



Nursing Care Quality Assurance Commission (NCQAC)

Meeting Agenda

May 12, 2023

8:30 AM- 5:00 PM

[Hilton Seattle Airport & Conference Center](#)

17620 International Blvd, Seattle, WA 98188

Crystal Ballroom A

Zoom registration and address

<https://us02web.zoom.us/meeting/register/tZ0tdu2tqzosE9XESu2VI8vc-sf-wKwCGwpM>

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
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
Alison Bradywood, DNP, MPH, RN, NEA-BC, Executive Director
Chris Archuleta, Director, Operations and Finance
Gerianne Babbo, Ed.D, MN, RN, Director, Education
Shad Bell, Assistant Director, Operations and Communications
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

Questions

Please contact us at 360-236-4703 if you:

- have questions about the agenda.
- want to attend for only a specific agenda item.
- need to make language or accessibility accommodations.

Language and Accessibility

If you plan to attend and need language or accessibility services, NCQAC can arrange help. Please contact us at least one week before the meeting, May 5, 2023.

Need this document in another format? Please call 800-525-0127.

Deaf or hard of hearing customers:

- Call: 711 (Washington Relay)
- Email: civil.rights@doh.wa.gov

Meeting Minutes

We record our meetings to help write accurate minutes. Our minutes are then approved at the next Nursing Care Quality Assurance (NCQAC) business meeting, July 14, 2023. NCQAC posts minutes on our website nursing.wa.gov.

All minutes and recordings are public record. They are available on request from DOH at doh.wa.gov/about-us/public-records.

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

Smoking and vaping are prohibited at this meeting.

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

II. Call to Order

- A. Introductions**
- B. Order of the Agenda**
- C. Land Acknowledgement – Quiana Daniels**
- D. Announcements**

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

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

A. Approval of Minutes

1. NCQAC Business Meeting
 - a. March 9, 2023
 - b. March 10, 2023
2. Advanced Practice Subcommittee
 - a. February 15, 2023
 - b. March 15, 2023
3. Discipline Subcommittee
 - a. February 21, 2023

III. Consent Agenda – DISCUSSION/ACTION Continued

- 4. Consistent Standards of Practice Subcommittee
 - a. February 3, 2023
- 5. Licensing Subcommittee
 - a. February 21, 2023
 - b. March 2023 – no meeting
- 6. Research Subcommittee
 - a. February 21, 2023
 - b. March 20, 2023

B. 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)

C. Licensing Report to the Governor's Office

- 1. April 24, 2023

D. Washington Center for Nursing/NCQAC monthly meetings

- 1. April 6, 2023

E. Out of state travel reports

- 1. Annual Fundamentals of Addiction Medicine, John Furman, March 23-24, Tulalip WA
- 2. NCSBN Midyear Meeting, March 28-30, Seattle WA
 - a. Yvonne Strader
 - b. Paula Meyer
 - c. Quiana Daniels
 - d. Judy Loveless-Morris
 - e. Gerianne Babbo
 - f. Sarah Bear
 - g. Victoria Hayward
- 3. NCSBN APRN Roundtable, Mary Sue Gorski, April 11, virtual

F. Strategic Plan Update

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

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

The NCQAC delegates 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.

A. Nursing Program Approval Panel (NPAP)

- 1. March 2, 2023
- 2. March 16, 2023
- 3. April 6, 2023
- 4. April 20, 2023
- 5. May 8, 2023

IV. NCQAC Panel Decisions – DISCUSSION Continued

B. Nursing Assistant Program Approval Panel (NAPAP)

1. March 13, 2023
2. March 20, 2023
3. April 10, 2023

C. Advanced Practice Panel

1. March 15, 2023

V. 9:00 AM – 9:30 AM Chair Report – Yvonne Strader – DISCUSSION/ACTION

A. Out of State Travel plan

B. Hearing Dates

VI. 9:30 AM – 10:30 AM Executive Director Report – Paula Meyer – DISCUSSION/ACTION

A. Budget Report – Adam Canary, Chris Archuleta

B. Rules Update – Jessilyn Dagum

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

D. Recognition of Pro Tem members completing their fourth terms of service

E. Signature authority – annual review

F. Procedures

1. H01.04 Officer Nominations
2. H02.04 Election of Officers
3. H08.03 Ethics, Conflict of Interest, and Appearance of Fairness, Principles, and Guidelines
4. H10.03 NCQAC Meetings – Interruptions
5. H14.02 Evaluation of Executive Director
6. H17.02 Establishing Regular and Special Meetings

10:30 AM – 10:45 AM Break

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

A. Advanced Practice – Jonathan Alvarado, Chair

1. Procedures
 - a. F06.02 ARNP Pain Management Specialist
 - b. F07.01 Completion of Death Certificates by ARNPs
2. FAQ - ARNP - Pain Management
3. NCQAC Supports State Protection of ARNPs who prescribe Mifepristone

B. Consistent Standards of Practice – Sharon Ness, Chair

1. Seattle-King County Public Health Nurses

C. Discipline – Adam Canary, Chair

1. A.30.05 Timelines for Case Review
2. A.31.03 Timely Resolution of SOA STIDS
3. A.37.02 ARNP Hearings
4. A.40.03 Safe to Practice
5. A.47.02 Surrender of Credential
6. A.48.02 Case Status Correspondence
7. A.53.02 Notice of Required Evaluation

VII. Subcommittee Report – DISCUSSION/ACTION Continued

8. J.04.12 Credential Holders Requests

D. Licensing – Dawn Morrell, Chair

1. B20.04 Continuing Competency Audit Process
2. B31.02 Effect of Military Status on Credentials
3. B36.01 Nurse License Verification
4. B38.02 Social Security Number
5. Temporary Practice Permit Rule Language Review for CR-102

E. Research – Sharon Ness, Chair

F. Education – Kimberly Tucker, Chair

1. E01.04 Nursing Program Approval Process
2. E03.04 Complaints and Actions Related to Nursing Education
3. E05.02 Continuing Approval for Nursing Education Programs in Washington State
4. E06.02 Approval of Student Clinical Learning Experience in Washington for Out-of-State Nursing Programs
5. E07.02 Nursing Education Unit Complaint Investigation

11:45 AM – 1:00 PM Lunch

VIII. 12:00 PM – 1:00 PM Education Session – Donna White, PhD, RN, CARN, CADCII, LADC1, Addiction Specialist – Self-Care

Compassion fatigue along with the demands of time pressures, lack of sleep, interruptions, exposure to discrimination, and disruptions can compromise functional capabilities. A substance use disorder can compound these factors, impacting reasoning and judgment that could make a nurse unsafe to practice. Dr. White will provide information on compassion fatigue and suggested strategies and interventions to promote self-care.

IX. 1:00 PM – 1:15 PM Public Comment

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

X. 1:15 PM – 1:45 PM Rule Hearing: ARNP Opioid Prescribing Rules – DISCUSSION/ACTION

The purpose of this hearing is to solicit comments for the proposed rules filed with the Code Reviser's Office on April 4, 2023, and in the Washington State Register as WSR# 23-08-064. The proposed amendments to WAC 246-840-463 and 246-840-4659 clarify the application of the advanced practice pain management rules in Nursing Homes and Long-Term Acute Care Hospitals.

1:45 PM – 2:00 PM BREAK

XI. 2:00 PM – 2:30 PM Education – Dr. Gerianne Babbo, Dr. Kathy Moisio - DISCUSSION/ACTION

A. Nursing Education

1. Washington State Student Nurse Preceptorship Grant Winter quarter update

XI. Education - DISCUSSION/ACTION Continued

2. Annual education report (2021-2022)
3. New education dashboard - Dr. Mary Sue Gorski.

B. Nursing Assistant Updates

1. Training
2. Testing
3. Home Care Aide to Nursing Assistant Certified to Licensed Practical Nurse Apprenticeship

XII. 2:30 PM – 3:15 PM Legislative Panel Report – Helen Myrick – DISCUSSION/ACTION

A. Bills passing the 2023 Legislature

B. Decision packages

C. Implementation Plans

XIII. 3:15 PM – 4:00 PM Public Disclosure Required Education – Karl Hoehn, Bethany Mauden, Sierra McWilliams AAG - DISCUSSION/ACTION

Each year, NCQAC members must receive education on certain topics. Over the past several years, more of the NCQAC work has become remote and increasingly using paperless documents. Mr. Hoehn, Ms. McWilliams, and Ms. Mauden provide the first of two training courses on Public Disclosure and Public Documents.

XIV. 4:00 PM - 4:30 PM Nominations Committee – Sharon Ness – DISCUSSION/ACTION

A. NCQAC award nominees

Each year, the NCQAC recognizes staff for the award. The recipient(s) attend the NCSBN annual meeting.

B. Election of Officers

The NCQAC elects the chair, vice chair and secretary/treasurer for the coming year.

XV. 4:30 PM Meeting Evaluation

XVI. 4:45 PM Closing



Nursing Care Quality Assurance Commission (NCQAC)
Special Meeting Minutes
March 9, 2023
10:00 AM- 5:30 PM

This meeting was held in person at Seattle Airport Marriott, 3201 S 176th St, Salons F – H, Seattle, WA 98188 and via 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>.

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Assistant Attorney General:

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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. 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.

ACTION: Ms. Daniels moved to discontinue the mask mandate at NCQAC meetings. Dr. Tucker seconded the motion. The motion passed.

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.

Ronco Cole – SEIU1199 NW. Mr. Cole expressed concerns on the selection process wanting to give feedback, the union requested “a seat at the table.”

David Keepnews – Washington State Nurses Association (WSNA). Dr. Keepnews expressed concerns about the selection process wanting to give feedback on the hiring process. Dr. Keepnews would also like to establish a collegial relationship with the Executive Director. WSNA asked for a pause in the selection process.

IV. 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.

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 determine next steps.

ACTION: Ms. Morrell moved to continue the Executive Director Hiring process as outlined and proceed with the agenda. Ms. Daniels seconded the motion. The motion passed.

V. Orientation to Executive Director Selection Process – Yvonne Strader and Sierra McWilliams – DISCUSSION/ACTION

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

Final Candidates are Dr. Alison Bradywood and Renee Espinosa.

VI. Candidate Presentations.

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 vision, 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.

Presentation One - Renee Espinosa

Ms. Espinosa presented her strategic plan goals for the next four years.

Presentation Two - Alison Bradywood

Dr. Bradywood presented her strategic plan goals for the next four years.

VII. 2:45 PM – 5:30 PM Executive Session – Candidate Interviews and Discussion - Closed to the public.

The interview and evaluation of the candidates in executive session under [RCW 42.30.110\(1\)\(g\)](#) "To evaluate the qualifications of an applicant for public employment or to review the performance of a public employee."

This session was closed to the public, was not recorded and no minutes were taken.

ACTION: Mr. Canary moved to place the meeting into executive session. Ms. Ness seconded the motion. The motion passed.

The room was cleared of staff and guests except for those invited to remain.

VIII. Adjournment of Executive Session and Meeting

Ms. Strader adjourned the executive session and meeting at 5:33 PM.



Nursing Care Quality Assurance Commission (NCQAC)
Meeting Minutes
March 10, 2023
8:00 AM- 5:00 PM

This meeting was held in person at Seattle Airport Marriott, 3201 S 176th St, Salons F – H, Seattle, WA 98188 and via 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>.

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Sharon Ness, RN
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Assistant Attorney General:

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Mary Sue Gorski, PhD, RN, Director, Advanced Practice,
Research and Policy
Karl Hoehn, JD, FRE, Assistant Director, Discipline – Legal
Grant Hulteen, Assistant Director, Discipline – Investigations and
WHPS
Bethany Mauden, Administrative Assistant
Kathy Moisio, PhD, RN, Director, Nursing Assistant Programs
Catherine Woodard, Director, Discipline and WHPS

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

II. Call to Order

A. Introductions

B. Order of the Agenda

C. Land Acknowledgement – Emerisse Shen

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. 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
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

III. Consent Agenda – DISCUSSION/ACTION Continued

G. Strategic Plan Update

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

IV. 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. 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 presented the results. The Research Subcommittee will work with NCQAC on the annual survey for future years.

B. Use of NCQAC Laptops

Ms. Strader reminded the NCQAC members of the proper use of NCQAC Laptops. The laptops are for NCQAC business only. NCQAC members should not use personal computers or devices for NCQAC business.

Ms. Strader appointed a task force to work on the technology needs of NCQAC members. Ms. Strader appointed Mr. Canary, Mr. Alvarado, and Ms. Daniels to work with Chris Archuleta.

A fire alarm at the location interrupted the meeting at 9:00 am. The meeting resumed at 9:30 am.

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

A. Budget Report – Adam Canary, Chris Archuleta

Mr. Archuleta reported on the budget. The fiscal outlook showed the combination of higher than projected revenues and underspending of the budget. These actions result in a net gain

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

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. 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.

B. Rules Update – Jessilyn Dagum

Ms. Dagum reported on the ongoing rules.

C. 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 significant financial impacts as budgeted. Nursing education data must be imported into HELMS from ILRS to be integrated. DOH projects October 2023 as the launch date.

D. Public Records Retention by NCQAC members

Ms. Meyer explained the importance of Public Records Retention. Mr. Hoehn and Ms. Mauden are developing training for NCQAC and staff.

E. Public Performance Review, March 22

Ms. Meyer explained the Public Performance Review taking place before the Governor on March 22. The presentation focuses on the Home Care Aide/Nursing Assistant to LPN Apprenticeship program.

VII. Washington Health Professional Services (WHPS) Annual Report – Grant Hulteen - DISCUSSION/ACTION

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

ACTION: Ms. Morrell moved to approve the WHPS annual report, which includes the SUDRP annual report. Ms. Moua seconded the motion. The motion passed.

VIII. 10:05 AM – 10:23 AM Public Comment

This time allowed members of the public to present comments to the NCQAC

Dr. David Keepnews – Committed to working with the new Executive Director.

Dr. Louise Kaplan – Wanted members of the public to be able to ask questions of the Executive Director candidates.

IX. Hiring New Executive Director – Yvonne Strader, Chris Archuleta - DISCUSSION/ACTION

On March 9, NCQAC members interviewed candidates for the Executive Director position. The NCQAC members voted on the candidates, those present voted via ballot, with those virtual

Hiring New Executive Director – Yvonne Strader, Chris Archuleta - DISCUSSION/ACTION Continued

completing a voice vote. Former NCQAC Chairs Dr. Soine, and Ms. Rude tabulated the votes and presented the final count to NCQAC Chair Ms. Strader.

ACTION: Ms. Strader made the offer of Executive Director to the successful candidate, Dr. Alison Bradywood.

X. Subcommittee Report – DISCUSSION/ACTION

A. Advanced Practice – Jonathan Alvarado, Chair

1. ARNP Opioid Prescribing Rule

ACTION: Mr. Alvarado moved with a second from Advanced Practice Subcommittee, to approve the proposed changes to the ARNP Opioid Prescribing Rule WAC 246-840-463 and 246-840-4659 and move forward with the filing of a CR-102. The motion passed.

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

ACTION: Ms. Ness moved with a second from the Consistent Standards of Practice Subcommittee to adopt revisions to the Opioid Use Disorder Medication Assisted Treatment – Nurse Case Management Advisory Opinion. The motion passed.

3. NCAO 31.00 – Advisory Opinion: Endoscopy - Licensed Practical Nurse Scope of Practice

ACTION: Ms. Ness moved with a second from the Consistent Standards of Practice Subcommittee to adopt the Endoscopy: LPN Scope of Practice Advisory Opinion. The motion passed.

4. F03 Advisory Opinion Procedure Revision

ACTION: Ms. Ness moved with a second from the Consistent Standards of Practice Subcommittee to adopt revisions to the Advisory Opinion Procedure. The motion passed.

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

ACTION: Mr. Canary moved with a second from the discipline subcommittee to approve revised procedures A07, A08, A24, A27, A28, A49. The motion passed.

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.

ACTION: Mr. Canary moved with a second from the Discipline Subcommittee to retire procedures A15, A42, A43. The motion passed.

X. Subcommittee Report – DISCUSSION/ACTION Continued

D. Licensing – Dawn Morrell, Chair

1. Procedure B09 ARNP Application Exemption Requests
2. Procedure B15 Nursing Technician Not in Good Standing or Taking Leave
ACTION: Ms. Morrell moved with a second from the Licensing Subcommittee to approve revised procedures B09, B15. The motion passed.
3. Emergency Rule and Permanent Rule Consideration for WAC 246-840-030 and WAC 246-840-090

ACTION: Ms. Morrell moved with a second from the Licensing Subcommittee to file proposed amendments to WAC 246-840-030 and WAC 246-840-090. The motion passed.

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.

ACTION: Ms. Tucker moved with a second from the Education Subcommittee, to add certification timelines for nursing assistants and language considerations for the nursing assistant written or oral exam to the strategic plan. The motion passed.

XI. 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.

ACTION: Ms. Myrick moved with a second from the Nursing Assistant Program Approval Panel to approve the filing of a CR-102 to repeal chapter 246-841 WAC and chapter 246-842 WAC and consolidate requirements in a new chapter 246-841A WAC. Motion passed.

2. Nursing Assistant Annual Report for 2022.
Dr. Moisio presented the annual report.

B. Nursing Education

Dr. Babbo presented updates for nursing education.

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

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

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

This time allows members of the public to present comments to the NCQAC. If the public has issues regarding disciplinary cases, please call 360-236-4703.

No public comment was presented.

XIV. 1:05 PM – 1:35 PM Executive Session – Sierra McWilliams - DISCUSSION/ACTION

The NCQAC entered executive session for the purpose of discussing litigation with the Assistant Attorney General (AAG), Sierra McWilliams under [RCW 42.30.110\(1\)\(g\)](#).

This session was closed to the public, was not recorded and no minutes were taken.

ACTION: Mr. Canary moved for the NCQAC to enter Executive Session to discuss with the AAG, matters relating to litigation to which a member acting in an official capacity is, or is likely to become, a party, when public knowledge regarding the discussion is likely to result in an adverse legal or financial consequence to the agency. Ms. Ness seconded. The motion passed.

The room was cleared of staff and guests except for those invited to remain.

XV. Petition for Rules Writing – Paula Meyer – DISCUSSION/ACTION

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

ACTION: Ms. Daniels moved to deny the petition to open the rules to define graduate degree. request to open the rule. Mr. Canary seconded the motion. The motion passed.

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.

Mr. Alvarado withdrew his candidacy for Vice Chair.

Slate of Candidates

Chair: Yvonne Strader

Vice Chair: Helen Myrick, Kimberly Tucker; Floor Nominations Quiana Daniels

Secretary/Treasurer: Adam Canary; Floor Nominations MaiKia Moua (declined the nomination).

XVII. 3:15 PM – 3:45 PM Nominations Committee – Sharon Ness - DISCUSSION/ACTION, Continued

ACTION: Ms. Ness moved that the NCQAC accept the slate of candidates with the addition of the nominations from the floor, Ms. Daniels. Ms. Ness and Mr. Canary supported the floor nominations. The slate of candidates was approved.

XVIII. Legislative Panel Report – Helen Myrick - DISCUSSION/ACTION

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

XIX. Meeting Evaluation

XX. 3:10 PM Closing

Draft



**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.

DRAFT



**Nursing Care Quality Assurance Commission (NCQAC)
Advanced Practice Subcommittee Meeting Minutes
March 15, 2023**

**Subcommittee
Members:**

Jonathan Alvarado, ARNP, CRNA, Chair
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
Emerisse Shen, MSN, CNP, FNP, ARNP
Laurie Soine, PhD, ARNP

Absent:

Shannon Fitzgerald, MSN, ARNP
Lindsey Frank, CD, OB-RNC, ARNP, CNM
Kimberley A. Veilleux, DNP, RN, ANP-BC

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 7:00 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
 - Announcement – Jonathan Alvarado gave an update on new Executive Director, Dr. Alison Bradywood, from March 9, 2023 NCQAC business meeting.
- Review of Advanced Practice Draft Minutes: February 15, 2023
 - Reviewed, with consensus to bring to the May 12, 2023, NCQAC business meeting for approval.

III. Old Business

- Update – APRN Title Protection
 - Mary Sue Gorski gave an update on APRN title protection.
- Discipline cases
 - Jonathan Alvarado asked for volunteers to work on discipline cases.
- New members
 - Jonathan Alvarado asked for suggestions on new commission members to replace outgoing members.

IV. New Business

- Procedure updates; Death certificates, Pain management specialist
 - Mary Sue Gorski gave an update on two procedures. Karl Hoehn further clarified.

- The subcommittee recommended that the commission retire the pain management procedure and create a FAQ instead.
- The subcommittee recommended that the commission retire the death certificate procedure and update the associated advisory opinion.

V. Ending Items

- Public Comment
 - The public was given the opportunity to comment on the agenda items.
 - Louise Kaplan asked for policy on requirements of becoming a pro-tem member.
- Review of Actions
- Meeting Evaluation
- Date of Next Meeting – April 19, 2023
- Adjournment – The meeting adjourned at 7:56 PM.

DRAFT



Nursing Care Quality Assurance Commission (NCQAC)

Discipline Sub-committee **MINUTES**

February 21, 2023

3:30 pm to 5:30 pm

Join the Meeting

from your computer, tablet or smartphone

You can also dial in using your phone

United States: +1 564-999-2000

Conference ID: 478 294 276#

Committee Members:

Adam Canary, LPN, Chair
Sharon Ness, RN
Tiffany Randich, RN
Tracy Rude, LPN ad hoc
Dawn Morrell, RN, BSN, CCRN
Quiana Childress, GCertHealthSc, BS, LPN
Judy Loveless-Morris, PhD, public member *absent*

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 *conflict in schedule*
Teresa Corrado, LPN, Assistant Director, Discipline – Case Management/HELMS
Barb Elsner, HSC
Margaret Holm, JD, RN ad hoc
Mary Sue Gorski, PhD, RN, ARNP, Director, Research
Renae Powell, Case Manager

I. 3:30 pm opening – Adam

- Call to order – digital recording announcement
- Roll call

II. November 15, 2022 Minutes– Adam

- In draft format until the commission approves at the March 2023 business meeting.
- [Consensus to move to the March 10 meeting.](#)

III. Performance measures – year in review - Grant, Karl

- A. Investigations: [Catherine introduced the annual graph process before Grant and Karl got more specific. Charts for investigations include cases reviewed at CMT, opened to investigations, caseload per investigator, investigations completed, completed per investigator, investigative timelines.](#)

- B. **Legal:** Caseloads per attorney has increased, work burden with Florida schools, new paralegal in the early fall. Active investigations keep Legal busy. Graphs show legal caseload, legal performance that includes legal reviews to RCMs, drafts to the AGO, legal work type.
- C. **WHPS:** Charts depict case load by case manager, performance measure inquiry to intake to monitoring, types of discharges (successful completions more than other discharges), participant numbers broken into types, employed nurses (numbers have dropped because total number of participants have decreased, above target of 72% employed).
- D. **SUDRP:** Add-on chart; was not in the packet. Figures from July-December 2022. The chart depicts number of non-compliance cases reviewed at SUDRP, reasons for SUDRP referrals, graduations.

IV. Introduction to data dashboards for Discipline – Dr. Mary Sue Gorski

Other sections are using dashboards, and others have heard this presentation. This may be helpful to Discipline. Mary Sue's team will take data that's already being gathered and used, but this will make it more accessible. Mary Sue introduced Emma Cozart, data analyst. For nurse licensing, data is updated from ILRS every month. They use Power BI, which has an interactive feature. There are several pages, including a 'super slicer' page that contains lots of data to filter.

Karl asked if we can change numbers to reflect numbers per capita rather than raw number? Dawn's thought: what are we trying to accomplish with Discipline data? Must attach goals to this. Mary Sue says they get a lot of questions re: nurse licensure population, like who gets more discipline (RN or LPN? Which specialty among ARNPs?).

Margaret wonders if there's value to identify disciplinary actions in each location, separated by discipline types. Can we use the dashboard for public disclosure? Might be a way to aggregate data and put on a platform that's easy to use and search.

Quiana asked about specialties among RNs and LPNs? Mary Sue said only as self-identified. Out of state? Nurses whose original license was WA state? Quiana wonders how many nurses we are counting. Licensing records addresses when nurses renew. Mary Sue would like to see the data on this. Quiana wants to see if there are pockets where nurses are fewer. Demographic data? Emma: it's already in the workforce dashboard.

Teresa: data is in our database. Ran report 6-7 years ago to see where they came from and where they're going. Also, how many nurses in each county is an easy-to-run report. Sue acknowledged that this is all data that we already collect and is stored. Only this is more accessible.

Sharon: do we track military nurses? That's a population that comes and goes more often. This is tracked in the Licensing data dashboard. Teresa says this is not helpful because there is rarely military status anymore because they are exempt from CLE.

Catherine will discuss with staff on how we'll use this and bring it back to DSC.

V. Data collection: Diversity, Equity, and Inclusion (DEI) review of cases at CMT - Dr. Mary Sue Gorski

The research question is regarding cases that are closed in CMT because of communications. Might be a certain percentage of those that we may need to remediate, directly related to DEI. Cases closed: was there something else we should look at? Karl: we occasionally see complaints that might be related to bias. Margaret's non-therapeutic communication is a factor. How many are there? What types are they? What have we done with them? No rules specific to communication. The proposal to see what the landscape looks like. Gather data and bring it back for further discussion. Mary Sue and her team are gathering data starting March 1st. Mary Sue sitting in on CMT to learn how it works.

Dawn: along those same lines, at CMT, almost feels like verbiage used is being discriminatory and how can we capture that? Concerning when it happens.

Karl agrees. Nurses experience abuse for sure.

VI. Procedure review – Catherine and Karl

- A. A.07.03 Anonymous Complaints – change to commission procedure
This procedure details actions at CMT and should be under the commission's signature.
- B. A.08.05 Action in Another Jurisdiction - change to commission procedure
Formatting, title changes, and under the commission's signature. Active voice, refined procedure based on current practice. Expired more than one year, there's a flag on the credential in case they attempt renewal. The nurse was not credentialed in WA at the time of the conduct.
- C. A.15.03 Suspension or Revocation - retire procedure
Covered in other procedures. This is what the UDA says and is outdated in the discussion of revocation. Came prior to 2008 when revocations were not permanent. Is operationalized in legal documents.
- D. A.24.12 Approval of Evaluators in Nurse Discipline Cases – updates
Updated formatting, commission signature updated, updated steps according to current practice. Streamlined. A panel (not DSC) can grant exceptions to evaluator minimum standards. The old procedure said we needed to bring an evaluator recommendation to DSC if the evaluator was not on the list. The revised procedure details the qualifications for an evaluator to get the best expert and Legal can apply the criteria. If an evaluator needs consideration for not meeting the criteria, a panel could decide. Quiana asked why we removed the two-year in WA requirement. Karl explained that some providers have been in practice for many years and just moved here. The preference is always to use in-state when we can. A consideration is given to expediting evaluations when the need arises. Mental health evaluators adhere to the DSMV evaluation, which is standardized across the country. Tracy: is in favor of removing the two years from the procedure. If trained and educated and meets standards, must allow them to do their job. Karl said specialty contracts are non-favorably looked upon when we restrict years of practice in WA when they meet all the criteria. Sharon: we evaluate the evaluator's credentials and would like to use them if they meet the criteria and are clearly qualified. In favor of removing the two-year requirement. Quiana agrees now.
- E. A.27.13 Sanction Standards – updates
Updated for current chair signature. Removed the sentence about documenting rationale for deviating from the sanction standards. The sanctions standards are guidelines and not rules so the commission can deviate when necessary. It is risky to say we all follow the standards when they're not in rule, which they are not. Protects the commission. Less confusing.
- F. A.28.06 Drafting and Interpreting Discipline Documents – updates and title change
Formatting, updated signature. Changed *Orders* to *Documents* in title. Updated the language according to current practice. Streamlined language. Disciplinary documents include all things, not just orders. Passive voice to active voice. Added more to disciplinary papers and limits age of research to reflect current practice. Corrected monetary amounts. Quiana caught a change needed: five years licensed (not as RN). Will correct this before it goes to the commission meeting.
- G. A.42.02 Licensee HIV/AIDS Status – retire procedure

Outdated. This comes from a time when a whisper of HIV positive required the ED involved in the case. This is now operationalized in other procedures. All health care information is confidential. Laws have been updated.

H. A.43.02 Effect of Military Status on Discipline – retire procedure

Outdated. Legal automatically checks for military status when issuing default order documents. There is a federal law that prevents default orders for someone who is on active military duty. Staff looks up on a federal website to check on each default order.

I. A.49.03 WHPS Referral Contracts – update for current language

Formatting. Updated to reflect SUDRP and related processes in place of SUAT.

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

Capture data research and discipline dashboard on the workplan.

SUDRP can deal with special circumstance when a nurse is dealing with a catastrophic event. Safe to practice. On the workplan, is an old idea that's been simmering. Would have to be in the WHPS monitoring contract. Is a cost to change license status. To reinstate, must be in good standing – what does that mean? Quiana – how do we define a catastrophic circumstance? Karl explained in circumstances like disease that prevents testing. SUDRP can handle this. Tracy recalled a case when this surfaced and the nurse could not participate, but then it turns into a discipline case when they can't participate. Quiana – who decides catastrophic? Karl: now it's SUDRP. Public is protected. Maybe flushed out more in a WHPS procedure. Dawn: SUPRP can handle this. Robust. Catherine: table this and see if anything arises that SUDRP can't handle.

VIII. Public comment – Adam

- Limited to two minutes per speaker

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

- Refers to the portion of the agenda during which members may make statements or offer observations about the character or work of the subcommittee without having any particular item of business before the meeting.
- Monthly meeting v bi-monthly meetings? Discuss more in April.

X. Adjourn 5:34pm.



**Nursing Care Quality Assurance Commisison (NCQAC)
Consistent Standards of Practice Subcommittee Minutes
February 3, 2023**

Committee Members Present: Sharon Ness, RN, Chair
Jamie Shirley, PhD, RN, Pro Tem

Absent: Ella Guilford, MSN, M.Ed., BSN, RN, Member
Helen Myrick, Public Member
Tiffany Randich, RN, LPN, Pro Tem
Robin Fleming, PhD, MN, BSN, BA, RN, Pro Tem

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

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

Ms. Ness called the meeting to order at 12:05 PM. The Consistent Standards of Practice subcommittee members and staff were introduced and the Public Disclosure Statement read aloud.

II. Standing Agenda Items

a. Announcements/Hot Topic/NCQAC Business Meeting Updates

i. NCQAC Executive Director Paula Meyer will retire in June 2023; the committee has chosen three final candidates. These individuals will be present at the March 2023 Commission meeting.

b. **Review of Draft Minutes** – December 2, 2022, subcommittee minutes were reviewed, with the consensus reached to bring them to the March 2023 Commission meeting for approval.

c. **Subcommittee Work Plan Review** – Ms. Johnny reviewed the workplan.

III. Old Business

a. Advisory Opinion Request – Licensed Practical Nurse (LPN) Scope of

Practice in Performing Endoscopy Procedures – The draft Advisory Opinion was reviewed, with the consensus reached to bring it to the March 2023 Commission meeting for approval.

b. Delegation

i. **NCAO XX.XX Nursing Delegation to Nursing Assistants Advisory Opinion Draft** – This item moved to the April 2023 subcommittee agenda for further discussion.

ii. **NCAO XX.XX Delegation of Enteral Feedings Advisory Opinion Draft** – This item moved to the April 2023 subcommittee agenda for further discussion.

- iii. **HB 1124 – Delegation Blood Glucose Monitoring & Testing** – Rules are being revised due to new laws approved last year that allow NAs to work in any setting. Workshops are held to gather more input.
- c. **Jurisprudence Module** – The new module is on the NCQAC website and is available to the public. The module provided by NCSBN will be available concurrently for now.
- d. **LPN Scope of Practice and Pleural Cavity Drainage Devices** – Consensus reached to update the existing Frequently Asked Questions (FAQ) on this topic. The draft FAQ will be reviewed at the April 2023 subcommittee meeting.

IV. New Business

- a. **F03.04 Advisory Opinion Procedure Review** – Consensus reached to bring to March 2023 Commission meeting for approval, with a minor change adding Nursing Assistants (NAs) to the “Purpose” section.
- b. **NCAO 16.01 Opioid Use Disorder – Medication Assisted Treatment – Nurse Care Managers Scope of Practice Advisory Opinion Revision** – Consensus reached to bring to March 2023 commission meeting for approval.
- c. **Licensed Practical Nurse (LPN) and Medical Assistant (MA) Scope of Practice Comparison** – Ms. Carlson compared the scopes of practice for LPNs and MAs with the subcommittee. Consensus reached to bring to the March 2023 Commission meeting as informational.
 - i. Commissioner Shirley suggested that a comparison between NAs and Nursing Techs (NTs) be developed. Ms. Carlson will prepare a draft for review at the April 2023 subcommittee meeting.
- d. **School Field Trips and Delegation** – This issue was raised at a national level; NCQAC has an Advisory Opinion on the subject that can be updated.
- e. **Case Management Team (CMT) Questions Cosmetic/Dermatology** – Consensus reached to update the current Advisory Opinion-Suggestions to forward the topic to the Advanced Practice Subcommittee with a request for their input.
- f. **SBB 5229 Health Equity Education** – This work is ongoing. Communications will be going out for future workshops. The deadline for implementation is January 2024.
- g. **Meeting Length** – Discussion regarding extending the length of Subcommittee meetings due to the depth of discussion needed for items on the agendas. Further discussion at the April 2023 subcommittee meeting.
 - i. The April 2023 subcommittee meeting will be scheduled for 90 minutes.

V. Ending Items

- a. Review of Actions
- b. Meeting Evaluation
- c. Date of Next Meeting – April 7, 2023
- d. Adjournment



**Nursing Care Quality Assurance Commission (NCQAC)
Licensing Subcommittee Minutes
February 21, 2023 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 **March 10, 2023**, 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 Adam Canary, Ms. Amber Zawislak-Bielaski, Mr. Karl Hoehn, Ms. Lori Underwood

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 October 18, 2022** - Commissioner Myrick moved with a second from Commissioner Canary to approve the minutes for October 18, 2022.

III. Old Business

- **Florida School Issues and Current Actions** – Mr. Hoehn advised that this continues to be an ongoing topic. He mentions that the Federal Government Department of Justice indicted about twenty-five people for running schools that were not actually nursing schools. Mr. Hoehn explained that these were essentially diploma mills. He continued to explain that our Commission had been aware of this for some time and had been working closely with the National Council and the FBI. He advised that so far, we have finalized action on eleven individuals. Seven of these individuals were issued a license, while four were applicants for which we denied their license. The seven individuals that held a license, the Commission rescinded their license. Mr. Hoehn advised that the priority of action is on those individuals whose license were issued in error. The Commission staff have set up a weekly system to advise the public both through Gov Delivery, NCQAC, and our website. He shared that the

Commission has maintained an ongoing list of all individuals affected. He explained that credentials were being rescinded because of the lack of qualifications. Thus far, the cases have not involved any allegations of intentional fraud or misrepresentation in obtaining a license. Mr. Hoehn advised that these cases will be released regularly and that there will be a method of notifying the National Council and other state Boards of the actions the Commission has taken.

- **Temporary Practice Permit Rules** – Ms. Zawislak-Bielaski explained that this presentation will be moved to our April meeting.

IV. New Business

- **Governor's Weekly Report** – Ms. Zawislak-Bielaski reviewed the February 13th report. She shared with the subcommittee that we have been keeping at five to six days for issuing temporary permits over the last several months. She advised that it seems like we have found a good pattern for handling and processing incoming applications. She referenced Mr. Mahon's reports on the licensing data, where he pointed out that we should start to see an increase in applications around February and March. She also stated that we have everyone on the team working to stay caught up so that we are prepared for the influx of applications. Ms. Zawislak-Bielaski also shared in comparison that in January of this year, we received 2,439 total applications. In January 2022, we received a total of 1,935 applications, in January 2021, we received 1,423, and in January 2020, we received 1,261. Ms. Zawislak-Bielaski continued to review the Governor's report with the subcommittee.

Commissioner Morrell asked if there were any questions. Commissioner Myrick inquired if we knew if these numbers were people moving into Washington or actual new nurses from Washington. Ms. Zawislak-Bielaski explained that in terms of examination versus endorsement applicants, our exam numbers have stayed consistent. The nurses endorsing to Washington is where we are seeing those high numbers. Commissioner Myrick added information from a report to the legislature reflecting that the states where we are seeing the most nurses coming from was Texas and Georgia. Commissioner Myrick also asked if we knew if the nurses who obtained a Washington license, then moved out of state kept their Washington license or let them expire. Ms. Zawislak-Bielaski replied that we often see that these nurses let their license expire. She continued to share the options they do have in keeping their Washington license.

- **Update Equity Education and JP module** – Dr. Johnny was not available to present. Ms. Dagum provided an update to the Equity Education rule. Ms. Dagum provided background for this rule as she explained that this rule came from Senate Bill 5229 which was passed in 2021 by the Washington State Legislature. She further explained that this bill requires Boards and Commissions with CE requirements to adopt rules that meet or exceed standards of the model rules that were passed in December 2022. She and Dr. Johnny have been gathering feedback throughout the state on these rules. She advised that they will be having another workshop tomorrow evening and then again on Friday at the Yakima College to gather more feedback. Once they have completed their workshops, they will be presenting a report to the full

Commission in May. Commissioner Morrell inquired if they are still seeing a lot of interest in their workshops. Ms. Dagum replied that they see about twelve to twenty participants at every workshop virtually. She explained that they are trying to get to as many areas in the state to make sure everyone is being heard. She continued by adding that they were still not sure what the requirements will be for licensing; but after the workshops have been concluded, they will consult with this subcommittee and others on getting these rules in place and implementing it. She concluded that they will be following a similar model of the suicide prevention training.

- **Review and Approval of Licensing Procedures**

ARNP Application Exemption Request B.09.06 – Ms. Zawislak-Bielaski provided a review of this procedure. Commissioner Myrick moved with a second from Commissioner Canary to approve this procedure.

Nursing Technician Not in Good Standing B.15.03 - Ms. Zawislak-Bielaski provided a review of this procedure. Commissioner Myrick moved with a second from Commissioner Canary to approve this procedure.

- **Emergency Rule and Permanent Rule Consideration for WAC 246-840-030 and WAC 246-840-090** – Mr. Hoehn explained that this is essentially a cleanup or clarification of the rule. He asked to draw attention to the current endorsement rule WAC 246-840-030 as it currently is written causing some issues in the interpretation. He pointed out that it currently states that individuals in a traditional nursing program applying for a Washington license must successfully complete a nursing education program and the program must be approved by another state board OR substantially meet the nursing education in Washington state. Mr. Hoehn explained that we do not always interpret this to mean that it is the Commission's decision which rule applies. He shared an example with the subcommittee. If the school is approved in another state; however, we have actual evidence that the school is not a legitimate school, and/or does not meet our substantial requirements, there has been arguments that the word "OR" in this particular sentence means that the applicant get to choose. They either graduated from an out of state approved program "OR" one that meets our requirements. The idea of this rule was that the Commission could approve an individual from an out of state school, but it was not binding for the Commission to just automatically approve any state school if it did not meet Washington state requirements. Mr. Hoehn added that this was a cleanup in the rule language to make it abundantly clear that it is the Commission's decision which part of this will be applied. The idea behind this is to get the language updated. He further explained that through the use of an emergency rule, if approved by this subcommittee and the Commission at the March business meeting, we could file an emergency rule change which is called CR103e. This would become that clarification of what we think already is the law. He continued to explain that the second part of this would be to approve a CR101 to begin the formal rulemaking process on this particular idea, as the Administrative Procedures Act states emergency rules are effective only for one hundred twenty days and cannot be extended unless the Commission has begun the formal rulemaking process. Mr. Hoehn concluded that by approving these emergency rules, it makes it effective immediately upon filing, and approval of

the CR101 means that the Commission can continue to file the emergency rule set until the rules process is completed. Mr. Hoehn asked the subcommittee if there were any questions.

Ms. Zawislak-Bielaski also added that with the permanent rulemaking we could clean up some of the references to WACs that no longer exist. Mr. Hoehn also stated that the same idea and language also applies to WAC 246-840-090. He added that he believes this will make it abundantly clear that it is the Commission that determines whether someone is qualified to be a nurse in Washington, not another state. Commissioner Morrell added that it would be interesting to see how this will work with the compact; we will continue our due diligence. Mr. Hoehn replied that if the compact passes, the Commission would still retain the ability to prohibit an individual's privilege to practice in Washington state if we found a situation of fraud. We could take action against their Washington state license whether it is a single state or multi state license. We just need to be clear that it is the Commission that determines what is an approved program of nursing and what we'll allow someone to get a license by endorsement. Commissioner Morrell inquired if there was a time limit for nurses to apply for a Washington state license if they move here and make Washington their home state. Mr. Hoehn advised that they are supposed to have their home state license in their state of residence and there is a time period allowed to a nurse to apply for their multi-state license in their new state of residence; however, he was unsure of what that time period was. Commissioner Morrell asked if there were any questions or other comments. There were no other questions. Commissioner Morrell asked for a motion to move forward the emergency rules and permanent rule consideration for WAC 246-840-030 and WAC 246-840-090. Commissioner Myrick moved with a second from Commissioner Canary to have these moved forward to full Commission at the March business meeting.

V. Ending Items

- **Public Comment** – No public comments
- **Review of Actions** – Commissioner Morrell provided a recap of the emergency rules and procedures the subcommittee approved and moved forward.
- **Meeting Evaluation** – Commissioner Morrell asked if anyone wanted to add a comment on improvement of the meeting. No comments were made.
- **Date of Next Meeting** - April 18, 2023
- **Adjournment** at 1:43PM

**Nursing Care Quality Assurance Commission (NCQAC)
Research Subcommittee Meeting Minutes
February 21, 2023 5:00 p.m. to 6:00 p.m.**

Subcommittee Members: Sharon Ness, RN, Chair
Mary Baroni, PhD, RN
Jamie Shirley, PhD, RN
Judy Loveless-Morris, PhD

Absent: Yvonne Strader, RN, BSN, BSPA, MHA
Katie Haerling, PhD, RN, CHSE

Staff Present: Mary Sue Gorski, PhD, RN, Director of Advanced Practice and Research
Shad Bell, Assistant Director of Operations
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
 - Sharon Ness gave an update on the upcoming March 9, 2023 NCQAC Business Meeting. Mary Sue Gorski and Shad Bell provided further clarifications.
- Review of Draft Minutes: January 17, 2023
 - Reviewed, with consensus to bring to the March 10, 2023, NCQAC Business Meeting for approval.
- Review Work Plan
 - Mary Sue Gorski gave an update on additions to the work plan—the annual commission survey and discipline data on closed cases.

III. Old Business

IV. New Business

- LPN strategic initiative timeline and data review
 - Mary Sue Gorski presented data and facilitated discussion.

V. Ending Items

- Public Comment – None

- Review of Actions
- Meeting Evaluation – All
- Date of Next Meeting – March 20, 2023
- Adjournment – Meeting adjourned at 5:48 p.m.

DRAFT



**Nursing Care Quality Assurance Commission (NCQAC)
Research Subcommittee Meeting Minutes
March 20, 2023 5:00 p.m. to 6:00 p.m.**

Subcommittee Members: Sharon Ness, RN, Chair
Mary Baroni, PhD, RN
Jamie Shirley, PhD, RN
Judy Loveless-Morris, PhD
Katie Haerling, PhD, RN, CHSE

Absent: Yvonne Strader, RN, BSN, BSPA, MHA

Staff Present: Mary Sue Gorski, PhD, RN, Director of Advanced Practice and Research
Shad Bell, Assistant Director of Operations
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 5:02 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
 - Sharon Ness gave an update on the hiring of the new Executive Director, Dr. Alison Bradywood.
- Review of Draft Minutes: February 21, 2023
 - Reviewed, with consensus to bring to the May 12, 2023, NCQAC Business Meeting for approval.
- Review Work Plan
 - Sharon Ness and Mary Sue Gorski reviewed additions to the work plan from February 2023 Research Subcommittee meeting.

III. Old Business

- LPN data update
 - Emma Cozart presented updates on LPN data presented at February 2023 Research Subcommittee meeting.

IV. New Business

- LPN data
 - Mary Baroni presented data on LPNs.

V. Ending Items

- Public Comment – None
- Review of Actions
- Meeting Evaluation
- Date of Next Meeting – April 17, 2023
- Adjournment – Meeting adjourned at 6:08 p.m.

DRAFT

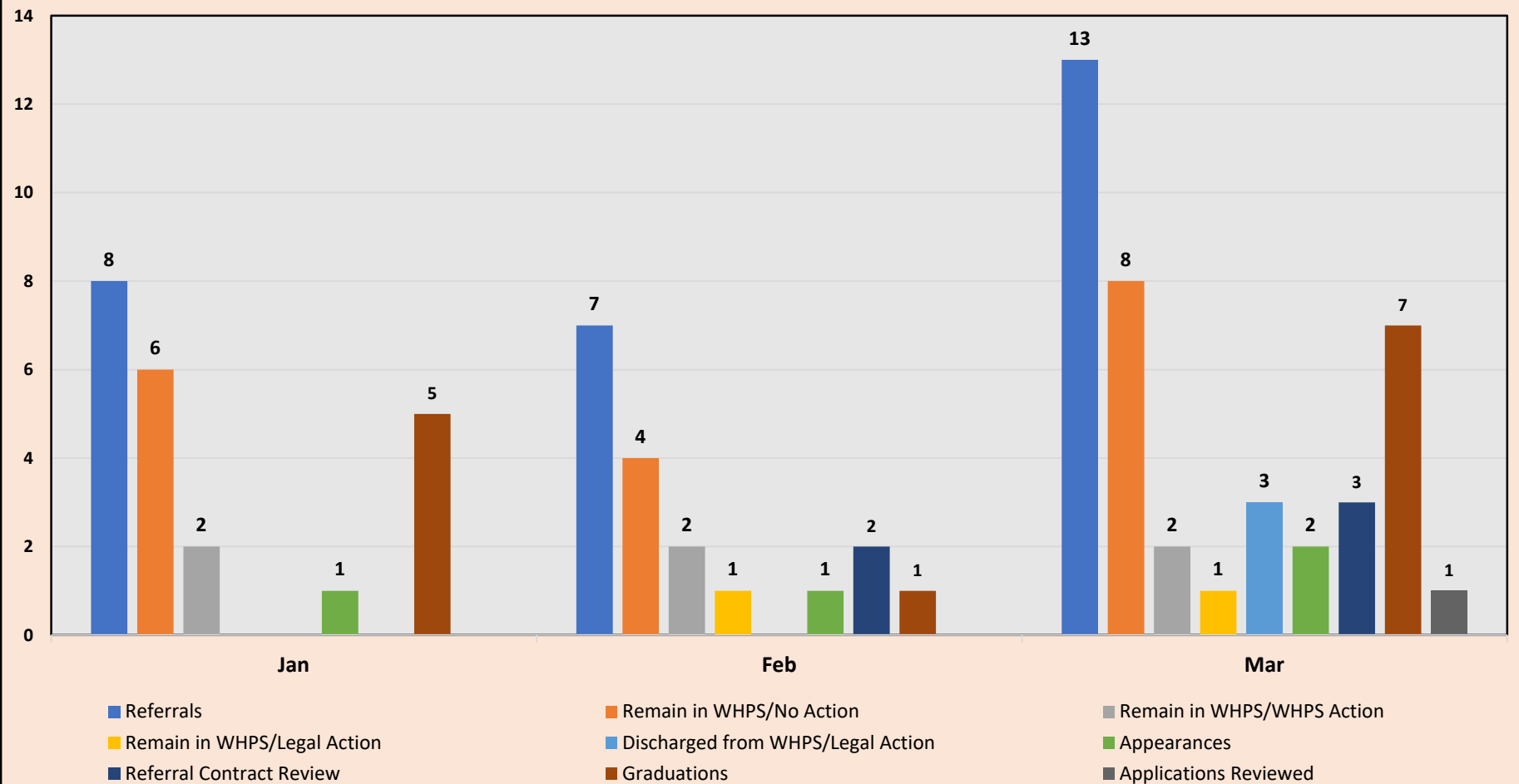
INVESTIGATIVE PERFORMANCE MEASURES	Feb-22	Feb-23	% of Change		Jan-22	Feb-23	% of Change
Cases Reviewed at CMT	151	171	13%		213	171	-20%
Cases Opened to Investigation	66	76	15%		66	76	15%
Open Cases in Investigation Queue	482	431	-11%		424	431	2%
Average Caseload per Investigator	40	48	20%		47	48	2%
Total Investigations Completed	78	71	-9%		78	71	-9%
Percentage of Cases Completed w/in Time Lines Target 77% PM 2.2	56%	77%	21%		52%	77%	25%
Percentage of Investigations Opened Beyond 170 days Target 23% PM 2.4	61%	52%	-9.0%		52%	52%	0%
Investigations Completed per Investigator PM 3.1	7	7.8	11%		8.7	7.8	-10%
Task Back Assigned	4	4	0%		3	4	33%
# of COVID Cases Reviewed/Opened at CMT	3-Aug	1/0			11/3	1/0	

INVESTIGATIVE PERFORMANCE MEASURES	Mar-22	Mar-23	% of Change	Feb-23	Mar-23	% of Change
Cases Reviewed at CMT	211	170	-19%	171	170	-1%
Cases Opened to Investigation	109	56	-49%	76	56	-26%
Open Cases in Investigation Queue	491	426	-13%	431	426	-1%
Average Caseload per Investigator	40.9	38.7	-5%	48	39	-19%
Total Investigations Completed	112	68	-39%	71	68	-4%
Percentage of Cases Completed w/in Time Lines Target 77% PM 2.2	59%	65%	6%	77%	65%	-12%
Percentage of Investigations Opened Beyond 170 days Target 23% PM 2.4	55%	51%	-4%	52%	51%	-1%
Investigations Completed per Investigator PM 3.1	9	6.2	-31%	7.8	6.2	-21%
Task Back Assigned	13	7	-46%	4	7	75%
# of COVID Cases Reviewed/Opened at CMT	11/7	3/1		1/0	3/1	

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	67	69	66.87
	Cases Assigned to Legal	41.33	65	57	68	63.33
	TOTAL Finalized Cases	56.33	54	53	47	51.33
Performance	Average of Finalized Cases per Attorney (Target 10 per month)	14.08	8	7.60	6.7	7.33
	Percentage of Legal Reviews Sent to RCM in 30 Days or less (Target 77%)	78.33%	65%	81%	90%	79%
	Document drafting time: Percentage of Drafts to AAG or SOA Served in 30 Days or less (Target 77%)	86.67%	8%	29%	22%	20%
Work Type/Complexity	Percentage of Cases involving an ARNP	6.00%	11%	9%	13%	11%
	Number of Cases forwarded to AAG	10.67	10	11	7	9.33
	Finalized with Legal Review only	21.00	30	35	24	29.67
	Finalized by Default or Final Order After Hearing	12.00	4	1	1	2.00
	Finalized by STID, AO or APUC (Settlements)	19.00	8	1	3	4.00
	Other (releases, reinstatements)	4.33	12	16	19	15.67

SUDRP Monthly Chart



WHPS Monthly SUDRP Report - Feb 2023

Total SUDRP Cases Reviewed	7
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SUDRP Referral Reasons

	Positive Drug Screen	Missed Test	Multiple Missed Check-ins	Non-Compliance (Other)
Total	5			2
Total Referrals	7			

Remain in WHPS

	No Action	WHPS Action
Total	4	2
Total WHPS Action	6	

Remain in WHPS with Legal Action

	Legal: SOC	Legal: STID	Referred for Investigation
Total			1
Total Legal Action	1		

Discharged from WHPS with Legal Action

	Legal: Statement of Charges	Legal: STID	Referred for Investigation
Total			
Total Legal Action	0		

Nurse Appearances

Total Appearances	1
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Referral Contract Review

	Approved	Denied
Total	2	
Total RC Review	2	

Graduations

	Order	STID	APUC	RC
Total		1		
Total Graduations	1			

Applications Reviewed

	Approved	Denied
Total		
Total Reviewed	0	

WHPS Monthly SUDRP Report - Mar 2023

Total SUDRP Cases Reviewed	13
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SUDRP Referral Reasons

	Positive Drug Screen	Missed Test	Multiple Missed Check-ins	Non-Compliance (Other)
Total	9			4
Total Referrals	13			

Remain in WHPS

	No Action	WHPS Action
Total	8	2
Total WHPS Action	10	

Remain in WHPS with Legal Action

	Legal: SOC	Legal: STID	Referred for Investigation
Total	1		
Total Legal Action	1		

Discharged from WHPS with Legal Action

	Legal: Statement of Charges	Legal: STID	Referred for Investigation
Total	3		
Total Legal Action	3		

