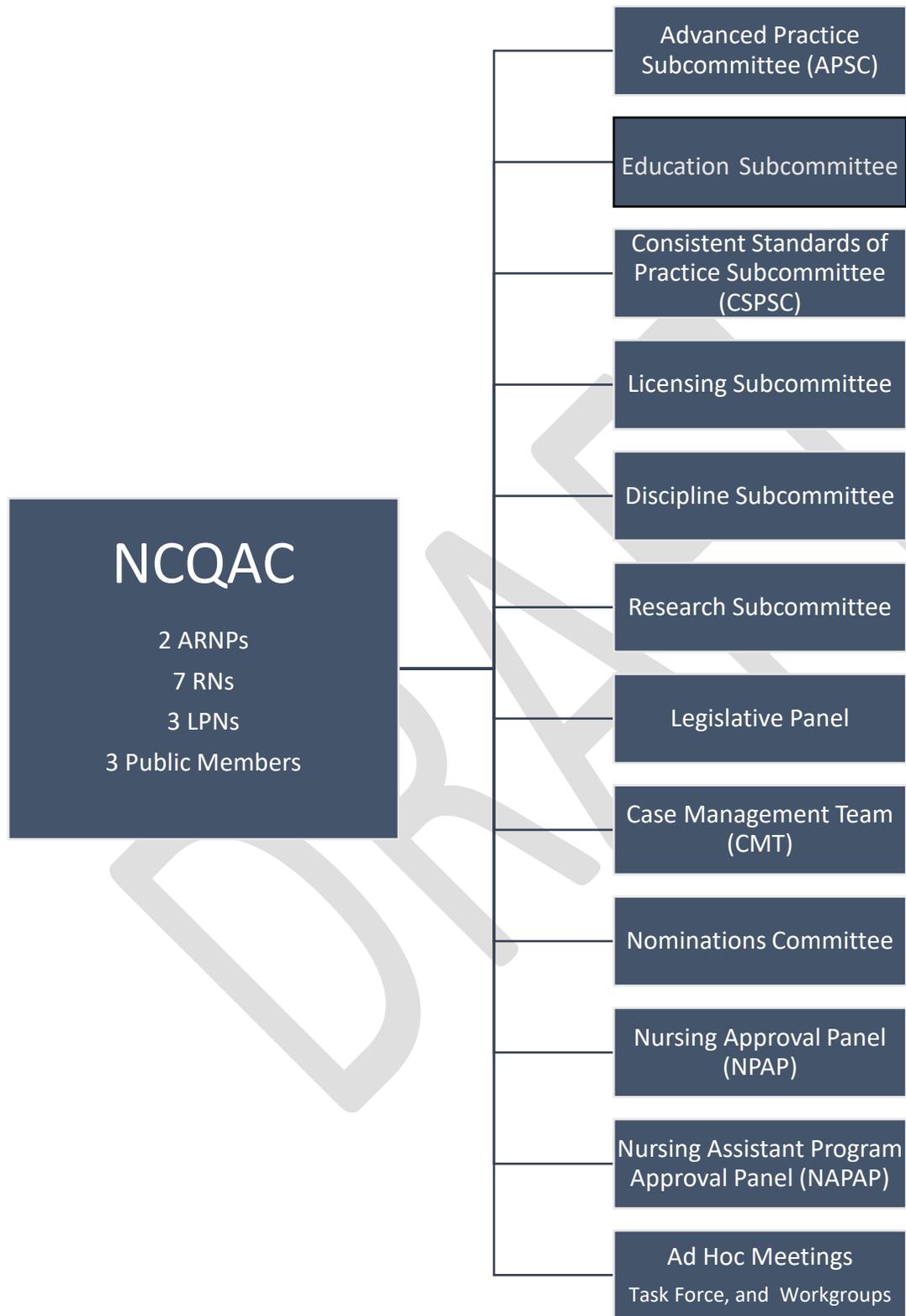
Jurisprudence Module

It is recommended that all commission and pro tem members take the time to review the Commission 101 course in order to further their knowledge of how each of the units supports the Commission. The module is currently hosted by the NCSBN at the International Center for Regulatory Scholarship page: [ICRS](#).

Integrated Licensing and Regulatory System (ILRS)

The Washington State Department of Health uses the Integrated Licensing and Regulatory System (ILRS) to track and monitor professional licensees (licensing, discipline, and education) in the state of Washington.

NCQAC COMMITTEE AND MEETING STRUCTURE



Position Descriptions

NCQAC Chair

- Provide strategic vision and leadership, collaborates with Executive Director and determines priorities, policy and practice
- Conduct NCQAC business committee meetings
- Vote to break a tie
- Appoint chairs and members for regular and special committees and task forces
- Participate in the Legislative Task Force
- Represent the commission in public forums
- Appoint members to the Nominating Committee at the January meeting, receive list of nominees in March, and oversee election of officers in May
- Plan for succession and transition to the next chairperson
- Address commission member performance issues
- Use signatory authority on documents as required
- Serve as a delegate to the National Council of State Boards of Nursing for the annual delegate assembly held each August

NCQAC Immediate Past-Chair

- Assume the role of mentor for current presiding Chair
- Conduct meeting if the Chair and Vice-Chair are unavailable
- Participate as commission member during regularly scheduled business meetings

NCQAC Vice-Chair

- Assume the duties of the Chair as needed
- Chair the Legislative Task Force
- Assist the Chair and Executive Director as needed
- Participate at the HSQA Boards and Commission Forum as a representative of NCQAC
- Participate in the National Council of State Boards of Nursing meetings and events
- Participate in NCQAC duties with various task forces, committees, charging panels, and hearings

Non-Voting Member

- Participate as fully as possible on all commission business
- Participate in discussion and deliberation by subcommittees and workgroups
- Not eligible to vote on matters put to vote
- Non-voting status precludes service on panels (e.g. case disposition or hearing panels)

PANELS AND TASK FORCES

Legislative Panel - Open to the Public

Purpose

- Review and comment on legislative activity that may affect nursing practice in Washington state

Members

- NCQAC Chair
- NCQAC Vice-Chair (serves as Chair of the Legislative Panel)
- Assigned Commission Members
- Executive Director
- Assigned Staff

Duties & Responsibilities

- Develop agendas as suggested by professional nursing groups and state legislative activity
- Act as consultant in bill and fiscal analysis
- Present legislative issues to the commission throughout the legislative session
- Maintain communication with the Executive Director, who tracks progress of legislative session
- [Washington State DOH - Health Systems Quality Assurance \(HSQA\) Rules and Legislation](#)
- [Washington State Legislature Bill Information](#)

Nominations Committee - Not Open to the Public

Purpose

- Select members of the NCQAC who are qualified and willing to serve in leadership positions
- Select members of the NCQAC and staff to be nominated for awards and complete applications as necessary

Members

- A minimum of three (3) members of the NCQAC appointed by the Chair
- Executive Director
- Assigned Staff
- No member should serve more than two (2) consecutive years on the Nominations committee

Duties & Responsibilities

- Select at least candidates each for the positions of NCQAC Chair and Vice Chair
- Nominate NCQAC members and staff for awards and complete applications as necessary

Case Management Team (CMT) – Not Open to the Public

Purpose

- Review reports of alleged violations of nursing practice for possible investigation and action

Members

- NCQAC Members
- Staff Attorney

- Complaint Intake Staff
- Compliance/Hearing Staff
- Chief Investigator
- Case Manager

Duties & Responsibilities

- Review of case
- Assess reports for closure, referral to Early Remediation (ER) Program, or referral to investigations
- Case disposition of ER cases or expedited closure considerations

Nursing Program Approval Panel (NPAP) – Not Open to the Public

Purpose

- Implement and enforce rules and regulations related to nursing education programs including initial and ongoing approval of all levels of nursing programs

Members and Staff

- Chair - Governor-appointed nurse educator commission member
- Eight members including nurse educator Pro tem members, representing an academic balance of pre-licensure and post-licensure nurses
- Director of Nursing Education (or designee)
- Legal and Secretarial Support Staff

Duties & Responsibilities

- Review information regarding nursing education program surveys, new applications, and other material related to nursing education programs
- Make decisions regarding nursing program approval matters
- Make decisions regarding nurse refresher courses
- Make decisions regarding licensure of nurses whose educational preparation is not equivalent to Washington nursing education standards
- Issue any documents necessary to accomplish and document their decisions such as Letters of Decision and Letters of Determination

Nursing Assistant Program Approval Panel (NAPAP) – Not Open to the Public

Purpose

- Implement and enforce rules and regulations related to nursing assistant education programs including initial and ongoing approval of the programs

Members and Staff

- Chair – Governor-appointed nurse educator commission member
- Four nurse educator commission or Pro tem members
- One public member
- Director of Nursing Education (or designee)
- Legal and Secretarial Support Staff

Duties & Responsibilities

- Review information regarding nursing assistant education program surveys, new applications, and other material related to nursing assistant education programs
- Make decisions regarding nursing assistant program approval matters
- Issue any documents necessary to accomplish and document their decisions such as Letters of Decision and Letters of Determination

SUBCOMMITTEES

Structure and Reporting

Subcommittee meetings are generally conducted via videoconferencing. Meetings are open public meetings and must follow the [RCW 42.30 Open Public Meetings Act](#).

Communication about the meetings are distributed on the NCQAC GovDelivery distribution System and posted on the NCQAC web page. Internal policy stipulates the agenda is distributed to subcommittee members and the public two weeks prior to the meeting.

Subcommittees do not have decision-making authority. The chair, or other appointed member reports to the NCQAC Business Committee. Quorums are essential to obtain consensus. When the subcommittee presents a motion, a separate motion from the subcommittee is not needed because the motion comes from the subcommittee, not from a single member. Minutes must be reviewed by the subcommittee prior to submitting the minutes for approval to the NCQAC agenda. Subcommittee meetings are generally approved using a consent agenda:

- Routine business that can be adopted with a single motion and vote.
- Item pulled from the consent agenda if discussion of one or more items is requested by the members.
- Remaining items can be voted as a single item.
- Proceed to discuss item pulled from the agenda

Licensing Subcommittee – Open to the Public

Purpose

- Establish, monitor, and recommend licensing processes and outcomes to the NCQAC
- Establish, monitor, and enforce continuing competency mechanisms and outcomes pertaining to Licenses Practical Nurses, Registered Nurses, Advanced Registered Nurse Practitioners, and Nursing Technicians in Washington state

Members and Staff

- RN Member of the NCQAC
- LPN Member of the NCQAC
- Public Member of the NCQAC

- Licensing Manager (or designee)
- Staff Attorney
- Nurse Practice Consultant (Ad Hoc)
- Director of Operations (Ad Hoc)

Chair Duties & Responsibilities

- Appointed by the NCQAC chair
- Prepare the agenda of the subcommittee meetings in collaboration with staff.
- Consults with sub-committee members to establish the dates and times for the sub-committee meetings.
- Prepares and presents a report with possible action items to the NCQAC business meetings.
- With NCQAC members, reviews the discipline processes and recommends improvements.
- Works with the Assistant Attorneys General to meet the discipline functions and responsibilities of the NCQAC; implements assigned responsibilities for the NCQAC strategic plan.

Consistent Standards of Practice Subcommittee – Open to the Public

Purpose

- Respond to issues regarding RN, LPN, and NA scope of practice and requests for rule review or formulation

Members and Staff

- RN member of the NCQAC
- LPN member of the NCQAC
- Public member of the NCQAC
- Director of Nursing Practice or designee

Chair Duties and Responsibilities

- Appointed by the NCQAC Chair
- Approve agenda items (with member and staff input)
- Establish meeting dates and times at least two weeks prior to the NCQAC business meetings
- Prepare and present a report to the NCQAC at business meetings with possible action items
- Review/revise practice standards, addresses requests for advisory opinions, Interpretive and policy statements and makes recommendations to the NCQAC business meeting
- Implement assigned responsibilities for the NCQAC strategic plan

Advanced Practice Subcommittee – Open to the Public

Purpose

- Establish, monitor and recommend licensing, scope of practice, and disciplinary processes and outcomes for Advanced Registered Nurse Practitioners (ARNPs) to the Washington State Nursing Care Quality Assurance Commission

Membership and Staff

- ARNP members of the NCQAC
- ARNP pro tem members of the NCQAC

- Selected pro tem member with selected expertise on projects being addressed
- Director of Advanced Practice Nursing or designee

Chair Duties and Responsibilities

- Appointed by the NCQAC Chair
- Approves the agenda (with input from members and staff)
- Establishes meeting dates and times at least two weeks prior to the NCQAC business meetings
- Prepares and presents a report to the NCQAC at business meetings with possible action items
- Reviews the licensure, scope of practice and disciplinary issues and recommends actions
- Implements assigned responsibilities for the NCQAC strategic plan
- Reviews/revises practice standards, addresses requests for advisory opinions, Interpretive and policy statements and makes recommendations to the NCQAC business meeting relevant to ARNPs

Discipline Subcommittee – Open to the Public

Purpose

- Establish, monitor, and recommend disciplinary processes and outcomes for Licensed Practical Nurses, Registered Nurses, and Nurse Techs to the Washington State Nursing Care Quality Assurance Commission

Membership and Staff

- RN Member of the NCQAC
- LPN Member of the NCQAC
- Public Member of the NCQAC
- Discipline Manager or designee
- Staff Attorney
- Chief Investigator
- Nursing Practice Consultant (Ad Hoc)
- Director of Operations (Ad Hoc)

Chair Roles and Responsibilities

- Prepare the agenda of the subcommittee meetings in collaboration with staff.
- Consult with sub-committee members to establish the dates and times for the sub-committee meetings.
- Prepare and present a report with possible action items to the NCQAC business meetings
- With NCQAC members, reviews the discipline processes and recommend improvements
- Work with the Assistant Attorneys General to meet the discipline functions and responsibilities of the NCQAC; and, implements assigned responsibilities for the NCQAC strategic plan

Research Subcommittee – Open to the Public

Purpose

- Improve access and utilization of available data to inform policy decisions, evidence-based regulatory practice, and research.

Membership and Staff

- Minimum of three members of the NCQAC
- Pro Tem members may be invited to participate and provide expertise for selected projects
- Pro Tem members may be selected to represent geographic areas and specialties to the extent applicable
- Director of Advanced Practice
- Nurse Consultant (ad hoc)
- Administrative Assistant

Chair Roles and Responsibilities

- With assistance from staff, prepare the agenda of the sub-committee meetings
- In consultation with subcommittee members, establish the dates and times for the sub-committee meetings, at least two weeks prior to the NCQAC business meetings
- Invite people from outside to provide expertise on specialty area
- Prepare and present reports to the NCQAC at business meetings with possible action items
- Advise the NCQAC on processes to identify and prioritize research activities and act on results of the research if appropriate
- Advise the NCQAC on how to continue to improve access and utilization of available data to inform policy decisions, evidence based regulatory practice and research

Education Subcommittee – Open to the Public

Purpose

- Advise, monitor, and recommend processes and policies affecting nursing education programs to the NCQAC.

Membership and Staff

- Chair appointed by the NCQAC Chair
- Nursing Program Approval Panel (NPAP) members
- Nursing Assistant Approval Panel (NAPAP) members (ad hoc)
- Director of Education
- Director of Nursing Assistant Training Programs (as needed)
- Nursing Education Consultant
- Staff Attorney

Chair Roles and Responsibilities

- Prepare the agenda of the subcommittee meetings in collaboration with staff
- Periodically include specific agenda items related to nursing assistant training programs on as-needed basis
- Consult with subcommittee members to establish the dates and times for the sub-committee meetings
- Prepare and present a report with possible action items to the NCQAC at business meetings

WASHINGTON STATE NURSING ORGANIZATIONS

Washington Center for Nursing (WCN)

The Nursing Summit in 2001 resulted in a Strategic Plan for Nursing to ensure that there are enough nurses to care for our citizens – the Washington State Strategic Plan for Nursing (WSSPN), which was adopted by the Washington Nursing Leadership Council (composed of CNEWS, NWONE, NCQAC, WLN, WSNA). In response to this plan, the Washington Center for Nursing was created in 2003 as the statewide nursing workforce organization.

WCN is funded by the NCQAC ([RCW 18.79.202](#)) through the Washington State Department of Health, part of allows grants to be awarded to a not-for-profit central nursing resource center that is comprised of and led by nurses. [About Us – Washington Center for Nursing \(wcnursing.org\)](#)

Council on Nursing Education in Washington State (CNEWS)

Vision

- The Council on Nursing Education in Washington State (CNEWS) leads the Transformation of Nursing Education in Washington state to benefit the people of our state and beyond.

Mission

- To promote excellence in nursing education
- To increase nursing education’s responsiveness to the health and health care needs of the people
- To share and promote best practices in nursing education
- To provide a forum for collaboration and meaningful discussion about nursing education

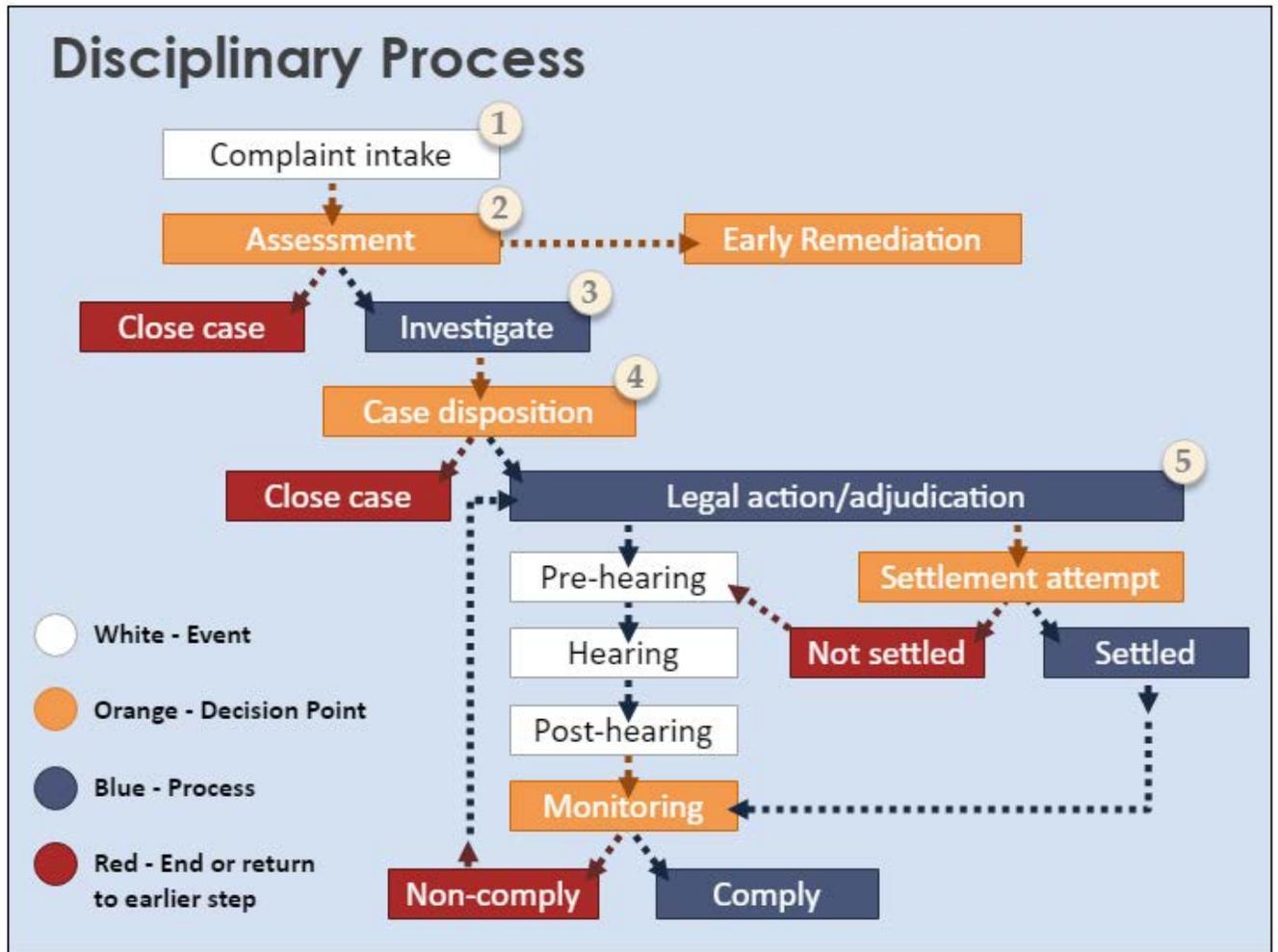
Membership includes a representative from each institution offering a program in nursing. [Nursing Programs - Education | Washington State Department of Health](#)

COMPLAINT AND DISCIPLINARY PROCESS

Complaint Process

- [Discipline | Washington State Department of Health](#)

Disciplinary Process Flowchart:



ALTERNATIVES TO DISCIPLINE

Early Remediation Program

The NCQAC recognizes that humans, including nurses, make mistakes. The Early Remediation (ER) Program provides a method to remedy apparent clinical deficiencies involving no or minimal harm in a more effective way. The process includes developing an Action Plan during the Investigation phase.

