Nursing Care Quality Assurance Commission (NCQAC)
Special Meeting Agenda
March 9, 2023
10:00 AM- 5:30 PM
Seattle Airport Marriott
3201 S 176th St, Seattle, WA 98188
Salons F - H
Zoom Meeting Registration
https://us02web.zoom.us/meeting/register/tZYlcO-spjwpGdJ_e0Py_TxLd4_BvRjwIlXJ
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 Ajay Mendoza, CNM Judy Loveless-Morris, PhD, Public Member Dawn Morrell, RN, BSN, CCRN MaiKia Moua, RN, BSN, MPH Sharon Ness, RN Emerisse Shen, FNP, 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 Moisio, 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 360-236-4703. 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 360-236-4703 before Thursday, March 2, 2023.

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 Thursday, March 2, 2023. 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 Friday, May 12, 2023, NCQAC business meeting. To request a copy of the actual recording, please visit the DOH Public Records Portal at https://doh.wa.gov/about-us/public-records. Please note: Executive Sessions are not recorded and will not have minutes.

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

Smoking and vaping are prohibited at this meeting.

I. 10:00 AM Opening – Yvonne Strader, Chair – DISCUSSION/ACTION

II. Call to Order – DISCUSSION/ACTION

A. Introductions
B. Order of the Agenda
C. Announcements
D. Masks Requirement

1. The NCQAC may consider continuing or discontinuing the mask mandate at public meetings.

III. 10:15 AM – 10:45 AM 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 360-236-4703.

IV. 10:45 AM – 12:00 Noon Executive Director Selection Process – Yvonne Strader - DISCUSSION/ACTION

The NCQAC received letters from UFCW 3000 and SEIU/1199, and Washington State Nurses Association. The letters describe their reaction to the executive director search process.

A. UFCW 3000 and SEIU/1199 letter
    1. UFCW 3000 Response letter
    2. SEIU Healthcare/1199 Response letter
B. WSNA letter
    1. WSNA Response letter

V. 10:45 AM – 12:00 Noon Executive Director Selection Process, cont.

The Search Committee members include Yvonne Strader, Dawn Morrell, Laurie Soine, Tracy Rude, Chris Archuleta, Catherine Woodard, Gerianne Babbo, and Amber Zawislak. The NCQAC delegated to the Search Committee to select final candidates for interview by the NCQAC members.

The NCQAC reviews and discusses the process to date and may determine next steps.

12 PM – 1:00 PM Lunch

The remainder of the meeting's agenda depends on the outcome of the morning's NCQAC decision.

V. 1:00 PM - 1:15 PM Orientation to Executive Director Selection Process – Yvonne Strader and Sierra McWilliams – DISCUSSION/ACTION

Yvonne Strader, NCQAC Chair and Sierra McWilliams, AAG, may give an orientation to the Executive Director Selection Process for the day including information about executive sessions, confidentiality, and voting.

Final Candidates are Alison Bradywood and Renee Espinosa.

VI. 1:15 PM Each candidate may present on the following topic chosen by the NCQAC.

Every other year, the executive director guides the NCQAC in a one-day workshop to develop a strategic plan for the biennium. This will occur again in July 2023. The strategic plan is the foundation of the NCQAC's vision within the scope of their authority and serves to prioritize the work of staff for the duration of the plan.

Develop a strategic plan for the NCQAC for the next three years.

- Define your vison, values, and rationale for the plan.
- Goals need to have measurable outcomes.
- Describe the implementation strategy, accountability methods, and evaluation plan.
- The evaluation plan should include short- and long-term outcomes and process evaluations.
- Include a communication plan to accompany the strategic plan.

1:15 PM – 1:45 PM Presentation One - Renee Espinosa

2:00 PM – 2:30 PM Presentation Two - Alison Bradywood

2:30 PM – 2:45 PM Break

VII. 2:45 PM – 5:30 PM Executive Session – Closed to the public.

The NCQAC may use executive session to interview the candidates.

Reminder: NCQAC members may not discuss the candidates outside of the executive session.

A. 2:50 PM – 3:35 PM Executive Session – Interview One

3:35 PM – 3:45 PM Break

B. 3:45 PM – 4:30 PM Executive Session – Interview Two

C. 4:30 PM – 5:30 PM Executive Session

VIII. 5:30 PM Adjournment of Executive Session and Meeting

IX. 6:00 PM – 7:00 PM Private Reception for NCQAC members, Staff and Search Committee

Reminder: No NCQAC business may be discussed outside of executive session or meeting.

Members of the Nursing Care Quality Assurance Commission,

We are writing as leadership from the largest healthcare unions in Washington State to express our strong opposition to the Nursing Care Quality Assurance Commission's complete exclusion of healthcare worker organizations from your executive director search process.

Collectively, UFCW 3000 and SEIU Healthcare 1199NW represent more than 50,000 healthcare workers across the state, and the lack of outreach to our unions is unacceptable. The NCQAC should have engaged worker voices from the outset of this process, given your role in regulating the competency and quality of licensed practical nurses, registered nurses, advanced registered nurse practitioners and nursing technicians.

Our unions represent workers with vast expertise in the healthcare field and should be represented in a process that will significantly impact their lives and careers, given the role the executive director will play in:

- Establishing qualifications for minimal competency to grant or deny licensure of registered nurses, practical nurses, advanced registered nurse practitioners and nursing technicians
- Ensuring consistent standards of practice
- Developing rules, policies, and procedures to promote quality healthcare
- Investigating complaints against nurses
- Serving as a reviewing member on disciplinary cases
- Serving as a member of disciplinary hearing panels
- Revoking, suspending, restricting specific practice, or placing probationary conditions on nursing licenses.

Members of UFCW 3000 and SEIU 1199 work hard every day to ensure communities across Washington State have access to safe, quality healthcare, and their expertise should be acknowledged and respected. A process that excludes input from frontline healthcare workers is flawed and unacceptable, and we demand a seat at the table moving forward.

Sincerely,

Sarah Cherin
Executive Vice President, UFCW 3000

Jane Hopkins
President, SEIU Healthcare 1199NW

STATE OF WASHINGTON

DEPARTMENT OF HEALTH
Nursing Care Quality Assurance Commission
P.O. Box 47864
Olympia, WA 98504-7864

March 6, 2023

Sarah Cherin
Executive Vice President
UFCW 3000

Dear Ms. Cherin:

Thank you for your letter related to the selection process for the executive director.

Attached is the revised agenda for the March 9 meeting of the Nursing Care Quality Assurance Commission. At the beginning of the meeting, the Nursing Commission will consider changing the process of the selection of the process for an executive director. The meeting will begin at 10:00 am. There is time for public comment at 10:15 am.

The meeting will be held at the Seattle Airport Marriott, Salons F – H, 3201 S 176th St, Seattle. The meeting will be held in person. You can also access the meeting by Zoom at

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Sincerely,

Paula R. Meyer MSN, RN, FRE

Paula R. Meyer MSN, RN, FRE
Executive Director

STATE OF WASHINGTON

DEPARTMENT OF HEALTH
Nursing Care Quality Assurance Commission
P.O. Box 47864
Olympia, WA 98504-7864

March 6, 2023

Jane Hopkins
President
SEIU Healthcare/1199

Dear Ms. Hopkins,

Thank you for your letter related to the selection process for the executive director.

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If you have any further questions, please contact me by email at paula.meyer@doh.wa.gov.

Sincerely,

Paula R. Meyer MSN, RN, FRE

Paula R. Meyer MSN, RN, FRE
Executive Director

WSNA WASHINGTON STATE NURSES ASSOCIATION
575 ANDOVER PARK WEST
SUITE 101
SEATTLE, WA 98188
206-575-7979 PHONE
206-575-1908 FAX
WSNA@WSNA.ORG EMAIL
WSNA.ORG WEBSITE
A constituent of the American Nurses Association and AFT Healthcare, AFL-CIO.

David Keepnews, PhD, JD, RN, FAAN
Executive Director
dkeepnews@wsna.org

March 1, 2023

Nursing Care Quality Assurance Commission
by email: nursing@doh.wa.gov

Re: Executive Director selection

Dear Commission Members:

On behalf of the Washington State Nurses Association, I am writing to express our concerns with the process now underway to select a new Executive Director of the Nursing Care Quality Assurance Commission.

We appreciate and respect the time and effort that the search committee has expended in its process of reviewing candidates for the position. We are disappointed, however, that there has been no substantive opportunity for input into the process by stakeholder groups, including professional associations, unions, nurse educators, consumer groups, or others.

The Commission plays a key role in protecting the public's health through regulating nursing practice. Our members—and all members of the profession in our state—are directly affected by NCQAC's policies and decisions. The Executive Director, of course, plays a key leadership role in the Commission's work and direction. Needless to say, we hope to establish a productive and collegial relationship with whoever is ultimately chosen for this position. However, we believe that failing to solicit stakeholder perspectives is a notable flaw in the selection process.

We realize that the search process has been underway for some time. However, we respectfully urge you to pause this process in order to receive input from stakeholder groups.

Thank you for your consideration.

Sincerely,

David Keepnews, PhD, JD, RN, FAAN
Executive Director

STATE OF WASHINGTON

DEPARTMENT OF HEALTH
Nursing Care Quality Assurance Commission
P.O. Box 47864
Olympia, WA 98504-7864

March 6, 2023

David Keepnews, PhD, JD, RN, FAAN
Executive Director
dkeepnews@wsna.org

Dear Dr. Keepnews,

Thank you for your letter related to the selection process for the executive director.

Attached is the revised agenda for the March 9 meeting of the Nursing Care Quality Assurance Commission. At the beginning of the meeting, the Nursing Commission will consider changing the process of the selection of the process for an executive director. The meeting will begin at 10:00 am. There is time for public comment at 10:15 am.

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If you have any further questions, please contact me by email at paula.meyer@doh.wa.gov.

Sincerely,

Paula R. Meyer MSN, RN, FRE

Paula R. Meyer MSN, RN, FRE
Executive Director

Nursing Care Quality Assurance Commission

Executive Director Search Committee Charter

The Nursing Commission (NC) will create a search committee with the purpose of assisting the NC in selecting a candidate for the Executive Director position. The committee will be comprised of the two Commissioners, two Pro-Tem members (who have previously served as Commissioners), and four Commission Staff. The NC Executive Director will serve as an ad hoc member of the committee. A designated staff member will be identified to serve as an assistant to the committee. The committee members will be appointed by the 2021-2022 NC Chair with the approval of the NC.

The 2022-2023 NC Chair and a Commission staff member will co-chair the committee. Members of the search committee, any staff assisting the committee, and any others designated by the search committee chair shall keep in confidence all materials associated with the search. All application material are confidential under Public Records Act, so should be treated accordingly. RCW 42.56.250(2).

The Commission staff co-chair of the committee will assist the search committee in developing and presenting a budget for the search process. The search committee will conduct a search process to seek the best-qualified candidates. Committee work will include:

-Drafting standardized review criteria that each committee member will use to evaluate candidate applications

-Individually review all candidate applications. There is to be no cross-discussion of candidates between committee members.

-Drafting a set of interview questions

-Narrowing the search to the top (*eight*) candidates based upon application and conduct two-hour screening interviews

-Narrow the search to the top (*three*) candidates.

-Assist in the arranging of commission, staff and perhaps interested parties interviews of the top (*three*) candidates

-Gather feedback from commissioner and staff panels

-Utilizing and assimilating feedback from panel interviews the search committee will rank and present the top candidates to the Commission for approval; it also will explain why this leader best meets the criteria for this position as established by the Commission.

-The search committee will work with DOH HR to establish parameters of a potential compensation and benefits package.

-The committee chairs will work with the then-current NC Chair, Executive Director, and the newly hired Executive Director regarding timing and details of the communication to announce the name of the new Executive Director to members, staff, and other constituents.

-Upon commencement of employment the committee duties will cease, and the committee will disband.

Washington State's Board of Nursing
NCQAC
Nursing Care Quality Assurance Commission

Nursing Care Quality Assurance Commission (NCQAC)
Meeting Agenda
March 10, 2023
8:00 AM- 5:00 PM
Seattle Airport Marriott
3201 S 176th St, Seattle, WA 98188
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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

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Smoking and vaping are prohibited at this meeting.

I. 8:00 AM Opening – Yvonne Strader, Chair – DISCUSSION/ACTION

II. Call to Order

A. Introductions
B. Order of the Agenda
C. Land Acknowledgement – Emerisse Shen
D. Announcements

III. 8:10 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. January 13, 2023
    b. January 27, 2023
2. Advanced Practice Subcommittee
    a. November 16, 2022
    b. January 18, 2023
3. Discipline Subcommittee
    a. November 15, 2022
4. Consistent Standards of Practice Subcommittee
    a. December 2, 2022

III. Consent Agenda – DISCUSSION/ACTION, continued

A. Approval of Minutes

5. Licensing Subcommittee
    a. October 18, 2022
    b. December 2022 – No meeting
6. Research Subcommittee
    a. December 19, 2022
    b. January 17, 2023
7. Education Subcommittee
    a. February 14, 2023

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. January 31, 2023

F. Out of state travel reports

1. Federation of Associations of Regulatory Boards (FARB), January 26-28, Nashville TN; Amber Zawislak, Lori Underwood, Torrie Moracco

G. Strategic Plan Update

1. Academic progression
2. Communications
3. Nursing Assistants
4. WHPS

IV. 8:15 AM – 8:20 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. Jan 5, 2023
2. Jan 19, 2023
3. Jan 23, 2023
4. Feb 13, 2023
5. Feb 16, 2023
6. Feb 23, 2023

B. Nursing Assistant Program Approval Panel (NAPAP)

1. January 9, 2023
2. February 13, 2023

V. 8:20 AM – 8:45 AM Chair Report – Yvonne Strader – DISCUSSION/ACTION

A. NCQAC Annual Evaluation Results – Ella Guilford, Maikia Moua - DISCUSSION/ACTION

Each year, the NCQAC members evaluate their performance through an annual survey. Ms. Guilford and Ms. Moua worked with Laura Christian on the survey results. Mr. Oswal presents the results and may recommend areas for improvement.

B. Use of NCQAC Laptops

VI. 8:45 AM – 9:30 AM Executive Director Report – Paula Meyer – DISCUSSION/ACTION

A. Budget Report – Adam Canary, Chris Archuleta
B. Rules Update – Jessilyn Dagum
C. HELMS Update
D. Public Records Retention by NCQAC members
E. Public Performance Review, March 22

VII. 9:30 AM – 10:00 AM Washington Health Professional Services (WHPS) Annual Report – Grant Hulteen - DISCUSSION/ACTION

Mr. Hulteen presents the WHPS annual report. The report includes program performance data from the previous calendar year, and a six-month report on the Substance Use Disorder Review Panel (SUDRP).

VIII. 10:00 AM - 10:30 AM Hiring New Executive Director – Yvonne Strader, Chris Archuleta - DISCUSSION/ACTION

On March 9, NCQAC members may have interviewed candidates for the Executive Director position. The NCQAC members may vote on the candidates. NCQAC may make an offer at this time.

10:30 AM – 10:45 AM Break

IX. 10:45 AM – 11:45 Subcommittee Report – DISCUSSION/ACTION

A. Advanced Practice – Jonathan Alvarado, Chair

1. ARNP Opioid Prescribing Rule

B. Consistent Standards of Practice – Sharon Ness, Chair

1. Licensed Practical Nurse (LPN) and Medical Assistant (MA) Scope of Practice Comparison Table – Informational
2. NCAO 16.01 – Advisory Opinion: Opioid Use Disorder Medication Assisted Treatment – Nurse Care Managers and Scope of Practice Revision
3. NCAO 31.00 – Advisory Opinion: Endoscopy - Licensed Practical Nurse Scope of Practice
4. F03 Advisory Opinion Procedure Revision

10:45 AM – 11:45 Subcommittee Report – DISCUSSION/ACTION, cont.

C. Discipline – Adam Canary, Chair

1. Procedure A07 Anonymous Complaints
2. Procedure A08 Action in Another Jurisdiction
3. Procedure A24 Approval of Evaluators in Nurse Discipline Cases
4. Procedure A27 Sanction Standards
5. Procedure A28 Drafting and Interpreting Discipline Documents
6. Procedure A49 WHPS Referral Contracts
7. Procedure A15 Suspension or Revocation – retire procedure
8. Procedure A42 Licensee HIV/AIDS Status – retire procedure
9. Procedure A43 Effect of Military Status on Discipline – retire procedure

D. Licensing – Dawn Morrell, Chair

1. Procedure B09 ARNP Application Exemption Requests
2. Procedure B15 Nursing Technician Not in Good Standing or Taking Leave
3. Emergency Rule and Permanent Rule Consideration for WAC 246-840-030 and WAC 246-840-090

E. Research – Sharon Ness, Chair – No Report

F. Education – Kimberly Tucker, Chair

1. Timeline considerations for nursing assistants who pass the state exam but delay certification.
2. Language considerations for the nursing assistant written (or oral) exam.

11:45 AM – 1:00 PM Lunch

X. 12:00 PM – 1:00 PM Education Session – Nursing Trends: Innovations in Understanding and Employing Stem Cells in Health Care. Kathleen Shannon Dorcy Ph.D., RN, FAAN – DISCUSSION/ACTION

Dr. Kathleen Shannon Dorcy has worked for 38 years at Fred Hutchinson Cancer Center. Dr. Dorcy started in Pediatric Bone Marrow Transplant then coordinating Clinical Trials and most recently as the Director of Research and Scholarship. The presentation covers a high-level review of the immune system with a focus on state of the science stem cells and targeted research to treat illness, specifically CAR-T cells and cancer.

XI. 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 360-236-4703.

XII. 1:15 PM – 1:45 PM Subcommittee Reports, continued – DISCUSSION/ACTION

XIII. 1:45 PM – 2:15 PM Executive Session – Sierra McWilliams - DISCUSSION/ACTION

The NCQAC enters executive session for the purpose of discussing litigation with the Assistant Attorney General, Sierra McWilliams.

XIV. 2:15 PM – 2:30 PM Petition for Rules Writing – Paula Meyer – DISCUSSION/ACTION

Ms. Meyer presents a petition for amendment of a rule received from the public.

2:30 PM – 2:45 PM BREAK

XV. 2:45 PM – 3:15 PM Education – Dr. Gerianne Babbo, Dr. Kathy Moisio - DISCUSSION/ACTION

A. Nursing Assistant Program Approval Panel – Helen Myrick, Chair

1. The NCQAC considers filing a Code Reviser's form (CR-102). The packet includes the proposed language for a new Chapter 246-841A Nursing Assistants.
2. Nursing Assistant Annual Report for 2022.

B. Nursing Education

1. Washington Student Nurse Preceptorship Grant Program Advisory Committee update
2. Spring approval visits
3. Nursing program expansions

XVI. 3:15 PM – 3:45 PM Nominations Committee – Sharon Ness - DISCUSSION/ACTION

Ms. Ness, chair of the Nominations Committee, presents the slate of candidates for officers: Chair, Vice Chair, Secretary/Treasurer. Nominations from the floor may be presented. The NCQAC votes for their officers at the May meeting.
Candidates may speak to NCQAC on their nomination.

XVII. 3:45 PM – 4:15 PM Legislative Panel Report – Helen Myrick - DISCUSSION/ACTION

Ms. Myrick chairs the Legislative Panel. Ms. Myrick presents a report on bills presented and actions taken by the panel. These bills may directly impact the work of the NCQAC.

XVIII. 4:15 PM Meeting Evaluation

XIX. 4:30 PM Closing

Washington State's Board of Nursing
NCQAC
Nursing Care Quality Assurance Commission

Nursing Care Quality Assurance Commission (NCQAC)
Meeting Minutes
Friday, January 13, 2023
8:30 AM- 5:00 PM

This meeting was held by zoom, if you would like to request a copy of this recording, please visit the DOH Public Records Portal at https://doh.wa.gov/about-us/public-records. This was a virtual meeting. People could attend the meeting if they did not have a computer or phone access at Labor & Industries: 7273 Linderson Wy SW, Tumwater, WA 98501, Room S130.

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 Daniels, GCertHealthSc, BS, LPN Ella B. Guilford, MSN, M.Ed., BSN, RN Judy Loveless-Morris, PhD, Public Member Joan Madayag, LPN Ajay Mendoza, CNM Dawn Morrell, RN, BSN, CCRN Sharon Ness, RN Emerisse Shen, FNP, ARNP Kimberly Tucker PhD, RN, CNE
Excused:	MaiKia Moua, RN, BSN, MPH
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. 8:30 AM Opening – Yvonne Strader, Chair – DISCUSSION/ACTION

II. Call to Order

A. Introductions – Mr**.** Ajay Mendoza, new member
B. Order of the Agenda
C. Land Acknowledgement – Mr**.** Jonathan Alvarado
D. Announcements

III. Consent Agenda – DISCUSSION/ACTION

Consent Agenda items are considered routine and are approved with one single motion.
ACTION: Dr. Tucker moved to approve the consent agenda. Ms. Morrell seconded the motion. The motion passed.

A. Approval of Minutes
1. NCQAC Business Meeting
    a. November 18, 2022
2. Advanced Practice Subcommittee
    a. October 19, 2022
3. Discipline Subcommittee
    a. August 23, 2022
4. Consistent Standards of Practice Subcommittee
    a. October 7, 2022
5. Licensing Subcommittee
    a. No meeting.
6. Research Subcommittee
    a. October 17, 2022
7. Education Subcommittee
    a. November 22, 2022

B. National Council of State Boards of Nursing (NCSBN)
1. Research Agenda
2. Letter from the 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. November 29, 2022

F. Out of State Travel Reports
1. NCSBN Leadership and Public Policy Conference, Jessilyn Dagum, Yvonne Strader - November 2-4, St. Augustine, FL

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 are provided for information.

NCQAC Panel Decisions – DISCUSSION. Continued

A. Nursing Program Approval Panel (NPAP)

1. November 17, 2022
2. December 1, 2022
3. Dec 12, 2022
4. December 15, 2022
5. January 5, 2022

B. Nursing Assistant Program Approval Panel (NAPAP)

1. November 14, 2022
2. December 12, 2022

V. Chair Report – Yvonne Strader – DISCUSSION/ACTION

A. Search Committee

Ms. Strader reported that the search committee was given authority by the NCQAC to conduct the search and refine the candidates to be presented to the NCQAC. The committee independently reviewed 29 applications. Next steps are references and identified top candidates to proceed to the March 9 & 10 meeting. March 9th includes a social event. Ms. Meyer reported the upcoming process to include candidate rankings, presentations, and questioning.

B. Joint Operating Agreement (JOA)

Ms. Strader reported that the team met with DOH leadership to discuss the JOA. The team will schedule Additional meetings to finalize the agreement and bring to the full NCQAC for consideration. NCQAC delegated to the officers the revision and negotiation of the JOA.

C. Recruitment for new NCQAC and pro tem members

Ms. Strader reported the positions open for recruitment for the NCQAC. Ms. Strader applied for reappointment, with an additional public member opening. Ms. Strader encouraged the public to apply online.

D. NCSBN midyear meeting, Seattle, March 28-30, 2023

NCQAC approved Ms. Myrick, Mr. Canary, Ms. Morrell, Ms. Loveless-Morris, and Ms. Daniels to attend with Ms. Meyer and Ms. Strader. Ms. Meyer encouraged additional NCQAC members to send an email if they would like to attend.

E. Nominations Committee

Ms. Strader discussed the nominations committee duties that include officer nominations and nominations for NCSBN and staff awards. Committee members are Sharon Ness, Dawn Morrell, and Joan Madayag with Lori Underwood as the staff member. Position descriptions were available on page 52 of the packet.

F. New Assignments – Ms. Strader appointed Mr. Mendoza to Case Disposition Panel, Education Subcommittee , and a member of the Nursing Program Approval Panel (NPAP-A). Mr. Mendoza is mentored by Dr. Tucker.

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

A. Budget Report – Adam Canary, Chris Archuleta

Mr. Archuleta reported on the budget report. The fiscal outlook showed the combination of higher than projected revenues and underspending the budget. These actions result in a net gain of almost $3M to the reserve balance since the beginning of the biennium. Mr. Archuleta anticipates revenues to continue to exceed projections with the new fee increase implemented on December 1, 2022. Additionally, Mr. Archuleta expects savings with in-directs to continue through the remainder of the biennium. Direct expenditures and service unit will accelerate as more staff are onboarded and as travel is reinstated. . Mr. Archuleta does not anticipate reaching full expenditure by the end of the biennium. As a result, the revenue balance will exceed recommended levels until June 2023. The final HELMS withdrawal, $2.6M, scheduled for the end of June 2023, returns the revenue balance below the recommended reserve once again.

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

B. Strategic Plan Update

LPN Academic Progression – Dr. Gorski reported the research subcommittee is working on next steps for LPN Academic Progression to be reported at the July 2023 meeting. Page 55 of the packet includes additional information.

Communications – Mr. Bell reported the launch of the new website as positive; ongoing improvements and data dashboards continue to be added. The Communications Taskforce completes their work in June. The NCQAC commended the communications taskforce for the website improvements and information. Page 56 of the packet includes additional information.

Nursing Assistant – Dr. Moisio reported thirty-six applicants for the LPN Apprenticeship program by the date of the meeting. Page 58 of the packet includes additional information.

WHPS – Mr. Hulteen reported on the WHPS program. Dr. Furman is currently working on the upcoming conference. Substance Use Disorder Review Panel (SUDRP) went into effect on July 2, with six NCQAC and pro tem members as SUDRP members. The panel performs non disciplinary work and approves graduation from the WHPS program. Page 62 of the packet includes more information.

C. Rules Update – Jessilyn Dagum

Ms. Dagum gave a report on the ongoing rules processes. Page 68 of the packet includes details. NCQAC scheduled a rules hearing on ARNP inactive and expired licenses on January 27 at 12:00pm.

D. Health Enforcement and Licensure Management System (HELMS) Update

Integrated Licensure and Regulatory System (ILRS) approached the end of its lifespan. Ms. Meyer explained there are further delays with implementation of the new database with CarahSoft and MTX due to staffing. Department of Health (DOH) management met in person with CarahSoft and MTX to discuss delays. These continuing issues may delay the final payment. DOH projects October 2023 as the launch date. Mr. Marcus Bailey, the HELMS Project Director, will be leaving the project due to being at the end of his contract. DOH named Ms. Candria Rauser as the interim Project Director. Ms. Meyer thanked Mr. Bailey, Ms. Corrado, Mr. Hoehn and Ms. Bielaski for their work as the liaisons between NCQAC and HELMS.

E. Statement on Simulation in Nursing Education

The summary was presented for consideration to adopt as a position paper for the NCQAC. The position paper may be used in meetings with legislators, educators, and the public.

ACTION: Dr. Tucker moved to adopt the statement on Simulation in Nursing Education. Ms. Ness seconded the motion. The motion passed.

F. Procedure Updates – Chris Archuleta

1. J10.03 Travel Reservation Requests

   Mr. Archuleta presented the procedure for travel reservations.

   ACTION: Ms. Daniels moved adopt the revisions to Procedure J10.03 Travel Reservation Requests. Ms. Ness seconded the motion. The motion passed.
2. H03.04 In and Out of State Travel Approval

   Mr. Archuleta presented the procedure for in and out of state travel approval with an edit.

   ACTION: Mr. Canary moved to a adopt the revisions to Procedure H03.04 In and Out of State Travel Approval. Dr. Tucker seconded the motion. The motion passed.

G. Recruiting New Pro Tem Members

Ms. Meyer discussed recruitment of new pro tem members. The Secretary of Health acts as the appointing authority to appoint pro tem members. The Secretary delegated this authority to the Executive Director. The executive director appoints pro tem members based on need. Out of thirty pro tem members, five pro tem members complete their fourth and final term on June 30, 2023. NCQAC identified a need for a Mental Health Nurse, and Home Health provider.

VII. Sub-committee Report – DISCUSSION/ACTION

A. Advanced Practice – Jonathan Alvarado, Chair

1. No report

VII. Sub-committee Report – DISCUSSION/ACTION Continued

B. Consistent Standards of Practice – Sharon Ness, Chair

1. Nursing Assistant Training Requirements/Deadlines Update

C. Discipline – Adam Canary, Chair

1. No report

D. Licensing – Dawn Morrell, Chair

1. No report

E. Research – Sharon Ness, Chair

1. Student Engagement Report

Ms. Ness presented the Licensing Data and Workforce Data Dashboard.

F. Education – Kimberly Tucker, Chair

1. No report

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

A. Nursing Education

Dr. Babbo reported nursing education updates.

1. Out of state nursing program approval for nurse technician eligibility
   New application was posted to the website.
2. Resources for nurse educators
   Working with Dr. Sharon Fought to develop new resources for nursing educators.
3. Clinical placement updates
   New avenue of clinical placements that may remove barriers and be in partnerships with the consortium.
   Several programs seek expansion in clinical placements.
4. Nursing education Governor's budget
   New funding for nursing education, simulation expansions, etc. was included in the Governor's budget.
5. Preceptorship Grant update/webpage
   The Preceptorship Grant Program launched in October and processed the first cycle of payments. Staff approved 118 applications.
   Ms. Soeum presented the Preceptorship Grant webpage.

B. Nursing Assistant Update:

Dr. Moisio reported nursing assistant updates.

1. Common Curriculum rolling out to all nursing assistant training programs.
2. Testing
   Mass examination plan helped to reduce the backlog of testing. Seventy-three RN evaluators participated in the mass examination at a variety of schools.
3. Rules
   Five of seven interested parties' meetings completed.

IX. Education Session

Diversity, Equity, Inclusion, and Accessibility: American Indian People – Tammy Cooper-Woodrich - DISCUSSION/ACTION

Ms. Cooper-Woodrich is a member of the Nooksack Indian Tribe and Tribal storyteller. She served on the Tribal Council and is a vocational counselor at the North Intertribal Vocational Rehabilitation Program. The presentation will demonstrate the power of storytelling in promoting diversity, equity, inclusion, and accessibility with American Indian people.

X. Public Comment

This time was allowed for members of the public to present comments to the NCQAC. No public comments were made.

XI. Washington Center for Nursing – Sofia Aragon - DISCUSSION/ACTION

Ms. Aragon provided an update on deliverables and actions from the Washington Center for Nursing. Ms Aragon, the executive director of the Center for Nursing, provided research and reports related to nursing, nursing education, supply, and demand.

XII. Prescription Monitoring Program – Carly Bartz-Overman - DISCUSSION/ACTION

Ms. Bartz-Overman provided an update on the Prescription Monitoring Program (PMP). The DOH developed the PMP to identify prescribing patterns and assist prescribers in analyzing patient patterns.

XIII. Disciplinary Timelines – Catherine Woodard, Karl Hoehn - DISCUSSION/ACTION

Mr. Hoehn provided a report on the disciplinary process. The Uniform Disciplinary Act, RCW 18.130, defines the disciplinary process. Washington Administrative Code (WAC) defines the timelines for the phases of the process in WAC 246-14. Ms. Woodard and Mr. Hoehn described the phases and time allowed per phase. Page 101 of the packet includes the presentation.

IX. Legislative Panel – Helen Myrick - DISCUSSION/ACTION

Ms. Myrick and Ms. Meyer provided a report from the legislative panel on the NCQAC decision packages, bills filed and other legislative work.

A. Joint Letter to Sen. Patty Murray on Long Term Care funding

The Governor's office approved the letter requesting attention in the federal budget for long term care workers. The NCQAC, Department of Social and Health Services (DSHS) and Washington Health Care Association (WHCA) sent the letter.

XV. Meeting Evaluation

XVI. 4:00 PM Closing

Nursing Care Quality Assurance Commission (NCQAC)
Rule Hearing Minutes
Friday, January 27, 2023
12:00 – 1:00 PM

Present Commission Members:	Yvonne Strader, RN, BSN, BSPA, MHA, Chair Helen Myrick, Public Member, Vice-Chair Jonathan Alvarado ARNP, CRNA Quiana Daniels, GCertHealthSc, BS, LPN Judy Loveless-Morris, PhD, Public Member Joan Madayag, LPN Dawn Morrell, RN, BSN, CCRN Sharon Ness, RN
Absent Members:	Adam Canary, LPN, Secretary/Treasurer Ella B. Guilford, MSN, M.Ed., BSN, RN Ajay Mendoza, CNM Kimberly Tucker PhD, RN, CNE
Excused Members:	MaiKia Moua, RN, BSN, MPH Emerisse Shen, RN, ARNP
Assistant Attorney General:	Sierra McWilliams, Assistant Attorney General
Staff:	Paula R. Meyer, MSN, RN, FRE, Executive Director Chris Archuleta, Director, Operations Shad Bell, Assistant Director, Operations Mary Sue Gorski, PhD, RN, Director, Advanced Practice, Research and Policy Karl Hoehn, JD, FRE, Assistant Director, Discipline – Legal Jessilyn Dagum, Policy Analyst

I. 12:00 PM – 1:00 PM Rule Hearing: ARNP Inactive and Expired Rules – DISCUSSION/ACTION

The purpose of this hearing was to solicit comments for the proposed rules filed with the Code Reviser's Office on December 20, 2022, and in the Washington State Register as WSR# 23-01-134. The NCQAC proposed amendments to inactive and expired licensure requirements for Advanced Registered Nurse Practitioners (ARNPs) in response to the coronavirus disease 2019 (COVID-19) pandemic and the critical demand for healthcare professionals. The proposed rules move emergency rules to permanent status.

Louise Kaplan – Support

ACTION: Mr. Alvarado moved, with a second from Ms. Myrick, to adopt the proposed amendments to WAC 246-840-365 and 246-840-367, filed in the Washington State Register as WSR# 23-01-134 on December 20, 2022. The motion passed. Rules hearing closed at 12:23 p.m.

II. 12:23 PM Adjournment

Nursing Care Quality Assurance Commission (NCQAC)
Advanced Practice Subcommittee Meeting Minutes
November 16, 2022

Committee Members: Jonathan Alvarado, ARNP, CRNA, Chair
Emerisse Shen, MSN, CNP, FNP, ARNP
Shannon Fitzgerald, MSN, ARNP
Lindsey Frank, CD, OB-RNC, ARNP, CNM
Megan Kilpatrick, MSN, ARNP-CNS, AOCNS
Bianca Reis, DNP, MBA, ARNP, PMHNP-BC
Kimberley A. Veilleux, DNP, RN, ANP-BC

Absent: Laurie Soine, PhD, ARNP
Tatiana Sadak, PhD, ARNP, RN, GSAF, FAAN
Wendy E. Murchie, DNP, CPNP-AC

Staff: Mary Sue Gorski, PhD, RN, Director, Advanced Practice and Research
Lohitvenkatesh Oswal, Research Assistant
Holly Palmer, Administrative Assistant

I. 7:00 PM Opening – Jonathan Alvarado, Chair

Call to order

- Jonathan Alvarado called the meeting to order at 7:02 PM. The Advanced Practice Subcommittee members and support 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
  - Mary Sue Gorski, Emerisse Shen, and Jonathan Alvarado attended the University of Washington's 45th Annual Advanced Practice in Primary Care Conference on October 27 and 28, 2022. Emerisse gave the group a report of her experience.
  - Future subcommittee meetings will be scheduled on Zoom due to log-in issues and challenges with connections being experienced with Teams
- Review of Advanced Practice Draft Minutes: October 19, 2022
  - Reviewed, with consensus to bring to the January 13, 2022, NCQAC business meeting for approval

III. Old Business

- Rules Update – Kim Veilleux presented the initial findings on the background information for ARNP licensure rules; Kim, Mary Sue, and Jonathan provided answers and background for questions and comments from the group
- Review Work Plan – Postponed to December 21, 2022 subcommittee meeting
- Legislative Decision Package – APRN Title Protection – This item will go to the NCQAC business meeting on Friday, November 18th 2022 for the full Commission to approve moving forward.

IV. New Business

- None

V. Ending Items

- Public Comment
  - The public was given the opportunity to comment on the agenda items
- Review of Actions
- Meeting Evaluation – All
- Date of Next Meeting – January 18, 2022
- Adjournment – The meeting adjourned at 8:04 p.m.

Nursing Care Quality Assurance Commission (NCQAC)
Advanced Practice Subcommittee Meeting Minutes
January 18, 2023

Subcommittee Members:	Jonathan Alvarado, ARNP, CRNA, Chair Emerisse Shen, MSN, CNP, FNP, ARNP Megan Kilpatrick, MSN, ARNP-CNS, AOCNS Bianca Reis, DNP, MBA, ARNP, PMHNP-BC Kimberley A. Veilleux, DNP, RN, ANP-BC Laurie Soine, PhD, ARNP Wendy E. Murchie, DNP, CPNP-AC
Absent:	Tatiana Sadak, PhD, ARNP, RN, GSAF, FAAN Shannon Fitzgerald, MSN, ARNP Lindsey Frank, CD, OB-RNC, ARNP, CNM
Staff Present:	Mary Sue Gorski, PhD, RN, Director, Advanced Practice and Research Lohitvenkatesh Oswal, Research Assistant

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

- Jonathan Alvarado called the meeting to order at 7:00 PM. The Advanced Practice Subcommittee members and support 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
  - Mary Sue Gorski discussed hot topic on the Dobbs decision.
  - Jonathan Alvarado discussed hot topic on bill on Anesthesia Assistants.
- Review of Advanced Practice Draft Minutes: November 16, 2022
  - Reviewed, with consensus to bring to the March 10, 2023, NCQAC business meeting for approval.

III. Old Business

- Review Work Plan – Mary Sue reviewed work plan.
- Legislative Decision Package – APRN Title Protection
  - Mary Sue gave an update on the APRN Title Protection legislative decision package.

IV. New Business

- None

V. Ending Items

- Public Comment
  - The public was given the opportunity to comment on the agenda items.
- Review of Actions
- Meeting Evaluation – All
- Date of Next Meeting – February 15, 2023

- Adjournment – The meeting adjourned at 7:23 PM.

Nursing Care Quality Assurance Commission (NCQAC)
Discipline Subcommittee Minutes
November 15, 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: 509 099 761#

Committee Members:
Adam Canary, LPN, Chair *listen-only mode while traveling*
Sharon Ness, RN
Tiffany Randich, RN *delegated to run the meeting*
Tracy Rude, LPN ad hoc
Dawn Morrell, RN, BSN, CCRN *called the meeting to order; delegated to Tiffany*
Quiana Childress, GCertHealthSc, BS, LPN
Judy Loveless-Morris, PhD, public member

Staff:
Catherine Woodard, Director, Discipline and WHPS
Karl Hoehn, Assistant Director, Discipline - Legal
Grant Hulteen, Assistant Director, Discipline – Investigations and WHPS
John Furman, PhD, MSN, COHN-S, WHPS Liaison
Teresa Corrado, LPN, Assistant Director, Discipline – Case Management/HELMS
Renae Powell, Case Manager
Barb Elsner, HSC
Margaret Holm, JD, RN ad hoc
Rashelle Beal, Investigations
Dennis, NA program

Nancy Lawton, ARNP United
Gina Alhawat. Interested on WHPS content
Third person ?

I. 3:30 pm opening – Adam

- Call to order – digital recording announcement
- Roll call

II. August 23, 2022 Minutes– Adam

- In draft format until the commission approves at the January 2023 business meeting.
- Approved to move to the January 2023 commission meeting.

III. Performance measures – August, September, October 2022 - Grant, Karl

- Investigations
- Grant provided highlights. Cases opened slightly decreasing right now. Down to just over 400 cases. Down two investigators. Tracy asking about changes to investigative group, is that where we see things moving slower? How about RCM review? Within timelines? CCW – somewhat. Some are behind.
- Legal
- Karl provided highlights. Caseload is up because investigations has completed many. Really good about getting legal reviews to RCMs. Are falling flat with getting to drafting the documents. This is somewhat attributed to a change in staff among paralegals and the legal assistant. Training, getting up to speed. Dawn commented on the amazing, thorough work products from Legal. Karl: good system where staff attorneys and RCMs touch base before CDP. Good relationships; works very well for us. Also going through a book of business concerning fraudulent nursing schools that we have not faced before. Credentials denied and some issued in error. It is moving more quickly now.
- WHPS
- Grant provided highlights. Total participants have declined a little. Not getting the referrals we normally do; not as many diversion complaints coming in. Pointed out graduations. Monitoring in-state employed in nursing. We are meeting our target for percentage of employed nurses. Ran through the significant non-compliance events. Work continuing on alternate testing, Proof. Genotox test uses urine. Getting results that we have not tested for in the past. It is successful for the nurses using it – about 25% active participants. Several graduations each month.
- SUDRP – new chart shows stats since the program started in July. Summer was a little slow, but September saw 23 referrals. A few graduations appeared and received commission congratulations. Dawn really appreciates the charts and says they're helpful. She also said it's been a good program so far, especially to speak with the graduates and learn from their experiences. Tracy: comments for the benefit of the public on the call. Says case managers are amazing. Commission values their experiences.

IV. WHPS Updates – Grant, John

- Recovery Trek contract
- Grant explained that we had a five-year contract that expired in December 2022, but we have extended for one year. Also, Dr Beck rescinded his retirement date until 2023.
- WHPS 'Toolkit' and BONcast
- John pointed out that the WHPS update to the new website is in a toolbox format that highlights robust resources for people to access. He also participated in a WHPS BONcast. He is also participating in a quarterly blog with links attached. Is very active on social media through DOH.

V. ER Program – Margaret

- Updates to the ER program. Two years' worth of data. Margaret went through the PowerPoint and explained the slides. She pointed out that the case natures are not precise as the information changes during the investigation. Patient care and medication errors are the highest percentages.
- Tracy remembered Mary Dale's charts from ten years ago. Can do a deeper dive to be more accurate. Catherine mentioned the new data analyst and research analyst in Operations that will be able to help us.
- Dawn shares the concern about nurses not responding to the ER program. It is to the nurse's advantage to participate; after the second notice, they are referred back to CMT for a full investigation.
- Margaret and Dawn recognize it's helpful for Margaret to sit on CMT to identify cases that are ER-eligible.

VI. Literature Review – Catherine, John

The Nurse Leader's Role in Nurse Substance Use, Mental Health, and Suicide in a Peripandemic World, Amanda Cholfet, DNP, RN, NEA-BC, et.al.

- John spoke to this article. This issue is to learn more about suicide among nurses and its impact on the profession. Nurse suicide rates are similar to physician rates, with more nurses based on the greater number of the nurses in practice.
- Recommendations should be made for nurses with mental health issues as early as nursing school.
- Many more stressors since COVID.
- Scant evidence of SUD and nurse suicide. The relationship may not be there because SUD is underreported in the profession.
- Suicide by firearm has increased. Death by SUD may be unintentional.
- Burnout contributes, as well as other mental health reports. No numbers there about nurses seeking proactive mental health care. Must support nurses' well-being and health. Lower-level interventions such as yoga, peer support, etc. may be helpful.
- A health care organization in California has implemented a wellness program that is showing promise.
- Institutional stressors are significantly impacting health care workforce and patient care. We are starting to think about proactive measures we can take to support wellness.
- Dawn: at her workplace, hearing lots of conversation, but doesn't see it in action yet. John: Chief Wellness Officers being appointed in many large systems. The Joint Commission requires it of physician's programs, but it's not yet required for nurses.
- Margaret in Practice has developed a wellness presentation and is available to deliver it. Available for outreach and messaging. Maybe a BONcast.
- Sharon likes the idea for a BONcast for wellness. Is intimidating for nurses to discuss wellness issues in the workplace. Likes the idea of putting out a lot of information to guide nurses to resources.
- Quiana agrees with Sharon on the BONcast as a way to reach out to nurses.
- Tracy: since John is out in the nursing community, is wondering if there is an increase with nurses using EAP? Or are nurses afraid to access this? John gets the idea that employers are paying a little more attention to mental health issues, and lines of communication are opening up a little. John hopes nurses reach out to EAP or others as early as possible if they are struggling.

- Margaret: might want to consider a spotlight on wellness more up front (like by Licensing) than buried deeper in the website. Margaret is interested in bringing this to Communications team. Dawn says that's great idea.
- John said lateral violence and bullying is still a big deal.

VII. Highlights from NCSBN Annual Meeting – Adam, Dawn, Tracy, Grant

- Set over from August 2022 meeting.
- Was also discussed at the commission meeting in September; nothing new.

VIII. Work plan and strategic plan review – Adam, Catherine, John

- SUDRP is functioning very well, as expected.
- John is very busy with outreach. The toolkit is posted on the website.

IX. Public comment – Adam

- Limited to two minutes per speaker

X. 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.
- Cancel December 20 meeting? - Adam/Tiffany
- All agreed
- Change in NCSBN staff - Catherine
- Discipline BONcast – Adam/Catherine

XI. Adjourn 1655.

Nursing Care Quality Assurance Commission (NCQAC)
Consistent Standards of Practice Subcommittee Minutes
December 2, 2022 12:00 p.m. to 1:00 p.m.

Subcommittee Members Present:	Sharon Ness, RN, Commission Member, Chair Helen Myrick, Public Commission Member Ella Guilford, MSN, Med, BSN, RN, Commission Member Robin Fleming, PhD, MN, BSN, BA, RN, Pro Tem Jamie Shirley, PhD, RN, Pro Tem
Subcommittee Members Absent:	Tiffany Randich, RN, LPN, 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 Victoria Hayward, Public Health Nursing Consultant

I. 12:00 p.m. Opening – Sharon Ness, Chair
- a. The meeting was called to order at 12:00 p.m.
- b. Ms. Ness introduced the Subcommittee members.
- c. Shana Johnny introduced the Nursing Care Quality Assurance Commission (NCQAC) staff members in attendance.
- d. Ms. Ness read the public disclosure statement.

II. Announcements/Hot Topic/NCQAC Business Meeting Updates
- a. The Subcommittee presented a motion at the November 18, 2022, NCQAC business meeting to create a Licensed Practical Nurse (LPN) Scope of Practice in Performing Endoscopy Procedures Advisory Opinion; The Commission passed the motion.
- b. Nursing Licensing Fees increased as of December 1, 2022
- c. Recruiting for a new Executive Director is ongoing. Interviews are being held, the Commission will introduce the final three candidates to the full Commission at the March NCQAC business meeting.
- d. Consensus reached to send the October 7, 2022, draft meeting minutes to the January 13, 2023, NCQAC Business Meeting.
- e. Ms. Johnny reviewed the subcommittee work plan.

III. Old Business
- a. Ms. Carlson updated members on the Vent/Vent-Trach Models of Care for Pediatric Patients Consortium. There is continued discussion around providing parents the training required to be a Nursing Assistant (NA) and allowing payment through the state for those parents to care for their children in their homes. This proposal will require a legislative process. Due to the complexity, the Consortiums proposed that legislation be submitted to start a feasibility study, and the Commission may be involved in that; if that occurs, Paula Meyer, Executive Director, has suggested that

Margaret Holm participate in the work related to that study. This item is on the agenda of the December 7, 2022, Legislative Panel.

b. Ms. Johnny updated on the Licensed Practical Nurse (LPN) Scope of Practice in Performing Endoscopy Procedures Advisory Opinion; the Commission passed a motion to create the advisory opinion at the November 18, 2022, Business meeting; Ms. Carlson is beginning draft documents and has reached out to providers who work in this practice area to provide additional content.
c. Ms. Johnny provided an update on HB 5183, Forensic Nurse Training; a rules package (CR-103) has been filed and will be effective December 24, 2022. All regulatory boards must adopt or adapt the model rules that DOH created; interested parties' meetings have been held; implementation timelines were discussed; as well as effective ways to increase involvement and input; in early 2023, workshops will begin on a regional basis; these rules will not take effect until 2024.

IV. New Business

a. Ms. Carlson updated members on the Washington State Department of Social and Health Services (DSHS) training for Nursing Assistant Delegation – Expiration of COVID-19 Waiver; The waiver has expired, but there are questions related to the requirements for training for Nursing Assistants (NAs); Ms. Carlson will draft a statement for the full Commission to consider at the January 2023 business meeting.
b. The Commission is getting increased complaints from the public related to cosmetic/dermatological procedures offered by providers working out of "mobile clinics" that provide services in an in-home atmosphere; this issue will be brought to the subcommittee in February 2023 for further discussion related to potentially updating the existing Advisory Opinion.
c. Ms. Carlson provided an update on the Health Environment for All (HEAL) Act; there are discussions around how nursing is related to environmental health in the broader picture; more information will be forthcoming.
d. Ms. Johnny updated the members on the Chest Tube Devices Frequently Asked Questions Revision/Clarification – LPN Role Request; This request has been sent back to the original requester to provide the subcommittee with additional information.
    i. Ms. Carlson provided an update on Delegation; the legal unit has suggested minor changes to the Advisory Opinion for Nursing Delegation to Nursing Assistants and Home Care Aids, as well as to the Delegation of Enteral Feedings Advisory Opinion; these will be updated and presented to the subcommittee at the February 2023 meeting.

V. Public Comment

a. Members of the public were given the opportunity to provide comments to the Subcommittee
    - Debra Strom- recommends caution with AO LPN SOP on monitoring sedation for an endoscopy procedure. She is requesting the Commission review the American College of Anesthesiology & American College of Gastroenterology definitions on levels of sedation. These definitions have yet to match in the past. Ms. Strom indicates that there is a slippery slope with what GI clinicians call light sedation. Misapplication of an AO by a healthcare organization could occur if applied to an at-risk population or different settings. One should be clear on the practice setting, patient population and risk factors involved. The medical clinics see the College

of Anesthesiology as experts in this area because they rescue patients from unattended consequences.

VI. Ending Items

a. Review of Actions
b. Meeting Evaluation – None
c. Date of Next Meeting – February 3, 2023
d. Meeting Adjourned at 1:07 p.m.

Nursing Care Quality Assurance Commission (NCQAC)
Licensing Subcommittee Minutes
October 18, 2022 1: 00 pm to 2: 00 pm

Committee Members: Dawn Morrell, BSN, CCRN, RN, Chair
Adam Canary, LPN
Helen Myrick, Public Member
MaiKia Moua, RN, BSN, MPH

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 **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.

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

- **Roll Call**
- **Call to Order** - Commissioner Dawn Morrell, Commissioner Helen Myrick, Commissioner Yvonne Strader, Ms. Amber Zawislak-Bielaski, Dr. Shana Johnny, Mr. Karl Hoehn, Ms. Lori Underwood, Ms. Mary Sue Gorski, Mr. Gary Mahon

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 August 9, 2022** - Commissioner Strader moved with a second from Commissioner Myrick to approve the minutes for August 9, 2022.

III. Old Business

- **Florida School Issues and Current Actions** – Ms. Zawislak-Bielaski and Ms. Underwood advised that there were no new updates to add.

- **Temporary Practice Permit Rules** – No updates

IV. New Business

- **Governor's Weekly Report** – Ms. Underwood reviewed the weekly report to the Governor's office and advised that we were currently issuing Temporary Practice Permits at six days. She mentioned as a comparison that in January to September of 2021 we had received a total of 18,376 new applications; from January to September of 2022 we have received a total of 25,136 new

applications. She noted that this was a 37% increase and to address this, we have been shifting our resources in staff to accommodate this increase.

- **End of Emergency Impacts** – Ms. Zawislak-Bielaski explained that Ms. Dagum had created a resourceful document explaining the impacts of the end of the Emergency declaration. These handouts were sent out to the public and to different healthcare facilities. This helped to make everyone aware of all the different impacts of the emergency and what it means for their profession. She also added that these handouts were sent to the schools as well. Ms. Zawislak-Bielaski reviewed the "End of COVID-19 Emergency Orders and State of Emergency" document with the subcommittee. Commissioner Myrick and Commissioner Morrell commented on how well this document was created and presented.

- **Licensing Staffing Prediction Model** - Presentation by Gary Mahon – Ms. Zawislak-Bielaski introduced Mr. Mahon as he presented the prediction model to the subcommittee. Mr. Mahon has been working with Ms. Zawislak-Bielaski and Mr. Archuleta for the past few months reviewing data and helping us to look at our numbers and determine if there was a way for us to predict our busy season so we can create a correct, proactive staffing model. Ms. Zawislak-Bielaski shared the spreadsheet while Mr. Mahon explained the document.

  Mr. Mahon walked the subcommittee through his presentation. He explained the different charts as it related to workloads. He explained that these charts reflected the last two years of historical data, it displayed seasonal trends, and separated the exam applications and the endorsement applications. He explained that according to the data, the endorsement's reflected a big spike in February, March, and April. With the exam applications, the spikes were in April, May, and June. Additionally, nurse techs reflected a spike in April; in May it tapered off into June. Mr. Mahon continued to explain the different charts and its focus and the importance of getting this data into chart form to help us understand what is going on. He shared that they are waiting on reports from IT department to help provide additional information for these charts. Mr. Mahon further explained that productivity is the rate at which applications are processed, and we've defined it as the number of applications per FTE per month; we're measuring the efficiency or the throughput. He continued to explain that productivity becomes the bridge between the workload, which is the application volume and the workforce, which is the staffing requirements. Mr. Mahon demonstrated how the changes in the productivity predictions impact the staffing requirements. He concluded his presentation by explaining the importance of using this tool in determining staffing requirements into the future.

  Commissioner Morrell complimented Mr. Mahon on his presentation and asked if there were any questions. She agreed that this tool will be most helpful in predicting staffing needs. Ms. Gorski commented on this presentation and shared her appreciation for the value of this model. She added that some things we may want to consider would perhaps be on the renewal process as it would affect these peaks. Commissioner Strader commented on how this is similar to staffing for the flu season or OB dips; having a prediction tool will helps so you can plan ahead.

- **ESB 5229 Update - Health Equity Education Requirement** – Dr. Shana Johnny provided a summary. She shared that last month the Nursing Commission had a motion to open the rules for ESSB 5229. Since then, there was a meeting with the Department of Health policy leads which worked with stakeholders and interested parties to develop the model rules around Health equity education. Dr. Johnny explained that they would be meeting with a Community Board next week.
- **SB 5183 Update** - (SANE) Forensic Nurse Examiner Training Strategies Development – Dr. Shana Johnny provided an update. She explained that it's an understanding that there is an interest in reducing the cost of training and increasing access to this training. There is a twenty-seven-page report addressing this training that was developed for legislature; it is in draft form. Dr. Johnny explained that she took the report and summarized the main points and included it in the packet. She reviewed the key findings of the report and explained that it will be presented to the Commission in the November meeting.

V. Ending Items

- **Public Comment** – No public comments

- **Review of Actions** – Commissioner Morrell inquired if the subcommittee still wanted to hold a December meeting. She inquired if they needed to add anything to the January Commission meeting. Commissioner Myrick and Commissioner Strader suggested to keep it scheduled for December, and if there is not any pressing issues, perhaps it could be cancelled. Commissioner Morrell agreed.

- **Meeting Evaluation**

- **Date of Next Meeting** - December 20, 2022

- **Adjournment** – 1:56 PM

Nursing Care Quality Assurance Commission (NCQAC)
Research Subcommittee Meeting Minutes
December 19, 2022 5:00 p.m. to 6:00 p.m.

Subcommittee Members:	Sharon Ness, RN, Chair Mary Baroni, PhD, RN Yvonne Strader, RN, BSN, BSPA, MHA Jamie Shirley, PhD, RN Judy Loveless-Morris, PhD
Absent:	Katie Haerling, PhD, RN, CHSE
Staff Present:	Mary Sue Gorski, PhD, RN, Director of Advanced Practice and Research Shad Bell, Assistant Director of Operations John Furman, PhD, MSN, CIC, COHN-S, Washington Health Professional Services (WHPS) Liaison/Research Lohitvenkatesh Oswal, Research Assistant Emma Cozart, Data Consultant

I. 5:00 PM Opening

- Introduction, Public Disclosure Statement, Roll Call
  - Sharon Ness called the meeting to order at 5:00 p.m. 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
  - Staff Introductions – Mary Sue introduced Emma Cozart, Data Consultant, and Lohitvenkatesh Oswal, Research Assistant.
  - Sharon and Yvonne gave an update on the hiring of a new Executive Director of the Nursing Commission. Paula Meyer retires in June 2023. The committee is currently conducting interviews with the goal of selecting final candidates, who will attend the March 2023 NCQAC Business Meeting.
- Review of Draft Minutes: October 17, 2022
  - Mary Baroni noted a few editorial changes to the minutes.
  - Reviewed, with consensus to bring to the November 18, 2022, NCQAC Business Meeting for approval with edits corrections.
- Review Work Plan - Mary Sue updated work plan.
  - Recommendation that LPN academic progression be added to the work plan

III. Old Business

- Student Engagement Report

IV. New Business

- Data Dashboard
  - Emma Cozart answered questions on the data dashboard and received feedback.
- Discuss date of next two meetings
  - The next two scheduled meeting times, January 16, 2023 (MLK Day) and February 20, 2023 (President's Day) are holidays. Discussed, with consensus to reschedule meeting dates to January 17, 2023 and February 21, 2023.

V. Ending Items

- Public Comment – None
- Review of Actions – None
- Meeting Evaluation - None
- Date of Next Meeting – January 17, 2023
- Adjournment – Meeting adjourned at 5:55 p.m.

Nursing Care Quality Assurance Commission (NCQAC)
Research Subcommittee Meeting Minutes
January 17, 2023 5:00 p.m. to 6:00 p.m.

Subcommittee Members:	Sharon Ness, RN, Chair Mary Baroni, PhD, RN Yvonne Strader, RN, BSN, BSPA, MHA Jamie Shirley, PhD, RN Judy Loveless-Morris, PhD Katie Haerling, PhD, RN, CHSE
Staff Present:	Mary Sue Gorski, PhD, RN, Director of Advanced Practice and Research Shad Bell, Assistant Director of Operations John Furman, PhD, MSN, CIC, COHN-S, Washington Health Professional Services (WHPS) Liaison/Research Deborah Carlson, MSN, BSEd, PMC, CPM, RN, Director of Nursing Practice Lohitvenkatesh Oswal, Research Assistant Emma Cozart, Data Consultant

I. 5:00 PM Opening

- Introduction, Public Disclosure Statement, Roll Call
  - Sharon Ness called the meeting to order at 5:00 p.m. 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 Gorski gave an update on the Health Professions Data Collection Draft Bill.
- Review of Draft Minutes: December 19, 2022
  - Reviewed, with consensus to bring to the March 10, 2023, NCQAC Business Meeting for approval.
- Review Work Plan - Mary Sue updated work plan.
  - LPN academic progression added to the work plan.

III. Old Business

- Katie Haerling Research Presentation – Part Two

IV. New Business

- LPN Academic Progression

V. Ending Items

- Public Comment – None
- Review of Actions

- Meeting Evaluation – All
- Date of Next Meeting – February 21, 2023
- Adjournment – Meeting adjourned at 6:00 p.m.

Nursing Care Quality Assurance Commission (NCQAC)
Education Subcommittee Agenda
February 14, 2023 3:00 to 4:00pm

Join the Meeting
from your computer, tablet or smartphone

Join Zoom Meeting
https://us02web.zoom.us/j/82471254531

Meeting ID 824 7125 4531
Call-In Number +12532158782, 82471254531#

Committee Members:	Kim Tucker PhD, RN, CNE, Chair Laurie Soine PhD, ARNP Pro tem 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 Member
Staff:	Gerianne Babbo, EdD, MN, RN, Director of Nursing Education Sarah Bear, EdD, MSN, RN, Nursing Education Consultant Marlin Galiano, MN, RN, Nursing Education Consultant Margaret Holm, JD, RN Nursing Education Consultant Practice Sara Kirschenman, NCQAC Attorney Sierra McWilliams, NCQAC, Assistant Attorney General Kathy Moisio, PhD, RN, Director of Nursing Assistant Education Amy Murray, MSN, RN, Nursing Education Consultant Seana Reichold, NCQAC, Attorney Judy Soeum, BA, Administrative Assistant Dennis Gunnarson, Administrative Assistant Tim Talkington, NCQAC Attorney

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 February 13th, 2023.

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

13, 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 March 10th, 2023, 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.

3:00 PM Opening – Kim Tucker Chair Call to order

- Introduction
- Public Disclosure Statement
- Roll Call

Standing Agenda Items

- Announcements/Hot Topics
    1. None
- Minutes
    1. Nov. 22, 2022

Old Business

- None

New Business

1. Timeline considerations for NAs who pass the state exam but delay certification.

Dr. Kathy Moisio shared background/overview information applicable to both topics on the agenda. This included information about: (1) the nursing assistant (NA) exam in Washington; (2) important statutes related to nursing assistant training and testing; and (3) important statutes related to the Commission's role with NA training, testing, and regulating for competency and quality in NA practice.

Amy Murray then began her presentation on the first topic. Ms. Murray stated that Credentialing staff from the Department of Health discussed that some nursing assistants who complete training and pass the state certification exam do not apply for certification right away. She stated that, currently, there are no state regulations addressing gaps of time between testing and certification, which are significant in some cases (5-10 years, for example). Also, Ms. Murray stated that other inconsistencies have been identified regarding regulatory timelines for nursing assistants.

Ms. Murray presented a few realistic, fictional case studies to demonstrate the need for clearer, more consistent timeline standards. The goal would be to support safe

NA practice without creating unnecessary barriers for entry and re-entry into the profession. Ms. Murray stated this complex topic may be best addressed using the Commission's Strategic Planning Process.

Discussion began with Dr. Julie Benson, who supports moving forward as a recommendation to move into the Strategic Planning Process, to be acted upon the next Commission business meeting.

2. Language considerations for the nursing assistant (NA) written (or oral) exam.

After being introduced, Marlin Galiano presented considerations relating to a written concern from the public, which advocated for the availability of the written NA exam in more languages, or the availability of translators. Ms. Galiano presented WAC 246-841-400(7)(a) which includes communication and interpersonal skills as an NA competency--including the ability to read, write, speak, and understand English at the level necessary for performing duties of a NA. She indicated the rationale for this WAC is safety in practice and provided specific examples of NA competencies that require use of language skills. Ms. Galiano stated it is clear that language skills are central to the role of NAs and that some English language learners report the state certification exam is a challenge to them and then posed the following questions:

- What can be done to better support students with the language skills needed for their important role as NAs and beyond into nursing—not only for exam—but throughout their education, for the exam, and—most importantly—for practice?

- What are the maximally effective policies, programs, and approaches we can adopt for smooth entry into nursing by English language learners?

Ms. Galiano gave examples of some important work in Washington to support English language learners (i.e., the I-Best or Integrated Basic Education Skills and Training programs in Washington), but stated there is room to do much more. She concluded by stating this work is multi-faceted, requires focused exploration, and may be best explored through the Commission's Strategic Planning process.

Discussion started with a question to explore: Are there are federal regulations related to language considerations for competency? Then Dr. Renee Hoeksel agreed that the topic is important and needs exploration to identify resources that can be helpful with education, the exam, and practice. Helen Myrick commented that this is a wonderful opportunity to diversify all levels of nursing. Sandra Graham suggested that we consider potential rubrics for evaluating language competency.

Dr. Julie Benson recommended both of the day's topics for consideration by the Commission as additions to the strategic plan for NAs. Tracy Rude, Dr. Laurie Soine, Dr. Renee Hoeksel, and Dr. Kim Tucker agree on this recommendation.

Ending Items

- Public Comments

Comment was made regarding language considerations for NAs. It was mentioned that

first-generation students at the high school level struggle with success due to language and that teaching materials are not available in many other languages, but translating materials at a meaningful level is a challenge.

- Date of Next Meeting – March 28, 2023
- Adjournment 3:50pm

INVESTIGATIVE PERFORMANCE MEASURES	Dec-21	Dec-22	% of Change		Nov-22	Dec-22	% of Change
Cases Reviewed at CMT	**176**	**188**	**7%**		**187**	**188**	**1%**
Cases Opened to Investigation	**72**	**77**	**7%**		**62**	**77**	**24%**
Open Cases in Investigation Queue	**669**	**431**	**-36%**		**417**	**431**	**3%**
Average Caseload per Investigator	**56**	**48**	**-14%**		**46**	**48**	**3%**
Total Investigations Completed	**38**	**77**	**103%**		**67**	**77**	**15%**
Percentage of Cases Completed w/in Time Lines Target 77% PM 2.2	**68%**	**64%**	**-4%**		**58%**	**64%**	**6.0%**
Percentage of Investigations Opened Beyond 170 days Target 23% PM 2.4	**71%**	**52%**	**-19.0%**		**54%**	**52%**	**-2.0%**
Investigations Completed per Investigator *PM 3.1*	**3.4**	**8.6**	**153%**		**6.9**	**8.6**	**25%**
Task Back Assigned	**3**	**12**	**300%**		**8**	**12**	**50%**
# of COVID Cases Reviewed/Opened at CMT	**17/3**	**3/0**			**6/1**	**3/0**	

INVESTIGATIVE PERFORMANCE MEASURES	Jan-22	Jan-23	% of Change		Dec-22	Jan-23	% of Change
Cases Reviewed at CMT	**142**	**213**	**50%**		**188**	**213**	**13%**
Cases Opened to Investigation	**63**	**66**	**5%**		**77**	**66**	**-14%**
Open Cases in Investigation Queue	**488**	**424**	**-13%**		**431**	**424**	**-2%**
Average Caseload per Investigator	**41**	**47**	**15%**		**48**	**47**	**-2%**
Total Investigations Completed	**83**	**78**	**-6%**		**77**	**78**	**1%**
Percentage of Cases Completed w/in Time Lines Target 77% PM 2.2	**67%**	**64%**	**-3%**		**64%**	**64%**	**0%**
Percentage of Investigations Opened Beyond 170 days Target 23% PM 2.4	**61%**	**52%**	**-9%**		**52%**	**73%**	**21%**
Investigations Completed per Investigator *PM 3.1*	**7.0**	**8.7**	**24%**		**8.6**	**8.7**	**1%**
Task Back Assigned	**8**	**3**	**-63%**		**12**	**3**	**-75%**
COVID Cases Reviewed/Opened at CMT	**24/0**	**2/0**			**3/0**	**2/0**	

Nursing Care Quality Assurance Commission
Legal Unit Performance Measures
FY 2023 (Q2)
Karl Hoehn, Legal Manager

Type of Measure	Month	Baseline	Oct	Nov	Dec	Q Avg.
Caseload/ Case volume	Average Caseload per Attorney	**45.92**	62	67	64	**64.33**
	Cases Assigned to Legal	**41.33**	60	79	36	**58.33**
	TOTAL Finalized Cases	**56.33**	33	30	65	**42.67**
Performance	Average of Finalized Cases per Attorney (Target 10 per month)	**14.08**	4.70	4.30	9.30	**6.10**
	Percentage of Legal Reviews Sent to RCM in 30 Days or less (Target 77%)	**78.33%**	54%	93%	66%	**71%**
	Document drafting time: Percentage of Drafts to AAG or SOA Served in 30 Days or less (Target 77%)	**86.67%**	0%	25%	0%	**8%**
Work Type/Complexity	Percentage of Cases involving an ARNP	**6.00%**	13%	12%	12%	**12%**
	Number of Cases forwarded to AAG	**10.67**	8	5	7	**6.67**
	Finalized with Legal Review only	**21.00**	14	21	43	**26.00**
	Finalized by Default or Final Order After Hearing	**12.00**	7	2	12	**7.00**
	Finalized by STID, AO or APUC (Settlements)	**19.00**	6	2	7	**5.00**
	Other (releases, reinstatements)	**4.33**	6	5	3	**4.67**

Nursing Care Quality Assurance Commission
Legal Unit Performance Measures
FY 2023 (Q3)
Karl Hoehn, Legal Manager

Type of Measure	Month	Baseline	Jan	Feb	March	Q Avg.
Caseload/ Case volume	Average Caseload per Attorney	**45.92**	65			**64.60**
	Cases Assigned to Legal	**41.33**	65			**65.00**
	TOTAL Finalized Cases	**56.33**	54			**54.00**
Performance	Average of Finalized Cases per Attorney (Target 10 per month)	**14.08**	8			**7.70**
	Percentage of Legal Reviews Sent to RCM in 30 Days or less (Target 77%)	**78.33%**	65%			**65%**
	Document drafting time: Percentage of Drafts to AAG or SOA Served in 30 Days or less (Target 77%)	**86.67%**	8%			**8%**
Work Type/Complexity	Percentage of Cases involving an ARNP	**6.00%**	11%			**11%**
	Number of Cases forwarded to AAG	**10.67**	10			**10.00**
	Finalized with Legal Review only	**21.00**	30			**30.00**
	Finalized by Default or Final Order After Hearing	**12.00**	4			**4.00**
	Finalized by STID, AO or APUC (Settlements)	**19.00**	8			**8.00**
	Other (releases, reinstatements)	**4.33**	12			**12.00**

WHPS Monthly Report - December 2022

Stage

	New Intake		Current Monitoring	
License Type	2021	2022	2021	2022
ARNP		1		19
RN/LPN		10		219
NT				
Total	0	11	0	238

Referral Type - Monitoring (In-State)

	APUC		Order		Pending		RC		STID		Voluntary	
License Type	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022
ARNP		2		1				8				5
RN/LPN		9		53		6		85		24		24
NT												
Total	0	11	0	54	0	6	0	93	0	24	0	29
Total Monitoring	0	217										

Referral Type - Monitoring (Out-of-State)

	APUC		Order		Pending		RC		STID		Voluntary	
License Type	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022
ARNP		1						2				1
RN/LPN				5				8		4		
NT												
Total	0	1	0	5	0	0	0	10	0	4	0	1
Total Monitoring	0	21										

Discharge Type

	Not Appropriate		Offered/ Refused		Referred Back to NCQAC		Pending Discipline		Voluntary Withdrawal		Successful Completion		Deceased		Medically Discharged	
License Type	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022
ARNP																
RN/LPN				2								6				
NT																
Total	0	0	0	2	0	0	0	0	0	0	0	6	0	0	0	0
Total Discharge	0	8														

Performance Measures

		2021	2022
Case Manager Caseload (Intake & Monitoring)	Melissa Fraser		50
	Heidi Collins		46
	Lori Linenberger		47
	Shelley Mezek		57
	Alicia Payne		55
Average from Inquiry to Intake - Target 7 Days			5
Average from Intake to Monitoring - Target 45 Days			50

Employment Measures (In-State)

	2021		2022	
License Type	Employed	Unemployed	Employed	Unemployed
ARNP			13	3
RN/LPN			159	42
NT				
Total	0	0	172	45
Percentage - Target 72%	#DIV/0!	#DIV/0!	79%	21%
Grand Total	0		217	

WHPS Monthly Report - January 2023

Stage

	New Intake		Current Monitoring	
License Type	2022	2023	2022	2023
ARNP		1	19	18
RN/LPN	9	5	257	213
NT				
Total	9	6	276	231

Referral Type - Monitoring (In-State)

	APUC		Order		Pending		RC		STID		Voluntary	
License Type	2022	2023	2022	2023	2022	2023	2022	2023	2022	2023	2022	2023
ARNP	2	2	1	2	1		7	7			5	4
RN/LPN	10	9	51	52	23	5	95	81	27	25	28	23
NT												
Total	12	11	52	54	24	5	102	88	27	25	33	27
Total Monitoring	250	210										

Referral Type - Monitoring (Out-of-State)

	APUC		Order		Pending		RC		STID		Voluntary	
License Type	2022	2023	2022	2023	2022	2023	2022	2023	2022	2023	2022	2023
ARNP	1				1		1	2			1	1
RN/LPN		1	6	5	1		8	8	7	4		
NT												
Total	1	1	6	5	2	0	9	10	7	4	1	1
Total Monitoring	26	21										

Discharge Type

	Not Appropriate		Offered/ Refused		Referred Back to NCQAC		Pending Discipline		Voluntary Withdrawal		Successful Completion		Deceased		Medically Discharged	
License Type	2022	2023	2022	2023	2022	2023	2022	2023	2022	2023	2022	2023	2022	2023	2022	2023
ARNP		1										2				
RN/LPN		2	5	3		1			1	2	6	5				
NT																
Total	0	3	5	3	0	1	0	0	1	2	6	7	0	0	0	0
Total Discharge	12	16														

Performance Measures

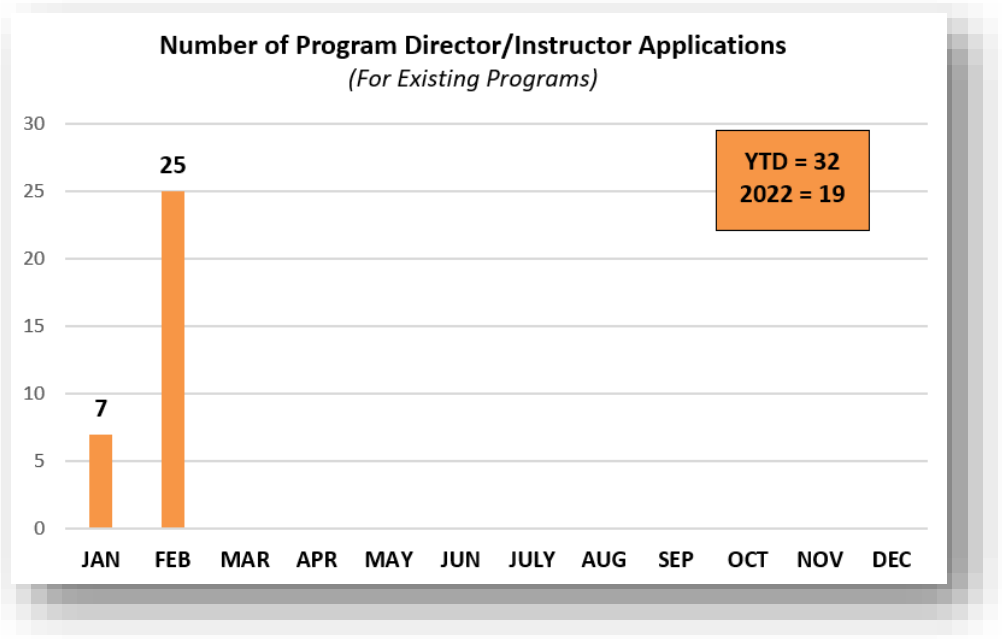
		2022	2023
Case Manager Caseload (Intake & Monitoring)	Melissa Fraser	64	47
	Heidi Collins	60	43
	Lori Linenberger	64	42
	Shelley Mezek	46	50
	Alicia Payne	46	49
Average from Inquiry to Intake - Target 7 Days		4	1
Average from Intake to Monitoring - Target 45 Days		23	38

Employment Measures (In-State)

	2022		2023	
License Type	Employed	Unemployed	Employed	Unemployed
ARNP	11	5	12	3
RN/LPN	176	58	156	42
NT				
Total	187	63	168	45
Percentage - Target 72%	75%	25%	79%	21%
Grand Total	250		213	

Data and Performance Measures Related to Nursing Assistant Training Programs

Descriptive Data:



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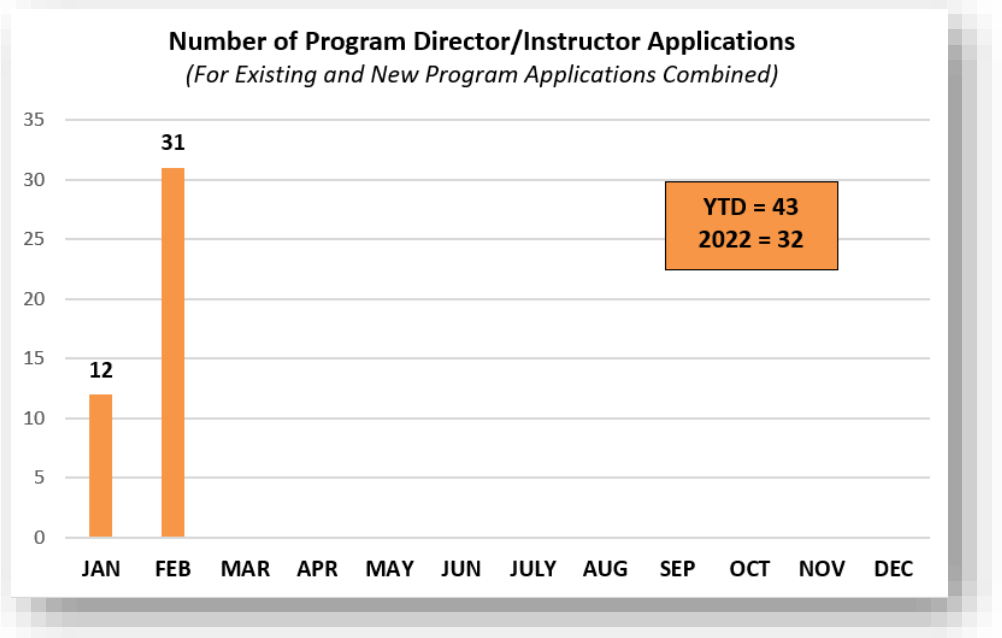
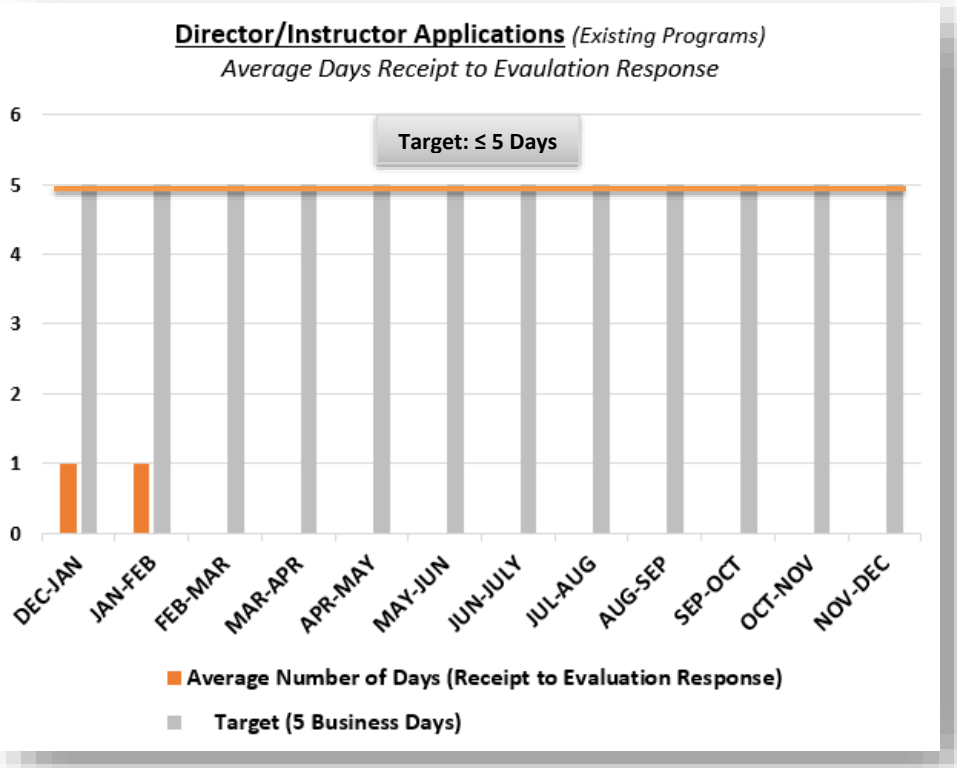
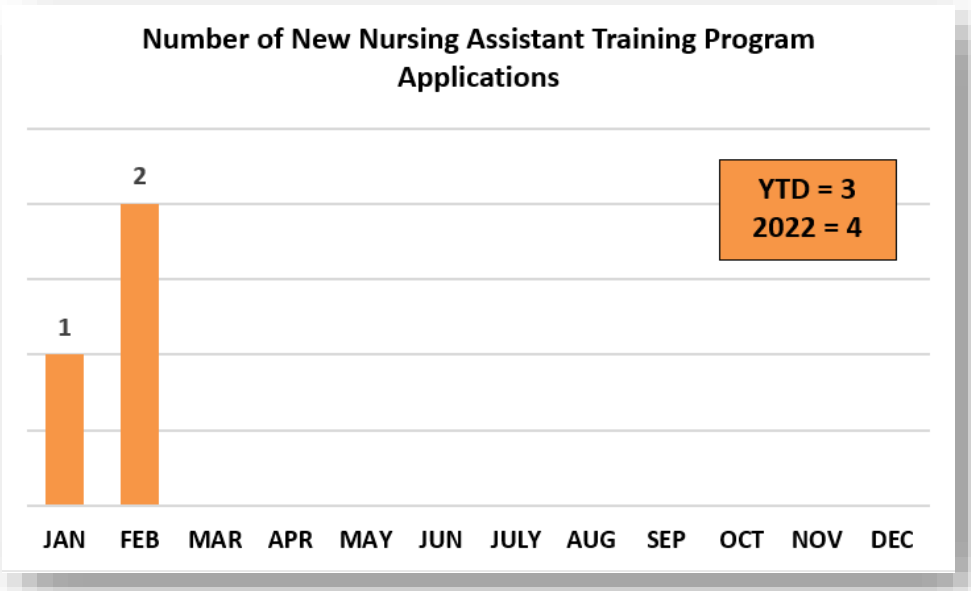