Nurse Appearances

Total Appearances	2
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Referral Contract Review

	Approved	Denied
Total	3	
Total RC Review	3	

Graduations

	Order	STID	APUC	RC
Total	2	4	1	
Total Graduations	7			

Applications Reviewed

	Approved	Denied
Total	1	
Total Reviewed	1	

WHPS Graduation Reports : February 2023						
First Name	Last Name	Participant: Case ID	Referral Reason	Program start date	Graduation Date	License Type
Mavis	Dahl	1982-08-6831	APUC	2/11/2021	2/16/2023	RN
Alexander	Zachary	17-11-RN-05342	Pending	1/8/2018	2/8/2023	RN
Elizabeth	Couture	1979-08-5000	Pending	12/27/2019	2/15/2023	CRNA
Tou	Vang	17-12-PO/RN-05347	STID	2/21/2018	2/23/2023	RN
Crystal	Schwab	16-7-PO/RN-0534C	Order (Agreed/Final)	9/19/2016	2/17/2023	RN
Martha	Hernandez	17-12-S/RN-05352	Referral Contract	2/22/2018	2/21/2023	RN

WHPS Graduation Reports : March 2023					
First Name	Last Name	Referral Reason	Program start date	Graduation Date	License Type
Tucker	Lisa	RC	9/18/2019	3/17/2023	ARNP
Kooistra	Jennifer	RC	3/7/2018	3/6/2023	RN
Tilley	Meghan	RC	9/25/2019	3/3/2023	RN
Swedeen	Tiffany	RC	6/21/2016	3/28/2023	RN
Murphy	Patricia	RC	2/6/2018	3/1/2023	RN
Avery	Tamara	Order	11/26/2019	3/27/2023	RN
Evans	Jane	STID	3/1/2022	3/2/2023	RN
Nordstrom	Sydney	RC	3/6/2018	3/7/2023	RN
Benner	Tonya	STID	3/5/2021	3/4/2023	RN

Case ID#	Stage Reason	Incident Date	Reported Date	Incident Type	Drug(s)	Admitted Relapse	Employment Status	Referred to SUDRP date	Action
1958-10-6990D	Order	2/2/2023	2/3/2023	Missed Test/No Show		NO	Employed		Additional Test Scheduled; WSM Notified
1973-11-4599C	Order	2/22/2023	3/1/2023	Positive Drug Screen	Alcohol	NO	Not Employed		MRO Review Requested
1978-03-4803	Referral Contract	2/7/2023	2/18/2023	Positive Drug Screen	Alcohol	NO	Employed	2/21/2023	Ceased/Removed from Practice; Contract Extended; Contract Revised; WSM Notified; Counselor Notified; PSG Facilitator Notified; Referred for Evaluation; Referred to SUDRP; Testing Frequency Increased
		2/14/2023	2/21/2023	Urine Drug Screen Tampering		NO	Employed	2/21/2023	Contract Extended; Contract Revised; Counselor Notified; PSG Facilitator Notified; Referred for Evaluation; Referred to SUDRP; Testing Frequency Increased; WSM Notified
1980-07-2341	Referral Contract	2/13/2023	2/17/2023	Positive Drug Screen	Opiates	NO	Employed		Ceased/Removed from Practice; Counselor Notified; PSG Facilitator Notified; Referred for Evaluation; WSM Notified
1982-01-7156	RC	2/16/2023	3/1/2023	Positive Drug Screen	Alcohol	NO	Not Employed		PSD Notified; Counselor Notified; Referred for Evaluation
1984-11-0635	Referral Contract	2/7/2023	2/15/2023	Missed Test/No Show		NO	Employed		Additional Test Scheduled; Contract Revised; Referred for Evaluation
1968-11-9036D	Order	2/27/2023	3/9/2023	Positive Drug Screen	Cannabinoids; Tramadol	NO	Not Employed		Additional Test Scheduled; PSG Facilitator Notified; Referred for Evaluation
		2/8/2023	2/16/2023	Positive Drug Screen	Cannabinoids	NO	Not Employed	3/23/2023	Referred to SUDRP
		2/21/2023	2/24/2023	Positive Drug Screen	Cannabinoids	NO	Not Employed		Additional Test Scheduled; PSG Facilitator Notified; Referred for Evaluation
1977-05-4878	Pending	2/24/2023	3/9/2023	Positive Drug Screen	Alcohol	NO	Employed		Ceased/Removed from Practice; Counselor Notified; PSG Facilitator Notified; Referred for Evaluation; WSM Notified
		2/16/2023	3/9/2023	Positive Drug Screen	Alcohol	NO	Employed		Ceased/Removed from Practice; Counselor Notified; PSG Facilitator Notified; Referred for Evaluation; WSM Notified
1972-09-1221D	Order	2/6/2023	2/23/2023	Relapse	Alcohol	YES	Employed	3/3/2023	Additional Test Scheduled; Ceased/Removed from Practice; PSG Facilitator Notified; Referred for Evaluation; Referred to SUDRP; WSM Notified
		2/21/2023	2/28/2023	Positive Drug Screen	Alcohol	YES	Not Employed	3/3/2023	Additional Test Scheduled; PSG Facilitator Notified; Referred for Evaluation; Referred to SUDRP; Testing Frequency Increased
1984-07-1733	Referral Contract	2/24/2023	2/27/2023	Missed Test/No Show		NO	Employed		Additional Test Scheduled
		2/27/2023	3/3/2023	Positive Drug Screen	Alcohol	NO	Employed		Additional Test Scheduled; Ceased/Removed from Practice; WSM Notified; PSG Facilitator Notified; Referred for Evaluation; Referred to SUDRP; Testing Frequency Increased
1979-04-6725	STID	2/15/2023	2/22/2023	Positive Drug Screen	Oxycodone; Oxymorphone	NO	Employed		Additional Test Scheduled; Ceased/Removed from Practice; PSG Notified; Counselor Notified; Referred to SUDRP; WSM Notified
1980-05-0486	Order	2/7/2023	2/16/2023	Positive Drug Screen	Methamphetamine	YES	Not Employed		Counselor Notified; PSG Facilitator Notified; Referred for Evaluation
		2/24/2023	3/3/2023	Missed Test/No Show		NO	Not Employed		Additional Test Scheduled; ;PSG Notified; Counselor Notified; Referred for Evaluation
1986-03-1050	Order	2/14/2023	2/21/2023	Positive Drug Screen	Alcohol; Cocaine	NO	Not Employed		Additional Test Scheduled; Counselor Notified; PSG Facilitator Notified; Referred for Evaluation
		2/13/2023	2/21/2023	Missed Test/No Show		NO	Not Employed		Counselor Notified
		2/22/2023	2/27/2023	Missed Test/No Show		NO	Not Employed		Additional Test Scheduled; Counselor Notified; Referred for Evaluation
1986-08-3609	Order	2/13/2023	2/13/2023	Missed Test/No Show		NO	Not Employed		Additional Test Scheduled; Referred for Evaluation

Case ID	Stage Reason	Incident Date	Reported Date	Incident Type	Drug(s)	Admitted Relapse	Emp Status	Referred to SUDRP date(w/in 30 days)	Action
1982-01-7156	RC	3/20/2023	3/27/2023	Positive Drug Screen - UDS	Alcohol	NO	Not Employed		PSG Facilitator Notified; Counselor Notified; Referred for Evaluation
1968-11-9036D	Order	3/14/2023	3/21/2023	Positive Drug Screen - UDS	Cannabinoids; Tramadol	NO	Not Employed	3/21/2023	Additional Test Scheduled; Referral to SUDRP Included Multiple Incidents
1977-05-4878	RC	3/10/2023	3/17/2023	Positive Drug Screen - UDS	Alcohol	NO	Employed	First 90 Days	Additional Test Scheduled; Ceased/Removed from Practice; Counselor Notified; PSG Facilitator Notified; Referred for Evaluation; WSM Notified
1977-05-4878	RC	3/23/2023	4/3/2023	Positive Drug Screen - Peth	Alcohol	NO	Employed	First 90 Days	Counselor Notified
1988-05-9862	APUC	3/20/2023	3/27/2023	Positive Drug Screen - UDS	Alcohol	NO	Employed	Excused	Additional Test Scheduled; WSM Notified
1988-05-9862	APUC	3/20/2023	3/27/2023	Positive Drug Screen - UDS	Alcohol	NO	Employed	Excused	Additional Test Scheduled; WSM Notified
1975-02-1912	RC	3/28/2023	3/28/2023	Missed Test/No Show		NO	Employed		Additional Test Scheduled

WHPS Monthly Report - February 2023

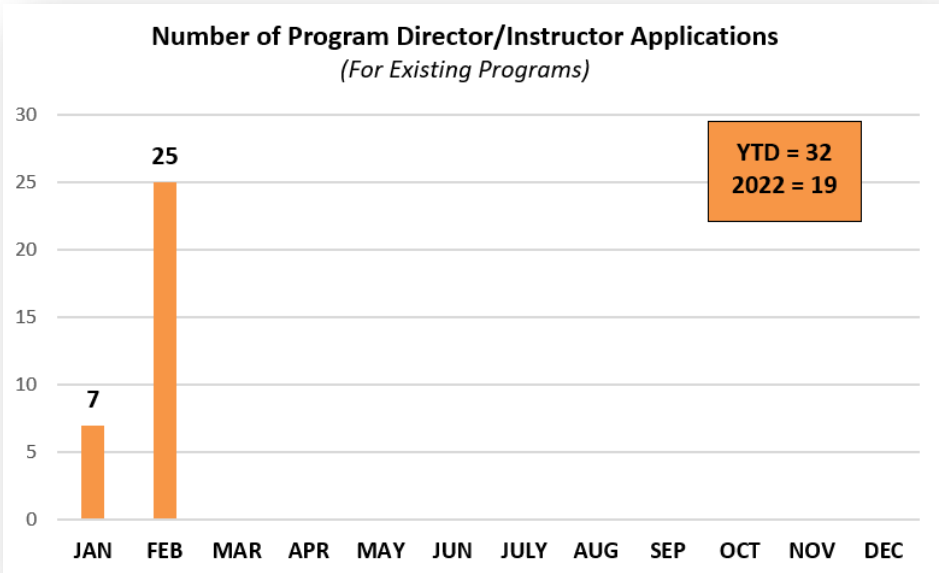
Stage																	
	New Intake		Current Monitoring														
License Type	2022	2023	2022	2023													
ARNP			19	18													
RN/LPN	5	6	251	216													
NT																	
Total	5	6	270	234													
Referral Type - Monitoring (In-State)																	
	APUC		Order		Pending		RC		STID		Voluntary						
License Type	2022	2023	2022	2023	2022	2023	2022	2023	2022	2023	2022	2023					
ARNP	2	2	1	2	1		7	6			5	4					
RN/LPN	10	7	53	56	22	7	91	78	26	24	28	23					
NT																	
Total	12	9	54	58	23	7	98	84	26	24	33	27					
Total Monitoring	246	209															
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	1	6	5	1		6	9	7	6							
NT																	
Total	1	1	6	6	2	0	7	11	7	6	1	1					
Total Monitoring	24	25															
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					
RN/LPN		1	2			1		1		1	6	5					
NT																	
Total	0	1	2	0	0	1	0	1	0	1	6	6	0	0	0	0	
Total Discharge	8	10															
Performance Measures																	
					2022	2023											
Case Manager Caseload (Intake & Monitoring)			Melissa Fraser		61	49											
			Heidi Collins		60	41											
			Lori Linenberger		63	45											
			Shelley Mezek		49	53											
			Alicia Payne		49	46											
Average from Inquiry to Intake - Target 7 Days					1	4											
Average from Intake to Monitoring - Target 45 Days					20	38											
Employment Measures (In-State)																	
		2022				2023											
License Type		Employed		Unemployed		Employed		Unemployed									
ARNP		12		4		12		2									
RN/LPN		175		58		164		42									
NT																	
Total		187		62		176		44									
Percentage - Target 72%		75%		25%		80%		20%									
Grand Total		249				220											

WHPS Monthly Report - March 2023

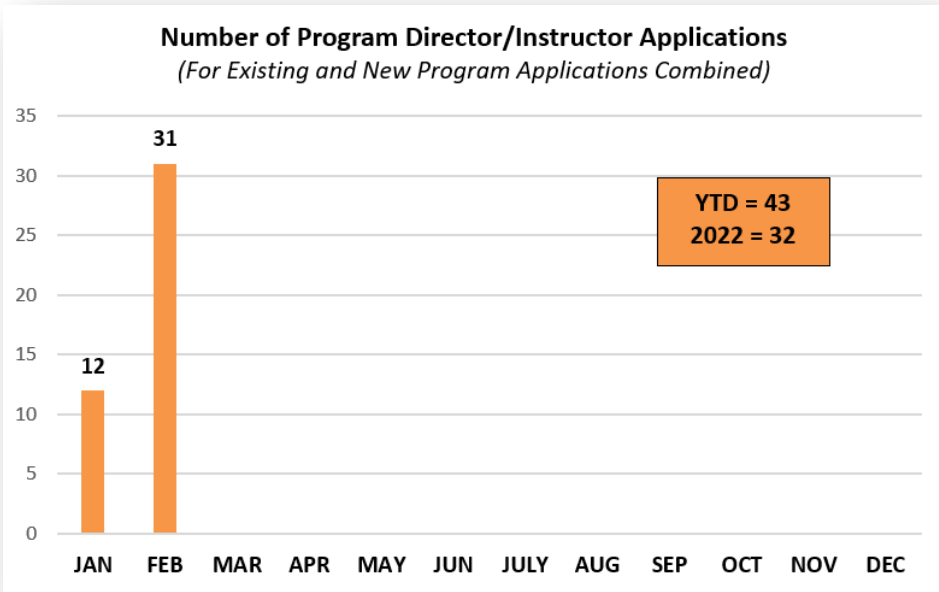
Stage															
	New Intake		Current Monitoring												
License Type	2022	2023	2022	2023											
ARNP		1	19	16											
RN/LPN	7	9	267	207											
NT															
Total	7	10	286	223											
Referral Type - Monitoring (In-State)															
	APUC		Order		Pending		RC		STID		Voluntary				
License Type	2022	2023	2022	2023	2022	2023	2022	2023	2022	2023	2022	2023			
ARNP	2	1	1	2	1		7	5			5	4			
RN/LPN	11	7	54	55	20	5	98	77	27	20	28	23			
NT															
Total	13	8	55	57	21	5	105	82	27	20	33	27			
Total Monitoring	254	199													
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	1	7	5	1		7	8	7	6					
NT															
Total	1	1	7	6	2	0	8	10	7	6	1	1			
Total Monitoring	26	24													
Discharge Type															
	Not Appropriate		Offered/ Refused		Referred Back to NCQAC		Pending Discipline		Voluntary Withdrawal		Successful Completion		Deceased		
License Type	2022	2023	2022	2023	2022	2023	2022	2023	2022	2023	2022	2023	2022	2023	
ARNP												1			
RN/LPN	1	1	2	1	1			1			12	8			
NT															
Total	1	1	2	1	1	0	0	1	0	0	12	9	0	0	
Total Discharge	16	12													
Performance Measures															
							2022	2023							
Case Manager Caseload (Intake & Monitoring)			Melissa Fraser				62	48							
			Heidi Collins				58	34							
			Lori Linenberger				63	42							
			Shelley Mezek				49	51							
			Alicia Payne				48	47							
Average from Inquiry to Intake - Target 7 Days							2	1							
Average from Intake to Monitoring - Target 45 Days							42	40							
Employment Measures (In-State)															
		2022				2023									
License Type		Employed		Unemployed		Employed		Unemployed							
ARNP		12		4		12		2							
RN/LPN		171		61		157		41							
NT															
Total		183		65		169		43							
Percentage - Target 72%		74%		26%		80%		20%							
Grand Total		248				212									

Data and Performance Measures Related to Nursing Assistant Training Programs

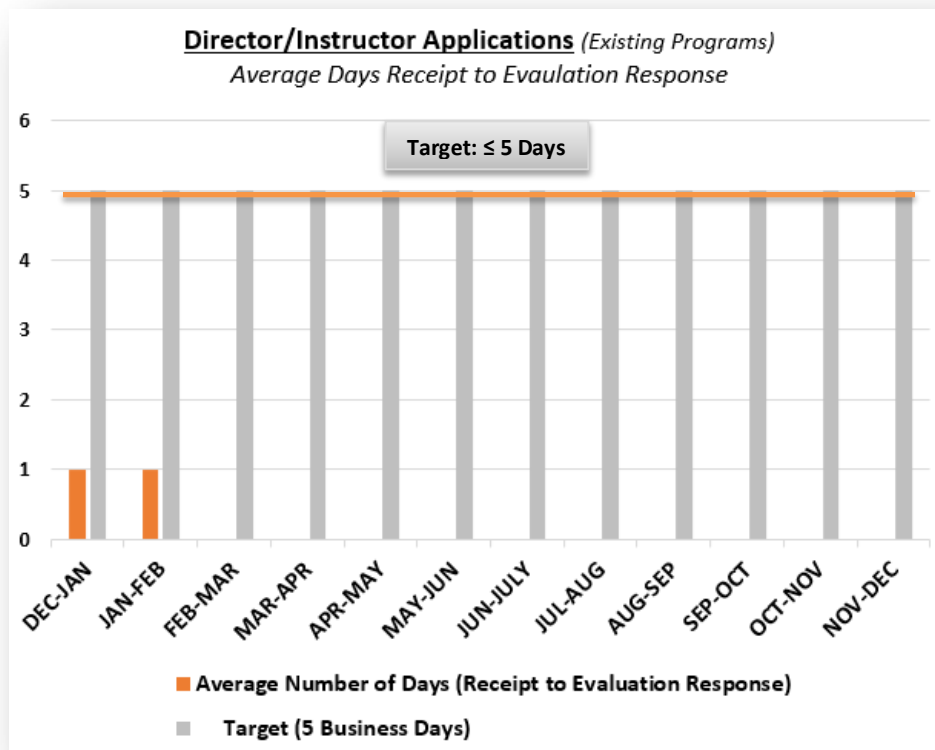
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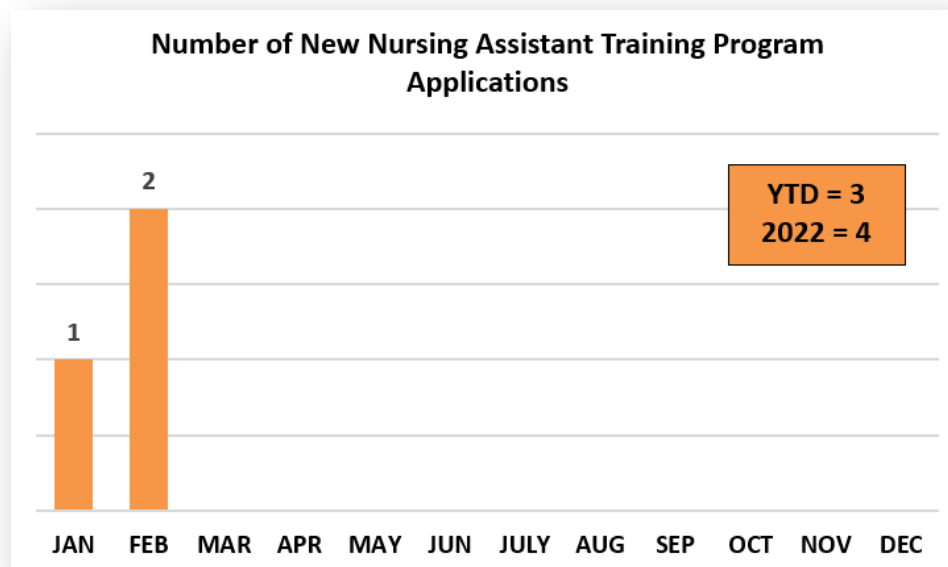
Descriptive Data:



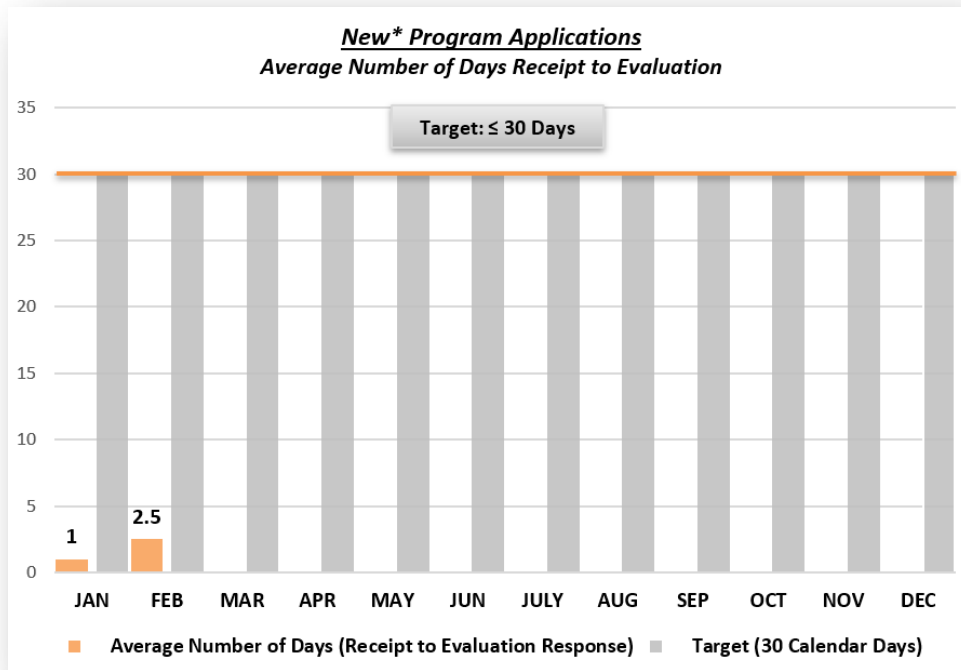
Performance Measure:



Descriptive Data:

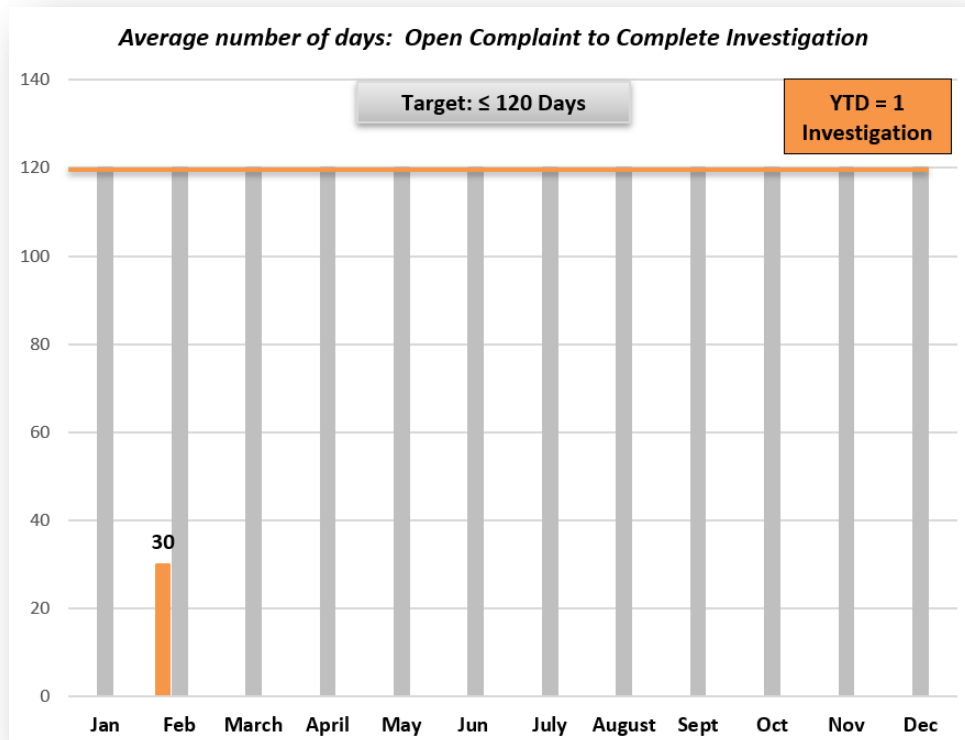


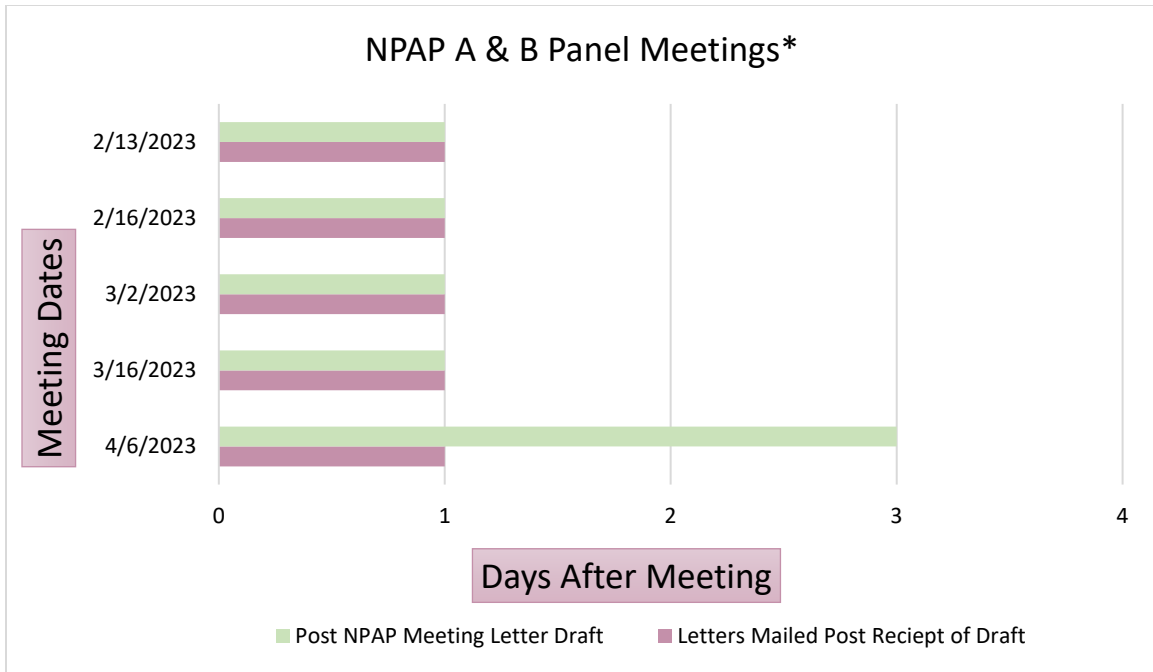
Performance Measure



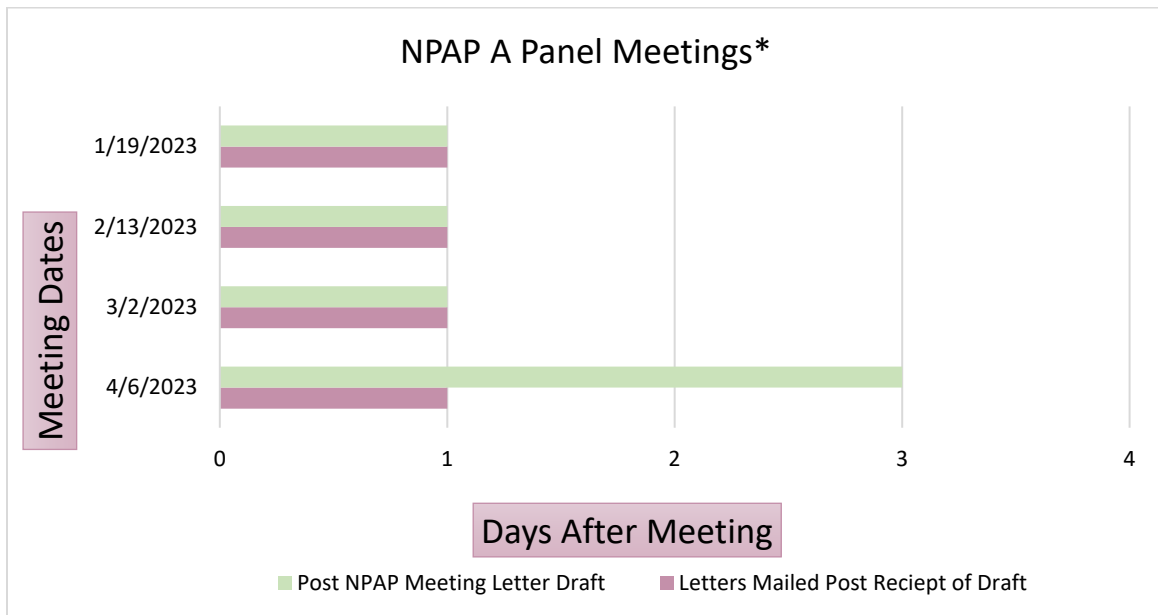
*Does not include 2nd/subsequent reviews of revised applications

Performance Measure

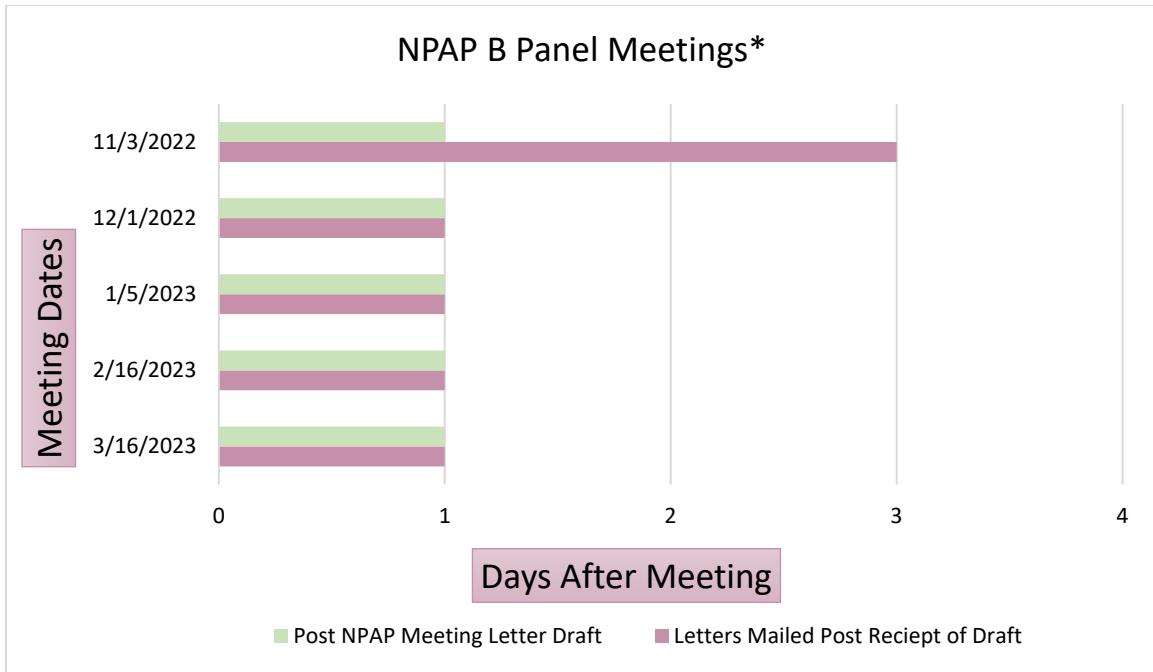




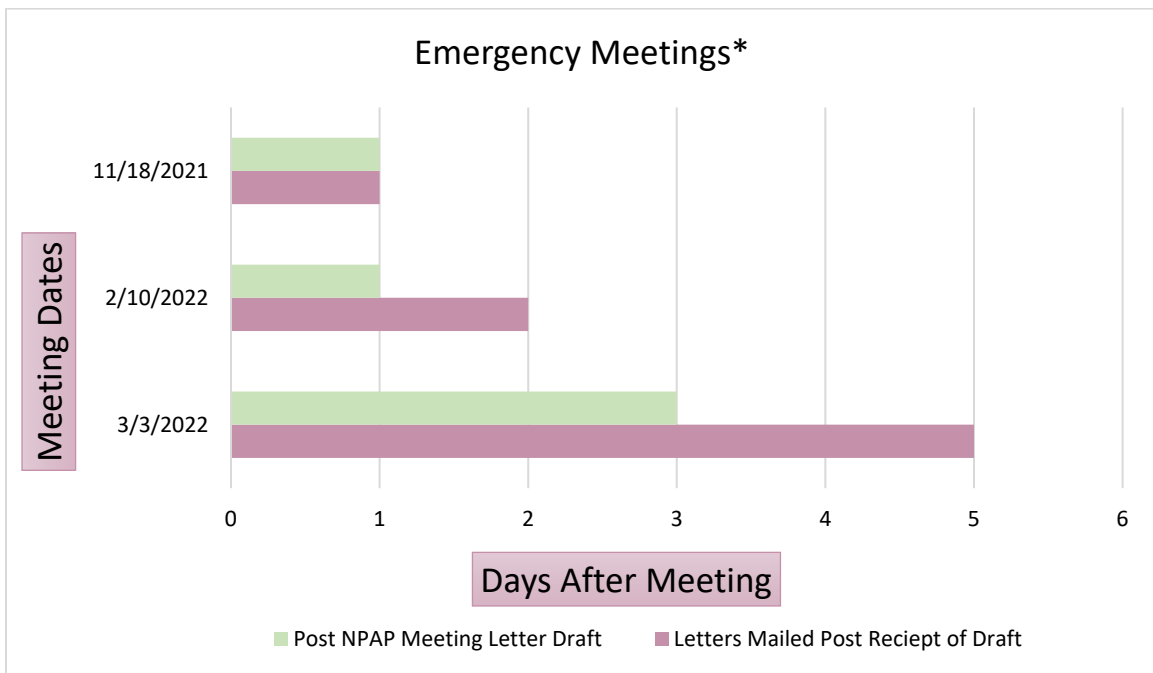
**Letters mailed within 30 days of NPAP meeting*



**Letters mailed within 30 days of NPAP meeting*



**Letters mailed within 30 days of NPAP meeting*



**Letters mailed within 30 days of NPAP meeting*

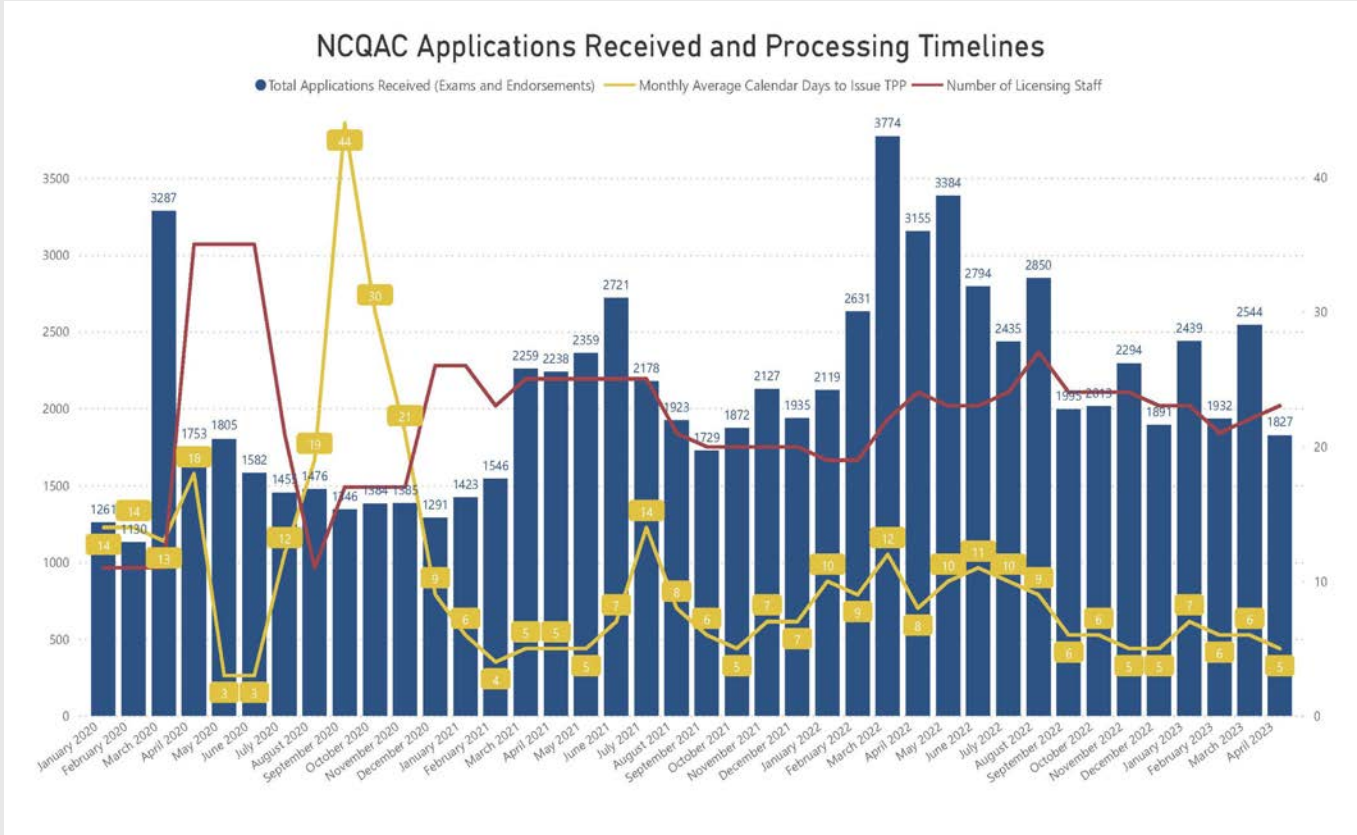
Nursing Care Quality Assurance Commission (NCQAC)

COVID-19 Response for Nurse Licensure

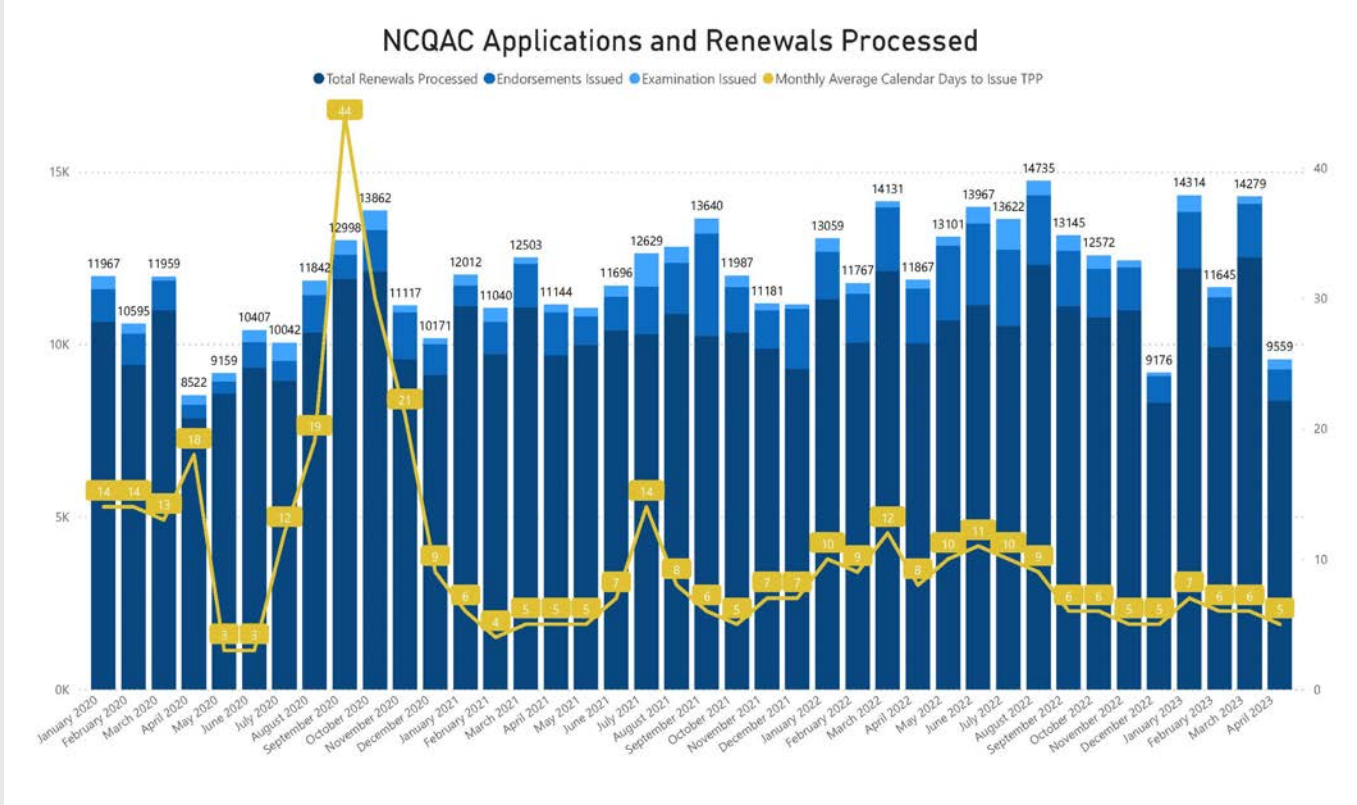
Weekly Update: Monday, April 24, 2023

As of April 24, 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 2,544 new applications during March 2023.



The second chart on this report reflects the monthly outputs from the NCQAC. In March 2023, the NCQAC issued a total of 1,831 new nursing licenses. In addition, 12,518 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. Incomplete applications are omitted from the report since this delay is outside of the NCQAC's control.

NCQAC
May 12, 2023
Business Meeting

WCN/NCQAC CHECK IN Meeting
April 6, 2023
Minutes

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

Topics	Discussion	Action Needed
Data Dashboard	WCN has been meeting with Dr. Gorski on the dashboard progress. WCN staff have expressed confusion about the purpose of the data dashboard as WCN feels the dashboard interferes with deliverables. WCN does not want to duplicate efforts.	Bethany and Frank will schedule a meeting with the two groups in April.
Alison Bradywood	Incoming Executive Director to attend meetings beginning in May. Dr. Bradywood begins the position on May 1.	
Clinical Placement Language in the House Budget	Clinical Placement Studies was in the Senate Budget but not the House.	Paula will send the document to Sofia.
Deliverables Template	Paula presented the updated deliverable template which includes the addition of column for comments, and row for RCW. Jonnita at DOH requested acceptance criteria for deliverables. Dr. Babbo and Dr. Gorski developed some criteria for review.	Bethany sent the deliverable template and acceptance criteria to Frank and Sofia for input.
Dates for who does agendas/minutes	NCQAC – April, May, July, September, November WCN – June, August, October, December	
Other		
Next Meeting	April 25, 2023	

Approved:

25th Annual Fundamentals of Addiction Medicine Conference

March 23 – 24, 2023

Marysville, WA

John Furman PhD, MSN, COHN-S

PURPOSE: The Fundamentals of Addiction Medicine Conference provides the latest innovations and scientific developments in addictions. Nationally and locally recognized experts deliver evidence and case-based information to enhance knowledge in substance use and co-occurring disorders.

Conference participants will:

1. Increase awareness of and share current knowledge about substance use issues affecting Washington State.
2. Identify and define relevance of substance use issues to peers, family, business, community, and government/regulatory influences.
3. Apply an understanding of the main drugs of abuse, their pharmacology, and specifics associated with the diagnosis, treatment, and case management.
4. Understand medication-assisted treatment (MAT) strategies.
5. Become familiar with new regulations and evidence-based information on the use of opioids for acute and chronic pain, particularly in how it relates to individuals with concomitant substance use disorders.

OUTCOME: Applicable information and resources acquired on, but not limited to:

1. Provider distress and resilience
2. Medication assisted treatment
3. Current drug use trends
4. Peer support
5. Co-occurring disorders
6. The role of trauma and adverse childhood experiences

RECOMMENDATION: For licensed WHPS case managers to attend to maintain currency, understand best practices, and act as a resource to the commission.

NCSBN 2023 Midyear Meeting

March 28-30, 2023

Seattle, WA

Gerianne Babbo

Sarah Bear

Victoria Hayward

PURPOSE: Increase knowledge on current issues that impact regulatory practices and network with national and international nursing regulatory colleagues.

OUTCOME: Increased knowledge of topics presented at the conference (noted below). Positive networking with NCSBN, national, and international regulatory colleagues.

RECOMMENDATION:

Provide NCQAC staff and nursing education colleagues in WA state current information related to the topics presented at the NCSBN midyear meeting. Objectives of content dissemination include:

- Review current updates to the new NCLEX NGN test format.
- Discuss the meaning of the 80% first time NCLEX pass rate.
- Describe future implications for telehealth on a state level.
- Disseminate telehealth international guiding principles for international nursing.
- Discuss virtual reality implementation in nursing education.
- Explain potential future implications of virtual intelligence in nursing implication.

Sessions Presented:

A) Leadership Succession Committee (LSC):

- Discussion of the open positions for elected offices for August 2023.
- Reviewed the process for nomination and opportunities for leadership development.
- Encouraged involvement in NCSBN as a nurse leader.

B) Update on Artificial Intelligence:

- Phil Dickerson presented the progress with exam proctoring using artificial intelligence.
- The innovative technology will be able to ensure increased security.
- The ability to administer the NCLEX in other settings than a testing setting will be possible.
- Artificial intelligence can assist in upholding the highest standards for testing security.
- Aspects of artificial intelligence features are available for implementation presently.

C) Q&A Forum: The NGN:

- Phil Dickerson presented the 5-year history for the implementation of the new NCLEX format starting April 1, 2023.
- Discussion of involvement of nursing faculty and participation in the planning process.
- Provided informational sessions and resources for the roll out of the new test format during the implementation process.
- The same standards for passing the NCLEX are maintained with the new NGN test format.

D) Legislative Updates:

- Updates from Federal Affairs and State Affairs teams on federal legislation and administrative agency policy, both passed and pending.
- State Affairs provided updates the Nurse Licensure Compact, APRN Compact and Nursing America campaigns.

E) Area 1 Meeting:

- Regional updates discussed.
- CEO presented updates that affect the region.

F) Telehealth and Research on Telehealth:

- Discussion on telehealth companies who coordinate care across international borders, and the regulatory requirements.
- Presentation of a multi-phase mixed methods study results.
- International Telehealth Think Tank members (regulators and key members from around the world) developed eight principles for nursing telehealth across international borders.
- Discussion of the next steps in nursing regulation policy to move forward with telehealth initiatives.

G) International Telehealth Guiding Principles Panel: Regulatory Implications

- The International Guiding Principles of Telehealth developed by regulators from around the world presented by panel.
- Three-member panel: Two international regulators (Ireland & Australia) and one from United States (New Jersey.)
- Perspectives discussed from an international and statewide view.

H) Virtual Reality in Nursing Education:

- Overview of virtual reality and its use in nursing education.
- Cases discussed and the current state of science around the use of virtual reality in education.

I) Artificial Intelligence in Nursing: What Regulator Should Know and Prepare for:

- Discussion on artificial intelligence's impact on health care.
- How artificial intelligence impacts nursing and what regulators need to prepare for the future.

J) Panel Discussion: Regulatory Implications–Virtual Reality/Artificial Intelligence:

- Discussion of the regulatory implications of virtual reality and artificial intelligence.

National Council of State Boards of Nursing Midyear Meeting

March 27-31, 2023

Seattle WA

Paula R. Meyer

PURPOSE: The NCSBN midyear meeting includes a leadership day for the board president and the executive officer. This year's theme was on diversity, inclusion and equity in board members. The Nursing Care Quality Assurance Commission commits to diversity, equity and inclusion in a number of initiatives.

OUTCOME: The presenters included information on a variety of topics to explore with board members to increase diversity, equity and inclusion beyond race, gender, geographic representation. The presenters mentioned the fiduciary responsibilities of boards: Duty of Care, Loyalty, and Obedience. The presenters stressed the importance of an annual board orientation to be held every year. Topics for the NCQAC would include the Joint Operating Agreement, the Open Public Meetings Act, Public Disclosure and reporting as a NCQAC member, ethics training.

The presenters also stressed the importance of making meetings meaningful, not just operational reports but strategic motions and actions. They suggested changing the agendas to have more generative and strategic conversations at the beginning of the meeting and operational or consent agendas at the end of the meeting. They felt committee reports could be on the consent agenda unless there are action items needed.

A competency matrix for recruiting board members was reviewed and requested from the presenter.

RECOMMENDATION: Review the board member competency matrix with the officers. This may have useful information to collect on the annual survey. Share the survey with the Research subcommittee that will conduct the annual survey.

NSCBN Midyear Meeting

March 28-30, 2023

Seattle, WA

Yvonne Strader, Paula Meyer, Gerrienne Babbo, Sarah Baer, Quiana Williams, Judy Loveless Morris

Purpose: This year's meeting was named Shine Through- Shaping a Brilliant Future focused on the future of nursing in the modern and changing healthcare world.

Contemporary Issues in Governance: Dave Bergeson, PhD, CAE and Wendy-Jo Toyama, MBA, CAE, FASAE talked about governance structures of boards and agencies and how to be more efficient and productive in leadership. They discussed the three responsibilities of the board: 1) Fiduciary, 2) Strategic, and 3) Generative thinking. Also explained was the concept of being a board or member being 'representative of versus representative for', the former being the type one would strive to be. Overall not only were the presenters knowledgeable and thought provoking but personable and incredibly engaging.

We broke out into the Executive Office Leadership Council and the Member Board president Networking Session. I attended the Member Board session and networked with my peers. We spoke mostly about the legislative issues and climates of our states and how what was happening in one state directly or greatly indirectly impacted another state, especially bordering states.

Regulatory day: Tammy Buchholz spoke to the membership of the LSC and the open positions that need to be filled. She encouraged everyone to seriously consider applying or to nominate others for application.

Phil Dickison gave an overview on artificial intelligence as it pertains to NCLEX, examinations and security. He demonstrated that applications could identify cheating using special AI functions. Dr. Dickison presented the case for the need of AI in proctoring security. He explained web blockers, DATA DNA, exam protocols, and specialized tools to detect and prevent cheating. He showed photos of what I would call contraband – earphones, eye cameras, and explained cheat techniques that are used. His presentation was a fascinating but concerning look into remote proctoring and the safeguards that need to be put in place and used for security purposes.

Dr. Dickison spoke about the NGN NCLEX and that it will be interesting to watch the data as we look at the impact of the new testing. He emphasized that the questions are not harder and the cut scores on the items have not changed. One difference is that a test taker may get partial credit on a multi-part question whereas prior would have either gotten full credit or failed the question completely. He states that at least one quarter of data needed to be gathered and analyzed before we could get a picture of the impact. The questions are geared to clinical judgment and

knowledge and how to build those into decision making situations. They had lay people review the questions for sensitivity of the questions to determine appropriateness- whether the question could be viewed as offensive. Overall, it was a very intriguing conversation about the evolution of testing.

Legislative update: Nicole Livanos, Molly Maeve Lusk and Kaitlynn Ward gave an update on state affairs and federal affairs. Much discussion pertained to the nurse licensure compacts and military spouses.

The last day was Education day and presentations were on Telehealth, international telehealth and the future of this particular arm of nursing.

I would recommend that we continue to attend the NCSBN conferences as we learn and network with our national and international colleagues.

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 April 2023

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 Added data dashboards & preceptor page. Ongoing edit and add content to improve usability.
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	Start moving forward in January
Develop and implement style guide and publication standards	NCQAC Communications	NCQAC Communications, leadership input Lead: Amy	Spring 2022, most work to occur in tandem with website build	To be completed in tandem with website build
Develop and ensure that Language Access Plan requirements are met for publications that have accessibility requirements.	NCQAC Communications, Communications Task Force	NCQAC Communications, leadership input Lead: Laura	Summer 2023	DOH revamping process & hiring new FT lead. Will work with them in future to make sure NCQAC in in compliance.

Develop and implement agency templates for a variety of purposes, such as GovDelivery PowerPoint, MS Word, Excel, Teams/Zoom meetings, etc.	NCQAC Communications	NCQAC Communications, leadership input Lead: Amy	Spring 2022	To be completed once identity is defined, which will happen in initial phase of website build
Complete the communications visions submitted by each division.	NCQAC Communications, Communications Task Force	NCQAC Communications, leadership input All	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 2023	Transitioned 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 April 19, 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 $\geq 85\%$.