[WAC 246-840-582 - ER Program Definitions](#)

[WAC 246-840-583 - ER Program Criteria](#)

The ER Program resolves practice deficiency allegations of a less serious nature through a remedial education, training, and supervision plan including:

- Substandard nursing practice
- Failure to conduct patient assessment, document or give medications
- Failure to comply with scope of practice requirements, delegation laws, and regulations

Nurses are not eligible for this program for allegations of substance abuse, drug or substance abuse, drug diversion, fraud, theft, deceit or willful misconduct, abuse/neglect allegations, or conduct resulting in more than minor patient harm.

The ER Program Team consists of NCQAC members and staff. Staff may make recommendations to the ER Program Panel. Only the NCQAC members have decision-making authority. Based on preliminary findings, the ER Program Panel determines outcomes:

- Close case if the allegation(s) is unsubstantiated, lack jurisdiction, or below threshold
- Develop Action Plan (with recommendations from the ER Program Team)
- Authorize full investigation if no longer appropriate for the ER Program, if respondent declines participation, or if the respondent does not respond to offer or send in requested information

The ER Program Team sends the suggested Action Plan to the respondent (and if appropriate) to the respondent's employer:

- Upon acceptance of the Action Plan, designated staff monitor compliance with the Action Plan.
- Return case to the ER Program Team for full investigation if the respondent declines participation or if the respondent is noncompliant with the Action Plan or does not complete the Action Plan within six months from the date the investigation was opened

The NCQAC staff present cases to the ER Program Team when the respondent successfully and timely completes the Action Plan. The review includes:

- The initial complaint
- Preliminary investigation report
- Action Plan results

If the nurse participated but failed to successfully complete the Action Plan in six months, the nurse may be charged with unprofessional conduct. In determining appropriate sanctions, the NCQAC will consider participation in the Action Plan a mitigating factor.

New policies/procedures on these

Washington State Office of the Attorney General

Chief Legal Office (LSO) for Washington State

- Twenty-seven divisions
- Provide legal services to more than 230 state agencies, boards, and commissions

Washington State | Office of the Attorney General

Chapter 43.10 RCW: ATTORNEY GENERAL (wa.gov)

Assistant Attorney General (AAG) Roles and Functions

- Advance goals and the work of the NCQAC
- Provide legal advice to the NCQAC
- Provide informal advice, listen, and understand the profession
- Use and interpret the law to advance the NCQAC's mission, purpose, and goals as needed
- Provide advance analysis
- Provide consistent information to the NCQAC and staff
- Understand issues addressed by the NCQAC or that may impact the NCQAC
- Provide guidance to the NCQAC and staff
- Understand and follow timelines as necessary
- Provide mechanism for feedback
- Focus on the NCQAC meeting
- Communicate clearly, thoughtfully, and deliberately

Ethics Board

The Washington State Executive Ethics Board was created by chapter 42.52 RCW in 1995 to enforce the state's ethics law and rules adopted under it with respect to statewide elected officers and all other officers and employees in the executive branch, boards and commissions, and institutions of higher education.

Who we are | Executive Ethics Board (wa.gov)

Health Equity

Health equity exists when all people can achieve their full health potential, regardless of their circumstances. However, not everyone in Washington State has this opportunity. Many communities experience health inequities because of their race, culture, identity or where they live. We all have a role and responsibility in promoting equity and undoing inequity. When we commit to reexamining our priorities and the way we do our work, we are part of the effort to undo inequity. When we do not make this commitment, our work can have the adverse effect of contributing to widening inequities.

[Health Equity | Washington State Department of Health](#)

RULES

The NCQAC has authority to issue rules related to nursing:

- Any agency order, directive, or regulation of general applicability
- The violation of which subjects a person to penalty or administrative sanction
- Which establishes, alters, or revokes any procedure, practice, or requirement related to agency hearings
- Which establishes, alters, or revokes any qualification or requirement related to the enjoyment of benefits or privileges conferred by law
- Which establishes, alters, or revokes any qualifications or standards for the issuance, suspension, or revocation of licenses to pursue any commercial activity, trade, or profession...
- The term includes the amendment or appeal of a prior rule

A rule does not include statements about internal management of an agency and not affecting private rights or procedures available to the public or declaratory rulings.

Rules are required:

- When a regulation applies to everyone over whom the agency has jurisdiction (general applicability) and violation of the rule could:
 - Subject a licensee or applicant to a penalty, sanction, denial, or restriction
 - Affect professional licensure standards or qualifications
 - Affect procedures related to agency hearings

[RCW 19.85 Regulatory Fairness Act](#)

[RCW 34.05 Administrative Procedures Act](#)

[Rule Making Process](#)

INTERPRETIVE STATEMENTS AND POLICY STATEMENTS

[RCW 34.05.230 Interpretive and Policy Statements](#) advise the public of current opinions, approaches and likely courses of action. Interpretive statements and policy statements are advisory only. An agency is encouraged to convert long-standing interpretive and policy statements into rules. A person may request an interpretive statement or request conversion to a rule. Interpretive statements and policy statements must be filed with the [Washington State Office of the Code Reviser](#) for publication in the [Washington State Register \(WSR\)](#).

Interpretive Statement

- A written expression of the opinion of an agency, entitled an interpretive statement by the agency head or its designee, as to the meaning of a statute or other provision of law, of a court decision, or of an agency order. RCW 34.05.010(8)
- An interpretive statement lets the public know how the agency interprets its own law or rule—what the agency thinks it means.

Policy Statement

- A written description of the current approach of an agency, entitled a policy statement by the agency head or its designee, to implementation of a statute or other provision of law, of a court decision, or of an agency order, including where appropriate the agency's current practice, procedure, or method of action based upon that approach
- A policy statement informs the public of the agency's current approach to implementation of its own law or rule

[RCW 34.05.230 Interpretive and Policy Statements](#) [Washington State Legislature](#)

Advisory Opinions

The NCQAC has authority to issue advisory opinions about questions concerning nursing practice for the advanced registered nurse practitioner (ARNP), registered nurse (RN), licensed practical nurse (LPN), nurse technician (NT), and nursing assistant-certified (NA-C)/nursing assistant-registered (NA-R). The NCQAC may issue or decline to issue an advisory opinion. Advisory opinions are often issued in the absence of a case or controversy. Advisory opinions are not legal binding and carry no precedential value.

[RCW 18.79.110 Commission - Duties and Powers - Rules - Successors to Boards](#) [Nursing Practice Information Website](#)

Frequently Asked Question (FAQ) Forum

The NCQAC may also develop FAQs forum related and post these on the NCQAC website to respond to common questions or queries, organization information, as well as questions or queries that can be answered simply by the NCQAC without developing a formal advisory opinion, Interpretive statement, or policy statement. These provide easily accessible responses approved by the NCQAC to the public, partners/stakeholders, organizations, and employers. They also provide a consistent response from the nurse consultants/advisors or other staff. A request may come from the NCQAC, subcommittee, or the public.

[Nursing Practice Information Website](#)

Nursing Practice Team – Consultation and Education

The Nursing Practice Team uses a preventive approach through formal and information consultation and education of nursing students, nurses, administrators and other partners/stakeholders on a variety of topics relevant to regulatory and scope of practice issues, questions, or concerns.

The nursing consultants and nursing advisors are available to answer questions informally. The consultants/advisors encourage the use of the [Interactive Scope of Practice Decision Tree](#) as a tool to assist the requestor in making decisions based on the state and federal statutes, regulations, evidence-based research, institutional policies, accreditation standards, standards of care, individual competencies, and nursing judgement. [Nursing Practice Information Website](#)

CONTINUATION OF OPERATIONS PLAN (COOP)

Emergency Operations

Power Outage

In the event of power outages, a team of less than five (5) licensing staff would report to the office. The staff must maintain all required safety protocols depending on the circumstances of the emergency. Since we would have no electronic access, phones may be functional, but will be used to answer questions only. Licensing would no longer be possible. Governor waiver of laws would be necessary. A potential summary suspension could be processed, but it may be best to refer to local law enforcement, if applicable.

Covid-19

During pandemics and/or governor issued emergencies, the need for nurses may surge. Increasing demand for nurses increases the licensing workload, especially if current regulatory requirements must be met. Therefore, the NCQAC makes the following recommendations to address the increased demand for nurses, maintain a satisfactory level of safety, and address emergency contingencies. It is unlawful for a person to practice or to offer to practice as a registered nurse, advanced registered nurse practitioner, or licensed practical nurse in Washington unless that person is licensed under chapter 18.79 RCW. [RCW 18.79.030\(1\)-\(3\)](#). However, during an emergency, employers can employ nurses from other states through the [Washington Emergency Volunteer Professionals Program \(RCW 70.15\)](#). We encourage employers to use this process because it is the fastest way to bring nurses into Washington and begin the application process at NCQAC if a Washington state license is desired. [Washington DOH WAServe Registration Guide](#)

Licensing

- For nurses educated in Canada and residing in Washington, NCQAC currently verifies their education and requires official transcripts from their nursing programs. We recommend NCQAC no longer require their official transcripts for licensure.
- NCQAC currently has eleven full time staff and fifteen non-permanent staff, for a total of 26. We requested additional staff and funding from the Governor's office to process applications. Approval to overspend authority was received.
- If we experience staff reductions due to illness or family illness, we will prioritize processing applications. If we have only ten (10) licensing staff, we will no longer be able to answer phones or emails. We will concentrate on processing applications and renewals.
- If NCQAC only has five (5) licensing staff available, we will use the RCW 70.15 process for all applications. Licensing staff will verify unencumbered licenses from other states and allow these nurses to work in Washington. Automatic renewals via the online renewal system will be performed, but staff will also process manual paper renewals mailed to the office as resources allow.
- If staffing reaches below that level, we will be unable to license nurses in WA and we would request the Governor waive relevant laws. We would then allow any nurse with a valid current license in any state to work in Washington.

Discipline

NCQAC currently has 13 investigators. If investigative staff decline to six (6) investigators, only Priority A cases will be investigated. If there are only two (2) investigators, the case management team (CMT) will only open cases to investigation when a summary suspension is anticipated. All other investigations will cease. Early Remediation cases will be suspended.

NCQAC currently has seven (7) full-time staff attorneys, one (1) paralegal, and one (1) legal assistant. If there are only two (2) staff attorneys, only priority A cases will be processed, including anticipated summary suspension cases. If there is only one (1) staff attorney, only summary suspension cases will be processed.

Commission and Pro Tem Members

The number of Nursing Commission members available to serve may be impacted. Typically, there are 15 members on the commission. At least eight (8) commission members must be available to establish a quorum, or the commission will be unable to hold meetings. Anything less than eight (8) commission members would require a Governor waiver to continue business.

Throughout the year we appoint several pro tem members of whom perform reviewing commission member duties, nursing education program approvals, nursing assistant training program approvals. Pro tem members also serve on disciplinary panels, hearing panels, and subcommittees.

Panels must have three (3) or more members and must be chaired by a commissioner. If there are less than three (3) members or no commission member available for the Nursing Program Approval Panel (NPAP) or the Nursing Assistant Training Program Approval Panel (NAPAP), the two (2) panels will be combined to allow continuing review of programs.

If fewer than eight (8) commission members are available, subcommittee meetings will cease. Disciplinary hearings other than summary suspension cases should be stayed or continued. The current approval status of nursing and nursing assistant training program approvals will be temporarily extended without formal review unless there is an egregious allegation and then an emergency panel will be convened to act.

If the chair is not available, the vice chair would then lead. If the vice chair is not available, the secretary/treasurer will lead. If the secretary/treasurer is not available, the immediate past chair will lead. If the immediate past chair is not available, the member with the most years of service will lead.

Nursing Practice Consultation and Education Team

The Nursing Practice consultation and education team members will be assigned to other duties as necessary. Routine development of advisory opinions or other documents and technical assistance activities will be suspended.

Washington Health Professional Services (WHPS)

WHPS has an assistant director, discipline, three (3) case managers, two (2) case manager associates, and an operations manager, all of whom can screen for positive tests and significant non-compliance. If case management staff declines to two (2) case managers (or one case manager and assistant director), attention will focus on drug screen management and monthly practice performance review. If only one (1) case manager (or assistant director) is available, program intakes will be limited to referrals of nurses presenting reasonable imminent danger (e.g. patient harm has occurred, related criminal conviction).

Staff Leadership

If the executive director is not available for over two weeks, the discipline director and education director will be the acting executive directors. The discipline director will be responsible for personnel and operations while the education director will be responsible for actions external to the office with nursing and healthcare entities. Both will work together with the NCQAC, Department of Health and the Governor's office.

If the discipline director or the education director are not able to work, the deputy of operations, and the advanced practice director will be the next level. The deputy of operations would be responsible for internal operations and advanced practice director would be responsible for external relations.

If the deputy of operations or the advanced practice director are not available, the licensing manager and chief investigator would be responsible for internal operations and nursing assistant director would be responsible for external relations.

COMMUNICATION

There are two communications professionals on staff with the Commission. One role provides communications support and the other acts as a public information officer. The Communications team is responsible for creating relevant content, messaging, and other materials as needed for the Commission. Other responsibilities include legislative support, website maintenance, and internal communications activities.

CNEWS

[CNEWS](#) is an organization comprised of administrative leadership from all nursing programs in the State of Washington. Its role is to promote communication among members and offer mentorship to new leaders, as well as to facilitate collaborative responses to the health needs of Washington State. The organization hosts two meetings each year in the fall in Seattle, and in the spring in Spokane.

Partner List

The NCQAC maintains a partner list for our staff and leadership to communicate with others in the nursing community. The rationale is to build and maintain a list of organizations and track email addresses for the leadership staff employed at those organizations.

[Operations - Stakeholder List \(sharepoint.com\)](#)

Local Health Jurisdictions

Washington has 30 county health departments, three multi-county health districts and two city-county health departments. We refer to them as local health jurisdictions. They are local government agencies, not satellite offices of the state Department of Health or the State Board of Health. Local health jurisdictions carry out a wide variety of programs to promote health, help prevent disease and build healthy communities

Tribal Communications

Washington State and the American Indian tribes located in Washington State work together, government-to-government, to address the public health issues that affect all of us. The involvement of Indian Tribes in the development of public health policy promotes locally relevant and culturally appropriate approaches to issues of mutual interest or concern.

GovDelivery

The NCQAC uses [govDELIVERY](#) to reach a large number of individuals at once via email. Members are encouraged to sign up for notifications.

BoNCast

The NCQAC produces the BoNCast, which is the Board of Nursing's podcast. It is available on the YouTube platform. Members and the public are encouraged to listen to the episodes and learn more about the NCQAC directly from those individuals who are directly related to the processes employed to ensure the safety of the people of Washington state. [BoNCast YouTube Link](#)

2. Personal Data Questions	Yes	No
<p>1. Do you have a medical condition which impairs or limits your ability to practice your profession with reasonable skill and safety? If yes, please attach explanation</p> <p style="text-align: right;"><input type="checkbox"/> <input type="checkbox"/></p> <p>“Medical Condition” includes physiological, mental or psychological conditions or disorders, such as, but not limited to orthopedic, visual, speech, and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, intellectual disabilities, emotional or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction, and alcoholism.</p> <p>If you answered yes to question 1, explain:</p> <p style="margin-left: 20px;">a. How your treatment has reduced or eliminated the limitations caused by your medical condition.</p> <p style="margin-left: 20px;">b. How your field of practice, the setting or manner of practice has reduced or eliminated the limitations caused by your medical condition.</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Note: If you answered “Yes” to question 1, the Nursing Commission will assess the nature, severity, and the duration of the risks associated with the ongoing medical condition and the ongoing treatment to determine whether your license should be restricted, conditions imposed, or no license issued. The Nursing Commission may require you to undergo one or more mental, physical, or psychological examination(s). This would be at your own expense. By submitting this application, you give consent to such an examination(s). You also agree the examination report(s) may be provided to the Nursing Commission. You waive all claims based on confidentiality or privileged communication. If you do not submit to a required examination(s) or provide the report(s) to the Nursing Commission, your application may be denied.</p> </div>		
<p>2. Do you currently use chemical substance(s) which impair or limit your ability to practice your profession with reasonable skill and safety? If yes, please explain.</p> <p style="text-align: right;"><input type="checkbox"/> <input type="checkbox"/></p> <p>“Currently” means within the past two years.</p> <p>“Chemical substances” include alcohol, drugs, or medications, whether taken legally or illegally.</p>		
<p>3. Have you ever been diagnosed with, or treated for, pedophilia, exhibitionism, voyeurism or frotteurism?</p> <p style="text-align: right;"><input type="checkbox"/> <input type="checkbox"/></p>		
<p>4. Are you currently engaged in the illegal use of controlled substances?</p> <p style="text-align: right;"><input type="checkbox"/> <input type="checkbox"/></p> <p>“Currently” means within the past two years.</p> <p>“Illegal use of controlled substances” is the use of controlled substances (e.g., heroin, cocaine) not obtained legally or taken according to the directions of a licensed health care practitioner.</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Note: If you answer “Yes” to any of the remaining questions, provide an explanation and certified copies of all judgments, decisions, orders, agreements, surrenders, charging documents, and notices of investigation. If you do not provide the documents, your application is incomplete and will not be considered. To protect the public, the department considers criminal history. A criminal history may not automatically bar you from obtaining a credential. However, failure to report criminal history may result in extra cost to you and the application may be delayed or denied. The department does criminal background checks on all applicants.</p> </div>		
<p>5. Have you: (1) ever been convicted, entered a plea of guilty, no contest, or a similar plea, or had prosecution or a sentence deferred or suspended as an adult or juvenile in any state or jurisdiction; (2) been charged with a crime and are currently facing potential prosecution in any state or jurisdiction; or (3) been made aware that you are a current suspect or under investigation in any state or jurisdiction that has not yet been completely resolved?</p> <p style="text-align: right;"><input type="checkbox"/> <input type="checkbox"/></p>		

2. Personal Data Questions (cont.)	Yes	No
6. Are you under current investigation, currently charged, or have you ever been found in any civil, administrative or criminal proceeding to have:		
a. Possessed, used, prescribed for use, or distributed controlled substances or legend drugs in any way other than for legitimate or therapeutic purposes?	<input type="checkbox"/>	<input type="checkbox"/>
b. Diverted controlled substances or legend drugs?	<input type="checkbox"/>	<input type="checkbox"/>
c. Violated any drug law?	<input type="checkbox"/>	<input type="checkbox"/>
d. Prescribed controlled substances for yourself?		
“Medical Condition” includes physiological, mental or psychological conditions or disorders, such as, but not limited to orthopedic, visual, speech, and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, intellectual disabilities, emotional or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction, and alcoholism.		
7. Have you: (1) ever been found in any proceeding to have violated any state or federal law or rule regulating the practice of a health care profession; (2) been charged with or accused of violating any state or federal law or rule regulating the practice of a health care profession; or (3) been made aware that you are under current investigation in any state or jurisdiction for violating any state or federal law or rule regulating the practice of a health care profession? If “yes” , please attach an explanation and provide copies of all judgments, decisions, and agreements?	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you ever had any license, certificate, registration or other privilege to practice a health care profession denied, revoked, suspended, or restricted by a state, federal, or foreign authority?.....	<input type="checkbox"/>	<input type="checkbox"/>
9. Have you ever surrendered a credential like those listed in number 8, in connection with or to avoid action by a state, federal, or foreign authority?		
10. Have you ever been named in any civil suit or suffered any civil judgment for incompetence, negligence, or malpractice in connection with the practice of a health care profession?		
11. Have you ever been disqualified from working with vulnerable persons by the Department of Social and Health Services (DSHS)?		



2. Personal Data Questions Yes No

1. Do you have a medical condition which in any way impairs or limits your ability to practice your profession with reasonable skill and safety? If yes, please attach explanation

Medical Condition includes physiological, mental or psychological conditions or disorders, such as, but not limited to orthopedic, visual, speech, and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, intellectual disabilities, emotional or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction, and alcoholism.

If you answered yes to question 1, explain:

- a. How your treatment has reduced or eliminated the limitations caused by your medical condition.
b. How your field of practice, the setting or manner of practice has reduced or eliminated the limitations caused by your medical condition.

Note: If you answered Yes to question 1, the Nursing Commission will assess the nature, severity, and the duration of the risks associated with the ongoing medical condition and the ongoing treatment to determine whether your license should be restricted, conditions imposed, or no license issued.

