Nursing Care Quality Assurance Commission (NCQAC)
Advanced Practice Subcommittee Meeting Agenda
March 15, 2023 7:00 p.m. to 8:00 p.m.

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United States: +1 (253) 205-0468
Meeting ID: 828 7004 9914
Passcode: 700935

Committee Members:
Jonathan Alvarado, ARNP, CRNA, Chair
Emerisse Shen, MSN, CNP, FNP, ARNP
Laurie Soine, PhD, ARNP
Shannon Fitzgerald, MSN, ARNP
Lindsey Frank, CD, OB-RNC, ARNP, CNM
Megan Kilpatrick, MSN, ARNP-CNS, AOCNS
Wendy E. Murchie, DNP, CPNP-AC
Bianca Reis, DNP, MBA, ARNP, PMHNP-BC
Tatiana Sadak, PhD, ARNP, RN, GSAF, FAAN
Kimberley A. Veilleux, DNP, RN, ANP-BC

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

If you have questions regarding the agenda, please call the Nursing Care Quality Assurance Commission (NCQAC) office at (360) 236-4744. Agenda items may be presented in a different order. If you wish to attend the meeting for a single item, contact our office at the number listed above and request a specific time scheduled for that item. If you have limited English language expertise call (360) 236-4744 before **March 8, 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 **March 8, 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 **May 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 in order to minimize background noise during the meeting. 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.

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

- Introduction
- Public Disclosure Statement
- Roll Call

II. Standing Agenda Items

- Announcements/Hot Topic/NCQAC Business Meeting Updates
- Review of Advanced Practice Draft Minutes: February 15, 2023

III. Old Business

- Update title protection APRN
- Discipline cases
- New members

IV. New Business

- Procedure updates; Death certificates, Pain management specialist (Mary Sue)

V. Ending Items

- Public Comment
- Review of Actions
- Meeting Evaluation
- Date of Next Meeting – April 19, 2022
- Adjournment – 8:00 PM or Earlier if Business is Finished

Nursing Care Quality Assurance Commission (NCQAC)
Advanced Practice Subcommittee Meeting Minutes
February 15, 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 Karl Hoehn, JD, FRE, Assistant Director, Discipline – Legal Lohitvenkatesh Oswal, Research Assistant

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

Call to Order

- Jonathan Alvarado called the meeting to order at 7:01 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
  - Announcement – APSC meeting packets will be found 1 week ahead of future APSC meetings through the same GovDelivery announcement used to access the meeting agenda 2 weeks ahead of each meeting. (Lohitvenkatesh)
- Review of Advanced Practice Draft Minutes: January 18, 2023
  - Reviewed, with consensus to bring to the March 10, 2023, NCQAC business meeting for approval.

III. Old Business

- Review Work Plan – do we need to reorder priorities? (Mary Sue)
  - Tentatively scheduled this discussion for April APSC meeting.
- Legislative Decision Package – APRN Title Protection
  - Karl Hoehn presented on APRN Title Protection language change and facilitated discussion.
- Anesthesia Assistant program testimony
  - Jonathan gave an update on his testimonies.
- Opioid rules revisions
  - Mary Sue provided update on opioid rule language revisions.

IV. New Business

- Procedure updates; Death certificates, Pain management specialist (Mary Sue)
    - Subcommittee deferred discussion of procedure retirement to March APSC meeting.

V. Ending Items

- Public Comment
    - The public was given the opportunity to comment on the agenda items.
- Review of Actions
- Meeting Evaluation
- Date of Next Meeting – March 15, 2023
- Adjournment – The meeting adjourned at 8:00 PM.

Advanced Practice Subcommittee Work Plan				
Strategic Action Goals	**Lead (s)**	**Type**	**Progress**	**Complete**
Immediate Goals				
1. Draft Work Plan and Annual Report	Staff/All	Administrative	The APSC and staff will create a work plan and annual report	
2. Advanced Practice information on New Website	Staff/All	Administrative	APSC review advanced practice information on the new website to make sure it is current and up to date.	
3. Advanced Practice Communication	Staff/Chair	Administrative	Review what type of communication should be sent out to ARNPs in Washington State. • Licensing Welcome Message • Reminder about National Certification • Etc.	
Short Term Goals				
4. Review Membership & Plan for Leadership Transition	All	Administrative	Consider representation from each of four roles • Nurse Practitioner (NP) • Certified Nurse-midwife (CNM) • Certified Registered Nurse Anesthetist (CRNA) • Clinical Nurse Specialist (CNS)	
Mid-Term Goals				
5. Advisory Opinion on Opening a Business	Staff/All	Subcommittee Review	Develop draft advisory opinion	
6. Acupuncture Advisory Opinion	Staff/All	Subcommittee Review	Develop draft advisory opinion	
7. CRNA Anesthesia Assistant Questions	Staff/All	Subcommittee Review	Identify what questions there are and determine if a FAQ or advisory opinion needs to be developed.	
8. Title Protection APRN	Staff/All	Subcommittee Review	RCW change needed, recommendation from APSC to Commission in November for approval to start the process with goal of leg session 2024.	
Long-Term Goals				
9. ARNP Rules	Staff/All	Subcommittee Review	The APSC is working on a few rule sets. Once those are completed an entire review of ARNP rules is needed.	
10. Cannabis Continuing Education Rules	Staff/All	Subcommittee Review	Rule work	**CNE developed by contractor and approved by the Commission as meeting the rule.**