Objectives	Staff Responsibility	Resource projections (time, staff, money, etc.)	Deadlines	Progress
1 —Pilot, evaluate, and refine the new nursing assistant training curriculum.	Kathy Moisio	Porsche Everson is contracted to support pilot preparation; members of the LTC Workforce Development Steering Committee and Workgroups are eager to pilot. NAPAP to review and make decisions re feedback/refinements.	• To be completed in SPRING 2022	• Completed April-June 2022
2 —Establish a steering committee, workgroup, and workplan for the LPN Apprenticeship Pathway; hire a Nurse Consultant to lead the LPN Apprenticeship Pathway work; and host a statewide LTC Summit to gain statewide stakeholder input on developing the pathway.	Kathy Moisio with new hire taking over the leadership role once hired	Dr. Mary Baroni has been instrumental in making connections to support the foundational work for a successful launch.	• To be completed in FALL 2021	• Completed Timely
3 —Conduct public rules meetings to gather input on nursing assistant rules revisions that address curriculum and testing changes and other needed updates.	Bonnie King and Kathy Moisio	Online meetings will be used maximally to provide efficiencies of time and cost and maximize stakeholder participation.	• To be completed in WINTER 2023	• Completed Winter 2023

Objectives	Staff Responsibility	Resource projections (time, staff, money, etc.)	Deadlines	Progress
4—Testing plan or contract in place for 2022, including timelines for phasing in 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.).	Kathy Moisio in coordination with Contracts Unit, Paula Meyer, possibly legal staff, and the other agencies involved: DSHS and DOH/HSQA	Completion represents a challenge with other activities, but must be finished by 12/31/2 to avoid interruptions to testing. NAPAP considers, makes decisions re: final plans.	<ul style="list-style-type: none"> To be ready for implementation JAN 1, 2022. 	<ul style="list-style-type: none"> Recommendations are included in the contract on a 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.	<ul style="list-style-type: none"> To be completed in SPRING 2022 	<ul style="list-style-type: none"> Completed by June 30, 2022
6—Finalize nursing assistant rules revisions, incorporating stakeholder input.	<ul style="list-style-type: none"> Bonnie King with support from Kathy Moisio and others (legal staff, DOH/HSQA staff, etc.) 	NAPAP reviews, makes decisions re: final version.	<ul style="list-style-type: none"> To be completed after public meetings held (see item #3)—WINTER/SPRING 2023 	<ul style="list-style-type: none"> In process for filing the CR-102
7—Develop the communication/roll-out plan regarding curriculum, testing, and rules changes for launch in September 2022.	Kathy Moisio with support from Communications staff	Online meetings will be used maximally to provide efficiencies of time and cost and maximize stakeholder participation.	<ul style="list-style-type: none"> To be completed in SUMMER-FALL 2022 	<ul style="list-style-type: none"> Curriculum roll-out for voluntary adopters began in July 2022 and is ongoing. Mass Examination Plan ending; work on testing revisions now resumes

Objectives	Staff Responsibility	Resource projections (time, staff, money, etc.)	Deadlines	Progress
				<ul style="list-style-type: none"> Public Rules meetings are complete; preparation for implementation of new rules underway
8 —Continue LPN Apprenticeship Pathway development with steering committee and workgroup members according to timelines established in the workplan.	Marlin Galiano	<ul style="list-style-type: none"> Legislative allocations cover the FTE for the new Nursing Consultant and for the costs of planning activities, contracts, etc. 	<ul style="list-style-type: none"> To continue through SPRING 2022 to JUNE 30, 2022 deadline 	<ul style="list-style-type: none"> Completed the planning phase timely-- Implementation phase in progress
9 —Participate actively in legislative session in relation to the Decision Package (DP), re-introducing HB 1124 (glucometer testing by nursing assistants), and support for LPN Apprenticeship Pilot funding.	Paula Meyer and others as directed	<ul style="list-style-type: none"> There is stakeholder support for re-introducing HB 1124. Senator Conway sponsored the LPN Apprenticeship Pathway planning and has expressed interest in supporting the piloting; federal grant submission may lead to funding to support piloting at one site. 	<ul style="list-style-type: none"> To occur in WINTER 2022 	<ul style="list-style-type: none"> Decision Package Passed HB 1124 Passed Federal Grant Passed (Yakima Valley College) These Milestones Completed Timely
10 —Implement the communication/roll-out plan for curriculum/testing/rules revisions	Kathy Moio, 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.	<ul style="list-style-type: none"> To begin in SUMMER 2022 	<ul style="list-style-type: none"> Curriculum roll-out underway as of July 2022 Testing revisions work resumes as Mass Examination Plan winds down Communication efforts are ongoing
11 —Begin LPN Apprenticeship Pathway approval processes (NCQAC and LNI)	Marlin Galiano	NPAP and LNI will provide review and decisions; NCQAC and LNI staff may also provide technical assistance as needed;	<ul style="list-style-type: none"> To begin in after plan is developed – deadline for planning is JUNE 30, 2022 	<ul style="list-style-type: none"> Online curriculum work substantially complete

Objectives	Staff Responsibility	Resource projections (time, staff, money, etc.)	Deadlines	Progress
		steering committee and workgroup support revision work as needed.		<ul style="list-style-type: none"> 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.	<ul style="list-style-type: none"> SEPTEMBER 2022 –Onward with goal of having rules revisions in place Sept 2023 	<ul style="list-style-type: none"> Curriculum is on-target and available as of July 2022 to programs who want to adopt voluntarily A rolling phase-in process is in place—Goal: all programs use as of Sept. 2024 Testing revisions resume as the Mass Examination Plan winds down In process to file CR-102
13 —Launch LPN Apprenticeship Pathway pilot in 1-3 sites (in accordance with funding, if received)	New Nursing Consultant	NPAP and LNI will provide review and decisions; NCQAC and LNI staff may also provide technical assistance as needed.	<ul style="list-style-type: none"> Timeline GOAL: Students begin PN coursework in Fall 2024 	<ul style="list-style-type: none"> Students began pre-requisite coursework in January 2023 Target to begin LPN coursework: Fall 2024

WHPS Updated April 19, 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.

<i>Objectives</i>	<i>Responsibility</i>	<i>Resource projections</i>	<i>Deadlines</i>	<i>Progress</i>
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. <i>Completed.</i>
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. <i>This task is complete and ongoing for maintenance and updates.</i>

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. HB1255 (Rep Tara Simmons) re: stipend for nurses in monitoring and destigmatizing SUD for nurses likely to pass.
Develop a Substance Use Disorder Review Panel (SUDRP) as an organization-based intervention tool for nurses. This will take the place of the Substance Use and Abuse Team and will connect nurses in WHPS with commission members (both disciplinary and for achieving milestones). The intent is to reduce noncompliance and recidivism rates and increase program completion rates.	Discipline Subcommittee; Assistant Director, Discipline – WHPS	WHPS staff, commission members	Annual updates attached to the WHPS annual report in March.	July 2022 SUDRP fully implemented. Task completed.

Washington State Nursing Care Quality Assurance Commission
NPAP DECISION SUMMARY REPORT **Date:** March 2nd and March 16th Updated 04/10/2023

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	5 ADN Programs
					25 ADN Programs	2 LPN-BSN Programs
Intent to Withdraw Approval					18 RNB Programs	12 BSN Programs
Conditional Approval			1	2	17 BSN Programs	25 RNB Programs
Deny Approval				3	121 Post BSN Programs	43 Total BSN Programs
Letter of Decision:					3 Refresher Programs	328 MSN Programs
Approval – Programs	20	48	21	30		153 DNP Programs
Approval – Sub Change Request	7	12	35	20		1 EdD Nursing Education Program
Plan of Correction (POC) Required		3	4	2		1 Refresher Programs
Acceptance of Submitted Documents or POC	1	19	60	64		2 Nurse Tech
Additional Documents or Actions Required			1	4		
Deferred Action		3	9	12		
Removal of Conditional Approval						
Limit Student Enrollment			1	1		
Voluntary Closure				1		
Require Monitoring Report		12	8			
Site Visit Report		2	10	3		
Removal of Moratorium on admissions						

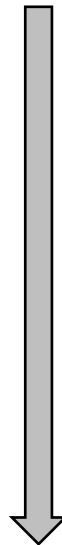
Covid-19 Curriculum Adjustments				7
Other			3	2
Letter of Concern			1	
Approvals-Miscellaneous (non-program)		1	3	2
Monitoring Report:				
Accept	1	2	1	
Not Accept				
Deferred				
Out-of-State DL Student Waivers:				
Accept				
Deny				
Deferred				
Complaints:				
Open		1	2	3
Closed		2	3	3
Defer				
Complaint Investigation Reviewed:				
Accept Investigation Report		1	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 (April 2023)

Number of Nursing Assistant Training Programs (All Types)	187
• Traditional Programs	148
• Home Care Aide Alternative/Bridge Programs	21
• Medical Assistant Alternative/Bridge Programs	10
• 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 below 200.



NAPAP REPORT 2023

Activity	JAN 9+20	FEB 13	MAR 13+20	APR 10	MAY 8	JUNE 12	JULY 10	AUG 14	SEP 11	OCT 9	NOV 13	DEC 11	YTD
Programs Applications Approved	1	2	1										4
Program Applications Deferred		1											1
Program Applications Denied													
Program Change Requests Approved		1											1
Program Change Requests Deferred			1										1
Program Change Requests Denied			1										1
Program Complaints Reviewed			1										1
Program Complaints Opened			1										1
Program Complaints Closed	1	2	2										5
Site Visit Summaries Reviewed				3									1
Investigative Reports Reviewed			2										2
POC/DPOC or Program Condition Reviewed			2	1									3
Additional Documents/Program Actions Required	1	9	9	10									29
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		3									5
Other Review or Process Decisions	14	7	10	10									41



**Nursing Care Quality Assurance Commission (NCQAC)
Advanced Practice Panel Meeting Minutes
March 15, 2023 6:00PM-7:00PM**

**I. 6:00 PM Opening – Jonathan Alvarado, Chair
Call to Order**

- Introduction
- Roll Call

II. 6:05 PM Review Applications for Licensure Exception Requests

- Materials were provided to the panel members and staff prior to the meeting.
- The exception requests came from the Licensing unit to the Advanced Practice Panel for their expertise.
- Reviewed 2 cases by 2 commission members and a pro-tem member.
 1. The decision was made that the case is eligible for licensure.
 2. The decision was made that the case is not eligible for licensure.

Out of State Travel Log July 1, 2023 – June 30, 2024							
Title of Event	Dates	Location	Name(s)	Expenses reimbursed by	Notes	Date Commission Approved	ED Approval & date
Federation of Associations of Regulatory Boards (FARB) Innovation In Regulation Conference https://farb.org/home	July 20-21, 2023	Alexandria, VA					
NCSBN Annual Meeting https://www.ncsbn.org/events.htm	August 16-18, 2023	Chicago, IL	Chair		Chair - NCSBN Pays for Delegates		
			Executive Director		ED Delegates - NCSBN Pays for Delegates		
			NCQAC Award Winner		NCQAC Award Winner		
			Chris Archuleta		NCSBN Finance Committee Member		
			Amber Zawislak		Nominee for NCSBN LSC (NCSBN may pay or NCQAC)		
			Adam Canary		NCSBN 45th Anniversary Committee		
NCSBN NCLEX Conference https://www.ncsbn.org/events.htm	September 21, 2023	Virtual	Ajay Mendoza				
			New Education Nurse Consultant				
FARB Regulatory Law Seminar https://farb.org/home	September 21 - 23, 2023	Chicago, IL					
Council on Licensure, Enforcement and Regulation (CLEAR) Annual Meeting https://clearhq.org/	September 27-30, 2023	Salt Lake City, Utah					
NADDI (National Association of Drug Diversion Investigators) https://www.naddi.org/							
Tri-Regulator Symposium https://www.ncsbn.org/events.htm							
Advanced Practice in Primary Care National Conference	June 20, 2023 – June 25, 2023	New Orleans, Louisiana					
NCSBN Leadership and Public Policy							
International Nurses Society on Addictions	Feb 27 - March 1, 2024	Charleston, NC			SUDRP Member		
Citizens Advocacy Center (CAC) www.cacenter.org							
NCSBN Scientific Symposium							
FARB Forum	January 25 - 28, 2024	Fort Worth, TX					
CLEAR Winter Symposium & Midyear Meeting							
Region 10 Advanced Practice Nurses							
NCSBN Midyear Meeting							
NADDI Western Regional Conference							

NCSBN APRN Roundtable							
NCSBN IT Operation Conference							
National Organization of Alternative Programs (NOAP)							
National Forum of State Nursing Workforce Centers							
NCSBN Discipline Case Management Summit							
NCSBN EO Summit	June 21-23, 2023	Newport Beach, CA					
NCSBN Committees	Dates	Location	Name(s)	Expenses reimbursed by	Notes	Date Commission Approved	ED Approval & date
NCSBN Board of Nursing Investigator Training (BONIT)	October 10-12, 2023	Rosemont, IL	Catherine Woodard	NCSBN			
				NCSBN			
45th Anniversary Committee			Adam Canary	NCSBN			
NCSBN Item Review Subcommittee			MaiKia Moua	NCSBN			
			Sarah Bear	NCSBN			

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

Title:	In & Out of State Travel Approval	Number:	H03.04
Reference:	RCW 18.79.010 ; NCQAC Procedure J10 – Travel Reservation Requests		
Author:	Chris Archuleta Director of Operations and Finance Nursing Care Quality Assurance Commission		
Effective Date:	January 13, 2023	Date for Review:	January 13, 2025
Supersedes:	H03.03 July 13, 2018 H03.02 April 1, 2016 H03.01 November 18, 2011		
Approved:			
	Yvonne Strader, RN, BSN, BSPA, MHA Chair Nursing Care Quality Assurance Commission (NCQAC)		

PURPOSE:

Promotion of fairness and transparency in the decision making for in and out of state travel for NCQAC members and staff working with the NCQAC.

Some of the work and events associated with the NCQAC requires travel within and beyond the borders of the state of Washington. The work may include participation in national association committees, trainings, attending conferences and meetings with a regulatory focus, and providing leadership and consultation to other boards of nursing. Travel associated with assigned work duties which may include site visits, presentations, interviews, DES trainings, participation as a vendor, and off site meetings with clients, legislators, or other state agencies are excluded from this procedure.

Costs associated with travel require evaluation. In and out of state travel may be allowed or prohibited by state law, Governor executive order, or lack of financial means to support the costs.

Benefit to the NCQAC requires evaluation. Documentation of activity must include purpose, learning objectives, and outcome statement. The purpose of the event must be related to the regulatory purpose of the NCQAC, [RCW 18.79.010](#):

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 by establishing, monitoring, and enforcing qualifications for licensing, consistent standards of practice, continuing competency mechanisms, and discipline. Rules, policies, and procedures developed by the commission must promote the delivery of quality health care to the residents of the state of Washington.

PROCEDURE:

Two (2) logs for travel exist and are saved on the [S: drive](#); one for in state travel and one for out of state travel. The logs are locked and can only be edited by the Executive Director (ED) or delegate. This procedure applies to both in and out of state travel. Requests for in and out of state travel must be submitted to the appropriate Director for their review. Once reviewed and if approved by the Director, the Director will forward the request to the ED for approval. If the ED approves, the ED or delegate will enter the information on to the appropriate log.

Each May, the ED or delegate reviews the in and out of state travel for the previous year and biennium. The ED or delegate prepares a projection of in and out of state travel for the upcoming biennium. The projection includes committee appointments, conferences, meetings, and special events. The ED or delegate completes the projection and assures the necessary travel allotment is available.

The ED and the NCQAC chair review the report. The ED must consider direction from the governor, state legislature, department of health, and financial standing of the NCQAC in the review. Limitations on how many trips per person per year, or number of people attending events will be at the discretion of the ED and NCQAC chair. The ED and NCQAC chair prepare and present the plan for in and out of state travel to the NCQAC annually at the July business meeting. The criteria (if applicable) used to evaluate travel requests includes, but not limited to:

- A. Payer for the event: The National Council of State Boards of Nursing (NCSBN) generously supports travel to committee meetings, the annual meeting, the midyear meeting, and other events through the year. The ED determines availability of NCSBN funds for attending NCQAC members or staff. The ED completes all waivers necessary for NCSBN payment or reimbursement.
- B. If NCSBN sponsors the event and waivers are unavailable, but the event directly benefits the work of NCQAC, the ED might consider the use of NCSBN resource funds.
- C. NCQAC Members: The NCQAC chair reviews the content and learning objectives for upcoming events. The chair determines if the event benefits NCQAC and its members. The chair may recommend a member for the travel, considering the following:
 - 1. Past attendance and participation in all NCQAC meetings
 - 2. Past attendance and participation in NCQAC responsibilities: i.e., charging panels, hearing panels, conference calls, task forces
 - 3. Past completion of all assignments in a timely manner, including review of disciplinary cases, disciplinary paperwork submittal, sub-committee reports and business packet material submittal
 - 4. Leadership of a sub-committee, task force, Nursing Program or Nursing Assistant Program Approval Panel, or an officer for NCQAC

5. Service on a NCSBN committee, leadership of a committee, board member, or officer
 6. Availability of member to attend
- D. NCQAC Staff: The ED reviews the content and learning objectives for upcoming events. The ED determines if the event meets a need for education or training for staff. The ED may recommend a staff member for the travel, considering the following:
1. Past performance of NCQAC staff support, sub-committees, task forces
 2. Past completion of all assignments in a timely manner, including submitting agenda items, minutes, business packet materials, and supporting documents.
 3. Supportive working relationship with NCQAC members
 4. Content benefit to the work of the NCQAC. Examples include training on: NurSYS®; substance use and abuse regulations; Taxonomy of Error, Root Cause Analysis and Practice Breakdown; finance; personnel laws; and, nursing regulatory trends.
 5. Service on a NCSBN committee, leadership of a committee, board member, or officer
 6. Availability of member to attend
- E. The chair of the NCQAC and the ED present the recommendations in the form of the In and Out of State Travel Logs to the NCQAC for decision.
- F. The ED or delegate updates the In and Out of State Travel Logs on the [S: drive](#) with the date the NCQAC approves the travel.
- G. If travel opportunities occur between NCQAC meetings, the chair and the ED review the opportunity and apply the criteria. The chair and ED decide and present the circumstance and decision at the next NCQAC business meeting.
- H. Staff at the NCQAC office coordinates travel arrangements with the person traveling in accordance with items listed in the reference section of this policy. All approval forms must be completed prior to completing reservations. All in and out of state travel requires approval by the ED. If travel approval is not secured prior to reservations and travel, reimbursement may be denied. Travel arrangements must be made at least 30 days in advance. Hotel reservations are to be made immediately. Exceptions are at the discretion of the ED.
- I. At times, airline arrival and departure times do not coincide with the event times. It is up to the NCQAC member or staff to make every effort to arrange travel to allow for full participation in the event. If travel times do not allow the NCQAC member or staff to attend the full event, the chair or the ED must approve this plan.
- J. The NCQAC member or staff chosen must submit all reimbursement documents within two weeks of completing travel to the appropriate source.
- K. The NCQAC member or staff must complete a written report of the event (Attachment 1). If multiple members attend, the members coordinate who will report on separate items. The members need to address the learning objectives and needs identified by the chair or the ED. Members submit their written reports to the Nursing Commission office within two weeks of the event. **Note:** Exceptions to this procedure will be made on case-by-case bases and require the ED's approval.

Attachment 1: In and Out of State Travel Report Form


(HOST)
(Title of Event)
(Date of Meeting)
(Location)
(Name)

PURPOSE:

OUTCOME:

RECOMMENDATION:

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

Title:	Travel Reservation Requests	Number:	J10.03
Reference:	RCW 18.79.010 ; NCQAC Procedure H03 – In and Out of State Travel Approval		
Author:	Bethany Mauden Administrative Assistant 4 Nursing Care Quality Assurance Commission		
Effective Date:	January 13, 2023	Date for Review:	January 13, 2025
Supersedes:	J10.02 January 8, 2016 J10.01 June 18, 2014		
Approved:			
	Yvonne Strader, RN, BSN. BSPA, MHA Chair Nursing Care Quality Assurance Commission (NCQAC)		

PURPOSE:

This procedure outlines the steps required for in and out of state travel reservations for the NCQAC commissioners and staff. The policy places reasonable restrictions on travel requests to improve efficiency in coordinating and managing requests.

Refer to NCQAC procedure H03 In and Out of State Travel approval for information on the decision-making process for travel.

PROCEDURE:

- A. If the NCQAC is paying for travel, requests for staff flights will be processed by an Administrative Assistant 3 (AA3) and emailed as a copy to the Executive Director's Administrative Assistant 4 (AA4) no less than six weeks prior to travel date. The AA4 is responsible to process travel requests for NCQAC Board Members and the Executive Director.**

1. Exceptions to this policy must be approved in advance by the Executive Director or their delegate and are made on a case-by-case basis.

- B. Travel requests must include the following:**

1. Preferred departure date and time
2. Full name as it appears on official state identification or driver's license
3. Full birth date
4. Travel destination including details of personal travel if applicable
5. Who is traveling when submitting a request for other or additional members
6. Purpose of travel
7. Vehicle rental (if required) is subject to approval.
 - a. NCQAC members requesting rental vehicles must have approval from the Executive Director or their delegate. Once received, the AA3/AA4 makes vehicle rental reservations through the Enterprise Rental Car website. Upon receipt, the AA3/AA4 will forward vehicle reservation itineraries to travelers. NCQAC staff who would like to drive are to reserve a vehicle from the DOH motor pool.
8. Preferred airline, seat preference if traveler is known to airline, and/or frequent flier numbers.
 - a. Airline and seat preferences are subject to space available and the state contract.
9. Preferred return date and time
10. Specific event information (event brochure, event name, location, etc.)
11. Registration for the event is to be confirmed prior to travel arrangements. The registration information is to be received at least six weeks prior to the registration deadline for the event.
12. Specific requests (e.g., flight numbers, flying in or out of another destination, additional guests, colleagues, etc.) are subject to availability, cost, and approval by Executive Director or their delegate and must be provided to the AA3/AA4 at the time of the original request.
13. Any changes must be received at least five business days prior to travel and must be approved by the Executive Director or his/her delegate.

C. Travel reservation confirmations, changes, and cancellations:

1. **AA3/AA4 responsibilities** upon receiving a travel request:
 - a. Verify travel preapproval on the [In or Out of State Travel log](#).
 - b. Verify that registration for the event has been completed.
 - c. Make reservation typically within two weeks (or ten business days) of the request with appropriate consideration for holidays, absences, business meetings, etc.
 - d. Send a confirmation email to the requestor that the reservation has been complete including travel details.
2. If specific travel requests cannot be accommodated the AA3/AA4 will:
 - a. Confirm in the original request whether an alteration to the travel request is permitted;
 - i. If so, change to "best" accommodate the travel request;
 - ii. If not, the AA3/AA4 will email the requestor to inform them of which accommodations cannot be met and provide an alternative. If the AA3/AA4 has not received a response within 2 business days, a travel alteration will be made.
3. AA3/AA4 will not cancel any reservation without prior approval from:
 - a. The requestor or
 - b. The Executive Director or their delegate

4. **Traveler's responsibilities** once the request has been submitted include:
 - a. Receipt of written approval for travel by ED or their delegate.
 - b. Confirm the itinerary meets the traveler's needs for the event.
 - c. Send a reminder to the AA3/AA4 if the itinerary is not received at least five days prior to travel.
 - d. Book hotel reservations within the per diem rates set by the State of Washington or according to room arrangements for the event.
 - e. Provide all required information (i.e., follow on travel dates, personal traveling, if alternate personnel are required, etc.)
5. Responsibilities of the traveler in the event of changes to their original request are:
 - a. Respond to AA3/AA4 inquiries regarding changes within two business days of the inquiry
 - b. Keep change requests to a minimum and timely (no shorter than 10 business days prior to travel)
6. Traveler's responsibilities when submitting cancellation requests:
 - a. Submit cancellations within four business days (if possible) from travel date
 - b. Provide all required information (i.e., follow on travel dates, personal traveling, if alternate personnel are required, etc.)
 - c. All cancellations will be submitted in writing via email

***Note:** All personnel changes, travel dates and locations, vehicle rentals, etc., require the approval of the Executive Director or their delegate. Refer to NCQAC procedure H03 In and Out of State Travel approval for information on the decision-making process for travel.*

7. All approved state travel reservations are made by the AA3/AA4 through the Alaska EasyBiz or directly through the airlines and not via a third-party booking system (i.e., Expedia). Once the itinerary is received by the AA3/AA4, pertinent information is written into the Airline Reservation (AR) Book. The book has carbon pages which are sent on a monthly basis to accounting for flight charge reconciliation with the traveler/program. On completion of the reservation, an image of the information written into the AR Book is sent to accounting.

D. If The National Council of State Boards of Nursing (NCSBN) is paying for travel, the traveler will make reservations, allowing the traveler to address any potential alterations to their travel request at the time of the reservation.

1. Reservations for NCSBN can be made using the information on the CALL TO MEETING document they provide, or;
2. By calling Direct Travel at 866-805-9145

E. Additional travel requests beyond flight and rental vehicle specifics

1. NCQAC support staff may provide the following information:
 - a. Arrival destination – Hotel – Conference venue (if different then hotel)
 - b. Hotel/Conference venue
 - c. Miscellaneous
 - i. Taxi/shuttle
 - ii. Conference/meeting agendas
 - iii. Meal venues

2024 Nursing Commission Hearing Dates

Name:

Today's date:

January 8, 2024, Monday	<input type="checkbox"/> Yes	<input type="checkbox"/> No
January 23, 2024, Tuesday	<input type="checkbox"/> Yes	<input type="checkbox"/> No
February 2, 2024, Friday	<input type="checkbox"/> Yes	<input type="checkbox"/> No
February 26, 2024, Monday	<input type="checkbox"/> Yes	<input type="checkbox"/> No
March 14, 2024, Thursday	<input type="checkbox"/> Yes	<input type="checkbox"/> No
March 29, 2024, Friday	<input type="checkbox"/> Yes	<input type="checkbox"/> No
April 5, 2024, Friday	<input type="checkbox"/> Yes	<input type="checkbox"/> No
April 22, 2024, Monday	<input type="checkbox"/> Yes	<input type="checkbox"/> No
May 6, 2024, Monday	<input type="checkbox"/> Yes	<input type="checkbox"/> No
May 21, 2024, Tuesday	<input type="checkbox"/> Yes	<input type="checkbox"/> No
June 7, 2024, Friday	<input type="checkbox"/> Yes	<input type="checkbox"/> No
June 17, 2024, Monday	<input type="checkbox"/> Yes	<input type="checkbox"/> No
July 8, 2024, Monday	<input type="checkbox"/> Yes	<input type="checkbox"/> No
July 25, 2024, Thursday	<input type="checkbox"/> Yes	<input type="checkbox"/> No
August 1, 2024, Thursday	<input type="checkbox"/> Yes	<input type="checkbox"/> No
August 16, 2024, Friday	<input type="checkbox"/> Yes	<input type="checkbox"/> No
September 6, 2024, Friday	<input type="checkbox"/> Yes	<input type="checkbox"/> No
September 17, 2024, Tuesday	<input type="checkbox"/> Yes	<input type="checkbox"/> No
October 3, 2024, Thursday	<input type="checkbox"/> Yes	<input type="checkbox"/> No
October 21, 2024, Monday	<input type="checkbox"/> Yes	<input type="checkbox"/> No

November 4, 2024, Monday

☐ Yes

☐ No

November 19, 2024, Tuesday

☐ Yes

☐ No

No hearings in December!

NURSING BUDGET STATUS REPORT – March 2023

2021-2023 BIENNIUM:

This report covers the period of July 1, 2021, through March 31, 2023, twenty-one months into the biennium, with three months remaining. The NCQAC budget is underspent by 2.9% or about \$751K and the current revenue balance is just over \$4M.

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 above the recommended reserve balance. Revenues continue the trend of exceeding projections and currently outpace projections by 7.5%, or more than \$1.9M. This is due to the continued high volume of applications received combined with increased renewals from the previous year’s record number of applications. Application volume has moderated over the past six months; however, we anticipate volumes to remain 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 are approaching full expenditure as we filled open positions and retained temporary staff to handle application volumes and cover extended absences.
- FBI Background Checks and Revenue Reconciliation are charged based on actual files processed and continue to trend higher than projected due to the increased volume of 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 fee increase that was implemented in December 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 resumes, 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.



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

For the period of July 1, 2021 through March 31, 2023

EXPENDITURES TYPES	BIENNIAL BUDGET	ALLOT THRU FM18	ACTUALS THRU FM18	PREV FM ALLOT	PREV FM Expense	Current FM ALLOT	Current FM Expense	BUDGET/ALLOTMENT TO-DATE	EXPENDITURES TO-DATE	VARIANCE TO-DATE	% SPENT TO-DATE
DIRECT EXPENDITURES:				FM20	FM20	FM21	FM21				
FTEs (average)	81.33	83.89	82.86	83.89	82.86	83.89	81.68	81.33	78.57	2.75	96.61%
Staff Salaries & Benefits	\$16,788,320	\$13,231,804	\$13,019,810	\$711,303	\$752,941	\$711,303	\$782,801	\$14,654,410	\$14,555,552	\$98,858	99.33%
Commission Salaries	\$604,615	\$477,690	\$430,680	\$25,385	\$24,247	\$25,385	\$20,408	\$528,460	\$475,335	\$53,125	89.95%
Goods & Services	\$597,803	\$470,870	\$708,545	\$25,386	\$30,835	\$25,386	\$30,358	\$521,642	\$769,738	(\$248,096)	147.56%
Rent	\$830,031	\$651,767	\$469,950	\$35,654	\$24,136	\$35,654	\$24,896	\$723,075	\$550,343	\$172,732	76.11%
Attorney General (AG)	\$1,592,958	\$1,194,095	\$1,174,200	\$67,379	\$130,289	\$67,380	\$103,177	\$1,328,854	\$1,407,667	(\$78,813)	105.93%
Travel	\$180,000	\$141,675	\$79,174	\$7,665	\$8,690	\$7,665	\$5,451	\$157,005	\$93,315	\$63,690	59.43%
Equipment	\$111,696	\$85,196	\$100,813	\$5,300	\$1,873	\$5,300	\$2,144	\$95,796	\$104,830	(\$9,034)	109.43%
IT Support & Software Licenses	\$367,476	\$286,518	\$216,778	\$16,191	\$11,877	\$16,191	\$44,830	\$318,900	\$273,484	\$45,416	85.76%
TOTAL DIRECT	\$ 21,072,899	\$ 16,539,615	\$ 16,199,950	\$ 894,263	\$ 984,888	\$ 894,264	\$ 1,014,065	\$18,328,142	\$18,230,264	\$97,878	99.47%
SERVICE UNITS:											
FBI Background Checks	\$527,013	\$414,393	\$538,964	\$22,524	\$61,920	\$22,524	\$44,215	\$459,441	\$645,099	(\$185,658)	140.41%
Office of Professional Standards	\$435,023	\$332,405	\$293,503	\$20,223	\$8,295	\$20,223	\$21,625	\$372,851	\$323,423	\$49,428	86.74%
Adjudication Clerk	\$213,498	\$167,763	\$77,838	\$9,147	\$2,803	\$9,147	\$4,077	\$186,057	\$84,718	\$101,339	45.53%
HP Investigations	\$86,601	\$67,276	\$57,035	\$3,865	\$1,602	\$3,865	\$2,677	\$75,006	\$61,314	\$13,692	81.75%
Legal Services	\$39,570	\$30,655	\$25,546	\$1,783	\$73	\$1,783	\$215	\$34,221	\$25,834	\$8,387	75.49%
Call Center	\$164,978	\$128,208	\$122,543	\$7,354	\$7,052	\$7,354	\$9,622	\$142,916	\$139,217	\$3,699	97.41%
Public Disclosure	\$382,476	\$300,476	\$257,018	\$16,400	\$14,686	\$16,400	\$0	\$333,276	\$271,703	\$61,573	81.53%
Revenue Reconciliation	\$180,909	\$142,104	\$150,934	\$7,761	\$7,494	\$7,761	\$10,926	\$157,626	\$169,354	(\$11,728)	107.44%
Online Healthcare Provider Lic - Staff	\$305,352	\$240,242	\$256,133	\$13,022	\$15,393	\$13,022	\$20,484	\$266,286	\$292,010	(\$25,724)	109.66%
Online Healthcare Provider Lic - Contract	\$195,792	\$155,002	\$96,127	\$8,158	\$99,062	\$8,158	\$0	\$171,318	\$195,189	(\$23,871)	113.93%
Suicide Assessment Study	\$40,800	\$32,300	\$11,636	\$1,700	\$0	\$1,700	\$0	\$35,700	\$11,636	\$24,064	32.59%
TOTAL SERVICE UNITS	\$ 2,572,012	\$ 2,010,824	\$ 1,887,278	\$ 111,937	\$ 218,380	\$ 111,937	\$ 113,841	\$2,234,698	\$2,219,499	\$15,199	99.32%
INDIRECT CHARGES:											
Agency Indirects (16.9% in FY1 - 15.3% in FY2)	\$3,933,873	\$3,085,992	\$2,713,800	\$167,431	\$168,050	\$167,431	\$172,811	\$3,420,854	\$3,045,811	\$375,043	89.04%
HSQA Division Indirects (11.3% in FY1 - 9.7% in FY2)	\$2,626,590	\$2,060,454	\$1,810,336	\$111,793	\$106,502	\$111,793	\$109,520	\$2,284,039	\$2,020,757	\$263,282	88.47%
TOTAL INDIRECTS (28.2% in FY1 - 25% in FY2)	\$ 6,560,463	\$ 5,146,445	\$ 4,524,135	\$ 279,224	\$ 274,552	\$ 279,224	\$ 282,331	\$5,704,893	\$5,066,569	\$638,325	88.81%
GRAND TOTAL	\$ 30,205,374	\$23,696,884	\$ 22,611,363	\$1,285,424	\$1,477,820	\$1,285,425	\$1,410,237	\$26,267,733	\$25,516,332	\$751,401	97.14%

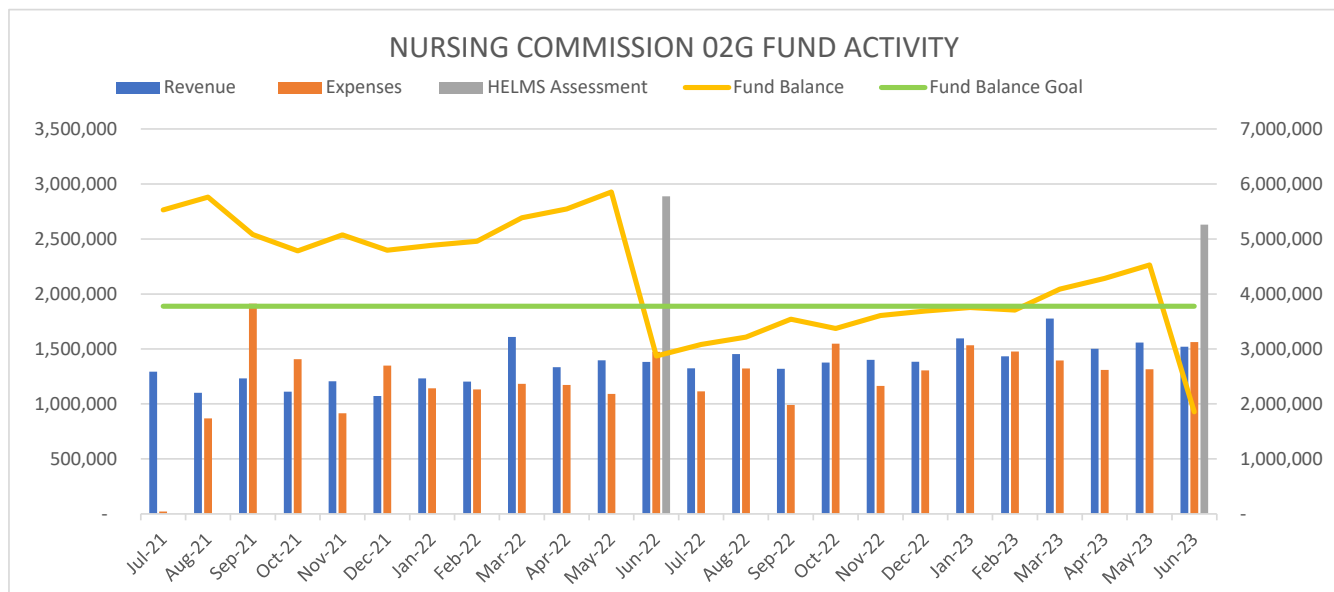
NURSING REVENUE

BEGINNING REVENUE BALANCE	\$ 4,257,147
21-23 REVENUE TO-DATE	\$ 28,236,135
21-23 HELMS ASSESS. TO-DATE	\$ 2,887,402
21-23 EXPENDITURES TO-DATE	\$ 25,516,332
ENDING REVENUE BALANCE	\$ 4,089,548



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	3,775,672	146.4%
2	Aug-21	1,101,108	867,469	-	5,761,333	3,775,672	152.6%
3	Sep-21	1,232,003	1,912,873	-	5,080,463	3,775,672	134.6%
4	Oct-21	1,110,773	1,407,696	-	4,783,540	3,775,672	126.7%
5	Nov-21	1,205,670	914,844	-	5,074,367	3,775,672	134.4%
6	Dec-21	1,071,481	1,349,193	-	4,796,655	3,775,672	127.0%
7	Jan-22	1,230,993	1,141,480	-	4,886,167	3,775,672	129.4%
8	Feb-22	1,203,206	1,131,177	-	4,958,195	3,775,672	131.3%
9	Mar-22	1,610,012	1,182,821	-	5,385,386	3,775,672	142.6%
10	Apr-22	1,333,022	1,172,374	-	5,546,035	3,775,672	146.9%
11	May-22	1,397,552	1,090,387	-	5,853,200	3,775,672	155.0%
12	Jun-22	1,382,643	1,474,207	2,887,402	2,874,234	3,775,672	76.1%
13	Jul-22	1,322,765	1,113,148	-	3,083,851	3,775,672	81.7%
14	Aug-22	1,453,983	1,322,484	-	3,215,350	3,775,672	85.2%
15	Sep-22	1,318,500	990,176	-	3,543,675	3,775,672	93.9%
16	Oct-22	1,376,858	1,548,234	-	3,372,298	3,775,672	89.3%
17	Nov-22	1,401,552	1,163,257	-	3,610,593	3,775,672	95.6%
18	Dec-22	1,384,814	1,304,734	-	3,690,673	3,775,672	97.7%
19	Jan-23	1,596,542	1,533,740	-	3,753,476	3,775,672	99.4%
20	Feb-23	1,433,152	1,477,820	-	3,708,808	3,775,672	98.2%
21	Mar-23	1,776,528	1,395,787	-	4,089,548	3,775,672	108.3%
22	Apr-23	1,502,400	1,308,788	-	4,283,160	3,775,672	113.4%
23	May-23	1,558,494	1,314,030	-	4,527,624	3,775,672	119.9%
24	Jun-23	1,520,837	1,563,489	2,629,962	1,855,010	3,775,672	49.1%
FY1	Total	15,171,442	13,666,952	2,887,402			
FY2	Total	17,646,424	16,035,687	2,629,962			
BIEN	Total	32,817,866	29,702,639	5,517,364			



Notes:

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

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)
Initial Out-of-State Exam and Endorsement Licensing Rules	WAC 246-840-030 WAC 246-840-090	Amending specific rule language to clarify licensure requirements for registered nursing (RN) and licensed practical nursing (LPN) applicants applying for initial licensure via an out-of-state traditional nursing education program approved by another U.S. nursing board and applicants applying via interstate endorsement.	WSR: Filed: 5/6/2023
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: Filed: 5/6/2023 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: Filed: 5/6/2023 WSR: 23-03-010 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.				Staff filing a combined CR-102 for these rules and NA Rules under Secretary Authority (See #2). Filing of CR-102 approved on 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.				Staff filing a combined CR-102 for these rules and NA Rules under Secretary Authority (See #1). Filing of CR-102 approved on 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.	WSR: 23-08-064 Filed 4/4/2023	5/12/2023		Rule hearing scheduled for May 12, 2023, at 1:15 p.m.
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 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	WSR: 22-06-057 Filed: 2/25/2022	7/7/22, 8/4/22, and 9/19/22.				Workshop findings presented to the Licensing subcommittee at April meeting. Commission to approve draft proposed rule language and move forward with filing CR-102 at the May 12, 2023, NCQAC business meeting.

#	RULE	WASHINGTON ADMINISTRATIVE CODE (WAC)	PURPOSE	CR-101 PREPROPOSAL	RULE WORKSHOPS	CR-102 PROPOSED & CR-105 (EXPEDITED)	RULE HEARING	CR-103P PERMANENT	NEXT STEPS
			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.						
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	<u>1124-S.PL.pdf (wa.gov)</u> Nurse Delegation of Glucose Monitoring, Glucose Testing, and Insulin Injections Identifies two areas that require NCQAC rulemaking: <ul style="list-style-type: none"> 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: <u>23-02-037</u> Filed: 12/29/2022	2/1/2023 and 2/6/2023. Note: Additional workshops will be scheduled in May 2023.				Received feedback from interested parties. Additional workshops will be held in May 2023.
7	Health Equity Continuing Education	Amendments to: WAC 246-840-220 And other relevant continuing education rule sections in Chapter 246-840 WAC	<u>5229-S.SL.pdf (wa.gov)</u> 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: <u>23-03-069</u> 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 May 2023. Commission to approve draft proposed rule language and move forward with filing CR-102 at the July 2023 NCQAC business meeting.

RECENTLY FILED RULES (EFFECTIVE 2021-2023)

#	RULE	WASHINGTON ADMINISTRATIVE CODE (WAC)	PURPOSE	CR-101 PREPROPOSAL	RULE WORKSHOPS	CR-102 PROPOSED & CR-105 (EXPEDITED)	RULE HEARING	CR-103P/CR-103E PERMANENT/ EMERGENCY
1	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	WSR: 23-08-069 Filed: 4/4/2023
2	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
3	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
4	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
5	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
6	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

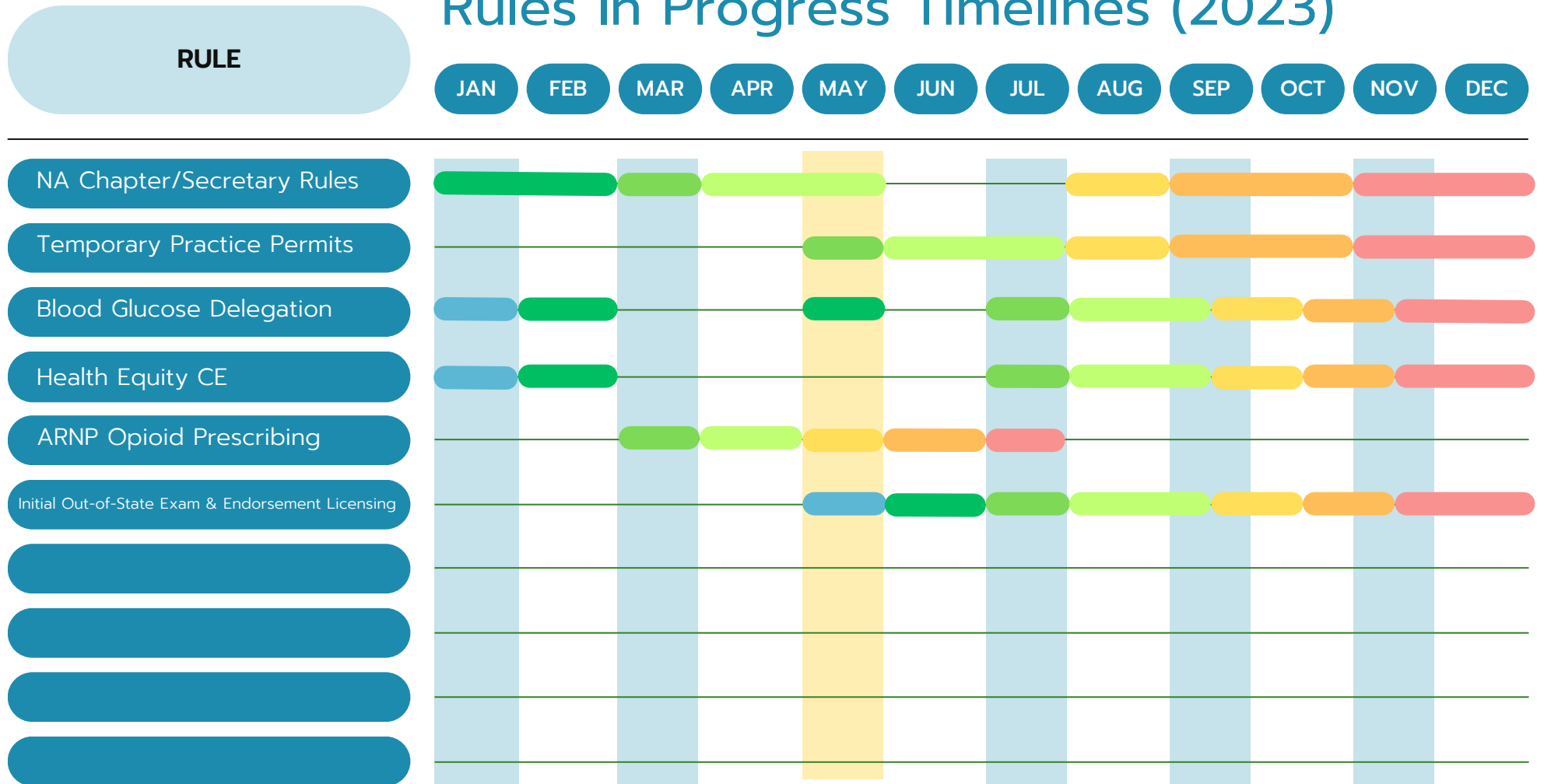
#	RULE	WASHINGTON ADMINISTRATIVE CODE (WAC)	PURPOSE	CR-101 PREPROPOSAL	RULE WORKSHOPS	CR-102 PROPOSED & CR-105 (EXPEDITED)	RULE HEARING	CR-103P/CR-103E PERMANENT/ EMERGENCY
7	LPN/NT Practice Opportunities	WAC 246-840-010, 840, 850	Allow LPN students practice opportunities. NCQAC's legislative panel completed 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: <u>22-04-082</u> Filed: 1/31/2022
8	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		<u>WSR: 21-11-032</u> Filed: 5/12/2021
9	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

FUTURE RULEMAKING FROM LEGISLATION


#	BILL	DESCRIPTION
1	HB 1009 Military Spouse	<p>1009-S2.PL.pdf (wa.gov) Concerning military spouse employment.</p> <p>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.</p>
2	HB 1255 SUD Monitoring and Treatment Program	<p>1255-S.SL.pdf (wa.gov) Reducing stigma and incentivizing health care professionals to participate in a substance use disorder monitoring and treatment program.</p> <p>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.</p>
3	HB 1340 UDA Disciplinary Action	<p>1340-S.PL.pdf (wa.gov) Concerning actions by health professions disciplining authorities against license applicants and license holders.</p> <p>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.</p>
4	HB 1503 Demographic Information	<p>1503-S.PL.pdf (wa.gov) Collecting health care professionals' information at the time of license application and license renewal.</p> <p>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.</p>
5	SB 5499 Nurse Licensure Compact	<p>5499-S.SL.pdf (wa.gov) Concerning the multistate nurse licensure compact.</p> <p>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.</p>
6	SB 5582 Nursing Credential Opportunities	<p>5582-S2.SL.pdf (wa.gov) Reducing barriers and expanding educational opportunities to increase the supply of nurses in Washington.</p> <p>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.</p>



Rules In Progress Timelines (2023)



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

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

PURPOSE:

This procedure lists certain decisions for which NCQAC delegates:

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

PROCEDURE:

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

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

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

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

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

**H16.02 Form A: Delegation of Signature Authority
(Credentialing, Disciplinary Functions, Compliance and Rules)**

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

☒ **Credentialing**

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

☒ **Disciplinary**

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

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

☒ **Rules**

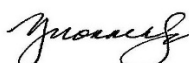
Document	NCQAC Approval Required?	NCQAC Staff Title(s)
<input checked="" type="checkbox"/> CR-101	Yes	Executive Director
<input checked="" type="checkbox"/> CR-102	Yes	Executive Director

☒ **Compliance**

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

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

Dated this 9th day of September 2022.

 RN, MHA, BSN, BSPA

Yvonne Strader, RN, BSN, BSPA, MHA Chair

Paula R. Meyer MSN, RN, FRE

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

H16.02 Form B: Delegation of Decision- Making

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

☒ **Review Officer of Adjudicative Services Office:**

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

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

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

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

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

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

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

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

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


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

by the commission or its predecessor).

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

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

Dated this 9th day of September 2022.

 *Yvonne Strader, RN, MHA, BSN, BSPA*

Yvonne Strader, RN, BSN, BSPA, MHA Chair

**H16.02 Form C: Delegation of Decision- Making
(Case Specific Adjudication)**

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

☐ **Legal Services:**

☐ Brief Adjudicative Proceedings for initial order regarding:

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

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

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

☐ **Adjudicative Services**, for the final order regarding:

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

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

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

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

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

Yvonne Strader, RN, BSN, BSPA, MHA Chair

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

Title:	Officer Nominations	Number:	H01.04
Reference:	RCW 18.79.100		
Author:	Chris Archuleta Director, Operations and Finance Nursing Care Quality Assurance Commission		
Effective Date:	May 12, 2023	Date for Review:	May 12, 2025
Supersedes:	H01.01 – November 18, 2011 H01.02 – March 1, 2016 H01.03 – March 10, 2017		
Approved:	Yvonne Strader, RN, BSN, BSPA, MHA Chair Nursing Care Quality Assurance Commission (NCQAC)		

PURPOSE:

The Nursing Care Quality Assurance Commission (NCQAC) shall annually elect officers from among its members. The NCQAC elects a chair, vice chair, and secretary/treasurer. This procedure describes the responsibilities of the nominations committee. The nominations committee selects qualified members of the NCQAC who are willing to serve in leadership positions. The nominations committee presents a slate of qualified candidates to the NCQAC for the annual election.

PROCEDURE:

- I. During the November meeting each year, the chair of the NCQAC appoints three members of the NCQAC to the nominations committee. Members serve a one-year term on the nominations committee. No member should serve more than two consecutive terms on the nominations committee. The Executive Director may appoint a staff member to support the work of the nominations committee.
 - A. Members of the nominations committee review the position descriptions for the chair, vice chair, and secretary/treasurer positions. Questions, edits and revision to the position descriptions must be presented to the NCQAC at the January meeting.

- B. Committee members approach every member of the NCQAC requesting interest in candidacy for an office. Every member of the NCQAC is eligible as a candidate for an officer position.
 - C. Committee members review the position descriptions with each NCQAC member. Committee members determine if interviews are needed to evaluate candidate's competencies for the chair, vice chair, and secretary/treasurer positions.
 - D. Committee members contact each candidate with the results of the evaluation. If the candidate meets the qualifications and continues to be willing to serve, their name is placed on the slate of candidates.
 - E. The committee is charged with selecting at least two candidates for each officer.
- II. At the March meeting, the committee verbally presents the slate of candidates to the NCQAC. The slate of candidates is included in the business-meeting packet of materials. If there are any questions on the slate, questions for the individual candidates, or challenges to the slate, these must be presented to the NCQAC prior to the election of officers.
- A. The NCQAC chair reads the slate of candidates. The chair asks if there are any nominations from the floor. Three members of the NCQAC must support candidates from the floor.
 - B. The NCQAC chair asks all nominees from the floor if they are qualified and willing to be placed on the slate of candidates.
 - C. The nominations committee interviews candidates from the floor prior to placing their name on the final slate of candidates.
 - D. Each candidate and nominees from the floor present a brief statement. The presentation must include their purpose for seeking an office and goals.
 - E. Each nominee may contact all NCQAC members by telephone, email or in person to discuss their desire to serve as an officer.
 - F. Nominees cannot offer any perceived benefits to sway votes. Perceived benefits include promises to assign out of state travel, gifts, monetary rewards, or preferential treatment.
 - G. Nominees are prohibited from consulting with staff related to the election, nominees and offering perceived benefits.
- III. At the May meeting, the nominations committee presents the final slate of candidates to the NCQAC from the committee with a second. Once the slate of candidates is adopted by the NCQAC, then the NCQAC proceeds with the election of officers.

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

Title:	Officer Nominations	Number:	H01.043
Reference:	RCW 18.79.100		
Contact/Author :	Paula R. Meyer, MSN, RN, FRE, Executive Director (ED) Chris Archuleta Director, Operations and Finance Washington State Nursing Care Quality Assurance Commission (NCQAC)		
Effective Date:	March 10, 2017 May 12, 2023	Date Reviewed/Date for Review:	March 2017 February 2023 February 2023 May 12, 2025
Supersedes:	H01.01 – November 18, 2011 H01.02 – March 1, 2016 H01.03 – March 10, 2017		
Approved:	Yvonne Strader, RN, BSN, BSPA, MHA Chair Nursing Care Quality Assurance Commission (NCQAC) Donna L. Peole		

PURPOSE:

The Nursing Care Quality Assurance Commission (NCQAC) shall annually elect officers from among its members. The NCQAC elects a chair, vice chair, and secretary/treasurer. This procedure describes the responsibilities of the nominations committee. -The nominations committee selects qualified members of the NCQAC who are willing to serve in leadership positions. -The nominations committee presents a slate of qualified candidates to the NCQAC for the annual election.