2. Do you currently use chemical substance(s) in any way which impair or limit your ability to practice your profession with reasonable skill and safety? If yes, please explain.

Currently means within the past two years.

Chemical substances include alcohol, drugs, or medications, whether taken legally or illegally.

3. Have you ever been diagnosed with, or treated for, pedophilia, exhibitionism, voyeurism or frotteurism?

4. Are you currently engaged in the illegal use of controlled substances?

Currently means within the past two years.

Illegal use of controlled substances is the use of controlled substances (e.g., heroin, cocaine) not obtained legally or taken according to the directions of a licensed health care practitioner.

Note: If you answer Yes to any of the remaining questions, provide an explanation and certified copies of all judgments, decisions, orders, agreements, and surrenders, charging documents, and notices of investigation.

5. Have you ever: (1) ever been convicted, entered a plea of guilty, no contest, or a similar plea, or had prosecution or a sentence deferred or suspended as an adult or juvenile in any state or jurisdiction; (2) been charged with a crime and are currently facing potential prosecution in any state or jurisdiction; or (3) been made aware that you are a current suspect or under investigation in any state or jurisdiction that has not yet been completely resolved?

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2. Personal Data Questions (cont.)		Yes	No
6. <u>Are you under current investigation, currently charged, or have you ever been found</u> in any civil, administrative or criminal proceeding to have:			
a. Possessed, used, prescribed for use, or distributed controlled substances or legend drugs in any way other than for legitimate or therapeutic purposes?	<input type="checkbox"/>	<input type="checkbox"/>	
b. Diverted controlled substances or legend drugs?	<input type="checkbox"/>	<input type="checkbox"/>	
c. Violated any drug law?	<input type="checkbox"/>	<input type="checkbox"/>	
d. Prescribed controlled substances for yourself?	<input type="checkbox"/>	<input type="checkbox"/>	
<p>“Medical Condition” includes physiological, mental or psychological conditions or disorders, such as, but not limited to orthopedic, visual, speech, and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, intellectual disabilities, emotional or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction, and alcoholism.</p>			
7. Have you: (1) ever been found in any proceeding to have violated any state or federal law or rule regulating the practice of a health care profession; (2) <u>been charged with or accused of violating any state or federal law or rule regulating the practice of a health care profession; or (3) been made aware that you are under current investigation in any state or jurisdiction for violating any state or federal law or rule regulating the practice of a health care profession?</u> If “yes”, please attach an explanation and provide copies of all judgments, decisions, and agreements?	<input type="checkbox"/>	<input type="checkbox"/>	
8. Have you ever had any license, certificate, registration or other privilege to practice a health care profession denied, revoked, suspended, or restricted by a state, federal, or foreign authority?.....	<input type="checkbox"/>	<input type="checkbox"/>	
9. Have you ever surrendered a credential like those listed in number 8, in connection with or to avoid action by a state, federal, or foreign authority?	<input type="checkbox"/>	<input type="checkbox"/>	
10. Have you ever been named in any civil suit or suffered any civil judgment for incompetence, negligence, or malpractice in connection with the practice of a health care profession?	<input type="checkbox"/>	<input type="checkbox"/>	
11. Have you ever been disqualified from working with vulnerable persons by the Department of Social and Health Services (DSHS)?	<input type="checkbox"/>	<input type="checkbox"/>	

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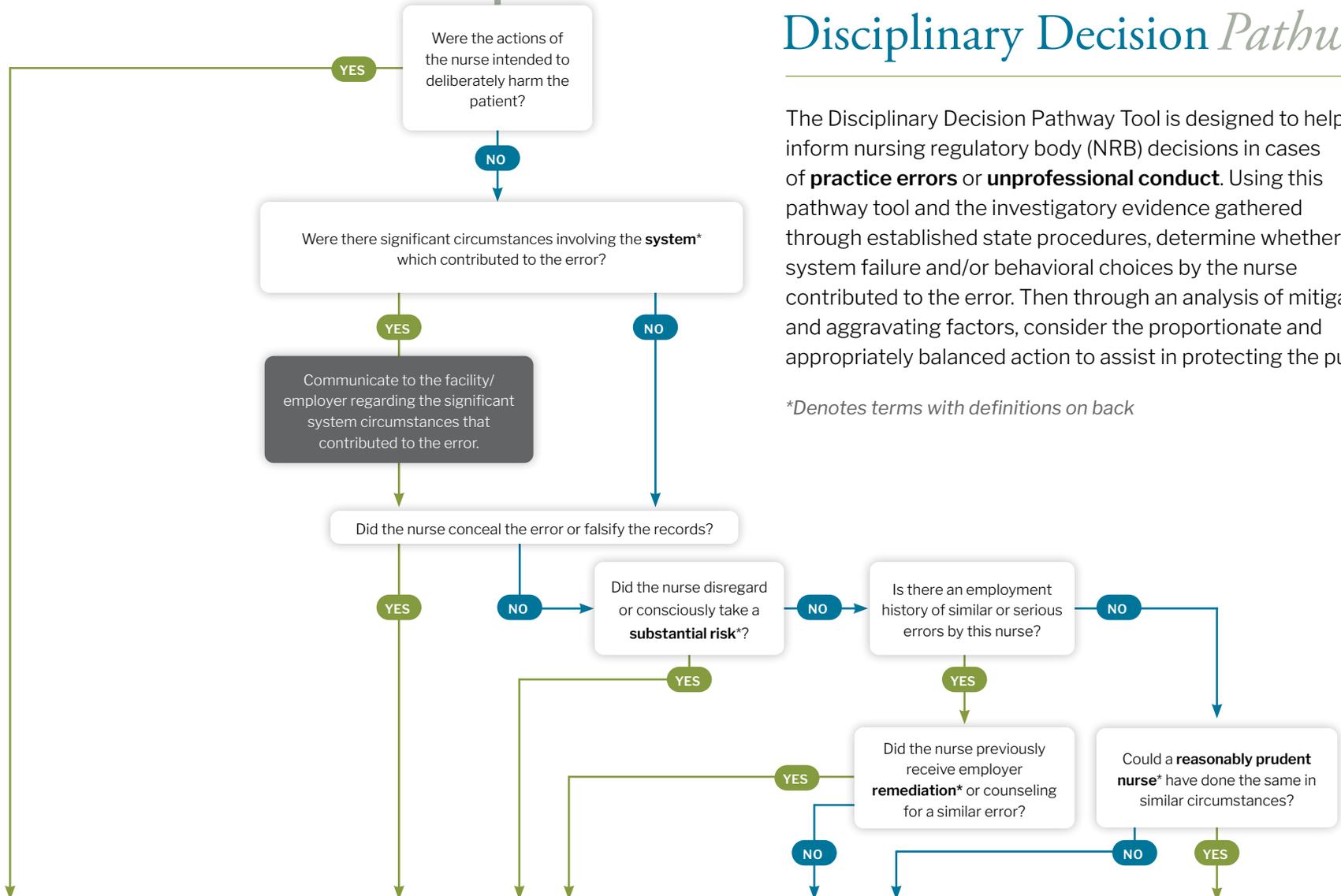
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Using the investigatory evidence, answer the questions below:

Disciplinary Decision Pathway

The Disciplinary Decision Pathway Tool is designed to help inform nursing regulatory body (NRB) decisions in cases of **practice errors** or **unprofessional conduct**. Using this pathway tool and the investigatory evidence gathered through established state procedures, determine whether system failure and/or behavioral choices by the nurse contributed to the error. Then through an analysis of mitigating and aggravating factors, consider the proportionate and appropriately balanced action to assist in protecting the public.

*Denotes terms with definitions on back



Bad Intent

- Assess **mitigating and aggravating factors*** to determine the proportionate and appropriately balanced NRB action.

Actions could include but are not limited to the following: summary suspension, suspension with conditions, permanent suspension, revocation or surrender.

Reckless

- Assess **mitigating and aggravating factors*** to determine the proportionate and appropriately balanced NRB action.

Actions could include but are not limited to the following: summary suspension, suspension plus focused remediation and/or conditions, revocation or surrender.

At Risk

- Assess **mitigating and aggravating factors*** to determine the proportionate and appropriately balanced NRB action.

Actions could include but are not limited to the following: focused remediation, reprimand, probation with conditions, alternative to discipline for practice, suspension.

Human Error

- Assess **mitigating and aggravating factors*** to determine the proportionate and appropriately balanced NRB action.

Consider whether no action is warranted or actions could include but are not limited to the following: advisory letter, warning, letter of concern or focused remediation

Process:

1. Examine the investigatory evidence through a series of questions about the behavioral choices by the nurse leading to a determination of error accountability by the nurse (human error, at risk behavior, reckless behavior, or bad intent).
2. Determine the proportionate and appropriately balanced NRB action using the analysis of behavioral choice and aggravating and mitigating factors leading to a decision whether no action, non-disciplinary or disciplinary action is warranted.

Definitions

Aggravating Factor

Any fact or circumstance that increases the severity or culpability of the act

Factors could include, but are not limited to, the following:

- Knowingly created risk for more than one patient
- Number or frequency of acts of misconduct
- Act committed for personal gain or benefit
- Age, capacity, vulnerability of the patient
- Experience in practice
- Holds leadership/mentor position
- Past facility discipline
- Past NRB complaints, discipline

Mitigating Factor

Extenuating, explanatory or justifying fact, situation or circumstance

Factors could include, but are not limited to, the following:

- Isolated event
- Systems issues, communication breakdown
- Interruptions, chaotic environment
- Policies/procedures lacking or unclear
- No past NRB complaints, discipline
- Acknowledgment of responsibility/accountability

Reasonably Prudent Nurse

A nurse who uses good judgment in providing care according to accepted standards

Remediation

Education or training to correct a knowledge or skill deficit

Substantial Risk

A significant possibility that an adverse outcome may occur

System

An organization's operational methods, processes or infrastructure/environment

Guiding Nursing Regulation Philosophy

The nursing regulatory body (NRB) develops policy, designs regulation, administers and enforces regulatory law and rules to accomplish its mandate of protecting the safety of the public. To meet this responsibility, the regulatory decisions of the NRB must be evidence-based, clearly defined, consistent, targeted and proportionate to the level of risk determination. As part of its responsibility to the public, the NRB's regulatory decisions must also be made in a timely, efficient, effective, and transparent manner while allowing for consistent and comprehensive evaluation of regulatory process and performance.

Principle 1. Risk Analysis

NRB integrates the analysis of risk and continuous monitoring and evaluation into each step of the regulatory cycle.

Resources for operations

- NCSBN Nursing Education Approval Guidelines
- Canadian Entry-level Competencies for Practice of Registered Nurses & for Licensed Practical Nurses
- NCSBN's Outcomes of Substance Use Disorder Monitoring Programs for Nurses
- Proactive identification of markers of competence and conduct-prone licensees (Obj. 3)

Principle 2. Proportionate and appropriately balanced regulatory processes

NRB develops regulatory processes that balance interdependent factors leading to regulatory processes that are purposeful, proportionate and appropriately balanced.

Resources for regulatory processes

- Model Act & Rules
- Uniform Licensure Requirements
- Disciplinary Decision Pathway (Obj. 2)

Principle 3. Evaluating regulatory process and performance

NRB develops measures to evaluate process and performance that are evidence-based, proportionate to the level of risk, clearly defined, transparent, triangulated, meaningful, available in real time, reliable, valid, objective, economically feasible to collect, and comprehensive.

Resources for NRB evaluation

- Sunrise provisions
- Sunset review
- Regulatory Excellence Accreditation System (Obj. 1)

2022 NCSBN Annual Conference
August 16, 2022 – August 19, 2022

Chicago, Illinois

Grant Hulteen

PURPOSE: National Council of State Boards of Nursing Annual Meeting

OUTCOME: This conference opened with introductions, announcements, reports on credentials and the adoption of standing rules. There was a presentation of the 2022 candidates and nominations from the floor. WA NCQAC ED Paula Myer nominated Adam Canary for one of the four Director-at-large positions. NCSBN President Jay Douglas gave her report followed by CEO David Benton who gave his address. In the afternoon, Keynote Speaker Daniel Burrus gave a presentation entitled, “Quantum Change – Creating the Transformations that Need to Happen to Increase Relevancy, Influence, and Outcomes.” Next, we heard from the Finance Committee, and President Douglas who talked about the strategic initiatives for 2023-2025. Crystal Tillman spoke about the NCLEX RN and PN test plan.

On Thursday, elections were held and unfortunately Adam did not win. CO Maryann Alexander and Director of Research Brendan Martin talked about International Guiding Principles to Telehealth. Stephanie Ferguson and Phil Dickison presented the Support Worker/Nurse Aide forum. American Organization for Nursing Leadership CEO Robyn Begley, David Benton, American Nursing Association CEO Loressa Cole, and American Association of Colleges CAO Joan Stanley talked about workforce issues. I attended a breakout session on Regulatory Network and listened to three speakers. One was a former Disney World employee and now a NCSBN employee who had a great presentation on Disney’s philosophy on work attitudes and customer relations. The second presenter was a former China airlines employee, also a current NCSBN employee. The third speaker was the former CEO of Nabisco and Campbells Soup Company who talked about work attitudes, strategic plans, employee relations, performance, and management. There was a session on “What’s on your mind about the future of Nursing Regulations,” facilitated by a few of the current NCSBN Board members which was a question-and-answer forum. I participated in the Resolution Committee where we heard from Dawn Morell and two people from the BC College of Nursing regarding a resolution to start each annual NCSBN meeting with a land acknowledgement. This resolution was tabled by the NCSBN Board on Friday. That night we attended the Awards Ceremony where awards were presented to the 2020, 2021, and 2022 award winners.

Friday, Stephanie Ferguson and Phil Dickison ran a Licensure Reform Process Forum. Keynote Speaker former Blue Angels pilot John Foley gave a presentation on “Ignite a Culture of Excellence,” which was excellent.

RECOMMENDATION: This was my first time attending the Annual Meeting. I found it very informative with excellent topics. Networking was great. The location was very nice and convenient. Although I spent most of my time in the hotel at the conference, I was able to get out at night and walk around and go to dinner.

This is a great conference and staff should be allowed to attend future conferences.

2022 NCSBN Annual Meeting, Delegate Assembly, and Awards Ceremony
August 16-19, 2022
Chicago, IL

Trip Report
Erin Bush, Investigator

Purpose:

The event offered nursing regulators from across the United States, its territories, and Canada the opportunity to:

- 1) Elect new national NCSBN leadership
- 2) Attend professional development sessions
- 3) Participate in focus groups
- 4) Consider new business and discuss delegate assembly actions focused on public health protection
- 5) Recognize outstanding members and guests via a formal awards dinner

Outcome:

Event highlights included-

- Delegate Assembly and Elections
- *President's Address*, Jay Douglas, MSM, RN, CSAC, FRE, President, NCSBN Board of Directors
- Keynote: *Quantum Change: Creating the Transformations That Need to Happen to Increase Relevancy, Influence and Outcomes*
- Candidate Forums
- Regulatory Network Lunch (four guest speakers)
- Licensure Reform Process Forum
- Keynote: *Ignite a Culture of Excellence*
- Networking opportunities with other agencies and the strengthening of relationships between individual NCQAC attendees

Recommendations:

- NCQAC should continue to award several outstanding employees from its different departments an opportunity to attend each year. The event provides NCQAC employees an opportunity to “see the bigger picture” related to nursing regulation and affords an excellent opportunity to network and build relationships.
- NCQAC may want to consider a means for future awardees to attend without requiring an initial expenditure of personal funds (especially lodging) and the subsequent reimbursement after travel. This did not affect me personally, but it would have prevented me from attending until just several years ago. I vividly remember my days as a single mom with maxed credit cards and no available cash.
- The NCSBN mobile app for the event noted the dress codes as “casual” and “business casual” for different events. Unfortunately, it did not note that formal attire was required for the awards dinner. NCQAC should remind its first-time attendees that they should bring formal attire.

I'm grateful for the opportunity to have been selected to attend and would recommend the event to any of my counterparts.

//s// Erin Bush



Nursing Care Quality Assurance Commission (NCQAC)

Meeting Agenda

September 9, 2022

8:30 AM- 2:30 PM

[Spokane Convention Center in room 302AB](#)

located at [322 N Spokane Falls Ct, Spokane, WA 99201](#)

[Click here for Zoom Registration](#)

Masks are Required for in person attendees

Commission Members:

Yvonne Strader, RN, BSN, BSPA, MHA, Chair
Helen Myrick, Public Member, Vice-Chair
Adam Canary, LPN, Secretary/Treasurer
Jonathan Alvarado ARNP, CRNA
Quiana Childress, GCertHealthSc, BS, LPN
Ella B. Guilford, MSN, M.Ed., BSN, RN
Joan Madayag, LPN
Judy Loveland-Morris, Public Member
Dawn Morrell, RN, BSN, CCRN
MaiKia Moua, RN, BSN, MPH
Sharon Ness, RN
Emerisse Shen, RN, ARNP
Kimberly Tucker PhD, RN, CNE

Assistant Attorney General:

Sierra McWilliams, Assistant Attorney General

Staff:

Paula R. Meyer, MSN, RN, FRE, Executive Director
Chris Archuleta, Director, Operations
Gerianne Babbo, Ed.D, MN, RN, Director, Education
Shad Bell, Assistant Director, Operations
Amber Bielaski, MPH, Assistant Director, Licensing
Debbie Carlson, MSN, RN, CPM, Director, Practice
Mary Sue Gorski, PhD, RN, Director, Advanced Practice,
Research and Policy
Karl Hoehn, JD, FRE, Assistant Director, Discipline – Legal
Grant Hulteen, Assistant Director, Discipline – Investigations and
WHPS
Bethany Mauden, Administrative Assistant
Kathy Moisia, PhD, RN, Director, Nursing Assistant Programs
Catherine Woodard, Director, Discipline and WHPS
Shana Johnny, DNP, MN, RN, Nurse Practice Consultant

If you have questions regarding the agenda, please call the Nursing Care Quality Assurance Commission (NCQAC) office at 360-236-4713. Agenda items may be presented in a different order. If you wish to attend the meeting for a single item, contact our office at the number listed above and request a specific time scheduled for that item. If you have limited English language expertise call 360-236-4713 before September 1, 2022.

This meeting is accessible to persons with disabilities. Special aids and services can be made available upon advance request. Advance request for special aids and services must be made no later than September 1, 2022. If you need assistance with special needs and services, please leave a message with your request at 1-800-525-0127 or, if calling from outside Washington State, call 360-236-4052. TDD may also be accessed by calling the TDD relay service at 711. If you need assistance due to a speech disability, Speech-to-Speech provides human voicers for people with difficulty being understood. The Washington State Speech to Speech toll free access number is 1-877-833-6341.

This meeting will be digitally recorded to assist in the production of accurate minutes. All recordings are public record. The minutes of this meeting will be posted on our website after they have been approved at the November 18, 2022, NCQAC meeting. For a copy of the actual recording, please contact the Public Disclosure Records Center (PDRC) at PDRC@doh.wa.gov.

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

Smoking and vaping are prohibited at this meeting.

I. 8:30 AM Reconvene – Yvonne Strader, Chair – DISCUSSION/ACTION

II. Call to Order

A. Introductions

B. Order of the Agenda

III. 8:45 AM – 9:15 AM Signature Authority – Karl Hoehn, Sierra McWilliams - DISCUSSION/ACTION

Mr. Hoehn and Ms. McWilliams explain the ability for the NCQAC to delegate certain signatures. A table of the delegation will be presented. The NCQAC may decide to continue the current delegations or modify the current delegation.

IV. 9:15 AM – 9:45 AM Health Equity Rules – Shana Johnny, Karl Hoehn, Sierra McWilliams - DISCUSSION/ACTION

Legislation required the Department of Health to develop model rules for Health Equity education for all health professions. Dr. Johnny presents the progress on the model rules for LPNs and RNs.

Mr. Hoehn and Ms. McWilliams present the issue of applicability for nursing assistants. The NCQAC may discuss the requirements for nursing assistants and work with Health Systems Quality Assurance.

9:45 AM – 10:00 AM BREAK

V. 10:00 AM – 11:00 AM Communications – Chris Archuleta, Shad Bell, Amy Sharar, Margaret Holm - DISCUSSION/ACTION

A. Live demonstration of new website

B. Public Advocacy Outreach

The NCQAC maintained a master stakeholder (interested parties) list that included contact for many public advocacy groups due to the work on public safety. Ms. Holm and Ms. Sharar discuss the movement from the master stakeholder (interested parties) list and how to use the list.

VI. 11:00 AM – 11:15 AM Board Pay Summary – Bethany Mauden – DISCUSSION/ACTION

A summary of the board pay for the previous year is presented at each September meeting. Ms. Mauden presents the summary and guides any discussion.