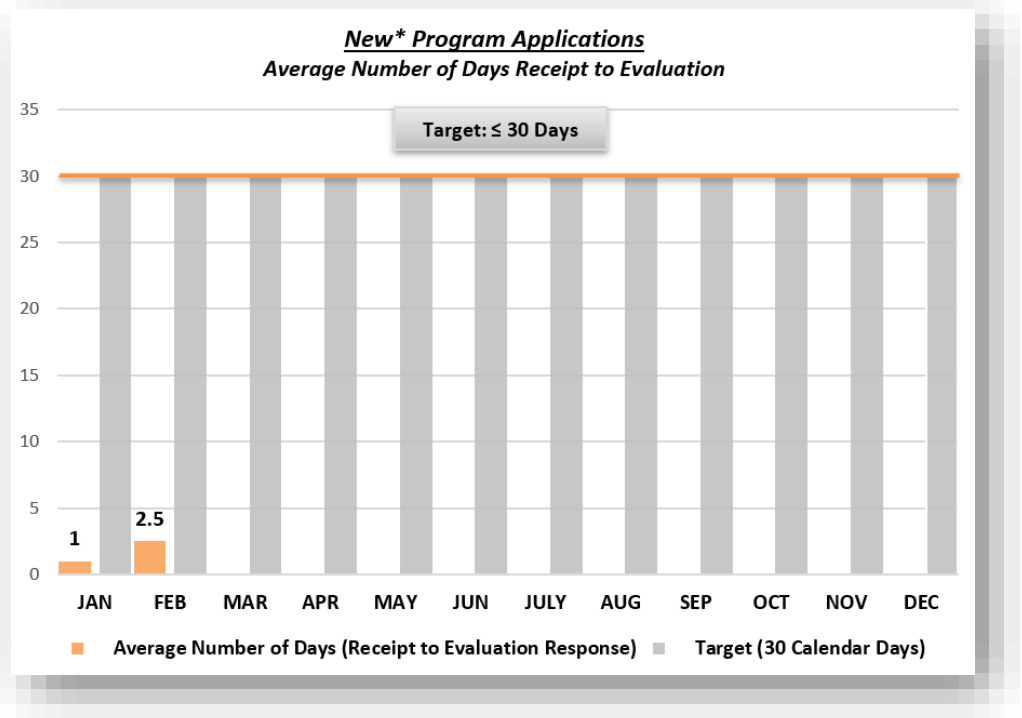
Performance Measure:



Descriptive Data:



Performance Measure



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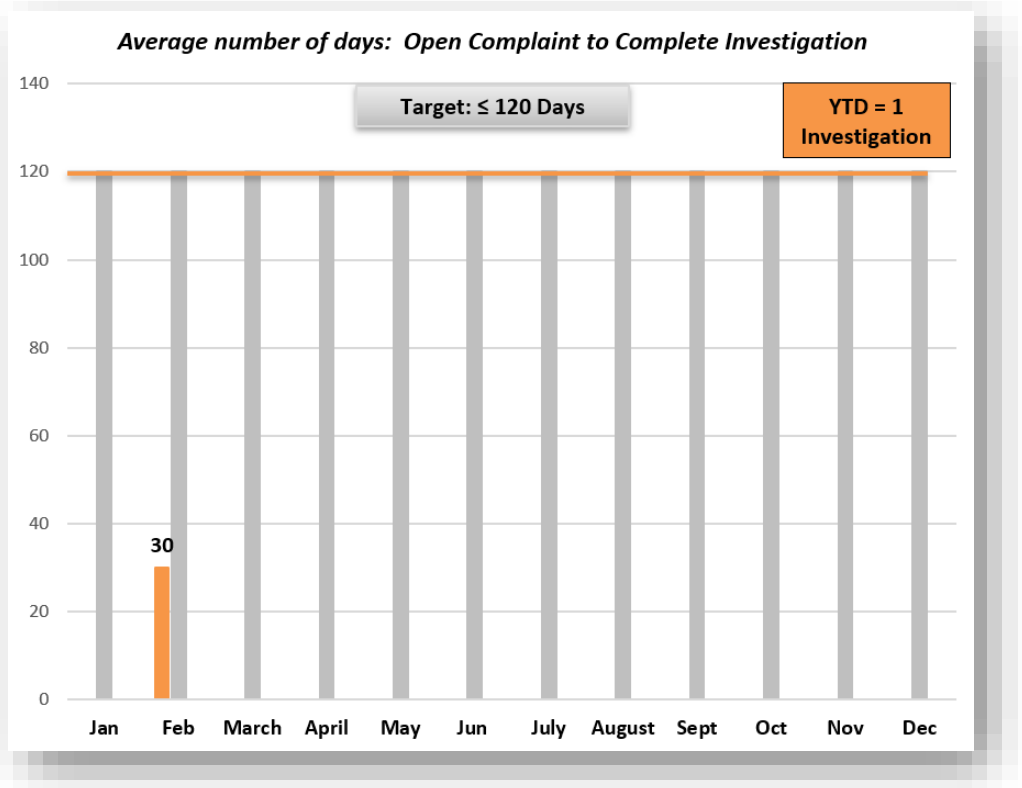
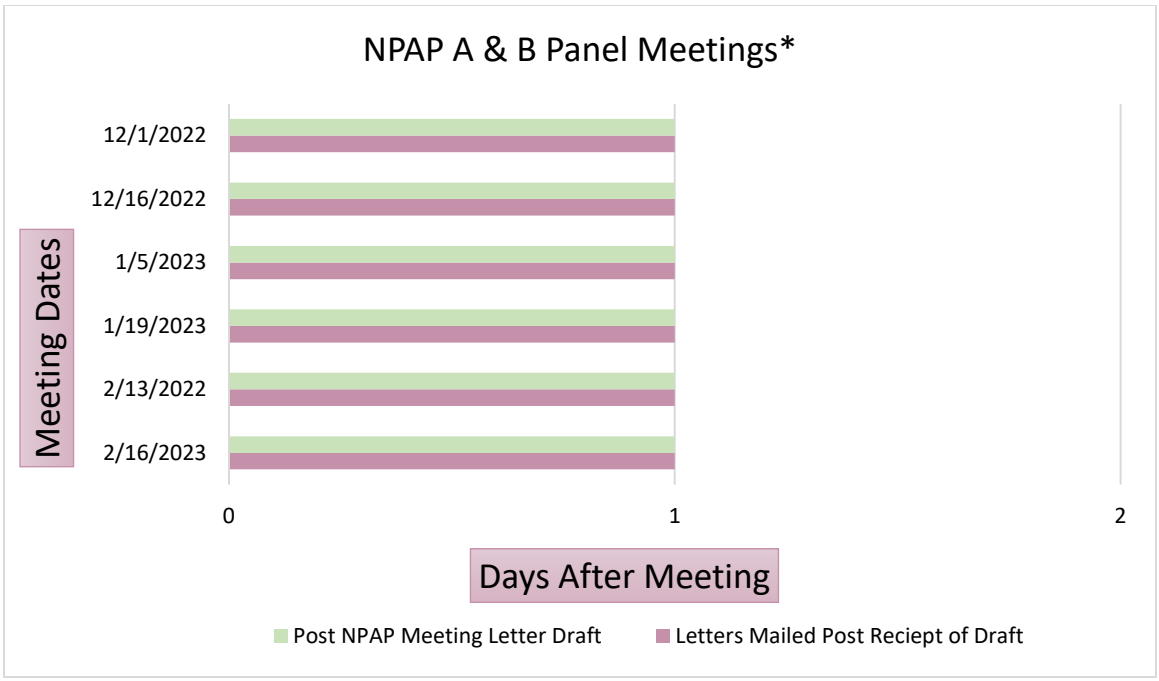
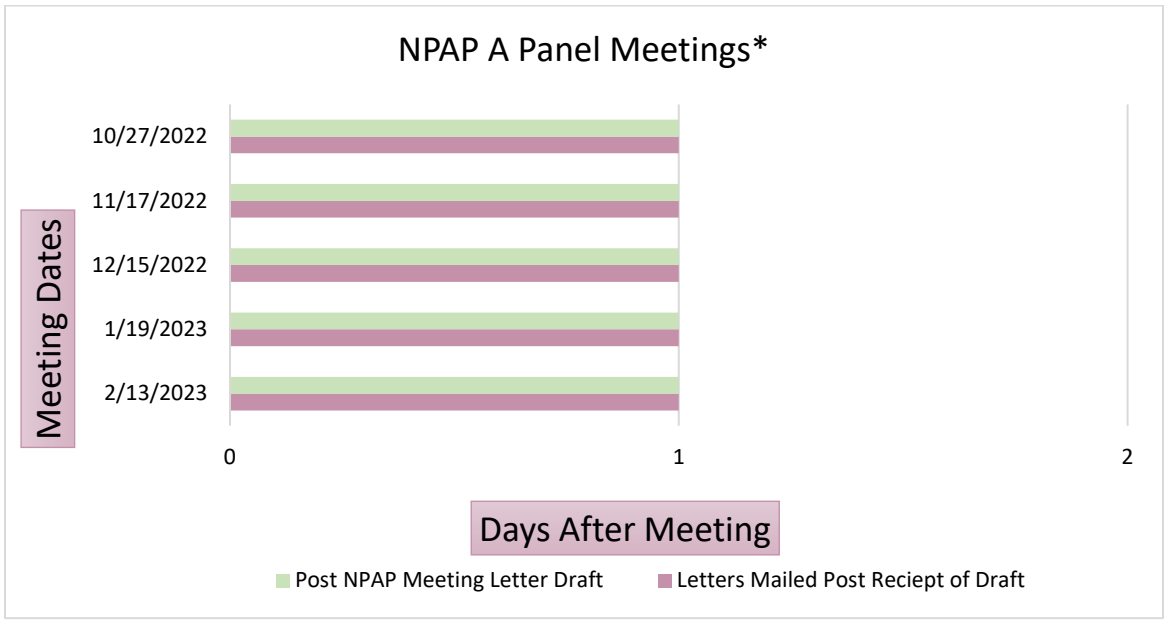


*Does not include 2nd/subsequent reviews of revised applications



**Letters mailed within 30 days of NPAP meeting*



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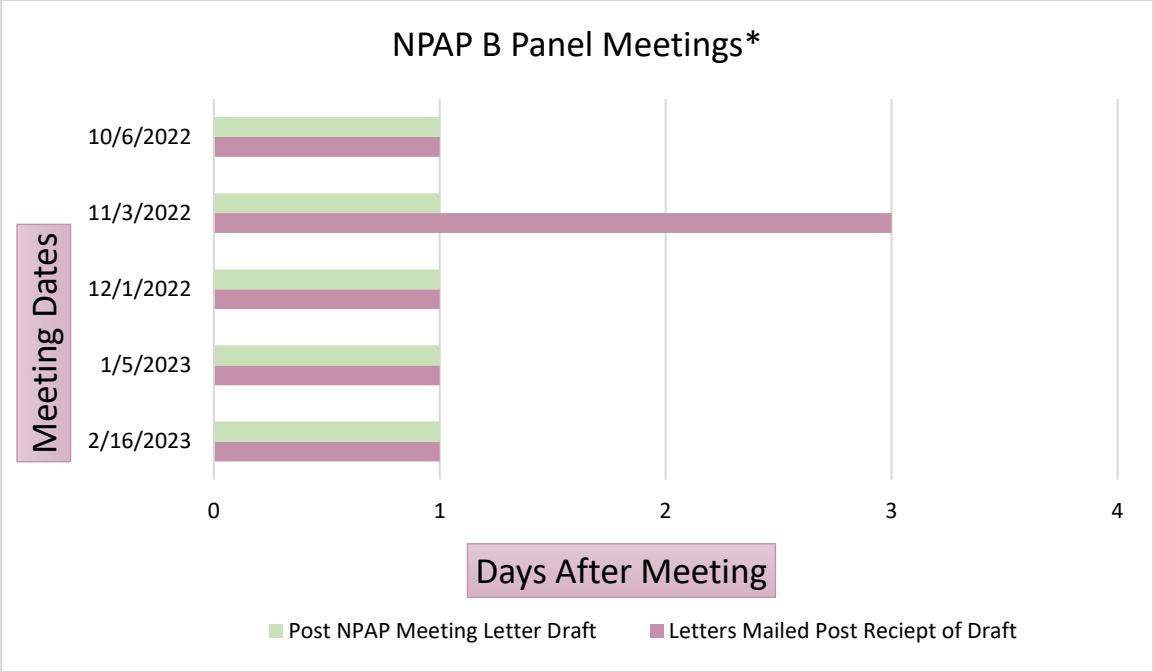

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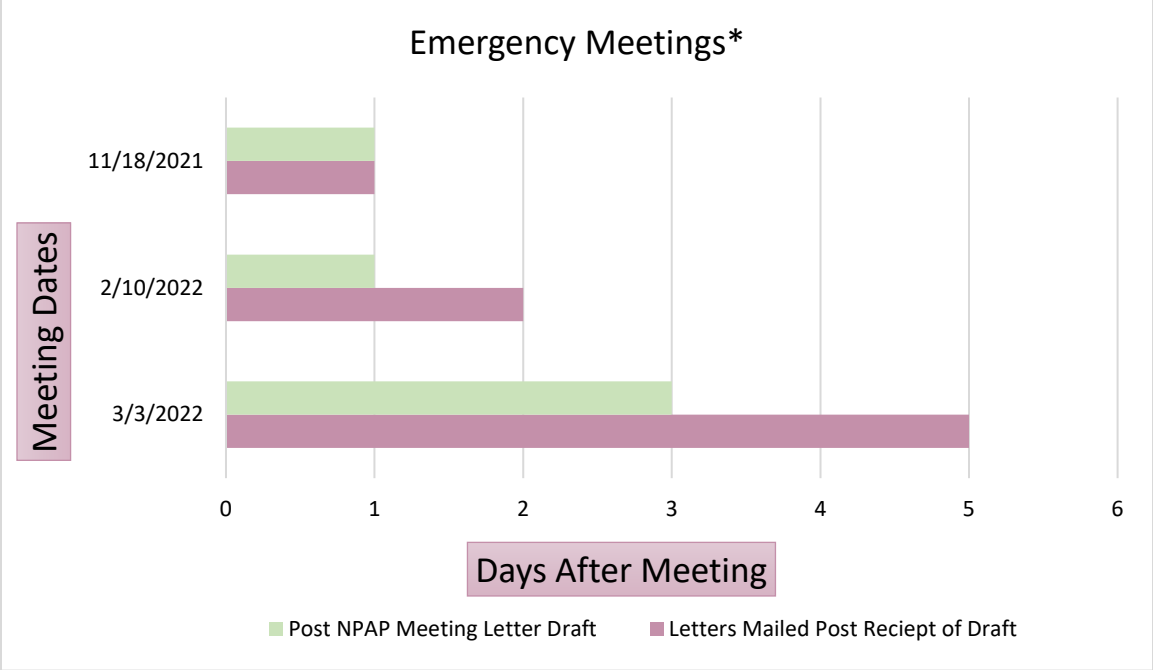


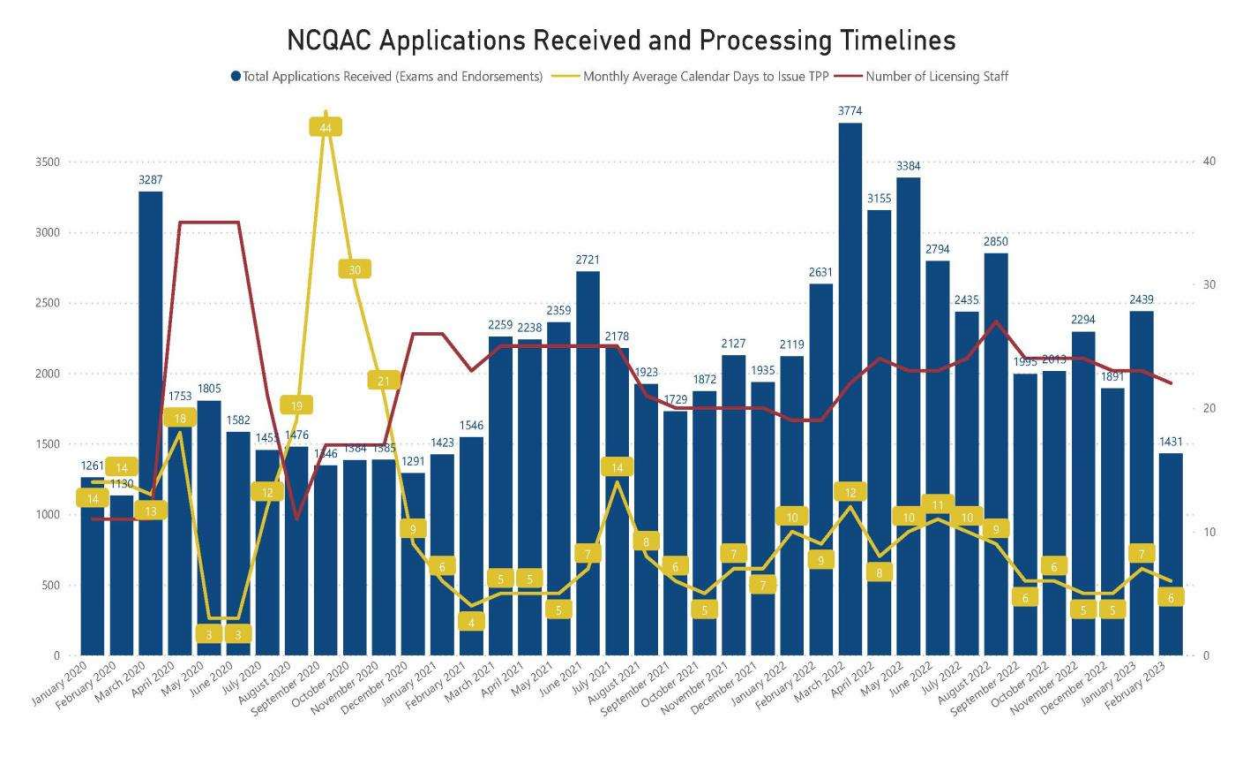
**Letters mailed within 30 days of NPAP meeting*

Nursing Care Quality Assurance Commission (NCQAC)
COVID-19 Response for Nurse Licensure

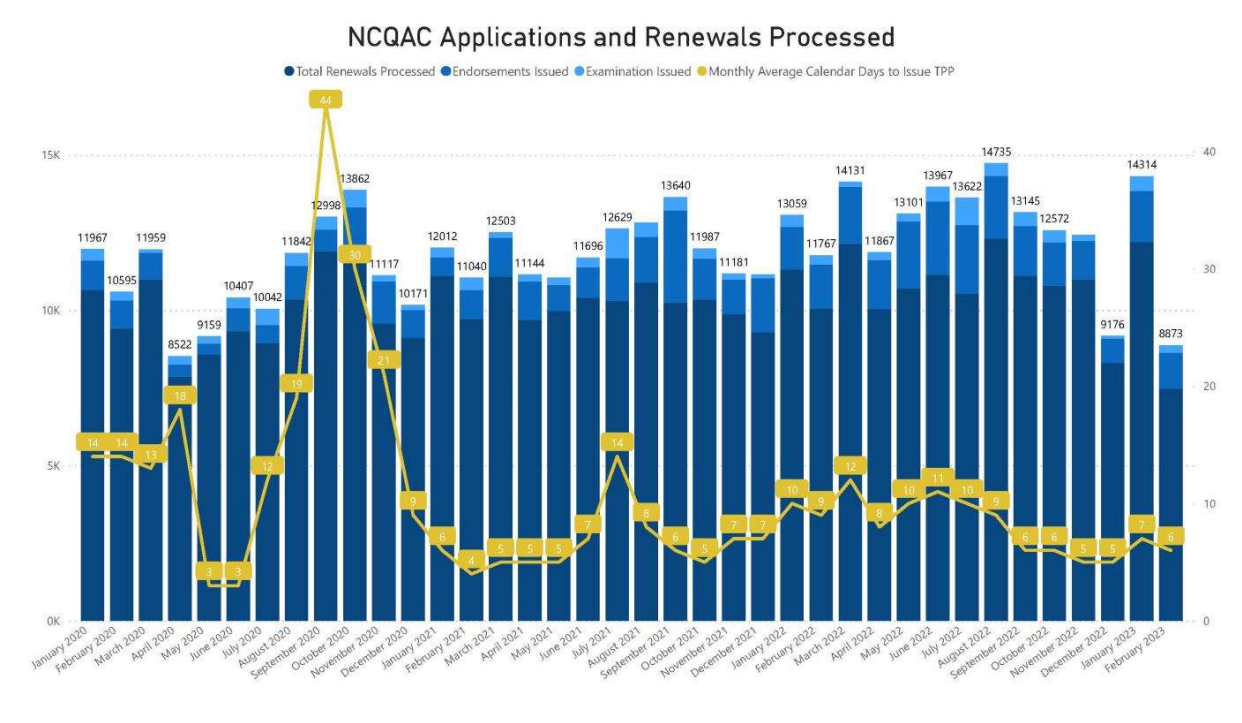
Weekly Update: Monday, February 20, 2023

As of February 20, 2023, the current processing time to issue a complete temporary practice permit (TPP) is six days (including weekends and holidays).

The first chart below reflects the monthly nursing application volumes, application processing times, and staffing levels for NCQAC since January 2020. The NCQAC received 2,439 new applications during January 2023.



The second chart on this report reflects the monthly outputs from the NCQAC. In January 2023, the NCQAC issued a total of 2,193 new nursing licenses. In addition, 12,203 nursing renewals were completed.



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. The average days to process complete TPPs is based upon applications received that do not require an application deficiency email to the applicant, other than to complete the fingerprint process. Deficient applications are omitted from the report since this delay is outside of the NCQAC's control.*

WCN/NCQAC Meeting

Tuesday, February 31, 2023 (4:15 pm to 5:15 pm)

Washington Center for Nursing Office
Minutes

Present: Sofia Aragon, Paula Meyer, Bethany Mauden

Excused:

Topics	Discussion	Action Needed
Call to Order	Called order at 4:19 pm.	
Critical Gaps	There was a discussion during the January 27th WCN/DOH Contract Meeting on the next steps for the Critical Gaps group. It was recommended that WCN convene the steering committee in February or March to explore next steps and potential deliverables in the 2023-2025 contract.	WCN to schedule Critical Gaps steering committee meeting in March
Online Magazine	Our attorney wrote a letter for the online publisher to cease and desist. NCQAC got a response from the magazine, and they want to know what they need to do before using material. NCQAC is public domain and WCN is not.	WCN to update NCQAC on any response from the online magazine to WCN's legal council
Deliverables update	Encouraging middle school students to consider a career in nursing. The current contract states planning and implementation is to be accomplished by June 30, 2023. Sofia provided clarification that planning will be completed by June 30, 2023, but implementation of a pilot program will be in the next contract cycle. WCN's work on developing LPN, RN, and ARNP workforce projections may have a connection with the work of Gary Mahon, a contractor with the NCQAC. He is looking at projections of nurse license process volume to determine appropriate staffing level for the NCQAC to meet a certain number of days for license processing to be completed. As Recommended by the Diversity Critical Gaps group, the NCQAC and WCN will launch an effort to review nursing administrative rules for unintended bias.	Sofia to reach out to Sasha to update her on the schedule and deliverable number for the middle school project. Paula will introduce Gary to Sofia by email. WCN to coordinate rule review meeting

		Sofia to recommend replacement for WCN Deliverable Evaluator to Paula.
NCQAC Data Dashboard	The NCQAC is developing a data dashboard providing a visual display of nursing licensure data.	Sofia to follow up with Mary Sue Gorski on the project
Legislative updates	Discussion on Senate Bill 5582 Reducing barriers and expanding educational opportunities to increase the supply of nurses in Washington was discussed	N/A
Pro-Tem for WCN contract review.	Barbara Trehearne is one of two reviewers for the WCN contract. Paula asked for a recommendation on who would be interested in taking on this role once Barbara steps down June 2023.	Sofia will work with the WCN board to identify potential pro-tems
	Adjourned – 4:46 pm. Next meeting is March 28, 2023, at 4:00 pm.	

Submitted by: Frank Kohel

Approved: Sofia Aragon

Federation Association of Regulatory Boards

2023 FARB Forum on Professional Regulation
January 26-28, 2023
Nashville, TN

Amber Zawislak, Lori Underwood, Torrie Moracco

PURPOSE:
"The Federation of Associations of Regulatory Boards (FARB) was established to promote public protection and provide a forum for information exchange for associations of regulatory boards." This conference introduced other national regulatory boards and provided educational opportunities, networking, and discussions in examining mutual issues and strategies we face as regulatory boards.

OUTCOME:
Highlights of the meeting included:

- Board best practices and strategic focus for licensing the credentials we regulate. This presentation focused on the post-COVID world, and the expectations licensees and the public have from regulatory boards following temporary reductions in regulations during COVID. Policies such as faster licensing times, remote work, and electronic access to information are all expectations that the public has become familiar with.

- Pearson Vue's presentation on the rise of exam security threats and how they are working on protecting the integrity of their testing sites. Pearson Vue provided an overview of how their security team stalk potential threats and determine if threats are legitimate. One of the biggest threats discussed is how individuals are harvesting content or stealing exam questions commercially and selling on "dump sites". Pearson Vue follows federal procedure to allow easy transfer of investigation to law enforcement.

- Jennifer Casey, Public Information Officer for the town of Collierville, TN, presented on social media and the handling of misinformation on social media from a board's perspective. Casey discussed the importance of having a crisis communication plan and building trust with your intended audience during "blue sky days" so that they know where to go for information when there is a crisis. She also discussed methods for developing factual content on social media and the role of boards. Casey also explained how social media may be used as a tool to communicate with the public who may not be accessing the board's website but needs to be aware of what the board offers.

RECOMMENDATION:
We recommend continued participation in the FARB conference by the Nursing Care Quality Assurance Commission. This conference provides insight into other non-nursing regulatory boards and encourages innovation of thought and how we can incorporate some of these ideas into our processes. We also recommend that this would be beneficial for a Commission member and a staff member to attend together in the future due to the collaboration that occurs at this conference.

Academic Progression - Updated March 2023

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

Objectives	Responsibility	Resource projections (time, staff, money, etc.)	Deadlines	Progress
1) List barriers and strengths identified by employer organizations of current models for consistent academic preparation for LPNs	Mary Sue Gorski,	Expand interested party discussions statewide and nationally to include broader range of employer organizations.	Expanded employer groups to convene **Fall 2022**	Completed
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	Submitted report to the Commission **January 2023**	Completed
3) Explore outcomes of existing LPN education models.	Paula Meyer, Mary Sue Gorski, Gerianne Babbo	Refer to Research Subcommittee to develop plan for next steps January 2023.	Present next steps to Commission **July 2023**	Research Subcommittee Progress: 1) Reviewed LPN licensing, workforce, and education data compiled by Emma Cozart February 2023 research subcommittee meeting, 2) Mary Baroni will present Premera LPN to BSN project data March 2023

Communications – Updated October 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	New website live www.nursing.wa.gov
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	Winter 2023	In process.
Develop and ensure that Language Access Plan requirements are met for publications that have accessibility requirements.	NCQAC Communications, Communications Task Force	NCQAC Communications, leadership input Lead: Laura	Spring 2023	DOH revamping process. Working with them to make sure NCQAC complies.
Develop and implement agency templates for a variety of purposes, such as GovDelivery PowerPoint, MS Word, Excel,	NCQAC Communications	NCQAC Communications, leadership input Lead: Amy	Winter 2023	Templates generated for Teams/Zoom, in process for other applications.

Teams/Zoom meetings, etc.				
Complete the communications visions submitted by each division.	NCQAC Communications, Communications Task Force	NCQAC Communications, leadership input All	Fall 2022	Some completed with new website, remainder need to be reviewed
Determine evaluation methods for objectives supporting goals.	NCQAC Communications, Communications Task Force	NCQAC Communications, leadership buyoff Lead: Jessilyn	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 February 21, 2023

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 ≥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 **WINTER 2023**	• **Completed Winter 2023**
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) • **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.	• To be completed in **SPRING 2022**	• **Completed by June 30, 2022**
6—Finalize nursing assistant rules revisions, incorporating stakeholder input.	• Bonnie King with support from Kathy Moisio and others (legal staff, DOH/ HSQA staff, etc.)	NAPAP reviews, makes decisions re: final version.	• To be completed after public meetings held (see item #3)— **WINTER/ SPRING 2023**	• Rules draft is on Agenda for NCQAC's March Business Meeting
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.	• To be completed in **SUMMER-FALL 2022**	• Curriculum roll-out began in July 2022 with frequent online orientation sessions that continue today. • Testing changes are on hold with Mass Examination Plan

Objectives	Staff Responsibility	Resource projections (time, staff, money, etc.)	Deadlines	Progress
				• Public Rules meetings are now complete
8—Continue LPN Apprenticeship Pathway development with steering committee and workgroup members according to timelines established in the workplan.	Marlin Galiano	• Legislative allocations cover the FTE for the new Nursing Consultant and for the costs of planning activities, contracts, etc.	• To continue through **SPRING 2022 to JUNE 30, 2022 deadline**	• **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	• 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.	• To occur in **WINTER 2022**	• 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 (starting in Sept. 2022)	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.	• To begin in **SUMMER 2022**	• Curriculum roll-out underway timely • Testing revisions on hold during implementation of the Mass Examination Plan • Public rules meetings complete
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	• **To begin in after plan is developed – deadline for**	• Online curriculum work

Objectives	Staff Responsibility	Resource projections (time, staff, money, etc.)	Deadlines	Progress
		technical assistance as needed; steering committee and workgroup support revision work as needed.	**planning is JUNE 30, 2022**	substantially completed • Students began pre-requisite coursework in Jan • LNI and NCQAC approvals lie ahead
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.	**• SEPTEMBER 2022 –Onward with goal of having rules revisions in place Sept 2023**	• Curriculum is on-target and available as of July 2022 to programs who want to launch voluntarily • A rolling phase-in process is in place—Goal: all programs use as of Sept. 2024 • Testing revisions paused as we implemented the Mass Examination Plan • Public meetings complete; preparing for next step to CR-102
13—Launch LPN Apprenticeship Pathway pilot in 1-3 sites (in accordance with funding, if received)	New Nursing	NPAP and LNI will provide review and decisions; NCQAC and	**• Timeline GOAL: Students begin PN**	• Students began pre-requisite

Objectives	Staff Responsibility	Resource projections (time, staff, money, etc.)	Deadlines	Progress
	Consultant	LNI staff may also provide technical assistance as needed.	**courseworkin Fall 2024**	coursework in January 2023

WHPS Updated February 23, 2023

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. Focus on in-lieu-of-discipline enrollment per September 2022 commission decision.

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.

Objectives	*Responsibility*	*Resource projections*	*Deadlines*	*Progress*
Provide educational resources, including but not limited to lectures, brochures, web sites, publications/articles, newsletters, display booths, on-site consultations…	Dr. Furman WHPS staff NCQAC Communication task force		2. WHPS materials reviewed and updated – December 2021	Tool kit, BONcast, new information, resources, posted on nursing.wa.gov. Blog posted June 2022. *This task is complete and ongoing.*
Host a SUD-related educational conference every two years.	Dr. Furman	Assistance from Shad Bell, Amy Sharer, Holly Palmer, and Bethany Mauden.	Fall 2023; exact date and location TBD.	Potential speakers and topics identified. Conference will be in-person. Focused on wellness and SUD.
Develop education courses, modules and toolkits for interested party use.	Dr. Furman WHPS staff	Communications and DOH communications when needed.		Blog posted beginning June 2022. Virtual toolkit on website.

				WHPS BONcast on nursing.wa.gov under About Us/Who We Are, or under Quicklinks on home page. This task is complete and ongoing for maintenance and updates.
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	Ongoing: reported in annual report in March and in monthly performance measures.	Shift to meeting with HR executives to educate and discuss risk management.
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.	Goal to reach 50% reduction in withdraws by November 2024.	Dr. Furman negotiating with nursing associations. To shift focus to other organizations. Following HB1255 (Rep Tara Simmons) re: stipend for nurses in monitoring.
Develop a Substance Use Disorder Review Panel (SUDRP) as an organization-based intervention	Discipline Subcommittee; Assistant Director, Discipline – WHPS	WHPS staff, commission members	Annual updates attached to the	July 2022 SUDRP fully implemented.

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.			WHPS annual report in March.	Task completed.

Washington State Nursing Care Quality Assurance Commission

NPAP DECISION SUMMARY REPORT **Date:** February 13th and February 16th Updated 02/17/2023

Actions	Number Added for this reporting period	2023 Panel Actions YTD	2022 Panel Actions YTD	2021 Totals	Instate Approved Programs	Out of State Approved Programs
Letter of Determination:					7 LPN Programs 25 ADN Programs 18 RNB Programs 17 BSN Programs 123 Post BSN Programs 3 Refresher Programs	5 ADN Programs 2 LPN-BSN Programs 12 BSN Programs 25 RNB Programs 38 Total BSN Programs 292 MSN Programs 133 DNP Programs 1 EdD Nursing Education Program 1 Refresher Programs
Intent to Withdraw Approval						
Conditional Approval			1	2		
Deny Approval				3		
Letter of Decision:						
Approval – Programs	2	13	21	30		
Approval – Sub Change Request	1	1	35	20		
Plan of Correction (POC) Required		1	4	2		
Acceptance of Submitted Documents or POC	3	16	60	64		1 Nurse Tech
Additional Documents or Actions Required			1	4		
Deferred Action		2	9	12		
Removal of Conditional Approval						
Limit Student Enrollment			1	1		
Voluntary Closure				1		
Require Monitoring Report	4	7	8			
Site Visit Report			10	3		
Removal of Moratorium on admissions						

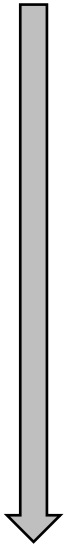
Covid-19 Curriculum Adjustments				7
Other			3	2
Letter of Concern			1	
Approvals-Miscellaneous (non-program)		1	3	2
Monitoring Report:				
Accept		1	1	
Not Accept				
Deferred				
Out-of-State DL Student Waivers:				
Accept				
Deny				
Deferred				
Complaints:				
Open		1	2	3
Closed		1	3	3
Defer		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

Snapshot of Approved Nursing Assistant Training Programs (February 2023)

Number of Nursing Assistant Training Programs (All Types)	188
• Traditional Programs	151
• Home Care Aide Alternative/Bridge Programs	20
• Medical Assistant Alternative/Bridge Programs	9
• Medication Assistant Certification Endorsement (MACE) Programs	8

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 9+20	FEB 13	MAR 13	APR 10	MAY 8	JUNE 12	JULY 10	AUG 14	SEP 11	OCT 9	NOV 13	DEC 11	YTD
Programs Applications Approved	**1**	**2**											**3**
Program Applications Deferred		**1**											**1**
Program Applications Denied													
Program Change Requests Approved		**1**											**1**
Program Change Requests Deferred													
Program Change Requests Denied													
Program Complaints Reviewed													
Program Complaints Opened													
Program Complaints Closed	**1**	**2**											**3**
Site Visit Summaries Reviewed													
Investigative Reports Reviewed													
POC/DPOC or Program Condition Reviewed													
Additional Documents/Program Actions Required	**1**	**9**											**10**
Intent to Change Program Status *(Full to Conditional or Conditional to Full)*													
Intent to Withdraw Program Approval													
Program Director/Instructor Applications Requiring Panel Review	**1**	**1**											**2**
Other Review or Process Decisions	**14**	**7**											**21**

Washington State's Board of Nursing

NCQAC

Nursing Care Quality Assurance Commission

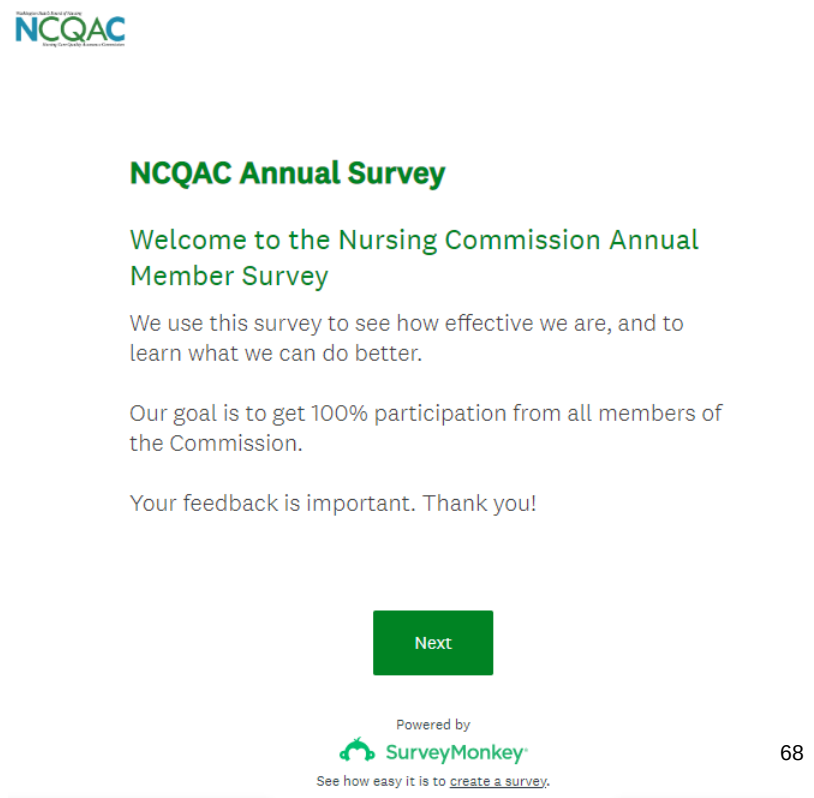
Nursing Care Quality Assurance Commission

Annual Commission Member Survey 2022

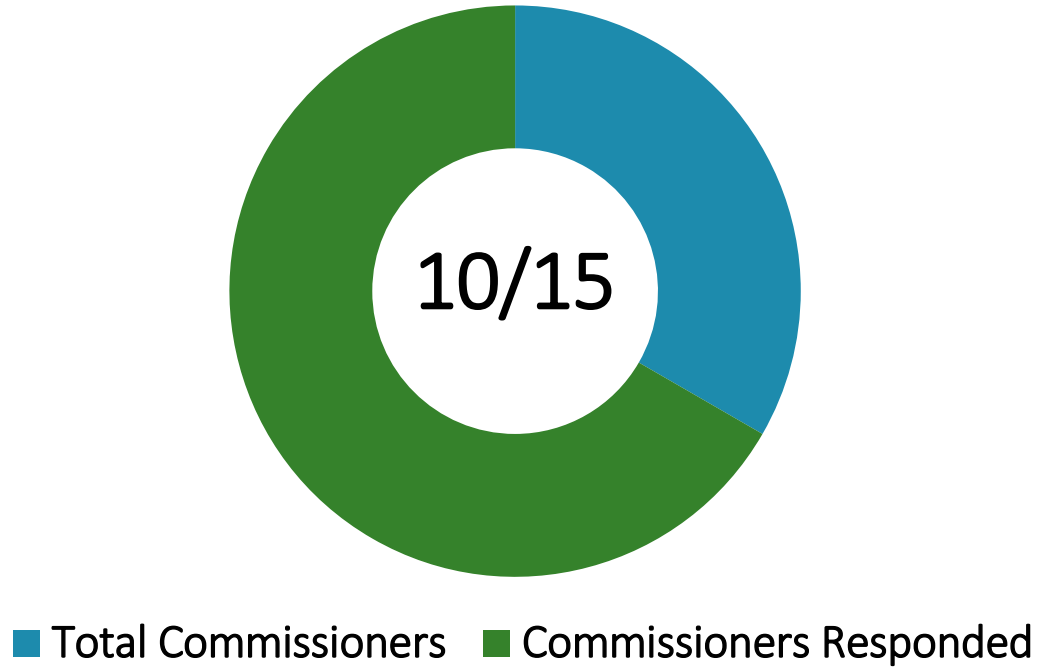
Annual Commission Member Survey 2022

About:

- Annual survey sent to all commission members to get feedback and identify areas for improvement
- Significant changes to questions from 2021 survey by our Communications Specialist Laura Christian
- Survey conducted using SurveyMonkey
- 16 survey questions and 42 sub-questions
- Survey was conducted from November-December 2022

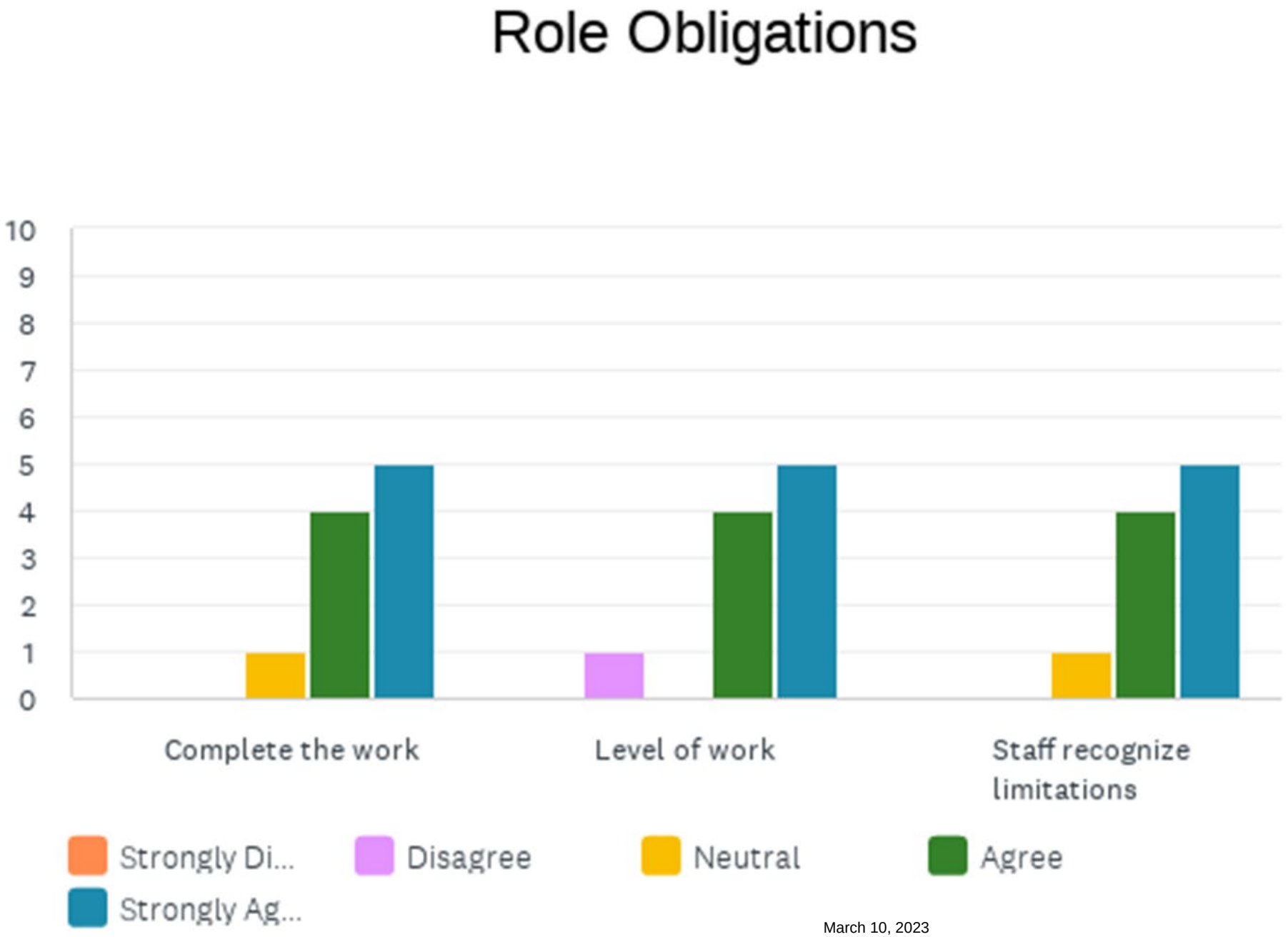


Survey Participation



Responding Commission Members:	**26**
Commissioners:	10
Pro-Tems:	16

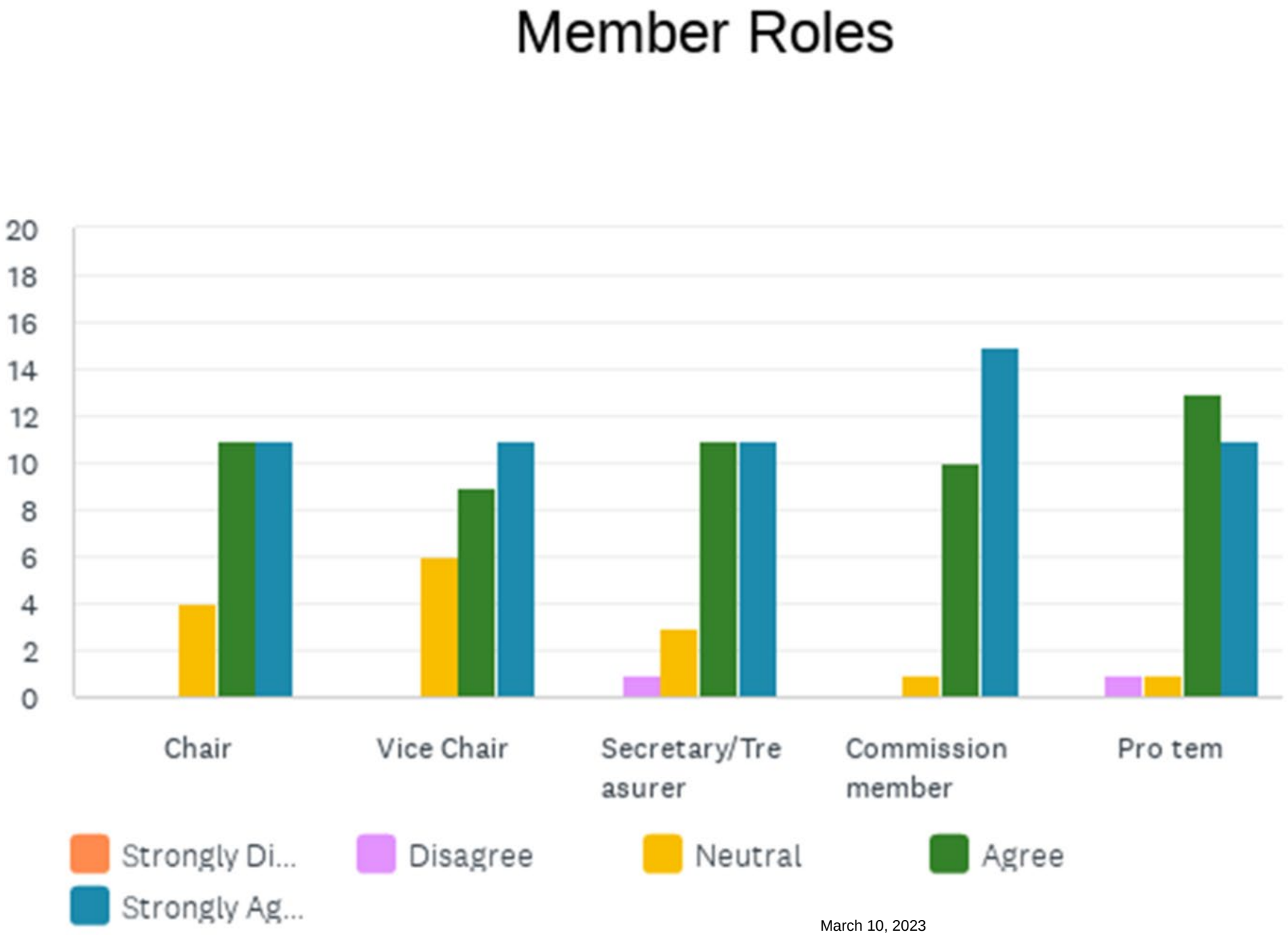
Survey Results



Survey Results

Q3

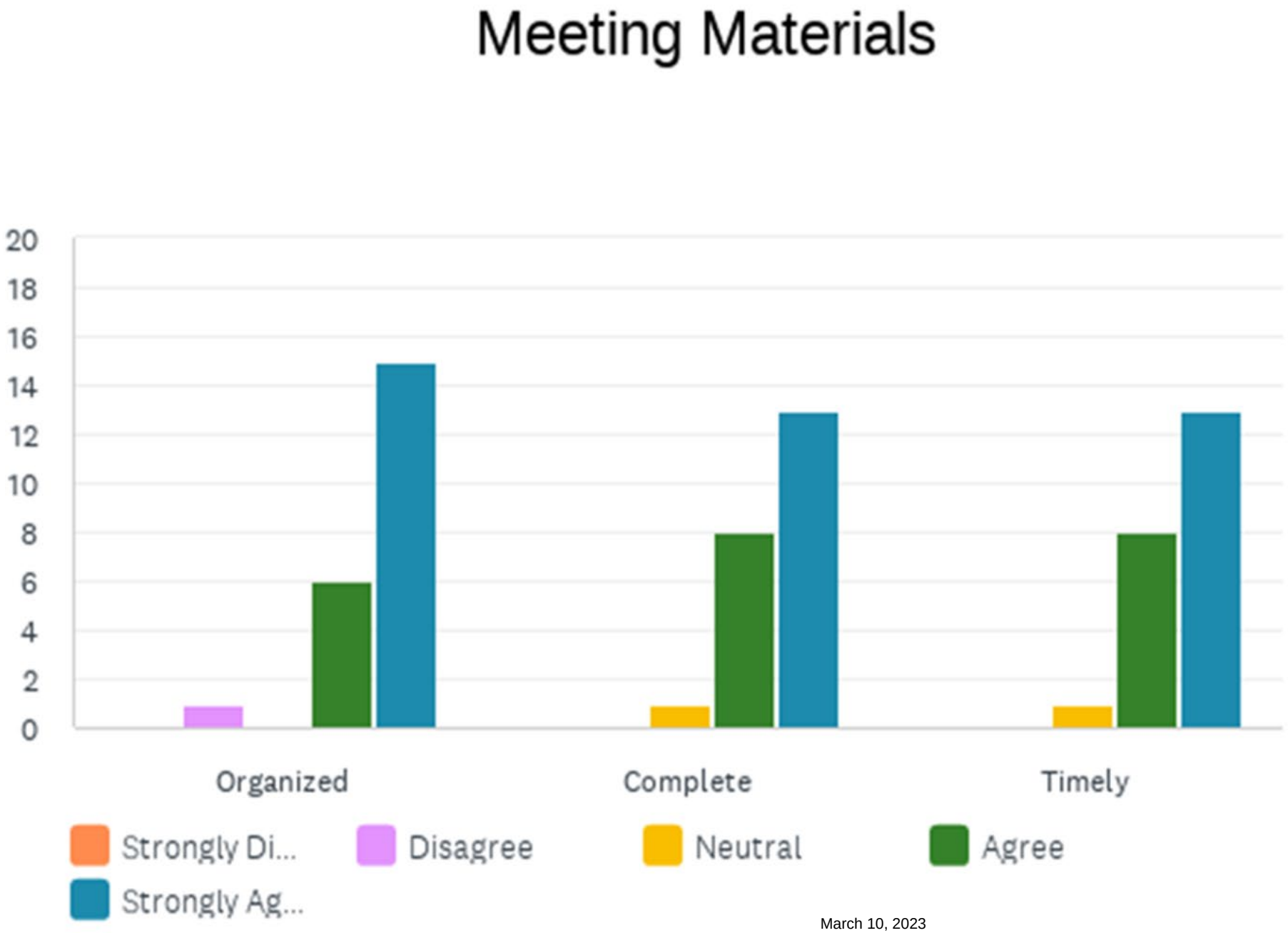
Commissioner Roles



Survey Results

Q4

Commission Member Roles



Survey Results

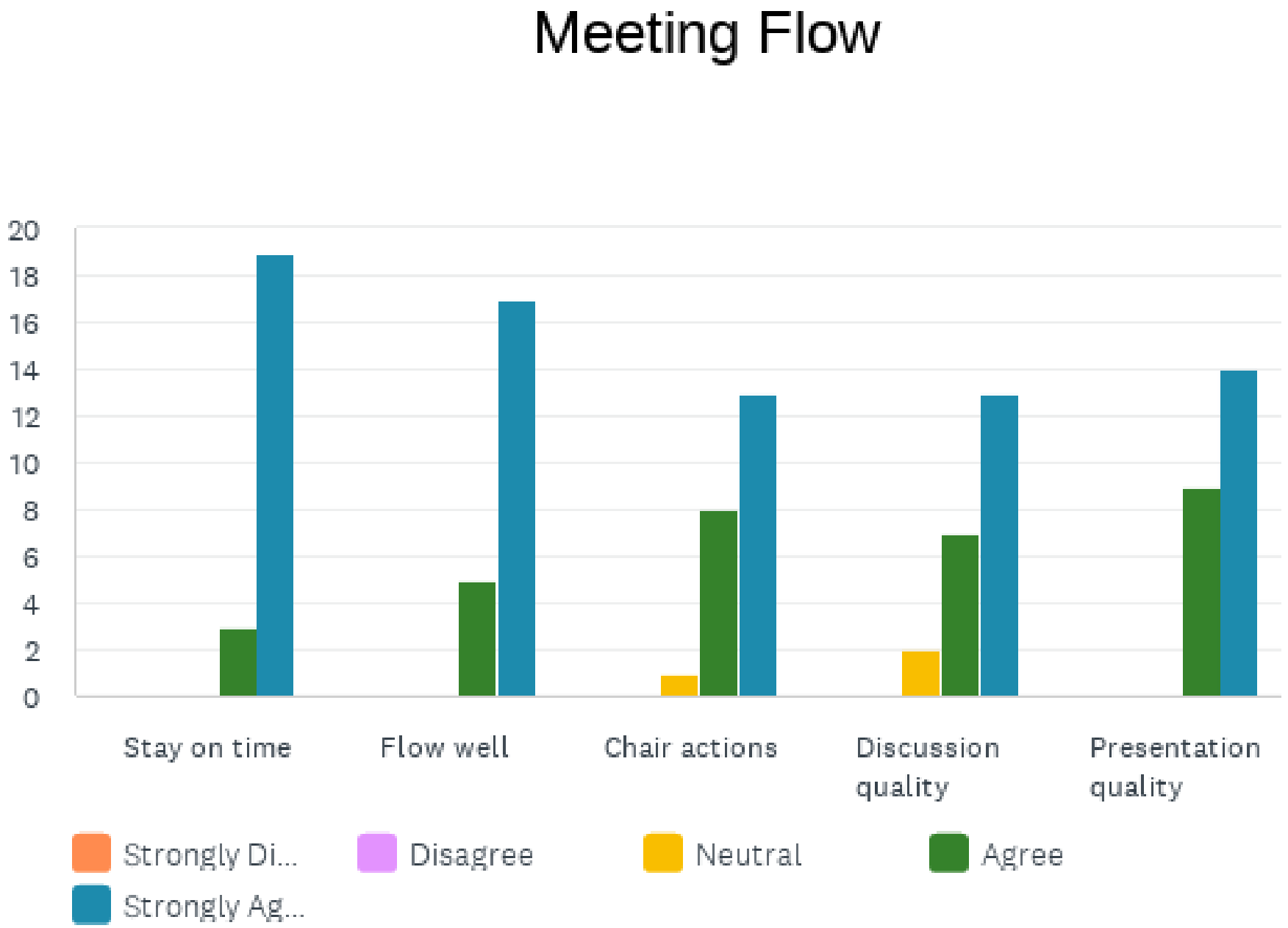
Q5

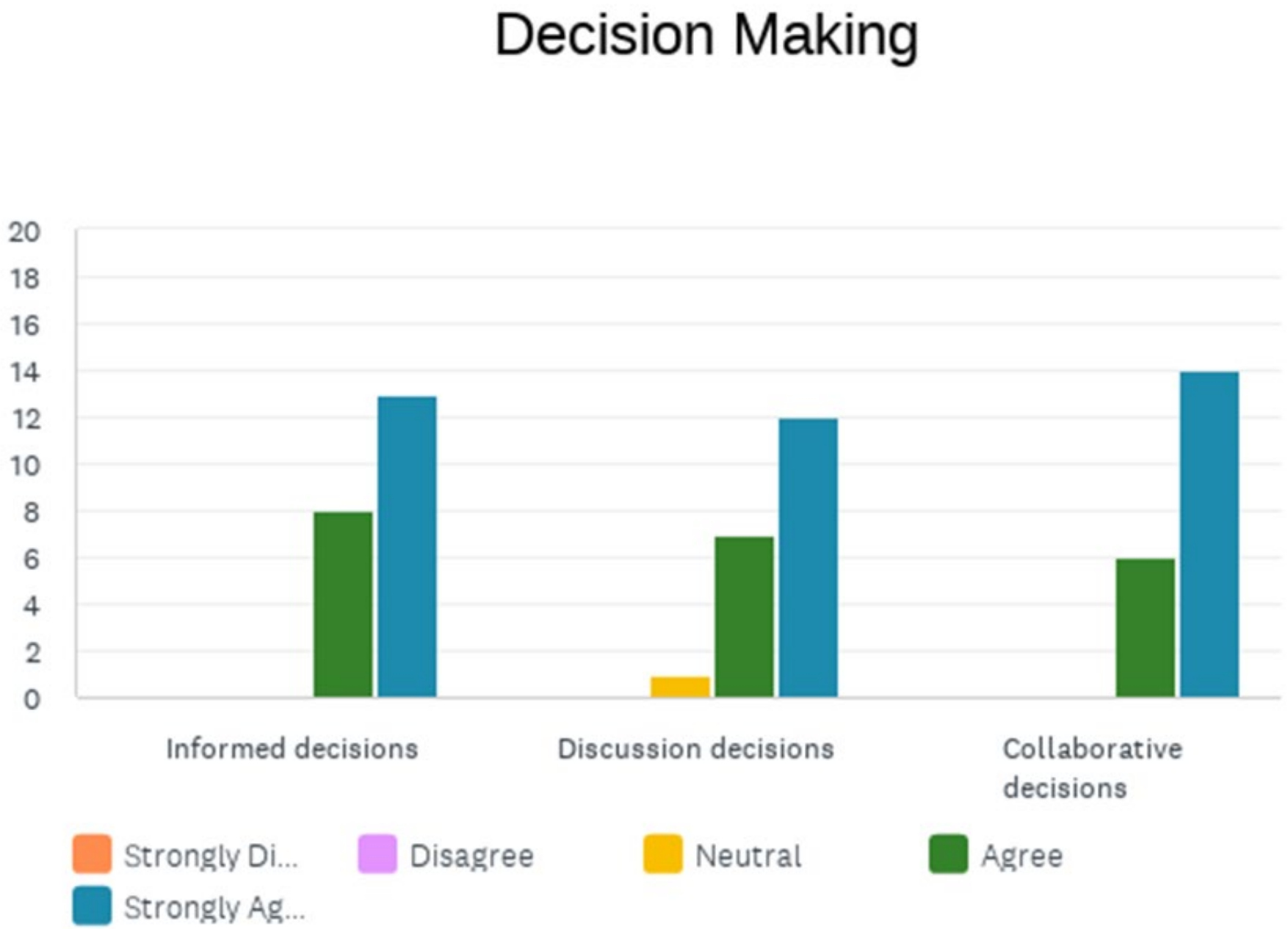
Commission Business Meetings

Survey Results

Q6

Commission Business Meetings

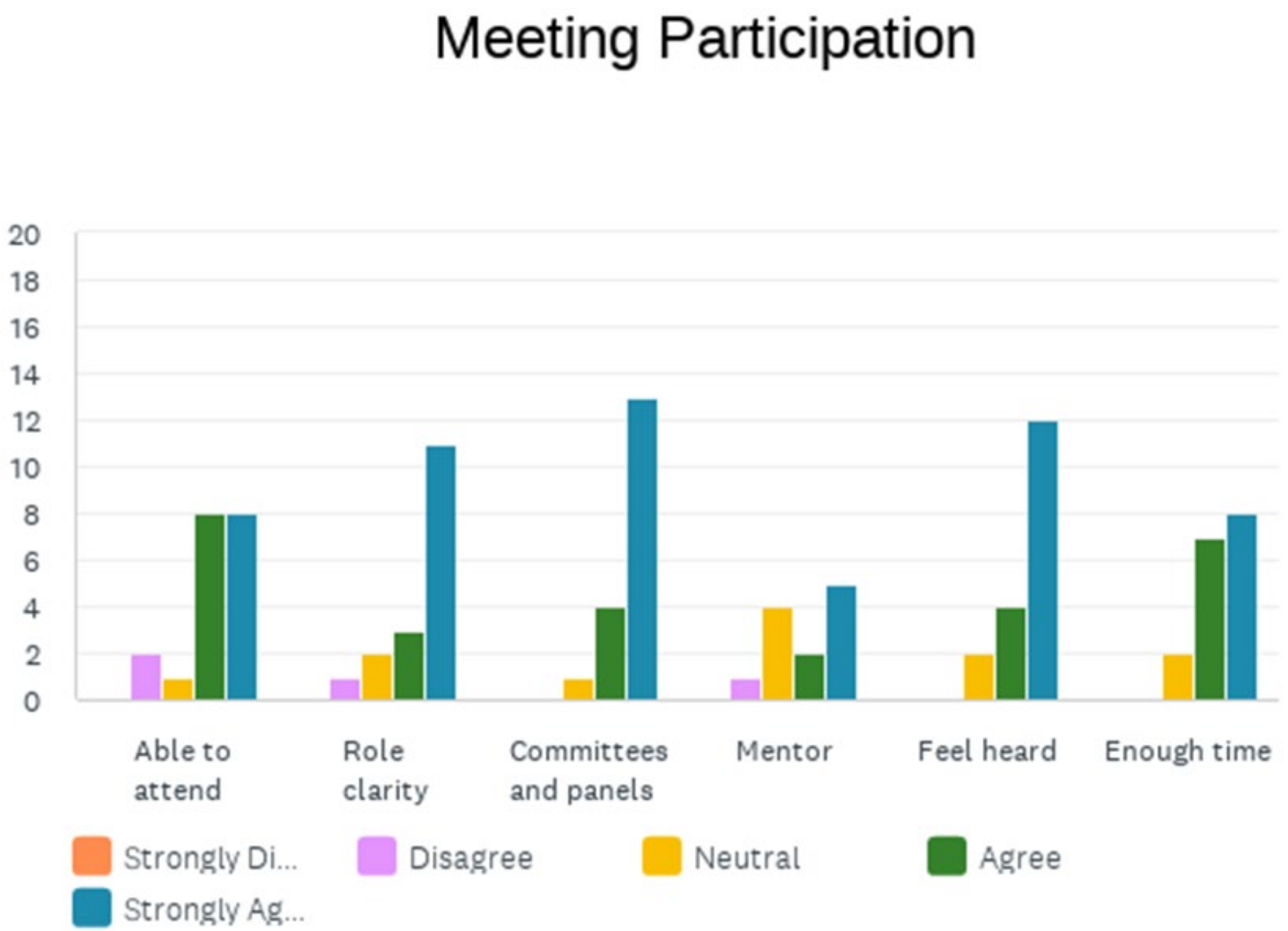




Survey Results

Q7

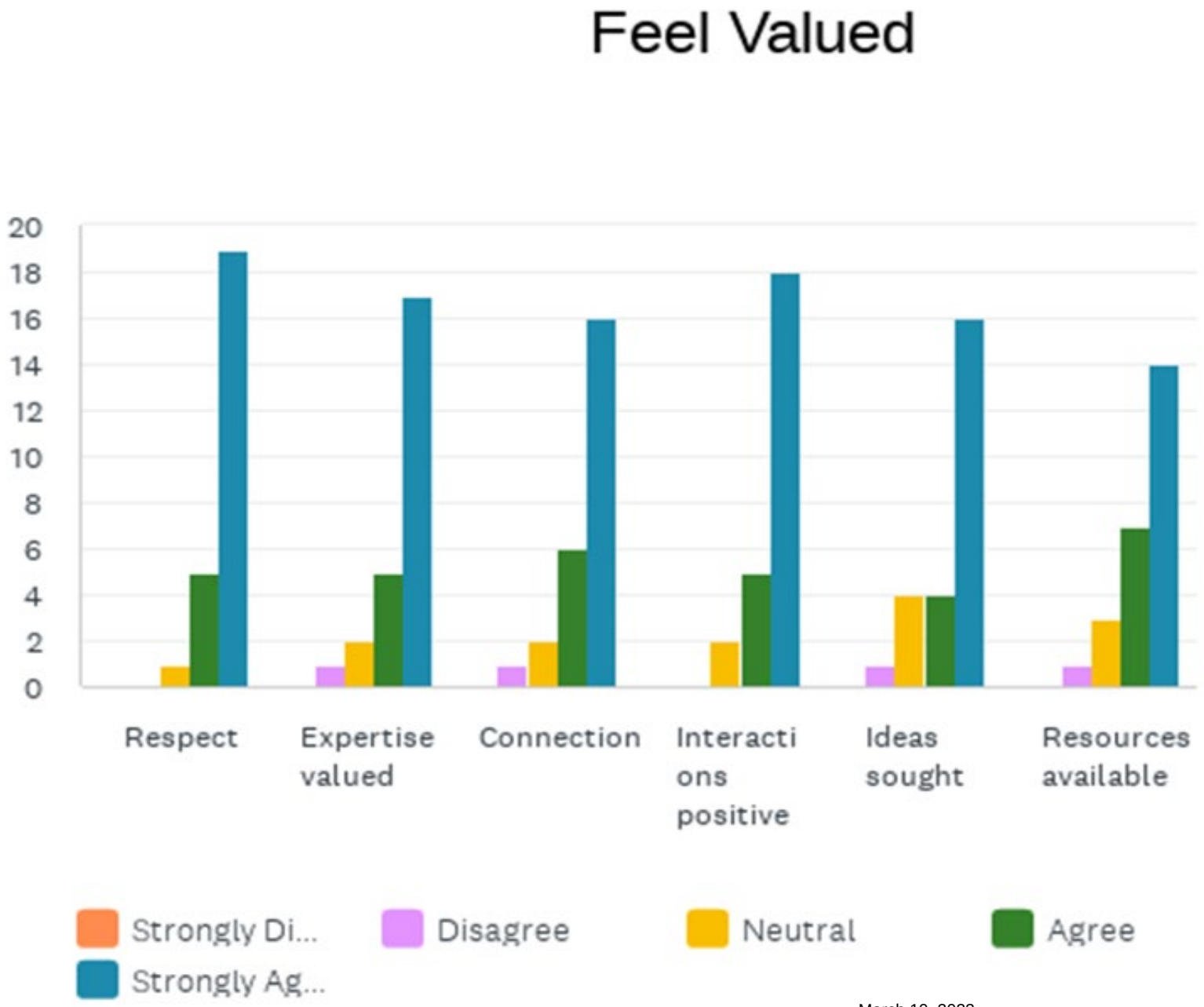
Commission Business Meetings



Survey Results

Q8

Commission Business Meetings



Survey Results

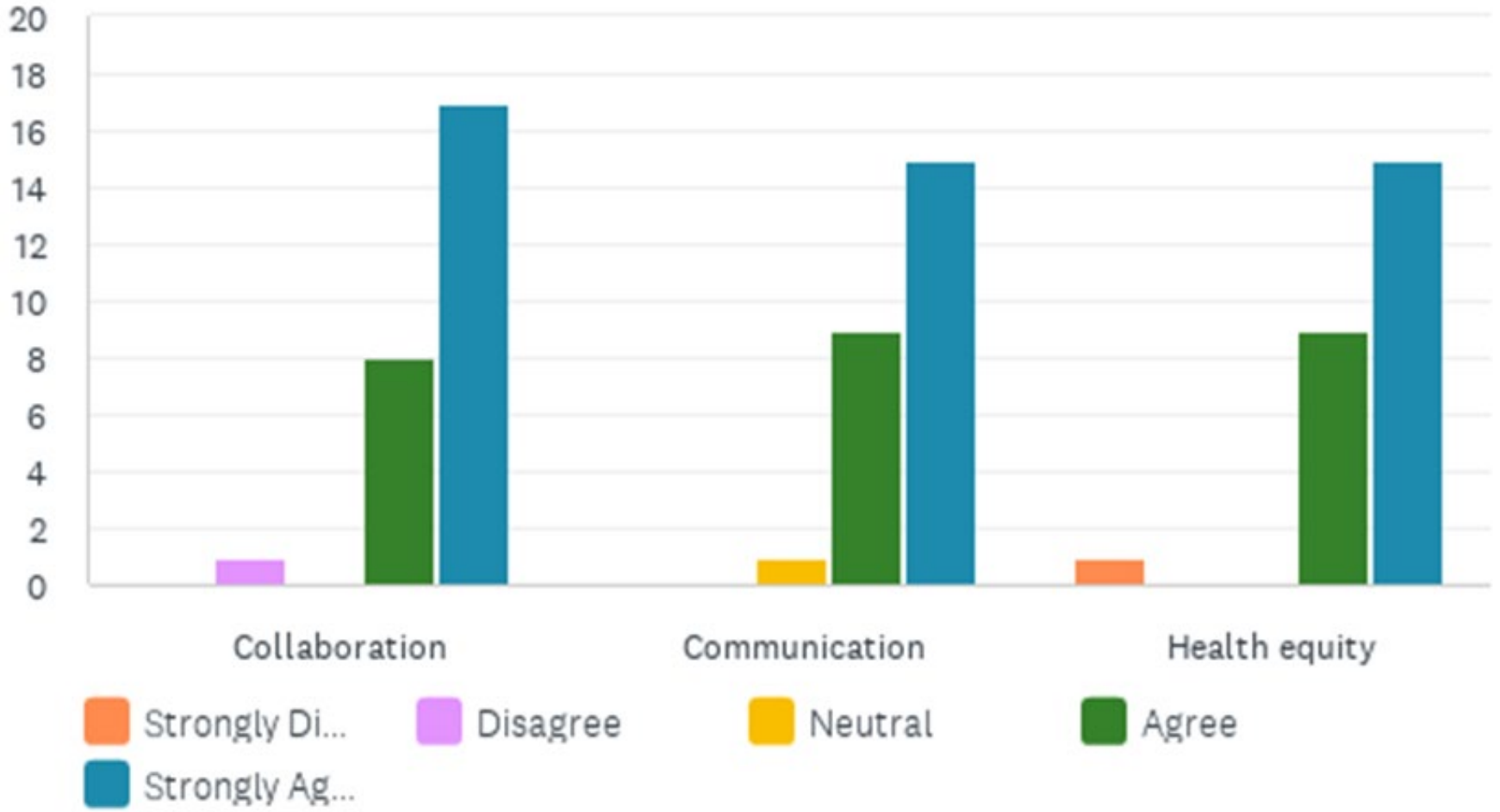
Q9

Commission Members

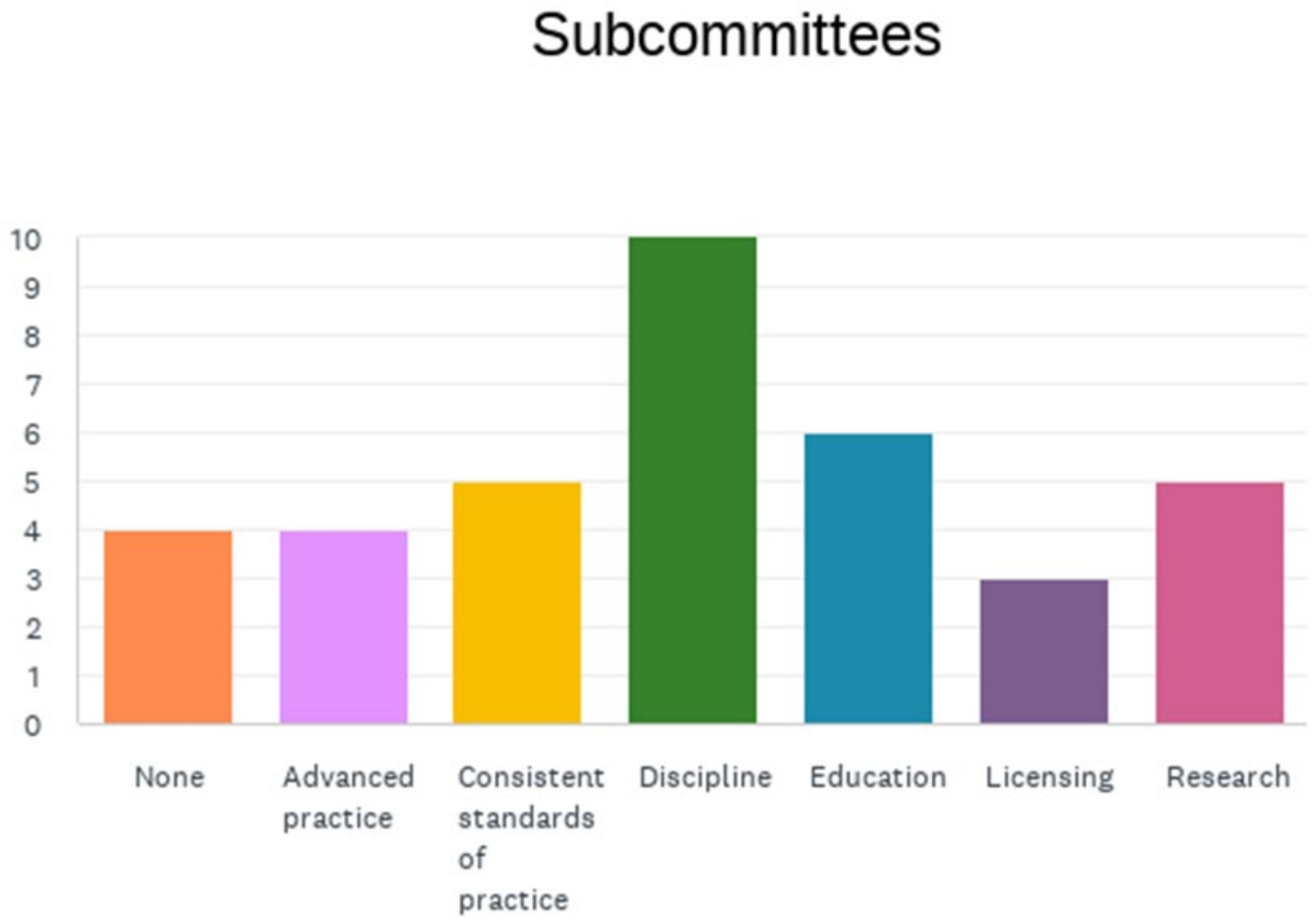
Survey Results

Q10

Partnership and Equity



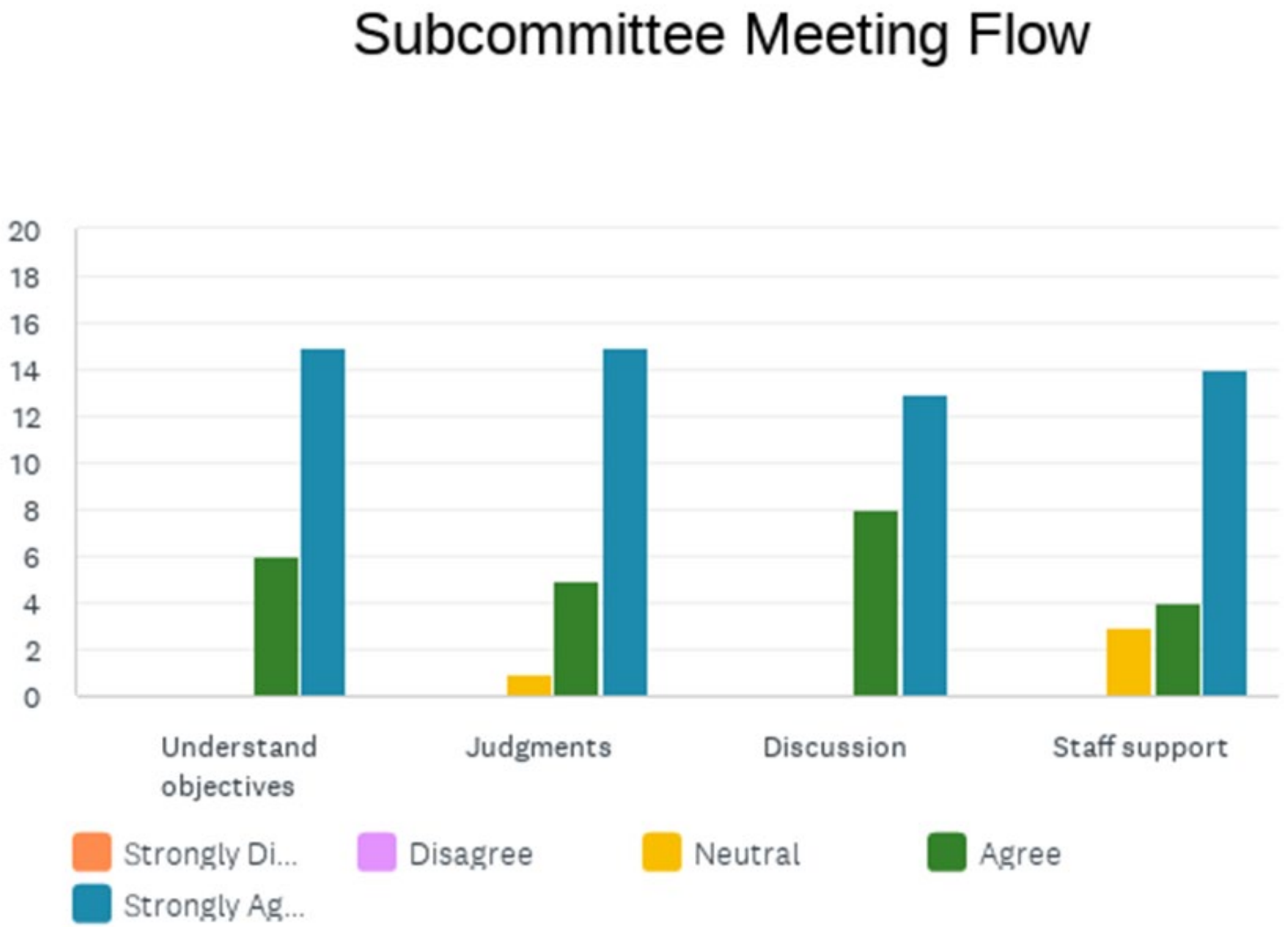
Commission Subcommittees and Panels



Survey Results

Q11

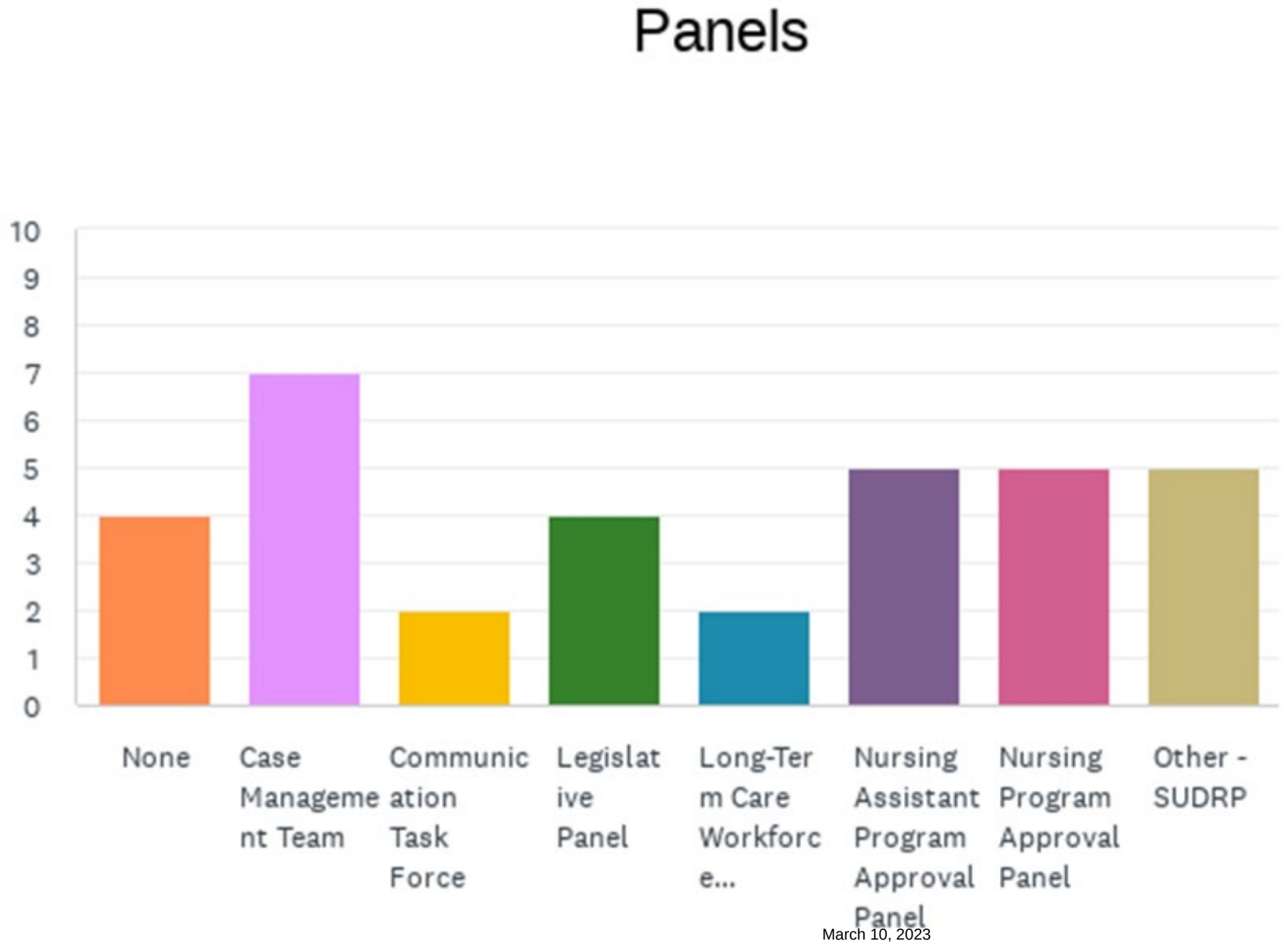
Commission Subcommittees



Survey Results

Q12

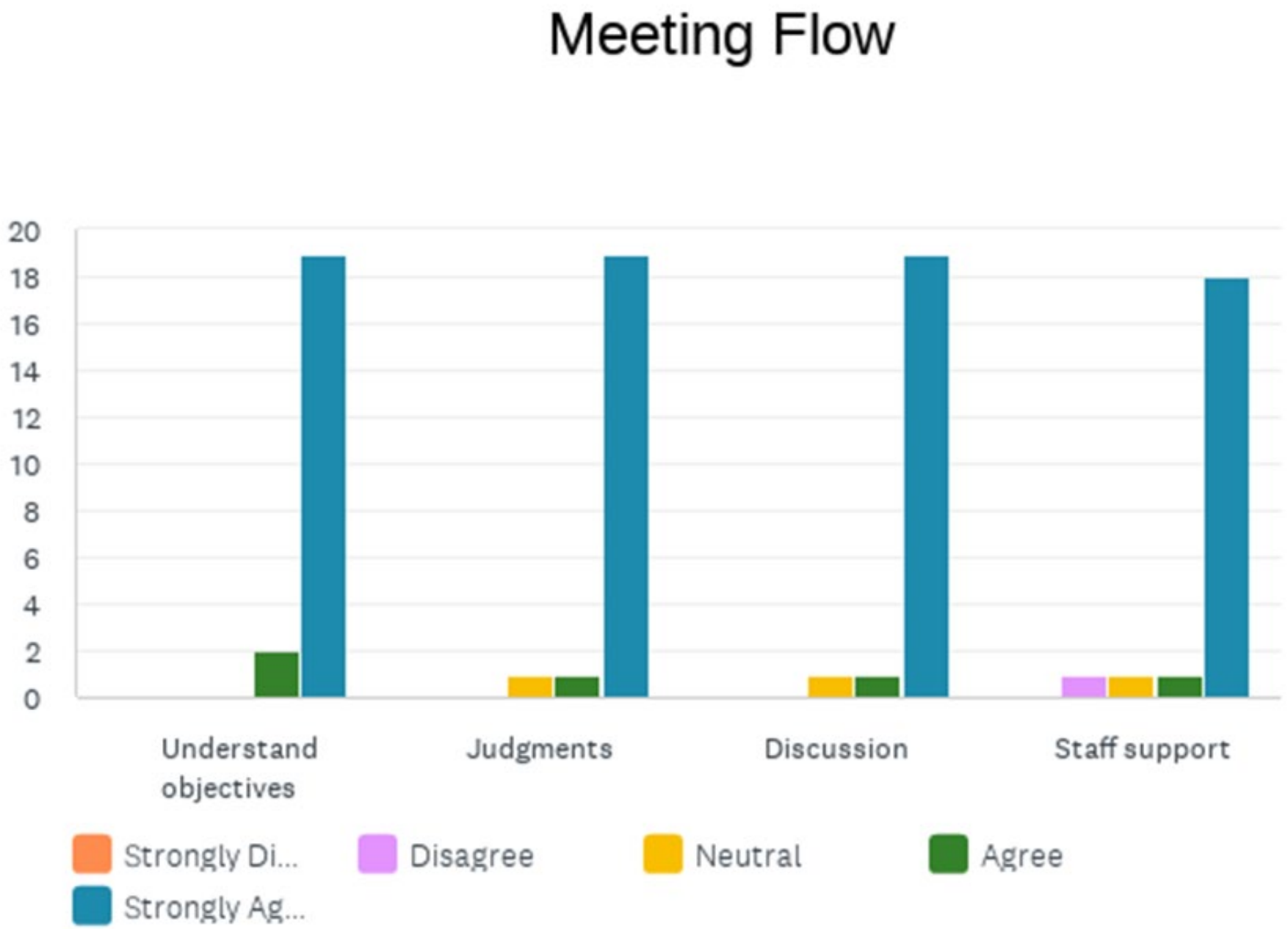
Commission Subcommittees



Survey Results

Q13

Commission Panels



Survey Results

Q14

Commission Panels

All Comments provided in your Packet (Question 15-16)

Annual Commission Member Survey Summary

- Participant responses were mostly positive
- Participants understand the commission, roles, and processes
- Participants were happy with their participation in the commission

Recommendations for the future:

- Strengthening the mentor relationship
- Business meeting times and locations
- The Research Unit will present a full plan for this annual survey to the Commission in May 2023

Questions?