PROCEDURE:

- I. During the November meeting each year, the chair of the NCQAC appoints three members of the NCQAC to the nominations committee. -Members serve a one-year term on the nominations committee. -No member should serve more than two consecutive terms on the nominations committee. -The Executive Director may appoint a staff member to support the work of the nominations committee.

I.

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~~A.~~ Members of the nominations committee review the position descriptions for the chair, vice chair, and secretary/treasurer positions. ~~Questions, edits and revision to the position descriptions must be presented to the NCQAC at the January-next meeting.~~

~~A.~~

~~B.~~ Committee members approach every member of the NCQAC requesting interest in candidacy for an office. ~~Every member of the NCQAC is eligible as a candidate for an officer position.~~

~~B.~~

~~C.~~ Committee members review the position descriptions with each NCQAC member. Committee members determine if interviews are needed to evaluate candidate's competencies for the chair, vice chair, and secretary/treasurer positions.

~~C.~~

~~D.~~ Committee members contact each candidate with the results of the evaluation. ~~If the candidate meets the qualifications and continues to be willing to serve, their name is placed on the slate of candidates ballot.~~

~~D.~~

E. The committee is charged with selecting at least two candidates for each officer.

II. At the March meeting, the committee verbally presents the slate of candidates to the NCQAC. ~~The slate of candidates is included in the business-meeting packet of materials. If there are any questions on the slate, questions for the individual candidates, or challenges to the slate, these must be presented to the NCQAC prior to the election of officers.~~

~~A.~~ ~~The NCQAC chair reads the slate of candidates. The chair asks if there are any nominations from the floor. Three members of the NCQAC must support candidates from the floor.~~

~~B.~~ ~~The NCQAC chair asks all nominees from the floor if they are qualified and willing to be placed on the slate of candidates.~~

~~C.~~ ~~The nominations committee interviews candidates from the floor prior to placing their name on the final slate of candidates.~~

~~A.~~ ~~Each candidate and nominees from the floor present a brief statement. The presentation must include their purpose of seeking an office and goals.~~

~~D.~~

E. Each nominee may contact all NCQAC members by telephone, email or in person to discuss their desire to serve as an officer.

F. Nominees cannot offer any perceived benefits to sway votes. ~~Perceived benefits include promises to assign out of state travel, gifts, monetary rewards, or preferential treatment.~~

G. ~~Nominees are prohibited from consulting with staff related to the election, nominees and offering perceived benefits.~~

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III. At the May meeting, the nominations committee presents the final slate of candidates to the NCQAC from the committee with a second. -Once the slate of candidates is adopted by the NCQAC, then the NCQAC proceeds with the election of officers.

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

Title:	Election of Officers	Number:	H02.04
Reference:	RCW 18.79.100 RCW 42.30.060		
Author:	Chris Archuleta Director, Operations and Finance Nursing Care Quality Assurance Commission		
Effective Date:	May 12, 2023	Date for Review:	May 12, 2025
Supersedes:	H02.01 - May 8, 2015 H02.02 - November 18, 2011 H02.03 - March 1, 2016		
Approved:	Yvonne Strader, RN, BSN, BSPA, MHA Chair Nursing Care Quality Assurance Commission (NCQAC)		

PURPOSE:

The NCQAC shall annually elect officers from among its members. The NCQAC elects a chair, vice chair, and secretary/treasurer.

PROCEDURE:

- I. The final slate of candidates is presented at the May NCQAC business meeting. The NCQAC proceeds with the election. If the chair of the NCQAC is a nominee for office, the vice chair acts as the presiding officer of the election. If both the chair and the vice chair are nominees for office, the chair appoints a NCQAC member as the presiding officer for the election.
- II. The slate of candidates is presented in the packet of materials. The chair presents the slate of candidates to the NCQAC for adoption. Nominations from the floor must be presented at the March NCQAC business meeting. No further nominations from the floor are accepted at the May meeting.

According to the Open Public Meetings Act, [RCW 42.30.060 \(2\)](#)

No governing body of a public agency at any meeting required to be open to the public shall

vote by secret ballot. Any vote taken in violation of this subsection shall be null and void, and shall be considered an "action" under this chapter.

III. The election proceeds with a ballot. The ballot includes the names of all nominees, including nominations from the floor. Since the Open Public Meetings Act prohibits a secret ballot, all voting NCQAC members must sign their ballots. NCQAC members attending virtually make their selection(s) by voice vote.

- A. The presiding officer directs the NCQAC members to cast their ballots. Only members attending the May NCQAC meeting in person or virtually may vote. Absentee ballots are not allowed.
- B. A staff member collects the ballots. Two staff members count the ballots, tally, and document the results. The staff member gives the documented results to the presiding officer.
- C. The presiding officer reads the final tally and announces the new officers for chair, vice chair, and secretary/treasurer.
- D. The staff member then places ballots and the documented count on a tabletop in the meeting area for public view.
- E. The ballots and documented count remain on the tabletop until the meeting is adjourned. The count totals and individual selections are recorded in the minutes of the meeting.

IV. All documents associated with the election, including the completed ballots, are maintained with the minutes of the meeting. The ballots and the documentation of the count are subject to the same retention schedule as required for meeting minutes.

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

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Title:	Election of Officers	Number:	H02.043
Reference:	RCW 18.79.100; RCW 42.30.060		
Contact/Author :	Paula R. Meyer, MSN, RN, FRE, Executive Director Washington State Nursing Care Quality Assurance Commission (NCQAC)Chris Archuleta Director, Operations and Finance Nursing Care Quality Assurance Commission		
Effective Date:	May 12, 2023 March 1, 2016	Date Reviewed/Date for Review:	February 2016 February 2023 May 12, 2025
Supersedes:	H02.01 - May 8, 2015 H02.02 - November 18, 2011 H02.03 - March 1, 2016		
Approved:	Yvonne Strader, RN, BSN, BSPA, MHA Chair Nursing Care Quality Assurance Commission (NCQAC) Margaret E. Kelly,		

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PURPOSE:

The NCQAC shall annually elect officers from among its members. -The NCQAC elects a chair, vice chair, and secretary/treasurer.

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PROCEDURE:

I. —The final slate of candidates is presented at the May NCQAC business meeting. -The NCQAC proceeds with the election. -If the chair of the NCQAC is a nominee for office, the vice chair acts as the presiding officer of the election. -If both the chair and the vice chair are nominees for office, the chair appoints a NCQAC member as the presiding officer for the election.

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[H02.043](#)

II. The slate of candidates is presented in the packet of materials. -The chair presents the slate of candidates to the NCQAC for adoption. -Nominations from the floor must be presented at the March NCQAC business meeting. -No further nominations from the floor are accepted at the May meeting.

According to the Open Public Meetings Act, [RCW 42.30.060 \(2\)](#)

No governing body of a public agency at any meeting required to be open to the public shall vote by secret ballot. Any vote taken in violation of this subsection shall be null and void, and shall be considered an "action" under this chapter.

III. The election proceeds with a ballot. -The ballot includes the names of all nominees, including nominations from the floor. -Since the Open Public Meetings Act prohibits a secret ballot, all voting NCQAC members must sign their ballots. NCQAC Members attending virtually make their selection(s) by voice vote.

A. -The presiding officer directs the NCQAC members to cast their ballots. -Only members attending the May NCQAC meeting in person or virtually may vote. Absentee ballots are not allowed.

B. -A staff member collects the ballots. -Two staff members count the ballots, tally tally, and document the results. -The staff member gives the documented results to the presiding officer.

C. -The presiding officer reads the final tally and announces the new officers for chair, vice chair, and secretary/treasurer.

D. -The staff member then places ballots and the documented count on a tabletop in the meeting area for public view.

E. -The ballots and documented count remain on the tabletop until the meeting is adjourned. -The count totals and individual selections are recorded in the minutes of the meeting. ~~-Individual voting records are not captured on the tally or in the minutes.~~

IV. All documents associated with the election, including the completed ballots, are maintained with the minutes of the meeting. -The ballots and the documentation of the count are subject to the same retention schedule as required for meeting minutes.

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

Title:	Ethics, Conflict of Interest, and Appearance of Fairness, Principles, and Guidelines	Number:	H08.03
Reference:	Chapter 42.52 RCW Chapter 292-110 WAC Executive Ethics Board Advisory Opinions DOH Policy: HR07015pol.docx - Ethics DOH Policy: IM10008pol.docx – Use of Internet & Electronic Systems DOH Policy: OS17003pol.doc – Public Records Disclosure DOH Policy: OS17005pol.docx – Responsibilities of Confidential Information		
Author:	Chris Archuleta Director, Operations and Finance Nursing Care Quality Assurance Commission		
Effective Date:	May 12, 2023	Date for Review:	May 12, 2025
Supersedes:	H08.01 - September 13, 2013 H08.02 – February 10, 2016		
Approved:	Yvonne Strader, RN, BSN, BSPA, MHA Chair Nursing Care Quality Assurance Commission (NCQAC)		

PURPOSE:

This procedure informs the NCQAC and staff about their ethical responsibilities and recognizes the unique position of the NCQAC due to regulatory functions. This procedure provides a framework to address political and real conflicts of interest, which arise in the regulatory arena, including appearance of fairness issues. These guidelines formally implement chapter [42.52 RCW](#) and [DOH Policy HR07015](#).

PROCEDURE:

- I. Basic principles apply to all employees and the NCQAC. These include:**

- A. **Objectivity:** Public employees, including the NCQAC, must place the public interest before any private interest or outside obligation—choices are made based on merit.
- B. **Selflessness:** Public employees, including the NCQAC, should not make decisions to gain financial or other benefits for themselves, their family, or their friends.
- C. **Stewardship:** Public employees, including the NCQAC, have a duty to conserve public resources and protect funds against misuse and abuse.
- D. **Transparency:** Public employees, including the NCQAC, must practice open and accountable government. Decisions and actions must be transparent while protecting truly confidential information.
- E. **Integrity:** Public employees, including the NCQAC, should not place themselves under any financial or other obligation to outside individuals or organizations that might influence them in the performance of official duties.

II. Conflicts of interest in employment and affiliations should be avoided.

- A. Core principles include:
 - 1. Outside employment activities and other business relationships present special problems for public employees, including the NCQAC and expert reviewers. The NCQAC's decision-making authority regulates the livelihoods of many professionals. Decisions made by the NCQAC have far-ranging economic, social, and psychological effects. Utmost care must be given to guard against the appearance of favoritism, selective investigation, cronyism, and other conflicts of interest.
 - 2. This procedure and its guidelines incorporate more than considerations of the Executive Ethics Law. It includes concerns associated with the Appearance of Fairness Doctrine, and its application to the NCQAC serving in their adjudicative and regulatory role. Under this doctrine, a hearing before the NCQAC must not only be fair, but it must also appear fair to a reasonable, unbiased observer. When the NCQAC holds a position of authority in a state or national professional association, it creates the appearance fellow members of that organization may be treated differently than non-members when someone in a leadership role in that association sits as an adjudicator. Similarly, it creates the impression fellow NCQAC members may be influenced in decision-making by influences outside the NCQAC.
- B. The following guidelines are intended to ensure compliance with applicable ethics statutes, regulations, and policies.
 - 1. Public employees, including the NCQAC, will not engage in outside employment, affiliations, or other outside activity, with or without compensation which:
 - a) Interferes, or is not compatible with the performance of their professional regulatory duties.
 - b) May reasonably be expected to bring discredit upon the NCQAC's duties and responsibilities.
 - c) Is otherwise inconsistent with the requirements and intent of Governor Executive Orders, Ethics Policies, or Washington State Regulation. This

includes the requirements to avoid actions that reasonably can be expected to create a conflict of interest or the appearance of a conflict of interest.

2. Under these guidelines, a NCQAC member may not concurrently hold a leadership position in a professional association. Under [RCW 42.52.020](#), a NCQAC member must recuse himself or herself from any decision which requires an exercise of authority over members of an association where the NCQAC member also stands in a leadership role. Concurrent NCQAC membership and professional association leadership would result in such an extensive recusal requirement that the member would be rendered ineffective with respect to service for the NCQAC.
3. To eliminate the appearance of coercion, intimidation, or pressure, public employees, including the NCQAC, will not make personal commercial or non-commercial solicitations to other employees either on or off the work site, if any of the following apply:
 - a) The dealings may cause actual or perceived partiality or unfairness.
 - b) The dealings involve the actual or apparent use of position or supervisory authority for personal gain.
 - c) The dealings can otherwise be expected to undermine employee morale or, if made public, confidence in the integrity of employees including the NCQAC.
4. To preserve appearance of fairness, public employees, including NCQAC members, are cautioned to avoid any situations in which an appearance of special handling may exist. Public employees, including NCQAC members, must pay particular attention to the appearance of fairness when dealing with:
 - a) Licensees they regulate.
 - b) Applicants.
 - c) Fellow NCQAC members.
 - d) Vendors.
 - e) Examination candidates.
 - f) Anyone subject to a pending investigation.
 - g) Anyone charged for unprofessional conduct.
 - h) Special expert case reviewers.
 - i) Lobbyists.
 - j) Anyone known to be an active officer of an organization, association, or corporation whose members have a substantial direct interest in health care provider regulation, operations or decision making.
5. Although not an employee situation in the traditional sense, and because of the appearance of conflict of interest, improper influence and/or improper ex parte communications, public employees, including the NCQAC, shall avoid, whenever reasonable, health care provider/patient relationships with:
 - a) Any practitioner known to be an examination candidate.
 - b) A provider pending investigation or charges for unprofessional conduct.
 - c) An active officer of a professional organization, association, or corporation over whose members the employee, unit or board has regulatory and/or disciplinary authority.
 - d) A lobbyist.
 - e) A special case reviewer.

- f) A fellow NCQAC member or pro tem NCQAC member.
6. When it is not reasonable or desirable to terminate the provider-patient relationship, the public employee, including the NCQAC member, must recuse himself or herself from any regulatory activity in which he or she is personally and substantially involved that concerns the practitioner.
 7. When acting in a professional capacity as a public employee, or on one's personal time, public employees, including the NCQAC, may participate in widely attended gatherings of mutual interest to nursing that are sponsored or hosted by professional, industrial, commercial, or technical organizations.
 8. Public employees, including the NCQAC, shall not use their titles, positions, or associations with the NCQAC or the state of Washington in connection with any public presentation, correspondence, commercial enterprise or to endorse any commercial product. However, books or articles may be published which identify the author by reference to his or her title or position, provided that appropriate disclaimers are stated.
 9. Public employees including the NCQAC shall not use their titles, positions, or associations with the NCQAC or the state of Washington as the basis for involvement in for profit, not for profit, or non-profit corporations. Employees may not commit the state to agreements upon their own signature.

Examples:

Acceptable	Not Acceptable	
X		Nurse A, a member of the NCQAC, is also a member of the Washington State Nurses Association (WSNA). He has been nominated to chair a WSNA subcommittee whose responsibilities are not directly related to licensing, or his position with the NCQAC.
	X	Provider B is a member of the NCQAC. She has been elected to the Washington State RNP United Board of Directors. She serves on both the NCQAC and the Board of Directors.
	X	Provided C is a member of the NCQAC. She has agreed to represent the interests of the NCQAC by serving as a board member on a non-profit corporation set up for the purpose of dealing with provider workforce shortage issue. She has signed the incorporation documents.

A. Gifts, gratuities, and favors should be avoided.

RCW 42.52.140 provides that: No state officer or state employee may receive, accept, take, seek, or solicit, directly or indirectly, anything of economic value as a gift, gratuity, or favor from a person if it could be reasonably expected that the gift, gratuity, or favor would influence the vote, judgment or action of the officer or employee, or be considered as part of a reward for action or inaction.

1. DOH Policy HR07015 governs the acceptance of any gift, gratuity, or favor.
 - a) A gift is something of value received by an employee which the employee did not pay for or earn. No consideration was given for the item received and it was unsolicited by the employee.
 - b) A gratuity is a gift given without recompense or return. It is unearned and given without cost or obligation.
 - c) A favor is an act exhibiting a kind, gracious or friendly attitude.
2. Core principles to consider:
 - a) It is the ethical obligation of the public employee, including NCQAC members, to reject gifts for themselves or their family members which may cast doubt on the integrity, independence, and impartiality of the public employee, including the NCQAC or state office. Except as outlined, gifts or benefits, no matter how significant, should be rejected if they could be reasonable construed to affect the official judgment or actions of the public employee, including the NCQAC, or if the gift could create any sense of obligation to the giver, or if the purpose or motive for the gift could appear to be improper. Even monetarily insignificant gifts or favors may be perceived as being inappropriate.
 - b) Since no offsetting public good is achieved by creating an appearance of impropriety when accepting gifts, unclear cases should always be decided by rejecting gifts, gratuities, or favors which may raise questions regarding the public employee, including NCQAC member's, integrity, independence, and impartiality.
 - c) Nothing in this Section on Gifts, Gratuities, and/or Favors shall be intended to negate any public employee's, including the NCQAC's, job recognition.
 - d) These guidelines apply to all relationship combinations of the NCQAC, management, and staff.
 - e) Any offer of private benefit to a public employee or NCQAC member intended to influence a public decision is considered **bribery** and may violate federal and state law. Public employees and the NCQAC must firmly and unequivocally reject such offers and report them to the proper authorities.

Examples:

Acceptable	Not Acceptable	
	X	An NCQAC member purchases a gift as a gesture of thank you/friendship for a staff member.
X		The NCQAC purchases a plaque for a staff member for outstanding job performance.
	X	An NCQAC member offers to take staff person(s) out to dinner after a meeting or all go out to dinner with intentions of paying their own way and the NCQAC member decides to “treat” all persons.

A. State resources should not be used for financial or personal gain.

1. State property, and equipment, personnel, money, services, and time are for public purposes and must be used as directed in [Department of Health Policy HR07.015](#).
2. Core principles to consider include:
 - a) Except in the course of his/her duties, no public employee or NCQAC member shall use any state facilities, equipment, telephone, postage, supplies directly or indirectly to support or oppose an initiative to the legislature, the election of any individual, or promotion or opposition of any ballot proposition.
 - b) No supervisor shall use his or her position to require public employees or NCQAC members to make involuntary contributions for political purposes. No public employees or NCQAC members shall solicit contributions for political purposes on state property.
 - c) No public employee or NCQAC member, except where otherwise permitted by statute or rule, may hold part-time public office in a political subdivision of the state if such office is incompatible with, or substantially interferes with, the discharge of official state duties.
 - d) No public employee or NCQAC member shall use the power and/or authority of his/her position and responsibilities to induce or coerce another person to provide the employee with anything of economic value, directly or indirectly for personal gain.

Examples:

Acceptable	Not Acceptable	
	X	Use of a state-owned computer to make mailing labels for professional association business.
	X	Routine calls home while on state business using a state issued cell phone.
X		A call home while on state business using a state issued cell phone to report an emergency situation such as an inability to return home as expected due to inclement weather or unexpected scheduling changes for a meeting or hearing.
	X	An NCQAC member contacts a licensee involved in a disciplinary matter. An NCQAC member offers to support a settlement of the disciplinary case if the licensee will agree not to work in a specified area of a city where the NCQAC member has financial interest in the practice.
	X	A NCQAC member reviews a piece of legislation relating nursing regulation and contacts a legislator to support or oppose the legislation. (S)he identifies him/herself as a NCQAC member.

B. Confidential information is generally protected.

1. All employees, including the NCQAC, must comply with [DOH Policy HR 07015](#) with respect to confidential information.
2. Core principles to consider include the following:
 - a) No public employees or NCQAC members shall provide information regarding confidential functions, except in the conduct of that person's job.
 - b) Confidential information shall include, but is not limited to, current investigations, examination content and information not disclosable as public information.
 - c) Each public employee or NCQAC member shall be cognizant of the location and time of conversations in maintaining confidentiality.

Examples:

Acceptable	Not Acceptable	
X		A reviewing NCQAC member meets with an investigator to discuss a case after commission meeting.
	X	Two staff members for the NCQAC are at a party where they share with others details of a recent investigation of a provider.

C. Compensation and honoraria are available in limited situations.

[DOH Policy HR07015](#)

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

Title:	Ethics, Conflict of Interest, and Appearance of Fairness, Principles, and Guidelines	Number:	H08.020 <u>3</u>
Reference:	Chapter 42.52 RCW Chapter 292-110 WAC Executive Ethics Board Advisory Opinions DOH Policy: HR-07-015pol.docx - Ethics DOH Policy: IM10008pol.docx10-008 – Use of Internet & Electronic Systems DOH Policy: 17-003, OS17003pol.doc – Public Records Disclosure DOH Policy: OS17005pol.docx17-005 – Responsibilities of Confidential Information		
Contact/Author:	Paula R. Meyer, MSN, RN, FRE, Executive Director (ED) Washington State Nursing Care Quality Assurance Commission (NCQAC) Chris Archuleta Director, Operations and Finance Nursing Care Quality Assurance Commission		
Effective Date:	February 10, 2016 May 12, 2023 Date Reviewed/Date for Review:	March 2016 May 12, 2025	
Supersedes:	H08.01 – September 13, 2013 H08.02 – February 10, 2016		
Approved:	Yvonne Strader, RN, BSN, BSPA, MHA Chair Nursing Care Quality Assurance Commission (NCQAC) Charlotte Foster, BSN, MHA, RN Chair NCQAC		

PURPOSE:

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This procedure informs the NCQAC and staff about their ethical responsibilities and recognizes the unique position of the NCQAC due to regulatory functions. This procedure provides a framework to address political and real conflicts of interest, which arise in the regulatory arena, including appearance of fairness issues. These guidelines formally implement chapter 42.52 RCW and DOH Policy HR07-015.

PROCEDURE:

A.I. Basic principles apply to all employees and the NCQAC. These include:

- 1.A. Objectivity:** Public employees, including the NCQAC, must place the public interest before any private interest or outside obligation—choices are made based on merit.
- 2.B. Selflessness:** Public employees, including the NCQAC, should not make decisions ~~in order to~~ gain financial or other benefits for themselves, their family, or their friends.
- 3.C. Stewardship:** Public employees, including the NCQAC, have a duty to conserve public resources and protect funds against misuse and abuse.
- 4.D. Transparency:** Public employees, including the NCQAC, must practice open and accountable government. Decisions and actions must be transparent while protecting truly confidential information.
- 5.E. Integrity:** Public employees, including the NCQAC, should not place themselves under any financial or other obligation to outside individuals or organizations that might influence them in the performance of official duties.

B. II. Conflicts of interest in employment and affiliations should be avoided.

A. Core principles include:

- a.1.** Outside employment activities and other business relationships present special problems for public employees, including the NCQAC and expert reviewers. The NCQAC's decision-making authority regulates the livelihoods of ~~a large number of many~~ professionals. Decisions made by the NCQAC have far-ranging economic, social, and psychological effects. Utmost care must be given to guard against the appearance of favoritism, selective investigation, cronyism, and other conflicts of interest.
- b.2.** This procedure and its guidelines incorporate more than considerations of the Executive Ethics Law. It includes concerns associated with the Appearance of Fairness Doctrine, and its application to the NCQAC serving in their adjudicative and regulatory role. Under this doctrine, a hearing before the NCQAC must not only be fair, ~~it must~~ but it must also appear fair to a reasonable, unbiased observer. When the NCQAC holds a position of authority in a state or national professional association, it creates the appearance fellow members of that organization may be treated differently than non-members when someone in a leadership role in that

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association sits as an adjudicator. ~~Similarly~~Similarly, it creates the impression fellow NCQAC members may be influenced in decision-making by influences outside the NCQAC.

B. The following guidelines are intended to ensure compliance with applicable ethics statutes, ~~regulations~~regulations, and policies.

1. Public employees, including the NCQAC, will not engage in outside employment, affiliations, or other outside activity, with or without compensation which:

~~i-a)~~ Interferes, or is not compatible with the performance of their professional regulatory duties.

~~ii-b)~~ May reasonably be expected to bring discredit upon the NCQAC's duties and responsibilities.

~~iii-c)~~ Is otherwise inconsistent with the requirements and intent of Governor Executive Orders, Ethics Policies, or Washington State Regulation. This includes the requirements to avoid actions that reasonably can be expected to create a conflict of interest or the appearance of a conflict of interest.

~~2.~~ Under these guidelines, a NCQAC member may not concurrently hold a leadership position in a professional association. Under RCW 42.52.020, a NCQAC member must recuse himself or herself from any decision which requires an exercise of authority over members of an association where the NCQAC member also stands in a leadership role. Concurrent NCQAC membership and professional association leadership would result in such an extensive recusal requirement that the member would be rendered ineffective with respect to service for the NCQAC.

~~2.~~ ~~3.~~ To eliminate the appearance of coercion, intimidation, or pressure, public employees, including the NCQAC, will not make personal commercial or non-commercial solicitations to other employees either on or off the work site, if any of the following apply:

~~i-a)~~ The dealings may cause actual or perceived partiality or ~~unfairness~~unfairness.

~~ii-b)~~ The dealings involve the actual or apparent use of position or supervisory authority for personal ~~gain~~gain.

~~iii-c)~~ The dealings can otherwise be expected to undermine employee morale or, if made public, confidence in the integrity of employees including the NCQAC.

~~3.~~ ~~4.~~ To preserve appearance of fairness, public employees, including NCQAC members, are cautioned to avoid any situations in which an appearance of special handling may exist. ~~Public~~Public employees, including NCQAC members, must pay particular attention to the appearance of fairness when dealing with:

~~i-a)~~ Licensees they regulate.

~~ii-b)~~ Applicants.

~~iii-c)~~ Fellow NCQAC members.

~~iv-d)~~ Vendors.

~~v-e)~~ Examination candidates.

~~vi-f)~~ Anyone subject to a pending investigation.

~~vii-g)~~ Anyone charged for unprofessional conduct.

~~viii-h)~~ Special expert case reviewers.

~~ix-i)~~ Lobbyists.

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- ~~iii-j)~~ Anyone known to be an active officer of an organization, association, or corporation whose members have a substantial direct interest in health care provider regulation, operations or decision making.
4. ~~5.~~ Although not an employee situation in the traditional sense, and because of the appearance of conflict of interest, improper influence and/or improper ex parte communications, public employees, including ~~the~~the NCQAC, shall avoid, whenever reasonable, health care provider/patient relationships with:
- ~~i-a)~~ Any practitioner known to be an examination candidate.
- ~~ii-b)~~ A provider pending investigation or charges for unprofessional conduct.
- ~~iii-c)~~ An active officer of a professional organization, association, or corporation over whose members the employee, unit or board has regulatory and/or disciplinary authority.
- ~~iv-d)~~ A lobbyist.
- ~~v-e)~~ A special case reviewer.
- ~~vi-f)~~ A fellow NCQAC member or pro tem NCQAC member.
6. When it is not reasonable or desirable to terminate the provider-patient relationship, the public employee, including the NCQAC member, must recuse himself or herself from any regulatory activity in which he or she is personally and substantially involved that concerns the practitioner.
- ~~5.~~ 7. When acting in a professional capacity as a public employee, or on one's personal time, public employees, including the NCQAC, may participate in widely attended gatherings of mutual interest to nursing that are sponsored or hosted by professional, industrial, commercial, or technical organizations.
- ~~6.~~ 8. Public employees, including the NCQAC, shall not use their titles, positions, or associations with the NCQAC or the state of Washington in connection with any public presentation, correspondence, commercial enterprise or to endorse any commercial product. However, books or articles may be published which identify the author by reference to his or her title or position, provided that appropriate disclaimers are stated.
- ~~7.~~ 9. Public employees including the NCQAC shall not use their titles, positions, or associations with the NCQAC or the state of Washington as the basis for involvement in for profit, not for profit, or non-profit corporations. Employees may not commit the state to agreements upon their own signature.

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Examples:

Acceptable	Not Acceptable
X	Nurse A, a member of the NCQAC, is also a member of the Washington State Nurses Association (WSNA). He has been nominated to chair a WSNA subcommittee whose responsibilities are not directly related to licensing, or his position with the NCQAC.

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	X	Provider B is a member of the NCQAC. She has been elected to the Washington State RNP United Board of Directors. She serves on both the NCQAC and the Board of Directors.
	X	Provided C is a member of the NCQAC. She has agreed to represent the interests of the NCQAC by serving as a board member on a non-profit corporation set up for the purpose of dealing with provider workforce shortage issue. She has signed the incorporation documents.

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A. Gifts, gratuities, and favors should be ~~avoided~~ avoided.

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RCW 42.52.140 provides that: No state officer or state employee may receive, accept, take, seek, or solicit, directly or indirectly, anything of economic value as a gift, gratuity, or favor from a person if it could be reasonably expected that the gift, gratuity, or favor would influence the vote, judgment or action of the officer or employee, or be considered as part of a reward for action or inaction.

1. **DOH Policy HR07-015** governs the acceptance of any gift, gratuity, or favor.

~~a-a)~~ A gift is something of value received by an employee which the employee did not pay for or earn. No consideration was given for the item received and it was unsolicited by the employee.

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~~b-b)~~ A gratuity is a gift given without recompense or return. It is ~~unearned~~, ~~and unearned~~ and given without cost or obligation.

~~c-c)~~ A favor is an act exhibiting a kind, gracious or friendly attitude.

2. Core principles to consider:

~~a-a)~~ It is the ethical obligation of the public employee, including NCQAC members, to reject gifts for themselves or their family members which may cast doubt on the integrity, independence, and impartiality of the public employee, including the NCQAC or state office. Except as outlined, gifts or benefits, no matter how significant, should be rejected if they could be reasonable construed to affect the official judgment or actions of the public employee, including the NCQAC, or if the gift could create any sense of obligation to the giver, or if the purpose or motive for the gift could appear to be improper. Even monetarily insignificant gifts or favors may be perceived as being inappropriate.

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~~b.b)~~ Since no offsetting public good is achieved by creating an appearance of impropriety when accepting gifts, unclear cases should always be decided by rejecting gifts, gratuities, or favors which may raise questions regarding the public employee, including NCQAC member's, integrity, independence, and impartiality.

~~e.c)~~ Nothing in this Section on Gifts, Gratuities, and/or Favors shall be intended to negate any public employee's, including the NCQAC's, job recognition.

~~d.d)~~ These guidelines apply to all relationship combinations of the NCQAC, management, and staff.

~~e.c)~~ Any offer of private benefit to a public employee or NCQAC member intended to influence a public decision is considered **bribery** and may violate federal and state law. Public employees and the NCQAC must firmly and unequivocally reject such offers and report them to the proper authorities.

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Examples:

Acceptable	Not Acceptable	
	X	An NCQAC member purchases a gift as a gesture of thank you/friendship for a staff member.
X		The NCQAC purchases a plaque for a staff member for outstanding job performance.
	X	An NCQAC member offers to take staff person(s) out to dinner after a meeting or all go out to dinner with intentions of paying their own way and the NCQAC member decides to "treat" all persons.

J.A. State resources should not be used for financial or personal gain.

1. State property, and equipment, personnel, money, services, and time are for public purposes and must be used as directed in [Department of Health Policy HR07.015](#).
2. Core principles to consider include:

a.) Except in the course of his/her duties, no public employee or NCQAC member shall use any state facilities, equipment, telephone, postage, supplies directly or indirectly to support or oppose an initiative to the legislature, the election of any individual, or promotion or opposition of any ballot proposition.

b.) No supervisor shall use his or her position to require public employees or NCQAC members to make involuntary contributions for political purposes. No public employees or NCQAC members shall solicit contributions for political purposes on state property.

c.) No public employee or NCQAC member, except where otherwise permitted by statute or rule, may hold part-time public office in a political subdivision of the state if such office is incompatible with, or substantially interferes with, the discharge of official state duties.

d.) No public employee or NCQAC member shall use the power and/or authority of his/her position and responsibilities to induce or coerce another person to provide the employee with anything of economic value, directly or indirectly for personal gain.

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Examples:

Acceptable	Not Acceptable	
	X	Use of a state-owned computer to make mailing labels for professional association business.
	X	Routine calls home while on state business using a SCAN card <u>state issued cell phone</u> .
X		A call home while on state business using a SCAN state issued cell phone <u>card</u> to report an emergency situation such as an inability to return home as expected due to inclement weather or unexpected scheduling changes for a meeting or hearing.
	X	An NCQAC member contacts a licensee involved in a disciplinary matter. An NCQAC member offers to support a settlement of the disciplinary case if the licensee will agree not to work in a specified area of a city where the NCQAC member has financial interest in the practice.
	X	A NCQAC member reviews a piece of legislation relating nursing regulation and contacts a legislator to support or oppose the legislation. (S)he identifies him/herself as a NCQAC member.

K.B. Confidential information is generally protected.

1. All employees, including the NCQAC, must comply with DOH Policy HR 07-015 with respect to confidential information.
2. Core principles to consider include the following:
 - ~~a-a)~~ No public employees or NCQAC members shall provide information regarding confidential functions, except in the conduct of that person's job.
 - ~~b-b)~~ Confidential information shall include, but is not limited to, current investigations, examination content and information not disclosable as public information.

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~~e.c)~~ Each public employee or NCQAC member shall be cognizant of the location and time of conversations in maintaining confidentiality.

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Examples:

Acceptable	Not Acceptable	
X		A reviewing NCQAC member meets with an investigator to discuss a case after commission meeting.
	X	Two staff members for the NCQAC are at a party where they share with others details of a recent investigation of a provider.

~~L.C.~~ Compensation and honoraria are available in limited situations.
[DOH Policy HR07-015](#)

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

Title:	Interruption of Nursing Care Quality Assurance Commission Meetings	Number:	H10.03
Reference:	RCW 42.30.050		
Author:	Chris Archuleta Director, Operations and Finance Nursing Care Quality Assurance Commission		
Effective Date:	May 12, 2023	Date for Review:	May 12, 2025
Supersedes:	H10.01 – December 31, 2014 H10.02 – February 10, 2016		
Approved:	Yvonne Strader, RN, BSN, BSPA, MHA Chair Nursing Care Quality Assurance Commission (NCQAC)		

PURPOSE:

The procedure describes the process used by the chair of the NCQAC in the event of unnecessary interruptions by members of the audience, NCQAC members, or staff.

PROCEDURE:

The chair of the NCQAC has the responsibility and the authority to lead the NCQAC meetings according to the agenda and the Open Public Meetings Act, [RCW 42.30](#).

- I. At 1:00 PM of each NCQAC meeting, the chair recognizes members of the audience, attending in-person or virtually, who wish to speak to the NCQAC. This time is identified on the agenda as ‘Public Comment’ time.
- II. Each member of the audience who wishes to speak to the NCQAC:
 - A. Registers in advance via the emailed meeting notice; or
 - B. Signs in on the attendance roster posted at the entrance to the NCQAC meeting room; or
 - C. Notifies staff using the chat feature in the virtual meeting software.

- III. If multiple people sign in to speak, the chair determines the amount of time allotted to each person to speak. The chair announces the time allowed per person at the beginning of each public comment period.
- IV. The chair calls on each person signed in to speak and asks them to step to the microphone or unmute their microphone.
- V. If the person exceeds their time allowed or interrupts the NCQAC meeting in any way, the chair has the responsibility to address the behavior.
- VI. In the event order of the meeting cannot be restored, the chair may order the room cleared. The chair may then determine if the meeting is to be closed and ended or continue to conduct business.
- VII. If needed, the meeting may be reconvened at a different location. The location of the meeting is determined by a majority vote of the members present. The chair continues to move through only the agenda items listed on the agenda for the public meeting.

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

Title:	Interruption of Nursing Care Quality Assurance Commission Meetings	Number:	H10.032
Reference:	RCW 42.30.050		
Contact/Author:	Chris Archuleta Director, Operations and Finance Nursing Care Quality Assurance Commission Paula R. Meyer, MSN, RN, FRE, Executive Director (ED) Washington State Nursing Care Quality Assurance Commission (NCQAC)		
Effective Date:	May 12, 2023 February 10, 2016	Date Reviewed/Date for Review:	March 2016 February 2023 May 12, 2025
Supersedes:	H10.01 – December 31, 2014 H10.02 – February 10, 2016		
Approved:	Yvonne Strader, RN, BSN, BSPA, MHA Chair Nursing Care Quality Assurance Commission (NCQAC)		

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I. At 1:00 PM of each NCQAC meeting, the chair recognizes members of the audience, attending in-person or virtually, who wish to speak to the NCQAC. This time is identified on the agenda as 'Open-Meeting Public Comment' time.

II. Each member of the audience who wishes to speak to the NCQAC:

A. Registers in advance via the emailed meeting notice; or

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[H10.032](#)

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B. ~~S~~igns in on the attendance roster posted at the entrance to the NCQAC meeting room;

or

C. ~~N~~otifies staff using the chat feature ~~o~~in the virtual meeting software. -

III. If multiple people ~~signed the attendance roster~~sign in to speak, the chair determines the amount of time allotted to each person to speak. -The chair announces the time allowed per person at the beginning of each ~~public comment~~~~open mic~~ period. -

IV. The chair ~~reads the name of the~~calls on each person on the attendance roster~~signed in to speak~~ and asks them to step to the microphone ~~or unmute their microphone~~.

I. ~~V.~~ If the person exceeds their time allowed or interrupts the NCQAC meeting in any way, the chair has the responsibility to address the behavior.

~~VI.~~ In the event order of the meeting cannot be restored, the chair may order the room cleared. -The chair may then determine if the meeting is to be closed and ended ~~or-to be~~ continue to conduct business.

~~VII.~~ If needed, the meeting may be reconvened at a different location. -The location of the meeting is determined by a majority vote of the members present. -The chair continues to move through only the agenda items listed on the agenda for the public meeting.

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

Title:	Evaluation of Executive Director by the Nursing Care Quality Assurance Commission	Number: H14.02
Reference:	RCW 18.79.140 RCW 18.79.390	
Author:	Paula Meyer, MSN, RN, FRE Executive Director Nursing Care Quality Assurance Commission	
Effective Date	May 12, 2023	Date for Review: May 12, 2025
Supersedes:	H14.01 – May 13, 2016	
Approved:	Yvonne Strader, RN, BSN, BSPA, MHA Chair Nursing Care Quality Assurance Commission (NCQAC)	

PURPOSE:

The Executive Director (ED) of the Nursing Care Quality Assurance Commission (NCQAC) is hired by and serves at the pleasure of the NCQAC. Each year, the NCQAC evaluates the performance of the ED.

PROCEDURE:

- I. Every year in March, the chair of the NCQAC reviews the position description for the ED and the performance expectations for the previous evaluation period.
- II. The chair of the NCQAC may gather feedback from various sources:
 - A. Members of the NCQAC and pro tem members
 - B. Directors, managers, and staff of the NCQAC
 - C. Department of Health executive directors, managers, assistant secretaries and the secretary of health

- D. Officers of major stakeholders: e.g., Washington Center for Nursing, Washington State Nurses Association, DSHS/Residential Care Services, National Council of State Boards of Nursing
- III. Following the election of officers at the May business meeting, the chair and chair elect review the expectations of the previous evaluation and draft comments using state of Washington forms for performance review:
 - A. Performance and Development Planning (PDP) Part 1-3 for the next evaluation period expectations and competencies drafted by the chair elect.
 - B. Performance and Development Planning (PDP) Part 4-5 for review of the expectations and competencies from the previous evaluation period drafted by the current chair.
 - C. Position Description.
- IV. The current chair, the chair elect of the NCQAC and the ED meet to review feedback and the draft evaluation. If the current chair and the chair elect are the same person, the current vice chair of the NCQAC meets with the chair and ED. The current chair provides the feedback for the past evaluation period and signs the PDP 4-5. The chair elect provides the expectations for the next evaluation period and signs PDP 1-3.
- V. Final language in both the PDP part 4-5 and 1-3 is negotiated using an interactive process. The position description is updated as necessary to reflect the responsibilities and competencies for the position.
- VI. Once the final evaluation and expectations are completed, the chair and the ED sign the forms. The review of Part 4-5 is completed by the vice chair of the NCQAC. The vice chair's review assures compliance with the interactive process.
- VII. The final evaluation and expectations are completed in May of each year.
- VIII. The final, signed evaluation and expectations are scanned and saved to the NCQAC S:drive, Personnel folder. The final, signed evaluation and expectations are forwarded to the Department of Health Human Resources office for filing in the personnel file for the ED.

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

Title:	Evaluation of Executive Director by the Nursing Care Quality Assurance Commission- (NCQAC)	Number: H14.021
Reference:	RCW 18.79.140 RCW 18.79.390	
Contact/Author:	Paula R. Meyer, MSN, RN, FRE Paula Meyer, MSN, RN, FRE Executive Director- (ED) Nursing Care Quality Assurance Commission NCQAC	
Effective Date	May 13, 2016 <u>12, 2023</u>	Date for Review: <u>April 2023</u> May 12, 2025
Supersedes:	Not applicable <u>H14.01 – May 13, 2016</u>	

Approved:

Yvonne Strader, RN, BSN, BSPA, MHA Chair Nursing Care Quality Assurance Commission (NCQAC) Margaret E. Kelly, LPN Chair Nursing Care Quality Assurance Commission NCQAC
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PURPOSE:

The ~~Executive Director (ED)~~ of the ~~Nursing Care Quality Assurance Commission (NCQAC)~~ is hired by and serves at the pleasure of the NCQAC. -Each year, the NCQAC evaluates the performance of the ED.

PROCEDURE:

- I. Every year in March, the chair of the NCQAC reviews the position description for the ED and the performance expectations for the previous evaluation period.
~~A-~~
- II. The chair of the NCQAC may gather feedback from various sources:
~~B-~~

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- ~~1.A.~~ Members of the NCQAC and pro tem members
- ~~2.B.~~ ~~Associate~~ Directors, ~~managers~~managers, and staff of the NCQAC
- ~~3.C.~~ Department of Health executive directors, managers, ~~associate-assistant~~ secretaries and the secretary of health
- ~~D.~~ Officers of major stakeholders: e.g., Washington Center for Nursing, Washington State Nurses Association, DSHS/Residential Care Services, National Council of State Boards of Nursing
- ~~4.~~
- III. ~~Following the election of officers at the May business meeting. The chair and chair elect~~ ED reviews the expectations of the previous evaluation and drafts comments using state of Washington forms for performance review:
 - ~~C.~~
 - ~~1.A.~~ Performance and Development Planning (PDP) Part 1-3 for the next evaluation period expectations and ~~competencies~~competencies drafted by the chair elect.
 - ~~2.B.~~ Performance and Development Planning (PDP) Part 4-5 for review of the expectations and competencies from the previous evaluation period ~~drafted by the current chair; and,~~
 - ~~C.~~ Position Description.
 - ~~3.~~
- IV. The current chair, the chair elect of the NCQAC and the ED meet to review feedback and the draft evaluation. -If the current chair and the chair elect are the same person, the current vice chair of the NCQAC meets with the chair and ED. -The current chair provides the feedback for the past evaluation ~~period, and period and~~ signs the PDP 4-5. The chair elect provides the expectations for the next evaluation period and signs PDP 1-3.
 - ~~D.~~
- V. Final language in both the PDP part 4-5 and 1-3 is negotiated using an interactive process. The position description is updated as necessary to reflect the responsibilities and competencies for the position.
 - ~~E.~~
- VI. Once the final evaluation and expectations are completed, the chair and the ED sign the forms. ~~—~~The review of ~~the Part~~Part 4-5 is completed by the vice chair of the NCQAC. The vice chair's review assures compliance with the interactive process.
 - ~~F.~~
- VII. The final evaluation and expectations are completed in May of each year.
 - ~~G.~~
- ~~H.VIII.~~ The final, signed evaluation and expectations are scanned and saved to the NCQAC S: drive, Personnel folder. -The final, signed evaluation and expectations are forwarded to the Department of Health Human Resources office for filing in the personnel file for the ED.

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

Title:	Establishing Regular and Special Meetings	Number:	H17.02
Reference:	RCW 18.79.100 Chapter 42.30 RCW Chapter 34.05 RCW		
Author:	Chris Archuleta Director, Operations and Finance Nursing Care Quality Assurance Commission		
Effective Date:	May 12, 2023	Date for Review:	May 12, 2025
Supersedes:	H17.01- September 8, 2017		
Approved:	Yvonne Strader, RN, BSN, BSPA, MHA Chair Nursing Care Quality Assurance Commission (NCQAC)		

PURPOSE:

This procedure describes the process used to set Nursing Care Quality Assurance Commission (NCQAC) meetings in accordance with the Open Public Meetings Act (OPMA). In addition, the procedure describes how meetings may be conducted based upon how they are set under the OPMA.

DEFINITIONS:

Office of the Code Reviser (OCR): For the purposes of this procedure, the OCR publishes meeting schedules in the Washington State Register (WSR).

Regular Meeting: Meetings that require state agencies to file with the code reviser a schedule of the time and place of such meetings on or before January 1 of each year for publication in the WSR. Notice of any change from such meeting schedule must be published in the WSR for distribution at least 20 days prior to the rescheduled meeting date. For the purposes of this section “regular” meetings shall mean recurring meetings held in accordance with a periodic schedule declared by statute or rule. There is no legal obligation to post a meeting notice, however this is considered additional customer service by providing this notice.

Special Meeting: A meeting called at any time by the presiding officer of the governing body of a public agency or by a majority of the members of the governing body by delivering written notice personally, by mail, by fax, or by electronic mail to each member of the governing body. Such notice must be delivered personally, by mail, by fax, or by electronic mail at least 24 hours

before the time of such meeting as specified in the notice. The notification provisions set forth in this definition and in law (RCW 42.30.080) are met by publication of meeting dates and agendas on the professions' web pages and by sending to profession GovDelivery Topic as outlined in this procedure. It is not necessary to transmit either meeting dates or agendas directly to broadcast or print media. Final disposition shall not be taken on any other matter at such meetings by the governing body. If the meeting is not held at a Department of Health location, a notice must be prominently displayed at the main entrance of the agency's principal location and the meeting site.

Subcommittee: A committee is composed of some members of a larger board, commission, or committee. Subcommittees need to follow the OPMA by being mindful of how the OPMA applies to them. A good best practice is to have all sub-committee meetings open. NCQAC subcommittee meetings are open meetings and follow this procedure.

PROCEDURE:

- I. At the July NCQAC Business Meeting of each year, the executive director presents to the NCQAC a proposed schedule of meeting dates, times, and locations for the following year.
- II. The NCQAC considers and amends as necessary the proposed meeting schedule. The NCQAC may approve, by motion and vote, the schedule of meeting dates, times, and locations for the following year.
- III. For regular meetings, Operations staff prepare a meeting notice (Form A) to file with OCR in order to publish the NCQAC's approved meeting schedule for next year. Meeting notices are to be filed with OCR prior to November 1. Form A is attached at the end of this procedure to communicate the meeting schedule.
- IV. The Operations staff file the meeting schedule with OCR to request publication of the schedule in the WSR.
- V. The Operations staff communicate the NCQAC meeting dates for the upcoming year at the following locations:
 - A. September Business Meeting Packet;
 - B. NCQAC website; and
 - C. NCQAC GovDelivery Topic.
- VI. In the event it becomes necessary to cancel or modify one or more regularly scheduled meetings of the NCQAC, Operations staff update or edit the meeting notice (Form A) for a supplemental filing with OCR. The meeting cancellation or modification notice must be published at least 20 days prior to the scheduled meeting date. In addition, Operations staff send a notice to the GovDelivery Topic and post on the website.
- VII. In the event it becomes necessary to schedule one or more additional meetings, the NCQAC may schedule a special meeting(s) in addition to the schedule of regular meetings. In scheduling a special meeting(s), the executive director:
 - A. Presents the proposal for the additional meeting(s) to the NCQAC. If presenting to the entire NCQAC is not practicable, the executive director may consult with and obtain the approval of the NCQAC chair.

- B. Works with the advising assistant attorney general to ensure the NCQAC is educated about the limitations of special meetings and the meetings are facilitated accordingly.

- VIII. The Operations staff update any meeting revisions, cancellations, or additions at the following locations:
 - A. Next scheduled NCQAC Business Meeting
 - B. NCQAC's website, and
 - C. NCQAC GovDelivery Topic

DRAFT

A. Form A: Meeting Schedule Notice



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
Nursing Care Quality Assurance Commission
P.O. Box 47864
Olympia, WA 98504-7864
Tel: (360) 236-4703 • Fax: (360) 236-4738

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Following is the schedule of regular meetings for the Department of Health, Nursing Care Quality Assurance Commission (NCQAC) for 20XX – 20XX. This schedule follows the Open Public Meetings Act (Chapter 42.30 RCW) and the Administrative Procedures Act (Chapter 34.05 RCW). The NCQAC meetings are open to the public. Access for persons with disabilities may be arranged with advance notice. Please contact the staff person below for more information.

Agendas for the meetings listed below are available in advance via GovDelivery and the NCQAC Website (see below). Every attempt is made to ensure the agenda is up to date. However, the NCQAC reserves the right to change or amend agendas at the meetings.

Date	Time	Location

If you need further information, please contact:

Christian Sheehy, Administrative Assistant
Department of Health, Nursing Care Quality Assurance Commission
P.O. Box 47864, Olympia, WA 98504-7864

Email: christian.sheehy@doh.wa.gov

Web: <http://www.doh.wa.gov/LicensesPermitsandCertificates/NursingCommission/CommissionMeetingSchedule>

GovDelivery:

https://public.govdelivery.com/accounts/WADOH/subscriber/topics?gsp=WADOH_4

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

Title:	Establishing Regular and Special Meetings	Number:	H17.024
Reference:	RCW 18.79.100 Chapter 42.30 RCW Chapter 34.05 RCW		
Contact/Author:	Paula R. Meyer, MSN, RN, FRE Chris Archuleta Executive Director Director, Operations and Finance Washington State Nursing Care Quality Assurance Commission (NCQAC)		
Effective Date:	September 8, 2017 May 12, 2023	Date for Reviewed:	July 2017 April 2023 May 12, 2025
Supersedes:	H17.01 - September 8, 2017		
Approved:	Yvonne Strader, RN, BSN, BSPA, MHA Tracy Rude, LPN Chair Nursing Care Quality Assurance Commission (NCQAC) Chair Washington State Nursing Care Quality Assurance Commission NCQAC		

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PURPOSE:

This procedure describes the process used to set Nursing Care Quality Assurance Commission (NCQAC) meetings in accordance with the Open Public Meetings Act (OPMA). -In addition, the procedure describes how meetings may be conducted based upon how they are set under the OPMA.

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schedule declared by statute or rule. -There is no legal obligation to post a meeting notice, however this is considered additional customer service by providing this notice.

Special Meeting: -A meeting called at any time by the presiding officer of the governing body of a public agency or by a majority of the members of the governing body by delivering written notice personally, by mail, by fax, or by electronic mail to each member of the governing body. -Such notice must be delivered personally, by mail, by fax, or by electronic mail at least 24 hours before the time of such meeting as specified in the notice. The notification provisions set forth in this definition and in law (RCW 42.30.080) are met by publication of meeting dates and agendas on the professions' web pages and by sending to profession GovDelivery Topic as outlined in this procedure. -It is not necessary to transmit either meeting dates or agendas directly to broadcast or print media. -Final disposition shall not be taken on any other matter at such meetings by the governing body. -If the meeting is not held at a Department of Health location, a notice must be prominently displayed at the main entrance of the agency's principal location and the meeting site.

Sub-committee: -A committee is composed of some members of a larger board, commission, or committee. Sub-committees need to follow the OPMA by being mindful of how the OPMA applies to them. -A good best practice is to have all sub-committee meetings open. -NCQAC sub-committee meetings are open meetings and follow this procedure.

PROCEDURE:

- I. At the July NCQAC Business Meeting of each year, the executive director presents to the NCQAC a proposed schedule of meeting dates, ~~times~~, and locations for the following year.
1.
- II. The NCQAC considers and amends as necessary the proposed meeting schedule. The NCQAC may approve, by motion and vote, the schedule of meeting dates, ~~times~~, and locations for the following year.
2.
- III. For regular meetings, ~~the Administrative Assistant 4 (AA4) Operations staff~~ prepares a meeting notice (Form A) to file with OCR in order to publish the NCQAC's approved meeting schedule for next year. Meeting notices are to be filed with OCR prior to November 1. -Form A is attached at the end of this procedure to communicate the meeting schedule.
3.
- IV. The ~~AA4 Operations staff~~ files the meeting schedule with OCR to request publication of the schedule in the WSR.
4.
5. V. The ~~AA4 Operations staff~~ communicates the NCQAC meeting dates for the upcoming year at the following locations:
1. A. September Business Meeting Packet;
2. B. NCQAC website; and
3. C. NCQAC GovDelivery Topic.
3.
- VI. In the event it becomes necessary to cancel or modify one or more regularly scheduled meetings of the NCQAC, ~~the AA4 Operations staff~~ updates or edits the meeting notice (Form A) for a supplemental filing with OCR. -The meeting cancellation or modification notice must be published at least 20 days prior to the scheduled meeting date. -In

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addition, ~~the AA4 Operations staff~~ sends a notice to the GovDelivery Topic and posts on the website.