VII. 11:15 AM – 11:30 AM NCSBN International Center for Regulatory Scholarship (ICRS) – Paula Meyer - DISCUSSION/ACTION

Dr. Gerianne Babbo and Tracy Rude both completed their ICRS certificate in April 2022. NCSBN produced a video for the program. Dr. Babbo is featured in the video.

11:30 AM – 1:00 PM Lunch

VIII. 12:00 PM – 1:00 PM Education Session – Impact of COVID panel

Susan Stacey, Providence Sacred Heart Hospital

Sam Clark, Spokane Community College

Joan Owens, Gonzaga University

Anne Mason, Washington State University

Lynnette Vehrs, Washington State Nurses Association

Sofia Aragon, Washington Center for Nursing

IX. 1:00 PM – 1:15 PM Public Comment

This time allows for members of the public to present comments to the NCQAC. If the public has issues regarding disciplinary cases, please call 360-236-4713.

X. 1:15 PM – 2:15 PM ARNP Scope of Practice Rules Hearing – DISCUSSION/ACTION

The purpose of this hearing is to solicit comments for the proposed rules which were filed with the Code Reviser's Office on July 18, 2022, and in the Washington State Register as WSR# 22-15-078. The commission is proposing amendments to WAC 246-840-300 to create consistency with national Advanced Registered Nurse Practitioners (ARNP) standards, WAC 246-840-700 and WAC 246-840-710 to update gender pronouns for Registered Nurses (RNs) and Licensed Practical Nurses (LPNs), and other housekeeping and grammatical changes.

XI. 2:15 PM – 2:30 PM Meeting Evaluation

XII. 2:30 PM Adjournment

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

Title:	Signature Authority Delegation	Number:	H16.02
Reference:	RCW 18.130.050(10), (17) RCW 18.130.095		
Contact:	Paula R. Meyer, MSN, RN, FRE Executive Director Nursing Care Quality Care Assurance Commission		
Effective Date:	September 9, 2022	Date Reviewed:	August 2022
Supersedes:	H16.01, dated July 14, 2017		
Approved:	Yvonne Strader, RN, BSN, BSPA, MHA Chair Nursing Care Quality Assurance Commission		

PURPOSE:

This procedure lists certain decisions for which NCQAC delegates:

- Full decision-making and
- Decisions where staff is authorized to sign documents after a panel of the commission has approved the action.

PROCEDURE:

The Executive Director will place this item on the NCQAC meeting agenda prior to the end of the fiscal year. The NCQAC will determine which decisions they will delegate to staff and which staff has signature authority to sign on behalf of NCQAC after a commission or panel decision. The Operations staff completes the forms and sends to the NCQAC chair for signature.

- For delegation and signature authority of credentialing, disciplinary, compliance, or rule-making activities, use Form A.
- For delegation and signature authority of adjudication processes, use Form B.
- For delegation of final decision-making authority in the adjudication of specific cases, use Form C.

After the NCQAC chair has signed the forms, they are shared with any Department of Health office affected by the delegation:

- Office of Customer Service
- Office of the Assistant Secretary
- Office of Adjudicative Services

Operations staff posts the delegation forms to NCQAC Procedures SharePoint page. The original Form B and Form C must be sent to the Office of Adjudicative Services.

**H16.01 Form A: Delegation of Signature Authority
(Credentialing, Disciplinary Functions, Compliance and Rules)**

On September 9, 2022, the Nursing Care Quality Assurance Commission (NCQAC) delegated signature authority for each of the documents indicated as follows:

Credentialing

Document	Panel Approval Required?	NCQAC Staff Title(s)
<input checked="" type="checkbox"/> Approval of Routine Credentialing Applications	No	Credentialing Lead
		Credentialing Manager
		Director of Education
		Executive Director
<input checked="" type="checkbox"/> Notice of Decision – Denial of Credential for failure to meet qualifications under RCW 18.130.055(1)(d)	No	Credentialing Manager
		Discipline Case Manager
		Case Manager
		Executive Director
<input checked="" type="checkbox"/> Notice of Required Mental, Physical, or Psychological Evaluation	Yes	Case Manager
		Discipline Case Manager
		Director of Discipline
		Executive Director

Disciplinary

Document	Panel Approval Required?	NCQAC Staff Title(s)
<input checked="" type="checkbox"/> Citation and Notice (for failure to produce records, documents, or other items)	RCM can authorize	Case Manager
		Discipline Case Manager
		Director of Discipline
		Executive Director
<input checked="" type="checkbox"/> Declaration for Failure to Answer or Appear	No	Case Manager
		Discipline Case Manager
		Director of Discipline
		Executive Director
<input checked="" type="checkbox"/> Notice of Correction	Yes	Director of Discipline
		Case Manager
		Discipline Case Manager
		Executive Director
<input checked="" type="checkbox"/> Notice of Determination	Yes	Director of Discipline
		Case Manager
		Discipline Case Manager
		Executive Director

<input checked="" type="checkbox"/> Notice of Opportunity for Settlement and Hearing	No, as long as panel approves SOC	Case Manager
		Discipline Case Manager
		Executive Director
		Legal Assistant/Paralegal
<input checked="" type="checkbox"/> Statement of Allegations	Yes	Director of Discipline
		Case Manager
		Discipline Case Manager
		Executive Director
<input checked="" type="checkbox"/> Statement of Charges	Yes	Director of Discipline
		Case Manager
		Discipline Case Manager
		Executive Director
<input checked="" type="checkbox"/> Subpoenas	No, as long as panel opened the investigation	Chief Investigator
		Assistant Dir. Discipline – Legal
		Director of Discipline
		Executive Director

Rules

Document	NCQAC Approval Required?	NCQAC Staff Title(s)
<input checked="" type="checkbox"/> CR-101	Yes	Executive Director
<input checked="" type="checkbox"/> CR-102	Yes	Executive Director

Compliance

Document	Panel Approval Required?	NCQAC Staff Title(s)
<input checked="" type="checkbox"/> Release from Stipulation to Informal Disposition (STID) when all requirements substantially met	RCM can approve	Executive Director
		Compliance Manager

This delegation shall remain in effect until revoked, terminated or modified. This delegation shall be reviewed and updated biennially.

Dated this 9th day of September, 2022.

Yvonne Strader, RN, BSN, BSPA, MHA Chair



Paula R. Meyer, MSN, RN, FRE
Executive Director

DRAFT

H16.01 Form B: Delegation of Decision- Making

I, Yvonne Strader, Chair of the Washington NCQAC, acting upon authorization of the Commission under the authority in RCW 18.130.050(8), (9), and (10), delegate and authorize Health Law Judges (HLJs), designated by the Secretary of Health, to act as the Presiding Officer in adjudicative proceedings. This authorization does not allow HLJs to make a final decision in any adjudicative proceeding, unless expressly authorized below. This authorization does not restrict the Commission from authorizing an alternate Presiding Officer, such as an Administrative Law Judge, on a case-by-case basis.

Review Officer of Adjudicative Services Office:

Serve as decision-maker in administrative review of Initial Orders on Brief Adjudicative Proceedings (review of initial orders)

Adjudicative Services (Delegated to presiding officer serving in the Adjudicative Service Unit):

Serve as decision-maker in Brief Adjudicative Proceedings (Initial Orders) for failure to meet qualifications or license issued in error. WAC 246-11-420.

Consistent with RCW 18.130.400, to serve as the decision-maker in response to an ex parte motion for summary suspension in which the respondent is alleged to have violated RCW 18.130.050 (8) (b) (DSHS actions).

Consistent with RCW 18.130.370, to serve as the decision-maker in response to an ex parte motion for summary suspension or restriction of a license in which the respondent is alleged to have violated RCW 18.130.050(8) (a) (out of state, federal or foreign jurisdiction actions).

Consistent with RCW 18.130.170 (2) (b) to serve as the decision-maker in response to a motion for an investigative mental health or physical health examination.

To serve as the final decision-maker in adjudicative proceedings in which a party is in default for failure to submit a request for adjudicative proceeding. This delegation does not include cases charging a violation of RCW 18.130.180(4) (pertaining to standards of practice or where clinical expertise is necessary).

To serve as the final decision-maker in adjudicative proceedings in which the respondent is alleged to have violated RCW 18.130.180 (5) (suspension, revocation, or restriction of the respondent's license to practice a health care profession in any state, federal or foreign jurisdiction).

To serve as the final decision-maker in adjudicative proceedings where the Department has brought a motion for noncompliance under WAC 246-11-700.

To serve as the final decision-maker in adjudicative proceedings in which the respondent is charged with violation of RCW 18.130.180 (9) (failure to comply with an order issued

by the commission or its predecessor).

- To serve as the final decision-maker in adjudicative proceedings in which the respondent is alleged to have violated RCW 18.130.180 (17). (Conviction of a felony or gross misdemeanor related to the practice of his or her profession)
- To serve as the final decision-maker in adjudicative proceedings in which the respondent is alleged to have violated RCW 18.130.180 (24) (verbal or physical abuse of a client or patient).
- To serve as the final decision-maker in adjudicative proceedings in which the respondent is alleged to have violated RCW 18.130.180 (23) (current misuse or alcohol, controlled substances, or legend drugs).
- To serve as the final decision-maker in adjudicative proceedings in which the respondent is alleged to have violated RCW 18.130.180 (6) (diversion or prescribing controlled substances for oneself).
- To serve as the final decision-maker in adjudicative proceedings in which the respondent is alleged to have violated RCW 18.130.170 (mental health or physical health).
- To approve or deny proposed settlements (in all cases other than those that pertain to standards of practice or where clinical expertise is necessary) that are filed nine (9) calendar days before the scheduled hearing.
- To serve as the final decision-maker in proceedings related to reinstatement of a license previously suspended, revoked, or restricted by the board or commission.
- To serve as the final decision-maker in proceedings related to modification of any disciplinary order previously issued by the board or commission.

This delegation remains in effect until revoked, terminated, or modified. To the extent that this delegation conflicts with prior delegations to presiding officers at the Adjudicative Service Unit, this delegation prevails.

Dated this 9th day of September, 2022.

Yvonne Strader, RN, BSN, BSPA, MHA Chair

**H16.01 Form C: Delegation of Decision- Making
(Case Specific Adjudication)**

On [Click here](#) to enter a date, the Nursing Care Quality Assurance Commission (NCQAC) delegated signature authority for the following activities:

Legal Services:

Brief Adjudicative Proceedings for initial order regarding:

Applicant's Name: [Click here to enter text.](#)

Case Number(s): [Click here to enter text.](#)

Docket Number(s): [Click here to enter text.](#)

Adjudicative Services, for the final order regarding:

Applicant's Name: [Click here to enter text.](#)

Case Number(s): [Click here to enter text.](#)

Docket Number(s): [Click here to enter text.](#)

This delegation, under RCW 18.130.050 (10), shall remain in effect until the final order is entered, or until revoked, terminated or modified by the NCQAC.

Dated this [Choose an item.](#) day of [Choose an item.](#), [Choose an item.](#).

Yvonne Strader, RN, BSN, BSPA, MHA Chair

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

Title:	Signature Authority Delegation	Number:	H16.012
Reference:	RCW 43.70.040 (4) RCW 18.130.010 RCW 18.130.050(10), (17) RCW 18.130.095		
Contact:	Paula R. Meyer, MSN, RN, FRE Executive Director Nursing Care Quality Assurance Commission		
Effective Date:	July-September 9, 2022 14, 2017	Date Reviewed:	March-August 2022 2017
Supersedes:	<u>H16.01, dated July 14, 2017</u>		
Approved:	<u>Tracy Rude, LPN-Yvonne Strader, RN, BSN, BSPA, MHA,</u> Chair Nursing Care Quality Assurance Commission		

PURPOSE:

This procedure ~~sets the standards and process~~ lists certain decisions for which NCQAC delegates:

- ~~for the delegation of certain Full decision-making and~~
- ~~Decisions where staff is authorized to sign documents after a panel of the commission has approved the action. functions from the NCQAC to staff.~~

PROCEDURE:

The Executive Director will place this item on the NCQAC meeting agenda prior to the end of the fiscal year. The NCQAC will determine which decisions they will delegate to staff and which staff has signature authority to sign on behalf of NCQAC after a commission or panel decision. The ~~Administrative Assistant 4 (AA4) Operations staff~~ completes the forms and sends to the NCQAC chair for signature.

- For delegation and signature authority of credentialing, disciplinary, compliance, or rule-making activities, use Form A.
- For delegation and signature authority of adjudication processes, use Form B.
- For delegation of final decision-making authority in the adjudication ~~for~~ of specific cases, use Form C.

After the NCQAC chair has signed the forms, they are shared with any ~~Health Systems Quality Assurance Department of Health~~ office affected by the delegation:-

- Office of Customer Service
- ~~Office of Legal Services~~
- ~~Office of Investigation and Inspection~~
- Office of the Assistant Secretary

H16.012

Page 1 of 9

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- Office of Adjudicative Services

~~The AA4Operations staff posts the delegation forms to the shared drive NCQAC Procedures SharePoint page, and keeps the original Form A. The~~ original Form B and Form C must be sent to the Office of Adjudicative Services.

DRAFT

**H16.01 Form A: Delegation of Signature Authority
(Credentialing, Disciplinary Functions, Compliance and Rules)**

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On ~~July 14, 2017~~ September 9, 2022, the Nursing Care Quality Assurance Commission (NCQAC) delegated signature authority for each of the documents indicated as follows:

Credentialing

Document	Panel Approval Required?	NCQAC Staff Title(s)
<input checked="" type="checkbox"/> Approval of Routine Credentialing Applications	No	Credentialing Lead
		Credentialing Manager
		Associate Director of Education
		Executive Director
<input checked="" type="checkbox"/> Notice of Decision – Denial of Credential <u>for failure to meet qualifications under RCW 18.130.055(1)(d)</u>	No	Credentialing Manager
		Case Management Administrator <u>Discipline Case Manager</u>
		Case Manager
		Executive Director
<input checked="" type="checkbox"/> Notice of Required Mental, Physical, or Psychological Evaluation	Yes	Case Manager
		Case Management Administrator <u>Discipline Case Manager</u>
		Associate Director of Discipline
		Executive Director

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Disciplinary

Document	Panel Approval Required?	NCQAC Staff Title(s)
<input checked="" type="checkbox"/> Citation and Notice (for failure to produce records, documents <u>documents</u> , or other items)	<u>RCM can authorize</u>	Case Manager
		Case Management Administrator <u>Discipline Case Manager</u>
		Associate Director of Discipline
		Executive Director
<input checked="" type="checkbox"/> Declaration for Failure to Answer or Appear	No	Case Manager
		Case Management Administrator <u>Discipline Case Manager</u>
		Associate Director of Discipline
		Executive Director
<input checked="" type="checkbox"/> Notice of Correction	Yes	Associate Director of Discipline
		Case Manager
		Case Management Administrator <u>Discipline Case Manager</u>
		Executive Director
	Yes	Associate Director of Discipline
		Case Manager

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<input checked="" type="checkbox"/> Notice of Determination		Case Management Administrator Discipline Case Manager Executive Director Case Manager Associate Director of Discipline
<input checked="" type="checkbox"/> Notice of Opportunity for Settlement and Hearing	<u>No, as long as panel approves SOC</u>	Case Manager Case Management Administrator Discipline Case Manager Executive Director <u>Legal Assistant/Paralegal</u>
<input checked="" type="checkbox"/> Statement of Allegations	Yes	Associate Director of Discipline Case Manager Case Management Administrator Discipline Case Manager Executive Director
<input checked="" type="checkbox"/> Statement of Charges	Yes	Associate Director of Discipline Case Manager Case Management Administrator Discipline Case Manager Executive Director
<input checked="" type="checkbox"/> Subpoenas	<u>No, as long as panel opened the investigation</u>	Chief Investigator Supervising Staff Attorney Assistant Dir. Discipline – Legal Associate Director of Discipline Executive Director

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Rules

Document	<u>NCQAC Approval Required?</u>	NCQAC Staff Title(s)
<input checked="" type="checkbox"/> CR-101	Yes	Executive Director
<input checked="" type="checkbox"/> CR-102	Yes	Executive Director

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Compliance

Document	<u>Panel Approval Required?</u>	NCQAC Staff Title(s)
<input checked="" type="checkbox"/> Release from Stipulation to Informal Disposition (STID) <u>when all requirements substantially met</u>	<u>RCM can approve</u>	Executive Director Compliance Manager

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This delegation shall remain in effect until revoked, terminated or modified. This delegation shall

be reviewed and updated biennially.

Dated this 9¹⁴th day of ~~July~~September, 2022~~17~~.

Tracy Rude, LPN

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Yvonne Strader, RN, BSN, BSPA, MHA Chair Tracy Rude, LPN Chair

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Paula R. Meyer MSN, RN, FRE

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Paula R. Meyer, MSN, RN, FRE
Executive Director

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H16.01 Form B: Delegation of Decision- Making

I, Yvonne Strader, Chair of the Washington NCQAC, acting upon authorization of the Commission under the authority in RCW 18.130.050(8), (9), and (10), delegate and authorize Health Law Judges (HLJs), designated by the Secretary of Health, to act as the Presiding Officer in adjudicative proceedings. This authorization does not allow HLJs to make a final decision in any adjudicative proceeding, unless expressly authorized below. This authorization does not restrict the Commission from authorizing an alternate Presiding Officer, such as an Administrative Law Judge, on a case-by-case basis.

~~I, Tracy Rude, Chair of the Washington State Nursing Care Quality Assurance Commission (NCQAC), acting upon authorization of the board or commission and under the authority of RCW 18.130.050(8), delegates each of the functions indicated below:~~

~~Legal Services:~~

~~Brief Adjudicative Proceedings (Initial Orders)~~

Review Officer of Adjudicative Services Office:

B Serve as decision-maker in administrative review of Initial Orders on Brief Adjudicative Proceedings (review of initial orders)

Adjudicative Services (Delegated to presiding officer serving in the Adjudicative Service Unit):

B Serve as decision-maker in Brief Adjudicative Proceedings (Initial Orders) for failure to meet qualifications or license issued in error. WAC 246-11-420.

Consistent with RCW 18.130.400, to serve as the decision-maker in response to an ex parte motion for summary suspension in which the respondent is alleged to have violated RCW 18.130.050 (8) (b) (DSHS actions).

Consistent with RCW 18.130.370, to serve as the decision-maker in response to an ex parte motion for summary suspension or restriction of a license in which the respondent is alleged to have violated RCW 18.130.050(8) (a) (out of state, federal or foreign jurisdiction actions).

Consistent with RCW 18.130.170 (2) (b) to serve as the decision-maker in response to a motion for an investigative mental health or physical health examination.

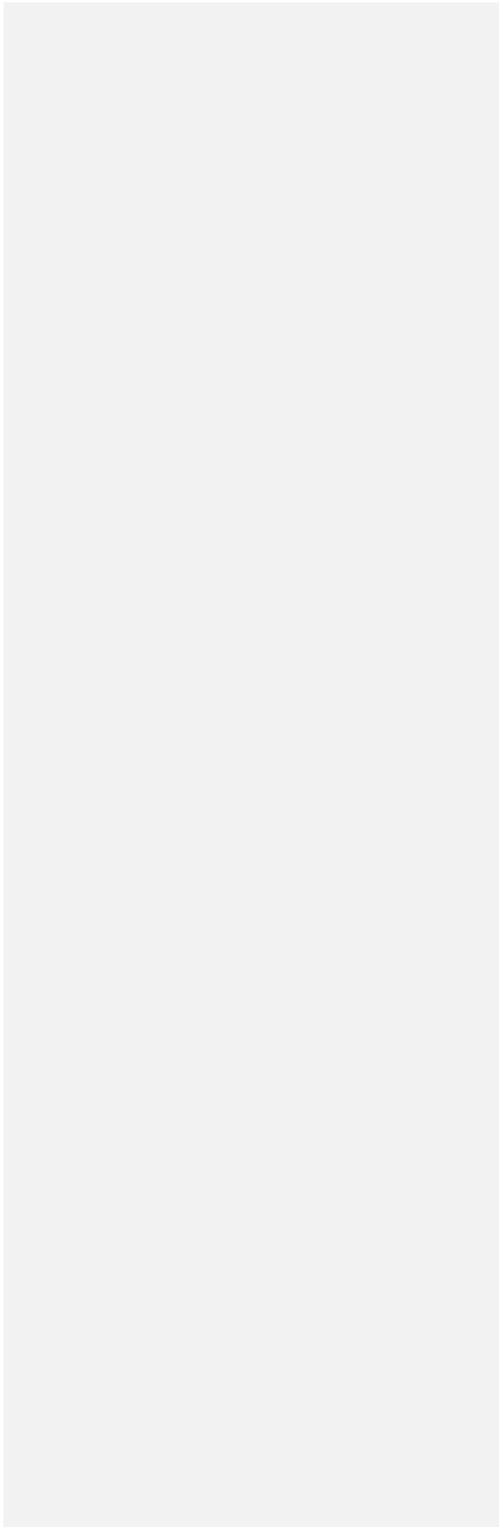
To serve as the final decision-maker in adjudicative proceedings in which a party is in default for failure to submit a request for adjudicative proceeding. This delegation does not include cases charging a violation of RCW 18.130.180(4) (pertaining to standards of practice or where clinical expertise is necessary).