Contact: Lohitvenkatesh Oswal
Lohitvenkatesh.Oswal@doh.wa.gov

Appendixes (Survey and Question 15-16)

NCQAC Annual Survey

Welcome to the Nursing Commission Annual Member Survey

We use this survey to see how effective we are, and to learn what we can do better.

Our goal is to get 100% participation from all members of the Commission.

Your feedback is important. Thank you!

NCQAC Annual Survey

Member info

Please tell us who you are and your role with the Commission.

1. Name (first and last)

* 2. What is your role with the Commission?

- ◯ Commissioner
- ◯ Pro tem
- ◯ Staff

NCQAC Annual Survey

Commissioners

Please tell us how well you are able to meet your role obligations.

* 3. How well are you able to do your role as a commissioner?

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I am able to complete the work activities asked of me.	○	○	○	○	○
I feel staff are aware of the level of work I am responsible for.	○	○	○	○	○
I feel staff recognize where I have limitations or time constraints and work with me.	○	○	○	○	○

NCQAC Annual Survey

Commission Member Roles

* 4. I understand the different member roles of the Commission

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Chair	○	○	○	○	○
Vice Chair	○	○	○	○	○
Secretary/Treasurer	○	○	○	○	○
Commission member	○	○	○	○	○
Pro tem	○	○	○	○	○

NCQAC Annual Survey

Commission Business Meetings

Please tell us how well are our meetings run and how helpful they are.

5. How useful are the Commission meeting materials?

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	N/A
Meeting materials are well organized.	○	○	○	○	○	○
Meeting materials have everything needed for the meeting.	○	○	○	○	○	○
Meeting materials are sent far enough in advance.	○	○	○	○	○	○

6. How well are the Commission meetings run?

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	N/A
Meetings start and end on time.	○	○	○	○	○	○
There is good flow and progress in each meeting.	○	○	○	○	○	○
The chair identifies next steps and assigns responsibility for actions.	○	○	○	○	○	○
Meetings allow for candid constructive discussion, and critical questioning.	○	○	○	○	○	○
Presentations are generally of the appropriate length and content	○	○	○	○	○	○

7. How well is decision making done in the Commission meetings?

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	N/A
There is enough information and communication to make informed decisions.	○	○	○	○	○	○
There is enough discussion and consideration to decisions.	○	○	○	○	○	○
The group makes collective judgments about important matters.	○	○	○	○	○	○

NCQAC Annual Survey

Commission Meeting Participation

Please let us know how well you are able to participate in the Commission Business meetings.

8. How do you feel about participating in the Commission Business meetings?

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	N/A
I am able to attend most meetings.	○	○	○	○	○	○
I understand my role within the business meeting.	○	○	○	○	○	○
I understand the purpose and intent of the committees and panels.	○	○	○	○	○	○
My mentor helps me understand the content at the meetings.	○	○	○	○	○	○
I feel heard and my thoughts considered.	○	○	○	○	○	○
I have enough time to complete my work.	○	○	○	○	○	○

NCQAC Annual Survey

Commission Membership

Please tell us how included you feel as a member of the Commission.

9. How valued do you feel as a member of the Commission?

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I am treated with respect.	○	○	○	○	○
I feel valued for my skills and expertise.	○	○	○	○	○
I feel a sense of connection and belonging.	○	○	○	○	○
Interactions with others are positive and constructive.	○	○	○	○	○
My ideas and suggestions are sought out.	○	○	○	○	○
I have resources to support my learning and growth.	○	○	○	○	○

NCQAC Annual Survey

Partnership and Equity

Please tell us how well the Commission is doing on working together and addressing issues.

10. How well does the Commission work together?

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Members work well together.	○	○	○	○	○
Collaboration and communication are constructive and actionable.	○	○	○	○	○
There is intentional learning and application of race equity and health equity in our work.	○	○	○	○	○

NCQAC Annual Survey

Subcommittees

Please tell us about working with Commission subcommittees.

11. What subcommittees do you participate in?

- [ ] Advanced Practice
- [ ] Consistent Standards of Practice
- [ ] Discipline
- [ ] Education
- [ ] Licensing
- [ ] Research
- [ ] None of the above

12. How well do subcommittees run?

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	N/A
I understand the goals and objectives of subcommittees I participate in.	○	○	○	○	○	○
The subcommittees makes collective judgments about important matters.	○	○	○	○	○	○
Subcommittee meetings allow for candid and constructive discussion.	○	○	○	○	○	○
I know which staff member to reach out to with questions or needs.	○	○	○	○	○	○

Washington State's Board of Nursing
NCQAC
Nursing Care Quality Assurance Commission

NCQAC Annual Survey

Panels and other committees

Please tell us about working with Commission panels, steering committees, task forces, and other groups.

13. What panels, steering committees, task forces, or other Commission groups do you participate in?

- [ ] Case Management Team
- [ ] Communication Task Force
- [ ] Legislative Panel
- [ ] Long-Term Care Workforce Development Steering Committee
- [ ] Other (please specify)
- [ ] None of the above
- [ ] Nursing Assistant Program Approval Panel
- [ ] Nursing Program Approval Panel

14. How well do these groups run?

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	N/A
I understand the goals and objectives of the groups I participate in.	○	○	○	○	○	○
The groups makes collective judgments about important matters.	○	○	○	○	○	○
Group meetings allow for candid and constructive discussion.	○	○	○	○	○	○
I know which staff member to reach out to with questions or needs.	○	○	○	○	○	○

Washington State's Board of Nursing
NCQAC
Nursing Care Quality Assurance Commission

NCQAC Annual Survey

Feedback

Please give us any comments or feedback you have.

15. Do you have any feedback or comments you want to make?

16. Is there anyone you would like to recognize?

Q15 Do you have any feedback or comments you want to make?

Answered: 12 Skipped: 14

#	RESPONSES	DATE
1	1) I am surprised by the use of--and lack of use of--technology. I am grateful I have been given a laptop for my work. However, it has been most difficult to use. I would personally prefer to use SharePoint as a single point of access to information (e.g. current points of contact, guides, etc). 2) I was very surprised to learn about the difference in pay/stipend between NCQAC and other commissions. For instance, my NP colleagues on the Pharmacy and Therapeutics committee tells me she is compensated over $1K per day!	12/7/2022 6:39 PM
2	As a Pro Tem member, I have had limited participation/contribution as I only attend monthly subcommittee meetings. Hopefully I will be able to provide more contribution in the future!	12/5/2022 4:44 PM
3	Excellent staff and Commission	12/5/2022 2:50 PM
4	I am new to the commission, my on-boarding and support from the staff and my mentor has been amazing.	12/4/2022 6:19 PM
5	It is an absolute privilege to be a part of NCQAC.	12/4/2022 11:04 AM
6	Handouts for meetings (Annual Nursing Commission) are really good. Recommend less information on PowerPoint slides for some presenters.	12/2/2022 4:13 PM
7	Everbody is very helpful and I really appreciate all for we do for the community	12/2/2022 12:50 PM
8	I think that the transition in leadership will require patience recognizing that in addition to a new executive director, we have quite a number of new commissioners.	12/1/2022 11:17 AM
9	Our staff are second to none in quality and quantity of work. I am seeing the new membership integrate with the veteran membership to become a cohesive body. The varied experience is welcome as is their leadership. I do wish for them to take advantage of the opportunities to engage with NCSBN as soon as possible because that is where the work of BON's is synthesized on the larger scale to move nursing forward. Washington has always been where NCSBN looks for the newest ideas and processes and that is something of which to be proud.	11/26/2022 12:39 PM
10	I have found this work rewarding.	11/22/2022 1:16 PM
11	In my reply to question #3 In working with the different committee, sub-committee, panel etc. I realize that everyone do not know all of the other departments that we work with nor the level of work required, the amount of reading and time that's required to complete the work. All commissioner are not retired. I don't really have contact with my mentors since they transition to pro tem. I can try to reach out.	11/21/2022 9:15 AM
12	Staff is the best I have ever worked with . Commissioners are participatory and ask questions.	11/19/2022 12:56 PM

Q16 Is there anyone you would like to recognize?

Answered: 16 Skipped: 10

#	RESPONSES	DATE
1	Everyone has been very kind, actually	12/7/2022 6:39 PM
2	Mary Sue, Jonathan, and Laurie have all provided wonderful leadership!	12/5/2022 4:44 PM
3	Yvonne, our fearless Chair and Kathy Moisio	12/5/2022 2:50 PM
4	Renee Hoeksel for her incredible support and positive feedback as I learn my role. Sarah Bear for her quick response and help as I review the assigned work. Geri Babbo for her encouragement and support during this steep learning curve. It is an honor to serve on the commission.	12/4/2022 6:19 PM
5	Paula- you are a source of constant support. Thank you. Joan Matyag and Julie Benson- As a new commission members/ProTem- your efforts and commitment to understanding your roles is exemplary.	12/4/2022 11:04 AM
6	NAPAP Kathy and Amy are great leaders in they are really good at giving constructive feedback in a kind way. Helen is also very encouraging members to stay on task yet honoring everyone's contribution. Tracy is always very accessible and helpful as a mentor. I am enjoying getting to know the legal team, and find them very easy to work with.	12/2/2022 4:13 PM
7	Tiffany Randich	12/2/2022 12:50 PM
8	The staff supporting NPAP and the education sub committee. Their help and expertise is unmatched.	12/2/2022 7:59 AM
9	I want to thank Paula for her outstanding leadership and wish her well in her retirement.	12/1/2022 11:17 AM
10	Laurie Soine has been an amazing mentor for me especially when I was starting my work on CMT. I really have appreciated all the attorneys but Seana and Miranda have been particularly helpful to me when I have been working on complicated CMT cases.	11/29/2022 10:45 AM
11	Sarah Bear and Gerianne Babbo	11/22/2022 3:51 PM
12	Geri Babbo and Sarah Bear--have done a great job at mentoring me as I have developed my role as an NPAP member Renee Hoeksel --also has made herself available for mentoring and provided great feedback. Tiffany Randich-- Great mentor in the discipline subcommittees.	11/22/2022 1:16 PM
13	Geri Babbo, Sara Bear for their leadership roles. Bethany Mauden for her able assistance....DOH staff are very helpful.	11/22/2022 1:09 PM
14	Sarah Bear and Gerianne Babboa are great resources and alway available to answer when I need them most. The Attorneys that I work with are all amazing and collaborates well to ensure we make the right decisions and follow the WAC as it relates to our decision making. I am happy to be here!	11/21/2022 9:15 AM
15	I would like the staff to know how much they are valued. Amazing people who are always on top of the issues, kind and professional. And Paula Meyer who has steered the commission to great heights through the years. Her leadership will be greatly missed. The years of history that will be lost. Hard shoes to fill.	11/20/2022 7:02 PM
16	I could not single out one person but I have to say that Paula is one of the best leaders I've known. She respects her team, allows them and trusts them to do what they are hired for and praises in public. I will miss her more than she can imagine.	11/19/2022 12:56 PM

NURSING BUDGET STATUS REPORT – January 2023

2021-2023 BIENNIUM:

This report covers the period of July 1, 2021, through January 31, 2023, nineteen months into the biennium, with five months remaining. The NCQAC budget is underspent by 4.1 % or about $965K and the current revenue balance is $3.6M.

REVENUES:

The recommended revenue balance or "reserve" should be 12.5% of biennial budgeted allotments, or approximately $3.7M. NCQAC revenue balance had another slight rebound during this reporting period and is currently just below the recommended reserve balance. Revenues continue the trend of exceeding projections and currently outpace projections by 7.7%, or more than $1.7M. This is due to the continued high volume of applications received. Application volume should moderate for the remainder of the fiscal year; however, we anticipate at levels above projections made at the time the budget was prepared.

EXPENDITURES:

This report reflects actuals, no estimates.

Highlights:

- AG allotments were adjusted (increased) in FM14, however expenditures continue to come in slightly above budget due to ongoing litigation.
- Goods & Services expenditures are exceeding allotments due to payments made to cover the cost of the legislative mandated audit of our out-of-state licensing process.
- Salaries and Benefits remain below allotment due to the additional allotments granted in the 2022 supplemental. Delays in filling new positions also contributed to the savings.
- FBI Background Checks are charged based on actual files processed and continue to trend higher than projected due to the increased volume of endorsement applications.
- Equipment expenses have increased due to replacing aging equipment in addition to adding new pro tem members to help with increased workloads.
- Indirects are charged based on biennial allotments. Indirect allotments increased with the approval of our decision packages combined with the reduction of rates in FY23 resulted in significant savings to date.

FISCAL OUTLOOK:

The combination of higher than projected revenues and underspending the budget has resulted in a net gain of $2.7M to the reserve balance since the beginning of the biennium. We anticipate revenues to continue to exceed projections with the new fee increase that was implemented on December 1, 2022. Additionally, savings with indirects is expected to continue through the remainder of the biennium. Direct expenditures and service units will accelerate as more staff are onboarded and as travel is reinstated, however we do not anticipate reaching full expenditure by the end of the biennium. The final HELMS withdrawal, $2.6M, 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 prior to the start of the next biennium.

Washington State's Board of Nursing
NCQAC
Nursing Care Quality Assurance Commission

Nursing Care Quality Assurance Commission
2021-23 Budget Status Report (Health Professions Account)
For the period of July 1, 2021 through January 31, 2023

Washington State Department of HEALTH

EXPENDITURES TYPES	BIENNIAL BUDGET	ALLOT THRU FM17	ACTUALS THRU FM17	PREV FM ALLOT FM18	PREV FM Expense FM18	Current FM ALLOT FM19	Current FM Expense FM19	BUDGET/ALLOTMENT TO-DATE	EXPENDITURES TO-DATE	VARIANCE TO-DATE	% SPENT TO-DATE
DIRECT EXPENDITURES:											
FTEs (average)	81.33	83.89	82.15	83.89	82.86	83.89	80.04	81.33	78.19	3.13	96.15%
Staff Salaries & Benefits	$16,788,320	$11,809,201	$11,529,969	$711,301	$761,484	$711,302	$728,357	$13,231,804	$13,019,810	$211,994	98.40%
Commission Salaries	$604,615	$426,920	$385,007	$25,385	$26,535	$25,385	$19,138	$477,690	$430,680	$47,010	90.16%
Goods & Services	$597,803	$420,098	$417,695	$25,386	$99,262	$25,386	$191,588	$470,870	$708,545	($237,675)	150.48%
Rent	$830,031	$580,459	$398,852	$35,654	$46,242	$35,654	$24,855	$651,767	$469,950	$181,817	72.10%
Attorney General (AG)	$1,592,958	$1,059,338	$1,174,199	$67,378	$68,367	$67,379	$61,922	$1,194,095	$1,304,488	($110,393)	109.24%
Travel	$180,000	$126,345	$72,128	$7,665	$5,988	$7,665	$1,058	$141,675	$79,174	$62,501	55.88%
Equipment	$111,696	$74,596	$71,131	$5,300	$7,409	$5,300	$22,273	$85,196	$100,813	($15,617)	118.33%
IT Support & Software Licenses	$367,476	$254,136	$184,868	$16,191	$28,666	$16,191	$3,243	$286,518	$216,778	$69,740	75.66%
TOTAL DIRECT	**$ 21,072,899**	**$ 14,751,093**	**$ 14,233,850**	**$ 894,260**	**$ 1,043,954**	**$ 894,262**	**$ 1,052,435**	**$16,539,615**	**$16,330,238**	**$209,377**	98.73%
SERVICE UNITS:											
FBI Background Checks	$527,013	$369,345	$467,742	$22,524	$0	$22,524	$71,222	$414,393	$538,964	($124,571)	130.06%
Office of Professional Standards	$435,023	$291,959	$276,634	$20,223	$0	$20,223	$16,869	$332,405	$293,503	$38,902	88.30%
Adjudication Clerk	$213,498	$149,469	$72,067	$9,147	$0	$9,147	$5,771	$167,763	$77,838	$89,925	46.40%
HP Investigations	$86,601	$59,546	$53,089	$3,865	$1,145	$3,865	$2,802	$67,276	$57,035	$10,241	84.78%
Legal Services	$39,570	$27,089	$25,585	$1,783	$40	$1,783	($78)	$30,655	$25,546	$5,109	83.34%
Call Center	$164,978	$113,500	$106,406	$7,354	$6,144	$7,354	$9,992	$128,208	$122,543	$5,665	95.58%
Public Disclosure	$382,476	$267,676	$227,973	$16,400	$0	$16,400	$29,045	$300,476	$257,018	$43,458	85.54%
Revenue Reconciliation	$180,909	$126,582	$131,037	$7,761	$7,520	$7,761	$12,377	$142,104	$150,934	($8,830)	106.21%
Online Healthcare Provider Lic - Staff	$305,352	$214,198	$233,889	$13,022	$0	$13,022	$22,244	$240,242	$256,133	($15,891)	106.61%
Online Healthcare Provider Lic - Contract	$195,792	$138,686	$127,488	$8,158	$0	$8,158	$0	$155,002	$127,488	$27,514	82.25%
Suicide Assessment Study	$40,800	$28,900	$11,636	$1,700	$0	$1,700	$0	$32,300	$11,636	$20,664	36.03%
TOTAL SERVICE UNITS	**$ 2,572,012**	**$ 1,786,950**	**$ 1,733,546**	**$ 111,937**	**$ 14,849**	**$ 111,937**	**$ 170,245**	**$2,010,824**	**$1,918,639**	**$92,185**	95.42%
INDIRECT CHARGES:											
Agency Indirects (16.9% in FY1 - 15.3% in FY2)	**$3,964,221**	**$2,772,627**	**$2,370,870**	**$168,695**	**$155,738**	**$168,695**	**$187,192**	$3,110,017	$2,713,800	$396,218	87.26%
HSQA Division Indirects (11.3% in FY1 - 9.7% in FY2)	**$2,648,714**	**$1,852,540**	**$1,593,174**	**$112,714**	**$98,514**	**$112,715**	**$118,648**	$2,077,969	$1,810,336	$267,633	87.12%
TOTAL INDIRECTS (28.2% in FY1 - 25% in FY2)	**$ 6,612,936**	**$ 4,625,167**	**$ 3,964,043**	**$ 281,409**	**$ 254,252**	**$ 281,410**	**$ 305,840**	**$5,187,986**	**$4,524,135**	**$663,851**	87.20%
GRAND TOTAL	**$ 30,257,847**	**$21,163,210**	**$ 19,931,439**	**$1,287,606**	**$1,313,054**	**$1,287,609**	**$1,528,519**	**$23,738,425**	**$22,773,013**	**$965,412**	95.93%

NURSING REVENUE

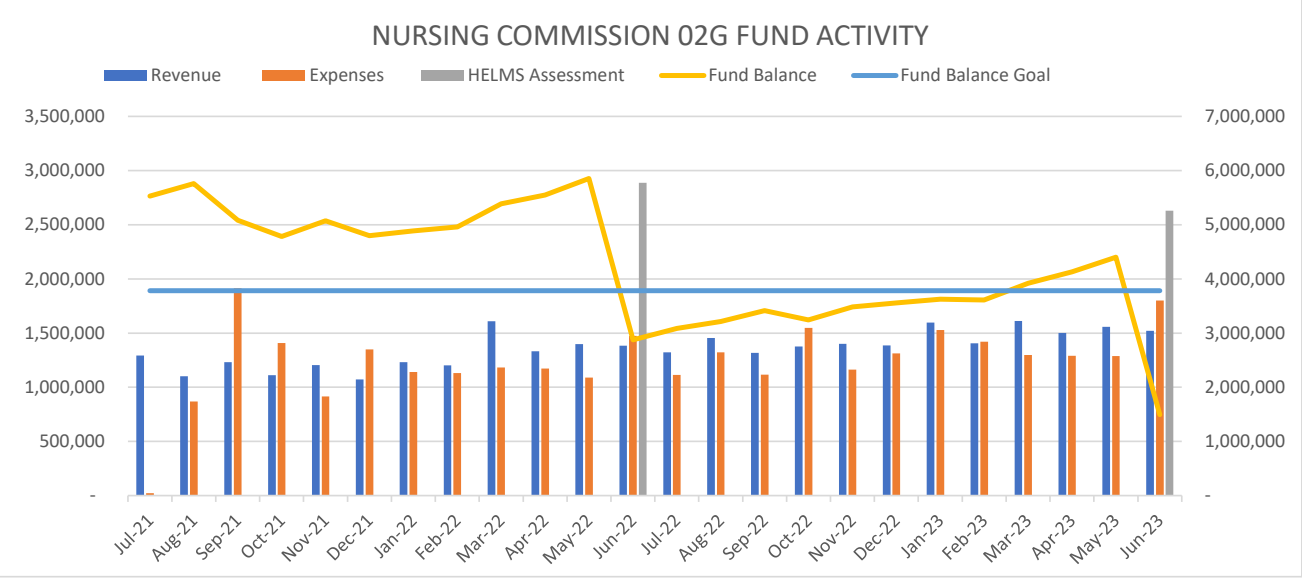
BEGINNING REVENUE BALANCE	$ 4,257,147
21-23 REVENUE TO-DATE	$ 25,026,455
21-23 HELMS ASSESS. TO-DATE	$ 2,887,402
21-23 EXPENDITURES TO-DATE	$ 22,773,013
ENDING REVENUE BALANCE	**$ 3,623,188**

Washington State's Board of Nursing
NCQAC
Nursing Care Quality Assurance Commission

Nursing Care Quality Assurance Commission
2021-23 Fund Balance Projections
Health Professions Account

FM	Month	Actual/ Projected Revenue	Actual/ Projected Expenses	Actual/ Projected HELMS Assessment	Actual/ Projected Fund Balance	Fund Balance Goal	% of Fund Balance Goal
1	Jul-21	1,292,977	22,430	-	5,527,693	3,782,231	146.1%
2	Aug-21	1,101,108	867,469	-	5,761,333	3,782,231	152.3%
3	Sep-21	1,232,003	1,912,873	-	5,080,463	3,782,231	134.3%
4	Oct-21	1,110,773	1,407,696	-	4,783,540	3,782,231	126.5%
5	Nov-21	1,205,670	914,844	-	5,074,367	3,782,231	134.2%
6	Dec-21	1,071,481	1,349,193	-	4,796,655	3,782,231	126.8%
7	Jan-22	1,230,993	1,141,480	-	4,886,167	3,782,231	129.2%
8	Feb-22	1,203,206	1,131,177	-	4,958,195	3,782,231	131.1%
9	Mar-22	1,610,012	1,182,821	-	5,385,386	3,782,231	142.4%
10	Apr-22	1,333,022	1,172,374	-	5,546,035	3,782,231	146.6%
11	May-22	1,397,552	1,090,387	-	5,853,200	3,782,231	154.8%
12	Jun-22	1,382,643	1,474,207	2,887,402	2,874,234	3,782,231	76.0%
13	Jul-22	1,322,765	1,113,148	-	3,083,851	3,782,231	81.5%
14	Aug-22	1,453,983	1,322,484	-	3,215,350	3,782,231	85.0%
15	Sep-22	1,318,500	1,117,365	-	3,416,486	3,782,231	90.3%
16	Oct-22	1,376,858	1,548,234	-	3,245,109	3,782,231	85.8%
17	Nov-22	1,401,552	1,163,257	-	3,483,404	3,782,231	92.1%
18	Dec-22	1,384,814	1,313,054	-	3,555,165	3,782,231	94.0%
19	Jan-23	1,596,542	1,528,519	-	3,623,188	3,782,231	95.8%
20	*Feb-23*	*1,406,411*	*1,420,192*	*-*	*3,609,407*	*3,782,231*	*95.4%*
21	*Mar-23*	*1,610,444*	*1,297,822*	*-*	*3,922,029*	*3,782,231*	*103.7%*
22	*Apr-23*	*1,502,400*	*1,291,440*	*-*	*4,132,989*	*3,782,231*	*109.3%*
23	*May-23*	*1,558,494*	*1,288,719*	*-*	*4,402,764*	*3,782,231*	*116.4%*
24	*Jun-23*	*1,520,837*	*1,799,478*	*2,629,962*	*1,494,161*	*3,782,231*	*39.5%*

FY1	**Total**	**15,171,442**	**13,666,952**	**2,887,402**	HELMS Actual
FY2	**Total**	**17,453,600**	**16,073,424**	**2,629,962**	HELMS Projected
BIEN	**Total**	**32,625,041**	**29,740,376**	**5,517,364**	



Notes:
1 Fund Balance Goal is 12.5% of biennial allotments or three month's operating expenses

Washington State's Board of Nursing
NCQAC
Nursing Care Quality Assurance Commission

Standard Rulemaking Process

Number of Days

CR-101

- Staff draft the CR-101 (Preproposal Statement of Inquiry) and rule package documents for review.
- The nursing commission approves of opening rules and filing a CR-101 at a scheduled business meeting.
- The draft CR-101 and rule package documents are reviewed internally by the nursing commission's content experts and legal staff. Afterwards, the draft documents go forward for DOH to review, approve, and file with the Office of the Code Reviser.

51 days (14 days nursing commission review + 37 days of DOH review)

Rule Workshops

After the CR-101 is filed, the nursing commission is able to host rule workshops with interested parties.

30-40 days (2-3 workshops)

CR-102

- Staff uses the feedback from rule workshops to develop the draft rule language, CR-102 (Notice of Proposed Rule Making), and rule package documents.
- The draft rule language, CR-102, and rule package documents are reviewed internally by the nursing commission's content experts and legal staff. Afterwards, the draft documents go forward for DOH to review, approve, and file with the Office of the Code Reviser.

86 days (14 days nursing commission review + 72 days of DOH review)

Rule Hearing

Per RCW 34.05.320, a CR-102 must be published in the state register at least 20 days before a hearing. A rule hearing can occur 20 days or later after the CR-102 is published. The time period prior the rule hearing is referred to as the public comment period.

33 days (Public Comment Period)

CR-103

- If the nursing commission approves of the proposed rule language at the rule hearing, then the rule can move forward in the rulemaking process with the filing of a CR-103 (Rulemaking Order)
- Staff draft the CR-103 and rule package documents.
- The adopted rule language, CR-103, and rule package documents are reviewed internally by the nursing commission's content experts and legal staff. Afterwards, the documents go forward for DOH to review, approve, and file with the Office of the Code Reviser.

46 days (14 days nursing commission review + 32 days of DOH review)

Note: The number of days does not include the time needed to create the draft documents or for edits that result from review. The number of days reflect each stage of our rules process *in the best case scenario*.

E-mail: NCQAC.Rules@doh.wa.gov
Phone: (360) 236-3538
Website: https://nursing.wa.gov/support-practicing-nurses/rules-laws-and-statements/rules/rules-progress

EMERGENCY RULES (120-Day Limit)

RULE	WASHINGTON ADMINISTRATIVE CODE (WAC)	PURPOSE	LAST FILING DATE Washington State Register (WSR)
Basic Caregiver Training Requirement	WAC 246-840-930 WAC 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 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. To align with the corresponding NAR rule, the commission is adopting emergency language to correspond.	WSR: 23-03-014 File: 1/6/2023
Nursing Assistant Emergency Rules	WAC 246-841-420, 470, 490, 500, 510, 555	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.	WSR: 23-03-010 File: 1/6/2023
Nursing Emergency Rules	WAC 246-840-365 WAC 246-840-367	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.	WSR: 23-03-011 File: 1/6/2023

CURRENT RULES IN PROGRESS (STANDARD)

#	RULE	WASHINGTON ADMINISTRATIVE CODE (WAC)	PURPOSE	CR-101 PREPROPOSAL	RULE WORKSHOPS	CR-102 PROPOSED & CR-105 (EXPEDITED)	RULE HEARING	CR-103P PERMANENT	NEXT STEPS
1	Nursing Assistants and NAC Training Program Standards	Amendments to: Chapter 246-841 WAC (repealing) replacing with 246-841A in collaboration with DOH Secretary. Chapter 246-842 WAC (repealing)	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	October 2022 through February 2023.				Commission to approve draft proposed rule language and move forward with filing a combined CR-102 for these rules and NA Rules under Secretary Authority (See #2) at the **March 10, 2023, NCQAC business meeting.**
2	NA Rules (Secretary Authority)	WAC 246-841-520 WAC 246-841-720 WAC 246-841-990	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	October 2022 through February 2023.				Commission to approve draft proposed rule language and move forward with filing a combined CR-102 for these rules and NA Rules under Secretary Authority (See #2) at the **March 10, 2023, NCQAC business meeting.**
3	ARNP Opioid Prescribing Rules	Amendments to: WAC 246-840-463 WAC 246-840-4659	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.	WSR: 19-15-092 Filed: 7/22/2019	6/21/2022 and 6/30/22.				Commission to approve draft proposed rule language and move forward with filing CR-102 at the **March 10, 2023 NCQAC business meeting.**
4	ARNP Inactive and Expired Licenses	Amendments to: WAC 246-840-365 WAC 246-840-367	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 for further consideration. The commission voted to begin a new CR-101 process and consider adding other rule sections.	WSR: 22-12-090 Filed: 6/1/2022	6/21/2022 and 6/30/22.	WSR: 23-01-134 Filed: 12/20/2022	1/27/2023		Staff files CR-103
5	Nursing Temporary Practice Permits	Amendments to: WAC 264-840-095	When the department and commission first began completing FBI fingerprint background checks on out-of-state	WSR: 22-06-057 Filed: 2/25/2022	7/7/22, 8/4/22, and 9/19/22.				Workshop findings will be presented to the Licensing

#	RULE	WASHINGTON ADMINISTRATIVE CODE (WAC)	PURPOSE	CR-101 PREPROPOSAL	RULE WORKSHOPS	CR-102 PROPOSED & CR-105 (EXPEDITED)	RULE HEARING	CR-103P PERMANENT	NEXT STEPS
			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 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.**						subcommittee in April 2023. Commission to approve draft proposed rule language and move forward with filing CR-102 at the **May 12, 2023, NCQAC business meeting.**
6	Blood Glucose Delegation	Amendments to: WAC 246-840-010 WAC 246-840-700 WAC 246-840-910 WAC 246-840-920 WAC 246-840-930 WAC 246-840-940 WAC 246-840-950 WAC 246-840-960 WAC 246-840-970	1124-S.PL.pdf (wa.gov) **Nurse Delegation of Glucose Monitoring, Glucose Testing, and Insulin Injections** Identifies two areas that require NCQAC rulemaking: • Expands the allowance for the RN to delegate glucose monitoring and testing beyond community-based and home settings to all settings where the NA-R/NA-C and HCAs work. • Removes from statute the timelines for RN supervision and evaluation of the delegated task of administering insulin and directs the commission to determine the interval in rule.	WSR: 23-02-037 Filed: 12/29/2022	2/1/2023 and 2/6/2023.				Workshop findings will be presented to the CSP subcommittee in April 2023. Commission to approve draft proposed rule language and move forward with filing CR-102 at the **May 12, 2023, NCQAC business meeting.**
7	Health Equity Continuing Education	Amendments to: WAC 246-840-220 And other relevant continuing education rule sections in Chapter 246-840 WAC	5229-S.SL.pdf (wa.gov) **Health Equity & Continuing Competency** 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 2 hours of health equity continuing education training every 4 years.	WSR: 23-03-069 Filed: 1/12/2023	2/3/2023 2/8/2023 2/15/2023 2/16/2023 2/17/2023 2/22/2023 2/24/2023				Workshop findings will be presented to the CSP subcommittee in April 2023. Commission to approve draft proposed rule language and move forward with filing CR-102 at the **May 12, 2023, NCQAC business meeting.**

RECENTLY FILED RULES (EFFECTIVE 2021-2022)

#	RULE	WASHINGTON ADMINISTRATIVE CODE (WAC)	PURPOSE	CR-101 PREPROPOSAL	RULE WORKSHOPS	CR-102 PROPOSED & CR-105 (EXPEDITED)	RULE HEARING	CR-103P PERMANENT
1	ARNP Scope of Practice	WAC 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. The proposed amendments to WAC 246-840-300, WAC 246-840-700 and 246-840-710 introduce new and revised language that clarify the ARNP scope of practice, update gender pronouns, and include other housekeeping changes.	WSR: 19-01-002 Filed: 12/5/2018	1/22/2019 1/23/2019 1/24/2019 1/26/2022 2/7/2022	WSR: 22-15-078 Filed: 7/18/2022	9/9/2022	WSR: 22-23-130 Filed: 11/21/2022
2	Nursing Technician Definition	WAC 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		WSR: 22-17-144 Filed: 8/23/2022
3	Fees	WAC 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		WSR: 22-10-104 Filed: 5/4/2022	6/13/2022	WSR: 22-15-074 Filed: 7/18/2022
4	Emergency to Permanent Rules	3/11/2022 246-840-533, 930 9/17/2021 Original 246-840-365, 367, 533, 930	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	11/3/2021 11/8/2021	WSR: 22-04-081 Filed: 1/31/2022	3/11/2022 WAC 246-840-365, 367 removed and will be included in a new CR-101.	WSR: 22-12-026 Filed: 5/23/2022
5	LPN/NT Practice Opportunities	WAC 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	10/5/2020 and 9/2020	WSR 21-20-058 Filed: 9/28/2021	11/12/2021	WSR: 22-04-082 Filed: 1/31/2022

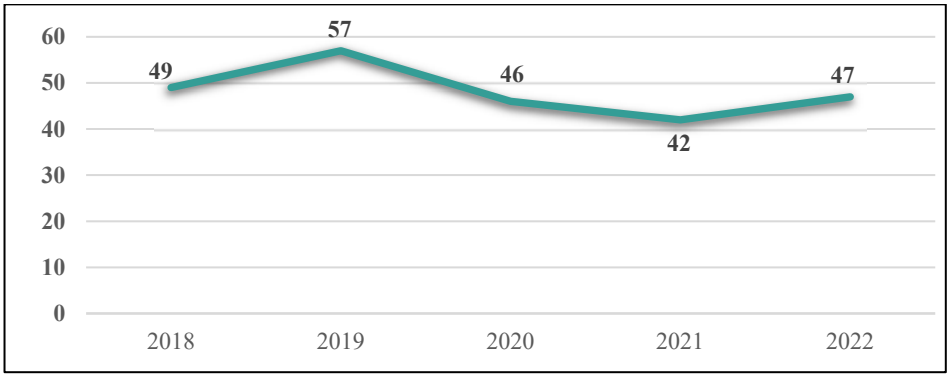
#	RULE	WASHINGTON ADMINISTRATIVE CODE (WAC)	PURPOSE	CR-101 PREPROPOSAL	RULE WORKSHOPS	CR-102 PROPOSED & CR-105 (EXPEDITED)	RULE HEARING	CR-103P PERMANENT
6	Continuing Competency	WAC 246-840-111, 120, 125, and 200 through 260	The Nursing Care Quality Assurance Commission (commission) is adopting amendments 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
7	Aids Education & Training	WAC 246-840-025, 030, 045, 090, 539, 541, 860, 905, 246-841-490, 578,585 and 610	Section 22, paragraph (11) of ESHB 1551 repeals RCW 70.24.270-Health Professionals-Rules for AIDS education and 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.			**Expedited** WSR: 20-18-045 Filed: 8/28/2020		WSR: 21-04-016 Filed: 1/22/2021

Nursing Care Quality Assurance Commission/Washington Health Professionals Services 2022 Annual Report

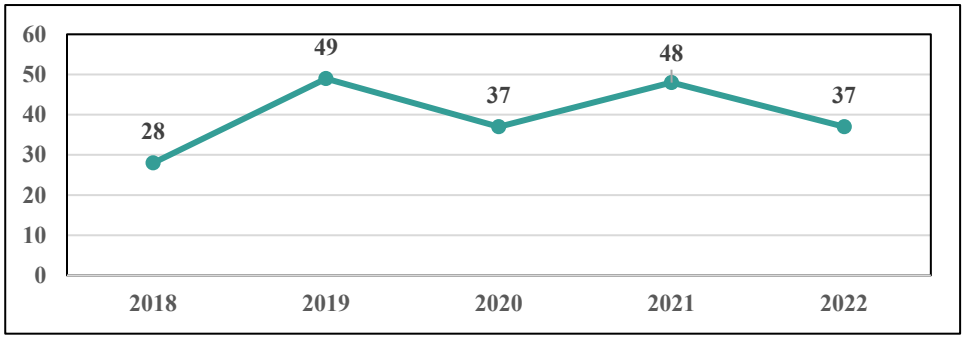
CONTENTS	PAGE

All measured results were derived from data collected between January 1 and December 31, 2022

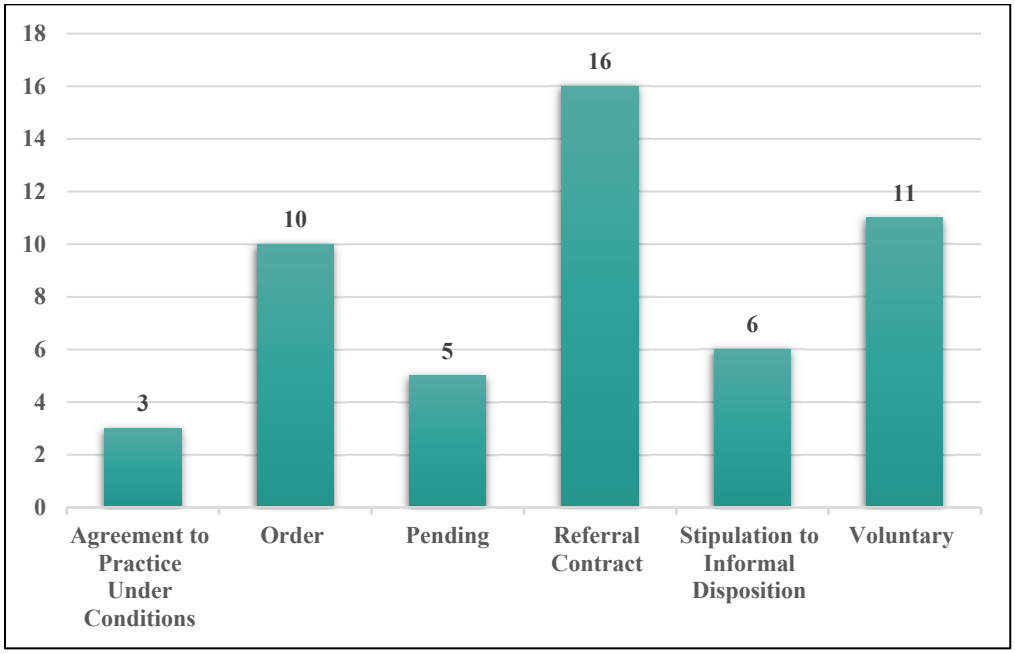
1. **Length of time to determine eligibility for participation:**
   - Average days from intake to contract offer.



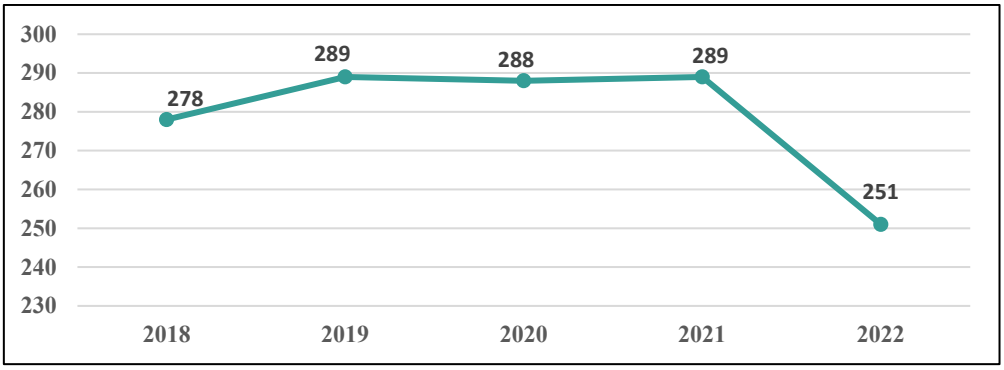
2. **Length of time from when the program receives the referral to the execution of the contract:**
   - Average days from intake to contract execution:
   - WHPS offered 73 contracts to nurses in 2022, resulting in 51 signed WHPS monitoring contracts.



3. **Number and types of referrals:**

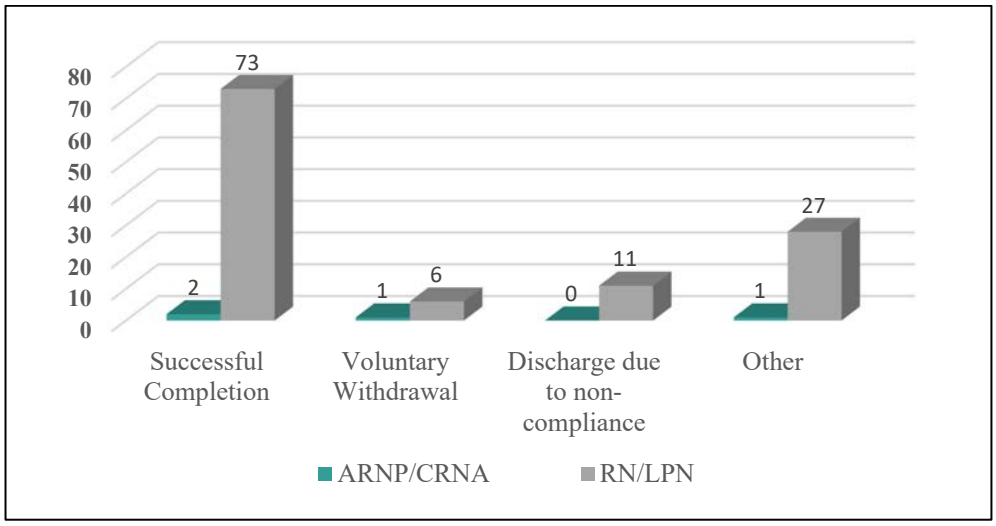


4. **Average number of WHPS participants in 2022 (new and existing nurses):**



5. **Return to work rates and timelines for new and existing nurses:**
   - In 2022, 77% of nurses were employed, totaling 179 nurses.
   - The goal is to maintain 75% employment rate of nurses in active practice.

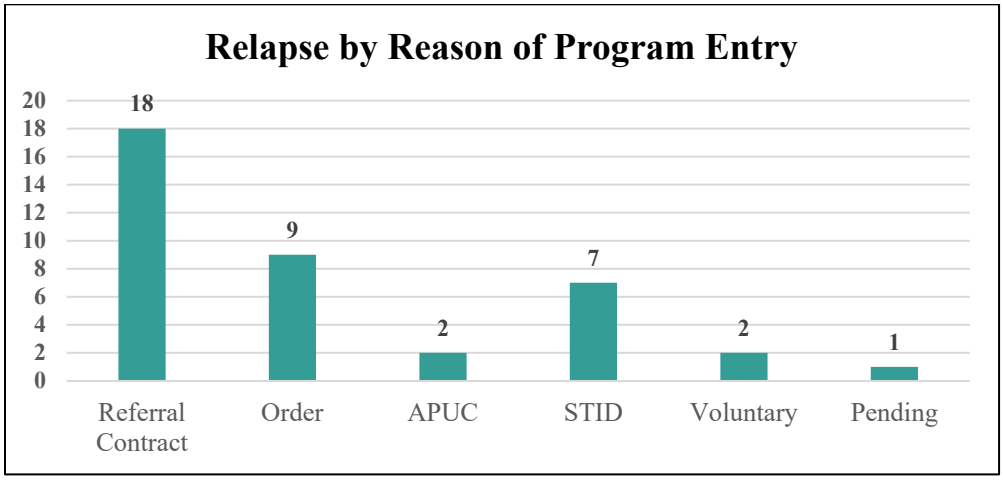
6. **The 2022 Discharge rates, which include successful discharge and other discharge reasons:**
    - Seventy-five (75) nurses successfully completed the program.
    - Eleven (11) nurses discharged as a result of non-compliance.
    - Seven (7) nurses voluntarily withdrew.
    - Twenty-nine (29) nurses were discharged due to other reasons, including offer refused, medical discharge and untimely death.



7. **Relapse rate/numbers:**

- Thirty-nine (39) nurses that either had a positive test or relapsed in 2022, 11 nurses relapsed or tested positive due to unauthorized use more than once. WHPS processed 68 positive test results in 2022.

"Cited in W44.02, for public protection and the purposes of monitoring, the National Council of State Boards of Nursing Substance Use Disorder in Nursing (2011) defines relapse as "any unauthorized use or abuse of alcohol, medications or mind-altering substances."

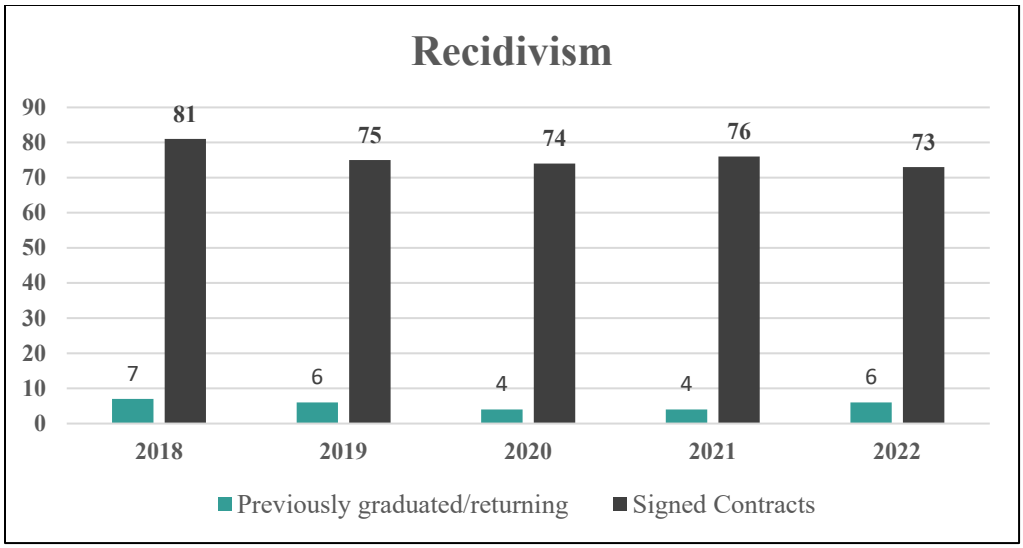


8. **Number of nurses removed from practice and reasons for removal:**

- In 2022, there were 39 incidents which resulted in 24 nurses being removed from practice.
- Of the 24 nurses, 11 had multiple incidences of unauthorized substance use and were removed from practice on more than one occasion.
- Of the 24 nurses, one (1) nurse was removed for prescription non-compliance.

9. Recidivism rates:

- There were six (6) nurses who had previously successfully completed the WHPS program and returned in 2022 to sign a new contract.



10. Case managers' caseloads:

- Average caseloads in 2022

Melissa Fraser:	56
Lori Linenberger:	53
Heidi Collins:	51
Alicia Payne:	51
Shelley Mezek:	50

11. Internal quality assurance frequency and findings:

2022	Total Program Participation	Average Days from Intake to Contract Signed	Average Days Positive Drug Test Turn-around Time	Incidents Referred to SUDRP	Average Days to Report an Incident to SUDRP	Number of Late Monthly Reports Submitted by Nurses	Emp. Rate	Case File Integrity, Required Documents, Up-to-date, Detailed Information	Missed Tests
Jan	250	23	5	6	23	18	75	98	3
Feb	247	20	8	9	18	14	75	97	7
Mar	280	42	7	6	20	17	74	98	8
Apr	266	39	9	3	103	16	76	100	5
May	259	43	10	4	19	19	77	96	5
June	252	37	8	9	61	19	78	100	3
July	245	41	8	4	43	17	79	98	6
Aug	244	35	5	10	22	18	80	99	0
Sep	245	47	6	5	20	15	79	100	3
Oct	241	61	3	5	20	19	78	96	8
Nov	242	36	5	5	23	17	77	97	5
Dec	238	50	5	9	29	18	79	96	8
Target		45	7		30	30	75	100	5

12. Case managers' response time to non-compliance and relapse issues:

- A review of 2022 non-compliance and incidents determined the case managers responded to all incidents in a timely manner, followed policies and procedures, documented communication and saved all relevant documentation.

13. Confirmation that required documents can be tracked and verified:

- In an effort to continually verify program compliance and ensure all processes and procedures are followed, the assistant director of discipline, WHPS and operations manager review selected case files monthly. The purpose for this review is to confirm completeness of files and verify receipt of required documentation. This includes, but is not limited to signed contracts, release of information, treatment evaluations and reports, employment contracts and required employment reports, group participation reports, attendance reports, self-reports, up-to-date prescription information, medication management reports or other required documentation. The case file integrity data collected is included in the internal quality assurance review frequency and findings table in #11 above.

14. Findings of performance:

- The internal compliance review team completed their review February 2021. Two recommendations were to manage caseloads effectively and address role confusion between case managers and case manager associates. Two case manager associates were reallocated to case managers in late 2021. The benefits are fully visible in 2022 as caseloads lowered to an average of 52 participants per case manager. Dedicated case managers are able to provide individualized attention to participants, which has resulted in fewer instances of non-compliance, better outreach, and enhanced communication with participants.

- Another recommendation to increase communication between WHPS staff, commission members and nurse participants resulted in the development of the Substance Use Disorder Review Panel (SUDRP). The committee of commission members and staff who developed SUDRP implemented the program in July 2022. This panel consists of (6) six commission members, the assistant director of discipline, WHPS and staff, and representatives from NCQAC legal, case management and investigations. The panel meets weekly to discuss non-compliance and provide a venue for WHPS participants who have requested graduation approval or have recently graduated to come and share their WHPS experience.

15. Legal or financial components as directed by NCQAC:

- WHPS receives its funding through licensing fees.
- WHPS does not have a dedicated budget.

16. Results of annual procedure review with NCQAC:

- NCQAC leadership and WHPS staff continually review WHPS procedures to ensure they are up to date with current research and legislation. WHPS staff brings proposed changes to the NCQAC Discipline Subcommittee for review and recommendation before submitting to the NCQAC for action.

- **Procedure recommendations to the NCQAC:**

  The Discipline Subcommittee (DSC) reviewed WHPS Procedure W42.03 Drug and Alcohol Testing specifically related to monitoring interruptions. After some discussion to provide clarity related to nurses who go into in-patient treatment, the DSC determined the procedure should remain the same.

  The DSC also reviewed W43.01 Missed Check-Ins and Tests, specifically related to nurses experiencing challenges to testing because of pandemic limitations. Nurses find fewer test sites available and more limited lab hours. The consensus was to begin exploring the use of oral fluids as a testing option. WHPS expanded testing options by partnering with the Genotox toxicology lab through Recovery Trek. This allows nurse participants to submit their specimen from anywhere in the US by shipping their specimen in a sealed and secured package directly to the lab. This reduces the frequency of missed tests and requested monitoring interruptions.

17. Education outreach plans and reports:

In 2022 COVID-19 continued to reshape the healthcare landscape. Two fundamental shifts affecting WHPS are 1) the increased use and reliance on digital communications, and 2) a focus on proactive approaches to clinician health and well-being.

WHPS responded by connecting with nurses, employers, treatment facilities, professional associations and other groups via virtual presentations and exhibitions. In-person engagements are returning, however not to pre-pandemic levels. This is illustrated by the prevalence of online and "hybrid" education events.

WHPS is using digital and social media outreach to connect with nurses and other stakeholders where they gather and with larger audiences. Examples include, updating and expanding the WHPS webpage, writing a quarterly DOH blog column, and creating the first WHPS BONcast.

The broader issue of clinician health and well-being (high rates of burnout, depression, self-medication, and suicide) is forcing healthcare organizations to rethink their approach to culture and a sustainable workforce. The trend is to rely less on a regulatory approach and more on cultivating a positive organizational culture that supports wellness and access to supports. Some believe this may be one of the driving forces behind declining participation across the country.

Maintaining relationships with associations and other professional groups is an outreach focus as they serve as allies and a significant communication conduit. Major interested parties WHPS works with includes the Washington State Nurses Association, Services Employee International Union, Washington Center for Nursing, Washington Health Care Association, and the Northwest Organization of Nurse Leaders.

On the national scene, Dr. John Furman continues to maintain relationships with organizations such as the National Council of State Boards of Nursing, National Organization of Alternative Programs, American Society of Addiction Nursing, and International Nursing Society on Addictions. This ensures that WHPS stays apprised of current literature, best practices, and regulatory activities.

A particular point of pride is the research paper written by Kimberly D Mozingo DNP, MBA-HM, BSN, CNOR. Ms. Mozingo engaged with WHPS and the NCQAC Research subcommittee on her DNP project and produced the paper *Substance Abuse Disorder in Nursing: Evaluation and Recommendation for Regulatory Monitoring Program Performance Measures and Enhancement*, published in the *Journal of Addictions Nursing*. Ms. Mozingo received the Christine Vourakis Impact Award for having the highest social impact in 2022.

2022 outreach highlights include, but are not limited to, presentations and engagements with the following groups:

- Washington Health Care Association
- Northwest Organization of Nurse Leaders

- Washington Association of Nurse Anesthesiologists
- Washington Association of Alcohol and Drug Addiction Counselors
- Aging and Long-Term Support Administration
- Leading Age Washington
- Washington State Hospital Association

In 2023, Dr. Furman looks forward to working with NCQAC to strengthen stakeholder relationships, develop substance use disorder continuing education modules, and stage NCQAC bi-annual SUD conference. The SUD conference theme in 2023 is supporting health and resilience in nursing.

18. Annual summary of performance measures

License Type	New Intake	Average Monitoring Per Month
ARNP/CRNA	2	19
RN/LPN	71	232
NT		
Total	73	251

CONTRACTS SIGNED BY REFERRAL TYPE (IN-STATE/OOS MONITORING)

License Type	APUC	Order	Pending	RC	STID	Voluntary	TOTAL
ARNP/CRNA	1			1	1		
RN/LPN	2	10	5	15	5	11	
Total	3	10	5	16	6	11	51

DISCHARGE TYPES

License Type	Not Appropriate	Offered/ Refused	Referred Back to NCQAC	Pending Discipline	Voluntary Withdrawal	Successful Completion	Deceased	TOTAL
ARNP/CRNP	3	1			1	2		7
RN/LPN	8	14	7	4	6	73	2	114
NT								0
Total	11	15	7	4	7	75	2	121

PERFORMANCE MEASURES * Average Caseload per Case Manager

Melissa Fraser	56
Heidi Collins	51
Alicia Payne	51
Shelley Mezek	50
Lori Linenberger	53
Average from Intake to Monitoring - Target 45 Days	47

EMPLOYMENT MEASURES

2022 Employment Rates:	Employed	Not-Employed
Percentage - Target 75%	77%	23%

Annual Report created by:

Cicely Bacon, WHPS Operations Manager

Review, Edits and Approval by:

Grant Hulteen, Assistant Director of Discipline, WHPS

Catherine Woodard, Director, Discipline and WHPS

Nursing Care Quality Assurance Commission

Washington Health Professionals Services

2022 Substance Use Review Panel Annual Report

Table of Contents

All measured results were derived from data collected
Between July 1, 2022, to December 31, 2022

I. Substance Use Disorder Review Panel Introduction

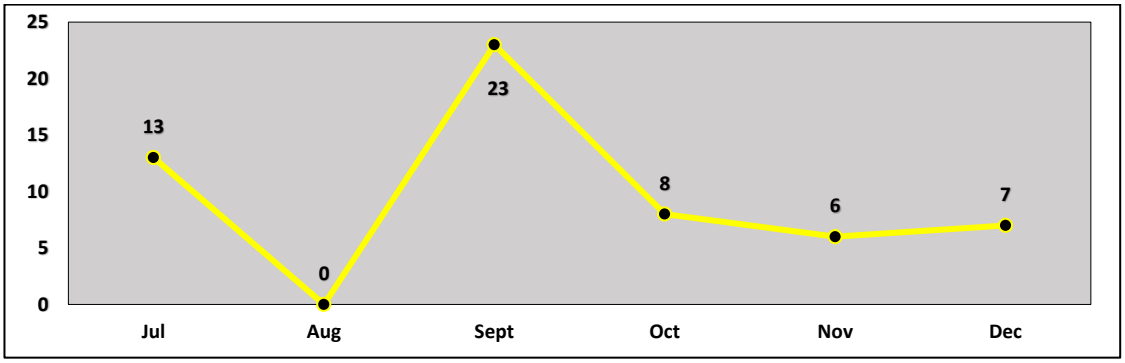
To improve the efficiency, effectiveness, and success of the Washington Health Professional Services (WHPS) nurses, a committee of commission members and staff developed the Substance Use Disorder Review Panel (SUDRP). The purpose is to evaluate WHPS nurses returned to the Nursing Care Quality Assurance Commission (NCQAC) for significant non-compliance with their monitoring contracts, and to conduct compliance appearances with nurses present when appropriate. NCQAC adopted procedure *A57.01 Substance Use Disorder Review Panel* on March 11, 2022, and SUDRP became operational on July 1, 2022. The SUDRP consists of:

- One NCQAC commission member to act as chair
- Two or more commission members or pro-tem commission members
- Assistant Director of Discipline, WHPS, or designee
- Assistant Director of Discipline, Legal Services, or designee
- WHPS Case Managers
- Staff Attorney
- Discipline Compliance Officer
- Other staff as requested or required

II. Substance Use Disorder Charts

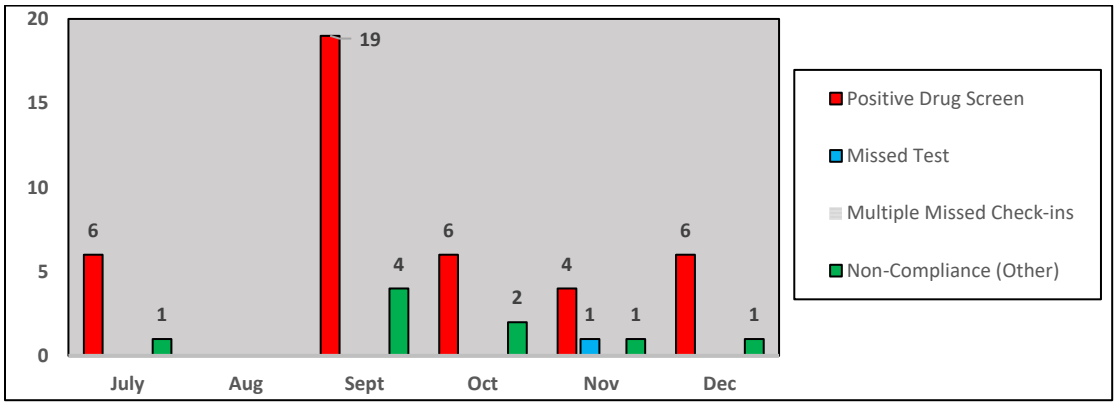
The following charts depict the numbers and types of noncompliance referrals that SUDRP considers.

A. Number of cases reviewed at Substance Use Disorder Review Panel



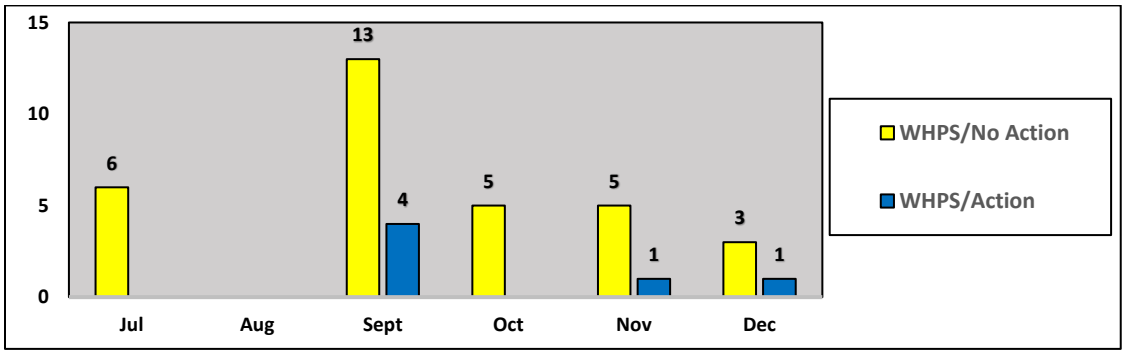
- SUDRP met only once in August 2022. SUDRP postponed other meetings scheduled in August, due to the unavailability of panel members or no referrals.

B. Reasons for Substance Use Disorder Review Panel referrals



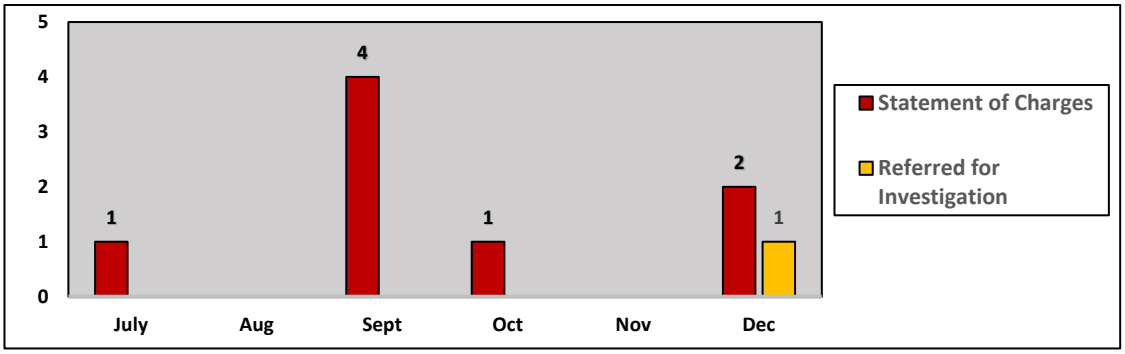
- Other non-compliance included:
  - July – Medical reasons and later discharged
  - Sept – Prescription, legal issues, refused contract, out-of-state contract non-compliance
  - Oct – Out-of-state contract non-compliance, drug court non-compliance
  - Nov – Out-of-state non-compliance
  - Dec – Prescription

C. Remain in WHPS with no legal action

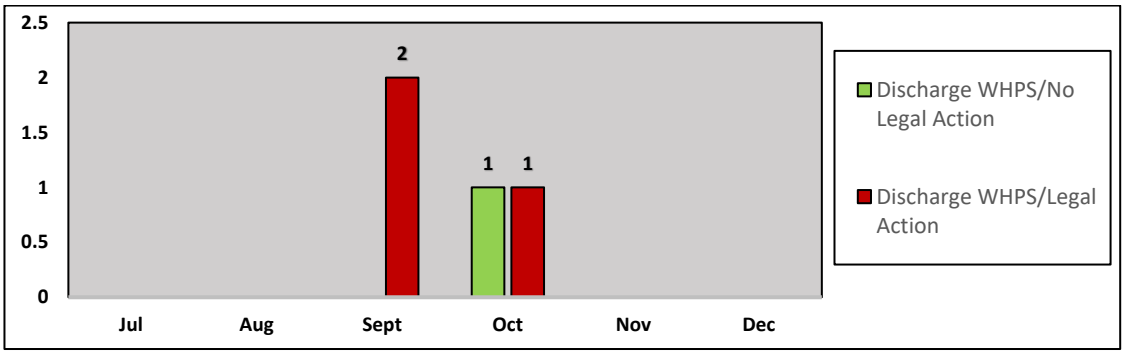


- Examples of WHPS actions include contract extension, increased testing frequency, and evaluations.

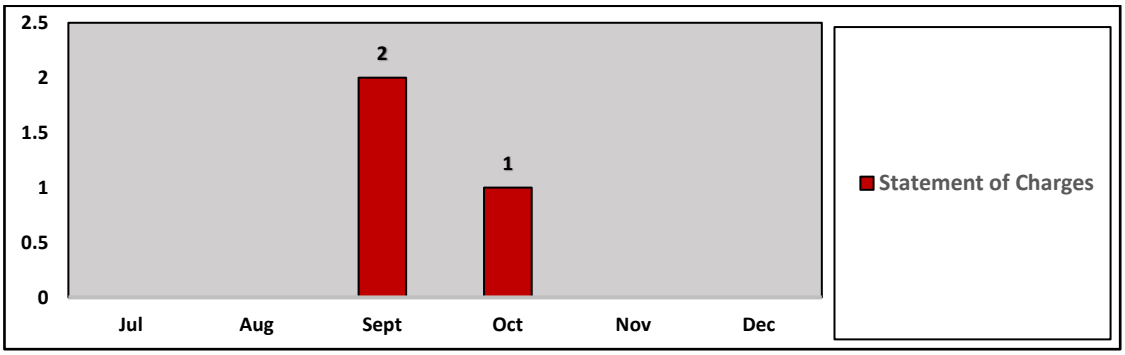
D. Remain in WHPS with legal action



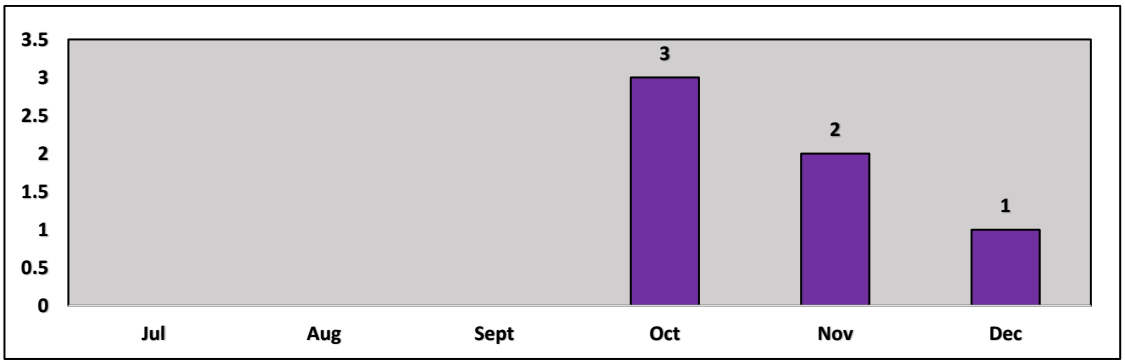
E. Discharged from WHPS with or without legal action



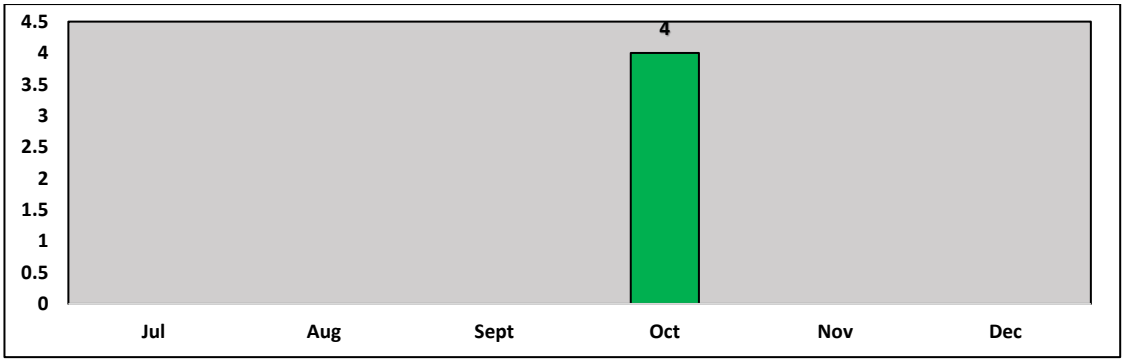
F. Discharge from WHPS legal action recommendation



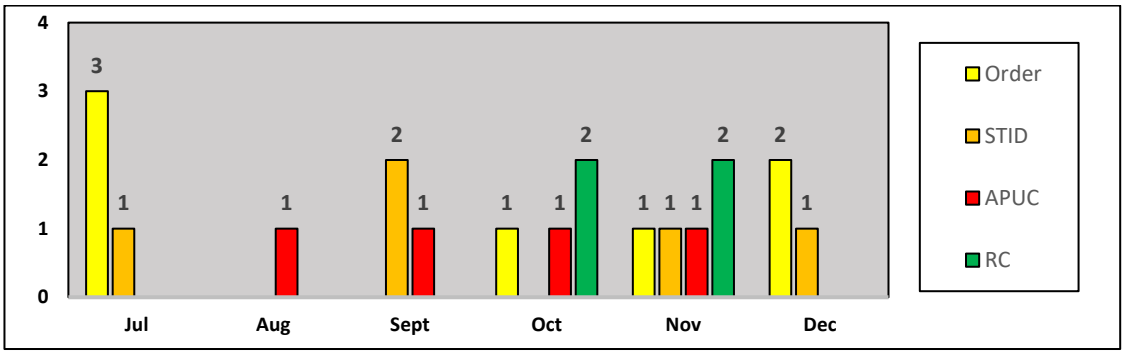
G. Nurse appearances



H. Referral contracts reviewed



I. Graduations reviewed



III. Substance Use Disorder Review Panel Activities and Additional Information

SUDRP is unique within monitoring programs across the United States because the participant can come before the SURDP for either non-compliance issues or for positive recognition of significant accomplishments, such as graduation. The SUDRP activities consist of the following:

1. Consider acts of substantial non-compliance referred by WHPS, including whether a compliance appearance is required.
2. Consider circumstances in which a compliance appearance invitation should be offered to nurse for significant milestones in their recovery or graduation from WHPS.
3. Decide whether to allow nurse to continue under the current WHPS monitoring contract, modify the contract, authorize an investigation, or authorize disciplinary action.
4. Participate in training sessions for staff and panel members to gain knowledge and understanding of substance use disorder to stay up to date with current research and technology in the substance use disorder field.

The SUDRP committee amended WHPS contracts in March 2022 to include language that a nurse may be required to appear before the SUDRP, and WHPS will report any monitoring contract non-compliance to SUDRP. SUDRP may request nurses eligible for graduation from WHPS to appear before the review panel, however, appearance is optional.

Since the initiation of SUDRP in July 2022, the feedback from both commission members and WHPS participants has been very positive due to the nurse's ability to be able to speak directly with the commission member and vice versa. In addition, it has allowed the WHPS staff to interact with the commission members. Case managers can directly discuss issues related to their caseload with commission members and receive decisions regarding the nurse's case in real-time.