DEPARTMENT OF HEALTH
NURSING CARE QUALITY ASSURANCE COMMISSION
PROCEDURE

Title:	Advanced Registered Nurse Practitioner: Pain Management Specialist – Commission-Approved Credentialing Entities	**Number:**	F06.02
Reference:	Chapter 18.79 RCW Nursing Care Chapter 246-840 WAC Practical and Registered Nursing		
Contact:	Paula R. Meyer, MSN, RN, FRE, Executive Director, NCQAC		
Effective Date:	November , 2016		
Supersedes:	May 13, 2016		
Approved:	**Charlotte Foster, BNS, MHA, RN, Chair** **Washington State Nursing Care Quality Assurance Commission**		

PURPOSE STATEMENT:

The mission of the NCQAC is to protect the public. The purpose of this policy is to identify commission-approved credentialing entities for an advanced registered nurse practitioners (ARNP) who practices as a pain management specialist to recognize competence in the specialty area of practice.

Background

The Pain Management Specialist Rules (WAC 246-840-493) outline the requirement for an ARNP pain management specialist. An ARNP pain management specialist must meet one or more of the following qualifications:

1. A minimum of three years of clinical experience in a chronic pain management care setting
2. Credentialed in pain management by a Washington State NCQAC-approved national professional association, pain association, or other credentialing entity
3. Successful completion of a minimum of at least eighteen continuing education hours in pain management during the past two years
4. At least thirty percent of the ARNP's practice is the direct provision of pain management care or is in a multidisciplinary pain clinic.

POLICY:

An ARNP must practice within their scope of practice defined by the Washington State laws and regulations, the ARNP's national credentialing body, individual scope of practice, and

competencies. The NCQAC recommends ARNPs contacting their credentialing body for questions related to scope of practice as a pain management specialist. The NCQAC approves the following entities to meet one of the required qualifications for an ARNP pain management specialist:

1. American Society for Pain Management Nursing® Advanced Practice Pain Management Nurse
    a. Hold an advanced practice registered nurse (APRN) license or advanced practice nursing position
    b. Possess current entry-level American Nurses Credentialing Center Pain Management Nursing Certification (RN-BC)
    c. Hold a Master's, Post-Master's, or Doctorate degree as a Nurse Practitioner, Clinical Nurse Specialist, Certified Registered Nurse Anesthetist, or Certified Nurse Midwife
    d. Work completed to meet eligibility criteria must get completed after achieving APRN status

2. National Board of Certification and Recertification for Nurse Anesthetists Nonsurgical Pain Management (NSPM) Credential Program
    a. Unrestricted licensure as an a registered nurse (RN) and/or APRN
    b. Current full certification as a nurse anesthetist
    c. Two years of nurse anesthesia clinical experience by the time of NSPM application
    d. Actively engaged in nurse anesthesia clinical practice
    e. Meet educational requirements within the immediate four years prior to the application date
    f. Demonstrate clinical competence

3. Academy of Integrative Pain Management (AIPM)-American Academy of Pain Management (AAPM)
    a. Licensed as an advanced practice registered nurse in good standing
    b. Two years of clinical experience accumulated after residency
    c. Master's or doctoral degree in a relevant medical field
    d. Completed fifty hours of continuing medical education related to pain management within the last two years
    e. Be currently practicing in a clinical setting

The NCQAC does not maintain documentation of pain management certificates or identify an ARNP as a pain management specialist.