To serve as the final decision-maker in adjudicative proceedings in which the respondent is alleged to have violated RCW 18.130.180 (5) (suspension, revocation, or restriction of the respondent's license to practice a health care profession in any state, federal or foreign jurisdiction).

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- To serve as the final decision-maker in adjudicative proceedings where the Department has brought a motion for noncompliance: ~~under No-STIDS (noncompliance fast-track docket)WAC 246-11-700.~~
- To serve as the final decision-maker in adjudicative proceedings in which the respondent is charged with violation of RCW 18.130.180 (9) (failure to comply with an order issued by the commission or its predecessor).
- To serve as the final decision-maker in adjudicative proceedings in which the respondent is alleged to have violated RCW 18.130.180 (17). (Conviction of a felony or gross misdemeanor related to the practice of his or her profession)

DRAFT



- To serve as the final decision-maker in adjudicative proceedings in which the respondent is alleged to have violated RCW 18.130.180 (24) (verbal or physical abuse of a client or patient).
- To serve as the final decision-maker in adjudicative proceedings in which the respondent is alleged to have violated RCW 18.130.180 (23) (current misuse or alcohol, controlled substances, or legend drugs).
- To serve as the final decision-maker in adjudicative proceedings in which the respondent is alleged to have violated RCW 18.130.180 (6) (diversion or prescribing controlled substances for oneself).
- To serve as the final decision-maker in adjudicative proceedings in which the respondent is alleged to have violated RCW 18.130.170 (mental health or physical health).
- To approve or deny proposed settlements (in all cases other than those that pertain to standards of practice or where clinical expertise is necessary) that are filed nine (9) calendar days before the scheduled hearing.
- To serve as the final decision-maker in proceedings related to reinstatement of a license previously suspended, revoked, or restricted by the board or commission.
- To serve as the final decision-maker in proceedings related to modification of any disciplinary order previously issued by the board or commission.

This delegation remains in effect until revoked, ~~terminated~~terminated, or modified. To the extent that this delegation conflicts with prior delegations to presiding officers at the Adjudicative Service Unit, this delegation prevails.

Dated this ~~914~~th day of ~~September~~July, 2022~~17~~.

[Redacted Signature]

Yvonne Strader, RN, BSN, BSPA, MHA Chair

[Handwritten Signature]

~~Tracy Rude, LPN-
Chair~~



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**H16.01 Form C: Delegation of Decision- Making
(Case Specific Adjudication)**

On [Click here to enter a date](#), the Nursing Care Quality Assurance Commission (NCQAC) delegated signature authority for the following activities:

Legal Services:

Brief Adjudicative Proceedings for initial order regarding:

Applicant's Name: [Click here to enter text.](#)

Case Number(s): [Click here to enter text.](#)

Docket Number(s): [Click here to enter text.](#)

Adjudicative Services, for the final order regarding:

Applicant's Name: [Click here to enter text.](#)

Case Number(s): [Click here to enter text.](#)

Docket Number(s): [Click here to enter text.](#)

This delegation, under RCW 18.130.050 (10), shall remain in effect until the final order is entered, or until revoked, terminated or modified by the NCQAC.

Dated this [Choose an item.](#) day of [Choose an item.](#), [Choose an item.](#)

Yvonne Strader, RN, BSN, BSPA, MHA Chair

Tracy Rude, LPN-
Chair

CERTIFICATION OF ENROLLMENT
ENGROSSED SUBSTITUTE SENATE BILL 5229

67th Legislature
2021 Regular Session

Passed by the Senate April 15, 2021
Yeas 33 Nays 15

President of the Senate

Passed by the House March 24, 2021
Yeas 57 Nays 41

**Speaker of the House of
Representatives**

Approved

Governor of the State of Washington

CERTIFICATE

I, Brad Hendrickson, Secretary of the Senate of the State of Washington, do hereby certify that the attached is **ENGROSSED SUBSTITUTE SENATE BILL 5229** as passed by the Senate and the House of Representatives on the dates hereon set forth.

Secretary

FILED

**Secretary of State
State of Washington**

ENGROSSED SUBSTITUTE SENATE BILL 5229

AS AMENDED BY THE HOUSE

Passed Legislature - 2021 Regular Session

State of Washington 67th Legislature 2021 Regular Session

By Senate Health & Long Term Care (originally sponsored by Senators Randall, Das, Keiser, Lovelett, Nobles, Wilson, C., Dhingra, Hasegawa, Kuderer, Nguyen, and Stanford)

READ FIRST TIME 02/08/21.

1 AN ACT Relating to health equity continuing education for health
2 care professionals; amending RCW 43.70.615; adding a new section to
3 chapter 43.70 RCW; and creating a new section.

4 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

5 NEW SECTION. **Sec. 1.** The legislature finds that:

6 (1) Healthy Washingtonians contribute to the economic and social
7 welfare of their families and communities, and access to health
8 services and improved health outcomes allows all Washington families
9 to enjoy productive and satisfying lives;

10 (2) The COVID-19 pandemic has further exposed that health
11 outcomes are experienced differently by different people based on
12 discrimination and bias by the health care system. Research shows
13 that health care resources are distributed unevenly by intersectional
14 categories including, but not limited to, race, gender, ability
15 status, religion, sexual orientation, socioeconomic status, and
16 geography; and

17 (3) These inequities have permeated health care delivery,
18 deepening adverse outcomes for marginalized communities. This bill
19 aims to equip health care workers with the skills to recognize and
20 reduce these inequities in their daily work. In addition to their

1 individual impact, health care workers need the skills to address
2 systemic racism and bias.

3 NEW SECTION. **Sec. 2.** A new section is added to chapter 43.70
4 RCW to read as follows:

5 (1) By January 1, 2024, the rule-making authority for each health
6 profession licensed under Title 18 RCW subject to continuing
7 education requirements must adopt rules requiring a licensee to
8 complete health equity continuing education training at least once
9 every four years.

10 (2) Health equity continuing education courses may be taken in
11 addition to or, if a rule-making authority determines the course
12 fulfills existing continuing education requirements, in place of
13 other continuing education requirements imposed by the rule-making
14 authority.

15 (3)(a) The secretary and the rule-making authorities must work
16 collaboratively to provide information to licensees about available
17 courses. The secretary and rule-making authorities shall consult with
18 patients or communities with lived experiences of health inequities
19 or racism in the health care system and relevant professional
20 organizations when developing the information and must make this
21 information available by July 1, 2023. The information should include
22 a course option that is free of charge to licensees. It is not
23 required that courses be included in the information in order to
24 fulfill the health equity continuing education requirement.

25 (b) By January 1, 2023, the department, in consultation with the
26 boards and commissions, shall adopt model rules establishing the
27 minimum standards for continuing education programs meeting the
28 requirements of this section. The department shall consult with
29 patients or communities with lived experience of health inequities or
30 racism in the health care system, relevant professional
31 organizations, and the rule-making authorities in the development of
32 these rules.

33 (c) The minimum standards must include instruction on skills to
34 address the structural factors, such as bias, racism, and poverty,
35 that manifest as health inequities. These skills include individual-
36 level and system-level intervention, and self-reflection to assess
37 how the licensee's social position can influence their relationship
38 with patients and their communities. These skills enable a health
39 care professional to care effectively for patients from diverse

1 cultures, groups, and communities, varying in race, ethnicity, gender
2 identity, sexuality, religion, age, ability, socioeconomic status,
3 and other categories of identity. The courses must assess the
4 licensee's ability to apply health equity concepts into practice.
5 Course topics may include, but are not limited to:

6 (i) Strategies for recognizing patterns of health care
7 disparities on an individual, institutional, and structural level and
8 eliminating factors that influence them;

9 (ii) Intercultural communication skills training, including how
10 to work effectively with an interpreter and how communication styles
11 differ across cultures;

12 (iii) Implicit bias training to identify strategies to reduce
13 bias during assessment and diagnosis;

14 (iv) Methods for addressing the emotional well-being of children
15 and youth of diverse backgrounds;

16 (v) Ensuring equity and antiracism in care delivery pertaining to
17 medical developments and emerging therapies;

18 (vi) Structural competency training addressing five core
19 competencies:

20 (A) Recognizing the structures that shape clinical interactions;

21 (B) Developing an extraclinical language of structure;

22 (C) Rearticulating "cultural" formulations in structural terms;

23 (D) Observing and imagining structural interventions; and

24 (E) Developing structural humility; and

25 (vii) Cultural safety training.

26 (4) The rule-making authority may adopt rules to implement and
27 administer this section, including rules to establish a process to
28 determine if a continuing education course meets the health equity
29 continuing education requirement established in this section.

30 (5) For purposes of this section the following definitions apply:

31 (a) "Rule-making authority" means the regulatory entities
32 identified in RCW 18.130.040 and authorized to establish continuing
33 education requirements for the health care professions governed by
34 those regulatory entities.

35 (b) "Structural competency" means a shift in medical education
36 away from pedagogic approaches to stigma and inequalities that
37 emphasize cross-cultural understandings of individual patients,
38 toward attention to forces that influence health outcomes at levels
39 above individual interactions. Structural competency reviews existing
40 structural approaches to stigma and health inequities developed

1 outside of medicine and proposes changes to United States medical
2 education that will infuse clinical training with a structural focus.

3 (c) "Cultural safety" means an examination by health care
4 professionals of themselves and the potential impact of their own
5 culture on clinical interactions and health care service delivery.
6 This requires individual health care professionals and health care
7 organizations to acknowledge and address their own biases, attitudes,
8 assumptions, stereotypes, prejudices, structures, and characteristics
9 that may affect the quality of care provided. In doing so, cultural
10 safety encompasses a critical consciousness where health care
11 professionals and health care organizations engage in ongoing self-
12 reflection and self-awareness and hold themselves accountable for
13 providing culturally safe care, as defined by the patient and their
14 communities, and as measured through progress towards achieving
15 health equity. Cultural safety requires health care professionals and
16 their associated health care organizations to influence health care
17 to reduce bias and achieve equity within the workforce and working
18 environment.

19 **Sec. 3.** RCW 43.70.615 and 2006 c 237 s 2 are each amended to
20 read as follows:

21 (1) For the purposes of this section, "multicultural health"
22 means the provision of health care services with the knowledge and
23 awareness of the causes and effects of the determinants of health
24 that lead to disparities in health status between different genders
25 and racial and ethnic populations and the practice skills necessary
26 to respond appropriately.

27 (2) The department, in consultation with the disciplining
28 authorities as defined in RCW 18.130.040, shall establish, within
29 available department general funds, an ongoing multicultural health
30 awareness and education program as an integral part of its health
31 professions regulation. The purpose of the education program is to
32 raise awareness and educate health care professionals regarding the
33 knowledge, attitudes, and practice skills necessary to care for
34 diverse populations to achieve a greater understanding of the
35 relationship between culture and health. (~~The disciplining
36 authorities having the authority to offer continuing education may
37 provide training in the dynamics of providing culturally competent,
38 multicultural health care to diverse populations.~~) Any such
39 education shall be developed in collaboration with education programs

1 that train students in that health profession. (~~(A disciplining~~
2 ~~authority may require that instructors of continuing education or~~
3 ~~continuing competency programs integrate multicultural health into~~
4 ~~their curricula when it is appropriate to the subject matter of the~~
5 ~~instruction.)) No funds from the health professions account may be
6 utilized to fund activities under this section unless the
7 disciplining authority authorizes expenditures from its proportions
8 of the account. (~~(A disciplining authority may defray costs by~~
9 ~~authorizing a fee to be charged for participants or materials~~
10 ~~relating to any sponsored program.))~~~~

11 (3) By July 1, 2008, each education program with a curriculum to
12 train health professionals for employment in a profession
13 credentialed by a disciplining authority under chapter 18.130 RCW
14 shall integrate into the curriculum instruction in multicultural
15 health as part of its basic education preparation curriculum. The
16 department may not deny the application of any applicant for a
17 credential to practice a health profession on the basis that the
18 education or training program that the applicant successfully
19 completed did not include integrated multicultural health curriculum
20 as part of its basic instruction.

--- END ---

ESSB 5229: Health Equity Continuing Education



Nursing Care Quality Assurance Commission
September 9, 2022

ESSB 5229 Overview

- Washington State Legislature passed **Engrossed Substitute Senate Bill (ESSB) 5229** in 2021.
- It requires that health care professionals take health equity continuing education (CE) every **four (4) years**.
- The Department of Health must:
 - Develop minimum standards (model rules) by **1/1/2023**.
 - Identify a free training program (that meets minimum standards) by **7/1/2023**.
- The Nursing Care Quality Assurance Commission must **adopt rules that meet or exceed minimum standards by 1/1/2024**.

Approach to Model Rules

The model takes an equity focused approach to the rule-making process to elevate voices that often go unheard.

This was innovative, deliberate, and powerful.

Approach to Model Rules

- Conversations with equity-focused community partners:
 - Partnered with key community partners in healthcare to ensure messaging is equity focused
- Developed plain language information sheets that describe:
 - Health equity and how the DOH defines it
 - The rules process and how anyone can become involved
- Listening Sessions (x4)
 - Individuals showed courage in sharing their experience
- Rules Workshops (x4)
 - Provided a safe space to elevated voices from the listening session workshops

Approach to Model Rules

- Community Partners
- Listening Sessions
 - Individual experiences- identified problems/themes
 - Race, ethnicity, culture, language testimonies
 - Access and ability issues
 - Mistreatment, and inappropriate treatment
 - Stigma around mental health and substance
- Rules Workshops

Collective Session Thoughts

● **Require implicit bias training**

- This is the most essential component for creating a foundation in health equity
- It provides opportunities for learning before individuals start working with others
- It ensures that health care professionals continue to learn throughout their career

● **Promote a diverse workforce**

- People need to look like the people they serve

● **Address systematic issues**

- Healthcare policies can either encourage continued inequities or can encourage equitable practices

Rules Workshops

- The proposed rules are a result of collaboration with interested parties that attended the rules workshops
 - Themes originated from the listening sessions
 - Over 200 individuals submitted emails sharing stories, thoughts, and opinions related to experiences with health inequities
 - Individual professions can adopt or expand on minimum standards
- A DOH CR-102 filed for the health equity CE rule. There is a rule comment period (8/25/22 – 9/29/22) & public hearing date (9/29)
- A draft motion from CSPSC to the Nursing Commission to consider opening the CR-101 process

Questions?



To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov.



PROPOSED RULE MAKING

CR-102 (December 2017) (Implements RCW 34.05.320)

Do NOT use for expedited rule making

CODE REVISER USE ONLY

OFFICE OF THE CODE REVISER
STATE OF WASHINGTON
FILED

DATE: July 18, 2022

TIME: 12:14 PM

WSR 22-15-078

Agency: Department of Health- Nursing Care Quality Assurance Commission

Original Notice

Supplemental Notice to WSR

Continuance of WSR

Preproposal Statement of Inquiry was filed as WSR 19-01-002 ; or

Expedited Rule Making--Proposed notice was filed as WSR ; or

Proposal is exempt under RCW 34.05.310(4) or 34.05.330(1).

Proposal is exempt under RCW .

Title of rule and other identifying information: (describe subject) WAC 246-840-300 ARNP scope of practice, 246-840-700 Standards of nursing conduct or practice, and 246-840-710 Violations of standards of nursing conduct or practice. The Nursing Care Quality Assurance Commission (commission) is proposing amendments to WAC 246-840-300 to create consistency with national Advanced Registered Nurse Practitioners (ARNP) standards, WAC 246-840-700 and WAC 246-840-710 to update gender pronouns for Registered Nurses (RNs) and Licensed Practical Nurses (LPNs), and other housekeeping and grammatical changes.

Hearing location(s):

Date:

Time:

Location: (be specific)

Comment:

9/9/2022

1:15 PM

The hearing will take place at the Spokane Convention Center in room 302AB located at 322 N Spokane Falls Ct, Spokane, WA 99201. In response to the coronavirus disease 2019 (COVID-19) public health emergency, the commission will require all in-person attendees to wear masks.

If attending virtually, you can register in advance for this meeting at:
[https://us02web.zoom.us/meeting/register/tZ0lduyupz0pE9bqEgWTxcL-S2XcNQJbylDC](https://us02web.zoom.us/join/https://us02web.zoom.us/meeting/register/tZ0lduyupz0pE9bqEgWTxcL-S2XcNQJbylDC)

Date of intended adoption: 09/09/2022 (Note: This is NOT the effective date)

Submit written comments to:

Name: Shad Bell

Address: PO Box 47864, Olympia, WA 98504

Email: <https://fortress.wa.gov/doh/policyreview>

Fax: 360-236-4738

Other: N/A

By (date) 08/26/2022

Assistance for persons with disabilities:

Contact Shad Bell

Phone: 360-236-4711

Fax: 360-236-4738

TTY: 711

Email: NCQAC.rules@doh.wa.gov

Other:

By (date) 08/26/2022

Purpose of the proposal and its anticipated effects, including any changes in existing rules: Proposed amendments to WAC 246-840-300, WAC 246-840-700 and WAC 246-840-710 introduce new and revised language that clarify the ARNP scope of practice and update gender pronouns.

Proposed amendments to WAC 246-840-300 strengthen the ARNP scope of practice rules by more fully supporting the ARNP role, remaining consistent with current ARNP national standards and incorporating more inclusive language. These proposed changes will allow the ARNP to provide services for which the individual is qualified and has appropriate education and competence. The proposed amendments also eliminate the need to list specific topics or procedures, such as medical acupuncture, within the scope of practice rules by incorporating language that more accurately represents the evolving role of the ARNP.

Proposed amendments to WAC 246-840-700 and WAC 246-840-710 include gender pronoun changes that replace "he/she" with "they," as well as "his/her" with "their" and "him or herself" with "themselves."

Reasons supporting proposal: Proposed amendments to WAC 246-840-300 strengthen the current rule language by providing clarification and consistency with national ARNP standards. The proposed rule amendments will reduce barriers and provide clarification for ARNP scope of practice. Meeting the changing needs of residents of Washington state requires continuous education, training, and the provision of new procedures as appropriate. Clarification of this language will strengthen the scope of practice rules for ARNPs so they can more nimbly respond to a rapidly changing practice environment.

Proposed amendments to WAC 246-840-700 and WAC 246-840-710 will remove specific gender pronouns and introduce more inclusive language.

Background:

The commission received a petition on April 3, 2018 from Representative Eileen Cody citing concerns about Nursing Commission Advisory Opinion (NCAO) 12.00 Medical Acupuncture: Scope of Practice for ARNPs, dated January 12, 2018. The petition requested the commission open rules to provide additional interested party involvement and enforceable guidelines. It is the commission's decision to not include specific topics or procedures, such as medical acupuncture, in nursing scope of practice rules due to the ever-evolving practice environment of nurses and the timely process it takes for specific rule changes, but rather issue specific advisory opinions on these topics to provide guidance and clarification. Advisory opinions offer the commission's interpretation of rule and are not enforceable. In response to Representative Cody's petition and the commission's recognition of the need for rule clarification, the commission voted at their May 11, 2018 meeting to open the ARNP scope of practice rules to further discuss concerns regarding nursing scope of practice and practice standards.

Since receiving Representative Cody's petition in 2018, the commission has provided multiple opportunities for interested party comment, input and discussion at open public meetings. Many of the comments and recommendations presented to the commission have been incorporated into the proposed language.

The commission also received several comments regarding the NCAO 12.00 Medical Acupuncture advisory opinion. The commission intends to update the advisory opinion with current and modern information.

Statutory authority for adoption: RCW 18.79.010, 18.79.110 and 18.79.250

Statute being implemented: None

Is rule necessary because of a:

Federal Law?

Yes No

Federal Court Decision?

Yes No

State Court Decision?