SUDRP enables commission members to have more insight into the WHPS program, requirements within the program, and additional education about substance use disorders. The commission members completed a substance use disorder training that consisted of a variety of reading materials, including presentations from:

- Dr. David Beck, MD, WHPS Medical Director
  - Medication Assisted Treatment (MAT) in the WHPS program
- Dr. Donna Smith, PhD, Recovery Trek (RT) Quality Assurance Officer
  - Urine Drug Specimen (UDS) Laboratory Basics
  - Overview of RT's Medical Review Officer (MRO) processes
- Grant Hulteen, Assistant Director of Discipline-WHPS, and Alicia Payne, WHPS Case Manager
  - WHPS monitoring program overview
  - RT drug test panels and costs

AMENDATORY SECTION (Amending WSR 18-20-086, filed 10/1/18, effective 11/1/18)

WAC 246-840-463 Exclusions. WAC 246-840-460 through 246-840-4990 do not apply to:

(1) The treatment of patients with cancer-related pain;

(2) The provision of palliative, hospice, or other end-of-life care;

(3) The treatment of inpatient hospital patients; or

(4) Procedural premedications.

(5) The treatment of patients in nursing homes licensed under chapter 18.51 RCW or 388-97 WAC, nursing homes and long-term acute care hospitals (LTACs).

AMENDATORY SECTION (Amending WSR 18-20-086, filed 10/1/18, effective 11/1/18)

WAC 246-840-4659 Patient evaluation and patient record—Acute. Prior to prescribing an opioid for acute nonoperative pain or acute perioperative pain, the advanced registered nurse practitioner shall:

(1) Conduct and document an appropriate history and physical examination including screening for risk factors for overdose and severe postoperative pain; or

(2) Consider the discharge facility's history and physical examination an appropriate history and physical examination to allow timely prescribing of needed medications for acute nonoperative pain or acute perioperative pain in nursing homes licensed under chapter 18.51 RCW or 388-97 WAC, nursing homes and long-term acute care hospitals (LTACs);

(3) Evaluate the nature and intensity of the pain or anticipated pain following surgery; and

((~~(3)~~)) (4) Inquire about any other medications the patient is prescribed or is taking including type, dosage, and quantity prescribed.

Introduction

The following table is a comparison of the scope of practice of the Licensed Practical Nurse (LPN) and the Medical Assistant-Registered (MA-R), Medical Assistant-Certified (MA-C), Medical Assistant-Hemodialysis Technician (MA-HT), and Medical Assistant-Phlebotomist (MA-P). The list of activities is not inclusive of the activities the LPN may perform. The Registered Nurse and Licensed Practical Nurse Scope of Practice Advisory Opinion provides a summary of the LPN scope. See the Nursing Care Quality Assurance Commission (NCQAC) Support for Practicing Nurses for more guidance, information, and resources related to LPN scope of practice.

Activity	LPN	MA-R	MA-C	MA-HT	MA-P
NA-C Training Requirement	Yes – Basic and routine nursing skills	No	No	No	No
Nursing Process	Assists the RN in implementing the nursing process using nursing knowledge and skills including assisting in developing nursing diagnosis, making nursing diagnosis, planning, implementation, evaluation, and adjustments as needed.	Task Specific	Task Specific	Task Specific	Task Specific
Responsibility and Accountability	Individually accountable and responsible	Individually accountable and responsible	Individually accountable and responsible	Individually accountable and responsible	Individually accountable and responsible
Patient and Task Complexity	Non-complex, routine, predictable outcomes	Non-complex, routine, predictable outcomes	Non-complex, routine, predictable outcomes	Non-complex, routine, predictable outcomes	Non-complex, routine, predictable outcomes

Assessment	Yes – Focused nursing assessments – makes basic observations, gathers data, and assists in identification of problems and needs relevant to the patient, collects specific data as directed, and communicates outcomes to RN or other HCP outcomes of the data collection process in a timely fashion to the appropriate supervising person	Monitoring - Limited • Vital signs • Observing and reporting	Monitoring - Limited • Vital signs • Observing and reporting	No	No
Clinical and Nursing Judgment	Yes – Performing activities requiring nursing knowledge, skill, and judgment necessary to carry out selected aspects of the designated nursing or medical regimen	No	No	No	No
Patient Education	Yes – Assists in providing health teaching of patients and provides routine health information and instruction recognizing nursing differences	No	No	No	No

Nursing Delegation	Yes – to NA-R/NA-Cs in some settings limited to routine and non-complex tasks allowed based on setting	No	No	No	No
Autoclaving, Sterilizing Equipment and Instruments	Yes	Yes	Yes	No	No
Aseptic Techniques	Yes – Routine, non-complex procedures in any setting including perioperative settings	Yes – Routine – Limits – not in a hospital setting	Yes – Routine – Limits – not in a hospital setting	No	No
Preparing and Assisting in Sterile Procedures	Yes – Routine • Can prepare and assist in routine and non-complex procedures in any setting	Yes - Routine • Can prepare only Limits – not in a hospital setting	Yes – Routine • Can prepare and assist Limits – not in a hospital setting	No	No
Oxygen Administration	Yes – Nasal Cannula, mask, tracheostomy mask or connector, isolette, oxyhood, or tent	Yes – Nasal cannula or mask	Yes – Nasal cannula or mask	Yes – Nasal cannula or Mask	No
Urinary Catheterization	Yes • Sterile or non-sterile • Urethral • Indwelling or intermittent • Suprapubic	Yes – Urethral • Sterile or non-sterile • Indwelling or intermittent	Yes – Urethral • Sterile or non-sterile • Indwelling or intermittent	No	No

Medications	Yes • By any route • Can compound and reconstitute medications • Can administer medications from multi-dose vials	Yes – Limited • Eye drops • Topical • Ointments • Vaccines (Including injectable)	Yes – Limited • ID, SQ, and IM injections • Cannot administer IV medications via central lines – may interrupt an IV line, administer injection, and restart at the same rate • By unit or single dosage or by a dosage calculated and verified by HCP. Multidose vaccine is considered a unit dose.	Yes – Limited • Subcutaneous, or topical administration of local anesthetics for fistula needle placement • Intraperitoneal administration of sterile electrolyte solutions and heparin for peritoneal dialysis	No
Controlled Substances	Yes • II-V Scheduled Drugs	No	Yes – Limited • III-V Scheduled Drugs [1]See MA-C Drug Administration Table	No	No
Experimental Drugs	Yes	No	No	No	No
Chemotherapy	Yes	No	No	No	No
Infusions • **Peripheral** • **Central Lines**	Yes • Can start IVs	No	Yes – Limited • Cannot start IVs	No	No

• **Arterial Lines**	• Can administer legend drugs via central, arterial, or peripheral lines, including IV push		• Can administer medications via peripheral lines – may interrupt IV line, administer and restart at the same rate		
Blood Products	Yes	No	No	No	No
Phlebotomy	Yes – Immediate or direct supervision not required • Capillary • Venous • Arterial	Yes - Limited • Capillary finger or heel stick	Yes - Limited • Capillary finger or heel stick • Venous	Yes - Limited • Venous	Yes - Limited • Capillary • Venous • Arterial invasive procedures under immediate HCP supervision • Line draws if IV fluid is stopped and restarted under immediate HCP supervision
Specimen Collection	Yes	Yes - Limited • Microbiological • COVID-19 testing • Instructing patients to collect urine and fecal specimens	Yes - Limited • Microbiological • COVID-19 testing • Instructing patients to collect urine and fecal specimens	No	No
Diagnostic Testing	Yes – Routine and Non-complex • EKG	No	Yes - Limited • EKG	No	Yes - Limited • EKG • CLIA-waived tests

	• EEG • Respiratory Testing • CLIA-waived tests • Moderate complexity tests • Radiology procedures		• Respiratory Testing • CLIA-waived tests • Moderate complexity tests		• Moderate complexity tests
Dialysis Procedures	Yes – Routine and Non-complex: No requirements for immediate supervision and no limits to setting • Hemodialysis • Peritoneal Dialysis	No	No	Yes - Limited • Connection to vascular catheter • In renal dialysis center under immediate RN supervision or in a home if a RN and physician are available for consultation	No
Standing Orders	Yes – Routine and Non-Complex	Yes – Limited Cannot give medications following standing orders – except vaccines	Yes – Limited • Cannot give medications following standing orders – except vaccines	Yes – Limited • Cannot give medications following standing orders – except vaccines	Yes
Direction, Delegation and Supervision[2]	Yes • HCP does not need to be on the premises	Yes • Direct or immediate	Yes • Direct or immediate	Yes • Direct or immediate	Yes • Direct or immediate

	• General direction and supervision	supervision required • HCP must be on the premises *Exceptions:* • PREP Act – Covid testing and vaccines • Telemedicine visits	supervision required • HCP must be on the premises • Blood Draws – HCP must be immediately available *Exceptions:* • PREP Act – Covid testing and vaccines • Telemedicine visits	supervision required • HCP must be on the premises	supervision required • HCP does not need to be present but must be immediately available for blood draws only
Health Care Provider (HCP)[3]: Directing or Delegating and Supervising[2]	• RN • ARNP • MD • DO • ND • PA • OD • DPM • DDS • Midwife	• RN • ARNP • MD • DO • ND • PA • DPM • OD	• RN • ARNP • MD • DO • ND • PA • DPM • OD	• RN • ARNP • MD • DO • ND • PA • DPM • OD	• RN • ARNP • MD • DO • ND • PA • DPM • OD

[1]MA-C Drug Administration Table **Prohibited from administering medication through a central intravenous line*

Drug Category	Routes Permitted*	Level of Supervision Required
Controlled Substances Schedule III, IV, and V	Oral, topical, rectal, otic, ophthalmic, or inhaled routes	Immediate supervision
	Subcutaneous, intradermal, intramuscular, or peripheral intravenous injections	Direct visual supervision

Other Legend Drugs	All other routes	Immediate supervision
	Peripheral intravenous injections	Direct visual supervision

[2]Definitions: Direction, Supervision, and Delegation

MA Definition:

- Delegation: Direct authorization granted by a health care practitioner (HCP) to a medical assistant to perform the functions authorized in RCW 18.360.050 which fall within the HCP's scope of practice and the training and experience of the MA.
- Supervision: Supervision of procedures by a health care practitioner who is physically present and is immediately available in the facility:

LPN Definition

- Direction: Instructions or orders to provide nursing services or carry out medical regimen under the direction of an authorized health care practitioner.
- Supervision: Provision of guidance and evaluation for the accomplishment of a nursing task or activity with the initial direction of the task or activity; periodic inspection of the actual act of accomplishing the task or activity; and the authority to require corrective action.
- Delegation: The term delegation does not apply to LPNs. The activity must be within the LPNs SOP already. Transferring the performance of a nursing task (that the person would not normally be allowed to do to competent individuals in selected situations following the delegation process. It must be within the LPN's SOP.

[3]Health Care Providers (HCPs)

• RN – Registered Nurse • ARNP – Advanced Registered Nurse Practitioner • MD – Physician and Surgeon • DO – Osteopathic Physician and Surgeon • ND – Naturopathic Physician	• PA – Physician Assistant • OD - Optometrist • DPM – Podiatric Physician and Surgeon • DDS - Dentist • Midwife

Advisory Opinion: Opioid Use Disorder Medication Assisted Treatment – Nurse Care Managers and Scope of Practice

Purpose

This advisory opinion provides guidance and clarification about the roles and responsibilities of the registered nurse (RN) care manager and the use of standing orders for patients receiving medication assisted treatment (MAT) for opioid use disorder, such as buprenorphine, methadone, and naltrexone.

Background

On December 29, 2022, Congress eliminated the DATA-Waiver Program that required registration to prescribe buprenorphine for Medication Assisted Treatment (MAT). (Removal of DATA Waiver (X-Waiver) Requirement | SAMHSA). Federal law requires a Drug Enforcement Administration (DEA) registration to prescribe controlled substances. The DEA and SAMSHA are actively working on new training requirements for all prescribers that will go into effect June 21, 2013.

The DEA interprets that it is not within the scope of the RN to perform the initial assessment following standing orders. The HR 6353 - Ryan Haight Online Pharmacy Consumer Protection Act of 2008 requires an in-person medical evaluation by a qualified practitioner before prescribing medications for MAT. The act currently allows for controlled substance prescriptions via telehealth only in certain circumstances:

- Patient is being presented in a DEA-registered hospital or clinic.
- Non-DEA registered facility or provider where patients might seek access to a remote provider. An example is a patient who is seen by an advanced registered nurse practitioner (ARNP) who does not have the buprenorphine waiver. The ARNP can perform the initial evaluation required, and a qualified remote provider can prescribe the buprenorphine via telehealth.

Statement of Scope

The Nursing Care Quality Assurance Commission determined it is within the scope of practice of an appropriately prepared and competent registered nurse care manager to follow approved standing orders for patients receiving medication assisted treatment (MAT) for opioid use disorder such as buprenorphine, methadone, and naltrexone after the initial assessment.

Requirements and Recommendations

1. The nurse must understand the Federal and State laws and rules relevant to MAT.
2. The nurse must be trained and competent to provide care in addiction management skills.
3. The nurse must follow clinical practice standards.
4. The nurse must follow standing orders, using nursing judgment and consult with a health care practitioner as appropriate.
5. The nurse must document care following best practices.
6. The nurse should promote a team environment in which nurses and other health care practitioners work to improve the care provided to opioid addicted individuals, including screening, assessment, induction, stabilization, maintenance, monitoring, addiction counseling, and relapse prevention services.

References and Resources

RCW 18.79 Nursing Care
WAC 246-840 Practical and Registered Nursing
Support for Practicing Nurses | Nursing Care Quality Assurance Commission (wa.gov)
Practice Guidance | Nursing Care Quality Assurance Commission (wa.gov)
Practice Information | Nursing Care Quality Assurance Commission (wa.gov)
Ryan Haight Online Pharmacy Consumer Protection Act of 2008
The Controlled Substances Act (dea.gov)
Medication-Assisted Treatment (MAT) | SAMHSA
Removal of DATA Waiver (X-Waiver) Requirement | SAMHSA
Telemedicine and Prescribing Buprenorphine for the Treatment of Opioid Use Disorder (hhs.gov)
DEA's Commitment to Expanding Access to Medication-Assisted Treatment

Advisory Opinion: Endoscopy – Role of the Licensed Practical Nurse

Purpose

This advisory opinion provides guidance and clarification about the roles and responsibilities of the licensed practical nurse (LPN) in endoscopy.

Background

The Nursing Care Quality Assurance Commission (NCQAC) received a formal request to develop an advisory opinion about the scope of practice of the LPN in endoscopy.

Statement of Scope

The LPN who is educated and competent in the gastroenterology specialty, specifically endoscopy can perform activities that fall within their scope of practice. See the following advisory opinions:

- Registered Nurse and Licensed Practical Nurse Scope of Practice
- Administration of Sedating, Analgesic, and Anesthetic Agents
- Compounding and Reconstituting Medications
- Infusion Therapy Management

The LPN may assist the surgical team during endoscopic procedures; provide patient care before, during, and after the procedure; and provide education to patients about treatment. The LPN may manipulate (advance, maintain position, or withdraw) the endoscope under the direct supervision of the endoscopist.

Examples of assigned duties include (but not limited to): colonoscopy, sigmoidoscopy, esophagogastroduodenoscopy (EGD), percutaneous endoscopic gastrostomy and endoscopic retrograde cholangiopancreatography (ERCP). LPN performs assigned duties including but not limited to:

- Direct assistance of providers with diagnostic and therapeutic procedures

- Obtain tissue specimens via a biopsy forceps, operate a snare during snare polypectomy, electrocautery, administer submucosal injection for lift, banding, dilations, administer submucosal injection of tattoo agents, administer luminal injection of agents, administer submucosal injection of medication and injecting contrast during Endoscopic Retrograde Cholangiopancreatography (ERCP).
- Care and maintenance of equipment including Reusable Medical Equipment Handling and appropriate labeling of specimens.
- Setting up procedure room including entering patient information into endoscopic software program.

The hospital facility rules (WAC 246-320-236) require a circulating RN in every operating room during surgical procedures. The ambulatory surgical facility rules (WAC 246-330-210) require a circulating RN in every operating room when deep sedation or general anesthesia are used during surgical procedures. The LPN may assist the RN circulator in these settings within their scope of practice. The NCQAC recommends following the Association of periOperative Registered Nurses (AORN) Position Statement on Perioperative Registered Nurse Circulator Dedicated to Every Patient Undergoing an Operative or Other Invasive Procedure (2019). The Washington Medical Commission (WMC) developed rules for use of analgesia and anesthesia in office-based settings (WAC 246-919-601). It is not within the scope for the LPN to assume the responsibilities of the endoscopist performing the procedure.

Requirements and Recommendations

The LPN must possess practical nursing knowledge and specialized skills in gastroenterology procedures and practice. The LPN's scope is defined by the laws and rules and specialize competencies and training. Nurses in endoscopic practice requires specialized knowledge about gastrointestinal and respiratory diseases and the skills to use and maintain endoscopic equipment, administer medication, and manage emergencies and complications. The LPN must follow clinical practice standards and best practices.

1. The LPN must be educated, experience, and have documented competency in gastrointestinal endoscopy.
2. There is a risk of producing a deeper level of sedation than anticipated. The nurse must be prepared to provide emergency care.

3. The LPN must be trained and competent to assist in providing emergency care, including cardiopulmonary resuscitation (CPR). The NCQAC recommends the LPN be certified in health care provider CPR, advanced cardiopulmonary life support (ACLS) or pediatric advanced life support (PALS) as appropriate for the setting.
4. The NCQAC commission recommends following the American Society of Anesthesiologists Guidelines for Moderate Procedural Sedation and Analgesia
5. The NCQAC recommends the facility/employer have written policies and procedures specific to the LPN scope of practice in Endoscopy.
6. The facility must follow laws and rules specific to their setting.

Staffing Recommendations

The NCQAC recommends following the American Society of Anesthesiologists Practice Guidelines for Moderate Procedural Sedation and Analgesia staffing guidelines including using the LPN to be in the role of a "designated individual" practicing to their full scope with the legal parameters, training, and competencies.

- A designated individual, other than the practitioner performing the procedure, should be present to monitor the patient throughout procedures performed with sedation/analgesia. During deep sedation, the individual should have no other responsibilities. During moderate sedation, the individual may assist with minor, interruptible tasks once the patient's level of sedation/analgesia and vital signs have stabilized provided that adequate monitoring of the patient's level of sedation is maintained. If non-interruptible interventions are anticipated the second individual should be immediately available (American Society of Anesthesiologists Practice Guidelines for Moderate Procedural Sedation and Analgesia).

The NCQAC recommends following the minimum staffing for advanced endoscopic procedures depending on the type of sedation based on the American Society for Gastrointestinal Endoscopy (ASGE) Guidelines on Minimum Staffing Requirements for the Performance of Endoscopy. The safety of the patient is always the primary goal. Consideration of the complexity and indication of the procedure may require additional staff.

- Endoscopist-Directed Moderate Sedation – Minimum of one RN in the room and a second staff member (RN or LPN) present during any interventional component of the procedure. Note: A RN circulating nurse must be present in hospital settings.
- Endoscopist-Directed Deep Sedation – Minimum of one RN in the room and a second staff member (RN or LPN) present during any interventional component of the

procedure. Note: A RN circulating nurse must be present in hospital and in ambulatory surgical facility settings.

- Endoscopy with Anesthesiology Provider – Minimum of one RN or LPN present during any interventional component of the procedure. Note: A RN circulating nurse must be present in hospital and in ambulatory surgical facility settings.
- Endoscopist-Directed Deep Sedation – Minimum of one RN in the room and a second staff member (RN or LPN) present during any interventional component of the procedure. Note: A RN circulating nurse must be present in hospital and in ambulatory surgical facility settings.
- Endoscopy with Anesthesiology Provider – Minimum of one RN or LPN present during any interventional component of the procedure. Note: A RN circulating nurse must be present in hospital and in ambulatory surgical facility settings.

References and Resources

- RCW 18.79 Nursing Care
- WAC 246-840 Practical and Registered Nursing
- Support for Practicing Nurses | Nursing Care Quality Assurance Commission (wa.gov)
- Practice Guidance | Nursing Care Quality Assurance Commission (wa.gov)
- Practice Information | Nursing Care Quality Assurance Commission (wa.gov)
- Society of Gastroenterology Nurses and Associates (SGNA) Position Statement: Manipulation of Gastrointestinal Endoscopes During Endoscopic Procedures
- American Society for Gastrointestinal Endoscopy (ASGE) Guidelines on Minimum Staffing Requirements for the Performance of Endoscopy
- Practice Guidelines for Moderate Procedural Sedation and Analgesia 2018 | Anesthesiology | American Society of Anesthesiologists (asahq.org)
- Guidelines for safety in the gastrointestinal endoscopy unit (asge.org)
- AORN Position Statement on Perioperative Registered Nurse Circulator Dedicated to Every Patient Undergoing an Operative or Other Invasive Procedure - 2019 - AORN Journal

DEPARTMENT OF HEALTH
NURSING CARE QUALITY ASSURANCE COMMISSION
PROCEDURE

Title:	Advisory Opinion Procedure	**Number:**	~~F03.04~~F03.05
Reference:	~~Chapter~~ 34.05 RCW Administrative Procedure Act WAC 246-840-800 Scope of Practice-Advisory Opinions Tribal Public Health: Washington State Department of Health		
Contact:	Deborah Carlson, MSN, BSEd, PMC, CPM, RN Director of Nursing Practice Nursing Care Quality Assurance Commission (NCQAC) ~~Paula Meyer, MSN, RN, FRE~~ ~~Executive Director~~ ~~Washington State Nursing Care Quality Assurance Commission (NCQAC)~~		
Effective Date:	~~January 14, 2022~~March 10, 2023	**Date for Review~~ed~~:**	~~January 14, 2022~~March 10, 2025
Supersedes:	F01.02 Development, Rescinding and Archiving of Interpretive Statements, Advisory Opinions, Policy Statements, and Declaratory Orders, May 11, 2012 F03.02 Request for Interpretive Statement, Consistent Standards of Practice Sub-Committee Responsibilities and Actions, May 11, 2012 F02.03 Nursing Practice Advisory Opinions, Interpretive Statements, Policy Statements, and Declaratory Orders F03.03 Nursing Practice Advisory Opinions, Interpretive Statements, Policy Statements, and Declaratory Orders, July 10, 2015		
Approved:			
~~**Approved:**~~	Yvonne Strader, RN, BSN, BSPA, MHA~~,~~ Chair Washington State Nursing Care Quality Assurance Commission (NCQAC)		

Purpose:

This procedure describes the process to adopt or rescind a nursing scope of practice advisory opinion. The Nursing Care Quality Assurance Commission (NCQAC) has authority to issue advisory opinions questions concerning the scope of practice for advanced registered nurse practitioners (ARNPs) registered nurses (RNs), licensed practical nurses (LPNs), nurse technicians (NTs), and nursing assistant-registered/nursing assistant-certified (NA-R/NA-C). RCW 18.79.110. The NCQAC may issue or decline to issue an advisory opinion.

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B. Author – Staff members who support work to support the NCQAC.

Procedure:

~~A.~~I. Practice Nurse Consultants or Advisors provide informal consultation referring to the statutes and regulations, NCQAC approved advisory opinions, frequently asked questions, Scope of Practice Decision Tree, or other appropriate guidance documents.

II. The requestor may submit a request for a formal response from the NCQAC. Requests may come from the NCQAC, sub-committees, nurses, professional organizations, Tribes, public or private agencies, or other partners and stakeholders.

~~B.~~

~~a.~~A. The Director of Advanced Practice (or appointed lead author) provides overall coordination of requests for ARNP scope of practice advisory opinions.

~~b.~~B. The Director of Nursing Practice (or delegated lead author) provides overall coordination for RN, LPN, NT, and NA scope of practice advisory opinions.

III. **Subcommittee Recommendations**

A. The author instructs the requestor to submit the *NCQAC Review Request Form*.
B. The author reviews the written request to determine completeness and clarity.
C. The author saves the request and related documents in SharePoint.
D. The author notifies the requestor of receipt of the request and asks for additional information and clarification as appropriate.
E. The author conducts a comprehensive review, synthesis, and analysis specific to the request and completes the Advisory Opinion Question Review Summary.
F. The author saves the summary in SharePoint.
G. The author submits the formal request to the appropriate subcommittee to initiate NCQAC approval to draft the advisory opinion:
    1. Advanced Practice Subcommittee (APSC); or
    2. Consistent Standards of Practice Subcommittee (CSPSC).
H. The subcommittee makes recommendations to the NCQAC considering the following:
    1. Questions or controversy related to nursing scope of practice;
    2. Changes in technology related to the nursing scope of practice; and
    3. Legislation or regulatory changes related to nursing scope of practice.

IV. **Approval Request**

A. The subcommittee makes recommendations to the NCQAC.
B. The NCQAC approves the request to develop an advisory opinion, rejects the request, and asks for further clarification.
C. The author notifies the requestor of action taken based on direction from the NCQAC.

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V. Advisory Opinion Drafting

A. The author initiates drafting of the advisory opinion.
   ~~a.~~1. Subcommittees work jointly, depending on the request.
   2. The subcommittees reach consensus to determine which subcommittee presents the draft to the commission.
   ~~b.~~

B. The Scope of Practice Decision Tree is used as the overall framework in developing an advisory opinion.
   ~~a.~~1. The author reviews the Advisory Opinion Review Summary and conducts additional research and information gathering as necessary.
   ~~b.~~2. The author reviews a list of internal and external partners/stakeholders.
   ~~c.~~3. The author facilitates partner and interested party communication through formal workgroups, meetings, and informal methods (such as emails), and other opportunities to participate.
   ~~d.~~4. The author follows the Washington State Department of Public Health Tribal Consultation and Collaboration Procedure.
   ~~e.~~5. The author completes the draft advisory opinion with "draft" watermark and plain talk standard.
   ~~f.~~6. The author saves the draft and related documents on SharePoint.
   ~~g.~~7. The author consults with the NCQAC's assistant attorney general (AAG), as necessary, including submitting the draft for final review before forwarding to the NCQAC.
   ~~h.~~8. The author completes edits and sends the draft advisory opinion to the appropriate subcommittee;
   ~~i.~~9. The subcommittee accepts or makes edits to the draft:
      ~~i.~~a) The author makes recommended edits (substantial edits may require additional research, partner and interested party work, and AAG review before a further review by the subcommittee).
   ~~j.~~10. The subcommittee agrees the draft is ready for the NCQAC's review:
      ~~i.~~a) The author processes the request for the NCQAC's approval.
   ~~k.~~11. The NCQAC approves, amends, or rejects the opinion.
      ~~i.~~a) The author follows-up as instructed by the NCQAC
      ~~ii.~~b) The author notifies the requestor of action(s) taken.

VI. Communication Plan

The author distributes the approved statement following established communication policies and procedures:

A. Remove the "draft" watermark and save the document on SharePoint.
   ~~a.~~1. Send the final document to the Communications Specialist to send out on GovDel and posting on the appropriate NCQAC website.
   ~~b.~~2. Send the final document to the assigned Administrative Assistant to post on the Advisory Opinion Tracking system in SharePoint
   ~~c.~~3. Send the final document to the requestor and key partners and interested parties.

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VII. Document Tracking System

A tracking system of approved, rescinding, or archived Advisory Opinions will be maintained on the NCQAC's Operations SharePoint site. Directors and authors will work with the Operations Unit to ensure information in the tracking system is current.

VIII. Reviewing, Rescinding, and Archiving

The Director of Advanced Practice or the Director of Nursing Practice review the advisory opinions at least annually for accuracy and validity, considering changes in legislation or statutes, changes in nurse practice standards, safety concerns, controversies or concerns, changes in technology, informal consultation activities, or additional guidance. The appropriate subcommittee reviews advisory opinions at least every five years and makes recommendations to the NCQAC.

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DEPARTMENT OF HEALTH
NURSING CARE QUALITY ASSURANCE COMMISSION
PROCEDURE

Title:	Advisory Opinion Procedure	**Number:**	F03.05
Reference:	34.05 RCW Administrative Procedure Act WAC 246-840-800 Scope of Practice-Advisory Opinions Tribal Public Health: Washington State Department of Health		
Contact:	Deborah Carlson, MSN, BSEd, PMC, CPM, RN Director of Nursing Practice Nursing Care Quality Assurance Commission (NCQAC)		
Effective Date:	March 10, 2023	**Date for Review:**	March 10, 2025
Supersedes:	F01.02 Development, Rescinding and Archiving of Interpretive Statements, Advisory Opinions, Policy Statements, and Declaratory Orders, May 11, 2012 F03.02 Request for Interpretive Statement, Consistent Standards of Practice Sub-Committee Responsibilities and Actions, May 11, 2012 F02.03 Nursing Practice Advisory Opinions, Interpretive Statements, Policy Statements, and Declaratory Orders F03.03 Nursing Practice Advisory Opinions, Interpretive Statements, Policy Statements, and Declaratory Orders, July 10, 2015		
Approved:			
	Yvonne Strader, RN, BSN, BSPA, MHA Chair Washington State Nursing Care Quality Assurance Commission (NCQAC)		

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DEPARTMENT OF HEALTH
NURSING CARE QUALITY ASSURANCE COMMISSION
PROCEDURE

Title:	Anonymous Complaints	**Number:**	A07.043
Reference:			
~~Contact~~Author:	Catherine Woodard Director, Discipline and Washington Health Professional Services Nursing Care Quality Assurance Commission		
Effective Date:	~~May 10, 2019~~ March 10, 2023	**Da~~Da~~te for Review~~ed~~:**	~~May 2019~~March 10, 2025
Supersedes:	A07.03 – May 10, 2019 A07.02 – July 1, 2005 A07.01 – ~~1/19~~January 19, ~~/19~~96 ~~7/1/05~~ ~~05-10-2019~~		
Approved:	Yvonne Strader, BSN, BSPA, MHA, RN Chair Nursing Care Quality Assurance Commission (NCQAC) ~~Paula R. Meyer, MSN, RN, FRE~~Yvonne Strader, RN ~~Executive Director~~ ~~Chair,~~ ~~Nursing Care Quality Assurance Commission~~		

PURPOSE:

This procedure provides guidance for the Case Management Team regarding anonymous complaints against nurses. The Nursing Care Quality Assurance Commission recognizes that a complainant who files a report anonymously often does so out of fear of retaliation.

PROCEDURE:

The Case Management Team will generally not authorize anonymous complaints of misconduct by a nurse unless at least one of the following is present in the complaint:

- There is a clear threat to patient safety.
- The anonymous complainant identifies a witness(es) to the alleged misconduct.
- The complainant provides documents supporting the allegations.
- The Case Management Team determines there are verifiable investigative leads that investigators can follow~~ up on~~.

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~~02/26/2019~~
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DEPARTMENT OF HEALTH
NURSING CARE QUALITY ASSURANCE COMMISSION
PROCEDURE

Title:	Anonymous Complaints	**Number:**	A07.04
Reference:			
Author:	Catherine Woodard Director, Discipline and Washington Health Professional Services Nursing Care Quality Assurance Commission		
Effective Date:	March 10, 2023	**Date for Review**:	March 10, 2025
Supersedes:	A07.03 – May 10, 2019 A07.02 – July 1, 2005 A07.01 – January 19, 1996		
Approved:			
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DEPARTMENT OF HEALTH
NURSING CARE QUALITY ASSURANCE COMMISSION
PROCEDURE

Title:	Action in Another Jurisdiction	**Number:**	A08.05
Reference:			
Author:	Catherine Woodard Director, Discipline and Washington Health Professional Services Nursing Care Quality Assurance Commission		
Effective Date:	March 10, 2023	**Date for Review**: March 10, 2025	
Supersedes:	A08.04 - November 2009; A08.03 - July 1, 2005 A08.02 - January 9, 2004; A08.01 - January 19, 1996		
Approved:			
	Yvonne Strader, BSN, BSPA, MHA, RN Chair Nursing Care Quality Assurance Commission (NCQAC)		

PURPOSE:

This procedure clarifies Nursing Care Quality Assurance Commission (NCQAC) action when another state or US territory takes action against a nursing credential.

PROCEDURE;

When another state board of nursing takes action against the license of a nurse and the following conditions apply, NCQAC will not take action until the nurse applies for renewal:

1. The nurse's Washington license has been expired for more than one year.
2. A reactivation application is required for renewal.
3. The licensing system has been flagged so any attempt to renew the credential will result in a notification to Discipline.
4. The nurse was not licensed in Washington at the time of the unprofessional conduct.

DEPARTMENT OF HEALTH
NURSING CARE QUALITY ASSURANCE COMMISSION
PROCEDURE

Title:	Action in Another Jurisdiction	**Number:**	A08.054
Reference:			
~~Contact~~**Author:**	~~Mary Dale, Discipline Manager~~Catherine Woodard~~,~~ Director, Discipline and ~~W~~Washington Health Professional Services Nursing Care Quality Assurance Commission		
Effective Date:	~~November 13, 2009~~March 10, 2023 **Date for Review**: March 10, ~~2~~2025		
Supersedes:	A08.04 - November 2009; A08.03 - July 1, 2005 A08.02 - January 9, 2004; A08.01 - January 19, 1996~~; January 9, 2004; July 1, 2005, November 2009~~		
Approved:	Yvonne Strader, BSN, BSPA, MHA, RN Chair Nursing Care Quality Assurance Commission (NCQAC) ~~Paula R. Meyer, Yvonne Strader, RN Executive Director~~~~Chair~~ ~~Washington State Nursing Care Quality Assurance~~		

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This procedure clarifies Nursing Care Quality Assurance Commission (NCQAC) action when another state or US territory takes action against a nursing credential.

PROCEDURE;

When another state b~~B~~oard of nursing takes action against the license of a nurse and the following conditions apply, NCQAC will not take ~~no~~ action ~~will be initiated~~ until the nurse applies for renewal:

1. The nurse's Washington license has been expired for more than one year.
2. A reactivation application is required for renewal.~~; and~~
~~1.~~3. The licensing system has been flagged so any attrmpt to renew the credential will result in a notification to Discipline.
~~2.~~ The nurse was not licensed in Washington at the time of the unprofessional conduct.

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~~This procedure allows administrative staff to apply these criteria and close reports meeting the criteria.~~

~~Approved 01/19/1996~~
~~Revised 01/09/2004~~
~~Revised 07/01/2005~~
~~Revised 11/13/2009~~

~~Revised 01-30-2023~~

~~A08.04 Page 1 of 1~~

Page 2 of 2

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DEPARTMENT OF HEALTH
NURSING CARE QUALITY ASSURANCE COMMISSION
POLICY

Title:	Evaluators in Nurse Discipline Cases	**Number:**	A24.12
Reference:	RCW 18.79 RCW 18.130.170		
Author:	Catherine Woodard Director, Discipline and Washington Health Professional Services Nursing Care Quality Assurance Commission		
Effective Date:	March 10, 2023	**Date for Review:**	March 10, 2025
Supersedes:	September 13, 2002; July 1, 2005; July 13, 2007; Nov 14, 2008; November 13, 2009; May 14, 2010; September 6, 2011; September 13, 2013; November 13, 2015, April 18, 2017		
Approved:			
	Yvonne Strader, BSN, BSPA, MHA, RN Chair Nursing Care Quality Assurance Commission (NCQAC)		

PURPOSE:

The Nursing CareQuality Assurance Commission (NCQAC) sets minimum standards for evaluators qualified to conduct mental and/or physical health, sexual deviancy, sexual or other misconduct, boundary violations, or any other applicable specialty evaluations on licensed nurses. Such evaluations may be required in Interim Orders, Agreed Orders and Final Orders. NCQAC staff apply these criteria when NCQAC requires evaluation of licensees.

PROCEDURE:

1. NCQAC Legal Unit ensures potential evaluators submit all required documents and meet all NCQAC-approved minimum standards.
2. Legal services maintains an active roster of qualified evaluators.

MINIMUM STANDARDS FOR EVALUATORS:

1. Licensed in one of the following specialties: Board Certified Psychiatrist, Board Certified Physician, Psychologist with a PhD, Advanced Registered Nurse Practitioner holding

national certification in the area of specialization, certification as a Sexual Offender Treatment Provider and/or certification as a Mental Health Evaluator;
2. No disciplinary action in any state;
3. Minimum of five (5) years of experience in assessment and treatment in area of specialization;
4. Present a current curriculum vitae reflecting formal education, work and research experience, professional activities and specialized training;
5. Knowledge of nursing practice or experience in evaluating nurses or other health professionals is desirable;
6. Agree to schedule a licensee for evaluation within a reasonable time and to complete and submit the evaluation per NCQAC protocol below to meet the schedule of the Order; and
7. Submit a writing sample of a completed evaluation (names redacted).

Certain exceptions to the evaluator minimum standards may be approved by a NCQAC panel as asembled for case management or case disposition.

PROTOCOL FOR CONDUCTING A MENTAL/PHYSICAL HEALTH EVALUATION ON A LICENSED NURSE

I. The scope and content of a mental/physical health evaluation must include consideration of the following when rendering a professional opinion regarding the Respondent's ability to practice nursing with reasonable skill and safety.

A. A complete history of the Respondent, including physical, mental, social, developmental, medical, psychiatric or psychological factors. Review of Respondent's medical records, including physical and mental health records. Review of Respondent's medication history, especially use of mind-altering and/or psychotropic medications.

B. Appropriate and sufficient evaluation and testing to fully assess the Respondent's mental condition, including but not limited to:
   1. Cognitive ability: Nursing requires the ability to analyze and synthesize complex scientific, clinical, diagnostic, quantitative and qualitative data quickly and accurately.
   2. Mental acuity, alertness, memory.
   3. Communication and comprehension.
   4. Any diagnosed mental disorder that might prevent nursing with reasonable skill and safety.

C. Special conditions for evaluation if a reviewing commission member requests:
   1. Review and evaluation of other physical and/or mental, psychiatric, psychological examinations deemed necessary by the evaluator.
   2. Review and comment on the material supplied by the NCQAC upon which the commission bases its belief that an evaluation of the Respondent is appropriate.
   3. Review of any other physical, mental, psychiatric, psychological, sociological or other relevant information provided by the Respondent.

D. Report should include a full and detailed discussion of the following:

1. Respondent's condition or diagnosis;
2. Conclusions and prognosis;
3. Any of the above that you were not able to assess;
4. Recommendations regarding the need for ongoing care and treatment;
5. Professional opinion regarding Respondent's ability to practice nursing with reasonable skill and safety.

II. NCQAC members and staff may discuss the evaluation with the evaluators. The evaluation and written report are not privileged. Information may be shared between the staff and the evaluator. Respondent must sign an "Authorization to Release Confidential Records and Information" directed to the NCQAC Legal Unit.

DEPARTMENT OF HEALTH
NURSING CARE QUALITY ASSURANCE COMMISSION
POLICY

Title:	~~Approval of~~ Evaluators in Nurse Discipline Cases	**Number:**	A24.12~~1~~
Reference:	RCW 18.79 ~~,~~ RCW 18.130.170		
~~**Contact**~~**Author:**	~~Paula R. Meyer, Executive~~Catherine Woodard Director, Discipline and Washington Health Professional Services Nursing Care Quality Assurance Commission		
Effective Date:	March 10, 2023 **Date for Review:** March 10, 2025~~April 18, 2017~~		
Supersedes:	September 13, 2002; July 1, 2005; July 13, 2007; Nov 14, 2008; November 13, 2009; May 14, 2010; September 6, 2011; September 13, 2013; November 13, 2015, April 18, 2017		
Approved:			
	Yvonne Strader, BSN, BSPA, MHA, RN Chair Nursing Care Quality Assurance Commission (NCQAC) ~~**Margaret Kelly, LPN, Chair Yvonne Strader, RN, Chair**~~ ~~**Washington State Nursing Care Quality Assurance Commission**~~		

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PURPOSE:

The Nursing CareQuality Assurance Commission (NCQAC) ~~approves~~ sets minimum standards for evaluators qualified to conduct mental and/or physical health, sexual deviancy, sexual or other misconduct, boundary violations, or any other applicable specialty evaluations on licensed nurses. Such evaluations may be required in Interim Orders, Agreed Orders and Final Orders. ~~Nursing Care Quality Assurance Commission (~~NCQAC~~)~~ ~~s~~staff ~~may refer~~apply these criteria when NCQAC requires evaluation of licensees. ~~approved evaluators to licensees. The NCQAC reviews and revises the list of approved evaluators on a periodic basis. Additional approved evaluators may be added to the list.~~

PROCEDURE:

~~1. Requests to add or delete evaluators are forwarded to the Disciplinary Manager. Updates and deletions may be completed by the manager.~~

1~~2~~. NCQAC Legal Unit ensures potential evaluators submit all required documents and meet all NCQAC-approved minimum standards. ~~The Disciplinary Manager ensures all required documents are submitted. The Discipline Manager adds revision of the evaluator list to the agenda for the next Disciplinary Subcommittee meeting.~~

2. Legal services maintains an active roster of qualified evaluators.

~~3. The Disciplinary Manager sends copies of the application documents to the subcommittee members, along with the current policy.~~

~~4. The subcommittee evaluates the documents and determines if the applicant meets the minimum standards.~~

~~5. The Disciplinary Manager updates the list.~~

~~Evaluator~~ **MINIMUM S~~S~~TANDARDS FOR EVALUATORS**:

1. Licensed ~~in the State of Washington for at least two (2) years~~ in one of the ~~-~~following specialties: Board Certified Psychiatrist, Board Certified Physician, Psychologist with a PhD, Advanced Registered Nurse Practitioner holding national certification in the area of specialization, certification as a Sexual Offender Treatment Provider and/or certification as a Mental Health Evaluator;
2. No disciplinary action in any state;
3. Minimum of five (5) years of experience in assessment and treatment in area of specialization;
4. Present a current curriculum vitae reflecting formal education, work and research experience, professional activities and specialized training;
5. Knowledge of nursing practice ~~and/~~or experience in evaluating nurses or~~and~~ other health professionals is desirable;
6. Agree to schedule a licensee for evaluation within a reasonable time ~~period~~ and to complete and submit the evaluation per NCQAC protocol below to meet the schedule of the Order; and
7. Submit a writing sample of a completed evaluation (names redacted).

Certain exceptions to the evaluator minimum standards may be approved by a NCQAC panel as asembled for case management or case disposition~~. the Discipline Subcommittee.~~.

P~~ROTOCOL~~~~ROTOCOL~~ FOR CONDUCTING A MENTAL/PHYSICAL HEALTH EVALUATION ON A LICENSED NURSE

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I. The scope and content of a mental/physical health evaluation must include consideration of the following when rendering a ~~your~~ professional opinion regarding the Respondent's ability to practice nursing with reasonable skill and safety.

A. A complete history of the Respondent, including physical, mental, social, developmental, medical, psychiatric or psychological factors. Review of Respondent's medical records,

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including physical and mental health records. Review of Respondent's medication history, especially use of mind-altering and/or psychotropic medications.

B. Appropriate and sufficient evaluation and testing to fully assess the Respondent's mental condition, including but not limited to:
   1. Cognitive ability: Nursing requires the ability to analyze and synthesize complex scientific, clinical, diagnostic, quantitative and qualitative data quickly and accurately.
   2. Mental acuity, alertness, memory.
   3. Communication and cComprehension.
   4. Any diagnosed mental disorder that might prevent nursing with reasonable skill and safety.

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C. Special cConditions for evaluation if a reviewing commission member requests:÷

1. C. Review and evaluation of other physical and/or mental, psychiatric, psychological examinations deemed necessary by the evaluator.

2. D. Review and comment on the material supplied by the NCQAC upon which the cCommission bases its belief that an evaluation of the Respondent is appropriate.

3. E. Review of any other physical, mental, psychiatric, psychological, sociological or other relevant information provided by the Respondent.

D.F. Report should include a full and detailed discussion of the following:

1. Respondent's condition or diagnosis;
2. Conclusions and prognosis;
3. Any of the above that you were not able to assess;
4. Recommendations regarding the need for ongoing care and treatment;
5. Professional opinion regarding Respondent's ability to practice nursing with reasonable skill and safety.

II. NCQAC members and staff may discuss the evaluation with the evaluators. The evaluation and written report are not privileged. Information may be shared between the staff and the evaluator. Respondent must sign an "Authorization to Release Confidential Records and Information" directed to the ~~staff attorneys/~~NCQAC /Legal Unit.

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DEPARTMENT OF HEALTH
NURSING CARE QUALITY ASSURANCE COMMISSION
POLICY

Title:	Use of Sanction Standards in Disciplinary Action	**Number:**	A27.13
Reference:	RCW 18.130.180 RCW 18.130.160		
Author:	Catherine Woodard Director, Discipline and Washington Health Professional Services Nursing Care Quality Assurance Commission		
Effective Date:	March 10, 2023	**Date for Review**:	March 10, 2025
Supersedes:	September 9, 2016 September 13, 2013 March 8, 2013 November 18, 2011 November 19, 2010 March 13, 2009 November 16, 2007 September 8, 2006 July 1, 2005 January 9, 2004 September 12, 2003 January 10, 2020		
Approved:			
	Yvonne Strader, BSN, BSPA, MHA, RN Chair Nursing Care Quality Assurance Commission (NCQAC)		

PURPOSE:

To provide consistency and uniformity in disciplinary sanctions for similar violations. The Nursing Care Quality Assurance Commission (NCQAC), upon a finding that a license holder or applicant has committed unprofessional conduct or is unable to practice with reasonable skill and safety due to a physical or mental condition, may issue an order taking action against a license holder or applicant. The NCQAC has determined that it is the best interest of license holders, applicants and the public to adopt "Sanction Standards" for common violations.

PROCEDURE:

A Reviewing Commission Member (RCM), Case Disposition Panels, and Hearing Panels will utilize Commission-approved Sanction Standards to determine sanctions.

Registered Nurse and Licensed Practical Nurse sanctions are in Attachment A; Advanced Registered Nurse Practitioner sanctions are in Attachment B.

APPENDIX

Washington State Nursing Care Quality Assurance Commission

Aggravating and mitigating factors. The following nonexclusive list identifies factors that may mitigate or aggravate the sanctions that should be imposed in an order or stipulation to informal disposition.

(1) Factors related to the misconduct:

(a) Gravity of the misconduct;

(b) Age, capacity and/or vulnerability of the patient, client or victim;

(c) Number or frequency of the acts of misconduct;

(d) Injury caused by the misconduct;

(e) Potential for injury to be caused by the misconduct;

(f) Degree of responsibility for the outcome;

(g) Abuse of trust;

(h) Intentional or inadvertent act(s);

(i) Motivation is criminal, immoral, dishonest or for personal gain;

(j) Length of time since the misconduct occurred.

(2) Factors related to the license holder:

(a) Experience in practice;

(b) Past disciplinary record;

(c) Previous character;

(d) Mental and/or physical health;

(e) Personal circumstances;

(f) Personal problems having a nexus with the misconduct.

(3) Factors related to the disciplinary process:

(a) Admission of key facts;

(b) Full and free disclosure to the disciplining authority;

(c) Voluntary restitution or other remedial action;

(d) Bad faith obstruction of the investigation or discipline process or proceedings;

(e) False evidence, statements or deceptive practices during the investigation or discipline process or proceedings;

(f) Remorse or awareness that the conduct was wrong;

(g) Impact on the patient, client, or victim.

(4) General factors:

(a) License holder's knowledge, intent, and degree of responsibility;

(b) Presence or pattern of other violations;

(c) Present moral fitness of the license holder;

(d) Potential for successful rehabilitation;

(e) Present competence to practice;

(f) Dishonest or selfish motives;

(g) Illegal conduct;

(h) Heinousness of the misconduct;

(i) Ill repute upon the profession;

(j) Isolated incident unlikely to reoccur.

Washington State Nursing Care Quality Assurance Commission

Sanction Standards for RN and LPN
Violations Involving Documentation Errors

Description of Violation	Aggravating & Mitigating Factors	Harm (Tier)	Charge	Duration Of Sanction	Cost Recovery or Fine	Conditions	Time For Completion
I. Documentation Errors – 1 – 2 Times Only Within Short Time Period, *i.e.*, Over 1-2 Shifts	Risk of Recurrence See appendix for list of aggravating and mitigating factors	No or Minimal Patient Harm or Low Risk of Harm	Close case NOC SOA	N/A N/A 0-3 yrs	N/A N/A Cost Recovery $1000 per violation	N/A	N/A
II. Pre-Charting Procedures Or Medications	Risk of Recurrence See appendix for more aggravating and mitigating factors.	No or Minimal Patient Harm or Low Risk of Harm	SOA/STID	0-3 yrs Until successful completion of coursework	Cost Recovery $1000 per violation	1. 6 Contact hour course in Documentation 2. Obtain passing score 3. Submit course evaluation for approval 4. JP Module	1. 90 days 2. 90 days 3.120 days 4. 90 days
III. Falsification of Records **Deliberate changing or falsification of documentation to cover up error** One or more of the following: • Documenting care not provided • Charting incorrect patient condition • Changing charting to cover up practitioner error or omission	Risk of Recurrence Likely Cause(s) of Error: • Lack of fiduciary concern • Error in performance of procedure or intervention • Poor judgment See appendix for more aggravating and mitigating factors.	No or Minimal Patient Harm or Low Risk of Harm Patient Harm or Risk of Severe Patient Harm Severe Harm or Death	SOA/SOC SOA/SOC SOC	0-3 yrs 2-5 yrs 3 yr Minimum	↑ Fine/Cost Recovery $1000 per violation ↓	1. 24 Contact hour Documentation course 2. Obtain passing score 3. Submit course evaluation for approval 4. 12 Contact hour Nursing Ethics course 5. Obtain passing score 6. Submit evaluation for approval 7. Notification to current & future employers 8. Employer reports-quarterly 9. Direct RN supervision 10. No employment with an agency, home health, hospice, community care settings 12. JP Module	1. 120 days 2. 120 days 3. 150 days 4. 90 days 5. 90 days 6. 120 days 7. Duration 8. Duration 9. Unless modified 10. Unless modified 12. 90 days

IV – VI Relate to Documentation of Patient Assessment & Observations

Description of Violation	Aggravating & Mitigating Factors	Harm (Tier)	Charge	Duration Of Sanction	Cost Recovery or Fine	Conditions	Time For Completion
IV. Developing Pattern Of Documentation Errors and/or Omissions ***Related to Patient Assessment & Observations*** 2 to 4 of the following type(s): • Missing assessment • Inappropriate or inaccurate assessment • Lack of attentiveness to changing condition • Failure to recognize signs & symptoms	Risk of Recurrence <u>Likely Cause(s) of Error:</u> • Inappropriate clinical judgment • Lack of time management skill & organizational ability *Consider individual practice responsibility and system influence and nurse's demonstration of experiential learning* See appendix for more aggravating and mitigating factors	No or Minimal Patient Harm or Low Risk of Harm Patient Harm or Risk of Severe Patient Harm Severe Harm or Death	SOA/SOC SOA/SOC SOC	0-3 yrs 2-5 yrs 3 yr Minimum	Cost Recovery $1000 per violation	1. 24 Contact hour course in Patient Assessment including appropriate language on documentation 2. Obtain passing score 3. Submit course evaluation for approval 4. JP Module	1. 120 days 2. 120 days 3. 150 days 4. 90 days

Description of Violation	Aggravating & Mitigating Factors	Harm (Tier)	Charge	Duration Of Sanction	Cost Recovery or Fine	Conditions	Time For Completion
V. Established Pattern Of Documentation Errors and/or Omissions of Essential Patient Information ***Related To Patient Assessment & Observations*** Errors/Omissions of the Following type(s): • Missing assessment • Inappropriate or inaccurate assessment • Lack of attentiveness to changing condition • Failure to recognize signs & symptoms • Failure to document patient deterioration, pain, agitation or other signs of complications or reaction to illness or therapies	<u>Likely Cause(s) of Error:</u> • Practitioner lacked adequate knowledge or competence • Lack of time management skill & organizational ability • Inappropriate • clinical judgment • Disregard for patient safety & well being *Consider individual practice responsibility and system influence and nurse's demonstration of experiential learning* *See appendix for more aggravating and mitigating factors*	No or Minimal Patient Harm or Low Risk of Harm Patient Harm or Risk of Severe Patient Harm Severe Harm or Death	SOA/SOC SOA/SOC SOC	0-3 yrs 2-5 yrs 3 yr Minimum	Fine/Cost Recovery $1000 per violation	1. 24 Contact hour course in Patient Assessment including documentation 2. Obtain passing score 3. Submit course evaluation for approval 4. Worksite monitor to provide 40 hours of oversight of assessment & documentation 5. Notice to current & future employers 6. Employer reports quarterly 8. JP Module	1. 120 days 2. 120 days 3. 150 days 4. 160 days 5. Duration 6. Duration 8. 90 days

Description of Violation	Aggravating & Mitigating Factors	Harm (Tier)	Charge	Duration Of Sanction	Cost Recovery or Fine	Conditions	Time For Completion
VI. Significant Error(s) In Documentation of Essential Patient Information ***Related To Patient Assessment & Observations With*** One or more of the following type(s): • Missing or inaccurate assessment • Lack of attentiveness • Failure to recognize signs & symptoms • Failure to document patient deterioration, pain, agitation or other signs of complications or reaction to illness or therapies	Risk of Recurrence <u>Likely Cause(s) of Error(s):</u> • Practitioner lacked adequate knowledge or competence • Inappropriate clinical judgment • Disregard for patient safety & well being • Lack of attentiveness or surveillance *Consider individual practice responsibility and system influence and nurse's demonstration of experiential learning* *See appendix for more aggravating and mitigating factors*	No or Minimal Patient Harm or Low Risk of Harm Patient Harm or Risk of Severe Patient Harm Severe Patient Harm or Death	SOA/SOC SOA/SOC SOC	0-3 yrs 2-5 yrs 3 yr Minimum	Fine $1000 per violation	1..24 Contact hour course in Patient Assessment including documentation 2. Obtain passing score 3. Submit course evaluation for approval 4. Notice to current & future employers 5. Employer reports quarterly 6. Indirect supervision 7. Worksite monitor to provide 40 hours of oversight of assessment & documentation 8. No employment with agency, home health, hospice community based care settings 10. JP Module	1. 120 days 2. 120 days 3. 150 days 4. Duration 5. Duration 6. Duration 7. 160 days 8. Unless modified 10. 90 days

VII & VIII Relate to Documentation of Medication Administration, Procedures and Treatments

Description of Violation	Aggravating & Mitigating Factors	Harm (Tier)	Charge	Duration Of Sanction	Cost Recovery or Fine	Conditions	Time For Completion
VII. Developing Pattern Of Errors and/or Omissions In Documentation ***Related To Medication Administration, Procedures & Treatments*** 2-4 of the following type(s): • Missed medications and/or treatments • Misrepresentation of patient's condition • Failure to document care that has been provided	Risk of Recurrence <u>Likely cause(s) of Error:</u> • Failure to follow agency policy • Lack of adequate knowledge or competence • Disregard for patient safety & well being *Consider individual practice responsibility and system influence and nurse's demonstration of experiential learning* *See appendix for more aggravating and mitigating factors*	No or Minimal Patient Harm or Low Risk of Harm Patient Harm or Risk of Severe Patient Harm Severe Harm or Death	SOA/SOC SOA/SOC SOC	0-3 yr 2-5 yrs 3 yr Minimum	Cost Recovery $1000 per violation	1. 24 hr Documentation class 2. Obtain passing score 3. Submit course evaluation for approval 4. JP Module	1. 120 days 2. 120 days 3. 150 days 4. 90 days

Description of Violation	Aggravating & Mitigating Factors	Harm (Tier)	Charge	Duration Of Sanction	Cost Recovery or Fine	Conditions	Time For Completion
VIII. Established Pattern of Errors and/or Omissions In Documentation **Related To Medication Administration, Procedures & Treatment** 5 or more of the following type(s): • Missed medications and/or treatments • Misrepresentation of patient's condition • Failure to document care that has been provided	Risk of Recurrence <u>Likely cause(s) of Error:</u> • Failure to follow agency policy • Lack of adequate knowledge or competence • Disregard for patient safety & well being • Poor judgment *Consider individual practice responsibility and system influence and nurse's demonstration of experiential learning* *See appendix for more aggravating and mitigating factors*	No or Minimal Patient Harm or Low Risk of Harm Patient Harm or Risk of Severe Patient Harm Severe Patient Harm or Death	SOA/SOC SOA/SOC SOC	0-3 yrs 2-5 yrs 3 yr Minimum	Fine/Cost Recovery $1000 per violation	1. 24 hr. Documentation class 2. Obtain passing score 3. Submit course evaluation for approval 4. Notice to current & future employers 5. Employer reports quarterly 6. Indirect supervision 7. Worksite monitor to provide 40 hours of oversight of documentation 9. JP Module	1. 120 days 2. 120 days 3. 150 days 4. Duration 5. Duration 6. Duration 7. 180 days

Sanction Standards for RN and LPN
Violations Involving Failure to Assess and/or Intervene on the Patient's Behalf

Description of Violation	Aggravating & Mitigating Factors	Harm (Tier)	Charge	Duration Of Sanction	Cost Recovery or Fine	Conditions	Time For Completion
I. Failure To Assess and/or Intervene On The Patient's Behalf ***Error(s) of the following type:*** • ***Failure to promptly assess*** • ***Failure to adequately assess*** • ***Failure to recognize and/or detect signs & symptoms*** • ***Faulty intervention*** • ***Failure to call for Assistance*** • ***Failure to notify physician or other provider*** • ***Failure to properly initiate CPR***	Risk of Recurrence Likely Cause(s) of Error/Omission: • Lack of attentiveness • Inadequate clinical judgment • Faulty logic due to use of rote action • Lack of appropriate priorities • Poor or faulty monitoring • Lack of agency/ fiduciary concern *Consider individual practice responsibility and system influence and nurse's demonstration of experiential learning* See appendix for more aggravating and mitigating factors.	No or Minimal Patient Harm or Low Risk of Harm Patient Harm or Risk of Severe Patient Harm Severe Harm or Death	SOA/SOC SOA/SOC SOC	0-3 yrs 2-5 yrs 3 yr Minimum	Fine $1000 per violation	**1. 24 Contact hour course on Patient Assessment, obtain passing score, submit evaluation data** 2. 6 Contact hour course on Nursing Ethics, obtain passing score, submit evaluation data 3. Notice to current & future Employers 4. Commission permission for Employment 5. No employment in temporary agency, home health, hospice or community-based agency 6. Employer reports addressing clinical judgment & decision-making ability- quarterly 7. Personal reports – quarterly 8. Indirect RN supervision, No charge or supervisory responsibilities 10. JP Module	1. 120 days 2. 90 days 3. Duration 4. Unless modified 5. Duration 6. Duration 7. If working as nurse 8. Unless modified 10. 90 days

Description of Violation	Aggravating & Mitigating Factors	Harm (Tier)	Charge	Duration Of Sanction	Cost Recovery or Fine	Conditions	Time For Completion
II. Failure to Recognize Risk Factors And Implement Prevention Techniques To Avoid Predictable, Preventable Condition(s) **Existence Of A Preventable Condition Including Decubiti, Stasis Pneumonia, Incidence Of Falls** ***Errors or Omissions of the following type:*** • Failure to anticipate and/or recognize risk factors] • Failure to implement prevention techniques to reduce patient risk • Faulty intervention • Breach of infection precautions • Failure to recognize equipment failure	Risk of Recurrence Likely Cause(s) of Error/Omission: • Lack of attentiveness • Inadequate clinical judgment • Lack of appropriate priorities • Poor or faulty monitoring • Lack of evaluation of patient response to therapy • Failure to evaluate effectiveness of intervention *Consider individual practice responsibility and system influence and nurse's demonstration of experiential learning* See appendix for more aggravating and mitigating factors.	No or Minimal Patient Harm or Low Risk of Harm Patient Harm of Risk of Severe Patient Harm Severe Harm or Death	SOA/SOC SOA.SOC SOC	0-3 yrs 2-5 yrs 3 yr Minimum	Fine $1000 per violation	**1. 24 Contact hour course on Patient Assessment, obtain passing score, submit evaluative data** 2. 6 Contact hour course on Patient Safety, obtain passing score, submit evaluative data 3. Notice to current & future Employers 4. No employment in temporary agency, home health, hospice or community-based agency 5. Employer reports addressing clinical judgment & decision-making ability – quarterly 6. Personal reports – Quarterly 7. Indirect RN supervision, No charge or supervisory responsibilities 9. JP Module	1. 120 days 2. 90 days 3. Duration 4. Duration 5. Duration 6. If working as nurse 7. Unless modified 9. 90 days

Sanction Standards for RN and LPN
Violations Involving Medication Errors

Description of Violation	Aggravating & Mitigating Factors	Harm (Tier)	Charge	Duration Of Sanction	Cost Recovery or Fine	Conditions	Time For Completion
I. Practice of Pre-Pouring and/or Pre-Charting Medications	Risk of Recurrence **Likely Cause of Practitioner Error** • Lack of knowledge of nursing standards • Failure to follow agency policy See appendix for more aggravating and mitigating factors	No or Minimal Patient Harm or Low Risk of Harm Patient Harm or Risk of Severe Patient Harm Severe Patient Harm or Death	SOA/SOC SOA/SOC SOC	0-3 yrs 2-5 yrs 3 yr Minimum	Cost Recovery $1000 per violation	1. 6 Contact hour course in Time Management 2. Obtain passing score 3. Submit course evaluation for approval 4. JP Module	1. 90 days 2. 90 days 3.120 days
II. Developing Pattern of Medication Errors 2 to 5 Errors of the Following Type(s): • Missed dose(s) • Wrong time • Wrong dose • Wrong frequency • Wrong IV rate-wrong dose • Wrong patient • Wrong route	Risk of Recurrence Likely Cause of Practitioner Error: - Failure to follow 6 "rights" for safe medication administration - Lack of time management skill & organizational Ability *Consider individual practice responsibility and system influence and nurse's demonstration of experiential learning* See appendix for More aggravating & mitigating factors	No or Minimal Patient Harm or Low Risk of Harm Patient Harm or Risk of Severe Patient Harm Severe Harm or Death	SOA/SOC SOA/SOC SOC	0-3 yrs 2-5 yrs 3 yr Minimum	Cost Recovery $1000 per violation	1. 60 Contact hour course in Safe Medication Administration, including a minimum of 20 hours of theory and 40 hours of RN supervised medication administration 2. Obtain passing score 3. Submit course evaluation for approval 4. 6 Contact hour course in time management at RCM discretion 5. JP Module	1. 90 days 2. 90 days 3. 120 days 4. RCM discretion 5. 90 days

Description of Violation	Aggravating & Mitigating Factors	Harm (Tier)	Charge	Duration Of Sanction	Cost Recovery or Fine	Conditions	Time For Completion
III. Established Pattern Of Medication Errors 6 or More Errors of the Following Type(s): • Missed dose(s) • Wrong time • Wrong dose • Wrong frequency • Wrong IV rate delivering wrong dose • Wrong patient • Wrong route	Risk of Recurrence <u>Likely Cause of Practitioner Error:</u> • Failure to Follow 6 "rights" for safe medication administration • Lack of time management skill & organizational ability *Consider individual practice responsibility and system influence and nurse's demonstration of experiential learning* See appendix for More aggravating and mitigating factors	No or Minimal Patient Harm or Low Risk of Harm Patient Harm or Risk of Severe Patient Harm Severe Harm or Death	SOA/SOC SOA/SOC SOC	0-3 yrs 2-5 yrs 3 yr Minimum	Fine $1000 per violation	1. 60 Contact hour course in Safe Medication Administration, including minimum of 20 hours of theory and 40 hours of RN supervised medication administration 2. Obtain passing score 3. Submit course evaluation for approval 4. Current & future employer notification & reports 5. Worksite monitor to provide additional 40-120 hours supervision of medication administration (If licensee is an LPN, an LPN may provide supervision) 6. 6 Contact hour course in time management at RCM discretion 8. JP Module	1. 90 days 2. 90 days 3. 120 days 4. Quarterly unless modified 5. 6-9 months 6. RCM discretion

Description of Violation	Aggravating & Mitigating Factors	Harm (Tier)	Charge	Duration Of Sanction	Cost Recovery or Fine	Conditions	Time For Completion
IV. Pattern of Medication Errors 2 or More Errors of the Following Type(s): • Wrong IV rate delivering wrong dose of medication • Wrong concentration or dosage of medication delivered IV • Wrong route • Wrong medication • Wrong dose • Wrong patient • Wrong time	Risk of Recurrence <u>Likely Cause of Practitioner Error:</u> • Failure to Follow 6 "rights" for safe medication administration • Lack of adequate knowledge or competence for administering medication • Disregard for patient safety & well being *Consider individual practice responsibility and system influence* *Consider nurse's demonstration of experiential learning* See appendix for more aggravating and mitigating factors	No or Minimal Patient Harm or Low Risk of Harm Patient Harm or Risk of Severe Patient Harm Severe Harm or Death	SOA/SOC SOA/SOC SOC	0-3 yrs 2-5 yrs 3 yr Minimum	Fine $1000 per violation	1. 60 Contact hour course In Safe Medication Administration, including a minimum of20 hours of theory and 40 hours of RN supervised medication administration 2. Obtain a passing score 3. Submit course evaluation 4. Current and future employer notification & employer reports quarterly 5. Commission approval for employment 6. No charge, floating, agency, home health, hospice, etc. 7. Worksite monitor to provide additional 40 – 120 hours supervision of medication administration (If licensee is an LPN, an LPN may provide supervision) 8. Indirect RN supervision 10. JP Module	1. 90 days 2. 90 days 3. 120 days 4. Quarterly unless modified 5. Unless modified 6. Unless modified 7. 6 to 9 months 8. Unless modified 10. 90 days

Description of Violation	Aggravating & Mitigating Factors	Harm (Tier)	Charge	Duration Of Sanction	Cost Recovery or Fine	Conditions	Time For Completion
V. Single Significant Medication Error <u>Type of Error"=:</u> • Wrong concentration or dosage of medication delivered IV • Wrong route • Wrong medication • Wrong dose • Wrong patient • Wrong time	Likelihood of Recurrence Low → Serious Risk to Future Patients Low → Serious <u>Likely Cause(s) of Practitioner Error</u> - Medication with similar name or packaging - Medication not commonly used - Patient allergic - Missed/Mistaken Physician Order - Practitioner lacked adequate knowledge or competence for administering medication - Medication required testing to ensure proper therapeutic levels - Inadequate or inaccurate patient assessment - Inappropriate clinical judgment <u>Potential System Contributor(s):</u> - High-alert medication with no system controls to monitor or prevent error *Consider individual practice responsibility and system influence and nurse's demonstration of experiential learning.* *See appendix for more aggravating and mitigating factors*	No or Minimal Patient Harm or Low Risk of Harm Patient Harm or Risk of Severe Patient Harm Severe Harm or Death	SOA/SOC SOA/SOC SOC	0-3 yrs 2-5 yrs 3 yr Minimum	Fine $1000 Per violation	1. 60 Contact hour course in Safe Medication Administration, including a minimum of 20 hours of theory and 40 hours of RN supervised medication administration 2. Obtain a passing score 3. Submit course evaluation 4. Worksite monitor to provide additional 20 -60 hours supervision of medication administration20 – 60 hours supervision of medication administration (If licensee is an LPN, an LPN may provide supervision) 5. Direct RN Supervision 6. Current and future employer notification, worksite monitor, employer reports quarterly 7. Commission approval for employment 9. No charge, floating, agency home health, hospice, etc. 10. JP Module	1. 90 days 2. 90 days 3. 120 days 4. 120-150 days 5. Until supervised med admin complete 6. Quarterly unless modified 7. Duration 9. Duration 10. 90 days

Sanction Standards for RN and LPN
Failure to Comply with the Condition of an Order

Description of Violation	Aggravating & Mitigating Factors	Harm (Tier)	Charge	Duration Of Sanction	New Fine	Conditions	Time For Completion
I. Failure To Comply With Any Term(s) Or Condition(s) Of One STID or Order	N/A	N/A	SOC	Suspension (2 yr min)	$1000 per violation	1. JP Module prior to reinstatement	
II. Failure to Comply With Any Substantive Term(s) Or Condition(s) Any One STID or Order	N/A	N/A	SOC	Indefinite Suspension Until Compliance		1. Complete all conditions in original STID 2. JP Module prior to reinstatement	
III. Failure to Comply with a prior order or STID. (Cost Recover or Fine)	N/A	N/A	Refer to Collections	N/A			
SUBSTANCE USE ORDERS/WHPS							
Unprofessional conduct with a finding that the nurse misused drugs or alcohol or other finding substantiating a SUD	Nurse declines to enter/re-enter the WHPS program		SOC	Indefinite suspension		1. Minimum 12 consecutive months of abstinence documented by random observed drug testing, to include ETG/ETS (12 per year) by an independent, licensed testing entity prior to any petition for reinstatement 2. JP Module prior to reinstatement	
Failure to Comply with any term(s) or conditions (s) of a Monitoring Contract or STID into WHPS **A. Not practice related** **B. Impaired practice**			A.No charges B.SOC	 B.Order into WHPS		A.Continued participation in WHPS with additional conditions set by WHPS. B.Order	

II. Failure to Comply with any substantive term(s) or condition(s) of any STID or Order into WHPS	A.Unsafe to practice with reasonable skill and safety		SOC	Indefinite suspension		1.Minimum 12 consecutive months of abstinence documented by random observed drug testing, to include ETG/ETS (12 per year) by an independent, licensed testing entity. 2.Completion of chemical dependency treatment. 3.Participation in recovery support meetings. 2. JP Module prior to reinstatement	

Sanction Standards for RN and LPN
Practice on an Expired License

Description of Violation	Aggravating & Mitigating Factors	Harm (Tier)	Charge	Duration Of Sanction	New Fine	Conditions	Time For Completion
I. Practice on an expired license from 6 to 12 months		N/A	Notice of Correction			None	1.60 days
II. Practice on an expired license from 1 to 3 years	Extenuating circumstances	N/A	Notice of Correction			None	

III. Practice on an expired license from 1 to 3 years	No extenuating circumstances involved		SOA	1–3 years	Cost recovery	1. Minimum of 3 hours education on the Nursing WAC 246-840 or UDA 18.130 2. Minimum 6 hours education on Time Management 3. Minimum 6 hours education on Ethics 4. JP Module	1.60 days 2.60 days 3.60 days
IV. Practice on an expired license for over 3 years		N/A	SOC	1-3 years	$1000 per year	1. Minimum of 3 hours education on the Nursing WAC 246-840 or UDA 18.130 2. Minimum 6 hours education on Time Management 3. Minimum 6 hours education on Ethics 4. May waive the clinical portion of the refresher course per WAC 246-840-130(3)(d) and (h) 5. JP Module	1.60 days 2.60 days 3. 60 days

Sanction Standards for RN and LPN
Failure to Complete Continuing Education

Description of Violation	Aggravating & Mitigating Factors	Harm (Tier)	Charge	Duration Of Sanction	New Fine	Conditions	Time For Completion
Continuing Competency requirements not completed	All options to fulfill continuing competence requirements have not been fulfilled.	N/A	SOC	Indefinite	$5,000	1. License suspended (with Limited Education Authorization) until refresher course is completed satisfactorily 2. JP Module	1. 9 months 2. 90 days

Reference:
Benner, Patricia, PhD, RN, FAAN, Vickie Sheets, JD, RN, et al, Individual, Practice, and System Causes of Errors in Nursing – A Taxonomy, JONA Vol. 32, No., 10 October 2002.

Individual practice responsibility may include factors such as knowledge, competence, judgment, thoroughness.

System contributions & issues may include level of orientation and education provided; policies, procedures and systems in place including prescribing, order communication; product labeling, packaging and nomenclature; compounding; dispensing; distribution; administration, education; monitoring; and use.

Commission Sanction Standards for Advanced Registered Nurse Practitioner Practice
Violations Involving Scope/Standards of ARNP Practice

The purpose of these standards is to protect the public of Washington State. These standards are a nonbinding framework used as a resource by reviewing commission members, charging panels, and attorneys when sanctioning advanced registered nurse practitioners (ARNPs). The methodology applies Just Culture to the violations and associated conditions.

Abbreviations and Definition of Charges and Conditions

- **SOA:** Statement of Allegations
- **SOC:** Statement of Charges
- **RCM:** Reviewing Commission Member
- **Developing a pattern:** May include, but not limited to, several incidents of a failure to assess, diagnosis, treat, or prescribe/dispense appropriately
- **Established pattern:** May include, but not limited to, previous violations or a large number of instances of failures to assess, diagnosis, treat, or prescribe/dispense appropriately
- **Single significant error:** Violation descriptions related to the registered nurse and licensed practical nurse sanctioning standards. The conditions associated with this violation are more substantial than the conditions associated with a single occurrence and thus provides the RCM more discretion as the violation, aggravating, and mitigating circumstances warrant
- **Successfully complete coursework approved by the NCQAC:** The RCM will work with the Discipline Unit staff to determine the available and appropriate remedial coursework content required for meeting the sanction requirements. The course work will be selected based upon the remedial education (content areas) required by the respondent. The Discipline Unit staff will maintain a list and provide to the respondent remedial course(s).The respondent is responsible to pay for the remedial course work registration including travel and accommodations, if necessary, to complete the condition.

Practice Evaluation

The respondent shall submit to a thorough practice review by an evaluator approved in advance by the Nursing Care Quality Assurance Commission (NCQAC):

- The evaluator shall be a licensed ARNP or physician in Washington State with at least ten years of experience in the specific field of practice. The evaluator shall not have open disciplinary complaints or be subject to disciplinary action. The evaluation shall include, but not be limited to, oral exchanges with the respondent to thoroughly review the respondent's knowledge and observations of patient assessments, plans, and interventions. The respondent shall provide a copy of the order to the evaluator prior to the evaluation process.
- The respondent shall cause the evaluator to submit a written evaluation report of the practice review to NCQAC within sixty days of the effective date of the order or within thirty days of the resumption of active practice (if not currently in active practice). The evaluation report shall include any and all recommendations for the correction or improvement of the respondent's practice and skills, and shall have attached all documents related to the practice review, including correspondence regarding the practice review between the respondent and the evaluator.

Preceptor

The respondent shall engage the services of a preceptor who shall be licensed as an ARNP or physician currently licensed in Washington State and approved in advance by the NCQAC within sixty days of the effective date of the order, or within sixty days of the resumption of active practice (if not currently in active practice). The respondent shall consult with the preceptor to review cases of current patients. The role of the preceptor is to provide oversight to ensure that patients meet the restrictions of "seeing certain types of patients" condition; to ensure the proper level of skill and judgment is being exercised in all cases; and to provide written reports to the NCQAC concerning compliance with the order including recommendations contained in the practice evaluation report. A back-up practice monitor (who meets the provisions of this section) shall serve as substitute in the event the approved preceptor is temporarily unavailable. The respondent shall provide a copy of the order to the preceptor prior to entering into a practice monitor agreement. The written agreement shall be filed with the NCQAC within seven business days of its execution.

Random Practice Reviews and Record Audits

NCQAC investigators may conduct random practice reviews at the practice site of the respondent to perform record audits and interview colleagues, patients, and staff. Investigators will provide data obtained during the review to the Discipline Unit and/or RCM for clinical review.