~~6.~~

~~7.~~VII. In the event it becomes necessary to schedule one or more additional meetings, the NCQAC may schedule a special meeting(s) in addition to the schedule of regular meetings. -In scheduling a special meeting(s), the executive director:

~~1.~~A. Presents the proposal for the additional meeting(s) to the NCQAC. -If presenting to the entire NCQAC is not practicable, the executive director may consult with and obtain the approval of the NCQAC chair.

B. Works with the advising assistant attorney general to ensure the NCQAC is educated about the limitations of special meetings and the meetings are facilitated accordingly.

~~2.~~

~~8.~~VIII. The ~~AA4 Operations staff~~ updates any meeting revisions, ~~cancellationscancellations~~, or additions at the following locations:

~~1.~~A. Next scheduled NCQAC Business Meeting

~~2.~~B. NCQAC's website, and

~~3.~~C. NCQAC GovDelivery Topic

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A. Form A: Meeting Schedule Notice



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
Nursing Care Quality Assurance Commission
P.O. Box 47864
Olympia, WA 98504-7864
Tel: (360) 236-4703 • Fax: (360) 236-4738

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Agendas for the meetings listed below are available in advance via GovDelivery and the NCQAC Website (see below). Every attempt is made to ensure the agenda is ~~up to date~~ up to date. -However, the NCQAC reserves the right to change or amend agendas at the meetings.

Date	Time	Location

If you need further ~~information~~ information, please contact:

Christian Sheehy, Administrative Assistant
Department of Health, Nursing Care Quality Assurance Commission
P.O. Box 47864, Olympia, WA 98504-7864

Email: christian.sheehy@doh.wa.gov

Web: <http://www.doh.wa.gov/LicensesPermitsandCertificates/NursingCommission/CommissionMeetingSchedule>

GovDelivery:

https://public.govdelivery.com/accounts/WADOH/subscriber/topics?qsp=WADOH_4

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**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

<i>Title:</i>	Completion of Death Certificates	<i>Number: CHS D-10</i>
<i>References:</i>	RCW 70.58.170	
<i>Contact:</i>	Daniel O'Neill, Senior Policy Analyst	
<i>Phone:</i>	360-236-4311	
<i>Email:</i>	Daniel.ONeill@doh.wa.gov	
<i>Effective Date:</i>	February 23, 2017	
<i>Approved By:</i>	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 certificate 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	<u>Acute renal failure</u>	<u>5 days</u>
a.	Due to (or as a consequence of)	
Sequentially list antecedent causes, if any, leading to the immediate cause with underlying cause last	b. <u>Hyperosmolar nonketotic coma</u>	<u>8 days</u>
	Due to (or as a consequence of)	
	c. <u>Diabetes mellitus, non-insulin dependent</u>	<u>15 years</u>
	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	<u>Pulmonary embolism</u>	<u>30 min</u>
a.	Due to (or as a consequence of)	
Sequentially list antecedent causes, if any, leading to the immediate cause with underlying cause last	b. <u>Acute iliofemoral deep venous thrombosis</u>	<u>5 days</u>
	Due to (or as a consequence of)	
	c. <u>Congestive heart failure</u>	<u>4 years</u>
	Due to (or as a consequence of)	
	d. <u>Hypertension</u>	<u>years</u>

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 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.

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



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
Nursing Care Quality Assurance Commission
111 Israel Road SE, MS 47864
Tumwater, WA 98501

Frequently Asked Questions - Advanced Registered Nurse Practitioner- Pain Management

How can I identify a Commission-approved certifying or credentialing entity for an advanced registered nurse practitioner (ARNP) to be considered a pain management specialist?

WAC 246-840-493 Pain management specialist. An advanced registered nurse practitioner pain management specialist, functioning as a consultant for the prescribing of chronic opioid therapy, shall meet the following qualifications:

(1) Credentialed in pain management by a Washington state Nursing Care Quality Assurance Commission-approved certifying or credentialing entity; or

(2) Meet all of the following:

- (a) A minimum of three years of clinical experience in a chronic pain management care setting;
- (b) Successful completion of a minimum of at least eighteen continuing education hours in pain management during the past two years; and
- (c) At least thirty percent of the advanced registered nurse practitioner's current practice is the direct provision of pain management care or is in a multidisciplinary pain clinic.

The NCQAC approves the following entity to meet qualifications for an ARNP pain management specialist:

National Board of Certification and Recertification for Nurse Anesthetists Nonsurgical Pain Management (NSPM) Credential Program.

An ARNP may contact the Advanced Practice Director at the Nursing Commission with questions about NCQAC approved entities other than the entity listed above.

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

DRAFT

NCQAC Supports State Protection of ARNPs Who Prescribe Mifepristone and Provide the Full Scope of Reproductive Health Care

May 12, 2023

The Nursing Care Quality Assurance Commission (NCQAC) joins the Washington Medical Commission in taking proactive steps to assure Advanced Registered Nurse Practitioners (ARNPs) licensed in Washington that, regardless of action in other states, medication abortions, remain included within the scope of reproductive health care services and well within the standard of care in the State of Washington.

The most common medication abortion regimen in the U.S. involves the use of two different medications: mifepristone and misoprostol, which were both approved by the Federal Drug Administration (FDA) two decades ago. Currently, access to mifepristone is the focus of legal challenges in the U.S.

On April 7, 2023, conflicting rulings on the use of mifepristone were issued by two separate federal court judges, one in Texas and one in Washington. Because these two federal court rulings conflict, the U.S. Supreme Court was called upon to resolve this conflict.

In Washington, legislators and Governor Inslee supported bills during the last legislative session which protect access to reproductive health care and mifepristone.

The NCQAC extends protection to Washington state ARNPs who prescribe mifepristone for the purpose of medical termination of pregnancy through ten weeks gestation. The NCQAC finds that,

Participation in reproductive health care services, including the prescription of mifepristone by health care providers, does not constitute unprofessional conduct under the Uniform Disciplinary Act (UDA) and may not serve as the solitary basis for professional discipline. And further, a conviction or disciplinary action based solely on a health care provider's violation of another state's laws prohibiting participation in reproductive health care services or gender-affirming treatment does not constitute unprofessional conduct under the UDA and may not serve as the basis for professional discipline, with some exceptions. Within these laws and regulatory interpretation, the NCQAC retains its ability to take action against practitioners who violate the standard of care in their prescription of any drug. [Washington State Regulation of Health Professionals and Abortions FAQ](#) | [Washington State Department of Health](#).

The NCQAC is committed to protecting and supporting access to the full scope of reproductive health care and the nurses who provide such care. Therefore, ARNPs in Washington who continue to provide the full spectrum of reproductive health care services, which may include prescribing mifepristone, may do so following appropriate standards of care and without concern for their licenses being at risk.

Public Health-Seattle and King County – Elimination of Public Health Nurses

Gloria Brigham with the Washington State Nurses Association (WSNA) was approached by stakeholders (including Public Health Supervisors) with concerns regarding Public Health-Seattle and King County (PHSKC) replacing registered nurse (RN) positions with non-nurses, and brought the concerns to the Nursing Care Quality Assurance Commission (NCQAC). A meeting was held to discuss and summarize these concerns. Attendees included:

Gloria Brigham, EdD, MN, RN, WSNA, Nursing Practice Director
David Keepnews, PhD, JD, RN, FAAN, WSNA, Executive Director
Dorene Hersh, MN, RN, Seattle-King County Public Health, Chief Nursing Officer
Jamie Shirley, PhD, RN, NCQAC Pro Tem
Deborah Carlson, MSN, RN, NCQAC Nursing Practice Director
Seana Reichold, NCQAC Staff Attorney
Holly Palmer, NCQAC Administrative Assistant

Summary of Concerns and Issues

Overall, the primary concern raised by the parties involves replacing RNs with non-nurses and how that will potentially impact providing safe and appropriate care to patients. This is not a new issue with public health programs due to ongoing difficulties funding programs. Gloria Brigham was approached by a group of Public Health individuals from Public Health-Seattle and King County (PHSKC) with the following concerns:

- Concerned with a trend of replacing RNs who act as frontline caregivers with non-nurses, such as community health workers and social workers. Stakeholders are concerned because often patient needs are related to chronic health conditions, most appropriately addressed by RNs. Examples include patients who are pregnant with hypertension (during pregnancy or post-partum), post-cesarean wound care, and medical issues that require nursing care that cannot be done by a non-nurse.
- Concerned with a trend of replacing RNs in leadership, supervisory, or managerial roles with non-nurses. Stakeholders are concerned because non-nurses cannot provide oversight of nursing practice.
 - An example is a Nurse Supervisor who resigned and was replaced with a non-nurse (dietician). A non-nurse can supervise a nurse in the context of general human resource issues but cannot supervise nursing practice. Deborah Carlson reviewed this within the context of nursing laws and rules. The Registered Nurse (RN) practices nursing independently and does not require supervision of nursing practice. Dorene Hersh provided examples of several programs (i.e., ealth Care for the Homeless) where the direct supervisor may be a non-nurse, but a centrally located nurse specialist weighs in on the practice competency

assessment piece for evaluation purposes. A competency assessment to evaluate nursing practice must be done by a nurse.

- The group is worried they won't have a nursing administrator to oversee nursing practice when Hersch retires this fall. Hersch is also concerned. She is unsure if this position will be posted. Hersch mentioned an option might be to replace the position with a "term-limited temporary" for up to three years.
- Hersch and Brigham discussed concerns about orientation, performance evaluations, and competency assessments:
 - Concerns about orienting new nurses if there are no nurses available. Hersch stated there may be a need for a nurse to come to the specific region or area and train and/or the new nurse might spend time side-by-side with others in their discipline.
 - Evaluation and Competency:
 - Concerns establishing competency and routine performance evaluations. Carlson discussed requirements for performance evaluations and competency assessments and stated these are not required in nursing laws and rules. This is an organizational requirement or maybe an accreditation standard. PHSKC is not accredited by the Joint Commission or other accreditation programs.

First Steps Program

An example of a program discussed is the [First Steps – MSS/ICM - King County](#) administered by the Health Care Authority (HCA). Medicaid reimbursement is paid through the program, but it is not enough to cover the program's costs. The Centers for Medicare and Medicaid Services may have specific requirements that require a RN to provide specific services for reimbursement.

Hersch provided an overview of the staff and services offered through First Steps. There are eleven regional teams. The program consists of a multidisciplinary team, including a Public Health Nurse (RN), social worker, dietician, and community health worker. Other than the community health worker, other health care providers are required in law. All sites have at least one RN. Visits are made in the home and/or office. New patients are triaged, and a decision is made as to which provider will make the first visit. The patient also can decide which of the providers they want to see. In most cases, all the team members see the patient at some point during the patient's enrollment. If enrollment occurs after the baby is born, then the RN is usually the first person who makes a visit. If a patient has pre-eclampsia or post-partum hypertension, the team members can take a blood pressure, but would notify the RN for follow-up. The team members have specific roles depending on the needs of the patient.

Other program examples include the [Nurse-Family Partnership - King County](#) and [Child Care Health Program - King County](#). Both of these programs, and others mentioned by the group have nurses involved. David Newskeep asked for clarification of how a program is considered foundational. Hersch indicated that many programs are not considered foundational.

Foundational programs are mandated by the government, such as the Tuberculosis Program, Epidemiology, Sewer/Septic Inspections, and Emergency Preparedness. PHSKC is planning to look at all services in their Strategic Plan.

Hersh cited several reasons for hiring non-Nurses, including:

- Few promotional opportunities for social workers and dieticians in the system. This may be one way to increase diversity.
- Inability to recruit nurses because of salary.
- Difficulty recruiting qualified nurses.
- Visits and demand is down.
- Funding – sources are grants (federal and state) and some reimbursement (such as First Steps).

Hersh indicated that PHSKC is going to be developing a new Strategic Plan and will be looking at all positions within the system. A recommendation was made by Hersh to have students enrolled in Doctor of Nursing Practice (DNP) program from the University of Washington involved in the strategic planning process. Additionally, there is a Human Resources and Services Administration (HRSA) grant specific to increasing diversity of public health population health nurses and encouraging nurses to go into population health. The Washington Center for Nursing (WCN) is involved in this long-term project. Brigham stated that the diversity factor was not expressed by the group of public health individuals who contacted her.

Next Steps

The issue is on the Consistent Standards of Practice Subcommittee (CSCSP) agenda Friday, 21, 2023 for an opportunity to discuss these issues. The meeting is open to the public and there is an opportunity for the public to comment.

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

Title:	Timelines for Case Review	Number: A30.05
Reference:	RCW 18.79 RCW 18.130	
Author:	Catherine Woodard Director, Discipline and WHPS Nursing Care Quality Assurance Commission	
Effective Date:	May 12, 2023	Date for Review: May 12, 2025
Supersedes:	A30.04 – August 1, 2012 A30.03 - July 1, 2005 A30.02 - January 9, 2004 A30.01 - December 12, 1997	
Approved:		
	Yvonne Strader, BSN, BSPA, MHA, RN Chair Nursing Care Quality Assurance Commission (NCQAC)	

PURPOSE STATEMENT:

This procedure outlines steps to ensure timely review of Nursing investigative cases and Nursing Care Quality Assurance Commission (NCQAC) recommendations for case disposition.

PROCEDURE:

- I. Case management staff electronically send the case file to the Reviewing Commission Member (RCM) and assigned staff attorney.
- II. A memo to the RCM will advise of the recommended date to present to the Case Disposition Panel (CDP).
- III. Legal reviews are normally complete within 30 days. If not, the staff attorney and RCM communicate to coordinate.

- IV. When reviews are with the RCM for more than 45 days, case management staff reminds them of the due date unless the RCM notified staff with a reason for the delay.
- V. The executive director may reassign investigative reviews to another RCM.
- VI. When investigative cases have been reassigned after the initial 45-day review period, the new RCM should prioritize the review among cases of the same priority.
- VII. Staff communicate continued RCM delays in work to the executive director. The executive director works with the commission chair to address repeated delays.

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

Title:	Timelines for Case Review investigative case review by Nursing Commission Members Number A30.054
Reference:	RCW 18.79, -RCW 18.130,
Contact/Author :	Mary Dale, Discipline Manager <u>Catherine Woodard</u> <u>Director, Discipline and WHPS</u> <u>Nursing Care Quality Assurance Commission</u>
Effective Date:	August 1, 2012 <u>May 12, 2023</u> Date for Review: May 12, 2025
Supersedes:	July 1, 2005, A30.04 – August 1, 2012 January 9, 2004, December 12, 1997, A30.03 - July 1, 2005 <u>April 2012</u> A30.02 - January 9, 2004, A30.01 - December 12, 1997
Approved:	<u>Paula R. Meyer, Executive Director</u> <u>Yvonne Strader,</u> <u>BSN, BSPA, MHA, RN</u> <u>Chair,</u> Washington State <u>Nursing Care Quality Assurance</u>

PURPOSE STATEMENT:

~~This procedure outlines steps to~~ ensure timely review of Nursing investigative ~~cases~~ files and Nursing Care Quality Assurance Commission (NCQAC) recommendations for case disposition.

~~Nursing investigative files will be reviewed and written recommendations for case disposition completed within 45 calendar days.~~

PROCEDURE:

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- I. ~~Discipline support~~Case management staff ~~prepare copies of the investigative file and electronically send the case file to the Reviewing Commission Member (RCM) and assigned staff attorney.~~
2. ~~The review packet includes review forms and postage paid envelopes.~~
- II. A memo to the RCM will advise of the ~~month recommended date in which to present to the Case Disposition Panel (CDP).~~their panel.
3. ~~Staff send the original file to Office of Legal Services (OLS) for legal review and a copy is sent to the RCM at the same time.~~
- III. ~~OLS Legal~~ reviews are normally complete within ~~one week~~30 days. If not, the staff attorney and RCM communicate to coordinate.
5. ~~When reviews are with the RCM for more than~~after 45 days, ~~staff case management staff~~ reminds them of the due date unless the RCM notified ~~staff staff~~ with a reason ~~for~~of the delay.
6. The ~~Chair~~executive director, at her/his discretion, may reassign investigative reviews to another ~~Commission Member~~RCM.
7. ~~When investigative cases cases that have been reassigned after the initial 45-day review period, the new RCM has ended, should must be given higher priority~~prioritize the review among cases of the same priority by the new ~~reviewing commission member.~~
- 9.VII. Staff communicate continued ~~delays by individual commission members~~RCM delays in ~~work~~ to the executive director. ~~The executive director works with the commission chair to address repeated delays.~~

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

Title:	Timely Resolution of SOA/STIDs	Number:	A31.03
Reference:	RCW 18.130.172(3) WAC 246-14-100		
Author:	Catherine Woodard Director, Discipline and WHPS Nursing Care Quality Assurance Commission		
Effective Date:	May 12, 2023	Date for Review:	May 12, 2025
Supersedes:	A31.02 - January 10, 2014 A31.01 - March 10, 2006		
Approved:	Yvonne Strader, BSN, BSPA, MHA, RN Chair Nursing Care Quality Assurance Commission (NCQAC)		

PURPOSE:

This procedure defines the timeframe to resolve disciplinary cases where the Nursing Care Quality Assurance Commission (NCQAC) offers a Stipulation to Informal Disposition (STID) to a licensee, but the licensee either does not respond to the Statement of Allegations (SOA) or the resolution of the case by STID has not occurred. This procedure also expedites public protection by pre-approving the use of formal discipline when settlement with a STID within timelines is not successful.

PROCEDURE:

- I. When NCQAC determines a case can be resolved with an SOA/STID, legal staff send the documents to the licensee for a response to the SOA within 28 days. Staff advise the licensee that NCQAC has pre-approved formal charges and NCQAC shall review the signed STID within 60 days of the date of the licensee's response.

- II. When the licensee does not respond to the SOA within 28 days, or if having responded, NCQAC does not accept the signed STID within the additional 60-day deadline, legal staff converts the case to a Statement of Charges (SOC). This pre-authorization of the SOC expedites the process and avoids having to return these cases to NCQAC for authorization for the SOC.
- III. If the licensee returns the signed STID to NCQAC during the conversion from SOA to SOC, or at any time prior to the time the SOC is served on the Respondent, legal staff may present the STID and NCQAC may accept the signed STID to resolve the case without further delay.

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

Title:	Timely Resolution of SOA/STIDs	Number:	A31.032	Formatted: Font: 12 pt
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Reference:	<u>RCW 18.130.172(3)-</u> <u>WAC 246-14-100</u>			Formatted: Font: 12 pt
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Author/Contact:	Mary Dale, Discipline Manager Catherine Woodard Director, Discipline and WHPS Nursing Care Quality Assurance Commission			Formatted: Font: 12 pt, Underline, Font color: Custom Color(RGB(5,99,193))
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Effective Date:	May 12, 2023	Date for Review:	May 12, 2025	Formatted: Font: 12 pt
	10, 2014		January 10, 2014	
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Supersedes:	A31.02 - March 10, 2006 January 10, 2014 A31.01 - March 10, 2006			Formatted: Font: 12 pt
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Approved:				Formatted: Font: 12 pt
	Suellen Masek, MSN, RN, CNOR, Chair Yvonne Strader, BSN, BSPA, MHA, RN Chair Washington State Nursing Care Quality Assurance Commission (NCQAC)			Formatted: Font: 12 pt, Not Bold
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PURPOSE:

This procedure defines the timeframe to resolve disciplinary cases where the Nursing Care Quality Assurance Commission (NCQAC) offers a Stipulation to Informal Disposition (STID) ~~is offered~~ to a licensee, but the licensee either does not respond to the Statement of Allegations (SOA) or the resolution of the case by STID has not occurred. This procedure also expedites public protection by pre-approving the use of formal discipline when settlement with a STID within timelines is not successful ~~within timelines~~.

PROCEDURE:

I. When ~~the~~ NCQAC determines ~~that~~ a case can be resolved with an SOA/STID, ~~legal~~ staff send ~~these~~ documents to the licensee for a response to the SOA within 28 days. ~~Staff~~ advise the licensee ~~is also advised that the~~ NCQAC has pre-approved formal charges and NCQAC shall review the signed ~~that the~~ STID ~~must be accepted by NCQAC~~ within 60 days of the date of the licensee's response ~~by the licensee~~.

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II. When the licensee does not respond to the SOA within 28 days, or if having responded, NCQAC does not accept the signed STID ~~is not accepted by the commission~~ within the additional 60-day deadline, legal staff converts the case ~~will be converted~~ to a Statement of Charges (SOC). This pre-authorization of the SOC expedites the process and avoids having to return these cases to NCQAC for authorization for the SOC.

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III. If the licensee returns the signed STID to NCQAC during the conversion from SOA to SOC, or at any time prior to the time the SOC is served on the Respondent, legal staff may present the STID ~~may be presented~~ and NCQAC may accept ~~the signed STID by NCQAC~~ to resolve the case without further delay.

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

Title:	ARNP Discipline Hearings	Number:	A37.02
Reference:	RCW 18.130.050(18)		
Author:	Catherine Woodard Director, Discipline and WHPS Nursing Care Quality Assurance Commission		
Effective Date:	May 12, 2023	Date for Review:	May 12, 2025
Supersedes:	A37.01 - March 1, 2012		

Approved:

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

PURPOSE STATEMENT:

This procedure explains the credential requirements of the disciplinary hearing panel for all scope of practice Advanced Registered Nurse Practitioner (ARNP) hearings.

PROCEDURE

- I. The NCQAC hearings officer selects hearing panel participants. Panels may be set according to the need for specific expertise of Nursing Care Quality Assurance Commission (NCQAC) and pro-tem members. All panels require a minimum of three members.
- II. ARNP scope of practice cases always require the expertise of ARNPs.

- A. All hearings regarding ARNP scope of practice cases must have a full commission member ARNP as the panel chair. It is preferred to have a minimum of two ARNP members on the panel.
- B. If two ARNPs are not available for a timely hearing, the Executive Director may approve using only one ARNP for the hearing.
- C. Additional members may be RN, LPN, or public members.

DEPARTMENT OF HEALTH NURSING CARE QUALITY ASSURANCE COMMISSION PROCEDURE

Title:	ARNP Discipline Hearings	Number:	A37.024
Reference:	RCW 18.130.050(18)		
Author:	Mary Dale, Discipline Manager Contae Catherine Woodard t Director, Discipline and WHPS Nursing Care Quality Assurance Commission		
Effective Date:	March 1, 2012 May 12, 2023 12, 2025	Date for Review:	May
Supersedes:	A37.01 - March 1, 2012		

Approved:

Paula R. Meyer, Executive director Yvonne Strader, BSN, BSPA, MHA, RN Chair Nursing Care Quality Assurance Commission
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PURPOSE STATEMENT:

This procedure ~~will state~~explains the credential requirements of the disciplinary hearing panel for all scope of practice Advanced Registered Nurse Practitioner (ARNP) hearings. ~~regarding ARNP scope of practice.~~

PROCEDURE

- I. ~~The NCQAC hearings officer selects h~~Hearing panel participants. ~~are determined by the Nursing Hearings Officer.~~ Panels may be set according to the need for specific expertise of Nursing Care Quality Assurance Commission (NCQAC) and pro-tem members. All panels require a minimum of three members.
- II. ARNP scope of practice cases always require the expertise of ARNPs.

- A. All hearings regarding ARNP scope of practice ~~cases~~issues must have a full
commission member~~n~~ ARNP as the panel chair. It is preferred to have a minimum of
two ARNP members on the panel.
- B. ~~In certain cases where~~If two ARNPs are not available for a timely hearing, the
Executive Director may approve ~~the utilization of~~using only one ARNP for the hearing.
- C. Additional members may be RN, LPN, or public members.

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

Title:	Safe to Practice – Impaired Practice	Number	A40.03
Reference:			
Author:	Catherine Woodard Director, Discipline and WHPS Nursing Care Quality Assurance Commission		
Effective Date:	May 12, 2023	Date for Review:	May 12, 2025
Supersedes:	A40.01 - May 13, 2011 A40.02 - September 13, 2013		

Approved:

Yvonne Strader, BSN, BSPA, MHA, RN
Chair
Washington State Nursing Care Quality Assurance Commission

PURPOSE:

Nurses and employers express concerns about “safe to practice” issues. The most common concerns include, but are not limited to:

- Practicing while taking prescribed medications, (including controlled substances) or using recreational or medical marijuana;
- Refusing assignments to work overtime or extra shifts when feeling unsafe to practice;
- Practicing with a positive THC drug test.
- Practicing with acute or chronic conditions.

This policy provides direction to assist nurses and employers in addressing these concerns.

POLICY

One essential element of safe nursing practice is a nurse’s functional ability. It is the competence and reliability with which a nurse can practice at any given time that determines the functional ability of the nurse.

Mood-altering substances such as alcohol, cannabis, narcotics, and hallucinogens can impair a nurse's ability to think clearly, make sound judgments, and act decisively.

Testing for tetrahydrocannabinol (THC) impairment is complex since no drug tests reliably measure whether someone is currently impaired. A nurse can test positive for marijuana weeks after their last use and there may not be any other objective signs of impairment.

A nurse's mental health is critical to nursing care. Mental health affects critical thinking, decision-making, and may trend towards violent tendencies. These may lead to an unsafe work environment. Increased workload, sleep deprivation, stress, and the risk of burnout can lead to unsafe practices. Chronic or acute illnesses can also result in cognitive and/or physical deficits, some of which may require pain management or the use of maintenance-level prescribed medication. Any of these may limit a nurse's functional ability.

The nurse's ability to function safely and effectively determines whether a nurse should continue active nursing practice. The assessment of functional ability is an individualized process that does not lend itself to application of a set format based on select elements. Assessment of functional ability requires active consideration of all relevant factors, such as diagnosis, prescribed treatment and situational events, as well as an evaluation of the impact of those factors on the individual.

Constant evaluation of the nurse's ability to safely and competently practice is the responsibility of each individual nurse. Licensed nurses are accountable for assuring that their actions and behaviors always meet all applicable standards. This requires constant awareness of the demands of the job and a continual process of evaluation and assessment to ensure the nurse is fit to practice and competent to safely perform those functions that fall within the defined scope of nursing practice and for which the nurse has accepted responsibility.

Employers are required to report nurses that are unsafe in practice to the Nursing Care Quality Assurance Commission (NCQAC) and must protect patients from harm. Nurses are responsible to know and comply with their employers' policies and procedures regarding safe-to-practice issues.

The NCQAC investigates and evaluates violations of safe practice. In some instances, it may be necessary for the NCQAC to require an objective physical and/or functional assessment of the nurse using reliable psychometric instruments and methods administered by qualified licensed professionals. For example, even though an individual nurse might perceive they are capable of safe practice, a neuropsychiatric assessment, done at NCQAC's request, may indicate functional impairment.

Nurses who practice while not fit to do so may be subject to discipline. Sanctions may include action by the NCQAC including, among others, remedial measures, monitored practice, license suspension, or revocation.

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

Title:	Safe to Practice – Impaired Practice	Number	A40.03
Reference:			
Contact Author:	Catherine Woodard Director, Discipline and WHPS Discipline Manager Nursing Care Quality Assurance Commission		
Effective Date:	May 14, 2023 September 13, 2013 TBD		
	Date for Review: May 12, 2025		
Supersedes:	A40.01 - May 13, 2011 A40.02 - September 13, 2013		
Approved:	Yvonne Strader, BSN, BSPA, MHA, RN		
Approved:			
	Yvonne Strader, BSN, BSPA, MHA, RN Suellen Masek, MSN, RN, CNOR, Chair		

PURPOSE:

Nurses and employers express concerns. This guideline addresses about “safe to practice” issues. The most common concerns expressed by nurses and employers. Concerns expressed include, but are not limited to:

- Practicing while taking prescribed medications, (including controlled substances/pain) or medications using recreational or medical marijuana;
- Refusing assignments to work overtime or extra shifts when feeling unsafe to practice; and retiring from practice when reaching a certain chronological age.
- Practicing with a positive THC drug test.
- Practicing with an acute or chronic conditions.

A40.032
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This ~~policy guideline~~ provides direction to assist nurses and employers in addressing these concerns.

POLICY

One essential element of safe nursing practice is a nurse's functional ability. It is the competence and reliability with which a nurse ~~is able to~~can practice at any given time that determines the functional ability of the nurse.

Mood-altering substances, such as alcohol, cannabis, narcotics, and hallucinogens can impair a nurse's ability to think clearly, make sound judgments, and act decisively.

Testing for tetrahydrocannabinol (THC) impairment is complex since no drug tests reliably measure whether someone is currently impaired. A nurse can test positive for marijuana weeks after their last use~~age~~ and there may not be any other objective signs of impairment.

A nurse's mental health is also critical to nursing care. Mental health affects critical thinking, decision-making, and may trend towards violent tendencies. And if these may lead can lead to an unsafe work environment. Increased workload, sleep deprivation, stress, and the risk ~~for of~~ burnout can lead to unsafe practices. Chronic or acute illnesses can also result in cognitive and/or physical ~~deficits~~deficits, some of which may require pain management or the use of maintenance-level prescribed medication. ~~This policy does is not inclusive every possible event that~~Any of these may limit a nurse's functional ability.

The nurse's ability to function safely and effectively determines whether a nurse should continue active nursing practice. The assessment of functional ability is an individualized process that does not lend itself to application of a set format based on select elements. Assessment of functional ability requires active consideration of all relevant factors, such as diagnosis, prescribed treatment and situational events, as well as an evaluation of the impact of those factors on the individual.

Constant evaluation of the nurse's ability to safely and competently practice is the responsibility of each individual nurse. Licensed nurses are accountable for assuring that their actions and behaviors always meet all applicable standards. This requires constant awareness of the demands of the job and a continual process of evaluation and assessment to ~~ensure make sure that~~the nurse is fit to practice and competent to safely perform those functions that fall within the defined scope of nursing practice and for which the nurse has accepted responsibility.

Employers are required to report nurses that are unsafe in practice to the Nursing Care Quality Assurance Commission (NCQAC) and must protect patients from harm. Nurses are responsible to know and comply with their employers' policies and procedures regarding safe-to-practice issues.

The NCQAC investigates and evaluates violations of safe practice. In some instances, it may be necessary for the NCQAC to require an objective physical and/or functional assessment of the

nurse using reliable psychometric instruments and methods administered by qualified licensed professionals. For example, even though an individual nurse might perceive ~~that~~ they are capable of safe practice, a neuropsychiatric assessment, done at ~~the~~ NCQAC's request, may indicate functional impairment.

Nurses who practice while not fit to do so may be subject to discipline. Sanctions may include action by the NCQAC including, among others, remedial measures, monitored practice, license suspension, or revocation.

DRAFT

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

Title:	Surrender of Nursing Credentials	Number:	A47.03
Reference:	RCW 18.130.160		
Author:	Catherine Woodard Director, Discipline and WHPS Nursing Care Quality Assurance Commission		
Effective Date:	May 12, 2023	Date for Review:	May 12, 2025
Supersedes:	HPQA 341 - July 14, 2005 A47.01 - August 1, 2012 A47.02 - September 2013		
Approved:	Yvonne Strader, BSN, BSPA, MHA, RN Chair Nursing Care Quality Assurance Commission (NCQAC)		

PURPOSE: This procedure provides for consistent use of surrender of a credential.

PROCEDURE:

- I. Nursing Care Quality Assurance Commission (NCQAC) staff recommend and offer surrender of license to resolve discipline cases in limited circumstances.
 - A. The nurse must be at the end of their effective practice.
 - B. The nurse agrees to retire from practice and not to resume practice.
 - C. Surrender, as the only sanction imposed, is enough to protect the public.
- II. Surrender agreements must include nurse's agreement:
 - A. to cease practice and not return to practice.
 - B. not to practice on an emergency or volunteer basis in the state of Washington.
- III. Nurses who surrendered a credential may not renew, reactivate, or reapply for the credential. The Department of Health will accept and evaluate applications for any other profession as usual.

DEPARTMENT OF HEALTH NURSING CARE QUALITY ASSURANCE COMMISSION PROCEDURE

Title:	Surrender of <u>Nursing</u> Credentials	Number:	A47.032
Reference:	<u>RCW 18.130.160</u>		
Contact/Author:	Mary Dale, Discipline Manager Catherine Woodard Director, Discipline and WHPS Nursing Care Quality Assurance Commission		
Effective Date:	September 13, 2013 May 12, 2023 May 12, 2025	Date for Review:	
Supersedes:	HPQA 341 - July 14, 2005; A47.01 - August 1, 2012; A47.02 - September 2013		
Approved:			
	Suellen Masek, MSN, RN, CNOR Yvonne Strader, BSN, BSPA, MHA, RN, -Chair-		

PURPOSE: This procedure provides for consistent use of surrender of a credential.

PROCEDURE:

- I. Nursing Care Quality Assurance Commission (NCQAC) staff recommend and offer surrender of license to resolve discipline cases in limited circumstances.
 - A. The nurse must be at the end of their effective practice.
 - B. The nurse agrees to retire from practice and not to resume practice.
 - C. Surrender, as the only sanction imposed, is enough to protect the public.
- II. Surrender agreements must include nurse's agreement:
 - A. to cease practice and not return to practice.
 - B. not to practice on an emergency or volunteer basis in the state of Washington.
- III. Nurses who surrendered a credential may not renew, reactivate, or reapply for the credential. The Department of Health will accept and evaluate applications for any other profession as usual.

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1. ~~Nursing Care Quality Assurance Commission (NCQAC) staff recommend and offer surrender of license to resolve discipline cases in limited circumstances.~~
 - ~~The nurse must be at the end of his/her/their effective practice.~~
 - ~~The nurse agrees to retire from practice and not to resume practice.~~
 - ~~Surrender, as the only sanction imposed, is enough to protect the public.~~
2. ~~Surrender agreements must include nurse's agreement:~~
 - ~~to cease practice and not return to practice.~~
 - ~~to return all credentials reflecting a current expiration date~~
 - ~~not to practice on an emergency or volunteer basis in the state of Washington.~~
3. ~~Nurses who surrendered a credential will not be allowed may not to renew, reactivate, or reapply for the credential. Department of Health will accept and evaluate Applications for any other profession credentials will be accepted and evaluated as usual.~~

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

Title:	Case Status Correspondence	Number:	A48.03
Reference:	RCW 18.130.085 RCW 18.130.095 RCW 43.70.075		
Author:	Catherine Woodard Director, Discipline and WHPS Nursing Care Quality Assurance Commission		
Effective Date:	May 12, 2023	Date for Review:	May 12, 2015
Supersedes:	HPQA 203 - July 1, 2005 A48.01 - August 1, 2012 A48.02 - September 13, 2013		
Approved:			
	Yvonne Strader, BSN, BSPA, MHA, RN Chair Nursing Care Quality Assurance Commission (NCQAC)		

PURPOSE STATEMENT:

This procedure describes the process used for routine disciplinary case status correspondence. There are five major decision points when Nursing Care Quality Assurance Commission (NCQAC) staff send case status correspondence. These include:

- When the Case Management Team (CMT) closes the case without investigation.
- When CMT authorizes an investigation.
- When the Case Disposition Panel (CDP) closes a case without legal action after investigation.
- When legal staff issue a statement of charges or when NCQAC closes a case after taking action (stipulation to informal disposition or order issued).
- When a respondent has fully complied with all terms and conditions of a stipulation to informal disposition.

PROCEDURE:

- I. Case status correspondence must contain the respondent's name, case number(s), and the key elements described in this procedure. In case status correspondence, staff will never provide the respondent's address to the complainant, nor will staff provide the complainant's identity to the respondent.
- II. Staff do not send documents with case status correspondence. That process is managed by the Public Disclosure and Records Center. Correspondence describes the process for obtaining public disclosure.
 - A. If CMT closes the case without investigation, staff send letters to the respondent and to the complainant.
 1. The letter to the respondent describes the nature of the complaint and the reason for closure. It also informs the respondent of their right to submit a written statement.
 2. The letter to the complainant describes the reason CMT closed the case without investigation. The letter informs them of their one opportunity to request reconsideration of the disciplinary authority's decision if they provide new information about the original complaint within 30 days of receiving the closure letter.
 - B. If CMT authorizes an investigation, staff sends letters to the respondent and complainant.
 1. The letter to the respondent informs them they are the subject of an investigation. The letter includes the investigator's name and contact information, and the general nature of the complaint.
 2. The letter to the complainant informs them that NCQAC authorized an investigation into the conduct of the nurse who is the subject of the complaint. The letter includes the investigator's name and contact information. Attached to the letter is the whistleblower waiver related to confidentiality and instructions for returning the form.
 - C. If the case is closed without action after an investigation, staff send letters to the respondent and to the complainant.
 1. Each letter describes the reason NCQAC closed the case without action.
 2. The letter to the complainant informs them of their one opportunity to request reconsideration of the disciplinary authority's decision if they provide new information about the original complaint within 30 days of receiving the closure letter.
 - D. When NCQAC closes a case after they took action (stipulation to informal disposition or order issued), staff send a letter to the complainant. It describes the action NCQAC took against the respondent's license and advises the complainant they may obtain additional information, including copies of disciplinary documents, through Provider Credential Search.

DEPARTMENT OF HEALTH NURSING CARE QUALITY ASSURANCE COMMISSION PROCEDURE

Title:	Case Status Correspondence	Number:	A48.032
Reference:	RCW 18.130.085 and RCW 18.130.095 RCW 43.70.075 RCW 43.70.075		
Author/Contact:	Mary Dale, Discipline Manager Catherine Woodard Director, Discipline and WHPS Nursing Care Quality Assurance Commission		
Effective Date:	September 13, 2013 May 12, 2023 May 12, 2015	Date for Review:	
Supersedes:	HPQA 203 - July 1, 2005 A48.01 - August 1, 2012 A48.02 - September 13, 2013		
Approved:	SueLynn Masek, MSN, RN, CNOR, Chair Yvonne Strader, BSN, BSPA, MHA, RN Chair Washington State Nursing Care Quality Assurance		

PURPOSE STATEMENT:

This ~~p~~Procedure describes the process used for routine disciplinary case status correspondence. There are ~~five~~^{four} major decision points when [Nursing Care Quality Assurance Commission \(NCQAC\) staff send case status correspondence](#). ~~is sent~~. These include:

- When the [Case Management Team \(CMT\)](#) ~~case is closes~~ [the case](#) without investigation.
- [When CMT authorizes an investigation.](#)
- When the [Case Disposition Panel \(CDP\)](#) ~~closes a case~~ [is closed](#) without legal action after investigation.
- When [legal staff issue](#) a statement of charges ~~is issued~~ or when [NCQAC closes](#) a case ~~is closed~~ after [taking](#) action ~~is taken~~ (stipulation to informal disposition or order issued).

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- When a respondent has fully complied with all terms and conditions of a stipulation to informal disposition.

PROCEDURE:

Case status correspondence must contain the respondent's name, and the case number(s), and the key elements described in this procedure. In case status correspondence, staff will never provide the respondent's address to the complainant, nor will staff provide the complainant's identity to the respondent.

I. In case status correspondence, the respondent's address is never provided to the complainant and the complainant's identity is never provided to the respondent.

II. Staff do not send documents with case status correspondence. That process is managed by the Public Disclosure and Records Center. Correspondence describes the process for obtaining public disclosure.

A. If CMT If the case is closes the case without investigation, staff send a letters to the respondent and to the complainant.

1. The letter to the respondent describes the nature of the complaint and report, the reason for closure. It also and states that informs the respondent of their right to may submit a written statement.
2. The letter to the complainant describes the reason CMT closed the case was closed without investigation. The letter and states that informs them of their the law allows the complainant one opportunity to request reconsideration of the disciplinary authority's decision if complainant they provides new information about the original complaint within 30 days of receiving the closure letter.

B. If CMT authorizes an investigation, staff sends letters to the respondent and complainant.

1. The letter to the respondent informs them they are the subject of an investigation. The letter includes the investigator's name and contact information, and the general nature of the complaint.
2. The letter to the complainant informs them that NCQAC authorized an investigation into the conduct of the nurse who is the subject of the complaint. The letter includes the investigator's name and contact information. Attached to the letter is the whistleblower waiver related to confidentiality and instructions for returning the form.

C. If the case is closed without action after an investigation, staff send a letters to the respondent and to the complainant.

1. Each letter describes the reason NCQAC closed the case was closed without action.
2. The letter to the complainant informs them of their one opportunity to request reconsideration of the disciplinary authority's decision if they provide new information about the original complaint within 30 days of receiving the closure letter.

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~~The letter to the complainant states that the law allows the complainant one opportunity to request reconsideration of the disciplinary authority's decision if complainant provides new information about the original complaint within 30 days of receiving the closure letter.~~

~~3.D. 4.~~ When NCQAC closes a case ~~is closed~~ after they took action ~~is taken~~ (stipulation to informal disposition or order issued), staff send a letter to the complainant. ~~It describes the action~~ NCQAC took taken against the respondent's license and advises the complainant at they may obtain additional information, including copies of disciplinary documents, ~~can be obtained~~ through Provider Credential Search.

~~Staff do not send documents with case status correspondence. That process is managed by the Public Disclosure and Records Center. Correspondence describes the process for obtaining public disclosure.~~

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

Title:	Notice of Required Evaluation of Applicants with Possible Substance Use Disorder	Number:	A53.02
Reference:	RCW 18.130.055		
Author:	Catherine Woodard Director, Discipline and WHPS Nursing Care Quality Assurance Commission		
Effective Date:	May 12, 2023	Date for Review:	May 12, 2025
Supersedes:	A53.01 - May 8, 2015		
Approved:	Yvonne Slater, BSN, BSPA, MHA, RN, Chair Nursing Care Quality Assurance Commission (NCQAC)		

PURPOSE STATEMENT:

Some applicants have a history of substance use disorder (SUD), or drug or alcohol related convictions. Without an evaluation, it is difficult for the Nursing Care Quality Assurance Commission (NCQAC) to determine whether they should immediately grant the license, deny it, or make an SUD monitoring contract a requirement of granting the license. Both the length of time since substance use or a conviction, as well as the current progress of recovery from SUD, are relevant to the licensing decision.

This procedure protects the public by authorizing an evaluation before NCQAC grants a license. There is risk to the public when NCQAC issues a license to a person who then fails to follow through with any Washington Health Professional Services (WHPS) recommendations. The licensee is in active status until NCQAC can take disciplinary action and potentially suspend the license.

When an evaluation reveals that the applicant has had years of sobriety and monitoring, they may not be appropriate for a WHPS monitoring contract. For applicants whose SUD is in remission, who do not pose a danger to the public, and who would not benefit from WHPS monitoring, NCQAC may grant the license without further action.

PROCEDURE

- I. If an applicant has a history of substance use, or drug/alcohol convictions within the past five years, licensing staff submits the application to the Case Management Team (CMT) as an exception application.
- II. NCQAC uses the Notice of Required Evaluation (NRE) process when:
 - A. CMT determines that a substance use evaluation is necessary before the panel can make a decision to grant a license, and;
 - B. WHPS monitoring, if indicated, will adequately protect the public.
- III. NCQAC pre-authorizes a Notice of Decision (NOD) denial if the completed substance use evaluation is not received within 30 days of service of the NRE. CMT also pre-authorizes issuing an Agreement to Practice with Conditions if WHPS receives the evaluation and determines that monitoring is appropriate.
- IV. Legal staff serves the NRE letter to the respondent. The letter includes contact information for the WHPS program, instructions for obtaining the evaluation, criteria for the evaluation, and contact information for WHPS. The evaluator submits the report to WHPS, who evaluates the report and determines if the applicant needs a monitoring contract.
- V. If WHPS does not receive the evaluation and there has been no contact from the applicant, NCQAC denies the application. However, if the applicant contacts WHPS or legal staff and is in the process of scheduling an evaluation or waiting for the evaluation report, they may grant a 30-day extension.
- VI. If WHPS receives the evaluation and determines that a contract is indicated, NCQAC grants the application with the condition that the applicant enter and complete the WHPS contract.
- VII. If WHPS received the evaluation and WHPS determines no contract is needed, they return the file to legal for further action.

DEPARTMENT OF HEALTH NURSING CARE QUALITY ASSURANCE COMMISSION PROCEDURE

Title:	Notice of Required Evaluation of Applicants with Possible Substance Use Disorder	Number:	A53.021
Reference:	RCW 18.130.055		
Contact/Author:	Catherine Woodard Director, Discipline and WHPS Nursing Care Quality Assurance Commission Paula R. Meyer, Executive Director, Nursing Commission 360-236-4713		
Effective Date:	May 13, 2023	Date for Review:	May 12, 2025
Supersedes:	A53.01 - May 8, 2015 N/A		
Approved:	Margaret Kelly, LPNY vonne Slater, BSN, BSPA, MHA, RN, Chair, Washington State Nursing Care Quality Assurance Commission		

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PURPOSE STATEMENT:

Some applicants have a history of substance use disorder ([SUD](#)), or drug or alcohol related convictions. Without an evaluation, it is difficult for the [Nursing Care Quality Assurance Commission \(NCQAC\)](#) to determine whether they ~~license~~ should be immediately grant ~~the~~ ~~licensed~~, deny ~~it~~, or ~~whether make an SUD substance abuse~~ monitoring contract ~~should be~~ a requirement of granting the license. Both the length of time since ~~the~~ substance use or a conviction, as well as the current progress of recovery from ~~substance use disorder~~ [SUD](#), are relevant to the licensing decision.

This ~~procedure~~ [policy](#) protects the public by ~~allowing~~ [authorizing](#) an evaluation ~~to be conducted~~ before [NCQAC](#) grants a license ~~is granted~~. ~~This prevents risk~~ [There is risk](#) to the public when [NCQAC](#) issues a license ~~is issued~~ to a person who then fails to follow through with any Washington Health Professional Services (WHPS) recommendations. ~~The licensee is in active~~

[A53.021](#)

Page 1 of 2

status until NCQAC can take disciplinary action and potentially suspend the license. ~~Until additional, costly legal action can be taken to suspend the recently granted credential, that person has a license to practice.~~

~~Additionally,~~ When an evaluation reveals that the applicant has had years of sobriety and monitoring, they may not be appropriate for a WHPS monitoring contract. For applicants whose ~~substance use disorder~~ SUD is in remission, who do not pose a danger to the public, and who would not benefit from WHPS monitoring, ~~the commission~~ NCQAC may grant the license without ~~legal further~~ action.

PROCEDURE

- ~~1-I.~~ If an applicant has a history of substance use, or drug/alcohol convictions within the past ~~five~~ 5 years, ~~licensing staff submits~~ the application ~~is presented~~ to the Case Management Team (CMT) ~~as an exception application.~~
- ~~2-II.~~ NCQAC uses ~~the~~ This Notice of Required Evaluation (NRE) process ~~is used~~ when:
 - ~~a-A.~~ CMT determines that a substance ~~use~~ abuse evaluation is necessary before ~~at the~~ panel can make a decision to ~~grant a license.~~ ~~can be made, and~~;
 - ~~b-B.~~ WHPS monitoring, if indicated, will adequately protect the public. ~~as the sole condition placed on the license.~~
- ~~III.~~ ~~NCQAC~~ CMT pre-authorizes a Notice of Decision (NOD) denial if the completed substance use evaluation is not received within 30 days of service of the NRE. CMT also pre-authorizes issuing an Agreement to Practice ~~With~~ with Conditions (APWC) if ~~WHPS receives the~~ the evaluation ~~is received~~ and WHPS determines that monitoring is appropriate.
- ~~3-IV.~~ Legal staff serves the NRE letter to the respondent. The letter includes contact information for the WHPS program, instructions for obtaining the evaluation, criteria for the evaluation, and contact information for WHPS. The evaluator submits the report to WHPS, who evaluates the report and determines if the applicant needs a monitoring contract.
- ~~4-V.~~ If WHPS does not receive the evaluation ~~is not received~~ and there has been no contact from the applicant, ~~NCQAC denies~~ the application ~~is denied~~. ~~If, however,~~ if the applicant ~~makes contact with~~ ~~contacts~~ commission WHPS or legal staff and is in the process of scheduling an evaluation or waiting for the evaluation report, ~~they may grant a~~ 30-day extension. ~~may be granted.~~
- ~~5-VI.~~ If WHPS receives the evaluation ~~is received~~ and WHPS determines that a contract is indicated, ~~NCQAC grants the~~ the application ~~is granted~~ with the condition that the applicant enter and complete the WHPS contract.
- ~~6-VII.~~ If WHPS received the evaluation ~~is received~~ and WHPS determines ~~that~~ no contract is needed, they ~~return the file to legal for further action.~~ ~~credential is issued without conditions.~~

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

Title:	List of Credential Holders Requests	Number:	J04.12
Reference:	RCW 42.56.070 (8) RCW 18.79.100 RCW 34.05		
Author:	Catherine Woodard Director, Discipline and Washington Health Professional Services Nursing Care Quality Assurance Commission (NCQAC)		
Effective Date:	TBD	Date for Review:	2025
Supersedes:	September 2016 April 1, 2016 September 11, 2015 September 12, 2014	March 13, 2009 October 19, 2009 July 11, 2008 November 16, 2007 September 13, 2002	

Approved:

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

Pursuant to RCW 42.56.070(8), the NCQAC may approve the release of lists of individual nurses, including addresses, to professional associations and educational organizations recognized by NCQAC. This procedure defines criteria for NCQAC to evaluate requests for lists of credential holders from entities to determine if they meet the criteria for either a professional association or educational organization.

PROCEDURE:

I. Approval Criteria

- A. Educational Organization: an accredited or approved institution or entity that
 - 1. prepares professionals for initial licensure in a health care field; or
 - 2. provides continuing education for health care professionals.
- B. Professional Association: a group of individuals or entities organized to
 - 1. represent the interest of a profession or professions;

2. develop criteria or standards for competent practice; or,
 3. advance causes seen as important to its members, which improves quality of care rendered to the public.
- C. It is irrelevant whether the requestor intends to use the list for a commercial purpose. The only relevant issue is whether the requesting entity meets the approval criteria.
- D. A Washington State Agency is exempt from meeting the criteria of an educational organization or professional association. The initial NCQAC screening panel decides whether to share the information with the agency.

II. Approval Process:

- A. After receiving an application for a list of credential holders directly from DOH Health Systems Quality Assurance Public Disclosure Records Center (PDRC), case management staff determine if the application is complete with information to make a proper approval or denial decision. When complete, staff add the application to the following week's case management team (CMT) agenda and packet as the last item.
- B. NCQAC delegates the task of reviewing the application for lists of credential holders to an initial screening panel of three NCQAC members, reviewed at weekly CMT meetings. Associations or organizations clearly meeting the criteria may receive lists of individual nurses, including addresses, upon payment of an appropriate fee as allowed by RCW 42.56.070(8).
- C. After a NCQAC panel approves the application, case management staff draft the approval letter and forward to the executive director for signature. Case management staff email a scanned copy of the signed approval letter to PRDC (pdrc@doh.wa.gov). Case management staff send a request form and approval letter to the applicant. The applicant returns the request to PDRC. PDRC will release the information to the approved entity upon receipt of the request. The approval is valid for five years, unless NCQAC extends the approval. Those entities not extended may re-apply upon expiration of their approval.

III. Denials

- A. If NCQAC denies a request, case management staff draft the denial letter and forward to the executive director for signature. Case management staff email a scanned copy of the executive director's signed letter to PRDC (pdrc@doh.wa.gov) informing their staff of the denial. PDRC staff mail the denial letter to the requesting agency informing them of the decision and their right to a hearing. They enclose the letter and hearing request form.
- B. NCQAC may deny an educational organization or professional association only for good cause after a hearing pursuant the Administrative Procedure Act, RCW34.05. If the requestor appeals the denial, the NCQAC delegates the final

decision to a hearing panel comprised of commissioners who were not on the initial screening panel.

- C. NCQAC must receive the hearing request within 20 days from the date of the denial letter. The compliance officer schedules the hearing and panel members.
- D. If NCQAC previously denied an organization or association's request, the requestor must submit additional relevant information for NCQAC to consider. Without additional relevant information, the denial stands.

IV. Annual Review

- A. NCQAC staff maintain the list of approved and denied entities.
- B. A NCQAC panel reviews the list annually in September to determine whether any approved entity set to expire within the next year is allowed to lapse or extend for another five years.
- C. After the panel review, NCQAC staff ensure any list maintained by PDRC matches the NCQAC list.