Yes No

If yes, CITATION:

Agency comments or recommendations, if any, as to statutory language, implementation, enforcement, and fiscal matters: N/A

Name of proponent: (person or organization) Washington State Nursing Care Quality Assurance Commission Private Public Governmental

Name of agency personnel responsible for:

	Name	Office Location	Phone
Drafting:	Shad Bell	111 Israel Road SE Tumwater, WA 98504	360-236-4711
Implementation:	Shad Bell	111 Israel Road SE Tumwater, WA 98504	360-236-4711
Enforcement:	Catherine Woodard	111 Israel Road SE Tumwater, WA 98504	360-236-4757

Is a school district fiscal impact statement required under RCW 28A.305.135? Yes No
If yes, insert statement here:

The public may obtain a copy of the school district fiscal impact statement by contacting:
Name:
Address:
Phone:
Fax:
TTY:
Email:
Other:

Is a cost-benefit analysis required under RCW 34.05.328?
 Yes: A preliminary cost-benefit analysis may be obtained by contacting:
Name: Shad Bell
Address: PO Box 47864, Olympia, WA 98504-7864
Phone: 360-236-4711
Fax: 360-236-4738
TTY: 711
Email: Shad.Bell@doh.wa.gov
Other:
 No: Please explain:

Regulatory Fairness Act Cost Considerations for a Small Business Economic Impact Statement:

This rule proposal, or portions of the proposal, may be exempt from requirements of the Regulatory Fairness Act (see chapter 19.85 RCW). Please check the box for any applicable exemption(s):

This rule proposal, or portions of the proposal, is exempt under RCW 19.85.061 because this rule making is being adopted solely to conform and/or comply with federal statute or regulations. Please cite the specific federal statute or regulation this rule is being adopted to conform or comply with, and describe the consequences to the state if the rule is not adopted.

Citation and description:

This rule proposal, or portions of the proposal, is exempt because the agency has completed the pilot rule process defined by RCW 34.05.313 before filing the notice of this proposed rule.

This rule proposal, or portions of the proposal, is exempt under the provisions of RCW 15.65.570(2) because it was adopted by a referendum.

This rule proposal, or portions of the proposal, is exempt under RCW 19.85.025(3). Check all that apply:

RCW 34.05.310 (4)(b)
(Internal government operations)

RCW 34.05.310 (4)(e)
(Dictated by statute)

RCW 34.05.310 (4)(c)
(Incorporation by reference)

RCW 34.05.310 (4)(f)
(Set or adjust fees)

RCW 34.05.310 (4)(d)
(Correct or clarify language)

RCW 34.05.310 (4)(g)
(i) Relating to agency hearings; or (ii) process requirements for applying to an agency for a license or permit)

This rule proposal, or portions of the proposal, is exempt under RCW .

Explanation of exemptions, if necessary:

COMPLETE THIS SECTION ONLY IF NO EXEMPTION APPLIES

If the proposed rule is **not** exempt, does it impose more-than-minor costs (as defined by RCW 19.85.020(2)) on businesses?

No Briefly summarize the agency's analysis showing how costs were calculated. The proposed rules do not impact businesses, the proposed rules only impact provider licensing requirements.

Yes Calculations show the rule proposal likely imposes more-than-minor cost to businesses, and a small business economic impact statement is required. Insert statement here:

The public may obtain a copy of the small business economic impact statement or the detailed cost calculations by contacting:

Name:

Address:

Phone:

Fax:

TTY:

Email:

Other:

Date: July 18, 2022

Signature:

Name: Paula R. Meyer, MSN, RN, FRE



Title: Executive Director, Nursing Care Quality Assurance Commission

WAC 246-840-300 ARNP scope of practice. The scope of practice of a licensed ARNP is as provided in RCW 18.79.250 and this section.

(1) The ARNP is prepared and qualified to assume primary responsibility and accountability for the care of patients within their roles of ARNP licensure: Certified nurse practitioner (CNP), certified registered nurse anesthetist (CRNA), certified nurse midwife (CNM), and clinical nurse specialist (CNS).

~~(2) ((ARNP practice is grounded in nursing process and incorporates the use of independent judgment. Practice includes collaborative interaction with other health care professionals in the assessment and management of wellness and health conditions.~~

~~(3) The ARNP functions within his or her))~~ As a licensed independent practitioner, an ARNP provides a wide range of health care services including the diagnosis and management of acute, chronic, and complex health conditions, health promotion, disease prevention, health education, and counseling to individuals, families, groups, and communities. Performing within the scope of the ARNP's education, training, and experience, the licensed ARNP may perform the following:

(a) Examine patients and establish diagnoses by patient history, physical examination, and other methods of assessment;

(b) Admit, manage, and discharge patients to and from health care facilities;

(c) Order, collect, perform, and interpret diagnostic tests;

(d) Manage health care by identifying, developing, implementing, and evaluating a plan of care and treatment for patients;

(e) Prescribe therapies and medical equipment;

(f) Prescribe medications when granted prescriptive authority under this chapter;

(g) Refer patients to other health care practitioners, services, or facilities; and

(h) Perform procedures or provide care services that are within the ARNP's scope of practice according to a commission approved certifying body as defined in WAC 246-840-302.

(3) As leaders in health care, an ARNP may serve in a variety of capacities including, but not limited to, mentors, educators, coaches, advocates, researchers, interprofessional consultants, and administrators.

(4) ARNP practice is grounded in nursing process and incorporates the use of independent judgment. Practice includes interprofessional interaction with other health care professionals in the assessment and management of wellness and health conditions.

(5) Health care is a dynamic field requiring the scope of the ARNP to continually evolve. The ARNP is responsible for possessing a clear understanding of, and functioning within, the scope of practice of the role for which a license has been issued following the standards of care defined by the applicable certifying body as defined in WAC 246-840-302. ((An ARNP may choose to limit the area of practice within the commission approved certifying body's practice.

~~(4) An ARNP shall obtain instruction, supervision, and consultation as necessary before implementing new or unfamiliar techniques or practices.~~

~~(5) Performing within the scope of the ARNP's knowledge, experience and practice, the licensed ARNP may perform the following:~~

- ~~(a) Examine patients and establish diagnoses by patient history, physical examination, and other methods of assessment;~~
 - ~~(b) Admit, manage, and discharge patients to and from health care facilities;~~
 - ~~(c) Order, collect, perform, and interpret diagnostic tests;~~
 - ~~(d) Manage health care by identifying, developing, implementing, and evaluating a plan of care and treatment for patients;~~
 - ~~(e) Prescribe therapies and medical equipment;~~
 - ~~(f) Prescribe medications when granted prescriptive authority under this chapter;~~
 - ~~(g) Refer patients to other health care practitioners, services, or facilities; and~~
 - ~~(h) Perform procedures or provide care services that are within the ARNP's scope of practice according to the commission approved certifying body as defined in WAC 246-840-302.)~~
- (6) An ARNP may choose to specialize and perform those acts for which the individual is qualified and has appropriate education and competence.

AMENDATORY SECTION (Amending WSR 04-14-065, filed 7/2/04, effective 7/2/04)

WAC 246-840-700 Standards of nursing conduct or practice. (1)

The purpose of defining standards of nursing conduct or practice through WAC 246-840-700 and 246-840-710 is to identify responsibilities of the professional registered nurse and the licensed practical nurse in health care settings and as provided in the Nursing Practice Act, chapter 18.79 RCW. Violation of these standards may be grounds for disciplinary action under chapter 18.130 RCW. Each individual, upon entering the practice of nursing, assumes a measure of responsibility and public trust and the corresponding obligation to adhere to the professional and ethical standards of nursing practice. The nurse shall be responsible and accountable for the quality of nursing care given to clients. This responsibility cannot be avoided by accepting the orders or directions of another person. The standards of nursing conduct or practice include, but are not limited to the following;

(2) The nursing process is defined as a systematic problem solving approach to nursing care which has the goal of facilitating an optimal level of functioning and health for the client, recognizing diversity. It consists of a series of phases: Assessment and planning, intervention and evaluation with each phase building upon the preceding phases.

(a) Registered Nurse:

Minimum standards for registered nurses include the following:

(i) Standard I Initiating the Nursing Process:

(b) Licensed Practical Nurse:

Minimum standards for licensed practical nurses include the following:

(i) Standard I - Implementing the Nursing Process: The practical nurse assists in implementing the nursing process;

(A) Assessment and Analysis: The registered nurse initiates data collection and analysis that includes pertinent objective and subjective data regarding the health status of the clients. The registered nurse is responsible for ongoing client assessment, including assimilation of data gathered from licensed practical nurses and other members of the health care team;

(B) Nursing Diagnosis/ Problem Identification: The registered nurse uses client data and nursing scientific principles to develop nursing diagnosis and to identify client problems in order to deliver effective nursing care;

(C) Planning: The registered nurse shall plan nursing care which will assist clients and families with maintaining or restoring health and wellness or supporting a dignified death;

(D) Implementation: The registered nurse implements the plan of care by initiating nursing interventions through giving direct care and supervising other members of the care team; and

(E) Evaluation: The registered nurse evaluates the responses of individuals to nursing interventions and is responsible for the analysis and modification of the nursing care plan consistent with intended outcomes;

(ii) Standard II Delegation and Supervision: The registered nurse is accountable for the safety of clients receiving nursing service by:

(A) Assessment: The licensed practical nurse makes basic observations, gathers data and assists in identification of needs and problems relevant to the clients, collects specific data as directed, and, communicates outcomes of the data collection process in a timely fashion to the appropriate supervising person;

(B) Nursing Diagnosis/ Problem Identification: The licensed practical nurse provides data to assist in the development of nursing diagnoses which are central to the plan of care;

(C) Planning: The licensed practical nurse contributes to the development of approaches to meet the needs of clients and families, and, develops client care plans utilizing a standardized nursing care plan and assists in setting priorities for care;

(D) Implementation: The licensed practical nurse carries out planned approaches to client care and performs common therapeutic nursing techniques; and

(E) Evaluation: The licensed practical nurse, in collaboration with the registered nurse, assists with making adjustments in the care plan. The licensed practical nurse reports outcomes of care to the registered nurse or supervising health care provider;

(ii) Standard II Delegation and Supervision: Under direction, the practical nurse is accountable for the safety of clients receiving nursing care:

(A) Delegating selected nursing functions to others in accordance with their education, credentials, and demonstrated competence as defined in WAC 246-840-010(10);

(B) Supervising others to whom ~~((he/she has))~~ they have delegated nursing functions as defined in WAC 246-840-010(10);

(C) Evaluating the outcomes of care provided by licensed and other paraprofessional staff;

(D) The registered nurse may delegate certain additional acts to certain individuals in community-based long-term care and in-home settings as provided by WAC 246-840-910 through 246-840-970 and WAC 246-841-405; and

(E) In a home health or hospice agency regulated under chapter 70.127 RCW, a registered nurse may delegate the application, instillation, or insertion of medications to a registered or certified nursing assistant under a plan of care pursuant to chapter 246-335 WAC;

(iii) **Standard III Health Teaching.** The registered nurse assesses learning needs including learning readiness for patients and families, develops plans to meet those learning needs, implements the teaching plan and evaluates the outcome.

(A) The practical nurse may delegate selected nursing tasks to competent individuals in selected situations, in accordance with their education, credentials and competence as defined in WAC 246-840-010(10);

(B) The licensed practical nurse in delegating functions shall supervise the persons to whom the functions have been delegated;

(C) The licensed practical nurse reports outcomes of delegated nursing care tasks to the RN or supervising health care provider; and

(D) In community based long-term care and in-home settings as provided by WAC 246-840-910 through 246-840-970 and WAC 246-841-405, the practical nurse may delegate only personal care tasks to qualified care givers;

(iii) **Standard III Health Teaching.** The practical nurse assists in health teaching of clients and provides routine health information and instruction recognizing individual differences.

(3) The following standards apply to registered nurses and licensed practical nurses:

(a) The registered nurse and licensed practical nurse shall communicate significant changes in the client's status to appropriate members of the health care team. This communication shall take place in a time period consistent with the client's need for care. Communication is defined as a process by which information is exchanged between individuals through a common system of speech, symbols, signs, and written communication or behaviors that serves as both a means of gathering information and of influencing the behavior, actions, attitudes, and feelings of others; and

(b) The registered nurse and licensed practical nurse shall document, on essential client records, the nursing care given and the client's response to that care; and

(c) The registered nurse and licensed practical nurse act as client advocates in health maintenance and clinical care.

(4) Other responsibilities:

(a) The registered nurse and the licensed practical nurse shall have knowledge and understanding of the laws and rules regulating nursing and shall function within the legal scope of nursing practice;

(b) The registered nurse and the licensed practical nurse shall be responsible and accountable for his or her practice based upon and limited to the scope of (~~his/her~~) their education, demonstrated competence, and nursing experience consistent with the scope of practice set forth in this document; and

(c) The registered nurse and the licensed practical nurse shall obtain instruction, supervision, and consultation as necessary before implementing new or unfamiliar techniques or procedures which are in (~~his/her~~) their scope of practice.

(d) The registered nurse and the licensed practical nurse shall be responsible for maintaining current knowledge in (~~his/her~~) their field of practice; and

(e) The registered nurse and the licensed practical nurse shall respect the client's right to privacy by protecting confidential information and shall not use confidential health care information for other than legitimate patient care purposes or as otherwise provided in the Health Care Information Act, chapter 70.02 RCW.

AMENDATORY SECTION (Amending WSR 02-06-117, filed 3/6/02, effective 4/6/02)

WAC 246-840-710 Violations of standards of nursing conduct or practice. The following conduct may subject a nurse to disciplinary action under the Uniform Disciplinary Act, chapter 18.130 RCW:

(1) Engaging in conduct described in RCW 18.130.180;

(2) Failure to adhere to the standards (~~enumerated~~) in WAC 246-840-700 which may include, but are not limited to:

(a) Failing to assess and evaluate a client's status or failing to institute nursing intervention as required by the client's condition;

(b) Willfully or repeatedly failing to report or document a client's symptoms, responses, progress, medication, or other nursing care accurately (~~and/or~~) and legibly;

(c) Willfully or repeatedly failing to make entries, altering entries, destroying entries, making incorrect or illegible entries (~~and/or~~) and making false entries in employer or employee records or client records pertaining to the giving of medication, treatments, or other nursing care;

(d) Willfully or repeatedly failing to administer medications (~~and/or~~) and treatments in accordance with nursing standards;

(e) Willfully or repeatedly failing to follow the policy and procedure for the wastage of medications where the nurse is employed or working;

(f) Nurses shall not sign any record attesting to the wastage of controlled substances unless the wastage was personally witnessed;

(g) Willfully causing or contributing to physical or emotional abuse to the client;

(h) Engaging in sexual misconduct with a client as defined in WAC 246-840-740; or

(i) Failure to protect clients from unsafe practices or conditions, abusive acts, and neglect;

(3) Failure to adhere to the standards (~~enumerated~~) in WAC 246-840-700(2) which may include:

(a) Delegating nursing care function or responsibilities to a person the nurse knows or has reason to know lacks the ability or knowledge to perform the function or responsibility, or delegating to unlicensed persons those functions or responsibilities the nurse knows or has reason to know are to be performed only by licensed persons. This section should not be construed as prohibiting delegation to family members and other caregivers exempted by RCW 18.79.040(3), 18.79.050, 18.79.060 or 18.79.240; or

(b) Failure to supervise those to whom nursing activities have been delegated. Such supervision shall be adequate to prevent an unreasonable risk of harm to clients;

(4)(a) Performing or attempting to perform nursing techniques (~~and/or~~) and procedures for which the nurse lacks the appropriate knowledge, experience, and education (~~and/or~~) and failing to obtain instruction, supervision (~~and/or~~) and consultation for client safety;

(b) Violating the confidentiality of information or knowledge concerning the client, except where required by law or for the protection of the client; or

(c) Writing prescriptions for drugs unless authorized to do so by the commission;

(5) Other violations:

(a) Appropriating for personal use medication, supplies, equipment, or personal items of the client, agency, or institution. The nurse shall not solicit or borrow money, materials or property from clients;

(b) Practicing nursing while affected by alcohol or drugs, or by a mental, physical or emotional condition to the extent that there is an undue risk that (~~he or she~~) they, as a nurse, would cause harm to (~~him or herself~~) themselves or other persons; or

(c) Willfully abandoning clients by leaving a nursing assignment, when continued nursing care is required by the condition of the client(s), without transferring responsibilities to appropriate personnel or caregiver;

(d) Conviction of a crime involving physical abuse or sexual abuse including convictions of any crime or plea of guilty, including crimes against persons as defined in (~~chapter 43.830 RCW [RCW 43.43.830]~~) RCW 43.43.830 and crimes involving the personal property of a patient, whether or not the crime relates to the practice of nursing; or

(e) Failure to make mandatory reports to the Nursing Care Quality Assurance Commission concerning unsafe or unprofessional conduct as required in WAC 246-840-730;

(~~Other:~~)

(6) The nurse shall only practice nursing in the state of Washington with a current Washington license;

(7) The licensed nurse shall not permit (~~his or her~~) their license to be used by another person;

(8) The nurse shall have knowledge of the statutes and rules governing nursing practice and shall function within the legal scope of nursing practice;

(9) The nurse shall not aid, abet or assist any other person in violating or circumventing the laws or rules pertaining to the conduct and practice of professional registered nursing and licensed practical nursing; or

(10) The nurse shall not disclose the contents of any licensing examination or solicit, accept or compile information regarding the contents of any examination before, during or after its administration.



Rule Comments

Documents and Comments

Document Title	File Name	Document Description	WSR#	Author	Author Organization	Author Phone	Deadline Date
WAC 246-840-300 ARNP scope of practice, 246-840-700 Standards of nursing conduct or practice, and 246-840-710 Violations of standards of nursing conduct or practice							



Rule Comments

Documents and Comments

Document Title	File Name	Document Description	WSR#	Author	Author Organization	Author Phone	Deadline Date
3 Comments	2215078ARN PScopeofPra ctice102final. pdf	The Nursing Care Quality Assurance Commission is proposing amendments to WAC 246-840-300 to create consistency with national Advanced Registered Nurse Practitioners (ARNP) standards, WAC 246-840-700 and WAC 246-840-710 to update gender pronouns for Registered Nurses (RNs) and Licensed Practical Nurses (LPNs), and other housekeeping and grammatical changes.	22-15-078	Shad A Bell	NCQAC - NURS CARE QUALITY COM	360-236-4711	08/26/2022
Oppose (3)	Commenter	Commenter Phone	Commenter Email	Commenter Address			
Oppose	Louise Kaplan on behalf of ARNPs United of Washing	3604856387	kaplanlouise@gmail.com	504 Percival St SW Olympia WA 98502			



Rule Comments

Documents and Comments

Document Title	File Name	Document Description	WSR#	Author	Author Organization	Author Phone	Deadline Date
<p>ARNPs United of Washington State (AUWS) represents Washington’s 9,000 licensed advanced registered nurse practitioners (ARNPs). AUWS appreciates the opportunity to provide comment on the proposed rulemaking WSR 22-15-078 specific to WAC 246-840-300, WAC 246-840-700 and WAC 246-840-710 that amends language clarifying ARNP scope of practice (SOP) and updating gender pronouns. AUWS commends the work of the commission to develop a SOP that is dynamic and allows for ARNPs to be prepared to participate in the rapidly evolving healthcare environment.</p> <p>AUWS strongly recommends a revision to the proposed language in WAC-840-300 (4) (h) that defers to commission-approved certifying bodies to define the procedures and care services within the ARNP’s SOP. Certifying bodies develop certification examinations based on a role delineation study that identifies the tasks and work activities performed, the context in which the activities are conducted and the necessary competencies required for the role. Certifying bodies do NOT publish a SOP for each ARNP role. While an examination may include content related to performing procedures and care services, the absence of questions about procedures and services does not indicate an ARNP may not perform a specific procedure or service.</p> <p>AUWS proposes that the language for this section be as follows, based on subsection (2) that states: Performing within the scope of the ARNP’s education, training, and experience/ the licensed ARNP may perform the following.</p> <p>Perform procedures or provide care services based on the ARNP’s role.</p> <p>Thank you for consideration of this comment and recommendation.</p>							
Oppose	Kari Bonagofski	3605618516	max4ks@aol.com	10920 Bald Hill Rd. SE; Yelm, WA 98597			
<p>Please do not eliminate “he/she” pronouns and replace them with “they/them” pronouns. “They/them” should be added to “he/she” to read “he/she/they.” As someone identifying with “she/her” pronouns, I would feel unrepresented if only “they/them” pronouns were used to the exclusion of all else.</p>							



Rule Comments

Documents and Comments

Document Title	File Name	Document Description	WSR#	Author	Author Organization	Author Phone	Deadline Date
Oppose	Fujio McPherson	3603497882		fmdc82@comcast.net	6501 CANDACE CT SE		

To: Shad Bell
P.O. Box 47864
Olympia WA 98504
Comment Response to Proposed changes to WAC 246-840-300 ARNP Scope of Practice
I would like to request that the proposed changes NOT remove the inclusion of medical acupuncture from the ARNP Scope of Practice.
My concerns are that without citing specific procedures allowed as an ARNP within the advisory opinion that the proposed changes to WAC 246-840-300 regarding the ARNP scope of practice paragraph 2(h) citing that the ARPN can perform procedures or provide care services that are within the ARNPs scope of practice according to the commission approved certifying body as defined in WAC 246-840-302, will restrict the practice of procedures that are not listed or approved.
This is particularly harmful and/or placed the ARNP at risk of practicing beyond their scope of practice and openly allows challenges to ARNP's who are including procedures that benefit the patient and improve patient care but are not listed per the cited changes mentioned. And it goes beyond merely, medical acupuncture into areas such as the performance of advanced techniques and procedures.
As an ARNP trained in medical acupuncture I am concerned that with the proposed amendment to remove specific topics such as medical acupuncture, from the ARNP Scope of Practice will compromise my ability to provide acupuncture to patients who have benefited from my ability to offer them.
Based on the proposed changes If the only criteria for me to continue to perform medical acupuncture or other procedures is by an interpretation of being qualified with appropriate education and competence, with no specific mention of a specific procedure, what would constitute appropriate and competent and would that eliminate other procedures e.g. performing other medical procedures? Unless these new changes provide a broad approval that ARNPs can perform any procedure, without specifically naming it base only on the criteria of appropriate education and competence.
Under the WAC 246-840- The current Advisory Opinion on medical acupuncture mimics the same criteria (appropriate education and competence) as those cited for MD Medical acupuncturist: 300 hours from an accredited program. And based on the criteria required for accreditation, it should remain included, and cited specifically to insure continued competence and available to patient in need of the treatment.
Therefore, I strongly feel that unless my ability to continue to practice medical acupuncture is not specifically cited, either within the WAC 246-840-302

Date: 8/26/2022 9:06:55 AM

Page: 4 of 5



Rule Comments

Documents and Comments

or the Advisory Opinion that there should be no further revisions to the advisory opinion and specific inclusion of the medical acupuncture.