Cost Recovery Fines

*Rationale for reducing the standard cost recovery fine of $1,000 to $500 – the remedial coursework can be costly and the respondent may likely have to travel out-of-state to take the course(s), adding to the total cost associated with the condition.
**Rationale for omitting the standard cost recovery fine of $1,000 – the competence assessment and educational intervention courses are costly and require the respondent to travel out-of-state

Source Documents Used to Develop the Sanction Standards for Charging ARNP License

WAC 246-840-300 ARNP Scope of Practice
National Organization of Nurse Practitioner Faculties (NONPF) ARNP Scope of Practice (2014)
NCSBN Model Act and Model Rules (2014)
Outcome Engenuity: Just Culture

Description of Violation	Aggravating and Mitigating Factors	Harm (Tier)	Charge	Duration of Sanction	Recovery Cost or Fine	Conditions	Time for Completion

Failure to Assess Single occurrence of failure to document assessment	**Likely Cause(s) of Error** • Lack of time management skill and/or organizational ability	No, minimal, or low risk of harm	Close Case SOA	NA 0-3 years	Cost recovery up to $500 per violation*	1. Successfully complete course on medical record keeping approved by NCQAC 2. Submit course evaluation	1. 90 days 2. 120 days
Failure to Assess Single occurrence of failure to assess or intervene on the patient's behalf **Error(s)** • Failure to examine patient and establish diagnosis by history, physical examination, and other methods of assessment **1 of the 4 following** • Missing assessment • Inappropriate or inaccurate assessment or examination • Lack of recognition of changing condition • Failure to document appropriate assessment	**Likely Cause(s) of Error** • Incomplete patient assessment • Lack of competence • Lack of knowledge • Lack of time management skill and/or organizational ability • Inappropriate clinical judgment	(A) No, minimal, or low risk of patient harm (B) Patient harm or risk of severe harm (C) Severe harm or death	SOA/SOC SOA/SOC SOA/SOC	0-3 years 2-5 years 3 years minimum	Cost recover of up to $500 per violation*	1. Successfully complete course work approved by NCQAC 2. Submit course evaluation for approval 3. Commission approval of current and future employment 4. Restrictions on seeing certain types of patients 5. Practice evaluation 6. Submission of written practice evaluation **OR** 7. Suspension of license. If suspended, remedial training would be required prior to reinstatement	1. 90 days 2. 120 days 3. Duration of sanction 4. Duration of sanction 5. 30 days 6. 60 days 7. RCM discretion

Description of Violation	Aggravating and Mitigating Factors	Harm (Tier)	Charge	Duration of Sanction	Recovery Cost or Fine	Conditions	Time for Completion
Developing pattern of failure to assess or intervene on the patient's behalf	**Likely Cause(s) of Error** • Incomplete patient assessment • Lack of competence • Lack of knowledge	(A) No, minimal, or low risk of patient harm (B) Patient harm or risk of severe harm	SOA/SOC SOA/SOC SOA/SOC	0-3 years 2-5 years	Cost recovery of up to $500 per violation*	1. Successfully complete course work approved by NCQAC 2. Submit course evaluation for approval 3. Practice evaluation	1. 90 days 2. 120 days 3. 30 days 4. 60 days

Error(s) • Failure to examine patient and establish diagnoses by history, physical examination, and other methods of assessment **2 to 4 of the following** – Missing assessment – Inappropriate or inaccurate assessment or examination – Lack of recognition of changing condition – Failure to document appropriate assessment	• Lack of time management skill and/or organizational ability • Inappropriate clinical judgment • Disregard for patient safety and well-being	(C) Severe harm or death		3 years minimum		4. Submission of written practice evaluation 5. Identify a preceptor 6. Meet with preceptor twice a month and review 10% of charts. Preceptor submits quarterly performance evaluations. 7. Commission approval of current and future employment 8. Restrictions on seeing certain types of patients 9. Random practice reviews and record audits 10. Probation **OR** 11. Suspension of license. If suspended, remedial training would be required prior to reinstatement	5. 30 days 6. Duration of sanction 7. Duration of sanction 8. Duration of sanction 9. Duration of sanction 10. Duration of sanction 11. RCM discretion

Description of Violation	Aggravating and Mitigating Factors	Harm (Tier)	Charge	Duration of Sanction	Recovery Cost or Fine	Conditions	Time for Completion
Established pattern of failure to assess or intervene on the patient's behalf **Error(s)** • Failure to examine patient and establish diagnoses by history, physical examination, and other methods of assessment – Missing assessment – Inappropriate or inaccurate assessment or examination – Lack of recognition of changing condition – Failure to document appropriate assessment	**Likely Cause(s) of Error** • Incomplete patient assessment • Lack of competence • Lack of knowledge • Lack of time management skill and/or organizational ability • Inappropriate clinical judgment • Disregard for patient safety and well-being	(A) No, minimal, or low risk of patient harm (B) Patient harm or risk of severe harm (C) Severe harm or death	SOA/SOC SOA/SOC SOA/SOC	0-3 years 2-5 years 3 years minimum	Cost recovery of up to $500 per violation*	1. Attend competence assessment and educational intervention course (at own expense) to assess knowledge, clinical judgment, communication, and documentation 2. Comply with competence assessment and educational intervention plan 3. Commission approval of current and future employment 4. Restrictions on seeing certain types of patients 5. Random practice reviews and record audits 6. Probation **OR** 7. Suspension of license. If suspended, remedial training would be required prior to reinstatement	1. 90 days 2. Duration of education plan 3. Duration of sanction 4. Duration of sanction 5. Duration of sanction 6. Duration of sanction 7. RCM discretion

Description of Violation	Aggravating and Mitigating Factors	Harm (Tier)	Charge	Duration of Sanction	Recovery Cost or Fine	Conditions	Time for Completion
Single significant assessment error or to intervene on the patient's behalf **Error(s)** • Failure to examine patient and establish diagnoses by history, physical examination, and other methods of assessment – Missing assessment – Inappropriate or inaccurate assessment or examination – Lack of recognition of changing condition – Failure to document appropriate assessment	**Likely Cause(s) of Error** • Incomplete patient assessment • Lack of competence • Lack of knowledge • Lack of time management skill and/or organizational ability • Inappropriate clinical judgment • Disregard for patient safety and well-being	(A) No, minimal, or low risk of patient harm (B) Patient harm or risk of severe harm (C) Severe harm or death	SOA/SOC SOA/SOC SOA/SOC	0-3 years 2-5 years 3 years minimum	No cost recovery	1. Attend competence assessment and educational intervention course (at own expense) to assess knowledge, clinical judgment, communication, and documentation 2. Comply with assessment and educational intervention education plan 3. Commission approval of current and future employment 4. Restrictions on seeing certain types of patients 5. Random practice reviews and record audits 6. Probation **OR** 7. Suspension of license. If suspended, remedial training would be required prior to reinstatement	1. 90 days 2. Duration of education plan 3. Duration of sanction 4. Duration of sanction 5. Duration of sanction 6. Duration of sanction 7. RCM discretion
Single occurrence of failure to document diagnosis	**Likely Cause(s) of Error** • Lack of time management skill and/or organizational	No, minimal, or low risk of patient harm	Close Case SOA	NA 0-3 years	Cost recovery of up to $500 per violation*	1. Successfully complete a course on medical record keeping, approved by NCQAC 2. Submit course evaluation	1. 90 days 2. 120 days

Description of Violation	Aggravating and Mitigating Factors	Harm (Tier)	Charge	Duration of Sanction	Recovery Cost or Fine	Conditions	Time for Completion
Single occurrence failure to diagnose **Error(s)** • Failure to order, collect, perform, and interpret diagnostic tests **1 of the 4 following** – Missing diagnosis – Inappropriate or inaccurate diagnosis – Lack of recognition of changing condition – Failure to document rationale for diagnosis	**Likely Cause(s) of Error** • Incomplete or inaccurate patient assessment • Lack of competence • Lack of knowledge • Lack of time management skill and/or organizational ability • Inappropriate clinical judgment • Disregard for patient safety and well-being	(A) No, minimal, or low risk of patient harm (B) Patient harm or risk of severe harm (C) Severe harm or death	SOA/SOC SOA/SOC SOA/SOC	0-3 years 2-5 years 3 years minimum	Cost recovery of up to $500 per violation	1. Successfully complete course work approved by NCQAC 2. Submit course evaluation for approval 3. Commission approval of current and future employment 4. Restrictions on seeing certain types of patients 5. Practice evaluation 6. Submission of written practice evaluation 7. Random practice reviews and record audits **OR** 8. Suspension of license. If suspended, remedial training would be required prior to reinstatement	1. 90 days 2. 120 days 3. Duration of sanction 4. Duration of sanction 5. 30 days 6. 60 days 7. Duration of sanction unless modified 8. RCM discretion

Description of Violation	Aggravating and Mitigating Factors	Harm (Tier)	Charge	Duration of Sanction	Recovery Cost or Fine	Conditions	Time for Completion
Developing pattern of failure to accurately diagnose	**Likely Cause(s) of Error**	(A) No, minimal, or low risk of patient harm	SOA/SOC	0-3 years	Cost recovery of up to $500 per violation*	1. Successfully complete a course approved by NCQAC	1. 90 days

Error(s) Failure to order, collect, perform, and interpret diagnostic tests **2 to 4 of the following** – Missing diagnosis – Inappropriate or inaccurate diagnosis – Lack of recognition of changing condition – Failure to document rationale for diagnosis	• Incomplete or inaccurate patient assessment • Lack of competence • Lack of knowledge • Lack of time management skill and/or organizational ability • Inappropriate clinical judgment • Disregard for patient safety and well-being	(B) Patient harm or risk of severe harm (C) Severe harm or death	SOA/SOC SOA/SOC	2-5 years 3 years minimum		2. Submit course evaluation for approval 3. Identify a preceptor 4. Meet with preceptor twice a month and review 10% of charts 5. Preceptor submit quarterly performance evaluations 6. Commission approval of current and future employment 7. Restrictions on seeing certain types of patients 8. Random practice reviews an record audits 9. Probation **OR** 10. Suspension of license. If suspended, remedial training would be required prior to reinstatement	2. 120 days 3. 30 days 4. Duration of sanction 5. Duration of sanction 6. Duration of sanction 7. Duration of sanction 8. Duration of sanction 9. Duration of sanction 10. RCM discretion

Description of Violation	Aggravating and Mitigating Factors	Harm (Tier)	Charge	Duration of Sanction	Recovery Cost or Fine	Conditions	Time for Completion
Developing pattern of failure to accurately diagnose **Error(s)** Failure to order, collect, perform, and interpret diagnostic tests **2 to 4 of the following** – Missing diagnosis	**Likely Cause(s) of Error** • Incomplete or inaccurate patient assessment • Lack of competence • Lack of knowledge • Lack of time management skill and/or organizational ability	(A) No, minimal, or low risk of patient harm (B) Patient harm or risk of severe harm (C) Severe harm or death	SOA/SOC SOA/SOC SOA/SOC	0-3 years 2-5 years 3 years minimum	No cost recovery	1. Attend competence assessment and educational intervention course (at own expense) to assess knowledge, clinical judgment, communication, and documentation 2. Comply with competence assessment	1. 90 days 2. Duration of

– Inappropriate or inaccurate diagnosis – Lack of recognition of changing condition – Failure to document rationale for diagnosis	• Inappropriate clinical judgment • Disregard for patient safety and well-being					and educational intervention plan 3. Commission approval of current and future employment 4. Restrictions on seeing certain types of patients 5. Random practice reviews and record audits 6. Probation **OR** 7. Suspension of license. If suspended, remedial training would be required prior to reinstatement	education plan 3. Duration of sanction 4. Duration of sanction 5. Duration of sanction 6. Duration of sanction 7. RCM discretion

Description of Violation	Aggravating and Mitigating Factors	Harm (Tier)	Charge	Duration of Sanction	Recovery Cost or Fine	Conditions	Time for Completion
Single significant diagnosis error	**Likely Cause(s) of Error** • Incomplete or inaccurate patient assessment • Lack of competence • Lack of knowledge • Lack of time management skill and/or organizational ability • Inappropriate clinical judgment • Disregard for patient safety and well-being	(A) No, minimal, or low risk of patient harm (B) Patient harm or risk of severe harm (C) Severe harm or death	SOA/SOC SOA/SOC SOA/SOC	0-3 years 2-5 years 3 years minimum	No cost recovery**	1. Attend competence assessment and educational intervention course (at own expense) to assess knowledge, clinical judgment, communication, and documentation 2. Comply with competence assessment and educational intervention plan 3. Commission approval of current and future employment 4. Restrictions on seeing certain types of patients 5. Random practice reviews and record audits 6. Probation **OR** 7. Suspension of license. If suspended, remedial training would be required prior to reinstatement	1. 90 days 2. Duration of education plan 3. Duration of sanction 4. Duration of sanction 5. Duration of sanction 6. Duration of sanction 7. RCM discretion

Description of Violation	Aggravating and Mitigating Factors	Harm (Tier)	Charge	Duration of Sanction	Recovery Cost or Fine	Conditions	Time for Completion

Failure to treat (not pertaining to prescriptive and/or dispensing authority) Single occurrence of failure to document treatment **Error(s)** • Failure to identify, develop, document, implement, and evaluate plan of care • Failure to document and/or provide rationale for therapies according to the standard of care • Failure to monitor the effects of therapies – Inappropriate ordering of laboratory studies – Inappropriate responding to laboratory results • Failure to perform procedures or provide services within scope of practice	**Likely Cause(s) of Error** • Lack of time management skill and/or organizational ability • Lack of knowledge of appropriate scope of practice • Inadequate or inaccurate patient assessment • Lack of competence (e.g. practicing outside the scope of practice) • Inappropriate clinical judgment	(A) No, minimal, or low risk of patient harm (B) Patient harm or risk of severe harm (C) Severe harm or death	SOA/SOC SOA/SOC SOA/SOC	0-3 years 2-5 years 3 years minimum	Cost recover of up to $500 per violation*	1. Successfully complete course work, approved by NCQAC 2. Submit course evaluation for approval 3. Commission approval of current and future employment 4. Restrictions on seeing certain types of patients 5. Practice evaluation 6. Submission of written practice evaluation 7. Restriction on performing certain procedures 8. Random practice reviews and record audits **OR** 9. Suspension of license. If suspended remedial training would be required prior to reinstatement	1. 90 days 2. 120 days 3. Duration of sanction 4. Duration of sanction 5. 30 days 6. 60 days 7. Duration of sanction 8. Duration of sanction 9. RCM discretion

Description of Violation	Aggravating and Mitigating Factors	Harm (Tier)	Charge	Duration of Sanction	Recovery Cost or Fine	Conditions	Time for Completion

Developing pattern of failure to treat **2-4 incidents of** • Failure to identify, develop, document, implement, and evaluate plan of care • Failure to document and/or provide rationale for therapies according to the standard of care • Failure to monitor the effects of therapies – Inappropriate ordering of laboratory studies – Inappropriate responding to laboratory results • Failure to perform procedures or provide care services within scope of practice	**Likely Cause(s) of Error** • Lack of knowledge of appropriate scope of practice • Inadequate or inaccurate patient assessment • Lack of competence (e.g. practicing outside the scope of practice) • Lack of knowledge or competence of safe treatment standards • Lack of time management skill and/or organizational ability • Inappropriate clinical judgment • Disregard for patient safety and wellbeing	(A) No, minimal, or low risk of patient harm (B) Patient harm or risk of severe harm (C) Severe harm or death	SOA/SOC SOA/SOC SOA/SOC	0-3 years 2-5 years 3 years minimum	Cost recover of up to $500 per violation*	1. Successfully complete course work, approved by NCQAC 2. Submit course evaluation for approval 3. Practice evaluation 4. Submission of written practice evaluation 5. Identify a preceptor 6. Meet with preceptor twice a month and review 10% of charts; preceptor submit quarterly performance evaluations 7. Commission approval of current and future employment 8. Restrictions on seeing certain types of patients 9. Restriction on performing certain procedures 10. Random practice reviews and record audits 11. Probation **OR** 12. Suspension of license. If suspended remedial training would be required prior to reinstatement	1. 90 days 2. 120 days 3. 30 days 4. 60 days 5. 30 days 6. Duration of sanction 7. Duration of sanction 8. Duration of sanction 9. Duration of sanction 10. Duration of sanction 11. Duration of sanction 12. RCM discretion

Description of Violation	Aggravating and Mitigating Factors	Harm (Tier)	Charge	Duration of Sanction	Recovery Cost or Fine	Conditions	Time for Completion
Single significant treatment error	**Likely Cause(s) of Error**	(A) No, minimal, or low risk of patient harm	SOA/SOC	0-3 years	No cost recovery*	1. Attend competence assessment and educational intervention	1. 90 days

	• Lack of knowledge of appropriate scope of practice • Inadequate or inaccurate patient assessment • Lack of competence (e.g. practicing outside the scope of practice) • Lack of knowledge or competence of safe treatment standards • Lack of time management skill and/or organizational ability • Inappropriate clinical judgment • Disregard for patient safety and wellbeing	(B) Patient harm or risk of severe harm (C) Severe harm or death	SOA/SOC SOA/SOC	2-5 years 3 years minimum		course (at own expense) to assess knowledge, clinical judgment, communication, and documentation 2. Comply with and competence assessment and educational intervention plan 3. Commission approval of current and future employment 4. Restrictions on seeing certain types of patients 5. Restriction on performing certain procedures 6. Random practice reviews and record audits 7. Probation **OR** 8. Suspension of license. If suspended remedial training would be required prior to reinstatement	2. Duration of education plan 3. Duration of sanction 4. Duration of sanction 5. Duration of sanction 6. Duration of sanction 7. Duration of sanction 8. RCM discretion

Description of Violation	Aggravating and Mitigating Factors	Harm (Tier)	Charge	Duration of Sanction	Recovery Cost or Fine	Conditions	Time for Completion
Prescriptive and/or Dispensing Authority Single occurrence of violations of prescriptive	**Likely Cause(s) of Error** • Lack of knowledge of appropriate scope of practice	(A) No, minimal, or low risk of patient harm	Close Case SOA SOA/SOC	NA 3 years 3-5 years	Cost recovery up to $500 per violation*	1. Successfully complete course work, approved by NCQAC 2. Submit course evaluation for approval	1. 90 days 2. 120 days

and./or dispensing authority • Prescribing, dispensing, administering, or distributing drugs in an unsafe manner or without adequate instructions to patients according to acceptable and prevailing standards • Prescribing, dispensing, administering, or distributing drugs for other than therapeutic or prophylactic purposes • Prescribing or distributing drugs to individuals who are not patients of the ARNP or who are not within the ARNPs role and population focus	• Inadequate or inaccurate patient assessment • Lack of competence (e.g. practicing outside the scope of practice) • Lack of knowledge or competence of safe treatment standards • Lack of time management skill and/or organizational ability • Inappropriate clinical judgment	(B) Patient harm or risk of severe harm (C) Severe harm or death		3 years minimum		3. Commission approval of current and future employment 4. Restrictions on seeing certain types of patients 5. Practice evaluation 6. Submission of written practice evaluation **OR** 7. Suspension of license. If suspended, remedial training would be required prior to reinstatement	3. Duration of sanction 4. Duration of sanction 5. 30 days 6. 60 days 7. RCM discretion

Description of Violation	Aggravating and Mitigating Factors	Harm (Tier)	Charge	Duration of Sanction	Recovery Cost or Fine	Conditions	Time for Completion
Developing a pattern of violations of prescriptive and/or dispensing authority **Single occurrence of violations of prescriptive and./or dispensing authority**	**Likely Cause(s) of Error** • Lack of knowledge of appropriate scope of practice • Inadequate or inaccurate patient assessment	(A) No, minimal, or low risk of patient harm (B) Patient harm or risk of severe harm (C) Severe harm or death	SOA/SOC SOA/SOC	0-3 years 3-5 years 3 years minimum	Cost recovery up to $500 per violation*	1. Successfully complete course work, approved by NCQAC 2. Submit course evaluation for approval 3. Practice evaluation 4. Submission of written practice evaluation 5. Identify a preceptor	1. 90 days 2. 120 days 3. 30 days 4. 60 days 5. 30 days

• Prescribing, dispensing, administering, or distributing drugs in an unsafe manner or without adequate instructions to patients according to acceptable and prevailing standards • Prescribing, dispensing, administering, or distributing drugs for other than therapeutic or prophylactic purposes • Prescribing or distributing drugs to individuals who are not patients of the ARNP or who are not within the ARNPs role and population focus	• Lack of competence (e.g. practicing outside the scope of practice) • Lack of knowledge or competence of safe treatment standards • Lack of time management skill and/or organizational ability • Inappropriate clinical judgment • Disregard for patient safety and wellbeing					6. Meet with preceptor twice a month and review 10% of charts; preceptor submit quarterly performance evaluations 7. Commission approval of current and future employment 8. Restrictions on seeing certain types of patients 9. Restrictions on performing certain procedures 10. Random practice reviews and audits 11. Limiting prescriptive authority 12. Obtain and account with PNP, use PNP in practice and mandated to run and document medication profile on every patient 13. Probation **OR** 14. Suspension of license. If suspended, remedial training would be required prior to reinstatement	6. Duration of sanction 7. Duration of sanction 8. Duration of sanction 9. Duration of sanction 10. Duration of sanction 11. RCM discretion 12. RCM discretion 13. Duration of sanction 14. RCM discretion

Description of Violation	Aggravating and Mitigating Factors	Harm (Tier)	Charge	Duration of Sanction	Recovery Cost or Fine	Conditions	Time for Completion
Established pattern of violations of prescriptive and/or dispensing authority	**Likely Cause(s) of Error** • Lack of knowledge of appropriate scope of practice • Inadequate or inaccurate patient assessment	(A) No, minimal, or low risk of patient harm (B) Patient harm or risk of severe harm (C) Severe harm or death	SOA/SOC SOA/SOC SOA/SOC	0-3 years 3-5 years 3 years minimum	No cost recovery**	1. Attend competence assessment and educational intervention course (at own expense) to assess knowledge, clinical judgment, communication, and documentation	1. 90 days

	• Lack of competence (e.g. practicing outside the scope of practice) • Lack of knowledge or competence of safe treatment standards • Lack of time management skill and/or organizational ability • Inappropriate clinical judgment • Disregard for patient safety and wellbeing					2. Comply with competence assessment and educational intervention plan 3. Commission approval of current and future employment 4. Restrictions on seeing certain types of patients 5. Restrictions on performing certain procedures 6. Random practice reviews and audits 7. Limiting prescriptive authority 8. Obtain and account with PNP, use PNP in practice and mandated to run and document medication profile on every patient 9. Probation **OR** 10. Suspension of license. If suspended, remedial training would be required prior to reinstatement	2. Duration of education plan 3. Duration of sanction 4. Duration of sanction 5. Duration of sanction 6. Duration of sanction 7. RCM discretion 8. RCM discretion 9. Duration of sanction 10. RCM discretion

Description of Violation	Aggravating and Mitigating Factors	Harm (Tier)	Charge	Duration of Sanction	Recovery Cost or Fine	Conditions	Time for Completion
Single significant error of violations of prescriptive and/or dispensing authority	**Likely Cause(s) of Error** • Lack of knowledge of appropriate scope of practice • Inadequate or inaccurate patient assessment	(A) No, minimal, or low risk of patient harm (B) Patient harm or risk of severe harm (C) Severe harm or death	SOA/SOC SOA/SOC SOA/SOC	0-3 years 3-5 years 3 years minimum	No cost recovery**	1. Attend competence assessment and educational intervention course course (at own expense) to assess knowledge, clinical judgment,	1. 90 days

	• Lack of competence (e.g. practicing outside the scope of practice) • Lack of knowledge or competence of safe treatment standards • Lack of time management skill and/or organizational ability • Inappropriate clinical judgment • Disregard for patient safety and wellbeing					communication, and documentation 2. Comply with competence assessment and educational intervention plan 3. Commission approval of current and future employment 4. Restrictions on seeing certain types of patients 5. Restrictions on performing certain procedures 6. Random practice reviews and audits 7. Limiting prescriptive authority 8. Obtain and account with PNP, use PNP in practice and mandated to run and document medication profile on every patient 9. Probation **OR** 10. Suspension of license. If suspended, remedial training would be required prior to reinstatement	2. Duration of education plan 3. Duration of sanction 4. Duration of sanction 5. Duration of sanction 6. Duration of sanction 7. RCM discretion 8. RCM discretion 9. Duration of sanction RCM discretion

Description of Violation	Aggravating and Mitigating Factors	Harm (Tier)	Charge	Duration of Sanction	Recovery Cost or Fine	Conditions	Time for Completion
Falsification of Records **Deliberate changing or falsification of documentation** **Error(s)** • Documenting care not provided	**Likely Cause(s) of Error** • Lack of knowledge or competence • Lack of fiduciary concern • Error in performance of procedure or intervention	(A) No, minimal, or low risk of patient harm (B) Patient harm or risk of severe harm (C) Severe harm or death	SOA/SOC SOA/SOC SOA/SOC	0-3 years 3-5 years 3 years minimum	Cost recovery of up to $500 per violation*	1. Successfully complete a course on medical record keeping and a course on medical ethics, boundaries, and professionalism, approved by NCQAC 2. Submit course evaluation for approval	1. 90 days 2. 120 days

• Charting incorrect patient condition • Charting to cover up error or omission	• Disregard for patient safety and wellbeing • Poor judgment					3. Practice evaluation 4. Submission of written practice evaluation 5. Identify a preceptor 6. Meet with preceptor twice a month and review 10% of charts; preceptor submit quarterly performance evaluations 7. Commission approval of current and future employment 8. Restrictions on seeing certain types of patients 9. Restrictions on performing certain procedures 10. Random practice reviews and record audits 11. Probation **OR** 12. Suspension of license. If suspended, remedial training would be required prior to reinstatement	3. 30 days 4. 60 days 5. 30 days 6. Duration of sanction 7. Duration of sanction 8. Duration of sanction 9. Duration of sanction 10. Duration of sanction 11. Duration of sanction 12. RCM discretion
Failure to comply with any term(s) or conditions of a STID or order			SOC	Suspension	Fine of up to $1,000 per violation	1. Suspension of license	

Description of Violation	Aggravating and Mitigating Factors	Harm (Tier)	Charge	Duration of Sanction	Recovery Cost or Fine	Conditions	Time for Completion
Practice on an Expired License (Having renewed as soon as possible after learning of the expiration)	**Likely Cause(s) of Error** • **Failure to have current national certification required for state licensure** WAC 246-840-302		Close case SOA	NA	Cost recovery of up to $1,000*	1. Successfully complete a course on medical ethics, and professionalism, approved by NCQAC	1. 90 days

	• **Failure to renew state license based upon not having a current national certification**		SOC	0-3 years		2. Commission approval of current and future employment **OR** 3. Suspension of license. If suspended, remedial training would be required prior to reinstatement	2. Duration of sanction 3. RCM discretion
	– **If evidence of an attempt to be fraudulent regarding working without a license** – **Prior similar violation** – **Patient harm or another serious violation occurred during the period of expiration**		SOC	0-3 years	Cost recovery of up to $1,000*	1. Successfully complete a course on medical ethics, and professionalism, approved by NCQAC 2. Commission approval of current and future employment **OR** 3. Suspension of license. If suspended, remedial training would be required prior to reinstatement	1. 90 days 2. Duration of sanction 3. RCM discretion

DEPARTMENT OF HEALTH
NURSING CARE QUALITY ASSURANCE COMMISSION
POLICY

Title:	Use of Sanction Standards in Disciplinary Action	**Number:**	A27.13~~2~~
Reference:	RCW 18.130.180 RCW 18.130.160		
~~Contact~~Author:	~~Teresa Corrado~~Catherine Woodard ~~Assistant~~ Director, ~~Director~~ Discipline and Washington Health Professional Services ~~, Case Management~~ Nursing Care Quality Assurance Commission		
Effective Date:	~~January 10, 2020~~March 10, 2023	**Date for Review~~ed~~:**	~~January 2020~~March 10, 2025
Supersedes:	September 9, 2016 September 13, 2013 March 8, 2013 November 18, 2011 November 19, 2010 March 13, 2009 November 16, 2007 September 8, 2006 July 1, 2005 January 9, 2004 September 12, 2003 January 10, 2020		
Approved:			
	Yvonne Strader, BSN, BSPA, MHA, RN Chair Nursing Care Quality Assurance Commission (NCQAC) ~~**Tracy Rude, LPN**~~**~~Yvonne Strader, RN~~** ~~**Chair**~~ ~~**Nursing Care Quality Assurance Commission**~~		

PURPOSE:

To provide consistency and uniformity in disciplinary sanctions for similar violations. The Nursing Care Quality Assurance Commission (NCQAC), upon a finding that a license holder or applicant has committed unprofessional conduct or is unable to practice with reasonable skill and safety due to a physical or mental condition, may issue an order taking action against a license holder or applicant. The

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NCQAC has determined that it is the best interest of license holders, applicants and the public to adopt "Sanction Standards" for common violations.

PROCEDURE:

A Reviewing Commission Member (RCM), Case Disposition Panels, and Hearing Panels will utilize Commission-approved Sanction Standards to determine sanctions.

Registered Nurse and Licensed Practical Nurse sanctions are in Attachment A; Advanced Registered Nurse Practitioner sanctions are in Attachment B.

~~The RCM or Panel will document the rationale for deviation from the Sanction Standards in the Disciplinary Worksheet.~~

APPENDIX

Washington State Nursing Care Quality Assurance Commission

Aggravating and mitigating factors. The following nonexclusive list identifies factors that may mitigate or aggravate the sanctions that should be imposed in an order or stipulation to informal disposition.

(1) Factors related to the misconduct:

(a) Gravity of the misconduct;

(b) Age, capacity and/or vulnerability of the patient, client or victim;

(c) Number or frequency of the acts of misconduct;

(d) Injury caused by the misconduct;

(e) Potential for injury to be caused by the misconduct;

(f) Degree of responsibility for the outcome;

(g) Abuse of trust;

(h) Intentional or inadvertent act(s);

(i) Motivation is criminal, immoral, dishonest or for personal gain;

(j) Length of time since the misconduct occurred.

(2) Factors related to the license holder:

(a) Experience in practice;

(b) Past disciplinary record;

(c) Previous character;

(d) Mental and/or physical health;

(e) Personal circumstances;

(f) Personal problems having a nexus with the misconduct.

(3) Factors related to the disciplinary process:

(a) Admission of key facts;

(b) Full and free disclosure to the disciplining authority;

(c) Voluntary restitution or other remedial action;

(d) Bad faith obstruction of the investigation or discipline process or proceedings;

(e) False evidence, statements or deceptive practices during the investigation or discipline process or proceedings;

(f) Remorse or awareness that the conduct was wrong;

(g) Impact on the patient, client, or victim.

(4) General factors:

(a) License holder's knowledge, intent, and degree of responsibility;

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(b) Presence or pattern of other violations;
(c) Present moral fitness of the license holder;
(d) Potential for successful rehabilitation;
(e) Present competence to practice;
(f) Dishonest or selfish motives;
(g) Illegal conduct;
(h) Heinousness of the misconduct;
(i) Ill repute upon the profession;
(j) Isolated incident unlikely to reoccur.

Washington State Nursing Care Quality Assurance Commission

Sanction Standards for RN and LPN
Violations Involving Documentation Errors

Description of Violation	Aggravating & Mitigating Factors	Harm (Tier)	Charge	Duration Of Sanction	Cost Recovery or Fine	Conditions	Time For Completion
I. Documentation Errors – 1 – 2 Times Only Within Short Time Period, *i.e.*, Over 1-2 Shifts	Risk of Recurrence See appendix for list of aggravating and mitigating factors	No or Minimal Patient Harm or Low Risk of Harm	Close case NOC SOA	N/A N/A 0-3 yrs	N/A N/A Cost Recovery $1000 per violation	N/A	N/A
II. Pre-Charting Procedures Or Medications	Risk of Recurrence See appendix for more aggravating and mitigating factors.	No or Minimal Patient Harm or Low Risk of Harm	SOA/STID	0-3 yrs Until successful completion of coursework	Cost Recovery $1000 per violation	1. 6 Contact hour course in Documentation 2. Obtain passing score 3. Submit course evaluation for approval 4. JP Module	1. 90 days 2. 90 days 3.120 days 4. 90 days
III. Falsification of Records **Deliberate changing or falsification of documentation to cover up error** One or more of the following: • Documenting care not provided • Charting incorrect patient condition • Changing charting to cover up practitioner error or omission	Risk of Recurrence Likely Cause(s) of Error: • Lack of fiduciary concern • Error in performance of procedure or intervention • Poor judgment See appendix for more aggravating and mitigating factors.	No or Minimal Patient Harm or Low Risk of Harm Patient Harm or Risk of Severe Patient Harm Severe Harm or Death	SOA/SOC SOA/SOC SOC	0-3 yrs 2-5 yrs 3 yr Minimum	↑ Fine/Cost Recovery $1000 per violation ↓	1. 24 Contact hour Documentation course 2. Obtain passing score 3. Submit course evaluation for approval 4. 12 Contact hour Nursing Ethics course 5. Obtain passing score 6. Submit evaluation for approval 7. Notification to current & future employers 8. Employer reports-quarterly 9. Direct RN supervision 10. No employment with an agency, home health, hospice, community care settings 12. JP Module	1. 120 days 2. 120 days 3. 150 days 4. 90 days 5. 90 days 6. 120 days 7. Duration 8. Duration 9. Unless modified 10. Unless modified 12. 90 days

IV – VI Relate to Documentation of Patient Assessment & Observations

Description of Violation	Aggravating & Mitigating Factors	Harm (Tier)	Charge	Duration Of Sanction	Cost Recovery or Fine	Conditions	Time For Completion
IV. Developing Pattern Of Documentation Errors and/or Omissions ***Related to Patient Assessment & Observations*** 2 to 4 of the following type(s): • Missing assessment • Inappropriate or inaccurate assessment • Lack of attentiveness to changing condition • Failure to recognize signs & symptoms	Risk of Recurrence <u>Likely Cause(s) of Error:</u> • Inappropriate clinical judgment • Lack of time management skill & organizational ability *Consider individual practice responsibility and system influence and nurse's demonstration of experiential learning* See appendix for more aggravating and mitigating factors	No or Minimal Patient Harm or Low Risk of Harm Patient Harm or Risk of Severe Patient Harm Severe Harm or Death	SOA/SOC SOA/SOC SOC	0-3 yrs 2-5 yrs 3 yr Minimum	Cost Recovery $1000 per violation	1. 24 Contact hour course in Patient Assessment including appropriate language on documentation 2. Obtain passing score 3. Submit course evaluation for approval 4. JP Module	1. 120 days 2. 120 days 3. 150 days 4. 90 days

Description of Violation	Aggravating & Mitigating Factors	Harm (Tier)	Charge	Duration Of Sanction	Cost Recovery or Fine	Conditions	Time For Completion
V. Established Pattern Of Documentation Errors and/or Omissions of Essential Patient Information ***Related To Patient Assessment & Observations*** Errors/Omissions of the Following type(s): • Missing assessment • Inappropriate or inaccurate assessment • Lack of attentiveness to changing condition • Failure to recognize signs & symptoms • Failure to document patient deterioration, pain, agitation or other signs of complications or reaction to illness or therapies	Likely Cause(s) of Error: • Practitioner lacked adequate knowledge or competence • Lack of time management skill & organizational ability • Inappropriate • clinical judgment • Disregard for patient safety & well being *Consider individual practice responsibility and system influence and nurse's demonstration of experiential learning* *See appendix for more aggravating and mitigating factors*	No or Minimal Patient Harm or Low Risk of Harm Patient Harm or Risk of Severe Patient Harm Severe Harm or Death	SOA/SOC SOA/SOC SOC	0-3 yrs 2-5 yrs 3 yr Minimum	Fine/Cost Recovery $1000 per violation	1. 24 Contact hour course in Patient Assessment including documentation 2. Obtain passing score 3. Submit course evaluation for approval 4. Worksite monitor to provide 40 hours of oversight of assessment & documentation 5. Notice to current & future employers 6. Employer reports quarterly 8. JP Module	1. 120 days 2. 120 days 3. 150 days 4. 160 days 5. Duration 6. Duration 8. 90 days

Description of Violation	Aggravating & Mitigating Factors	Harm (Tier)	Charge	Duration Of Sanction	Cost Recovery or Fine	Conditions	Time For Completion
VI. Significant Error(s) In Documentation of Essential Patient Information ***Related To Patient Assessment & Observations With*** One or more of the following type(s): • Missing or inaccurate assessment • Lack of attentiveness • Failure to recognize signs & symptoms • Failure to document patient deterioration, pain, agitation or other signs of complications or reaction to illness or therapies	Risk of Recurrence <u>Likely Cause(s) of Error(s):</u> • Practitioner lacked adequate knowledge or competence • Inappropriate clinical judgment • Disregard for patient safety & well being • Lack of attentiveness or surveillance *Consider individual practice responsibility and system influence and nurse's demonstration of experiential learning* *See appendix for more aggravating and mitigating factors*	No or Minimal Patient Harm or Low Risk of Harm Patient Harm or Risk of Severe Patient Harm Severe Patient Harm or Death	SOA/SOC SOA/SOC SOC	0-3 yrs 2-5 yrs 3 yr Minimum	Fine $1000 per violation	1..24 Contact hour course in Patient Assessment including documentation 2. Obtain passing score 3. Submit course evaluation for approval 4. Notice to current & future employers 5. Employer reports quarterly 6. Indirect supervision 7. Worksite monitor to provide 40 hours of oversight of assessment & documentation 8. No employment with agency, home health, hospice community based care settings 10. JP Module	1. 120 days 2. 120 days 3. 150 days 4. Duration 5. Duration 6. Duration 7. 160 days 8. Unless modified 10. 90 days

VII & VIII Relate to Documentation of Medication Administration, Procedures and Treatments

Description of Violation	Aggravating & Mitigating Factors	Harm (Tier)	Charge	Duration Of Sanction	Cost Recovery or Fine	Conditions	Time For Completion
VII. Developing Pattern Of Errors and/or Omissions In Documentation ***Related To Medication Administration, Procedures & Treatments*** 2-4 of the following type(s): • Missed medications and/or treatments • Misrepresentation of patient's condition • Failure to document care that has been provided	Risk of Recurrence <u>Likely cause(s) of Error:</u> • Failure to follow agency policy • Lack of adequate knowledge or competence • Disregard for patient safety & well being *Consider individual practice responsibility and system influence and nurse's demonstration of experiential learning* *See appendix for more aggravating and mitigating factors*	No or Minimal Patient Harm or Low Risk of Harm Patient Harm or Risk of Severe Patient Harm Severe Harm or Death	SOA/SOC SOA/SOC SOC	0-3 yr 2-5 yrs 3 yr Minimum	Cost Recovery $1000 per violation	1. 24 hr Documentation class 2. Obtain passing score 3. Submit course evaluation for approval 4. JP Module	1. 120 days 2. 120 days 3. 150 days 4. 90 days

Description of Violation	Aggravating & Mitigating Factors	Harm (Tier)	Charge	Duration Of Sanction	Cost Recovery or Fine	Conditions	Time For Completion
VIII. Established Pattern of Errors and/or Omissions In Documentation **Related To Medication Administration, Procedures & Treatment** 5 or more of the following type(s): • Missed medications and/or treatments • Misrepresentation of patient's condition • Failure to document care that has been provided	Risk of Recurrence <u>Likely cause(s) of Error:</u> • Failure to follow agency policy • Lack of adequate knowledge or competence • Disregard for patient safety & well being • Poor judgment *Consider individual practice responsibility and system influence and nurse's demonstration of experiential learning* *See appendix for more aggravating and mitigating factors*	No or Minimal Patient Harm or Low Risk of Harm Patient Harm or Risk of Severe Patient Harm Severe Patient Harm or Death	SOA/SOC SOA/SOC SOC	0-3 yrs 2-5 yrs 3 yr Minimum	Fine/Cost Recovery $1000 per violation	1. 24 hr. Documentation class 2. Obtain passing score 3. Submit course evaluation for approval 4. Notice to current & future employers 5. Employer reports quarterly 6. Indirect supervision 7. Worksite monitor to provide 40 hours of oversight of documentation 9. JP Module	1. 120 days 2. 120 days 3. 150 days 4. Duration 5. Duration 6. Duration 7. 180 days

Sanction Standards for RN and LPN
Violations Involving Failure to Assess and/or Intervene on the Patient's Behalf

Description of Violation	Aggravating & Mitigating Factors	Harm (Tier)	Charge	Duration Of Sanction	Cost Recovery or Fine	Conditions	Time For Completion
I. Failure To Assess and/or Intervene On The Patient's Behalf ***Error(s) of the following type:*** • ***Failure to promptly assess*** • ***Failure to adequately assess*** • ***Failure to recognize and/or detect signs & symptoms*** • ***Faulty intervention*** • ***Failure to call for Assistance*** • ***Failure to notify physician or other provider*** • ***Failure to properly initiate CPR***	Risk of Recurrence Likely Cause(s) of Error/Omission: • Lack of attentiveness • Inadequate clinical judgment • Faulty logic due to use of rote action • Lack of appropriate priorities • Poor or faulty monitoring • Lack of agency/ fiduciary concern *Consider individual practice responsibility and system influence and nurse's demonstration of experiential learning* See appendix for more aggravating and mitigating factors.	No or Minimal Patient Harm or Low Risk of Harm Patient Harm or Risk of Severe Patient Harm Severe Harm or Death	SOA/SOC SOA/SOC SOC	0-3 yrs 2-5 yrs 3 yr Minimum	Fine $1000 per violation	**1. 24 Contact hour course on Patient Assessment, obtain passing score, submit evaluation data** 2. 6 Contact hour course on Nursing Ethics, obtain passing score, submit evaluation data 3. Notice to current & future Employers 4. Commission permission for Employment 5. No employment in temporary agency, home health, hospice or community-based agency 6. Employer reports addressing clinical judgment & decision-making ability- quarterly 7. Personal reports – quarterly 8. Indirect RN supervision, No charge or supervisory responsibilities 10. JP Module	1. 120 days 2. 90 days 3. Duration 4. Unless modified 5. Duration 6. Duration 7. If working as nurse 8. Unless modified 10. 90 days

Description of Violation	Aggravating & Mitigating Factors	Harm (Tier)	Charge	Duration Of Sanction	Cost Recovery or Fine	Conditions	Time For Completion
II. Failure to Recognize Risk Factors And Implement Prevention Techniques To Avoid Predictable, Preventable Condition(s) **Existence Of A Preventable Condition Including Decubiti, Stasis Pneumonia, Incidence Of Falls** ***Errors or Omissions of the following type:*** • Failure to anticipate and/or recognize risk factors] • Failure to implement prevention techniques to reduce patient risk • Faulty intervention • Breach of infection precautions • Failure to recognize equipment failure	Risk of Recurrence Likely Cause(s) of Error/Omission: • Lack of attentiveness • Inadequate clinical judgment • Lack of appropriate priorities • Poor or faulty monitoring • Lack of evaluation of patient response to therapy • Failure to evaluate effectiveness of intervention *Consider individual practice responsibility and system influence and nurse's demonstration of experiential learning* See appendix for more aggravating and mitigating factors.	No or Minimal Patient Harm or Low Risk of Harm Patient Harm of Risk of Severe Patient Harm Severe Harm or Death	SOA/SOC SOA.SOC SOC	0-3 yrs 2-5 yrs 3 yr Minimum	Fine $1000 per violation	**1. 24 Contact hour course on Patient Assessment, obtain passing score, submit evaluative data** 2. 6 Contact hour course on Patient Safety, obtain passing score, submit evaluative data 3. Notice to current & future Employers 4. No employment in temporary agency, home health, hospice or community-based agency 5. Employer reports addressing clinical judgment & decision-making ability – quarterly 6. Personal reports – Quarterly 7. Indirect RN supervision, No charge or supervisory responsibilities 9. JP Module	1. 120 days 2. 90 days 3. Duration 4. Duration 5. Duration 6. If working as nurse 7. Unless modified 9. 90 days

Sanction Standards for RN and LPN
Violations Involving Medication Errors

Description of Violation	Aggravating & Mitigating Factors	Harm (Tier)	Charge	Duration Of Sanction	Cost Recovery or Fine	Conditions	Time For Completion
I. Practice of Pre-Pouring and/or Pre-Charting Medications	Risk of Recurrence **Likely Cause of Practitioner Error** • Lack of knowledge of nursing standards • Failure to follow agency policy See appendix for more aggravating and mitigating factors	No or Minimal Patient Harm or Low Risk of Harm Patient Harm or Risk of Severe Patient Harm Severe Patient Harm or Death	SOA/SOC SOA/SOC SOC	0-3 yrs 2-5 yrs 3 yr Minimum	Cost Recovery $1000 per violation	1. 6 Contact hour course in Time Management 2. Obtain passing score 3. Submit course evaluation for approval 4. JP Module	1. 90 days 2. 90 days 3.120 days
II. Developing Pattern of Medication Errors 2 to 5 Errors of the Following Type(s): • Missed dose(s) • Wrong time • Wrong dose • Wrong frequency • Wrong IV rate-wrong dose • Wrong patient • Wrong route	Risk of Recurrence Likely Cause of Practitioner Error: - Failure to follow 6 "rights" for safe medication administration - Lack of time management skill & organizational Ability *Consider individual practice responsibility and system influence and nurse's demonstration of experiential learning* See appendix for More aggravating & mitigating factors	No or Minimal Patient Harm or Low Risk of Harm Patient Harm or Risk of Severe Patient Harm Severe Harm or Death	SOA/SOC SOA/SOC SOC	0-3 yrs 2-5 yrs 3 yr Minimum	Cost Recovery $1000 per violation	1. 60 Contact hour course in Safe Medication Administration, including a minimum of 20 hours of theory and 40 hours of RN supervised medication administration 2. Obtain passing score 3. Submit course evaluation for approval 4. 6 Contact hour course in time management at RCM discretion 5. JP Module	1. 90 days 2. 90 days 3. 120 days 4. RCM discretion 5. 90 days

Description of Violation	Aggravating & Mitigating Factors	Harm (Tier)	Charge	Duration Of Sanction	Cost Recovery or Fine	Conditions	Time For Completion
III. Established Pattern Of Medication Errors 6 or More Errors of the Following Type(s): • Missed dose(s) • Wrong time • Wrong dose • Wrong frequency • Wrong IV rate delivering wrong dose • Wrong patient • Wrong route	Risk of Recurrence Likely Cause of Practitioner Error: • Failure to Follow 6 "rights" for safe medication administration • Lack of time management skill & organizational ability *Consider individual practice responsibility and system influence and nurse's demonstration of experiential learning* See appendix for More aggravating and mitigating factors	No or Minimal Patient Harm or Low Risk of Harm Patient Harm or Risk of Severe Patient Harm Severe Harm or Death	SOA/SOC SOA/SOC SOC	0-3 yrs 2-5 yrs 3 yr Minimum	Fine $1000 per violation	1. 60 Contact hour course in Safe Medication Administration, including minimum of 20 hours of theory and 40 hours of RN supervised medication administration 2. Obtain passing score 3. Submit course evaluation for approval 4. Current & future employer notification & reports 5. Worksite monitor to provide additional 40-120 hours supervision of medication administration (If licensee is an LPN, an LPN may provide supervision) 6. 6 Contact hour course in time management at RCM discretion 8. JP Module	1. 90 days 2. 90 days 3. 120 days 4. Quarterly unless modified 5. 6-9 months 6. RCM discretion

Description of Violation	Aggravating & Mitigating Factors	Harm (Tier)	Charge	Duration Of Sanction	Cost Recovery or Fine	Conditions	Time For Completion
IV. Pattern of Medication Errors 2 or More Errors of the Following Type(s): • Wrong IV rate delivering wrong dose of medication • Wrong concentration or dosage of medication delivered IV • Wrong route • Wrong medication • Wrong dose • Wrong patient • Wrong time	Risk of Recurrence <u>Likely Cause of Practitioner Error:</u> • Failure to Follow 6 "rights" for safe medication administration • Lack of adequate knowledge or competence for administering medication • Disregard for patient safety & well being *Consider individual practice responsibility and system influence* *Consider nurse's demonstration of experiential learning* See appendix for more aggravating and mitigating factors	No or Minimal Patient Harm or Low Risk of Harm Patient Harm or Risk of Severe Patient Harm Severe Harm or Death	SOA/SOC SOA/SOC SOC	0-3 yrs 2-5 yrs 3 yr Minimum	Fine $1000 per violation	1. 60 Contact hour course In Safe Medication Administration, including a minimum of20 hours of theory and 40 hours of RN supervised medication administration 2. Obtain a passing score 3. Submit course evaluation 4. Current and future employer notification & employer reports quarterly 5. Commission approval for employment 6. No charge, floating, agency, home health, hospice, etc. 7. Worksite monitor to provide additional 40 – 120 hours supervision of medication administration (If licensee is an LPN, an LPN may provide supervision) 8. Indirect RN supervision 10. JP Module	1. 90 days 2. 90 days 3. 120 days 4. Quarterly unless modified 5. Unless modified 6. Unless modified 7. 6 to 9 months 8. Unless modified 10. 90 days

Description of Violation	Aggravating & Mitigating Factors	Harm (Tier)	Charge	Duration Of Sanction	Cost Recovery or Fine	Conditions	Time For Completion
V. Single Significant Medication Error Type of Error"=: • Wrong concentration or dosage of medication delivered IV • Wrong route • Wrong medication • Wrong dose • Wrong patient • Wrong time	Likelihood of Recurrence Low → Serious Risk to Future Patients Low → Serious Likely Cause(s) of Practitioner Error - Medication with similar name or packaging - Medication not commonly used - Patient allergic - Missed/Mistaken Physician Order - Practitioner lacked adequate knowledge or competence for administering medication - Medication required testing to ensure proper therapeutic levels - Inadequate or inaccurate patient assessment - Inappropriate clinical judgment Potential System Contributor(s): - High-alert medication with no system controls to monitor or prevent error *Consider individual practice responsibility and system influence and nurse's demonstration of experiential learning.* *See appendix for more aggravating and mitigating factors*	No or Minimal Patient Harm or Low Risk of Harm Patient Harm or Risk of Severe Patient Harm Severe Harm or Death	SOA/SOC SOA/SOC SOC	0-3 yrs 2-5 yrs 3 yr Minimum	Fine $1000 Per violation	1. 60 Contact hour course in Safe Medication Administration, including a minimum of 20 hours of theory and 40 hours of RN supervised medication administration 2. Obtain a passing score 3. Submit course evaluation 4. Worksite monitor to provide additional 20 -60 hours supervision of medication administration20 – 60 hours supervision of medication administration (If licensee is an LPN, an LPN may provide supervision) 5. Direct RN Supervision 6. Current and future employer notification, worksite monitor, employer reports quarterly 7. Commission approval for employment 9. No charge, floating, agency home health, hospice, etc. 10. JP Module	1. 90 days 2. 90 days 3. 120 days 4. 120-150 days 5. Until supervised med admin complete 6. Quarterly unless modified 7. Duration 9. Duration 10. 90 days

Sanction Standards for RN and LPN
Failure to Comply with the Condition of an Order

Description of Violation	Aggravating & Mitigating Factors	Harm (Tier)	Charge	Duration Of Sanction	New Fine	Conditions	Time For Completion
I. Failure To Comply With Any Term(s) Or Condition(s) Of One STID or Order	N/A	N/A	SOC	Suspension (2 yr min)	$1000 per violation	1. JP Module prior to reinstatement	
II. Failure to Comply With Any Substantive Term(s) Or Condition(s) Any One STID or Order	N/A	N/A	SOC	Indefinite Suspension Until Compliance		1. Complete all conditions in original STID 2. JP Module prior to reinstatement	
III. Failure to Comply with a prior order or STID. (Cost Recover or Fine)	N/A	N/A	Refer to Collections	N/A			
SUBSTANCE USE ORDERS/WHPS							
Unprofessional conduct with a finding that the nurse misused drugs or alcohol or other finding substantiating a SUD	Nurse declines to enter/re-enter the WHPS program		SOC	Indefinite suspension		1. Minimum 12 consecutive months of abstinence documented by random observed drug testing, to include ETG/ETS (12 per year) by an independent, licensed testing entity prior to any petition for reinstatement 2. JP Module prior to reinstatement	
Failure to Comply with any term(s) or conditions (s) of a Monitoring Contract or STID into WHPS **A. Not practice related** **B. Impaired practice**			A.No charges B.SOC	 B.Order into WHPS		A.Continued participation in WHPS with additional conditions set by WHPS. B.Order	

II. Failure to Comply with any substantive term(s) or condition(s) of any STID or Order into WHPS	A.Unsafe to practice with reasonable skill and safety		SOC	Indefinite suspension		1.Minimum 12 consecutive months of abstinence documented by random observed drug testing, to include ETG/ETS (12 per year) by an independent, licensed testing entity. 2.Completion of chemical dependency treatment. 3.Participation in recovery support meetings. 2. JP Module prior to reinstatement	

Sanction Standards for RN and LPN
Practice on an Expired License

Description of Violation	Aggravating & Mitigating Factors	Harm (Tier)	Charge	Duration Of Sanction	New Fine	Conditions	Time For Completion
I. Practice on an expired license from 6 to 12 months		N/A	Notice of Correction			None	1.60 days
II. Practice on an expired license from 1 to 3 years	Extenuating circumstances	N/A	Notice of Correction			None	

III. Practice on an expired license from 1 to 3 years	No extenuating circumstances involved		SOA	1–3 years	Cost recovery	1. Minimum of 3 hours education on the Nursing WAC 246-840 or UDA 18.130 2. Minimum 6 hours education on Time Management 3. Minimum 6 hours education on Ethics 4. JP Module	1.60 days 2.60 days 3.60 days
IV. Practice on an expired license for over 3 years		N/A	SOC	1-3 years	$1000 per year	1. Minimum of 3 hours education on the Nursing WAC 246-840 or UDA 18.130 2. Minimum 6 hours education on Time Management 3. Minimum 6 hours education on Ethics 4. May waive the clinical portion of the refresher course per WAC 246-840-130(3)(d) and (h) 5. JP Module	1.60 days 2.60 days 3. 60 days

Sanction Standards for RN and LPN
Failure to Complete Continuing Education

Description of Violation	Aggravating & Mitigating Factors	Harm (Tier)	Charge	Duration Of Sanction	New Fine	Conditions	Time For Completion
Continuing Competency requirements not completed	All options to fulfill continuing competence requirements have not been fulfilled.	N/A	SOC	Indefinite	$5,000	1. License suspended (with Limited Education Authorization) until refresher course is completed satisfactorily 2. JP Module	1. 9 months 2. 90 days

Reference:
Benner, Patricia, PhD, RN, FAAN, Vickie Sheets, JD, RN, et al, Individual, Practice, and System Causes of Errors in Nursing – A Taxonomy, JONA Vol. 32, No., 10 October 2002.

Individual practice responsibility may include factors such as knowledge, competence, judgment, thoroughness.

System contributions & issues may include level of orientation and education provided; policies, procedures and systems in place including prescribing, order communication; product labeling, packaging and nomenclature; compounding; dispensing; distribution; administration, education; monitoring; and use.

Commission Sanction Standards for Advanced Registered Nurse Practitioner Practice
Violations Involving Scope/Standards of ARNP Practice

The purpose of these standards is to protect the public of Washington State. These standards are a nonbinding framework used as a resource by reviewing commission members, charging panels, and attorneys when sanctioning advanced registered nurse practitioners (ARNPs). The methodology applies Just Culture to the violations and associated conditions.

Abbreviations and Definition of Charges and Conditions

- **SOA:** Statement of Allegations
- **SOC:** Statement of Charges
- **RCM:** Reviewing Commission Member
- **Developing a pattern:** May include, but not limited to, several incidents of a failure to assess, diagnosis, treat, or prescribe/dispense appropriately
- **Established pattern:** May include, but not limited to, previous violations or a large number of instances of failures to assess, diagnosis, treat, or prescribe/dispense appropriately
- **Single significant error:** Violation descriptions related to the registered nurse and licensed practical nurse sanctioning standards. The conditions associated with this violation are more substantial than the conditions associated with a single occurrence and thus provides the RCM more discretion as the violation, aggravating, and mitigating circumstances warrant
- **Successfully complete coursework approved by the NCQAC:** The RCM will work with the Discipline Unit staff to determine the available and appropriate remedial coursework content required for meeting the sanction requirements. The course work will be selected based upon the remedial education (content areas) required by the respondent. The Discipline Unit staff will maintain a list and provide to the respondent remedial course(s).The respondent is responsible to pay for the remedial course work registration including travel and accommodations, if necessary, to complete the condition.

Practice Evaluation

The respondent shall submit to a thorough practice review by an evaluator approved in advance by the Nursing Care Quality Assurance Commission (NCQAC):

- The evaluator shall be a licensed ARNP or physician in Washington State with at least ten years of experience in the specific field of practice. The evaluator shall not have open disciplinary complaints or be subject to disciplinary action. The evaluation shall include, but not be limited to, oral exchanges with the respondent to thoroughly review the respondent's knowledge and observations of patient assessments, plans, and interventions. The respondent shall provide a copy of the order to the evaluator prior to the evaluation process.
- The respondent shall cause the evaluator to submit a written evaluation report of the practice review to NCQAC within sixty days of the effective date of the order or within thirty days of the resumption of active practice (if not currently in active practice). The evaluation report shall include any and all recommendations for the correction or improvement of the respondent's practice and skills, and shall have attached all documents related to the practice review, including correspondence regarding the practice review between the respondent and the evaluator.

Preceptor

The respondent shall engage the services of a preceptor who shall be licensed as an ARNP or physician currently licensed in Washington State and approved in advance by the NCQAC within sixty days of the effective date of the order, or within sixty days of the resumption of active practice (if not currently in active practice). The respondent shall consult with the preceptor to review cases of current patients. The role of the preceptor is to provide oversight to ensure that patients meet the restrictions of "seeing certain types of patients" condition; to ensure the proper level of skill and judgment is being exercised in all cases; and to provide written reports to the NCQAC concerning compliance with the order including recommendations contained in the practice evaluation report. A back-up practice monitor (who meets the provisions of this section) shall serve as substitute in the event the approved preceptor is temporarily unavailable. The respondent shall provide a copy of the order to the preceptor prior to entering into a practice monitor agreement. The written agreement shall be filed with the NCQAC within seven business days of its execution.

Random Practice Reviews and Record Audits

NCQAC investigators may conduct random practice reviews at the practice site of the respondent to perform record audits and interview colleagues, patients, and staff. Investigators will provide data obtained during the review to the Discipline Unit and/or RCM for clinical review.

Cost Recovery Fines

*Rationale for reducing the standard cost recovery fine of $1,000 to $500 – the remedial coursework can be costly and the respondent may likely have to travel out-of-state to take the course(s), adding to the total cost associated with the condition.
**Rationale for omitting the standard cost recovery fine of $1,000 – the competence assessment and educational intervention courses are costly and require the respondent to travel out-of-state

Source Documents Used to Develop the Sanction Standards for Charging ARNP License

WAC 246-840-300 ARNP Scope of Practice
National Organization of Nurse Practitioner Faculties (NONPF) ARNP Scope of Practice (2014)
NCSBN Model Act and Model Rules (2014)
Outcome Engenuity: Just Culture

Description of Violation	Aggravating and Mitigating Factors	Harm (Tier)	Charge	Duration of Sanction	Recovery Cost or Fine	Conditions	Time for Completion

Failure to Assess Single occurrence of failure to document assessment	**Likely Cause(s) of Error** • Lack of time management skill and/or organizational ability	No, minimal, or low risk of harm	Close Case SOA	NA 0-3 years	Cost recovery up to $500 per violation*	1. Successfully complete course on medical record keeping approved by NCQAC 2. Submit course evaluation	1. 90 days 2. 120 days
Failure to Assess Single occurrence of failure to assess or intervene on the patient's behalf **Error(s)** • Failure to examine patient and establish diagnosis by history, physical examination, and other methods of assessment **1 of the 4 following** • Missing assessment • Inappropriate or inaccurate assessment or examination • Lack of recognition of changing condition • Failure to document appropriate assessment	**Likely Cause(s) of Error** • Incomplete patient assessment • Lack of competence • Lack of knowledge • Lack of time management skill and/or organizational ability • Inappropriate clinical judgment	(A) No, minimal, or low risk of patient harm (B) Patient harm or risk of severe harm (C) Severe harm or death	SOA/SOC SOA/SOC SOA/SOC	0-3 years 2-5 years 3 years minimum	Cost recover of up to $500 per violation*	1. Successfully complete course work approved by NCQAC 2. Submit course evaluation for approval 3. Commission approval of current and future employment 4. Restrictions on seeing certain types of patients 5. Practice evaluation 6. Submission of written practice evaluation **OR** 7. Suspension of license. If suspended, remedial training would be required prior to reinstatement	1. 90 days 2. 120 days 3. Duration of sanction 4. Duration of sanction 5. 30 days 6. 60 days 7. RCM discretion

Description of Violation	Aggravating and Mitigating Factors	Harm (Tier)	Charge	Duration of Sanction	Recovery Cost or Fine	Conditions	Time for Completion
Developing pattern of failure to assess or intervene on the patient's behalf	**Likely Cause(s) of Error** • Incomplete patient assessment • Lack of competence • Lack of knowledge	(A) No, minimal, or low risk of patient harm (B) Patient harm or risk of severe harm	SOA/SOC SOA/SOC SOA/SOC	0-3 years 2-5 years	Cost recovery of up to $500 per violation*	1. Successfully complete course work approved by NCQAC 2. Submit course evaluation for approval 3. Practice evaluation	1. 90 days 2. 120 days 3. 30 days 4. 60 days

Error(s) • Failure to examine patient and establish diagnoses by history, physical examination, and other methods of assessment **2 to 4 of the following** – Missing assessment – Inappropriate or inaccurate assessment or examination – Lack of recognition of changing condition – Failure to document appropriate assessment	• Lack of time management skill and/or organizational ability • Inappropriate clinical judgment • Disregard for patient safety and well-being	(C) Severe harm or death		3 years minimum		4. Submission of written practice evaluation 5. Identify a preceptor 6. Meet with preceptor twice a month and review 10% of charts. Preceptor submits quarterly performance evaluations. 7. Commission approval of current and future employment 8. Restrictions on seeing certain types of patients 9. Random practice reviews and record audits 10. Probation **OR** 11. Suspension of license. If suspended, remedial training would be required prior to reinstatement	5. 30 days 6. Duration of sanction 7. Duration of sanction 8. Duration of sanction 9. Duration of sanction 10. Duration of sanction 11. RCM discretion

Description of Violation	Aggravating and Mitigating Factors	Harm (Tier)	Charge	Duration of Sanction	Recovery Cost or Fine	Conditions	Time for Completion
Established pattern of failure to assess or intervene on the patient's behalf **Error(s)** • Failure to examine patient and establish diagnoses by history, physical examination, and other methods of assessment – Missing assessment – Inappropriate or inaccurate assessment or examination – Lack of recognition of changing condition – Failure to document appropriate assessment	**Likely Cause(s) of Error** • Incomplete patient assessment • Lack of competence • Lack of knowledge • Lack of time management skill and/or organizational ability • Inappropriate clinical judgment • Disregard for patient safety and well-being	(A) No, minimal, or low risk of patient harm (B) Patient harm or risk of severe harm (C) Severe harm or death	SOA/SOC SOA/SOC SOA/SOC	0-3 years 2-5 years 3 years minimum	Cost recovery of up to $500 per violation*	1. Attend competence assessment and educational intervention course (at own expense) to assess knowledge, clinical judgment, communication, and documentation 2. Comply with competence assessment and educational intervention plan 3. Commission approval of current and future employment 4. Restrictions on seeing certain types of patients 5. Random practice reviews and record audits 6. Probation **OR** 7. Suspension of license. If suspended, remedial training would be required prior to reinstatement	1. 90 days 2. Duration of education plan 3. Duration of sanction 4. Duration of sanction 5. Duration of sanction 6. Duration of sanction 7. RCM discretion

Description of Violation	Aggravating and Mitigating Factors	Harm (Tier)	Charge	Duration of Sanction	Recovery Cost or Fine	Conditions	Time for Completion
Single significant assessment error or to intervene on the patient's behalf **Error(s)** • Failure to examine patient and establish diagnoses by history, physical examination, and other methods of assessment – Missing assessment – Inappropriate or inaccurate assessment or examination – Lack of recognition of changing condition – Failure to document appropriate assessment	**Likely Cause(s) of Error** • Incomplete patient assessment • Lack of competence • Lack of knowledge • Lack of time management skill and/or organizational ability • Inappropriate clinical judgment • Disregard for patient safety and well-being	(A) No, minimal, or low risk of patient harm (B) Patient harm or risk of severe harm (C) Severe harm or death	SOA/SOC SOA/SOC SOA/SOC	0-3 years 2-5 years 3 years minimum	No cost recovery	1. Attend competence assessment and educational intervention course (at own expense) to assess knowledge, clinical judgment, communication, and documentation 2. Comply with assessment and educational intervention education plan 3. Commission approval of current and future employment 4. Restrictions on seeing certain types of patients 5. Random practice reviews and record audits 6. Probation **OR** 7. Suspension of license. If suspended, remedial training would be required prior to reinstatement	1. 90 days 2. Duration of education plan 3. Duration of sanction 4. Duration of sanction 5. Duration of sanction 6. Duration of sanction 7. RCM discretion
Single occurrence of failure to document diagnosis	**Likely Cause(s) of Error** • Lack of time management skill and/or organizational	No, minimal, or low risk of patient harm	Close Case SOA	NA 0-3 years	Cost recovery of up to $500 per violation*	1. Successfully complete a course on medical record keeping, approved by NCQAC 2. Submit course evaluation	1. 90 days 2. 120 days

Description of Violation	Aggravating and Mitigating Factors	Harm (Tier)	Charge	Duration of Sanction	Recovery Cost or Fine	Conditions	Time for Completion
Single occurrence failure to diagnose **Error(s)** • Failure to order, collect, perform, and interpret diagnostic tests **1 of the 4 following** – Missing diagnosis – Inappropriate or inaccurate diagnosis – Lack of recognition of changing condition – Failure to document rationale for diagnosis	**Likely Cause(s) of Error** • Incomplete or inaccurate patient assessment • Lack of competence • Lack of knowledge • Lack of time management skill and/or organizational ability • Inappropriate clinical judgment • Disregard for patient safety and well-being	(A) No, minimal, or low risk of patient harm (B) Patient harm or risk of severe harm (C) Severe harm or death	SOA/SOC SOA/SOC SOA/SOC	0-3 years 2-5 years 3 years minimum	Cost recovery of up to $500 per violation	1. Successfully complete course work approved by NCQAC 2. Submit course evaluation for approval 3. Commission approval of current and future employment 4. Restrictions on seeing certain types of patients 5. Practice evaluation 6. Submission of written practice evaluation 7. Random practice reviews and record audits **OR** 8. Suspension of license. If suspended, remedial training would be required prior to reinstatement	1. 90 days 2. 120 days 3. Duration of sanction 4. Duration of sanction 5. 30 days 6. 60 days 7. Duration of sanction unless modified 8. RCM discretion

Description of Violation	Aggravating and Mitigating Factors	Harm (Tier)	Charge	Duration of Sanction	Recovery Cost or Fine	Conditions	Time for Completion
Developing pattern of failure to accurately diagnose	**Likely Cause(s) of Error**	(A) No, minimal, or low risk of patient harm	SOA/SOC	0-3 years	Cost recovery of up to $500 per violation*	1. Successfully complete a course approved by NCQAC	1. 90 days

Error(s) Failure to order, collect, perform, and interpret diagnostic tests **2 to 4 of the following** – Missing diagnosis – Inappropriate or inaccurate diagnosis – Lack of recognition of changing condition – Failure to document rationale for diagnosis	• Incomplete or inaccurate patient assessment • Lack of competence • Lack of knowledge • Lack of time management skill and/or organizational ability • Inappropriate clinical judgment • Disregard for patient safety and well-being	(B) Patient harm or risk of severe harm (C) Severe harm or death	SOA/SOC SOA/SOC	2-5 years 3 years minimum		2. Submit course evaluation for approval 3. Identify a preceptor 4. Meet with preceptor twice a month and review 10% of charts 5. Preceptor submit quarterly performance evaluations 6. Commission approval of current and future employment 7. Restrictions on seeing certain types of patients 8. Random practice reviews an record audits 9. Probation **OR** 10. Suspension of license. If suspended, remedial training would be required prior to reinstatement	2. 120 days 3. 30 days 4. Duration of sanction 5. Duration of sanction 6. Duration of sanction 7. Duration of sanction 8. Duration of sanction 9. Duration of sanction 10. RCM discretion

Description of Violation	Aggravating and Mitigating Factors	Harm (Tier)	Charge	Duration of Sanction	Recovery Cost or Fine	Conditions	Time for Completion
Developing pattern of failure to accurately diagnose **Error(s)** Failure to order, collect, perform, and interpret diagnostic tests **2 to 4 of the following** – Missing diagnosis	**Likely Cause(s) of Error** • Incomplete or inaccurate patient assessment • Lack of competence • Lack of knowledge • Lack of time management skill and/or organizational ability	(A) No, minimal, or low risk of patient harm (B) Patient harm or risk of severe harm (C) Severe harm or death	SOA/SOC SOA/SOC SOA/SOC	0-3 years 2-5 years 3 years minimum	No cost recovery	1. Attend competence assessment and educational intervention course (at own expense) to assess knowledge, clinical judgment, communication, and documentation 2. Comply with competence assessment	1. 90 days 2. Duration of

– Inappropriate or inaccurate diagnosis – Lack of recognition of changing condition – Failure to document rationale for diagnosis	• Inappropriate clinical judgment • Disregard for patient safety and well-being					and educational intervention plan 3. Commission approval of current and future employment 4. Restrictions on seeing certain types of patients 5. Random practice reviews and record audits 6. Probation **OR** 7. Suspension of license. If suspended, remedial training would be required prior to reinstatement	education plan 3. Duration of sanction 4. Duration of sanction 5. Duration of sanction 6. Duration of sanction 7. RCM discretion

Description of Violation	Aggravating and Mitigating Factors	Harm (Tier)	Charge	Duration of Sanction	Recovery Cost or Fine	Conditions	Time for Completion
Single significant diagnosis error	**Likely Cause(s) of Error** • Incomplete or inaccurate patient assessment • Lack of competence • Lack of knowledge • Lack of time management skill and/or organizational ability • Inappropriate clinical judgment • Disregard for patient safety and well-being	(A) No, minimal, or low risk of patient harm (B) Patient harm or risk of severe harm (C) Severe harm or death	SOA/SOC SOA/SOC SOA/SOC	0-3 years 2-5 years 3 years minimum	No cost recovery**	1. Attend competence assessment and educational intervention course (at own expense) to assess knowledge, clinical judgment, communication, and documentation 2. Comply with competence assessment and educational intervention plan 3. Commission approval of current and future employment 4. Restrictions on seeing certain types of patients 5. Random practice reviews and record audits 6. Probation **OR** 7. Suspension of license. If suspended, remedial training would be required prior to reinstatement	1. 90 days 2. Duration of education plan 3. Duration of sanction 4. Duration of sanction 5. Duration of sanction 6. Duration of sanction 7. RCM discretion

Description of Violation	Aggravating and Mitigating Factors	Harm (Tier)	Charge	Duration of Sanction	Recovery Cost or Fine	Conditions	Time for Completion

Failure to treat (not pertaining to prescriptive and/or dispensing authority) Single occurrence of failure to document treatment **Error(s)** • Failure to identify, develop, document, implement, and evaluate plan of care • Failure to document and/or provide rationale for therapies according to the standard of care • Failure to monitor the effects of therapies – Inappropriate ordering of laboratory studies – Inappropriate responding to laboratory results • Failure to perform procedures or provide services within scope of practice	**Likely Cause(s) of Error** • Lack of time management skill and/or organizational ability • Lack of knowledge of appropriate scope of practice • Inadequate or inaccurate patient assessment • Lack of competence (e.g. practicing outside the scope of practice) • Inappropriate clinical judgment	(A) No, minimal, or low risk of patient harm (B) Patient harm or risk of severe harm (C) Severe harm or death	SOA/SOC SOA/SOC SOA/SOC	0-3 years 2-5 years 3 years minimum	Cost recover of up to $500 per violation*	1. Successfully complete course work, approved by NCQAC 2. Submit course evaluation for approval 3. Commission approval of current and future employment 4. Restrictions on seeing certain types of patients 5. Practice evaluation 6. Submission of written practice evaluation 7. Restriction on performing certain procedures 8. Random practice reviews and record audits **OR** 9. Suspension of license. If suspended remedial training would be required prior to reinstatement	1. 90 days 2. 120 days 3. Duration of sanction 4. Duration of sanction 5. 30 days 6. 60 days 7. Duration of sanction 8. Duration of sanction 9. RCM discretion

Description of Violation	Aggravating and Mitigating Factors	Harm (Tier)	Charge	Duration of Sanction	Recovery Cost or Fine	Conditions	Time for Completion

Developing pattern of failure to treat **2-4 incidents of** • Failure to identify, develop, document, implement, and evaluate plan of care • Failure to document and/or provide rationale for therapies according to the standard of care • Failure to monitor the effects of therapies – Inappropriate ordering of laboratory studies – Inappropriate responding to laboratory results • Failure to perform procedures or provide care services within scope of practice	**Likely Cause(s) of Error** • Lack of knowledge of appropriate scope of practice • Inadequate or inaccurate patient assessment • Lack of competence (e.g. practicing outside the scope of practice) • Lack of knowledge or competence of safe treatment standards • Lack of time management skill and/or organizational ability • Inappropriate clinical judgment • Disregard for patient safety and wellbeing	(A) No, minimal, or low risk of patient harm (B) Patient harm or risk of severe harm (C) Severe harm or death	SOA/SOC SOA/SOC SOA/SOC	0-3 years 2-5 years 3 years minimum	Cost recover of up to $500 per violation*	1. Successfully complete course work, approved by NCQAC 2. Submit course evaluation for approval 3. Practice evaluation 4. Submission of written practice evaluation 5. Identify a preceptor 6. Meet with preceptor twice a month and review 10% of charts; preceptor submit quarterly performance evaluations 7. Commission approval of current and future employment 8. Restrictions on seeing certain types of patients 9. Restriction on performing certain procedures 10. Random practice reviews and record audits 11. Probation **OR** 12. Suspension of license. If suspended remedial training would be required prior to reinstatement	1. 90 days 2. 120 days 3. 30 days 4. 60 days 5. 30 days 6. Duration of sanction 7. Duration of sanction 8. Duration of sanction 9. Duration of sanction 10. Duration of sanction 11. Duration of sanction 12. RCM discretion

Description of Violation	Aggravating and Mitigating Factors	Harm (Tier)	Charge	Duration of Sanction	Recovery Cost or Fine	Conditions	Time for Completion
Single significant treatment error	**Likely Cause(s) of Error**	(A) No, minimal, or low risk of patient harm	SOA/SOC	0-3 years	No cost recovery*	1. Attend competence assessment and educational intervention	1. 90 days

	• Lack of knowledge of appropriate scope of practice • Inadequate or inaccurate patient assessment • Lack of competence (e.g. practicing outside the scope of practice) • Lack of knowledge or competence of safe treatment standards • Lack of time management skill and/or organizational ability • Inappropriate clinical judgment • Disregard for patient safety and wellbeing	(B) Patient harm or risk of severe harm (C) Severe harm or death	SOA/SOC SOA/SOC	2-5 years 3 years minimum		course (at own expense) to assess knowledge, clinical judgment, communication, and documentation 2. Comply with and competence assessment and educational intervention plan 3. Commission approval of current and future employment 4. Restrictions on seeing certain types of patients 5. Restriction on performing certain procedures 6. Random practice reviews and record audits 7. Probation **OR** 8. Suspension of license. If suspended remedial training would be required prior to reinstatement	2. Duration of education plan 3. Duration of sanction 4. Duration of sanction 5. Duration of sanction 6. Duration of sanction 7. Duration of sanction 8. RCM discretion

Description of Violation	Aggravating and Mitigating Factors	Harm (Tier)	Charge	Duration of Sanction	Recovery Cost or Fine	Conditions	Time for Completion
Prescriptive and/or Dispensing Authority Single occurrence of violations of prescriptive	**Likely Cause(s) of Error** • Lack of knowledge of appropriate scope of practice	(A) No, minimal, or low risk of patient harm	Close Case SOA SOA/SOC	NA 3 years 3-5 years	Cost recovery up to $500 per violation*	1. Successfully complete course work, approved by NCQAC 2. Submit course evaluation for approval	1. 90 days 2. 120 days

and./or dispensing authority • Prescribing, dispensing, administering, or distributing drugs in an unsafe manner or without adequate instructions to patients according to acceptable and prevailing standards • Prescribing, dispensing, administering, or distributing drugs for other than therapeutic or prophylactic purposes • Prescribing or distributing drugs to individuals who are not patients of the ARNP or who are not within the ARNPs role and population focus	• Inadequate or inaccurate patient assessment • Lack of competence (e.g. practicing outside the scope of practice) • Lack of knowledge or competence of safe treatment standards • Lack of time management skill and/or organizational ability • Inappropriate clinical judgment	(B) Patient harm or risk of severe harm (C) Severe harm or death		3 years minimum		3. Commission approval of current and future employment 4. Restrictions on seeing certain types of patients 5. Practice evaluation 6. Submission of written practice evaluation **OR** 7. Suspension of license. If suspended, remedial training would be required prior to reinstatement	3. Duration of sanction 4. Duration of sanction 5. 30 days 6. 60 days 7. RCM discretion

Description of Violation	Aggravating and Mitigating Factors	Harm (Tier)	Charge	Duration of Sanction	Recovery Cost or Fine	Conditions	Time for Completion
Developing a pattern of violations of prescriptive and/or dispensing authority **Single occurrence of violations of prescriptive and./or dispensing authority**	**Likely Cause(s) of Error** • Lack of knowledge of appropriate scope of practice • Inadequate or inaccurate patient assessment	(A) No, minimal, or low risk of patient harm (B) Patient harm or risk of severe harm (C) Severe harm or death	SOA/SOC SOA/SOC	0-3 years 3-5 years 3 years minimum	Cost recovery up to $500 per violation*	1. Successfully complete course work, approved by NCQAC 2. Submit course evaluation for approval 3. Practice evaluation 4. Submission of written practice evaluation 5. Identify a preceptor	1. 90 days 2. 120 days 3. 30 days 4. 60 days 5. 30 days

• Prescribing, dispensing, administering, or distributing drugs in an unsafe manner or without adequate instructions to patients according to acceptable and prevailing standards • Prescribing, dispensing, administering, or distributing drugs for other than therapeutic or prophylactic purposes • Prescribing or distributing drugs to individuals who are not patients of the ARNP or who are not within the ARNPs role and population focus	• Lack of competence (e.g. practicing outside the scope of practice) • Lack of knowledge or competence of safe treatment standards • Lack of time management skill and/or organizational ability • Inappropriate clinical judgment • Disregard for patient safety and wellbeing					6. Meet with preceptor twice a month and review 10% of charts; preceptor submit quarterly performance evaluations 7. Commission approval of current and future employment 8. Restrictions on seeing certain types of patients 9. Restrictions on performing certain procedures 10. Random practice reviews and audits 11. Limiting prescriptive authority 12. Obtain and account with PNP, use PNP in practice and mandated to run and document medication profile on every patient 13. Probation **OR** 14. Suspension of license. If suspended, remedial training would be required prior to reinstatement	6. Duration of sanction 7. Duration of sanction 8. Duration of sanction 9. Duration of sanction 10. Duration of sanction 11. RCM discretion 12. RCM discretion 13. Duration of sanction 14. RCM discretion

Description of Violation	Aggravating and Mitigating Factors	Harm (Tier)	Charge	Duration of Sanction	Recovery Cost or Fine	Conditions	Time for Completion
Established pattern of violations of prescriptive and/or dispensing authority	**Likely Cause(s) of Error** • Lack of knowledge of appropriate scope of practice • Inadequate or inaccurate patient assessment	(A) No, minimal, or low risk of patient harm (B) Patient harm or risk of severe harm (C) Severe harm or death	SOA/SOC SOA/SOC SOA/SOC	0-3 years 3-5 years 3 years minimum	No cost recovery**	1. Attend competence assessment and educational intervention course (at own expense) to assess knowledge, clinical judgment, communication, and documentation	1. 90 days

	• Lack of competence (e.g. practicing outside the scope of practice) • Lack of knowledge or competence of safe treatment standards • Lack of time management skill and/or organizational ability • Inappropriate clinical judgment • Disregard for patient safety and wellbeing					2. Comply with competence assessment and educational intervention plan 3. Commission approval of current and future employment 4. Restrictions on seeing certain types of patients 5. Restrictions on performing certain procedures 6. Random practice reviews and audits 7. Limiting prescriptive authority 8. Obtain and account with PNP, use PNP in practice and mandated to run and document medication profile on every patient 9. Probation **OR** 10. Suspension of license. If suspended, remedial training would be required prior to reinstatement	2. Duration of education plan 3. Duration of sanction 4. Duration of sanction 5. Duration of sanction 6. Duration of sanction 7. RCM discretion 8. RCM discretion 9. Duration of sanction 10. RCM discretion

Description of Violation	Aggravating and Mitigating Factors	Harm (Tier)	Charge	Duration of Sanction	Recovery Cost or Fine	Conditions	Time for Completion
Single significant error of violations of prescriptive and/or dispensing authority	**Likely Cause(s) of Error** • Lack of knowledge of appropriate scope of practice • Inadequate or inaccurate patient assessment	(A) No, minimal, or low risk of patient harm (B) Patient harm or risk of severe harm (C) Severe harm or death	SOA/SOC SOA/SOC SOA/SOC	0-3 years 3-5 years 3 years minimum	No cost recovery**	1. Attend competence assessment and educational intervention course course (at own expense) to assess knowledge, clinical judgment,	1. 90 days

	• Lack of competence (e.g. practicing outside the scope of practice) • Lack of knowledge or competence of safe treatment standards • Lack of time management skill and/or organizational ability • Inappropriate clinical judgment • Disregard for patient safety and wellbeing					communication, and documentation 2. Comply with competence assessment and educational intervention plan 3. Commission approval of current and future employment 4. Restrictions on seeing certain types of patients 5. Restrictions on performing certain procedures 6. Random practice reviews and audits 7. Limiting prescriptive authority 8. Obtain and account with PNP, use PNP in practice and mandated to run and document medication profile on every patient 9. Probation **OR** 10. Suspension of license. If suspended, remedial training would be required prior to reinstatement	2. Duration of education plan 3. Duration of sanction 4. Duration of sanction 5. Duration of sanction 6. Duration of sanction 7. RCM discretion 8. RCM discretion 9. Duration of sanction RCM discretion
Description of Violation	**Aggravating and Mitigating Factors**	**Harm (Tier)**	**Charge**	**Duration of Sanction**	**Recovery Cost or Fine**	**Conditions**	**Time for Completion**
Falsification of Records Deliberate changing or falsification of documentation **Error(s)** • Documenting care not provided	**Likely Cause(s) of Error** • Lack of knowledge or competence • Lack of fiduciary concern • Error in performance of procedure or intervention	(A) No, minimal, or low risk of patient harm (B) Patient harm or risk of severe harm (C) Severe harm or death	SOA/SOC SOA/SOC SOA/SOC	0-3 years 3-5 years 3 years minimum	Cost recovery of up to $500 per violation*	1. Successfully complete a course on medical record keeping and a course on medical ethics, boundaries, and professionalism, approved by NCQAC 2. Submit course evaluation for approval	1. 90 days 2. 120 days

• Charting incorrect patient condition • Charting to cover up error or omission	• Disregard for patient safety and wellbeing • Poor judgment					3. Practice evaluation 4. Submission of written practice evaluation 5. Identify a preceptor 6. Meet with preceptor twice a month and review 10% of charts; preceptor submit quarterly performance evaluations 7. Commission approval of current and future employment 8. Restrictions on seeing certain types of patients 9. Restrictions on performing certain procedures 10. Random practice reviews and record audits 11. Probation **OR** 12. Suspension of license. If suspended, remedial training would be required prior to reinstatement	3. 30 days 4. 60 days 5. 30 days 6. Duration of sanction 7. Duration of sanction 8. Duration of sanction 9. Duration of sanction 10. Duration of sanction 11. Duration of sanction 12. RCM discretion
Failure to comply with any term(s) or conditions of a STID or order			SOC	Suspension	Fine of up to $1,000 per violation	1. Suspension of license	

Description of Violation	Aggravating and Mitigating Factors	Harm (Tier)	Charge	Duration of Sanction	Recovery Cost or Fine	Conditions	Time for Completion
Practice on an Expired License (Having renewed as soon as possible after learning of the expiration)	**Likely Cause(s) of Error** • **Failure to have current national certification required for state licensure** WAC 246-840-302		Close case SOA	NA	Cost recovery of up to $1,000*	1. Successfully complete a course on medical ethics, and professionalism, approved by NCQAC	1. 90 days

	• **Failure to renew state license based upon not having a current national certification** – **If evidence of an attempt to be fraudulent regarding working without a license** – **Prior similar violation** – **Patient harm or another serious violation occurred during the period of expiration**		SOC SOC	0-3 years 0-3 years	Cost recovery of up to $1,000*	2. Commission approval of current and future employment **OR** 3. Suspension of license. If suspended, remedial training would be required prior to reinstatement 1. Successfully complete a course on medical ethics, and professionalism, approved by NCQAC 2. Commission approval of current and future employment **OR** 3. Suspension of license. If suspended, remedial training would be required prior to reinstatement	2. Duration of sanction 3. RCM discretion 1. 90 days 2. Duration of sanction 3. RCM discretion

DEPARTMENT OF HEALTH
NURSING CARE QUALITY ASSURANCE COMMISSION
POLICY

Title:	Drafting and Interpreting Disciplinary Documents	**Number:**	A28.06
Reference:	RCW 18.130.160 RCW 18.130.172		
Author:	Catherine Woodard Director, Discipline and Washington Health Professional Services Nursing Care Quality Assurance Commission		
Effective Date:	March 10, 2023	**Date for Review**:	March 10, 2025
Supersedes:	A28.05 - September 13, 2013 A28.04 - August 1, 2012 A28.03 - July 1, 2005 A28.02 - January 9, 2004 A28.01 - March 21, 2003		
Approved:			
	Yvonne Strader, BSN, BSPA, MHA, RN Chair Nursing Care Quality Assurance Commission (NCQAC)		

PURPOSE:

To assure uniformity and consistency in the drafting and interpretation of terms in disciplinary documents, the Nursing Care Quality Assurance Commission (NCQAC) adopted the following.