DEPARTMENT OF HEALTH
NURSING CARE QUALITY ASSURANCE COMMISSION
POLICY

Title:	Completion of Death Certificates by Advanced Registered Nurse Practitioners	**Number:**	F07.01
Reference:	RCW 18.79 WAC 246-840 RCW 70.58.170 Washington State Department of Health Center for Health Statistics Guideline, 10/13/16		
Contact:	Paula R. Meyer, MSN, RN, FRE, Executive Director, NCQAC		
Effective Date	November 18, 2016	**Date Reviewed:**	
Supersedes:	Not Applicable		
Approved:	**Charlotte Foster, Chair** **Washington State Nursing Care Quality Assurance Commission**		

POLICY STATEMENT

The Nursing Care Quality Assurance Commission adopts the Washington State Department of Health Center for Health Statistics Guidelines for Advanced Registered Nurse Practitioners to follow when completing death certificates.

Department of Health
Center for Health Statistics

Guideline

Revised – 2/23/17

Title:	Completion of Death Certificates	*Number: CHS D-10*
References:	RCW 70.58.170	
Contact:	Daniel O'Neill, Senior Policy Analyst	
Phone:	360-236-4311	
Email:	Daniel.ONeill@doh.wa.gov	
Effective Date:	February 23, 2017	
Approved By:	Christie Spice	

The Department of Health provides this guideline for medical certifiers of death certificates. Medical certifiers include allopathic and osteopathic physicians, physician assistants, advanced registered nurse practitioners, chiropractors, coroners and medical examiners to follow when completing death certificates.

The Department receives complaints that health care providers fail to complete death certificates in a timely manner or fail to accurately list the cause of death on the death certificate. The death certificate provides important information about the decedent and the cause of death. Death certification errors are common and range from minor to severe.

Under RCW 70.58.170, a funeral director or person having the right to control the disposition of human remains must present the death certificate to the medical certifier last in attendance upon the deceased. The medical certifier then has two business days to certify the cause of death according to his or her best knowledge and sign or electronically approve the certificate, unless there is good cause for not doing so. The medical certifier should register cause and manner of death information through the Washington State Electronic Death Reporting System (EDRS). The EDRS facilitates timely registration of the death and rapid collection of cause and manner of death information. The EDRS can be found at https://fortress.wa.gov/doh/edrs/EDRS/.

The death certificate is a public legal document that deserves the certifier's best effort to ensure that it contains precise and accurate information. The death certificate serves different medical, statistical, and legal functions. The death certificate has the vital function of providing the synopsis of the cause and manner of death. It is in this scientific role that the medical certifier has a responsibility to the general public's health and advancement of medical science.

The cause and manner of death documented on a death certificates is coded to national and World Health Organization standards using the International Classification of Diseases, 10th Revision by the National Center for Health Statistics, a division of the Centers for Disease Control and Prevention (CDC). These coded data, collected by all states, are used by CDC, states, local health jurisdictions, and researchers to calculate life expectancy and mortality rates by race, age, sex, educational attainment, veteran status, and geographic area. These data are also used to determine which medical conditions receive research and development funding, to set public health goals, monitor disease outbreaks, and to measure health status at local, state, national, and international levels.

The completion of the death certificate also serves several different functions for the patient's family, loved ones, and estate. The death certificate is crucial as legal proof of death. From a genealogical viewpoint, the death certificate serves as a historical reference to an individual, recounting name, dates and places of birth and death, parent's names, as well as other useful demographic information. Providing accurate and timely cause and manner of death information is a final act of care for the decedent, their family, and their loved ones.

Recommendation

Medical certifiers who complete death certificates should meet the standard of care in completing all the information to the best of their ability. This must be done in a timely manner. The medical certifier must certify the cause and manner of death if he or she pronounced the death, were the first medical certifier to observe the decedent (e.g. died in transport to the emergency department), were the primary care provider for the decedent and recently treated the decedent, or is covering for another certifier who is unavailable. If a medical certifier pronounces the death but does not have enough information to accurately and precisely fill out the cause and manner of death, the medical certifier may consult with another clinician or clinician's records.

Deaths known or suspected of having been caused by injury must be reported to the medical examiner or coroner, and the medical examiner or coroner will make the decision as to who completes the cause and manner of death.

Guideline

The Department provides this guideline for practitioners completing death certificates.

Cause of Death

There are four lines or spaces provided to report the etiology of the cause of death. A complete logical sequence should be reported that explains why the patient died. The sequence may be an etiological or pathological sequence as well as a sequence in which an earlier condition is believed to have prepared the way for a subsequent condition by damage to tissues or impairment. The immediate cause of death should be on the top line and should be the condition that occurred closest to the time of death. Do not list a mechanism of death, such as cardio-pulmonary arrest, respiratory arrest, electromechanical dissociation, or asystole. No other entry is needed if the immediate cause of death explains completely the chain of events resulting in death. What is of most scientific interest is not the immediate cause of death, but the specific disease condition or injury that set in motion the events leading to death (i.e., the underlying cause of death). On the remaining three lines, sequentially list

antecedent causes, if any, that lead to the immediate cause of death. Terminate the sequence with the underlying cause of death and leave unused lines or spaces blank.

If the medical certifier has not seen the patient for a period of time he or she should apply medical training, knowledge of medicine, available medical history, symptoms, diagnostic test and autopsy results to render a medical opinion on the cause of death, and qualify the etiology by use of words such as 'probable' or 'presumed' or, as a last resort, state the cause of death as 'unknown'.

Provide the best estimate of the interval between the presumed onset of each condition (not the date of diagnosis) and death. The terms approximately or unknown may be used. Indicate if the time interval is unknown.

Conditions that were present at the time of death and may have contributed to death but did not result in the immediate cause of death should be listed in the box listed "Significant Conditions Contributing to Death". If two or more possible sequences resulted in death, report the one that in your opinion most directly caused death in the cause of death section. Report the other conditions in the "Significant Conditions Contributing to Death" box.

- Cause of death information should be your best medical opinion
- List only one condition per line or space in the cause of death section. If you need more lines or spaces to describe the train of events leading to death, you may write more than one condition per line if the conditions are separated by the words "due to"
- Avoid abbreviations
- A condition can be listed as probable, possible or presumed even if it has not been diagnosed
- Elderly terms such as senescence, old age, and advanced age have little value for public health or medical research. The decedent's age is already listed on the death certificate.
- Infant prematurity should not be entered without explaining the etiology of the prematurity
- Surgery, Procedure, or Medication--report the condition that necessitated the treatment
- Always report an etiology for organ system failure such as congestive heart failure, renal failure, or respiratory failure in the lines below it
- Always report an etiology for cardiac arrest, cirrhosis, dementia, hemorrhage, malnutrition, aspiration, inhalation, asphyxia, dehydration, hepatitis, pneumonia, or sepsis
- Report a primary site and/or histological type for neoplasms
- If information with regard to specificity, etiology, pathology, or cause of death is unknown, indicate explicitly that this is the case

If additional medical information or autopsy findings become available that would change the cause of death originally reported, the original death certificate should be amended by the medical certifier by filing an affidavit of correction with the Department of Health.

Examples:

Part I. Diseases, injuries, or complications that caused the death.

		Approximate interval between onset and death
Immediate cause a.	Acute renal failure	5 days
	Due to (or as a consequence of)	
Sequentially list antecedent causes, if any, leading to the immediate cause with underlying cause last — b.	Hyperosmolar nonketotic coma	8 days
	Due to (or as a consequence of)	
c.	Diabetes mellitus, non-insulin dependent	15 years
	Due to (or as a consequence of)	
d.		

Part II. Other significant conditions contributing to death but not resulting in the underlying cause

Hypertension

Part I. Diseases, injuries, or complications that caused the death.

		Approximate interval between onset and death
Immediate cause a.	Pulmonary embolism	30 min
	Due to (or as a consequence of)	
Sequentially list antecedent causes, if any, leading to the immediate cause with underlying cause last — b.	Acute iliofemoral deep venous thrombosis	5 days
	Due to (or as a consequence of)	
c.	Congestive heart failure	4 years
	Due to (or as a consequence of)	
d.	Hypertension	years

Part II. Other significant conditions contributing to death but not resulting in the underlying cause

Poorly differentiated adenocarcinoma of the prostate, old myocardial infarction

Manner of Death

Choose from natural, homicide, suicide, accident, undetermined or pending. Refer all deaths due to injury or poisoning to the medical examiner or coroner. Complete the cause and manner of death if the medical examiner or coroner does not accept the case. Pending is used if you are waiting on toxicology or other test results. The record should be amended by the medical certifier filing an Affidavit of Correction with the Department of Health once the results are received.

Time of death (Hour of death)

The exact time should be entered, if known, using the 24 hour clock.

Checkboxes

1. *Autopsy*

   Yes or no

2. Autopsy results available to complete the cause of death

   Yes or no

3. *Tobacco*

   Yes, probably, no or unknown if to the best of your knowledge use of tobacco or exposure to tobacco contributed to death.

4. *Pregnancy*

   This must be answered if the decedent was female and ages 10 to 55. The check boxes include responses for women who are pregnant at the time of death as well as options for women who were pregnant up to one year before their death. Pregnancy includes live births, fetal deaths, and abortions.

Injury Information

Most injury deaths are accepted for cause of death certification by the medical examiner or coroner. Occasionally, especially for deaths where a fall in someone elderly is on the causal pathway, a medical certifier will fill out the cause and manner of death. In the instance where this occurs, the injury information must be filled out.

1. *Date of injury*

   Enter the act the actual date, if known.

2. Time of injury (hour of injury)

Enter the exact time, if known, using the 24 hour clock.

3. *Place of injury.*

Enter the general type of place where the injury occurred. Do not enter firm or organization names.

4. *Injury at work?*

Enter yes if injury occurred at work.

5. Location of Injury

Enter the complete address including ZIP Code. Fill in as many of the items as known.

6. *Describe how the injury occurred*

Enter in narrative form, a brief description of how the injury occurred. Explain the circumstances or cause of the injury. If the injury is a fall, describe how the fall occurred, if the fall involved an object (ladder, stairs, wheelchair, furniture, bed), other person (supported or carried by another person), or if the fall occurred from tripping or falling from the same level (standing or sitting to the floor or from the toilet to the floor) or from another level (hole or well).

Name and Title of the Attending Physician (if other than Certifier)

This is optional and would be the attending physician of record that is different than the medical certifier filling out the death certificate. It is helpful to have this name if the certifier is a medical resident and may not be available to answer questions about the cause of death information.

The Department of Health provides this guideline for medical certifiers to follow when completing death certificates.

References:
Medical Quality Assurance Commission. (2011, September). Death Certificate Rules Revisited. Volume 1, Fall. p. 10. Retrieved from www.doh.wa.gov/Portals/1/Documents/Pubs/658004.pdf.

"Physicians Handbook on Medical Certification of Death." U.S. Department of Human and health Services, Centers for Disease Control and Prevention, National Center for Health Statistics, 2003 Revision, page 1

Department of Health Nursing Care Quality Assurance Commission

Advisory Opinion

The Nursing Care Quality Assurance Commission (NCQAC) issues this advisory opinion in accordance with WAC 246-840-800. An advisory opinion adopted by the NCQAC is an official opinion about safe nursing practice. The opinion is not legally binding and does not have the force and effect of a duly promulgated regulation or a declaratory ruling by the NCQAC. Institutional policies may restrict practice further in their setting and/or require additional expectations to assure the safety of their patient and//or decrease risk.

Title:	Completion of Death Certificates by Advanced Registered Nurse Practitioners	*Number:* NCAO 10.0
References:	RCW 18.79 Nursing Care WAC 246-840 Practical and Registered Nursing RCW 70.58 Vital Statistics WAC 246-491 Vital Statistics-Certificates	
Contact:	Deborah Carlson, MSN, RN Associate Director of Nursing Practice	
Phone:	(360) 236-4725	
Email:	NursingPracticeConsultation.NCQAC@doh.wa.gov	
Effective Date:	November 18, 2016	
Supersedes:	Not Applicable	
Approved By:	Charlotte Foster, Chair Nursing Care Quality Assurance Commission	

Conclusion Statement

The Nursing Care Quality Assurance Commission (NCQAC) concludes that an advanced registered nurse Practitioner (ARNP) may complete death certificates following statues and rules. It is not within the scope of practice of a registered nurse or licensed practical nurse to certify a death.

Background

The Washington State Department of Health Center for Health Statistics requested the NCQAC to consider adopting guidelines developed by the center as a standard of care for ARNPs to follow when certifying a death. RCW 70.58 gives the authority for an ARNP to certify a death, including a fetal death. The department receives complaints that health care providers fail to complete death certificates in a timely manner or fail to accurately list the cause of death. The death certificate serves different medical, statistical, and legal functions.

Recommendations

The NCQAC recommends an ARNP follow the Washington State Department of Health Center for Health Statistics “Completion of Death Certificates Guideline” as a standard of care.

Conclusion

In conclusion, ARNPs may certify a death following the laws and within acceptable standards of care.

References

Medical Quality Assurance Commission. (2011, September). Death Certificate Rules Revisited. Update! Volume 1, Fall. p. 10: www.doh.wa.gov/Portals/1/Documents/Pubs/658004.pdf.

Physicians Handbook on Medical Certification of Death. U.S. Department of Human and health Services, Centers for Disease Control and Prevention, National Center for Health Statistics, 2003 Revision, page 1: https://www.cdc.gov/nchs/data/misc/hb_cod.pdf