Sincerely,
 Dr. Fujio McPherson
 DAOM, ARNP, fmdc82@comcast.net

0 Comments	SANursingAR NPScopeofPr actice.pdf	Significant Legislative Analysis for ARNP Scope of Practice	22-15- 078	Shad A Bell	NCQAC - NURS CARE QUALITY COM	360-236- 4711	08/26/2022
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Preserving Our Heritage



Ensuring Our Future

August 24, 2022

To: Nursing Care Quality Assurance Commission (NCQAC)
From: WA Acupuncture and Eastern Medicine Association (WAEMA)

RE: ARNP Scope of Practice Rules Comment

To Whom it May Concern:

The Washington Acupuncture and Eastern Medicine Association strongly protests the use of this CR-102 Proposed Rules to justify the inclusion of “Medical Acupuncture” in your scope of practice. The letters that you received from Representative Eileen Cody and Senator Annette Cleveland requested that you use the actual rulemaking process identified by Washington state legislators to add "Medical Acupuncture" to your scope of practice. The use of this proposed rules document to increase your scope to include "Medical Acupuncture" amounts to circumvention of legislative rulemaking.

In your CR 101 dated December 5, 2018, in “Reasons why rules on this subject may be needed and what they might accomplish:" it states, "The commission received a petition on April 3, 2018, in response to its Advisory Opinion on Medical Acupuncture: Scope of Practice for Advanced Registered Nurse Practitioners (NCAO 12.00), requesting the commission to allow for additional stakeholder involvement and consider adopting enforceable rules. While advisory opinions offer the commission's interpretation of rule, they are not enforceable and, therefore, do not meet the definition of a rule."

“Medical Acupuncture” was never been defined in the Advisory Opinion for ARNP. Advisory Opinions are opinions and not enforceable law. You have significantly expanded your scope of practice for ARNPs to include Acupuncture, without going through a Sunrise Review process, adding it to your scope of practice without legislative approval, or through appropriate specific rulemaking.

Yet rulemaking being offered in your CR 102 in no way addresses the concerns around the practice of “Medical Acupuncture” nor provides clarification to address the identified concerns raised by Representative Cody and Senator Cleveland. Specific rulemaking would define what “Medical Acupuncture” is specifically for ARNP, require clarification of the number of hours required to practice acupuncture safely, and the appropriateness of the training such as NCCAOM certification to practice acupuncture, which is required by all licensed acupuncturists in Washington state. Further, it would clarify those rules so that they are enforceable.

Further, we are concerned with the issue of who enforces complaints and investigations of the inappropriate practice of “Medical Acupuncture”. Would it be the NCQAC even though it is not under your nursing laws? Would regulation be under the Acupuncture and Eastern Medicine Advisory Committee, who has actual oversight of the practice of Acupuncture? Public safety must be a top priority for the NCQAC.

At this time, it is our opinion that the NCQAC will be encouraging the practice of acupuncture without a license to member ARNPs, due to unclear Uniform Disciplinary Act enforcement structure, undefined terms, inappropriate rulemaking procedures, and training recommendations which are inadequate.

We consider this action based upon an advisory opinion to be an ill-advised approach to significant scope expansion and request that the NCQAC conduct the appropriate legal practices for rulemaking in order to include “Medical Acupuncture” in your scope of practice. Bypassing the Legislature sets a dangerous precedent for every profession. Any board or profession desiring to expand their current scope of practice must seek legislative approval or the recommendations of a DOH Sunrise Review Process, which helps to ensure safe and legal practices within a profession licensed by the WA State Department of Health.

Sincerely,

Chaiya Sherman, DAOM, LAc, President of Washington Acupuncture and Eastern Medicine
Washington Acupuncture and Eastern Medicine Board of Directors

Washington Center for Nursing
COVID-19 Impact on the Nursing Workforce Study 2022:
Executive Summary



Executive Summary

“2021 was worse... In 2020 people rallied together. In 2021 people were just exhausted. I can’t do this anymore. I think that’s been a driving force, we can’t put up with even one more extra hassle” (ARNP, 2022).

WA nurses continue to be impacted by the pandemic as they navigate long hours, staffing and mental health issues, and lack of support and recognition in a challenging and ever-changing context. While more data/resources are available about how the virus is transmitted along with availability of Covid vaccines at the end of 2020 shaped Covid responses and responsibilities, in March 2022, there were still upwards of 30 COVID-19 deaths per day in Washington State¹.

This project is a follow-up to last year’s preliminary research regarding how COVID-19 impacted the nursing workforce in Washington during 2020. While data from the 2020 study came from a convenience sample and several focus groups, this year’s study was collected from a representative sample followed by one-on-one interviews. The current report highlights some of the challenges and rewards nurses identified throughout the second year (2021) of the pandemic.²



Summary of Key Findings

To better understand the impact of COVID-19 on the nursing workforce in Washington State, Survey Information Analytics (SIA) surveyed 1,298 nurses who held active nursing licenses about their experiences during 2021. Among them:

- ❖ **9%** were **laid off or furloughed** from one or more nursing/healthcare jobs.
- ❖ **54%** thought about or made **plans to leave** the field of nursing.
- ❖ **70%** reported moderate or extreme COVID-19 related **staffing concerns**.
- ❖ **64%** reported moderate or extreme concern for their friends’/family’s **safety**.

¹ <https://coronavirus.jhu.edu/region/us/washington>

² Retrospective studies: Data were collected in 2021 (about 2020) and 2022 (about 2021).

- ❖ **67%** believed their employers provided adequate **quarantining** for employees who may have been/were exposed to COVID-19.

Additionally, the following themes emerged from SIA's 12 follow up in-depth interviews:

- ❖ Staffing issues and the focus on travel nurses to the detriment of other nurses
- ❖ Mental and behavioral issues
- ❖ Workload and monetary compensation
- ❖ Diversity/equity in relation to the workforce.



Thematic interview and survey findings are integrated throughout this report.

Washington State's Board of Nursing

NCQAC

Nursing Care Quality Assurance Commission

Public Advocacy Outreach

Communications Task Force

BACKGROUND

- The Public Advocacy Outreach concept was created by the Communications Task Force due to a perceived need for establishing more meaningful connections and communicating beyond the licensed nursing community
- Intention was to provide Commission visibility and dedicated channels to establish/strengthen relationships with interested parties, healthcare communities, and other collaborators for accomplishing similar goals and to potentially partner for legislative initiatives

COVID-19 REDIRECTS PRIORITIES

- Commission member Mary Baroni and staff member Margaret Holm began work on messaging with a COVID-19 related focus
- Staff flexed to meet licensing needs and workforce demands
- Allied healthcare communities had a massive priority redirection due to COVID-19 (funding, volunteerism, outreach, etc. all took a backseat due to pandemic upheaval)

WHAT'S BEEN DONE

- An email list of Interested Parties was developed in early 2021
 - List has since been curated and updated; dynamic process continues
- An introductory message was created and sent to the updated list of Interested Parties
 - Message was for informative purposes
 - Staff member Margaret Holm and Commission member Mary Baroni followed up to the email with personal phone calls to several identified parties (foundations, tribal communities, senior lobby, Junior League, etc.)

The collage consists of several sections:

- Washington Nursing Care Quality Assurance Commission** header.
- Collaborate with Us**: A graphic showing hands holding a globe with the text: "We are here to serve you, to protect the public, and innovate with you to improve healthcare."
- Who We Are**: A circular diagram with segments for Education, Research, Licensing, Practice, WHIPS (Washington Health Information & Performance System), and Discipline. Text below: "With more than 125,000 licensed nurses in the state, NCQAC is proud of the work we do to improve public health through the highest quality patient outcomes." [Learn More](#)
- Stronger Together**: A graphic of hands holding a shield.
- Collaborate**: Text: "The Commission is already busy and capacity during this time to address the care and safety of the public. We're working on your behalf. We are all going to keep going in order to be ready for it. How do we stay safe and attend to our unique challenges? We want to know the steps you're taking and complete the work you're already doing. Let's know the real challenges for your community." [Learn More](#)
- Engage with Us**: Text: "Benefits options available." [Learn More](#)
- Legislative Initiative Collaboration**: Text: "Partner with us during legislative sessions to voice the better advocate for your needs, such as:
 - Emergency licensing and Multistate Licensing (Compact)
 - Caregivers in Healthcare Facilities and the Home[Learn More](#)
- Educational Opportunities**: Text: "Protect your patients. Protect yourself. Sign up for continuing education:
 - Culture of Respect
 - Documentation
 - Patient Advocacy[Learn More](#)

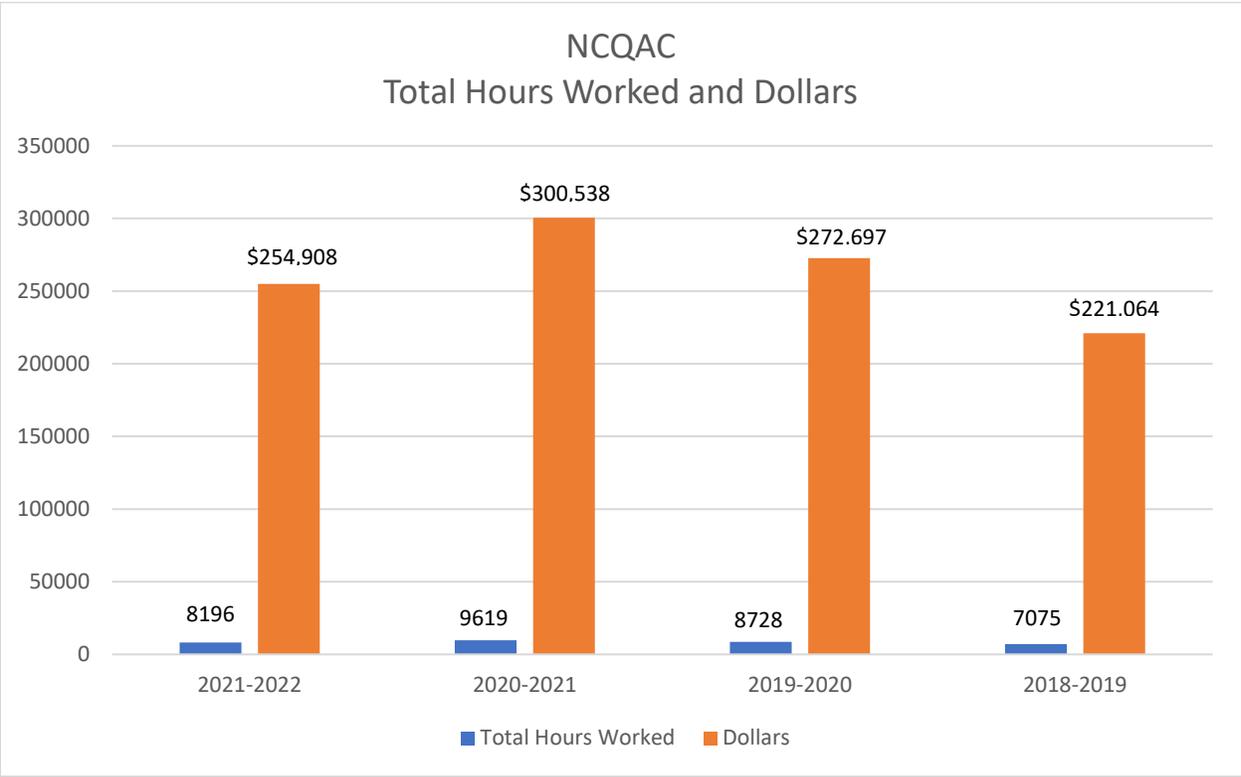
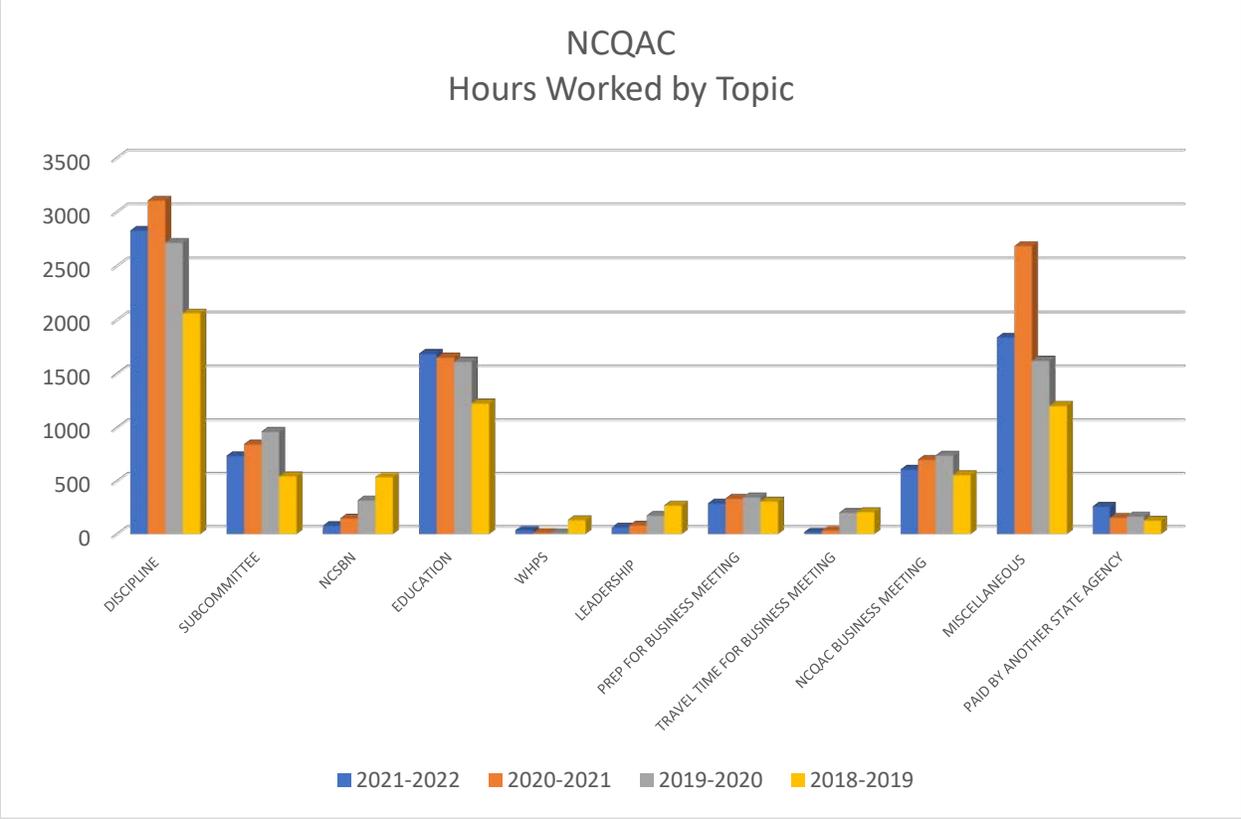
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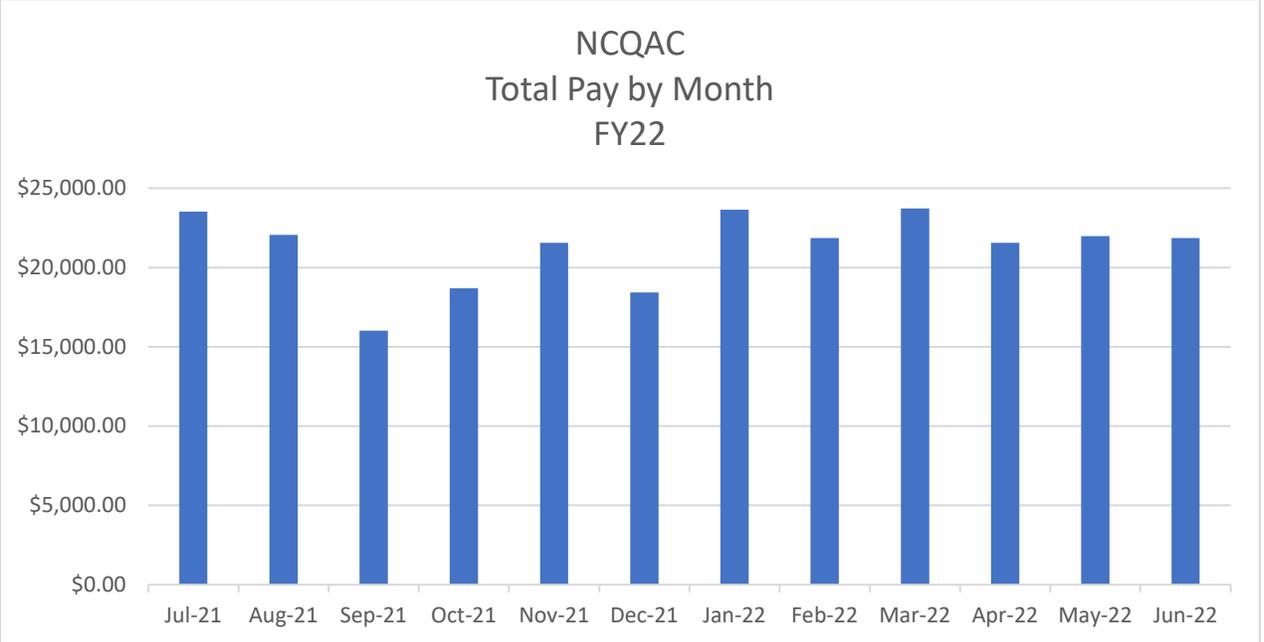
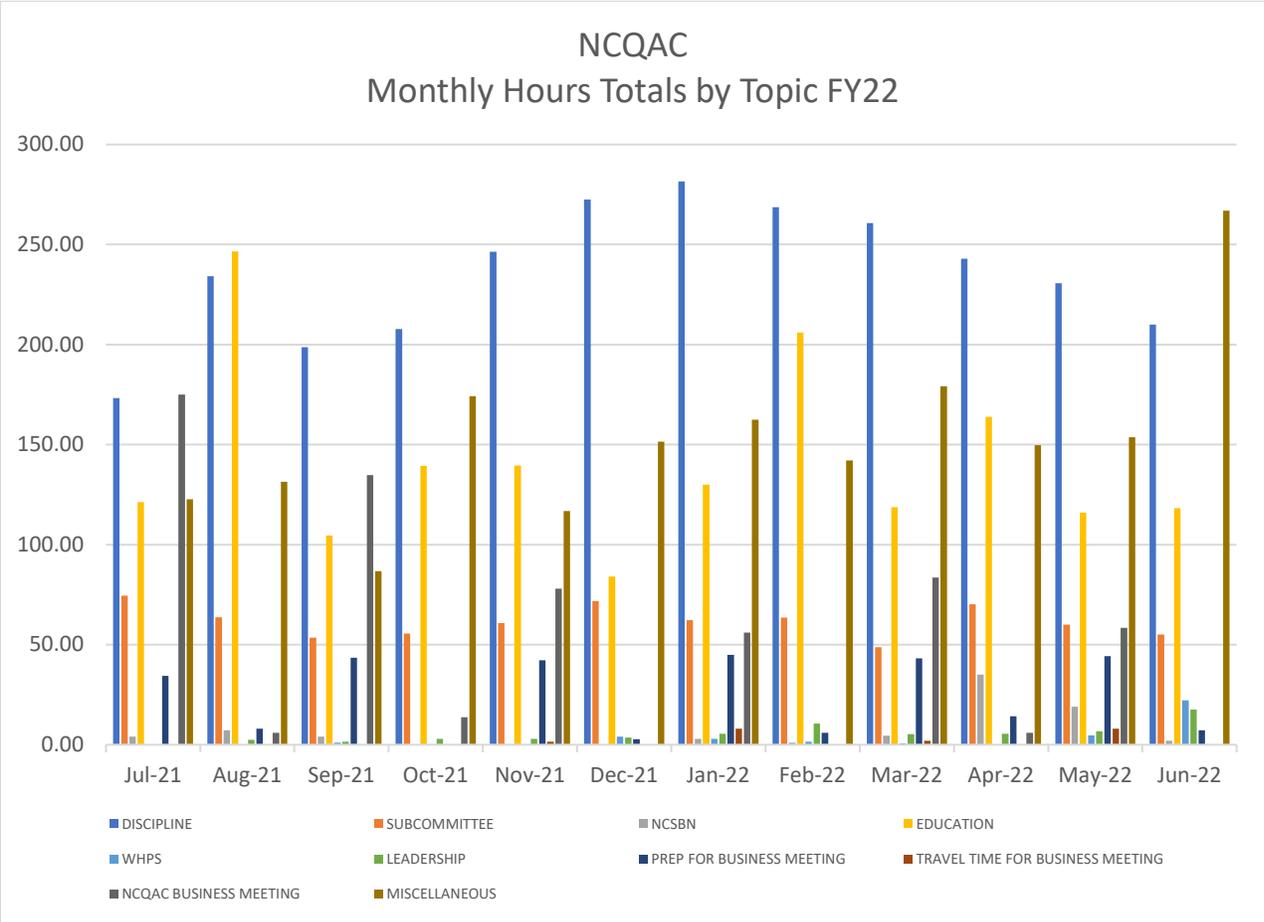
- Creating an identity (logo and recognition) that harmonized NCQAC as a Board of Nursing for public perception became critical
- Work commenced to build a robust website for the Commission
- BONcast (Board of Nursing podcast) emerged as a fresh approach for sharing information about the Commission