PROCEDURE:

I. Setting Deadlines
All Orders should include a specific deadline for completion by the respondent of each term. Only the Reviewing Commission Member (RCM) may extend a deadline.

II. Educational Classes

The RCM must approve all educational classes and coursework prior to attendance. If the Respondent fails to obtain pre-approval of the course, the RCM may determine that the educational class does not satisfy the course required in the disciplinary document.

III. Research Papers and Essays

The disciplinary document defines the topic(s) and the length of the research paper or essay (number of words, generally 1000 words per topic), which must be typewritten and must explicitly address the topic assigned. The RCM may require an annotated bibliography and can require research articles to be current.

A. The Respondent will submit research papers and essays to the compliance officer who submits it to the RCM for approval. The RCM may give the Respondent one opportunity to revise and re-submit any deficient documents.

B. Revised documents will be due to the compliance officer no more than 30 days after the RCM requests the revision.

IV. Supervised Practice by a Worksite Monitor

The RCM must pre-approve all worksite monitors.. Qualifications to serve as a worksite monitor include:

A. The same or higher credential than the respondent licensee;
B. Unrestricted license to practice in Washington;
C. No history of discipline in any state[1]; and
D. Five (5) years of experience at the same or higher credential than the respondent licensee.

V. When supervised practice is required following an educational class, (*e.g.*, medication administration) only hours following completion of the class are credited.

VI. Fines

In disciplinary orders, Respondents may be subject to a fine of up to $5000 for each violation. In Stipulations to Informal Disposition (STID), Respondents may be subject to a cost recovery of up to $1000 for each violation.

[1] NURSYS will be queried.

DEPARTMENT OF HEALTH
NURSING CARE QUALITY ASSURANCE COMMISSION
POLICY

Title:	Drafting and Interpreting Disciplinary Documents~~Orders~~	**Number:**	A28.06~~5~~
Reference:	~~RCW 18.130.180 (9);~~ RCW 18.130.160~~;~~ RCW 18.130.172		
Author~~Contact~~:	~~Paula R. Meyer, Executive Director~~Catherine Woodard~~,~~ Director, ~~D~~Discipline and Washington Health Professional Services Nursing Care Quality Assurance Commission		
Effective Date:	~~September 13, 2013~~March 10, 2023 March 10, 2025	**Date for Review:**	
Supersedes:	A28.05 - September 13, 2013 A28.04 - ~~July 1, 2005;~~August 1, 2012 ~~January 9, 2004;~~ A28.03 - July 1, 2005 ~~March 21, 2003; August 1, 2012,~~ A28.02 - January 9, 2004 ~~September 13, 2013~~ A28.01 - March 21, 2003		
Approved:			
	Yvonne Strader, BSN, BSPA, MHA, RN Chair Nursing Care Quality Assurance Commission (NCQAC) ~~**Suellyn Masek, MSN, RN, CNORYvonne Strader, RN, Chair**~~ ~~**Washington State Nursing Care Quality Assurance Commission**~~		

PURPOSE:

To assure uniformity and consistency in the drafting and interpretation of terms in d~~D~~isciplinary documents~~Orders~~, the Nursing Care Quality Assurance Commission (NCQAC) adopted the following.

PROCEDURE:

~~**Drafting and Interpreting Disciplinary Documents Orders:**~~

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I. ~~A.~~ Setting Deadlines

All Orders should include a specific deadline for completion by the respondent of each term. ~~-~~Only the Reviewing Commission Member (RCM) may extend a deadline.

II. ~~B.~~ Educational Classes

The RCM must approve ~~Respondent must seek approval by the RCM for~~ all educational classes and coursework prior to attendance. If the Respondent fails to ~~Failure by the respondent to~~ obtain pre-approval of the course, the RCM may determine that the educational class does not satisfy the course required in the disciplinary document. ~~is considered failure to comply and may subject the respondent to additional disciplinary action.~~

III. ~~C.~~ Research Papers and Essays

The disciplinary document~~Order~~ defines the topic(s) and the length of the research paper or essay (number of words, generally 1000 words per topic), which must be typewritten and must explicitly address the topic assigned. The RCM may require an annotated bibliography and can require research articles to be current.

A. The Respondent will submit ~~R~~research papers and essays ~~must be submitted~~ to the compliance officer who submits it to the RCM~~RCM~~ for approval. The RCM may give the Respondent one opportunity to revise and re-submit any deficient documents. ~~At the discretion of the RCM, Respondents may be offered one opportunity to revise and re-submit the document(s).~~

B. Revised documents will be due to the compliance officer no more than 30 days after the RCM requests the revision. ~~request for revision is granted.~~

IV. ~~E.~~ Supervised Practice by a Worksite Monitor

The RCM must pre-approve ~~A~~all w~~W~~orksite m~~M~~onitors. ~~must be pre-approved by the RCM~~. Qualifications to serve as a w~~W~~orksite m~~M~~onitor include:

A. The same or higher credential than the respondent licensee;
B. ~~: Registered Nurse with an~~U~~ u~~nrestricted license to practice in Washington~~,~~;
C. N~~n~~o history of discipline in any state[1]~~,~~; ~~and~~ and
D. ~~f~~Five (5) years of experience at the same or higher credential than the respondent licensee. ~~s an RN.~~

~~If the Respondent is an LPN, the wWorksite mMonitor may be an LPN only, at the discretion of the RCM.~~

V. ~~F.~~ When supervised practice is required following an educational class, (*e.g.*, m~~M~~edication a~~A~~dministration) only hours following completion of the class are credited.

VI. ~~G.~~ Fines

[1] NURSYS will be queried.

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In disciplinary orders, Respondents may be subject to a fine of ~~or cost recovery~~ up to $5~~,~~000 for each violation. In Stipulations to Informal Disposition (STID), Respondents may be subject to a cost recovery of up to $1000 for each violation.~~.~~

~~Revised 08/01/2012~~
~~Revised 07/01/2005~~
~~Revised 01/09/2004~~
~~Revised 03-10-2023~~

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DEPARTMENT OF HEALTH
NURSING CARE QUALITY ASSURANCE COMMISSION
PROCEDURE

Title:	Washington Health Professional Services (WHPS) Referral Contracts	**Number:**	A49.04
Reference:	RCW 18.130.170 RCW 18.130.180 A20 - Substance Use Orders		
Author:	Catherine Woodard Director, Discipline and Washington Health Professional Services Nursing Care Quality Assurance Commission		
Effective Date:	March 10, 2023	**Date for Review:**	March 10, 2025
Supersedes:	A49.03 November 2016 A49.02 September 13, 2013 A49.01 January 11, 2013		
Approved:			
Approved:	Yvonne Strader, BSN, BSPA, MHA, RN Chair Nursing Care Quality Assurance Commission (NCQAC)		

PURPOSE:

The purpose of this procedure is to set up guidelines for management of cases in which the respondent admits to a substance use disorder (SUD) issue and agrees to enter the Washington Health Professional Services Program (WHPS). After review by the Commission, the case may be closed as a unique closure in compliance with policy A20, Substance Use . Orders.

PROCEDURE:

I. During an investigation, the investigator determines whether unprofessional conduct may be the result of substance use disorder. The investigator may send a WHPS Referral Contract (Referral Contract) to the respondent immediately if the case meets all of the following criteria:
   A. The respondent admits, in writing, to misuse of controlled substances, alcohol, or other drugs.

B. The unprofessional conduct does not rise to the level of "serious misconduct" as identified in NCQAC policy A20.
C. The respondent has not been previously referred to WHPS in lieu of discipline or ordered into the program.

D. If the respondent has previously participated in WHPS, the file will be referred to the Substance Use Disorder Review Panel (SUDRP).

II. The investigator sends a Referral Contract to the respondent for signature.
A. If the respondent signs the Referral Contract, the investigator immediately forwards the signed Referral Contract to SUDRP administrative personnel and continues with the investigation.
B. If the respondent refuses to sign the Referral Contract, the investigator completes the investigation as usual.

III. If the respondent signed the Referral Contract, the case file is sent to SUDRP administrative personnel after the investigation is completed.
A. If the respondent does not have a WHPS contract in place after 45 days, as required by the Referral Contract, the SUDRP administrative personnel takes the case back to SUDRP to consider for possible discipline.
B. If SUDRP determines discipline is appropriate, they transfer the case to the NCQAC case manager for assignment to a reviewing commission member and staff attorney. The case is presented to SUDRP for Unique Closure.
C. If approved for Unique Closure, an SUDRP panel member will sign the Referral Contract.

IV. If a respondent is in WHPS in lieu of discipline (with a Referral Contract in place) and is terminated from WHPS, within seven calendar days of receipt of the WHPS closure letter:
A. SUDRP administrative personnel open a new complaint in the Integrated Licensing & Regulatory System (ILRS).
B. SUDRP performs an assessment/triage. Items considered during the triage include:
1. WHPS closure letter
2. Prior investigative report(s)

WASHINGTON HEALTH PROFESSIONAL SERVICES REFERRAL CONTRACT

A complaint alleging unprofessional conduct by XXXX (Respondent), has been filed with the Nursing Care Quality Assurance Commission (Commission). The Commission has cause to believe that the alleged unprofessional conduct may be linked to Substance Use Disorder (SUD).

In consideration for Respondent signing this agreement and entering the Washington Health Professional Services Program (WHPS), the Commission agrees not to take disciplinary action against Respondent's license regarding case file number XXXX, provided that Respondent complies with all of the terms and conditions of this WHPS Referral Contract, WHPS Monitoring Contract, and successfully completes the WHPS Monitoring Program.

By signing this WHPS Referral Contract, Respondent acknowledges that a breach of this contract may subject Respondent to disciplinary action. Such disciplinary action may be based on the breach of this WHPS Referral Contract, the underlying facts contained in case file XXXX, or both. Respondent further acknowledges that a finding of unprofessional conduct, if proven, constitutes grounds for discipline under chapter 18.130 RCW, and that any sanction set forth in RCW 18.130.160 may be imposed. Respondent agrees to the admissibility of the evidence contained in case file XXXX.

1. Within seven (7) calendar days of Respondent signing this WHPS Referral Contract, Respondent must contact WHPS and begin the intake process.[1]

2. Within forty-five (45) calendar days of Respondent signing this WHPS Referral Contract, Respondent must execute a WHPS Monitoring Contract if WHPS determines Respondent is appropriate for the WHPS Monitoring Program.

3. The length of the WHPS Monitoring Contract will be at the sole discretion of the WHPS Monitoring Program. Contracts generally have a term of three to five years. The WHPS program's recommendation to enter into a WHPS Monitoring Contract and the term of the WHPS Monitoring Contract is not based exclusively upon a Substance Use Disorder (SUD) evaluation.

4. Respondent agrees to comply with <u>all</u> aspects of the WHPS Monitoring Program which may include, but are not limited to:

    (a) undergo and complete SUD treatment in an approved treatment facility.

    (b) remain free of all mind and mood altering substances including alcohol and cannabinoids except for medications prescribed by an authorized prescriber, as defined in RCW 69.41.030 and 69.50.101.

    (c) require treatment counselor(s) to provide reports that include treatment progress to the WHPS Monitoring Program.

    (d) submit to random drug screening as specified by the WHPS Monitoring Program.

(e) attend self-help support groups as specified by the WHPS Monitoring Program.

(f) comply with employment conditions and restrictions as defined by the WHPS Monitoring Contract to include notifying WHPS and receiving approval prior to a change in work status, shift, employment position, or place of employment.

(g) sign a waiver allowing the WHPS Monitoring Program to release information to the Commission if Respondent does not comply with the requirements of the WHPS Monitoring Contract or is unable to practice with reasonable skill or safety.

5. Respondent is responsible for paying all costs associated with participation in the WHPS program.

6. WHPS will report the Respondent to the Commission if Respondent fails to comply with this Referral Contract or with Respondent's WHPS Monitoring Contract.

7. Respondent understands and acknowledges that failure to comply with any and all aspects of the WHPS Monitoring Program breaches this WHPS Referral Contract, and may subject Respondent to discipline under RCW 18.130.160, RCW 18.130.180, and WAC 246-840-780. Respondent expressly waives statutory or jurisdictional objections to disciplinary action deriving from a breach of this WHPS Referral Contract or the underlying facts contained in case file XXXX.

8. The Substance Use Disorder Review Panel (SUDRP) will not sign this WHPS Referral Contract or close Respondent's disciplinary case file until Respondent has signed a WHPS Monitoring Contract.

RESPONDENT	DATE	LICENSE NUMBER
SUDRP MEMBER	DATE	

[1] Washington Health Professional Services
111 Israel Rd SE MS: 47864
Tumwater WA 98501
Phone: 360-236-2880, option #1 Fax: 360-359-7956
whps@doh.wa.gov

DEPARTMENT OF HEALTH
NURSING CARE QUALITY ASSURANCE COMMISSION
PROCEDURE

Title:	Washington Health Professional Services (WHPS) Referral Contracts	**Number:**	A49.04
Reference:	RCW 18.130.170 RCW 18.130.180 A20 -- Substance Use Orders		
~~Contact~~**Author:**	Catherine Woodard Director, Discipline and Washington Health Professional Services Nursing Care Quality Assurance Commission ~~(NCQAC)~~		
Effective Date:	March 10, 2023	**Date for Review:** March 10, 2025	
Supersedes:	A49.03 November 2016 A49.02 September 13, 2013 A49.01 January 11, 2013	~~**Date Reviewed:**~~	~~February 2023~~
Approved:			

Approved:
Yvonne Strader, BSN, BSPA, MHA, RN Chair Nursing Care Quality Assurance Commission (NCQAC)

PURPOSE:

The purpose of this procedure is to set up guidelines for management of cases in which the respondent admits to a substance ~~abuse issue~~use disorder (SUD) issue and agrees to enter the Washington Health Professional Services Program (WHPS). After review by the Commission, the case may be closed as a unique closure in compliance with policy A20, Substance Use ~~Abuse Orders~~. Orders.

PROCEDURE:

I. During an investigation, the investigator determines whether unprofessional conduct may be the result of substance use disorder ~~abuse~~. The investigator may send a WHPS Referral Contract (Referral Contract) to the respondent immediately if the case meets all of the following criteria:
   ~~1.~~A. The respondent admits, in writing, to misuse of controlled substances, alcohol, or other drugs.

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2.B. The unprofessional conduct does not rise to the level of "serious misconduct" as identified in NCQAC policy A20.

3.C. The respondent has not been previously referred to WHPS in lieu of discipline or ordered into the program.

D. If the respondent has previously participated in WHPS, the file will be referred to the Substance Use and Abuse TeamDisorder Review Panel (SUDRPUAT). for an evaluation and a recommendation to the Commission.

II. The investigator sends a RReferral CContract to the respondent for signature.

1.A. If the respondent signs the RReferral CContract, the investigator immediately forwards the signed RReferral CContract to SUDRPAT administrative personnel, and continues with the investigation.

2.B. If the respondent refuses to sign the RReferral CContract, the investigator completes the investigation as usual.

III. If the respondent signed the Referral Contract, Tthe case file is sent to SUDRPAT administrative personnel after the investigation is completed.

A. If the respondent does not have a WHPS contract in place after 45 days, as required by the ReferralReferral CContract, the SUDRP admin administrative personnel takes the case is taken back to SUDRP to consider for possible discipline.AT for recommendation to the Commission.

1. If SUDRP determines discipline is appropriate, they transfer the case to the NCQAC case manager for assignment to a reviewing commission member and staff attorney.

2.B. If/when the respondent signs a WHPS contract, and the investigation is complete, tThe case is presented to the Case Management panelSUDRP for Unique Closure.

a.C. If approved for Unique Closure, an SUDRP panel member will sign the the original ReferralReferral CContract. is signed by a CMT panel member or its designee.

3. The Commission SUDRP considers the case for possible discipline:
   a. If the respondent refused to sign the rReferral cContract, or
   b. If theThe respondent has not signed a WHPS contract within 45 days of signing the rReferral cContract.

IV. If a respondent is in WHPS in lieu of discipline (with a RReferral CContract in place) and the respondent is terminated from WHPS, within seven calendar days of receipt of the WHPS closure letter:

1.A. SUDRPAT administrative personnel opens a new complaint in the Integrated Licensing & Regulatory System (ILRS).

2.B. SUDRPAT performs an assessment/triage. Items considered during the triage include:

   a.1. WHPS closure letter

   b.2. Prior investigative report(s)

   c. Referral cContract (if any).

V. SUAT administrative personnel writes a recommendation to the Commission based on the triage notes. If SUDRP determines discipline is appropriate, they transfer Tthe case new complaint, including the SUAT recommendation, is given to the NCQAC case manager for

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~~assignment to a reviewing commission member and staff attorney. Complaint Intake to continue with the regular complaint process.~~

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WASHINGTON HEALTH PROFESSIONAL SERVICES REFERRAL CONTRACT

A complaint alleging unprofessional conduct by XXXX (Respondent), has been filed with the Nursing Care Quality Assurance Commission (Commission). The Commission has cause to believe that the alleged unprofessional conduct may be linked to Substance Use Disorder (SUD).

In consideration for Respondent signing this agreement and entering the Washington Health Professional Services Program (WHPS), the Commission agrees not to take disciplinary action against Respondent's license regarding case file number XXXX, provided that Respondent complies with all of the terms and conditions of this WHPS Referral Contract, WHPS Monitoring Contract, and successfully completes the WHPS Monitoring Program.

By signing this WHPS Referral Contract, Respondent acknowledges that a breach of this contract may subject Respondent to disciplinary action. Such disciplinary action may be based on the breach of this WHPS Referral Contract, the underlying facts contained in case file XXXX, or both. Respondent further acknowledges that a finding of unprofessional conduct, if proven, constitutes grounds for discipline under chapter 18.130 RCW, and that any sanction set forth in RCW 18.130.160 may be imposed. Respondent agrees to the admissibility of the evidence contained in case file XXXX.

1. Within seven (7) calendar days of Respondent signing this WHPS Referral Contract, Respondent must contact WHPS and begin the intake process.[1]

2. Within forty-five (45) calendar days of Respondent signing this WHPS Referral Contract, Respondent must execute a WHPS Monitoring Contract if WHPS determines Respondent is appropriate for the WHPS Monitoring Program.

3. The length of the WHPS Monitoring Contract will be at the sole discretion of the WHPS Monitoring Program. Contracts generally have a term of three to five years. The WHPS program's recommendation to enter into a WHPS Monitoring Contract and the term of the WHPS Monitoring Contract is not based exclusively upon a Substance Use Disorder (SUD) evaluation.

4. Respondent agrees to comply with all aspects of the WHPS Monitoring Program which may include, but are not limited to:

   (a) undergo and complete SUD treatment in an approved treatment facility.

   (b) remain free of all mind and mood altering substances including alcohol and cannabinoids except for medications prescribed by an authorized prescriber, as defined in RCW 69.41.030 and 69.50.101.

   (c) require treatment counselor(s) to provide reports that include treatment progress to the WHPS Monitoring Program.

   (d) submit to random drug screening as specified by the WHPS Monitoring Program.

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(e) attend self-help support groups as specified by the WHPS Monitoring Program.

(f) comply with employment conditions and restrictions as defined by the WHPS Monitoring Contract to include notifying WHPS and receiving approval prior to a change in work status, shift, employment position, or place of employment.

(g) sign a waiver allowing the WHPS Monitoring Program to release information to the Commission if Respondent does not comply with the requirements of the WHPS Monitoring Contract or is unable to practice with reasonable skill or safety.

5. Respondent is responsible for paying all costs associated with participation in the WHPS program.

6. WHPS will report the Respondent to the Commission if Respondent fails to comply with this Referral Contract or with Respondent's WHPS Monitoring Contract.

7. Respondent understands and acknowledges that failure to comply with any and all aspects of the WHPS Monitoring Program breaches this WHPS Referral Contract, and may subject Respondent to discipline under RCW 18.130.160, RCW 18.130.180, and WAC 246-840-780. Respondent expressly waives statutory or jurisdictional objections to disciplinary action deriving from a breach of this WHPS Referral Contract or the underlying facts contained in case file XXXX.

8. The Substance Use Disorder Review Panel (SUDRP) will not sign this WHPS Referral Contract or close Respondent's disciplinary case file until Respondent has signed a WHPS Monitoring Contract.

RESPONDENT	DATE	LICENSE NUMBER
SUDRP MEMBER	DATE	

[1] Washington Health Professional Services
111 Israel Rd SE MS: 47864
Tumwater WA 98501
Phone: 360-236-2880, option #1 Fax: 360-359-7956
whps@doh.wa.gov

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DEPARTMENT OF HEALTH
NURSING CARE QUALITY ASSURANCE COMMISSION
PROCEDURE

Title:	Suspension or Revocation of Nursing Licenses	**Number:**	A15.03
Reference:	RCW 18.130.160		
Contact:	Mary Dale, Discipline Manager		
Effective Date:	July 1, 2005		
Supersedes:	November 13, 1998		
Approved:			
	Chair **Washington State Nursing Care Quality Assurance Commission**		

PROCEDURE:

RCW 18.130.150 states a licensee with either a suspended or revoked license may petition for reinstatement assuming any interval required by the Nursing Care Quality Assurance Commission (NCQAC) passed. However, the NCQAC may impose any terms and conditions as provided in RCW 18.14.160 as well as "may require successful completion of an examination as a condition of reinstatement".

1. In administering discipline, the NCQAC must determine suspension, suspension with stay or revocation of a nursing license.

a. Suspension puts the license "on hold" for an interim period. The nurse is not allowed to practice during this time. The nurse must comply with any added conditions.

b. Suspension with stay allows the nurse to practice nursing with a probationary license proving by complying with conditions he/she is capable of safely practicing without supervision or restrictions.

c. Revocation means an annulment or cancellation of a nursing license so that no license remains. When the NCQAC revokes a license, the nurse deserves the ultimate disciplinary action and involves being completely stripped of licensure.

2. Each order must clearly state suspension or revocation of a license when the NCQAC takes such an action.

a. For a suspended license, the order must read that the licensee can apply for reinstatement of the license after meeting certain conditions and any mandatory interval before the petition may be entertained. It is recommended that petitions for reinstatement of suspended licenses be allowed by the NCQAC no earlier than one year from the date of the signed agreed order or final order. The NCQAC may deviate from this recommendation based on the facts and circumstances of each individual case.

b. For a revoked license, the order must read:

- the licensee can only reenter nursing through a reinstatement process including a NCQAC hearing
- the reinstatement process may entail all the same burdens that license application bears, including re-testing and/or applying for a limited educational authorization for refresher course purposes

It is recommended that petitions for reinstatement after license revocation be allowed no earlier than five years from the date of the signed agreed order or final order. The NCQAC may deviate from this recommendation based on the facts and circumstances of each individual case.

Approved 11/13/1998
Revised 07/01/2005

DEPARTMENT OF HEALTH
NURSING CARE QUALITY ASSURANCE COMMISSION
PROCEDURE

Title:	Licensee HIV/AIDS status	**Number:**	A42.02
Reference:	RCW 70.24.105		
Contact:	Mary Dale, Discipline Manager		
Effective Date:	September 13, 2013		
Supersedes:	HPQA 216, July 14, 2005; August 1, 2012		
Approved:			
	Suellyn Masek, MSN, RN, CNOR, Chair **Washington State Nursing Care Quality Assurance Commission**		

PURPOSE: This procedure establishes a process to assure that HIV/AIDS status is considered appropriately during complaint processing and the identity of HIV/AIDS positive individuals remains confidential.

Conduct potentially endangering the public by an HIV/AIDS positive credential holder may be investigated and action taken if warranted. Positive HIV/AIDS status in the absence of risky conduct is not a violation of law and cases are not investigated.

PROCEDURE:

1. Reports of a licensee with alleged HIV/AIDS are managed by the discipline manager or executive director, assuring the licensee is not identified as HIV/AIDS positive by:
   - Consulting with the investigations and legal managers to determine a course of action
   - Presenting the report at the case management team (CMT) meeting without identifying the individual
   - Focusing investigation and any disciplinary action on the risky conduct
   - Determining information to share with the reviewing commission member
   - Coaching the member on presenting the case without revealing the identity
   - Assuring materials mailed or transmitted to the reviewing member are viewed only by the member through hand delivery or confidential mailing
   - Assuring any file copies are made confidentially

2. HIV/AIDS status is medical information and is not revealed in public disclosure of documents or information.

DEPARTMENT OF HEALTH
NURSING CARE QUALITY ASSURANCE COMMISSION
PROCEDURE

Title:	Effect of Military Status on Discipline	**Number:**	A43.02
Reference:	RCW 43.70.270; 50 U.S.C. 501-593		
Contact:	Mary Dale, Discipline Manager		
Effective Date:	September 13, 2013		
Supersedes:	HPQA 206, May 02, 2005; August 1, 2012		
Approved:			
	Suellyn Masek, MSN, RN, CNOR, Chair **Washington State Nursing Care Quality Assurance Commission**		

PURPOSE: An applicant or credential holder may be an active member of the military service. This procedure provides consistent treatment of military service members for purposes of credentialing or discipline.

PROCEDURE:

1. Active military service members, while in active duty status, have certain protections from civil action.
   A. The Service Members Civil Relief Act applies to disciplinary actions in administrative law.

      - The Act allows a respondent to obtain a stay of proceedings in the event charges are issued.
      - The health law judge may allow a stay of proceedings upon his or her own motion.

2. Throughout the discipline process, the Integrated Licensing and Regulatory System (ILRS) database is checked for military status ("Military" status).

      - At intake, program staff print the screen and highlight the Credential Status: "Military" and add to the investigative file. At the time case disposition is being decided, program staff recheck for "Military" status.
      - The Office of Legal Services (OLS) checks for "Military" status again before service of either the statement of charges or statement of allegations.

3. In some cases, information regarding active duty military status may be provided by the license holder or other sources, such as the respondent's family, employer, or colleagues.

4. Staff shall notify the Executive Director, normally as part of case management, that a respondent has been identified as being on active duty military status.
   A. The decision regarding whether to place an administrative hold on a case or proceed with legal service will be made on a case-by-case basis in consultation with the Executive Director. The factors include:
      - the nature of the complaint
      - whether the scope of military service includes practice as a health care professional
      - the potential risk of harm if the case is placed on hold pending Respondent's return from active duty
      - respondent's ability and willingness to participate in the process

5. If a complaint contains allegations related to standard of care and a respondent's ability to practice with reasonable skill and safety, and it appears the respondent's military service involves the practice, the Department must notify the appropriate military personnel.

DEPARTMENT OF HEALTH
NURSING CARE QUALITY ASSURANCE COMMISSION
PROCEDURE

Title:	Advanced Registered Nurse Practitioner (ARNP) Application Exemption Requests	**Number:**	B09.06
Reference:	WAC 246-840-340 WAC 246-840-360 WAC 246-840-365 WAC 246-840-367 WAC 246-840-410 WAC 246-840-342 NCSBN's Consensus Model for APRN Regulation		
Author:	Amber Zawislak Assistant Director of Licensing Nursing Care Quality Assurance Commission		
Effective Date:		**Date for Review**:	March 10, 2025
Supersedes:	B09.05 – March 12, 2021 B09.04 – July 2018 B09.03 - April 1, 2016 B09.02 – May 2011 B09.01 – March 2009		
Approved:			
	Yvonne Strader, RN, BSN, BSPA, MHA Chair Nursing Care Quality Assurance Commission (NCQAC)		

PURPOSE:

The purpose of this procedure is to define the process for an advanced registered nurse practitioner (ARNP) applicant who requests an exemption from the prescriptive authority requirements; or an applicant who requests an exemption from the educational preparation requirement; or who requests an exemption related to an emergency or permanent change in rules.

WAC 246-840-410 allows an ARNP applicant to request an exception to the 30 hours of continuing education in pharmacotherapeutics, if they provide evidence of at least two hundred fifty hours of advanced clinical practice in an ARNP role with prescriptive authority in their scope of practice within the two years prior to application for prescriptive authority.

WAC 246-840-342 requires applicants applying for endorsement to Washington State to submit proof of a graduate degree from an advanced nursing education program accredited by a national nursing accreditation body recognized by the United States Department of Education. However, National Council of State Boards of Nursing's (NCSBN) has established a grandfathering provision within the Consensus Model for APRN (Washington State uses ARNP) Regulation. An ARNP applicant may qualify for an exemption to the educational requirement if the requirements of the grandfathering provision are met by the nurse.

Keeping the regulations current in rapidly changing practice environments require frequent rule changes and adjustments to prevent unnecessary barriers to practice. There may be unintended and/or unanticipated consequences of rule changes regarding applicant exemption requests.

PROCEDURE:

I. Exemption Requests for the Prescriptive Authority Requirements.

A. Applicants requesting prescriptive authority must submit evidence of thirty hours of education in pharmacotherapeutics related to their scope of practice. The applicant may request an exemption to this requirement if the applicant has been actively practicing in another state with independent practice equivalent to Washington State with prescriptive authority, within two years of applying for ARNP licensure in Washington State. The applicant must also submit a copy of their Drug Enforcement Administration (DEA) license reflecting schedules 2-5.

B. Licensing ARNP review staff reviews the following as evidence for an exemption request:

1. Verification of an ARNP license in another state with prescriptive authority.
2. Copy of their Drug Enforcement Administration (DEA) license reflecting schedules 2-5.
3. Verification of at least two hundred and fifty hours of independent ARNP practice with prescriptive authority within the last two years.

C. Licensing ARNP review staff forward the application with the exemption request to the licensing manager for approval or denial. The licensing manager determines prescriptive authority equivalence to Washington State. According to states with equivalent scope of practice, the manager informs the licensing ARNP review staff of the decision with a signed document which stays with the application file.

1. Approval: Licensing ARNP review staff forwards the application to the final review desk for licensure.
2. Denial: Licensing ARNP review staff notifies the applicant that the exception request was not granted and provides the reasoning for the denial.
3. Requires more input: Licensing ARNP review staff forwards the application to the Advanced Practice Panel (AP) for further consideration. The AP Panel is made up of; two AP Commission members; one additional pro-tem Commission member with expertise, when possible, in the practice area of the applicant; and the Director of Advanced Practice.

II. Exemption Requests for ARNP Educational Requirement for Licensure by Endorsement.

A. Applicants applying for endorsement to Washington State must submit proof of a graduate degree from an advanced nursing education program accredited by a national nursing accreditation body recognized by the United States Department of Education. An applicant may request an exemption to this requirement if the applicant has been actively practicing in another state as an ARNP and meets the grandfathering provision from National Council of State Boards of Nursing's (NCSBN) Consensus Model for APRN Regulation stating the following:

"If an APRN applies for licensure by endorsement in another state, the APRN would be eligible for licensure if s/he demonstrates that the following criteria have been met:

1. *Current, active practice in the advanced role and population focus area,*
2. *Current active, national certification or recertification, as applicable, in the advanced role and population focus area,*
3. *Compliance with the APRN educational requirements of the state in which the APRN is applying for licensure that were in effect at the time the APRN completed his/her APRN education program, and*
4. *Compliance with all other criteria set forth by the state in which the APRN is applying for licensure (e.g., recent CE, RN licensure)."*

B. Licensing ARNP review staff forward the application with the exemption request to the NCQAC Director of Advanced Practice for approval or denial. The Director of Advanced Practice reviews the application to determine if the educational preparedness of an ARNP applicant meets the grandfathering provision of the APRN consensus Model.

C. The Director of Advanced Practice informs the licensing ARNP review staff of the decision with an email which stays with the application file.

1. Approval: Licensing ARNP review staff forwards the application to the final review desk for licensure.

2. Denial: After a decision is made, the ARNP review desk notifies the applicant of the decision and reasoning.
3. Requires more input: Licensing ARNP review staff forwards the application to the AP Panel for further consideration. The AP Panel is made up of; two Advanced Practice Commission members; one additional pro-tem Commission member with expertise, when possible, in the practice area of the applicant; and the Director of Advanced Practice.

III. Exemption Request Due to Unintended and/or Unanticipated Consequences of Rule Changes

A. Applicants applying for licensure in Washington State must meet requirements as applicable in WAC 236-840-340, 360, 365, 367 during the application process.

B. An applicant may request an exemption to a WAC requirement if the applicant can document unintended or unanticipated consequences of a rule change creating barriers to practice in Washington State.

C. Licensing ARNP review staff forward the complete application, with the exemption request, to the NCQAC Director of Advanced Practice for approval or denial.

D. The Director of Advanced Practice informs the licensing ARNP review staff of the decision with an email which stays with the application file.

1. Approval: Licensing ARNP review staff forwards the application to the final review desk for licensure.
2. Requires AP Panel Review: Licensing ARNP review staff forwards the application to the AP Panel for further consideration. The AP Panel is made up of two Advanced Practice Commission members; one additional pro-tem Commission member with expertise, when possible, in the practice area of the applicant; a staff attorney; and the Director of Advanced Practice.
3. After a decision is made by the AP Panel, the ARNP review desk notifies the applicant of the decision and reasoning.

DEPARTMENT OF HEALTH
NURSING CARE QUALITY ASSURANCE COMMISSION
PROCEDURE

Title:	Advanced Registered Nurse Practitioner (ARNP) Application Exemption Requests	**Number:**	B09.06
Reference:	WAC 246-840-340 WAC 246-840-360 WAC 246-840-365 WAC 246-840-367 WAC 246-840-410 WAC 246-840-342 NCSBN's Consensus Model for APRN Regulation		
Author:	Amber Zawislak Assistant Director of Licensing Nursing Care Quality Assurance Commission		
Effective Date:		**Date for Review**:	March 10, 2025
Supersedes:	B09.05 – March 12, 2021 B09.04 – July 2018 B09.03 - April 1, 2016 B09.02 – May 2011 B09.01 – March 2009		
Approved:			
	Yvonne Strader, RN, BSN, BSPA, MHA Chair Nursing Care Quality Assurance Commission (NCQAC)		

Commented [KBL(1)]: Links rearranged and checked.

PURPOSE:

The purpose of this procedure is to define the process for an advanced registered nurse practitioner (ARNP) applicant who requests an exemption from the prescriptive authority requirements; or an applicant who requests an exemption from the educational preparation requirement; or who requests an exemption related to an emergency or permanent change in rules.

WAC 246-840-410 allows an ARNP applicant to request an exception to the 30 hours of continuing education in pharmacotherapeutics, if they provide evidence of at least two hundred fifty hours of advanced clinical practice in an ARNP role with prescriptive authority in their scope of practice within the two years prior to application for prescriptive authority.

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Keeping the regulations current in rapidly changing practice environments require frequent rule changes and adjustments to prevent unnecessary barriers to practice. There may be unintended and/or unanticipated consequences of rule changes ~~that may qualify an applicant for an exemption.~~regarding applicant exemption requests.

Commented [KBL(2]: Changed phrasing to clarify the sentence.

PROCEDURE:

Commented [KBL(3]: Formatting corrected from this point forward.

I. Exemption Requests for the Prescriptive Authority Requirements.

A. Applicants requesting prescriptive authority must submit evidence of thirty hours of education in pharmacotherapeutics related to their scope of practice. The applicant may request an exemption to this requirement if the applicant has been actively practicing in another state with independent practice equivalent to Washington State with prescriptive authority, within two years of applying for ARNP licensure in Washington State. The applicant must also submit a copy of their Drug Enforcement Administration (DEA) license reflecting schedules 2-5.

B. Licensing ARNP review staff reviews the following as evidence for an exemption request:

1. Verification of an ARNP license in another state with prescriptive authority.
2. Copy of their Drug Enforcement Administration (DEA) license reflecting schedules 2-5.
3. Verification of at least two hundred and fifty hours of independent ARNP practice with prescriptive authority within the last two years.

C. Licensing ARNP review staff forward the application with the exemption request to the licensing manager for approval or denial. The licensing manager determines prescriptive authority equivalence to Washington State. According to states with equivalent scope of practice, the manager informs the licensing ARNP review staff of the decision with a signed document which stays with the application file.

1. Approval: Licensing ARNP review staff forwards the application to the final review desk for licensure.
2. Denial: Licensing ARNP review staff notifies the applicant that the exception request was not granted and provides the reasoning for the denial.
3. Requires more input: Licensing ARNP review staff forwards the application to the Advanced Practice Panel (AP) for further consideration. The AP Panel is made up of; two AP Commission members; one additional pro-tem Commission member with expertise, when possible, in the practice area of the applicant; and the Director of Advanced Practice.

II. Exemption Requests for ARNP Educational Requirement for Licensure by Endorsement.

A. Applicants applying for endorsement to Washington State must submit proof of a graduate degree from an advanced nursing education program accredited by a national nursing accreditation body recognized by the United States Department of Education. An applicant may request an exemption to this requirement if the applicant has been actively practicing in another state as an ARNP and meets the grandfathering provision from National Council of State Boards of Nursing's (NCSBN) Consensus Model for APRN Regulation stating the following:

"If an APRN applies for licensure by endorsement in another state, the APRN would be eligible for licensure if s/he demonstrates that the following criteria have been met:

1. *Current, active practice in the advanced role and population focus area,*
2. *Current active, national certification or recertification, as applicable, in the advanced role and population focus area,*
3. *Compliance with the APRN educational requirements of the state in which the APRN is applying for licensure that were in effect at the time the APRN completed his/her APRN education program, and*
4. *Compliance with all other criteria set forth by the state in which the APRN is applying for licensure (e.g., recent CE, RN licensure)."*

B. Licensing ARNP review staff forward the application with the exemption request to the NCQAC Director of Advanced Practice for approval or denial. The Director of Advanced Practice reviews the application to determine if the educational preparedness of an ARNP applicant meets the grandfathering provision of the APRN consensus Model.

C. The Director of Advanced Practice informs the licensing ARNP review staff of the decision with an email which stays with the application file.

1. Approval: Licensing ARNP review staff forwards the application to the final review desk for licensure.

2. Denial: After a decision is made, the ARNP review desk notifies the applicant of the decision and reasoning.
3. Requires more input: Licensing ARNP review staff forwards the application to the AP Panel for further consideration. The AP Panel is made up of; two Advanced Practice Commission members; one additional pro-tem Commission member with expertise, when possible, in the practice area of the applicant; and the Director of Advanced Practice.

III. Exemption Request Due to Unintended and/or Unanticipated Consequences of Rule Changes

A. Applicants applying for licensure in Washington State must meet requirements as applicable in WAC 236-840-340, 360, 365, 367 during the application process.

B. An applicant may request an exemption to a WAC requirement if the applicant can document unintended or unanticipated consequences of a rule change creating barriers to practice in Washington State.

C. Licensing ARNP review staff forward the complete application, with the exemption request, to the NCQAC Director of Advanced Practice for approval or denial.

D. The Director of Advanced Practice informs the licensing ARNP review staff of the decision with an email which stays with the application file.

1. Approval: Licensing ARNP review staff forwards the application to the final review desk for licensure.
2. Requires AP Panel Review: Licensing ARNP review staff forwards the application to the AP Panel for further consideration. The AP Panel is made up of two Advanced Practice Commission members; one additional pro-tem Commission member with expertise, when possible, in the practice area of the applicant; a staff attorney; and the Director of Advanced Practice.
3. After a decision is made by the AP Panel, the ARNP review desk notifies the applicant of the decision and reasoning.

DEPARTMENT OF HEALTH
NURSING CARE QUALITY ASSURANCE COMMISSION
PROCEDURE

Title:	Nursing Technician not in Good Standing or Taking Approved Leave	**Number:**	B15.03
Reference:	RCW 18.79.340 Nursing Technicians RCW 18.79.370 Nursing Technicians-Registration Renewal RCW 70.41 Hospital Licensing and Regulation RCW 18.51 Nursing Homes WAC 246-840-010 Definitions WAC 246-840-900 Functions of the Nursing Program		
Author:	Amber Zawislak-Bielaski, MPH Assistant Director of Licensing Washington State Nursing Care Quality Assurance Commission (NCQAC)		
Effective Date:	TBD	**Date for Review:**	January 2025
Supersedes:	B15.02 – April 16, 2019 B15.01 – September 9, 2011		
Approved:	Chair of NCQAC Washington State Nursing Care Quality Assurance Commission		

PURPOSE:

This procedure establishes the process to use when a Nursing Technician (NTEC) is not in good standing with the nursing education program as defined in WAC 246-840-010 or taking approved leave from the nursing education program qualifying the student to receive the NTEC registration while enrolled in the program. Qualified nursing students may work as a NTEC as defined in WAC 246-840-010 and WAC 246-840-860. The nursing education program personnel determines a the student is not in good standing or taking approved leave from the nursing education program and must notify the Nursing Care Quality Assurance Commission (NCQAC) and employer of the NTEC.

PROCEDURE:

I. The nursing education program notifies the NCQAC of the NTEC no longer being eligible for an NTEC if the student is:

A. No longer in good standing.
B. On a leave of absence from the nursing education program.

II. NCQAC licensing staff changes the NTEC status to "inoperable" status in the licensing database when informed by the nursing education program that the NTEC is not in good standing or on a leave of absence from the program.

III. The NTEC status will remain "inoperable" until the nursing education program provides the NCQAC with verification that the nursing student has either:

A. Returned to good standing.
B. Is no longer on a leave of absence from the nursing education program and has resumed their program of study.

IV. NCQAC licensing staff changes the NTEC status to "active" or "active not renewable" after receiving the following requirements:

A. Verification of good standing or reenrollment directly from the nursing education program.
B. A new education verification form with an updated graduation date (if applicable).
C. A new employment verification form from the current employer.
D. NTEC renewal payment if required. The expiration date will be adjusted in the licensing database to thirty days past the new graduation date (if applicable).

DEPARTMENT OF HEALTH
NURSING CARE QUALITY ASSURANCE COMMISSION
PROCEDURE

Title:	Nursing Technician not in Good Standing or Taking Approved Leave	**Number:**	B15.03
Reference:	RCW 18.79.340 Nursing Technicians RCW 18.79.370 Nursing Technicians-Registration Renewal RCW 70.41 Hospital Licensing and Regulation RCW 18.51 Nursing Homes WAC 246-840-010 Definitions WAC 246-840-900 Functions of the Nursing Program		
~~Contact~~**Author:**	~~Teresa Corrado, Licensing Manager~~Amber Zawislak-Bielaski, MPH Assistant Director of Licensing Washington State Nursing Care Quality Assurance Commission (NCQAC)		
Effective Date:	TBD	**Date for Review~~ed~~:**	~~April 16, 2019~~January 2025
Supersedes:	B15.02 – April 16, 2019 B15.01 – September 9, 2011		
Approved:	~~Tracy Rude, LPN~~ Chair of NCQAC Washington State Nursing Care Quality Assurance Commission		

PURPOSE:

This procedure establishes the process to use when a Nursing Technician (NTEC) is not in good standing with the nursing education program as defined in WAC 246-840-010 or taking approved leave from the nursing education program qualifying the student to receive the NTEC registration while enrolled in the program.

~~**Overview**~~

~~QA q~~ualified nursing students may work as a NTEC as defined in WAC 246-840-010 and WAC 246-840-860. ~~-~~The nursing education program personnel determines a~~if~~ the student is not in good standing or taking approved leave from the nursing education program and must notify the Nursing Care Quality Assurance Commission (NCQAC) and employer of the NTEC. ~~A student, who completed the first term in a registered nursing education program approved by the Nursing Care Quality Assurance Commission (NCQAC), may be eligible to receive a NT. The applicant~~

~~must submit a completed application with required fees to the NCQAC with the portion of the application signed and approved by appropriate nursing education program personnel and their prospective employer qualified under RCW 70.41, or RCW 18.51. The student no longer qualifies for NT registration if the student is not in good standing or taking approved leave from the nursing program.~~

PROCEDURE:

I. The nursing education program ~~is responsible for notifying~~ notifies the NCQAC of the NTEC no longer being eligible for an NTEC if the student is:

A. No~~not~~ longer in good standing.
B. On ~~or on~~ a leave of absence from the nursing education program ~~or if a student regains their good standing status.~~.

~~Not in Good Standing~~

II. NCQAC ~~assigned~~licensing staff ~~enter the registration into the~~changes the NTEC status to ~~Integrated Licensing and Regulatory System (ILRS) as an~~ "inoperable" status in the licensing database when informed by the nursing education program that the NTEC is not in good standing or on a leave of absence from the program. ~~with their nursing program.~~

III. The NTEC status will remain "inoperable" until the nursing education program provides the NCQAC with verification that the nursing student has either:

A. Returned to good standing.
B. Is no longer on a leave of absence from the nursing education program and has resumed their program of study.

IV. NCQAC licensing staff changes the NTEC status to "active" or "active not renewable" after receiving the following requirements:

A. Verification of good standing or reenrollment directly from the nursing education program.
B. A new education verification form with an updated graduation date (if applicable).
C. A new employment verification form from the current employer.
~~A.~~D. NTEC renewal payment if required. The expiration date will be adjusted in the licensing database to thirty days past the new graduation date (if applicable).

~~B. Reactivation~~

1. The nursing program must submit a letter to the NCQAC stating the student regains their good standing status in order to have the credential considered for re-activation. The letter must list a change in graduation date (if applicable).
2. The student must submit a new application to the NCQAC to update the nursing program, employment agreement, and application attestation. An application fee is waived unless, during the transition, the registration requires renewal. The expiration date will be adjusted in ILRS to thirty days past the new graduation date (if applicable).

Approved Leave

A. The NT, taking approved leave from their nursing program, must review the program and employer agreement with their nursing program director.

B. The nursing program must submit a letter to the NCQAC stating the circumstances of the leave and acknowledgement the student understands they cannot practice under their license during the absence from the program. There will be no change in the status of the credential.

C. Reactivation

1. The nursing program must submit a letter to the NCQAC stating the student regains their good standing status in order to have the credential considered for re-activation. The letter must list a change in graduation date (if applicable).
3. The student must submit a new application to the NCQAC to update the nursing program, employment agreement, and application attestation. The new application must include the new graduation date. An application fee is waived unless, during the transition, the registration requires renewal. The expiration date will be adjusted in ILRS to thirty days past the new graduation date (if applicable).

WAC 246-840-030 Initial licensure for registered nurses and practical nurses—Out-of-state traditional nursing education program approved by another United States nursing board.

Registered nursing and practical nursing applicants educated in a traditional nursing education program approved by another United States nursing board and applying for initial licensure must:

(1) ~~(1)~~ Successfully complete a ~~board approved~~ nursing education program in another U.S. state, which~~.~~

(a) Is approved by the nursing board in that state, and

(b) Substantially meets requirements for nursing education approved in Washington state. The commission retains authority to evaluate and determine the sufficiency of academic preparation for all applicants.

(2) Applicants from a board approved registered nurse program who are applying for a practical nurse license:

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(a) Complete all course work required of board approved practical nurse programs as listed in WAC 246-840-575(2). Required courses not included in the registered nurse program may be accepted if the courses were obtained through a commission approved program.

(b) Be deemed as capable to safely practice within the scope of practice of a practical nurse by the nurse administrator of the applicant's nursing education program.

(3)~~(2)~~ Successfully pass the commission approved licensure examination as provided in WAC 246-840-050.

(4)~~(3)~~ Submit the following documents:

(a) A completed licensure application with the required fee as defined in WAC 246-840-990.

(b) An official transcript sent directly from the applicant's nursing education program to the commission. The transcript must include course names and credits accepted from other programs. The transcript must show:

(i) The applicant has graduated from an approved nursing program or has successfully completed the prelicensure portion of an approved graduate-entry registered nursing program; or

(ii) That the applicant has completed all course work required in a commission approved practical nurse program as listed in WAC 246-840-575(2).

(c) Applicants from a board approved registered nurse program who are applying for a practical nurse license must also submit an attestation sent from the nurse administrator of the applicant's nursing education program indicating that the applicant is capable to safely practice within the scope of practice of a practical nurse.

[Statutory Authority: RCW 18.79.110, 18.88A.060 and 2020 c 76. WSR 21-04-016, § 246-840-030, filed 1/22/21, effective 2/22/21. Statutory Authority: RCW 18.79.110. WSR 08-11-019, § 246-840-030, filed 5/12/08, effective 6/12/08. Statutory Authority: Chapter 18.79 RCW. WSR 99-01-098, § 246-840-030, filed 12/17/98, effective 1/17/99. Statutory Authority: RCW 18.79.160. WSR 97-17-015, § 246-840-030, filed 8/8/97, effective 9/8/97.]

WAC 246-840-090 Licensure for nurses by interstate endorsement. Registered nurse and practical nurse applicants for interstate endorsement may be issued a license without examination provided the applicant meets the following requirements:

(1) The applicant graduated and holds a degree from:

(a) A commission or state board approved program preparing candidates for licensure as a nurse, which substantially meets requirements for nursing education approved in Washington state, as determined by the commission; or

(b) A nursing program that is equivalent to commission approved nursing education in Washington state at the time of graduation as determined by the commission.

(2) The applicant holds a current active nursing license in another state or territory, or holds an inactive or expired license in another state or territory and successfully completes a commission-approved refresher course.

(a) An applicant whose license was inactive or expired must be issued a limited education authorization by the commission to enroll in the clinical portion of the refresher course.

(b) The limited education authorization is valid only while working under the direct supervision of a preceptor and is not valid for employment as a registered nurse.

(3) The applicant was originally licensed to practice as a nurse in another state or territory after passing the National Council Licensure Examination (NCLEX).

(4) Applicants graduating from nursing programs outside the U.S. must demonstrate English proficiency by passing a commission approved English proficiency test if the nursing education is not in one of the following countries: Canada (except for Quebec), United Kingdom, Ireland, Australia, New Zealand, American Samoa, Guam, Northern Mariana Islands, and U.S. Virgin Islands, or complete one thousand hours of employment as a licensed nurse in another state, or provide evidence directly from the school of earning a high school diploma or college degree from a United States institution.

The one thousand hours of employment must be in the same licensed role as the nurse is applying for licensure in Washington state. Proof of employment must be submitted to the commission.

(5) For RNs: If the applicant is a graduate of a nontraditional nursing education program and:

(a) Was licensed as a practical/vocational nurse prior to licensure as a registered nurse, the applicant must submit evidence of two hundred hours of preceptorship in the role of a registered nurse as defined in WAC 246-840-035, or at least one thousand hours of practice as a registered nurse without discipline of the registered nurse license by any other state or territory.

(b) Was not licensed as a practical/vocational nurse prior to licensure as a registered nurse, the applicant must submit evidence of at least one thousand hours of practice as a registered nurse without discipline of the registered nurse license by any other state or territory.

(6) Applicants must submit the following documents:

(a) A completed licensure application with the required fee as defined in WAC 246-840-990.

(b) An official transcript sent directly from the applicant's nursing education program to the commission if the education cannot be verified from the original board of nursing, or commission-approved evaluation agency.

(i) The transcript must contain adequate documentation demonstrating that the applicant graduated from an approved nursing program or successfully completed the prelicensure portion of an approved graduate-entry registered nursing program.

(ii) The transcripts shall include course names and credits accepted from other programs.

(c) Verification of an original registered or practical nurse license from the state or territory of original licensure. The verification must identify that issuance of the original licensure included passing the NCLEX.

(d) For applicants educated outside the United States and in territories or countries not listed in subsection (4) of this section, successful results of a commission approved English proficiency exam, or, evidence of one thousand hours worked as a nurse.

(e) For RNs: If the applicant is a graduate of a nontraditional program in nursing and:

(i) Was licensed as a practical/vocational nurse prior to licensure as a registered nurse, the applicant must submit

documentation of two hundred hours of preceptorship in the role of a registered nurse as defined in WAC 246-840-035 or at least one thousand hours of practice as a registered nurse without discipline of the registered nurse license by any other state or territory.

(ii) Was not licensed as a practical/vocational nurse prior to licensure as a registered nurse, the applicant must submit documentation of at least one thousand hours of practice as a registered nurse without discipline of the registered nurse license by any other state or territory.

[Statutory Authority: RCW 18.79.110, 18.88A.060 and 2020 c 76. WSR 21-04-016, § 246-840-090, filed 1/22/21, effective 2/22/21. Statutory Authority: RCW 18.79.010, 18.79.110, 18.79.150, 18.79.190, and 18.79.240. WSR 16-17-082, § 246-840-090, filed 8/17/16, effective 9/17/16. Statutory Authority: RCW 18.79.110. WSR 08-11-019, § 246-840-090, filed 5/12/08, effective 6/12/08; WSR 99-13-086, § 246-840-090, filed 6/14/99, effective 7/15/99. Statutory Authority: RCW 43.70.280. WSR 98-05-060, § 246-840-090, filed 2/13/98, effective 3/16/98. Statutory Authority: Chapter 18.79 RCW. WSR 97-13-100, § 246-840-090, filed 6/18/97, effective 7/19/97.]

Education Sub-Committee Meeting

Tuesday, January 31, 2023

Nursing Assistant Programs
Kathy Moisio, PhD, RN – Director
Amy Murray, MSN,RN -- Nurse Consultant
Marlin Galiano, MN,RN – Nurse Consultant

1

Topics

- **Topic #1** – Timeline considerations for nursing assistants who pass the state exam but delay certification
- **Topic #2** - Language considerations for the nursing assistant written (or oral) exam

2

The Nursing Assistant Exam

- In Washington, nursing assistant exam is called the National Nurse Aide Assessment Program or NNAAP®
- The NNAAP® is ". . . an examination program designed to determine minimal competency to become a certified nursing assistant . . . " (Candidate Handbook, p. 1)
- The NNAAP® exam consists of a written (or knowledge) test and a skills test.

wa-handbook.pdf (credentia.com)

3

National Council of State Boards of Nursing

NCSBN® is dedicated to developing psychometrically sound and legally defensible nurse licensure and certification examinations consistent with current practice*

*NCLEX & Other Exams | NCSBN

- The NNAAP was developed by NCSBN®
- NCSBN® also developed the National Council Licensure Examination (NCLEX®) for registered and practical nurses

4

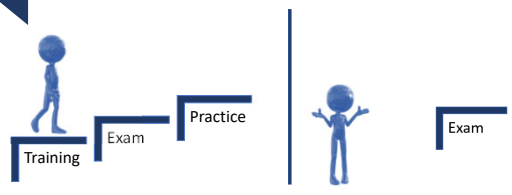
The Exam in Context

Because the exam is designed to determine minimal competency for nursing assistants entering the field . . .

Questions relating to the exam--by extension--are questions relating to the training that precedes the exam and the practice that follows it

5

The Exam in Context



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RCW 18.88A.010 Legislative Declaration

"The quality of patient care in health care facilities is dependent upon the competence of the personnel who staff their facilities."

"To assure the availability of trained personnel in health care facilities the legislature recognizes the need for training programs for nursing assistants."

7

RCW 18.88A.060 Commission—Powers

"Determine minimum nursing assistant education requirements and approve training programs . . . "

"Prepare, grade, and administer, or determine the nature of, and supervise the grading and administration of, the competency evaluation for applicants for nursing assistant certification . . . "

"Adopt rules to enable it to carry into effect the provisions of this chapter."

8

Commission Purpose

RCW 18.79.010 Purpose.

"It is the purpose of the nursing care quality assurance commission to regulate the competency and quality of professional health care providers under its jurisdiction . . . ."

"Rules, policies, and procedures developed by the commission must promote the delivery of quality health care to the residents of the state of Washington."

9

Topics

- **Topic #1** – Timeline considerations for nursing assistants who pass the state exam but delay certification
- **Topic #2** - Language considerations for the nursing assistant written (or oral) exam

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Two Topics, One Proposal

Topic → NAPAP → Education Sub-Committee → Nursing Commission → Strategic Plan

11

Timeline Considerations:

Nursing Assistant Testing-to-Certification Gap

Amy Murray, MSN, RN
Nurse Consultant

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Example: Junie's Story

- She completed nursing assistant training and passed the state exam in 2010
- Then she decided to work in retail instead
- She didn't apply for her nursing assistant certification until 2020 when she made a career change due to the pandemic
- She received her certification without delay and began working in an adult family home

13

Junie's Story

The question to explore in Junie's story is readiness for safe practice as a nursing assistant ten years after completing training and testing

Now let's compare Junie's situation with examples of two of her classmates, which also raise questions about timelines for nursing assistants …

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Roberto and Ramona

- Roberto and Ramona are twins. In 2010, they completed the same program as Junie and also passed the state exam
- For the next 8 years, they both worked as nursing assistants—Roberto in a hospital, and Ramona in a nursing home
- Roberto and Ramona both left the field to help their parents with the family business; they stayed for four years until their parents retired
- When Roberto and Ramona attempted to return to their former jobs as nursing assistants, here's what happened …

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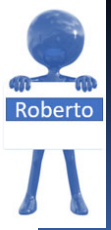
Roberto

- Roberto had not renewed his nursing assistant credential each year while he worked for his parents
- Because his credential had lapsed for three years—even though he had 8 years of work experience as a nursing assistant--Roberto had to start over and re-train and re-test in order to become certified again



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Ramona

- Ramona did renew her credential each year while she worked for her parents
- With her active certification, she re-applied for her position at the nursing home
- Unfortunately, per federal regulations, she had to re-test to work in a nursing home, even though she was certified
- She learned she had to pass the test on first attempt; if she didn't, then she would have to re-train and re-test

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Junie, Roberto, & Ramona Got Together . . .

18

Confusing?

Absolutely

Unfortunately, these types of situations are very real for nursing assistants trying to navigate the system every day

19

The Main Question

We can see that clearer and more consistent timeline standards for nursing assistants would be helpful

But the main question before us is:

What would the standard be in these various situations to support safe nursing assistant practice in all care settings . . . without creating unnecessary barriers to entry and re-entry into practice?

20

As Very Preliminary Information . . .

We know from the literature that "skill decay"--or the decrease in ability to perform skills after a significant period of non-use—is real, and . . .
(Maehle, 2017; Arthur et al. 2009)

We know that nursing students who delay taking the NCLEX are at higher risk for failing the exam . . .
(Kaminsky-Ozturk et al., 2022)

21

Conclusion

But we think this topic is complex, requires thorough exploration, and may be best addressed via the Strategic Planning process

22

Discussion Time

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Language Considerations:

The Nursing Assistant Written (or Oral) Exam

Marlin Galiano MN, RN
Nurse Consultant

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Washington Administrative Code

WAC 246-841-400(7)(a). Communication and interpersonal skills.

"A nursing assistant uses communication and interpersonal skills effectively to function as a member of the nursing team. A nursing assistant:

Reads, writes, speaks, and understands English at the level necessary for performing duties of the nursing assistant."

25

NCSBN Research Brief

"Care provided by certified entry-level nurse aides/nursing assistants (NAs) . . . directly impacts client safety and influences the quality of care provided by licensed nurses."

*15_2014NNAAP_Job_Analysis_vol65.pdf (ncsbn.org) (p.1)

26

Nursing Assistant Competency Areas

- Communication and Interpersonal Skills
- Basic Nursing Skills
- Mental and Social Service Needs
- Care of Individuals Experiencing Cognitive Impairment
- Basic Restorative Services
- Resident Rights and Promotion of Independence

42 CFR §483.152(b) and WAC 246-841-400

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Nursing Assistant Competencies

Examples Include:

- Using terminology accepted in the health care setting to record and report observations and pertinent information
- Appropriately recording and reporting observations, actions, and information accurately and timely, including abnormal changes in body functioning
- Explaining policies and procedures before and during care
- Recognizing, responding to and reporting client's or resident's emotional, social, cultural, and mental health needs

42 CFR §483.152(b) and WAC 246-841-400

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Nursing Assistant Competencies

Examples Include:

- Training the client or resident in self-care according to their capabilities
- Participating in care planning and nursing reporting process
- Reporting client or resident concerns and giving assistance in resolving grievances and disputes
- Reporting instances of neglect, abuse, exploitation or abandonment

42 CFR §483.152(b) and WAC 246-841-400

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Main Questions

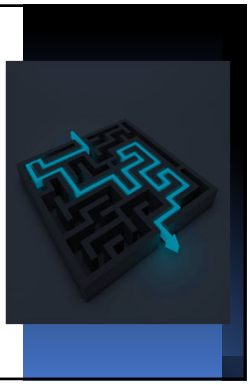
- We see that language skills are central to the role of nursing assistants
- We know that we have English language learners who report the state certification exam is a challenge for them
- **What can we do to better support these students with the language skills they need for their important role as nursing assistants and beyond into nursing** . . . not only for the exam--but throughout their education, for the exam, and—most importantly—for practice?

30

Main Questions

- **What are the maximally effective policies, programs, and approaches we can adopt for smooth entry into nursing by English language learners?**
- The answers to these questions are essential for assuring quality care for the people of Washington . . . because they lead us on the path to a maximally inclusive profession . . . reflective of our population . . . with corresponding diversity at all levels of nursing.

How do we achieve this?



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Existing Language Supports

- The LTC Workforce Development Steering Committee identified some beginning recommendations for language supports, which are now in process
- NCSBN® offers the written exam in an oral format and provides a self-assessment reading test to determine if this format would be helpful
- NCSBN® has also developed Spanish language supports for testing
- I-BEST (or Integrated Basic Education and Skills Training Programs)

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We Can Do More

While these examples are encouraging, there is much room to explore additional ways to optimize supports for English language learners to prepare them for safe practice as nursing assistants . . . and beyond

We believe this work is multi-faceted, deserves focused exploration, and may be addressed most effectively through our Strategic Planning process

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Discussion Time

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Thank You

We appreciate your time and consideration of these important topics

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Fred Hutch Cancer Center

Innovations in Understanding and Employing Stem Cells in Health Care
Presentation to Nursing Commission March 10, 2023

Kathleen Shannon Dorcy, PhD, RN, FAAN
Director of Research, Scholarship & Program Development
Fred Hutchinson Cancer Center

Land Acknowledgement

Fred Hutchinson Cancer Center acknowledges the Coast Salish peoples of this land, the land which touches the shared waters of
all tribes and bands within the Duwamish, Puyallup, Suquamish, Tulalip and Muckleshoot nations.

1. Review the immune system
2. Discuss the history of stem cells treatments
3. Understand the potential benefits and toxicities of stem cells

Immune System- a Brief Overview

“Immunity is your body's defense against foreign organisms. Taking care of yourself will help your immune system take care of you.”

FRED HUTCH MILESTONES

1975
Open our doors

1979
Performed first successful bone marrow transplant with unrelated donor

1982
Established cancer prevention program

1990
Dr. E. Donnall Thomas awarded Nobel Prize

1992
Made discoveries that laid the groundwork for today's HPV vaccines

1994
Moved to South Lake Union campus

1998
Formed

2000
Headquartered at Fred Hutch

2001
Dr. Lee Hartwell awarded Nobel Prize

2002
Demonstrated link between hormone therapy and breast cancer

2004
Formed partnership with Uganda Cancer Institute

2004
Dr. Linda Buck awarded Nobel Prize

2008
Achieved long-term remission in advanced melanoma with T-cell immunotherapy

2009
Launched

2013
Launched

2016
Opened Bezos Family Immunotherapy Clinic

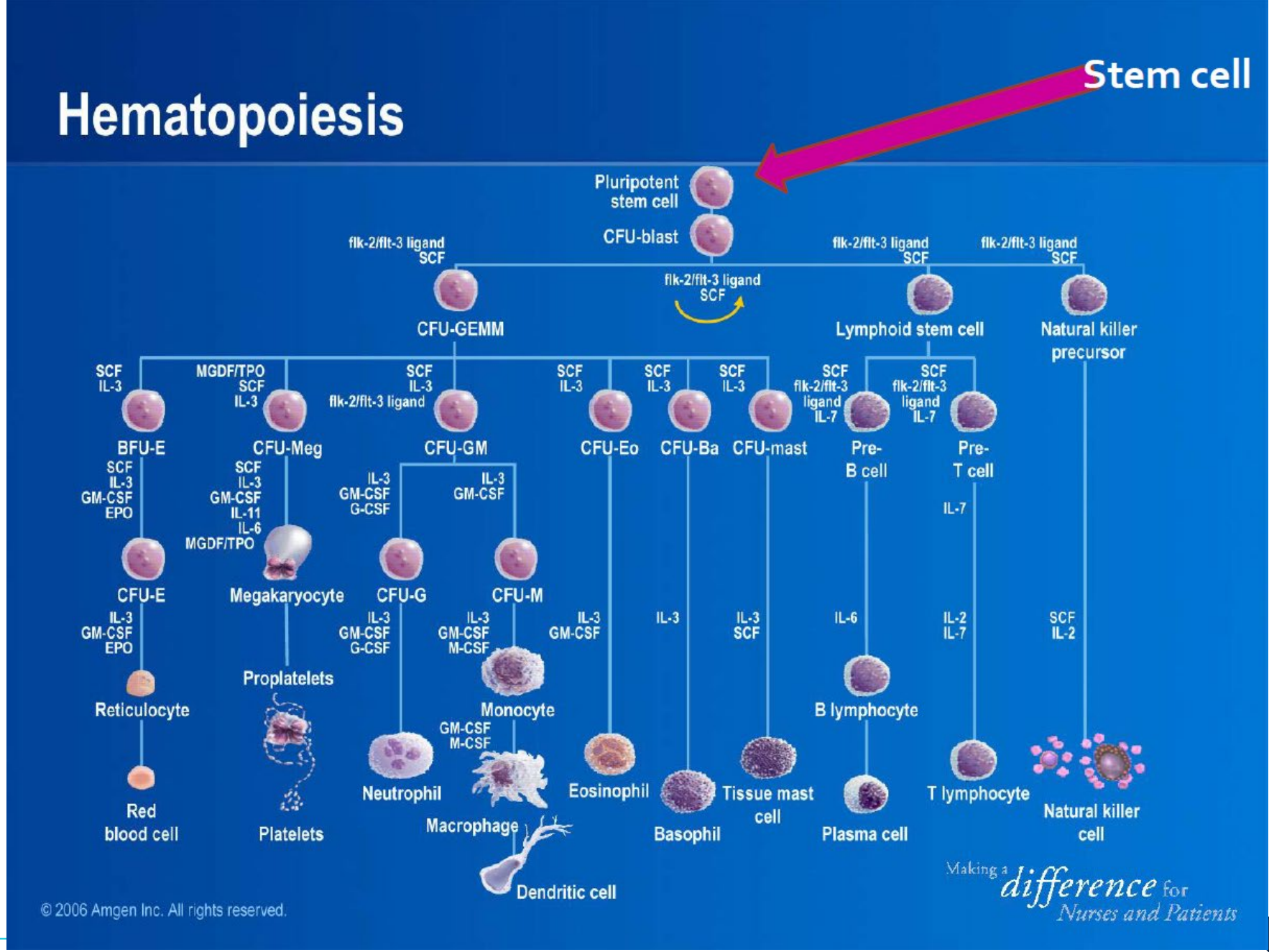
2017
Brotman Baty Institute

2021
Intent to establish FHCC

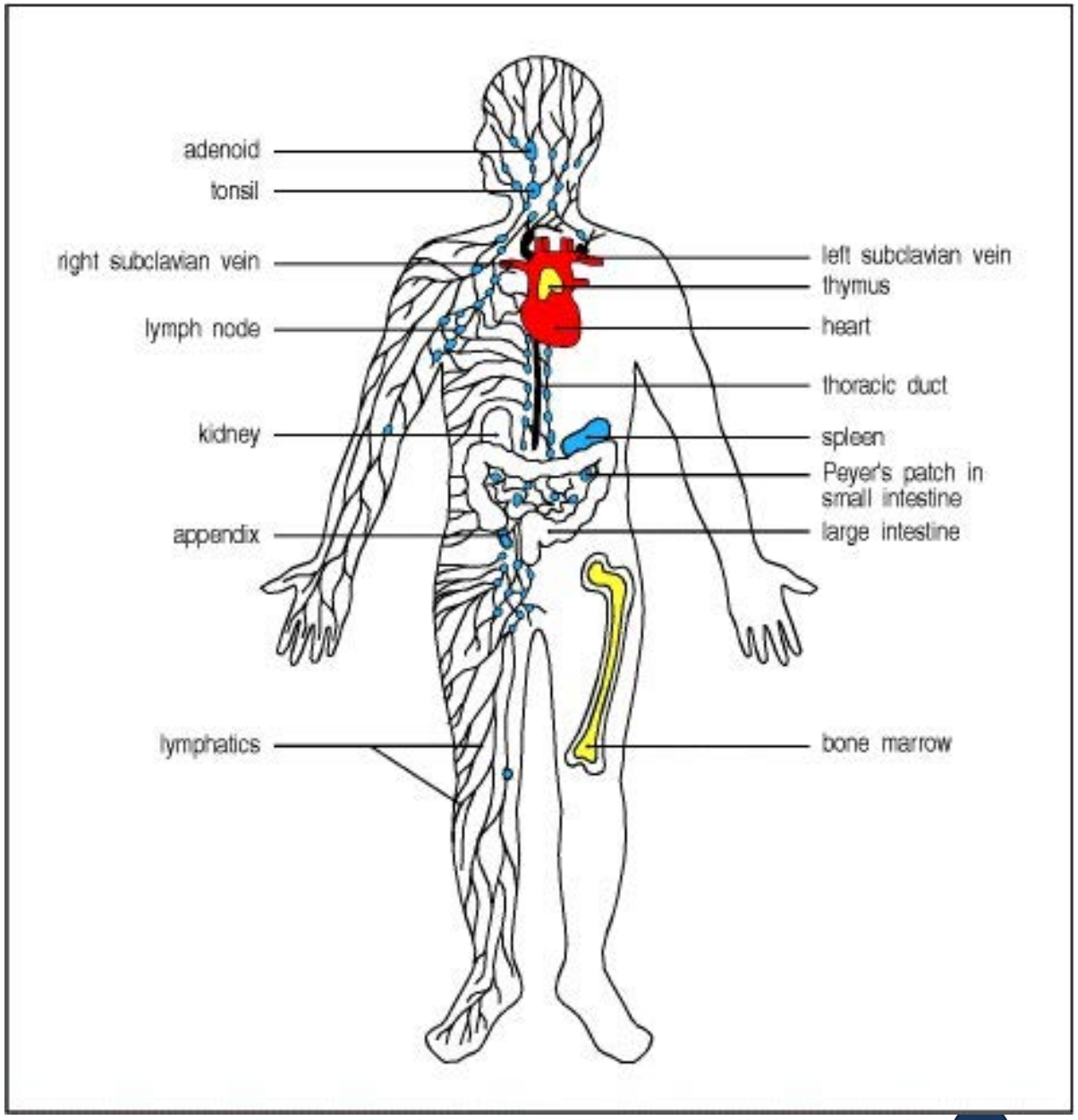
What are Stem Cells?

- “Stem cells have the remarkable potential to renew themselves. They can develop into many different cell types in the body during early life and growth. Researchers study many different types of stem cells. There are several main categories: the “pluripotent” stem cells (embryonic stem cells and induced pluripotent stem cells) and nonembryonic or somatic stem cells (commonly called “adult” stem cells). Pluripotent stem cells have the ability to differentiate into all of the cells of the adult body. Adult stem cells are found in a tissue or organ and can differentiate to yield the specialized cell types of that tissue or organ.”

- https://stemcells.nih.gov/info/basics/stc-basics/#stc-I


Hematopoiesis
Stem cell
Pluripotent stem cell
CFU-blast
flk-2/flt-3 ligand SCF
CFU-GEMM
Lymphoid stem cell
Natural killer precursor
BFU-E
CFU-Meg
CFU-GM
CFU-Eo
CFU-Ba
CFU-mast
Pre-B cell
Pre-T cell
CFU-E
Megakaryocyte
CFU-G
CFU-M
Reticulocyte
Proplatelets
Monocyte
B lymphocyte
Red blood cell
Platelets
Neutrophil
Macrophage
Eosinophil
Basophil
Tissue mast cell
Plasma cell
T lymphocyte
Natural killer cell
Dendritic cell
© 2006 Amgen Inc. All rights reserved.
Making a difference for Nurses and Patients

Lymphoid Tissue in the Body



Principles of Immunology

INNATE: IMMEDIATE CELLULAR DEFENSE

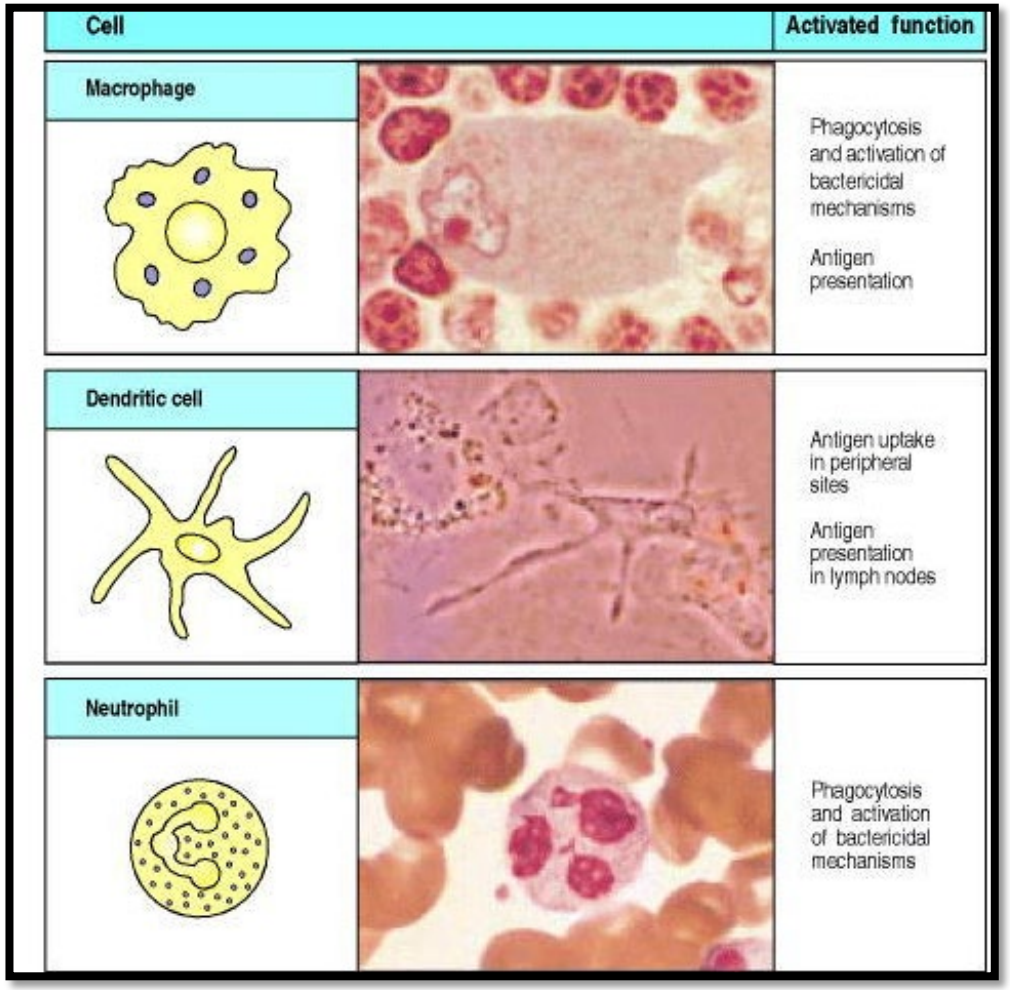
ADAPTIVE: LONG LASTING, HIGHLY SPECIFIC & CLONAL

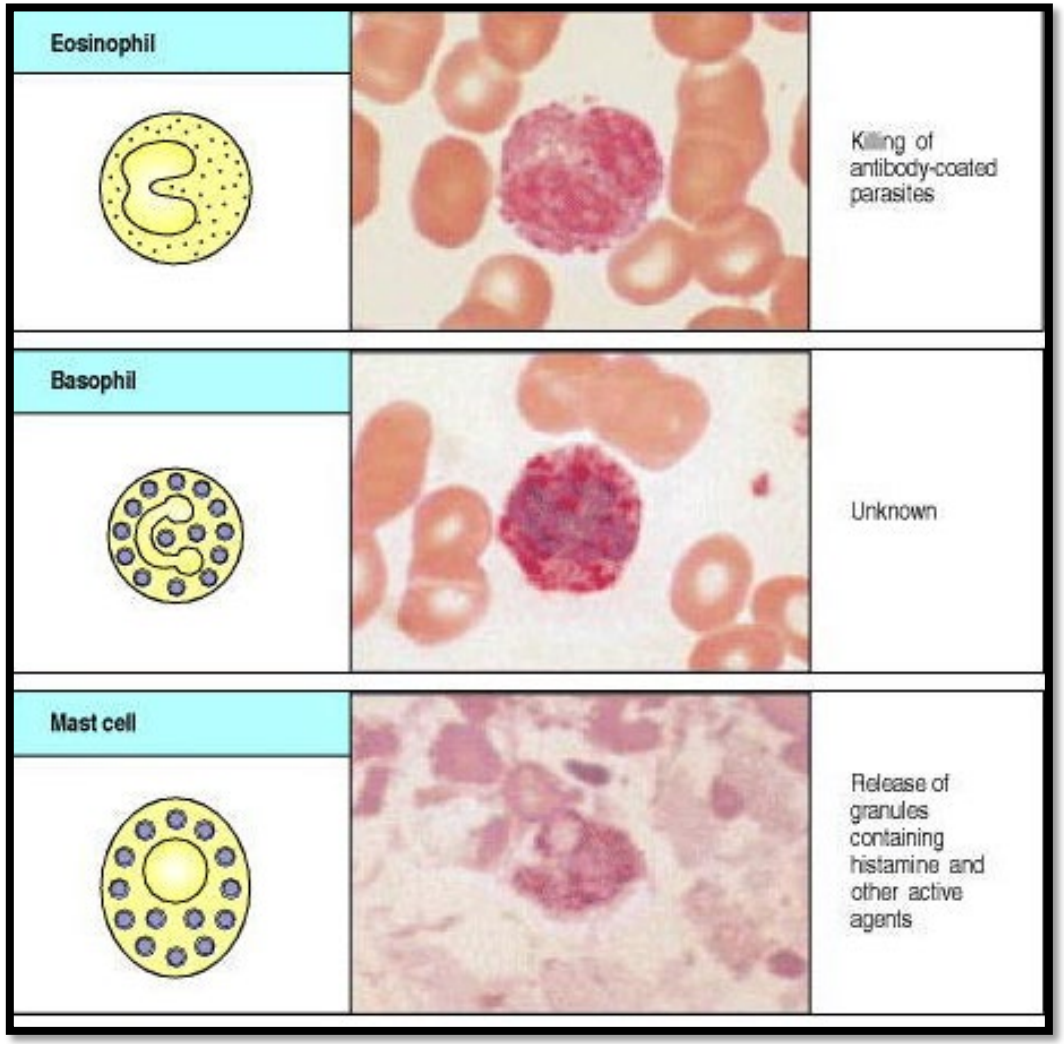
Principles of the Immune System

- The body's immune system has 2 parts: one responsible **for "innate" immunity** and the other **for "adaptive" immunity**. Rapid and blunt, the **innate immune system is the first line of defense.** It recognizes a limited number of molecular patterns in disease-causing microbes, or pathogens. Convention says that the **innate immune system** retains no memory of previous infections.
- The **adaptive immune** system, in contrast, produces antibodies and cells that recognize highly specific parts of pathogens.

- https://www.nih.gov/news-events/nih-research-matters/innate-immune-cells-have-some-memory

Cells in Innate and Adaptive Immunity





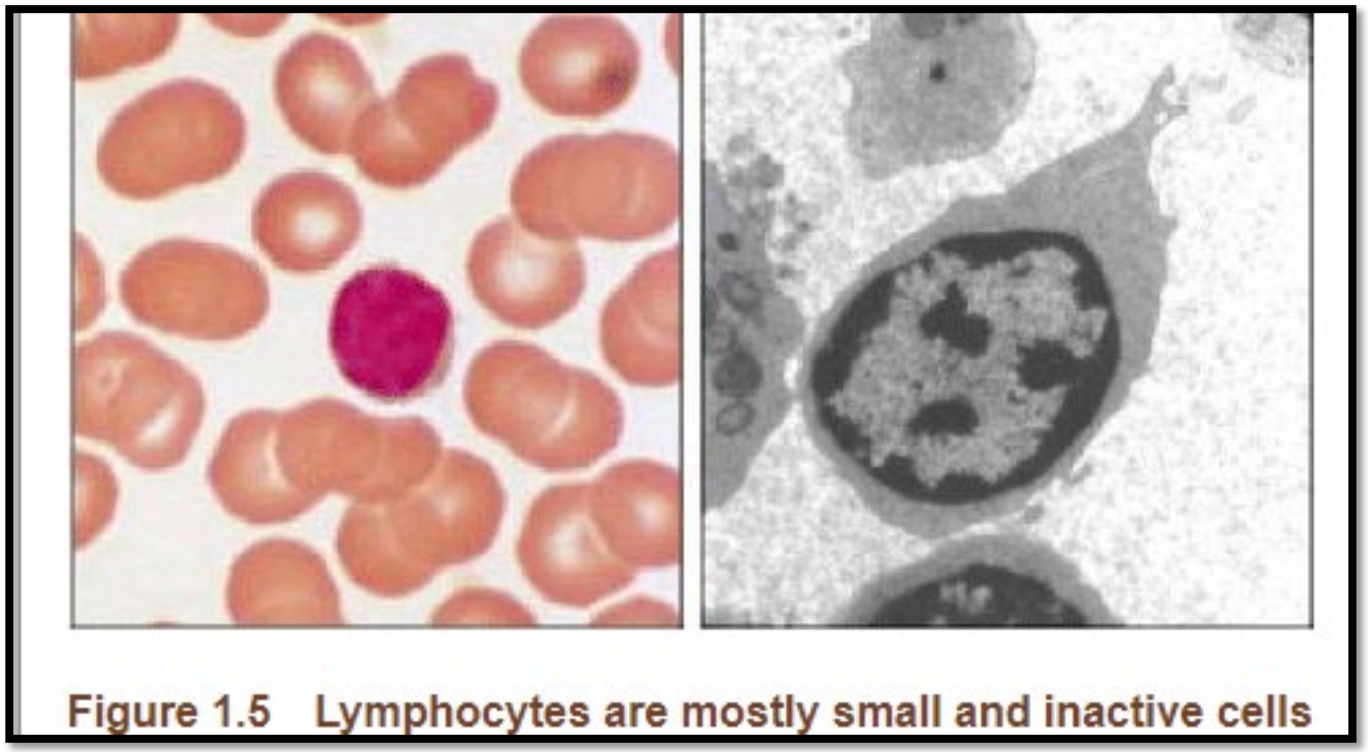
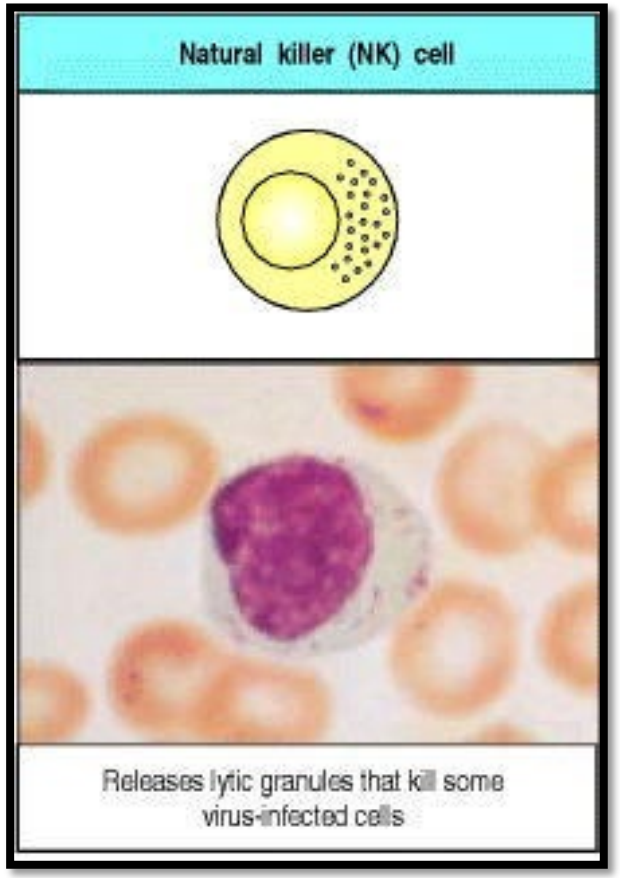
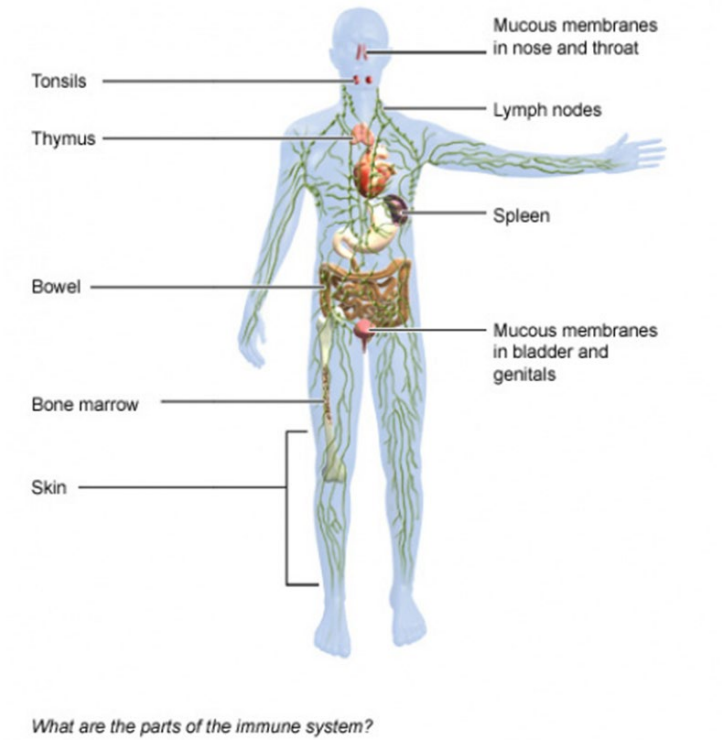


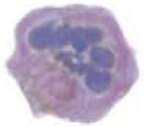
Figure 1.5 Lymphocytes are mostly small and inactive cells



Immune System



The parts of the immune system

White blood cell		Functions
Neutrophils		Early responder, phagocytosis and local killing
Lymphocytes		Adaptive immunity, sub-divided into T-cells and B-cells
Monocytes		Early responder, phagocytosis and antigen presentation. Mature as **macrophages** in the tissue.
Basophils and **eosinophils**	Granulocytes, rare in the circulation	Bind IgE, defence against parasites, allergy

Identifying Hematopoietic Stem Cells

Bone Marrow Transplants

- A blood or marrow transplant (BMT) replaces unhealthy blood-forming cells with healthy ones. Blood-forming cells (blood stem cells) are immature cells that grow into red blood cells, white blood cells and platelets. They're found in the soft tissue inside your bones, called bone marrow. When they're mature, they leave the marrow and enter the bloodstream.

Blood cancers and diseases treated by transplant

Blood cancers

- Acute lymphoblastic leukemia (ALL)
- Acute myeloid leukemia (AML)
- Chronic lymphocytic leukemia (CLL)
- Chronic myelogenous leukemia (CML)
- Hodgkin lymphoma
- Multiple myeloma
- Myelodysplastic syndromes (MDS)
- Non-Hodgkin lymphoma (NHL)

Non-blood cancers

- Adrenoleukodystrophy (ALD)
- Hurler syndrome
- Krabbe disease (Globoid-Cell Leukodystrophy)
- Metachromatic Leukodystrophy (MLD)
- Severe aplastic anemia
- Severe Combined Immunodeficiency (SCID)
- Sickle cell disease (SCD)
- Wiskott-Aldrich syndrome (WAS)

Transplants

autologous transplant uses your own blood-forming cells.

allogeneic transplant uses blood-forming cells donated by someone else. The cells can come from:

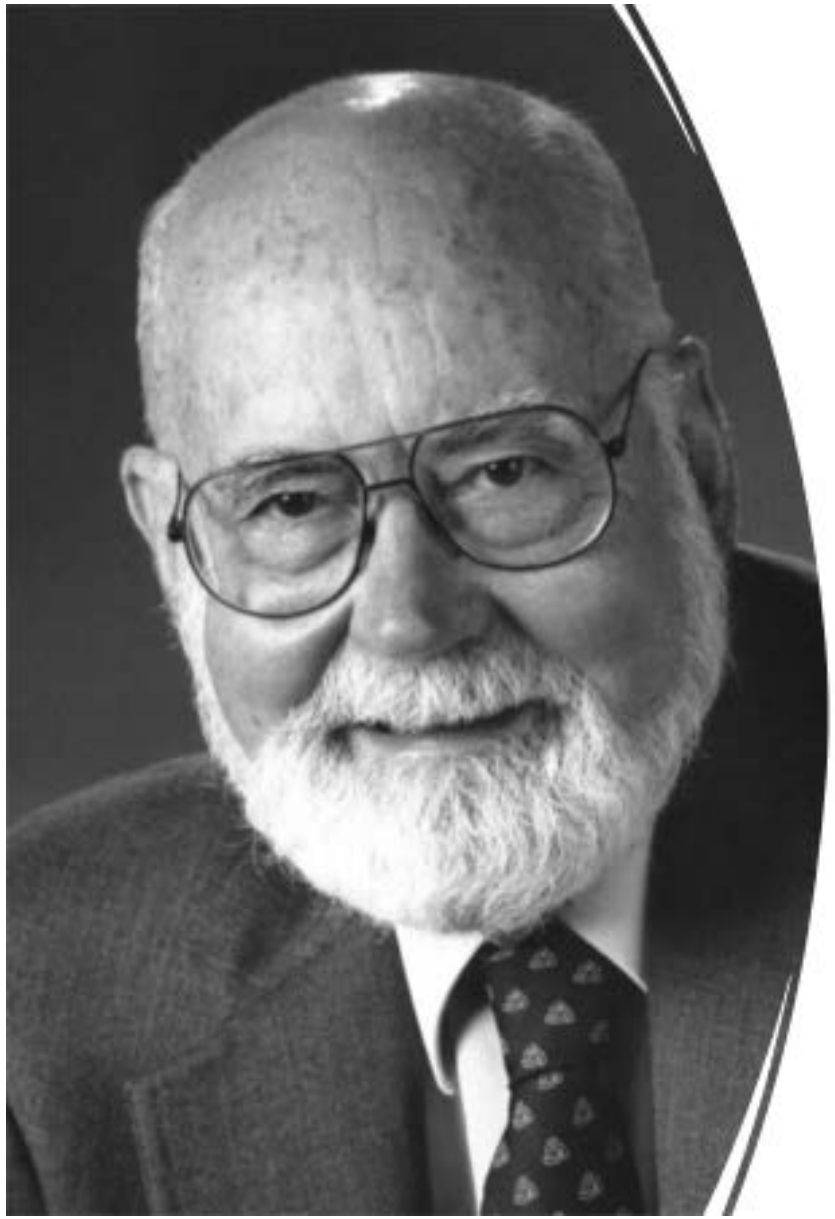
- A family member. This could be someone with closely matched human leukocyte antigens (HLA) like a sibling. Or this could be someone who matches half of your HLA, like a parent or child.
- An unrelated adult donor or cord blood unit through the Be The Match Registry®

Sources of Cells

Type of transplant	Cell source	Goals
Allogeneic Related	Another person Family member	Deliver highest dose of chemotherapy & radiation to eliminate disease. New cells replace patient's immune system.
Unrelated	Another person Usually anonymous	
Mixed Chimerism (Mini) Related	Another person Family member	Deliver moderate dose of chemotherapy & radiation to set up a mixed immune system. New immune system attacks cancer.
Unrelated	Another person Usually anonymous	
Autologous	Patient	If patient has cancer: deliver highest dose of chemotherapy & radiation to eliminate disease. If patient has an autoimmune disease: halt progression of disease and reset the immune system.

Harvest of Cells

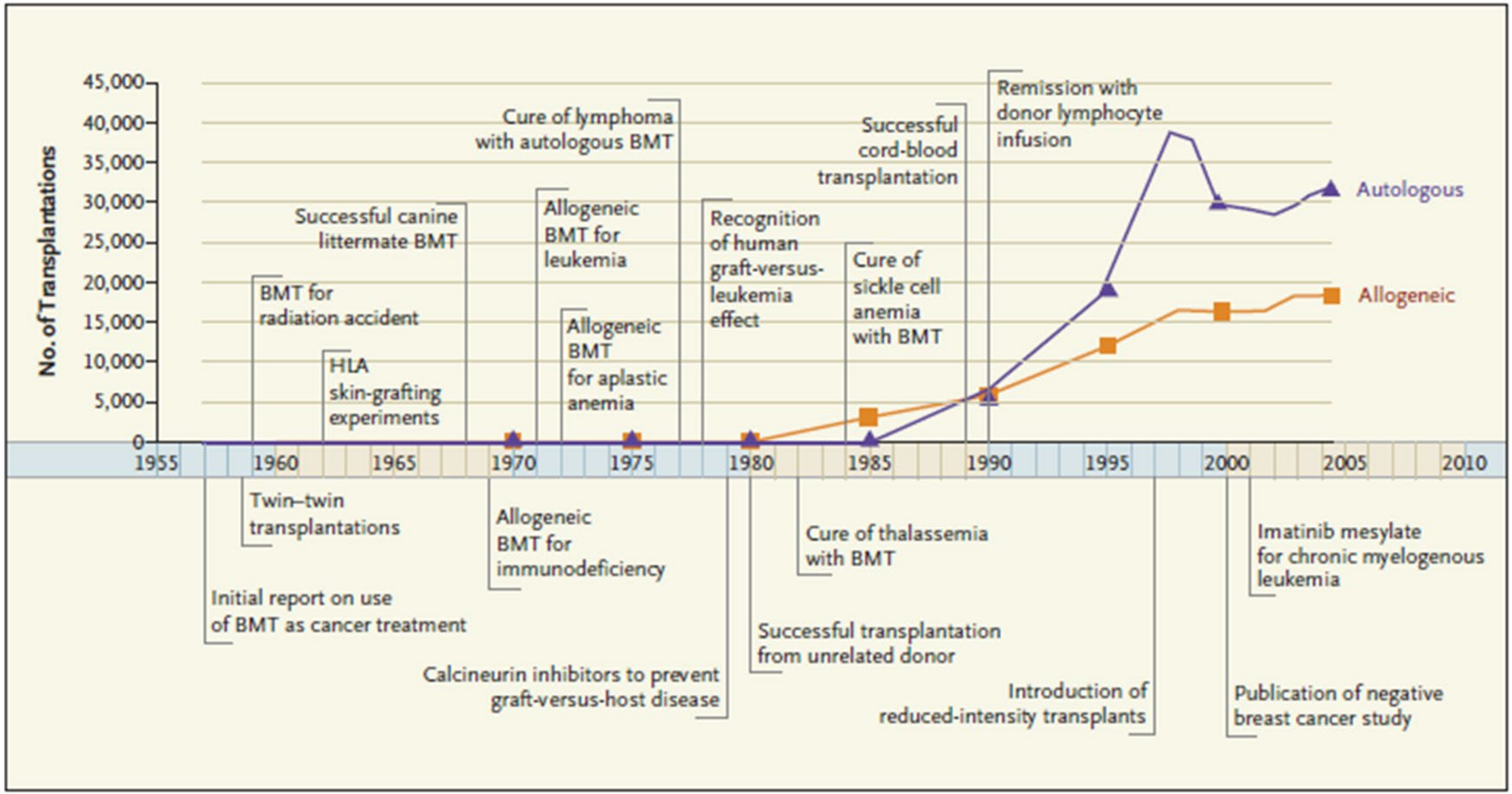
- Bone marrow: Spongy tissue inside of bones
- Peripheral blood stem cells (PBSC): Blood-forming cells from the circulating blood
- Cord blood: The blood collected from the umbilical cord and placenta after a baby is born



History of Bone Marrow Transplant

E. Donnall Thomas
The Nobel Prize in Physiology or Medicine 1990

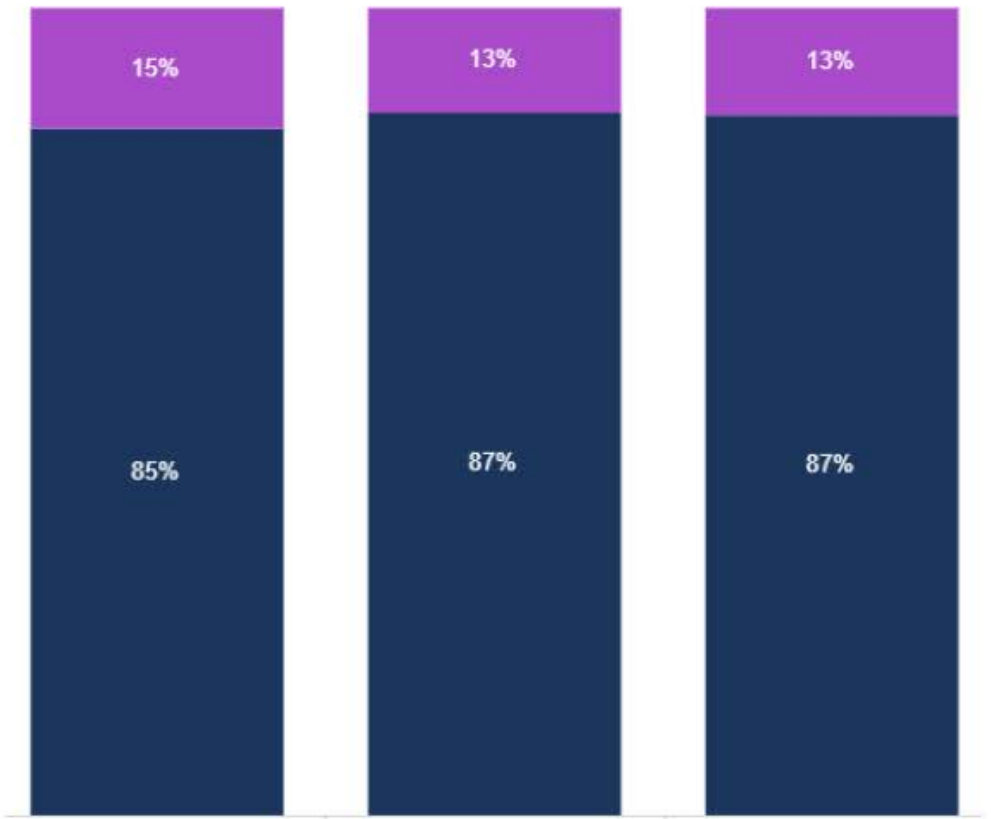
- From the mid-1950s Donnall Thomas developed methods of providing new bone marrow cells for people through transplants. Using radiation and chemotherapy, the body's own bone marrow cells are killed and the immune system's rejection mechanism is subdued. Bone marrow cells from a donor are then provided through a blood transfusion.
- https://www.nobelprize.org/prizes/medicine/1990/thomas/facts/



Timeline Showing Numbers of Bone Marrow Transplantations and Advances in the Field, 1957–2006.

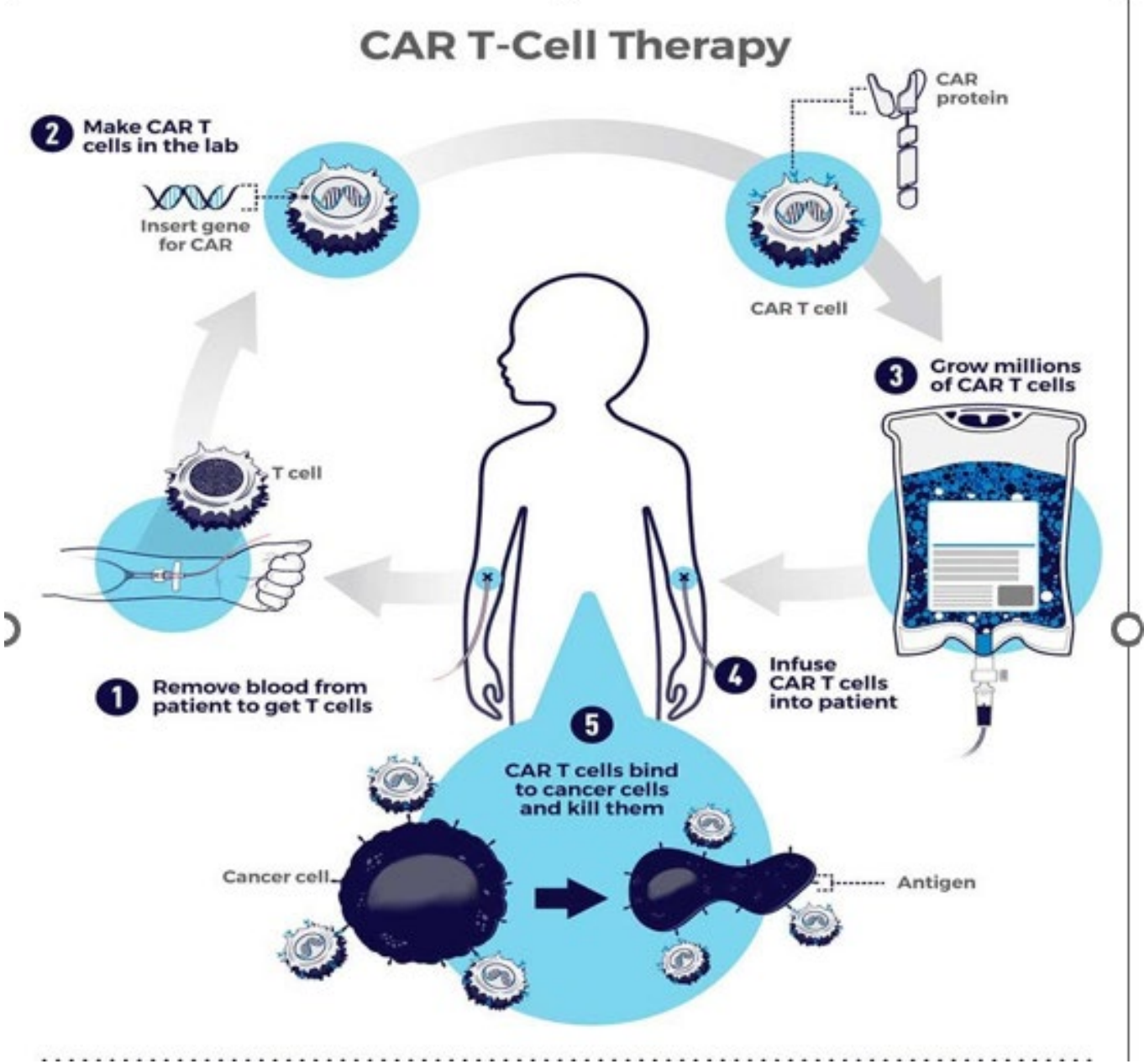
BMT denotes bone marrow transplantation, and HLA human leukocyte antigen. Data are from the Center for International Blood and Marrow Transplant Research.

Fred Hutch Cancer Center BMTs



https://tableau.seattlecca.org/#/site/SCCA/views/TransplantDashboard/HistoricalTrends?:iid=4

https://www.cancer.gov/about-cancer/treatment/research/car-t-cells



https://www.cancer.gov/about-cancer/treatment/research/car-t-cells

FDA-Approved CAR T-Cell Therapies

Generic Name	Brand Name	Target Antigen	Targeted Disease	Patient Population
Tisagenlecleucel	Kymriah	CD19	B-cell acute lymphoblastic leukemia (ALL)	Children and young adults with refractory or relapsed B-cell ALL
			B-cell non-Hodgkin lymphoma (NHL)	Adults with relapsed or refractory B-cell NHL
Axicabtagene ciloleucel	Yescarta	CD19	B-cell non-Hodgkin lymphoma (NHL)	Adults with relapsed or refractory B-cell NHL
			Follicular lymphoma	Adults with relapsed or refractory follicular lymphoma
Brexucabtagene autoleucel	Tecartus	CD19	Mantle cell lymphoma (MCL)	Adults with relapsed or refractory MCL
			B-cell acute lymphoblastic leukemia (ALL)	Adults with refractory or relapsed B-cell ALL
Lisocabtagene maraleucel	Breyanzi	CD19	B-cell non-Hodgkin lymphoma (NHL)	Adults with relapsed or refractory B-cell NHL
Idecabtagene vicleucel	Abecma	BCMA	Multiple myeloma	Adults with relapsed or refractory multiple myeloma
Ciltacabtagene autoleucel	Carvykti	BCMA	Multiple myeloma	Adults with relapsed or refractory multiple myeloma

CAR T-Cell Toxicity-Cytokine Release Syndrome

https://www.cancer.gov/about-cancer/treatment/research/car-t-cells

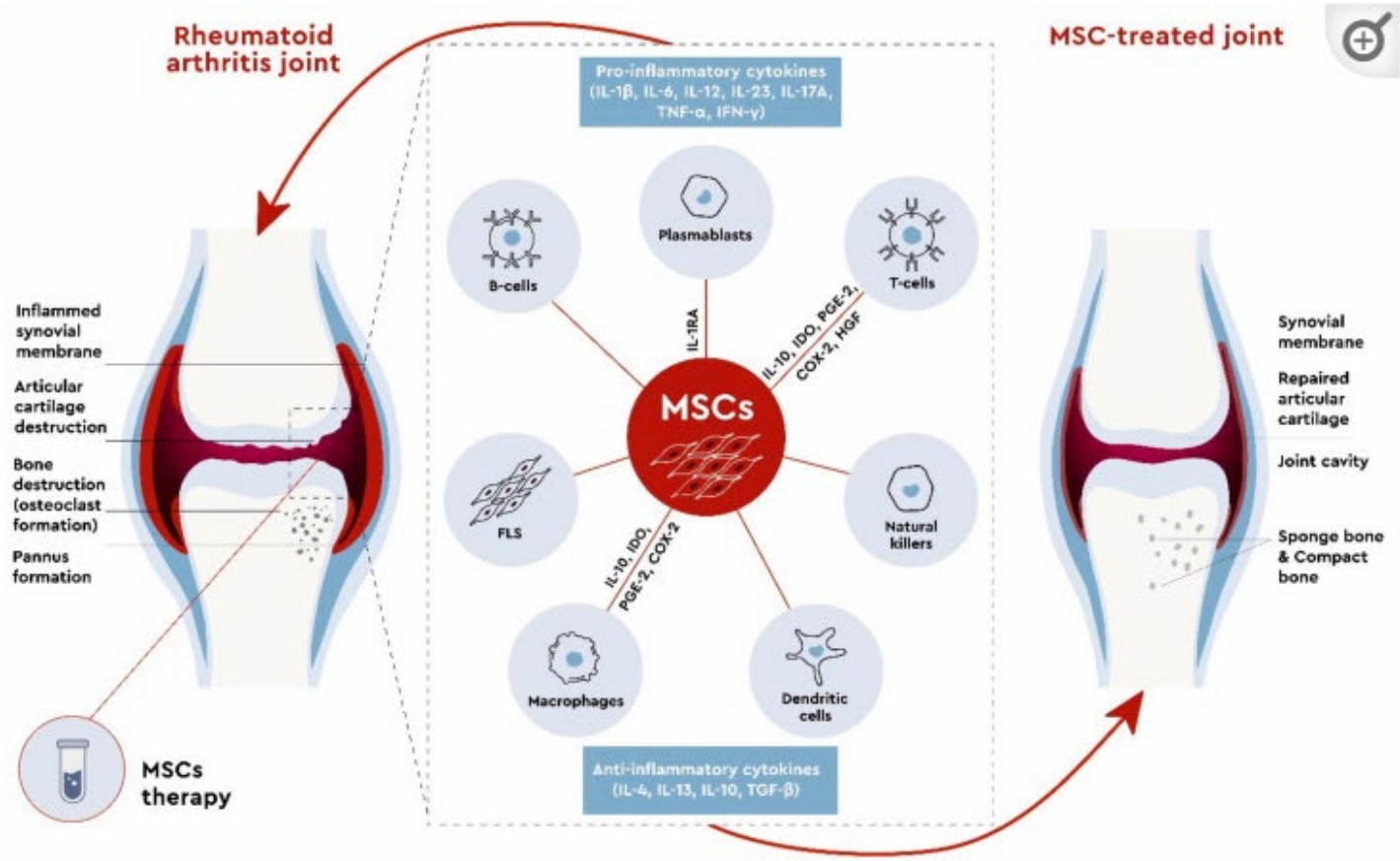
Stem Cells used in Biomedical Research & Therapies

- To be useful for transplant purposes, stem cells must be reproducibly made to:
- Proliferate extensively and generate sufficient quantities of cells for replacing lost or damaged tissues.
- Differentiate into the desired cell type(s).
- Survive in the recipient after transplant.
- Integrate into the surrounding tissue after transplant.
- Avoid rejection by the recipient's immune system.
- Function appropriately for the duration of the recipient's life.
- https://stemcells.nih.gov/info/basics/stc-basics/#stc-I

Mesenchymal Stem/Stromal Cells for Rheumatoid Arthritis Treatment: An Update on Clinical Applications

- Rheumatoid arthritis (RA) is a chronic systemic autoimmune disease that affects the lining of the synovial joints leading to stiffness, pain, inflammation, loss of mobility, and erosion of joints. Its pathogenesis is related to aberrant immune responses against the synovium. Dysfunction of innate and adaptive immunity, including dysregulated cytokine networks and immune complex-mediated complement activation, are involved in the progression of RA. At present, drug treatments, including corticosteroids, antirheumatic drugs, and biological agents, are used in order to modulate the altered immune responses. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7465092/

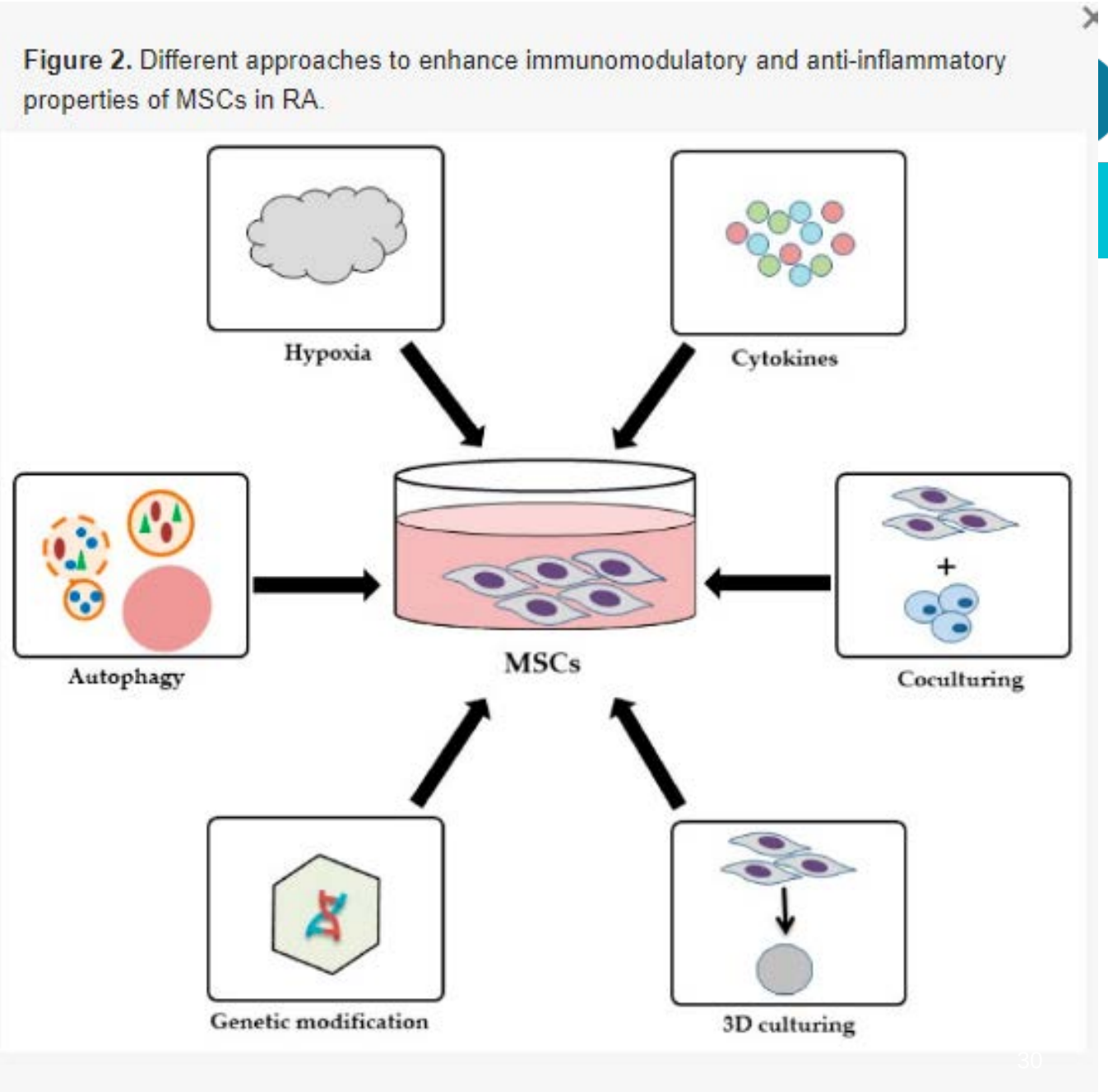
Figure 1



Immunomodulatory effects of mesenchymal stem cells and their secreted factors in rheumatoid arthritis.

https://doi.org/10.3390/ijms222111592

MSC in Rheumatoid Arthritis



https://doi.org/10.3390/ijms222111592

Immune-mediated disorder clinical trials using mesenchymal stem/stromal cell (MSC) therapy

Immune-Mediated Disorders	Number of Clinical Trials	Year of First Clinical Trial	References
Graft vs. host disease	49	2004	[24]
Inflammatory bowel disease	23	2006	[25]
Multiple sclerosis	29	2006	[26]
Systemic lupus erythematosus	10	2007	[27,28]
Type I diabetes	26	2008	[29,30,31]
Primary Sjögren syndrome	1	2009	[33]
Type II diabetes	13	2010	[32]
Autoimmune hepatitis	2	2011	NCT01661842 and NCT02997878
Ankylosing spondylitis	2	2011	[34]
Chronic urticaria	1	2017	NCT02824393
Refractory autoimmune thrombocytopenia	1	2019	NCT04014166

Timeline

1969 E. Donnall Thomas performed first allogeneic BMT

2017 CAR-T cells FDA Approved

2023 Yet to be discovered….

“And they said it could not be done!”

References

https://doi.org/10.1056/NEJMp078166 accessed 2/18/2023

https://bethematch.org/patients-and-families/about-transplant/what-is-a-bone-marrow-transplant-/ accessed 2/18/2023

https://www.cancer.gov/about-cancer/treatment/research/car-t-cells accessed 2/24/2023

10.3390/ijms222111592

References

https://stemcells.nih.gov/info/basics/stc-basics/#stc-I accessed 2.9.2023

:://www.nobelprize.org/prizes/medicine/1990/thomas/facts/

https://doi.org/10.3390/cells9081852accessed 2/9/2023

https://doi.org/10.1186/s13287-019-1165-5 accessed 2.9.2023

Fred Hutch
Cancer Center

Thank you

STATE OF WASHINGTON
DEPARTMENT OF HEALTH
Nursing Care Quality Assurance Commission
P.O. Box 47864
Olympia, WA 98504-7864

March 16, 2023

Scott K. Lange
P.O. Box 189
Sultan, WA 98294
425-210-8531
sklange@comcast.net

Sent Via Email

Dear Scott Lange,

Thank you for the rulemaking petition you submitted to the Nursing Care Quality Assurance Commission (NCQAC). Please see the copy attached. While dated October 1, 2022, NCQAC staff did not receive this petition until January 17, 2023. Pursuant to the Administrative Procedure Act, RCW 34.05.330, the NCQAC has sixty days to respond to a petition for rulemaking. You will receive a **response by March 18, 2023**. The commission may deny the petition in writing, or initiate rulemaking proceedings.

The NCQAC will review your petition at their next business meeting, scheduled for March 10, 2023, and will provide you a prompt written response immediately following.

Sincerely,

Paula R. Meyer MSN, RN, FRE

Paula R. Meyer, MSN, RN, FRE
Executive Director
Nursing Care Quality Assurance Commission

Scott K. Lange
P.O. Box 189
Sultan, WA 98294
425-210-8531 ***sklange@comcast.net***

October 1, 2022

Ms. Tami Thompson
Washington Department of Health
WSR Agency Rules Coordinator
P.O. Box 47890
Olympia, WA 98504-7890

Subject: Petition for Amendment of a State Administrative Rule. WAC 246-840-340

Dear Ms. Thompson,

Attached herewith is my petition requesting amendment to WAC 246-840-340 pursuant to RCW 34.05.330.

Before proceeding please note there is pending litigation in U.S District Court involving the custodial agency. The Washington State Attorney General is defending the action. Petitioner and the Department of Health and Nursing Care Quality Assurance Commission are parties to the litigation.

To assure this request is reviewed objectively petitioner requests that this petition be elevated to the Joint Administrative Rules Review Committee for adjudication. A conflict of interest may exist otherwise. If the Department of Health rejects the common sense resolution proposed herein expect that we will appeal to that body anyway. I make these suggestions respectfully to assure process integrity in light of likely attempted intervention by the Attorney General.

As the attached required form lacks sufficient space for articulating the basis for the rule amendment this communication seeks, this balance of this communication will explain with specificity why the indicated rule *must* be amended. I assert that the Nursing Care Quality Assurance Commission is intentionally using an unauthorized policy or interpretive statement in place of a rule required by statute resulting in multiple violations of law.

Explanation Why the Subject WAC Requires Amendment

WAC 246-840-340 contains the educational requirement for "initial" ARNP licensure in Washington. Via WAC revisions in 2016 to WAC 246-840-342 the Nursing Care Quality Assurance Commission ("Commission") asserts it revised licensing rules for out-of-state ARNPs applicants seeking licensure by interstate endorsement. Under the revised wording of WAC 246-840-340 initial and interstate endorsement applicants must have a "graduate degree from an advanced nursing education program

accredited by a national nursing accreditation body recognized by the United States Department of Education". "Graduate degree" is not defined in WAC 246-840-010.

Merriam Webster Third New International Dictionary does not define the paired words but does define the words "graduate" and "degree" individually. "Graduate" as used as an adjective in the WAC means "of, relating to, or engaged in studies beyond the first or bachelor's degree". "Degree" as used as a noun in the WAC means "a title conferred on students by a college, university, or professional school on completion of a program of study". Under Washington law statutory language not specifically defined is interpreted applying common meanings. The Merriam Webster Third New International Dictionary is the most widely used standard used by the courts in determining common meanings.

The 2016 WAC revisions noted above were accompanied by a new section, WAC 246-840-360, setting requirements for renewal of ARNP licenses by existing license holders. WAC 246-840-360 permits renewal of expiring licenses without any educational qualification requirement. The effect of WAC 246-840-360 is to permit existing in-state license holders to renew licenses without meeting subsequently legislated educational standards.

The 2016 WAC revisions reflected the Commission's adoption of the National Council of Boards of State Nursing ("NCSBN") "Consensus Model for APRN Regulation"("Consensus Model"). The Consensus Model is model legislation proposed to achieve consistent regulation across states of ARNP professionals. The Consensus Model requires adoptees to "grandfather" both in-state and out-of-state ARNPs to allow continued practice of continuously certified and licensed ARNPs who can't meet the new standards for initial ARNPs. The Commission has deviated from the full Consensus Model and taken an "ala carte" approach, revising the WAC to "grandfather" in-state ARNPs while not extending the same privilege to qualified ARNPs applying for licensure via interstate endorsement.

The net effect of the above WAC revisions is that – *depending on the Commission's interpretation of what an undefined graduate degree is* – qualified out-of-state applicants for ARNP licensure are licensed under different and unequal educational qualification requirements. If the Commission interprets the meaning of "graduate degree" to not include a graduate "certificate" from an accredited advanced nursing program for interstate endorsement applicants, and denies licensure, while in-state licensees with equal educational qualifications can continue to practice, unequal treatment under the law occurs. If the Commission defines "graduate degree" to align with the Merriam Webster definitions, in-state and out-of-state applicants are treated equally under the current rule language.

In a 2018 case, the Commission denied licensure to an Ohio ARNP with 32 continuous years of certification and ARNP practice, because the individual's "graduate degree" was a "Certificate of Completion" from a School of Anesthesia within a Cleveland Clinic Medical Center. Squarely within the common definition of "graduate degree", the individual's fully accredited master's degree equivalent "certificate" was denied solely on the basis the "graduate degree" was not an academic master's or doctorate degree. Only after 18 months of adjudicative proceedings and judicial review the Commission changed its mind and decided the individual was qualified after all, issuing her license unexpectedly.

Excluding out-of-state ARNP licensure applicants by selectively applying ambiguous statutory language that allows different educational qualification standards for in-state versus out-of-state applicants violates multiple provisions of law, starting with Article IV, Section 2 of the US Constitution and Section 1 of the 14th Amendment's "Equal Protection Clause". The practice also violates Article 1, Section 12 of the Washington Constitution prohibiting laws extending special privilege. Since "certificate" educated

ARNPs are a class of aging professionals, all over age 40, the Commission's unequal application of educational qualifications denies employment to a protected class under Washington's Law Against Discrimination. Injuries suffered by unlawfully denied licensure applicants may also give rise to other tort cases where Washington State has waived its sovereign immunity.

The current language – which NCQAC admits is ambiguous - allows the Commission to assert different standards for in-state versus out-of-state ARNP licensure applicants. Unless the language is revised the scope of the problem will soon expand significantly. In the near future the educational requirement for ARNP initial licensure will be the same as required for taking the certification exam – a Doctorate in Nursing Practice. Unless the term "graduate degree" is defined, applicants by interstate endorsement will then be eligible only if they have an academic doctorate degree. The unequal treatment status will increase as in-state licensees with only a master's degree will be allowed to renew their licenses while out-of-state master's degree holders will be excluded from licensure in Washington State. This outcome reduces availability of much needed medical specialists and degrades rather than enhances the quality of healthcare in our state.

Petitioner does not challenge the current educational standard for initial ARNP licensure or NCQAC's statutory authority to set them. However, imposing the new "graduate degree" standard on long serving qualified and certified professionals with a constitutional right to practice in Washington is not only heartless but unlawful. Other medical professions do not declare legacy education as obsolete and arbitrarily force retirement of long serving practitioners. If NCQAC has an argument such individuals diminish health care quality in Washington they should be required to make that case as the law requires.

A review of the subject 2016 WAC provisions by the Commission reveals severely deficient rule-making process. The Commission did not communicate its intention to revise educational requirements for out-of-state ARNP licensure applicants nor did it comply with the specific RCW 34.05 requirements for significant legislative rule analysis and disclosure. Under multiple state statutes the specified WACs, facially and as applied, violate statutory requirements and are void by law.

In evidence of the Commission's ad hoc approach to defining "graduate degree" under WAC 246-840-340 it has promulgated two procedures (Procedure B9.05 and Procedure B35.01). Both purport to amend problematic deficiencies in the educational requirement rules for licensure. But these procedures themselves would constitute revisions in requirements for ARNP licensing and would constitute significant legislative rules requiring compliance with RCW 34.05 rule revision requirements. That no such rule-making was pursued to promulgate those procedures confirms the current rules *already allow* licensure to all on equal terms and that the Commission is selectively applying a definition of "graduate degree" to support its unauthorized policies.

The Commission's improperly promulgated and unauthorized policy now permeates the employment landscape for Washington ARNPs. Employers have been quietly advised, directly by the Commission and indirectly via the Commission's interaction and influence with ARNP professional organizations, that "certificate" ARNPs are ineligible for licensure in Washington. The individual in the case noted, despite being finally issued her license, remains unable to secure an ARNP engagement in our state. A case seeking damages that could have been avoided with a clear educational standard for licensure is now pending in Federal Court. Unless the standard is clarified expeditiously the Commission will continue to discriminate against out-of-state ARNP license applicants causing actionable tortious injury for denial of equal access to employment in Washington.

Recommended Amendment that Will Cure Existing Rule Deficiencies

Petitioner proposes to resolve the existing problem by simply defining the term "graduate degree" by rule as required by RCW 18.79. The term "Graduate Degree", under whatever definition the Commission can lawfully advocate and promulgate, should be added as a defined term to WAC 246-840-010. If the definition results in equal treatment of in-state and out-of-state ARNPs the existing language in WAC 246-940-340; WAC 246-840-342; and WAC 246-840-342 requires no amendment.

The above suggestion is simple common sense. Educational qualifications for licensure should not be ambiguous. Rules required by statute to define educational requirements should be promulgated openly and not by stealth. There is no legitimate basis for resisting this amendment.

The NCSBN "Consensus Model" articulates an equal standard that avoids unequal treatment and exclusion. The Consensus Model allows very well qualified professionals access to our healthcare community who would otherwise be excluded by arbitrary and capricious qualification requirements. Equal treatment is an American standard, and the legal basis for prohibiting barriers to interstate licensing applicable here are clearly expressed in *Supreme Court of N.H. v. Piper*, 470 U.S. 274 (1985). Nearly all other states have implemented the Consensus Model "grandfathering" requirements, requiring academic master's or doctorate degrees for initial ARNPs but honoring continuously certified, licensed and active ARNPs to be licensed by interstate endorsement under the standards in place when first certified.

If requested I will be pleased to provide additional information, documents, and/or legal authority for the amendment petitioned herein.

Thank you for your consideration.

Respectfully,

Scott K. Lange

Scott K. Lange
Petitioner

Attachment – State Form "PETITION FOR ADOPTION, AMENDMENT, OR REPEAL OF A STATE ADMINISTRATIVE RULE"

PETITION FOR ADOPTION, AMENDMENT, OR REPEAL OF A STATE ADMINISTRATIVE RULE

Print Form

In accordance with RCW 34.05.330, the Office of Financial Management (OFM) created this form for individuals or groups who wish to petition a state agency or institution of higher education to adopt, amend, or repeal an administrative rule. You may use this form to submit your request. You also may contact agencies using other formats, such as a letter or email.

The agency or institution will give full consideration to your petition and will respond to you within 60 days of receiving your petition. For more information on the rule petition process, see Chapter 82-05 of the Washington Administrative Code (WAC) at http://apps.leg.wa.gov/wac/default.aspx?cite=82-05.

CONTACT INFORMATION *(please type or print)*

Petitioner's Name: Scott Lange

Name of Organization: Individual citizen and spouse of WA licensed ARNP-CRNA

Mailing Address: P.O.Box 189

City: Sultan State: WA Zip Code: 98294

Telephone: 425-210-8531 Email: sklange@comcast.net

COMPLETING AND SENDING PETITION FORM

- Check all of the boxes that apply.
- Provide relevant examples.
- Include suggested language for a rule, if possible.
- Attach additional pages, if needed.
- Send your petition to the agency with authority to adopt or administer the rule. Here is a list of agencies and their rules coordinators: http://www.leg.wa.gov/CodeReviser/Documents/RClist.htm.

INFORMATION ON RULE PETITION

Agency responsible for adopting or administering the rule: Department of Health Nursing Care Quality Assurance Commissior

☐ **1. NEW RULE - I am requesting the agency to adopt a new rule.**

☐ The subject (or purpose) of this rule is: _____

☐ The rule is needed because: _____

☐ The new rule would affect the following people or groups: _____

☒ **2. AMEND RULE - I am requesting the agency to change an existing rule.**

List rule number (WAC), if known: WAC 246-840-340

☒ I am requesting the following change: Failure to define "graduate degree" results in multiple violations of law. The term " graduate degree" must be defined in the definitions section of the chapter.

☒ This change is needed because: Agency admits term "graduate degree" is ambiguous. Ambiguity of what a graduate degree is has produced litigation against the state and agency personnel. See attached

☒ The effect of this rule change will be: Require agency to comply with RCWs requiring educational standards to be defined by rule, not by application of unlawful policy. See attached.

☒ The rule is not clearly or simply stated: Agency admits "graduate degree" language is ambiguous.

☐ **3. REPEAL RULE - I am requesting the agency to eliminate an existing rule.**

List rule number (WAC), if known: _____

(Check one or more boxes)

☐ It does not do what it was intended to do.

☐ It is no longer needed because: _____

☐ It imposes unreasonable costs: _____

☐ The agency has no authority to make this rule: _____

☐ It is applied differently to public and private parties: _____

☐ It conflicts with another federal, state, or local law or rule. List conflicting law or rule, if known: _____

☐ It duplicates another federal, state or local law or rule. List duplicate law or rule, if known: _____

☐ Other (please explain): _____

Chapter 246-841A WAC
NURSING ASSISTANTS

DEFINITIONS

NEW SECTION

WAC 246-841A-390 Definitions. The definitions in RCW 18.88A.020 and in this section apply throughout this chapter unless the context clearly requires otherwise.

(1) "Asynchronous" means online learning of classroom or theory content that allows students to view and participate with online instructional materials within a flexible, but defined time period and does not include a live video lecture component.

(2) "Clinical" means students' in-facility experiences providing care in accordance with the nursing assistant scope of practice under the supervision of an approved instructor for the training program. Students who opt to complete clinical requirements through the nursing assistant-registered work pathway may be supervised by a licensed nurse as described in subsection (8)(b) of this section.

(3) "Commission" means the Washington state nursing care quality assurance commission.

(4) "Common curriculum" means the curriculum framework provided by the commission for use by all programs. The curriculum framework includes materials for nine basic units and integrates three specialty trainings (developmental disabilities, mental health, and dementia) as directed by the legislature. The common curriculum supports students' development of a holistic, person-centered care approach.

(5) "Competency evaluation" means the measurement of an individual's knowledge and skills as related to safe, competent performance of one's professional role. A formal, state-required competency evaluation is required for certification as a nursing assistant or for a certification endorsement as a medication assistant.

(6) "Corrective action" means the necessary steps a nursing assistant training program must take to address identified deficiencies in or violations of program standards.

(7) "Corrective action designation" means a classification added by the commission to a nursing assistant training program's approval status when deficiencies in or violations of program standards exist. Corrective action designations are described in WAC 246-841A-470 and include: Full approval with plan of correction; full approval with plan of correction and technical assistance; and conditional approval.

(8) "Direct patient care" means implementing all aspects of the nursing process with patients through hands-on, face-to-face contact by a licensed nurse. The nursing process consists of assessment, diagnosis, planning, implementation, and evaluation.

(9) "Direct supervision" means:

(a) For nursing assistant and medication assistant students in clinical: An approved instructor is always on-site to ensure appropriate care assignments, supervise, teach, and evaluate performance while the students are providing care.

(b) For nursing assistant-registered employees using the nursing assistant-registered work pathway for clinical credit in a nursing assistant training program: A licensed nurse is always on-site to supervise and evaluate competency for all tasks assigned and care to be provided.

(c) For medication assistants employed in a nursing home: The licensed registered nurse who directs medication administration and commission-approved treatments to a medication assistant is on-site, immediately accessible in person, and has assessed the residents prior to performance of these duties.

(10) "Good standing" means:

(a) For a nursing assistant training program: The program has operated for at least one year and has full approval status with no corrective action designation as identified in WAC 246-841A-470.

(b) Regarding the status of an individual's license or credential: The license or credential is not currently subject to any sanction, terms, conditions or restrictions required by formal or informal discipline or an agreement to practice with conditions under chapter 18.130 RCW, the Uniform Disciplinary Act.

(11) "Holistic care" means care of the whole person by supporting the person's human needs within one's professional scope of practice. Human needs include physiological, safety, love and belonging, self-esteem, and self-actualization needs.

(12) "Home care aide-certified" means any person certified under chapter 18.88B RCW.

(13) "Hybrid program" means online learning replaces a portion of face-to-face classroom or theory instruction with web-based online learning (e.g., video lectures, online discussions, or activities).

(14) "Learning management system" means a software application for the administration, documentation, tracking, reporting, automation and delivery of educational courses, training programs, or learning and development programs.

(15) "Live online" (also called "synchronous") means online classroom theory learning where students are required to log in at a specific time and participate in real-time activities in the virtual classroom with a live instructor.

(16) "Medical assistant-certified" under chapter 18.88A RCW means a person who holds a current certification from one of the certifying organizations in WAC 246-827-0200(2).

(17) "Medication assistant" means a nursing assistant-certified with a medication assistant endorsement issued under chapter 18.88A RCW.

(18) "Nursing assistant(s)" includes both nursing assistants-registered and nursing assistants-certified.

(19) "Nursing assistant-certified" means any person certified under chapter 18.88A RCW.

(20) "Nursing assistant-registered" means any person registered under chapter 18.88A RCW.

(21) "Nursing home" means any facility licensed under chapter 18.51 RCW.

(22) "Pass rates" means the averaged percentage of students who successfully meet the standard for the state certification examination

on their first attempt, measured annually for all programs individually and in aggregate.

(23) "Prescriber-ordered treatments" means drugs or care tasks ordered by a practitioner who is authorized by law or rule in the state of Washington to prescribe drugs or treatments.

(24) "Program standards" means:

(a) Requirements as stated in this chapter;

(b) Policies, procedures, and program materials and forms developed by the commission in support of implementation and compliance with this chapter and state and federal laws;

(c) Demonstration of current and accurate information in program teaching, materials, and communications regarding federal and state laws and regulations pertaining to:

(i) Nursing assistant training, testing, and certification requirements;

(ii) Nursing assistant scope of practice and practice standards; and

(iii) Nursing assistant professional conduct requirements; and

(d) Compliance with applicable state and federal laws.

(25) "Technical assistance" means aid by the commission to support the program in its efforts to meet program standards. Technical assistance sessions are scheduled for a designated time period. They may occur by phone, virtual meeting, or in-person. As examples, technical assistance may include:

(a) Review of program activities and processes in relation to program standards;

(b) Review of program standards with explanations and examples relevant to the program;

(c) Introduction to approaches or resources that may be helpful to the program; or

(d) A written summary of technical assistance provided and requirements for the program to meet program standards.

(26) "Technical support" relates to students in hybrid programs with asynchronous online elements and means timely assistance by the training program to correct technical difficulties with access to online training program materials or use of those materials. Technical support is provided as part of the overall training program with no additional costs to students for technical support needs.

NURSING ASSISTANT SCOPE AND STANDARDS OF PRACTICE

NEW SECTION

WAC 246-841A-400 Standards of practice and competencies for nursing assistants. Competencies and standards of practice are statements of knowledge, skills, and behaviors. They are written as descriptions of observable, measurable actions. All nursing assistant competencies are performed under the direction and supervision of a

licensed registered nurse or licensed practical nurse as required by RCW 18.88A.030. The following competencies are considered standards of practice for both nursing assistant-certified and nursing assistant-registered:

(1) **The nursing assistant role and knowledge of rules and regulations.**

(a) A nursing assistant demonstrates competency in providing holistic, person-centered care that supports the human needs of diverse individuals. The nursing assistant:

(i) Identifies the holistic needs of clients or residents.

(ii) Provides care to support holistic needs in accordance with nursing assistant competencies and clients' or residents' plans of care.

(iii) Provides person-centered care by adjusting care approaches to accommodate the unique needs and preferences of clients or residents.

(b) A nursing assistant demonstrates knowledge of and can explain the practical implications of the laws and regulations which affect nursing assistant practice including, but not limited to:

(i) Mandatory reporting procedures related to client or resident abuse, neglect, abandonment, and exploitation (chapters 74.34 RCW and 246-16 WAC, and WAC 246-841A-720);

(ii) Scope of practice;

(iii) Opportunities for expanding scope:

(A) Nurse delegation; and

(B) Medication assistant certification endorsement;

(iv) Workers right to know (chapter 49.70 RCW);

(v) The Uniform Disciplinary Act (chapter 18.130 RCW);

(vi) Omnibus Budget Reconciliation Act (OBRA);

(vii) Medicare and medicaid.

(2) **Client or resident rights and promotion of independence.** A nursing assistant demonstrates behavior which maintains and respects clients' or residents' rights and promotes independence, regardless of race, religion, lifestyle, sexual orientation, gender identity, disease process, or ability to pay. A nursing assistant:

(a) Recognizes that clients or residents have the right to participate in decisions about their care.

(b) Recognizes and respects each client's or resident's need for privacy and confidentiality.

(c) Promotes and respects clients' or residents' rights to make personal choices to accommodate their needs.

(d) Reports clients' or residents' concerns and gives assistance with resolving grievances and disputes.

(e) Provides assistance to clients or residents in getting to and participating in activities.

(f) Respects the property of clients or residents and employer and does not take equipment, material, property, or medications for the nursing assistant's or another's use or benefit. A nursing assistant may not solicit, accept or borrow money, material, or property from a client or resident for the nursing assistant's or another's use or benefit.

(g) Promotes clients' or residents' right to be free from abuse, mistreatment, and neglect.

(h) Intervenes appropriately on a client's or resident's behalf when abuse, mistreatment, or neglect is observed.

(i) Complies with mandatory reporting requirements by reporting to the department of health and the department of social and health services instances of neglect, abuse, exploitation, or abandonment.

(j) Participates in the plan of care regarding the use of restraints in accordance with current professional standards.

(3) **Communication and interpersonal skills.** A nursing assistant uses communication and interpersonal skills effectively to function as a member of the nursing team. A nursing assistant:

(a) Reads, writes, speaks, and understands English at the level necessary for performing duties of the nursing assistant.

(b) Listens and responds to verbal and nonverbal communication in an appropriate manner.

(c) Recognizes how one's own behavior influences a client's or resident's behavior and uses resources for obtaining assistance in understanding the client's or resident's behavior.

(d) Adjusts one's own behavior to accommodate clients' or residents' physical or mental limitations.

(e) Uses terminology accepted in the health care setting to appropriately record and report observations, actions, and pertinent information accurately and timely.

(f) Is able to explain policies and procedures before and during care of clients or residents.

(4) **Infection control.** A nursing assistant uses standard and transmission-based precautions to prevent the spread of microorganisms. A nursing assistant:

(a) Uses principles of medical asepsis and demonstrates infection control techniques and standard and transmission-based precautions including, but not limited to:

(i) Demonstrates effective handwashing methods.

(ii) Identifies different types of personal protective equipment (PPE) and demonstrates how and when to use each.

(b) Explains how disease-causing microorganisms are spread.

(c) Explains transmission of bloodborne pathogens.

(d) Demonstrates knowledge of cleaning agents and methods which destroy microorganisms on surfaces.

(5) **Safety and emergency procedures.** A nursing assistant demonstrates the ability to identify and implement safety and emergency procedures, including the Heimlich maneuver. A nursing assistant:

(a) Provides an environment with adequate ventilation, warmth, light, and quiet.

(b) Promotes a clean, orderly, and safe environment including equipment for a client or resident.

(c) Identifies and uses measures for accident prevention.

(d) Demonstrates principles of good body mechanics for self and clients or residents, using the safest and most efficient methods to lift and move clients, residents, and heavy items.

(e) Demonstrates proper use of protective devices in the care of clients or residents.

(f) Demonstrates knowledge of and follows fire and disaster procedures.

(g) Identifies and demonstrates principles of health and sanitation in food service.

(h) Demonstrates the proper use and storage of cleaning agents and other potentially hazardous materials.

(6) **Basic nursing skills.** A nursing assistant demonstrates basic technical skills which facilitate an optimal level of functioning for

clients or residents, recognizing individual, cultural, and religious diversity. A nursing assistant:

(a) Demonstrates proficiency in cardiopulmonary resuscitation (CPR) and can perform CPR independently.

(b) Takes and records vital signs.

(c) Measures and records height and weight.

(d) Measures and records fluid and food intake and output.

(e) Recognizes normal body functions, deviations from normal body functions and the importance of reporting deviations in a timely manner to a supervising nurse.

(f) Recognizes, responds to, and reports clients' or residents' emotional, social, cultural, and mental health needs.

(g) Recognizes, responds to, and reports problems in clients' or residents' environment to ensure safety and comfort of clients.

(h) Participates in care planning and the nursing reporting process.

(7) **Basic restorative services.** The nursing assistant incorporates principles and skills in providing restorative care. A nursing assistant:

(a) Demonstrates knowledge and skill in using assistive devices in ambulation, transferring, eating, and dressing.

(b) Demonstrates knowledge and skill in the maintenance of range of motion.

(c) Demonstrates proper techniques for turning, positioning, and repositioning clients or residents in a bed and chair.

(d) Demonstrates proper techniques for transferring and ambulating clients or residents.

(e) Demonstrates knowledge about methods for meeting the elimination needs of clients or residents.

(f) Demonstrates knowledge and skill for the use and care of prosthetic devices by clients or residents.

(g) Uses basic restorative services by training clients or residents in self-care according to their capabilities.

(8) **Personal care.** A nursing assistant demonstrates basic personal care skills. A nursing assistant:

(a) Assists clients or residents with bathing, oral care, and skin care.

(b) Assists clients or residents with grooming and dressing.

(c) Provides toileting assistance to clients or residents.

(d) Assists clients or residents with eating and hydration.

(e) Uses proper oral feeding techniques.

(9) **Life transitions.** A nursing assistant demonstrates the ability to support the care needs of clients or residents during life transitions with competency in the following areas:

(a) Uses basic procedures for admitting, transferring, and discharging clients or residents and maintains professional boundaries.

(b) Applies knowledge of psychosocial and mental health considerations during life transitions. Examples include, but are not limited to:

(i) Human responses to stress and stressors;

(ii) Stages of psychosocial development across the lifespan; and

(iii) Human responses to grief and loss.

(c) Demonstrates ability to support clients' or residents' holistic needs at the end of life.

(d) Demonstrates knowledge of legal documents affecting care and the nursing assistant role in using the documents:

(i) Advance directives (living wills, durable power of attorney);

(ii) Portable orders for life sustaining treatment (POLST);

(iii) Do not resuscitate (DNR).

(e) Demonstrates the ability to provide postmortem care with respect for clients' or residents' rights and sensitivity to the grieving process of their loved ones.

(f) Demonstrates awareness of the need for self-care and support in response to grief and loss.

(10) **Care of clients or residents with developmental disabilities.** A nursing assistant demonstrates basic care of clients or residents with developmental disabilities. In accordance with developmental disability specialty training (WAC 388-112A-0430), a nursing assistant:

(a) Demonstrates a basic understanding of developmental disabilities and awareness of the unique needs of residents with developmental disabilities.

(b) Promotes and supports a resident's self-determination.

(c) Provides culturally compassionate and individualized care by utilizing a basic understanding of each client or resident and each client's or resident's history, experience, and cultural beliefs.

(d) Uses person-centered and interactive planning when working with clients or residents with developmental disabilities.

(e) Uses a problem-solving approach and positive support principles when dealing with challenging behaviors.

(f) Supports clients or residents experiencing a crisis and gets assistance when needed.

(g) Promotes and protects the legal and resident rights of clients or residents with developmental disabilities.

(11) **Mental health and social service needs.** A nursing assistant demonstrates the ability to identify psychosocial needs of clients or residents based upon awareness of the developmental and age specific processes. A nursing assistant:

(a) Addresses individual behavioral needs of the client or resident.

(b) Knows the developmental tasks associated with the developmental and age specific processes.

(c) Allows the client or resident to make personal choices but provides and reinforces behaviors consistent with the client's or resident's dignity.

(d) Is sensitive and supportive and responds to the emotional needs of the clients or residents and their sources of emotional support.

(e) Applies the knowledge, skills, and behaviors from mental health specialty training in the care of residents and clients (WAC 388-112A-0450).

(12) **Care of clients or residents with cognitive impairment.** A nursing assistant demonstrates basic care of clients or residents with cognitive impairment. A nursing assistant:

(a) Uses techniques for addressing the unique needs and behaviors of individuals with cognitive impairment including Alzheimer's, dementia, delirium, developmental disabilities, mental illnesses, and other conditions.

(b) Communicates with clients or residents with cognitive impairment in a manner appropriate to their needs.

(c) Demonstrates sensitivity to the behavior of clients or residents with cognitive impairment.

(d) Appropriately responds to the behavior of clients or residents with cognitive impairment.

NEW SECTION

WAC 246-841A-403 Care settings where nursing assistants may work and registration and certification requirements of students. (1) Nursing assistants work in health care facilities as identified in RCW 18.88A.020. These include nursing homes, hospitals, hospice care facilities, and agencies and home health agencies.

(2) In addition, nursing assistants may work for other entities delivering health care services where licensed nurses supervise nursing assistants performing within the nursing assistant scope. Examples include, but are not limited to: Adult family homes, assisted living communities, residential treatment facilities, and correctional facilities.

(3) Nursing assistant students shall apply for a nursing assistant registration within three days of hire at a nursing home. Students working as nursing assistants-registered in a nursing home must become certified within the timeline required by federal regulations.

(4) Nursing assistant students shall meet other registration and certification timelines as required by the care setting.

NEW SECTION

WAC 246-841A-405 Registered nurse delegation to nursing assistants. In addition to the competencies identified in WAC 246-841A-400, nursing assistants may perform additional delegated tasks as directed and supervised by a registered nurse in accordance with RCW 18.79.260.

(1) RCW 18.79.260 addresses general requirements for registered nurse delegation as well as requirements specific to certain care entities and settings, including home health or hospice agencies and community-based or in-home care settings, as defined in the statute.

(2) General requirements for registered nursing delegation that apply in all care settings include:

(a) In accordance with RCW 18.79.260 (3)(f), registered nurse delegation may include glucose monitoring and testing as a general allowance, including in hospitals and nursing homes.

(b) Delegated nursing care tasks described in this section are:

(i) Only for the specific patient receiving delegation;

(ii) Only with the patient's consent; and

(iii) In compliance with all applicable requirements in WAC 246-840-910 through 246-840-970.

(c) A nursing assistant may consent or refuse to consent to perform a delegated nursing care task. The nursing assistant is responsible for their own actions with the decision to consent or refuse to consent and the performance of the delegated nursing care task.

(d) Nursing assistants shall not accept delegation of, or perform, the following nursing care tasks:

(i) Administration of medication by injection, except for insulin injections as authorized in RCW 18.79.260 (3)(e);

(ii) Sterile procedures;

(iii) Central line maintenance;

(iv) Piercing or severing of tissues except as authorized in RCW 18.79.260 (3)(e) and (f); and

(v) Acts requiring substantial skill or nursing judgment.

(3) RCW 18.79.260 (3)(e) defines specific requirements for registered nurse delegation in community-based or in-home care settings. Before performing any delegated task in these care settings:

(a) Nursing assistants-registered must show evidence as required by the department of social and health services of successful completion of both the basic caregiver training and designated nurse delegation core training from the department of social and health services to the registered nurse delegator.

(b) Nursing assistants-certified must show the registered nurse delegator evidence as required by the department of social and health services of successful completion of required nurse delegation core training. The training is provided by the department of social and health services.

(c) All nursing assistants registered and certified who may be completing insulin injections must show to the registered nurse delegator evidence as required by the department of social and health services of successful completion of nurse delegation special focus on diabetes training.

(d) All nursing assistants must meet any additional training requirements identified by the commission. Any exceptions to additional training requirements must comply with RCW 18.79.260 (3)(e)(v).

NEW SECTION

WAC 246-841A-407 Medication assistant certification endorsement. Nursing assistants-certified with the required experience, training, and successful completion of competency evaluation as described in WAC 246-841A-586 through 246-841A-595 may apply for a medication assistant certification endorsement.

This endorsement expands the scope of the nursing assistant-certified working in a nursing home setting, allowing the nursing assistant-certified to perform certain medication administration tasks and prescriber ordered treatments under the direct supervision of a designated registered nurse.

INITIAL AND ONGOING APPROVAL OF NURSING ASSISTANT TRAINING PROGRAMS

NEW SECTION

WAC 246-841A-409 Types of nursing assistant training programs. (1) This chapter addresses four types of nursing assistant training programs:

(a) Traditional nursing assistant training programs, which provide the complete training required for competency evaluation and career entry as a nursing assistant-certified.

(b) Home care aide-certified alternative training programs, which recognize prior training and certification as a home care aide and provide the additional education required to qualify for competency evaluation and career progression to a nursing assistant-certified.

(c) Medical assistant-certified alternative training programs, which recognize prior training and certification as a medical assistant and provide the additional education required to qualify for competency evaluation and career progression to a nursing assistant-certified.

(d) Medication assistant certification endorsement training, which provides the additional education required of experienced nursing assistants-certified to qualify for competency evaluation to earn a medication assistant endorsement.

(2) The requirements for initial and ongoing approval of nursing assistant training programs (described in WAC 246-841A-420 through 246-841A-460) and for corrective actions for nursing assistant training programs (described in WAC 246-841A-465 through 246-841A-490) apply to all training program types unless exceptions are specifically noted in this chapter:

(a) Exceptions for home care aide-certified alternative programs are noted in WAC 246-841A-545.

(b) Exceptions for medical assistant-certified alternative programs are noted in WAC 246-841A-550.

(c) Exceptions for medication assistant certification endorsement programs are noted in WAC 246-841A-590.

NEW SECTION

WAC 246-841A-410 Purpose of the review and approval of nursing assistant training programs. The commission reviews and approves nursing assistant training programs to ensure preparation for safe practice of nursing assistants by requiring nursing assistant training programs to meet minimum standards.

NEW SECTION

WAC 246-841A-420 Requirements for approval of nursing assistant training programs. To qualify as a nursing assistant training program for initial and ongoing approval, an applicant must:

(1) Attend an online orientation provided by the commission prior to submission of an application;

(2) Submit a completed application packet provided by the commission. The completed packet will reflect how the training program will meet program standards on an ongoing basis. The packet will include forms and instructions for submitting required materials which include, but are not limited to:

(a) Owner identification and contact information, business name, and physical address;

(b) Documentation demonstrating the program director and instructor(s) meet all qualifying criteria as stated in WAC 246-841A-430. Required documentation includes:

(i) Verification that the program director and instructor(s) have successfully completed a course in adult instruction as required by WAC 246-841A-430 (2)(a) or have demonstrated one year of experience teaching adults.

(ii) Verification that the program director and instructor(s) who teach the specialty class units (mental health, dementia, and developmental disabilities) have successfully completed coursework in the subjects prior to instructing students as required by WAC 246-841A-430 (6)(g);

(c) Contractual agreements related to providing training. For any program that uses another facility to provide clinical training, contractual agreements include an affiliation agreement between the training program and the facility. The affiliation agreement must describe how the program will provide clinical experience in the facility, making it clear that students will be supervised at all times, taught, and evaluated by an approved instructor who meets the requirements under this chapter. The agreement must specify the rights and responsibilities of both parties, students, and clients or residents;

(d) A student enrollment agreement that the training program will provide to each student for review, discussion, and signature prior to beginning the course. The training program retains a signed copy in each student's file. The student agreement must include:

(i) A statement that specifies the student's rights and responsibilities, including those listed in the clinical affiliation agreement;

(ii) A general description of the program and the program components (classroom, skills lab, and clinical), including the number of hours and length of time required to complete the program;

(iii) The program's policies relevant to students, including all criteria required to pass the course and criteria that may be cause for immediate dismissal or failure;

(iv) A statement that the student has received the class schedule and access to common curriculum materials for students as provided by the commission;

(v) The following statement regarding the right to file a complaint with the commission with concerns about the training program: "Student complaints about this nursing assistant training program can be filed with the nursing care quality assurance commission." The current web page link for filing a complaint must be included with the statement;

(e) An implementation plan for teaching the common curriculum using a format and instructions provided by the commission. Implementation information must include:

(i) The outline of materials for assigned study for each unit, including text readings, videos, and other resources. The main text resource must have a publication date within the last five years;

(ii) Presentations and active discussion of content;

(iii) A variety of activities to reinforce and apply knowledge and concepts, including activities provided in the common curriculum;

(iv) Skills practice to integrate theory with skills, including use of skills checklists which match the state exam;

(v) Plans for evaluation to measure student learning and competency; and

(vi) Plans for conducting and supervising clinical experiences;

(f) A description of classroom and skills lab facilities with photographs demonstrating adequate space, equipment, and supplies available to provide the training program in accordance with this chapter;

(g) Verification that the nursing assistant training program or school is approved to operate in the state of Washington by:

(i) The state board for community and technical colleges for college programs;

(ii) The superintendent of public instruction for high schools and skills center programs;

(iii) The workforce training and education coordinating board for private vocational schools; or

(iv) The department of social and health services for nursing home programs. For purposes of this chapter: Lack of a department of social and health services sanction signifies department of social and health services approval; a current sanction with no department of social and health services waiver to conduct training signifies nonapproval;

(h) A declaration of compliance with all program standards signed by:

(i) Program owner or administrator; and

(ii) Program director, if different from owner or administrator;

(3) Submit all application items in one submission and respond to requests for more information or clarification regarding the program's application submission. Failure to submit a completed application packet or respond to request for more information or clarification within 90 days may result in closure of the application;

(4) Agree to in-person or online site visits by the commission on request or, when applicable per WAC 246-841A-465(2) and 246-841A-470 (2)(c)(v), unannounced site visits by the commission. Examples of activities a site visit may include are:

(a) Observation of classroom, skills lab, and clinical teaching;

(b) A review of the program facilities, equipment, supplies, documentation, and files related to the program with the potential need to make copies or take photos of them;

(c) Access to student names and contact information;

(d) Interviews with the program owner(s), program director, instructor(s), other support staff, clinical site personnel, and students;

(e) A review of facilities, equipment, supplies, and staff at clinical affiliation sites;

(5) Comply with all program standards;

(6) For each class taught, implement the common curriculum as developed and described in materials provided by the commission;

(7) Submit all program change requests on forms provided by the commission and receive approval prior to implementation of the change. Notify other approving agencies of changes prior to implementing the change(s). Program changes include, but are not limited to:

(a) Program owner(s);

(b) Program director;

(c) Instructor(s);

(d) Program location;

(e) Program curriculum plan as approved;

(f) Program curriculum hours; and

(g) Program schedule pattern;

(8) Comply with changes in program standards;

(9) Participate in and complete the program renewal process every two years. Failure to renew by the designated deadline results in lapse of approval.

NEW SECTION

WAC 246-841A-423 Initial approval of nursing assistant training programs. The commission will grant initial approval status for one year to a nursing assistant training program applicant demonstrating the ability to meet program standards.

(1) The commission will monitor the nursing assistant training program for the first year and then complete a program evaluation to verify the program has continued to meet program standards. Following the program evaluation, the commission may:

(a) Change the program's status to full approval if program standards have been met consistently; or

(b) Extend a program's initial approval for up to one additional year with an evaluation at the end of the second year to verify program standards have been met consistently; or

(c) Withdraw initial approval if a nursing assistant training program demonstrates deficiencies in or violations of program standards.

(2) A nursing assistant training program with initial approval status is subject to announced and unannounced site visits by the commission.

NEW SECTION

WAC 246-841A-425 Full approval of nursing assistant training programs. The commission will grant full approval status to initially approved nursing assistant training programs demonstrating they have consistently met program standards during the initial approval period.

NEW SECTION

WAC 246-841A-427 Approval status of existing programs on the effective date of these rules. (1) Existing nursing assistant training programs with full approval status retain full approval status on the date these rules take effect.

(2) Existing nursing assistant training programs with conditional approval status retain conditional approval status on the date these rules take effect.

(3) Existing nursing assistant training programs are subject to approval status changes under the rules of this chapter upon the effective date.

NEW SECTION

WAC 246-841A-430 Program directors and instructors in approved nursing assistant training programs. (1) The program director must hold an active license in good standing as a registered nurse (RN) in the state of Washington.

(a) The commission may deny or withdraw a program director's approval if there is or has been any action taken against the director which disqualifies them from working with vulnerable populations.

(b) Directing a nursing assistant training program constitutes the practice of nursing. Any unprofessional conduct by a program director, as defined in the Uniform Disciplinary Act, chapter 18.130 RCW, may subject the program director to license discipline under that act.

(2)(a) The program director must have completed a training course on adult instruction or have demonstrated one year of experience teaching adults. Acceptable experience does not include teaching patients. A program director working exclusively in a secondary or postsecondary educational setting is exempt from this requirement.

(b) The training course on adult instruction must provide instruction in:

(i) Understanding the adult learner;

(ii) Techniques for teaching adults;

(iii) Classroom methods for teaching adults;

(iv) Audio visual techniques for teaching adults.

(3) The program director must attend an online orientation provided by the commission within 30 days of approval as program director.

(4) The program director will have a minimum of three years of experience as an RN, of which at least one year will be in direct patient care.

(5) If the program director will also be acting as an instructor, the program director must meet the requirements for instructional staff.

(6) Program director responsibilities:

(a) Implement the common curriculum as developed and described in materials provided by the commission and in accordance with the requirements of WAC 246-841A-440. The program director is responsible for all classroom and clinical training content and instruction;

(b) Ensure compliance with and assume responsibility for meeting the training program requirements of this chapter;

(c) Ensure that all student clinical training is directly supervised:

(i) For instructor-led clinical training provided by the program, direct supervision means that an approved instructor is always on-site to supervise, teach, and evaluate performance while the students are providing care.

(ii) For clinical training provided through the nursing assistant-registered work pathway described in WAC 246-841A-440(8), direct supervision means the program director requires the student to provide verifiable documentation of supervision and competency evaluation by a supervising licensed nurse prior to awarding clinical training credit. To receive clinical training credit, students must provide documentation on the verification form provided by the commission. The student must also provide evidence of at least 40 hours of work in the role of a nursing assistant;

(d) Ensure that the clinical instructor has no concurrent duties during the time he or she is instructing students;

(e) Create and maintain an environment conducive to teaching and learning;

(f) Select and supervise all instructors involved in the course, including clinical instructors and guest lecturers;

(g) Ensure the instructor(s) teaching specialty units on the topics of mental health, dementia, and developmental disabilities are approved to teach the units prior to teaching them. For the instructor to receive approval, the program director will:

(i) Verify the instructor has completed a class on adult instruction as identified in subsection (2)(b) of this section. Acceptable experience does not include teaching patients. An instructor working exclusively in a secondary or postsecondary educational setting is exempt from this requirement.

(ii) Verify the instructor(s) has completed the corresponding specialty class(es) for the unit(s) they will teach. The mental health and dementia specialty classes must be the complete curriculum approved by the department of social and health services; the developmental disabilities specialty class must be the complete curriculum provided by the developmental disabilities administration of the department of social and health services.

(iii) Submit documentation with an instructor application to the commission;

(h) Ensure teaching of specialty units on mental health, dementia, and developmental disabilities occurs only as components of the complete nursing assistant training program. Unless expressly approved by the department of social and health services to provide stand-alone specialty classes on the specialty topics, a nursing assistant training program is only authorized to provide specialty units as components of the overall nursing assistant training program;

(i) Ensure that students are not asked to, nor allowed to, perform any clinical skill with residents or clients until first demonstrating the skill satisfactorily to an instructor;

(j) Provide students with instruction regarding the nursing assistant-registered work pathway as described in WAC 246-841A-440(8), including supervision and documentation requirements;

(k) Ensure evaluation of professional knowledge, skills, and behaviors of students before verifying completion of the course;

(l) Without delay upon successful completion of course requirements:

(i) Provide students a certificate of completion on a form provided by the commission.

(ii) Provide verification of each student's eligibility to take the state exam. Verification is to be provided in accordance with the established procedure provided to program directors by the commission;

(m) Communicate directly with the commission in all matters regarding the program.

(7) The program director may select instructional staff to assist in the teaching of the course.

(a) Instructional staff must teach in their area of expertise.

(b) Instructional staff must have a minimum of:

(i) One year of verifiable paid or unpaid work experience as a licensed nurse within the past three years providing direct patient care for the elderly or chronically ill of any age; or

(ii) Three years of verifiable paid experience as a licensed nurse at any time providing direct patient care for the elderly or

chronically ill of any age and verifiable paid or unpaid work experience as a licensed nurse in any role for at least one of the last three years.

(c) A clinical instructor providing care to patients with staff or students is considered a provider of direct patient care.

(d) Instructional staff must complete a training course on adult instruction as described in subsection (2)(b) of this section or have demonstrated one year of experience teaching adults. Instructional staff working exclusively in a secondary or postsecondary educational setting are exempt from this requirement.

(i) Instructional staff who will teach the specialty units of curriculum on the topics of mental health, dementia, or developmental disabilities, must also demonstrate successful completion of those courses described in (g) of this subsection prior to teaching them.

(ii) Instructional staff must hold an active Washington state license to practice as a registered or licensed practical nurse, in good standing. The commission may deny or withdraw an instructor's approval if there is or has been any action taken against the instructor which disqualifies them from working with vulnerable populations.

(iii) Instructional staff may assist the program director in development of curricula, teaching modalities, and evaluation.

(iv) Instructional staff will always be under the supervision of the program director.

(v) A guest lecturer or individual with expertise in a specific course unit may be used in the classroom setting for teaching within that unit without commission approval, following the program director's review of the currency and relevance of content in relation to unit objectives. Guest lecturers must hold a license, certificate, or registration in good standing in their field of expertise. The allowance for a guest lecturer does not apply to the specialty units of the common curriculum on the topics of mental health, dementia, or developmental disabilities. The specialty units must be taught by a program instructor specifically approved by the commission to teach the specialty units as described in subsection (6)(g) of this section.

NEW SECTION

WAC 246-841A-440 Common curriculum in approved nursing assistant training programs. (1) **Common curriculum.** Approved programs must implement the common curriculum as developed and described in materials provided by the commission in accordance with the transition timelines established by the commission in (a) through (c) of this subsection. The common curriculum includes the complete specialty curricula on the topics of developmental disabilities, mental health, and dementia as developed by the department of social and health services.

(a) Approved programs must apply for approval to implement the first nine units of the common curriculum within six months of the effective date of these rules and begin implementation by September 1, 2024.

(b) Until they transition to the common curriculum, approved programs may continue to implement their existing curriculum as approved under previous rules; however, subsections (5) through (8) of this section are effective with the effective date of these rules.

(c) Approved programs must implement the specialty curricula as units 10, 11, and 12 of the common curriculum for all students graduating on or after September 1, 2025.

(2) **Implementing the common curriculum.** Implementing the common curriculum as developed and described in materials provided by the commission includes, but is not limited to:

(a) Interactive presentation and discussion of content for each unit and activity that provides students with an opportunity to reinforce learning and apply knowledge. The program will demonstrate use of a variety of activities across units. Examples include, but are not limited to:

(i) Written assignments;

(ii) Responding to videos shown or assigned;

(iii) Small group exercises;

(iv) Role play;

(v) Student presentations; and

(vi) Team or game-type learning activities.

(b) Instructor demonstration of each unit's lab skills followed by students' practice of the skills under the supervision of an approved instructor who provides guidance and evaluation in real time.

(c) A clinical training opportunity for students to successfully demonstrate the core competencies of a nursing assistant through integration of professional knowledge, skills, and behaviors gained in class and skills lab.

(d) Evaluation to measure each student's level of competency achievement in each part of the training program (classroom theory, skills lab, and clinical) and overall.

(3) **Correlation of classroom and clinical teaching.** When implementing the common curriculum, programs will ensure clinical teaching is closely correlated with classroom theory teaching to support students' integration of professional knowledge and behaviors with manual skills.

(a) For skills lab training, close correlation means skills included in each unit of the common curriculum are taught together with the unit's classroom theory.

(b) For clinical training, close correlation means clinical training occurs as part of the planned, continuous flow of the class immediately following completion of classroom theory and skills lab. When there are delays in the start of clinical training, as allowed by the program's policies, the program will reverify and document student competency to participate safely in clinical training prior to a student's participation.

(4) **Program hours.** The program director will determine the amount of time required in the curriculum to achieve the objectives. The time designated may vary with characteristics of the learners and teaching or learning variables, but the program must provide a minimum of 138 training hours total, with a minimum of 66 hours of classroom theory, a minimum of 32 hours of skills lab, and a minimum of 40 hours of clinical training.

(a) These hours include 32 hours of classroom training on the specialty topics of developmental disabilities (16 hours), mental health (eight hours), and dementia (eight hours). Training programs must incorporate the complete curriculum for each specialty topic as developed by department of social and health services. Requirements for providing and instructing specialty curricula as part of a nursing assistant training program are found in WAC 246-841A-430 (g) and (h).

(i) If a student has already taken one or more of the specialty topics, the program director may excuse the student from repeating the topic(s) when they provide documentation of successful completion.

(ii) Only the specialty classes developed specifically by the department of social and health services qualify for acceptable training to excuse students from specialty topic(s).

(iii) For students who are excused, programs must retain documentation of a student's previous specialty training in the student's file.

(b) Training to orient the student to the health care facility and facility policies and procedures is required, but must not be included in the minimum clinical training hours required.

(5) **Classroom theory teaching and learning.** Classroom theory teaching and learning may be conducted through the following modalities:

(a) An in-person format in a classroom space approved by the commission;

(b) A live online format.

(i) Prior to implementation, the program must apply to the commission for approval to use a live online format on a form provided by the commission.

(ii) At no time will the ratio of students to instructor exceed 20 students to one instructor in a live online class;

(c) An online or hybrid format that includes asynchronous online elements.

(i) Prior to implementation, the program must apply to the commission for approval to use this online format on a form provided by the commission.

(ii) The program must provide the commission with access to all online programming from both the instructor and the student user views including, but not limited to: Lessons, assignments, quizzes and tests, discussion boards, tools for instructor monitoring of student progress and interacting with students, evaluation mechanisms, and electronic gradebook.

(iii) The student-to-instructor ratio for an online or hybrid program with asynchronous learning elements must not exceed one instructor to 30 students.

(iv) Except for high school programs with a 10-month calendar, the entire program must be completed by students within three months.

(v) For initial and ongoing approval, the program must demonstrate how it meets the standards for online education as established by the commission. The standards require the program to demonstrate:

(A) Evidence of ability to provide online training or online educational programs successfully (i.e., a history of success, institutional support, external review, and certification by a commission-approved quality assurance organization).

(B) Correlation between the curriculum and text readings for the course.

(C) Instructor interaction with and support of students during the classroom theory portion of the class and throughout the entire class.

(D) Close correlation of the teaching and learning of classroom theory with teaching and learning in skills lab and clinical.

(E) The direct supervision role of an approved instructor in the classroom theory, skills lab, and clinical portions of the class.

(F) Student selection process, including entry requirements for the program.

(G) Provision of a live online or in-person orientation for all students prior to beginning the program. The orientation will include information about program requirements and policies, time schedule, appropriate online conduct, and how to navigate the learning management system and program content. The orientation hours may not be included in the minimum required program hours.

(H) An academic-based assignment related to the course outcome in the first week of class for the purpose of reporting attendance.

(I) For each unit, at least one asynchronous online discussion related to a unit outcome that allows instructor feedback, student interaction, and a rubric for grading participation.

(J) Facilitation of students' ability to meet independently in a study group.

(K) The opportunity for robust and individualized instructor feedback for students needing to improve grades or requiring further instruction. This does not include computer-generated feedback.

(L) An organized schedule of classroom theory, skills lab, and clinical activities with paced deadlines to support time management and successful course completion provided to the students.

(M) Ensuring the identity of each student completing online examinations and security measures throughout the examination.

(N) Adequate technical support to the website and to students, including provisions for: Reliability; privacy; security; addressing technical difficulties; assuring back-up of data; services and training for students to use the website and program; and student technical support services.

(O) Evidence of meeting requirements for all nursing assistant training programs as described in this chapter.

(6) **Skills lab teaching and learning.** Skills lab teaching and learning will be conducted in-person in a commission-approved skills lab.

(7) **Clinical teaching and learning: Instructor-led clinical in a care facility.** The program shall provide instructor-led clinical training in a care facility for all students completing the program. Instructor-led clinical training means the program must provide a commission-approved instructor who conducts and supervises a coordinated clinical training experience in a nursing home or other care facility where students have an opportunity to safely demonstrate competency in the role of a nursing assistant caring for a variety of individuals with diverse care needs.

(a) The clinical instructor must be on-site with students at all times to supervise, teach, and evaluate performance.

(b) The clinical instructor must have no concurrent duties during the student clinical experience.

(c) The ratio of students to instructor must not exceed 10 students to one instructor in the clinical setting.

(d) Students cannot perform any clinical skill with clients or residents until first satisfactorily demonstrating the skill to an approved instructor.

(e) Students must wear name tags clearly identifying them as students at all times.

(8) **Clinical teaching and learning: Nursing assistant-registered work pathway.** In accordance with the program's established policies, the program retains authority to allow students who choose to do so, on a case-by-case basis, to complete their clinical training hours by working as a nursing assistant-registered in a care facility under the supervision of a licensed nurse. To meet qualifying standards to count

as clinical hours' credit, the nursing assistant-registered employment experience must:

(a) Be completed following successful completion of required classroom theory and skills lab hours;

(b) Be completed in a time frame comparable to that of classmates who complete through instructor-led clinical training as established by the program's schedule and completion policies;

(c) Be performed under a pending or active nursing assistant-registered credential during enrollment in the class;

(d) Include a background check prior to contact with clients or residents;

(e) Occur in a care facility where a licensed nurse is present to provide direct supervision and verify competency for care provided throughout the clinical experience; the supervising nurse may not be a friend or relative;

(f) Include opportunities for the student to successfully demonstrate the competencies of a nursing assistant as identified in WAC 246-841A-400;

(g) Include care of clients or residents who are not friends or relatives;

(h) Be documented on a form provided by the commission and available on file at the training program along with formal documentation of the number of hours worked; and

(i) Be verifiable with the care facility.

NEW SECTION

WAC 246-841A-450 Physical and electronic resources required for approved nursing assistant training programs. (1) Classroom, skills lab, and clinical facilities used by the program must provide adequate space, lighting, comfort, privacy, safety, and cleanliness for effective teaching and learning.

(2) Adequate classroom resources, such as a white board or other writing device, audio-visual materials, and written materials must be available. Audio-visual materials include a computer with internet and projection capability in order to access and implement the common curriculum.

(3) Online classrooms used by the program must provide browser-based platforms and mixed media capability such as captioning, video, and audio-text to enhance accessibility. Online classrooms must have a method for providing private and secure methods of evaluation, submitting grades, and providing feedback.

(4) The program must provide the equipment and supplies necessary to teach skills lab and allow students to practice and gain competency as nursing assistants in accordance with WAC 246-841A-400.

(a) A list of required equipment and supplies for all nursing assistant training programs is provided by the commission.

(b) The program will maintain the safety and proper working condition of equipment and supplies.

(c) The program will ensure that equipment and supplies used by the program reflect current practice and are sufficient in quantity for effective teaching and learning for students.

NEW SECTION

WAC 246-841A-455 Administrative procedures for approved nursing assistant training programs. (1) The program must establish and maintain a file for each student enrolled and demonstrate measures for safe, secure storage of all paper and electronic files. Each student's file must include:

(a) Dates of enrollment, attendance, and completion of the program, including multiple attempts to successfully complete the program;

(b) A record of the student's performance in relationship to all passing criteria for the class, including: Quizzes, tests, and other required assignments; evaluation of skills lab performance; and evaluation of clinical performance.

(i) Skills lab evaluations use a checklist that shows the skills evaluated, the date(s) of skills evaluation, the printed name(s), signature(s), and date(s) of evaluating instructor(s);

(ii) Clinical evaluations document performance in relation to each student's competency as a nursing assistant as identified in WAC 246-841A-400;

(c) Documentation of successful completion of the course, or documentation of the course outcome.

(2) Each student file must be maintained by the program for a period of five years. The program must provide copies of each student's file documents to the student on request, within two business days.

(3) The program director will provide verification of students' successful completion of the training program for testing and certification without delay once requirements are met. Verification is to be provided in accordance with the established procedures and format provided to program directors by the commission.

(4) For programs based in a health care facility, verification of program completion and the application for state testing will not be withheld from a student who has successfully met the requirements of the program. Successful completion will be determined by the training program director separately from other employer issues.

NEW SECTION

WAC 246-841A-460 Competency evaluation and pass rates. Students who successfully complete an approved nursing assistant training program or the equivalent in an approved nursing education program may apply to take the state certification exam (also called competency evaluation). The competency evaluation includes a knowledge exam and a skills exam. Students must pass both exams before their certification application can be processed.

(1) Training programs will communicate accurate information about the state certification exam to students and share written and video resources including, but not limited to:

(a) Testing service provider's website and how to access it. This includes the testing handbook, practice tests, and steps to register for the exam.

(b) The commission's website and how to access it. This includes information to help students navigate through training, testing, and certification.

(c) The department of health website and how to access it. This includes steps to apply for nursing assistant registration and certification.

(2) When online evaluation of skills testing is implemented in Washington, training programs must host skills testing events on-site for their students upon the students' successful completion of training. The program must have at least one staff member in person, to assist with proctoring on-site.

(3) The commission will monitor all training programs' pass rates on the state certification exam. The program standard for pass rates is:

(a) At least 80 percent of first-time test-takers pass the knowledge portion of the examination; and

(b) At least 80 percent of first-time test-takers pass the skills portion of the examination.

NEW SECTION

WAC 246-841A-463 Traditional program and nursing education program students—Application requirements for nursing assistant certification. (1) To be eligible to apply for nursing assistant-certified, a traditional program or nursing education program student must:

(a) Have successfully completed a Washington state-approved training program as outlined in WAC 246-841A-440 or the equivalent in an approved nursing education program; and

(b) Have successfully completed a competency evaluation.

(2) An applicant for nursing assistant-certified must submit to the department:

(a) A completed application for nursing assistant-certified;

(b) Proof of training from an approved traditional nursing assistant training program or an approved nursing education program; and

(c) Applicable fees as required in WAC 246-841A-990.

CORRECTIVE ACTION FOR NURSING ASSISTANT TRAINING PROGRAMS

NEW SECTION

WAC 246-841A-465 Complaint investigations. The commission may investigate complaints of alleged deficiencies or violations relating to this chapter. The commission:

(1) Will notify the program director in writing within 10 business days when a complaint investigation is opened.

(a) Failure by the program director to cooperate with an investigation may result in disciplinary action against the program director's license as a registered nurse in the state of Washington in accordance with the Uniform Disciplinary Act, chapter 18.130 RCW.

(b) Failure to cooperate with an investigation may result in withdrawal of program approval by the commission.

(2) May conduct announced or unannounced site visits to training programs in the course of investigating complaints. Site visits may include, but are not limited to:

(a) Observation of classroom, skills lab, and clinical teaching;

(b) A review of the program facilities, equipment, supplies, documentation, and files related to the program. The commission may make copies of documentation or take photos;

(c) Access to student names and contact information;

(d) Interviews with the program owner(s), program director, instructor(s), other support staff, clinical site personnel, and students;

(e) A review of facilities, equipment, supplies, and staff at clinical affiliation sites.

(3) Will notify the program director of the outcome in writing when the complaint investigation process is complete. Outcomes may include:

(a) Closing the complaint with no action; or

(b) Specifying deficiencies or violations and, as applicable, providing notification of the commission's intent to add a corrective action designation to the program's full approval status or change the program's approval status which may include:

(i) Requirements for corrective action steps by the program;

(ii) Withdrawal of program approval; or

(iii) Immediate suspension of program approval for immediate threat to public health and safety.

NEW SECTION

WAC 246-841A-470 Corrective action designations for nursing assistant training programs. (1) The commission may add a corrective action designation to a training program's full approval status when deficiencies in or violations of program standards exist. Corrective action designations are organized to provide progressive steps for corrective action to meet program standards and restore full approval status.

(2) Corrective action designations include:

(a) Full approval with plan of correction:

(i) The program develops, implements, and evaluates an initial plan of correction using a format provided by the commission.

(ii) The commission staff may provide one formal technical assistance session to a program on request.

(b) Full approval with plan of correction and technical assistance:

(i) The program develops, implements, and evaluates an adjusted plan of correction when program standards are not met or violations

persist after implementation of the first plan of correction or if the first plan of correction was not fully implemented.

(ii) The commission may require the program to participate in one technical assistance session as part of the plan of correction.

(iii) The commission may require a directed plan of correction, which means the commission stipulates some or all aspects of the plan of correction.

(c) Conditional approval:

(i) The commission may change a program's approval status to conditional if the program fails to fully implement the plan of correction or if deficiencies in or violations of program standards persist with implementation of plans of correction.

(ii) The commission will establish in writing additional specific conditions with which the program must comply.

(iii) The commission may require the program to participate in one technical assistance session with commission staff as a condition.

(iv) The program has a responsibility to seek external sources of technical assistance other than commission staff if additional support is needed to meet conditions.

(v) The commission may conduct announced or unannounced site visits to monitor a program on conditional approval. Failure to cooperate with site visits may result in withdrawal of approval by the commission.

(3) The commission will reevaluate a program's corrective action designation in accordance with a timeline established and provided by the commission at the time the program is notified in writing of the designation.

(4) With reevaluation, the commission may:

(a) Remove a corrective action designation if program standards are consistently met;

(b) Change the corrective action designation to a higher designation with improvement toward meeting standards;

(c) Change the corrective action designation to lower designation if standards are not met; for programs with a conditional approval designation, this means withdrawal of approval in accordance with WAC 246-841A-475;

(d) Extend a corrective action designation if more time and evaluation are needed to determine program standards are being met consistently.

NEW SECTION

WAC 246-841A-475 Withdrawal of approval for nursing assistant training programs. (1) The commission may withdraw a program's approval status when any condition of the program's conditional approval status is not met or the program's deficiencies in or violations of program standards persist with implementation of corrective efforts. When a program's approval status is withdrawn, the program shall submit an action plan for closure to the commission providing options for current students to complete the program. The action plan must be submitted within 10 business days of the withdrawal of approval. The commission must review and act on the action plan within 10 business days of receipt of the action plan.

(2) Program approval may be immediately suspended and withdrawn when continued operation of the program presents an immediate danger to the public health, safety, or welfare in accordance with the Administrative Procedure Act (APA), RCW 34.05.479, and chapter 246-11 WAC. If students are in progress to complete the program at time of suspension, the commission will coordinate with the dual approving agency and other training programs to identify options to support students' training completion.

(3) Program approval may be withdrawn if the program:

(a) Has no approved program director at the time of program renewal; or

(b) Has no first-time test-takers for a period of two years; or

(c) Is no longer approved by the appropriate agency providing dual approval. Agencies providing dual approval include:

(i) The office of the superintendent of public instruction for high school and skill center programs;

(ii) The state board of community and technical colleges for college programs;

(iii) The workforce training and education coordinating board for private vocational schools; or

(iv) The department of social and health services for nursing home programs.

A current department of social and health services sanction on a nursing home with no waiver granted by the department of social and health services to conduct training means the nursing home training program is no longer approved by the department of social and health services.

NEW SECTION

WAC 246-841A-483 Appeal rights of a nursing assistant training program. When a nursing assistant training program's approval has been denied or withdrawn or had its approval status changed to conditional by the commission, the program shall have the right to a hearing to appeal the commission's decision according to the provisions of: Chapters 18.88A and 34.05 RCW, the Administrative Procedure Act; and chapter 246-11 WAC.

NEW SECTION

WAC 246-841A-485 Voluntary closure of an approved nursing assistant training program. When an approved program plans to close, it shall notify the commission in writing, stating the reason and the date of intended closing.

(1) The program shall notify the commission in writing at least 30 days in advance and complete all current class(es) in session prior to closing.

(2) In the event of an emergency or unexpected event which renders the program inoperable, the program will ensure a transition plan for students to complete their training.

NEW SECTION

WAC 246-841A-490 Reapplication timelines when program approval is withdrawn. After a program's approval is withdrawn, the program may be eligible to reapply for initial approval in accordance with certain timelines:

(1) The commission will withdraw approval when the training program loses approval by the office of the superintendent of public instruction, state board of community and technical colleges, workforce training board, or department of social and health services. The program may reapply immediately for initial approval upon regaining approval by the office of the superintendent of public instruction, state board of community and technical colleges, workforce training board, or department of social and health services.

(2) When approval lapses for failure to renew, the program may reapply for initial approval after 90 days. If the program reapplies, receives initial approval, and does not renew a second time, the program may not reapply for initial approval for at least one year.

(3) When approval is withdrawn due to no first-time test-takers within a period of two years, the program may reapply for initial approval six months after notification of withdrawal. If the program reapplies, receives initial approval and has no first-time test-takers again at its one-year program evaluation, the commission may withdraw program approval, and the program may not reapply for initial approval for at least one year after notification of withdrawal.

(4) If the commission withdraws a program's initial or conditional status, the program may reapply for initial approval after one year if it can demonstrate meeting program standards and evidence that the basis for the commission's withdrawal of approval no longer exists.

(5) A program with initial or conditional approval status withdrawn twice by the commission may not reapply for initial approval for at least two years after the date of the second withdrawal.

(6) A program application that includes the same program owner, program director, or instructor(s) from a previous program which had approval withdrawn may be considered by the commission as a reapplication from the previous program, subject to the regulations in this chapter; this applies even if the program has a new name or is operated by a different corporate entity.

ALTERNATIVE TRAINING PROGRAMS

NEW SECTION

WAC 246-841A-530 Alternative training programs—Purpose. Alternative training programs for home care aide-certified and medical assistant-certified recognize relevant training; provide opportunity for

recruitment and career progression in nursing; and maintain a single standard for competency as a nursing assistant.

(1) The alternative program provides additional training, including clinical training, on topics not addressed in the specified training for certification as a home care aide or medical assistant, that will meet the requirements necessary to take the nursing assistant-certified competency evaluation.

(2) Successful completion of an approved alternative program may allow the home care aide-certified and medical assistant-certified to meet requirements to complete a competency evaluation. Successful completion of the competency evaluation may allow an applicant who is a home care aide-certified or medical assistant-certified to become a nursing assistant-certified.

NEW SECTION

WAC 246-841A-535 Alternative training programs—Student certification requirement. (1) A student who takes a home care aide-certified alternative program must be a home care aide-certified prior to beginning the program. Home care aide-certified means any person certified under chapter 18.88B RCW.

(2) A student who takes a medical assistant-certified alternative program must be a medical assistant-certified prior to beginning the program. Medical assistant-certified under chapter 18.88A RCW, means a person who holds a current certification from one of the certifying organizations in WAC 246-827-0200(2).

NEW SECTION

WAC 246-841A-545 Home care aide-certified alternative program requirements. The commission approves home care aide-certified alternative training programs that meet approval requirements. These programs may enroll individuals credentialed as home care aides-certified under chapter 18.88B RCW. Successful completion allows them to apply to take the state exam evaluating competency for nursing assistant certification.

(1) An alternative program shall:

(a) Meet the requirements for initial and ongoing approval of nursing assistant training programs in this chapter except for the following differences:

(i) The program must implement the common curriculum designed specifically for home care aide-certified alternative programs, as developed and described in materials provided by the commission in accordance with the transition timelines established by the commission in WAC 246-841A-440 (1)(a) through (c).

(ii) The program must provide the minimum required training hours designed specifically for home care aide-certified alternative programs.

(A) The minimum required training hours are: Sixty-eight hours total, with a minimum of 49 hours of classroom theory, a minimum of 13 hours of skills lab, and a minimum of six hours of clinical training.

(B) The minimum program hours include 32 hours of classroom theory training on the specialty topics of: Developmental disabilities (16 hours); mental health (eight hours); and dementia (eight hours).

(b) Be subject to corrective actions for nursing assistant training programs as described in WAC 246-841A-465 through 246-841A-490, when requirements are not met for initial and ongoing approval of nursing assistant training programs (WAC 246-841A-420 through 246-841A-460), including those specific to home care aide-certified alternative programs (WAC 246-841A-530 through 246-841A-555).

(c) Provide a subset of the content for traditional nursing assistant programs as identified in the common curriculum for the alternative program and reflecting the following competency areas found in WAC 246-841A-400:

(i) The nursing assistant role and knowledge of rules and regulations;

(ii) Resident rights and promotion of independence;

(iii) Communication and interpersonal skills;

(iv) Infection control;

(v) Safety and emergency procedures;

(vi) Basic nursing skills;

(vii) Basic restorative services;

(viii) Personal care;

(ix) Life transitions;

(x) Care of clients or residents with developmental disabilities (specialty curriculum);

(xi) Mental health and social service needs (specialty curriculum);

(xii) Care of clients or residents with cognitive impairment (specialty curriculum).

(2) The common curriculum for home care aide-certified alternative programs includes the complete specialty curricula on the topics of developmental disabilities, mental health, and dementia developed by the department of social and health services.

(a) For students who have not already taken the specialty classes, the training program must provide them as part of the class.

(b) For students who have already taken one or more of the specialty topics, the training program may excuse them from repeating the topic(s) when they provide documentation of successful completion.

(i) Only the specialty classes developed specifically by the department of social and health services qualify for acceptable training to excuse students from specialty topic(s).

(ii) For students who are excused, programs must retain a copy of documentation of a student's previous specialty training in the student's file.

(3) Training to orient the student to the health care facility and facility policies and procedures is required, but is not included in the minimum clinical training hours required.

NEW SECTION

WAC 246-841A-550 Medical assistant-certified alternative program requirements. The commission approves medical assistant-certified alternative training programs that meet approval requirements. These programs serve individuals credentialed as medical assistants-certified as defined in WAC 246-841A-535(2). Successful completion allows them to apply to take the state exam evaluating competency for nursing assistant certification.

(1) An alternative program shall:

(a) Meet the requirements for initial and ongoing approval of nursing assistant training programs in this chapter, except for the following differences:

(i) The program must implement the common curriculum designed specifically for medical assistant-certified alternative programs, as developed and described in materials provided by the commission in accordance with the transition timelines established by the commission in WAC 246-841A-440 (1)(a) through (c).

(ii) The program must provide the minimum required training hours designed specifically for medical assistant-certified alternative programs.

(A) The minimum required training hours are: Sixty-eight hours total, with a minimum of 48 hours of classroom theory, a minimum of 14 hours of skills lab, and a minimum of six hours of clinical training.

(B) The minimum program hours include 32 hours of classroom theory training on the specialty topics of: Developmental disabilities (16 hours); mental health (eight hours); and dementia (eight hours).

(b) Be subject to corrective actions for nursing assistant training programs as described in WAC 246-841A-465 through 246-841A-490, when requirements are not met for initial and ongoing approval of nursing assistant training programs (WAC 246-841A-420 through 246-841A-460), including those specific to medical assistant-certified alternative programs (WAC 246-841A-530 through 246-841A-555).

(c) Provide a subset of the content for traditional nursing assistant programs as identified in the common curriculum for the alternative program and reflecting the following competency areas found in WAC 246-841A-400:

(i) The nursing assistant role and knowledge of rules and regulations;

(ii) Resident rights and promotion of independence;

(iii) Communication and interpersonal skills;

(iv) Infection control;

(v) Safety and emergency procedures;

(vi) Basic nursing skills;

(vii) Basic restorative services;

(viii) Personal care;

(ix) Life transitions;

(x) Care of clients or residents with developmental disabilities (specialty curriculum);

(xi) Mental health and social service needs (specialty curriculum);

(xii) Care of clients or residents with cognitive impairment (specialty curriculum).

(2) The common curriculum for medical assistant-certified alternative programs includes the complete specialty curricula on the top-

ics of developmental disabilities, mental health, and dementia developed by the department of social and health services.

(a) For students who have not already taken the specialty classes, the training program must provide them as part of the class.

(b) Training programs must follow the regulations in WAC 246-841A-430 and 246-841A-440 for incorporating and teaching specialty curricula.

(c) For students who have already taken one or more of the specialty topics, the training program may excuse them from repeating the topic(s) when they provide documentation of successful completion.

(i) Only the specialty classes developed specifically by the department of social and health services qualify for acceptable training to excuse students from specialty topic(s).

(ii) For students who are excused, programs must retain a copy of documentation of a student's previous specialty training in the student's file.

(3) Training to orient the student to the health care facility and facility policies and procedures is required, but is not included in the minimum clinical training hours required.

NEW SECTION

WAC 246-841A-555 Responsibilities of the program director in alternative programs. The program director of an alternative program is responsible for:

(1) Verifying home care aides-certified have an active home care aide-certified credential before admission to the alternative program.

(2) Verifying medical assistants have certification before admission to the alternative program.

(3) Assuring the alternative program meets program standards, including the requirements of this chapter and the requirements specific to home care aide-certified alternative programs in WAC 246-841A-545 and to medical assistant-certified programs in WAC 246-841A-550.

NEW SECTION

WAC 246-841A-578 Alternative program graduates—Eligibility to apply for nursing assistant certification. To be eligible to apply for nursing assistant certification, a graduate from an alternative program must:

(1) Be currently credentialed as a home care aide-certified under chapter 18.88B RCW; or

(2) Be a medical assistant-certified as defined in WAC 246-841A-535(2);

(3) Have completed a cardiopulmonary resuscitation course; and

(4) Have successfully completed the competency evaluation.

NEW SECTION

WAC 246-841A-585 Alternative program graduates—Application requirements for nursing assistant certification. (1) An applicant for nursing assistant-certified who has successfully completed an approved alternative program as a home care aide-certified must submit to the department:

(a) A completed application for nursing assistant-certified;

(b) A copy of the certificate of completion from an approved alternative program for home care aides-certified;

(c) Documentation verifying current certification as a home care aide;

(d) Evidence of completion of a cardiopulmonary resuscitation course; and

(e) Applicable fees as required in WAC 246-841A-990.

(2) An applicant for nursing assistant-certified who successfully completed an approved alternative program as a medical assistant-certified must submit to the department:

(a) A completed application for nursing assistant-certified;

(b) A copy of certificate of completion from an approved alternative program for medical assistants-certified;

(c) An official transcript from the nationally accredited medical assistant program;

(d) Evidence of completion of an adult cardiopulmonary resuscitation course; and

(e) Applicable fees as required in WAC 246-841A-990.

MEDICATION ASSISTANT ENDORSEMENT

NEW SECTION

WAC 246-841A-586 Applicability. WAC 246-841A-589 through 246-841A-595 apply to the endorsement of a nursing assistant-certified as a medication assistant. A nursing assistant-certified with a medication assistant endorsement administers medications and commission-approved treatments to residents in nursing homes under the direct supervision of a designated registered nurse.

Nothing in these rules requires a nursing home to employ a nursing assistant-certified with a medication assistant endorsement. A medication assistant's employer may limit or restrict the range of their employee's functions permitted in these rules, but may not expand those functions.

WAC 246-841A-589 through 246-841A-595 also apply to the approval of education and training programs and the competency evaluation for medication assistants.

Medication assistants are responsible and accountable for their specific functions.

NEW SECTION

WAC 246-841A-589 Medication administration and performing prescriber ordered treatments. (1) A medication assistant working in a nursing home shall only accept direction to perform medication administration and prescriber-ordered treatments from a designated registered nurse. A medication assistant may only administer medications or perform prescriber-ordered treatments that fall within the medication assistant's scope of practice, education, and demonstrated competency.

(2) It is the responsibility of the designated registered nurse to assess the individual needs of each resident and determine that the direction of medication administration or selected treatment tasks poses minimal risks to each resident. The designated registered nurse determines the frequency of resident assessments and decides the number and types of medications to be administered.

(3) The medication assistant under the direct supervision of a registered nurse in a nursing home, may:

(a) Administer over-the-counter medications;

(b) Administer legend drugs, except for chemotherapeutic agents and experimental drugs;

(c) Administer schedule IV and V medications orally, topically, and through inhalation;

(d) Perform simple prescriber-ordered treatments which include blood glucose monitoring, noncomplex clean dressing changes, pulse oximetry readings, and oxygen administration.

(4) The medication assistant shall accurately document the administration of medication and performance of treatments into the resident's medical records on facility-approved forms or format (e.g., electronic record).

(5) Performance of the tasks identified in subsection (1) of this section will be the sole work assignment to the medication assistant.

(6) A medication assistant may not perform the following tasks:

(a) Assessment of resident need for, or response to medication;

(b) Acceptance of telephone or verbal orders from prescribers;

(c) Conversion or calculation of drug dosages;

(d) Injection of any medications;

(e) Administration of chemotherapeutic agents and experimental drugs;

(f) Performance of any sterile task or treatment;

(g) Medication administration through a tube;

(h) Administration or participation in the handling, including counting or disposal of any schedule I, II, or III controlled substances;

(i) Participation in any handling, including counting or disposal of schedule IV and V controlled substances other than when administering these substances as authorized by subsection (3)(c) of this section;

(j) Performance of any task requiring nursing judgment, such as administration of as necessary or as needed (prn) medications.

NEW SECTION

WAC 246-841A-590 Requirements for approval of medication assistant certification endorsement training programs. (1) A medication assistant certification endorsement training program must:

(a) Be a commission-approved nursing assistant certified training program in good standing, or a commission-approved nursing educational program in good standing; and

(b) Meet the requirements for initial and ongoing approval of nursing assistant training programs in this chapter except for the following differences:

(i) The program must implement as its common curriculum the complete medication assistant-certified model curriculum, as adopted and described in materials from the National Council of State Boards of Nursing;

(ii) The curriculum shall include training on the specific tasks that a medication assistant may and may not perform as listed in WAC 246-841A-589.

(iii) The education and training program may add to the required curriculum as stated in these rules but may not delete any content from the required curriculum.

(2) The program must provide the minimum required training hours designed specifically for medication assistant certification endorsement programs: One hundred hours total, with a minimum of 50 hours of classroom theory, a minimum of 10 hours of skills lab, and a minimum of 40 hours of clinical practicum.

(a) The training program will provide a minimum of 40 hours of directly supervised and progressive clinical experience in the administration of medications to residents in a nursing home.

(b) At no time will the ratio of students to instructor be allowed to exceed 10 students to one instructor during clinical.

(c) Instructional staff for the program must hold an active Washington state license in good standing as a registered nurse.

(d) The training program must include a sample lesson plan for one unit with its application to open a medication assistant certification endorsement program.

(e) The skills lab checklists and competency evaluation activities and documentation shall reflect the medication assistant scope as identified in the National Council of State Boards of Nursing model curriculum and WAC 246-841A-589.

(f) The following options for traditional and alternative training programs described in WAC 246-841A-420 through 246-841A-460 are not applicable for medication assistant certification endorsement programs:

(i) Nursing assistant-registered work pathway;

(ii) A live online teaching modality; or

(iii) Hybrid modalities with asynchronous teaching and learning activities counted as required classroom theory hours.

(g) The program director must attest to the student's successful completion of the course on commission-approved forms or electronic methods designed specifically for medication assistant certification endorsement programs.

(h) The standard to maintain an average annual student pass rate of 80 percent for first-time test-takers on the state's medication assistant competency evaluation applies to a knowledge exam only; psy-

chomotor or skills competency evaluation for medication assistants is addressed by the training program.

(3) In addition to standard equipment and supplies required for nursing assistant training programs as described in WAC 246-841A-450, the program must provide equipment and supplies necessary for students to practice medication administration and prescriber-ordered treatments identified in the National Council of State Boards of Nursing medication assistant curriculum and WAC 246-841A-589. All equipment and supplies should reflect the current standard of nursing home practices. Required equipment and supplies include, but are not limited to:

(a) A medication cart;

(b) Professionally developed placebo medications that simulate actual medications in their appearance and packaging, enabling students to practice medication administration steps in the skills lab;

(c) A glucometer;

(d) A pulse oximeter; and

(e) Materials required to teach oxygen administration.

(4) Be subject to corrective actions for nursing assistant training programs as described in WAC 246-841A-465 through 246-841A-490, when requirements are not met for initial and ongoing approval of nursing assistant training programs (WAC 246-841A-420 through 246-841A-460), including those specific to medication assistant certification endorsement programs (WAC 246-841A-586 through 246-841A-595).

NEW SECTION

WAC 246-841A-595 Application requirements for a medication assistant endorsement. (1) **Initial applicant requirements:** Applicants for an initial medication assistant endorsement must meet the following requirements:

(a) Be credentialed as a nursing assistant-certified in good standing, under chapter 18.88A RCW;

(b) Successfully complete a commission-approved medication assistant education and training program, as described in WAC 246-841A-590 within the year immediately prior to the date of application;

(c) Complete at least 1,000 hours of work experience in a nursing home as a nursing assistant-certified within the year immediately prior to the date of application; and

(d) After completing the requirements in (a) through (c) of this subsection, the applicant must pass the commission-approved medication assistant competency evaluation.

(2) **Application requirements for adding the medication assistant certification endorsement to a nursing assistant-certified credential:**

(a) To add an initial medication assistant certification endorsement to a nursing assistant-certified credential, the nursing assistant-certified must submit to the department:

(i) An application on forms approved by the secretary of the department of health.

(ii) The applicable fees under WAC 246-841A-990.

(iii) Proof of completion of:

(A) A commission-approved medication assistant training program under WAC 246-841A-590; and

(B) Competency evaluation described under subsection (1) of this section; and

(iv) Employer documentation of work experience as required in subsection (1)(c) of this section.

(b) An applicant who is currently credentialed as a medication assistant in another state or jurisdiction may qualify for a medication assistant endorsement credential under this chapter. An applicant must submit to the department:

(i) An application on forms approved by the secretary of the department of health;

(ii) Written verification directly from the state or jurisdiction in which the applicant is credentialed, attesting that the applicant holds a credential in good standing substantially equivalent to the medication assistant endorsement credential in Washington;

(iii) Verification of completion of the required education substantially equivalent to the education requirements as described in WAC 246-841A-590(3);

(iv) Employer documentation of work experience as required in subsection (1)(c) of this section; and

(v) The applicable fees under WAC 246-841A-990.

(3) **Renewal requirements:** To renew a medication assistant certification endorsement credential, the medication assistant must have a current nursing assistant-certified credential in good standing and meet the requirements of WAC 246-12-030.

(4) **Continuing competency requirements:** A medication assistant shall meet the following requirements on an annual basis to coincide with renewal of their nursing assistant-certified credentials:

(a) Employer documentation of successful completion of 250 hours of employment as a medication assistant in a nursing home setting under the direct supervision of a registered nurse;

(b) Documentation of eight hours of continuing education specific to medications, medication administration, and performance of selected patient treatments. Continuing education hours must be obtained through a commission-approved medication education and training program as described in WAC 246-841A-590, continuing education programs approved by a professional association, or staff development programs offered in a nursing home. The education hours must directly relate to the medication assistant's role of medication administration and the performance of selected treatments.

VIOLATIONS OF STANDARDS AND DISCIPLINARY PROCEDURES

NEW SECTION

WAC 246-841A-600 Violations of standards for nursing assistant conduct or practice. (1) **General violations of standards of practice for all nursing assistants.** The following conduct may subject a nurs-

ing assistant to disciplinary action under the Uniform Disciplinary Act, chapter 18.130 RCW:

(a) Engaging in conduct described in RCW 18.130.180;

(b) Engaging in conduct such as, but not limited to:

(i) Failure to adhere and perform in accordance with standards of practice and competencies as stated in WAC 246-841A-400;

(ii) Performance of care activities beyond the nursing assistant scope of practice or regulations specific to the practice setting;

(iii) Performing or attempting to perform care tasks or procedures for which the nursing assistant lacks the appropriate knowledge, experience, and education and/or failing to obtain instruction, supervision and/or consultation for client or resident safety;

(iv) Failure to follow a client's or resident's care plan;

(v) Failure to report and document accurately and legibly the provision of care and other information pertinent to the care of a client or resident. Examples include, but are not limited to, a client's or resident's status; a change in status; observations of client's or resident's responses to care; progress; or a client's or resident's expressed concern;

(vi) Altering or destroying entries or making incorrect, illegible, or false entries in a client or resident record or an employer or employee record;

(vii) Failure to protect clients from unsafe practices or conditions, exploitation, abusive acts, neglect, or sexual misconduct as defined in WAC 246-16-100;

(viii) Violating the confidentiality or privacy of the client or resident, except where required by law or for the protection of the client or resident. These violations include taking or disseminating photos or videos of a client or resident by any means, including social media;

(ix) Providing care for a client or resident while impaired by alcohol or drugs;

(x) Providing care for a client or resident while affected by a mental, physical, or emotional condition to the extent that there is an undue risk of harm to self or others;

(xi) Abandoning a client or resident by leaving an assignment without transferring responsibilities to appropriate personnel or caregiver when the condition of the client or resident requires continued care;

(xii) Taking client's property for own or other's use or benefit. Soliciting, accepting, or borrowing money or property from clients;

(xiii) 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 RCW 43.43.830 and crimes involving the personal property of a client or resident, whether or not the crime relates to the nursing assistant role;

(xiv) Permitting another person to use the nursing assistant credential or using another person's credential;

(xv) Disclosing the contents of the nursing assistant credentialing examination or soliciting, accepting, or compiling information regarding the contents of any examination before, during, or after its administration; or

(xvi) Failure to follow the employer's or workplace policy and procedure for the wastage of medications.

(2) **Additional standards of practice for nursing assistants working under registered nurse delegation.** These nursing assistants may perform additional care tasks beyond those indicated in WAC

246-841A-400 through nursing assistant delegation by a registered nurse. Registered nurse delegation to nursing assistants is described in WAC 246-841A-405. The following conduct may subject a nursing assistant working under the delegation of a registered nurse to disciplinary action under the Uniform Disciplinary Act, chapter 18.130 RCW. Engaging in conduct that includes, but is not limited to:

(a) Failure to adhere to and perform in accordance with the provisions for delegation of certain tasks as stated in WAC 246-841A-405;

(b) Failure to provide care in accordance with the delegation accepted from a designated registered nurse;

(c) Performance of nursing care tasks without being delegated to do so by a designated registered nurse;

(d) Failure to report and document accurately and legibly the provision of delegated care tasks and other information pertinent to the care of a client or resident in accordance with the delegation accepted from a designated registered nurse. Examples include, but are not limited to, a client's or resident's status; a change in status; observation of patient responses to care; progress; or a client's or resident's expressed concern;

(e) Altering or destroying entries or making incorrect, illegible, or false entries in a client or resident record or an employer or employee record pertaining to delegated care tasks; or

(f) Failure to follow the employer's or workplace policy and procedure for the wastage of medications.

(3) **Additional standards of practice for nursing assistants-certified who train and test to earn a medication assistant endorsement.** These nursing assistants-certified may perform care tasks beyond those indicated in WAC 246-841A-400 when they work under the direct supervision of a designated registered nurse in a nursing home. A nursing assistant-certified with a medication assistant endorsement can administer certain medications and perform certain prescriber-ordered treatments as described in WAC 246-841A-589. The following conduct may subject a nursing assistant-certified with a medication assistant endorsement to disciplinary action under the Uniform Disciplinary Act, chapter 18.130 RCW. Engaging in conduct that includes, but is not limited to:

(a) Failure to adhere to and perform in accordance with the requirements for medication administration and prescriber-ordered treatments in WAC 246-841A-589;

(b) Failure to administer medications or provide prescriber-ordered treatments in the scope of a nursing assistant-certified with a medication assistant endorsement in accordance with:

(i) The direction of the supervising registered nurse;

(ii) Written orders; or

(iii) Common safety and infection control practices for the care tasks performed;

(c) Failure to report and document accurately and legibly:

(i) The administration of medication and performance of prescriber-ordered treatments into the resident's medical records using the facility-approved form or format (e.g., electronic record); and

(ii) Supporting information pertinent to the care of a resident. Examples include, but are not limited to, a resident's status; a change in status; observations of patient responses to care or treatment(s); progress; or a resident's expressed concern;

(d) Altering or destroying entries or making incorrect, illegible, or false entries in a client or resident record or an employer or

employee record pertaining to medication administration or performance of prescriber-ordered treatments;

(e) Administering medications or performing prescriber-ordered treatments beyond the scope of a nursing assistant-certified with a medication assistant endorsement as identified in WAC 246-841A-589; or

(f) Failure to follow the employer's or workplace policy and procedure for the wastage of medications.

NEW SECTION

WAC 246-841A-720 Mandatory reporting. The commission adopts the rules for mandatory reporting in chapter 246-16 WAC.

NEW SECTION

WAC 246-841A-980 Expired credential. If the certificate has been expired for three years or less, the practitioner must meet the requirements as provided in WAC 246-12-020 through 246-12-051. If the certificate has expired for over three years, the practitioner must:

(1) Demonstrate competence to the standards established by the commission;

(2) Meet the requirements of WAC 246-12-020 through 246-12-051.

FEES

NEW SECTION

WAC 246-841A-990 Nursing assistant—Fees and renewal cycle. (1) Credentials must be renewed every year on the practitioner's birthday as provided in WAC 246-12-020 through 246-12-051.

(2) The following nonrefundable fees will be charged for registration credentials:

Title of Fee	Fee
Application - Registration	$85.00
Renewal of registration	95.00
Duplicate registration	10.00
Registration late penalty	50.00
Expired registration reissuance	52.00

(3) The following nonrefundable fees will be charged for certification credentials:

Title of Fee	Fee
Application for certification	$85.00
Certification renewal	95.00
Duplicate certification	10.00
Certification late penalty	50.00
Expired certification reissuance	52.00

(4) The following nonrefundable fees will be charged for medication assistant endorsement credentials:

Title of Fee	Fee
Application for endorsement	$25.00
Endorsement renewal	10.00

REPEALER

The following chapter of the Washington Administrative Code is repealed:

WAC 246-841-400	Standards of practice and competencies for nursing assistants.
WAC 246-841-405	Nursing assistant delegation.
WAC 246-841-410	Purpose of the review and approval of nursing assistant-certified training programs.
WAC 246-841-420	Requirements for approval of nursing assistant-certified training programs.
WAC 246-841-430	Denial or withdrawal of approval for nursing assistant-certified training programs.
WAC 246-841-440	How does a nursing assistant training program whose approval has been withdrawn become reinstated?
WAC 246-841-450	Appeal rights of a nursing assistant-certified training program when the commission has denied or withdrawn approval.
WAC 246-841-460	Closure of an approved nursing assistant-certified training program.
WAC 246-841-470	Program directors and instructors in approved nursing assistant-certified training programs.
WAC 246-841-490	Core curriculum in approved nursing assistant-certified training programs.
WAC 246-841-500	Physical resources required for approved nursing assistant-certified training programs.
WAC 246-841-510	Administrative procedures for approved nursing assistant-certified training programs.
WAC 246-841-520	Expired license.
WAC 246-841-530	Alternative program——Purpose.
WAC 246-841-535	Alternative program——Definitions.
WAC 246-841-545	Home care aide-certified alternative program requirements.
WAC 246-841-550	Medical assistant-certified alternative program requirements.
WAC 246-841-555	Responsibilities of the program director in alternative programs.
WAC 246-841-560	Alternative program application for approval, denial, or withdrawal.
WAC 246-841-570	Recordkeeping and administrative procedures for approved alternative programs.

WAC 246-841-573	Closure of an alternative program.
WAC 246-841-575	Alternative program——Eligibility to complete the nursing assistant-certified competency examination.
WAC 246-841-578	Application requirements.
WAC 246-841-585	Application for nursing assistant-certified from an alternative program.
WAC 246-841-586	Applicability.
WAC 246-841-587	Definitions.
WAC 246-841-588	Application requirements.
WAC 246-841-589	Medication administration and performing prescriber ordered treatments.
WAC 246-841-590	Requirements for approval of education and training programs.
WAC 246-841-591	Commission review and investigation.
WAC 246-841-592	Commission action for violations.
WAC 246-841-593	Reinstatement of approval.
WAC 246-841-594	Appeal rights.
WAC 246-841-595	Medication assistant endorsement program renewal.
WAC 246-841-720	Mandatory reporting.
WAC 246-841-990	Nursing assistant——Fees and renewal cycle.

REPEALER

The following chapter of the Washington Administrative Code is repealed:

WAC 246-842-100	Standards of practice and competencies of nursing assistants.
WAC 246-842-110	Purpose of review and approval of nursing assistant training programs.
WAC 246-842-120	Requirements for nursing assistant training program approval.
WAC 246-842-130	Denial of approval or withdrawal of approval for programs for which the board is the approving authority.
WAC 246-842-140	Reinstatement of approval.
WAC 246-842-150	Appeal of board decisions.
WAC 246-842-160	Closing of an approved nursing assistant training program.
WAC 246-842-170	Program directors and instructors in approved training programs.
WAC 246-842-180	Students (trainees) in approved training programs.
WAC 246-842-190	Core curriculum in approved training programs.
WAC 246-842-200	Physical resources for approved education programs.
WAC 246-842-210	Administrative procedures for approved nursing assistant training programs.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH
Nursing Care Quality Assurance Commission
P.O. Box 47864
Olympia, WA 98504-7864

March 10, 2023
Election of Officers
Slate of Candidates

Chair

Yvonne Strader

Vice Chair

Helen Myrick

Kimberly Tucker

Jonathan Alvarado

Secretary/Treasurer

Adam Canary

House Bills

Bill	Title	Brief Description	Bill Status	Position	NCQAC Actions
2SHB 1009	Concerning military spouse employment.	This bill requires any agency, board, commission, or other authority for issuance of a license, certificate, registration, or permit to establish procedures to expedite the issuance of a license to military spouses upon relocation. Each authority also must have a contact or coordinator to assist with the issuance of these licenses. The substitute bill creates requirements for state agencies and licensing authorities that are specific to licensing and employment of military spouses. It also military spouses to terminate employment contracts without penalty when their active-duty spouse receives orders for a permanent change of station. The second substitute makes minor language changes: • exempts DFI (with respect to licensing of escrow agents) from the requirement to expedite the professional licensing of qualified military spouses • removes requirement that all supporting materials be submitted in an application for a temporary license	02/02/23 Executive action taken, 4 p.m.; 02/06/23 Rules; 02/08/23 2nd Reading 02/15/23 2nd Substitute substituted, 3rd reading, passed In the Senate 02/17/23 1st reading, referred to Labor & Commerce	Support Concept	Letter of support concept, 1/18/23; Letter of support concept with suggested amendment language re. fingerprints, 2/10/23 Letter to Senate Labor and Commerce, support concept

SHB 1013	Establishing regional apprenticeship programs.	This bill would establish a pilot program to regional apprenticeship programs through educational service districts with two locations, one for east of the Cascade mountains, and one to the west.	1/30/23 Appropriations; 02/08/23 Hearing, 4 pm 02/23/23 Executive Session 9 am	Monitor	
HB 1020	Designating the Suciasaurus rex as the official dinosaur of the state of Washington.	This bill designates the Suciasaurus rex, the only dinosaur ever found in Washington state, as the official dinosaur of the state of Washington.	01/10/23 Hearing,1:30 pm 01/17/23 Executive action, passed 01/19/23 Rules 02/03/23 2nd reading, passed In the Senate 02/21/23 State Government and Elections	Monitor	
HB 1027 (Companion SB 5036)	Concerning telemedicine	This bill extends the time frame in which real-time telemedicine using both audio and video technology may be used to establish a relationship for the purpose of providing audio-only telemedicine for certain health care services.	01/11/23 Hearing, 1:30 pm 01/13/23 Executive action, passed 01/17/23 Rules 01/24/23 2nd reading	Monitor	

HB 1242 SHB 1242	Creating a behavioral health work group to study the root causes of rising behavioral health issues in Washington communities	This bill would create a behavioral health workgroup to study the root causes of rising behavioral health issues in Washington communities. The substitute directs an ad hoc technical advisory committee with 3 stakeholders, must have lived experience, receive $200/day; OFM must staff the committee, responsibilities listed; must submit a sustainable 5-year plan to Governor, legislature and OFM; expires June 30, 2026	01/17/23 Hearing, 1:30 pm 02/17/23 Executive action 8 am 1st substitute passed 02/22/23 Appropriations hearing 1:30 pm 02/24/23 Executive session 9 am	Monitor	
SHB 1255	Reducing stigma and incentivizing health care professionals to participate in a substance use disorder monitoring and treatment program	This bill relates to reducing stigma and incentivizing health care professionals licensed by the Washington state Nursing Care Quality Assurance Commission to participate in a substance use disorder monitoring and treatment program. The substitute amends eligibility so that a person is only eligible for the stipend program once. It allows the commission to defray up to 80% of each out-of-pocket expense deemed eligible. It also requires the commission to post specific information about the stipend program on its website.	02/03/23 Executive action taken, 8 am; 02/07/23 Appropriations; 02/10/23 Rules	Support Concept	Panel testimony: Grant Hulteen, Dawn Morrell and Alicia Payne; Paula to meet with Rep. Simmons; Letter of support concept 02/10/23

SHB 1281 (Companion SSB 5179)	Increasing access to the provisions of the WA death with dignity act	Replaces references to physician to qualified medical provider that includes physicians, physician assistants and ARNPs. The substitute requires hospitals to submit completed forms to DOH within 60 days. It also corrects references to hospice and hospice care regulated by DOH by removing references to DSHS. It clarifies that submission of end-of-life care and the Death with Dignity Act policies apply to agencies/facilities providing hospice services.	01/25/23 Hearing, 1:30 pm 02/03/23 Executive action taken, 8 am 02/07/23 Rules 02/14/23 2nd reading	Support Concept	Letter of support concept, 02/03/23
SHB 1340 (Companion SB 5400)	Concerning actions by health professions disciplining authorities against license applicants and license holders	This bill amends the UDA license restriction or denial statute to exclude from grounds for restriction or denial any disciplinary action based on any of the actions in the bill. It outlines what isn't deemed unprofessional conduct under the UDA, and also provides that the same conduct is not basis for denial of a license, with an exception to the extent required by the interstate medical compact. Substitute changes: a conviction or disciplinary action based on violation of another state's laws prohibiting participation in reproductive health care services or gender affirming treatment does not constitute unprofessional conduct an may not serve as disciplinary action if it would have been lawful in WA	01/31/23 Rules 02/22/23 2nd reading	Support Concept 02/22/23 Concerns	Letter of support concept, 1/27/23

HB 1417 SHB 1417	Concerning the multistate nurse licensure compact	Adopts the interstate nursing compact. Language is the same across all compact states. Substitute changes: Section 15 requires nurse with multistate license to submit to Nursing Commission; requires Nursing Commission to issue a WA state license	02/03/23 Hearing, 8:00 am Postsecondary Education and Workforce; 02/17/23 Executive Session 8:00 am1st substitute passed; referred to Appropriations	Support Concept 02/22/22 Concerns	Letter of support concept, included comparison to SB 5499 02/10/23 02/22/23 Section 15 language negates the compact language; 02/23/23 letter with concerns sent
SHB 1452	Establishing a state medical reserve corps	This bill directs the Secretary of Health that establish a medical reserve corps of health care professional volunteers that can be used for declared emergencies. Volunteers are subject to their WA scope of practice. The substitute changes the name to State Emergency Medical Reserve Corps. It removes the provision stating that except as otherwise provided in the chapter that creates the Corps, a health practitioner is not authorized to provide services outside of their scope of practice.	01/27/23 Referred to Appropriations 02/06/23 Hearing, 4 pm 02/23/23 Executive session 9 am	Support Concept	Letter of support concept, 02/02/23

SHB 1503	Collecting health care professionals' information at the time of license application and license renewal	Amends 18.130 (UDA) to require collection of data on all applications (race, ethnicity, gender, languages spoken, provider specialty, primary and secondary practice location) and update with renewal; medical providers under 18.71 are exempt. The substitute requires the form used for collecting information from licensees includes the same race/ethnicity categories and subgroups required for the collection of student-level data by school districts.	01/31/23 Hearing 1:30pm 02/03/23 Executive Session 8:00 am 02/06/23 Rules	Support Concept	Letter of support concept, 02/03/23

SHB 1541	Establishing the nothing about us without us act	This bill implements specific membership requirements for statutory entities that directly and tangibly affect underrepresented populations. It also requires reporting by the Office of Equity on the effectiveness of the membership requirements for statutory entities. The proposed substitute narrows the definition of statutory entity; removes requirement to include a specified number of representatives from underrepresented populations based on criteria and instead requires 3 individuals from underrepresented populations with direct lived experience with issue being examined; changes appointing authority; specifies that appointing authorities may consult with Office of Equity when making appointments; and modifies the party responsible for submitting reports due	02/03/23 Hearing, 8 am 02/10/23 Executive action taken 02/14/23 Referred to Appropriations 02/22/23 Hearing 1:30 pm 02/24/23 Executive action 9 am	Support Concept	Letter of support concept, 02/10/23

SHB 1547	Increasing the health care workforce by authorizing out-of-state providers to practice immediately	This bill aims to increase the healthcare workforce by authorizing out-of-state providers to practice immediately. The proposed substitute strikes provisions Strikes provisions allowing out-of-state health care providers to practice in Washington upon submission of certain information by a health care entity to the DOH; requires issuance of an expedited temporary license to practice as a RN, ARNP or LPN to a person who holds a current license to practice issued by a professional licensing board in CA, ID, or OR; provides proof to the Nursing Commission that the person is in good standing with the issuing out-of-state licensing board; and submits a completed national background check fingerprint card, if required. It also allows a person issued an expedited temporary license to practice pending the results of the fingerprint-based national background check as allowed by the Commission and DOH. Department. It establishes an expedited temporary license expires after two years or as of date that the person's authorization issued by the licensing board in CA, ID or OR expires, whichever is earlier, and that an	01/31/23 Hearing in Health Care & Wellness, 1:30 p.m.; 02/10/23 Executive action taken; 1st substitute substituted 02/14/23 Referred to Rules	Serious Concerns	Letter of serious concerns 02/10/23 02/22/23 Rep. Riccelli requested meeting to discuss language

		expedited temporary license is not renewable.			
HB 1568 SHB 1568	Concerning the credentialing of certified health care professionals providing long-term care services	This bill addresses concerns with the initial credentialing and renewal of long-term care workers, including home care aides and nursing assistants by making several changes to reinstatements and renewal cycles. It also removes the requirement for DOH to assess an applicant's skills to practice competently and the skills demonstration from the certification exam. Substitute differences in criminal background checks requirements, days to work to become certified, exemption for nursing assistant certified training, allows 100day exemption if the only reason is waiting for the competency examination; testing options and requirements for options; requirements for person administering the examination	02/08/23 Hearing, 1:30 pm 02/15/23 Executive session, 1:30 pm 02/22/23 2nd reading		

Senate Bills

Bill	Title	Brief Description	Status	Position	NCQAC Actions
SSB 5006	Clarifying waiver of firearm rights	This bill states mental health professionals and substance use disorder professionals (SUDP) may discuss voluntary waiver of firearm rights with their patients if they feel it will avoid or minimize an imminent danger to the health and safety of the patient or others. It changes the process for voluntary waiver of firearms. It allows an individual waiving firearm rights to list a contact person, including a family member, mental health professional, SUDP, or alternate person. The contact person will be notified by the court when the waiver is filed, revoked, or an attempt is made to purchase a firearm and makes it a civil infraction for a person who has waived firearm rights to possess or control a firearm.	01/12/23 Hearing, 8:00 am 01/19/23 Executive action, 8:00 am Substitute 01/20/23 Rules 02/01/23 2nd reading02/15/23 1st substitute passed In the House 02/17/23 Civil Rights and Judiciary	Monitor	
SB 5036 (Companion HB 1027)	Concerning telemedicine	This bill extends the time frame in which real-time telemedicine using both audio and video technology may be used to establish a relationship for the purpose of providing audio-only telemedicine for certain health care services.	02/01/23 Rules suspended, placed on 3rd Reading, passed; In the House 02/03/23 1st reading in House, Referred to Health Care & Wellness	Monitor	

SSB 5120	Establishing 23-hour crisis relief centers in Washington State	This bill establishes 23-hour crisis relief centers as 24-hour, 7-days-a-week community-based facilities licensed or certified by the DOH that offer access to mental health and substance use care for patients for less than 24 hours at a time per patient, and must accept all walk-ins, ambulance, fire, and police drop-offs regardless of behavioral health acuity. It establishes rulemaking to be made by DOH and allows the professional staff of 23-hour crisis relief centers to detain a person who has been brought or accepted to the center and thereafter refuses to stay voluntarily for up to 12 hours. It removes references to crisis triage facilities from code and directs the Department of Health to convert the license or certification of crisis triage facilities to crisis stabilization units.	01/30/23 Referred to Ways & Means 02/21/23 Hearing 9 am 02/23/23 Executive session 9 am	Monitor	Letter of support concept, 02/03/23

SSB 5179 (Companion SHB 1281)	Increasing access to the provisions of the Washington death with dignity act	This bill outlines policies, processes, offers definitions, clarifications and procedures for competent adult terminally ill patients who meet certain criteria and reside in Washington state to request medication to self-administer to end life in a humane and dignified manner. Replaces references to physician with qualified medical provider who has primary responsibility for the care of the patient and treatment of the terminal disease. This is defined as a physician, physician assistant or ARNP The substitute specifies the attending qualified medical provider and the consulting qualified medical provider selected by the qualified patient may not have a direct supervisory relationship with each other; amends the time frame for hospitals to submit forms related to end-of-life care policies and the Death with Dignity Act to DOH within 60 days of forms being provided; and clarifies submission of end-of-life care policies and the Death with Dignity Act policies applies to the agencies and facilities providing hospice services.	02/02/23 Hearing, 10:30 am; 02/09/23 Executive action; passed 02/10/23 Rules 02/15/23 2nd reading	Support Concept	Letter of support concept, 02/03/23

SB 5185	Addressing abortion	The bill deems the state may not deny or interfere with a woman's right to choose an abortion prior to 24 weeks of gestational age, or in case of a medical emergency or severe fetal abnormality. It clarifies that except in medical emergencies or cases of abnormalities, practitioners may NOT terminate if the probable gestational age is determined as greater than 24 weeks and will be found guilty of a class C Felony, including suspension of license.		Monitor	

SSB 5189 (Companion HB 1348)	Establishing behavioral support specialists	This bill establishes the Behavioral Health Support Specialist credential, a new bachelor's level provider that acts in a support role capacity to provide low intensity behavioral health intervention for clients with mild to moderate behavioral health conditions. They cannot diagnose and must be supervised by with the partnership of a licensed healthcare provider, including at a licensed community behavioral health agency (BHA).	01/31/23 Executive action taken, 1st substitute bill substituted, pass; 02/01/23 Referred to Ways & Means; 02/16/23 Hearing, 4 pm 02/23/23 Executive session 9 am	Monitor	

SSB 5236	Concerning hospital staffing standards	This bill seeks to improve nurse and health care worker safety and patient care by establishing minimum staffing standards in hospitals, requiring hospital staffing committees to develop staffing plans, addressing mandatory overtime and meal and rest breaks, and providing for enforcement. The substitute requires charter to be filed with L&I by 01/01/25 and modifies provisions; requires L&I to engage in rulemaking to establish minimum staffing standards, convene a rulemaking committee, adds requirements for NRC's processes for reaching consensus/voting/recommending rules; requires L&I to establish and advisory committee by 9/1/23, requires WSIPP to survey hospitals and report on staffing models 12/1/23, allows L&I to grant variances; and changes definition of overtime.	01/17/23 Hearing, 10:30 am 02/07/23 Executive action; 02/08/23 Ways & Means; 02/16/23 Hearing, 4 pm 02/24/23 Executive session 9 am	Monitor	

SB 5263	Concerning access to psilocybin services by individuals 21 years of age and older	This bill establishes wellness model-based psilocybin services and establishes DOH authority to license, regulate, and enforce all provisions. Substitute changes; advisory board membership, terms, interagency work group, membership and actions; task force, HCA work group renamed Department of Health duties including registry for those interested in using psilocybin approved under rules; other state agencies to assist; protections for medical professionals	01/30/23 Hearing 10:30 am 02/16/23 Executive action 8 am; 1st substitute substituted 02/17/23 Referred to Ways and Means 02/21/23 Hearing 9 am 02/23/23 Executive session 9 am	Monitor 02/22/23 Concerns	No ARNP on the task force; 02/23/23 letter sent

SB 5373 (Companion HB 1495)	Requiring equal reimbursement for advanced registered nurse practitioners, physician assistants, and physicians	Health care insurance carrier must reimburse for ARNP and PA services at the same rate as a physician for similar services; may not reduce the reimbursement paid to physicians; report due January 1, 2024	01/31/23 Hearing, 8:00 am 02/14/23 Executive action, passed to Ways and Means 02/21/23 Hearing 9 am 02/24/23 Executive session 9 am	Support	Letter of support 02/03/23

SB 5481	Concerning the uniform telemedicine act	Adds new chapter to Title 18 RCW; Patient is located in WA state, professional practice standards of WA state and provider located out of state; has an out of state or compact license, registers with the WA discipline authority; discipline authority may take disciplinary action; rule making authority Substitute changes removes registration option for out -of-state providers and directs telemedicine collaborative to review the ULC to allow out of state providers to provide telemedicine services in WA; extends expiration date from to December 2025; definition for store and forward; title changes	02/02/23 Hearing, 10:30 am 02/17/23 Executive action 1st substitute passed		
SSB 5498 (Companion HB 1643)	Creating the hospital-based nurse student loan repayment assistance program under the Washington health corps	This bill creates a hospital-based nurse student loan repayment assistance program under the Washington health corps. The substitute makes minor language changes, clarifies definition of participating employer, establishes quarterly participation, establishes annual award amount, clarifies funds usage, and adds expiration of 01/01/26. Adds additional employers to apply for the program	02/01/23 Hearing 8:00 am; 02/10/23 Executive action02/14/23 Referred to Ways and Means 02/18/23Hearing 9 am 02/23/23 Executive session 9 am	Support Concept	Letter of support concept 02/02/23 Letter of support concept to Ways and Means 02/17/23

SB 5499	Concerning the multistate nurse licensure compact	Adopts the interstate nursing compact. Language is the same across all compact states. In addition, this bill increases the WCN surcharge to $8, and requires NCQAC to publish a summary annually on its webpage noting the key differences in each state's nursing practice act. Substitute requires employers to submit proof the nurse completed the demographic data and suicide assessment training; 30 days to submit names of those with multistate licenses;	02/10/23 Hearing, 8 am 02/16/23 Executive action, 1st substitute passed 02/17/23 2nd reading, Rules	Monitor 02/22/23 Support concept	Letter of support concept, included comparison to HB 1417 02/10/23
SB 5503 SSB 5503	Establishing requirements for uniform clinical placement hours for nursing education programs	This bill establishes the number of clinical experience hours for Registered Nurses (RNs) and Licensed Practical Nurses (LPNs). The bill also will limit the number of direct patient care or clinical experience hours required to 300 hours for LPN programs, 500 hours for associate degree nursing programs, and 600 hours for Bachelor of Science in nursing programs. The Nursing Commission will review the number of hours annually and adjust as necessary based on national licensing or accreditation standards. Substitute changes allows nursing education programs to use simulation consistent with WACs	02/10/23 Hearing, 8 am 02/16/23 Executive action 10:30 am, 1st substitute passed 02/17/23 2nd reading, Rules	/Monitor	

SB 5537	Establishing the Washington state hospital patient care unit staffing innovation collaborative	Amends Department of Health statutes to establish the WA state hospital patient care unit staffing innovation collaborative to understand new and innovative staffing models and use of technology. The bill describes the member qualifications of the collaborative and geographical as well as size of hospital requirements. One member must be from a Master of Nursing program and a physician. The exploration must include integration of patient monitoring equipment, remote patient monitoring, team-based care, apprenticeship and career ladder programs, and virtual or remote care delivery models	0/2/10/23 Hearing, 8 a/m 02/16/23 Executive action, passed 02/17/23 Referred to Ways and Means 02/21/23 Hearing 9 am 02/23/23 Executive action 9 am	Monitor	
SB 5538 SSB 5538	Concerning postretirement employment in nursing positions for a state agency	This bill clarifies retirement allowances for nursing positions in state agencies. Substitute allows nurses receiving a state pension to work in a nursing position in a state agency up to 1040 while collection retirement benefit	1/30/23 4:00 PM Hearing, Senate Ways and Means 02/07/23 Executive session, 4 pm; 02/14/23 Executive session, 4 pm, 1st substitute substituted 02/15/23 Rules 02/22/23 2nd reading, Rules	Monitor	

SB 5547	Concerning nursing pool transparency	Any nursing pool providing nurses, surgical technologists, diagnostic radiologic techs, or cardiovascular invasive specialist, respiratory care practitioner or nursing assistant – certified must annual register the nursing pool with the secretary of health, disclose their corporate structure and the secretary shall make publicly available. Give fee authority to cover all costs. Speaks to nursing pools located in WA but not for those who employ health care personnel in WA. Lists the requirement for health care personnel that must be met by the nursing pool, including criminal background checks, contract changes, and reports due to the secretary on an annual basis. Substitute changes adds clinics to list of facility types not considered a nursing pool; defines long term care personnel; replaces references of health care personnel and employees and independent workers; list of applicable minimum state credentialing standards; amends current background check requirements; corrects reference to federal Medicaid statute	02/10/23 Hearing, 8 am 02/16/23 Executive action 10:30 am 1st substitute passed 02/17/23 Rules 02/22/23 2nd reading		

SSB 5582	Reducing barriers and expanding educational opportunities to increase the supply of nurses in Washington	Expand nursing credential opportunities by requiring State Board of Community and Technical Colleges to develop a plan by 02/01/24; online curriculum and pathway for LPNs; establishes the Home Care Aide to LPN apprenticeship; guarantee HCA admission to LPN programs; workforce training board shall contract with a marketing firm to develop plan for CNAs, LPN/LVN and nursing professions and include long term care and rural; OFM to conduct salary survey on nurse educators; CNAs in DVA facilities; NCQAC able to grant nurses with graduate degrees but not doctoral degree as administrator of a bachelor program; simulation 1:2 hours and adopt rules; expand nurse preceptor funds; nursing assistant programs in high schools in rural hospitals The substitute Requires the state board to prioritize employer/exclusive bargaining unit partnerships in plan development to train additional nurse; adds employer and exclusive bargaining unit partnerships; eliminates the priority enrollment given to students in the LPN apprenticeship pathway program to nursing programs & directs workforce board to student barriers faced by apprenticeship pathway students; adds personal care aids to the entities included in statewide marketing	02/01/23 Hearing 8:00 am 02/09/23 Referred to Ways and Means 02/18/23 Hearing 9 am 02/23/23 Executive action 9 am	Concerns	02/01/23 Paula Meyer, Sharon Fought in person testimony

		plan; requires OFM to benchmark 50th and 75th percentiles for nurse educator compensation in the nurse educator salary survey; allows WA Dept of Veterans Affairs to develop own CNA program or adopt an existing model; modifies the requirement that 1 hour of simulated learning account for 2 hours of clinical learning to apply to a maximum of 50% of clinical hours for nursing licensure; directs expansion of the nurse preceptor grant program includes reducing the number of hours required to be eligible for the grant; and makes technical corrections throughout.			
SB 5588 SSB 5588	Concerning the mental health sentencing alternative.	This bill clarifies the mental health sentencing alternative in relation to defendants undergoing treatment and supervision in another state. Substitute changes removes provision authorizing courts to allow a person sentenced under the Mental Health Sentencing Alternative to undergo treatment and supervision in another state.	02/14/23 Hearing, 10:30 am; 02/16/23 Executive session, 8 am, 1st substitute substituted 02/17/23 Rules		

Dead bills

House Bills					
HB 1038 (Companion SB 5184)	Concerning licensure of anesthesiologist assistants	The bill creates a new regulated health profession: anesthesiologist assistant (AA).	01/20/23 Hearing, 8:00 am	Serious Concerns	01/20/23 Jonathan Alvarado in person testimony

HB 1214	Enacting the protecting children's bodies act	This bill states a health care provider may not provide gender transition procedures to any individual who is under 18 years of age. They may not refer any individual who is under 18 years of age to any health care provider for gender transition procedures.		Monitor	
HB 1348 (Companion SB 5189)	Establishing behavioral support specialists	This bill establishes the Behavioral Health Support Specialist credential, a new bachelor's level provider that acts in a support role capacity to provide low intensity behavioral health intervention for clients with mild to moderate behavioral health conditions. They cannot diagnose and must be supervised by with the partnership of a licensed healthcare provider, including at a licensed community behavioral health agency (BHA).	01/27/23 Hearing, 8:00 am	Monitor	
HB 1495 (Companion SB 5373)	Requiring equal reimbursement for advanced registered nurse practitioners, physician assistants, and physicians	Health care insurance carrier must reimburse for ARNP and PA services at the same rate as a physician for similar services; may not reduce the reimbursement paid to physicians; report due January 1, 2024		Support	
HB 1546	Enacting the good faith pain act	This bill protects podiatric physicians, dentists, osteopathic physicians, allopathic physicians, physician assistants, and advanced registered nurse practitioners from criminal or civil liability - or board, commission, or department action - for prescribing			

		opioids for a legitimate medical purpose to patients with chronic pain. It also protects pharmacists from criminal or civil liability - or commission action - for dispensing opioid drugs prescribed for legitimate medical purposes.			
HB 1643 (Companion to SB 5498)	Creating the hospital-based nurse student loan repayment assistance program under the Washington health corps	This bill creates a hospital-based nurse student loan repayment assistance program under the Washington health corps.	02/07/23 Hearing, 1:30 pm	Support Concept	Letter of support concept, 02/02/23
SB 5184 (Companion HB 1038)	Concerning licensure of anesthesiologist assistants	The bill creates a new regulated health profession: anesthesiologist assistant (AA).	01/31/23 Hearing, 8:00 am	Serious concerns	01/31/23Jonathan remote testimony
SB 5185	Addressing abortion	The bill deems the state may not deny or interfere with a woman's right to choose an abortion prior to 24 weeks of gestational age, or in case of a medical emergency or severe fetal abnormality. It clarifies that except in medical emergencies or cases of abnormalities, practitioners may NOT terminate if the probable gestational age is determined as greater than 24 weeks and will be found guilty of a class C Felony, including suspension of license.		Monitor	
SB 5227	Concerning sex-selection abortions	This bill states that abortions may not be performed with the knowledge that the pregnant individual is seeking the		Monitor	

		abortion solely on account of the sex of the unborn child.			
SSB 5327	Concerning paying interns.	This bill establishes pay requirements for interns.	01/23/23 Hearing, 10:30 am		
SB 5400 (Companion HB 1340)	Concerning actions by health professions disciplining authorities against license applicants and license holders	This bill amends the UDA license restriction or denial statute to exclude from grounds for restriction or denial any disciplinary action based on any of the actions in the bill. It outlines what isn't deemed unprofessional conduct under the UDA, and also provides that the same conduct is not basis for denial of a license, with an exception to the extent required by the interstate medical compact.		Monitor	