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

Title:	List of Credential Holders Requests	Number:	J04.1112
Reference:	RCW 42.56.070 (8) RCW 18.79.100 RCW 34.05		
Contact/Author:	Paula R. Meyer, MSN, RN, FRE Catherine Woodard Executive Director, Discipline and Washington Health Professional Services Nursing Care Quality Assurance Commission (NCQAC)		
Effective Date:	May 8, 2020 TBD	Date Reviewed/Date for Review:	March 17, 2020 2025
Supersedes:	September 2016 April 1, 2016 September 11, 2015 September 12, 2014	March 13, 2009 October 19, 2009 July 11, 2008 November 16, 2007 September 13, 2002	

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Approved:

Yvonne Strader, RN, BSN, BSPA, MHA Chair Nursing Care Quality Assurance Commission (NCQAC) Tracy Rude, LPN Chair Nursing Care Quality Assurance Commission

PURPOSE:

Pursuant to RCW 42.56.070(8), the ~~Nursing Care Quality Assurance Commission (NCQAC)~~ may approve the release of lists of individual nurses, including addresses, to professional associations and educational organizations recognized by NCQAC. This procedure defines criteria for NCQAC to evaluate requests for lists of credential holders from entities to determine if they meet the criteria for either a professional association or educational organization.

PROCEDURE:

I. Approval Criteria

1.

A. Educational Organization: an accredited or approved institution or entity that

Page 1 of 3

~~J04.11 List of Credential Holders Requests~~

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1. prepares professionals for initial licensure in a health care field; or
~~2.~~ provides continuing education for health care professionals.
- B. Professional Association: a group of individuals or entities organized to
 1. represent the interest of a profession or professions;
 2. develop criteria or standards for competent practice; or,
 - ~~3.~~ advance causes seen as important to its members, which ~~will~~ improve quality of care rendered to the public.
- C. It is irrelevant whether the requestor intends to use the list for a commercial purpose. The only relevant issue is whether the requesting entity meets the approval criteria.
- D. A Washington State Agency is exempt from meeting the criteria of an educational organization or professional association. The initial NCQAC screening panel ~~will~~ decide whether to share the information with the agency.

II. Approval Process:

- A. After receiving an application for a list of credential holders directly from DOH Health Systems Quality Assurance Public Disclosure Records Center (PDRC), case management staff ~~will~~ determine if the application is complete with information to make a proper approval or denial decision. When complete, staff ~~will~~ add the application to the following week's case management team (CMT) agenda and packet as the last item.
- B. NCQAC delegates the task of reviewing the application for lists of credential holders to an initial screening panel of three ~~commission~~ NCQAC members, reviewed at weekly CMT meetings. Associations or organizations clearly meeting the criteria may receive lists of individual nurses, including addresses, upon payment of an appropriate fee as allowed by RCW 42.56.070(8).
- C. After a NCQAC panel approves the application, case management staff ~~will~~ draft the approval letter and forward to the executive director for signature. Case management staff ~~will~~ email a scanned copy of the signed approval letter to PRDC (pdrc@doh.wa.gov). Case management staff ~~will~~ send a request form and approval letter to the applicant. ~~The applicant, who will return~~ the request to PDRC. PDRC will release the information to the approved entity upon receipt of the request. The approval is valid for five years, unless NCQAC extends the approval. Those entities not extended may re-apply upon expiration of their approval.

III. Denials

- A. If NCQAC denies a request, case management staff ~~will~~ draft the denial letter and forward to the executive director for signature. Case management staff ~~will~~ email a scanned copy of the executive director's signed letter to PRDC (pdrc@doh.wa.gov) informing their staff of the denial. PDRC staff ~~will~~ mail the

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denial letter to the requesting agency informing them of the decision and their right to a hearing. They ~~will~~ enclose the letter and hearing request form.

~~A.~~

- B. NCQAC may deny an educational organization or professional association only for good cause after a hearing pursuant the Administrative Procedure Act, RCW34.05. If the requestor appeals the denial, the NCQAC delegates the final decision to a hearing panel comprised of commissioners who were not on the initial screening panel.

~~B.~~

- C. NCQAC must receive the hearing request within 20 days from the date of the denial letter. The compliance officer ~~will~~ schedules the hearing and panel members.

~~C.~~

- D. If NCQAC previously denied an organization or association's request, the requestor must submit additional relevant information for NCQAC to consider. Without additional relevant information, the denial ~~will~~ stands.

IV. Annual Review

~~IV.~~

- A. NCQAC staff ~~will~~ maintain the list of approved and denied entities.

~~A.~~

- B. A NCQAC panel ~~will~~ reviews the list annually in September to determine whether any approved entity set to expire within the next year ~~will be~~ is allowed to lapse or extend for another five years.

~~B.~~

- C. After the panel review, NCQAC staff ~~will~~ ensure any list maintained by PDRC matches the NCQAC list.

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

Title:	Continuing Competency Audit	Number:	B20.04
Reference:	RCW 18.79.010 Purpose WAC 246-840-206		
Contact:	Teresa Corrado, LPN, CPM Licensing Manager Washington State Nursing Care Quality Assurance Commission		
Effective Date:	TBD	Reviewed:	April 2016 June 2016 July 2016
Supersedes:	B20.03 – July 1, 2016 B20.02 – April 1, 2016 B20.01 – November 18, 2011		
Approved:	Paula R. Meyer, MSN, RN, FRE Executive Director Washington State Nursing Care Quality Assurance Commission		

PURPOSE:

The purpose of this procedure is to define the Nursing Care Quality Assurance Commission (NCQAC) Licensing Unit audit processes for the Continuing Competency requirements.

Background

PROCEDURE:

The NCQAC completes an audit on all late renewals and a percent of registered nurses and practical nurses renewing their licenses.

- A. 90 days prior to a renewal month staff creates the “*random audit report*” containing a percent of randomly selected Registered Nurses (RN) and Licensed Practical Nurses (LPN). At the end of each month a second report “*late renewals*” listing all of the RN’s and LPN’s who renewed late and their continuing competency requirements are due. This

group of nurses will be audited to determine if continued competency requirements are met.

- B. Audit Staff use form letters labeled *Audit Letter* to correspond with each nurse. Staff send the letter with the renewal notice and notify the nurse of their required audit. The notice allows 90 days for the nurse to submit the required evidence for compliance with the continued competency requirements. If the nurse does not provide the information in 90 days, the nurse's license will not be renewed.
- C. When the nurse meets all requirements, staff send a letter indicating successful completion. The nurse will be allowed to renew their license.
 - 1. Nurses enrolled in an advanced nursing education program are exempt from a continuing competency audit once licensing staff receive a transcript.
 - 2. Certified Registered Nurse Anesthetists are exempt from suicide prevention training requirements.
- D. If the nurse provides insufficient or inaccurate evidence of the continuing competency requirements, the nurse is provided technical assistance from audit staff. If the nurse fails to provide evidence of the requirements, audit staff notify the nurse of the decision and deny renewal.
- E. A nurse failing to meet requirements having employment and capable of obtain nursing practice hours may enter into an agreement to complete 177 hours of nursing practice and 15 hours of continuing nursing education (177/15 agreement) by their next renewal day. The nurse is referred for disciplinary action on their license should they fail to complete the requirements.
- F. Throughout the audit process if misconduct, intentional deceit, or fraud is suspected, the audit file will be forwarded to the discipline unit for possible investigation and disciplinary action.

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

Title:	Effect of Military Status on Credentials	Number:	B31.02
Reference:	RCW 43.70.270 ; U.S. Code Service Members Civil Relief Act (50 U.S.C. 501-593) RCW 18.79.240 Construction WAC-246-12-500 WAC 246-12-510		
Author/Contact:	Teresa Corrado, LPN, CPM Amber Zawislak-Bielaski, MPH Licensing Manager Assistant Director of Licensing Washington State Nursing Care Quality Assurance Commission		
Effective Date:	FBD May 12, 2023	Date for Review:	May 12, 2025
Supersedes:	B31.01 - February 2016		
Approved:	Yvonne Strader, RN, BSN, BSPA, MHA Chair of NCQAC		

PURPOSE:

The purpose of this procedure is to provide [an overview of the process used by the Nursing Care Quality Assurance Commission \(NCQAC\) when a request is received by NCQAC Licensing Staff from a member of the United States military to have their nursing license placed into "active military status."](#) ~~consistent treatment of military service members when applying for nursing licensure in Washington State, as well as providing information about the Department of Defense (DoD) requirements to practice with an unrestricted license.~~

Overview

~~[RCW 18.79.240](#) allows a legally qualified nurse of another state or territory to practice nursing in a U.S. government or any bureau, division, or agency without a Washington State License.~~

Military service members retain their nursing credentials during active duty status. A military status credential remains in full force and allows practice in the state. Some active military service members chose to get a Washington State nursing license.

The Department of Defense (DoD) issued an information paper November 20, 2018 to provide guidance for Army Nurse Corps Officers to maintain an unrestricted license. The DoD defines an unrestricted license that would permit practice by a non-military provider (nurse). Many states waive the standard license fee, continuing education, and other requirements based on nurses' military status. Licenses issued with these provisions are considered restricted by the DoD. The staff need to be aware of this restriction and provide information about this restriction and to encourage the individual to pay required fees, complete all continuing education requirements, even when deployed to avoid being classified with a restricted licensure to practice by the DoD.

See the procedure entitled "Effect of Military Status on Discipline".

PROCEDURE:

Licensing Unit staff receives a request from an active duty member of the United States military as defined in WAC 246-12-500 to change their credential status in Washington State to "active military" status. will notify individuals submitting an application requesting a nursing license using the military exemption of the DoD directives with recommendations to not request the military exemption to avoid restricted practice.

I. Assigned Licensing Unit staff changes use the license status to "active military" status in the Integrated Licensing and Regulatory System (ILRS) licensing database ["M" status] when a service member they provides a copy of their service orders to the NCQAC.

I.

- A. Each proceeding year after the status has been changed to "active military," a A-renewal noticecard is sent to the- credential holders in "active militaryM" status.
 - 1. The credential holder must send current military service orders to NCQAC each year to update the expiration date in the licensing system.
- B. Renewal fees are waived to-for credential holders in "active militaryM" status.
- C. The credential expires if the credential holder does not submit current orders on-renewalby each renewal expiration date.
- D. A credential holder in "active mMilitary" status can send orders to renew any time before they have been expired for one year. Late fees are waived.

D.

II. Military service members have a six monthsix-month period to update their credential back to "active" status after they are discharged from military service.

II.

- A. The "active A-military" credential status is changed back to "to-active" status when:
 - 1. A copy of discharge papers (DD214) is provided by the credential holder and The renewal fee for the current renewal cycle is paid to the NCQAC.
 - 2. Previous renewalBack fees and late renewal fees are not charged to the credential holder returning to "active" status from "active military" status.

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3. A copy of communication from command stating the [credential holdery](#) must return to ~~“a~~Active”-status.

~~B. Continuing education (CE) reporting/attestation is not required upon return to active status.~~

~~C.B.~~ Regular [Standard NCQAC](#) procedures for renewal cycle [payment](#) and continuing competency apply after the first post-discharge [status](#) update.

~~D.C.~~ The credential expires if the credential holder does not renew within six months after discharge. -

1. The regular renewal process applies, including penalties, if the credential holder asks to renew the credential after expiration. The date represented by six months after discharge is the expiration date for purposes of determining the penalty or reactivation process.

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

Title:	Effect of Military Status on Credentials	Number:	B31.02
Reference:	RCW 43.70.270; U.S. Code Service Members Civil Relief Act (50 U.S.C. 501-593) RCW 18.79.240 Construction WAC-246-12-500 WAC 246-12-510		
Author:	Amber Zawislak-Bielaski, MPH Assistant Director of Licensing Nursing Care Quality Assurance Commission		
Effective Date:	May 12, 2023	Date for Review:	May 12, 2025
Supersedes:	B31.01 - February 2016		
Approved:	Yvonne Strader, RN, BSN, BSPA, MHA Chair Nursing Care Quality Assurance Commission (NCQAC)		

PURPOSE:

The purpose of this procedure is to provide an overview of the process used by the Nursing Care Quality Assurance Commission (NCQAC) when a request is received by NCQAC Licensing Staff from a member of the United States military to have their nursing license placed into “active military status.”

PROCEDURE:

Licensing staff receives a request from an active duty member of the United States military as defined in WAC 246-12-500 to change their credential status in Washington State to “active military” status.

- I. Licensing staff changes the license status to “active military” status in the licensing database when a service member provides a copy of their service orders to the NCQAC.
 - A. Each proceeding year after the status has been changed to “active military,” a renewal notice is sent to the credential holders in “active military” status.
 - 1. The credential holder must send current military service orders to NCQAC each year to update the expiration date in the licensing system.
 - B. Renewal fees are waived for credential holders in “active military” status.
 - C. The credential expires if the credential holder does not submit current orders by each renewal expiration date.
 - D. A credential holder in “active military” status can send orders to renew any time before they have been expired for one year. Late fees are waived.
- II. Military service members have a six-month period to update their credential back to “active” status after they are discharged from military service.
 - A. The “active military” credential status is changed back to “active” status when:
 - 1. A copy of discharge papers (DD214) is provided by the credential holder and the renewal fee for the current renewal cycle is paid to the NCQAC.
 - 2. Previous renewal fees and late renewal fees are not charged to the credential holder returning to “active” status from “active military” status.
 - 3. A copy of communication from command stating the credential holder must return to “active” status.
 - B. Standard NCQAC procedures for renewal cycle payment and continuing competency apply after the first post-discharge status update.
 - C. The credential expires if the credential holder does not renew within six months after discharge.
 - 1. The regular renewal process applies, including penalties, if the credential holder asks to renew the credential after expiration. The date represented by six months after discharge is the expiration date for purposes of determining the penalty or reactivation process.

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

Title:	Nurse License Verification	Number:	B36.01
Reference:	Washington State Department of Health Provider Credential Search National Council State Boards of Nursing - Nursys® Quick Confirm License Verification		
Contact:	Amber Zawislak-Bielaski, MPH Assistant Director of Licensing Nursing Care Quality Assurance Commission		
Effective Date:	May 12, 2023	Date for Review:	May 12, 2025
Supersedes:	Not Applicable		
Approved	Yvonne Strader, RN, BSN, BSPA, MHA Chair Nursing Care Quality Assurance Commission (NCQAC)		

PURPOSE:

The purpose of this procedure is to provide information for the verification of licensure through primary source verification systems.

PROCEDURE:

- I. The Nursing Care Quality Assurance Commission (NCQAC) Licensing Unit issues a paper copy of the nursing license as a courtesy in the following situations:
 - A. Upon issuance of the initial Washington State license.
 - B. When the license is renewed into a different status (such as “inactive,” “retired active,” “active military,” or “active”).
- II. The commission discourages photocopying of licenses due to the potential misuse of the paper copy of the license. The Department of Health’s Provider Credential Search should be used by all healthcare providers, facilities, employers, and the public to verify licensure

since this information is always current. The paper license status becomes stagnant upon print date and does not provide up-to-date verification of licensure.

- III. The NCQAC encourages the use of primary source verification to verify all nursing licenses directly from the following database systems:
 - A. Washington State Department of Health's [Provider Credential Search](#) website.
 - B. National Council of State Boards of Nursing's (NCSBN) [Nursys® Quick Confirm License Verification](#) website.
- IV. Employers, agencies, or institutions should define the mechanism for licensure verification in their facility. NCQAC encourages institutions use NCSBN's [Nursys® E-Notify](#) free notification service. This service provides automated license status updates from participating states for institutions.
- V. The NCQAC licensing system automatically updates the Washington State Department of Health's Provider Credential Search and NCSBN's databases on a daily basis.

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

Title:	Social Security Numbers	Number:	B38.024		Formatted: Font: 12 pt
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Reference:	RCW 26.23.150 Recording of Social Security Numbers - Compliance with Federal Requirement - Restricted Disclosure RCW 26.23.120 Information and Records - Confidentiality - Disclosure - Adjudicative Proceedings - Rules - Penalties Office of the Inspector General Social Security Administration - Fraud, Waste, or Abuse Reporting Website 42 U.S.C. 666 Requirement of Statutorily Prescribed Procedures to Improve Effectiveness of Child Support Enforcement				Formatted: Font: 12 pt
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Contact/Author:	Amber Zawislak-Bielaski, MPH Assistant Director of Licensing Washington State Nursing Care Quality Assurance Commission				Formatted: Font: 12 pt
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Effective Date:	September 13, 2019 May 2023 April , 2023 Date for Review: April , 2025				Formatted: Font: 12 pt
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Supersedes:	B38.01 – September 13, 2019 Not Applicable				Formatted: Font: 12 pt
	Reviewed Date June 6, 2019 May 2025 Review:				Formatted: Font: 12 pt
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Approved:					Formatted: Font: 12 pt
	Yvonne Strader, RN, BSN, BSPA, MHA Chair Nursing Care Quality Assurance Commission (NCQAC)				Formatted: Font: 12 pt
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PURPOSE:

The purpose of this procedure is to establish uniform processes for individuals applying for an advanced practice nurse practitioner (ARNP), registered nurse (RN), licensed practical nurse (LPN), and nursing technician (NTECF) ~~license~~ ~~credential~~, who do not submit or refuse to submit a social security number (SSN) at the time of application or renewal. The procedure includes a process for accepting limited or temporary waiver of a SSN under specific circumstances.

BACKGROUND:

An applicant for professional licensure must provide the licensing agency with the applicant's SSN as required by federal and state laws and regulations: ([RCW 26.23.150](#) and [42 U.S.C. 666](#)). The purpose of the requirement is to increase the effectiveness of child support enforcement.

PROCEDURE:

- I. Credential Application Intake Process without a Social Security Number
 - A. Licensing staff generates and sends an email with the SSN Notification Form Declaration of No Social Security Number Form (600-047) attached, to an applicant who does not provide a Social Security Number (SSN) or the Declaration of No Social Security Number Form within their application.
 - B. Licensing staff reviews the complete applications to ensure either a SSN or Declaration of No Social Security Number Form is included in the application. SSN Notification Form (600-047) to determine if the SSN requirement should be waived. The applicant must meet one or more of the following criteria:
 1. The applicant applied for and was denied a SSN by the Social Security Administration (SSA). The applicant or credential holder must provide a copy of all documentation related to the SSA's decision.
 2. The applicant does not possess a SSN and can provide evidence of an individual taxpayer identification number.
 3. The applicant is a foreign national with a student visa. The person does not qualify for a SSN because of their visa status.
 4. The applicant is a foreign national who is not currently practicing in the United States. The person does not qualify for a SSN.
 5. B. The applicant will be in the United States on a visa. The person cannot apply for a SSN until their visa is approved and they enter the United States.
 - C. Upon review, if the applicant meets the criteria to issue a credential without a SSN does not have a SSN and submits the Declaration of No Social Security Number Form, Licensing Intake Intake staff:
 1. Adds a warning to the pending credential stating "Do not renew without SSN" to the Integrated Licensing and Regulatory System (ILRS) licensing database system.
 2. Sends a work order to the Licensing licensing Lead lead requesting the "Need SSN" warning be added to the credential and the SSN workflow step be waived by ILRS User Help licensing database system administrators.
 3. Completes the initial intake workflow step. and
 4. Forwards the file to the Licensing licensing Background background Staff staff for the next step in the licensing process.
 - D. If the applicant does not provide either a SSN or the Declaration of No Social Security Number Form, meet the criteria to issue a credential without a SSN, NCQAC the Licensing Manager, in consultation with an assigned Legal Unit staff attorney, issues a Notice of Decision (NOD) letter to the applicant, denying the issuance of the credential. The NOD requires signatures from the Licensing licensing supervisor Manager and the Legal legal staff attorney. The application process will not be completed if the credential holder:

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1. Failed to complete and submit to NCOAC the SSN Notification Form (600-047); Declaration of No Social Security Number Form or
2. Refused to provide a SSN to the NCOAC, without an acceptable reason identified in Step B.

II. Credential Renewal Process without a SSN

- A. If a nursing credential does not have an associated SSN in the licensing database system when the renewal is due, Upon renewal of a credential without an associated SSN, Licensing staff sends a renewal notice card is sent to the credential holder with a "Do Not Renew without SSN" notice attached.
- B. The credential holder is not eligible for online renewal without a SSN. The credential holder must renew through mail or in-person at the Department of Health (DOH).
 1. Renewal by Mail:
 - a) DOH Revenue Office Department sends the receipt of renewal payment card or cash slip, with all supporting documentation, to the NCOAC Licensing Unit nursing renewal staff for review and manual processing.
 - b) Licensing staff reviews documentation to determine if the credential holder obtained a SSN or submitted the SSN Notification Form (600-057) Declaration of No Social Security Number Form, with a valid reason.
 - c) Licensing Renewal staff sends a deficiency email to the nurse if the nurse does not submit either proof of a SSN or the Declaration of No Social Security Number Form, using the ILRS template letter and the SSN Notification Form (600-057) when the applicant does not submit a SSN or the form.
 2. Renewal In-Person:
 - a) DOH Customer Service front counter staff will determine if the credential holder obtained a SSN or if the credential holder needs to submit a Declaration of No Social Security Number Form.
 - b) The DOH Customer Service staff will send the cash slip to the DOH Revenue Department Office and provides the credential holder with a verification of renewal if renewal if the credential holder meets all requirements for renewal obtained a SSN.
 - c) The DOH Customer Service staff requests the credential holder to complete the SSN Notification Form (600-057) if the credential holder does not have a SSN. The DOH Customer Service staff forwards all documentation with the cash slip to the DOH Revenue Department and provides the credential holder with verification of the renewal.
 - d) Licensing staff renews the credential after receiving all required documents and proof of renewal from the DOH Revenue Office.
 - e) The following steps occur when a credential holder provides a SSN:
 1. The renewal Licensing staff will update ILRS the SSN in the licensing database system and send a work order to a Licensing Lead to remove the SSN warning.
 2. The Licensing Lead removes the "Need SSN" SSN warning and clears the "Do not Renew without SSN User Defined Field (UDF); any associated warnings of no SSN within the licensing database system.

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~~4e)~~ The credential renewal process will not be completed if the credential holder:

- ~~1-~~ (1) Fails to complete the SSN Notification Form (600-057 Declaration of No Social Security Number Form); or
- ~~2-~~ (2) Refuses to provide a SSN to the NCQAC without an acceptable reason identified in Step B of the application intake process.

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III. Response to a Potential Misuse of a SSN Process

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A. Licensing staff ~~identifies~~ identify the possible misuse of a SSN (Example: An applicant or credential holder provides an incorrect, invalid, or duplicate SSN).

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A. Individuals with a duplicate SSN will be sent a "Duplicate SSN email" to confirm accuracy of the data entered into the ILRS SSN field licensing system database.

B.

C. Licensing staff sends the documentation to the Licensing licensing supervisor Lead for review and determination of action.

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D. The Licensing licensing Lead-supervisor determines if an intentional effort has been made to provide fraudulent documentation.

E. The Licensing Lead will file a report with the Office of the Inspector General Social Security Administration Fraud, Waste, or Abuse Reporting Website;

Field Code Changed

~~F.A. Individuals with a duplicate SSN will be sent a "Duplicate SSN email" to confirm accuracy of the data entered into the ILRS SSN field.~~

G.E. Individuals who provide a duplicate SSN may be referred to the NCQAC Complaint Unit and/or the Social Security Administration-SSA. The credential holder's SSN will not be modified until the verification process is completed. to resolution through research by the Licensing Lead.

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

Title:	Social Security Numbers	Number:	B38.02
Reference:	RCW 26.23.150 Recording of Social Security Numbers - Compliance with Federal Requirement - Restricted Disclosure RCW 26.23.120 Information and Records - Confidentiality - Disclosure - Adjudicative Proceedings - Rules - Penalties Office of the Inspector General Social Security Administration - Fraud, Waste, or Abuse Reporting Website 42 U.S.C. 666 Requirement of Statutorily Prescribed Procedures to Improve Effectiveness of Child Support Enforcement		
Author:	Amber Zawislak-Bielaski, MPH Assistant Director of Licensing Nursing Care Quality Assurance Commission		
Effective Date:	April ___, 2023	Date for Review:	April ___, 2025
Supersedes:	B38.01 – September 13, 2019		
Approved:	Yvonne Strader, RN, BSN, BSPA, MHA Chair Nursing Care Quality Assurance Commission (NCQAC)		

PURPOSE:

The purpose of this procedure is to establish uniform processes for individuals applying for an advanced practice nurse practitioner (ARNP), registered nurse (RN), licensed practical nurse (LPN), and nursing technician (NTEC) credential, who do not submit or refuse to submit a social security number (SSN) at the time of application or renewal. The procedure includes a process for accepting limited or temporary waiver of a SSN under specific circumstances.

BACKGROUND:

An applicant for professional licensure must provide the licensing agency with the applicant's SSN as required by federal and state laws and regulations: ([RCW 26.23.150](#) and [42 U.S.C. 666](#)). The purpose of the requirement is to increase the effectiveness of child support enforcement.

PROCEDURE:

I. Credential Application Intake Process without a Social Security Number

- A. Licensing staff generate and send an email with the Declaration of No Social Security Number Form to an applicant who does not provide a Social Security Number (SSN) or the Declaration of No Social Security Number Form within their application.
- B. Licensing staff review the complete applications to ensure either a SSN or Declaration of No Social Security Number Form is included in the application.
- C. Upon review, if the applicant does not have a SSN and submits the Declaration of No Social Security Number Form, licensing intake staff:
 1. Add a warning to the pending credential stating "Do not renew without SSN" to the licensing database system.
 2. Send a work order to the licensing lead requesting the SSN warning be added to the credential and the SSN workflow step be waived by licensing database system administrators.
 3. Complete the initial intake workflow step.
 4. Forward the file to the licensing background staff for the next step in the licensing process.
- D. If the applicant does not provide either a SSN or the Declaration of No Social Security Number Form, NCQAC issues a Notice of Decision (NOD) letter to the applicant, denying the issuance of the credential. The NOD requires signatures from the licensing supervisor and the legal staff attorney. The application process will not be completed if the credential holder:
 1. Fails to complete and submit to NCQAC the Declaration of No Social Security Number Form or
 2. Refuses to provide a SSN to the NCQAC.

II. Credential Renewal Process without a SSN

- A. If a nursing credential does not have an associated SSN in the licensing database system when the renewal is due, a renewal notice is sent to the credential holder with a "Do Not Renew without SSN" notice attached.
- B. The credential holder is not eligible for online renewal without a SSN. The credential holder must renew through mail or in-person at the Department of Health (DOH).
 1. Renewal by Mail:
 - a) DOH Revenue Office sends the receipt of renewal payment, with all supporting documentation, to the NCQAC Licensing Unit staff for review and manual processing.
 - b) Licensing staff reviews documentation to determine if the credential holder obtained a SSN or submitted the Declaration of No Social Security Number Form.

- c) Licensing staff sends a deficiency email to the nurse if the nurse does not submit either proof of a SSN or the Declaration of No Social Security Number Form.
- 2. Renewal In-Person:
 - a) DOH Customer Service front counter staff will determine if the credential holder obtained a SSN or if the credential holder needs to submit a Declaration of No Social Security Number Form.
 - b) The DOH Customer Service staff will send the cash slip to the DOH Revenue Office and provides the credential holder with a verification of renewal if the credential holder meets all requirements for renewal.
 - c) Licensing staff renews the credential after receiving all required documents and proof of renewal from the DOH Revenue Office.
 - d) The following steps occur when a credential holder provides a SSN:
 - (1) Licensing staff will update the SSN in the licensing database system and send a work order to a Licensing Lead to remove the SSN warning.
 - (2) The Licensing Lead removes the SSN warning and any associated warnings of no SSN within the licensing database system.
 - e) The credential renewal process will not be completed if the credential holder:
 - (1) Fails to complete the Declaration of No Social Security Number Form; or
 - (2) Refuses to provide a SSN to the NCQAC.

III. Response to a Potential Misuse of a SSN Process

- A. Licensing staff identify the possible misuse of a SSN (Example: An applicant or credential holder provides an incorrect, invalid, or duplicate SSN).
- B. Individuals with a duplicate SSN will be sent a “Duplicate SSN email” to confirm accuracy of the data entered into the licensing system database.
- C. Licensing staff send the documentation to the licensing supervisor for review and determination of action.
- D. The licensing supervisor determines if an intentional effort has been made to provide fraudulent documentation.
- E. Individuals who provide a duplicate SSN may be referred to the NCQAC Complaint Unit and/or the Social Security Administration. The credential holder’s SSN will not be modified until the verification process is completed.

WAC 246-840-095 Temporary practice permits. The nursing care quality assurance commission (NCQAC) conducts background checks on applicants to assure safe patient care. Completion of a fingerprint-based national background check may cause a delay in licensing.

(1) The NCQAC may issue a temporary practice permit to an applicant who holds an unrestricted, active license in another state which has substantially equivalent licensing standards to those in Washington. The applicant must not be subject to denial of a license or issuance of a conditional or restricted license.

(2) A temporary practice permit serves as a license to practice nursing during the time period specified on the permit.

(3) A temporary practice permit expires when:

(a) A license is granted;

(b) A notice of decision on application is mailed to the applicant, unless the notice of decision on application specifically extends the duration of the temporary practice permit; or

(c) ~~One hundred eighty~~Sixty days after the temporary practice permit is issued, except for military spouse applicants in accordance with WAC 246-12-051.

If, at the expiration of the original temporary practice permit, the department has not received information from the fingerprint-based national background check, the NCQAC may renew the temporary practice permit for an additional thirty one ~~hundred eighty~~ days.

(4) To receive a temporary practice permit, the applicant must:

(a) Submit the necessary application fee(s) and documentation for the license.

~~(b) Submit a completed national background check fingerprint card, if required.~~

(c) Meet all other requirements and qualifications for the license, except for the results from a fingerprint-based national background check, if required.

(d) Provide verification of holding an unrestricted nursing license from another state that has substantially equivalent licensing standards to those in Washington.

~~(e) Submit a separate application for a temporary practice permit.~~(5) The applicant must submit a completed national fingerprint background check within thirty days of applying to the NCQAC. The temporary practice permit shall not be extended in accordance with subsection (3)(c) unless the national fingerprint background check is in process with the department.

[Statutory Authority: RCW 18.130.075 and 18.130.064. WSR 10-07-015, § 246-840-095, filed 3/5/10, effective 4/5/10; WSR 09-17-053, § 246-840-095, filed 8/13/09, effective 9/13/09.]

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

Title:	Nursing Program Approval Process	Number:	E01.04
Reference:	RCW 18.79.100 ; RCW 18.79.110 ; RCW 18.79.150 ; WAC 246-840-030 , WAC 246-840-045 , WAC 246-840-090 , WAC 246-840-340 , WAC 246-840-342 , WAC 246-840-344 , WAC 246-840-410 ; WAC 246-840-130 (repealed); WAC 246-840-500 to 571		
Author:	Gerianne Babbo, Ed. D, MN, RN Director, Education Nursing Care Quality Assurance Commission		
Effective Date:	May 12, 2023	Date for Review:	May 12, 2025
Supersedes:	E01.03 - March 9, 2018 E01.02 - January 13, 2012 E01.01 - November 14, 2008		
Approved:			
	Yvonne Strader, RN, BSN, BSPA, MHA Chair Nursing Care Quality Assurance Commission (NCQAC)		

Purpose:

The Nursing Care Quality Assurance Commission (NCQAC) established the nursing program approval panel (NPAP) in order to further its mission to protect the public, to promote efficiency, and to assure a fair process.

The NCQAC appoints the Nursing Program Approval Panel (NPAP), delegating to it the administration of the nursing education program evaluation process, evaluation of the educational preparation for the licensing of nurses, the decision-making function, and the resolution of nursing education program complaints.

The NCQAC sets minimum standards for nursing education programs including LPN, RN, ARNP, Post-licensure, Graduate Nursing and Refresher programs in order to assure that persons applying or renewing for licensure are prepared for the safe practice of nursing. To this end,

NPAP provides criteria for the development, evaluation, and improvement of new and established nursing education and refresher programs.

The NCQAC delegated authority to NPAP is applicable in [WACs 246-840-500](#) to [WAC 246-840-571](#) and [WAC 246-840-030](#), [WAC 246-840-045](#), [WAC 246-840-090](#), [WAC 246-840-340](#), [WAC 246-840-342](#), [WAC 246-840-344](#), and [WAC 246-840-410](#) and includes the following:

- A. Review of nursing education programs to determine initial and on-going approval status;
- B. Initiation of surveys and complaint investigations to determine compliance with education rules;
- C. Decision-making regarding appropriate actions and sanctions for nursing education programs as allowed by law;
- D. Review of out-of-state nursing distance learning programs to determine approval and compliance with NCQAC education rules;
- E. Decision-making about the educational preparation of a person applying for nursing licensure or renewal of a nursing license.

Procedure:

Nursing Education Programs:

- I. Nursing programs submit to NCQAC for NPAP review, the following as indicated in [WAC 246-840-500](#) through [WAC 246-840-571](#):

- A. Application for new in-state programs ([WAC 246-840-510](#));
- B. Applications, documents, letters and reports submitted to a national nursing accreditation agency ([WAC 246-840-511](#));

NPAP may accept accreditation by a recognized national accreditation body as evidence of compliance provided conditions set out in [WAC 246-840-511](#) are met. All forms and reports exchanged, sent, or received between the nursing education program and the national accreditation body shall be submitted to NPAP within 30 days.

NCQAC recognizes the following nursing accrediting bodies:

- 1. Accreditation Commission for the Education of Nurses (ACEN)
 - 2. Commission on Collegiate Nursing Education (CCNE)
 - 3. Commission for Nursing Education Accreditation (CNEA)
- C. Systematic evaluation plan ([WAC 246-840-512](#));
- D. Substantive change requests ([WAC 246-840-554](#));
- E. Application for innovation project or program ([WAC 246-840-553](#));

- F. Application for LPN, RN, ARNP, and Refresher courses ([WAC 246-840-563](#), [WAC 246-840-564](#), [WAC 246-840-566](#), [WAC 246-840-567](#), [WAC 246-840-568](#));
 - G. Application for International Nursing Education program ([WAC 246-840-549](#), [WAC 246-840-551](#), and [WAC 246-840-552](#));
 - H. NCQAC nursing education site visit or complaint report;
 - I. Application from Out-of-state nursing education programs requesting practice experience in Washington State ([WAC 246-840-571](#)); and
 - J. Annual report data summary and analysis.
 - K. NCQAC Education Unit staff reviews the submitted information. Additional questions may be submitted to the applying programs requesting clarifying information.
- II. NCQAC Education Unit staff places the application, previous applicable NCQAC letters and any additional supporting documents in an NPAP packet folder for that specific nursing education program.
 - III. The program application or complaint is placed on the next available NPAP agenda for review.
 - IV. NCQAC Education Unit staff assigns the application/documents to an NPAP member for review.
 - V. The entire NPAP packet is provided to the reviewing panel members for review.
 - VI. Complaints regarding nursing education programs may be reviewed by NPAP.
 - VII. The NPAP discusses each agenda item with documents provided to determine the actions to be taken, which may include:
 - A. Accept documents/application;
 - B. Approve documents/application;
 - C. Defer a decision on the documents/application;
 - D. Require a Plan of Correction;
 - 1. If the NPAP determines that an approved nursing program is not currently maintaining standards required for approval, the NPAP shall provide written notice specifying the deficiencies and shall designate the period of time in which the deficiencies must be corrected.
 - E. Deny or not accept documents/application;
 - F. Change the approval status of the program to conditional approval.
 - 1. The program's approval shall be withdrawn if the deficiencies are not corrected within the specified time.
 - G. A conditionally approved program shall be reviewed at the end of the designated time period and may result in:
 - 1. Restoration of full approval;

2. Continuation of conditional approval for a specified time period; or
 3. Withdrawal of approval.
- VIII. Within 30 days of the NPAP decision, the NCQAC shall provide written notice to the institution regarding the NPAP decision.
- IX. The NCQAC Education Unit staff member may make a site visit as directed by NPAP for the following:
- A. Complaints alleging violations of [WAC 246-840-510](#) through [246-840-571](#);
 - B. Denial, withdrawal, or change of program accreditation status by a NCQAC-recognized accreditation agency;
 - C. Failure to obtain NPAP approval for changes that require approval;
 - D. Providing false or misleading information to students or the public regarding the nursing program ([WAC 246-840-516](#));
 - E. Violation of NCQAC rules or policies;
 - F. Inability to secure or retain a qualified director or faculty which results in substandard supervision and teaching of students ([WAC 246-840-516](#), [WAC 246-840-517](#), [WAC 246-840-523](#));
 - G. Noncompliance with the program's stated purpose, objectives, policies, and curriculum resulting in unsatisfactory student achievement ([WAC 246-840-514](#), [WAC 246-840-519](#));
 - H. Failure to provide sufficient clinical experiences ([WAC 246-840-531](#));
 - I. Faculty-student ratio in direct patient care greater than 1:10 for pre-licensure and 1:6 for ARNP ([WAC 246-840-532](#)); or
 - J. Failure to maintain an average NCLEX examination annual passing rate of 80% ([WAC 246-840-558](#)):
 1. of first time test takers for one year, the program must complete an assessment of the problem;
 2. of first time writers for two (2) consecutive years, an assessment of the possible contributing factors and submit a plan of correction. The commission may place the program on conditional approval status.
 3. of first time writers for three (3) consecutive years, the program must complete an assessment of possible contributing factors, submit a plan of correction, and the commission may conduct a site visit.
 4. of first time writers for four (4) out of five (5) consecutive years, the commission shall continue the program on conditional approval, require a full evaluation site visit, and may withdraw program approval following the site visit.

Review of Educational Qualification for Nurse Licensure:

- I. The NCQAC licensing staff forwards the nurse licensure application and education supporting documentation to NCQAC education staff for review to determine academic equivalency to Washington State requirements.
- II. If NCQAC education staff determines that the educational preparation is not equivalent to Washington requirements, the application and supporting documentation are referred to NPAP.
- III. NPAP reviews the application material and supporting education documentation including, but not limited to academic transcripts.
- IV. NPAP determines the decision on educational qualification for nurse licensure.
- V. NPAP staff sends written notice to licensing staff regarding the decision of NPAP.
- VI. Licensing staff prepare the application packet and includes NPAP written decision to the discipline unit for processing of a notice of determination.

Appeal:

A nursing education program aggrieved by a decision of NPAP affecting its approval status shall have the right to appeal in accord with chapter [18.79 RCW](#), the Administrative Procedure Act, [34.05 RCW](#), [Chapter 246-11 WAC](#).

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

Title:	Complaints and Actions Related to Nursing Education	Number:	E03.04
Reference:	RCW 34.05 , RCW 18.79.110 , RCW 18.79.150 , RCW 18.88A.060 , WAC 246-840-500 through WAC 246-840-571		
Author:	Gerianne Babbo, Ed. D, MN, RN Director, Education Nursing Care Quality Assurance Commission		
Effective Date:	May 12, 2023	Date for Review:	May 12, 2025
Supersedes:	E03.03 - March 9, 2018 E03.02 - July 14, 2017 E03.01 - March 9, 2012		
Approved:			
	Yvonne Strader, RN, BSN, BSPA, MHA Chair Nursing Care Quality Assurance Commission (NCQAC)		

Purpose:

This procedure clarifies and provides consistent review of complaints submitted to the Nursing Care Quality Assurance Commission (NCQAC) Education Unit alleging violation of nursing education program rules.

Procedure:

Complaint Intake

A complaint may be received verbally, in writing, or by electronic means. The Complaint Intake licensing database staff member:

- A. Enters complaint into the licensing database within three (3) days from date received in office.
- B. If Complaint Intake licensing database staff member is not available, intake is forwarded to discipline unit for complaint intake.
- C. Documents the date received, complainant name, and nature of complaint in the

licensing database;

D. Sets “present for assessment date” according to the next panel meeting

Director of Nursing Education (DNE) or designee reviews initial complaints on nursing education and training programs. If the allegation relates to a violation of the Nurse Practice Act ([RCW 18.79](#), [WAC 246-840](#)) or Uniform Disciplinary Act ([RCW 18.130](#)), the complaint is referred to the NCQAC Discipline Intake.

If the allegation relates to a potential violation of nursing education program rules, the complaint is referred to the NCQAC Nursing Program Approval Panel (NPAP). The review to determine if a complaint is opened for investigation may be determined by any NCQAC panel.

Assessment of the Complaint

The panel reviews the complaint and makes an investigative determination, which results in one of the following actions:

- A. Open the complaint for a full investigation;
- B. Close the complaint for it is below threshold of an investigation;
- C. Close the complaint for no potential violation;
- D. Close the complaint for no jurisdiction;
- E. Close the complaint as otherwise resolved; or
- F. Close the complaint for insufficient information.

Investigation

If the complaint is opened for investigation by a panel, a nursing education investigator is assigned.

Investigative Reports

The investigator completes the investigation and draft investigative report within 120 days from date assigned to the investigator. The complaint investigator may request an extension due to extenuating circumstances. The DNE makes the determination if the extension is warranted.

The DNE may extend the timeline for investigation of complaints received on nursing programs for good cause or for programs that are scheduled to be surveyed within the next three months. If the program is due for an on-site survey, the complaint may be investigated at that time.

The report includes the following information:

- A. Name of program;
- B. Program contact information;
- C. Complaint number;

- D. The original complaint;
- E. Date complaint received;
- F. Date assigned to complaint investigator;
- G. Name of investigator/surveyor;
- H. Dates of investigation (initiation date/completion date);
- I. History of other complaints or violations;
- J. Chronology of investigation and findings;
- K. Possible violation of rules (identify and list rules); and
- L. Appendix of supporting evidence.

Panel Decisions Related to Investigative Reports

Education staff presents the draft investigative report to the appropriate panel for review. The panel decides if any rule violation has occurred and determines the course of action consistent with the authority of NCQAC.

The panel decision related to investigative reports includes one of the following program actions:

- A. No jurisdiction;
- B. No violation of any rule;
- C. Insufficient evidence; or
- D. Evidence supports violation.

Panel Actions Related to Completed Investigations

The panel authorizes action against a nursing education program in accord with the appropriate rules governing these programs. The panel may take the following course of actions:

- A. Letter of Decision;
 - 1. There is no violation of rule and there is no action that alters approval status by NCQAC; or
 - 2. There is a violation of rule(s) and statement of deficiencies, which requires a plan of correction and corrective date by the program.
- B. Letter of Determination:
 - 1. There is a violation(s) of rule and intent to place the program on conditional approval status; or
 - 2. There is a significant violation(s) of rule and intent to withdraw program approval.

Appeal of NCQAC Decisions

All Letters of Determination affecting a program's approval status shall state the right of a program to appeal a decision by NCQAC in accordance with the provisions of [chapter 18.79 RCW](#), the Administrative Procedure Act [chapter 34.05 RCW](#), and [chapter 246-11 WAC](#).

DRAFT

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

Title:	Continuing Approval for Nursing Programs in Washington State	Number:	E05.02
Reference:	RCW 18.79.110 , RCW 18.79.150 , RCW 18.69.240 , WAC 246-840-554		
Author:	Gerianne Babbo, Ed. D, MN, RN Director, Education Nursing Care Quality Assurance Commission		
Effective Date:	May 12, 2023	Date for Review:	May 12, 2025
Supersedes:	E05.01 – November 11, 2013		
Approved:			
	Yvonne Strader, RN, BSN, BSPA, MHA Chair Nursing Care Quality Assurance Commission (NCQAC)		

Purpose:

The Nursing Care Quality Assurance Commission (NCQAC) has statutory authority to approve nursing education programs in the state of Washington. The NCQAC appointed the Nursing Program Approval Panel (NPAP), delegating to it the administration of the nursing education program evaluation process, the decision-making function, and the resolution of nursing education program complaints.

The NPAP surveys and reevaluates each nursing program for continued approval every eight to ten years. Complaints or violations of educational requirements may require evaluations on a more frequent basis.

The NPAP may accept accreditation by a commission-recognized national nursing accreditation body as evidence of compliance with Washington state standards for nursing education. This document clarifies and provides procedures for the consistent review and the ongoing evaluation and approval of nursing education programs that are accredited by a national nursing accreditation body approved by the United States Department of Education (USDE).

Procedure:

Commission Action Prior to Accreditation Site Visit:

- I. The NPAP may accept accreditation from a national nursing accreditation body approved by the USDE as evidence of substantial compliance with the standards of nursing education programs. [[WAC 246-840-511](#)];

NPAP may accept accreditation by a recognized national accreditation body as evidence of compliance provided conditions set out in [WAC 246-840-511](#) are met. All forms and reports exchanged, sent, or received between the nursing education program and the national accreditation body shall be submitted to NPAP within 30 days.

NCQAC recognizes the following nursing accrediting bodies:

- 1. Accreditation Commission for the Education of Nurses (ACEN)*
- 2. Commission on Collegiate Nursing Education (CCNE)*
- 3. Commission for Nursing Education Accreditation (CNEA)*

- II. Nursing programs preparing students for Advanced Registered Nurse Practitioner (ARNP) licensure must maintain accreditation status from a national nursing accreditation body approved by the USDE. The NPAP will deny continuing approval of an ARNP nursing program if the program loses its accreditation status. The NPAP may deny the application of initial ARNP licensure for graduates of a school that has lost national nursing accreditation [[WAC 246-840-340](#), [WAC 246-840-342](#)].

- III. The NPAP may conduct a review and/or a site visit to a nursing program when the following situations arise (per [WAC 246-840-558](#)):

- A. Complaints relating to violations of [WAC 246-840-340\(1\)\(b\)](#), [246-840-342\(1\)\(b\)](#) and [WACs 246-840-505 through 246-840-571](#).
- B. Denial, withdrawal or change of program accreditation status by a national nursing accreditation body approved by the USDE or the institution's academic accreditation agency
- C. Failure to obtain NCQAC approval for changes that require approval of the commission under [WAC 246-840-554](#).
- D. Providing false or misleading information to students or the public concerning the nursing program
- E. Violation of the nursing education rules (WACs)
- F. Inability to secure a qualified director or faculty, resulting in substandard supervision and teaching of students
- G. Noncompliance with the program's stated purpose, objectives, policies, and curriculum resulting in unsatisfactory student achievement
- H. Failure to provide clinical experiences necessary to meet the objectives of the

nursing program

- I. Faculty to student ratio in direct patient care that is greater than 1:10 in undergraduate programs and 1:6 in ARNP programs
 - J. Failure to maintain an average NLCEX examination annual first-attempt passing rate of 80 percent.
- IV. The Nursing Education Advisor (NEA) reviews all accreditation reports (e.g., self-study, correspondence, progress reports, etc.) received from nursing programs. The NEA assigns the report for review by one NPAP member. The panel member presents findings from the initial review to NPAP. The panel may decide that a site visit by the Education staff is needed. The NPAP may ask the nursing program for additional information based on the initial review of the accreditation self-study.

Accredited Nursing Program Action Prior to and After Accreditation Site Visit:

- I. The nursing program must submit to NPAP a copy of the self-study and interim reports at the time of submittal to the nursing accrediting body [[WAC 246-840-556\(1\)\(a\)](#)]. An electronic and three hard-copy copies are sent to the nursing education unit. The nursing program must also submit to the commission all accreditation reports and any interim reports received from the nursing accrediting body within 30 days of receiving the reports. [[WAC 246-840-556\(1\)\(b\)](#)].
- II. The nursing program must file with the commission notice of any change in program accreditation status within 30 days of receipt of notice from the national nursing accreditation body [[WAC 246-840-556\(1\)\(c\)](#)].

Commission Action after Accreditation Site Visit:

- I. If the nursing program is not required to have a site visit by commission staff, the education staff reviews the reports from the nursing accrediting bodies. When possible, the education unit staff sends the accreditation report to the NPAP member who initially reviewed the self-evaluative report. The NPAP member makes recommendations to NPAP for action.
- II. The NPAP may grant full approval based upon evidence of accreditation and no violation of nursing education rules. The approval shall not exceed ten years and may be only for the length of the term of the program accreditation [[WAC 246-840-566\(1\)\(f\)](#)].
- III. The NPAP may require an additional report from the nursing program if the program is accredited for less than the maximum accreditation time allowed. [[WAC 246-840-566\(1\)\(g\)](#)].
- IV. A written notification detailing the NPAP action regarding approval and/or request for information is sent to the program nurse administrator, the president, and vice-president within 30 days of the panel decision.

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

Title:	Approval of Student Clinical Learning Experience in Washington for Out-Of-State Nursing Programs	Number:	E06.02
Reference:	RCW 18.79.010 ; RCW 18.79.050 ; RCW 18.79.110 ; RCW 18.79.240 ; RCW 34.05 ; WAC 246-840-342 ; WAC 246-840-517 ; and WAC 246-840-500 to WAC 246-840-571		
Author:	Gerianne Babbo, Ed. D, MN, RN Director, Education Nursing Care Quality Assurance Commission		
Effective Date:	May 12, 2023	Date for Review:	May 12, 2025
Supersedes:	E06.01 - January 10, 2013		
Approved:			
	Yvonne Strader, RN, BSN, BSPA, MHA Chair Nursing Care Quality Assurance Commission (NCQAC)		

Purpose:

The Nursing Care Quality Assurance Commission (NCQAC) has statutory authority in the state of Washington through [RCW 18.79.110](#) to approve and review nursing programs. NCQAC protects the health and safety of Washington residents and ensures quality nursing education programs. Licensed practical (LPN), registered nurse (RN) and advanced practice nursing (ARNP) students from out-of-state nursing programs must have clinical placement approval from the NCQAC[[RCW 18.79.240](#)]. Only verified Washington state residents seeking clinical experiences in Washington state are eligible for approval under this procedure.

The Nursing Program Approval Panel (NPAP) has the delegated authority from the Nursing Commission to approve student clinical learning experiences in the state of Washington for out-of-state nursing programs. This procedure provides direction on the approval process for out-of-state nursing programs seeking to place nursing students in clinical sites in the state of Washington.

Requirements of the Out-Of-State Nursing Program:

- I. A nursing education program located outside of Washington state borders seeking approval to conduct clinical learning experiences in Washington shall meet the following requirements:
 - A. Fully approved or accredited by the state board of nursing (or designated approval agency) in the state where the nursing education program originates; and
 1. Approved by the Washington Student Achievement Council (WSAC) prior to seeking commission approval. The written request and the required supporting documentation to conduct clinical learning experiences in Washington may be submitted to NPAP at the same time that an application is submitted to WSAC, but the request to conduct clinical learning experiences in Washington cannot be approved until the program is approved by WSAC.
 - B. All approved out-of-state programs for clinical placements are required to submit an annual report to the Commission on the forms provided.
 - C. The nurse administrator responsible for licensed practical nurse (LPN) and registered nurse (RN) programs must meet the educational requirements identified in [WAC 246-840-517 \(2\)](#). Advanced registered nurse practitioner (ARNP) program directors must meet the educational qualifications identified in [WAC 246-840-517 \(3\)](#).
 - D. Clinical faculty teaching LPN or RN students in the state of Washington must meet the requirements identified in [WAC 246-840-524](#) and [246-840-526](#). Clinical faculty teaching ARNP students must be licensed as an ARNP and meet the requirements of [WAC 246-840-527](#).
 - E. Clinical preceptors may be used to enhance direct care of patients or clients in clinical learning experience after the student has received clinical and didactic instruction from program faculty. Undergraduate programs may utilize preceptors during the final semester or capstone course. Post-graduate programs may utilize preceptors after the student has received clinical and didactic instruction from program faculty in all basic areas for that course or specific learning experience.
 1. During the precepted experience, the faculty shall confer with each preceptor and student regularly. Minimally, communication will occur at the beginning of the student learning experience, in the middle of the experience, and at the end of the learning experience. Communication may occur more frequently as required by the clinical experience.
 2. Programs utilizing preceptors in the state of Washington shall ensure that preceptor is:
 - i. licensed at or above the level for which the student is preparing;
 - ii. experienced in the facility and specialty area; and
 - iii. oriented to written course and student learning objectives and documented role expectations of faculty, preceptor, and student. [[WAC 246-840-533](#)]

- F. Out-of-state nursing programs that are preparing students for ARNP practice must be accredited and maintain accreditation status by a nursing or nursing-related accrediting organization recognized by USDE or the Council of Higher Education Accreditation (CHEA).
- G. Programs are required and must obtain approval for clinical site locations or total number of student placements. Health care providers may deny placement of students at the clinical site at any time. NPAP may only approve clinical placement for Washington state residents.
- H. Out-of-state nursing programs are required to notify NPAP of changes in clinical faculty teaching in Washington State.
- I. Out-of-state nursing programs are required to notify NPAP of changes in nursing administrators.

PROCEDURE:

- I. The nursing education program located outside of Washington state's borders seeking approval to conduct clinical learning experiences in Washington should initiate the process with NPAP at least three months prior to the anticipated start of the clinical experience in Washington.
- II. The nursing program must submit the following:
 - A. A completed out of state Nursing Education Program Approval Application.
 - B. A letter of intent specifically identifying the courses and clinical experience(s) for which the nursing program is seeking approval;
 - C. Description of the type (e.g. direct faculty supervised, preceptorship) and the specific practice area of the proposed clinical learning experiences to be conducted in Washington, including the geographic location, names of proposed clinical facilities, and the anticipated date when the clinical learning experiences will begin. {Provide in table format, the specific clinical facilities that will be utilized, the number of the students at each clinical facility, the number and names of the program's clinical faculty at each clinical facility, and the number of students of preceptors that will be utilized at each clinical facility}; Students must be WA state residents to do clinical in WA state.
 - D. A statement as to how these programs and clinical experiences will prepare students for licensure as licensed practical nurses, registered nurses or advanced registered nurse practitioners according to the scope of practice identified in the following rules:
 - 1. LPN and RN ([WAC 246-840-700](#) and [WAC 246-840-705](#)); and
 - 2. ARNP ([WAC 246-840-300](#));
 - E. Identification of the faculty member(s) responsible for the student's clinical learning experience and his or her educational qualifications and WA state licensure;
 - F. Letter(s) or affiliation agreement from prospective clinical facilities or settings indicating the facilities' ability to accommodate students;

- G. Identify the contact person at the clinical site and provide telephone and email addresses;
 - H. Evidence of discussion regarding cooperative planning with directors of existing nursing programs or clinical consortiums for use of potential affiliate agencies and clinical practice settings;
 - I. Evidence of College or University institutional accreditation status;
 - J. Evidence of the program's current approval/accreditation status by the state board of nursing from the state where the nursing education program originates;
 - K. If accredited by a nursing or nursing-related accrediting organization recognized by the USDE or the CHEA, submit documentation of current accreditation status.
 - L. For programs that are not fully accredited (e.g. under review by accrediting body for initial accreditation or conditional accreditation) must submit copies of self-evaluation report(s) and any interim report(s) provided to the accrediting body;
 - M. Evidence that the program has been approved by WSAC;
 - N. Evidence of written policies related to the management of clinical learning experiences to be conducted in Washington including:
 - 1. Evidence that faculty is responsible and accountable for managing clinical learning experiences of students. Note: The maximum faculty to student ratio for pre-licensure LPN and RN programs is 1:10.
 - 2. Criteria and rationale for the selection of affiliate agencies or clinical practice settings appropriate for the program of study;
 - 3. Process for the evaluation of the effectiveness for affiliating agencies/clinical facilities or clinical practice settings and the frequency of evaluation;
 - 4. Written affiliation agreements between the program and agencies/clinical practice settings and the frequency of evaluation;
 - 5. When clinical preceptors are used written agreements between the program, clinical preceptor and the affiliating agency, when applicable, delineating the functions and responsibilities of the parties involved;
 - 6. Written criteria for the selection of competent clinical preceptors, and verification of qualifications; and
 - 7. Process for the evaluation of student performance in clinical learning experiences, including criteria for the frequency of assessment.
 - O. Additional information and/or documentation may be requested in order to provide clarity.
- III. NPAP may require the nurse educator advisor (NEA) or consultant to provide consultation or to conduct a site visit of the proposed clinical facilities, depending on the analysis of the written request and the required supporting documentation.
- IV. Programs are notified of NPAP decisions within 30 days of the panel meeting.

- V. Students shall not be enrolled in the clinical learning experience to be conducted in Washington state until the clinical placements are approved by NPAP to provide this experience.
- VI. Renewal of clinical site approval(s) or student placement numbers will coincide with the evaluation of the program's annual report.

DRAFT

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

Title:	Nursing Education Unit Complaint Investigation Procedure	Number:	E07.02
Reference:	None		
Author:	Gerianne Babbo, Ed. D, MN, RN Director, Education Nursing Care Quality Assurance Commission		
Effective Date:	May 12, 2023	Date for Review:	May 12, 2025
Supersedes:	E07.01 – February 20, 2014		
Approved:			
	Yvonne Strader, RN, BSN, BSPA, MHA Chair Nursing Care Quality Assurance Commission (NCQAC)		

Purpose:

The purpose of this procedure is to outline processes to be followed once a complaint is received by the Nursing Education Unit (NEU).

Complaint Intake:

- I. A complaint may be received verbally, in writing or by electronic means. Staff shall encourage all complainants to file a complaint in writing on the Nursing Program Complaint Form.
- II. If the complainant is not able to complete a written complaint form, the staff member taking the complaint completes the form and forwards to the Education Admin Assistant (AA).
- III. The AA creates an electronic file in the nursing program file which shall include the complaint form; the name of the program identified in the complaint; a complaint number; and date complaint received.
- IV. The AA supports the nursing education consultant to prepare complaint documents for review by the appropriate Nursing Program Approval Panel (NPAP).

- A. The Case Management Team (CMT) receives complaints that require immediate attention when the NPAP is not available to review.

Template for Investigative Report

1. Name of nursing program:
2. Complaint number:
3. Date complaint received:
4. Date assigned to complaint investigator:
5. Dates of investigation (initiation date/completion date):
6. Name of investigator:
7. Chronology of investigation
8. Findings:
9. Possible violation of rules (identify and list rules):
10. Recommendations:



PROPOSED RULE MAKING

CR-102 (July 2022)
(Implements RCW 34.05.320)
 Do **NOT** use for expedited rule making

CODE REVISER USE ONLY

OFFICE OF THE CODE REVISER
 STATE OF WASHINGTON
 FILED

DATE: April 04, 2023

TIME: 8:29 AM

WSR 23-08-064

Agency: Department of Health – Nursing Care Quality Assurance Commission

☒ **Original Notice**

☐ **Supplemental Notice to WSR**

☐ **Continuance of WSR**

☒ **Preproposal Statement of Inquiry was filed as WSR 19-15-092 ; or**

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

☐ **Proposal is exempt under RCW 34.05.310(4) or 34.05.330(1); or**

☐ **Proposal is exempt under RCW _____.**

Title of rule and other identifying information: (describe subject) WAC 246-840-463 and 246-840-4659. The Nursing Care Quality Assurance Commission (commission) is proposing amendments to clarify the application of the advanced practice pain management rules in Nursing Homes and Long-Term Acute Care Hospitals.

Hearing location(s):

Date:	Time:	Location: (be specific)	Comment:
05/12/2023	1:15 PM	<p>The commission will provide a virtual and a physical location for this hearing to promote social distancing and the safety of the citizens of Washington State.</p> <p>Physical location:</p> <p>Hilton Seattle Airport & Conference Center, Crystal Ballroom</p> <p>17620 International Blvd</p> <p>Seattle, WA 98188</p> <p>Virtual:</p> <p>Please follow this link to register for the virtual hearing which will give you instructions to either join the meeting on a device, or to call in to the meeting on the phone:</p> <p>https://us02web.zoom.us/join/8vc-sf-wKwCGwpM</p>	

Date of intended adoption: 5/12/2023 (Note: This is **NOT** the effective date)

Submit written comments to:

Name: Jessilyn Dagum

Assistance for persons with disabilities:

Contact Jessilyn Dagum

Address: PO Box 47864 Olympia, WA 98504-7864	Phone: (360) 236-3538
Email: https://fortress.wa.gov/doh/policyreview	Fax: (360) 236-4738
Fax: (360) 236-4738	TTY: 711
Other: N/A	Email: NCQAC.rules@doh.wa.gov
By (date) 04/28/2023	Other:
	By (date) 04/28/2023

Purpose of the proposal and its anticipated effects, including any changes in existing rules: The proposed amendments to WAC 246-840-463 and 246-840-4659 create permanent rules from an interpretive statement titled NCIS-2.00 Application of WAC 246-840-4659 to Nursing Homes and Long-Term Acute Care Hospitals. These amendments will clarify that the pain management rules (WAC 246-840-460 through 246-840-4990) that apply to the treatment of patients by licensed practical nurses, registered nurses, and advanced registered nurse practitioners also extend to patients admitted under hospital orders to Nursing Homes licensed under chapter 18.51 RCW or chapter 388-97 WAC ("Nursing Homes") and long-term acute care hospitals (LTACs) as outlined in WAC 182-550-2565. The amendments will also clarify that a discharge facility's history and physical may be considered an appropriate history and physical under WAC 246-840-4659 to allow timely prescribing of needed medications for acute non-operative pain or acute perioperative pain.

The proposed amendments to WAC 246-840-463 and 246-840-4659 clarify the application of the advanced practice pain management rules in Nursing Homes and Long-Term Acute Care Hospitals.

Amendments to WAC 246-840-463 specifically state that WAC 246-840-460 through 246-840-4990 does not apply to the treatment of patients in Nursing Homes licensed under chapter 18.51 RCW or chapter 388-97 WAC ("Nursing Homes") and LTACs.

Amendments to WAC 246-840-4659 incorporates language that allow an ARNP to consider the discharge facility's 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 chapter 388-97 WAC, nursing homes and LTACs.

Reasons supporting proposal: Pursuant to a legislative mandate, Engrossed Substitute House Bill (ESHB) 2876 (Chapter 209, Laws of 2010), the commission adopted rules in 2012 for the management of chronic, non-cancer pain. These rules did not apply to the management of cancer-related pain or acute pain caused by an injury or surgical procedure. In 2017, the legislature enacted Engrossed Substitute House Bill (ESHB) 1427, requiring the commission to adopt rules establishing requirements for prescribing opioid drugs. The adopted rules apply to the prescribing of opioids for the treatment of pain, including acute non-operative, acute perioperative, sub-acute, and chronic pain.

There are certain types of pain management treatments excluded from the rules, including hospital patients receiving inpatient treatment for more than twenty-four hours. The commission recognizes that patients in Nursing Homes and Long-Term Acute Care Hospitals (LTACs) are typically high acuity and are similarly situated to hospital patients receiving inpatient treatment. However, there is no specific exclusion for pain treatment of patients in Nursing Homes or LTACs.

Proper pain management is required by RCW 74.42.140 in Nursing Home and LTAC settings and is necessary for patient quality of life. Nursing Homes and LTACs are not outpatient settings and medications are not controlled or handled by patients. When a patient is admitted to a Nursing Home from a hospital, a Nursing Home is required by WAC 388-97-1000 and RCW 74.42.150 to document that patient's history, physical examination results, and healthcare provider's orders for care. Often Nursing Home patients are admitted with a limited prescription of pain medications. Similarly, LTACs are hospital settings designed for longer-term treatment, and patients receive 24-hour clinical care.


Patients admitted to Nursing Homes and LTACs are continuing their treatment protocol as applied when they were in an inpatient hospital setting. The current rules require an attending provider at a Nursing Home or LTAC to collect a patient history and conduct a physical examination prior to prescribing opioids, as well as consult the Prescription Monitoring Program. An attending provider may not be able to immediately perform a new history and physical to authorize a prescription to continue pain management. This disrupts the continuity of pain management and may jeopardize the quality of care in Nursing Home or LTAC settings.

The proposed amendments to WAC 246-840-463 and 246-840-4659 clarify the application of the advanced practice pain management rules in Nursing Homes and Long-Term Acute Care Hospitals.

Statutory authority for adoption: RCW 18.79.010, 18.79.110 and 18.79.250

Statute being implemented: RCW 18.79.010, 18.79.110 and 18.79.250

Is rule necessary because of a:			
Federal Law?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Federal Court Decision?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
State Court Decision?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
If yes, CITATION:			
Agency comments or recommendations, if any, as to statutory language, implementation, enforcement, and fiscal matters: None			
Type of proponent: <input type="checkbox"/> Private <input type="checkbox"/> Public <input checked="" type="checkbox"/> Governmental			
Name of proponent: (person or organization) Nursing Care Quality Assurance Commission			
Name of agency personnel responsible for:			
	Name	Office Location	Phone
Drafting:	Jessilyn Dagum	111 Israel Road SE Tumwater, WA 98504	(360) 236-3538
Implementation:	Jessilyn Dagum	111 Israel Road SE Tumwater, WA 98504	(360) 236-3538
Enforcement:	Catherine Woodard	111 Israel Road SE Tumwater, WA 98504	(360) 236-4757
Is a school district fiscal impact statement required under RCW 28A.305.135? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If yes, insert statement here:			
<p>The public may obtain a copy of the school district fiscal impact statement by contacting:</p> <p>Name:</p> <p>Address:</p> <p>Phone:</p> <p>Fax:</p> <p>TTY:</p> <p>Email:</p> <p>Other:</p>			
Is a cost-benefit analysis required under RCW 34.05.328?			
<input checked="" type="checkbox"/> Yes: A preliminary cost-benefit analysis may be obtained by contacting: <p style="margin-left: 40px;">Name: Jessilyn Dagum</p> <p style="margin-left: 40px;">Address: PO Box 47864 Olympia WA 98504-7864</p> <p style="margin-left: 40px;">Phone: (360)236-3538</p> <p style="margin-left: 40px;">Fax: (360-236-4738</p> <p style="margin-left: 40px;">TTY: 711</p> <p style="margin-left: 40px;">Email: NCQAC.Rules@doh.wa.gov</p> <p style="margin-left: 40px;">Other:</p>			
<input type="checkbox"/> No: Please explain: <div style="border: 1px solid black; height: 100px; width: 100%; margin-top: 5px;"></div>			
Regulatory Fairness Act and Small Business Economic Impact Statement			
Note: The Governor's Office for Regulatory Innovation and Assistance (ORIA) provides support in completing this part.			
(1) Identification of exemptions:			
This rule proposal, or portions of the proposal, may be exempt from requirements of the Regulatory Fairness Act (see chapter 19.85 RCW). For additional information on exemptions, consult the exemption guide published by ORIA . Please check the box for any applicable exemption(s):			
<input type="checkbox"/> This rule proposal, or portions of the proposal, is exempt under RCW 19.85.061 because this rule making is being adopted solely to conform and/or comply with federal statute or regulations. Please cite the specific federal statute or regulation this rule is being adopted to conform or comply with, and describe the consequences to the state if the rule is not adopted. Citation and description:			
<input type="checkbox"/> This rule proposal, or portions of the proposal, is exempt because the agency has completed the pilot rule process defined by RCW 34.05.313 before filing the notice of this proposed rule.			
<input type="checkbox"/> This rule proposal, or portions of the proposal, is exempt under the provisions of RCW 15.65.570(2) because it was adopted by a referendum.			

<input type="checkbox"/> This rule proposal, or portions of the proposal, is exempt under RCW 19.85.025(3) . Check all that apply:	
<input type="checkbox"/> RCW 34.05.310 (4)(b) (Internal government operations)	<input type="checkbox"/> RCW 34.05.310 (4)(e) (Dictated by statute)
<input type="checkbox"/> RCW 34.05.310 (4)(c) (Incorporation by reference)	<input type="checkbox"/> RCW 34.05.310 (4)(f) (Set or adjust fees)
<input type="checkbox"/> RCW 34.05.310 (4)(d) (Correct or clarify language)	<input type="checkbox"/> RCW 34.05.310 (4)(g) ((i) Relating to agency hearings; or (ii) process requirements for applying to an agency for a license or permit)
<input checked="" type="checkbox"/> This rule proposal, or portions of the proposal, is exempt under RCW 19.85.025(4) (does not affect small businesses).	
<input type="checkbox"/> This rule proposal, or portions of the proposal, is exempt under RCW _____.	
Explanation of how the above exemption(s) applies to the proposed rule:	
(2) Scope of exemptions: <i>Check one.</i> <input checked="" type="checkbox"/> The rule proposal is fully exempt (<i>skip section 3</i>). Exemptions identified above apply to all portions of the rule proposal. <input type="checkbox"/> The rule proposal is partially exempt (<i>complete section 3</i>). The exemptions identified above apply to portions of the rule proposal, but less than the entire rule proposal. Provide details here (consider using this template from ORIA): <input type="checkbox"/> The rule proposal is not exempt (<i>complete section 3</i>). No exemptions were identified above.	
(3) Small business economic impact statement: <i>Complete this section if any portion is not exempt.</i> If any portion of the proposed rule is not exempt , does it impose more-than-minor costs (as defined by RCW 19.85.020(2)) on businesses?	
<input type="checkbox"/> No Briefly summarize the agency's minor cost analysis and how the agency determined the proposed rule did not impose more-than-minor costs. <input type="checkbox"/> Yes Calculations show the rule proposal likely imposes more-than-minor cost to businesses and a small business economic impact statement is required. Insert the required small business economic impact statement here:	
The public may obtain a copy of the small business economic impact statement or the detailed cost calculations by contacting:	
Name: Address: Phone: Fax: TTY: Email: Other:	
Date: 4/3/2023 Name: Paula R. Meyer, MSN, RN, FRE Title: Executive Director, Nursing Care Quality Assurance Commission	Signature: 

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.

WELCOME!

You can read and comment on all Department of Health proposed rules (CR-102 notices) during the official comment period. Some draft rules may be posted here also. When you comment on a rule through this website your comments become part of the public record. Your comments help in the decision to adopt the rule as proposed or to revise the proposal if appropriate. Everyone who comments on a proposed rule will get a copy of the Department's official response to the comments.

Instructions


Use the table below to find the rule you would like to review, then just click on the title to read the document. You may comment by clicking on "add your comment." To see how others have responded click on "view all comments". If the chart is empty, there are no rules open for public comment.

Please Note:

You cannot attach documents or internet links at the "add your comment" link. Send those materials by clicking the "program contact" person or link. This opens an e-mail where you can send comments, attachments, links or questions. Thank you.

Some files on this page require MS Word or Adobe Acrobat free readers.
[Click here to download a reader.](#)

Document Title	Program	Program Contact for questions or problems	Add Your Comment	Comment Deadline	View All Comments
Fruit and Vegetables Incentives Program, Chapter 246-770 WAC The Department of Health is proposing rules to establish the criteria for food retailers, farmers' markets, and farm stands to participate in the Fruit and Vegetables Incentives program, as well as the eligibility criteria for consumers to receive and use fruit and vegetable incentives	PCH - HSC - COMMUNITY BASED PREVENTION	Alyssa A Auvinen	Add Comment	5/1/2023	1 Comment
Fruit and Vegetables Incentives Program, Chapter 246-770 WAC Significant Analysis	PCH - HSC - COMMUNITY BASED PREVENTION	Alyssa A Auvinen	Add Comment	5/1/2023	No Comments
WAC 246-915-120. Physical Therapy licensure requirements for foreign educated applicants. The Board of Physical Therapy (board) is proposing amendments to licensure requirements for foreign educated applicants under WAC 246-915-120.The board is proposing updates to the Test of English as a Foreign Language (TOEFL) scoring requirements to bring them into alignment with the Federation of State Boards of Physical Therapy (FSBPT) guidelines. Additionally, the board is proposing to remove the requirement that an applicant's first professional degree can only be from a Commission on Accreditation in Physical Therapy Education (CAPTE) approved program. Finally, additional proposed edits to clarify the language of the rule without changing its effect are being proposed.	HSQA - HEALTH PROFESSIONS	Davis B Hylkema	Add Comment	6/2/2023	No Comments
WAC 246-915-120. Physical Therapy licensure requirements for foreign educated applicants. Significant Analysis	HSQA - HEALTH PROFESSIONS	Davis B Hylkema	Add Comment	6/2/2023	No Comments
Donor Human Milk Bank Standards, Chapter 246-720 WAC The Department of Health is proposing new standards for ensuring human milk bank safety.	PCH - OFFICE OF ASST SECRETARY	Ashley A Noble	Add Comment	5/16/2023	No Comments
Donor Human Milk Bank Standards, Chapter 246-720 WAC Significant Analysis	PCH - OFFICE OF ASST SECRETARY	Ashley A Noble	Add Comment	5/16/2023	No Comments
Nursing Advanced Practice Pain Management in Nursing Homes and Long-Term Care Hospitals, WAC 246-840-463 and WAC 246-840-4659 The Nursing Care Quality Assurance Commission is proposing amendments to clarify the application of the advanced practice pain management rules in nursing homes and long-term acute care hospitals.	NCQAC - NURS CARE QUALITY COM	Jessilyn M Dagum	Add Comment	4/28/2023	No Comments
Nursing Advanced Practice Pain Management in Nursing Homes and Long-Term Care Hospitals, WAC 246-840-463 and WAC 246-840-4659 Significant Analysis	NCQAC - NURS CARE QUALITY COM	Jessilyn M Dagum	Add Comment	4/28/2023	No Comments
Dental Health Profession Monitoring Programs: WAC 246-817-801, WAC 246-817-810, WAC 246-817-820, and WAC 246-817-830 The Dental Quality Assurance Commission is proposing amendments to update rules regarding health profession monitoring programs in line with the passage of Substitute Senate Bill (SSB) 5496. The proposal amends the following sections of rule: WAC 246-817-801-Intent, WAC 246-817-810-Definitions used relative to substance abuse monitoring, WAC 246-817-820-Approval of substance abuse monitoring programs, and WAC 246-817-830-Participation in approved substance abuse monitoring program.	HSQA - HEALTH PROFESSIONS	Amber R Freeberg	Add Comment	6/5/2023	No Comments
Medical Assistant rules in WAC 246-827-0010, 246-827-0110, 246-827-0120, 246-827-0140, 246-827-0200, 246-827-0300, 246-827-0400, and 246-827-0610. The Department of Health is proposing rule amendments to update credentialing requirements, ensure that the rules are current and align with best practices, and adding a new section to address telemedicine supervision requirements.	HSQA - HEALTH PROFESSIONS	Rebecca A Mcelhiney	Add Comment	5/24/2023	No Comments
Medical Assistant rules in WAC 246-827-0010, 246-827-0110, 246-827-0120, 246-827-0140, 246-827-0200, 246-827-0300, 246-827-0400, and 246-827-0610. Significant Analysis	HSQA - HEALTH PROFESSIONS	Rebecca A Mcelhiney	Add Comment	5/24/2023	No Comments
Osteopathic Opioid Rule Exemptions, WAC 246-853-661. The Board of Osteopathic Medicine and Surgery is proposing amendments to expand the types of patients who are exempt from opioid prescribing rules. The proposed language aligns with the Washington Medical Commission's recently adopted rules to ensure consistency and alignment with best practices.	HSQA - HEALTH PROFESSIONS	Rebecca A Mcelhiney	Add Comment	5/26/2023	No Comments
Osteopathic Opioid Rule Exemptions, WAC 246-853-661. Significant Analysis	HSQA - HEALTH PROFESSIONS	Rebecca A Mcelhiney	Add Comment	5/26/2023	No Comments
Removing references to Osteopathic Physicians' Assistants, WAC 246-853-290, 246-853-300, 246-853-630, 246-853-640, 246-853-662, 246-853-750 and 246-853-990. The Board of Osteopathic Medicine and Surgery and the Department of Health are proposing amendments to several rule sections to remove references to osteopathic physicians' assistants in response to the repeal of chapter 246-854 WAC and chapter 246-855 WAC as required by Substitute House Bill (SHB) 2378 Physician Assistants-Various Provisions (chapter 80, Laws of 2020).	HSQA - HEALTH PROFESSIONS	Rebecca A Mcelhiney	Add Comment	6/20/2023	No Comments



Nursing Program Annual Report

NURSING CARE QUALITY
ASSURANCE COMMISSION

MAY 2023

Introduction 2021-2022

Approved Washington State nursing programs and out-of-state programs approved for clinical placement of students

Three different surveys combined;

- 1) Prelicensure in-state program survey administered by the National Council of State Boards of Nursing (NCSBN).
- 2) Post-licensure in-state program survey administered by the NCQAC.
- 3) Out-of-state program survey administered by NCQAC.

Introduction

Students

Faculty

Trend analysis academic progression

Out of state programs

Dashboards Available

Education

Licensing

Workforce

[Click for more information](#)

Overview of Nursing Education Trends in Washington



Program

- ☒ Select all
- ☒ Postlicensure
- ☒ Prelicensure
- ☒ AD-RN
- ☒ BSN
- ☒ GE
- ☒ LPN
- ☒ Other BSN

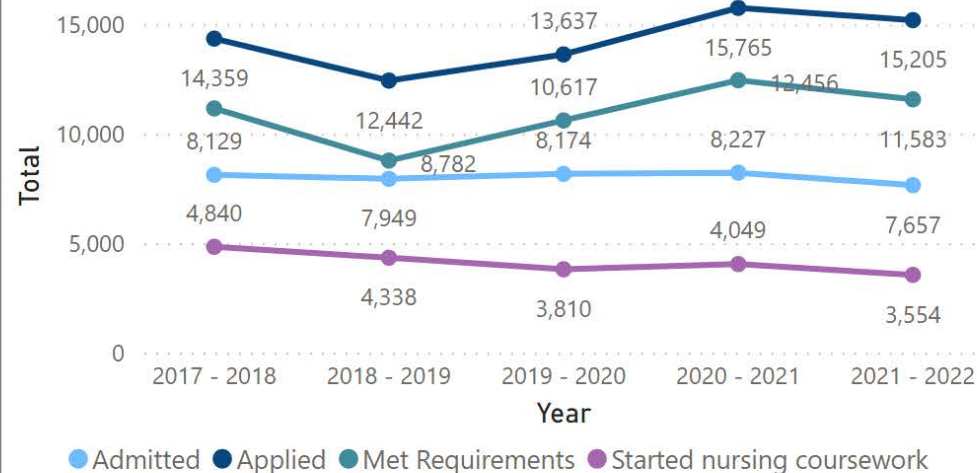
College Type

- ☒ Select all
- ☒ College
- ☒ University

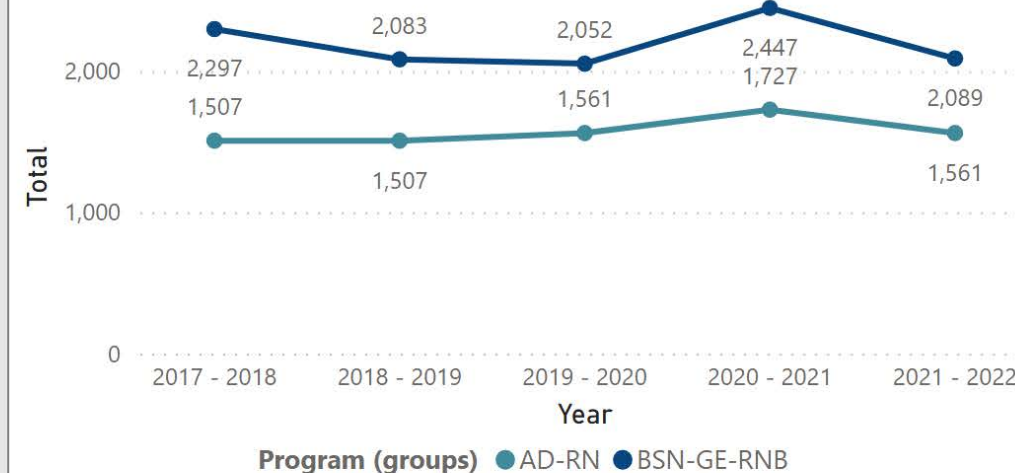
College or University

All

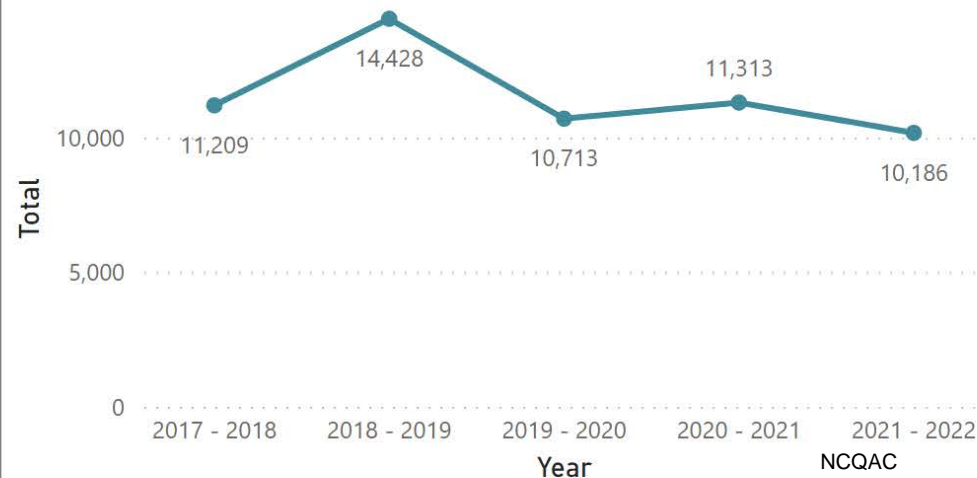
Admission Details by Year



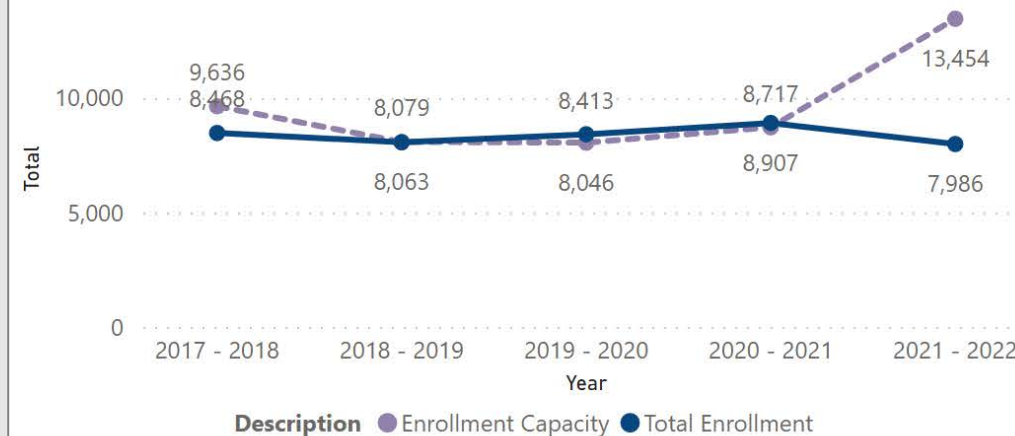
ADN and BSN Graduates by Year



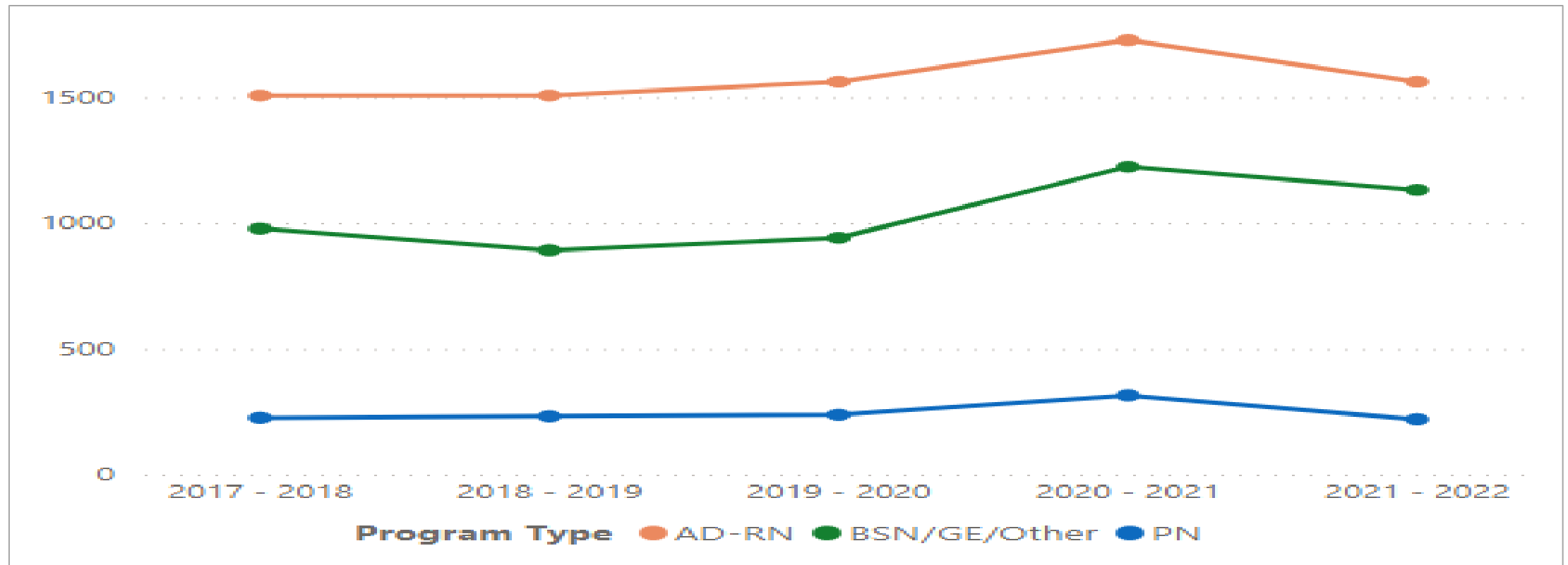
Total Enrollment by Year



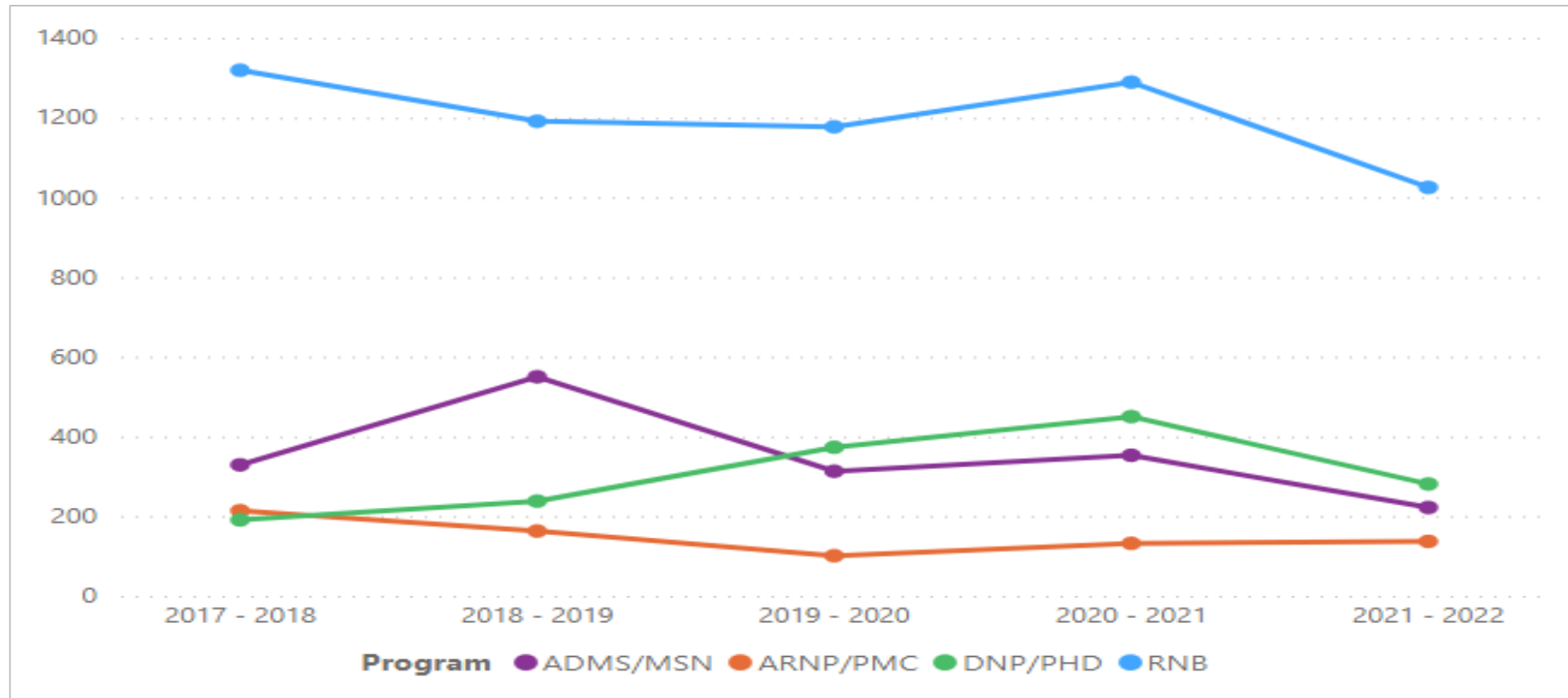
Total Nursing Enrollment and Capacity by Year*



Total Prelicensure Program Graduates by Type of Program



Total Post-licensure Program Graduates by Type of Program



Comparing AD-RN and total BSN graduate trends (RN)

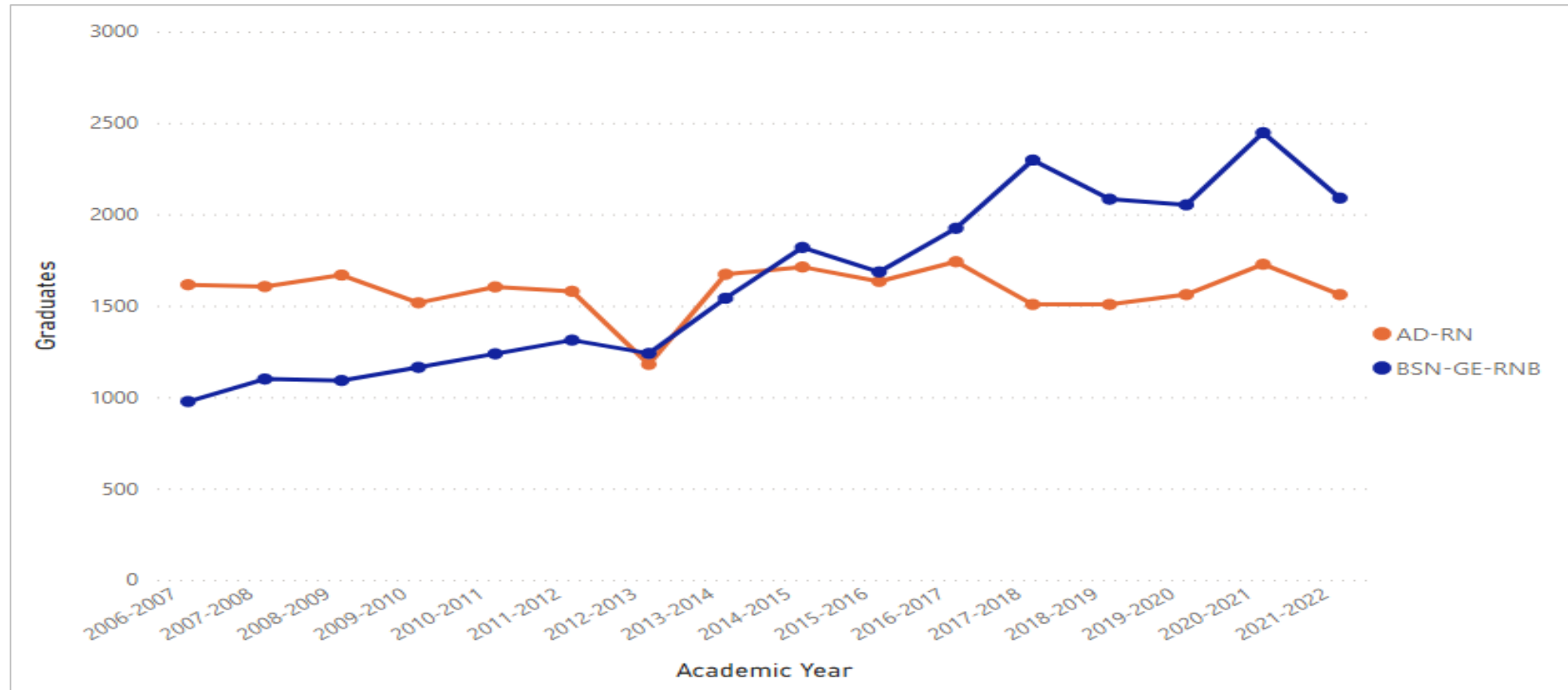


Table Faculty Turnover

Academic Year	Percent expected to retire in 5 years	Percent who resigned
2020-2021	12	10
2021-2022	13	5

Students with Clinical Site Placement from Out of State Programs by Track

	PN	AD-RN	BSN	RNB	AD-MS	GE	MSN	NP-MN	PMC	DNP	PhD	Other	Total
2018-2019	168	276	534	240	2	4	140	516	185	191	0	0	2,256
2019-2020	20	163	206	107	3	0	61	557	28	94	1	0	1,240
2020-2021	126	235	551	155	1	1	86	530	51	114	4	0	1,854
2021-2022	156	225	472	232	0	0	48	414	69	146	4	13	1,779



Click for more
information

Out of State Students from Washington

[2018 - 2019](#)[2019 - 2020](#)[2020 - 2021](#)[2021 - 2022](#)

Colleges or
Universities

99

Prelicensure
Students

853

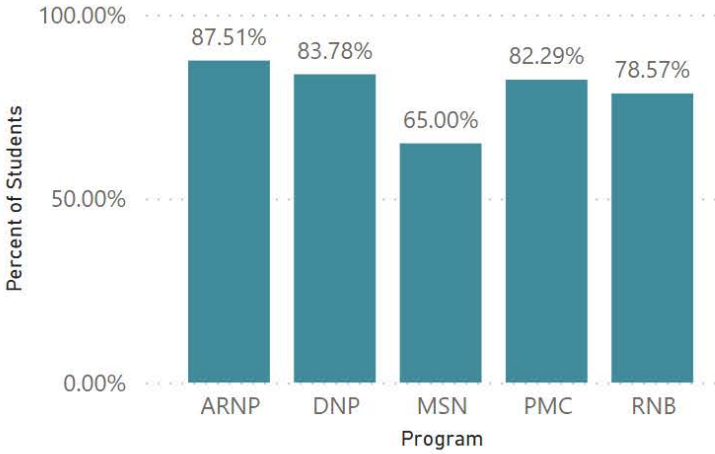
Programs

234

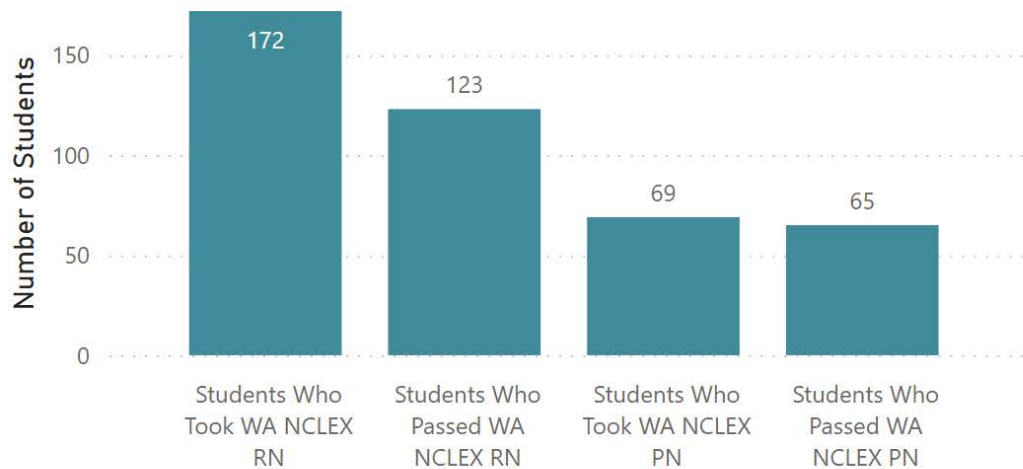
Postlicensure
Students

926

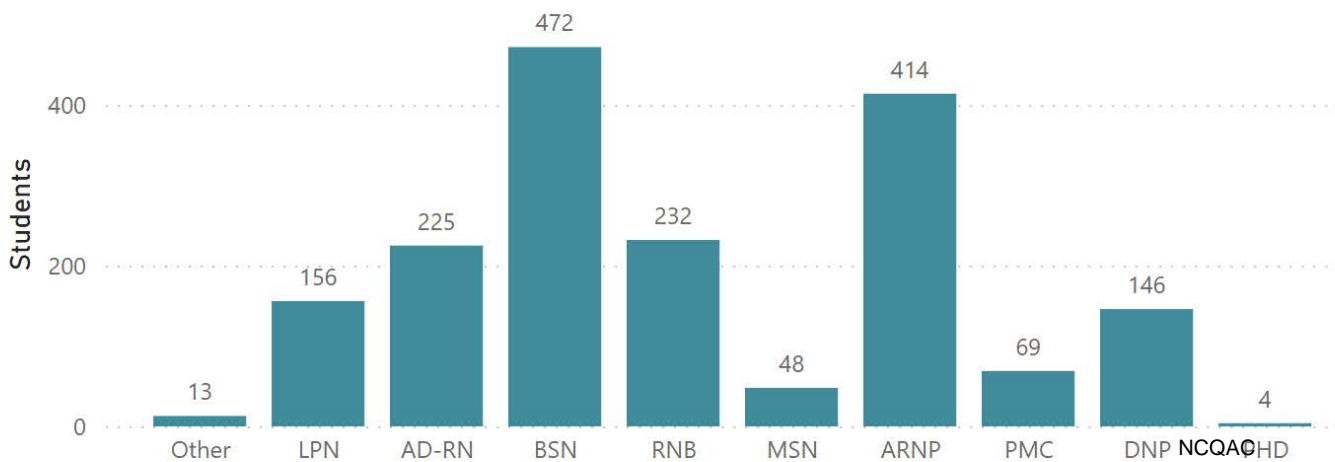
Percent of Students Reportedly Planning to Stay
in WA (2021-2022)



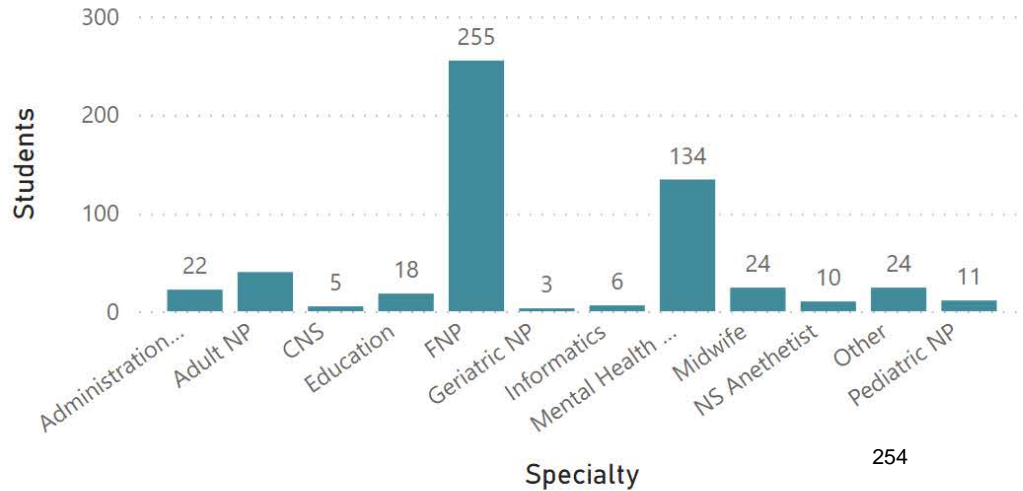
Out of State WA NCLEX



Out of State Students in Clinical by Program



Specialties of Postlicensure Students in Clinical



Analysis/Recommendations

- **Use of the Dashboard for more detail in data sources.**
- **Diversity/Inclusion – continue successful strategies and measure outcomes**
- **Academic Progression continue to monitor previous successes as we move to other areas of need.**

Questions??



+

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

NURSING EDUCATION PROGRAMS
2021-2022 ANNUAL SCHOOL REPORT

STATISTICAL SUMMARY AND TRENDS ANALYSIS

DOH 669-269 (Revised May 2022)

Public Health – *Always Working for a Safer and Healthier Washington*

DRAFT

Acronyms

AD-RN	Associate Degree in Nursing – Registered Nurse
AD-MS	Associate Degree in Nursing to Master of Nursing
ARNP	Advanced Registered Nurse Practitioner
BSN	Bachelor of Science in Nursing – Registered Nurse
PN	Licensed Practical Nurse
PN-RN	Licensed Practical Nurse to Associate Degree in Nursing Programs
GE	Graduate Entry Programs – Registered Nurse
MSN	Master of Science Nursing
NCLEX®	National Council Licensure Examination
NCQAC	Nursing Care Quality Assurance Commission
RN	Registered Nurse
RNB	Registered Nurse Bachelor (Bachelor's degree programs for licensed RNs)
PMC	Post Master's Certificate Nurse
DNP	Doctorate of Nursing Practice
MN	Master of Nursing
MS	Master of Science
NA	Nursing Assistant
CNS	Clinical Nurse Specialist
FNP	Family Nurse Practitioner
ANP	Adult Nurse Practitioner
MHNP	Mental Health Nurse Practitioner
PNP	Pediatric Nurse Practitioner
GNP	Geriatric Nurse Practitioner
MW	Midwife
ANES	Nurse Anesthetist
ED	Education
Adm	Administration and Leadership
POP	Population Health

Nursing Programs Annual Report

2021-2022 ACADEMIC YEAR

Introduction

Background

The Nursing Care Quality Assurance Commission (NCQAC) requires all nursing education programs to provide information annually [WAC 246-840-520(3)]. This report summarizes 2021-2022 academic year survey data from approved Washington State nursing programs and out-of-state programs approved for clinical placement of students. Selected data trends are highlighted.

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

Twelve universities and 29 community and technical colleges (CTC) with approved nursing schools in Washington State completed the pre-licensure and post-licensure surveys as applicable.

Ninety-nine out of state schools approved for clinical placements completed the out-of-state survey during the 2021-2022 academic year. These 99 colleges and universities reported on a total of 235 approved programs.

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

Nurse Workforce

Workforce Survey Analysis

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

Data Dashboards

Beginning in January 2023, NCQAC launched several interactive data dashboards on the nursing.wa.gov website (currently located under the Research, Data, and Reports pages), that includes extensive Licensing Data, Workforce Data, and will soon be covering Education Data. With the introduction of the data dashboards,

users can now access nursing data more directly and can find the answers to questions they may have more easily. Data processing and validation methods have also changed with the introduction of the data dashboards. Because of this, some data found within the dashboard may vary slightly from the information reported in previous annual reports.

Notable changes from past reports include:

- 2019-2020 total Out of State Students in Washington clinical
- RN to BSN programs are now consistently counted in post-licensure totals rather than undergraduate totals
- Total graduates from prelicensure and post-licensure programs were adjusted to account for the different collection methods

In-State Programs

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

Prelicensure Programs

The number of pre-licensure graduates has decreased since last year's impressive rise. In 2021-2022, practical nursing programs (PN) had 220 graduates representing a decrease to pre-pandemic numbers, the number of AD-RN graduates has also decreased to 1561 in 2021-2022 and the number of BSN program graduates to 1132. Those completing Graduate Entry (GE) degrees are included in these graduation numbers because they are prelicensure programs, however, the GE student and faculty demographics are included with the graduate program results.

Table 1. In State Prelicensure Graduates

	PN	AD-RN	BSN/GE/other
2017-2018	226	1507	978
2018-2019	232	1507	892
2019-2020	238	1561	941
2020-2021	315	1727	1224
2021-2022	220	1561	1132

Figure 1: Total Prelicensure Program Graduates by Type of Program

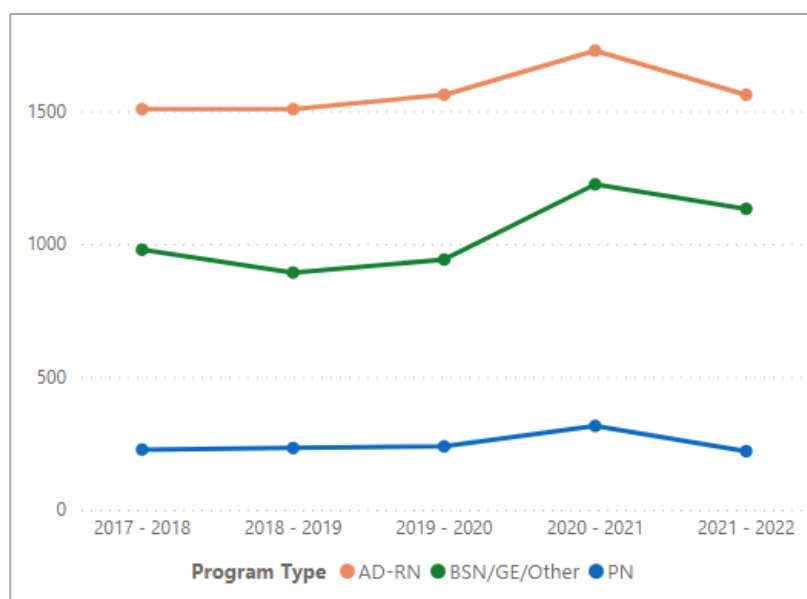


Table 1 and Figure 1 above provide prelicensure program graduations for comparison to the past four years. There is a significant decrease in graduates from all program types following last year's sharp rise. The Institute of Medicine Report (IOM) [2010], titled *The Future of Nursing*, identifies nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression. Washington State has been a leader in successful strategies for academic progression from AD to BSN.

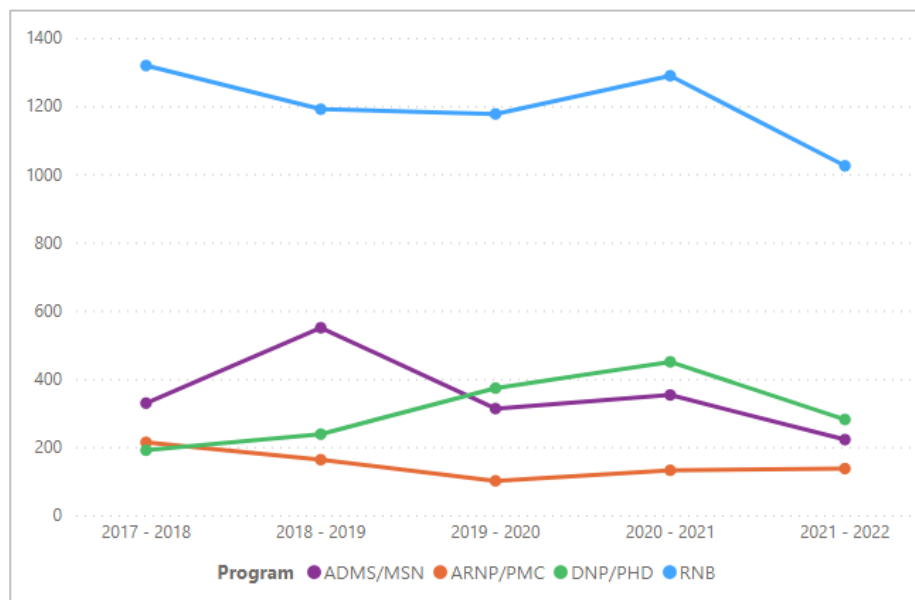
Post-licensure Programs

Table 3 and Figure 2 below outline the RNB, masters, and doctoral graduates by type of program combining graduates into one RNB category, 2 master's categories, and one doctoral category for illustration. The graduates of RNB programs decreased to 1025 during this academic year. The 91 MN graduates preparing for specialties that do not require an ARNP and 131 RN to MS graduates are combined. 132 master's prepared advanced registered nurse practitioners graduated in 2021-2022 and are combined with the 5 post-master's certificates in nursing (PMCN) graduates. Also, programs reported 271 DNP and 10 PhD for a total of 281 graduates with a nursing doctorate in 2021-2022. The total number of graduates from master's and doctoral programs for four years is outlined below.

Table 3. Post-licensure Total Number of Graduates by Program

	RNB	MSN/ADMN Non ARNP	MSN/ARNP/PMC	PhD/DNP
2018-2019	1191	550	163	238
2019-2020	1177	313	101	373
2020-2021	1289	353	132	450
2021-2022	1025	222	137	281

Figure 2: Total Postlicensure Program Graduates by Type of Program



Although there were graduates from graduate entry (GE) programs during 2021-2022, the GE graduates were reported with undergraduate pre-licensure programs, so they are not included in the graduation numbers above.

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

Table 4. In-State Post licensure Graduates by Program and Selected Specialty Areas 2021-2022

2021-2022	CNS	FNP	ANP	MHNP	PNP	GNP	MW	ANES	ED	Adm	POP	Other
ARNP-MN	0	86	0	46	0	0	0	0	0	0	0	0
MSN	0	0	0	0	0	0	0	0	12	23	8	23
ARNP-DNP	1	137	0	63	17	25	17	0	0	4	0	6
TOTALS	1	223	0	109	17	25	17	0	12	27	8	29

RN to BSN 2021-2022

The number of RN to BSN enrollment in Washington schools started to rise sharply in 2013-2014 academic year and continued to rise to a high in 2017-2018 with 2582 students enrolled in RNB programs. This year, there are 1025 RNB graduates representing a decrease of graduates since last year.

Figure 3: Comparing AD-RN and total BSN graduate trends (RN)

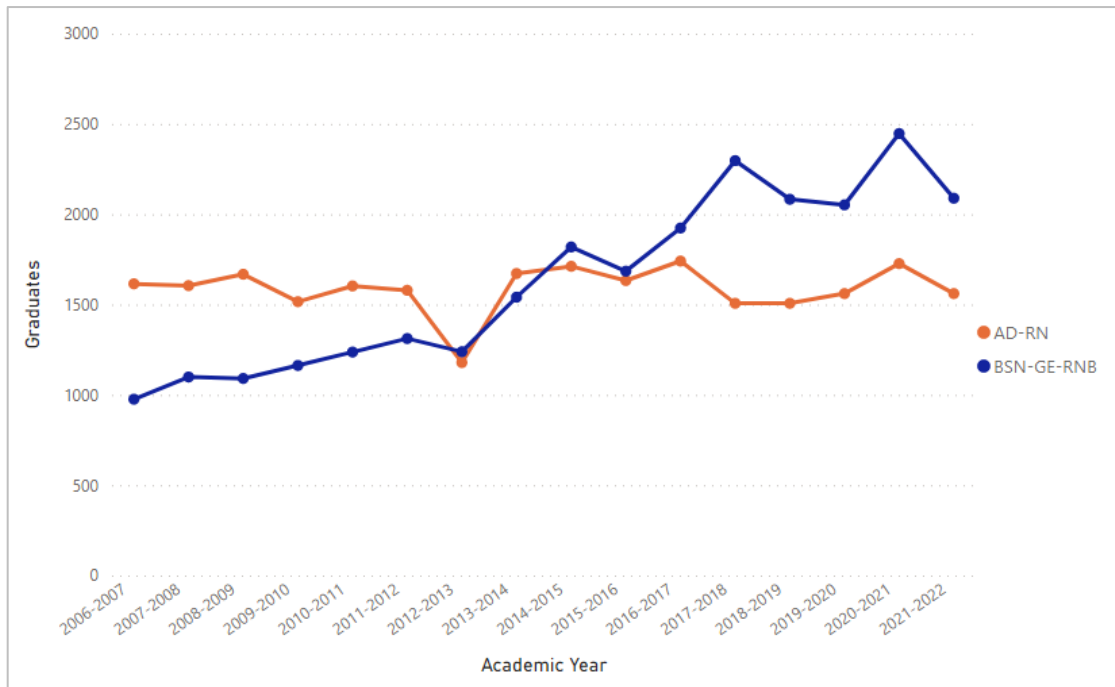


Figure 3 gives a little different picture of the results of successful academic progression strategies on increasing the number of RNs with BSN degrees. The number of RN to BSN graduates are combined with BSN and GE graduates to represent the total BSN prepared RNs in 2021-2022. This can be compared with the ADN prepared RN graduates. Although an imperfect comparison, it can provide some insight into the changing nursing education landscape in the state.

Faculty and Student Race

The 2021-2022 academic survey was completed by nursing programs. Washington State nurse educators are committed to the goal of assuring faculty and students reflected the diversity of the Washington State residents they serve. These efforts have accelerated with commitment to infuse all work with goals of equity and inclusion.

Figure 4: Percent of Faculty and Student Race and Ethnicity

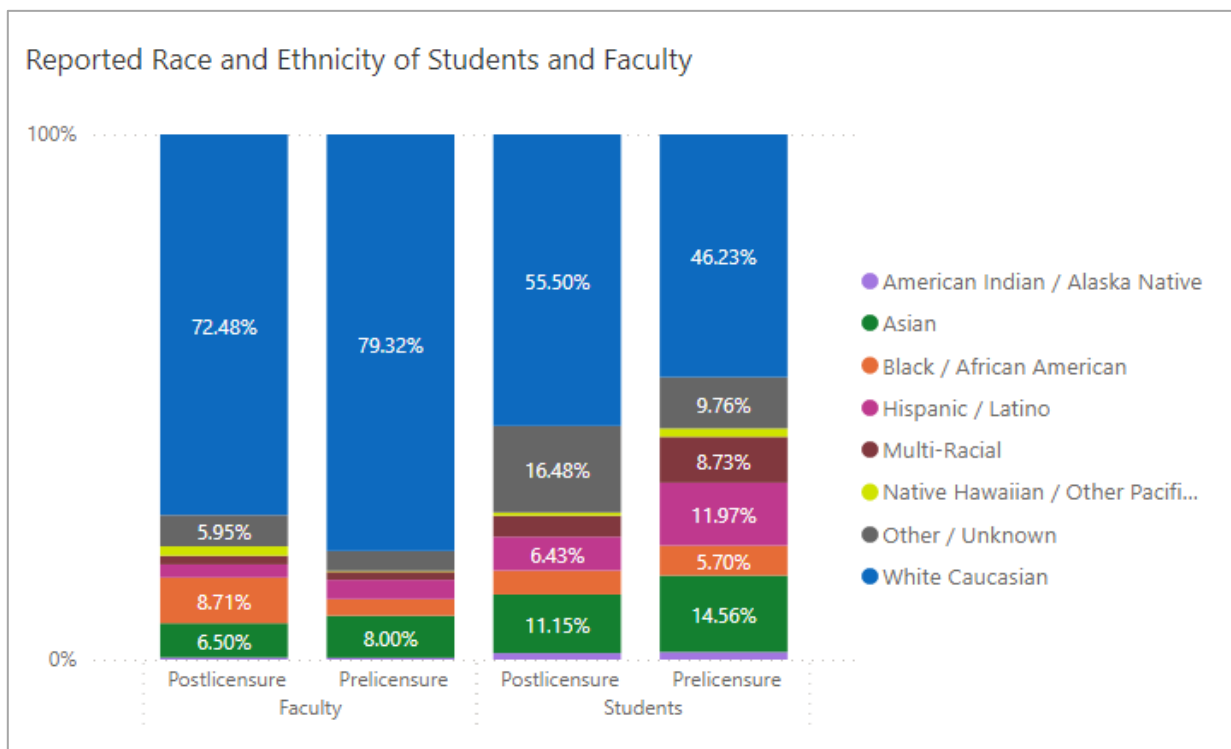


Figure 4 above illustrates the differences between population patterns between students and faculty. There have been some improvements in diversity of students and post-licensure faculty. Table 5 below provides the 2021-2022 percentage comparisons of student and faculty race with Washington State population. Seventy-nine percent of prelicensure fulltime and part time faculty members are White/Caucasian, 8 percent Asian, and 3 percent black/African American. Seventy-two percent of post-licensure faculty are White/ Caucasian, 7 percent Asian, and 9 percent black/African American. The figure below illustrates that pre-licensure and post-licensure students are more in line than faculty with the diversity of the state population in the variable of race/ethnicity.

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

Race / Ethnicity	WA St Pop Estimates 2022	Student Pre-licensure	Student Post-licensure	Faculty Pre-licensure	Faculty Post-licensure
White Caucasian	78	46	56	79	72
American Indian / Alaskan Native	2	1	1	0	0
Asian	10	15	11	8	7
Black / African American	5	6	5	3	9
Native Hawaiian / Other Pacific Islander	1	2	1	0	2
Hispanic / Latino	14	12	6	4	2
Multi-Racial	5	9	4	2	2
Other / Unknown	n/a	10	16	4	6

Faculty Retention

Table 6 outlines important information on faculty retention. Nursing programs reported in 2021-2022 that 13 percent of full-time faculty are expected to retire in the next five years compared to 12 percent the year before. There are 5 percent of faculty reported to have resigned in the last year compared to 10 percent the previous year. Retaining full time faculty in this time of transition is a major concern.

Table 6: Full Time Faculty Turnover in 2020-2021 and 2021-2022

Academic Year	Percent expected to retire in 5 years	Percent who resigned
2020-2021	12	10
2021-2022	13	5

Out-of-State Programs

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

Because the approval process relates to clinical placements only, the data gathered are different from that gathered from the in-state programs. The student numbers reflect student clinical placement only and do not currently include graduation numbers. Ninety-nine approved colleges and universities completed the survey and indicated they had clinical placements in one or more tracks. Table 7 outlines the 23 prelicensure programs and 211 post-licensure program tracks totaling 234 tracks with clinical placements this year.

Table 7: Out of State Programs and Student Clinical Placements 2021-2022

College/University (99 total)	Total Programs	Total Clinical Students
Prelicensure	23	853
Post licensure	211	926
Totals	234	1779

During the academic year 2021-2022, twenty-three programs with clinical students in Washington State preparing graduates for initial PN or RN licensure completed the survey. Two practical nurse (PN) programs, six associate degree RN (AD-RN) programs, two graduate entry (GE), and 13 schools have students in Bachelor of Science in nursing (BSN) programs.

The remaining programs with clinical students prepare graduates to advance their education post-licensure. There are 21 RN to BSN (RNB) programs, four associate degree to master's (AD-MS), 51 master's programs preparing for ARNP licensure (NP-MN) and 38 other master's programs (MSN). Finally, there are 41 post master's certificate programs (PMC), 49 doctoral of nursing practice (DNP) and six Ph.D. programs. The total number of programs by type is outlined below in Table 8 providing the previous four years results for comparison.

Table 8: Number and Types of Out of State Programs with Clinical Site Placements

	PN	AD-RN	BSN	RNB	AD-MS	GE	MSN	NP-MN	PMC	DNP	PhD	Other	Total
2018-2019	3	6	28	33	6	4	41	41	34	51	8	3	258
2019-2020	1	6	29	30	9	5	39	43	30	44	9	0	252
2020-2021	2	4	18	23	7	2	43	46	38	53	5	2	243
2021-2022	2	6	13	21	4	2	38	51	41	49	6	1	234

Out-of-State Student Statistics

The number of students placed in clinical by out of state programs is illustrated below showing trends for the last five years. Approved out-of-state programs completing the survey provided 1,766 clinical site placements for students in the 2021-2022 academic year reflecting a decrease from a total of 1,856 students in 2020-2021.

Prelicensure program clinical placements from out of state programs preparing students for PN or RN licensure have maintained similar numbers to what we saw last year. The ARNP MN program placements have decreased slightly after several years of increase, while DNP programs saw another year of increase.

Table 9: Students with Clinical Site Placement from Out of State Programs by Program Type

	PN	AD-RN	BSN	RNB	AD-MS	GE	MSN	NP-MN	PMC	DNP	PhD	Other	Total
2018-2019	168	276	534	240	2	4	140	516	185	191	0	0	2,256
2019-2020	20	163	206	107	3	0	61	557	28	94	1	0	1,240
2020-2021	126	235	551	155	1	1	86	530	51	114	4	0	1,854
2021-2022	156	225	472	232	0	0	48	414	69	146	4	13	1,779

Starting in the 2021-2022 survey, we asked out of state post-licensure programs for the number of graduates completing clinical or practice experiences in Washington State who plan to work in Washington State. Answering this question was optional this year but will be required starting in the 2022-2023 survey. Of the 99 colleges and universities surveyed, 31 universities responded with number of students, 17 left the question blank, and 51 reported unknown or 0 students. Those who did collect this data and answered the question indicated a total of 271 students in clinical plan to work in Washington state after they graduate, compared to a total of 357 students in Washington clinical from the colleges that responded to the question. This means a total of 75.9% of students in Washington clinical from colleges that responded plan to stay in Washington after graduation. The breakdown of this number by program can be seen below in Table 10.

Table 10: Students with Clinical Site Placement from Out of State Programs who Plan to Work in Washington by Program Type

	ARNP	DNP	MSN	PMC	RNB	Total
Students staying in WA	110	37	4	34	86	271
Total Students in WA Clinical	149	61	12	43	92	357

% of Students Reported Staying	73.8%	60.7%	33.3%	79.1%	93.5%	75.9%
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Summary/Analysis

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

Diversity/Inclusion

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

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

Academic Progression

Access to academic progression for nurses at all levels from nursing assistant (CNA) to PhD is an important piece of retaining and maintaining the nursing workforce. Nurse educators in Washington have responded with expanded program enrollments. Tracking of the and supporting continued progress in ADN to BSN progression will be important as we move to developing academic progression pathways for CNAs and LPNs. Several projects examining LPN academic progression continue and significant work has been ongoing standardizing nursing assistant curriculum.

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

Faculty

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

Conclusions

We continue to learn from the difficulties of the pandemic and accelerate our progress providing the educational mix of nurses for safe and quality care in Washington State. The complex multiple education pathways in nursing provide multiple opportunities to increase the overall education level of nurses.

Across settings, nurses are being called upon to coordinate care and to collaborate with a variety of health professionals, including physicians, social workers, physical and occupational therapists, and pharmacists, most of whom hold master's or doctoral degrees. There has been a significant investment of state resources to support nursing education through faculty salary increases, payment to preceptors, quality simulation and more.

The Future of Nursing 2020-2030: Charting a Path to Achieve Health Equity (NAM 2021) renews the recommended focus on the education preparation of nurses and challenges nurses to be leaders in the urgent work to advance health equity. Nursing education capacity in Washington State continues to increase, adding to a higher educated workforce and we must continue to accelerate our progress to meet the growing health care needs of the residents of Washington State.

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House Bills

Bill	Title	Brief Description	Bill Status	Position	NCQAC Actions
2SHB 1009	Concerning military spouse employment.	<p>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.</p> <p>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.</p> <p>The second substitute makes minor language changes:</p> <ul style="list-style-type: none"> • exempts DFI (with respect to licensing of escrow agents) from the requirement to expedite the professional licensing of qualified military spouses • clarifies the definition of a completed application • the TPP must be issued for no less than 180 days 	<p>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</p> <p>In the Senate 02/17/23 1st reading, referred to Labor & Commerce 03/13/23 Hearing, 10:30 a.m. 03/16/23 Executive Session, 10:30 a.m. 03/20/23 Executive Action, 10:30 a.m. 03/21/23 Referred to Ways & Means 3/28/23 Public Hearing, 4 p.m. 04/03/23 Executive action taken, 10 a.m. 04/04/23 passed to Rules 04/05/23 2nd Reading 04/10/23 3rd Reading, passed 04/13/23 House concurred; passed 04/14/23 Speaker signed</p>	Support Concept	<p>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, 02/24/23</p>

			04/17/23 President signed 04/18/23 Delivered to Governor		
2SHB 1013	Establishing regional apprenticeship programs.	<p>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.</p> <p>The substitute increases the number of sites on each side of the mountains, directs OSPI to ensure geographic dispersion of sites, specifies one site must be in a school district with a pathways program and high percentage of small rural schools and removes a provision that Eastern WA site must be implemented by the applicable ESD.</p> <p>The second substitute reduces the number of sites for the program from six to three, clarifies one site in Western WA and two in Eastern WA, establishes criteria for establishing the program sites and changes date of OSPI report due to 06/30/27. A null and void clause is added, making the bill null and void unless funded in the budget.</p>	<p>1/30/23 Appropriations 02/08/23 Hearing, 4 pm 02/23/23 Executive action, 2nd Substitute passed 02/24/23 Rules 02/28/23 2nd Reading 03/02/23 3rd Reading</p> <p>In the Senate 03/06/23 1st Reading, referred to Early Learning & K-12 Education 03/15 Hearing, 1:30 p.m. 03/23/23 Executive Action taken, passed 03/24/23 Referred to Ways & Means 03/31/23 Public Hearing, 12:30 p.m. 04/04/23 Executive action taken, 10 a.m., passed to Rules 04/05/23 2nd Reading 04/10/23 3rd Reading, passed 04/11/23 Speaker signed</p>	Monitor	

			04/12/23 President signed 04/14/23 Delivered to Governor		
HB 1020	Designating the Sucasaurus rex as the official dinosaur of the state of Washington.	This bill designates the Sucasaurus 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 2 nd reading, passed In the Senate 02/21/23 1 st Reading, referred to State Government and Elections 03/17/23 Hearing, 8 a.m. 03/24/23 Executive Action taken, 8 a.m. 03/27/23 Rules 04/10/23 2 nd Reading 04/12/23 3 rd Reading, passed 04/17/23 House concurred in Senate amendments, passed 04/18/23 Speaker signed 04/19/23 President signed	Monitor	

<p>SHB 1255</p>	<p>Reducing stigma and incentivizing health care professionals to participate in a substance use disorder monitoring and treatment program</p>	<p>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.</p> <p>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.</p>	<p>02/03/23 Executive action taken, 8 a.m.; 02/07/23 Appropriations; 02/10/23 Rules 03/03/23 2nd Reading 03/06/23 1st substitute passed, 3rd Reading</p> <p><i>In the Senate</i> 03/08/23 1st Reading, referred to Health & Long Term Care 03/23/23 Hearing, 10:30 a.m. 03/28/23 Executive action taken, passed 03/29/23 Passed to Rules 03/30/23 2nd Reading 04/06/23 3rd Reading 04/07/23 Speaker signed 04/08/23 President signed 04/14/23 Delivered to Governor 04/20/23 Governor signed</p>	<p>Support Concept</p>	<p>Panel testimony: Grant Hulteen, Dawn Morrell and Alicia Payne; Paula to meet with Rep. Simmons; Letter of support concept 02/10/23 <i>*Letter and testimony when hearing is scheduled</i> Letter of support concept to Senate Health & Long Term Care, 03/21/23 Grant Hulteen, Alicia Payne, Helen Myrick and Jean Sullivan to provide testimony 3/23/23 04/13/23 Signing memo sent to Governor</p>
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<p>ESHB 1340 (Companion SB 5400)</p>	<p>Concerning actions by health professions disciplining authorities against license applicants and license holders</p>	<p>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.</p> <p>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 and may not serve as disciplinary action if it would have been lawful in WA.</p> <p>The engrossed substitute removes the limitation that a conviction or disciplinary action has to be based only on a license holder's violation of another state's laws prohibiting participation in any reproductive health services or gender affirming treatment in order to not constitute unprofessional conduct or not serve as the basis for discipline in Washington. It doesn't prohibit disciplining authorities from taking disciplinary action on unrelated charges.</p>	<p>01/31/23 Rules 02/22/23 2nd reading 02/28/23 Substitute, Rules, 3rd Reading</p> <p>In the Senate 03/02/23 1st Reading, referred to Health & Long Term Care 03/09/23 Hearing, 10:30 a.m. 03/16/23 Rules 03/30/23 2nd Reading 04/06/23 Floor amendments adopted, 3rd Reading, passed 04/14/23 House concurred in Senate amendments 04/17/23 Speaker signed 04/18/23 President signed 04/19/23 Delivered to Governor</p>	<p>Support Concept 02/22/23 Concerns</p>	<p>Letter of support concept, 1/27/23 Letter of support concept, 03/10/23 Letter supporting concept to Rules, 03/31/23</p>
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2SHB 1452	<p>Establishing a state medical reserve corps</p>	<p>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.</p> <p>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.</p> <p>The second substitute requires DOH to track medical corps deployment costs. It would allow charging of deployment costs to a requesting healthcare entity in certain circumstances, and for DOH to otherwise absorb the costs. It specifies DOH can seek private or federal funding for deployment costs.</p>	<p>01/27/23 Referred to Appropriations 02/06/23 Hearing, 4 p.m. 02/23/23 Executive session 9 a.m. 02/25/23 Rules 02/28/23 2nd Reading 03/01/23 2nd Substitute passed, 3rd Reading</p> <p>In the Senate 03/03/23 1st Reading, referred to Health & Long Term Care 03/14/23 Hearing, 8:00 a.m. 03/16/23 Executive Action - passed, 8 a.m. 03/17/23 Referred to Ways & Means 03/23/23 Public Hearing, 4 p.m. 04/03/23 Executive action taken, 10 a.m. 04/04/23 Passed to Rules 04/11/23 2nd Reading 04/12/23 3rd Reading, passed 04/14/23 Speaker signed 04/17/23 President signed 04/18/23 Delivered to Governor</p>	<p>Support Concept</p>	<p>Letter of support concept, 02/02/23 Letter of support concept, 03/13/23</p>
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ESHB 1503	Collecting health care professionals' information at the time of license application and license renewal	<p>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.</p> <p>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.</p> <p>The engrossed substitute changes the date applicants and licensees need to start submitting demographic information from July 1, 2024, to January 1, 2025.</p>	01/31/23 Hearing 1:30 p.m. 02/03/23 Executive Session 8:00 a.m. 02/06/23 Rules 02/23/23 Executive action, 2 nd substitute passed 02/25/23 Rules 02/28/23 2 nd Reading 03/01/23 3 rd Reading In the Senate 03/03/23 1st Reading, referred to Health & Long Term Care 03/14/23 Hearing, 8 a.m. 03/16/23 Executive Action, 10:30 a.m. – pass with amendments 03/17/23 Rules 03/24/23 2nd Reading 04/06/23 3rd Reading, passed 04/13/23 House concurred in Senate amendments, passed 04/14/23 Speaker signed 04/18/23 President signed 04/19/23 Delivered to Governor	Support Concept	Letter of support concept, 02/03/23 Letter of support concept, 03/13/23
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Senate Bills

Bill	Title	Brief Description	Status	Position	NCQAC Actions
SSB 5006	Clarifying waiver of firearm rights	<p>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.</p> <p>Sub allows a person to file a revocation of a voluntary waiver of firearm rights either in writing or electronically. Requires clerk of the court to request a physical or scanned copy of photo identification to verify a person's identity before accepting a revocation of a voluntary waiver of firearm rights. It removes the requirement that the clerk of court must destroy all records of a voluntary waiver of firearm rights after it's been revoked.</p>	<p>01/12/23 Hearing, 8:00 am 01/19/23 Executive action, 8:00 am Substitute 01/20/23 Rules 02/01/23 2nd reading 02/15/23 1st substitute passed</p> <p>In the House 02/17/23 Civil Rights and Judiciary 03/14/23 Hearing, 10:30 a.m. 03/17/23 Executive Session, 10:30 a.m. 03/21/23 Rules 03/23 2nd Reading 03/24/23 3rd Reading, passed 04/13/23 Senate concurred House amendments, passed final passage 04/18/23 Speaker signed 04/8/23 President signed 04/19/23 Delivered to Governor</p>	Monitor	

<p>SB 5036 (Companion HB 1027)</p>	<p>Concerning telemedicine</p>	<p>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.</p>	<p>02/01/23 Rules suspended, placed on 3rd Reading, passed;</p> <p>In the House 02/03/23 1st reading in House, Referred to Health Care & Wellness 02/28/23 Hearing, 8 a.m. 03/10/23 Executive session, 8 a.m. 03/13/23 Rules 03/17/23 2nd Reading 03/20/23 3rd Reading 03/21/23 President signed 03/22/23 Speaker signed 03/24/23 Delivered to Governor 03/30/23 Governor signed, effective date 07/23/23</p>	<p>Monitor</p>	
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<p>2SSB 5120</p>	<p>Establishing 23-hour crisis relief centers in Washington State</p>	<p>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.</p> <p>The second substitute shortens deadline for the Department of Health to create rules for 23-hour CRCs from January 1, 2025, to January 1, 2024. It allows a police officer who has reasonable cause to believe an individual has committed a crime to take the individual to a CRC, and the title is amended.</p>	<p>01/30/23 Referred to Ways & Means 02/21/23 Hearing 9 a.m. 02/23/23 Executive action, 9 a.m., 2nd substitute passed 02/24/23 Rules 02/27/23 2nd Reading 03/01/23 2nd Substitute substituted, 3rd reading</p> <p>In the House 03/03/23 1st Reading, referred to Health Care & Wellness 03/15/23 Hearing, 1:30 p.m. 03/22/23 Executive Action taken, 1:30 p.m., passed 03/24/23 Referred to Appropriations 03/31/23 Public Hearing, 1:30 p.m. 04/03/23 Executive action taken, 9 a.m., passed 04/04/23 Referred to Rules 04/06/23 2nd Reading</p>	<p>Support Concept</p>	<p>Letter of support concept, 02/03/23 Letter of support concept, 03/14/23 Letter of support concept to Rules, 04/06/23</p>
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<p>ESSB 5179 (Companion SHB 1281-dead)</p>	<p>Increasing access to the provisions of the Washington death with dignity act</p>	<p>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.</p> <p>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</p>	<p>02/02/23 Hearing, 10:30 am; 02/09/23 Executive action; passed 02/10/23 Rules 02/15/23 2nd reading 02/27/23 1st Substitute substituted</p> <p>In the House 03/01/23 1st Reading, referred to Health Care & Wellness 03/06/23 Hearing, 8 a.m. 03/10/23 Executive Session, 8 a.m. 03/13/23 Rules 03/17/23 2nd Reading</p>	<p>Support Concept</p>	<p>Letter of support concept, 02/03/23 Letter of support concept to House, 03/03/23</p>

		<p>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.</p> <p>The engrossed substitute removes the definition for “intractable suffering.” It also removes the conditions that would allow qualified patients to receive the prescription sooner than the seven-day waiting period.</p>	<p>03/24/23 3rd Reading, passed 03/29/23 Senate President signed 03/29/23 House Speaker signed 03/31/23 Delivered to Governor 04/06/23 Governor signed, effective date 07/23/23</p>		
<p>SSB 5189 (Companion HB 1348)</p>	<p>Establishing behavioral support specialists</p>	<p>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, must be supervised w/ the partnership of a licensed healthcare provider, including at a licensed community behavioral health agency.</p> <p>Substitute</p> <ul style="list-style-type: none"> • Allows applicants for a behavioral health support specialist credential to complete a registered apprenticeship approved by the WA State Apprenticeship and Training Council in combination with an approved bachelors degree or postbaccalaureate certificate. 	<p>01/31/23 Executive action taken, 1st substitute bill passed 02/01/23 Referred to Ways & Means 02/16/23 Hearing, 4 p.m. 02/23/23 Executive session 9 a.m. 02/27/23 2nd Reading 03/01/23 1st substitute passed, 3rd Reading</p> <p>In the House 03/03/23 1st Reading, referred to Health Care and Wellness 03/10/23 Hearing, 8 a.m.</p>	<p>Monitor</p>	

		<ul style="list-style-type: none"> • Clarifies DOH must approve (instead of accredit) ed programs for behavioral health support specialists. • Directs DOH collaborate w/the UW Department of Psych and Behavioral Sciences and consult w/others in developing rules for behavioral health support specialists, instead of partnering w/UW. • Removes language directing Insurance Commissioner to integrate behavioral health support specialists into network access standards; directs carriers provide access to support specialists in a manner sufficient to meet standards by July 1, 2025. 	<p>03/15/23 Executive Session, 1:30 p.m.</p> <p>03/17/23 Referred to Appropriations</p> <p>03/22/23 Public Hearing, 4 p.m.</p> <p>03/30/23 Executive action taken, 1:30 p.m.</p> <p>04/04/23 Referred to Rules</p> <p>04/06/23 3rd Reading, passed</p> <p>04/14/23 Senate concurred in House amendments, Passed final passage</p> <p>04/18/23 President signed</p> <p>04/20/23 Speaker signed</p>		
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<p>E2SSB 5236</p>	<p>Concerning hospital staffing standards</p>	<p>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.</p> <p>Engrossed sub modifies title, makes multiple changes to advisory committee. 90-day limitation for reasonable efforts and unforeseen emergent circumstance exceptions removed. Definition of “unforeseen emergent circumstances” to include when a hospital is diverting patients to another. Proposed staffing plan process delivery is modified, provisions added. Plan submission date changed. Reporting requirements added. Charter due by July 1, 2024.</p> <p>DOH/L&I responsibilities clarified. Requirements established for corrective plans of action when multiple violations exist. DOH and L&I establish formal agreement by July1, 2024. Quarterly reporting to L&I w/total meal and rest periods missed required. L&I to enforce meal and rest break requirements and the required reports. L&I will impose penalties effective 7/1/26. Established based on number of beds in hospital (\$5k to \$20k). Violations doubled for penalties incurred in three consecutive quarters. Retaliation against employees</p>	<p>01/17/23 Hearing, 10:30 a.m. 02/07/23 Executive action, 1st Substitute passed 02/08/23 Referred to Ways & Means 02/16/23 Hearing, 4 p.m. 02/24/23 Executive action 9 a.m., 2nd Substitute passed, Rules</p> <p>In the House 03/08/23 1st Reading, referred to Labor & Workplace Standards 03/15/23 Hearing, 8 a.m. 03/21/23 Executive Action taken, 10:30 a.m., passed 03/23/23 Referred to Appropriations 03/30/23 Public Hearing, 1:30 p.m. 03/31/23 Executive action taken, 1:30 p.m., passed 04/04/23 Referred to Rules 04/06/23 3rd Reading, passed</p>	<p>Monitor</p>	
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		<p>for exercising rights granted by the meal and rest break requirements is prohibited; imposes penalties for retaliation. Employers must provide valid data. Changes to the definitions removed. L&I must investigate complaints of retaliation in relation to staffing committee activities and establish procedures for citations, notices of assessment and penalties for retaliation, as well as procedures for appealing citations.</p> <p>L&I prohibited from assessing civil penalty if the employer reasonably relied on a rule, written order, or interpretive or administrative policy issued by L&I.</p>	<p>04/07/23 President signed 04/07/23 Speaker signed 04/14/23 Delivered to Governor</p>		
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<p>2SSB 5263</p>	<p>Concerning access to psilocybin services by individuals 21 years of age and older</p>	<p>This bill establishes wellness model-based psilocybin services and establishes DOH authority to license, regulate, and enforce all provisions.</p> <p>The second substitute creates a Psilocybin Task Force rather than amending a 2022 Supplemental Operating Budget section and including the section in the bill. It removes the Task Force's preliminary report requirement and moves up the deadline for the final report to December 1, 2023, from December 1, 2024, which was the original deadline in the budget, and expires the Task Force on June 30, 2024. It requires the Psilocybin Advisory Board meets at least five times per calendar year until July 1, 2024 and at least once per calendar quarter after July 1, 2024. It removes a number of other sections and subsections referencing psilocybin licenses, services, and products in the original bill that are no longer contained in the substitute. It removes other provisions including, provisions relating to directing the Department of Health (DOH) to develop a psilocybin registry; granting DOH certain duties, functions, and powers relating to license fees and psilocybin product advertising, which are no longer contained in the substitute bill; and protecting medical professionals and psilocybin patients for certain actions related to psilocybin.</p>	<p>01/30/23 Hearing 10:30 a.m. 02/16/23 Executive action 8 a.m., 1st substitute passed 02/17/23 Referred to Ways and Means 02/21/23 Hearing 9 a.m. 02/24/23 Executive action 9 a.m., 2nd substitute passed, Rules 03/01/23 2nd Reading 03/07/23 3rd Reading</p> <p>In the House 03/09/23 1st Reading, referred to Health Care & Wellness 03/24/23 Hearing, 8 a.m. 03/29/23 Executive action taken, 1:30 p.m., passed, 03/29/23 Referred to Appropriations 04/01/23 Public Hearing, 9 a.m. 04/04/23 Executive action taken, 9 a.m., passed 04/04/23 Referred to Rules</p>	<p>Monitor 02/22/23 Concerns</p>	<p>Letter of concern sent, no ARNP on the task force, 02/23/23 <i>*Send letter of concern re. no ARNP on the task force when hearing is scheduled</i> Letter of concern sent to House Health Care & Wellness, 03/21/23 Second letter supporting concept, 03/31/23</p>
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			04/10/23 2 nd Reading 04/11/23 3 rd Reading, passed 04/14/23 Senate concurred in House amendments, Passed final passage 04/18/23 President signed 04/20/23 Speaker signed		
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<p>SSB 5499</p>	<p>Concerning the multistate nurse licensure compact</p>	<p>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.</p> <p>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;</p>	<p>02/10/23 Hearing, 8 a.m. 02/16/23 Executive action, 1st substitute passed 02/17/23 2nd reading, Rules 03/06/23 3rd Reading</p> <p>In the House 03/08/23 1st Reading, referred to Postsecondary Education & Workforce 03/22/23 Hearing, 1:30 p.m. 03/24/23 Executive Action taken, passed, 8 a.m. 03/28/23 Referred to Appropriations 04/01/23 Public Hearing, 9 a.m. 04/04/23 Executive action taken, 9 a.m., passed 04/04/23 Referred to Rules 04/06/23 3rd Reading, passed 04/07/23 President signed 04/07/23 Speaker signed</p>	<p>Monitor 02/22/23 Support concept</p>	<p>Letter of support concept, included comparison to HB 1417 02/10/23 <i>*Letter of support concept when scheduled for hearing</i> Letter of support concept sent to Postsecondary Education & Workforce, 03/21/23 Paula Meyer testimony at hearing, 03/22/23 Letter of support concept to Rules, 04/06/23 04/13/23 Signing memo sent to Governor</p>
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			04/14/23 Delivered to Governor 04/20/23 Governor signed		
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<p>SSB 5538</p>	<p>Concerning postretirement employment in nursing positions for a state agency</p>	<p>This bill clarifies retirement allowances for nursing positions in state agencies.</p> <p>Substitute allows nurses receiving a state pension to work in a nursing position in a state agency up to 1040 while collection retirement benefit</p>	<p>1/30/23 Hearing, Senate Ways and Means, 4 p.m. 02/07/23 Executive session, 4 p.m.; 02/14/23 Executive session, 4 p.m., 1st substitute substituted 02/15/23 Rules 02/22/23 2nd reading, Rules 03/06/23 3rd Reading</p> <p>In the House 03/08/23 1st Reading, referred to Appropriations 03/16/23 Hearing, 4:00 p.m. 03/23/23 Executive Action taken, 4 p.m., passed 03/28/23 Referred to Rules 04/03/23 2nd Reading 04/05/23 3rd Reading, passed 04/06/23 President signed 04/07/23 Speaker signed 04/11/23 Delivered to Governor</p>	<p>Monitor</p>	
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			04/14/23 Governor signed, effective date 04/14/23		
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<p>SSB 5547</p>	<p>Concerning nursing pool transparency</p>	<p>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.</p> <p>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</p>	<p>02/10/23 Hearing, 8 a.m. 02/16/23 Executive action 10:30 am 1st substitute passed 02/17/23 Rules 02/22/23 2nd reading 03/06/23 3rd Reading</p> <p>In the House 03/08/23 1st Reading, referred to Health Care & Wellness 03/21/23 Hearing, 1:30 p.m. 03/24/23 Executive Action taken, 8 a.m. 03/28/23 Executive action taken, passed, 1:30 p.m. 03/28/23 Referred to Rules 04/03/23 2nd Reading 04/05/23 3rd Reading, passed 04/06/23 President signed 04/07/23 Speaker signed 04/11/23 Delivered to Governor 04/14/23 Governor signed</p>		
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<p>E2SSB 5582</p>	<p>Reducing barriers and expanding educational opportunities to increase the supply of nurses in Washington</p>	<p>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</p> <p>The substitute requires the state board to prioritize employer/exclusive bargaining unit partnerships in plan development to train additional nurses; and it adds employer and exclusive bargaining unit partnerships. It eliminates the priority enrollment given to students in the LPN apprenticeship pathway program to nursing programs & directs the workforce board to address student barriers faced by apprenticeship pathway students. Personal care aides are added to entities included in statewide marketing plan. OFM must benchmark percentiles for nurse ed compensation in</p>	<p>02/01/23 Hearing 8:00 a.m. 02/09/23 Referred to Ways and Means 02/18/23 Hearing 9 a.m. 02/23/23 Executive action 9 a.m., 2nd Substitute passed 02/24/23 Rules 03/03/23 2nd Reading 03/06/23 3rd Reading</p> <p>In the House 03/08/23 1st Reading, referred to Postsecondary Education & Workforce 03/22/23 Hearing, 1:30 p.m. 03/24/23 Executive Action taken, passed, 8 a.m. 03/28/23 Referred to Appropriations 04/01/23 Public Hearing, 9 a.m. 04/04/23 Executive action taken, 9 a.m., passed 04/04/23 Referred to Rules</p>	<p>Support Concept</p>	<p>02/01/23 Paula Meyer, Sharon Fought in person testimony <i>*Letter supporting concept when hearing scheduled; Paula to have conversation with Rep. Slatter about comparison of faculty salaries with clinical nurse salaries</i> 03/20/23 Paula had discussion with Rep. Riccelli 03/21/23 Letter supporting concept with concerns 03/22/23 Paula provided testimony at hearing 03/22/23 follow up letter to Senator Holy regarding specific changes to language in Section 9 of bill 03/31/23 Letter supporting concept 04/13/23 Signing memo sent to Governor</p>
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		<p>nurse educator salary survey, WA Dept of Veterans Affairs is able to develop its own CNA program or adopt an existing model. Requirement that 1 hour of simulated learning accounts for 2 hours of clinical learning to apply to a maximum of 50% of clinical hours for nursing licensure is modified. Expansion of nurse preceptor grant program includes reducing the number of hours required to be eligible for the grant.</p> <p>2nd substitute modifies application of the simulation lab requirement to apply to nurses seeking licensure and not nurses who already hold licensure, seeking endorsement in Washington state. It requires the nursing commission to submit a report on the outcomes of the nurse preceptor grant program (instead of DOH).</p> <p>Engrossed version requires state board to consult with local workforce development councils in creation of plan to train additional nurses. It requires SBCTC conduct a salary survey on nurse educator compensation instead of OFM.</p>	<p>04/07/23 2nd Reading, 3rd Reading, passed 04/08/23 President signed 04/10/23 Speaker signed 04/14/23 Delivered to Governor 04/20/23 Governor signed</p>		
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Dead bills

Dead House Bills					
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 p.m. 01/13/23 Executive action 01/17/23 Rules 01/24/23 2 nd reading	Monitor	HB 1027 (Companion SB 5036)
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 a.m.	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 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,	01/17/23 Hearing, 1:30 pm 02/17/23 Executive action 8 a.m. 1 st substitute passed 02/22/23 Appropriations hearing 1:30 p.m. 02/24/23 Executive session 9 a.m.	Monitor	

		responsibilities listed; must submit a sustainable 5-year plan to Governor, legislature and OFM; expires June 30, 2026			
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 a.m.	Monitor	
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 a.m. Postsecondary Education and Workforce; 02/17/23 Executive Session 8:00 a.m.; 1st 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
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	

E2SHB 1541	Establishing the nothing about us without us act	<p>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.</p> <p>Engrossed version removes requirement for Secretary of the Senate and Chief Clerk of House to include this info in legislative training material. Exempts entities administered by Legislature from reporting requirements, but requires they collect the information and provide it to Secretary and Chief Clerk. Streamlines identification of access/participation barriers in stakeholder engagement; requires providing toolkit to Legislature. Toolkit must include a list of state entities for appointing authorities to consult with when making appointments. Requires appointing authorities collaborate with state boards/commissions that support participation from underrepresented populations in policy making processes.</p>	<p>02/03/23 Hearing, 8 a.m. 02/10/23 Executive action taken 02/14/23 Referred to Appropriations 02/22/23 Hearing 1:30 p.m. 02/24/23 Executive action 9 a.m., 2nd substitute passed, Rules 03/02/23 2nd Reading 03/07/23 3rd Reading</p> <p>In the Senate 03/09/23 1st Reading, referred to State Government & Elections 03/21/23 Hearing, 1:30 p.m. 03/24/23 Executive Action taken, 8 a.m. 03/27/23 Referred to Ways & Means 03/31/23 Public Hearing, 12:30 p.m. 04/03/23 Executive session, no action taken, 10 a.m.</p>	Support Concept	<p>Letter of support concept, 02/10/23 Letter of support concept, 03/10/23</p>
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.			
ESHB 1568	Concerning the credentialing of certified health care professionals providing long-term care services	<p>This bill addresses concerns with initial credentialing & renewal of long-term care workers, including home care aides and nursing assistants by making changes to reinstatements and renewals. It removes requirement for DOH to assess an applicant's skills to practice competently skills demonstration from certification exam.</p> <p>Substitute differences in criminal background checks requirements, days to work to become certified, exemption for nursing assistant certified training, allows 100 day exemption if only reason is waiting for competency exam; testing options and requirements for options; requirements for person administering the exam</p> <p>Engrossed substitute exempts people with nursing assistant/home care aide certificates expired for more than six months but less than two years from continuing ed requirements imposed as</p>	<p>02/08/23 Hearing, 1:30 pm 02/15/23 Executive session, 1:30 pm 02/22/23 2nd Reading 03/07/23 Floor amendment, 3rd Reading</p> <p><i>In the Senate</i> 03/10/23 1st Reading, referred to Health & Long Term Care 03/23/23 Public Hearing, 10:30 a.m.</p>	Support concept	<p>Letter of support concept to Rep Jenkins on 02-24-23 <i>Letter of support concept once hearing scheduled</i> 03/23/23 Letter of support concept to Health & Long Term Care 03/31/23 Second letter supporting concept</p>

		preconditions for returning to active status. It restores the requirement that LTC workers must meet minimum training requirements within 120 days rather than 200 days.			
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 p.m.	Support Concept	Letter of support concept, 02/02/23
Dead Senate Bills					
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 a.m.	Serious concerns	01/31/23 Jonathan 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	
SSB 5503	Establishing requirements for uniform clinical placement hours for nursing	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	02/10/23 Hearing, 8 a.m. 02/16/23 Executive action 10:30 am, 1 st substitute passed	Monitor	

	education programs	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	02/17/23 2 nd reading, Rules		
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 abortion solely on account of the sex of the unborn child.		Monitor	
SSB 5327	Concerning paying interns.	This bill establishes pay requirements for interns.	01/23/23 Hearing, 10:30 am		
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 5400 (Companion HB 1340)	Concerning actions by health professions disciplining authorities against license	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		Monitor	

	applicants and license holders	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.			
SSB 5481	Concerning the uniform telemedicine act	<p>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.</p> <p>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</p>	<p>02/02/23 Hearing, 10:30 am</p> <p>02/17/23 Executive action 1st substitute passed, Rules</p>		
SSB 5498 (Companion HB 1643)	Creating the hospital-based nurse student loan repayment assistance program under the Washington health corps	<p>This bill creates a hospital-based nurse student loan repayment assistance program under the Washington health corps.</p> <p>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</p>	<p>02/01/23 Hearing 8:00 am;</p> <p>02/10/23 Executive action</p> <p>02/14/23 Referred to Ways and Means</p> <p>02/18/23 Hearing 9 am</p> <p>02/23/23 Executive session 9 am</p>	Support Concept	<p>Letter of support concept 02/02/23</p> <p>Letter of support concept to Ways and Means 02/17/23</p>

SSB 5588	Concerning the mental health sentencing alternative.	<p>This bill clarifies the mental health sentencing alternative in relation to defendants undergoing treatment and supervision in another state.</p> <p>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.</p>	<p>02/14/23 Hearing, 10:30 a.m.</p> <p>02/16/23 Executive session, 8 a.m., 1st substitute passed</p> <p>02/17/23 Rules</p>		
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1. Public Records Disclosure Training is required by RCW to be taken within 90 days of appointment/taking office and at intervals of no more than 4 years thereafter, NCQAC requests this be completed annually.
2. When you are done, and as last step, it is recommended that you document the training you received.

Recommended Training:

- ✓ [Lesson 1](#) Open Government Overviews and General Principles
- ✓ [Digital Hoarding - Emails - "Getting Your House in Order"](#) (37:52 Minutes)

NCQAC Commission Members

Members of NCQAC need to take open public meetings training and basic records training.

- ✓ [Lesson 2](#) Public Records Act Basics - RCW 42.56 (30:10 Minutes)
- ✓ [Lesson 3](#) Open Public Meetings Act - RCW 42.30 (18:22 Minutes)
- ✓ [Lesson 4](#) Records Management and Retention Basics - RCW 40.14 (27:26 Minutes)
 - [Records Retention Schedules](#)
 - [State of Washington](#)
 - [DOH](#)
- ✓ Document completion by completing the certificate [here](#).

NCQAC Staff Members

Staff members need to take open basic records training on the public records act and records management and retention basics.

- ✓ [Lesson 2](#) Public Records Act Basics - RCW 42.56 (30:10 Minutes)
- ✓ [Lesson 4](#) Records Management and Retention Basics - RCW 40.14 (27:26 Minutes)
 - [Records Retention Schedules](#)
 - [State of Washington](#)
 - [DOH](#)
- ✓ Document completion by completing the certificate [here](#).

NCQAC Records Officers

[RCW 42.56.152](#):

- (1) Public records officers designated under RCW 42.56.580 and records officers designated under RCW 40.14.040 must complete a training course regarding the provisions of this chapter [RCW 42.56], and also chapter 40.14 RCW for records retention.
- (2) Public records officers must:
 - (a) Complete training no later than ninety days after assuming responsibilities as a public records officer or records manager; and (b) Complete refresher training at intervals of no more than four years as long as they maintain the designation.
- (3) Training must be consistent with the attorney general's model rules for compliance with the public records act.
- (4) Training may be completed remotely with technology including but not limited to internet-based training.
- (5) Training must address particular issues related to the retention, production, and disclosure of electronic documents, including updating and improving technology information services.

Staff members need to take open basic records training on Public Records Act Basics, Records Management and Retention Basics, and Supplemental Public Records Act Training.

- ✓ [Lesson 2](#) Public Records Act Basics - RCW 42.56 (30:10 Minutes)
- ✓ [Lesson 4](#) Records Management and Retention Basics - RCW 40.14 (27:26 Minutes)
 - [Records Retention Schedules](#)
 - [State of Washington](#)
 - [DOH](#)
- ✓ [Lesson 5](#) Supplemental Public Records Act Training - RCW 42.56 (29:17 Minutes)
- ✓ Document completion by completing the certificate [here](#).

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

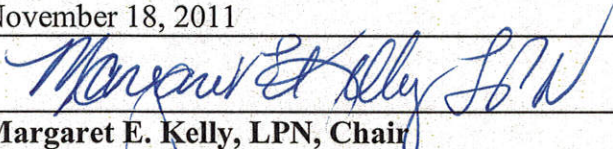
Title: Election of Officers **Number:** H02.03

Reference: [RCW 18.79.100](#); [RCW 42.30.060](#)

Contact: Paula R. Meyer, MSN, RN, FRE, Executive Director
Washington State Nursing Care Quality Assurance Commission
(NCQAC)

Effective Date: March 1, 2016 **Date Reviewed:** February 2016

Supersedes: May 8, 2015
November 18, 2011

Approved: 
Margaret E. Kelly, LPN, Chair
Washington State Nursing Care Quality Assurance Commission
(NCQAC)

PURPOSE:

The Nursing Care Quality Assurance Commission (NCQAC) shall annually elect officers from among its members. The NCQAC elects a chair, vice chair, and secretary/treasurer.

PROCEDURE:

The final slate of candidates is presented at the May NCQAC business meeting. The NCQAC proceeds with the election. If the chair of the NCQAC is a nominee for office, the vice chair acts as the presiding officer of the election. If both the chair and the vice chair are nominees for office, the chair appoints a NCQAC member as the presiding officer for the election.

The slate of candidates is presented in the packet of materials. The chair presents the slate of candidates to the NCQAC for adoption. Nominations from the floor must be presented at the March NCQAC business meeting. No further nominations from the floor are accepted at the May meeting.

According to the Open Public Meetings Act, [RCW 42.30.060 \(2\)](#)

No governing body of a public agency at any meeting required to be open to the public shall vote by secret ballot. Any vote taken in violation of this subsection shall be null and void, and shall be considered an "action" under this chapter.

The election proceeds with a ballot. The ballot includes the names of all nominees, including nominations from the floor. Since the Open Public Meeting Act prohibits a secret ballot, all voting NCQAC members must sign their ballots. The presiding officer directs the NCQAC members to cast their ballots. Only members attending the May NCQAC meeting in person may vote. Absentee ballots are not allowed. A staff member collects the ballots. Two staff members count the ballots, tally and document the results. The staff member gives the documented results to the presiding officer. The presiding officer reads the final tally and announces the new officers for chair, vice chair, and secretary/treasurer. The staff member then places ballots and the documented count on a tabletop in the meeting area for public view. The ballots and documented count remain on the tabletop until the meeting is adjourned. The count totals are recorded in the minutes of the meeting. Individual voting records are not captured on the tally or in the minutes.

All documents associated with the election, including the completed ballots, are maintained with the minutes of the meeting. The ballots and the documentation of the count are subject to the same retention schedule as required for meeting minutes.



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

May 12, 2023
Election of Officers
Slate of Candidates

Chair

Yvonne Strader

Vice Chair

Helen Myrick

Kimberly Tucker

Secretary/Treasurer

Adam Canary



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

May 12, 2023

Election of Officers

Ballot

To vote, place an X in the box immediately before the candidate's name. All
Ballots must be signed at the bottom of this document.

Chair

☐

Yvonne Strader

Vice Chair

☐

Helen Myrick

☐

Kimberly Tucker

Secretary/Treasurer

☐

Adam Canary

Signature of Commission Member