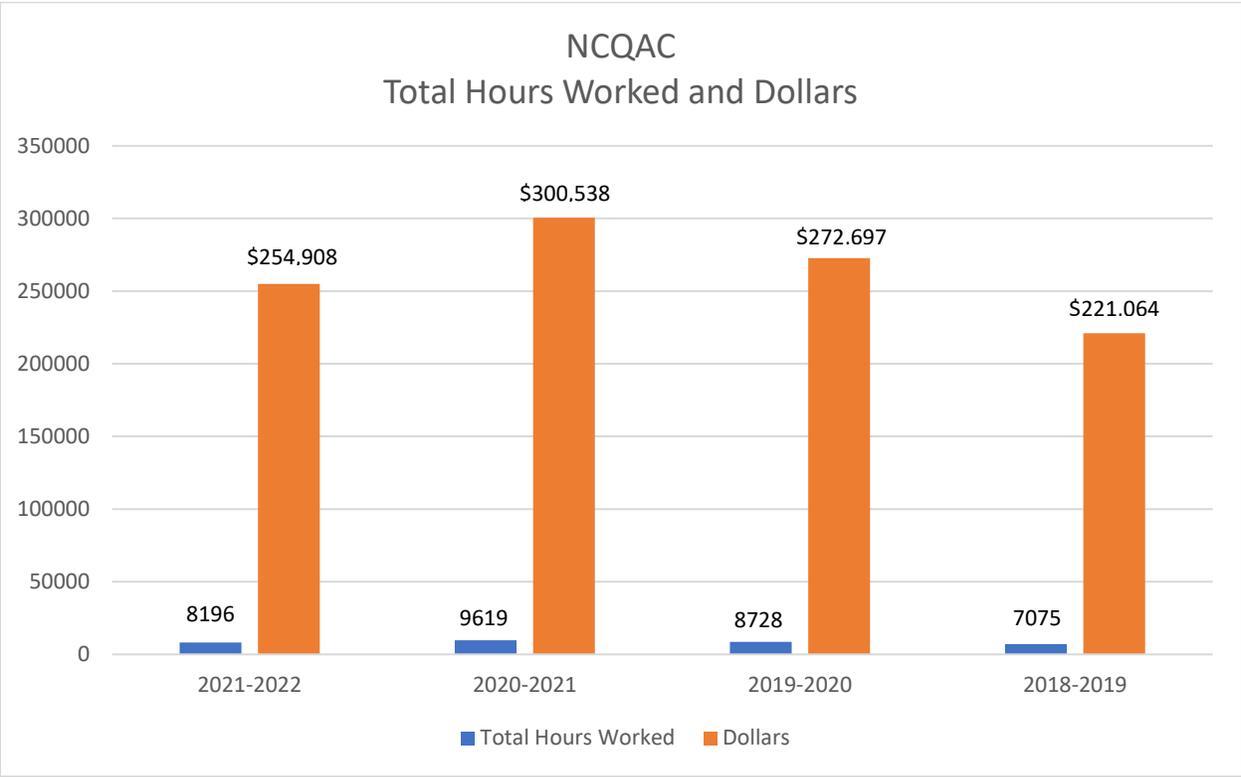
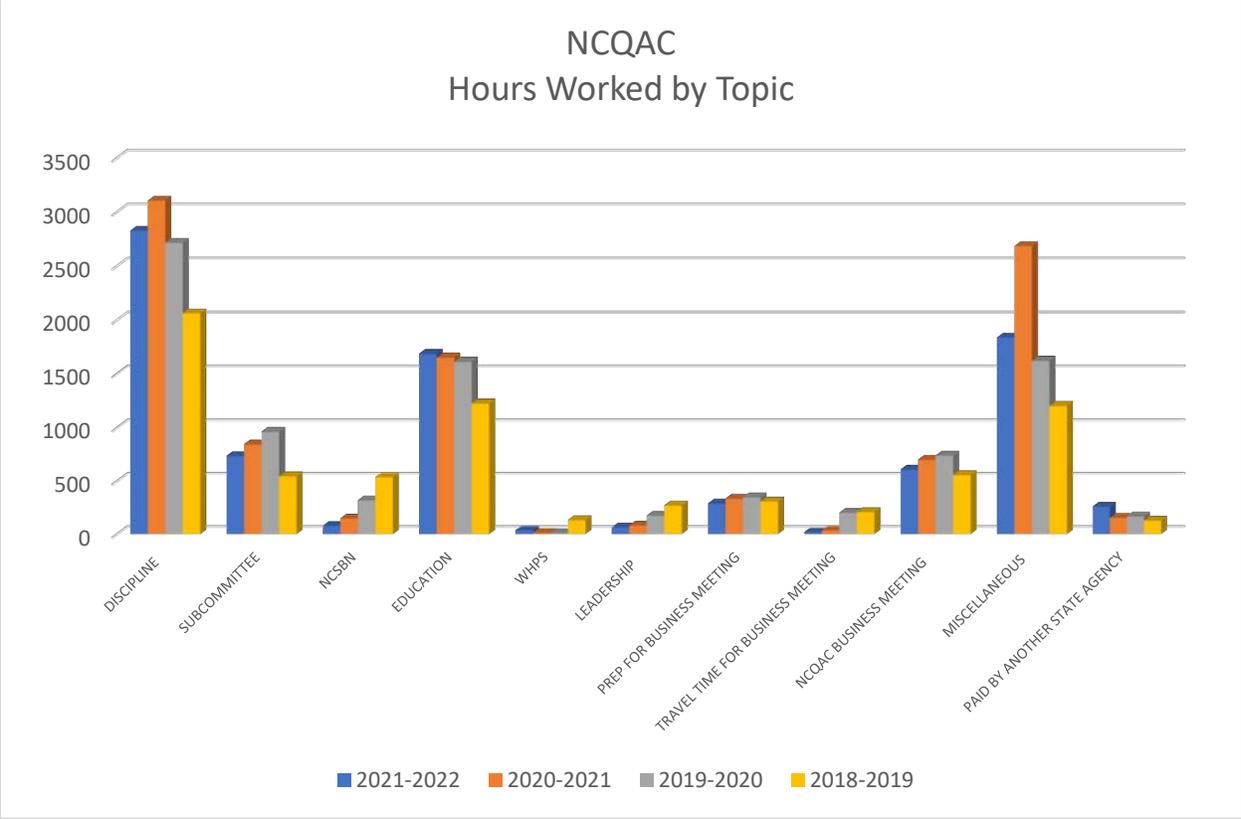


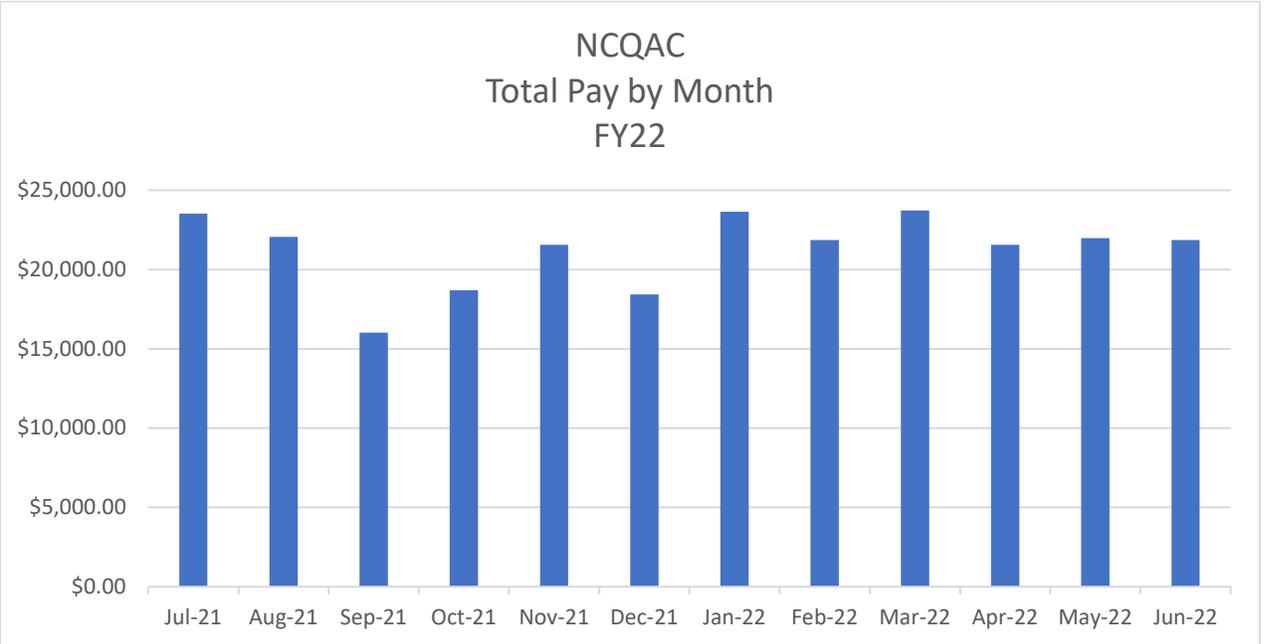
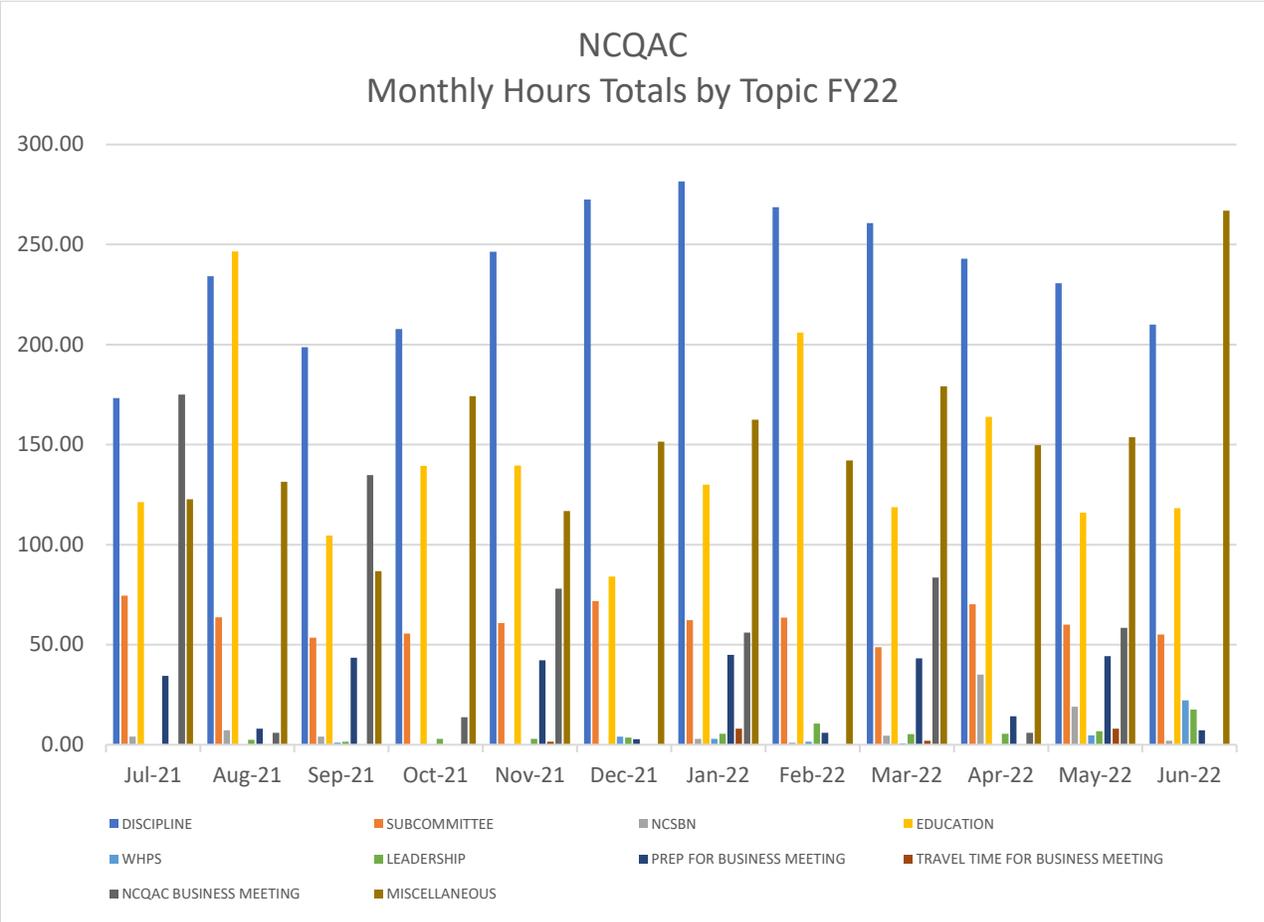
GUIDANCE / WHAT'S NEXT?

- With the upcoming transition to a new Executive Director and the term limited tenure of commission members, is there a need for more formalized relationship management and development?
 - Technology - determine through analytics if new website is broadly utilized beyond nursing communities
 - Social media options (risks vs. benefits)
 - Grow the BONcast with collaborative efforts, such as guest speakers











ARNP SCOPE OF PRACTICE RULES

Nursing Care Quality Assurance Commission (NCQAC)

NCQAC
September 8-9 2022
Business Meeting

Background

- June 2015, NCQAC received a written request from Dr. Fujio McPherson, DAOM, ARNP, asking whether it was within an ARNP's SOP to perform medical acupuncture
- November 2015, NCQAC authorized the AP Subcommittee to draft an Advisory Opinion
- Thorough review of literature, research, interested party discussions, and several meetings with involved groups
- November 2017, NCQAC adopted the Medical Acupuncture Advisory Opinion (NCAO 12.00)
- April 3, 2018, NCQAC received a petition from Rep. Eileen Cody citing concerns about the Advisory Opinion and requesting that NCQAC consider addressing such in rule
- In response to Rep. Cody's petition, NCQAC voted on May 11, 2018 to open the ARNP SOP rules to explore how best to provide practice guidance to ARNPs

Background Cont.

- December 5, 2018, CR-101 was filed to open WAC 246-840-300, 246-840-700 and 246-840-710
- Since 2018, NCQAC has provided many opportunities for interested party comment, input, and discussion at many open public meetings
- Listing specific procedures, such as medical acupuncture, in rule posed many challenges. ARNPs perform thousands of procedures, listing each in rule and keeping the list current would be untenable. Rather, rules provide an overarching framework and Advisory Opinions are used to provide further clarification
- January 19, 2022, the draft proposed language was first presented to the AP subcommittee and public
- Two additional workshops (January 26 and February 7, 2022) were held to allow more opportunities for public input and engagement
- NCQAC received many comments and recommendations regarding the changes and have incorporated most into the current proposed language

Medical Acupuncture Advisory Opinion

- During the rule workshops, NCQAC received several comments regarding the need to update NCAO 12.00 Medical Acupuncture Advisory Opinion
- March 2022, AP Subcommittee unanimously agreed to recommend opening NCAO 12.00 Medical Acupuncture Advisory Opinion
- May 13, 2022, NCQAC voted to open NCAO 12.00 Medical Acupuncture to update the document
- The research required for this work is underway. A draft version of the updated Advisory Opinion is scheduled to be reviewed by the AP Subcommittee this fall
- Interested party workshops will be scheduled



PROPOSED RULE MAKING

CR-102 (December 2017)
(Implements RCW 34.05.320)
Do NOT use for expedited rule making

CODE REVISER USE ONLY

OFFICE OF THE CODE REVISER
STATE OF WASHINGTON
FILED

DATE: July 18, 2022
TIME: 12:14 PM
WSR 22-15-078

Agency: Department of Health- Nursing Care Quality Assurance Commission

- Original Notice
- Supplemental Notice to WSR
- Continuance of WSR
- Preproposal Statement of Inquiry was filed as WSR 19-01-002 ; or
- Expedited Rule Making--Proposed notice was filed as WSR ; or
- Proposal is exempt under RCW 34.05.310(4) or 34.05.330(1).
- Proposal is exempt under RCW .

Title of rule and other identifying information: (describe subject) WAC 246-840-300 ARNP scope of practice, 246-840-700 Standards of nursing conduct or practice, and 246-840-710 Violations of standards of nursing conduct or practice. The Nursing Care Quality Assurance Commission (commission) is proposing amendments to WAC 246-840-300 to create consistency with national Advanced Registered Nurse Practitioners (ARNP) standards, WAC 246-840-700 and WAC 246-840-710 to update gender pronouns for Registered Nurses (RNs) and Licensed Practical Nurses (LPNs), and other housekeeping and grammatical changes.

Hearing location(s):

Date:	Time:	Location: (be specific)	Comment:
9/9/2022	1:15 PM	The hearing will take place at the Spokane Convention Center in room 302AB located at 322 N Spokane Falls Ct, Spokane, WA 99201. In response to the coronavirus disease 2019 (COVID-19) public health emergency, the commission will require all in-person attendees to wear masks. If attending virtually, you can register in advance for this meeting at: https://us02web.zoom.us/join/joinMeeting/register/tZ0lduyupz0pE9bqEqWTxL-S2XcNQJbyIDC	

Date of intended adoption: 09/09/2022 (Note: This is NOT the effective date)

Submit written comments to:

Name: Shad Bell
Address: PO Box 47864, Olympia, WA 98504
Email: <https://fortress.wa.gov/doh/policyreview>
Fax: 360-236-4738
Other: N/A
By (date) 08/26/2022

Assistance for persons with disabilities:

Contact Shad Bell
Phone: 360-236-4711
Fax: 360-236-4738

CR-102 Scope of Practice Rules

- **July 18, 2022**, NCQAC filed the CR-102 (WSR #22-15-078) to update WAC 246-840-300, 246-840-700, and 246-840-710 in order to introduce new and revised language that clarify the ARNP SOP, update gender pronouns, and other housekeeping changes.
- CR-102 announces to the public that a rule is being proposed and includes the proposed rule language
- NCQAC sent out multiple notices of the CR-102 via GovDelivery.

Subject of Rule Making

WAC 246-840-300

- The proposed changes will
 - provide an increased level of guidance for ARNP to provide services for which they are qualified and have appropriate education and competence
 - eliminate the need to list specific procedures within the SOP rules by incorporating language that more accurately represents the evolving role of the ARNP
 - update the language to remain consistent with national standards

WAC 246-840-700 and WAC 246-840-710 include gender pronoun changes that replace “he/she” with “they,” as well as “his/her” with “their” and “him or herself” with “themselves.”

Questions?

NCQAC will continue to notify interested parties of rulemaking on the DOH NCQAC website and GovDelivery. Interested parties may sign up at [Washington State Department of Health \(govdelivery.com\)](https://www.govdelivery.com). If you have additional questions or comments, please email: NCQAC.Rules@doh.wa.gov



To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov.