Nursing Care Quality Assurance Commission (NCQAC)
Workshop Agenda
July 13, 2023
8:30 AM- 5:00 PM
South Puget Sound Community College – Lacey Campus, Room 188/194
4220 6th Ave SE, Lacey, WA 98503

Workshop Registration Link:
https://us02web.zoom.us/meeting/register/tZ0lf-uhqjssHdbZyXj5EXKelkyjzLoMRDmz

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, Ph.D., Public Member Ajay Mendoza, CNM Dawn Morrell, RN, BSN, CCRN MaiKia Moua, RN, BSN, MPH Sharon Ness, RN Emerisse Shen, FNP, ARNP Kimberly Tucker, Ph.D., RN, CNE Public Member LPN Member
Assistant Attorney General:	Sierra McWilliams, Assistant Attorney General
Staff:	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, Ph.D., 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, Ph.D., RN, Director, Nursing Assistant Programs Catherine Woodard, Director, Discipline and WHPS

Questions

Please get in touch with 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 get in touch with us at least one week before the meeting on *July 13, 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 will be approved at the next Nursing Care Quality Assurance (NCQAC) business meeting. NCQAC posts minutes on our website, nursing.wa.gov.

All minutes and recordings are public records. 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

III. 8:40 AM – 10:00 AM - 2021-2023 Strategic Plan Review – DISCUSSION

A. Academic Progression – LPN – Dr. Mary Sue Gorski
B. Nursing Assistants – Dr. Kathy Moisio
C. Washington Health Professional Services (WHPS) – Catherine Woodard and Grant Hulteen
D. Communications – Shad Bell and Jessilyn Dagum

10:00 AM-10:15 AM Break

IV. 10:15 AM-11:45 AM Implementation Plans – DISCUSSION/ACTION

A. 2023 Nursing Legislation Summary document

1.HB 1009 – Amber Zawislak
2.HB 1255 – Grant Hulteen
3.SB 5582 – Gerianne Babbo and Kathy Moisio
4.SB 5499 – Alison Bradywood
a. Review and Approval of NLC Employer Compliance Form

11:45 – 12:00 PM Lunch

V. 12:00 PM – 1:00 PM Lunch Education Session – Nicki Perisho – Telehealth 101

Ms. Nicki Perisho, BA, BSN, RN, Program Director, Northwest Regional Telehealth Resource Center (NRTRC) – Ms. Perisho will present on telehealth's Critical Role in achieving the quadruple aim of reducing cost, improving quality, enhancing the patient experience, and bettering the work life of health care staff.

VI. 1:00 PM – 2:30 PM Strategic Plan Revisions and Additions – DISCUSSION/ACTION

A. Continuing from the 2021-2023 Strategic Plan
B. Practice Plan Supplemental Recommendations – Margaret Holm, Shana Johnny, and Debbie Carlson
C. New Items?

2:30 PM – 2:45 PM Break

VII. 2:45 AM – 3:15 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 NCQAC work has become remote and increasingly uses paperless documents. Mr. Hoehn, Ms. McWilliams, and Ms. Mauden provide the second of two training courses on Public Disclosure and Public Documents.

VIII. 3:15 PM – 4:00 PM Health Equity Continuing Education Rule and Equity Review Tool – Jessilyn Dagum, Dr. Shana Johnny, Fawzi Belal, WCN - DISCUSSION/ACTION

Ms. Dagum and Dr. Johnny present the process of developing the draft rule language for the Health Equity Continuing Education rule for nurses, including their efforts to reach the most disadvantaged populations in WA state. During this process, Ms. Dagum worked with the Washington Center for Nursing (WCN) and others to develop a tool to approach the rule-making process through an equity lens. Ms. Dagum and Mr. Belal present the tool.

IX. 4:00 PM Closing

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 June 25, 2023

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

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

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

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 12/31/21 to avoid interruptions to testing. NAPAP considers, makes decisions re: final plans.	• To be ready for implementation **JAN 1, 2022.**	• 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.	• To be completed in **SPRING 2022**	• **Completed by June 30, 2022**
6—Finalize nursing assistant rules revisions, incorporating stakeholder input.	• Bonnie King with support from Kathy Moisio and others (legal staff, DOH/ HSQA staff, etc.)	NAPAP reviews, makes decisions re: final version.	• To be completed after public meetings held (see item #3)— **WINTER/ SPRING 2023**	• Filing CR-102 • CR-103 expected timeline is by Sept 2023
7—Develop the communication/roll-out plan regarding curriculum, testing, and rules changes for launch in September 2022.	Kathy Moisio with support from Communications staff	Online meetings will be used maximally to provide efficiencies of time and cost and maximize stakeholder participation.	• To be completed in **SUMMER-FALL 2022**	• Curriculum roll-out 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
				• 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	• Legislative allocations cover the FTE for the new Nursing Consultant and for the costs of planning activities, contracts, etc.	• To continue through **SPRING 2022 to JUNE 30, 2022 deadline**	• **Completed the planning phase timely--Implementation phase in progress**
9—Participate actively in legislative session in relation to the Decision Package (DP), re-introducing HB 1124 (glucometer testing by nursing assistants), and support for LPN Apprenticeship Pilot funding.	Paula Meyer and others as directed	• There is stakeholder support for re-introducing HB 1124. Senator Conway sponsored the LPN Apprenticeship Pathway planning and has expressed interest in supporting the piloting; federal grant submission may lead to funding to support piloting at one site.	• To occur in **WINTER 2022**	• Decision Package Passed • HB 1124 Passed • Federal Grant Passed (Yakima Valley College) • **These Milestones Completed Timely**
10—Implement the communication/roll-out plan for curriculum/testing/rules revisions	Kathy Moisio, Alana Llacuna, New Staff via Decision Package (starting in Sept. 2022)	NAPAP members and members of the LTC Workforce Development Curriculum and Testing Workgroups may have interest in participating; online presentations will be used maximally for time/cost efficiency and ease of participation by stakeholders.	• To begin in **SUMMER 2022**	• Curriculum roll-out underway as of July 2022 • Testing revisions work continues as Mass Examination Plan ended 5/31/23 • Communication efforts are ongoing with orientation sessions offered online 2-4 times/month
11—Begin LPN Apprenticeship Pathway approval processes (NCQAC and LNI)	Marlin Galiano	NPAP and LNI will provide review and decisions; NCQAC and	• **To begin after plan is developed – deadline for**	• Hybrid program with online didactic

Objectives	Staff Responsibility	Resource projections (time, staff, money, etc.)	Deadlines	Progress
		LNI staff may also provide technical assistance as needed; steering committee and workgroup support revision work as needed.	**planning is JUNE 30, 2022**	curriculum work complete • Students began pre-requisite coursework in Jan • NCQAC approved hybrid program • LNI and NCQAC approvals for final model lie ahead
12—Launch new nursing assistant curriculum and testing revisions with corresponding rules effective; Provide ongoing support, evaluation, continuous quality improvement	Kathy Moisio, Alana Llacuna, New Staff via Decision Package (starting in Sept. 2022)	Contracted testing vendor or implementing entities provide direct testing services with staff overseeing performance; stakeholder feedback and NPAP review and decisions provide support for continuous quality improvement.	**• SEPTEMBER 2022 –Onward with goal of having rules revisions in place Sept 2023**	• Curriculum is on-target and available as of July 2022 to programs who want to 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 ended 5/31/23 • Filing CR-102 • CR-103 expected by Sept. 2023
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.	**• Timeline GOAL: Students begin PN coursework in Fall 2024**	• Students began pre-requisite coursework in January 2023 • Target to begin LPN coursework: Fall 2024

WHPS Updated June 28, 2023

Goal: Increase the number of nurses enrolled in the Washington Health Professional Services (WHPS) program voluntarily and in lieu of discipline (with an emphasis on in lieu of discipline) by 25% every two years through education, early identification, referral to treatment, and advocacy. NCQAC and WHPS staff do this by promoting the just culture model and employment retention. Focus on in-lieu-of-discipline enrollment per September 2022 commission decision.

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

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

Objectives	*Responsibility*	*Resource projections*	*Deadlines*	*Progress*
Provide educational resources, including but not limited to lectures, brochures, web sites, publications/articles, newsletters, display booths, on-site consultations…	Dr. Furman WHPS staff NCQAC Communication task force		2. WHPS materials reviewed and updated – December 2021	Tool kit, BONcast, new information, resources, posted on nursing.wa.gov. Blog posted June 2022. *Completed.*
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.	Speakers and topics identified. Conference is in-person at Seatac. Focused on wellness and SUD. Ticket sales and advertising beginning.
Develop education courses, modules and toolkits for interested party use.	Dr. Furman WHPS staff	Communications and DOH communications when needed.		Blog posted beginning June 2022. Virtual toolkit on website. WHPS BONcast on nursing.wa.gov under About Us/Who We Are, or under Quicklinks on home page.

				This task is complete and ongoing for maintenance and updates.
Support professional workforce reentry and increase employment retention by 10% through education and cooperative approach to worksite monitoring, prioritizing patient safety.	Dr. Furman WHPS staff	N/A	Ongoing: reported in annual report in March and in monthly performance measures.	Shift to meeting with HR executives to educate and discuss risk management. Ongoing.
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.	HB1255 (Rep Tara Simmons) re: stipend for nurses in monitoring and destigmatizing SUD legislation passed. Implementation underway.
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.*

Strategic Plan Update:
Nursing Assistants (2021-2023)

Kathy Moisio, PhD, RN
Director of Nursing Assistant Programs
Nursing Care Quality Assurance Commission

July 13, 2023

Nursing Assistant Strategic Plan Goal (2021-2023)

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

13 Objectives in the Nursing Assistant Plan

- **6** have been completed
- **4** will be completed or in motion for ongoing implementation as expected by Fall 2023
- **2** continue through as legislated through July 1, 2026 (LPN Apprenticeship)
- **1** continues with challenges and re-strategizing efforts (skills testing)

Completed

Reflect, Re-affirm and/or Refine Prior to Continuing

Add New Initiatives

Completed:

Objective(s)	Description	Date Completed
#1 and #5	Pilot Common curriculum; add video components	Summer 2022
#2 and #8	Hire staff, establish Steering Committee, hold Summit, complete planning phase	Summer 2022
#3	Conduct public rules meetings, incorporate feedback from interested parties	Winter 2023
#9	Participate with Legislative Process: Decision Package, HB 1124, LPN Apprenticeship funding	Spring 2023

Reflect, Re-affirm and/or Refine Prior to Continuing:

Objective(s)	Description	Expected Completion Date
#4	Implement testing revisions (virtual skills testing, evaluation approach)	Ongoing/Evolving
#6	Finalize rules revisions, complete CR-102, CR-103 processes	Fall 2023
#7 and #10	Develop and implement communication/roll-out plan for curriculum, rules, & testing revisions	Rules, Curriculum by Fall 2023; Testing as Evolves
#12	Launch new rules with curriculum & testing changes	Fall 2023
#11 and #13	Complete all required approval processes (NCQAC, WSATC) to launch LPN Apprenticeship students into nursing coursework	Approvals by Spring 2024; Launch by Fall 2024

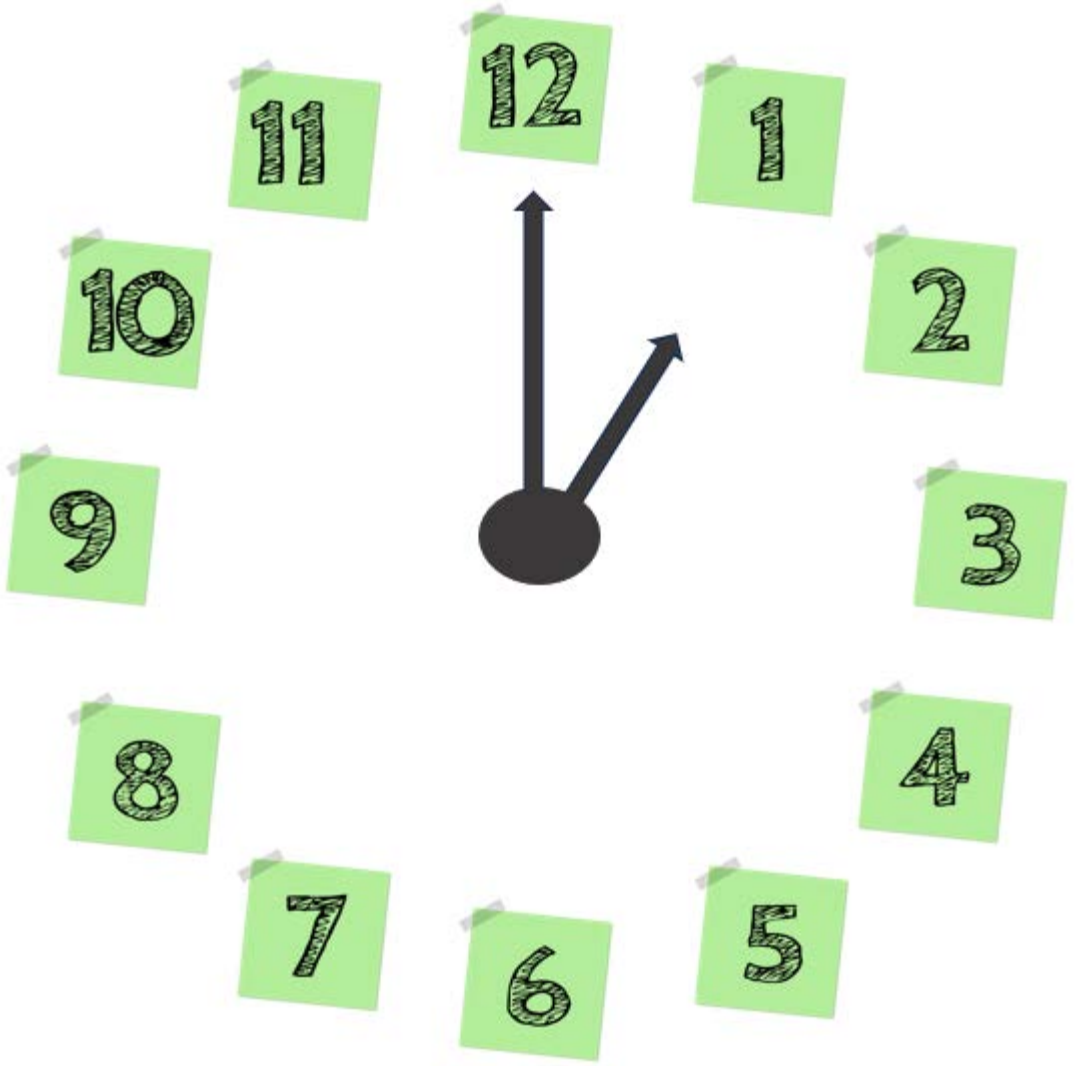
List of Continuing Efforts (2023-2025)

- Continue to make and implement skills testing revisions
- Finalize proposed rules (then phase out this item)
- Implement rules once effective, including common curriculum
- Continue LPN Apprenticeship work as expected through 2026

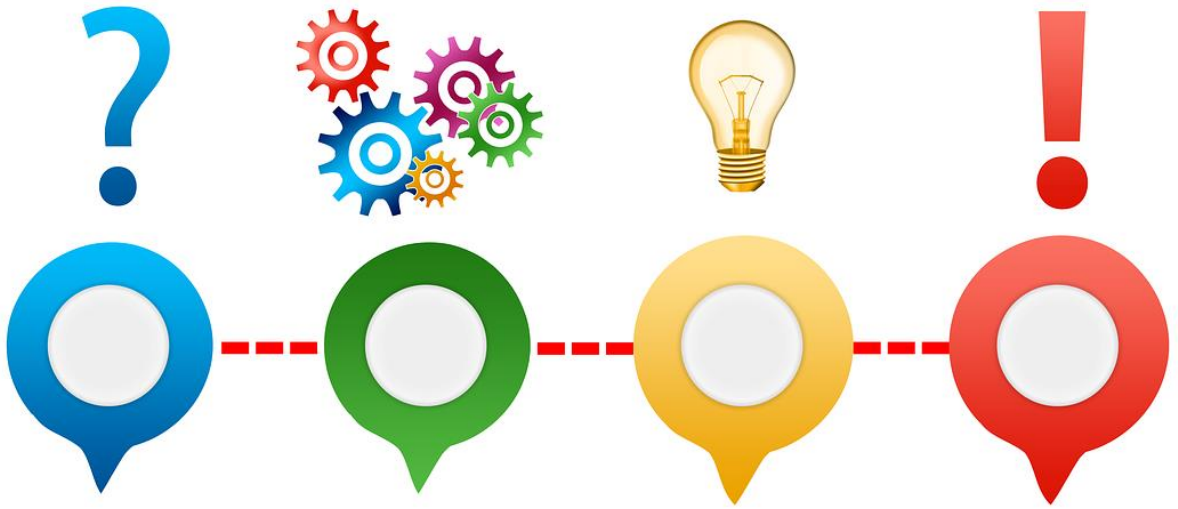
We will have time to discuss potential revisions and refinements of these activities in the afternoon session

Add New Initiatives

We will have time to discuss new initiatives in the afternoon session



Questions or Comments?



Thank
You!

Communication Task Force Review

Presented by Shad Bell and Jessilyn Dagum

Background

- History of Task Force
- Purpose: To improve internal and external communications for the Commission to better serve the public.

OVER THE YEARS

2019

Task Force Established

- Cass Tang
- Jen Anderson
- Jae Heidenreich
- Rebecca Mosley
- Initial steps for big projects

2020

Task Force Continued

- Start work for new website
- More members join task force
- Microsoft Teams
- Projects assigned

2021

Task Force Continued

- SurveyMonkey
- Articulate
- PowerBI
- Transition out of covid-19 pandemic
- Continue working on new website

2022

Task Force Continued

- New website live!
- BONCAST
- Start work for Data Dashboards
- GovDelivery Templates

2023

Task Force Operationalized

- Task force disbanded and operationalized
- Data Dashboards live!
- Next?

FUTURE OF COMMUNICATION

NCQAC Name Change to BON

SB 5499 Changes NCQAC's name to BON as of July 23, 2023.
Transitioning name to BON on website, messaging, and all public facing documents.

SharePoint

Transitioning from the S Drive to SharePoint. Utilizing the functionality of SharePoint to improve internal processes.

Accessibility

Committing to making all our of communication more accessible.

Future Projects

- Smartphone App
- Online AI Chat Bot
- Amazon Alexa Function
- Ideas?

Communication Task Force Work Plan 2020 - 2023

Executive Office | Education | Practice | Research | Operations | Licensing | Investiagtions | Legal Services | Case Management | WHPS

#	Unit	Project	Priority Level	Completion Data	Project Info/Notes	Communication Help	Solution	Status
	Insert Your Unit Here	This can be the topic, subject, or project name you have in mind. EX: Student Engagement, Data Webpage, Request Form, etc.	**Please rank project priority from 1 to 5** **EX: 5 (Lowest Priority)**	Let us know when you would like to have this project completed! EX: 11/12/2021	Tell us more about the project! **TIP! Try to answer the 5 W's:** Who is this for? What is this for? When are the estimated due dates for this project? Where would you like to have this created? • Why? Reason for this project.	How can the Comm. Task Force help with this? Examples: • Creating a new section on your webpage • Sending out via GovDelivery • Developing a communication plan • Creating Graphic, template, or poster • Creating digital form The list goes on!	What is the platform for the solution? **Please list (1) item**. Examples: • Website • SharePoint • GovDelivery • Template • Digital Flyer • Infographic • Graphic • Communication Plan Other	Completed? Yes Partially/Ongoing No
1	Education	Communications to Deans and Directors	3	12/31/2022	• Having specific email list very helpful • Will help with annual in-state report • Goals to streamline process (developed procedures already) and get better engagement	Using GovDelivery	GovDelivery	Yes
2	EO	Maintain Health Advocacy Group List	2	12/1/2021	• What do you do, what do we do, how do we set the standards, etc • Very important to establish and maintain working relationships with these groups • We are at a critical point due to the pandemic; how do we get the information out to nurses and employers	• Continue work with ongoing project	Other	Yes

					effectively, so they understand what we do • Currently must go through personal contacts to get info out to targeted groups • How do we get those personal relationships to the groups so we can get the messaging to them when needed?			
3	EO	Virtual Backgrounds for consistency	3	12/31/2022	• Virtual backgrounds for public facing meetings	• Create virtual backgrounds	Other	Yes
4	EO	Succession Plan	4	12/31/2022	• Capturing Paula's historical knowledge of NCQAC • Other succession plans	Creating and implementing succession plan	Other	Yes
5	Licensing	Who Does What for NCQAC	2	12/1/2021	Some guide to what NCQAC is and who does what of all staff, would be very helpful for those answering phones and emails. (internal)	• Hard copy and digital guide	SharePoint	Partially/Ongoing
6	Rules	NCQAC Rules Page	4	12/1/2021	**Used by NCQAC staff** • Used as a guide for rules staff and to provide information for NCQAC content experts and others interested in rules in progress and those completed.	• Re-organize and update content.	SharePoint	Yes
7	Rules	NCQAC Page Title	4	12/1/2021	• Used by Rules staff Reference to standardize the organization of documents uploaded to each library	Change to title to NCQAC Rules. Delete "in Progress."	SharePoint	Yes
8	Rules	Rules Libraries	4	12/1/2021	• Used by Rules staff Reference to standardize the organization of documents uploaded to each library	Eliminate Finalized Rules. It's empty and not used. Archived Rules is the location for completed rules.	SharePoint	Yes
9	Rules	Temporary Practice Permits Library	4	12/1/2021	• Used by Rules staff Reference to standardize the organization of documents uploaded to each library	Reorganize folders in the library for consistency: -CR-101 -CR-102 -CR-103 -Rule Process Tracking	SharePoint	Yes

						-Supporting Resources Note: A feature in SharePoint is not allowing folders in this library to be re-ordered.		
10	Rules	Rules Libraries moved	4	12/1/2021	• Used by Rules staff Reference to standardize the organization of documents uploaded to each library	Move: - AIDS Education - Continuing Competency - ARNP Practice Hour Requirement libraries to Archived Rules	SharePoint	Yes
11	Rules	Rules Page References Section updated	4	12/1/2021	• Used by Rules staff Reference to standardize the organization of documents uploaded to each library	Add links in alpha order in the References section: -NCQAC Rules in Progress: Rules in Progress :: Washington State Department of Health -NCQAC Rules Procedures: NCQAC Procedures (Main List) - All Items (sharepoint.com) -DOH What is Rule Making? What is Rule Making :: Washington State Department of Health -DOH C4PA Home: Rulemaking Guidance Documents: Government Relations - Rulemaking Guidance Documents (wa.gov) -DOH Rules Management System: Rules Management System (wa.lcl) -Leg Bill Lookup Bill Information (wa.gov) -Leg Bills (NCQAC) DOH-HSQA Legislative Team - Home (sharepoint.com)	SharePoint	Yes
12	Rules	Rules Quick View	4	12/1/2021	• Used by Rules staff, NCQAC rules content experts and management to track rules workload and accomplishments	Create a graphic/data sheet to show by year: -# of rules staff -Rules in progress (#, short title, and link to the rules) -Rules on hold (#, short title, and link to the rules) -Rules completed (#, short title, and link to the rules)	SharePoint	Yes

						-Rules upcoming due to legislation (# and short title) **Ideas:** Leg.wa.gov - where rules are in process. Generate report for the commission from SharePoint, if possible.		
13	Rules	Rules Calendar	4	12/1/2021	Not used	Remove and replace with the graphic/data sheet above	SharePoint	Yes
14	Research	SharePoint	4	12/31/2021	• Moving old documents to S: Drive • Creating a collaborative space for Research Unit to house: o Research Subcommittee documents o Research Procedures o Data Requests Student Engagement Information	• Building Research SharePoint page with re-vamp. • Creating different SharePoint parts when needed. Such as document library, timelines, etc. • Providing SharePoint assistance	SharePoint	Yes
15	Legal	Delegation	5	12/31/2022	**Who has the power to decide something?** • Signed delegation documents need to be organized and standardized. Need to make sure that the delegation authority is documented. Similar to Rules. • Currently a folder on S drive “Delegations”. Need to show authority if challenged. • Karl & Sierra should go through all of them and start fresh. Can be stored on SharePoint (similar to Procedures)	See notes	SharePoint	Yes

16	Practice	Frequency of feedback	4	12/31/2022	• It would also be nice to have feedback/evaluations on the presentations that we do – to get feedback and recommendations for improvement.	• Adding/updating information on website	Survey	Yes
17	Practice	Surveys/Polls	4	12/31/2022	• An online routine survey when reviewing the Practice page or an opportunity to complete if receiving consultation from one of the practice team.	• Adding/updating information on website • Creating survey	Survey	Yes
18	Education	Fall Orientation to Deans and Directors	3	12/31/2022	Create video for Fall orientation for deans and directors via PowerPoint to and send to new people later. • Would like to do a video that would be on the education website and be available for later. • Updated every year. • More interactive	Create video and house on website	Video	Yes
19	Rules	Guide to Create a Rules Library	2	12/1/2021	• Used by Rules staff • Reference to standardize the organization of documents uploaded to each library	• Review the document to assure instructions are clear	Word document can be uploaded to SharePoint site by Rules staff	Yes

Total: 19

Completed (Yes): 18 (94.7%)

Partially Completed/Ongoing: 1 (5.3%)

Communication Task Force Work Plan (Website) 2020-2023

Executive Office | Education | Practice | Research | Operations | Licensing | Investiagtions | Legal Services | Case Management | WHPS

#	Unit	Project	Priority Level	Completion Data	Project Info/Notes	Communication Help	Solution	Status
	Insert Your Unit Here	This can be the topic, subject, or project name you have in mind. EX: Student Engagement, Data Webpage, Request Form, etc.	**Please rank project priority from 1 to 5** **EX: 5 (Lowest Priority)**	Let us know when you would like to have this project completed! EX: 11/12/2021	Tell us more about the project! **TIP! Try to answer the 5 W's:** Who is this for? What is this for? When are the estimated due dates for this project? Where would you like to have this created? Why? Reason for this project.	How can the Comm. Task Force help with this? Examples: • Creating a new section on your webpage • Sending out via GovDelivery • Developing a communication plan • Creating Graphic, template, or poster • Creating digital form • The list goes on!	What is the platform for the solution? **Please list (1) item**. Examples: • Website • SharePoint • GovDelivery • Template • Digital Flyer • Infographic • Graphic • Communication Plan • Other	Completed? Yes Partially/Ongoing No
1	Rules	NCQAC/DOH Rules Information	2	12/1/2021	-Used by Rules staff -Reference to standardize the organization of documents uploaded to each library	**NCQAC Rules in Progress:** Rules in Progress :: Washington State Department of Health Fix pages: • Comment on Rules link does not work, but information is available by scrolling to the bottom of page. • NCQAC page and DOH Rulemaking Activity page should align re: titles, WACs, WSR and where rule is in process.	Website	Yes

2	Research	Research Webpage	2	12/31/2022	**Display Research** • Data/Data Reports • Data Request Form • nursingresearch@doh.wa.gov email • Current Projects • Student Work/Experiences • Subcommittee Business Plan	• Developing and implementing • Maintaining and updating • Build interactive fillable data request form housed on website. (Once filled out, the form with then go to the research email.)	Website	Yes
3	Research	Research Data	2	12/31/2022	• External Data Requests • Internal Data Requests • Data Reports: (Annual Report, Demographic Data, etc.) • Data Dashboard	• Interactive fillable data request form on website • Help develop and implement communications plan for new data request procedure to specific audience • Creating and formatting attractive templates for specific data reports	Website	Yes
4	Research	Student Engagement	2	12/31/2022	• Track student engagement (students, projects, hours) • Develop student onboarding and offboarding exit survey • Develop student engagement report • Highlight student work on website • Have presence on 'Nursing Student' page	• Assist with creating communication plan for student engagement program • Assist with outreach for student engagement opportunities (Creating GovDel announcement message, flyers for universities, etc.) • Adding and updating student engagement program information on website.	Website	Partially/Ongoing

5	Practice	Self-study materials (videos, presentations)	2	12/31/2022	**Jurisprudence Module** – • Needs to be transitioned to our website based on NCSBN's timeline to post their own module – date unknown. • Promote the use. Identify platform needed to host this module and possibly other modules. **Development and implementation of other on-line materials** • professional appearing, possibly using other software besides PowerPoint and/or other on-line curriculum platform that would routinely offer a completion certificate and built-in quality measures. **Connection with the new Licensing page** • for nursing students/graduate nurses with training materials and requirements for continuing competency	• Adding/updating information on website	Website	Yes
6	Practice	Resources and References	2	12/31/2022	**Links to internal and external resources** • Such as HEALWA [need to promote as nurses pay a portion of their fee for access] • professional nursing organizations, practice standards, DSHS Nurse Delegation Program, Labor and Industry, OSPI, DEA, Buprenorphine Waiver, Department of Revenue, Department of Licensing, WCN, Telemedicine Training, facility laws/rules and DOH pages relevant to practice [suicide	• Adding/updating information on website	Website	Yes

					training, opioids, complaints, POLST, etc.]) • And other links that we routinely send out in our informal consultations (I have a comprehensive list).			
7	Practice	Continuing Education and Practice Hour Requirements	2	12/31/2022	**Links to training information on Practice page** • Suicide, telemedicine, and requirement for Health Equity Continuing Education for Health Care Professionals training information • Link to Licensing Continuing Education and Practice Hours • List of free training resources-internal and external (e.g. CDC, NIH, DOH Immunization Program, FDA, DSHS Nurse Delegation Program) and others that we want to promote (e.g. NCSBN) **NCQAC Practice Presentation Requests** • Highlight request form on website • Consider including on the page where we host potential videos/self-study, JP module, etc.	• Adding/updating information on website	Website	Yes
8	Practice	Alternative to Discipline Programs	2	12/31/2022	**Early Remediation Program** • It would be helpful to have information about this program and the nurse consultant's role on the website • Create a **handout or brochure** of some type that could be sent out with the letter so the nurse has some basic information about how this works) and a link to the webpage in the letter as well.	• Adding/updating information on website • Creating handout or brochure	Website	Yes

					• WHPS – I do not see anything that links nurses from the practice page to the WHPS page.			
9	Education	Dashboard for Education page	3	12/31/2022	Statistics (ie. NCLEX pass rates, how many slots available for nursing programs & types, number of graduates, faculty openings.)	Development and upkeep	Website	Yes

10	Education	Information on Curriculum Development	3	12/31/2022	**Presentations or information on website about developing curriculum (many states mandate curriculum development)**
					• Student learning outcomes vs course outcomes
					• How to evaluate
					• Curriculum development
					  o Relate to WACs
					  o Expert speakers (Dr. Sharon Fought at UW Tacoma)
						Add presentations and information to website	Website	Partially/Ongoing

11	Practice	Scope of Practice Decision Tree	3	12/31/2022	**Scope of Practice Decision Tree** • Could include overall information about SOP, laws, rules, perhaps other references/resource. • We have very little information on NTs and NAs. Introduction about the using the tree, looking at advisory opinions, FAQs, references/resources prior to emailing/contacting the practice team.	Update and add information on Website	Website	Yes

12	Practice	Complete overhaul of the Practice website pages	3	12/31/2022	• Branding of web page – more attractive, overview of practice team. currently contact information is on the main NCQAC page, but not linked to the Practice pages. • Advisory Opinions, Interpretive Statements, Policy Statements, FAQs and other Guidelines including an overview/definition of what these statements are. • General restructuring – Somehow linking the together might be helpful. FAQ page is usable but needs restructuring to make it easier to find things.	• Adding/updating information on website	Website	Yes
13	Practice	Practice Corner	3	12/31/2022	• Routine articles (e.g. once a month or every 2 months) about nursing practice and other trending issues/hot topics, conferences/trainings, workshops, etc. These could also be sent out on GovDel and posted on the website	• Adding/updating information on website	Website	Partially/Ongoing
14	Practice	Partner/stake holder workshops	3	12/31/2022	• Might be helpful to have a place on our website where these can be posted as well as sending them out on GovDel (perhaps on the Practice Corner).	• Adding/updating information on website	Website	Yes
15	Practice	Promote public to attend subcommitte e meetings	3	12/31/2022	• A page that shows upcoming workshops, meetings, conferences, training opportunities, etc	• Adding/updating information on website	Website	Yes

16	Practice	Nursys	3	12/31/2022	• There is also an option for employers/institutions to sign up to track nurses who work in their facilities. We want to promote this.	• Adding/updating information on website	Website	Yes
17	Licensing	Application Status Tracker	3	12/31/2022	• A Dominos type tracker that shows people where they are in the process. Likely come along with HELMS. Long term.	• Adding/updating information on website	Website	Ongoing
18	Research/AP	Rules	4	12/31/2021	Rules change announcements via GovDelivery and website if pertaining to ARNPs	• Website revamp to include pages by license: LPN, RN, ARNP, Nurse Tech, etc. • When rule changes or updates have been implemented and made through the entire rule process, having announcement go out via GovDelivery and on Website	Website	Yes

Total: 18

Completed: 14 (77.8%)

Partially Completed/Ongoing: 4 (22.2%)

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

2SHB 1009- MILITARY SPOUSES

NCQAC Implementation Plan Overview

Requirements of 2SHB 1009 Impacting NCQAC:

- Must issue a temporary license to military spouses within 30 days of application date.
  - The temporary license must be issued for no less than 180 days. (NCQAC currently expedites military spouses and issued TPPs for 180 days.)

- Must identify a contact to assist with military spouse applicants and licensees.

- Must provide training to board/commission members on the culture of military spouses, the military spouse experience, and issues related to military spouse career paths.

2SHB 1009 Continued

The legislation also encourages each authority to:

- Appoint a military spouse to serve on the board/commission.
- Conduct a review of licensing applications for military spouses and identify barriers for employment.
- Review licensing fees, related costs, and identify ways to reduce costs for military spouses.

Federal legislation passed in 2023 provides additional direction to states. DVA/DOD interpreting impacts for WA State.

NCQAC Website Resources

- Website updates (coordinate development with Nurse Licensure Compact military spouse resource pages) - in process
- Develop infographics for expedited licensure process for military spouses - in process
- Identify an NCQAC specific contact on the website for military spouses - Amber Zawislak-Bielaski
- Review materials with subject matter experts (DOH military liaison and partners at the Department of Veteran's Affairs) - meeting quarterly

Commission/Board Training and Recruitment

- All boards, commissions must complete approved MIL Spouse Employment Training a regularly scheduled business meeting.
  - Deadline for current members is January 1, 2024, and within 90 days of appointment for new).

- DOH creating a 30-min automated training (informational video)
  - July 2023 - Projected date for distribution - Olivia Burley, MIL Spouse Employment Liaison, WDVA
  - Training to be shared in November 2023 NCQAC Business Meeting

- Recruitment & Retention Campaign to facilitate employment of military spouses (ongoing)

Rulemaking

Temporary Practice Permit Rules (WAC 246-840-095):

In 2022, the NCQAC filed a CR-101 to consider amending the length of time a temporary practice permit (TPP) is effective and updating criteria to issue a TPP.

- **CR-101-** Filed February 5, 2022
- **Workshops-** July 7, 2023, August 4, 2022, and September 19, 2022
- **NCQAC Approval of Draft Language (with 2SHB 1009 additions)-** May 12, 2023
- **CR-102-** Tentative for July 2023
- **Public Rules Hearing-** Tentative for September 2023
- **CR-103/Rule Effective-** Tentative for November 2023

HB 1009 passed during the workshop phase of rulemaking. The NCQAC added language specific to military spouses to the draft language for the proposed TPP rules.

Questions?

2023 WA Board of Nursing Legislation Implementation Summary

Bill	Title	Effective Date	Target Dates	Implementation Lead	Other agencies/ divisions	WA BON Requirements	Rules required	IT Impacts	BON Funding available	BON FTE	Report due	Workgroup	Website/ Comm Plan required	Policy Issues, decisions to track	Constituent Groups	Implementation Completed	On Track: Yes or No
HB 1009	**Concerning military spouse employment**	7/23/2023 except Sec. 4 10/1/2023. Sec 4 concerns procedure & process to expedite licensure w/i 30 days	10/1/2023	Amber/ Lic Subcommittee	HSQA is Lead: Tommy Simpson, James Chaney	Yes. Receive training by **1/2/2024**. If appointed after 10/1/2023 complete training w/i 90 days. WA Dept of VA to provide internet-based training on culture, experience, and issues related to military spouse career paths.	Yes: CR-101 WSR 22-06-057: 246-840-095 Temporary Practice Permits filed 2/25/2022	Yes	No fiscal impact	w/in current allotment	Yes: DOH responsible. 1/1/2024; Annually thereafter.	Yes. Jessilyn Dagum lead for rules.	Yes. DOH responsible. Information also on BON website. Could coordinate with SB 5499.	Add a military spouse representative as a Board pro tem or board member.	WA State VA Military Spouse Liaison: Olivia Burley; DOD Military Community & Family Policy: Tammie Perreault		Yes
HB 1009						Date Completed:	Date Completed:	Date Completed:			Date Completed:	Date Completed:	Date Completed:	Date Completed:			
HB 1255	**Reducing stigma and incentivizing health care professionals to participate in a substance use disorder monitoring and treatment program**	7/23/2023	7/1/2024	Grant/ DSC Subcommittee	DOH IT/ Jenn Jaske/ Ramneeta Bhalla (ILRS)/ Prasad Maroju (HELMS)		Yes: Add new sections to 246-840	Yes	GFS $25K/yr stipend. $28K one-time rulemaking. Funding not sufficient at $25K/year. New decision package to be proposed for 2024 by 9/15/2023.	w/in current allotment	No.	Yes. Grant Hulteen and WHPS staff.	Yes: Info to be displayed on the web. Includes total # participants, ave. total amt of stipend per person, aggregate for all, amt of funds available.	Procedures being changed for BON approval later this year.	Treatment Providers, WHPS Nurses in the program, Peer Support Groups		Yes
HB 1255							Date Completed:	Date Completed:				Date Completed:	Date Completed:				
HB 1340	**Concerning actions by health professions disciplining authorities against license applicants and license holders**	4/27/2023	Effective Immediately	Catherine/ Karl	HSQA determined no plan needed. RCW is sufficient.		No	No	No fiscal impact	w/in current allotment	No	No	No	No	Health care providers.		N/A - no implementationplan necessary.
HB 1340												Date Completed:					
HB 1503	**Collecting health care professionals' information at the time of license application and license renewal**	7/23/2023	1/1/2025	Amber/ MarySue	HSQA is Lead: Sherry Thomas		No	Yes	No fiscal impact	w/in current allotment	No	Yes. Amber, MarySue, Jessilyn, Sherry Thomas, Jenn Jaske					Yes
HB 1503								Date Completed				Date Completed:					

SB 5499	**Concerning the multistate nurse licensure compact**	7/23/2023	**7/23/23** commission name change to board of nursing. **9/1/2023** Employing entities must report. **TBD** rules. **TBD** DOH Sec. fee rules.	BON NCL Task Force, Karl Hoehn & Amber Zawislak, Jessilyn Dagum - rules, Alison Bradywood - Partnerships, Shad Bell - Communications, BON Subcommittees.	NCSBN: Implementation, **DOH** Sec: Fees, DOH Hospitals: Julie Tomaro, **DOH** Ambulatory surgical facilities & Hospice care: John Hilger, DOH Nursing pools, Shawna Fox, **DSHS** Nursing homes, Assissted living facilities, Adult family homes: Amy Abbott.	Yes. 5/12/23 Authorize rulemaking. **5/12/23** create MNCL Task Force (BON & Staff members). **7/14/23** BON appoints ED as rep to the Interstate Commission of Licensure Administrators (ICLA). Approves implementation plans. **9/8/23** presentation to BON on ICLA.	Yes: Add new sections to 246-840 DOH Secretary fee rulemaking	Yes	No funding. $1.2M in appropriations only given for HSQA OCS and DOH IT to update applications in ILRS and adding to HELMS.	w/in current BON allotment	No	Yes. NCL Task Force and other Sub workgroups.	Yes. Separate webpage with implementation updates. Must include NLC rules on the website. GovDelivery messages. Communicate progress w/ other compact states. Communicate with employing entities.		Washington Center for Nursing (WCN), WA Hospital Assoc., Multiple.		Yes
SB 5499						Date Completed	Date Completed	Date Completed				Date Completed:	Date Completed:				
SB 5582	**Reducing barriers and expanding educational opportunities to increase the supply of nurses in Washington**	7/23/2023	**12/1/2024** pilot project. **8/1/2025** rule development. **9/30/2025** preceptorship.	Gerianne/ Kathy/ Marlin	Workforce Training & Education Coord Board, L&I, State Bd for Community & Tech Colleges, Superintendent of Public Instruction.		Yes: WACs 246-840-517 (Gerianne suggestion), 246-840-534, 246-840-090		GFS $30K one-time contracted facilitator.	GFS Pilot Project (project positions): 2024 - 2 FTE; 2025 - 2 FTE; 2026 - 1 FTE GFS Apprenticeship Pathway (perm positions): 2024 - 1.3 FTE 2025 - 1.3 FTE 2026 - 1.3 FTE	Yes: 12/1/2024, 8/1/2025, 9/30/2025, 12/1/2025	Yes. Gerianne, Kathy, Marlin			CNEWS, Nurse Educators		Yes

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

HB 1255
Incentivizing SUD Monitoring and Treatment

BACKGROUND

HB 1255 – SUD Monitoring and Treatment Incentives: Reducing stigma and incentivizing health care professionals to participate in a substance use disorder monitoring and treatment program.

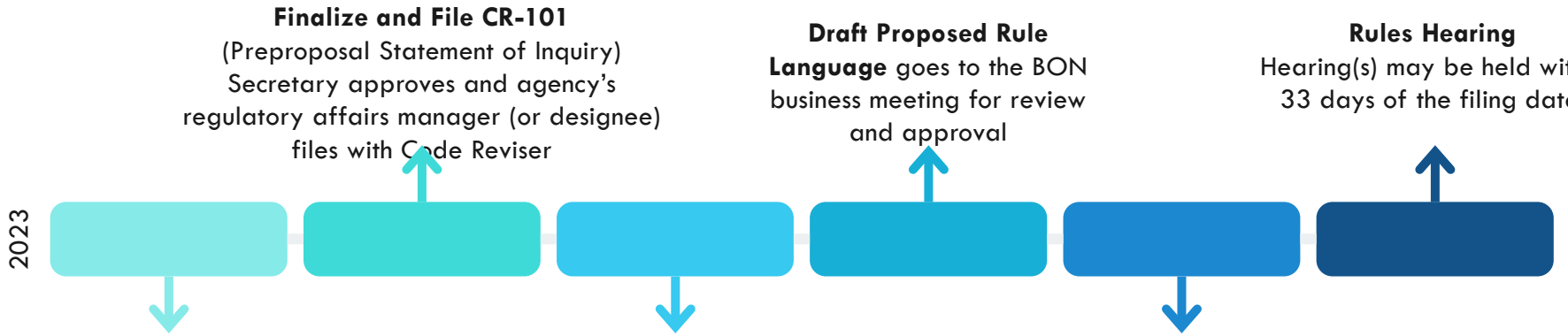
HB 1255 – INCENTIVIZING SUD MONITORING AND TREATMENT

To reduce stigma and encourage nurses to participate in SUD monitoring and treatment:

- The department or commission may not post enforcement action against a nurse on the DOH provider credential search site if the nurse is ordered into the commission-approved program and is compliant with their order.
- The nurse must contact WHPS, sign the monitoring contract if needed, actively participate, and successfully complete the program.
- To defray expenses related to treatment and participating in WHPS, the commission shall establish a stipend program for nurses when they meet certain eligibility requirements.

Substitute House Bill (SHB) 1255

Nursing - Substance Use Disorder Monitoring Program Participation



Other Important Date:

- 7/1/2024 - Target Date

QUESTIONS?

Nursing Education

Additions - Strategic Plan (2023-2025)

Gerianne Babbo, Ed.D., MN, RN
Director for Nursing Education
Nursing Care Quality Assurance Commission

July 13, 2023

One Activity Ahead . . .

- Consider highlights of new legislation (SSB 5528) for nursing education and the Strategic Plan (2023-2025):
  - Reducing barriers and expanding educational opportunities to increase the nursing workforce in WA state

Highlights:
NCQAC
Rule Writing

Highlights: NCQAC Rule Writing

- NCQAC may grant approval for a BSN program for a NA who holds a graduate degree but does not hold a doctoral degree
- NCQAC shall adopt rules which allow for one hour of simulated learning to be counted as equivalent to two hours of clinical placement learning

Highlights: NCQAC WSSNPG Program

- Supervisors- preceptors
- Focus acute shortage areas, rural, and underserved areas
- Eighty precepted hours
- Report to the office of financial management

Highlights: SBCTC
NCQAC Support

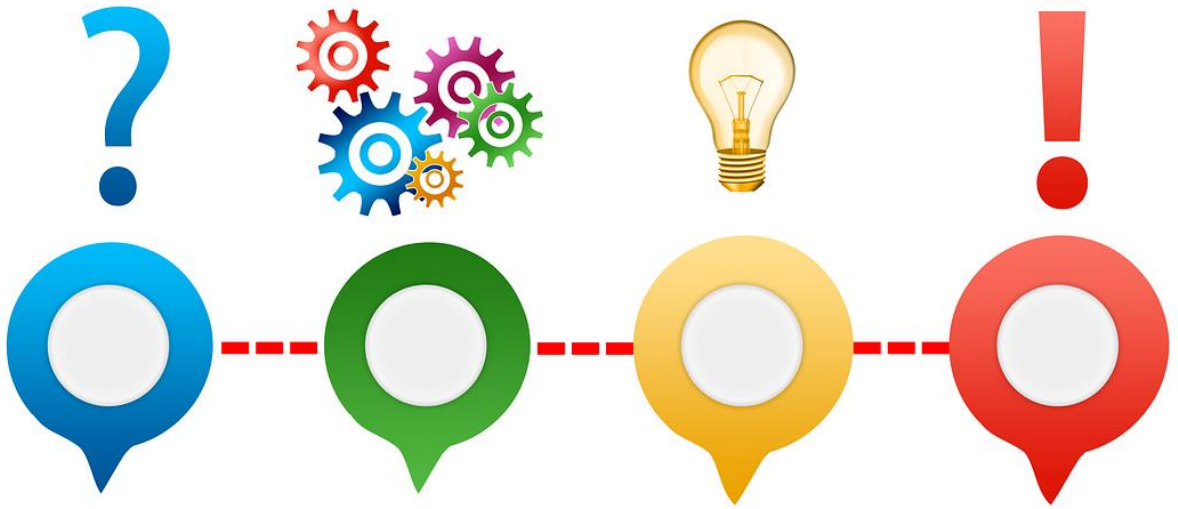
- Develop plans to train more nurses over the next four year- emphasis in key shortage areas, including rural communities and underserved communities
- Create new capacity to train LPN and RN through apprenticeship programs, certificates, BSN degrees
- Expand partnerships between employers and bargaining reps for joint workforce development initiatives
- Online curriculum and pathways for LPN credentials (east and west)
- Conduct salary survey on nurse educator compensation- benchmark 50th and 75th percentile for similarly credentialed nurse educators in the state

Highlights:

Workforce Training and Education Coordinating Board

- Contract with a marketing firm to develop plan for:
  - CNAs,
  - LPN/LVN, and
  - Nursing Professions: including long term care, rural, and underserved communities.

Questions or Comments?



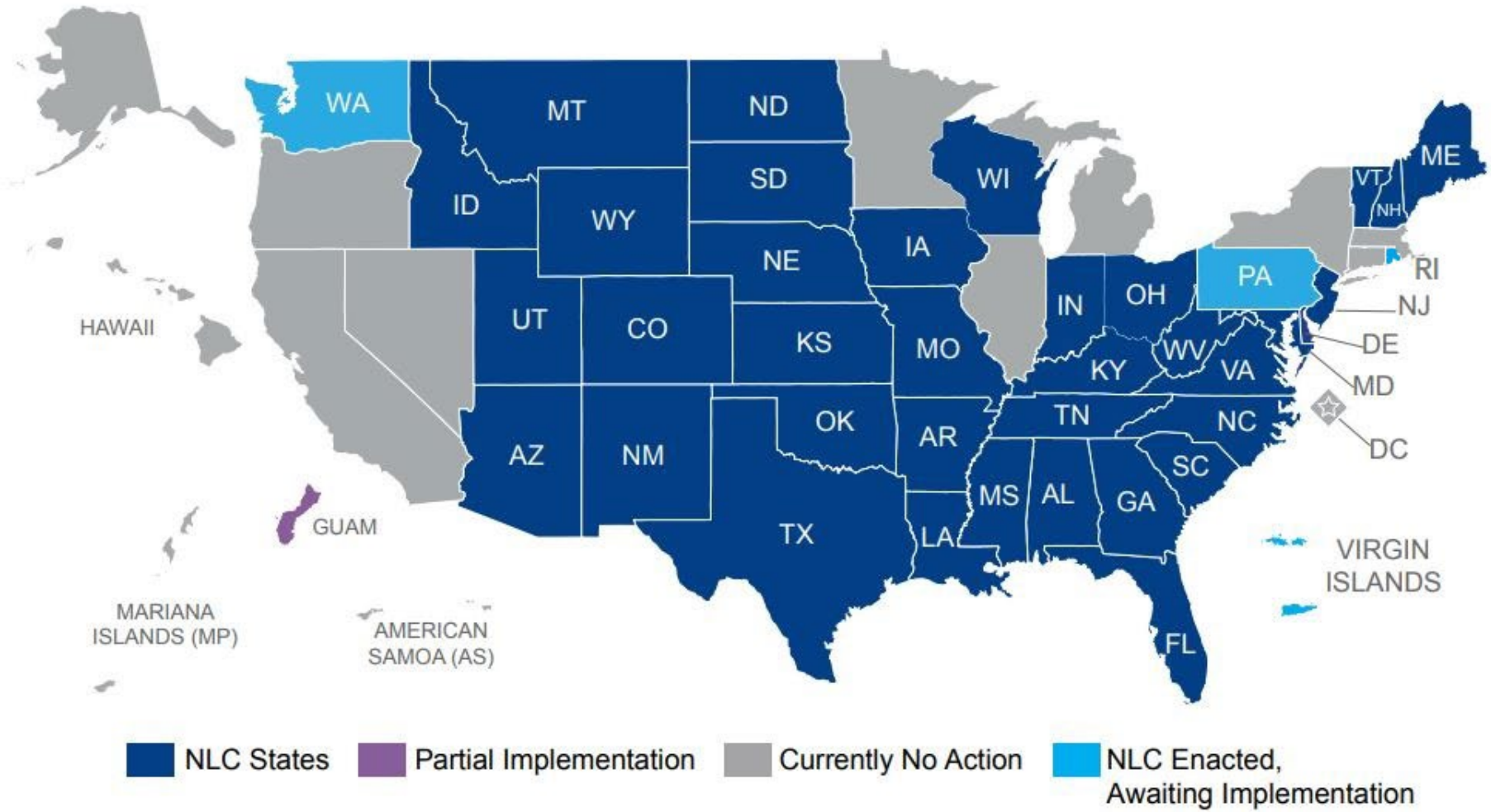
Thank You

Nurse Licensure Compact

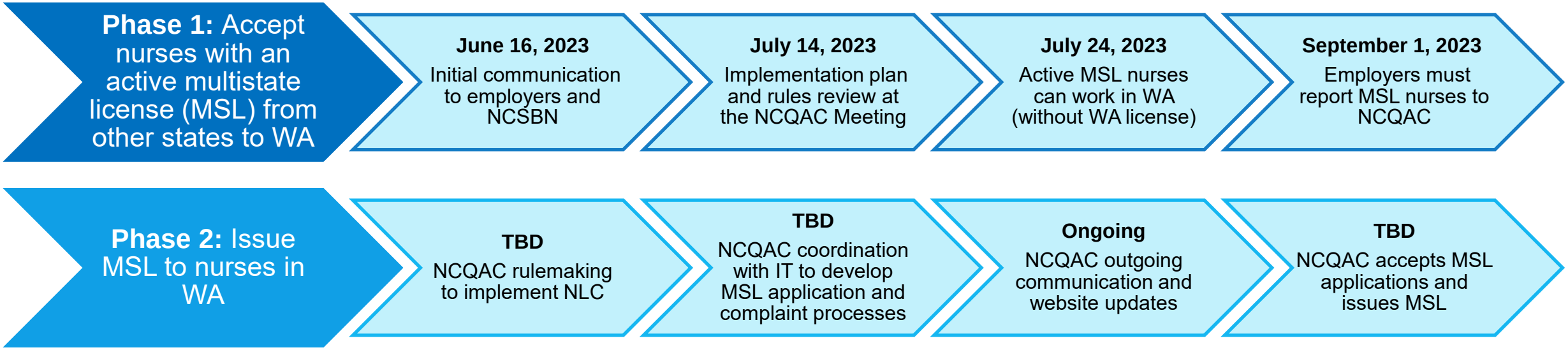
Implementation Taskforce Update
July 13, 2023

NLC States

41 states have enacted the NLC



Washington State
Nurse Licensure Compact Implementation Plan



Additional 2023 Key Dates:

- **July 24:** WA BON Name Change, WCN surcharge begins
- **September 30:** Comparison of Nurse Practice Acts by NLC State, link to all NLC rules, and display Interstate Commission meeting information on BON website.

NLC Taskforce Implementation

23-5499 SSB Multistate nurse licensure.docx

Training

Early June Staff, AG Team, Commissioners
Sept 7 BON Training on NLC

Licensing

Phase I Accept MSL July 24
Phase II Issue MSL for WA (date TBD)

Discipline

June 22 Prepare discipline processes for MSL

Taskforce Meeting Schedule
June 5, 27, July 5

Partnerships

Ongoing interagency & interested party involvement

Rules

Phase I Assessing best approach to implement rulemaking for NLC; CR101 to be filed **early July**

Communications

June 16 Notice to employers, NCSBN
July 24 BON name change
Sept 1 Employer submission for new hires

Keeping the Commission Informed: Nurse Licensure Compact Implementation Work Groups

Licensing	Discipline	Partnerships	Rules	Communication
Amber, Lori, Karl BON: Dawn	Karl, Lynn, Catherine, Renae BON: Sharon	Alison, Chris, Karl, Amber, Jessilyn, Bonnie BON: Yvonne	Jessilyn, Karl, Seana, Sierra BON: Helen	Shad, Catherine, Laura, Jessilyn, Amber, Karl BON: Vanessa

ILRS/HELMS: Chris, Amber, Karl

Sponsors: Yvonne Strader, Alison Bradywood
Implementation Support: Bonnie King, Holly Palmer

Nurse Licensure Compact Training

The National Council of State Boards of Nursing (NCSBN) is providing continued training/technical assistance

Staff and Commission Trainings

Required Rules

Interstate Commission of Nurse Licensure Compact Administrators (ICNLCA)

402.2 – Limit timeframe of RN or LPN to transition to new primary state of residence (PSOR) or home state, once residency change is identified to 60 days (proposed rule change to be reviewed in August 2023).

WA Rules:

Fee Modeling

Washington Center for Nursing (WCN) Surcharge Increase

From $5 to $8 in accordance with RCW 18.79.202 (Sec. 18 of SB 5499) Effective July 24, 2023

Compare similar NLC states to determine how fees were impacted

Employer Requirements

As of July 24, 2023:

Employers may begin reporting MSL nurses to the Nursing Commission, and are required by law to report no later than September 1, 2023.

Nurses may begin to work, in advance of employers submitting required information.

Form available for employers to be able to attest to these requirements via the Nursing Commission's Employer Compliance Form.

Employers Required vs Encouraged

Employer Compliance Form

Employers who have hired, or wish to hire, nurses that will work only with an active multistate license (without a WA state license) are required to:

- Verify and report MSL nurses to the Nursing Commission.
- Attest that the nurse has completed the required Suicide Prevention Training.
- Attest that the nurse has updated or submitted their demographic data via Nursys e-Notify.

IT Implementation: HELMS and ILRS

- Develop MSL applications and related internal processes.
- Develop internal processes for action on MSL nurses (complaints, discipline, and new MSL applicants)
- Integration between our database and Nursys
- Coordinate efforts and implementation timing with the Healthcare Enforcement and Licensing Modernization Solution (HELMS).

Planned Upcoming Communication

Name Change Transition from NCQAC to WA BON (ongoing)

New webpages specific to the Nurse Licensure Compact - July 24, 2023

Questions?

The NCQAC strategic planning process looks at current and future impacts on the nursing profession for 2023-2025. In consideration of the scope of work for this period, it is critical to understand continuing bodies of work from the previous cycle (2021-2023), legislative requirements for implementation, and continue to scan the horizon for catalysts that would impact our work, confirm our trajectory, or adjust our direction. Please note that this time period may have limited capacity with the volume of work already underway.

As you review the presentations on existing and known work, consider the following:

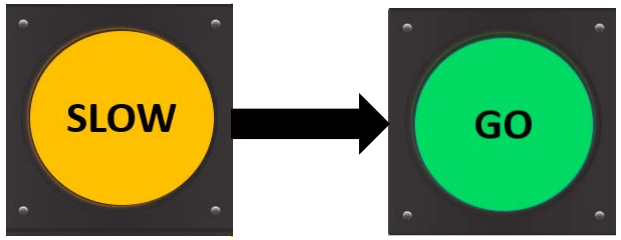
- What components are solidly in place and require less oversight? Do these need to remain on the strategic plan?
- Where do we have the momentum to continue to evolve our work?
- Where do we have the most opportunity to advance change?
- What are our strengths as a commission? What are our growth areas?
- What strategies and processes have worked well to improve how we do our work?
- Where do we have the most potential to implement change?
- What worries you about protecting the public's safety and the state of the nursing profession that is unaddressed?

Nursing Assistants

Revisions and Additions - Strategic Plan (2023-2025)

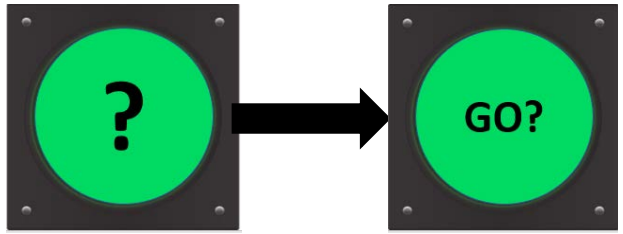
Kathy Moisio, PhD, RN
Director of Nursing Assistant Programs
Nursing Care Quality Assurance Commission
July 13, 2023

Three Activities Ahead . . .

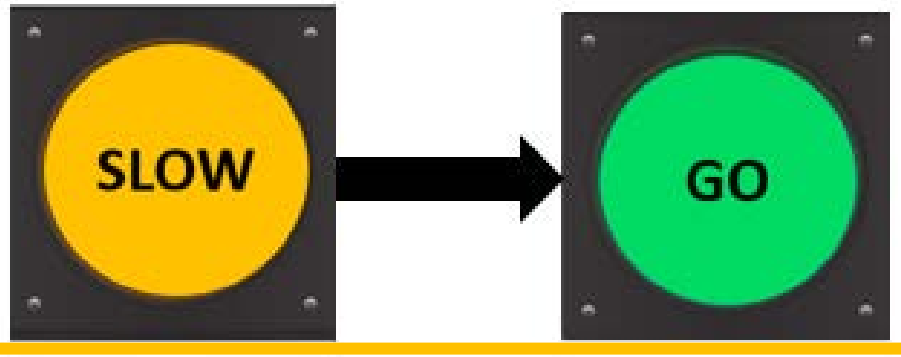


1--Consider potential revisions to continuing efforts prior to adding then to the Strategic Plan (2023-2025)

2—Review three additions already planned
(2 through NCQAC vote, and 1 through legislation)



3—Consider whether anything is missing that is feasible to add



1--Consider Revisions of Continuing Efforts (2023-2025)

- Continue to make and implement skills testing revisions
- Finalize proposed rules (then phase out this item)
- Implement rules once effective, including common curriculum
- Continue LPN Apprenticeship work as planned/legislated through 2026

2—Review Three Additions Already Planned (2023-2025)

- Timeline considerations for nursing assistants (per NCQAC)
- Language considerations for nursing assistants (per NCQAC)
- High school-rural hospital pilot (per new legislation -- SSB 5582)

Review:

Timeline Considerations for Nursing Assistants

- From the presentations to the Education Sub-Committee (Jan. 2023) and the NCQAC (March 2023), we saw that clearer and more consistent timeline standards for nursing assistants would be helpful (specifically, in terms of testing and certification)
- **The main question to answer with this work is: What would the standard be in these various situations to support safe nursing assistant practice in all care settings… without creating unnecessary barriers to entry and re-entry into practice?**
- The NCQAC voted at the March business meeting to add this topic to the Strategic Plan for exploration (2023-2025)

Review:
Language Considerations for Nursing Assistants

- From the presentations to the Education Sub-Committee (Jan. 2023) and the NCQAC (March 2023), we saw that more support for English language would be helpful to support students' success as nursing assistants and beyond into nursing.

- **The main questions for this work are:**
  - **What can we do to better support these students with the language skills they need for their important role as nursing assistants and beyond into nursing** . . . not only for the exam--but throughout their education, for the exam, and—most importantly—for practice?
  - **What are the maximally effective policies, programs, and approaches we can adopt for smooth entry into nursing by English language learners?**

Review:

Language Considerations for Nursing Assistants

- The answers to these questions are essential for assuring quality care for the people of Washington . . . because they lead us on the path to a maximally inclusive profession . . . reflective of our population . . . with corresponding diversity at all levels of nursing.

How do we achieve this?

- The NCQAC voted at the March business meeting to add this topic to the Strategic Plan for exploration (2023-2025)

Review: High School & Rural Hospital Pilot (per SSB 5582, Section 12)

(1)The commission, in collaboration with rural hospitals, relevant employer and exclusive bargaining unit partnerships, nursing assistant-certified training programs, the department of health, and the department of labor and industries, shall establish at least two pilot projects for rural hospitals to utilize high school students who are training to become nursing assistant-certified or high school students who are nursing assistant-certified to help address the workforce shortages and promote nursing careers in rural hospitals.

As part of the program, students must receive information about related careers and educational and training opportunities including certified medical assistants, licensed practical nurses, and registered nurses.

Review: High school-rural hospital pilot *(per SSB 5582, Section 12)*

(2) At least one of the rural hospitals participating in the pilot projects must be east of the crest of the Cascade mountains and at least one of the rural hospitals participating in the pilot projects must be west of the crest of the Cascade mountains.

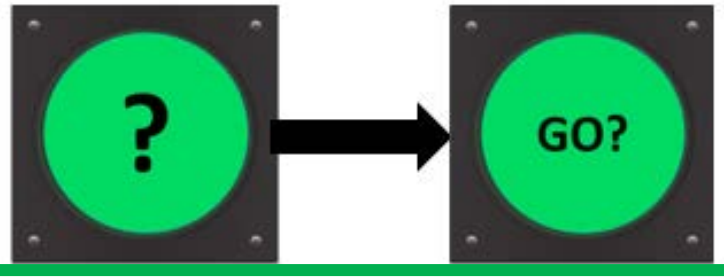
(3) The pilot projects shall prioritize using the nursing assistant-certified high school students to their full scope of practice and identify any barriers to doing this.

Review: High school-rural hospital pilot *(per SSB 5582, Section 12)*

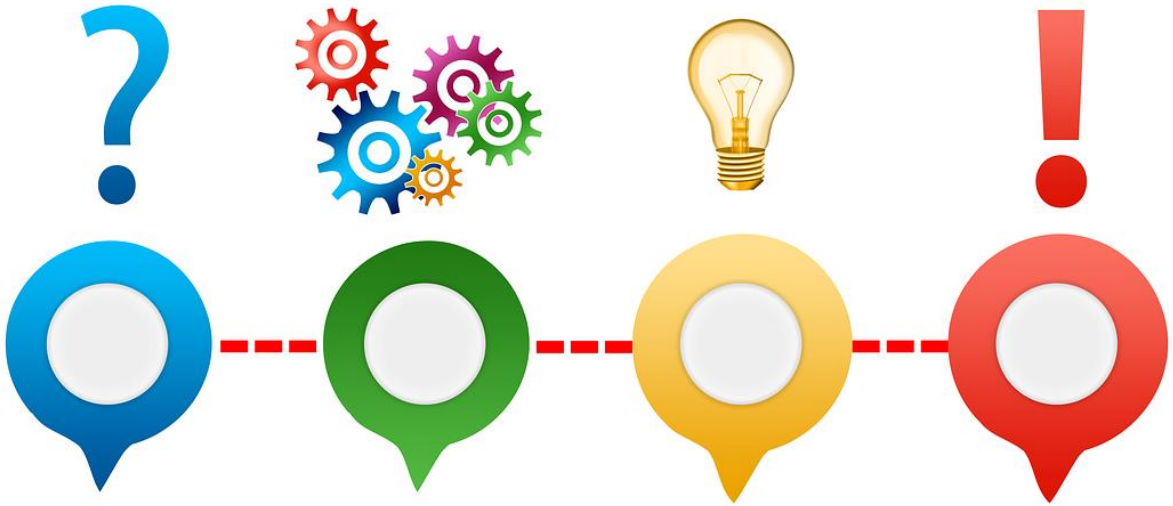
(4) The commission may contract with an employer and exclusive bargaining unit partnership, nursing consultant, and health services consultant to assist with establishing and supporting the pilot project, including identifying participants, coordinating with the groups and agencies as referenced in subsection (1) of this section and other stakeholders, and preparing reports to the legislature.

(5) The commission shall submit a report, in accordance with RCW 1043.01.036, to the health care committees of the legislature by December 1, 2024, and December 1, 2025, with the status of the pilot projects and any findings and recommendations.

(6) This section expires July 1, 2026.



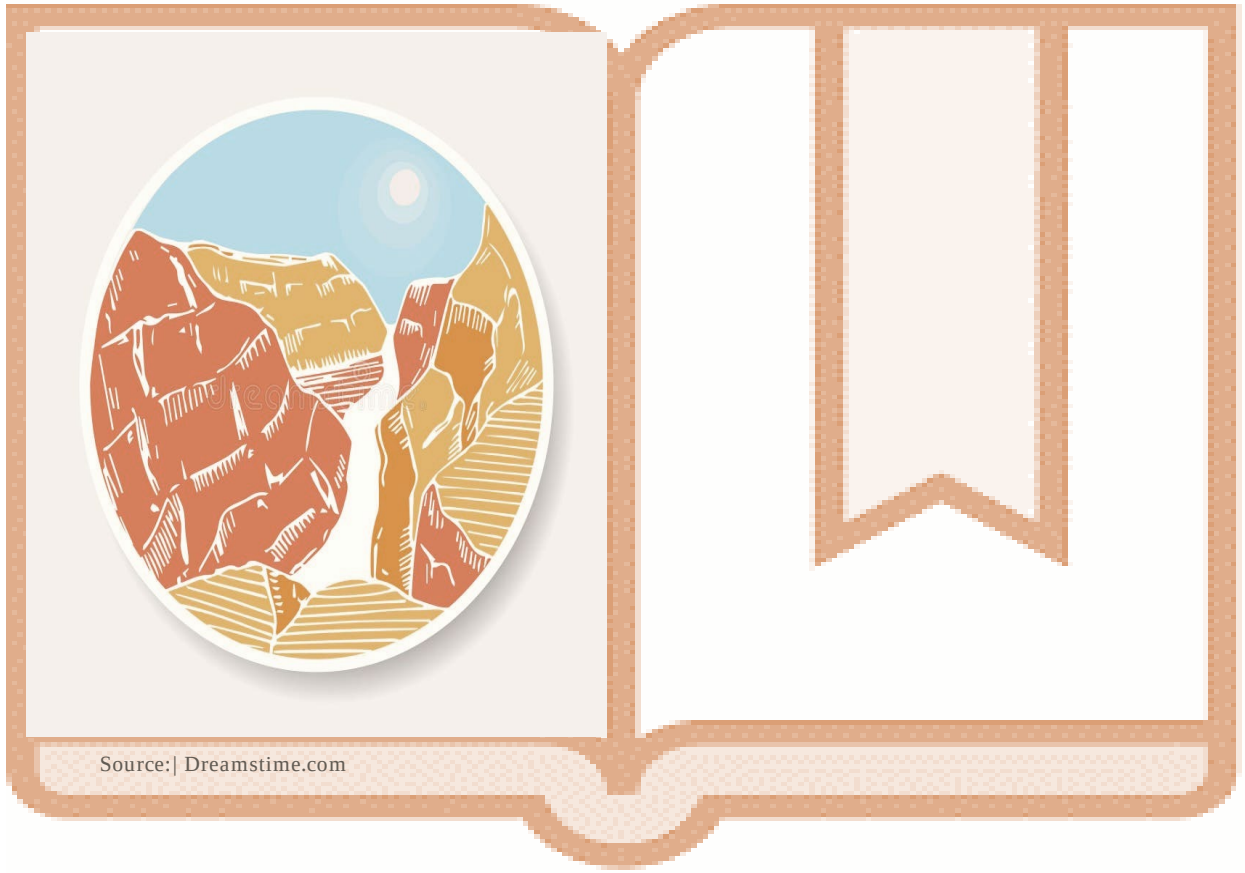
3—Consider Missing Efforts and Feasibility (2023-2025)



Questions & Comments?

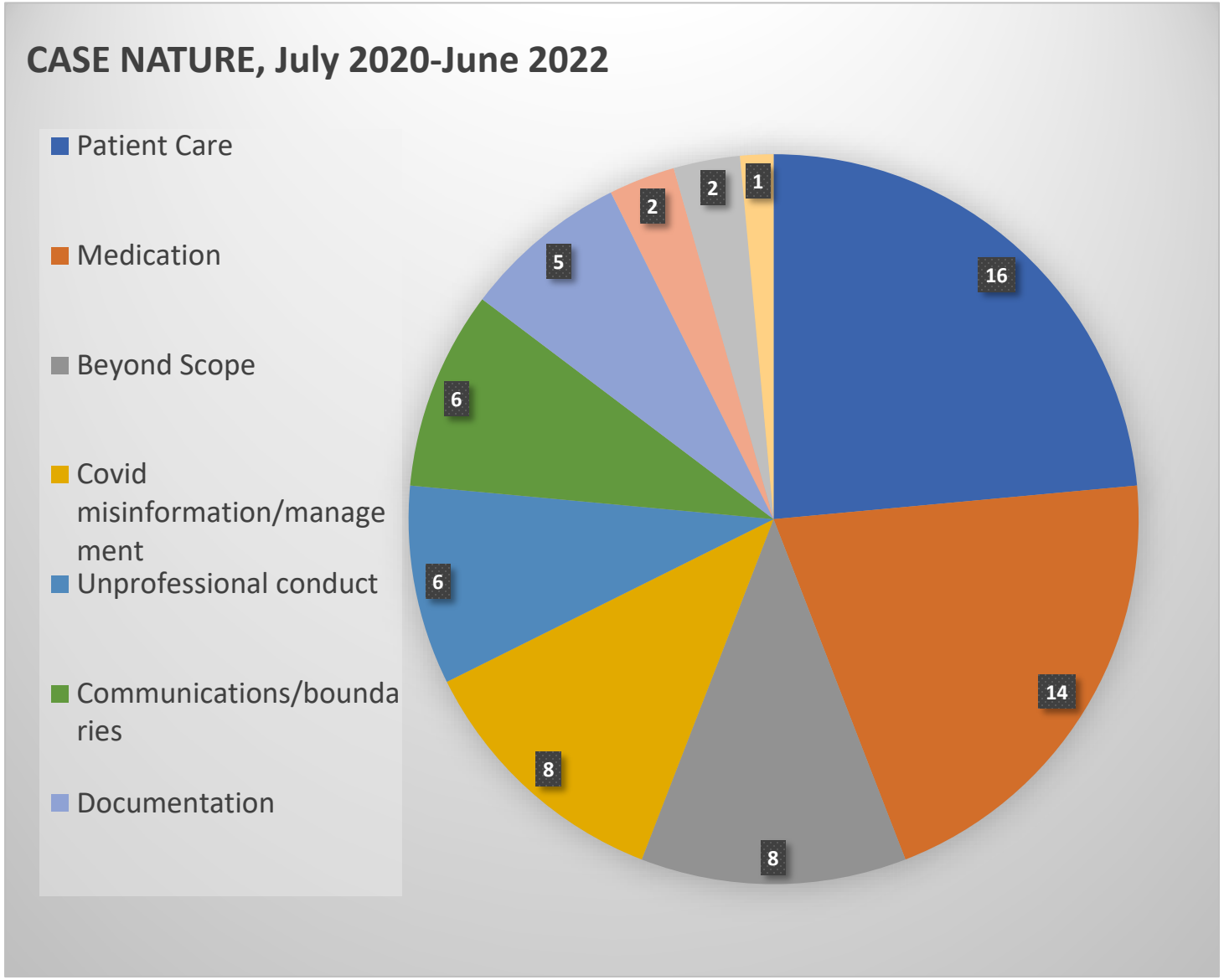
There are undoubtedly some curves in the road ahead,
but we've got this!

Thank You



Source:| Dreamstime.com

Strategic Plan Supplement

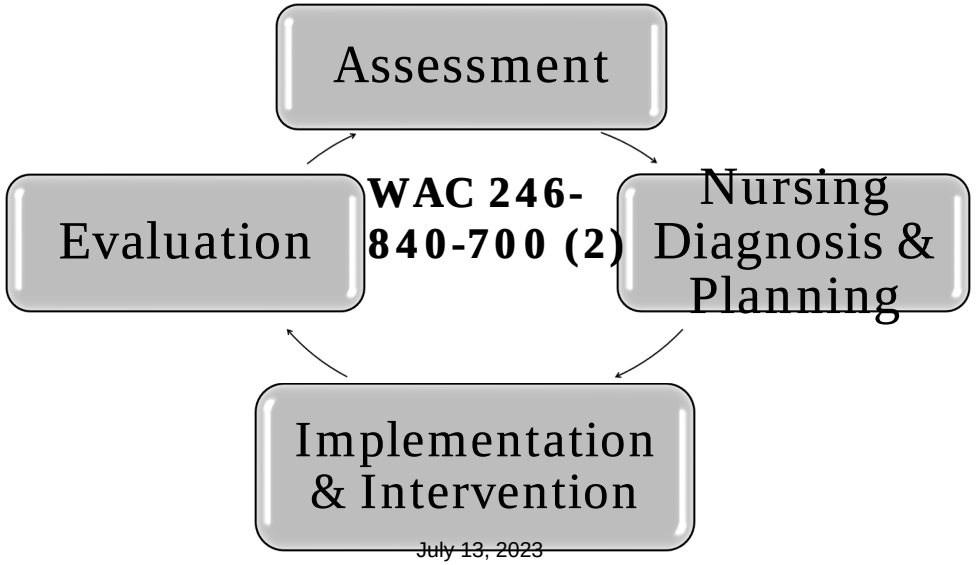


Early Remediation

Data Collection
Using the Nursing Process

Identify data sources to gain insight into understanding nursing trends in practice breakdown that will inform:

- The Commission (Board),
- Educators, employers, and the nursing community.



2023-2024 Practice Unit Activities

Assessment

- Review available data,
- Identify and prioritize data sets for analysis,
- Create a data measurement (metric) to determine trends in practice breakdowns,
- Support and maintain a cohesive collaboration to meet the Commission's public safety mission.

Data Collaboration

Nursing Diagnosis/Planning

- Collaborate with DSHS, HSQA, the Health Care Authority (HCA), and CMT to obtain nursing practice data reports,
- Use existing nursing practice consultation questions to analyze trends in practice,
- Enhance collaborative efforts to identify challenges and trends in nursing practice breakdown.

Implementation Improvement

Evaluation

- Advisory Opinions/FAQs/Sub-Committee work,
- Special projects and participation in workgroups and taskforces,
- Training platforms.

Impact/Effort

Evaluation

Identify and characterize practice breakdowns,

Provide guidance for addressing practice breakdowns,

Enhance patient safety.

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.

Health Equity Continuing Education Rules & Equity Review Tool

Presented by Jessilyn Dagum, Shana Johnny, and Fawzi Belal

Today's Presentation

TOPICS

The task: Establishing health equity continuing education (CE) rules for nurses in Washington state.

The collaborative process: Drafting language for new CE requirement with interested parties throughout Washington state including efforts to reach our most marginalized communities.

The feedback: How interested parties felt about health equity, the discussion during our workshops, and their own experiences.

The result: What will this new CE requirement look like? How can we improve our rule making process to be more equitable?

The Task

ENGROSSED SUBSTITUTE SENATE BILL (ESSB) 5229

- In 2021, the Washington State Legislature passed ESSB 5229.
- This bill requires that health care professionals credentialed under Title 18 RCW, and subject to continuing education requirements, complete health equity continuing education.
- This continuing education must be taken at least once every four years .
- The department, in consultation with health care boards and commissions, was required to adopt model rules and identify free continuing education.
- The model rules establish the minimum standards for health equity continuing education courses.

The Task Cont.

ENGROSSED SUBSTITUTE SENATE BILL (ESSB) 5229

- ESSB 5229 also requires boards and commissions to adopt rules that meet or exceed the minimum standards established in the model rules by January 1, 2024.
- The goal is to help providers think about their own impact on others and change how providers work with others, so that they can reduce inequities.

The Collaborative Process

INTENTIONAL PLANNING

- In-person rule workshops across state.
- Involve communities we typically haven't heard from before.
- Work with our tribal partners.

UTILIZED COMMUNICATION METHODS

- DOH social media
- Developed visuals with messaging
- Evening workshops
- Student Interns

OUTREACH EFFORTS

- WA Multi-Cultural Nursing Organizations
- City and County Health Departments
- Local Chambers of Commerce
- Nursing educators and students

The Feedback

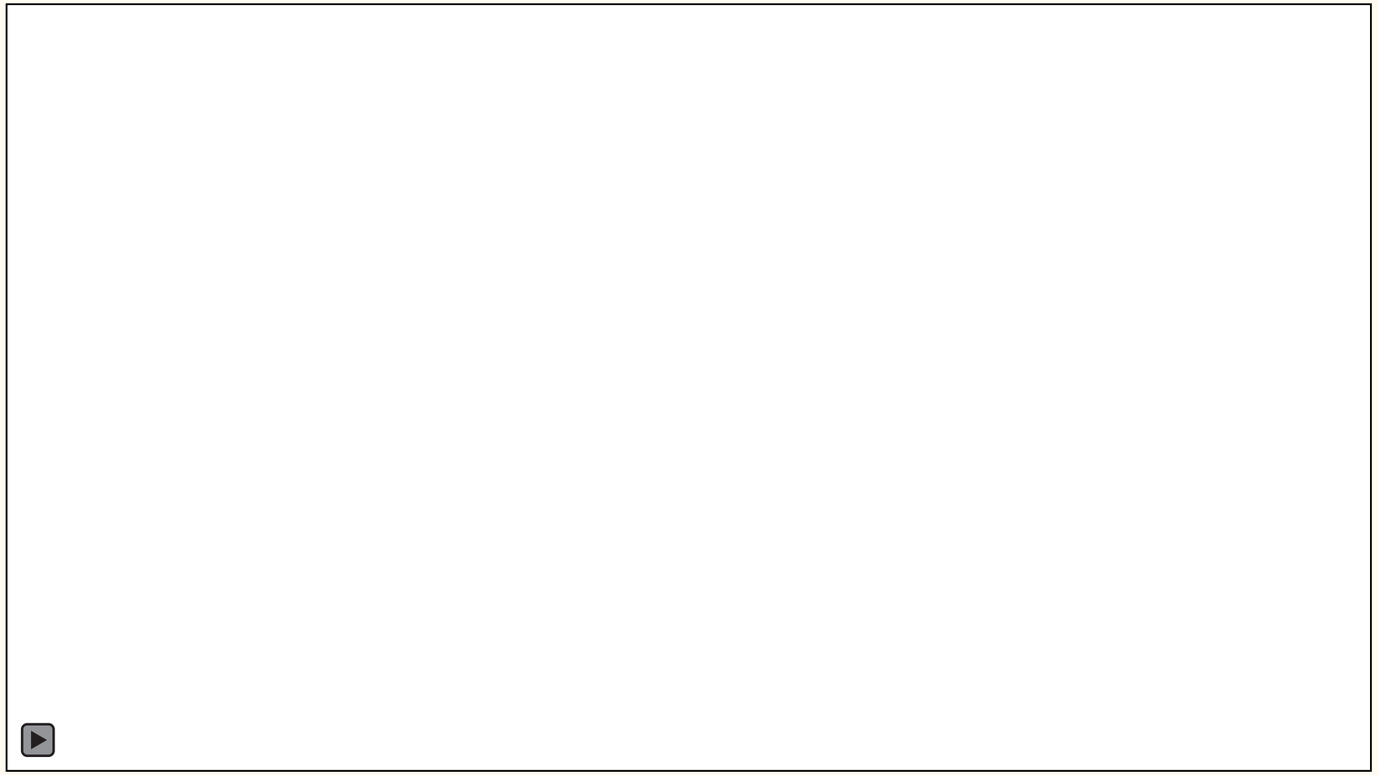
WHO DID WE HEAR FROM?

- At each of our workshops attendance averaged from 12 -30 participants both virtually and in -person.
- We heard from nurses, nurse educators, nursing employers and member of the public varying in different background and perspectives.
- We began workshops with the definition of health equity and the purpose of the rulemaking.

7 public rule workshops

Northwest Indian College

LUMMI NATION



Chairman, Tony Hillaire

Matrix of Comments

KEY FINDINGS

- Health Equity Definition - The health equity definition section should reflect marginalized groups' needs and better clarify historical and contemporary injustices. A suggested definition change aligns with the definitions used by authoritative sources.
- Continuing Education Cycle - Most participants favor yearly cycle over a four - year cycle requiring Health Equity continuing education.
- Implicit Bias & Health Equity Content:
  - Structural competency training addressing five core competencies: (A) Recognizing the structures that shape clinical interactions; (B) Developing an extra clinical language of structure; (C) Rearticulating “cultural" formulations in structural terms; (D) Observing and imagining structural interventions; and (E) Developing structural humility.
  - Emphasis on tribal relations/cultural humility training applicable to respective AI/AN communities.

The Result: Draft Language

WAC xxx-xx-xxx Nursing health equity continuing competency training requirements.

(1) Licensed practical nurses and registered nurses must complete a minimum of two hours of health equity continuing education every year upon license renewal as described in WAC 246-12-800 through 246-12-830.

(2) This training must be completed by the end of the second full continuing education reporting period after January 1, 2024, or the second full continuing education reporting period after initial licensure, whichever is later.

(3) After the first required reporting period, this training must be completed within a twelve-month period prior to license renewal. Additional hours cannot be rolled over to the following year. Due to the dynamic and evolving state of health equity continuing education, the board of nursing recommends not repeating the same training annually to promote learning and growth.

(4) The hours spent completing health equity continuing education under this section count toward meeting applicable continuing education requirements for nurse license renewal as described in WAC 246-840-220.

Draft Language Cont.

WAC 246-840-220 Continuing competency requirements—Active status.

(1) Upon license renewal a nurse must attest on a form provided by the department of health declaring completion of the required active nursing practice hours and continuing nursing education hours.

(2) A nurse must complete within a twelve-month period prior to the renewal of licensure:

(a) A minimum of ninety-six hours of active nursing practice; and

(b) A minimum of eight hours of continuing nursing education; of which

(c) At least two hours must be on health equity training, as specified in WAC xxx-xxx-xxx and 246-12-800 through 246-12-830.

(i) This training must be completed by the end of the second full continuing education reporting period after January 1, 2024, or the second full continuing education reporting period after initial licensure, whichever is later.

(ii) After the first required reporting period, this training must be completed within a twelve-month period prior to the renewal of licensure. Additional hours cannot be rolled over to the following year. Due to the dynamic and evolving state of health equity continuing education, the board of nursing recommends not repeating the same training annually to promote learning and growth.

Discussion/Action

Equity Review Model

PARTNER WITH WCN FOR UPCOMING RULE WORKSHOPS

DEVELOP A TOOL FOR RULE MAKING PROCESS

REVIEW OUR RULES WITH AN EQUITY LENS

Overview

- NCQAC and Washington Center for Nursing (WCN) worked together to develop an equity review model from the Racial Equity Toolkit and Liberatory Design Framework .
- The GARE (Government Alliance on Race and Equity) Racial Equity Toolkit and Liberatory Design framework both aim to create more equitable outcomes in the rule-making process by addressing the needs of marginalized communities but differ in their methodologies and focus. The Racial Equity Toolkit specifically targets racial disparities, while Liberatory Design takes a broader approach, addressing various aspects of equity and justice.
- Both approaches can complement each other to create a more inclusive, fair, and effective rule-making process. The Racial Equity Toolkit involves setting racial equity goals from the outset and integrating them into existing rule-making steps, while Liberatory Design focuses on empathizing with affected communities, identifying systemic issues, and emphasizing learning and continuous improvement through prototyping and iteration .

Equity Review Model

- Establish a diverse team
- Listen, empathize, and identify racial equity goals
- Identify systemic issues and root causes
- Reframe, envision, and set objectives
- Co-design with diverse interested parties
- Prototype, iterate, and incorporate feedback
- Host rule workshops and hearings with an equity focus
- Internal reviews and approvals
- Monitor, evaluate, and learn

Next Steps

HEALTH EQUITY CE RULES

File CR-102 and schedule rule hearing.

EQUITY REVIEW TOOL

Apply tool to rule making process with the intention of improving it as DOH develops their own tools around equity reviews.

Thank you!

JESSILYN DAGUM

Policy Analyst

SHANA JOHNNY

Nurse Practice Consultant

FAWZI BELAL

Diversity, Equity & Inclusion Associate

Got questions?

LET US KNOW!

MAILING ADDRESS

111 Israel Road SE
Mail Stop 47864
Olympia, WA 98504

PHONE NUMBER

360-236-4703

E-MAIL ADDRESS

NCQAC.Rules@doh.wa.gov

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

Nursing Care Quality Assurance Commission (NCQAC)
Meeting Agenda
July 14, 2023
8:30 AM- 5:00 PM
South Puget Sound Community College – Lacey Campus, room 188/194
4220 6th Ave SE, Lacey, WA 98503

Business Meeting Registration Link:
https://us02web.zoom.us/meeting/register/tZYkceCppzgjHdCJU5OwTcW3douBH_q9iZ-C

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, Ph.D., Public Member Ajay Mendoza, CNM Dawn Morrell, RN, BSN, CCRN MaiKia Moua, RN, BSN, MPH Sharon Ness, RN Emerisse Shen, FNP, ARNP Kimberly Tucker, Ph.D., RN, CNE Public Member LPN Member
Assistant Attorney General:	Sierra McWilliams, Assistant Attorney General
Staff:	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, Ph.D., 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, Ph.D., RN, Director, Nursing Assistant Programs Catherine Woodard, Director, Discipline and WHPS

Questions
Please get in touch with 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 get in touch with us at least one week before the meeting.

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 will be approved at the next Nursing Care Quality Assurance (NCQAC) business meeting. NCQAC posts minutes on our website, nursing.wa.gov.

All minutes and recordings are public records. 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. New officers take their seats
1. Yvonne Strader, Chair
2. Helen Myrick, Vice Chair
3. Adam Canary, Secretary/Treasurer

C. Order of the Agenda
D. Land Acknowledgement – Maikia Moua
E. 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. May 12, 2023
2. Advanced Practice Subcommittee
   a. April 19, 2023
   b. May 17, 2023
3. Discipline Subcommittee
   a. April 18, 2023
4. Consistent Standards of Practice Subcommittee
   a. April 21, 2023
5. Licensing Subcommittee
   a. April 18, 2023
   b. May – No Meeting
6. Research Subcommittee
   a. April 17, 2023
7. Education Subcommittee
   a. June 5, 2023

B. Letter from NCSBN President Jay Douglas

C. Performance Measures

1. Investigations April/May
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. May 2023 – No meeting
2. June 27, 2023

F. Out-of-state travel reports

1. National Forum of State Nursing Workforce Centers Conference, Lohitvenkatesh Oswal, Emma Cozart, June 12-15, Arlington VA
2. National Organization for Alternative Programs, May 15-19, 2023 Alicia Payne, Shelley Mezek, Cicely Bacon, and Yvonne Strader

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

The NCQAC delegates the authority 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. May 15, 2023
2. May 18, 2023
3. June 1, 2023
4. June 15, 2023
5. July 6, 2023

B. Nursing Assistant Program Approval Panel (NAPAP)

1. May 8, 2023
2. May 15, 2023
3. June 12, 2023

XII. 9:00 AM – 9:15 AM *Agenda item was moved up due to a scheduling conflict.* **Joint Operating Agreement Adoption – Dr. Alison Bradywood, Catherine Woodard, Chris Archuleta - DISCUSSION/ACTION**

XIII. 9:15 AM – 9:30 AM *Agenda item was moved up due to a scheduling conflict* **Joint Operating Agreement Signing – Dr. Umair Shah, Secretary of Health - DISCUSSION/ACTION**

V. 9:30 AM – 10:00 AM Chair Report – Yvonne Strader – DISCUSSION/ACTION

A. NCSBN Annual Meeting, August 16-18, 2023, Chicago IL

1. Chair and Executive Director attend as the delegates
2. Board of Directors recommendations
3. Interstate Commission of Licensure Administrators – Alison Bradywood

B. Subcommittee chairs and members

C. Schedule of meetings and locations

D. Land Acknowledgement Assignments

1. September 23 thru July 24

E. Chain of Command

10:00 AM – 10:15 AM Break

VI. 10:15 AM – 11:15 AM Executive Director Report – Alison Bradywood – DISCUSSION/ACTION

A. Budget Report – Adam Canary, Chris Archuleta
1. Nurse Licensure Compact Secretariate Fee, $3,000

B. Rules Update – Jessilyn Dagum

C. Health Enforcement and Licensure Management System (HELMS) Update Karl Hoehn, Amber Bielaski

D. Electronic Signatures – Shad Bell

E. State Auditor's Office: Licensing Audit Report – Amber Bielaski

F. WRAMP MOU – Catherine Woodard

G. Attorneys General Prosecutors Introduction – Tracy Bahm

H. Procedure H12 NCSBN Institute of Regulatory Excellence (request to retire**) – Chris Archuleta**

VII. 11:15 AM – 11:45 AM Subcommittee Report – DISCUSSION/ACTION

A. Advanced Practice – Jonathan Alvarado, Chair
1. APRN Title Protection RCW 18.79.030

B. Consistent Standards of Practice – Sharon Ness, Chair
1. Seattle King County Public Health – Public Health Nurses
2. Frequently Asked Questions: Licensed Practical Nurse – Cardiology and Respiratory Procedures Revision Draft

C. Discipline – Adam Canary, Chair
1. Procedure A.41.03 Investigative Mental or Physical Examinations
2. Procedure A.46.03 Summary Actions
3. Procedure A.52.01 Approval of ARNP Experts (request to retire)

11:45 AM – 1:00 PM Lunch

VIII. 12:00 PM – 1:00 PM Education Session – Mary Baroni

Dr. Mary Baroni presents Holistic Admissions in Nursing Education: Stories of Success - Dr. Baroni will give a presentation highlighting three LPN to BSN students who reflect the benefits of holistic admissions**.**

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.

1:45 PM – 2:00 PM Break

XIV. 2:00 PM – 2:20 PM Subcommittee Report – DISCUSSION/ACTION

A. Licensing – Dawn Morrell, Chair

1. No Report

B. Research – Sharon Ness, Chair

1. No Report

C. Education – Kimberley Tucker, Chair

1. Nursing Assistant Skills Testing Proposal

XV. 2:20 PM – 3:05 PM Education – Dr. Gerianne Babbo, Dr. Kathy Moisio - DISCUSSION/ACTION

A. Nursing Education

1. NCSBN Environmental Scan (January-2023) education highlights
2. Presentation of Workforce Input data - Dr. Mary Sue Gorski

B. Nursing Assistant Education

1. Status Update: Curriculum, Rules, Testing
2. LPN Apprenticeship Update

XVI. 3:05 PM – 3:45 PM Washington Center for Nursing Report – Sofia Aragon DISCUSSION/ACTION

XVII. 3:45 PM Meeting Evaluation

XVIII. 4:00 PM Closing

Nursing Care Quality Assurance Commission (NCQAC)
Meeting Minutes
May 12, 2023
8:30 AM- 5:00 PM

This meeting was held in person at Hilton Seattle Airport & Conference Center in Crystal Ballroom A, 17620 International Blvd, 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.

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 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
Excused:	Judy Loveless-Morris, PhD, Public Member Joan Madayag, LPN
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

DRAFT

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 records. They are available on request from DOH at doh.wa.gov/about-us/public-records.

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

II. Call to Order

A. Introductions: Dr. Alison Bradywood, the new executive director
B. Order of the Agenda
C. Land Acknowledgement – Quiana Daniels
D. Announcements

III. Consent Agenda – DISCUSSION/ACTION

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

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
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)

DRAFT

III. Consent Agenda – DISCUSSION/ACTION, continued

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. 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

DRAFT

V. Chair Report – Yvonne Strader – DISCUSSION/ACTION

A. Out of State Travel plan

NCQAC members and staff are encouraged to review the Travel Plan and to reach out to Ms. Strader if interested in attending events.

B. Hearing Dates

The NCQAC reviewed the hearing dates for 2023-2024.

ACTION: Mr. Canary moved, with a second by Ms. Guilford, to adopt the January 8, 2024, through November 19, 2024, hearing dates. The motion passed.

NCQAC members need to contact Adena Nolet, NCQAC hearings officer, with the dates they are available to serve on hearing panels.

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

A. Budget Report – Adam Canary, Chris Archuleta

Mr. Archuleta presented the budget report. Mr. Archuleta wrote the budget report prior to the most recent legislation. The budget report does not include new monies approved. Mr. Archuleta reported projected revenues and underspending of the budget resulted in a net gain of $2.7M to the reserve balance since the beginning of the biennium. Anticipated revenue exceeds projections with the fee increase implemented in December 2022.

B. Rules Update – Jessilyn Dagum

Ms. Dagum presented the rules update. Ms. Dagum presented a rulemaking petition to remove the requirement of an active RN license with an active ARNP license.

ACTION: Ms. Myrick moved, with a second from Ms. Daniels, to deny this petition for rulemaking based on RCW 18.79.050 and RCW 18.79.202(1) not allowing the requested action. The motion passed.

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

Ms. Meyer presented updates on HELMS. Final payment anticipated 2.6M to be paid in June. Challenges with staffing at the vendor caused delays pushing implementation to June 2024.

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

Ms. Meyer presented recognition for Pro Tem members completing their final term of service, Ms. Graham, Dr. Soine, Dr. Shirley, Ms. Frank, and Ms. Fitzgerald.

E. Signature authority – annual review

Ms. Meyer presented the signature authority for its annual review. No changes recorded.

DRAFT

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

F. Procedures

Mr. Archuleta presented the following procedure revisions for consideration.

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

ACTION: Mr. Canary moved, with a second by Dr. Tucker, to adopt revisions to procedures: H01, H02, H08, H10, H14, H17. The motion passed.

VII. 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
      ACTION: Mr. Alvarado moved, with a second from the subcommittee, to retire procedure F07.01 Completion of Death Certificates by Advanced Registered Nurse Practitioners and F06.02 Advanced Registered Nurse Practitioner: Pain Management Specialist – NCQAC-Approved Credentialing Entities. The motion passed.
2. FAQ - ARNP - Pain Management
   ACTION: Mr. Alvarado moved, with a second from the subcommittee, to approve the Frequently Asked Questions - Advanced Registered Nurse Practitioner - Pain Management. The motion passed.
3. NCQAC Supports State Protection of ARNPs who prescribe Mifepristone.
   ACTION: Mr. Alvarado moved, with a second from the subcommittee, to adopt the statement on NCQAC Supports State Protection of ARNPs Who Prescribe Mifepristone. The motion passed.

B. Consistent Standards of Practice – Sharon Ness, Chair

1. Seattle-King County Public Health Nurses
   Ms. Ness presented concerns regarding Seattle-King County Public Health replacing RNs with non-nurses. Ms. Meyer recommended the NCQAC request a meeting with Seattle-King County Public Health.
   It was noted Ms. Moua recused herself from the discussion/voting and departed the meeting.

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
8. J.04.12 Credential Holders Requests

ACTION: Mr. Canary moved, with a second from the subcommittee, to approve revisions to procedures A30, A31, A37, A40, A47, A48, A53, J04. The motion passed.

DRAFT

VII. Subcommittee Report – DISCUSSION/ACTION Continued

D. Licensing – Dawn Morrell, Chair

1. B20.04 Continuing Competency Audit Process
   ACTION: Ms. Morrell moved, with a second from the subcommittee, to retire procedure B20.04. The motion passed.
2. B31.02 Effect of Military Status on Credentials
3. B36.01 Nurse License Verification
4. B38.02 Social Security Number
   ACTION: Ms. Morrell moved, with a second from the subcommittee, to adopt revisions to procedures B31.02, B36.01 and B38.02. The motion passed.
5. Temporary Practice Permit Rule Language Review for CR-102.
   ACTION: Ms. Morrell moved, with a second from the subcommittee, to adopt revisions to the temporary practice permit and to proceed with CR-102.

E. Research – Sharon Ness, Chair

No report.

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

ACTION: Dr. Tucker moved, with a second from the subcommittee, to accept the revisions to procedures E01.04, E03.04, E05.02, E06.02, E07.02. The motion passed.

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

A. Nursing Assistant Updates

Dr. Moisio presented the Nursing Assistant curriculum, testing and the apprenticeship program.

1. Training – continuing roll out of the curriculum.
2. Testing – Mass examination of nursing assistants ends on June 8. Testing capacity has returned to 100% pre COVID.
3. Home Care Aide to Nursing Assistant Certified to Licensed Practical Nurse Apprenticeship

B. Nursing Education

Dr. Babbo presented on Nursing Education.

1. Washington State Student Nurse Preceptorship Grant Winter quarter update.
   The Preceptor Grant had 214 students, an increase of 74 from fall quarter.
2. Annual education report (2021-2022) and new education dashboard.
   Dr. Mary Sue Gorski presented the annual education report and the new education dashboard.
   ACTION: Dr. Tucker moved, with a second from the subcommittee, to approve the Nursing Education Program 2021-2022 Annual School Report. The motion passed.

DRAFT

IX. Education Session – Donna White, PhD, RN, CARN, CADCII, LADC1, Addiction Specialist – Self-Care

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

X. 1:00 PM – 1:15 PM Public Comment

This time allows members of the public to present comments to the NCQAC.

Ms. Sarah Korkowski – Representing the Board of ARNP United – Ethics Conflict of Interest – Ms. Korkowski expressed concerns about the restrictive policy.

Mr. Bret Percival – representing the WSNA – Public Health Seattle/King County – Mr. Percival expressed concerns regarding nurses in supervisory roles being replaced by non-nurses, including over administrative functions.

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

The purpose of the hearing was 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.

No public testimony.

ACTION: Mr. Alvarado moved, with a second from the subcommittee, to adopt the proposed amendments to WAC 246-840-463 and 246-840-4659, filed in the Washington State Register as WSR# 23-08-064 on April 4, 2023. The motion passed. The proposed amended rules become effective 31 days after the filing.

Rules hearing ended at 1:23 PM

XII. Legislative Panel Report – Helen Myrick – DISCUSSION/ACTION

A. Bills passing the 2023 Legislature.
Ms. Myrick presented the bills passed by the legislature.
ACTION: Ms. Myrick moved, with a second from Ms. Ness, to begin rulemaking to implement the bills recently passed by the 2023 Washington State Legislature. The motion passed.

B. Decision packages
Ms. Meyer described the decision packages which are fiscal in nature. The decision packages were on the preceptor grant and staffing. The final budget included both decision packages.

DRAFT

XII. Legislative Panel Report – Helen Myrick – DISCUSSION/ACTION, continued

C. Implementation Plans

Ms. Meyer discussed the implementation plans for the bills and decision packages passing.
ACTION: Ms. Myrick moved, with a second from Ms. Ness, to adopt the Nurse Licensure Compact Task Force. The motion passed. Taskforce members to include Ms. Moua, Ms. Ness, Ms. Morrell, Ms. Myrick, Ms. Strader, and staff members Dr. Bradywood, Ms. Bielaski, Mr. Hoehn, Ms. King, Ms. Batchelor, Ms. Palmer, and Dr. Gorski
ACTION: Ms. Myrick moved, with a second from Ms. Morrell, the NCQAC begins to recognize multistate licenses from other compact states effective July 23, 2023. The motion passed.

XIII. 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. 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. The NCQAC Award was awarded to the practice team, Ms. Margaret Holm, Ms. Holly Palmer, and Dr. Shana Johnny.

The committee also announced that Ms. Meyer received the NCSBN Meritorious Service Award.

XIV. Nominations Committee – Sharon Ness – DISCUSSION/ACTION Continued.

A. Election of Officers

The NCQAC elects the chair, vice chair and secretary/treasurer for the coming year.
It was noted that virtual members were voting by voice. Members present voted via ballot.

Nominees:
Chair – Ms. Strader
Vice Chair - Ms. Myrick, Dr. Tucker
Secretary/Treasurer – Mr. Canary

Vote Tally:

Chair	- Ms. Strader 12
Vice Chair	- Ms. Myrick 7
	- Dr. Tucker 5
Secretary/Treasurer	- Mr. Canary 12

ACTION: The following officers for 2023-2024 were elected, Chair Ms. Strader, Vice Chair Ms. Myrick, Secretary/Treasurer Mr. Canary.

XV. Meeting Evaluation

XVI. 4:00 PM Closing

DRAFT

Nursing Care Quality Assurance Commission (NCQAC)
Advanced Practice Subcommittee Meeting Minutes
April 19, 2023

Subcommittee Members:	Jonathan Alvarado, ARNP, CRNA, Chair Wendy E. Murchie, DNP, CPNP-AC Bianca Reis, DNP, MBA, ARNP, PMHNP-BC Emerisse Shen, MSN, CNP, FNP, ARNP Laurie Soine, PhD, ARNP Lindsey Frank, CD, OB-RNC, ARNP, CNM Kimberley A. Veilleux, DNP, RN, ANP-BC
Absent:	Shannon Fitzgerald, MSN, ARNP Megan Kilpatrick, MSN, ARNP-CNS, AOCNS Tatiana Sadak, PhD, ARNP, RN, GSAF, FAAN
Staff Present:	Mary Sue Gorski, PhD, RN, Director, Advanced Practice and Research Deborah Carlson, MSN, BSEd, PMC, CPM, RN, Director of Nursing Practice 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 that the new Executive Director, Dr. Alison Bradywood, will attend the May 17, 2023, Advanced Practice Subcommittee meeting.
- Review of Advanced Practice Draft Minutes: March 15, 2023
  - Reviewed, with consensus to bring to the July 14, 2023, NCQAC business meeting for approval.

III. Old Business

- Pain management procedure
  - Mary Sue Gorski provided further clarification on the pain management procedure and FAQ.
  - The subcommittee recommended that the commission retire the pain management procedure and adopt the pain management FAQ.

IV. New Business

- Aesthetics – advisory opinion
  - Mary Sue Gorski and Lohitvenkatesh Oswal gave an update on ongoing research and development of a new advisory opinion on aesthetics that provides guidance for Advanced Practice nurses.
- WMC Supports State Protections of MDs and PAs Who Prescribe Mifepristone

and Provide Reproductive Health Care—Consider endorsing
    - The subcommittee provided feedback and recommended bringing the statement to the May 12, 2023 Commission meeting for approval with edits.

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 – May 17, 2023
- Adjournment – The meeting adjourned at 7:52 PM.

DRAFT

Nursing Care Quality Assurance Commission (NCQAC)
Advanced Practice Subcommittee Meeting Minutes
May 17, 2023

Subcommittee Members:	Jonathan Alvarado, ARNP, CRNA, Chair Wendy E. Murchie, DNP, CPNP-AC Bianca Reis, DNP, MBA, ARNP, PMHNP-BC Emerisse Shen, MSN, CNP, FNP, ARNP Laurie Soine, PhD, ARNP
Absent:	Shannon Fitzgerald, MSN, ARNP Lindsey Frank, CD, OB-RNC, ARNP, CNM Megan Kilpatrick, MSN, ARNP-CNS, AOCNS Tatiana Sadak, PhD, ARNP, RN, GSAF, FAAN Kimberley A. Veilleux, DNP, RN, ANP-BC
Staff Present:	Alison Bradywood, DNP, MPH, RN, NEA-BC, Executive Director 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 – Jonathan Alvarado gave an update that the new Executive Director, Dr. Alison Bradywood, is attending the meeting.
  - Announcement – Jonathan Alvarado and Karl Hoehn updated subcommittee on rules for ARNPs with dual ARNP and RN license.
  - Announcement – Jonathan Alvarado and Mary Sue Gorski gave an update on statement: NCQAC supports state protection of ARNPs who prescribe mifepristone.
- Review of Advanced Practice Draft Minutes: April 19, 2023
  - This item will be reviewed at the June 2023 Advanced Practice subcommittee meeting.

III. Old Business

IV. New Business

- Implications of Nurse Licensure Compact for APRNs
  - Background information was provided: Legal advice from Karl Hoehn, historical perspective from Laurie Soine, and current CRNA perspective from Jonathan Alvarado, Mary Sue Gorski gave summary statement on the compact.

- Subcommittee discussed.
- Subcommittee expressed support for more information on APRN compact.
- We will continue to gather information and bring to the subcommittee with the goal of being a leader in this national effort.

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 – June 21, 2023
- Adjournment – The meeting adjourned at 7:58 PM.

DRAFT

Nursing Care Quality Assurance Commission (NCQAC)
Discipline Sub-committee MINUTES
April 18, 2023
3:30 pm to 5:15 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 *absent*
Dawn Morrell, BSN, RN, CCRN
Quiana Childress, GCertHealthSc, BS, LPN
Judy Loveless-Morris, PhD, public member *absent*

Staff:
Catherine Woodard, Director, Discipline and WHPS
Karl Hoehn, JD, Assistant Director, Discipline - Legal
Grant Hulteen, Assistant Director, Discipline – Investigations and WHPS
John Furman, PhD, MSN, COHN-S, WHPS Liaison
Teresa Corrado, LPN, Assistant Director, Discipline – Case Management/HELMS
Renae Powell, Discipline Case Manager
Barb Elsner, HSC
Margaret Holm, JD, RN ad hoc *absent*
Mary Sue Gorski, PhD, RN, ARNP, Director, Research ad hoc *absent*
Lynn Batchelder, Investigations supervisor, ad hoc

DRAFT

1. **3:30 pm opening – Adam**
   - Call to order – digital recording announcement
   - Roll call

2. **February 21, 2023 Minutes– Adam**
   - In draft format until the commission approves at the May 2023 business meeting.
   - Minutes approved to move to the May commission meeting.

3. **Performance measures – February and March 2023 - Grant, Karl**
   A. Investigations Grant reviewed the highlights. Investigations met the performance measure of 77% in February 2023 for cases closed within timelines. Two new investigators; still well within performance for case completions.
   B. Legal Karl provided highlights. Case assignments creeping up. Tim Talkington just left NCQAC. We have an experienced staff attorney joining us from OILS (Anita Nath). Legal analysis timelines are improving.
   C. WHPS Grant provided highlights. 209 in-state nurses in monitoring. The remaining are out-of-state. Meeting performance measures for intake to monitoring, and meeting employment target for nurses. Most participants are in the program on a referral contract. The #1 non-compliance substance of choice is alcohol. February had 14 non-compliance issues while March only had seven. Dramatic drop. Graduations highlights. The chart shows how the nurses came into the program.
   D. SUDRP Grant also touched on the high points here. The chart is very much self-explanatory. The three-month chart shows the trend.

4. **Procedure review – Catherine and Karl**
   For all procedures, we updated formats and wrote them in active voice whenever possible. We generalized staff doing the work when it was practical, and updated language to reflect current units and work processes. The most dramatic change in some procedures is the acknowledgement of the paperless environment.
   A. A.30.05 Timelines for Case Review Changed to commission signature because it impacts the length of time RCMs have to do their work. Changes legal review period to 30 days, which is how it's been since 2014 when legal staff came to Nursing. Points out that the executive director may reassign RCMs and the new RCM should prioritize that work among same-priority cases.
   B. A.31.03 Timely Resolution of SOA STIDS No significant procedural changes. Sharon questioned the language as it was confusing. Shall review the signed STID within 60 days… Change to this language. Karl explained the process.
   C. A.37.02 ARNP Hearings Changed from the ED signature to commission chair. Clarifies that a full commission member ARNP must serve as a panel chair at an ARNP scope of practice hearing. The ED may approve using only one ARNP on the hearing panel if a second is not available.
   D. A.40.03 Safe to Practice Lots of updates to modernize the language. The practice unit helped extensively on this as they are usually the ones who get the questions. They have used the prior version on their section of the webpage as a guide for nurses. We added the phrase about mood-altering substances and took out the phrase about a nurse's chronological age. We also added language about mental health. Sharon: most common reasons/ not limited to… refusing overtime/refusing extra shifts. This is tied into SUD, etc. Could lead to discipline? Karl explained that this actually means nurses have the right to refuse the extra work when they feel it may make them unsafe to

DRAFT

practice. This does not set the standard for discipline but sets the example for nurses to remain safe to practice. Dawn: Explanation makes it clearer. Quiana: Read this about refusing assignments and discussed situations she's been in related to patient ratios. In LTC, has been in a situation where she's been assigned as many as 52 residents. Unsafe. If a nurse refuses, is it abandonment? The commission considers all the factors when this comes before them as a complaint. Quiana: Not all nurses are strong enough to refuse assignments for fear of losing their job or being disciplined. Karl: This is more focused on the nurse. Nurses are expected to use independent judgement. In the abandonment procedure, nurses will not be disciplined for refusing an unsafe assignment. Sharon: Some nurses sign documents that say they are accepting an assignment under protest when they don't want to jeopardize patient safety. Karl: The commission will determine how they want to handle this. This topic needs to be reviewed from the practice side as well. Quiana: Hears this a lot that the commission is not there to represent the nurses. Karl: Correct. We are regulators.

E. A.47.02 Surrender of Credential Rewrote this to reflect current practice and applicable conditions for surrender of a nursing credential. Surrender of the nursing credential is permanent, and the nurse may not renew, reactivate, or reapply. Karl: This is in statute.

F. A.48.02 Case Status Correspondence We added another line to the list of case status correspondence, which is after CMT authorizes an investigation. That also includes a section to describe the specifics of that correspondence. We clarified that PDRC manages requests for documents. We added language about the reconsideration request.

G. A.53.02 Notice of Required Evaluation Updates the procedure with current practice. Identifies who's doing the work. Clarifies that legal staff serve the NRE letter and the evaluator submits the report to WHPS, who evaluates the appropriateness of a contract. Karl: Also changed to detail outcomes. We altered the last option to have the commission make the decision if WHPS does not recommend a contract.

H. J.04.12 Credential Holders Requests Refreshes language. Nothing substantive.

5. Updates on Florida schools investigations – Lynn, Karl

Lynn put together rough numbers. In the beginning, we called these fraud cases, but now we refer to them as fraudulent transcripts. Have handled 61 LPN, 184 RNs, 30 cases labeled as fraud. Approximately five were actually fraud, the rest were transcripts. 245 files total. In the beginning we opened duplicate cases on both LPN and RN licenses. Individually handled about 205 cases. We are currently down to 18 cases with a few trickling in. The majority of new cases are now new applicants. We have looked at all nurses who we are aware attended a suspect school. We have one investigator dedicated full time, then added a second one for the past 18 months to deal with the volume. The investigators built portfolios for each school and collected all necessary investigative information on the schools. Then they folded each nurse's individual experience with the school into the investigative file. Lynn commended Erin and Kristl for their amazing work. Sharon chimed in, and commended Lynn as well. Quiana: Why did we decide to take action on the RN license and not LPN? Lynn: Fraudulent activity was on the RN license. The scheme was to recruit for the RN license. Not aware of any nurse who had any fraudulent LPN license/transcript. Lynn mentioned the compact will complicate this situation. Quiana just finished RN school and passed the next gen NCLEX. Not an easy route. These nurses skipped past the ethics requirements. Karl: Explained the legality of material representation. Proving the nurse knew or should have known the school they attended was fraudulent is challenging, including moral turpitude and dishonesty. The commission was more interested in rescinding the RN license and denying the application to protect the public. Much

DRAFT

shorter process and very successful. A new book of business for everyone that involves education, legal, discipline, licensing. Quiana: Does this excuse the LPN license from future discipline? Karl: No. Dawn: Shares Lynn's concern about the compact in light of these cases. Must be very careful in reviewing multi-state licenses in WA. Karl: We had things worked out and were taking action on Florida schools cases before other states even started their work on them. Adam: How long before we have these few cases cleared off? Lynn: No longer than 60 days. Erin has one more portfolio to build on a new school.

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

Conference in the fall October 19/20 focused on nurse wellness. 1.5 days. Will provide CEs. Nationally-known speakers. Dr Bernadette Melneck. Speaks throughout the country on clinician wellness. Partnering with WSNA and others to host the conference. Dawn said she has several WHPS graduates who would love to speak at a conference.

The strategic plan is winding down; a new one will take its place in July when the commission develops it. HB 1255 will likely pass, which will provide a stipend to nurses who need financial assistance to stay in the program. In addition to not reporting nurses to provider-credential search who successfully complete the program. As a result of John's presentation, MultiCare instituted a new program to work with nurses who need SUD support.

7. Public comment – Adam

- Limited to two minutes per speaker
- No public in attendance.

8. 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.
- Nothing.

9. Adjourned at 5:09 PM.

DRAFT

Nursing Care Quality Assurance Commisison (NCQAC)
Consistent Standards of Practice Subcommittee Minutes
April 21, 2023

Committee Members Present:	Sharon Ness, RN, Chair Jamie Shirley, PhD, RN, Pro Tem Ella Guilford, MSN, M.Ed., BSN, RN, Member Helen Myrick, Public Member Tiffany Randich, RN, LPN, Pro Tem
Absent:	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 Jessilyn Dagum, Policy Analyst Seana Reichold, Attorney

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

Ms. Ness called the meeting to order at 12:02 PM. The Public Disclosure Statement was read aloud, and the Consistent Standards of Practice Subcommittee members and NCQAC staff were introduced.

II. Standing Agenda Items

Announcements/Hot Topic/NCQAC Business Meeting Updates

i. Allison Bradywood has been selected as the new Executive Director of the Nursing Commission. She will begin with the Commission on May 1, 2023, and Paula Meyer's final day be May 26, 2023.

ii. The JP module produced and maintained by the Commission is now available on the Nursing Commission website. The module maintained by NCSBN will be removed May 1, 2023.

III. March Business Meeting update

The following were reviewed and/or approved at the March 10, 2023 NCQAC Business Meeting:

NCAO XX.XX LPN SOP in Endoscopy
NCAO 16.01 Opioid Use Disorder
F03.04 Advisory Opinion Procedure
LPN/MA SOP Comparison

IV. Seattle-King County Public Health Nurse Update

a. Concerns regarding Seattle-King County's First Health Program hiring non-nurses to supervise registered nurses. Commissioner Helen Myrick recommended the issue be taken to the full Commission at the July 2023 Business meeting for discussion.
b. Review of Draft Minutes – February 3, 2023 subcommittee minutes were reviewed, with the consensus reached to bring them to the July 2023 Commission meeting for approval.
c. Subcommittee Work Plan Review – Ms. Johnny reviewed the workplan. Commissioner Ness noted that Governor Inslee has signed the Nurse Licensure Compact bill as passed by the legislature, and there may be modifications to the work plan as a result.

V. Old Business

a. The draft version of NCAO 31.00 Nursing Delegation to the Nursing Assistant-Registered/Nursing Assistant-Certified, and Home Care Aide-Certified has been forwarded to the AAG and will be reviewed.
b. The draft version of NCAO xx.xx Nursing Delegation of Enteral Feedings and Related Tasks to Assistive Personnel (AP) has been forwarded to the AAG and will be reviewed.
c. Jessilyn Dagum provided background for HB 1124 (2022) Delegation of Blood Glucose Testing and Monitoring; Ms. Carlson provided update.
d. Ms. Dagum and Ms. Johnny provided an update on SSB 5229 Health Equity Education Rules. This issue will be brought to the next subcommittee meeting for further discussion.
e. Ms. Carlson provided an update on Non-Surgical Cosmetic Procedures. This issue will be brought to the next subcommittee meeting for further review.
f. Ms. Carlson requested that the subcommittee review the Frequently Asked Questions – Licensed Practical Nurses Revision: Cardiology and Respiratory Procedures (Chest Drainage Units) and the issue be brought to the next subcommittee meeting.

VI. New Business

a. Nursing Assistant and Medical Assistant Scope of Practice Comparison was provided to the subcommittee for review. Ms. Carlson requested comments and suggestions be provided.
b. Draft Advisory Opinion NCAO 14.02 Registered Nurse Delegation of Blood Glucose Testing/Monitoring and Insulin Injection to the Nursing Assistant or Health Care Aide in Community-Based and Home Care Settings – Ms. Carlson advised this must be revised due to change in law.
c. Draft Frequently Asked Questions: External Insulin Pumps – Registered Nursing Delegation – Ms. Carlson advised that this is being developed and requested that this be brought to the next subcommittee meeting for discussion.

DRAFT

VII. Public Comment – The public was provided opportunity to comment on Agenda items.

VIII. Ending Items

a. Review of Actions
b. Meeting Evaluation
c. Date of Next Meeting – June 2, 2023
d. Adjournment – 1:33 p.m.

DRAFT

Nursing Care Quality Assurance Commission (NCQAC)
Licensing Subcommittee Minutes
April 18, 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 **May 12, 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, Dr. Gerianne Babbo, Dr. Sarah Bear, 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 February 21, 2023 –** Commissioner Myrick moved with a second from Commissioner Canary to approve the minutes for February 21, 2023.

III. Old Business

- **Florida School Issues and Current Actions –** Mr. Hoehn and Ms. Zawislak-Bielaski shared that we are working with National Council to ensure we are communicating appropriately with them and with the National Practitioner Databank. The NPDB would like us to use certain codes, so we are clarifying that information. Ms. Zawislak-Bielaski added that we are also working with National Council on making sure that the NURSYS database updates properly for individuals in which their licenses were rescinded. This is to help make clear to other Boards of Nursing if an individual does decide to try and obtain a license elsewhere, we are able to flag their files. This flag will provide other boards, as well as employers, additional information about the rescinded

licenses. Commissioner Morrell asked if there were any other questions. No other questions were presented.

- **Temporary Practice Permit Rules** – Ms. Zawislak-Bielaski presented the slides she shared in the workshops regarding the temporary practice permit rules. She shared that this motion has been open for some time spanning back to 2015 or 2016. Because so much was going on, this was tabled for a little while. We finally were in a place where we could resume the workshops. Ms. Zawislak-Bielaski provided the history of the Temporary Practice permit and the background for these rules workshop. The CR101 was filed on February 25, 2022, after the motion was made back in 2015 or 2016 to open the rules and look into the allowed time of the Temporary Practice permit. Currently we issue Temporary Practice permits for a six-month period with an additional six-month extension if necessary. She continued to share that we would like to align the Temporary Practice rule with our current process. Ms. Zawislak-Bielaski reviewed the WAC 246-840-095 and explained that we are looking at possibly shortening the length of time of the permit. She continued to explain that she and Mr. Chris Archuleta, Director of Operations and Finance, used a five-year study and were finding that a complete application on average was being issued in about sixty days total. This was way below the one hundred, eighty days; this even included the FBI fingerprint process. She also added that it would be beneficial to shorten the time frame of the temporary permit as there has been a lot of improvements.

  In 2020 we started doing a mail merge where we just send the applicants an email with instructions on how to complete the FBI fingerprint process, rather than mailing out fingerprint card packets to each applicant. This process saves us a lot of time and definitely a lot of money associated with creating those packets and sending them out. So, along with this new process and our new processing timeline of issuing permits under seven days, we can see that it is beneficial to shorten the length of time of a Temporary Practice Permit. Ms. Zawislak-Bielaski continued to explain the current fingerprint background check requirement process and the automated communications between our office and the applicant. She explained that by highlighting this current process in her slides, it shows that the process is far less than one hundred eighty days at this point in time.

  In addition to sharing the current process, Ms. Zawislak-Bielaski pointed out the importance of applicants completing the FBI background check. She shared data from a five and a half year time frame. In the data, it reflected that we had started with sixty-eight thousand background checks and of those that were reported in that five and a half year time frame, only fifty-five thousand were actually completed. This meant that there was nineteen percent over that five-year time frame that did not complete the fingerprint background check requirement. She continued by explaining that we were finding that applicants were coming into Washington to work under their Temporary Practice Permit and not complying with our licensing requirements in competing the FBI background check. This becomes a patient safety

issue. They may work under their permit, leave our state, to later return and work again under a permit without completing the FBI background check. Ms. Zawislak shared some suggested changes discussed in the rules workshops. These included reducing the length of time in practice permits to either sixty days, ninety days, or even thirty days and allow an extension if applicable. The other option would be to just leave the Temporary Practice permits as they are; however, this would greatly impact the Governor's licensing mandate and our current staffing.

Ms. Zawislak-Bielaski concluded with her presentation by asking the subcommittee for their direction on how they would like to proceed with this. The subcommittee would need to discuss these proposed changes and make a recommendation to the full Commission at the May business meeting. Commission Morrell asked if there were any questions. Commissioner Myrick inquired if this new change would be for everyone except Military spouses. Ms. Zawislak-Bielaski confirmed that this rule change would not affect Military spouses. Commissioner Morrell, Commissioner Myrick, and Mr. Hoehn discussed the Nurse License Compact and its impacts. Mr. Hoehn mentioned that another big part of the Nurse License Compact would be integrating the HELMS system with NURSYS. Commissioner Morrell directed the subcommittee to discuss and evaluate the proposed changes in the length of time of the Temporary Practice permit. She suggested not keeping the current length of time, instead, moving forward with choosing less of a time frame. She asked Mr. Hoehn for his thoughts. Mr. Hoehn explained that one of his concerns has been that people have practiced here under the permit long enough to get a complaint against their Temporary Practice permit and then we have to react to those complaints by denying their license. Mr. Hoehn asked Ms. Zawislak-Bielaski for her thoughts on the proposed choices. Ms. Zawislak-Bielaski explained that based on our data and looking at the five-year study, sixty days seemed to be the average day.

After a lengthy discussion, Commissioner Morrell, Commissioner Myrick, and Commissioner Canary agreed to choose the proposed sixty days with an extension, if applicable, of thirty days. Commissioner Myrick moved with a second from Commissioner Canary to approve move this recommendation of sixty days with a thirty-day extension Temporary Practice permit to the full Commission at the May business meeting.

IV. New Business

- **Governor's Weekly Report –** Ms. Underwood provided a brief overview of the Governor's report sharing that we were currently at four days to issue a Temporary Practice permit. She shared additional information pointing out that in March 2023 we received a total of two thousand, five-hundred, forty-four applications in comparison to the previous year, March 2022, when we received a total of three thousand, seven-hundred, seventy-four applications. There was a significant drop in applications. Ms. Underwood also stated that it will be interesting to see what the numbers look like as we head into the busy graduation season. She continued by adding that so far in April, we have only

received one thousand, two-hundred, sixty-nine applications which was a huge drop from last year in April 2022 when we received three thousand, one-hundred, fifty-five. She asked the subcommittee if there were any questions regarding the report. Commissioner Morrell shared her appreciation of the staff on their hard work on getting these licenses issued. Ms. Underwood shared how proud she was of the team.

- **Inquiry on Occupational English Test Repeat Test Results –** Ms. Zawislak-Bielaski provided some background for Occupational English Test, sharing that the Commission recently approved OET as an acceptable English proficiency exam used for licensure requirements for our internationally educated applicants. This provides applicants several options for the English exam requirement: IELTS, TOEFL, MET, and OET. She continued to add that these exams vary a little bit in their testing.

  OET sent an email to NCQAC explaining that they have been involved with a pilot project with the Welcome Back Center at Highline Community College. In this project, there are nurses taking steps to be licensed in Washington state and they are required to take an English proficiency exam. These nurses have taken OET and passed three of the four sections of the test. Ms. Zawislak-Bielaski shared an email we received from OET requesting the following: "Will Washington accept a combination of scores from the two attempts – meaning accepting the highest score either attempt as long as any accepted scores are at or above your required levels? The second question is whether Washington would allow these individuals to retake ONLY the section where they were below standard?" Ms. Zawislak-Bielaski continued by adding that this has been a subject discussed in the past, referred to as "super scoring." This question was brought to the Commission by TOEFL and IELTS back in 2017. At that point in time, the Commission did not want to move forward with allowing "super scoring." It has been six years since we have discussed this subject, so we wanted to bring it to the table again since OET has inquired about this. Commissioner Morrell asked staff for their insights on this inquiry. Ms. Zawislak-Bielaski shared that when this was reviewed with our Executive Director, Ms. Meyer, she recommended that the Commission look at more data since the last time this was reviewed was back in 2017. She added that it would be interesting to see if the data has changed, and also what other state boards are accepting. Ms. Zawislak-Bielaski also added that Ms. Meyer had reached out to Ms. Gorski to see if she could have one of the students work on this research. Commissioner Morrell asked if anyone else had any other questions or input regarding this. She also commented that many hospitals are discussing the recruiting of foreign trained nurses. Commissioner Myrick presented the question of why we wouldn't consider allowing these individuals to retake only the section where they were below standard and accept the sections where they passed. Dr. Babbo provided some background as she shared an example of a case that was sent to NPAP for review. The individual in the case had taken the exam twenty-four different times and had scored differently each time, so there was no consistency. She added that collecting current data and even reaching out to OET for their data would be beneficial. Dr. Babbo also shared that the Commission approved the band descriptors in the four sections of the OET exam which are listening, reading, writing, and speaking. The minimum score in listening, reading, and writing is three hundred, in speaking it is two hundred eighty. She continued by adding that the range of three hundred to three

hundred forty is actually considered a C grade. This C grade means that the individual can maintain the interaction in a relevant healthcare environment despite occasional errors and lapses, they can follow standard spoken language normally encountered in his or her field of specialization. Dr. Babbo added that one of the reasons why the Commission approved this is that the OET is contextualized in the healthcare environment where the IELTS and TOEFL are not. Commissioner Morrell asked if the decision needs to be made regarding all the English tests, or just OET. Ms. Zawislak-Bielaski advised that the question pertains to all the English exams. Commissioner Morrell added that was an important issue and we should take a look at all the English exams as it is important that people are communicating well at the bedside for their understanding and for their patients to understand. Commissioner Morrell asked what we needed to do to move forward in getting this work done. Ms. Zawislak-Bielaski advised that we need their direction if they would like us to proceed with the research. If they did, we would reach out to Ms. Gorski and provide her with the information we needed to collect. Commissioners Morrell, Myrick, and Canary agreed that we should move forward in requesting Ms. Gorski's research group to collect data so they can make a solid decision on this issue.

- **Review and Approval of Licensing Procedures –** Ms. Zawislak-Bielaski reviewed the following procedures. Commissioner Myrick moved with a second from Commissioner Canary to recommend to the full Commission to retire procedure B20.04. Commissioner Myrick moved with a second from Commissioner Canary to recommend to the full Commission to approve procedures B31.02, B36.01, and B38.02.

  1. B20.04 Continuing Competency Audit Process – Review to Retire
  2. B31.02 Effect of Military Status on Credentials – Review to Approve
  3. B36.01 Nurse License Verification – Review to Approve
  4. B38.02 Social Security Number Process – Review to Approve

-

V. Ending Items

- **Public Comment** – Commissioner Morrell invited guests to speak. Ms. Luoana Leyes from the Highline College Welcome Back Center spoke in regard to the English exam, OET. She shared that there are some states that waive the English exams; she also expressed her concern about adding the additional English exam and that it causes confusion to nurses regarding which is the best, or easiest or right test to take. She explained that the OET is not helpful as it is British. She also addressed the super score and for it to be considered.

- **Review of Actions**

- **Meeting Evaluation** – Commissioner Myrick commented that this was a good meeting.

- **Date of Next Meeting** - June 20, 2023

- **Adjournment –** 1:58PM

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

Subcommittee Members:	Sharon Ness, RN, Chair Jamie Shirley, PhD, RN Katie Haerling, PhD, RN, CHSE Yvonne Strader, RN, BSN, BSPA, MHA MaiKia Moua, RN, BSN, MPH Ella B. Guilford, MSN, M.Ed., BSN, RN
Absent:	Mary Baroni, PhD, RN Judy Loveless-Morris, PhD
Staff Present:	Mary Sue Gorski, PhD, RN, Director of Advanced Practice and Research Kathy Moisio, PhD, RN, Director, Nursing Assistant Programs Amy Murray, MSN, RN, Nurse Consultant Marlin Galiano, MN, RN, Nurse Education Consultant, LPN Apprenticeship Program Development Shad Bell, Assistant Director of Operations Lohitvenkatesh Oswal, Research Assistant Emma Cozart, Data Consultant John Furman, PhD, MSN, CIC, COHN-S, Washington Health Professional Services (WHPS) Liaison/Research Dennis Gunnarson, Administrative Assistant

I. 5:00 PM Opening

- Introduction, Public Disclosure Statement, Roll Call
  - Sharon Ness called the meeting to order at 5:01 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
- Review of Draft Minutes: March 20, 2023
  - Reviewed, with consensus to bring to the July 14, 2023, NCQAC Business Meeting for approval.
- Review Work Plan

III. Old Business

- LPN academic progression – apprenticeship program
  - Marlin Galiano presented on HCA-NAC-LPN Registered Apprenticeship program.

DRAFT

IV. New Business

- Update on Annual Commission Member Survey
    - Mary Sue Gorski and Lohitvenkatesh Oswal gave an update on the annual commission member survey and timeline for next steps. Subcommittee members discussed the survey and provided feedback.

V. Ending Items

- Public Comment – None
- Review of Actions
- Meeting Evaluation
- Date of Next Meeting – May 15, 2023
- Adjournment – Meeting adjourned at 6:05 p.m.

DRAFT

Nursing Care Quality Assurance Commission (NCQAC)
Education Subcommittee <u>Amended</u> Agenda

Monday June 5th, 2023 12:00pm to 1:00pm

Join the Meeting
from your computer, tablet or smartphone

Join Zoom Meeting
https://us02web.zoom.us/j/84560755612

Meeting ID 845 6075 5612
Call-In Number +12532050468,,84560755612#

Committee Members:	Kim Tucker PhD, RN, CNE, Chair Ajay Mendoza PhD, CNM, ARNP CM Laurie Soine PhD, ARNP Pro Tem Renee Hoeksel PhD, RN, ANEF, FAAN Pro Tem Julie Benson MHA, MN, RN, CNE Pro Tem Fionnuala Brown, DNP, MSN, FNP-C, RN Pro Tem Helen Myrick, Public Member (AD- HOC) Tracy Rude, LPN Member (AD-HOC)
Staff:	Gerianne Babbo, EdD, MN, RN, Director of Nursing Education Mary Sue Gorski, PhD, RN, Director of Research and Advanced Practice Kathy Moisio, PhD, RN, Director of Nursing Assistant (AD-HOC) Sarah Bear, EdD, MSN, RN, Nursing Education Consultant Margaret Holm, JD, RN Nursing Education Consultant Practice Sara Kirschenman, NCQAC Attorney Anita Nath, NCQAC Attorney Judy Soeum, BA, Administrative Assistant

Questions

Please contact us at (564)669-1015 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, but no later than May 29th, 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
NCQAC records meetings to help write accurate minutes. Minutes are then approved at the NCQAC business meeting. 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

12:00 PM Opening – Kim Tucker Chair Call to Order

- Introductions
- Public Disclosure Statement
- Roll Call

1. Standing Agenda Items

a. Announcements

- None

b. Old Business

- None

c. New Business

a. Overview of education dashboard- Dr. Mary Sue Gorski
b. Presentation of in-state and out-of-state clinical placement data- Dr. Mary Sue Gorski
c. Discussion- What does the clinical placement data mean for the WA State Nursing Workforce?
d. Nursing Assistant Skills Testing

Dr. Mary Sue Gorski presented the dashboard and asked the question "How can we assure the right mix of nurses are prepared to serve Washington State?"

The presentation included a high-level look at the pre-licensure and post-licensure in-state clinical needs and graduates.

The question was proposed "How many of our instate graduates stay in the state to work?" Data collection for this criteria is still in progress. The impact of the border schools needs to be considered. For example, Washington students completing clinical in Oregon or Idaho and vice versa.

2021-22 data for Out-of-State programs and students: 99 approved colleges or universities; 235 programs. 853 prelicensure students; and 926 post licensure students. 85% are in the border school categories. Reciprocal relationship with prelicensure students mostly.

Out-of-State students in clinical by program: BSN 472; ARNP 414. One question to consider is how many of these students will stay in WA. One way to look at the question is to ask who took the Washington state NCLEX. There were 172 students but many of these could be students who live on the border.

Post licensure schools were asked the number of students expected to stay in Washington. Responses included: ARNP 73.83%, DNP 63.79%, Post master's certificate students 85%, and RN to BSN 93.48%. This is new data being collected. Trending data will be available as time goes on and additional data is received. The most common ARNP specialties were FNP followed by PMHNP. Both specialties are highly needed in Washington.

What creates a need for out-of-state programs? Most advanced practice programs are at the DNP level. Students may be attending out-of-state programs because they want the master's level advanced practice education.

Presenter comments:
In-state and Out-Of-State make significant contributions to the state nursing workforce per data just reviewed. Continue to support what is working while expanding capacity to meet additional needs. The challenge is how to accommodate more nursing students while supporting what we have in place.

Subcommittee discussion:
Confirmed the data is academic year 2021-2022. (Fall 2021-May 2022). The plan for the future is adding the school name to the public data.

Public:
Does student distribution and nurses licensed in-state align with community demographics in WA?
Response: We do use this as a benchmark. The information is not on the education dashboard but is included on the workforce dashboard. This information will be added to the education dashboard.

Dr. Kathy Moisio presents Nursing Assistant Skills Testing. Skills testing has been challenging for some time.

Regulatory Background: Per federal requirements, nursing assistants take a written exam and hands on skills exam to become certified. Also, per federal requirements, nursing assistants working in nursing homes must complete training, testing, and certification in 120 days to continue working in the nursing home. Washington statute gives the Commission's the authority to determine the certification exam for nursing assistants.

Pandemic and Pandemic Recovery: Skills testing, by nature, is cumbersome and it's hard to find enough RNs to test. The pandemic only made things worse as testing was shut down for 6 months, which created a significant backlog (since people continued to be trained using online modalities). The federal government waived the 120 day timeline requirement because nursing assistants had no access to testing. We have attempted multiple strategies to work through the backlog of testing needs—the most successful being the mass examination plan funded by DSHS and implemented through the college nursing education programs.

Progress Has Been Made, But Challenges Continue: We still need more evaluators and three factors are converging to create added pressure: The federal waiver is over, the mass examination plan has ended (no more funding), and graduation season is here.

Proposal:
- Invite directors/instructors from training programs to become evaluators and create pools of regional evaluators.

- Match and coordinate their availability with test dates at nearby programs.
- Use current infrastructure maximally (directors/instructors receive same training and pay as other evaluators; registration system still used; test results still feed into credentialing system)
- NCQAC staff would supplement scheduling, coordination, and monitoring to support consistency, reliability, integrity, and efficiency of testing.
- It would start as short-term project (4-6 months) and then be evaluated for ongoing use (i.e., increase in evaluators and test events; decrease in cancellations and wait to test; etc.)
- Subcommittee: have full support from NAPAP.

Public questions:

- Can you be an ADN or need to be BSN? Yes, RNs with 2 years' experience can qualify.
- Do those who were evaluators during mass examination testing, do they need to do additional training? Response: Not certain yet; likely not a lot, but working on those details.

Subcommittee members recommended the proposal go forward to July 2023 Commission meeting.

Public comment: Mass testing helped rural communities. This plan will really help too.

Ending Items

- Public Comments
- Date of Next Meeting: TBD
- Adjournment

Letter FROM THE President

POST-BOARD MEETING UPDATE

May 18, 2023

Dear Colleagues,

The NCSBN Board of Directors (BOD) convened in person May 9-10 for a two-day Board meeting followed by a full-day meeting related to the search for a new NCSBN CEO.

Korn Ferry, the search firm selected for this task, conducted an international search that resulted in a substantial number of talented applicants for consideration by the search committee. The full BOD interviewed finalists the day after the May Board Meeting. The timeline for this critical search has gone according to plan and we hope to be able to announce the selection of a new CEO soon. Stay tuned!

Although BOD members are pleased to be moving into this phase of the search, we are acutely aware of the loss it will be to the organization when David Benton departs Sept. 30, 2023. David has prepared the organization well and, as is his usual style, at the May meeting he shared his strategic thinking and gems of wisdom "that the BOD may want to consider otherwise known as 'parting gifts.'"

At this meeting, the BOD heard with interest information about the program planning and festivities for the NCSBN 45th Anniversary celebration.

As part of the celebration, we are collecting gems of wisdom to motivate and encourage others. As you know, the world of nursing regulation can be challenging and complex and we think that having such a resource will help others when they are faced with daunting circumstances or need encouragement. Please contribute — submit a special mantra, quote, or motto by **June 1**.

As is customary at this time of year, the BOD also considered agenda items related to the upcoming Delegate Assembly which include:

- Consideration of applications for Exam User Membership: The College of Registered Nurses of Newfoundland and Labrador and the Nova Scotia College of Nursing.
- NCLEX® Exams Committee remote testing recommendations: a project that aligns with strategic objectives in the area of licensure reform following extensive work that has led to the determination that NCSBN can develop a secure, remote proctoring and advanced artificial intelligence system that will further support the work of the nurse regulatory bodies.
- Leadership Succession Committee (LSC) slate of candidates.

Leadership of the organization was top of mind for the BOD as we reviewed the hard work of the LSC in preparing the slate of candidates, noting that unfortunately there are not any candidates for Area I and Area II Directors.

Letter FROM THE President

POST-BOARD MEETING UPDATE, CONTINUED

We hope members from these areas will contact the LSC if you are considering a leadership position and did not previously apply.

The BOD also acknowledged Area IV Director Karen Evans' service on the BOD, as this was her last meeting due to her resignation from her position as executive officer for the Maryland Board of Nursing. Karen embodies the leadership qualities sought after by the LSC for BOD positions. Her valuable contributions, insights and commitment have enriched the work of the BOD. We wish Karen well in her future endeavors.

On a regular basis the BOD reviews and updates NCSBN policies and did so at this meeting. Policies considered related to media, external exhibiting, use of social media and examinations. There was a need to update several examination policies because of the implementation of NGN. As communicated to the membership, the NCLEX Review and Challenge process was ended due to Next Generation NCLEX (NGN) and exam security.

NGN had a well-planned and successful launch on April 1. This was an historic action in our 45-year history and the culmination of many years of hard work, expert contributions, innovation and leadership from staff and the membership.

In the first 30 days, we tested more than 15,000 individuals domestically and internationally. NGN has been positively received in the nursing community, with many remarking that it is now a more accurate measurement of the knowledge candidates will need in actual nursing practice.

As a result of this implementation, NCSBN has positioned itself as the leader in the health regulatory examination space. The BOD applauded those involved in NGN development and implementation.

During the meeting an environmental scan was conducted, reports from external meetings were considered, an update on Federal Affairs was provided and routine Financial Statements and reports were accepted. The BOD also acted upon Champion Award Nominations and approved a request for proposal to invite selected audit firms to submit proposals.

In a closed session due to the sensitive nature, the BOD was provided with an update on remote proctoring and the process for an assessment of the BOD's and the CEO's performance that will begin this month.

In closing, I am personally looking forward to robust in-person attendance in August. We will come together to conduct the business of the Delegate Assembly and to celebrate the milestones of public protection in NCSBN's 45-year history, acknowledging the service of our members, our CEO David Benton and the many accomplishments of an awesome group of nursing regulators. You, our members, **SHINE THROUGH** as we shape a brilliant future together. We encourage you to wear sapphire blue and really shine this year!

Warmly,

Jay Douglas, MSM, RN, CSAC, FRE

President
804.516.9028
jay.douglas@dhp.virginia.gov

INVESTIGATIVE PERFORMANCE MEASURES	Apr-22	Apr-23	% of Change		Mar-23	Apr-23	% of Change
Cases Reviewed at CMT	**114**	**185**	**62%**		**170**	**185**	**9%**
Cases Opened to Investigation	**42**	**64**	**52%**		**56**	**64**	**14%**
Open Cases in Investigation Queue	**446**	**426**	**-4%**		**426**	**426**	**0%**
Average Caseload per Investigator	**41**	**39**	**-6%**		**39**	**39**	**0%**
Total Investigations Completed	**94**	**65**	**-31%**		**68**	**65**	**-4%**
Percentage of Cases Completed w/in Time Lines Target 77% PM 2.2	**59%**	**82%**	**23%**		**65%**	**82%**	**17%**
Percentage of Investigations Opened Beyond 170 days Target 23% PM 2.4	**54%**	**52%**	**-2%**		**51%**	**52%**	**1%**
Investigations Completed per Investigator *PM 3.1*	**8.5**	**5.9**	**-31%**		**6.2**	**5.9**	**-5%**
Task Back Assigned	**7**	**0**	**-100%**		**7**	**0**	**-100%**
# of COVID Cases Reviewed/Opened at CMT	**7/5**	**1/1**			**3/1**	**1/1**	

INVESTIGATIVE PERFORMANCE MEASURES	May-22	May-23	% of Change		Apr-23	May-23	% of Change
Cases Reviewed at CMT	**161**	**204**	**27%**		**185**	**204**	**10%**
Cases Opened to Investigation	**43**	**71**	**65%**		**64**	**71**	**11%**
Open Cases in Investigation Queue	**425**	**427**	**0%**		**426**	**427**	**0%**
Average Caseload per Investigator	**39**	**39**	**0%**		**39**	**39**	**0%**
Total Investigations Completed	**73**	**75**	**3%**		**65**	**75**	**15%**
Percentage of Cases Completed w/in Time Lines Target 77% PM 2.2	**74%**	**77%**	**3%**		**82%**	**77%**	**-5.0%**
Percentage of Investigations Opened Beyond 170 days Target 23% PM 2.4	**54%**	**52%**	**-2%**		**52%**	**52%**	**0.0%**
Investigations Completed per Investigator *PM 3.1*	**6.6**	**6.8**	**3%**		**5.9**	**6.8**	**15%**
Task Back Assigned	**3**	**3**	**0%**		**0**	**3**	**300%**
# of COVID Cases Reviewed/Opened at CMT	**6/1**	**0**			**1/1**	**0**	

Nursing Care Quality Assurance Commission
Legal Unit Performance Measures
FY 2023 (Q4)
Karl Hoehn, Legal Manager

Type of Measure	Month	Baseline	April	May	June	Q Avg.
Caseload/ Case volume	Average Caseload per Attorney	**45.92**	83	63		
	Cases Assigned to Legal	**41.33**	46	25		
	TOTAL Finalized Cases	**56.33**	39	62		
Performance	Average of Finalized Cases per Attorney (Target 10 per month)	**14.08**	7	9.00		
	Percentage of Legal Reviews Sent to RCM in 30 Days or less (Target 77%)	**78.33%**	91%	83%		
	Document drafting time: Percentage of Drafts to AAG or SOA Served in 30 Days or less (Target 77%)	**86.67%**	16%	20%		
Work Type/Complexity	Percentage of Cases involving an ARNP	**6.00%**	12%	12%		
	Number of Cases forwarded to AAG	**10.67**	4	1		
	Finalized with Legal Review only	**21.00**	22	38		
	Finalized by Default or Final Order After Hearing	**12.00**	11	7		
	Finalized by STID, AO or APUC (Settlements)	**19.00**	2	8		
	Other (releases, reinstatements)	**4.33**	4	9		

WHPS Monthly SUDRP Report - April 2023

Total SUDRP Cases Reviewed	8

SUDRP Referral Reasons

	Positive Drug Screen	Missed Test	Multiple Missed Check-ins	Non-Compliance (Other)
Total	2	1		5
Total Referrals	8			

Remain in WHPS

	No Action	WHPS Action
Total	2	2
Total WHPS Action	4	

Remain in WHPS with Legal Action

	Legal: SOC	Legal: STID	Referred for Investigation
Total			
Total Legal Action	0		

Discharged from WHPS with Legal Action

	Legal: SOC	Legal: STID	Referred for Investigation
Total	4		
Total Legal Action	4		

Nurse Appearances

Total Appearances	

Referral Contract Review

	Approved	Denied
Total		
Total RC Review	0	

Graduations

	Order	STID	APUC	RC
Total	1		1	
Total Graduations	2			

Applications Reviewed

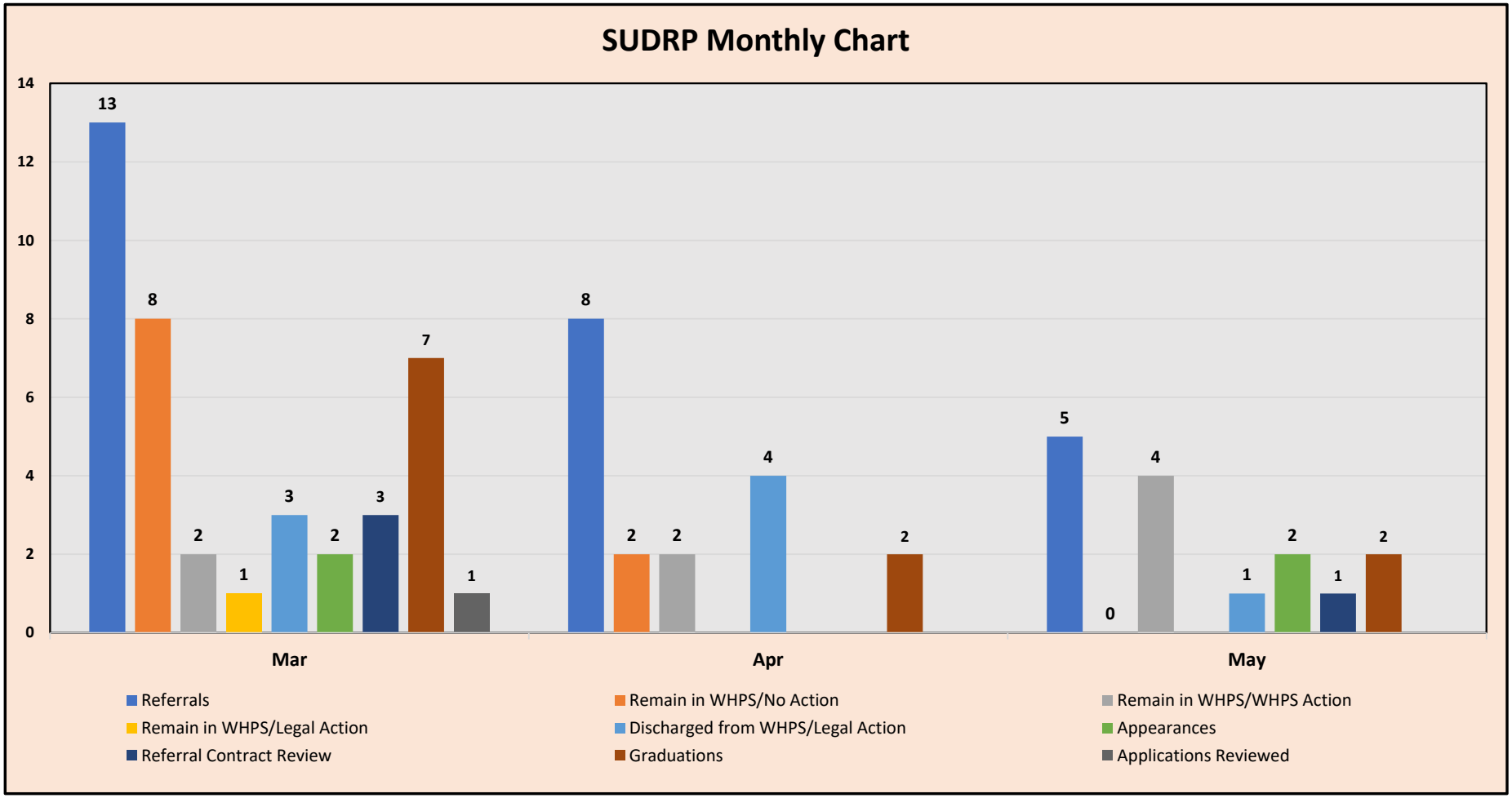
	Approved	Denied
Total		
Total Reviewed	0	

April 2023 WHPS Graduation Report

Participant: Case ID	Participant: Participation Type	Participant: Program Start Date	Participant: Program Discharge Date	Participant: License Type
1985-02-3516	STID	11/26/2019	4/6/2023	LPN
1973-12-5616	STID	8/12/2020	4/5/2023	RN
1980-08-6261	Pending	4/5/2019	4/4/2023	ARNP
18-2-PO/RN-05363	STID	4/12/2018	4/11/2023	RN
1992-12-7471	Voluntary	4/28/2022	4/27/2023	RN
17-05-PO/RN-911B	Order (Agreed/Final)	7/18/2017	4/17/2023	RN

May 2023 WHPS Graduation Report

Participant: Case ID	Participant: Participation Type	Participant: Program Start Date	Participant: Program Discharge Date	Participant: License Type
17-10-PO/RN-05334	APUC	2/15/2018	5/30/2023	CRNA
18-3-S/RN-05365	Referral Contract	5/4/2018	5/10/2023	RN
1982-04-1903	Order	5/6/2021	5/4/2023	RN
18-4-PO/LPN-04565B	STID	5/16/2018	5/15/2023	LPN


SUDRP Monthly Chart
14
12
10
8
6
4
2
0
13
8
2
1
3
2
3
7
1
8
2
2
4
2
5
0
4
1
2
1
2
Mar
Apr
May
Referrals
Remain in WHPS/No Action
Remain in WHPS/WHPS Action
Remain in WHPS/Legal Action
Discharged from WHPS/Legal Action
Appearances
Referral Contract Review
Graduations
Applications Reviewed

WHPS Monthly SUDRP Report - May 2023

Total SUDRP Cases Reviewed	5

SUDRP Referral Reasons

	Positive Drug Screen	Missed Test	Multiple Missed Check-ins	Non-Compliance (Other)
Total	1	1		3
Total Referrals	5			

Remain in WHPS

	No Action	WHPS Action
Total		4
Total WHPS Action	4	

Remain in WHPS with Legal Action

	Legal: SOC	Legal: STID	Referred for Investigation
Total			
Total Legal Action	0		

Discharged from WHPS with Legal Action

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

Nurse Appearances

Total Appearances	2

Referral Contract Review

	Approved	Denied
Total	1	
Total RC Review	1	

Graduations

	Order	STID	APUC	RC
Total	1	1		
Total Graduations	2			

Applications Reviewed

	Approved	Denied
Total		
Total Reviewed	0	

Washington Health Professional Services Significant Non-Compliance Report - April 2023

#	Participant Case ID	Program Start Date	Entry Reason	Anticipated Completion Date	Incident Date	Incident Type	Drug(s)	WHPS Action(s) Taken	Referred to Commission	Drug of choice and Diagnosis	Notes
1	18-6-PO/RN-50292C	9/24/2018	Order	11/12/2023	4/21/2023	Missed Test/No Show		Self Test		alcohol use severe	
2	1966-06-5815	8/19/2022	STID	8/18/2023	4/7/2023	Missed Test/No Show		Additional Test Scheduled		no drugs reported/anxiety disorder	
3	1966-11-1100	1/12/2023	Voluntary	1/11/2028	4/4/2023	Positive Drug Screen - Peth	Alcohol	Ceased/Removed from Practice; Correspondence with Nurse; Counselor Notified; PSG Facilitator Notified; Referred for Evaluation; WSM Notified		alcohol use severe	
4	1971-08-3267	6/22/2022	Voluntary	6/21/2027	4/7/2023	Positive Drug Screen - Genotox	Naltrexone	Additional Test Scheduled; Correspondence with Nurse		alcohol use severe	excused by Director
5	1975-02-1912	1/2/2020	RC	7/23/2023	4/6/2023	Missed Test/No Show		Additional Test Scheduled; Referred for Evaluation; Referred to SUDRP; Testing Frequency Increased; Correspondence with WSM	4/27/2023	amphetamine use mild	
6	1977-05-4878	2/8/2023	RC	2/7/2028	4/17/2023	Positive Drug Screen - Peth	Alcohol	Additional Test Scheduled; Ceased/Removed from Practice; Counselor Notified; Referred for Evaluation; WSM Notified		alcohol use severe	first 90 days
7	1978-04-7523	12/21/2021	Order	12/20/2026	4/22/2023	Relapse		Additional Test Scheduled; Correspondence with Nurse; PSG Facilitator Notified; Referred for Evaluation; Testing Frequency Increased; Admitted Relapse		opiate use	
8	1982-01-7156	1/6/2023	RC	1/5/2028	4/25/2023	Positive Drug Screen - UDS	Alcohol	Correspondence with Nurse; Counselor Notified; PSG Facilitator Notified; Referred for Evaluation; Admitted Relapse		alcohol use severe	
9	1989-02-5991	9/2/2020	RC	9/1/2025	4/7/2023	Relapse	Opiates	Additional Test Scheduled; Ceased/Removed from Practice; Contract Revised; Correspondence with Nurse; PSG Facilitator Notified; Referred for Evaluation; Referred to SUDRP; Terminated from Employment	4/18/2023	opiate use severe, Alcohol use-Mild	
10	1989-02-5991	9/2/2020	RC	9/1/2025	4/10/2023	Positive Drug Screen - UDS	Alcohol; Cannabinoids	Correspondence with Nurse; Referred to SUDRP; Admitted Relapse	4/18/2023	opiate use severe, Alcohol use-Mild	

WHPS Non-Compliance May 2023										
Participant Case ID	**Program Start Date**	**Entry Reason**	**Anticipated Completion Date**	**Incident Date**	**Incident Type**	**Drug(s)**	**WHPS Action(s) Taken**	**Referred to SUDRP/Date**	**Drug of choice and Diagnosis**	**Notes**
1973-04-7069	2/18/2021	Referral Contract	11/28/2024	5/5/2023	Positive Drug Screen - UDS	Alcohol	Additional Test Scheduled; Correspondence with Nurse; Counselor Notified; MRO Review Requested; PSG Facilitator Notified		Opiates	
1975-03-0654	11/20/2021	Order	11/19/2026	5/5/2023	Missed Test/No Show		Additional Test Scheduled; Correspondence with Nurse		Amphetamine	
1979-10-6734	4/13/2022	Voluntary	6/6/2024	5/19/2023	GenoTox - DNA Match Failed		Additional Test Scheduled; Ceased/Removed from Practice; Correspondence with Nurse; PSG Facilitator Notified; WSM Notified		Opiates	
				5/9/2023	GenoTox - DNA Match Failed		Additional Test Scheduled; Ceased/Removed from Practice; Correspondence with Nurse; PSG Facilitator Notified; WSM Notified			
1982-01-7156	1/6/2023	RC	1/5/2028	5/17/2023	Positive Drug Screen - Peth	Alcohol	Correspondence with Nurse; Counselor Notified; Referred for Evaluation; Referred to SUDRP; Admitted Relapse	5/30/2023	Alcohol	
1988-05-9862	9/17/2021	APUC	9/16/2026	5/11/2023	Missed Test/No Show		Additional Test Scheduled; Correspondence with Nurse; Referred for Evaluation; WSM Notified		Cannabinoids	

WHPS Monthly Report - April 2023

Stage

	New Intake		Current Monitoring	
License Type	2022	2023	2022	2023
ARNP			21	16
RN/LPN	5	11	245	206
NT				
Total	5	11	266	222

Referral Type - Monitoring (In-State)

	APUC		Order		Pending		RC		STID		Voluntary		NRE	
License Type	2022	2023	2022	2023	2022	2023	2022	2023	2022	2023	2022	2023	2022	2023
ARNP	2	1	1	2	2		7	5			5	4		
RN/LPN	11	7	54	52	10	9	96	76	25	19	28	23		1
NT														
Total	13	8	55	54	12	9	103	81	25	19	33	27		1
Total Monitoring	241	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		1	2			1	1
RN/LPN	1	1	6	4			8	8	6	6		
NT												
Total	2	1	6	5	1	0	9	10	6	6	1	1
Total Monitoring	25	23										

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										1		
RN/LPN		1	1		1		1	2	1	3	5	5		
NT														
Total	0	2	1	0	1	0	1	2	1	3	5	6	0	0
Total Discharge	9	13												

Performance Measures

		2022	2023
Case Manager Caseload (Intake & Monitoring)	Melissa Fraser	60	46
	Heidi Collins	51	35
	Lori Linenberger	56	44
	Shelley Mezek	48	49
	Alicia Payne	51	48
Average from Inquiry to Intake - Target 7 Days		5	1
Average from Intake to Monitoring - Target 45 Days		39	31

Employment Measures (In-State)

	2022		2023	
License Type	Employed	Unemployed	Employed	Unemployed
ARNP	13	4	11	1
RN/LPN	169	53	148	39
NT				
Total	182	57	159	40
Percentage - Target 72%	76%	24%	80%	20%
Grand Total	239		199	

WHPS Monthly Report - May 2023

Stage

	New Intake		Current Monitoring	
License Type	2022	2023	2022	2023
ARNP			20	15
RN/LPN	8	7	239	204
NT				
Total	8	7	259	219

Referral Type - Monitoring (In-State)

	APUC		Order		Pending		RC		STID		Voluntary		NRE	
License Type	2022	2023	2022	2023	2022	2023	2022	2023	2022	2023	2022	2023	2022	2023
ARNP	2		1	2	2		7	5			5	4		
RN/LPN	10	7	52	51	14	8	91	76	25	18	27	23		2
NT														
Total	12	7	53	53	16	8	98	81	25	18	32	27		2
Total Monitoring	236	196												

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	4			7	8	6	6		
NT												
Total	1	1	6	5	1	0	8	10	6	6	1	1
Total Monitoring	23	23										

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	1		
RN/LPN	1		1	1		1	1		1		5	3		
NT														
Total	1	0	1	1	0	1	1	0	1	0	6	4	0	0
Total Discharge	10	6												

Performance Measures

		2022	2023
Case Manager Caseload (Intake & Monitoring)	Melissa Fraser	55	44
	Heidi Collins	51	32
	Lori Linenberger	54	46
	Shelley Mezek	49	49
	Alicia Payne	50	48
Average from Inquiry to Intake - Target 7 Days		4	1
Average from Intake to Monitoring - Target 45 Days		43	35

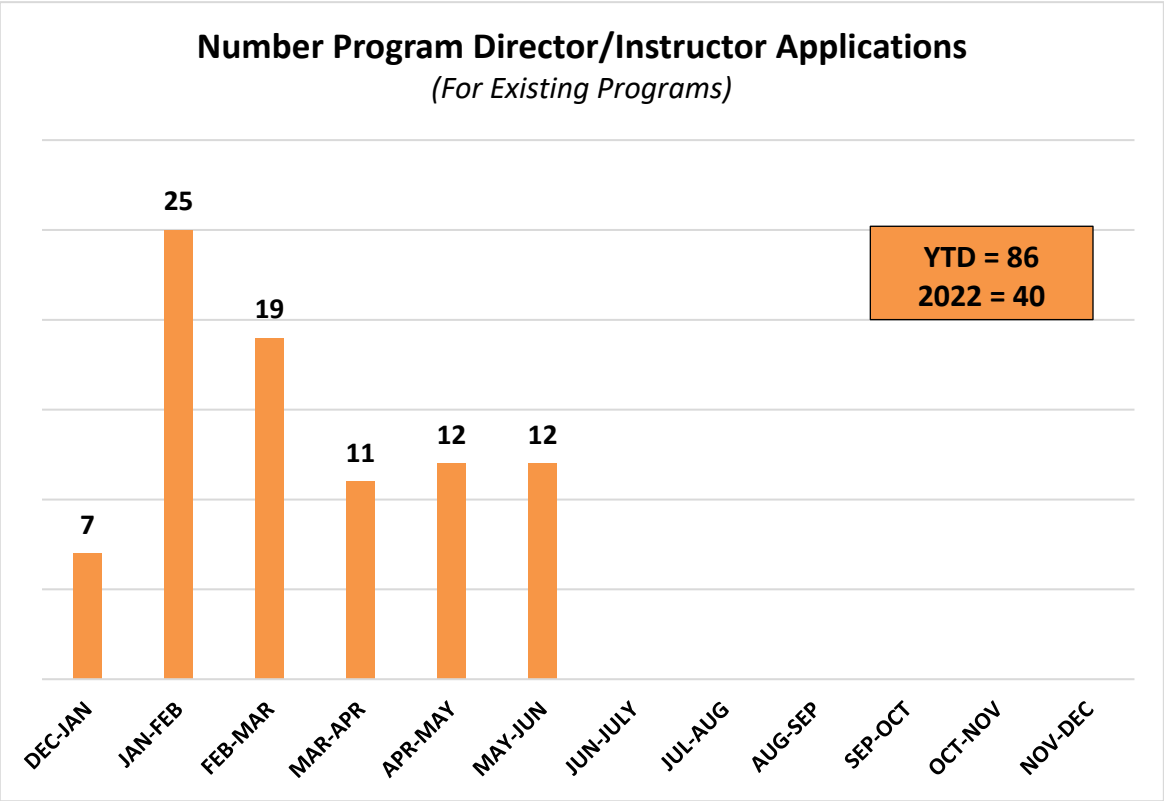
Employment Measures (In-State)

	2022		2023	
License Type	Employed	Unemployed	Employed	Unemployed
ARNP	14	3	10	1
RN/LPN	168	50	144	41
NT				
Total	182	53	154	42
Percentage - Target 72%	77%	23%	78%	22%
Grand Total	235		196	

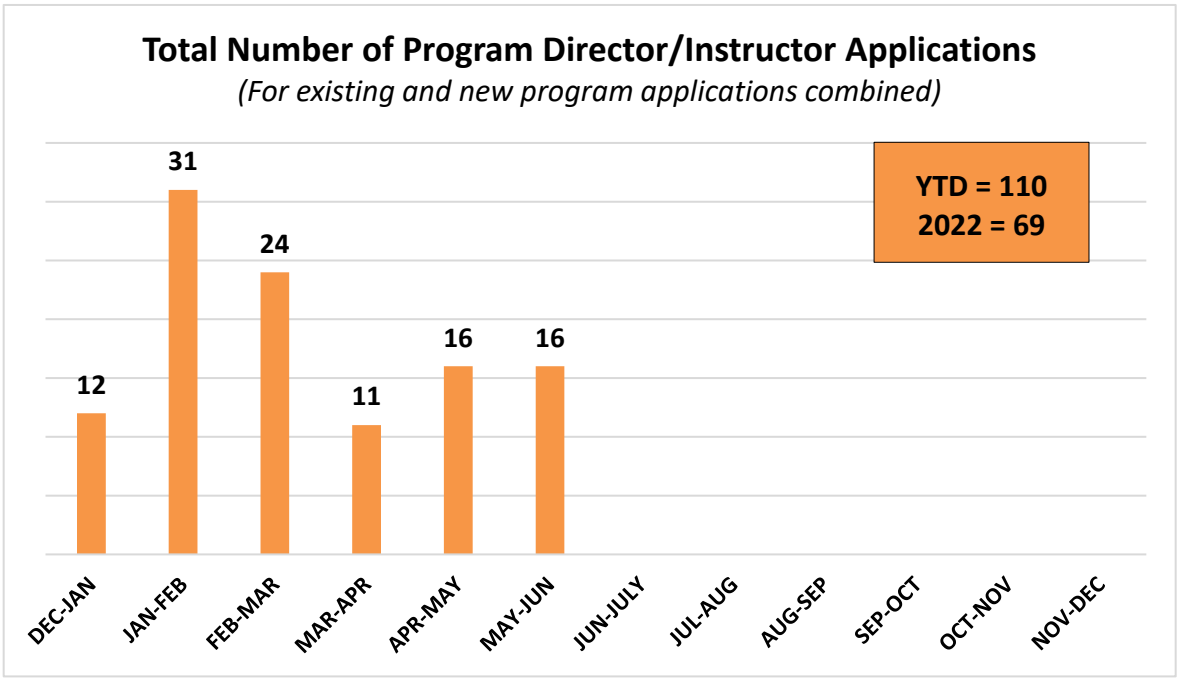
Data and Performance Measures Related to Nursing Assistant Training Programs

Note: Data points correspond to time frames that run mid-month to mid-month in accordance with the meetings and work of the Nursing Assistant Program Approval Panel (NAPAP).

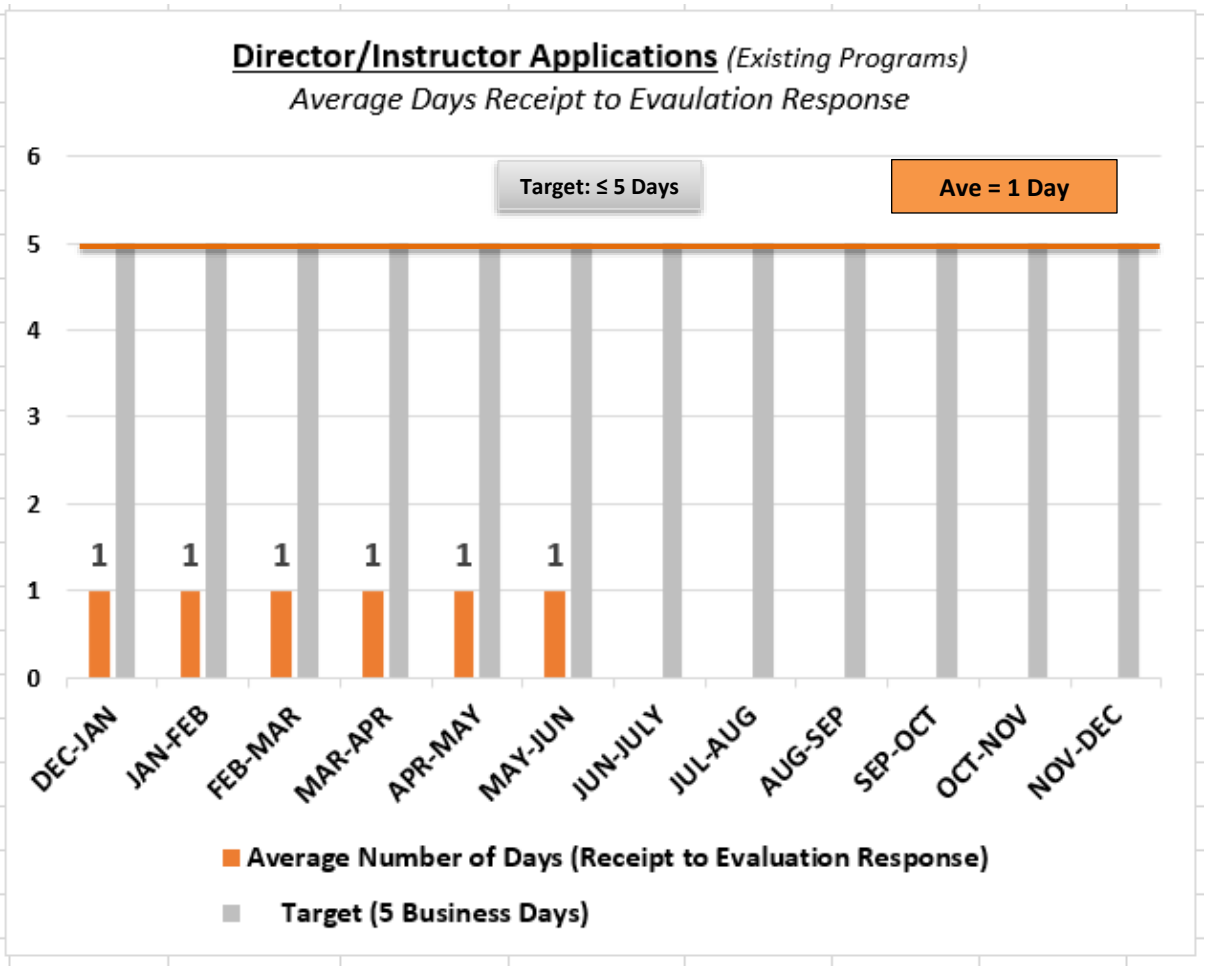
Descriptive Data:



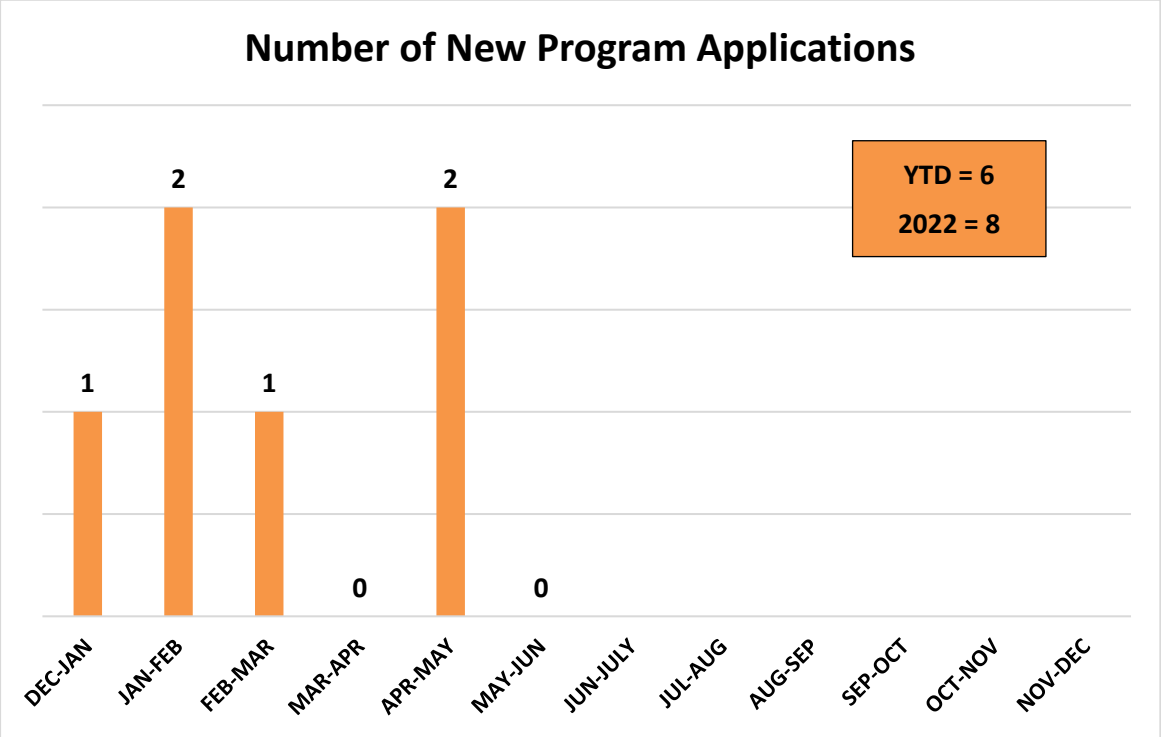
Descriptive Data:



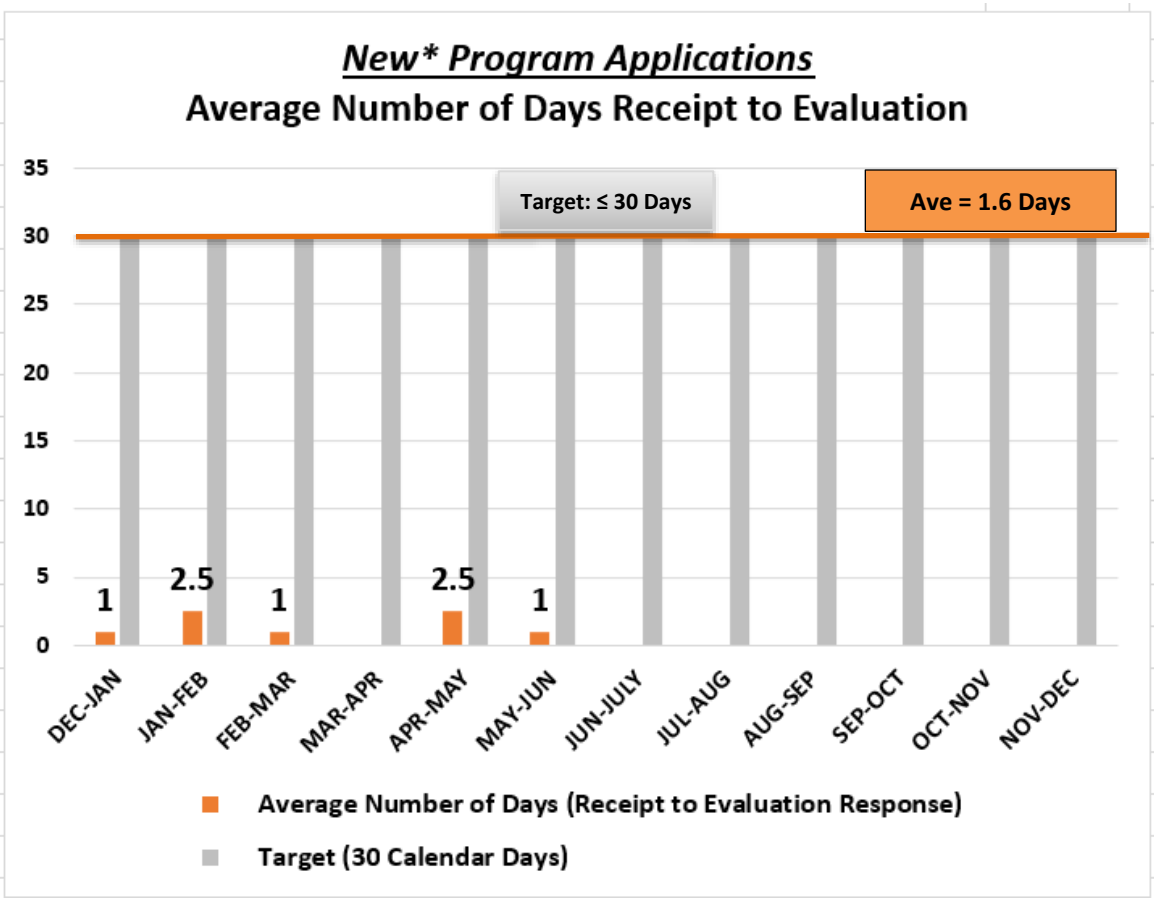
Performance Measure:



Descriptive Data:

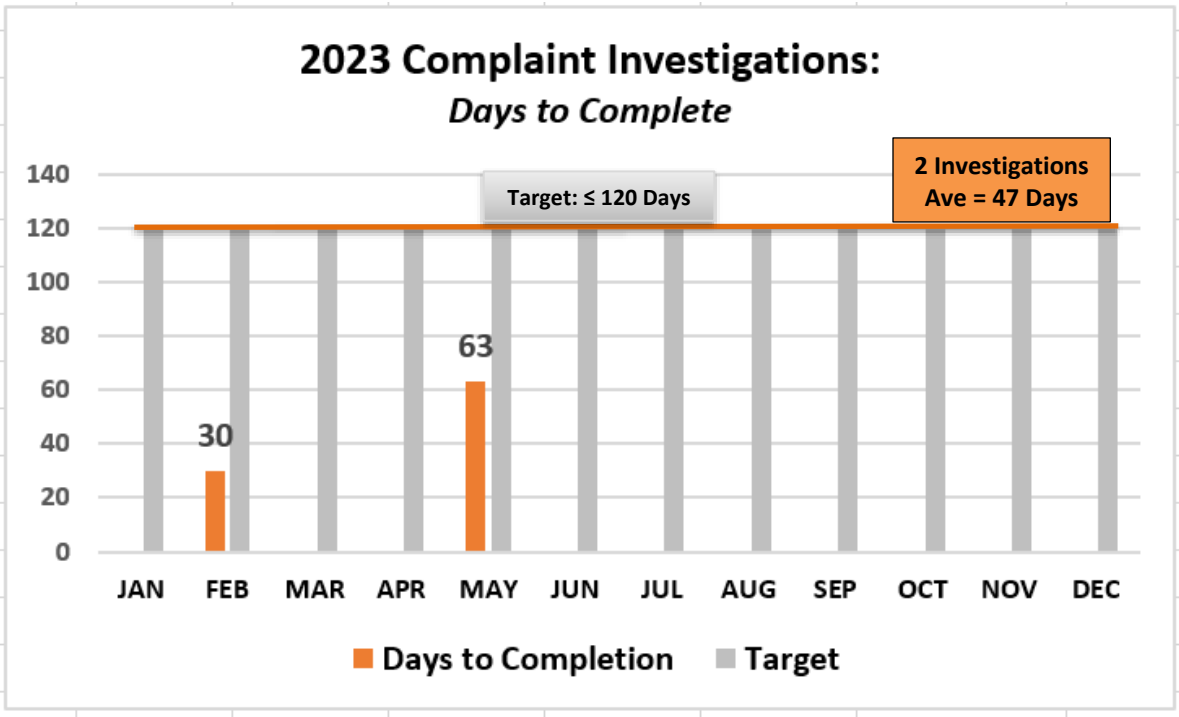


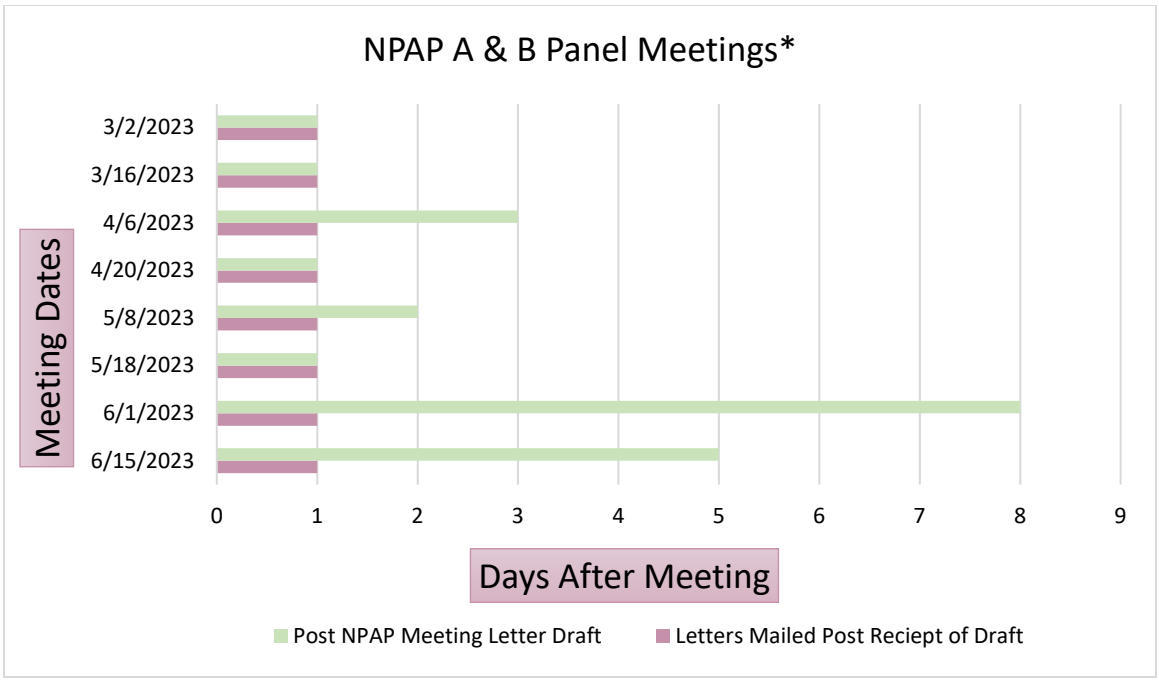
Performance Measure



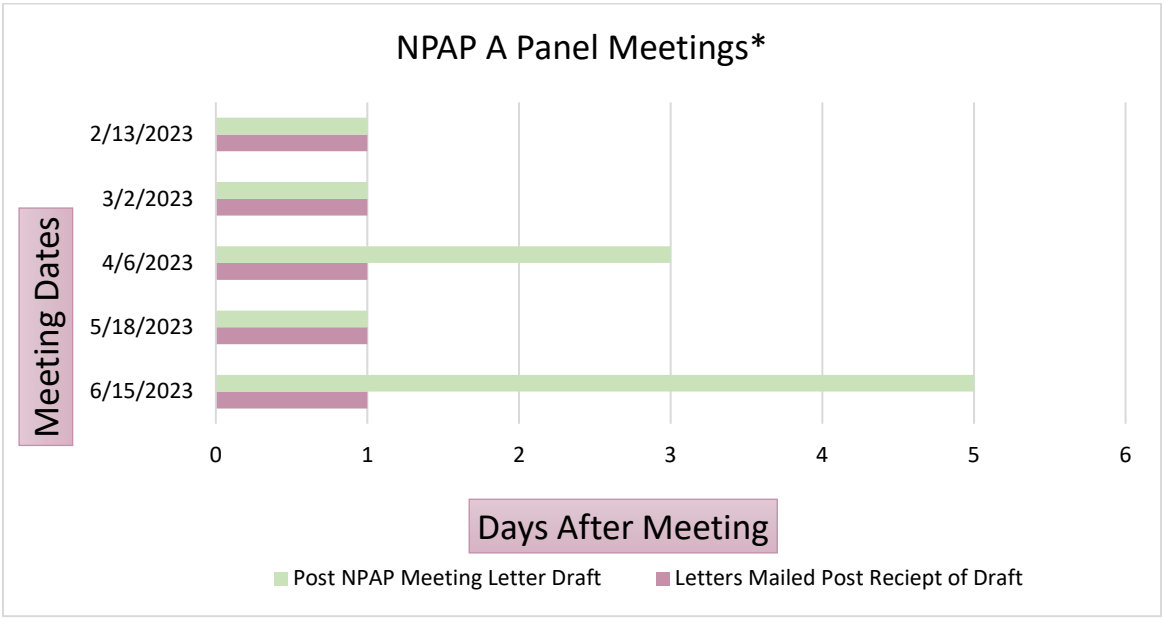
*Does not include 2nd/subsequent reviews of revised applications

Performance Measure

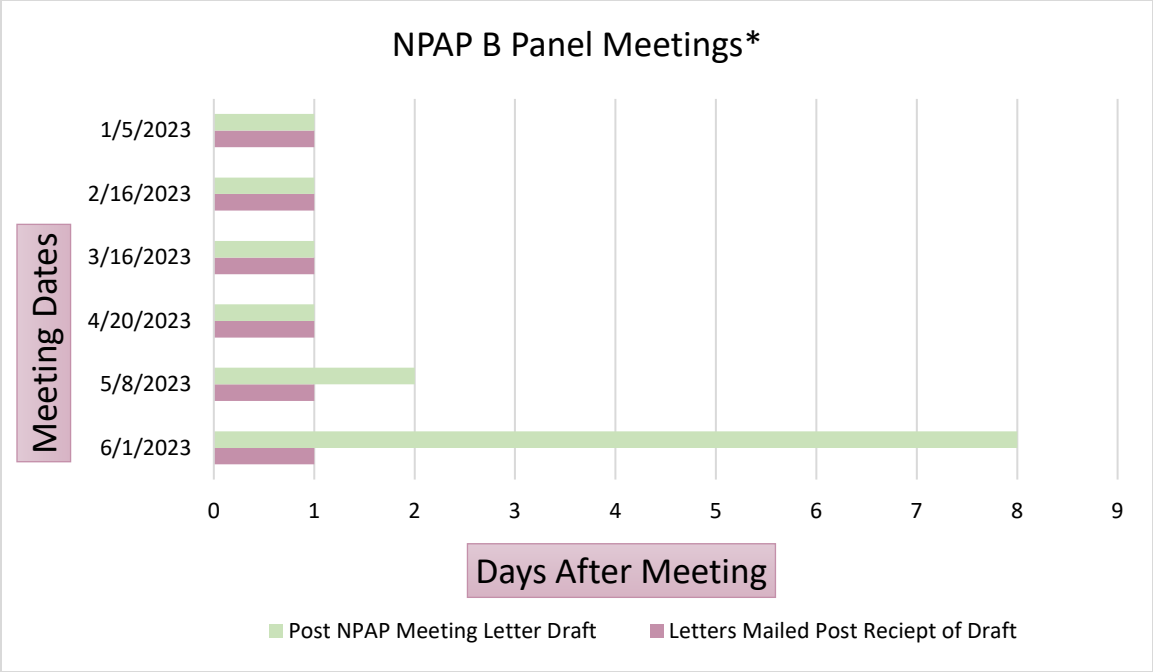




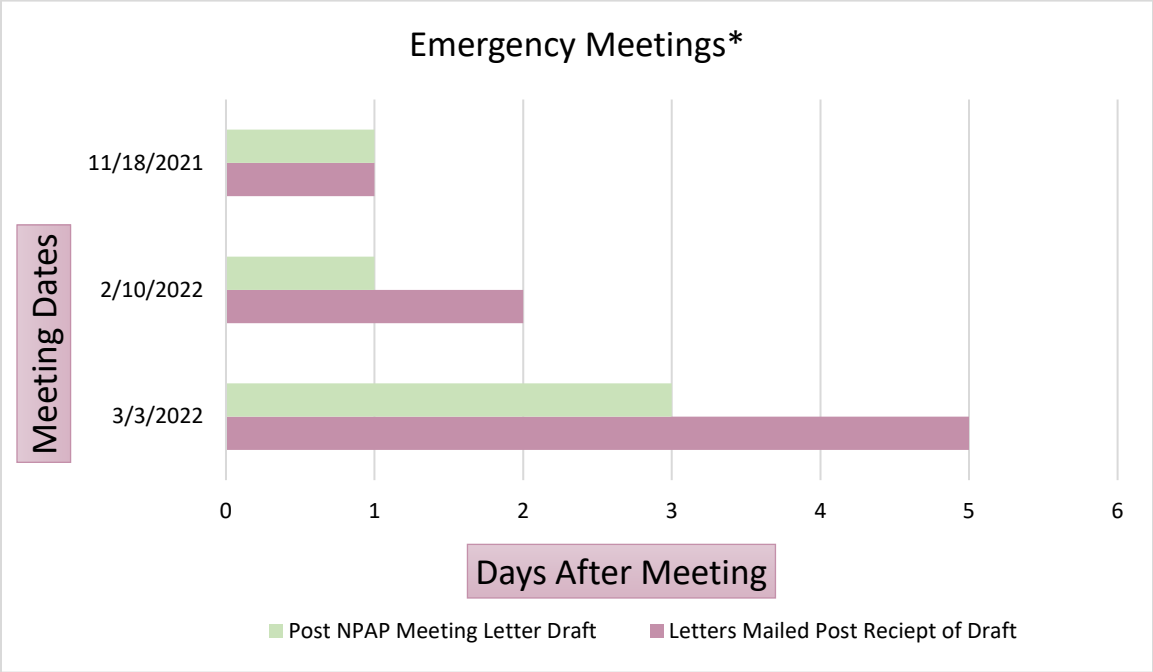
**Letters mailed within 30 days of NPAP meeting*



**Letters mailed within 30 days of NPAP meeting*



**Letters mailed within 30 days of NPAP meeting*



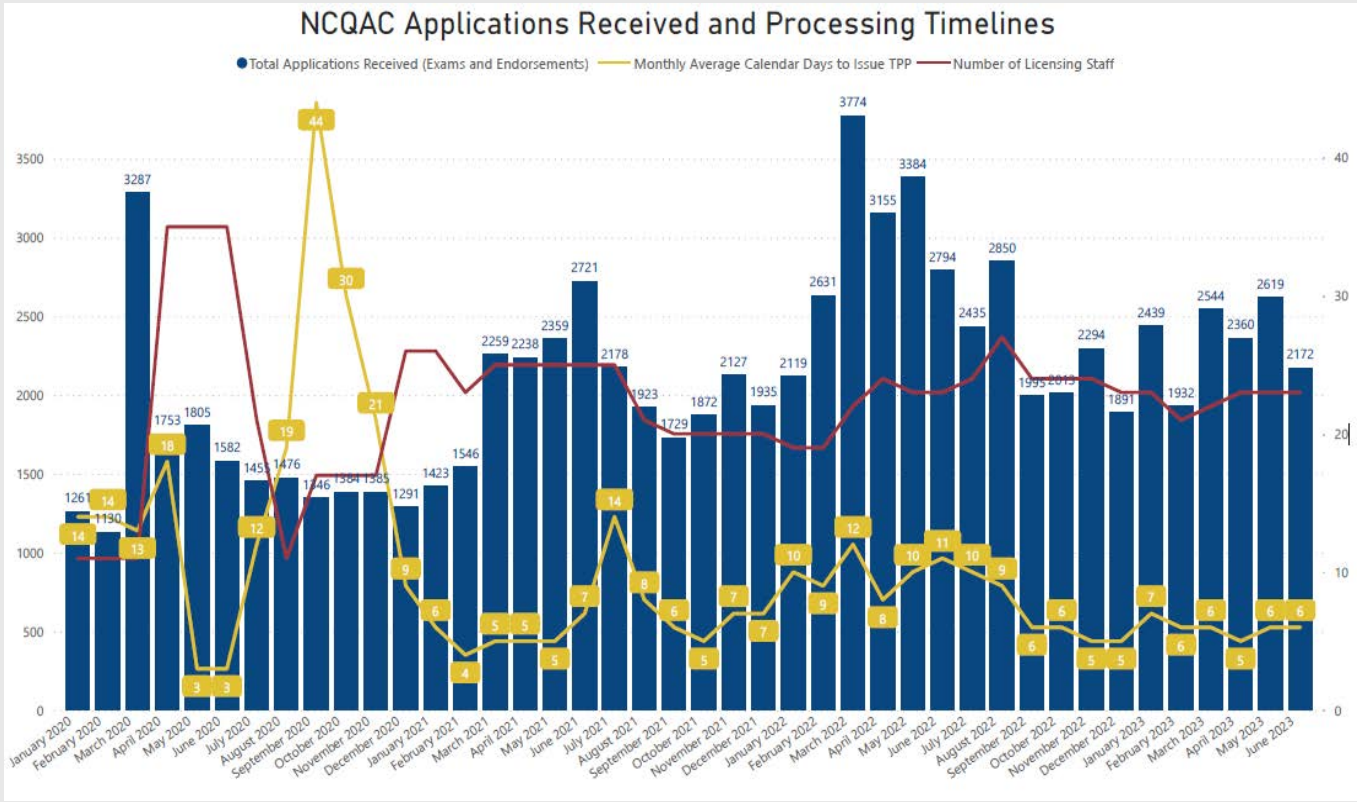
**Letters mailed within 30 days of NPAP meeting*

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

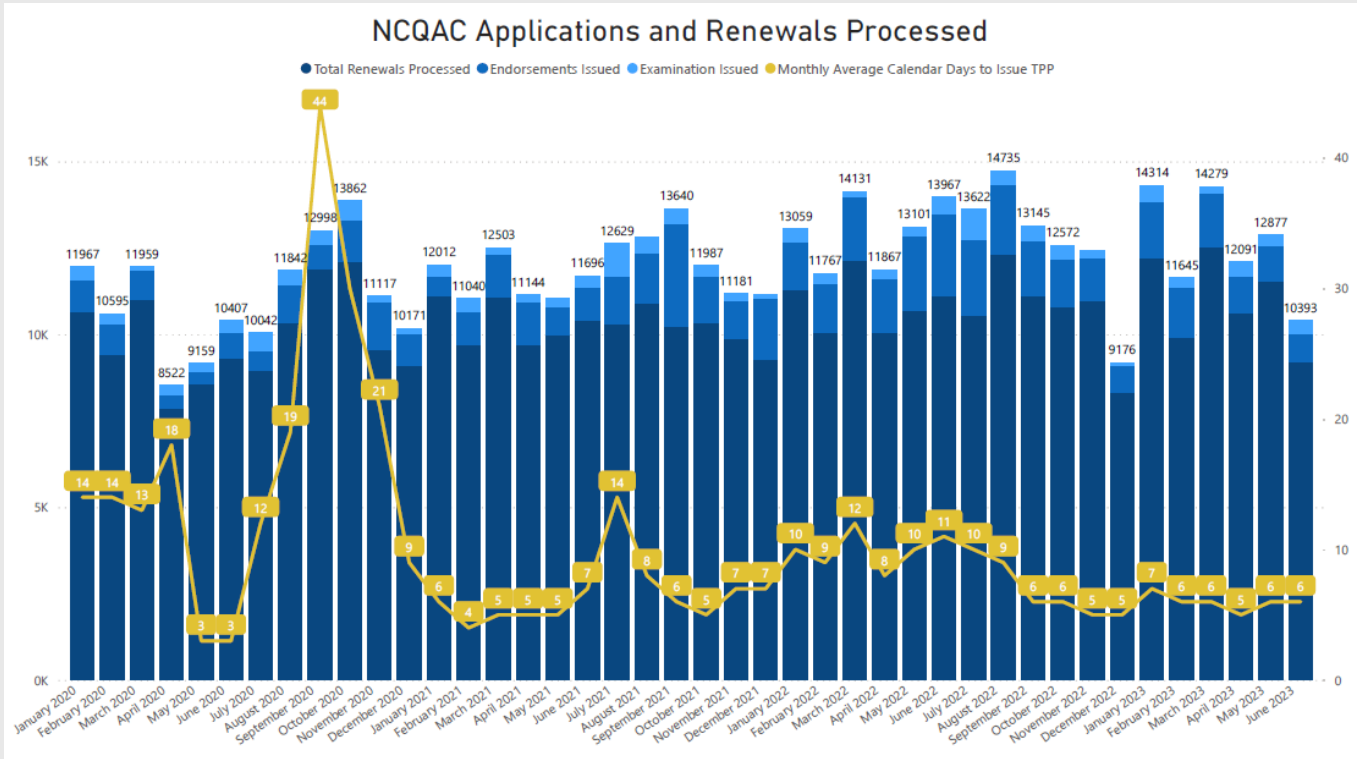
Weekly Update: Monday, June 26, 2023 **(Monthly Update to Governor's Office beginning July 2023)**

As of June 26, 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 2,619 new applications during May 2023.



The second chart on this report reflects the monthly outputs from the NCQAC. In May 2023, the NCQAC issued a total of 1,499 new nursing licenses. In addition, 11,550 nursing renewals were completed.



Note: **Temporary practice permits (TPP)are issued to nursing applicants who meet all licensure requirements, except for the FBI fingerprint background check. A preliminary background check is completed on all applications received by the NCQAC. The average days to process complete TPPs is based upon applications received that do not require an application deficiency email to the applicant, other than to complete the fingerprint process. Deficient applications are omitted from the report since this delay is outside of the NCQAC's control.*

WCN/NCQAC CHECK IN Meeting
June 27, 2023
Minutes
4:00 – 5:00 PM

Present: Sofia Aragon, Alison Bradywood, Frank Kohel, Bethany Mauden, Patricia Moulton Burwell

Topics	Discussion	Action Needed
HELMS Update	HELMS Testing – timing and timeframes. Frank sent a list to NCQAC of those who have responded to testing. HELMS update – demo went well, site will be mobile ready. July steering committee – will update the go live date. April 2024 is the current date. The NLC is important towards HELMS. ILRS compact go live is July 23 in accepting compact licensing.	Alison is working on setting up training for the volunteers.
Budget Proviso for Clinical Practice	WCN is coordinating with Brenda Singer regarding educating rural nurses. There is a sketch budget proposal. The project was spearheaded by the WSHA regarding communication, research, and solutions on clinical placements, possibly using HIVE. Clinical Practice – CPNW research data on utilizations of sites and holes. WCN will be reaching out to other clinical site consortiums.	Sofia will share the preliminary budget and invited Alison to join the planning (post July 17).
SB 5582	Reducing barriers and expanding educational opportunities to increase the supply of nurses in Washington. Some issues: • Simulation 2 to 1. • Community College clinical placement struggles. • Lack of refresher programs	Alison will invite Sofia and Patricia to any further meetings with SBCTC regarding it.
Nurse License Compact	Alison demonstrated the employer verification form example.	

DRAFT

Topics	Discussion	Action Needed
Surcharge – Timing and Next Steps	Go Live is July 23, 2023 – is being reflected on the system. An IT group has been developed towards implementation.	
Other	NCQAC Business Meeting, July 14, 2023, at 3:05 PM – Washington Center for Nursing Report at South Puget Sound Community College – Lacey Campus, room 188/194 at 4220 6th Ave SE, Lacey, WA 98503 or Zoom.	
Next Meeting	July 25, 2023	

Approved:

DRAFT

National Forum of State Nursing Workforce Centers Conference

Imagining, Innovating and Transforming the National Nursing Workforce
June 12th – 15th, 2023
Ritz-Carlton Pentagon City, Arlington VA

Lohitvenkatesh Oswal, Research Assistant
Emma Cozart, Data Consultant

PURPOSE: The National Forum of State Nursing Workforce Centers Conference brings together nursing, workforce, and leaders from across the country to learn, share and network. The COVID pandemic uncovered and exacerbated long-standing nursing workforce issues. We are in an unprecedented time of immense change and transformation. Sharing in-depth analyses of the issues and innovative initiatives will help colleagues, academicians, and policy makers work collectively to make significant strides in addressing this public health issue.

Topics covered included:

- Understanding root causes of the workforce shortage will enable us to create innovations to build the workforce that meets the needs of the future.
- Highlighting innovations to address the nursing pipeline and upskilling the nursing workforce with a focus on justice, equity, diversity, and inclusion.
- Identifying effective strategies to promote health and wellbeing of nurses and healthy work environments to re-energize nurses back to direct care.
- Exploring the impact of healthcare financing issues such as payment reform, prospective payments, value-based purchasing on the nursing workforce.
- Recommending strategies to decrease the gap between academic preparation and the skillful practice in clinical entities.

We gave the presentation “Increasing Accessibility to Nursing Workforce Data through Power BI Data Dashboards” on the second day of the conference. This presentation covered Washington state’s efforts to make nursing workforce data more accessible to the public.

We also visited Rep. Kilmer’s office in Washington DC and met with his staff to inform them on nursing workforce issues and state nursing workforce centers. We provided information on the National Nursing Workforce Center Act of 2023, HR 2411.

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

1. Collecting and analyzing data on the nursing workforce within our state as well as national trends.
2. Projections for what the future of the nursing workforce may look like in the US.
3. Novel approaches to address factors affecting the nursing workforce. shortage such as nurse burnout, well-being, and challenges affecting nurse education.
4. Diversity, equity, and inclusion efforts made by nursing education programs and in healthcare settings.
5. Building connections with individuals from other Boards of Nursing, Nursing Workforce Centers, NCSBN, researchers, and more.

RECOMMENDATION: For nursing researchers, educators, policy makers, managers, and leaders. This conference provides a wide spectrum of speakers and participants in the field of nursing workforce including both nurses and non-nurses. By bringing together disparate fields approaching nursing workforce from differing angles, this conference provides a rich source of inspiration for advancing and innovating the nursing workforce through research, data, and policy.

2023 NOAP Conference

National Organization for Alternative Programs
May 15-19, 2023, Orlando, Florida

Alicia Payne, Shelley Mezek, Cicely Bacon, Yvonne Strader

PURPOSE: The NOAP conference is an annual conference to promote the public safety through participation of healthcare professionals in monitored rehabilitation and recovery as an alternative to license discipline; emphasizing fitness to practice and retention of competent professionals.

The agenda included sessions related to current issues about healthcare professionals with substance use and/or mental health disorders during/post the COVID epidemic.

OUTCOME: All attendees were highly satisfied with the conference's session topics, interacting with other state monitoring programs, and current/new vendors to assist alternative to discipline programs.

RECOMMENDATION: I recommend continuing to send alternative to discipline staff and commission members to the conference. In addition, attending in person allows us to network with other alternative programs and vendors, abiity to bring valuable information and share with coworkers and utilize in their current work.

NOAP Annual Meeting

May 16, 2023 – May 19, 2023

Orlando, FL

Cicely Bacon – Operations Manager, WHPS

PURPOSE: To attend the National Organization of Alternative Programs (NOA) conference and attend a variety of presentations discussing topics related to healthcare professionals, methods of monitoring, rehabilitation and recovery practices that are an alternative to license discipline.

OUTCOME: I had an opportunity to network with medical professionals and case managers from other state's programs. Connected with RecoveryTrek owners (Kirk/Chris). Observed several presentations that covered topics related to addiction issues impacting healthcare professionals, issues that before, I was never aware of. Issues like sexual addiction, eating disorders, alternative drug testing options, scope of practice, managing stigma and the psychological impact of program participation. Discussions about alternative types of treatment, from psychedelics to spirituality or religion-based treatments, how to monitor addictions that cannot be tested for and how these alternative monitoring ideas can reduce stigma and support program participants in lieu of license discipline.

RECOMMENDATION: It was an amazing opportunity that I am grateful to have been considered for and hope to attend again in the future. It was an eye-opening, insightful, educational opportunity! It allowed our team an opportunity to network, but also confirmed that the reduction in participation in our state's monitoring program is not an issue only WHPS is experiencing. I think through the continued networking and discussions that we are able to engage in while attending conferences like NOAP, at a National level, it will help our program and staff better understand how other programs are changing, ways we can promote the benefits of our program, increase the success of our out-reach, collaborate with other states, drug testing companies and monitoring providers to ensure we are continuing to stay aligned with what is going on at a national level and make sure we are providing all of the resources that are available to create a more inviting, positive program environment for struggling healthcare providers.

National Organization of Alternative Programs
Annual Conference
March 15-19, 2023
Orlando, Florida
Yvonne Strader

Purpose: *The National Organization of Alternative Programs (NOAP) annual conference brings health care professionals from different disciplines together to share and learn about best practices in the alternatives to discipline in licensure while promoting safe practice and retention of those individuals with addiction or impairment through rehabilitation, and monitoring.*

Outcomes and Presentations:
Ashley Reynolds, BSN, RN and Rachel Waters, LMHC presented on "Caring for Caregivers, Best Practices in Teaching." Discussions focused much on helping professionals who take care of others often struggle themselves in asking for help. There is a vast difference in helping those working in health care versus the mainstream public. They covered treatment setting options, what supports are to be most effective and especially peer support. Peer support is ultra important as nurses understand each other, their burdens, their challenges, and their fears. They talked about treatment needing to be aggressive and definitive and communicating honestly that the changes that need to be made will be painful physically and emotionally but to provide hope to the person going through recovery.

John Ordiway, MS, LPS and Laura Hoffman presented "Reducing Barriers to Help-seeking with the Interactive Screening Program." This program was developed to assist employers in detecting unrecognized and untreated mental health conditions that can lead to increased risk for suicide, depression, and related issues. This is confidential program consisting of a series of survey questions that employees can answer which is completely voluntary and anonymous and can offer services to that employee based upon identified needs. There is no requirement to receive services and the employee chooses the follow up that they believe is most helpful – or they can choose to receive no services at all. This is believed to decrease the stigma of having to ask for help.

Scott Teitelbaum presented "the Nexus Between Toxicology Possibility and Alternative Medical Explanation." This was informative as the evaluator interviews and how granular and pointed the questions need to get to the final explanation of the actual drug test results. He talked about why people struggle with the truth out of fear of consequences that they assume will happen.

Derrick Glymph, PhD, DNAP, CRNA presented "Comparative Analysis of 12-Step Group Therapy and Medication for Opioid Use Disorder." This discussion was a comparative study between adults enrolled in MOUD and adult OUD patients enrolled in a 12- step group therapy program. The presenter discussed the importance of asking your patient

what would help them have more adherence to either program, what barriers they had and ideas for overcoming or improving those obstacles. Common help factors were getting a sponsor, joining a peer group and getting active in that group.

Samantha Fitz-Gerald presented “Vicarious Trauma in Healthcare Professionals.” She talked about people feeling that they are the only ones going through whatever traumatic circumstance they are going through and because they are caregivers themselves, do not feel right about asking for help themselves. What we take away from this is that those needing help and not asking for it will eventually run themselves down-feel physically and emotionally empty. Compassion fatigue, burnout, trouble at home, trouble in the workplace and self-medicating are outcomes of these traumas. Those at a loss to help others only burden themselves more adding on guilt and distress being unable to help others. She talked about signs and symptoms to identify these among peers and employees and how important it is to get them help.

James Ferguson, DO, Joe Jones, PhD, Barry Lublin, M, Donna Smith, PhD and Richard Stripp, PhD, discussed MRO roles in toxicology: laboratory certifications and the differences thereof, response to observed specimen collection issues, split specimens, and new drugs that are continually being ‘added’ to the market – and by that means street drugs. The increase in the number of drugs and chemicals on the street are growing at an alarming rate and the testing for these are often not possible.

Presentations were of a good variety and beneficial especially to those working with WHPS and SUDRP.

Recommendation: I would highly recommend that this conference should be continued for commissioners and staff working in these areas.

2023 Annual Education Conference-
Finding Resilience in a Rapidly Changing and Challenging Healthcare Environment

National Organization of
Alternative Programs (NOAP)
May 15-19, 2023, Orlando Florida

Drury Plaza Hotel,
2000 Hotel Plaza Boulevard

Shelley Mezek, Alicia Payne, Cicely Bacon,
Yvonne Strader, John Furman, Sue Hall

PURPOSE: This is an annual conference set up by NOAP, dedicated to educating staff of alternative state programs with different addiction issues with healthcare professionals and current trends regarding substance abuse, sex addiction, eating disorders, technologies of drug testing and treatment programs. The intended audience is alternative program staff, legal staff, commission members and others involved/engaged with the alternative program.

OUTCOME: All attendees reported satisfaction in learning and networking with colleagues from other state monitoring programs and third-party administrators of monitoring systems. The results of socializing with third party administrators was beneficial in that it allowed discussing hot topics regarding drug testing prices and system changes.

RECOMMENDATION: Continue to send case managers, commission members, attorneys, and investigators to the annual conference who are involved with healthcare professionals participating in the monitoring program. In addition to the first-hand networking experience, each attendee retains a complete conference manual of all presentations, as well as a list of the attendees for reference and use in their work here.

Washington State Nursing Care Quality Assurance Commission

NPAP DECISION SUMMARY REPORT **Date:** June 1, 2023 & June 15th, 2023 Updated 06/27/2023

Actions	Number Added for this reporting period	2023 Panel Actions YTD	2022 Panel Actions YTD	2021 Totals	Instate Approved Programs	Out of State Approved Programs
Letter of Determination:					7 LPN Programs 25 ADN Programs	5 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:					5 Refresher Programs	332 MSN Programs
Approval – Programs	2	63	21	30		158 DNP Programs
Approval – Sub Change Request		18	35	20		1 EdD Nursing Education Program
Plan of Correction (POC) Required	1	4	4	2		1 RN Refresher Program
Acceptance of Submitted Documents or POC	1	32	60	64		1 LPN Refresher Program
Additional Documents or Actions Required			1	4		6 Nurse Tech
Deferred Action		6	9	12		
Removal of Conditional Approval						
Limit Student Enrollment			1	1		
Voluntary Closure				1		
Require Monitoring Report		12	8			
Site Visit Report	2	4	10	3		
Removal of Moratorium on admissions						

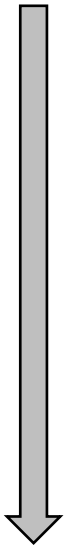
Covid-19 Curriculum Adjustments				7
Other			3	2
Letter of Concern			1	
Approvals-Miscellaneous (non-program)		2	3	2
Monitoring Report:				
Accept		9	1	
Not Accept				
Deferred				
Out-of-State DL Student Waivers:				
Accept				
Deny				
Deferred				
Complaints:				
Open		2	2	3
Closed		2	3	3
Defer				
Complaint Investigation Reviewed:				
Accept Investigation Report		1	1	3
No Action Required	1	1	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 (June 2023)

Number of Nursing Assistant Training Programs (All Types)	188
• Traditional Programs	149
• 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 + 15	JUNE 12	JULY 10	AUG 14	SEP 11	OCT 9	NOV 13	DEC 11	YTD
Programs Applications Approved	**1**	**2**	**1**		**1**	**1**							**6**
Program Applications Deferred		**1**			**1**	**1**							**3**
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**							**2**
Program Complaints Closed	**1**	**2**	**2**										**5**
Site Visit Summaries Reviewed				**3**									**3**
Investigative Reports Reviewed			**2**		**1**								**3**
POC/DPOC or Program Condition Reviewed			**2**	**1**	**3**	**3**							**9**
Additional Documents/Program Actions Required	**1**	**9**	**9**	**10**	**1**	**17**							**47**
Intent to Change Program Status *(Full to Conditional or Conditional to Full)*													
Intent to Withdraw Program Approval					**1**								**1**
Program Director/Instructor Applications Requiring Panel Review	**1**	**1**		**3**									**5**
Other Review or Process Decisions	**14**	**7**	**10**	**10**	**12**	**11**							**64**

Updated 6/13/23

2023 Slate of Candidates

The following is the slate of candidates developed and adopted by the Leadership Succession Committee. Each candidate profile is taken directly from the candidate's application form. The Candidate Forum will provide the opportunity for candidates to address the 2023 Delegate Assembly.

Board of Directors

Treasurer

Karen Lyon	Louisiana-RN	Area III
Lori Scheidt	Missouri	Area II

Area I Director

VACANT

Area II Director

VACANT

Area III Director

Jose Delfin D. Castillo III	Florida	Area III

Area IV Director

Barbara Blozen	New Jersey	Area IV

Leadership Succession Committee

Area I Member

Cathy Dinauer	Nevada	Area I
Amber Zawislak-Bielaski	Washington	Area I

Area III Member

Sandra Culpepper	Mississippi	Area III
Janice Hooper	Texas	Area III
Carrie Jones	Louisiana-RN	Area III
Meredith Parris	North Carolina	Area III

DETAILED INFORMATION, as taken directly from application forms and organized as follows:

1. Name, Jurisdiction, Area
2. Present board of nursing position, board of nursing name
3. Application Questions
    - *Board of Directors:*
        1) Describe your professional, regulatory, and community experience.
        2) What characteristics make you a strong fit to fulfill the responsibilities of the Board of Directors?
        3) Of the four strategic Initiatives within the NCSBN 2020-2022 Strategic Plan, identify one initiative and describe how you would contribute to the organization's achievement of that initiative.
    - *Leadership Succession Committee:*
        1) Describe your professional and community experience related to leadership succession planning and/or recruitment strategies.
        2) What personal attributes and involvement in NCSBN (e.g., attending NCSBN meetings/conferences, subject matter expert panelist, participation on networking calls, and NCBSN committee member) make you a strong fit for the Leadership Succession Committee?
        3) What does leadership mean to you and identify the attributes of effective leaders?

Board of Directors

Treasurer
Karen Lyon, PhD, MBA, APRN-CNS, NEA
Chief Executive Officer, Louisiana State Board of Nursing

1. **Describe your professional, regulatory, and community experience.**
   In addition to an education administration minor in my Ph.D. program, I did a post-doc MBA to gain accounting, economics, finance, and general business administration skills. I have significant experience in operations and fiscal oversight, managing four campus nursing programs for Samuel Merritt University in California as Associate Dean for Operations. Additionally, as Associate Dean of Nursing for Texas Woman's University with operational responsibility for the Houston Texas Medical Center Campus, I managed a $2.5 million campus budget and was the PI on program grants exceeding $5 million. As Chief Executive Officer of the Louisiana State Board of Nursing, I oversee an operations budget exceeding $8.8 million and investment accounts exceeding $6.1 million. My financial expertise extends to the professional community where I represented Louisiana on the American Nurses Association Audit Committee from 2012 - 2018. I also served on the NCSBN Finance Committee for two terms from 2016 – 2019. I was Vice President of the Texas Nurses Association prior to relocating to Louisiana where I served as President of the Texas Nurses Foundation, the fundraising and development arm of the state nurses association. We were the repository for the Robert Wood Johnson Foundation/Academic Progression in Nursing Grant directed at increasing RN to BSN graduates in the state. I also served as Treasurer for the National Association of Clinical Nurse Specialists from 2001 - 2004. Finally, in my tenure on the Board of Directors for the American Heart Association - Texas Affiliate, I served on the Finance, Audit, and Operations Committees. As President of AHA-Texas, I oversaw fundraising of more than $19 million, funds which were used to support extensive research in cardiovascular health in the state. Finally, I developed the MSN in Nursing Administration program at UTEP and taught Advanced Financial Management to Ph.D. and DNP students at TWU.

2. **What characteristics make you a strong fit to fulfill the responsibilities of the Board of Directors?**
   I currently serve as Chief Executive of the Louisiana State Board of Nursing (LSBN), overseeing regulation of 64,700 RNs and 9,032 APRNs. I am responsible for pre-licensure approval of 32 RN programs and 15 graduate APRN nursing programs. During my tenure in Louisiana, I have collaborated

with the Medical Board to simplify the process for collaborative practice agreements and have overseen policy changes in LSBN rules allowing for APRN disaster permits, CRNA provision of ancillary services within their scope of practice, medication delegation to certified medication attendants and direct service workers in home and community-based settings when under direct supervision of RNs and APRNs, revision of LSBN rules on nursing education and regulation and revision of section 3331 related to discipline, delay and denial of nurses and nursing students based on specific misdemeanors and violent crimes. In 2018, I initiated collaboration with the Louisiana State Nurses Association and other professional nursing organizations to establish the Health Policy Consortium to develop policy priorities on which nursing can speak with one voice. As a result, and in collaboration with Senator Barrow Peacock, the enhanced Nurse Licensure Compact was introduced as SB202 in this legislative session. I am currently engaged in promulgating rules for Louisiana Nurse Practitioners with prescriptive privileges to recommend marijuana in accordance with Act 444. I have extensive NCSBN experience serving on the NCSBN Finance Committee for four years and the Board of Directors for two years. I was also a member of the Expert Advisory Panel for NCSBN's Center for Regulatory Excellence grant, entitled "Director of Nursing Guidelines for Delegation in Nursing Homes: Guideline Development and Pilot Testing." I graduated from the ICRS Certificate Program and the inaugural Advanced Leadership Institute. I currently serve on the NLC Compliance Committee and as the NCSBN Board liaison to the NCLEX Examination Committee.

3. **Of the four strategic Initiatives within the NCSBN 2023-2025 Strategic Plan, identify one initiative and describe how you would contribute to the organization's achievement of that initiative.**
Strategic Initiative C: Expand the active engagement and leadership potential of all members. As a member of NCSBN for over nine years now, I can remember the first time I ran for office, that being treasurer. I lost, but that didn't keep me from trying until I won a position on the Board representing Area 3. One of the weaknesses I assessed is that members of the delegate assembly don't often give enough credence to the skills that our members bring to the organization from other areas outside regulation. It took me three attempts and 8 years of service before I was able to parlay my regulatory experience into a leadership position. I can use my experiences to help our newer and younger members to get engaged early. Additionally, as the Area 3 Board member, I have realized that Board representation from Areas is not the best model for NCSBN. We face the same problems and challenges across jurisdictions, and I believe we need to redefine the makeup of the Board of Directors including evaluating the necessity for dividing NRBs into regional areas, the number of elected seats, whether we need to have appointed seats that bring identified expertise to the Board, and variable terms of service for the Board positions. I became an early adopter of the International Center for Regulatory Scholarship (ICRS), was one of the first graduates of its certificate program, and one of 32 scholars to graduate from the inaugural ICRS Advanced Leadership Institute. It was an opportunity to meet and interact with members from throughout the United States and internationally. We came from diverse backgrounds within regulation and with various experiences from novice to seasoned professionals. What we all had in common was a love for learning and a desire to improve our competencies as nursing regulators. Now I am one of ICRS's most vocal cheerleaders and want to use my position as a Board member to advance this program to enrich and inspire my colleagues. As a Board member and officer, I plan to work with all our members to design an improved model for more rigorous engagement, leadership succession, and member retention. This would include advancing the Leadership Succession Committee's procedures toward the selection of Board member candidates centered around competency-based factors including dedication and commitment to responsibilities, ability to lead and influence others, demonstration of objective, impartial decision-making, knowledge about NCSBN's mission, vision, and values, and trustworthiness. Finally, as the preeminent leader in nursing regulation internationally, NCSBN must continue to advance cohesive partnerships with professional organizations, both inside and outside the nursing profession. We must continually look for gaps in our own processes that misalign with our NCSBN mission and values and be willing to change. Our greatest challenges going forward will include eliminating scope of practice barriers, advocating for the APRN compact, expanding capital, human, and technological resources to prepare

professional nurses, including the use of artificial intelligence, and promoting ease of transition within the nursing workforce.

Treasurer

Lori Scheidt, MBA-HCM
Executive Director, Missouri State Board of Nursing

1. **Describe your professional, regulatory, and community experience.**
   During my tenure, I was afforded the opportunity to perform nearly every position within our Board due to vacancies. These varied leadership experiences, along with my determination to improve nursing regulation and public protection, led to my tenure as the Executive Director of the Missouri State Board of Nursing, a position I have served in since 2001. I earned an Associate in Arts from Columbia College in 1997, a Bachelor of Science in Computer Information Management from William Woods University in 2000, and an MBA in Healthcare Management from Western Governors University in 2012. I also became Just Culture certified in 2013. I earned my International Center for Regulatory Scholarship (ICRS) certificate in 2022. In 2002, I also earned certification as a Certified Nonprofit Accounting Professional. I currently serve on the NCSBN Board as the Area II Director. I had the privilege to serve two years as vice-chair of the Nurse Licensure Compact Administrators. I have served on numerous NCSBN committees as follows: - Chair, NLC Compliance Committee 2020-Present - NLC Technology Task Force 2020-Present - Chair, Fraud Detection Committee 2015 – Discipline Effective Practices Subcommittee 2014-2015 - Chair, Member Board Agreement Review Committee 2013 - Nurse Licensure Models Committee 2011- 2012 - Awards Panel 2004-2006 - CORE 2005 - Nursys Advisory Panel 2003-2004 - Test Service Technical Subcommittee 2001-2002 – Examination Committee 1997-2000 - NCLEX Evaluation Task Force 1996 - Committee for Special Projects (CAT) 1995 I am a member of the Missouri Healthcare Workforce Coalition. Through my leadership, our Board has been awarded a Governor's Award for Quality and Productivity for improvements in nursing investigations and NCSBN's Regulatory Achievement Award in 2012. I received the NCSBN Outstanding Achievement Award, Meritorious Service Award and R Louis McManus Award.

2. **What characteristics make you a strong fit to fulfill the responsibilities of the Board of Directors?**
   An adverse health event in my family fueled my passion for public protection work. I believe in what we do and our ability to make a difference. I am motivated and actively engaged in the organization. I possess the duty to care, duty of loyalty and duty of obedience to continue to be a contributing member of the board. I am a strategic thinker and believe my strong and varied board operations background adds perspective and balance to the Board. I am also very driven. If there is a challenge, I will work hard to find a solution. I had my first job when I was 12 years old and haven't stopped working since that time. I am a hard worker and will continue to work hard to further the mission of the National Council

of State Boards of Nursing. I pledge to continue to actively listen to the membership and remain engaged with all aspects of the organization. I have the support of the board members and office team members in my state. I spearheaded an initiative to use board funds to issue grants to nursing education programs. To date, the board has awarded more than $13 million in grants to nursing education programs to improve infrastructure so programs can admit more students. I obtained certification as a nonprofit accounting professional to further my competencies not only for this grant work but for the fiduciary responsibility of serving on the NCSBN Board of Directors. I have embraced every opportunity through NCSBN including serving on multiple committees, serving on the Board of Directors and obtaining an ICRS certificate.

3. **Of the four strategic Initiatives within the NCSBN 2023-2025 Strategic Plan, identify one initiative and describe how you would contribute to the organization's achievement of that initiative.**
   As Area II Director, I remain actively engaged in working on the strategic initiative to champion regulatory solutions to address borderless health care delivery. Specifically, I worked with the NCSBN team to analyze education credentials for internationally-educated nurses to determine gaps in fraud detection and how we might address those by utilizing an exchange of nurse licensure, discipline and education information beyond borders. We surveyed nursing regulatory bodies to get a snapshot of current requirements and processes. This was followed by focus group session at last year's annual meeting and small group meetings in Chicago. The final outcome would be to enhance public protection and streamline licensure processes for all nurses. We also need to tackle how our U.S.-educated nurses can more efficiently obtain authorization to practice in other countries. Regulatory boards need to continue to rise to the challenge to offer flexible regulatory options without sacrificing public protection. We need to continue to develop strategic alliances with other agencies and international partners. Having a more thorough understanding of how education and licensure works in other disciplines and countries will widen our body of knowledge and potential solutions. By thinking outside the traditional box, NCSBN can help form these alliances and research various regulatory options to keep the public safe while increasing numbers in the workforce. For NCSBN to accomplish these goals, they need experienced members on the Board of Directors, like myself, with vast regulatory experiences and a strong work ethic to continue moving NCSBN forward. All of this fits into the larger strategic initiative of promoting agile regulatory systems for relevance and responsiveness to change. We have experienced many challenges including the most recent risk of fraudulent diplomas. Rapid and dynamic innovations make nursing regulation a challenging task. Technology must be leveraged to be more efficient and responsive through real time monitoring and continuous data collection. This will enable us to manage risk more effectively and revise frameworks.

Area III Director

Jose Delfin D. Castillo III, PhD, MSNA, CRNA, APRN
Board Chair, Florida Board of Nursing

1. **Describe your professional, regulatory, and community experience.**
   As a Ph.D.-prepared APRN-CRNA faculty, and clinical practitioner, my primary objective is to guide, educate, and mentor practitioners in nursing-related concepts, attitudes, and skills for efficient and effective delivery of safe and quality care to the public. In almost three decades of my professional career, I have practiced in various academic and clinical roles, from skilled nursing to critical care, and surgical-anesthesia departments, with service to committees at the university level, state, and national levels. Within the professional domain, I have co/authored and co/published original research and modules, participated in interviews and podcasts, and presented anesthesia and related topics of interest to audiences locally and abroad. With community service, I have remained active in state and national organizations since 2007. As past President of the Florida Association of Nurse Anesthesiology (FANA), I was able to spearhead our organization in leading APRNs in Florida on advocacy efforts with two successful pieces of legislation: the Non-Opioid Alternative Bill (HB 451) and Full Scope Authority (HB 607). During the COVID-19 pandemic, I represented FANA at the FL Department of Emergency Services' Surgicenter to ICU Response Group (SIRG) and the FL Department of Emergency Management's COVID-19 Vaccine Volunteer Deployment Program. My seminal contribution at the state level is an appointment last 2021 as an APRN member and current Chair of the FL Board of Nursing (BON). With this body of work at the regulatory level, I also publish a Chair's Message and Our APRN Angle column to educate the public about the different roles of APRNs in the FL-BON's Nursing Quarterly newsletter. I take to heart my regulator's role with a sustained impact in leading nursing and other related organizations in safeguarding public health and safety. With these experiences, I would like to serve and offer my unique skillset as an NCSBN Board member.

2. **What characteristics make you a strong fit to fulfill the responsibilities of the Board of Directors?**
   As I continue to embody the priorities and strategic initiatives of the organizations in which I am actively involved, I will remain with these two primary undertakings: Commitment to active nursing practice and service toward the welfare of our communities. I consider myself dependable and do not shy away from hard work. Evidenced by the advocacy work with my colleagues and other healthcare agencies on the Autonomous APRN license, FL SIRG, and the FL COVID-19 Vaccination programs, the FL Department

of Emergency Management recognized me with an Appreciation Certificate and my CRNA peers at the American Association of Nurse Anesthesiology (AANA) with the 2020 Ira P. Gunn Award for Outstanding Professional Advocacy award and the 2020 AANA Excellence in State Government Relations Advocacy award. As Chair of the FL-BON, I facilitate the query of regulatory challenges by creating a safe space to learn and mentor fellow board members. This action emboldens the members to participate in a robust dialogue wherein different viewpoints are made welcome. Aligned with statutory provisions, I fully sustain work that is enhanced by a board, sharing a unified mission and vision for the people of our state. Without knowledge of Operation Nightingale, our staff, legal counsel, and the FL BON was able to initiate and implement measures to mitigate the fraudulent activities by upholding the fundamentals of state licensure. I am an enthusiastic collaborator, a passionate, objective yet creative thinker, and an engaged team player. I genuinely believe that moving the needle forward by working together creates an engaged, active, and united membership and organization. With my unique and specific competencies, my vision is to elevate the board's curiosity and continue the elevated caliber of work put forth by my successors and, most importantly, by the various member-led committees that tirelessly vigor the underpinnings of NCSBN.

3. **Of the four strategic Initiatives within the NCSBN 2023-2025 Strategic Plan, identify one initiative and describe how you would contribute to the organization's achievement of that initiative.**
Among the four strategic initiatives within the NCSBN 2023-2025 Strategic Plan, I identify with Strategic Initiative A: Promote agile regulatory systems for relevance and responsiveness to change. Both the COVID-19 pandemic and Operation Nightingale have presented a myriad of challenges and, at the same time, opportunities very specific to our nursing profession. My unique and diverse experiences are highlights of my potential contributions to this strategic initiative. In support of my work in nursing education is my contribution to public service, as I have always believed that we should remain engaged through time and effort in our nursing profession. As an APRN-CRNA, I started being active at the state level with our advocacy as a board member in 2008 and then president of the Florida Association of Nurse Anesthesiology (FANA) in 2020. My sustained impact in service to our profession is evidenced through representation in the Coalition of Advanced Practice Nurses and the Quality and Unity in Nursing Council in Florida. As FANA president in the 2020 Florida legislative session, I led all APRN organizations to a unified approach in campaigning for large-scale support of Florida's full scope authority. Per House Speaker Oliva, NCSBN, and our FANA team, I steered, supported, organized, and mobilized all APRNs to support our champion Representative Cary Pigman in representing APRNs in a 'Tide of White campaign' (i.e., lab. coats) in Tallahassee, Florida. At the end of the 2020 legislative session, the FL Governor signed legislation to issue a license to an Autonomous APRN in primary care. Collaborating with other stakeholders is a board priority. During the COVID-19 pandemic, I was recruited by the FL Department of Emergency Services to serve in SIRG. The SIRG initiated a plan of action to mobilize ambulatory surgery centers with ventilator-equipped anesthesia machines as potential Intensive Care Units. Through FANA, when the COVID-19 vaccines became first available, I co-led the recruitment and deployment of nursing volunteers in the FL Department of Emergency Management's Vaccination Program. We recruited over 3200 RNs within the 67 counties in Florida who administered the first dose of the vaccine in 103 vaccine sites with over 1 million volunteer hours. As an APRN member and current Chair of the FL-BON, I represent all the state's CNAs, LPNs, RNs, and APRNs with the body of work outlined at the regulatory level. As Chair of the Credentials B/Education Committee (CBEC), I contribute to public safety by evaluating compliance with nursing education programs and continuing education providers' accreditation and comprehensively reviewing applicant credentials towards licensure even before the FBI's 'Operation Nightingale.' Lastly, as FL-BON Chair and an active member of NCSBN's Board President and APRN networks, my role's sustained impact is safeguarding, collaborating with stakeholders, and participating in evaluating the regulatory body of work to uphold public safety. With change comes challenges, but also opportunities. Promoting agile regulatory systems for relevance and responsiveness to change can be attained through my experiences with teamwork and creative thinking. I plan to serve the NCSBN board with this mantra.

Area IV Director

Barbara Blozen, EdD, MA, RN, BC CNL
Board President, New Jersey Board of Nursing

1. **Describe your professional, regulatory, and community experience.**
   I have been a member of the New Jersey Board of Nursing (BON) since 2014. I was voted by my peers to lead the BON as president in 2016 and have been re-elected each subsequent year since then. As a Registered Nurse for more than 40 years, my experience is extensive. I have worked in the hospital setting, as well as in the community setting. I currently am a tenured Professor, teaching at the prelicensure, RN-BSN and Masters levels. In addition to my publications and international presentations i.e. Sigma (Theta Tau International) I was awarded grants from Robert Wood Johnson New Careers in Nursing and The Gold Foundation. My tenure as the New Jersey Board of Nursing President has provided me with several regulatory experiences. When elected as president there were numerous staff changes at the BON and 10 new BON members. In my leadership role and position it was my duty to mentor, lead and guide the new personnel. The BON has seen three different executive officers under my tenure and, an addition of two new BON nursing positions for which I advocated. I have been a consistent and committed member of the BON, much of which I credit to the support of NCSBN. The staff and resources offered by NCSBN has proved to be invaluable for me in my leadership role. I had the opportunity to earn a certificate in Healthy Policy and Media Engagement from George Washington University, as I was awarded a scholarship through NCSBN. In addition, I am a graduate, inaugural cohort, of the invaluable International Center for Regulatory Scholarship. Both opportunities afforded to me by NCSBN has provided me with the tools I needed to be successful, and for which I am grateful.

2. **What characteristics make you a strong fit to fulfill the responsibilities of the Board of Directors?**
   As the New Jersey Board of Nursing president for the past nine years, I have realized a number of characteristics that will make me a strong fit to fulfill the responsibilities of the Board of Directors. Knowledge and experience in negotiation and regulation are two of the many skills I have acquired over my tenure as President. The courses in the International Center for Regulatory Scholarship program have imparted team and consensus building skills as well as specific knowledge related to regulation and governance. Earning The George Washington University Certificate in Health Policy and Media Engagement has conferred the policy understanding and comprehension necessary for me to serve on NCSBN's Board of Directors in achieving their mission to support nursing regulators in their mandate to protect the public. The following example speaks to an additional characteristic I feel I possess: My father lived to age 97; and around age 94 while visiting him in Florida, we were out having breakfast on a rainy day, he said to me "Why don't we go to the ice-skating rink, maybe we will see the Olympic skaters there". (My father was an experienced ice skater and rode a racing bicycle [racing bikes do not

have brakes!] until age 95). I thought to myself 'you are not going ice skating at your age, regardless of how well you skated, not on my watch!' I also thought what would Olympic skaters be doing in Florida? I appeased him and went to the rink and there we saw famous Olympic ice-skating contenders in the rink. We saw their graceful routine up close. He was right. I thought "With age comes wisdom!"

3. **Of the four strategic Initiatives within the NCSBN 2023-2025 Strategic Plan, identify one initiative and describe how you would contribute to the organization's achievement of that initiative.**
   I would endeavor to widely contribute to NCSBN's Strategic Initiative D: Pioneer competency assessments to support the future of health care and the advancement of regulatory excellence. NCSBN's commitment to deliver evidence-based regulation, develop and improve regulatory processes, while supporting jurisdictions in developing their competence to do so is in alignment with my personal and professional goals, and is exponentially important to me. As an experienced educator I have the knowledge, skills, and experience to assist NCSBN in achieving this initiative. As a member of the NCLEX Exam Committee and while working with Dr. Dickison to assure the reliability and validity of the NCLEX, my engagement in competency assessment has been prominent. I provide ongoing support to colleagues and students in reverence to the rigor of the NCLEX exam, constructed to demonstrate that a nursing licensure candidate is prepared to practice entry-level nursing. Its importance to the profession of nursing, as the first step to providing safe and competent care, cannot be underestimated. Additionally, my knowledge and experience in state, national, and international healthcare policy provide me with the resources to assist the collective governing body achieve its goals. My certificate in Health Policy and Media Engagement from George Washington University, as well as the Certificate I earned from the International Center for Regulatory Scholarship enhanced my knowledge and experience. I would be humbled to serve as the Area IV Director at NCSBN and feel that the skills and knowledge I possess and would bring the organization's achievement of this strategic initiative forward expeditiously and in a manner that would exemplify the mission, vision, and values of NCSBN.

Leadership Succession Committee

Area I Member
Cathy Dinauer, MSN, RN
Executive Director, Nevada State Board of Nursing

1. **Describe your professional and community experience related to leadership succession planning and/or recruitment strategies.**
   I was appointed to the LSC a few years ago and have learned quite a bit regarding the process of selecting candidates for the NCSBN Board of Directors. The process has enlightened me and provided me with greater understanding of the electoral process. As the current executive director of the Nevada State Board of Nursing, I have a sound knowledge of the regulatory process, operations management and human development.

2. **What personal attributes and involvement in NCSBN (e.g., attending NCSBN meetings/conferences, subject matter expert panelist, participation on networking calls, and NCBSN committee member) make you a strong fit for the Leadership Succession Committee?**
   I have attended and been involved with NCSBN for almost 9 years. I have attended several conferences during that time. I have been a member of LSC for 2 years so I am familiar with the process. In addition, I was the EOLC chair for 3 years. I completed my FRE a few years ago and am also a graduate of the George Washington post masters certificate program in public policy and media management. I believe my experience with NCSBN gives me a strong fit for the LSC.

3. **What does leadership mean to you and identify the attributes of effective leaders?**
   Nursing leadership is the ability to influence, inspire and lead nurses to achieve a common vision. That leader must be able to manage conflicts and direct the organization toward a common goal while ensuring that staff are competent, and patients are cared for at the highest level.

Area I Member

Amber Zawislak-Bielaski, MPH

Assistant Director of Licensing, Washington State Nursing Care Quality Assurance Commission

1. **Describe your professional and community experience related to leadership succession planning and/or recruitment strategies.**

   One of my primary roles as the Assistant Director of Licensing for the Washington State Nursing Commission is to recruit qualified and diverse nurse licensing staff to carry out the mission of the Nursing Commission of protecting the public by licensing competent nurses in a timely manner. In addition to the recruitment of new staff, I am also responsible for developing, mentoring, and the retention of staff within our unit. This role requires constant personal development on understanding recruitment and retention processes as they evolve, applying an equitable approach to hiring practices, and continuous learning on how to improve our diversity and inclusion within our unit. Prior to my position as the Assistant Director of Licensing, I had been asked to sit on several interview panels for positions not only within the Nursing Commission, but also with other areas of the Washington State Department of Health as a representative of a partner commission. As the Assistant Director of Licensing, I have had the opportunity to hire for many open positions, including hiring 25 temporary employees at one time during the beginning of the COVID-19 pandemic. When recruiting for a large volume of employees during a global pandemic, it offered the opportunity to learn how to be more creative with recruitment and ultimately allowed us to be more inclusive of the Washington State population as we evolved to the remote work environment. Many of these temporary employees are permanent employees today. Our Nursing Commission executive director of 26 years will be retiring in a few months, and I was asked to be a member of the Search Committee. I have served on this committee since April 2022 and believe this is an incredible honor to assist with this work. This role has furthered my understanding of the importance of leadership succession.

2. **What personal attributes and involvement in NCSBN (e.g., attending NCSBN meetings/conferences, subject matter expert panelist, participation on networking calls, and NCBSN committee member) make you a strong fit for the Leadership Succession Committee?**

   I believe I could be a strong fit for the Leadership Succession Committee due to my personal understanding of nursing regulation and ability to constantly learn from and evolve with the world around me. I have been an employee of the Washington State Nursing Commission and member of the National Council of State Boards of Nursing (NCSBN) since October 2013. I began my career with the Nursing Commission as a 22-year-old entering the workforce straight from my undergraduate degree program. All my professional work experience has been within nursing regulation, and I have had the opportunity to promote within the field of public service and nursing regulation for which I am incredibly

grateful. I firmly believe I am serving in my current role today because of the great mentors I have had at the Nursing Commission and the outstanding educational opportunities provided by NCSBN to member boards. I am currently completing courses within the International Center for Regulatory Scholarship (ICRS) program, another phenomenal example of how NCSBN supports not only nursing regulators, but also the unique field of regulation across the globe. This program has provided me with an opportunity to continue my personal education, collaborate with nursing leaders, and learn from other experts in the field of nursing regulation. I understand the importance of leadership succession planning because I have seen it in action at the state and national level. Early on in my career I did not see myself as someone who was capable of leading others in a formal leadership position. However, through the encouragement of others and the mentorship provided to me from my leaders I was able to learn the true meaning of being a leader and how important it is to have the right people in these roles for the success of an agency.

3. **What does leadership mean to you and identify the attributes of effective leaders?**
   Leadership to me is providing others with a clear direction using effective communication, leading by example, and exemplifying confidence when making decisions. Great leaders hold themselves and their teams accountable. They empower others, listen to their team, and are compassionate. Leaders keep their eye on the vision and help their team remember their purpose when the going gets tough. They remain optimistic and help bring their people though times of struggle to see the light. They are authentic, reliable, and honest. Effective leaders take on a great responsibility for the work of the organization and most importantly the people within the organization. An individual who is in their leadership position simply for an elevated title or associated power is not necessarily a leader in my opinion. True leadership is measured in how the individual can positively influence others, create meaningful relationships that contribute to an effective work environment, carry out the vision of the agency, and resolve conflict for the betterment of the team. I have had the privilege of learning from many formal and informal leaders at the Washington State Nursing Commission, in the ICRS program, and through various meetings and interactions with members of NCSBN. Having the right people in leadership positions during times of adversity is of the utmost importance. The field of nursing and nursing regulation has many challenges to overcome in light of the nursing shortage as a public health emergency. I am confident that with the right people in leadership roles, these challenges will be addressed.

Area III Member
Sandra Culpepper, LPN
Vice President, Mississippi Board of Nursing

1. **Describe your professional and community experience related to leadership succession planning and/or recruitment strategies.**
   I have been a Nurse Aide Educator for 13 years and Nurse Recruiter for Forrest Health as well as having overseen Staff Development in an LTC Unit, Nurse Aide Coordinator, and serving as Vice President at the MS Board of Nursing. Strategies such as positive engagement by communication and activities has been the most important aspect for encouraging others to become more active in their roles. One example was developing an educational piece for staff to use Mechanical Lifts, we had a theory portion where we discussed all aspects including risk of using mechanical lifts but there was also a clinical portion where each staff member learned to operate the lift as well as being a "patient". By combining theory and clinical in a safe, nonjudgmental area they enjoyed this education so much they requested more education like that, plus they laughed and learned making the experience more memorable not only personally but also in the workplace! That is the key for encouraging others to become more interactive in our roles, to have a safe, non-judgmental place where learnings and achievement thrives!

2. **What personal attributes and involvement in NCSBN (e.g., attending NCSBN meetings/conferences, subject matter expert panelist, participation on networking calls, and NCBSN committee member) make you a strong fit for the Leadership Succession Committee?**
   I have attended every NCSBN Annual and Mid-year meeting since 2017 except for during covid. I have been privileged to serve on Pearson Vues Nurse Aide item writing team, NIRSC Committee for the last two years, attended the Leadership Conference in St Augustine, Florida, and I have thoroughly enjoyed each event!

3. **What does leadership mean to you and identify the attributes of effective leaders?**
   Leadership means to inspire, encourage, engage, and promote a sense of accomplishment by leading by example and always doing what's right for everyone. Great leaders find the importance of knowing each person brings a special quality or knowledge base to the group and when each of these people are placed together that great work will be accomplished as well as developing new leaders within that

group. It's so very important for a true leader to recognize the importance of developing these leaders to fill their role when they can no longer continue that role, this is of utmost importance to continue the future of that profession, to prepare those leaders with the tools they need to be successful and continue the mission.!

Area III Member

Janice Hooper, PhD, RN, FRE, CNE, FAAN, ANEF
Lead Nursing Consultant for Education, Texas Board of Nursing

1. **Describe your professional and community experience related to leadership succession planning and/or recruitment strategies.**
   I am completing my first two-year term on the Leadership Succession Committee. Years ago I was a member of the predecessor committee, Nominating Committee. I have served in leadership roles in nursing education, university administration, and in my current role as lead consultant for the education team. I am a believer that learning to be a leader is a competency and most individuals will assume some level of leadership in their job or profession. I am interested in continuing to grow in my leadership skills and to encourage others to learn about leadership qualities. I am pursuing this goal by providing presentations to nursing program directors about valuable leadership qualities.

2. **What personal attributes and involvement in NCSBN (e.g., attending NCSBN meetings/conferences, subject matter expert panelist, participation on networking calls, and NCBSN committee member) make you a strong fit for the Leadership Succession Committee?**
   I have had the privilege of serving on a number of NCSBN committees (Nominating Committee, Education Committee on Innovation in Nursing Education, NCLEX Committee for seven years (chair for six), Quality Indicators in Nursing Education Committee, and LSC. Serving on NCSBN committees is an education in itself and provides a learning environment. I have also been a part of presentations at annual meetings (Shark Tank, Quality Indicators).

3. **What does leadership mean to you and identify the attributes of effective leaders?**
   The effective leader is a transparent individual who is trustworthy, honest, capable, caring, supportive, committed to the team. George Washington said that the four most important aspects of leadership are LISTENING, learning, helping, and lastly leading. One author described the "leadership dance": going before the team to show the way, walking beside the team with and supporting them, and walking behind them encouraging them to go ahead. Followers want to know they can trust the leader. Before I give the presentation to program directors, I find another source for leaders to increase my own knowledge. Teaching others to be good leaders is a humbling experience because it causes you to look at yourself.

Area III Member

Carrie Jones, JD, MBA

Chief Legal Officer/General Counsel, Louisiana State Board of Nursing

1. **Describe your professional and community experience related to leadership succession planning and/or recruitment strategies.**
   I am the Chief Legal Officer and General Counsel at the Louisiana State Board of Nursing (LSBN), where I am part of the executive leadership team and focus on administrative and regulatory law and public policy. I have successfully represented the LSBN in state and federal court, served as prosecuting attorney in disciplinary matters, testified before legislative committees, and advised board members and staff on a variety of legal issues. Prior to joining the LSBN, I was a law partner at Shows, Cali & Walsh, L.L.P. and worked closely with the LSBN as contract counsel. I have served multiple leadership roles in the legal profession. I currently serve on the Louisiana State Bar Association (LSBA) Board of Governors. My past service includes LSBA Young Lawyers Division Council past chair, chair, chair-elect, secretary, and district representative. I was also a member of the Louisiana Bar Journal Editorial Board and the LSBA Budget Committee. The beginning of my leadership journey with the LSBA began as a member of the Leadership LSBA Class. I learned about the association and found ways to get involved. My professional experience includes two terms on the regulatory side of the legal profession as a member of the Louisiana Attorney Disciplinary Board (LADB). I was appointed by the Louisiana Supreme Court to serve two terms. In 2017, I chaired the LADB. My experience with the LSBA and LADB is invaluable and would transition nicely to the NCSBN. My leadership roles involved succession and leadership planning. I collaborated with other leaders to ensure that the leadership ladder was filled with qualified candidates that would continue to contribute and grow the hard work of their successors. I worked with my colleagues to recruit new members as board and council members moved into leadership or their terms expired.

2. **What personal attributes and involvement in NCSBN (e.g., attending NCSBN meetings/conferences, subject matter expert panelist, participation on networking calls, and NCBSN committee member) make you a strong fit for the Leadership Succession Committee?**
   My first NCSBN meeting was an Executive Officer/Board Attorney conference focused on antitrust. I attended the meeting as contract counsel with minimal experience with the NCSBN. Soon thereafter, I transitioned to an in-house role with the LSBN. After attending the conference, I knew without a doubt

that moving to the in-house position was the right choice for me. I saw the opportunity for my work to become proactive rather than reactive. I enjoyed networking and collaborating with nursing regulators and leaders from around the country, and I knew I wanted to work closely with the NCSBN as the leading force in nursing regulation. It is important to be involved in professional organizations. I exceled in my leadership roles in professional legal organizations. I've found a unique niche in the regulatory/nursing world that is truly fulfilling as I have grown into my legal career as a nursing regulator.

The NCSBN offers educational and leadership opportunities that align perfectly with my work at the LSBN. I regularly participate in NCSBN Knowledge Networks including Policy, Discipline, Government Affairs, and NLC. I attended the NCSBN Leadership and Public Policy Conference, NLC Legal Conference Series (virtual), and NCSBN Discipline Management Conference (virtual). I completed the NCSBN Basic Board of Nursing Investigator Training (BBONIT) and several courses towards completion of the International Center for Regulatory Scholarship (ICRS) Certificate Program. I am established in my role as Chief Legal Officer and General Counsel at the LSBN, and I have benefited from many of the NCSBN's offerings as a participant. Now it is time for me to become more involved and offer my expertise to the organization, my peers, and fellow leaders through the Leadership Succession Committee.

3. **What does leadership mean to you and identify the attributes of effective leaders?**
   Leadership is motivating people to work towards a shared mission and set of goals. To do this, good leaders must have a vision and a strategic plan to move the organization forward and the ability to communicate the vision and plan. Effective leaders lead by example. Effective leaders can act quickly when well informed; however, they recognize when gathering more information is in the best interest of the organization. Leaders should be able to anticipate challenges and trends and be prepared to pivot when necessary. Effective leaders have high emotional intelligence and demonstrate humility and empathy. This often requires a leader to listen more and speak less. The best leaders understand that they are only as strong as their team. When leaders relate and connect with their team, they are in a better position to promote inclusivity and empower others to be the best version of themselves. This also enables a leader to identify and capitalize on team members' strengths and develop their weaknesses.

Area III Member

Meredith Parris, JD
Director of Legal, North Carolina Board of Nursing

1. **Describe your professional and community experience related to leadership succession planning and/or recruitment strategies.**
   My professional and personal experiences have allowed me to be engaged in leadership succession planning. As I have continuously advanced into more senior roles in the office, I mentor and encourage less-experienced attorneys to fulfill the responsibilities of the roles from which I was promoted. It was important to identify the strengths of these individuals and match them with the specific duties assigned to handling certain cases. Observing the way individuals conducted themselves with their colleagues and the public, as well as working directly with them in preparation for trials and in court, enabled me to make informed decisions on who should be promoted into positions requiring more responsibility. As a trial attorney, I am constantly assessing, or "interviewing," witnesses to evaluate their potential testimony – how does this person present? Are they credible? In this administrative setting, I work with nurses and investigators to bridge the gap between professional knowledge and the laws and rules of the nursing practice act. As the Director of Legal for the NCBON, I am directly involved in the hiring process for investigators, legal assistants, and other staff. Within my current office, I am involved in our staff engagement team and actively work to build an inclusive environment. Within the community, I have volunteered through the Junior League of Raleigh ("JLR") to promote and strengthen several different organizations in the community. Through the JLR, I have co-chaired the Stop Abuse for Every Child (SAFEChild) committee and been an active member on other committees including Heritage Park Mentoring Students, Brentwood Boys and Girls Club, Government Relations and Public Affairs. In each of these settings, I worked with other volunteers and staff to recruit contributing members for future committees.

2. **What personal attributes and involvement in NCSBN (e.g., attending NCSBN meetings/conferences, subject matter expert panelist, participation on networking calls, and NCBSN committee member) make you a strong fit for the Leadership Succession Committee?**
   My dedication and commitment to the mission of protecting the public, team approach and communication skills along with my participation in NCSBN activities make me a strong candidate for

this Committee. I recognize the work I do is reliant on a strong team. I collaborate with nurses, investigators, rulemaking coordinators and other boards to advance the mission of protecting the public. I enjoy connecting with people, am approachable and personable, all of which would be an asset to working on the Leadership Succession Committee. Additionally, I am able to efficiently multitask and effectively prioritize my work. I like to think outside of the box and can bring new ideas to recruit strong, capable leaders. With NCSBN specifically, my involvement and interest in more active participation has continued to grow. I presented at the 2022 Discipline Case Management conference and have attended the same conference previously. I gave two presentations for new investigators at BBONIT this past October. I'm an active participant in the ICRS Certificate program. I've attended Midyear and Annual meetings and was the Resolutions Committee Chair at the 2022 Annual Conference. I have sat in on numerous Discipline Network calls and regularly review resource materials offered by NCSBN.

3. **What does leadership mean to you and identify the attributes of effective leaders?**
   Leadership to me doesn't mean "I, alone" but rather is a "we, together" mentality. One cannot work independently to achieve results. A leader should understand the value that others bring to the group in advancing the vision of an agency and recognize unique talents of individuals on their team which advance the mission, vision and values of an organization at various levels of involvement. Effective leaders excel in areas of communication. To be a good communicator, one must not only be able to convey ideas but must also listen and incorporate what you learn from others as well. The concept of active listening is crucial from a leadership perspective because it conveys the leader is engaged and recognizes the value of hearing from others. In turn, once others see that their contributions are heard and recognized by leaders within an agency, they are more inclined to participate and step outside their comfort zone. An effective leader sparks voluntary participation voluntarily and encourages increased involvement. A good leader exemplifies the enthusiasm they want to see in others, recognizing the potential in people. Honesty and Integrity are at the forefront of the manner in which a leader conducts themselves in all aspects of their business and personal lives. Those around a great leader know, based on how a leader has conducted themselves along the way, that the leader reliable, ethical, and dependable. In turn, a leader who is honest and displays integrity helps to build the team's and the public's trust and confidence in the mission of the organization. A leader must be willing to make difficult decisions and step out of their comfort zone. Especially when looking at advancing the mission of an organization, a leader must be brave in their approach into the uncertainties that come with growth. With respect to decision-making and outcomes, a leader should hold themselves accountable for their decisions in addition to acknowledging the contributions of others. A leader should be able to recognize challenges and work within their team towards solutions to address these issues.

Summary of Recommendations to the 2023 Delegate Assembly

Board of Directors Recommendations:

1. Approve the College of Registered Nurses of Newfoundland and Labrador as an Exam User Member of NCSBN.

   Rationale:
   An Exam User Member is a jurisdictional board of nursing that has an organizational mandate exclusively related to the regulation of the profession and protection of the public and uses the pre-licensure exam developed by NCSBN, which is approved by the Delegate Assembly as an Exam User Member of NCSBN.

   Over the past few years, the governmental policy positions across jurisdictions in Canada have shifted, and some nursing regulators are moving to a single mandate basis with a sole focus on public protection. In some provinces, the Nursing Act has been updated to clarify the regulator's objectives. In other provinces, the single mandate function has been incorporated into ancillary policy documentation. The Board of Directors has reviewed the application and associated documentation for the College of Registered Nurses of Newfoundland and Labrador and believes that the information provided supports the fact that the organization is a single mandate entity with the sole mission of public protection.

   Fiscal Impact:
   Incorporated into the FY24 budget.
   Funding for one member to attend Midyear and Annual Meeting estimate: up to $5000 annually.
   Use of the resource fund: up to $5000 per request.

2. Approve the Nova Scotia College of Nursing as an Exam User Member of NCSBN.

   Rationale:
   An Exam User Member is a jurisdictional board of nursing that has an organizational mandate exclusively related to the regulation of the profession and protection of the public and uses the pre-licensure exam developed by NCSBN, which is approved by the Delegate Assembly as an Exam User Member of NCSBN.

   Over the past few years, the governmental policy positions across jurisdictions in Canada have shifted, and some nursing regulators are moving to a single mandate basis with a sole focus on public protection. In some provinces, the Nursing Act has been updated to clarify the regulator's objectives. In other provinces, the single mandate function has been incorporated into ancillary policy documentation. The Board of Directors has reviewed the application and associated documentation for the Nova Scotia College of Nursing and believes that the information provided supports the fact that the organization is a single mandate entity with the sole mission of public protection.

   Fiscal Impact:
   Incorporated into the FY24 budget.
   Funding for one member to attend Midyear and Annual Meeting estimate: up to $5000 annually.
   Use of the resource fund: up to $5000 per request.

Leadership Succession Committee (LSC) Recommendation:

3. Present the 2023 Slate of Candidates.

Rationale:
The Leadership Succession Committee has prepared the 2023 Slate of Candidates with due regard for the qualifications required by the positions open for election, fairness to all candidates, and attention to the goals and purpose of NCSBN. Full biographical information and application responses for each candidate are posted in the Business Book under the Report of the Leadership Succession Committee.

Fiscal Impact:
Incorporated into the FY24 budget.

NCLEX Examination Committee (NEC) Recommendation:

4. NCSBN Exams to use remote testing and AI security technology.

Rationale:
This project aligns with the Licensure Reform Strategic Objective of FY 2023-2025 where NCSBN is working to increase efficiency and effectiveness throughout the licensure process. NCSBN has determined it can develop a secure, reliable remote proctoring and advanced artificial intelligence system.

With the implementation of this project, NCSBN will have the option and flexibility to move some or all testing to remote proctoring administration and offer increased security and workflow efficiencies for the NRB's with better software tools and AI support systems.

Fiscal Impact:
Incorporated into the FY24 budget.

References:

A. College of Registered Nurses of Newfoundland and Labrador Exam User Member Application
B. Nova Scotia College of Nursing Exam User Member Application
C. 2023 Slate of Candidates
D. *Secure Remote Proctoring*, video presentation from the 2022 NCSBN Midyear Meeting (Passport login required)
E. *Background and Overview of Remote Testing Issues*, video presentation from the 2021 NCSBN Midyear Meeting Video (Passport login required)

Advanced Practice Sub-Committee	Licensing Sub-Committee	Consistent Standards of Practice Sub-Committee	Discipline Sub-Committee	Legislative Panel	Case Management Panel	Case Disposition Panel	Research Sub-Committee	SUDRP Sub-Committee	Education
3rd Wednesday every month; 7-8pm; Microsoft Teams meeting	3rd Tuesday of every month; 1:00pm - 2:00pm; Microsoft Teams meeting	1st Tuesday every other month; 12-1pm; Microsoft Teams meeting	3rd Tuesday Every Month; 3:30-5:30pm; Microsoft Teams meeting	Every Thursday During Session; 5-6pm; Microsoft Teams meeting	Every Tuesday 8:30-10am; Microsoft Teams meeting		3rd Monday of every month; 5-6pm; Microsoft Teams meeting	Every Thursday; 3-430pm; Microsoft Teams meeting	Once a quarter, 1st Monday
Jonathon Alvarado, Chair	**Morrell, Dawn, Chair**	**Ness, Sharon, RN, Chair**	**Canary, Adam; Chair**	**Myrick, Helen, Chair**	**Strader, Yvonne, Chair**	**Variable - Chair**	**Loveless-Morris, Judy, Chair**	**Morrell, Dawn, Chair**	**Kim Tucker Chair**
Emerisse Shen Marchmann, Cydne Ramirez, Jeff Murchie, Wendy Kilpatrick, Megan (CNS), pro tem Kim Veilleux Bianca Reis Ronna Smith *Gorski, Mary Sue; Staff* *Dagum, Jessilyn; Staff*	Moua, Maikia Canary, Adam Myrick, Helen *Zawislak, Amber; Staff* *Hoehn, Karl; Staff Attorney* *Johnny, Shana; Staff (Ad hoc)* *Practice Admin.*	Randich, Tiffany (LPN) Myrick, Helen, Public Member Rude, Tracy (LPN) Daniels, Quiana Ella Guilford *Carlson, Deborah; Staff, Lead* *Johnny, Shana; Staff (Ad Hoc)* *Margaret Holm; (Ad/Hoc)* *Palmer, Holly AA3*	Judy Loveless Morris Ness, Sharon Randich, Tiffany Morrell, Dawn Rude, Tracy, pro tem Daniels, Quiana *Catherine Woodard, staff* *Grant Hulteen, staff* *Karl Hoehn, staff* *John Furman, staff* *Teresa Corrado; staff* *Barbie Elsner, staff* *Holm, Margaret (ad-hoc)*	Strader, Yvonne Kim Veilleux public member Daniels, Quiana Tucker, Kim Alvarado, Jonathan *Bradywood, A; Staff* *Sharer, Amy; staff*	Myrick, Helen Canary, Adam LPN Ness, Sharon - co-chair?? Public Member Daniels, Quiana *Hulteen, Grant, Staff* *Budde, Helen, Staff* *Hoehn, Karl, Staff*	Moua, MaiKia Tucker, Kimberly Canary, Adam Shen, Emerisse Guilford, Ella Loveless-Morris, Judy Morrell, Dawn Myrick, Helen Ness, Sharon Baroni, Mary Benson, Julie Cochrell, Patty Hoeskal, Renee Joiner, Karen Kilpatrick, Megan Mackmann, Cydne Marr, Lindsay Murchie, Wendy Patricelli, Vanessa Ramirez, Jeff Randich, Tiffany	Strader, Yvonne Haerling, Katie, pro tem Ness, Sharon Moua, Maikia Baroni, Mary Kim Veilleux *Dagum, Jessilyn; Staff*	Ness, Sharon Canary, Adam Strader, Yvonne Rude, Tracy Kim Veilleux *Grant Hulteen, staff* *Hoehn, Karl, Staff*	Benson, Julie Mendoza, Ajay Hoeksel, Renee Brown, Fionnula Myrick, Helen Rude, Tracy Sharon Fought Patty Cohrell

NPAP Panel A	NPAP B	NA-PAP
3rd Thursday; 10am-12pm; Microsoft Teams meeting	1st Thursday of Month; 10am-12pm; Microsoft Teams meeting	2nd Monday every month; 3:00-5:00pm; Microsoft Teams meeting
Mendoza, Ajay Chair	**Tucker, Kim Chair**	**Myrick, Helen; Chair**
Baroni, Mary, pro tem	Guilford, Ella	Vacant, LPN member
O'Neal, Carol, pro tem	Mulligan, Anne, pro tem	Rude, Tracy, pro tem
Hoeksel, Renee, pro tem	, pro tem	Graham, Sandra, pro tem
	, pro tem	
		Moisio, Kathy; Staff
Babbo, Gerianne; Staff	*Babbo, Gerianne; Staff*	*Hulteen, Grant; Staff*
Bear, Sarah; Staff	*Bear, Sarah; Staff*	*Bryant, Stephanie; Staff*
		Bayne, Miranda; Staff Attorney
TBA; Staff Attorney	*TBA; Staff Attorney*	
	Soeme, Judy Admin Assistant Staff	*Reichold, Seanna Staff Attorney (as able)*
Soeme, Judy Admin Assist Staff		*Nath, Anita Staff Attorney*
		Lippert, Jeffrey (as able)
		Soeme, Judy Staff

Nursing Care Quality Assurance Commission

July 2023 – December 2024

Meeting Dates and Locations

Date	Location
July 13 - 14, 2023	**Lacey**
September 7 - 8	**Spokane**
November 17	**Virtual**
January 12, 2024	
March 8	
May 10	
July 11 - 12	
September 12 - 13	
November 8	

NURSING BUDGET STATUS REPORT – May 2023

2021-2023 BIENNIUM:

This report covers the period of July 1, 2021, through May 31, 2023, twenty-three months into the biennium, with one month remaining. The NCQAC budget is underspent by 2.5% or about $730K and the current revenue balance is just over $4.4M.

REVENUES FROM FEES:

The recommended revenue balance or "reserve" should be 12.5% of biennial budgeted allotments, or approximately $3.7M. The NCQAC revenue balance increased slightly during this reporting period and remains just above the recommended reserve balance. Despite a shortfall in FM22 (12%), revenues in FM23 resumed the trend of exceeding projections and currently outpace projections by 6.4%, or almost $1.9M for the biennium. 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:

Indirects for FM23 had not been posted at the time of this report, estimates were used based on current indirect rates.

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 expense related to the legislative mandated audit of our out-of-state licensing process.
- 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.
- 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 $2.6M to the reserve balance since the beginning of the biennium, offsetting the $2.8M HELMS assessment in FM12. We anticipate revenues to meet projections and savings with indirects to continue through the remainder of the biennium, however we do not anticipate reaching full expenditure. The final HELMS withdrawal, $2.6M, will take place in FM24, 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 May 31, 2023

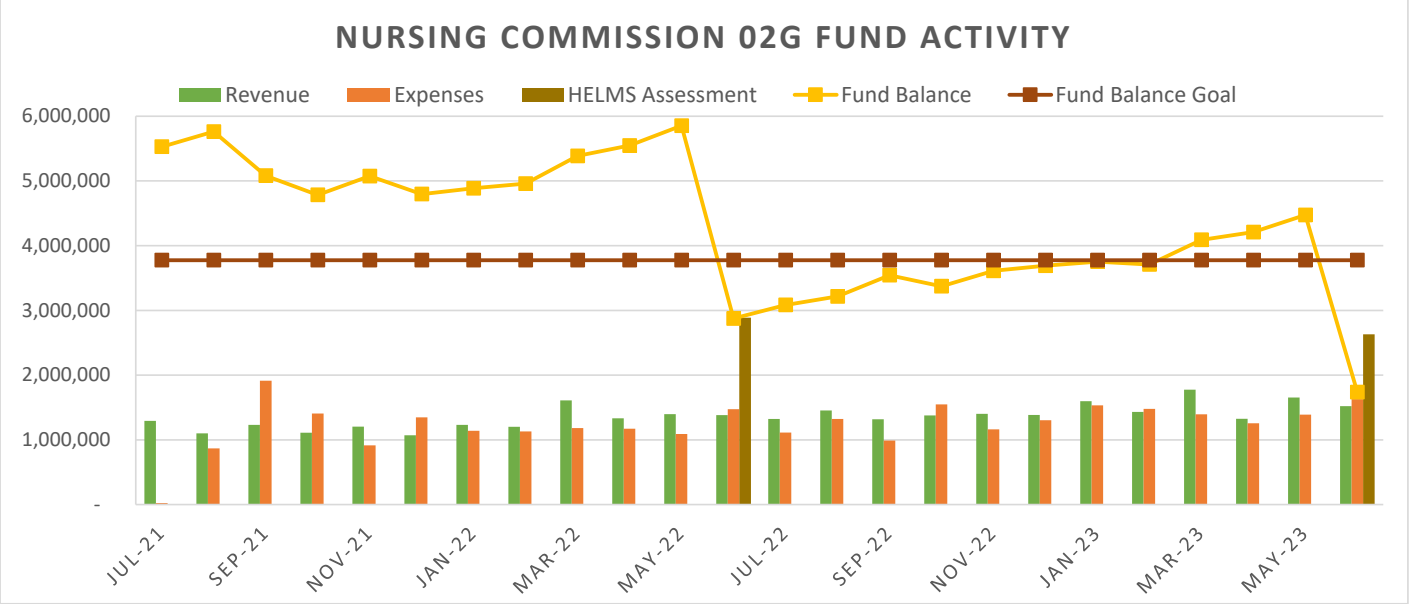
EXPENDITURES TYPES	BIENNIAL BUDGET	ALLOT THRU FM21	ACTUALS THRU FM21	PREV FM ALLOT	PREV FM Expense	Current FM ALLOT	Current FM Expense	BUDGET/ALLOTMENT TO-DATE	EXPENDITURES TO-DATE	VARIANCE TO-DATE	% SPENT TO-DATE
DIRECT EXPENDITURES:				FM22	FM22	FM23	FM23				
FTEs (average)	81.33	83.89	80.04	83.89	82.56	83.89	83.59	81.33	78.96	2.57	96.84%
Staff Salaries & Benefits	$16,788,320	$14,654,410	$14,555,552	$711,303	$758,844	$711,303	$784,104	$16,077,016	$16,098,501	($21,485)	100.13%
Commission Salaries	$604,615	$528,460	$475,335	$25,385	$28,409	$25,385	$25,727	$579,230	$529,471	$49,759	91.41%
Goods & Services	$597,803	$521,642	$769,738	$25,387	$20,435	$25,387	$37,083	$572,416	$827,256	($254,840)	144.52%
Rent	$830,031	$723,075	$550,343	$35,654	$18,255	$35,654	$25,355	$794,383	$593,952	$200,431	74.77%
Attorney General (AG)	$1,592,958	$1,328,854	$1,355,859	$67,380	$0	$67,380	$176,699	$1,463,614	$1,532,559	($68,945)	104.71%
Travel	$180,000	$157,005	$93,315	$7,665	$10,572	$7,665	$23,092	$172,335	$126,980	$45,356	73.68%
Equipment	$111,696	$95,796	$104,830	$5,300	$1,324	$5,300	$270	$106,396	$106,424	($28)	100.03%
IT Support & Software Licenses	$367,476	$318,900	$273,484	$16,191	$25,068	$16,191	$26,423	$351,282	$324,974	$26,308	92.51%
TOTAL DIRECT	**$ 21,072,899**	**$ 18,328,142**	**$ 18,178,457**	**$ 894,265**	**$ 862,907**	**$ 894,265**	**$ 1,098,752**	**$20,116,672**	**$20,140,117**	**($23,445)**	100.12%
SERVICE UNITS:											
FBI Background Checks	$527,013	$459,441	$645,099	$22,524	$18,178	$22,524	$32,134	$504,489	$695,411	($190,922)	137.84%
Office of Professional Standards	$435,023	$372,851	$323,423	$21,726	$9,400	$20,223	$21,751	$414,800	$354,574	$60,226	85.48%
Adjudication Clerk	$213,498	$186,057	$84,718	$9,147	$1,637	$9,147	$2,874	$204,351	$89,230	$115,121	43.67%
HP Investigations	$86,601	$75,006	$61,314	$3,865	$3,124	$3,865	$3,737	$82,736	$68,175	$14,561	82.40%
Legal Services	$39,570	$34,221	$25,834	$1,783	($224)	$1,783	$43	$37,787	$25,652	$12,135	67.89%
Call Center	$164,978	$142,916	$139,217	$7,354	$4,004	$7,354	$6,765	$157,624	$149,986	$7,638	95.15%
Public Disclosure	$382,476	$333,276	$271,703	$16,400	$47,392	$16,400	$13,416	$366,076	$332,512	$33,564	90.83%
Revenue Reconciliation	$180,909	$157,626	$169,354	$7,761	$4,539	$7,761	$7,170	$173,148	$181,063	($7,915)	104.57%
Online Healthcare Provider Lic - Staff	$305,352	$266,286	$292,010	$13,022	$4,483	$13,022	$9,338	$292,330	$305,831	($13,501)	104.62%
Online Healthcare Provider Lic - Contract	$195,792	$171,318	$195,189	$8,158	$0	$8,158	$0	$187,634	$195,189	($7,555)	104.03%
Suicide Assessment Study	$40,800	$35,700	$11,636	$1,700	$0	$1,700	$0	$39,100	$11,636	$27,464	29.76%
TOTAL SERVICE UNITS	**$ 2,572,012**	**$ 2,234,698**	**$ 2,219,499**	**$ 113,440**	**$ 92,534**	**$ 111,937**	**$ 97,228**	**$2,460,075**	**$2,409,261**	**$50,814**	97.93%
INDIRECT CHARGES:											
Agency Indirects (16.9% in FY1 - 15.3% in FY2)	**$3,933,873**	**$3,420,854**	**$3,045,811**	**$167,685**	**$145,421**	**$167,431**	**$157,053**	$3,755,971	$3,348,285	$407,685	89.15%
HSQA Division Indirects (11.3% in FY1 - 9.7% in FY2)	**$2,626,590**	**$2,284,039**	**$2,020,757**	**$111,963**	**$92,159**	**$111,793**	**$99,497**	$2,507,795	$2,212,414	$295,381	88.22%
TOTAL INDIRECTS (28.2% in FY1 - 25% in FY2)	**$ 6,560,463**	**$ 5,704,893**	**$ 5,066,569**	**$ 279,648**	**$ 237,580**	**$ 279,224**	**$ 256,551**	**$6,263,766**	**$5,560,699**	**$703,066**	88.78%
GRAND TOTAL	**$ 30,205,374**	**$26,267,733**	**$ 25,464,525**	**$1,287,353**	**$1,193,020**	**$1,285,426**	**$1,452,531**	**$28,840,513**	**$28,110,077**	**$730,435**	97.47%

NURSING REVENUE

BEGINNING REVENUE BALANCE	$ 4,257,147
21-23 REVENUE TO-DATE	$ 31,216,184
21-23 HELMS ASSESS. TO-DATE	$ 2,887,402
21-23 EXPENDITURES TO-DATE	$ 28,111,844
ENDING REVENUE BALANCE	**$ 4,474,085**

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	1,324,741	1,256,350	-	4,209,746	3,775,672	111.5%
23	May-23	1,655,308	1,390,969	-	4,474,085	3,775,672	118.5%
24	Jun-23	*1,520,837*	*1,629,101*	*2,629,962*	*1,735,859*	*3,775,672*	*46.0%*
FY1	Total	15,171,442	13,666,952	2,887,402			
FY2	Total	17,468,765	15,956,807	2,629,962			
BIEN	**Total**	**32,640,207**	**29,623,756**	**5,517,364**			



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

WAC 246-840-930 Criteria for delegation.

(1) Before delegating a nursing task, the registered nurse delegator decides the task is appropriate to delegate based on the elements of the nursing process: ASSESS, PLAN, IMPLEMENT, EVALUATE.

ASSESS

(2) The setting allows delegation because it is a community-based care setting as defined by RCW 18.79.260 (3)(e)(i) or an in-home care setting as defined by RCW 18.79.260 (3)(e)(ii).

(3) Assess the patient's nursing care needs and determine the patient's condition is stable and predictable. A patient may be stable and predictable with an order for sliding scale insulin or terminal condition.

(4) Determine the task to be delegated is within the delegating nurse's area of responsibility.

(5) Determine the task to be delegated can be properly and safely performed by the nursing assistant or home care aide. The registered nurse delegator assesses the potential risk of harm for the individual patient.

DRAFT

(6) Analyze the complexity of the nursing task and determine the required training or additional training needed by the nursing assistant or home care aide to competently accomplish the task. The registered nurse delegator identifies and facilitates any additional training of the nursing assistant or home care aide needed prior to delegation. The registered nurse delegator ensures the task to be delegated can be properly and safely performed by the nursing assistant or home care aide.

(7) Assess the level of interaction required. Consider language or cultural diversity affecting communication or the ability to accomplish the task and to facilitate the interaction.

(8) Verify that the nursing assistant or home care aide:

(a) Is currently registered or certified as a nursing assistant or home care aide in Washington state without restriction;

(b) Has completed both the basic caregiver training and core delegation training before performing any delegated task;

DRAFT

(c) Has evidence as required by the department of social and health services of successful completion of nurse delegation core training;

(d) Has evidence as required by the department of social and health services of successful completion of nurse delegation special focus on diabetes training when providing insulin injections to a diabetic client; and

(e) Is willing and able to perform the task in the absence of direct or immediate nurse supervision and accept responsibility for their actions.

(9) Assess the ability of the nursing assistant or home care aide to competently perform the delegated nursing task in the absence of direct or immediate nurse supervision.

(10) If the registered nurse delegator determines delegation is appropriate, the nurse:

(a) Discusses the delegation process with the patient or authorized representative, including the level of training of the nursing assistant or home care aide delivering care.

(b) Obtains written consent. The patient, or authorized representative, must give written, consent to the delegation

DRAFT

process under chapter 7.70 RCW. Documented verbal consent of patient or authorized representative may be acceptable if written consent is obtained within 30 days; electronic consent is an acceptable format. Written consent is only necessary at the initial use of the nurse delegation process for each patient and is not necessary for task additions or changes or if a different nurse, nursing assistant, or home care aide will be participating in the process.

PLAN

(11) Document in the patient's record the rationale for delegating or not delegating nursing tasks.

(12) Provide specific, written delegation instructions to the nursing assistant or home care aide with a copy maintained in the patient's record that includes:

(a) The rationale for delegating the nursing task;

(b) The delegated nursing task is specific to one patient and is not transferable to another patient;

DRAFT

(c) The delegated nursing task is specific to one nursing assistant or one home care aide and is not transferable to another nursing assistant or home care aide;

(d) The nature of the condition requiring treatment and purpose of the delegated nursing task;

(e) A clear description of the procedure or steps to follow to perform the task;

(f) The predictable outcomes of the nursing task and how to effectively deal with them;

(g) The risks of the treatment;

(h) The interactions of prescribed medications;

(i) How to observe and report side effects, complications, or unexpected outcomes and appropriate actions to deal with them, including specific parameters for notifying the registered nurse delegator, health care provider, or emergency services;

(j) The action to take in situations where medications and/or treatments and/or procedures are altered by health care provider orders, including:

(i) How to notify the registered nurse delegator of the change;

DRAFT

(ii) The process the registered nurse delegator uses to obtain verification from the health care provider of the change in the medical order; and

(iii) The process to notify the nursing assistant or home care aide of whether administration of the medication or performance of the procedure and/or treatment is delegated or not;

(k) How to document the task in the patient's record;

(l) Document teaching done and a return demonstration, or other method for verification of competency; and

(m) Supervision shall occur at least every 90 days. With delegation of insulin injections, the supervision occurs at least every two weeks for the first four weeks, and may be more frequent.

(13) The administration of medications may be delegated at the discretion of the registered nurse delegator, including insulin injections. Any other injection (intramuscular, intradermal, subcutaneous, intraosseous, intravenous, or otherwise) is prohibited. The registered nurse delegator

DRAFT

provides to the nursing assistant or home care aide written directions specific to an individual patient.

IMPLEMENT

(14) Delegation requires the registered nurse delegator teach the nursing assistant or home care aide how to perform the task, including return demonstration or other method of verification of competency as determined by the registered nurse delegator.

(15) The registered nurse delegator is accountable and responsible for the delegated nursing task. The registered nurse delegator monitors the performance of the task(s) to assure compliance with established standards of practice, policies and procedures and appropriate documentation of the task(s).

EVALUATE

(16) The registered nurse delegator evaluates the patient's responses to the delegated nursing care and to any modification of the nursing components of the patient's plan of care.

(17) The registered nurse delegator supervises and evaluates the performance of the nursing assistant or home care

DRAFT

aide, including direct observation or other method of verification of competency of the nursing assistant or home care aide. The registered nurse delegator reevaluates the patient's condition, the care provided to the patient, the capability of the nursing assistant or home care aide, the outcome of the task, and any problems.

(18) The registered nurse delegator ensures safe and effective services are provided. Reevaluation and documentation occur at least every 90 days. Frequency of supervision is at the discretion of the registered nurse delegator and may be more often based upon nursing assessment.

(19) The registered nurse must supervise and evaluate the performance of the nursing assistant or home care aide with delegated insulin injection authority at least every two weeks ~~weekly~~ for the first four weeks. After the first four weeks the supervision shall occur at least every 90 days.

[Statutory Authority: RCW 18.79.010, 18.79.110, and 18.79.260. WSR 22-12-026, § 246-840-930, filed 5/23/22, effective 9/9/22. Statutory Authority: RCW 18.79.110, 18.79.260, 2012 c 164, and 2012 c 10. WSR 13-15-063, § 246-840-930, filed 7/15/13, effective 8/15/13. Statutory Authority: RCW 18.79.110,

DRAFT

18.79.260, 18.88A060 [18.88A.060], and 18.88A.210. WSR 09-06-006, § 246-840-930, filed 2/18/09, effective 3/21/09. Statutory Authority: RCW 18.79.110, 18.79.260 (3)(f), 18.88A.210, 2003 c 140. WSR 04-14-065, § 246-840-930, filed 7/2/04, effective 7/2/04. Statutory Authority: Chapters 18.79 and 18.88A RCW. WSR 02-02-047, § 246-840-930, filed 12/27/01, effective 1/27/02. Statutory Authority: Chapter 18.79 RCW. WSR 97-13-100, § 246-840-930, filed 6/18/97, effective 7/19/97; WSR 96-05-060, § 246-840-930, filed 2/19/96, effective 3/21/96.]

NEW WAC 246-840-935 Nurse Delegation – Blood Glucose Monitoring and Testing in Community-Based and In-Home Settings

(1) In community-based and in-home care settings, the registered nurse delegator may delegate blood glucose monitoring and testing only to registered or certified nursing assistants under chapter 18.88A RCW or to home care aides certified under chapter 18.88B RCW following the criteria for the setting defined in RCW 18.79.260.

DRAFT

WAC 246-840-940 Washington state nursing care quality assurance commission community-based and in-home care setting delegation decision tree.

(1)	Does the patient reside in one of the following settings? A community-based care setting as defined by RCW 18.79.260 (3)(e)(i) or an in-home care setting as defined by RCW 18.79.260 (3)(e)(ii).	No →	Do not delegate
Yes ↓			
(2)	Has the patient or authorized representative given consent to the delegation?	No →	Obtain the written, informed consent
Yes ↓		No →	
(3)	Is RN assessment of patient's nursing care needs completed?	No →	Do assessment, then proceed with a consideration of delegation
Yes ↓			
(4)	Does the patient have a stable and predictable condition?	No →	Do not delegate
Yes ↓			
(5)	Is the task within the registered nurse's scope of practice?	No →	Do not delegate
Yes ↓			
(6)	Is the nursing assistant or home care aide, registered or certified and properly trained in the nurse delegation for nursing assistants or home care aides? Is the nursing assistant or home care aide trained in diabetes care and insulin injections when delegating insulin?	No →	Do not delegate
Yes ↓			
(7)	Does the delegation exclude the administration of medications by injection other than insulin, sterile procedures or central line maintenance?	No →	Do not delegate
Yes ↓			
(8)	Can the task be	No →	Do not delegate

DRAFT

	performed without requiring judgment based on nursing knowledge?		
Yes ↓			
(9)	Are the results of the task reasonably predictable?	No →	Do not delegate
Yes ↓			
(10)	Can the task be safely performed according to exact, unchanging directions?	No →	Do not delegate
Yes ↓			
(11)	Can the task be performed without a need for complex observations or critical decisions?	No →	Do not delegate
Yes ↓			
(12)	Can the task be performed without repeated nursing assessments?	No →	Do not delegate
Yes ↓			
(13)	Can the task be performed properly?	No →	Do not delegate
Yes ↓			
(14)	Is appropriate supervision available? With insulin injections, the supervision occurs at least every two weeks ~~weekly~~ for the first four weeks.	No →	Do not delegate
Yes ↓			
(15)	There are no specific laws or rules prohibiting the delegation?	No →	Do not delegate
Yes ↓			
(16)	Task is delegable		

[Statutory Authority: RCW 18.79.110, 18.79.260, 2012 c 164, and 2012 c 10. WSR 13-15-063, § 246-840-940, filed 7/15/13, effective 8/15/13. Statutory Authority: RCW 18.79.110, 18.79.260, 18.88A060 [18.88A.060], and 18.88A.210. WSR 09-06-006, § 246-840-940, filed 2/18/09, effective 3/21/09. Statutory Authority: RCW 18.79.110, 18.79.260 (3)(f), 18.88A.210, 2003 c 140. WSR 04-14-065, § 246-840-940, filed 7/2/04, effective

DRAFT

7/2/04. Statutory Authority: Chapters 18.79 and 18.88A RCW. WSR 02-02-047, § 246-840-940, filed 12/27/01, effective 1/27/02. Statutory Authority: Chapter 18.79 RCW. WSR 97-13-100, § 246-840-940, filed 6/18/97, effective 7/19/97; WSR 96-05-060, § 246-840-940, filed 2/19/96, effective 3/21/96.]

NEW SECTION WAC 246-840-835 **Nurse Delegation – Blood Glucose Monitoring and Testing in settings other than Community-Based and In-Home.**

In settings other than community based and in-home that deliver health care services, registered nurses may delegate blood glucose monitoring and testing only to registered or certified nursing assistants under chapter 18.88A RCW in accordance with the delegation process in RCW 18.79.260(3)(a).

DRAFT

NEW WAC SECTION

WAC xxx-xx-xxx Nursing health equity continuing competency training requirements.

(1) Licensed practical nurses and registered nurses must complete a minimum of two hours of health equity continuing education every year upon license renewal as described in WAC 246-12-800 through 246-12-830.

(2) This training must be completed by the end of the second full continuing education reporting period after January 1, 2024, or the second full continuing education reporting period after initial licensure, whichever is later.

(3) After the first required reporting period, this training must be completed within a twelve-month period prior to license renewal. Additional hours cannot be rolled over to the following year. Due to the dynamic and evolving state of health equity continuing education, the board of nursing recommends not repeating the same training annually to promote learning and growth.

(4) The hours spent completing health equity continuing education under this section count toward meeting applicable

DRAFT

continuing education requirements for nurse license renewal as described in WAC 246-840-220.

WAC 246-840-220 Continuing competency requirements—Active status. (1) Upon license renewal a nurse must attest on a form provided by the department of health declaring completion of the required active nursing practice hours and continuing nursing education hours.

(2) A nurse must complete within a twelve-month period prior to the renewal of licensure:

(a) A minimum of ninety-six hours of active nursing practice; and

(b) A minimum of eight hours of continuing nursing education.

(c) At least two hours must be on health equity training, as specified in WAC xxx-xxx-xxx and 246-12-800 through 246-12-830.

(i) This training must be completed by the end of the second full continuing education reporting period after January 1, 2024, or the second full continuing

DRAFT

education reporting period after initial licensure, whichever is later.

(ii) After the first required reporting period, this training must be completed within a twelve-month period prior to license renewal. Additional hours cannot be rolled over to the following year. Due to the dynamic and evolving state of health equity continuing education, the board of nursing recommends not repeating the same training annually to promote learning and growth.

(3) Nurses must complete a qualified suicide prevention training as follows:

(a) A registered nurse, except for registered nurses holding an active certified registered nurse anesthetist license, and licensed practical nurses must complete a one-time, six hour training in suicide assessment, treatment, and management from a qualified suicide prevention training program. The training must be completed by the end of the first full year of practice.

DRAFT

(b) A qualified suicide training program must be on the model list, required under RCW 43.70.442, to be accepted.

(c) The hours spent completing a qualified training program in suicide assessment, treatment, and management under this section counts toward continuing competency requirements in subsection (2)(b) of this section.

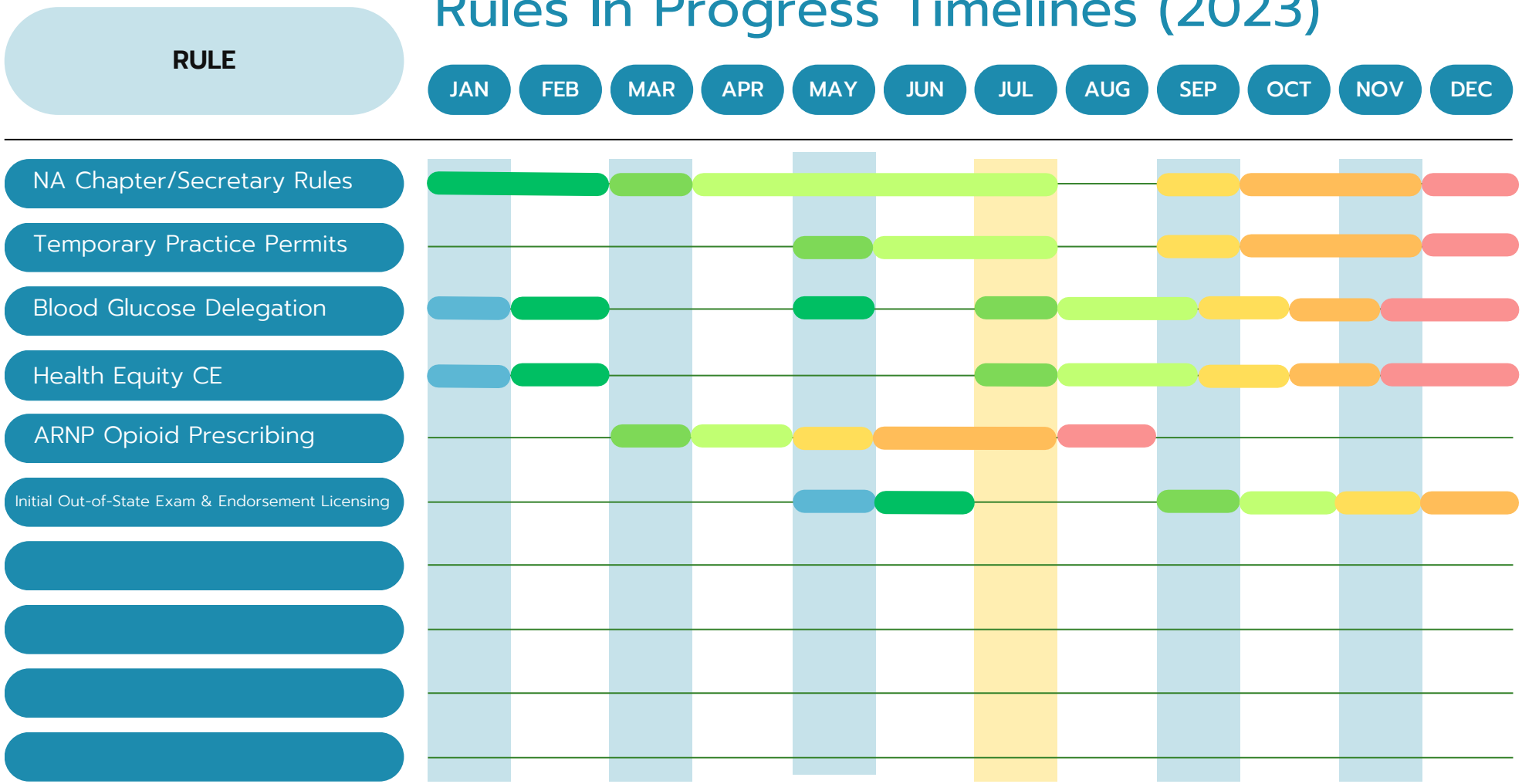
(4) Nurses who are enrolled in, or have completed prerequisite classes for, an advanced nursing education program are exempt from the continuing competency requirements during their current review period.

[Statutory Authority: RCW 18.79.010 and 18.79.110. WSR 21-11-032, § 246-840-220, filed 5/12/21, effective 6/12/21. Statutory Authority: RCW 18.79.110 and 43.70.442. WSR 16-04-097, § 246-840-220, filed 2/1/16, effective 3/3/16.]

DRAFT

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

Rules In Progress Timelines (2023)



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)
1	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: 23-11-015 File: 5/5/2023
2	Basic Caregiver Training Requirement	WAC 246-840-930 WAC 246-841-405	Amending specific training requirements for Nursing Assistants Registered (NARs) and Home Care Aides (HCAs). The Nursing Care Quality Assurance Commission (commission) is adopting an emergency rule to allow a registered nurse delegator to delegate nursing tasks to a NAR or HCA based on evidence as required by DSHS and in accord with timing set by DSHS in rule. To align with the corresponding NAR rule, the commission is adopting emergency language to correspond.	WSR: 23-11-016 File: 5/5/2023
3	Nursing Assistant Emergency Rules	WAC 246-841-420, 470, 490, 500, 510, 555	Amend specific training requirements for Nursing Assistant Certified (NAC) and Nursing Assistant Registered (NAR) in response to the COVID-19 pandemic and the critical demand for healthcare professionals.	WSR: 23-11-017 File: 5/5/2023

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.				File 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.	In progress			File 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; Approved	In progress	Rule hearing held on May 12, 2023, at 1:15 p.m. Proposed rule approved by NCQAC. CR-103 filing in process.
4	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.	In progress			Filing CR-102 in process. Proposed rule language and filing of CR-102 approved by NCQAC 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.**						
5	Blood Glucose Delegation	Amendments to: WAC 246-840-010 WAC 246-840-700 WAC 246-840-910 WAC 246-840-920 WAC 246-840-930 WAC 246-840-940 WAC 246-840-950 WAC 246-840-960 WAC 246-840-970	1124-S.PL.pdf (wa.gov) **Nurse Delegation of Glucose Monitoring, Glucose Testing, and Insulin Injections** Identifies two areas that require NCQAC rulemaking: • Expands the allowance for the RN to delegate glucose monitoring and testing beyond community-based and home settings to all settings where the NA-R/NA-C and HCAs work. • Removes from statute the timelines for RN supervision and evaluation of the delegated task of administering insulin and directs the commission to determine the interval in rule.	WSR: 23-02-037 Filed: 12/29/2022	2/1/2023 and 2/6/2023. Note: Additional workshops were held 5/15/2023 and 5/19/2023.				Commission to review draft proposed rule language for approval and move forward with filing CR-102 at the **July 2023 NCQAC business meeting.**
6	Health Equity Continuing Education	Amendments to: WAC 246-840-220 And other relevant continuing education rule sections in Chapter 246-840 WAC	5229-S.SL.pdf (wa.gov) **Health Equity & Continuing Competency** The law, effective 7/25/2021, in Section 2 requires rule-making authorities for each health profession to adopt rules requiring a licensee to complete 2 hours of health equity continuing education training every 4 years.	WSR: 23-03-069 Filed: 1/12/2023	2/3/2023 2/8/2023 2/15/2023 2/16/2023 2/17/2023 2/22/2023 2/24/2023				Commission to review draft proposed rule language for approval and move forward with filing CR-102 at the **July 2023 NCQAC business meeting.**
7	Initial Out-of-State Exam and Endorsement Licensing	Amendments to: WAC 246-840-030 WAC 246-840-090 And other relevant rule sections in Chapter 246-840 WAC	Moving emergency rule language into permanent rule. 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: 23-11-143 File: 5/24/2023	6/22/2023 6/29/2023				Draft language with interested parties.

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: 22-04-082 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		WSR: 21-11-032 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	1009-S2.PL.pdf (wa.gov) Concerning military spouse employment. This bill requires any agency, board, commission, or other authority for issuance of a license, certificate, registration, or permit to establish procedures to expedite the issuance of a license to military spouses upon relocation. Each authority also must have a contact or coordinator to assist with the issuance of these licenses.
2	HB 1255 SUD Monitoring and Treatment Program	1255-S.SL.pdf (wa.gov) Reducing stigma and incentivizing health care professionals to participate in a substance use disorder monitoring and treatment program. This bill relates to reducing stigma and incentivizing health care professionals licensed by the Washington state Nursing Care Quality Assurance Commission to participate in a substance use disorder monitoring and treatment program.
3	SB 5499 Nurse Licensure Compact	5499-S.SL.pdf (wa.gov) Concerning the multistate nurse licensure compact. Adopts the interstate nursing compact. Language is the same across all compact states. In addition, this bill increases the WCN surcharge to $8, and requires NCQAC to publish a summary annually on its webpage noting the key differences in each state's nursing practice act.
4	SB 5582 Nursing Credential Opportunities	5582-S2.SL.pdf (wa.gov) Reducing barriers and expanding educational opportunities to increase the supply of nurses in Washington. Expand nursing credential opportunities by requiring State Board of Community and Technical Colleges to develop a plan by 02/01/24; online curriculum and pathway for LPNs; establishes the Home Care Aide to LPN apprenticeship; guarantee HCA admission to LPN programs; workforce training board shall contract with a marketing firm to develop plan for CNAs, LPN/LVN and nursing professions and include long term care and rural; OFM to conduct salary survey on nurse educators; CNAs in DVA facilities; NCQAC able to grant nurses with graduate degrees but not doctoral degree as administrator of a bachelor program; simulation 1:2 hours and adopt rules; expand nurse preceptor funds; nursing assistant programs in high schools in rural hospitals.

DEPARTMENT OF HEALTH
NURSING CARE QUALITY ASSURANCE COMMISSION
PROCEDURE

Title:	Electronic/Digital Signatures for Actions	**Number:**	H18.01
Reference:			
Contact:	Chris Archuleta Management Analyst 5 Nursing Care Quality Assurance Commission (NCQAC)		
Effective Date:	August 1, 2018	Date Reviewed:	July 2018
Supersedes:	H 54.01 Electronic/Digital Signature for Disciplinary Actions, September 9, 2016		
Approved:	Paula R. Meyer MSN, RN, FRE **Paula R. Meyer, MSN, RN, FRE** **Executive Director** **Nursing Care Quality Assurance Commission**		

PURPOSE:

Certain NCQAC action documents require the signature of the chair of the NCQAC panel. Staff may use electronic (digital) signatures of the chair as approved and directed.

PROCEDURE:

A. At every July meeting of the NCQAC, members who may chair disciplinary panels or program approval panels sign an authorization to use electronic/digital signature form (attached).
B. The designated NCQAC staff member converts the original signatures to an electronic/digital signature as approved by each member and keeps them in a secure folder.
C. When there is occasion to use an electronic/digital signature, the staff must forward a request by email to the appropriate NCQAC member to use their electronic/digital signature.
D. The request to the NCQAC member must include a copy of the proposed document and a specific request to use the electronic/digital signature.
E. The NCQAC member sends back a reply email approving the use of the digital signature if the document is approved.
F. The NCQAC staff inserts the electronic/digital signature on the document.
G. Both emails must be saved with the original document and the electronically signed document to a secure folder.
H. The NCQAC staff sends the digitally signed document to the appropriate person, and a copy to the signing NCQAC member.

Authorization to use Electronic/Digital Signature

By signing this authorization form, you agree your electronic signature (hereafter referred to as your "E-Signature") is the legal equivalent of your manual/handwritten signature and authorize NCQAC staff, when you direct, to apply your electronic signature as described in this procedure. You also agree that no certification authority or other third party verification is necessary to validate your E-Signature, and that the lack of such certification or third party verification will not in any way affect the enforceability of your E-Signature. You further agree that applying your E-signature to a record amounts to verification of your identity and to knowledge of the contents of the documents signed. You will notify the Executive Director immediately if you learn that someone may have improper control of your signature image file.

Date:

Legal Name, Credentials

STATE OF WASHINGTON

May 11, 2023

Ms. Denise Callahan, President
TAP International, Inc.
333 University Avenue, Suite 200
Sacramento, CA 95825

Dear Ms. Callahan:

Thank you for the opportunity to review and respond to TAP International, Inc.'s performance audit report on *"Nursing Care Quality Assurance Commission — Opportunities are Present to Support Efforts by the Commission to Speed Licensing."*

We appreciate the work of the performance audit team to provide NCQAC with recommendations on how to improve the licensing process for out-of-state nurses. We face a national nursing shortage, and the COVID-19 pandemic created additional challenges in keeping up with workforce demands. We recognize the value and need for continued process improvements and legislative action to address these challenges.

We are pleased that one of TAP's recommendations was for NCQAC to continue issuing Temporary Practice Permits (TPPs) for applicants, pending receipt of federal fingerprint background checks. TPPs allow nurses to work at their full scope of practice while their application for a permanent license is pending. NCQAC provides weekly reports to the Office of the Governor on the timeliness of issuing out-of-state TPPs, which includes all steps of the licensing process except for the fingerprinting requirement. The performance goal for reviewing and issuing a complete application is under seven days and was established by the Legislature in the 2021-23 biennial budget.

Several other recommendations align well with Substitute Senate Bill 5499, the Multistate Nurse Licensure Compact, which was approved by the 2023 Legislature and takes effect on July 23, 2023. The Nurse Licensure Compact enables nurses who already hold a multistate license in a participating U.S. jurisdiction to practice immediately in Washington state. Implementation of the Healthcare Enforcement and Licensing Modernization Solution (HELMS) in April 2024 also will streamline licensing processes and greatly reduce manual data entry.

Again, thank you for your collaboration during this audit. We look forward to engaging with our partners, including the Department of Health, as we implement many of the recommendations.

Sincerely,

Paula R. Meyer MSN, RN, FRE

Paula R. Meyer
Executive Director
Nursing Care Quality Assurance Commission

David Schumacher
Director
Office of Financial Management

cc: Honorable Pat McCarthy, Washington State Auditor
Jamila Thomas, Chief of Staff, Office of the Governor
Kelly Wicker, Deputy Chief of Staff, Office of the Governor
Nick Streuli, Executive Director of Policy and Outreach, Office of the Governor
Emily Beck, Deputy Director, Office of Financial Management
Mandeep Kaundal, Director, Results Washington, Office of the Governor
Tammy Firkins, Performance Audit Liaison, Results Washington, Office of the Governor
Scott Frank, Director of Performance Audit, Office of the Washington State Auditor

OFFICIAL STATE CABINET AGENCY RESPONSE TO THE PERFORMANCE AUDIT ON NURSING CARE QUALITY ASSURANCE COMMISSION – OPPORTUNITIES ARE PRESENT TO SUPPORT EFFORTS BY THE COMMISSION TO SPEED LICENSING – MAY 11, 2023

The Nursing Care Quality Assurance Commission (NCQAC) and the Office of Financial Management (OFM) provide this management response to TAP International, Inc.'s performance audit report received on April 12, 2023.

PERFORMANCE AUDIT OBJECTIVES

The Washington State Legislature requested the State Auditor's Office to conduct a performance audit of NCQAC's licensing process. The State Auditor's Office contracted with TAP International, Inc. in 2022 to address these performance audit objectives:

1. How long does NCQAC take to process permanent licenses for out-of-state applicants?
2. What factors, if any, contribute to possible delays in the out-of-state licensing process?
3. What could NCQAC do to improve licensing processes for out-of-state applicants?

Recommendations to the NCQAC in brief: TAP International makes ten recommendations to speed licensing and keep pace with application growth**.**

Recommendations 1-4 ask NCQAC to work, when necessary, with the Washington State Legislature to update existing licensing requirements and promote the state's intent to protect public safety.

1. Modify requirements for FBI background checks, allowing NCQAC greater flexibility, such as allowing background check exemptions if the applicant can demonstrate a recently completed FBI background check.

STATE RESPONSE: Substitute Senate Bill 5499, the Multistate Nurse Licensure Compact, was passed by the 2023 Legislature and recently signed by the governor. It takes effect on July 23, 2023. The compact requires FBI criminal background checks on all applicants for multistate licenses.

RCW 18.130.064 directs the Secretary of the Department of Health in the collection of criminal background checks on applicants. NCQAC welcomes the opportunity to work with the Secretary of Health and all health professions on the requirements for criminal background checks.

Action Steps and Time Frame

- Develop the Nurse Licensure Compact implementation plan, including FBI criminal background checks on all applicants. *By December 31, 2024.*
- Explore amending RCW 18.130.064 with the Health Systems Quality Assurance to improve the collection of FBI criminal background checks. *By September 30, 2023.*

2. Eliminate the requirement for transcripts from NCQAC-approved, nationally accredited nursing schools and allow NCQAC the discretion to request transcripts when needed.

STATE RESPONSE: We disagree with this recommendation for safety reasons. RCW 18.79.160 requires transcripts for licensure.

Eliminating the requirement to verify graduation from an approved nursing education program with official

transcripts adds risk to the public and NCQAC. For example, a nurse who did not complete a legitimate nursing education program could be inadvertently licensed if we do not verify education.

We already have adjudication of fraudulent schools of nursing from Florida underway. NCQAC is working with the FBI and other boards of nursing to address over 7,600 nursing licenses, known as Operation Nightingale. In Washington, 150 nurses were identified as graduating from the Florida schools of nursing associated with Operation Nightingale. To date, NCQAC has rescinded 24 RN licenses and denied 15 applications from nurses associated with Operation Nightingale.

Additionally, a school may be accredited without an individual student completing the entire nursing education program. Review of official transcripts verifies that the individual attended and completed the approved program. Evaluation of course content and program completion also are critical actions to ensure Washington state nursing education requirements are met and the public is protected.

Action Steps and Time Frame: N/A

---

3. Update the license application to collect the applicant's state of residency, physical and mailing address, and modify the criteria to initiate an FBI background check based on the risk to public safety.

STATE RESPONSE: The governor recently signed SSB 5499, the Multistate Nurse Licensure Compact. NCQAC will develop an implementation plan that includes enacting the rules requiring FBI criminal background checks on all applicants for a multistate license, no later than December 31, 2024. Currently, 39 U.S. jurisdictions are members of the Nurse Licensure Compact. Multistate licensees must have an FBI criminal background check to hold a multistate license. The National Council of State Boards of Nursing (NCSBN) is striving to have the Nurse Licensure Compact be the standard for all states, rather than the single state and multistate methods that exist now.

Action Steps and Time Frame

- Explore amending RCW 18.130.064 with the Health Systems Quality Assurance to improve the collection of FBI criminal background checks. *By September 30, 2023.*
- Explore updating the license application to capture additional applicant information up front. *By September 30, 2023.*

---

4. Update the WAC to allow out-of-state applicants from non-traditional nursing schools to be eligible for licensure upon completing 1,000 hours of clinical experience within Washington State.

STATE RESPONSE: NCQAC disagrees with this recommendation. WAC 246-840-048 was adopted because the method of education and testing used by the Excelsior College nursing program in New York did not meet Washington state standards. This program did not provide clinical experiences for its students, and it tested students on a weekend at testing centers located in a few cities in the United States.

NCQAC did significant research and sought stakeholder input in preparing the new rule. WAC 246-840-048 requires an individual who did not complete our state's licensing requirements by July 27, 2020, to complete 1,000 hours of nursing practice in another state in order to become endorsed in Washington state. Allowing these individuals to obtain their 1,000 hours of clinical practice in Washington state prior to licensure would constitute practicing without a license, in violation of RCW 18.79.030. The only individuals who completed 1,000 hours of clinical practice in Washington state without a license would have been practicing under the authority of Chapter 70.15 RCW and a declared state of emergency.

Action Steps and Time Frame: N/A

Recommendation 5 addresses performance monitoring.

5. Establish goals and compute a measure(s) that provides for other assessments of licensing timeliness and performance. Options to consider include:
    a. Establish goals and compute measures for overall and specific timeliness across applications measuring the actual application processing time, including out-of-state applications, from application receipt to license issuance.
    b. Establish goals and compute measures capturing the application process to provide quantitative data on timeliness or delays, which NCQAC does and does not control, to pinpoint areas for improvement and increased timeliness. These measures should individually capture the timeliness of the intake, background, and educational review processes.
    c. Develop and administer a customer satisfaction survey to gauge customer experiences with licensing timeliness.

STATE RESPONSE: NCQAC welcomes the opportunity to develop and implement meaningful performance measures for licensing processes.

RCW 18.79.390(5) requires NCQAC and the Department of Health to develop performance measures. Prior to the pandemic, NCQAC used a robust system of performance measures, including licensing measures. NCQAC and DOH are revising their joint operating agreement that includes developing meaningful performance measures. Implementation of the Health Enforcement and Licensing Management (HELMS) database in April 2024 may enhance this data collection.

Additionally, implementation of the Nurse Licensure Compact will include data collection and research to evaluate the licensing and disciplinary outcomes.

Action Steps and Time Frame

- Negotiate and sign the joint operating agreement at the July NCQAC meeting. *By July 31, 2023*.
- Work with HSQA to develop meaningful performance measures. *By January 31, 2024*.
- Share outcomes and best practices to measure performance outcomes with DOH and publicly display them on the NCQAC website. *By February 28, 2024*.

Recommendations 6-7 address hastening the licensing process until the new licensing information system is fully implemented.

---

6. Purchase and implement automated technologies like artificial intelligence bots to scan and extract relevant application information versus manually entering licensing applications into ILRS.

STATE RESPONSE: NCQAC agrees that the use of new technologies should be explored but disagrees with this recommendation since NCQAC and DOH are in the process of implementing a new technology, HELMS. To purchase, program, implement and then interface with another system at this time may be counterproductive and time-consuming for staff who will be testing and implementing the HELMS system. Implementation of HELMS should include process efficiencies, automations, and advanced technologies, which will significantly reduce the need for manual data entry. The implementation date of HELMS is slated for April 2024.

Action Steps and Time Frame: N/A

7. Continue to issue temporary practice permits for applicants, pending receipt of results of federal background checks.

STATE RESPONSE: NCQAC agrees with this recommendation and the continued performance measures reporting.

Action Steps and Time Frame

- NCQAC will revise WAC 246-840-095 with reasonable deadlines for the collection of FBI fingerprints and issue temporary practice permits. *By December 31, 2023.*

Recommendations 8-10 address scalability of the licensing process.

8. Establish a pilot program to expedite the endorsement application process by incorporating a risk-based approach to licensing that considers the following options: (1) Establish reciprocal licensing agreements with states with similar licensing requirements as NCQAC to allow for an expedited licensing review for nurses already licensed in those states, or (2) Monitor licensees for complaints and discipline and use advanced analytics to identify common factors – such as nursing school or type of license–among the licensed professionals with no or low levels of complaints or discipline, and allow for immediate Temporary Practice Permit (TPP) issuance upon application receipt for these lowest-risk groups.

STATE RESPONSE: The governor recently signed SSB 5499, the Multistate Nurse Licensure Compact, which creates the ability for nurses who already hold a multistate license in one of the other participating 39 U.S. jurisdictions to practice immediately in Washington state. We will develop an implementation plan that includes enacting rules that require FBI criminal background checks on all applicants for a multistate license no later than December 31, 2024.

Action Steps and Time Frame:

- Implement the Nurse Licensure Compact requiring Washington to be a member of the Compact Administrators Commission. The commission collects data and research associated with the compact. NCQAC will adopt rules to fully implement the compact. *By December 31, 2025.*
- Fully implement HELMS to aid with data collection and analysis. *By December 31, 2024.*

---

9. Modify the licensing process to minimize the number of touches by different staff by adopting an alternative staffing strategy, which includes expanding the areas that individual staff can review.

STATE RESPONSE: NCQAC will consider this recommendation. The current process of intake, review and approval by all health professions was adopted due to an audit finding in the 1990s. With HELMS, the intake, review, and approval processes are required. A pilot project to investigate alternative processes may discover effective methods to further protect against unqualified applicants and increase efficiency.

The Health Systems Quality Assurance (HSQA) is currently working on a credentialing process that may identify efficiencies. HSQA and NCQAC will work together to apply any lessons learned from the credentialing process.

Action Steps and Time Frame

- Consider the findings of the HSQA credentialing process review and explore recommendations for efficiencies gained and process improvements. *By December 31, 2024.*

- Explore systems used by other state boards of nursing. *By December 31, 2024.*
- Explore systems used by other licensing agencies in the state of Washington. *By December 31, 2024.*
- Work with the Council of Enforcement and Licensing (CLEAR) and Federated Associations of Regulatory Boards (FARB) to gather information on licensing processes. *By December 31, 2024.*
- Compare outcomes of all four data collections and identify similarities and differences and present the findings to the Department of Health. *By July 1, 2026.*

---

10. Dedicate staff to process specific types of licensing applications versus assigning staff based on exam, endorsement, or international.

STATE RESPONSE: NCQAC disagrees with this recommendation until the outcomes of the action steps in Recommendation 9 are complete. The data collection and analysis described in Recommendation 9 will provide evidence to inform changes.

Action Steps and Time Frame: Deferred until after the actions are complete for Recommendation 9.

Link to full report available on the Joint Legislative Audit and Review Committee's website:
https://portal.sao.wa.gov/ReportSearch/Home/ViewReportFile?arn=1032536&isFinding=false&sp=false

STATE OF WASHINGTON
DEPARTMENT OF HEALTH
Nursing Care Quality Assurance Commission
111 Israel Road SE MS 47864
Olympia, WA 98504-7864

June 12, 2023

TO: Sasha DeLeon, Assistant Secretary
Health Systems Quality Assurance (HSQA)

FROM: Alison Bradywood, Executive Director
WA State Board of Nursing (BON)

SUBJECT: Memorandum of Understanding
Washington Recovery and Monitoring Program
(WRAMP)

Effective July 16, 2022, WRAMP in the Office of Health Professions (OHP), transitioned to Washington Health Professional Services (WHPS) within the WA BON (formerly Nursing Care Quality Assurance Commission). Discussions around this began in the fall of 2021 when WRAMP recognized the need for operational support beyond what OHP could provide. The BON already has a robust substance use disorder monitoring program in WHPS, and staff in WRAMP, including a direct supervisory presence, had diminished in recent years. To allow for operational support and consistency among professions, leadership in OHP and the BON agreed that melding the programs under one supervisor was the optimum business model. This MOU provides the framework and ongoing understanding of how WRAMP will coexist within WHPS/BON. It is by mutual agreement between OHP/HSQA and the BON that WRAMP continue to operate with its one dedicated position within the BON/WHPS.

The intent of WRAMP coexisting within the BON accomplishes these things:

- Access resources already available to WHPS through a broader network of information, technology, research, and data related to substance use disorder and applying similar monitoring practices across all health care professions.
- Provide a support mechanism for the case manager by which they can collaborate and participate in all discussions related to substance use disorder and monitoring health care professionals to embrace best practices in the program, which includes input from the WHPS medical director.
- Rely on the WHPS medical director for professional consultation regarding participants when necessary.
- Provide a strong supervisory presence for support and resource management.
- Exist within a framework where the WRAMP case manager can be away from the office on leave and be confident other knowledgeable case managers in WHPS will monitor the health care professionals on the WRAMP caseload and take appropriate actions when necessary.

WRAMP and WHPS commit to the following business practices:

- Maintain the independence of WRAMP within WHPS, keeping caseloads separate and billing for time dedicated to WRAMP separate. No BON funds will support WRAMP and vice versa.
- Produce a comprehensive annual report for EDs and professional boards in July, using the fiscal year as the timespan. The report will include but not be limited to WRAMP's performance,

participation, rates of health care professionals' program completeness, relapse rates and highlights of significant non-compliance, and procedure reviews.

- Review procedures for best practices and make recommendations for change to OHP leadership for presentation to executive directors and professional boards for consideration and potential approval.
- Maintain full integrity for decisions regarding WRAMP participants by bringing all WRAMP matters before the executive directors and professional boards in the same manner it occurs now. The BON will not assume authority to make decisions regarding WRAMP participants.

The following funding strategy, consistent with the fiscal assumptions for WRAMP's coexistence within WHPS, will occur for the 2024-2025 biennium. The agreement is as follows:

1. 100% of the WRAMP case manager's position is hard coded to the WRAMP Clearing Account.
2. 14% of the WHPS operations manager's position is hard coded to the WRAMP Clearing Account.
3. 3% (68 hours per year) of two WHPS case managers is hard coded to the WRAMP Clearing Account to support WRAMP in the WRAMP case manager's absence due to vacation and sick leave.
4. 100% of the cost of conferences and training for the WRAMP case manager is billed to the WRAMP Clearing Account.
5. The WHPS medical director will bill WRAMP directly for services specific to WRAMP.

This Memorandum of Understanding is valid the 2024-2025 biennium and will be re-evaluated prior to each future biennium.

Thank you for collaborating with us to maintain WRAMP in an environment supported by peers who do the same work for the nursing profession. The public is protected by maintaining the highest standards possible in the daily operations of WRAMP through work alongside colleagues in WHPS, and the sharing of ideas and solutions to common challenges inherent to the duties of the case manager position.

Alison Bradywood, DNP, MPH, NHA, RN, NEA-BC
Executive Director
Washington State Board of Nursing

Cc: Traci Orr, Deputy Director, Office of Health Professions
Shawna Fox, Director, Office of Health Professions
Pam Ranes, Finance and Operations Manager
Miceal Carnahan, Budget Analyst
Sheryl Hilt, Management Analyst
Chris Archuleta, Director, Operations and Finance, BON
Catherine Woodard, Director, Discipline and WHPS, BON

DEPARTMENT OF HEALTH
NURSING CARE QUALITY ASSURANCE COMMISSION
PROCEDURE

Title:	National Council of State Boards of Nursing (NCSBN) Institute of Regulatory Excellence (IRE)	**Number:**	H12.01
Reference:			
Contact:	Paula R. Meyer, MSN, RN, FRE, Executive Director (ED) Washington State Nursing Care Quality Assurance Commission (NCQAC)		
Effective Date:	July 12, 2013	Date Reviewed:	March 2016
Supersedes:			
Approved:	Charlotte Foster, BSN, MHA, RN **Charlotte Foster, BSN, MHA, RN** **Chair** **NCQAC**		

PURPOSE:

The NCSBN inducts board members and staff into the IRE program. The IRE is a post graduate fellowship program. Participants complete nursing regulatory research during a four year program. The research proposal must meet the criteria established by the NCSBN.

The NCQAC recognizes the value of evidence based regulation and decisions. The NCQAC supports its members and staff working with the NCQAC to pursue induction in the IRE.

PROCEDURE:

This procedure describes the approval process for IRE projects by the NCQAC. This procedure describes the payment for NCQAC members participating in the IRE.

A. All NCQAC members and staff seeking induction in the IRE program must present the NCQAC with a concept prior to applying to the IRE. The concept must be fairly well developed and include:
   1. Hypothesis – The project must be related to nurse regulation, to include regulatory models, licensing, discipline, scope of practice, and finance.

2. Proposed design – The project proposal must include a description of data collection, protection of human subjects, population to be included, and data analysis.
3. Timeline – The project proposal must include a timeline to predict project start and end dates, milestones and potential deliverables.

B. The project proposals must be submitted to the ED or the chair of the NCQAC. The project proposal is then presented by the applicant at a NCQAC meeting. The full NCQAC will determine if there is support for the project.

C. Once NCQAC project support is acquired, the applicant may continue with the application process with NCSBN.

D. The NCSBN allows $3000 financial support to offset project costs. . The money supports the cost of research analysis, cost of materials, poster presentation, and materials needed to complete the project. The NCSBN also supports the cost of travel and per diem to the annual IRE conferences for the four years of the program.

E. If the applicant is a NCQAC member, the member cannot claim per diem, travel and board pay for IRE work. If the IRE applicant is a staff member, the staff member cannot claim overtime to complete the IRE work. IRE is considered a professional enhancement and individual decision to pursue.

F. Since the IRE project is regulatory in nature and in alignment with the work of the NCQAC, the applicant must present written reports to the NCQAC on the project and progress to date. At a minimum, the applicant must present written reports to the NCQAC after the annual IRE conference and at each September NCQAC business meeting during the course of the project.

G. Once the applicant completes the project and has been inducted as an IRE Fellow, there will be recognition at a NCQAC meeting.

Addition of APRN to protected titles

RCW 18.79.030 Licenses required—Titles.

DRAFT

Problem

Washington State is one of only nine states and one territory that does not use the nationally accepted term Advanced Practice Registered Nurse (APRN). This potentially creates confusion for Advanced Practice Nurse Practitioners (ARNP) in WA state and for APRNs across state lines. The confusion may increase with implementation of the RN/LPN compact and in telehealth practices. **(RCW 18.79.030 Licenses required—Titles).** APRN Title Map | NCSBN

Solution (language not yet final)

1) *Add APRN as an additional protected title in the state of WA.*

- (2) It is unlawful for a person to practice or to offer to practice as an advanced registered nurse practitioner, advanced practice registered nurse, or as a nurse practitioner in this state unless that person has been licensed under this chapter. A person who holds a license to practice as an advanced registered nurse practitioner in this state may use the titles "advanced registered nurse practitioner," "advanced practice registered nurse," "nurse practitioner," and "nurse" and the abbreviations "A.R.N.P.," "A.P.R.N.," and "N.P." No other person may assume those titles or use those abbreviations or any other words, letters, signs, or figures to indicate that the person using them is an advanced registered nurse practitioner, advanced practice registered nurse or nurse practitioner.

2) *Include a clause indicating APRN will be the preferred title.*

- The current preferred professional title nationwide is "advanced practice registered nurse" or "A.P.R.N." Any other reference in law to "advanced registered nurse practitioner" or "A.R.N.P." remains valid and equivalent to an "advanced practice registered nurse" or "A.P.R.N."

Impact

Although there is general agreement on the need to adopt the nationally recognized title, there is continuing discussion on how this should best be implemented so the exact language will likely be refined. Since the ARNP title is so embedded in the laws and rules, it could disrupt practice and cause consumer confusion to remove one title (ARNP) and replace with another (APRN) at one point of time. The result is the current recommendation to allow for gradual implementation of the new preferred title of APRN.

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

Gloria Brigham with the Washington State Nurses Association (WSNA) was approached by Public Health Supervisors with concerns about Public Health-Seattle and King County (PHSKC) Public Health replacing registered nurse (RN) positions with non-nurses in positions 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 is the impact replacing RNs with non-nurses will impact providing safe and appropriate care to patients. This is not a new issue with public health programs. It has been going on for a long time.

- Replacing RNs with frontline caregivers with non-nurses, such as community health workers and social workers. This is concerning because often patient needs are related to chronic health conditions that would require a nurse to be involved. Examples include patients with women who are pregnant with hypertension (during pregnancy or post-partum), cesarean section wounds, and medical issues that require nursing care that cannot be done by a non-nurse.
- Replacing RNs in leadership, supervisory, or managerial roles with non-nurses. This is concerning because non-nurses be an administrator to oversee nursing practice and may result in lack of oversight without a "medical" chain of command.
    - 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. The Registered Nurse (RN) practices nursing independently and does not require supervision of nursing practice. Most organizations have a supervisory structure including a system for competency assessment. A competency assessment to evaluate nursing practice must be done by a nurse.
    - Concerns about what will happen with the Chief Nursing Officer position. Unsure if this position will be posted. An option might be to replace the position with a "term-limited temporary" for up to three years.

- Orientation, Performance, and Competency:
    - Concerns about orienting new nurses if there are no nurses available. Currently, 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, other than new hires that are done in 6 months. These have been put on hold by many programs unless they are required. There is no financial incentive to do a performance evaluation. Performance evaluations are not required in nursing laws and rules. This is an organizational issue. 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.

The program has eleven regional teams. All sites have at least one RN. Sometimes, if a program only has one RN position that is not filled, they will involuntarily transfer a RN from another program. The program has 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. Visits are made in the home and/or office. New patients are triaged, and a decision is made as to which health care provider will make the first visit. The patient also can decide which of the health care providers they want to see. I most cases, all the team members see the patient. 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, and other programs, have nurses involved. 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.

Reasons for Hiring Non-Nurses

- 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). There may be a property tax lifted, and if this occurs, it could result in about an $80 million deficit in 2025.

PHSKC is going to be developing a new Strategic Plan. Hoping that they will determine that nursing is essential in public health services. They will be looking at all positions within the system. A recommendation was made to have students enrolled in Doctor of Nursing Practice (DNP) involved. 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.

Seattle King County Public Health:
Elimination of Public Health Nurses Follow-up Report
July 14, 2023

In April 2023, the Washington State Nurses Association (WSNA) brought forward concern that Seattle King County Public Health (SKCPH) is replacing public health nurses (PHNs) with non-nurses in the First Steps Program. The Consistent Standards of Practice Subcommittee discussed the issue at the April 21, 2023 with consensus to forward it to the May 12, 2023 Nursing Care Quality Assurance Commission (NCQAC) business meeting for recommendations. Specific practice concerns are: 1) Whether non-nurses would be delivering care that was beyond their scope of practice; 2) That non-nurses would be supervising registered nurses.

Further meetings with the Department of Health (DOH) programs were held to discuss issues raised regarding SKCPH nursing practice and oversight. Attendees included:

- Alison Bradywood, DNP, MN/MPH, RN, NCQAC Executive Director
- Paula Meyer, MSN, RN, NCQAC Executive Director
- Yvonne Strader, MHA, BSN, BSPA, RN, NQQAC Chair
- Shana Johnny, DNP, MSN, RN, NCQAC Nurse Consultant
- Lacy Fehrenbach, MPH, Chief of Prevention
- Sash DeLeon, MS, MSPH, MA, BS, HSQA Assistant Secretary
- Katie Eilers, MPH, MSN, AMCHP, RN, State Maternal and Child Health Director
- Julie Hollenbech, PhD, DOH Local Health Jurisdiction Liaison
- Herbie Duber, MD, MPH, FACEP, Regional Medical Officer
- Tao Kwan-Gett, MD, MPH, Chief Science Officer, Regional Medical Officer

The goal was information sharing and to see if there were broader concerns. The issues were not concerning to other parties present and there was reassurance that this is an employment issue:

- No concerns have been raised through the Health Systems Quality Assurance (HSQA) or other departments within DOH regarding non-nursing disciplines working outside of their scope.
- The Health Care Authority (HCA) determines the First Steps staffing model and model for reimbursement.
- The First Steps model in the state is a multidisciplinary team consisting of Registered Dieticians, Social Workers, and nursing. Clinical oversight of nursing is present with the existing SKCPH structure.
- Financial pressures and $100M shortfall for SKCPH are adding to concern about the presence of nursing throughout public health.

Based on this information, NCQAC has not found any violation of nursing statutes around nursing supervision after review of the current staffing model and would not have jurisdiction

over other health care professionals or unlicensed individuals and their scope of practice. The authority for other health professionals (such as social workers or dieticians) or unlicensed individuals practicing beyond their scope would be through Health Systems Quality Assurance (HSQA) programs.

At the June 8, 2023 Consistent Standards of Practice Subcommittee meeting, public attendees did voice concerns that this is not only happening for the First Steps Program but for other Public Health Nursing services. The initial concern from WSNA did broadly mention Public Health Nurses in general, additional meetings with WSNA and SKCPH staff indicated the primary area affected was First Steps.

Frequently Asked Questions
Cardiology and Respiratory Procedures

Licensed Practical Nurse

Can a licensed practical nurse assist in performing a needle decompression for a tension pneumothorax?
It is within the scope of practice of the appropriately prepared and competent licensed practical nurse to assist an authorized health care practitioner, or a registered nurse, to perform needle decompression for a tension pneumothorax, following clinical practice standards. The licensed practical nurse should use the Scope of Practice Decision Tree to determine if these activities are within the nurse's legal and individual scope of practice.

Can the licensed practical nurse change or reposition a tracheostomy tube?
It is within the scope of practice of an appropriately trained and competent licensed practical nurse to perform routine and non-complex tracheostomy care under the direction of an authorized health care practitioner, or under the direction and supervision of the registered nurse, following clinical practice standards including:

- Suctioning of a non-established or established tracheostomy stoma. The licensed practical nurse may assist an authorized health care practitioner or the registered nurse in suctioning a fresh tracheostomy stoma;
- Changing, repositioning, or reinserting a tracheostomy tube in an established tracheostomy tract, (Decannulation before a mature tract is an emergency situation as well as a complex procedure and is not within the scope of the licensed practical nurse. The licensed practical nurse may assist an authorized health care practitioner or the registered nurse in reinsertion of a tracheostomy tube if the decannulation occurs before the tract is established.);
- Tracheostomy site care and dressing changes; and
- Inflation and deflation of cuff in a healed and established stoma.

The licensed practical nurse should use the Scope of Practice Decision Tree to determine if the activity is within the nurse's legal and individual scope of practice. Standing orders may be used. See the Nursing Care Quality Assurance Commission's Neonatal Intubation and Related Procedures Advisory Opinion for additional information.

DRAFT

Can the licensed practical nurse perform cardiac stress testing?
It is within the scope of practice of an appropriately trained and competent licensed practical nurse to perform a routine and non-complex cardiac stress test under the direction of an authorized health care practitioner, or under the direction and supervision of a registered nurse, following clinical practice standards. A prescription or order from an authorized health care practitioner is required. The licensed practical nurse should use the Scope of Practice Decision Tree to determine if these activities are within the nurse's legal and individual scope of practice. There may be other regulations, such as Centers for Medicare and Medicaid Services (CMS) who defines the requirements for supervision (general or direct), and other parameters, for reimbursement of the procedure. ~~For instance, the CMS Regulations and Guidance defines the requirements in hospital outpatient facilities.~~

Can the licensed practical nurse perform endotracheal intubation or other resuscitative procedures?
The Nursing Care Quality Assurance Commission determines it is beyond the scope of the licensed practical nurse due to the complexity of the activity to perform endotracheal intubation. The licensed practical nurse may be a member of the team and assist in performing individual activities during resuscitation based on the Scope of Practice Decision Tree under the direction of an authorized health care practitioner, or under the direction and supervision of the registered nurse, following clinical practice standards. See the Nursing Care Quality Assurance Commission's Neonatal Intubation and Related Procedures Advisory Opinion for additional information.

Can the licensed practical nurse perform pulmonary functioning testing?
It is within the scope of practice of an appropriately trained and competent licensed practical nurse to perform routine and non-complex pulmonary functioning testing under the direction of an authorized health care practitioner, or under the direction and supervision of a registered nurse, following clinical practice standards. A prescription or order from an authorized health care practitioner is required. The licensed practical nurse should use the Scope of Practice Decision Tree to determine if these activities are within the nurse's legal and individual scope of practice. There may be other regulations, such as Centers for Medicare and Medicaid Services (CMS) who defines the requirements for supervision (general or direct), and other parameters for reimbursement of the procedure. ~~For instance, the CMS Regulations and Guidance defines the requirements in hospital~~

Can the licensed practical nurse perform respiratory therapy procedures?
It is within the scope of practice of an appropriately trained and competent licensed practical nurse to perform routine and non-complex respiratory therapy procedures under the direction of an authorized health care practitioner, or under the direction and supervision of the registered

nurse, following clinical practice standards. It may be within the scope of practice for the licensed practical nurse to perform respiratory therapy procedures and activities such as administering or adjusting oxygen settings, adjusting ventilator settings, nebulizer treatments, suctioning, chest physical therapy, nebulizer treatments, intermittent positive pressure breathing therapy, or pulmonary function testing. Medical regimens require a prescription or order from an authorized health care practitioner. The licensed practical nurse should use the Scope of Practice Decision Tree to determine if these activities are within the nurse's legal and individual scope of practice. The licensed practical nurse may not use the title of respiratory therapist unless the nurse is dually licensed.

Can the licensed practical nurse pull an intra-aortic balloon pump (IABP) and temporary pacer wires?

The Nursing Care Quality Assurance Commission determines it is beyond the scope of the licensed practical nurse to remove an IABP or temporary pacing wires due to the complexity of the procedure and concerns about the stability of the patient. The licensed practical nurse may assist an authorized health care practitioner or the registered nurse in performing this activity. The licensed practical nurse should use the Scope of Practice Decision Tree to determine if any of the activities the licensed practical nurse is assisting with, is within the nurse's legal and individual scope of practice.

Is it within the scope of the licensed practical nurse to perform pulmonary artery pressure monitoring procedures?

The Nursing Care Quality Assurance Commission determines it is beyond the scope of the licensed practical nurse to perform pulmonary artery pressure monitoring procedures due to the complexity of the procedure. The licensed practical nurse may assist an authorized health care practitioner or the registered nurse in performing this activity. The licensed practical nurse should use the Scope of Practice Decision Tree to determine if these activities are within the nurse's legal and individual scope of practice.

Is it within the scope of practice of a licensed practical nurse to administer the Occupational Health and Safety Administration (OSHA) Respirator Medical Evaluation Questionnaire in accordance with the OSHA Respirator Protection Standard (29 CFR 1910.134) and perform a respiratory fit test?

It is within the scope of the appropriately prepared and competent licensed practical nurse to assist an authorized health care practitioner, or the registered nurse, in performing the OSHA Respirator Medical Evaluation Questionnaire and perform a respiratory fit test, following clinical practice standards. The licensed practical nurse should use the Scope of Practice Decision Tree to determine if the activity is within the nurse's legal and individual scope of practice. Please see the regulations for OSHA Respirator Medical Evaluations. ~~OSHA Medical Evaluations for~~

~~Workers who use Respirators~~. The licensed practical nurse may initiate the evaluation and/or respiratory fit testing following standing orders. The Nursing Care Quality Assurance Commission's Standing Orders and Verbal Orders Advisory Opinion and Verbal Orders provides additional guidance and recommendations.

Is it within the scope of the licensed practical nurse to assist in removing trans-thoracic (epicardial) pacing wire following open-heart surgery?

It is within the scope of practice of the appropriately prepared and competent licensed practical nurse to assist an authorized health care practitioner, or the registered nurse, in removing trans-thoracic (epicardial) pacing wire following open-heart surgery, following clinical practice standards. The licensed practical nurse should use the Scope of Practice Decision Tree to determine if these activities are within the nurse's legal and individual scope of practice.

Is the licensed practical nurse required to have a current first aid certification and cardiopulmonary resuscitation certification (CPR), and if so, does it have to be the health care provider CPR?

The nursing laws and rules do not require the licensed practical nurse to maintain first aid ~~certification~~or~~,~~ CPR certification and does not~~or~~ stipulate whether the licensed practical nurse needs to have Basic Cardiac Life Support (BLS) certification or have BLS for health care providers. The laws and rules require the licensed practical nurse~~s~~ to demonstrate competence and accountability in all areas of practice in which the nurse is engaged. The licensed practical nurse should consider the area of practice in which the nurse is working. Competent practice may require the administration of first aid and/or CPR. Employers or facilities may require the licensed practical nurse to maintain first aid and/or CPR certification. Some facility laws and rules require nurses to have a CPR certification. For example, WAC 246-320 Hospital Licensing Regulations require~~s~~ at least one nurse to have CPR certification and at least one nurse to have advanced cardiac life support (ACLS) certifcation in recovery areas and in critical care units. In neonatal and pediatric services in hospitals, at least one registered nurse or physician must be trained in infant/pediatric resuscitation; in obstetrics, at least one registered nurse must be trained in neonatal resuscitation when infants are present. WAC 246-330 Ambulatory Surgical Facilities require~~s~~ at least one registered nurse to have current ACLS certification. WAC 388-112-0260 Adult Family Homes and Assisted Living Facilities also ~~have~~ has specific requirements for CPR and first aid training. The Centers for Medicaid and Medicare Services (CMS) and accreditation organizations (such as the Joint Commission) may have specific requirements. It is the employer's decision as to the first aid and CPR requirements including ~~and~~ what type (BCLS or BLS for Health Care Providers) in the absence of accreditation or facility regulations. The employer may also decide whether they want to require an in-person course or on-line course and other parameters.

DRAFT

What activities can the licensed practical nurse perform when caring for a patient with a chest tube?

It is within the scope of practice of the appropriately prepared and competent licensed practical nurse to perform the following tasks related to chest tube care under the direction of an authorized health care practitioner, or under the direction and supervision of the registered nurse, following clinical practice standards:

- Chest tube insertion site ~~are~~ and dressing change;
- Clamp the tube in an emergency;
- Administer medications via a chest tube;
- Monitor patency of the draining system;
- Assist an authorized health care practitioner or the registered nurse in removing a chest tube; and
- ~~Assist an authorized health care practitioner or the registered nurse in~~ Cchanging bottles and/or disposable collection system.

It is not within the scope of the licensed practical nurse to perform the following tasks:

- ~~Independently change out chest tube bottles;~~
- Independently remove a chest tube;
- ~~Independently change a disposable collection system; or~~
- Manipulate, advance, irrigate, milk, or remove a chest tube.

The licensed practical nurse must demonstrate the following c~~C~~ompetencies:

- Demonstrate knowledge and ability to apply critical thinking and evidence-informed inquiry throughout the nursing process to care for a patient with a chest draining system.
- Demonstrate knowledge and understanding of the indications and contraindications for chest tube insertion.
    - Hemothorax
    - Spontaneous or traumatic pneumothorax
    - Tension pneumothorax
    - Spontaneous or traumatic pneumothorax
    - Tension pneumothorax
    - Pleural effusion
    - Cardiac tamponade
    - Diaphragmatic hernia
    - Hepatic hydryothorax
    - Refractory coagulopathy
- Demonstrate knowledge and ability to identify and describe purpose of pleural or mediastinal chest tubes.
- Demonstrate knowledge and ability to assist with insertion and removal of chest tubes

DRAFT

- Demonstrate knowledge and ability to setup, manage, and access a chest tube system.
- Demonstrate knowledge and ability to identify potential complications for patients with chest drainage systems such as:
    - Compromise in system patency
    - Discussion or malfunction
    - Incorrect placement, dislodgement, or occlusion
    - Hemorrhage
    - Pulmonary Edema
    - Infection
    - Subcutaneous emphysema

DRAFT

DEPARTMENT OF HEALTH
NURSING CARE QUALITY ASSURANCE COMMISSION
PROCEDURE

Title:	Investigative Mental and/or Physical Examinations	**Number:**	A41.03
Reference:	RCW 18.130.050, 18.130.095, 18.130.170, WAC 246-11-080, 246-10-109 Procedure A.24 Approval of Evaluators in Nurse Discipline Cases		
Author:	Catherine Woodard, Director Discipline and Washington Health Professional Services Nursing Care Quality Assurance Commission		
Effective Date:	July 14, 2023	**Date for Review**: July 14, 2025	
Supersedes:	A.41.02 – September 13, 2013 HPQA 232, 1/11/2005 - August 2, 2012		
Approved:			
	Yvonne Strader, RN, BSN, BSPA, MHA Chair Nursing Care Quality Assurance Commission (NCQAC)		

PURPOSE: This procedure establishes a uniform process to order investigative mental and/or physical examinations consistent with the requirements of RCW 18.130.170.

PROCEDURE:

I. If the assigned staff attorney and Reviewing Commission Member (RCM) determine a mental and/or physical examination is appropriate, they make a recommendation to the Case Disposition Panel (CDP). Following CDP approval:

A. Legal staff contracts with an approved evaluator. (See Procedure A24 Approval of Evaluators in Nurse Discipline Cases).

B. Unless the respondent has indicated they will not submit to an evaluation or has failed to respond to contacts with legal or investigative staff, legal staff sends a letter to the respondent requesting they complete an examination. The letter contains the identity

of the evaluator who will conduct the examination and a consent form acknowledging that the respondent agrees to the examination.

C. Once legal staff has received notice from the evaluator of an appointment with the respondent, legal staff will send documents from the case file to the evaluator which are relevant to the examination.

D. If the respondent participates in the evaluation, the evaluator sends the completed evaluation report to legal staff, who shares it with the RCM.

E. The RCM and staff attorney present at CDP for a decision.

II. If the respondent does not consent to an examination or there has been no contact with the respondent, legal staff prepares the documents in support of the examination, including the Notice of Intent to Order Investigative Mental and/or Physical Examination (NOI) and the Agreed Order for Investigative Mental and/or Physical Examination. These documents must include the elements specified in RCW 18.130.170(2)(a). The AAG signs the NOI, and legal staff serves the documents and files them with the Adjudicative Clerk's Office (ACO).

A. If the respondent returns the signed Agreed Order for Investigative Mental and/or Physical Examination consenting to the exam, legal staff follow steps 1 C, D, and E above.

B. If the respondent fails to sign and return the Agreed Order for Investigative Mental and/or Physical Examination within twenty (20) days of receipt, legal staff notifies the ACO to serve the respondent a Findings of Fact, Conclusions of Law, and Order for Mental/Physical Examination. Once the ACO has served the Order, legal staff follow steps 1 C, D, and E above.

C. If the respondent responds and refutes the NOI, the ACO will schedule a hearing before a panel. If the panel issues an Order for Investigative Mental and/or Physical Examination, legal staff follow steps 1 C, D, and E above.

III. If the respondent fails to make an appointment with the evaluator or fails to meet with the evaluator for the appointment within the required timeframe after the ACO has served the order, legal staff may proceed with a Statement of Charges (SOC) for failure to comply with an order issued by the disciplining authority.

DEPARTMENT OF HEALTH
NURSING CARE QUALITY ASSURANCE COMMISSION
PROCEDURE

Title:	Investigative Mental and/or Physical Examinations	**Number:**	A41.03
Reference:	RCW 18.130.050, 18.130.095, 18.130.170, WAC 246-11-080, 246-10-109 Procedure A.24 Approval of Evaluators in Nurse Discipline Cases ~~(Evaluators)~~		
Author~~Contact~~:	Catherine Woodard, Director ~~Director,~~ Discipline and Washington Health Professional Services Nursing Care Quality Assurance Commission		
Effective Date:	July ~~7~~14, 2023	**~~Reviewed Date~~Date for Review**: ~~June 20, 2023~~July 14, 2025	
Supersedes:	A.41.02 – September 13, 2013 HPQA 232, 1/11/2005 - August 2, 2012		
Approved:			
~~**Approved:**~~	Yvonne Strader, RN, ~~-~~BSN, BSPA, MHA~~, RN,~~ ~~-~~Chair ~~Washington State~~ Nursing Care Quality Assurance Commission (NCQAC)		
	~~**Paula R. Meyer, Executive director**~~ ~~**Washington State Nursing Care Quality**~~		

PURPOSE: This procedure establishes a uniform process to order investigative mental and/or physical examinations consistent with the requirements of RCW 18.130.170.

PROCEDURE:

~~1.~~I. If the assigned staff attorney and Reviewing Commission Member (RCM) determine a mental and/or physical~~n~~ examination ~~seems~~ is appropriate, they make a recommendation to the Case Disposition Panel (CDP). Following CDP approval:

Formatted: Font: 12 pt
Formatted Table
Formatted: Border: Left: (Single solid line, Auto, 0.5 pt Line width)
Formatted: Font: 12 pt
Formatted: Font: 12 pt
Formatted: Font: 12 pt
Formatted: Font: 12 pt
Formatted: Font: 12 pt
Formatted: Font: 12 pt
Formatted: Font: 12 pt
Formatted: Font: 12 pt
Formatted: Font: 12 pt
Formatted: Font: 12 pt
Formatted: Font: 12 pt
Formatted: Font: 12 pt
Formatted: Font: 12 pt
Formatted: Font: 12 pt
Formatted: Font: 12 pt
Formatted: Font: 12 pt
Formatted: Font: 12 pt
Formatted: Font: 12 pt
Formatted: Font: 12 pt
Formatted: Font: 12 pt, Bold
Formatted: Font: 12 pt
Formatted: Font: 12 pt
Formatted: Font: 12 pt
Formatted: Font: 12 pt
Formatted: Font: 12 pt
Formatted: Font: 12 pt, Not Bold
Formatted: Font: 12 pt
Formatted: Font: 12 pt
Formatted: Font: 12 pt
Formatted: Left
Formatted: Numbered + Level: 1 + Numbering Style: I, II, III, … + Start at: 1 + Alignment: Right + Aligned at: 0.25" + Indent at: 0.5"

A. Legal staff contracts with an approved evaluator. (See Procedure A24 Approval of Evaluators in Nurse Discipline Cases).

B. Unless the respondent has indicated ~~that~~ they will not submit to an evaluation or has failed to respond to contacts with legal or investigative staff, legal staff sends a letter to the respondent requesting they complete an examination. The letter contains the identity of the evaluator who will conduct the examination and a consent form acknowledging that the respondent agrees to the examination.

C. Once legal staff has received notice from the evaluator of an appointment with the respondent, legal staff will send documents from the case file to the evaluator which are relevant to the examination.

D. If the respondent participates in the evaluation, the evaluator sends the completed evaluation report to legal staff, who shares it with the RCM. ~~completed evaluation report is forwarded to the staff attorney and RCM.~~

E. The RCM and staff attorney~~SA~~ present at CDP for a decision.

~~2.~~II. If the respondent does not consent to an examination or there has been no contact with the respondent, legal staff prepares the documents in support of the examination, including the Notice of Intent to Order Investigative Mental and/or Physical Examination (NOI) and the Agreed Order for Investigative Mental and/or Physical Examination. These documents must include the elements specified in RCW 18.130.170(2)(a). The AAG signs the NOI, and legal staff serves the documents and files them with the Adjudicative Clerk's Office (ACO).

A. If the ~~R~~respondent returns the signed Agreed Order for Investigative Mental and/or Physical Examination~~,~~ consenting to the exam,~~ then~~ legal staff follow ~~through with~~ steps 1 C, D, and E~~,~~ above.

B. If the r~~R~~espondent fails to sign and return the Agreed Order for Investigative Mental and/or Physical Examination within twenty (20) days of receipt, legal staff notifies the ACO ~~is notified~~ to serve the r~~R~~espondent a Findings of Fact, Conclusions of Law, and Order for Mental/Physical Examination. Once the ACO has served the Order, legal staff follow ~~through with~~ steps 1 C, D, and E above.

If the r~~R~~espondent responds and refutes the NOI, the ACO will schedule a hearing before a panel. If the panel issues an Order for Investigative Mental and/or Physical Examination, legal staff follow steps 1 C, D, and E above.

~~B.~~

C.

~~C.A. Once ACO has served the Order, follow through with steps 1 C, D, and E above.~~

~~3.~~ III. If the r~~R~~espondent fails to make an appointment with the evaluator or fails to ~~show up for an appointment~~meet with the evaluator for the appointment within the required timeframe~~,~~ after the ACO has served the o~~O~~rder, l~~L~~egal s~~S~~taff may proceed with a Statement of Charges (SOC) for failure to comply with an order issued by the disciplining authority.

Formatted: Numbered + Level: 1 + Numbering Style: I, II, III, … + Start at: 1 + Alignment: Right + Aligned at: 0.25" + Indent at: 0.5"

Formatted: Font: Not Bold

Formatted: Font: Not Bold

Formatted: Font: Not Bold

Formatted: Font: Not Bold

Formatted: No bullets or numbering

Formatted: Font color: Black

Formatted: Normal, Numbered + Level: 1 + Numbering Style: A, B, C, … + Start at: 1 + Alignment: Left + Aligned at: 0.5" + Indent at: 0.75"

Formatted: Indent: Left: 0.06", Hanging: 0.44", No bullets or numbering

DEPARTMENT OF HEALTH
NURSING CARE QUALITY ASSURANCE COMMISSION
PROCEDURE

Title:	Summary Actions	**Number:**	A46.04
Reference:	RCW 34.05.479; RCW 34.05.422; RCW 18.130.370; RCW 18.130.050(7) WAC 246-11-300 through 350		
Author:	Catherine Woodard, Director Discipline and Washington Health Professional Services Nursing Care Quality Assurance Commission		
Effective Date:	July 14, 2023	**Date for Review:**	July 14, 2025
Supersedes:	HPQA 212,November 01, 2007; HPQA 253; May 02, 2005; & HPQA 256, December 1, 2006; August 1, 2012 A.46.03 - September 13, 2013		
Approved:			
	Yvonne Strader, RN, BSN, BSPA, MHA Chair Nursing Care Quality Assurance Commission (NCQAC)		

PURPOSE: This procedure describes the steps required for the Nursing Care Quality Assurance Commission (NCQAC) to take summary action. Summary actions may address issues of imminent danger, when a license holder is prohibited from practicing nursing in another state for conduct that would be unprofessional in Washington, or when there is a DSHS final finding of abuse or neglect of a vulnerable person.

PROCEDURE

I. Case management staff performing complaint intake and assessment tasks identify cases of imminent danger, prohibited practice in another state, or DSHS final findings.

II. The Case Management Team (CMT) will review reports and authorize investigations for possible summary action.

A. In the event of out-of-state prohibition (e.g., revocation, suspension, or surrender), the CMT may recommend summary action if:

1. The other state's prohibition was not based solely upon discipline issued by Washington;

2. NCQAC has not already considered the out-of-state action. For example, the disciplining authority had information about the conduct resulting in the out-of-state action and either credentialed the applicant or closed the complaint.

3. The out-of-state prohibition was based on a finding of unprofessional conduct that is substantially equivalent to unprofessional conduct defined in RCW 18.130.180. Factors to consider substantial equivalence include similar statutory/rule language or elements.

III. In the event of a DSHS final finding, CMT may recommend summary action unless NCQAC has already considered the underlying conduct that led to the finding and either closed the complaint or taken disciplinary action.

IV. After investigation, CDP determines whether to authorize summary action.

V. For imminent danger summary actions only:

A. The case manager drafts a "hot topic" announcement. Legal staff review the announcement before the executive director sends it to the HSQA hot topic distribution list.
B. Legal staff prepares a draft press release and coordinates with NCQAC communications and DOH communications staff for finalization and distribution.

VI. Once CDP authorizes summary action, legal staff prepares the initiating documents, including the motion, declaration and exhibits, Statement of Charges (SOC), proposed summary order, hearing rights notice, and answer form. Legal staff also coordinate with the Attorney General's Office (AGO) to review and sign the motion and SOC.

VI. Legal staff submits the initiating documents to the Adjudicative Clerk's Office (ACO).

VII. In an imminent danger case, the ACO schedules the panel to consider the motion. NCQAC delegates summary motions involving out-of-state action and DSHS findings to the health law judge. See Procedure H16 Signature Delegation.

VIII. ACO notifies legal staff of the outcome.

A. If the motion for summary action is granted, legal staff serve the summary order packet. A copy of the summary order packet may be personally delivered to the respondent at the same time it is served by mail.

B. If the summary action is not approved, legal staff serve the SOC and follow the usual formal disciplinary process.

DEPARTMENT OF HEALTH
NURSING CARE QUALITY ASSURANCE COMMISSION
PROCEDURE

Title:	Summary Actions	**Number:**	A46.043
Reference:	RCW 34.05.479; RCW 34.05.422; RCW 18.130.370; RCW 18.130.050(7); ~~WAC 246-10-301 THROUGH 306 AND~~ WAC 246-11-300 through 350		
Author~~Contact~~:	~~Mary Dale, Discipline Manager~~Catherine Woodard, Director Discipline and Washington Health Professional Services Nursing Care Quality Assurance Commission		
Effective Date:	~~September 13, 2013~~July ~~7~~14, 2023 **Date for Review:**	July 14, 2025	
Supersedes:	HPQA 212,November 01, 2007; HPQA 253; May 02, 2005; & HPQA 256, December 1, 2006; August 1, 2012 A.46.03 - September 13, 2013		
Approved:			
	Yvonne Strader, RN, BSN, BSPA, MHA~~, RN~~ , Chair ~~Washington State~~ Nursing Care Quality Assurance Commission (NCQAC)		

PURPOSE: This procedure describes the steps required for the Nursing Care Quality Assurance Commission (NCQAC) to take summary action. Summary actions may address issues of imminent danger, when a license holder is prohibited from practicing nursing in another state for conduct that would be unprofessional in Washington, or when there is a DSHS final finding of abuse or neglect~~-~~ of ~~a minor or~~ a vulnerable ~~adult~~person. ~~The summary action process involves the rapid restriction or suspension of a nurse's license without prior notice.~~

PROCEDURE

I. Case management staff performing complaint intake and assessment tasks identify ~~1.~~ ~~C~~cases of imminent danger, prohibited practice in another state, or DSHS ~~abuse~~ final findings ~~are identified on complaint intake and assessment.~~

Formatted: Font: 12 pt
Formatted Table
Formatted: Font: 12 pt
Formatted: Font: 12 pt
Formatted: Font: 12 pt
Formatted: Font: 12 pt
Formatted: Font: 12 pt
Formatted: Font: 12 pt
Formatted: Font: 12 pt
Formatted: Font: 12 pt
Formatted: Font: 12 pt
Formatted: Font: 12 pt
Formatted: Font: 12 pt
Formatted: Font: 12 pt
Formatted: Font: 12 pt
Formatted: Font: 12 pt, Bold
Formatted: Font: 12 pt
Formatted: Font: 12 pt
Formatted: Font: 12 pt
Formatted: Font: 12 pt
Formatted: Font: 12 pt, Not Bold
Formatted: Font: 12 pt, Not Bold
Formatted: Font: 12 pt, Not Bold
Formatted: Font: 12 pt, Not Bold
Formatted: Font: 12 pt
Formatted: Indent: Left: 0.25", Hanging: 0.25", Numbered + Level: 1 + Numbering Style: I, II, III, ... + Start at: 1 + Alignment: Right + Aligned at: 0.25" + Indent at: 0.75"
Formatted: Indent: Left: 0.75", First line: 0"

II. ~~2.~~ ~~Members of t~~The ~~Expedited~~ Case Management Team (~~E~~CMT) will review reports and ~~open complaints for~~authorize investigations ~~recommend the case~~ for possible summary action ~~by the NCQAC.~~

A. In the event of out-of-state prohibition (e.g., revocation, suspension, or surrender), the ~~E~~CMT ~~will~~ may ~~review all cases to determine that~~recommend summary action if:

1. The other state's prohibition was not based solely upon discipline issued by Washington;

2. NCQAC has not already considered the out-of-state action. For example, the disciplining authority had information about the conduct resulting in the out-of-state action and either credentialed the applicant or closed the complaint.~~; and.~~

3. The out-of-state prohibition was based on a finding of unprofessional conduct that is substantially equivalent to unprofessional ~~mis~~conduct defined in RCW 18.130.180. Factors to consider substantial equivalence include similar statutory/rule language or elements.

III. In the event of a DSHS final finding, CMT may recommend summary action unless NCQAC has already considered the underlying conduct that led to the finding and either closed the complaint or taken disciplinary action.

~~B. A mandatory summary suspension based on out-of-state prohibition is not required if any of the above factors are not met. If NCQAC already considered the conduct, the case is closed without action. NCQAC may still take action if the other state's action was not a full prohibition or substantially equivalent.~~

~~C. This procedure is used for~~If ~~the summary action is mandatory based on mandatory summary suspensions, prohibited practice in another state or a, and DSHS final finding, of abuse of a minor or a vulnerable adult. The~~the statement of charges ~~(SOC) alleges a~~ violations of ~~RCW 18.130.180(5), unless~~ the ~~evidence already exists to supports~~ additional ~~charges.~~

IV. ~~3.~~ After investigation, ~~NCQAC case disposition panel (~~CDP~~)~~ determines whether to ~~recommend~~ authorize summary action.

V. ~~A.~~ For imminent danger summary actions only:

A. ~~T~~The case~~discipline~~ manager drafts a "hot topic" announcement ~~for all non-mandatory~~~~imminent danger summary actions~~. ~~The summary coordinator for Office of Legal Services (OLS)~~Legal staff review~~s~~ the announcement before the c~~E~~xecutive d~~D~~irector sends it to the HSQA hot topic distribution list.

B. Legal staff prepares a draft press release ~~on imminent danger cases only~~ and coordinates with NCQAC communications and DOH communications staff for finalization and distribution. ~~The discipline manager drafts the proposed news release according to HSQA business practice 1-1-36.~~

~~4.~~ VI. ~~A summary action is initiated through a motion process~~Once CDP authorizes summary action.~~.~~ ~~The staff attorney~~l~~L~~egal staff ~~coordinates with the Attorney General~~

Formatted: List Paragraph, Indent: Left: -0.38", Hanging: 0.38"

Formatted: Indent: Left: 0.63", Hanging: 0.38"

Formatted: Indent: Left: 0.13", Hanging: 0.38", No bullets or numbering

Formatted: Font color: Auto

Formatted: Indent: Left: 0.13", Hanging: 0.38"

Formatted: Indent: Hanging: 0.38"

Formatted: Indent: Left: 0.25", Hanging: 0.25", No bullets or numbering

Formatted: Indent: Left: 0.5", No bullets or numbering

~~Office (AGO) and prepares the initiating documents. This includes~~d ~~-~~prepares the initiating documents, including the motion, declaration and exhibits, ~~underlying statement of charges~~Statement of ~~O~~Charges (SOC), proposed summary order, hearing rights notice, and answer form. Legal staff also coordinate~~s~~ with the Attorney General's Office (AGO) to review and sign the motion and SOC.

~~5.~~ VI. ~~When the initiating documents have been finalized, the legal secretary sets a "face-to-face" scheduling meeting. Participants include staff from Office of Customer Service-Adjudicative Clerk Office (OCS-ACO), OLS and the discipline manager. The group coordinates an anticipated timeline for the summary motion to be heard. The group also tentatively identifies when the order will be served.~~

~~6.~~ Legal staff submits the~~The~~ initiating documents ~~are submitted~~ to ~~OCS~~the Adjudicative Clerk's Office ~~-~~(ACO)~~. by the legal secretary on behalf of the NCQAC. At the time the documents are filed with the OCS-ACO, the Summary Coordinator~~legal staff provides the agreed anticipated timeline to OCS-ACO, DOH cCommunications oOffice, and ECMT participants.~~

~~7.~~ VII. In an imminent danger case, the ~~OCS~~ ACO schedules the panel ~~proceeding~~ to consider the motion. NCQAC ~~has~~ delegate~~sd to the health law judge~~ summary motions involving out--of--state action and DSHS findings to the health law judge. See Procedure H16 Signature Delegation.~~.~~

~~8.~~ VIII. ~~OCS~~ ACO notifies ~~-~~legal staff~~OLS~~ of the outcome.

A. If the ~~NCQAC panel approves the~~grants the ~~-~~motion for summary action is granted, legal staff~~OLS~~ serve~~s~~ the summary order packet. A copy of the summary order packet may be personally delivered to the respondent at the same time ~~that~~ it is served by mail.

B. If the summary action is not approved, legal staff serve the ~~statement of charges~~SOC ~~is served~~ and follow the usual formal disciplinary process.~~the disciplinary process is completed within normal timelines.~~

Formatted: Indent: Left: 0.13", Hanging: 0.38", No bullets or numbering

Formatted: Indent: Left: 0.13", Hanging: 0.38"

Formatted: Indent: Left: 0.13", Hanging: 0.38", No bullets or numbering

Formatted: Indent: Hanging: 0.38"

Formatted: Indent: Left: 0.13", Hanging: 0.38", No bullets or numbering

Formatted: Indent: Hanging: 0.38"

Formatted: Indent: Left: 0.13", Hanging: 0.38", No bullets or numbering

Formatted: Indent: Hanging: 0.38"

Formatted: Indent: Left: 0.63", Hanging: 0.38"

Title:	Approval of Advanced Practice Expert Evaluators	**Number:**	A52.01
Reference:	RCW 18.79, RCW 18.130.		
Contact:	Paula R. Meyer, MSN, RN, FRE, Executive Director		
Effective Date:	November 14, 2014		
Supersedes:	None		
Approved:	November 14, 2014		
	Suellyn Masek, MSN, RN, CNOR, Chair **Washington State Nursing Care Quality Assurance Commission**		

PURPOSE STATEMENT:

The Nursing Care Quality Assurance Commission (NCQAC) approves advanced practice experts to conduct or evaluate mental and/or physical health, sexual deviancy, sexual or other misconduct, boundary violations, or any other applicable evaluations of advance practice registered nurses. Such evaluations may be required in Interim Orders, Agreed Orders, and Final Orders.

PROCEDURE:

1. The Advanced Practice Advisor is responsible for the recruitment efforts and application process for potential Advanced Practice Experts. Applications for Advanced Practice Expert status will be processed under the supervision of the Advanced Practice Advisor.

2. The Advanced Practice Advisor:

   a. Ensures required documentation is received from the applicant;
   b. Screens for minimum qualifications;
   c. Maintains and revises the expert list;
   d. Places the applicant (s) on the agenda for Advance Practice Subcommittee consideration; and
   e. Sends copies of the applicants) documents and the current policy to the Advanced Practice Subcommittee members.

3. The NCQAC gives authority to the Advanced Practice Subcommittee to approve applicants as advanced practice experts based on established criteria.

Advanced Practice Expert Minimum Criteria:

a. Licensed in the State of Washington for at least two (2) years in a discipline or specialty appropriate to advanced practice issues. An out of state expert may be allowed on selected issues as needed.
b. No sanctions or disciplinary action in any jurisdiction.
c. Minimum of five (5) years of experience in assessment and treatment in area of specialization or expertise in the particular issues involved.
d. Verification of a Master's Degree or post-graduate education in area of expertise.
e. Exceptions to the minimum criteria standards may be approved by the Nursing Commission.
f. Experts may be non-nurses when appropriate, and must meet criteria (b) and (d) as appropriate to their area of expertise

Application and Appointment Process:

a. The applicant submits the Advanced Practice Expert application and resume reflecting related specialized training and experience including formal education, work and research experience, and professional activities;
b. The applicant submits:
    i. Written agreement to provide consultation, opinion, and/or testimony within the designated time period;
    ii. Professional documents to demonstrate competency in order to function as an Advanced Practice Expert; and
    iii. Three (3) professional references.

4. The Advanced Practice Advisor will:
a. Review applications for completion, verify licensure and/or certification status, and for any disciplinary actions
b. Submit qualified applicant's names to the Advanced Practice Subcommittee;
c. Send the applicant an appointment notification letter when approved by the Advanced Practice Subcommittee; and
d. Review the list of approved Advanced Practice Experts every two (2) years to determine currency of their eligibility, contact information and if they wish to continue to serve.

Barriers to/Opportunities for LPN Academic Progression

Mary A. Baroni, PhD, RN

NCQAC Business Meeting

July 14, 2023

Agenda

- Academic Progression in Washington State 2016-2023
- Survey of LPN's in Washington State – Fall 2019
- LPN-to-BSN Pilot-Pathway Development/Implementation 2021-2023
- Snapshot of LPN-to-BSN demographics
- Putting a Face on LPN's: Holistic Admissions & Stories of Success

RWJF Academic Progression in Nursing (APIN)

Robert Wood Johnson Foundation (RWJF) APIN grants to 9 states

$600,000 (2012-2016) to support IOM goal of 80% BSN by 2020

Support for 4 new RN-BSN programs (Bellevue, Saint Martin's, Wenatchee Valley & Western Washington University)

Associate in Nursing Direct Transfer Agreement (DTA) by 2014

Action Now! (2017-2019) – What about LPNs?

Premera Blue Cross of Western WA Funding ($1,830,784) 2019-2024

LPN-to-BSN Academic Progression Planning Grant ($49,960) 2019-2020

- 2019 Survey of LPNs in Washington State
- LPN Direct Transfer Agreement Development (DTA)
- Development/Submission of LPN-BSN Implementation Grant

LPN-to-BSN Pathway Implementation Grant ($1,780,824) 2021-2024

- Development, Implementation, Evaluation of 4 pilot programs
- Columbia Basin, Green River, Wenatchee Valley & Saint Martin's University

LPN Career Advancement Survey 2019
Distribution to 8,032 LPNs with 2,057 Respondents (26%)

- 70% reported LPN was highest achieved education
- 77% wanted to advance their nursing education to RN or above
- 64% wanted to advance their education to BSN or above
- 74% were very interested in doing so in the next 5 years
- 79% were willing to drive 1 or more hours each way for school
- Highest barrier was lack of available programs (76.7%) followed by financial concerns (61.2%)
- 41.5% identified as non-Caucasian
- Nearly half reported being the major or only source of family income
- Over 25% were the first in their families to attend college at any level

Open-Ended Question “Is there anything else?”

Almost 1/3 of respondents had more to say in 53 pages of single-spaced text

1. Constraints of the LPN Population
2. Lack of Access and Program Options
3. Barriers to Entrance
4. Perceived Unfairness toward LPN Advancement
5. Restrictions to LPN Advancement Contributes to Shortages
6. Hope for Change

Constraints of the LPN Population: Family Obligations and the need to Work Full-Time

I have attempted to go back and start the beginnings for the RN courses twice however life got in the way both times. My desire was to have the degree, but it just never happened for me. I would love to see a program designed for nurses like me who have 30 plus years in to go back and get their RN. The schools I've talked to state that I have to start from the beginning again including retaking all pre-reqs.

“I don’t know how to work enough hours to still pay my rent and bills while also going to school and doing well. I’m a single mom with only my income supporting us. I could support us better as an RN and get my dream job, but I don’t know how to do this financially”.

“I was actually told by a director of a local nursing program that if I wanted to get my RN, I needed to quit working. That is simply not an option for me & my family.”

Lack of Access/Limited Program Options

I am truly surprised at the lack of LPN to RN programs in all of the Pacific Northwest… Going back to school is hard both financially and psychologically. I would welcome some assistance in enabling LPNs more chances to be able to transition to RNs, for more job possibilities & security.

“I believe that our state makes it very challenging for LPNs to earn our RN because of lack of programs. I am currently in another professional program due to these circumstances. It would be huge for our state to help with this and give LPNs a chance to further their education. There is not a lot of there for LPNs and the bridge programs that are, take in very few LPNs each year.

Barriers to Entrance

“I’m a veteran and earned my LPN/LVN through the military, however when I explore the LPN-RN Bridge Programs, I’m turned away even though I have the same license as any other LPN. I’m being told that they don’t accept my military transcripts…”

I would love the opportunity to finish what I started. I have been turned down for years for an RN program, which is what led me to LPN program. Now ..... my pre reqs are expiring and I have been turned down for five years trying to get into different bridge programs. I am someone who will have to basically “start over” and repeat pre req classes because I was not able to join a bridge program due to limited spacing and options around my place of residence. I would love more online options so other nurses like myself, have a chance to complete their degrees.

Perceived Unfairness toward LPN Advancement

"…LPNs with many years of experience and full-time employment history should be accepted into an LPN-RN program without having test and repeat pre-requisite courses. Most times, we are mature students with plenty of work experience and life experiences that are far more valuable than a written paper, pre-requisite course, or entrance test"

I have been looking into moving to another state that will provide options for me to be able to complete my education because WA State does not offer programs that are realistic for working parents.

It's been made very hard for LPNs to go back to school for their RN. It's easier for someone with no medical experience to get into an RN program than for an experienced LPN to get into an LPN-RN program and that isn't right.

Restrictions to LPN Advancement Contributes to Shortages

- I believe more options for LPN's to obtain their RN or BSN degree would be significant in helping with the nursing shortages especially in rural areas where there are fewer opportunities but strong need for educated nurses! I hope this moves forward with positive outcome.

- It’s extremely important to expand access for LPNs to advance their education in nursing. If we are facing a nursing shortage, we should be leveraging the experience, knowledge, and skills of current LPNs to foster the development of new RNs.

- The lack of nursing programs in Washington State is a complete disappointment, especially since there are so many LPNs I know who want their RN. The nursing shortage we currently have will only get worse if this is not resolved.

Hope for Change
"The long & short of it…"

"Most LPNs I know desperately want to achieve a higher level of education. They are ready and excited to do so if given the chance. We are encouraged to continuously progress and develop our "global perspectives" as a "member of the profession" and to commit to "lifelong learning", which we would very much like to do. However, there are so few programs available for us to do this…I hope that answering the questions on this survey will provide the information needed to make progression and lifelong learning more accessible to LPNs/LVNs who are ready to advance their careers."

"PLEASE, PLEASE, MAKE THIS HAPPEN!"

Premera Grant LPN-to-BSN Pilot Programs

- Saint Martin's University – Fall 2021 with 13 and admitted their 2nd cohort of 15 in fall 2022. Their 1st cohort graduated in May 2023 and their 3rd cohort will enroll in August 2023.

- Green River College – Fall 2022 with 16 current students & increased their enrollment to 32 for their 2nd cohort who will begin in Fall 2023

- Columbia Basin College – January 2023 with 15 current students and has admitted their 2nd cohort of 16 LPNs who began in June 2023.

- Wenatchee Valley College – January 2023 with 14 current students with over 50% from west of the mountains and 2nd cohort will begin in January 2024.

	Saint Martin University		Green River	Columbia Basin	Wenatchee Valley	Mean %
	Fall '21	**Fall "22**	**Fall '22**	**Winter '23**	**Winter '23**	**Overall**
BIPOC	53.9%	60.0%	79.0%	62.5%	75.0%	66.1%
1st generation	46.2%	73.3%	64.0%	93.7%	60.0%	67.4%
Multi-lingual	30.8%	6.7%	42.0%	62.5%	40.0%	36.4%
Military	0.0%	13.3%	<1%	6.3%	0.0%	4.1%

WCN 2022 Data on Non-Caucasian Diversity & LPN-BSN Pilot Cohorts

WA State	LPN Workforce	BSN Students	LPN Students	LPN-BSN Students
33.5%	37.3%	39.9%	44.0%	61.1%

https://www.wcnursing.org/wp-content/uploads/documents/reports/2022-WA-Nursing-Diversity-Data-Snapshot-Final-11.16.22.pdf

Holistic Admissions in Nursing Education: Stories of Success

Holistic Admissions: How to be Successful in the Process - Washington Center for Nursing (wcnursing.org)

https://youtu.be/m5dOm0tC9_k

Operating Agreement 2022-2023

Between the Board of Nursing and the Department of Health

Section 1 – Introduction

Intent

It is the intent of the Board of Nursing (BON or board) and the Department of Health (DOH or department) to enter a mutually beneficial Joint Operating Agreement (JOA) which promotes efficiency, respect, and best practices in both organizations. The DOH and BON demonstrate this through shared values, open communication, regular meetings, and opportunities for collaboration.

The Partnership

The board is an independent agency that partners with the department within the system of health care regulation, each recognizing the expertise of the other. Both must comply with state and federal laws, administrative rules, and policies. The legislature created a partnership in which the BON has decision-making authority over nursing health professional regulation, selection of the executive director, and proposing its own biennial budget that the secretary of health (secretary) must submit to the Office of Financial Management (OFM). The secretary manages the department to support agency and BON goals, objectives, and policies. The secretary is responsible for fee setting in consultation with the BON. The board will work with the deputy assistant secretary of Health Systems Quality Assurance (HSQA) division to provide feedback and input into administrative processes. The department and the BON pledge to maintain a cooperative and collaborative working relationship.

Statutory Requirement

RCW 43.70.240 requires that the secretary and the BON enter into a written JOA on administrative procedures. The JOA must include, but is not limited to, the following provisions:

- Administrative activities supporting the BON's policies, goals, and objectives;
- Development and review of the agency budget as it relates to the BON;
- BON related personnel issues;
- Use of performance audits to evaluate the consistent use of common business practices when appropriate; and
- Calculation and reporting of timelines and performance measures.

This document fulfills that requirement.

DRAFT

Effective Date and Amendments

When signed by both parties, this joint operating agreement will become effective and will remain in effect until superseded by a new one. Both parties agree to review the JOA prior to the end of each biennium. The parties may amend this JOA at any time by mutual written agreement. Either party may initiate a process to amend the JOA by requesting a meeting with the other party as soon as practical. The request must be answered in writing within ten business days. The response must include the rationale for the decision.

Good Faith

Both parties pledge their good faith and best efforts to maintain a cooperative and collaborative working relationship. Both parties agree to regular meetings, to occur at least quarterly, between the BON executive director and the deputy assistant secretary to discuss any concerns regarding business needs or other concerns, and the deputy assistant secretary will offer consultations regarding significant policy changes or decisions related to budget, human resources, facilities, records and information governance.

Disagreements

Per RCW 43.70.240, any dispute between the BON and the department must be mediated and determined by a representative of OFM. BON or DOH initiates dispute resolution in writing to the other stating the issue, the desired outcome, attempts to resolve the issue, and the request for mediation according to the approved procedure H20. The request must be answered in writing within ten business days. The response must include rationale for the decision.

Section 2 – Definitions

Administrative Support Services

Services provided by the department in accordance with applicable Department of Enterprise Services (DES), Washington Technology Solutions (WaTech), and OFM policies and procedures, state and federal laws, administrative rules, policies, collective bargaining agreements and Governor's executive orders.

Assigned Assistant Attorney General

An attorney, appointed by the Washington State Attorney General under RCW 43.10, to advise the BON in all matters involving legal or quasi legal questions.

Assistant Secretary

The Assistant Secretary of HSQA.

Business Plan or Strategic Plan

A detailed outline of the mission, vision, goals, and objectives of the BON.

DRAFT

Chief
Chief for Prevention, Safety, & Health.
Executive leader who reports to the secretary and oversees the following DOH Divisions: Environmental Public Health, HSQA, and Prevention and Community Health.

Consultation
Providing information and seeking advice to take into consideration prior to making a decision.

Deputy Assistant Secretary
The Deputy Assistant Secretary for Operations of HSQA.

Executive Director
The Executive Director of the BON meeting the qualifications defined in chapter 18.79 RCW.

Fiscal Officer
The Finance and Operations Manager (FOM) assigned to provide fiscal support to the BON who reports to the Director of Program Financial Management within Financial Services.

Indirect Charges
Charges for administrative costs that support and are linked to program and/or functional activities and tend to vary with activity level or size, but usually cannot be practically or economically direct charged.

Office Director
The director of an office in the department.

Office of Financial Management (OFM)
The Office of Financial Management in the office of the governor.

Office of Human Resources
The unit designated to perform human resources functions.

Performance
Outcomes resulting from processes, services, or work relative to the state benchmark, objective, or goal. Performance is quantifiable and stated in measurable terms.

Secretary
Secretary of Health.

DRAFT

Service Unit Charges
Charges by specific units of business against the BON's budget for services rendered.

Section 3 – General Roles and Responsibilities

The legislature established the department in 1989 under chapter 43.70 RCW to provide a strong, clear focus on public health programs and issues previously spread across a number of other agencies. The primary responsibilities of the department include:

- Preservation of public health;
- Monitoring health care costs;
- Maintenance of minimal standards for quality in health care delivery; and
- General oversight and planning for all the state's activities as they relate to public health.

The primary responsibility of the BON is to regulate the competency and quality of licensed practical nurses, registered nurses, advanced registered nurse practitioners, and nursing technicians in Washington State by establishing, monitoring, and enforcing qualifications for licensing, consistent standards of practice, continuing competency, and discipline. Through these responsibilities, the board works to protect and improve the public health in Washington.

The BON's executive director is responsible for all administrative activities, policies and procedures required to ensure the BON functions effectively. The executive director and BON will comply with state and federal laws, administrative rules, policies, collective bargaining agreements, and governor's executive orders.

The department agrees to provide administrative services including financial and business services; human resources; risk management; information technology; records management and public disclosure; emergency preparedness support consistent with OFM guidelines and federal and state law. The BON agrees to follow all department policies and procedures associated with the services provided under this JOA unless it affects the budget/financial authority of the BON. BON also agrees to bring procedural issues to the DOH management for resolution. The BON will be charged for these services through the indirect rate plan or through direct chargeback. These rates must be discussed and negotiated at least 20 business days prior to implementation.

The department and BON will jointly establish performance metrics for administrative services. Performance will be evaluated at the regular monthly or quarterly meetings depending on the availability of data.

The department's chief for prevention, safety and health, assistant secretary, deputy assistant secretary and office directors provide a conduit for the executive director to access agency internal

resources and support services and inform consistent business practices. The department gains approval from the executive director prior to changes in rent, supply needs, budget coordination, support services, and human resource needs.

When the department or the BON develops recommendations that may change the other's statutory authorities, impact agency activities, or potentially affect professions outside the BON's authority, both parties agree to provide to the other opportunities for comments on drafts as far in advance as possible. When possible, comments will be included in the recommendations.

Signature Authority

The BON and secretary may each delegate their signature authority. The BON documents and reviews their signature authority and delegations every year. The BON agrees to use the DOH signature authority portal to document delegated signature authority according to DOH procedure.

Section 4 – Core Responsibilities

Summary Statement

The purpose of the BON is 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 BON must promote the delivery of quality health care to the residents of the state of Washington (RCW 18.79.010).

Nursing Assistant Training and Testing

The BON establishes and determines nursing education standards for more than 200 nursing assistant programs. The BON performs all functions associated with the approval process. The board establishes minimum competency standards for the training and testing of nursing assistants-certified (NACs) and NACs with a medication assistant certification endorsement [1]. The BON establishes program approval standards for nursing assistant training programs, which include traditional, home care aide alternative, medical assistant alternative, and medication assistant training programs[2]. The board performs all functions associated with initial and ongoing approval processes, including complaint intake and investigation. The board manages the vendor contract for the testing of nursing assistants for state certification.

[1] Statutory Authority: RCW 18.88A.010, 18.88A.040, 18.88A.060, 18.88A.080, 18.88A.085, and 18.88A.087.
[2] Statutory Authority: RCW 18.88A.085, 18.88A.087, 18.88A.088, 18.88A.090. 18.88A.100, 18.88A.120, 18.88A.130 and 18.88A.150. Statutory Authority RCW 18.88A.200, 18.88A.210, and 18.88A.230.

Nursing Education

The BON establishes and determines nursing education standards for over 250 nursing programs. The BON performs all functions associated with the approval process. The purpose of BON approval of all nursing education programs is protection of the public. Quality nursing education provides the foundation for safe and effective practice, ensuring that graduates are prepared for licensure.[3] The BON adopts minimum standards for approval, development, evaluation, and continuous improvement of in-state nursing education programs. The BON approves in-state clinical/practice experiences for out-of-state distance education nursing programs by assessing the education provided is equivalent to in-state nursing education standards[4]. In addition, the BON evaluates licensing applicants' educational preparation of graduates from international and interstate nursing programs to ascertain equivalency to in-state standards.[5]

Credentialing

The BON establishes and maintains the qualifications for the licensure of licensed practical nurses, registered nurses, advanced registered nurse practitioners, and nursing technicians in Washington State. The BON performs all necessary functions for licensing through its designated customer service unit. The BON specifies application requirements for all licensed practical nurses, registered nurses, advanced registered nurse practitioners, and nursing technicians. The BON determines the application requirements for all nursing and nursing assistant training programs under its approval authority.

The Nurse Licensure Compact, RCW XX, provides the BON with the authority to receive criminal history record information resulting from Federal Bureau of Investigation (FBI) criminal background checks. The department maintains a single background check unit for the purpose of access to the resources and authority to comply with the Washington State Patrol, and federal fingerprint background checks. The board agrees to continue to use the single background check unit. This work must be done within requirements in state and federal law, and policies and procedures established by the Washington State Patrol and the FBI. As the collection of criminal history documents affects the licensing of nurses, there must be excellent communication between the units. The criminal background check unit will perform these duties within agreed upon performance standards:

- Scan paper fingerprint cards in to WSP-within five business days of receipt;
- Clear FBI workflow and update User Defined Fields within five business days of receipt of report from WSP for fingerprint cards and Live Scan results;
- Update the last date of contact when additional materials are received from the applicant to include fingerprint cards, fingerprint fees, court documents, and personal statements.

[3] Statutory Authority: RCW 18.79.010, 18.79.110, 18.79.150, 18.79.190, and 18.79.240. Statutory Authority: RCW 18.79.110 and 18.79.150. Statutory Authority: RCW 18.79.110.
[4] Statutory Authority: RCW 18.79.010, 18.79.110, 18.79.150, 18.79.190, and 18.79.240
[5] Statutory Authority: RCW 18.79.190

Delays in the collection of criminal history documents must be reported to the BON licensing manager by the criminal background check unit to problem solve and achieve a timely resolution. These delays must also be reported to the Assistant Secretary, HSQA, and the executive director of BON.

HSQA and BON staff are responsible for creating, modifying, and posting applications and other forms used as part of the credentialing application and renewal process. HSQA will follow a consistent and transparent process in making these changes to ensure that online systems dependent on these forms are not negatively impacted.

The BON identifies and adopts procedures to improve efficiency and effectiveness of procedures using best practices. The board communicates the procedures with other professions prior to adoption if there are impacts to other professions.

Discipline

The department and the BON will work together under the uniform disciplinary act so that complaint intake, assessment, investigation, case disposition and adjudication processes are as consistent as practicable. The board will discuss substantial changes in the process in advance of the change so that we may consider participation by all parties. The board identifies and adopts procedures to improve efficiency and effectiveness of procedures using best practices. The board communicates the procedures with other professions prior to adoption if there are impacts to other professions.

The BON and the department will work together with the other boards and commissions as appropriate to coordinate single complaints crossing multiple disciplinary authorities.

Complaint Handling

The department will forward all complaints to the BON concerning practitioners under the BON's authority for initial intake and assessment. The board will forward all complaints to the department concerning practitioners under the secretary's authority for initial intake and assessment. The BON will promptly assess all complaints alleging sexual misconduct to determine if the case involves a clinical or standard of care issue. If not, the board will forward the complaint to the secretary for action.

Unlicensed Practice

BON and the department recognize that assessment of unlicensed practice cases may require nursing expertise and knowledge to determine the investigative plan. Unlicensed Practice cases must be reported to the BON monthly: specifically, the number of cases and where they are in the process must be shared.

DRAFT

Washington Health Professional Services (WHPS) and Washington Recovery and Monitoring Program WRAMP)

The BON recognizes the need to establish a means of providing early recognition and treatment options for licensed practical nurses, registered nurses and advanced registered nurse practitioners whose competency may be impaired due to the abuse of drugs or alcohol.[6] The board intends that such nurses be treated, and their treatment monitored so that they can return to or continue to practice their profession in a manner that safeguards the public. The WHPS program is the BON's approved substance abuse monitoring program under RCW 18.130.175[7] The BON may refer licensed practical nurses, registered nurses, and advanced registered nurse practitioners to WHPS as either an alternative to or in connection with disciplinary actions under RCW 18.130.160[8].

WHPS ensures early entry into recovery for the impaired nurse while providing maximal protection of the public safety by:

- Identifying, assessing, and monitoring nurses.
- Offering self-referral of nurses. Administering the contract for monitoring of nurses in the WHPS program.

Effective July 16, 2022, the Washington Recovery and Monitoring Program (WRAMP) was transferred out of the Office of Health Professions (OHP) in HSQA to WHPS within BON to allow for operational support and consistency among professions. An MOU provides the framework and ongoing understanding of how WRAMP will coexist within WHPS/BON. The MOU will be valid through the 2021-2023 biennium and will be re-evaluated prior to each future biennium.

[6] WAC 246-840-750 The Board of Nursing recognizes the need to establish a means of providing early recognition and treatment options for licensed practical nurses or registered nurses whose competency may be impaired due to the abuse of drugs or alcohol. The commission intends that such nurses be treated and their treatment monitored so that they can return to or continue to practice their profession in a manner, that safeguards the public. The Washington health professional services (WHPS) program is the commission's approved substance abuse monitoring program under RCW 18.130.175. The commission may refer licensed practical nurses or registered nurses to WHPS as either an alternative to or in connection with disciplinary actions under RCW 18.130.160.

[7] RCW 18.130.175 Voluntary substance abuse monitoring programs. (1) In lieu of disciplinary action under RCW 18.130.160 and if the disciplining authority determines that the unprofessional conduct may be the result of substance abuse, the disciplining authority may refer the license holder to a voluntary substance abuse monitoring program approved by the disciplining authority. See RCW 18.130.175 for more details.

[8] RCW 18.130.160 Finding of unprofessional conduct—Orders—Sanctions—Stay—Costs—Stipulations. Upon a finding, after hearing, that a license holder has committed unprofessional conduct or is unable to practice with reasonable skill and safety due to a physical or mental condition, the disciplining authority shall issue an order including sanctions adopted in accordance with the schedule adopted under RCW 18.130.390 giving proper consideration to any prior findings of fact under RCW 18.130.110, any stipulations to informal disposition under RCW 18.130.172, and any action taken by other in-state or out-of-state disciplining authorities. The order must provide for one or any combination of the following, as directed by the schedule, except as provided in RCW 9.97.020. See RCW 18.130.160 for more details.

Policy

Legislative Issues. When the BON identifies issues requiring legislative action, the BON uses its independent authority to work with the governor's office towards a solution. The BON then develops request legislation and forwards to OFM and the governor for desired resolution. The BON provides notice to the department. The department provides consultation and technical advice in the development of request legislation as requested. This support includes, but is not limited to, assisting with:

- Identifying, researching, and developing legislation;
- Coordinating with interested parties;
- Providing testimony;
- Educating the legislative branch;
- Educating the executive branch; and
- Monitoring request legislation progress.

The department will submit the BON request legislation unaltered to OFM and the governor. The BON and the department coordinate legislative issues in good faith for the mutual benefit of the organizations. Prior to the legislative session, the department will provide feedback to the BON on legislative proposals and any guidance provided by the secretary, OFM or the governor. The role of department will be technical, advisory consultation, and as requested by the BON. The department and BON agree to discuss in advance and attempt to come to an agreement on public positions expressed on any legislative matters. The executive director will provide information and guidance and solicit feedback from the BON on legislative goals and activities. The BON may identify issues that require a legislative solution.

Strategic decisions on legislative testimony are based on the political context of the issue and the most effective way to convey the BON position on a bill. The executive director will represent and support the BON in all discussions on legislative issues impacting the practice of nursing and healthcare in Washington State. The board will partner with HSQA and the Office of Policy, Planning, and Evaluation in working with legislative issues.

Contact with Legislature and Legislators. In accordance with RCW 18.79.410[9], in addition to the authority provided in RCW 42.52.804[10], the BON, board members, or staff as directed by

[9] RCW 18.79.410: Commission—Information to legislature.
In addition to the authority provided in RCW 42.52.804, the commission, its members, or staff as directed by the commission, may communicate, present information requested, volunteer information, testify before legislative committees, and educate the legislature, as the commission may from time to time see fit.
[2013 c 81 § 6.] NOTES: Effective date—2013 c 81: See note following RCW 18.25.0167.

[10] RCW 42.52.804: Exemption—Health profession board or commission—Professional opinions. Members of a health profession board or commission as identified in RCW 18.130.040(2)(b) may express their professional opinions to an elected official about the work of the board or commission on which the member serves, even if those opinions differ

the BON, may communicate, present information requested, volunteer information, testify before legislative committees, and educate the legislature.

Both the BON and the department acknowledge the ability of the other party to provide testimony and contact the legislature, as they deem appropriate within existing statutes. The parties may provide testimony and contact legislators and legislative staff as authorized under the Public Disclosure Act, chapter 42.56 RCW, and the Executive Ethics Act, chapter 42.52 RCW. The BON and the department will make every effort to coordinate and communicate with each other for the purposes of sharing information. Board members and staff must record and submit Public Disclosure Reports of these above-mentioned activities to the Public Disclosure Commission.

Rule-making Authority. Statutes authorize both the BON and the secretary to develop and adopt rules to carry out respective statutory responsibilities. The secretary is also required to review and coordinate all rules, interpretive statements, policy statements, and declaratory orders proposed by the BON and provide any comments or suggestions that the secretary deems appropriate.

The BON and department agree to work together in developing rules and guidelines that impact one another, or another profession not regulated by the BON. If the BON determines that the proposed rules or guidelines will negatively impact the BON's ability to effectively carry out its statutory duties, then the BON will collaborate with the secretary to develop alternative solutions to mitigate the impacts. All rulemaking activities must comply with the Administrative Procedure Act, chapter 34.05 RCW.

BON Procedure D 03 was negotiated with the department and includes a Definition of a Completed Rule Package. The procedure defines the process, timelines, and documents to be completed.

At the time the BON submits a completed rules package, the department commits to timely consult with the BON and processes the package within 30 days.

The BON has the authority to file rules with the Code Reviser. The BON chooses to use the department’s processes, forms, and memos during rulemaking for consistency and efficiency. The department will be responsible for timely:

- Filing all forms with the Code Reviser;
- Maintaining the official rulemaking file.

from the department of health's official position. Such communication shall be to inform the elected official and not to lobby in support or opposition to any initiative to the legislature. [2008 c 134 § 15.] NOTES: Finding—Intent—Severability—2008 c 134: See notes following RCW 18.130.020.

Data

The Research Subcommittee (RSC) advises the BON on improving access and utilization of available data to inform policy decisions, evidence based regulatory practice and support research. The BON compiles, analyzes, utilizes, and maintains ownership of BON data. The RSC supports and tracks BON data. The BON works with the department and the RSC to meet data requests in accordance with the Public Records Act (PRA), chapter 42.56 RCW. The board uses data sharing agreements to further define capabilities, limitations, and access to BON's data.

Nursing Practice: Registered Nurse, Licensed Practical Nurse, and Nursing Assistant

The Director of Nursing Practice and nursing consultants address practice topics with the intent to provide guidance within the statutes and regulations based on evidence-based recommendations to nurses, professional organizations, institutions, and the public to guide nursing practice decisions. The goal is to ensure consistent standards of practice of the registered nurse (RN), licensed practical nurse (LPN), and nursing assistant (NA) to promote competent and quality care using a proactive and preventative approach to support the regulation of nursing practice in Washington State. The BON has authority to adopt advisory opinions in response to questions. (RCW 18.79.110). The BON has authority to adopt interpretive and policy statements. (RCW 34.05.230).

Nursing Practice: Advanced Registered Nurse Practitioners

The Director of Advanced Practice and nursing consultants address practice topics with the intent to provide guidance within the statutes and regulations based on evidence-based recommendations to nurses, professional organizations, institutions, and the public to guide advanced nursing practice decisions. These actions promote competent and quality care using a proactive and preventative approach to support the regulation of nursing practice in Washington State. The goal is to ensure consistent standards of practice of the advanced registered nurse practitioner (ARNP). ARNP roles include Nurse Practitioner, Certified Nurse Midwife, Clinical Nurse Specialist and Certified Registered Nurse Anesthetist. The BON has authority to adopt advisory opinions in response to questions. (RCW 18.79.110). The BON has authority to adopt interpretive and policy statements. (RCW 34.05.230).

Section 5 – Budget Development

Joint Process

To support the independent authority of the BON and in accordance with RCW 18.79.390, the executive director prepares the biennial budget, and the BON approves the budget. The secretary must submit the approved BON budget to OFM. All budget decisions rest with the BON. The department acts in an advisory, technical role as requested by the BON.

DRAFT

The executive director or delegate and the department fiscal officer for the BON will meet at least monthly to promote optimal fiscal transparency and maintain trust. When or if the fiscal office becomes aware of any significant fiscal issues that might have an impact on the budget of the BON, there will be timely communication between the fiscal office and the BON.

Spending Authority

The department notifies the BON of its spending authority within 45 days of the date the Governor signs the budget. The BON receives the previous biennium's level of spending authority (known as "carry-forward"), plus or minus any regular adjustments made through the state budget. The department must document all changes to the BON spending authority. The BON retains the right of final approval. Any disputes are to be resolved through mediation as described in Section 1 – *Disagreements.*

Additional Spending Authority

As required by RCW 43.70.320(5), the secretary, at the request of the BON will seek out additional health professions account spending authority for the BON to meet unanticipated costs when revenues exceed more than 15 percent over the department's estimated six-year spending projections for the BON; including governor or legislative mandates that require expenditures exceeding current spending authority levels. The secretary will first look internally to the agency for this additional authority to allot in the BON. If the agency's current spending authority is not a viable option, then the department will assist the BON in preparing a decision package to submit as part of the agency's budget submittal to attain the additional authority. The department does not have decision-making authority over BON decision packages.

Adoption of Fees

The secretary consults with the BON prior to adopting fees for the professions under the authority of the BON according to RCW 43.70.250. The statute requires the costs of each profession be fully borne by members of that profession. Funds collected from nursing fees are dedicated for the work of the BON to carry out its goals, objectives, and functions.

Section 6 – Financial Management

Impact Analyses

Department staff provide timely financial and funding impact analyses whenever the department proposes changes that will impact the BON's budget. Providing this information prior to the enactment or adoption allows the BON to make informed decisions, and more fully understand the implications and costs of alternatives.

DRAFT

Service Unit Charges of the Department to BON Budget

At the beginning of each biennium, the department will include the BON in the process to determine service unit costs, including the cost allocation basis. Service unit expenditures against allotment for the BON will be included in the monthly (board) financial reports received by the BON. Billed hours information will be provided for billed services such as legal and investigative services related to unlicensed or sexual misconduct cases. Both parties recognize that the service unit costs for the BON may vary from that of other boards and commissions.

Budget Reports

Department staff will prepare monthly financial reports which include expenditures against allotments, encumbrances, revenue, and fines collected, and submit them to the executive director or designee for review. If the executive director or delegate identifies items for further investigation or correction, department financial staff must meet with the executive director for explanation and timely mutually agreed upon resolution.

Indirect Charges

The department justifies and notifies the BON of indirect rate charges against the BON budget. The department notifies the BON prior to the start of the new biennium and prior to the new rate adoption.

Procurement

To increase efficiency and decrease department procurement workload, BON will be issued a credit card and is fiscally responsible for the use of the card. The card would be reconciled at the end of each month by BON staff. BON would be responsible for the procurement of items up to approved signature authority limits.

Section 7 – Personnel

The department will provide support and consultation on human resources activities in accordance with all applicable laws, rules, applicable department policies and procedures and the collective bargaining agreement by and between the State of Washington and the Washington Federation of State Employees and Service Employees International Union. The Office of Human Resources (HR) will designate a point of contact for the BON for HR activities which include but are not limited to:

- Classification
- Compensation
- Labor Relations
- Corrective/Disciplinary Actions
- Reduction in Force

DRAFT

- Performance Development Plans
- Recruitment
- Applicable RCW and WAC interpretation
- Application of collective bargaining language
- Training and Development
- Worker's Compensation claims.

The department's HR will also partner with the executive director to ensure that department employees that work with the BON are aware of HR policies, related expectations for employees and how to raise questions and address issues that arise. The executive director will use the department's HR processes, procedures, and systems. Concerns regarding HR activities will be raised to the HR point of contact for the BON or the HR Director for discussion and/or action.

To ensure ongoing communications, the executive director and the HR point of contact for the BON will meet at least monthly. When HR becomes aware of any significant workforce issues that might have an impact on the staff of the BON (such as a reduction in force action), HR will communicate with the BON as early and often as possible. HR will seek the executive director's input into changes impacting BON staff.

Status of Commission Employees

The secretary employs the executive director, who is exempt from the provisions of the state civil service law, chapter 41.06 RCW. The executive director is hired by and serves at the pleasure of the BON and reports to the BON chair. The department and HR recognize that the executive director reports to the board and the executive director hires and manages the dedicated staff. The board has the authority to select, hire, evaluate, set compensation for, and terminate the executive director of the BON. The executive director is the appointing authority designated by the BON to select, hire, evaluate, compensate, and terminate staff.

BON workforce management activities will follow Department policies, procedures, and human resource workflows, state civil service rules, and any applicable collective bargaining agreements.

Specific Consideration

In consultation with HR, the executive director will determine staffing based on organizational needs. While understanding that standards and precedents exist within the department, the executive director makes decisions regarding position establishment, classification, and other position actions in accordance with the state classification and compensation system, civil service rules, and applicable collective bargaining agreements. The executive director has authority to require and provide specific training, within existing funding, personnel, and collective bargaining requirements, to its staff relating to specialization of nursing regulation, licensing, staff development, or other needs as identified by the BON.

DRAFT

Section 8 – Contracts

Unless otherwise prohibited by law, the BON may enter into contractual agreements for services. The board will do so in consultation with the department and follow standard agency contract review and filing processes. The department's contract unit will:

- Execute contracts and amendments on behalf of the BON.
- Provide consultation and technical assistance on contract matters to BON staff or other operational staff, as needed.
- Ensure the BON executive director is informed of contract-related training opportunities so BON staff may participate as appropriate.
- Conduct solicitation processes to include meeting any requirements of the Department of Enterprise Services (DES), negotiating terms and conditions of contracts, process and prepare contracts for signature.
- Serve as liaison with DES on contractual matters.
- Review and provide comments/ recommendations and negotiate directly with or assist in the negotiation with contractors for any required modifications to statement of work and contract terms and conditions.
- Maintain the Enterprise Contracts Management System (ECMS) database so the BON staff may have access to BON contract information.
- Serve as the point of contact for the BON on contractual matters. Act as contractual liaison between BON employees and contractors as needed.

The department's contracts unit is the primary records custodian for records created in the course of preparing, offering, and executing contracts and amendments. The board is the primary custodian of records created during contract management.

Exemptions

The BON has the authority to enter into contracts to retain expert witnesses. The board has the authority to enter contracts for external IT services as described in Section 14 of this agreement. For the purposes of accounting and auditing, the BON will inform the department of these contractual arrangements annually or as requested by the department.

Section 9 – Records Management and Public Disclosure

The department Records Management Office and HSQA Public Disclosure Records Center will process public disclosure requests for the BON. The department informs the executive director of the BON of any initiatives or changes in the areas of records management or public records disclosure that could significantly impact the board.

DRAFT

The department assists the BON with the creation and maintenance of a records retention schedule, including presenting any recommended changes to the State Records Committee for approval.

- The board acts as the primary custodian for records created in the normal course of the board business. The department acts as the primary records custodian for records created in the course of providing administrative support services (Human Resources, Information Technology, Financial, etc.) to the BON.
- The department assists the BON, upon request, with any requirements (activities or documentation) for the transfer of records to the State Records Center, the State Archives, or the digital Archives, and disposition of records that have met their retention period.
- To demonstrate shared accountability, the department provides monthly reports to the executive director on the requests received, fulfilled and any delays.
- The department informs the BON's executive director of training opportunities in the areas of Records Management and Public Records Disclosure so the BON staff may participate as appropriate.
- The BON responds to records requests by the department within ten business days for fulfillment of public disclosure requests within timelines. The department assists the BON in searching for responsive records that are in electronic form residing on the agency's network systems. The department provides the administrative framework to respond to requests for public records requests consistent with the laws governing public record disclosure.

Section 10 – Risk Management

The department processes claims for damages against the BON and employees. These processes include, on behalf of the BON, interaction with the state risk manager, claim settlement, arrangement for defense counsel, and coordination with attorneys general from that agency's tort division. The department Risk Manager consults with the board's executive director upon receipt of a claim, and at every major step until resolution of the claim. The department does not authorize settlement of a claim against the board for more than $5,000 without the approval of the executive director.

The BON is included in the department's tort liability coverage provided through the self-insurance liability fund (Chapter 4.92 RCW). The department may assess the board a proportionate share of its liability insurance premium as if the BON is a division of the department. The BON share may only be based on number of employees, not including Governor-appointed members, and/or its claims history.

DRAFT

The department includes BON assets in any commercial property insurance it obtains for the building housing the BON. The BON may be assessed for its proportionate share of the department premium. The department provides safety and other loss prevention consultation services to the BON. BON staff complies with agency policies on safety and security. The BON will support employee participation on the safety and emergency response committee.

Section 11 – Reports

Department UDA Report

The department prepares a HSQA and Regulatory Activities Uniform Disciplinary Act (UDA) report to the legislature and the governor every biennium to comply with RCW 18.130.310. This is known internally as the UDA report. The report contains aggregate data and narrative. BON submits an addendum with their data and narrative to HSQA to be included in the report to the governor and legislature. BON commits to review and collaborate within 30 days before the deadline of submission to the legislature and governor. The BON addendum serves as the BON biennial report.

Timely Submittal of Reports

The BON completes and submits all reports as directed by law to the governor, legislature, or other required parties. BON submits the reports to the appropriate authority on time according to procedure H19. BON commits to review and collaborate within 30 days before the deadline of submission to the legislature and governor.

Section 12 – Extra-Governmental Relations

Media Relations

The BON uses the department communications office as needed by the BON. The department refers to the BON all media inquiries concerning the BON and its work. The BON retains the right of final review on all press releases and media documents issued through the department Communications office regarding or on behalf of the BON. The BON notifies the department communications office concerning media interaction or BON actions that may have a media interest.

Executive Correspondence

The department forwards to the BON for response any high-profile inquiry and executive correspondence relating to the work or other aspects of the BON. The BON will respond within one business week of receipt of correspondence. The BON will follow department and division executive correspondence processes to ensure appropriate tracking and timely response.

DRAFT

Section 13 – Accounting and Payroll

The department agrees to:

- Provide expertise in purchasing items, supplies, and services for the BON.
- Train BON staff in department and state purchasing rules and requirements and to ensure that all purchasing transactions are completed properly.
- Track all capital asset inventories for BON.
- Seek the best pricing for BON following all purchasing rules.
- Assure payment of duly authorized vendor billings and contract services.
- Assure payment of duly authorized travel expenditures for BON staff and BON members.
- Process bimonthly payroll and benefits for BON staff and BON members.
- Process all cash receipts/revenue received on behalf of the BON.

Section 14-Information Technology Services and Business Solutions

The department provides information technology planning, management, and support services to and as requested by the BON. The department recognizes that the BON has specific needs that must be met to accomplish its statutory duties. The goal of enterprise solutions shall not prevent the BON from procuring services or solutions, from HTS or others, that meet the needs of the BON. The BON will participate in DOH's IT Feedback Forum.

- The department will assist in assessing and recommending technologies or services that meet State Enterprise and department standards within the framework set out by this section. The department will work with the board to meet its business needs. This includes information technology consulting services, Business Relationship Management (BRM), solution architecture, IT procurement and asset management, contracts-licensing- vendor management, service and system support, enterprise architecture, security risk and compliance, project services, IT specific training services. The board agrees to purchase standard technologies that can be supported by the department when appropriate.
- The BON may elect to purchase and pay to support non-standard technologies or provide support following all required policy and procedures as relevant. In these instances, the BON will coordinate with HTS using the agency process when necessary. The board accepts that in these instances HTS may not offer support of these services or technologies.
- The department will assist with information technology activities related to applications and data, such as: service management, testing and quality assurance, data services, application management, software development, enterprise applications, content services, and Geographical Information Services. In addition, HTS will broker services with CTS, vendors, other state agencies and any other needed parties. In those instances where HTS

DRAFT

does not have capacity to timely support BON needs, the department will rely on BON staff assessment and expertise.

- The department will provide desktop services, remote employee support services, network services, infrastructure services, telephony services, mobile services, messaging, and collaboration, including but not limited to; standard hardware and software installation, email support, approved handheld device support, file storage space, voice communications, video conferencing, and web conferencing.
- If BON determines the need to submit an exception request, HTS will provide business liaison and analyst support. Exception requests will be reviewed and answered within 30 calendar days of submission of a complete request from BON.
- The department makes use of the Integrated Licensing Regulatory System (ILRS)/Healthcare Enforcement and Licensing Management System (HELMS) as the enterprise system to support the regulation of the health care delivery system. The commission shall have full access to any functions in the ILRS/HELMS system that are needed to support the essential and reasonable functions of the BON. The board agrees to keep its staff fully trained as needed in the use of the ILRS/HELMS system consistent with its use throughout the department and will ensure new staff are trained as quickly as possible.
- Until a more useful and pertinent system is procured and deployed by the BON, the BON agrees to use the system in such a way that allows the department meaningful performance management data extraction. If ad hoc reporting permissions are not provided to BON staff, the department will provide the requested ILRS/HELMS report or data requested within five business days.
- The department will consult with the BON prior to making changes to ILRS/HELMS that impact BON work. The BON reserves the right to deny any changes that would significantly impact the work of the BON. The department is responsible for providing a solution that meets the needs of both HSQA and the BON. If such a solution is not possible, the department will provide all necessary support for the board to procure its own solution with the cost for the solution itself being borne by the BON.
- The board relies on communication platforms used by DOH such as Teams and Zoom. Prior to any changes in use, DOH must consult with BON and determine both positive and potentially negative impacts. BON reserves the right to use DOH approved platforms or seek other products to meet the needs of BON.

Section 15-Emergency Preparedness

The department will include the board and its staff in campus emergency response plans and BON staff will participate in emergency response drills and exercises as appropriate, including continuity of operations.

DRAFT

The BON shall complete and update as necessary a continuity of operations plan within the division's plan under the guidance of the department's emergency preparedness staff. In case of emergency, per this agreement and the BON Continuity of Operations Plan, the execution of the BON essential functions will follow the continuation of the operations plan adopted by the BON. The BON is encouraged to provide representatives to the department's Receipt, Staging and Storage facility, Agency Coordination Center, and other Incident Management Teams that may be established to support the agency's response to emergencies or disasters.

Section 16 – Performance Management

Development

In accordance with RCW 18.79.390, the BON negotiates with the secretary to develop performance-based expectations, including identification of key performance measures. The performance expectations focus on consistent, and timely regulation of nursing. The BON and department define essential performance measures by December 31, 2023, according to procedure H22. The department, HSQA, and BON annually review the measures. The department, HSQA, and BON track, monitor, report, problem-solve in a joint forum. The BON and the department recognize differences in organizational structure may lead to the development of additional, separate performance measures.

The department will develop, in consultation with the BON, a comprehensive set of administrative services performance measures to guarantee adequate support and fulfilment of this agreement. Administrative services include but is not limited to Contracting, Procurement, Human Resources, Payroll, and Information Technology. Performance measures include minimum service level expectations for each administrative service.

The BON participates in and contributes performance data to the National Council of State Boards of Nursing. The BON may identify and adopt procedures to improve efficiency and effectiveness using best practices as identified. All state laws, rules, and policies must be followed in the adoption of the best practices.

Data Collection by the Department

The department provides the BON with performance data necessary to measure performance effectively and to achieve the goals of the BON. Per RCW 43.70.240(5), the parties agree on the calculation and reporting of timelines and performance measures. The Department and the BON review and update agreed upon performance measures focusing on timelines of licensing and discipline functions every year.

DRAFT

Performance Audits

Per RCW 43.70.240(4), the parties use performance audits to evaluate the consistent use of common business practices where appropriate. The parties agree on an auditor to conduct a performance audit, the purpose of the audit, and the scope of the audit.

BON and Department Coordination

The department and the BON are interdependent within the system of health care regulation. To foster effective communication and coordination, the BON and agency staff will meet regularly. The meetings will include evaluation of the performance outcomes and continuous quality improvement. The department and BON will use a joint performance and tracking procedure to describe the processes they will use to monitor ongoing issues, and which includes:

- Regular meetings
- Required participation
- Agenda development and distribution
- Meeting content
- Sharing best practices and impacts on performance

The goal of these meetings will be to resolve issues at the lowest level, engage in joint problem – solving and collaborate on shared interests.

Signatures

_____	_____
Secretary, Department of Health	*Date*
_____	_____
Chair, BON	*Date*

DRAFT

Education Sub-Committee Meeting
Nursing Assistant Skills Testing

Monday, June 5, 2023

Kathy Moisio PhD, RN
Director of Nursing Assistant Programs

Regulatory Background

- The competency evaluation for nursing assistants includes a written exam and a skills exam. (42 CFR 483.154)

- Nursing assistants in training and working in nursing homes must be certified within 120 days in order to continue working in the nursing home. (42 CFR 483.35)

- The commission may: “Prepare, grade, and administer, or determine the nature of, and supervise the grading and administration of, the competency evaluation for applicants for nursing assistant certification . . . .” (RCW 18.88A.060(4))

Pandemic & Pandemic Recovery

- Testing Backlog & Loss of Evaluators
  - 6-month shutdown statewide
  - Slow and partial re-opening due to outbreaks
  - Nursing shortage, intense wage competition
- Waiver of the federal 120-day rule
- Mass Examination Plan
  - DSHS funded
  - Nursing programs & faculty implemented

Progress . . . but Challenges Remain

We need more nurse evaluators and have three factors converging to create added pressure:

- The federal waiver is over
- The mass examination plan is over
- Peak graduation season is here

Proposal

Training Programs

- Invite directors/instructors to create pools of regional evaluators
- Match and coordinate their availability with test dates at nearby programs

Proposal

Training Programs

- Invite directors/instructors to create pools of regional evaluators
- Match and coordinate their availability with test dates at nearby programs

Current Structure

- Directors/instructors would receive the same training and pay as other evaluators
- Processes for testing, registration, and transfer of scores to credentialing are the same

Proposal

Training Programs

- Invite directors/instructors to create pools of regional evaluators
- Match and coordinate their availability with test dates at nearby programs

Current Structure

- Directors/instructors would receive the same training and pay as other evaluators
- Processes for testing, registration, and transfer of scores to credentialing are the same

NCQAC Staff Role

- Supplement scheduling, coordination, and monitoring to support the consistency, reliability, integrity, and efficiency of testing

Proposal

Training Programs

- Invite directors/instructors to create pools of regional evaluators
- Match and coordinate their availability with test dates at nearby programs

Current Structure

- Directors/instructors would receive the same training and pay as other evaluators
- Processes for testing, registration, and transfer of scores to credentialing are the same

NCQAC Staff Role

- Supplement scheduling, coordination, and monitoring to support the consistency, reliability, integrity, and efficiency of testing

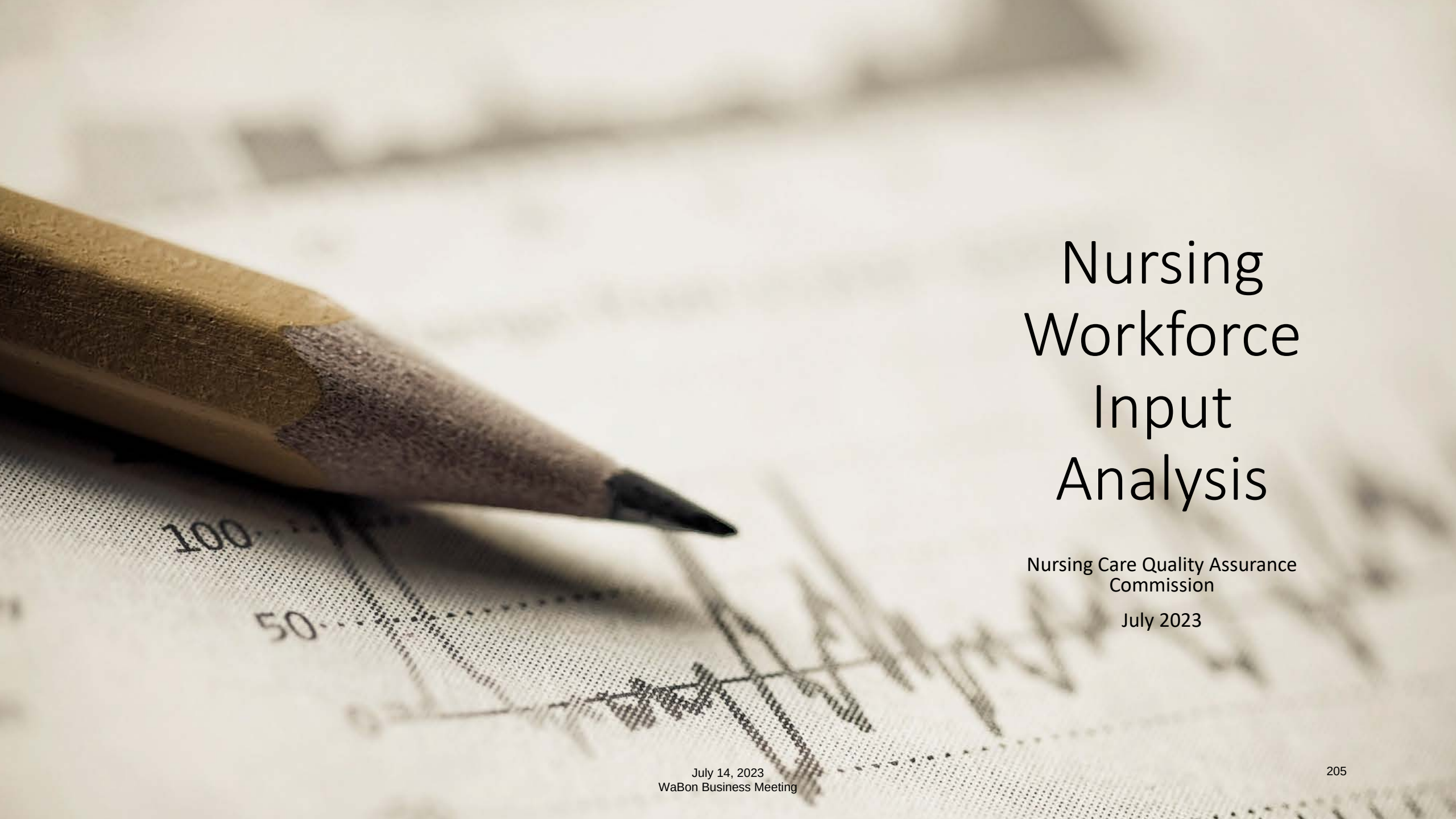
Timelines Evaluation

- Start as a short-term project (4-6months) and evaluate for ongoing use if effective
- Increase in evaluators, test events; decrease in cancellations, wait to test; etc.

Discussion Time

Thank You

We appreciate your time and consideration



Nursing Workforce Input Analysis

Nursing Care Quality Assurance Commission

July 2023

Data Sources

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.

Dashboard Link

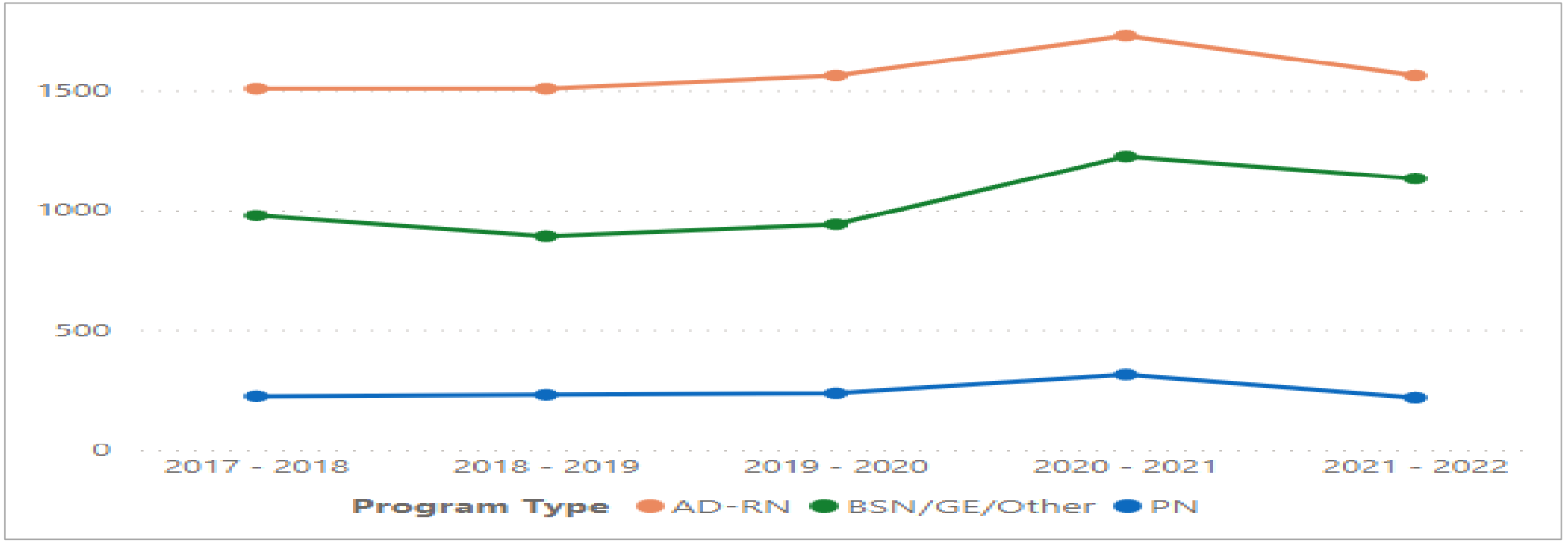
[Research, Data, and Reports | Nursing Care Quality Assurance Commission (wa.gov)]

How can we assure the right mix of nurses are prepared to serve Washington State?

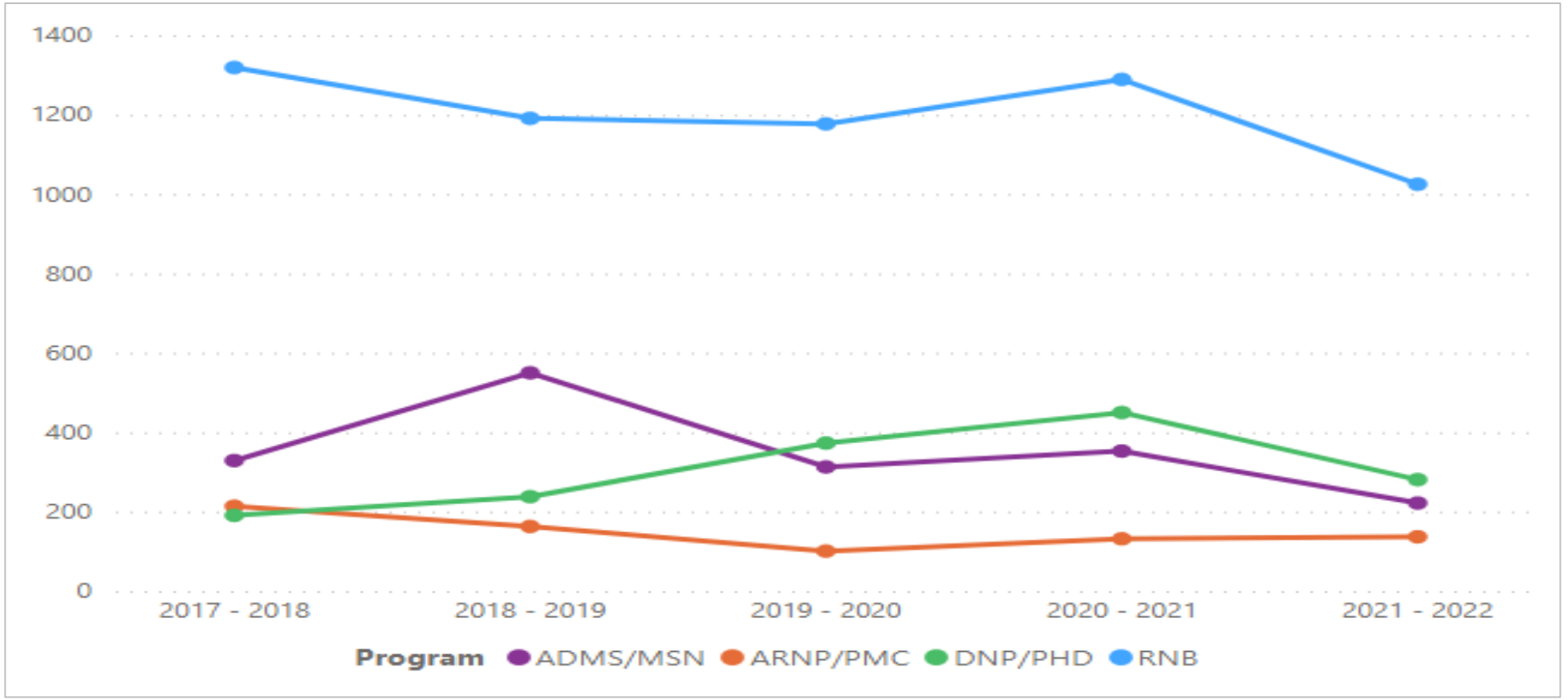
Nursing Workforce Input

- Outline in state nursing program graduation rates
- Review estimates of the out of state clinical placement staying to work in Washington State
- Pose questions the data suggests
- Conclusions/Recommendation

Total Prelicensure Program Graduates by Type of Program



Total Post-licensure Program Graduates by Type of Program



Click for more information

Out of State Students from Washington

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

2018 - 2019 | 2019 - 2020 | 2020 - 2021 | 2021 - 2022

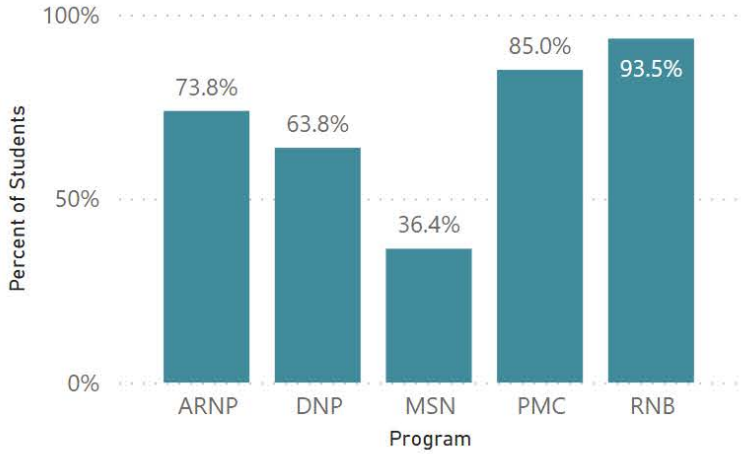
Colleges or Universities
99

Prelicensure Students
853

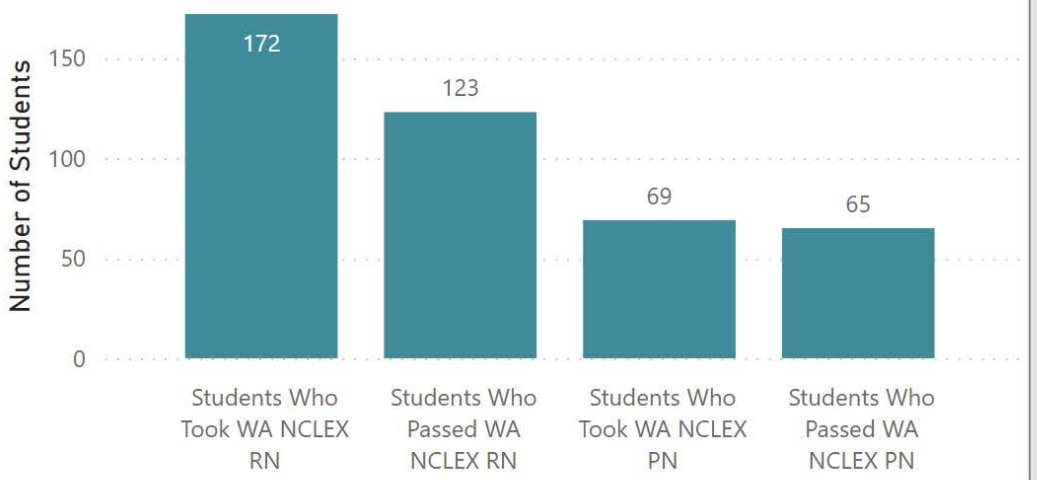
Programs
234

Postlicensure Students
926

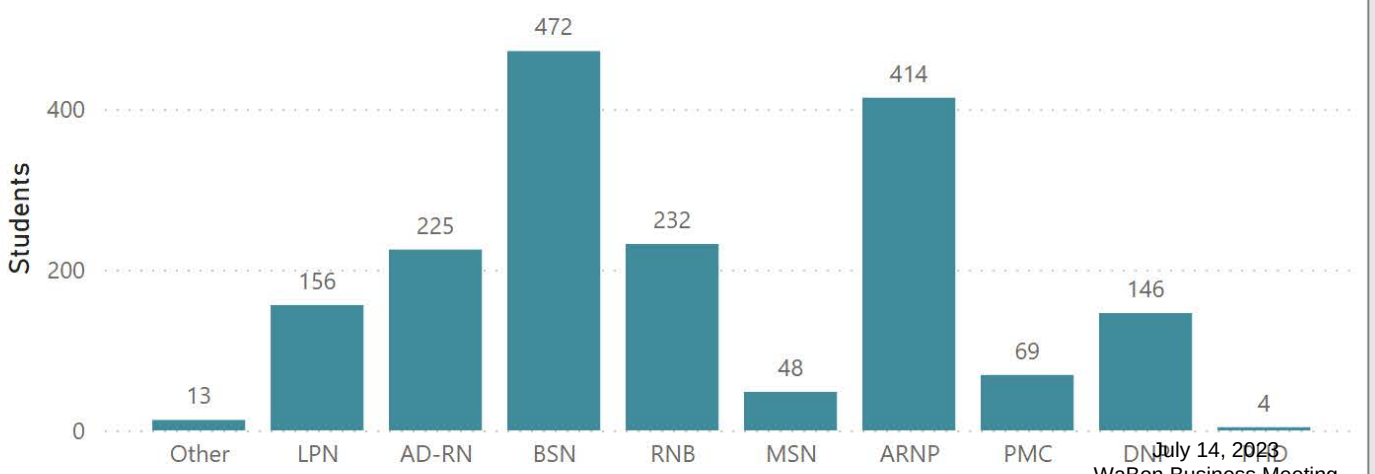
Percent of Students Reportedly Planning to Stay in WA (2021-2022)



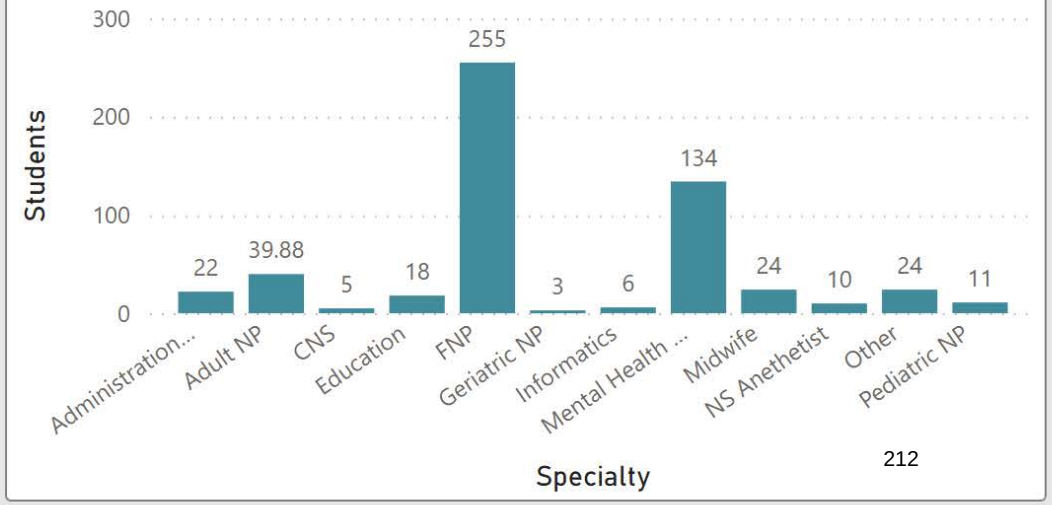
Out of State WA NCLEX

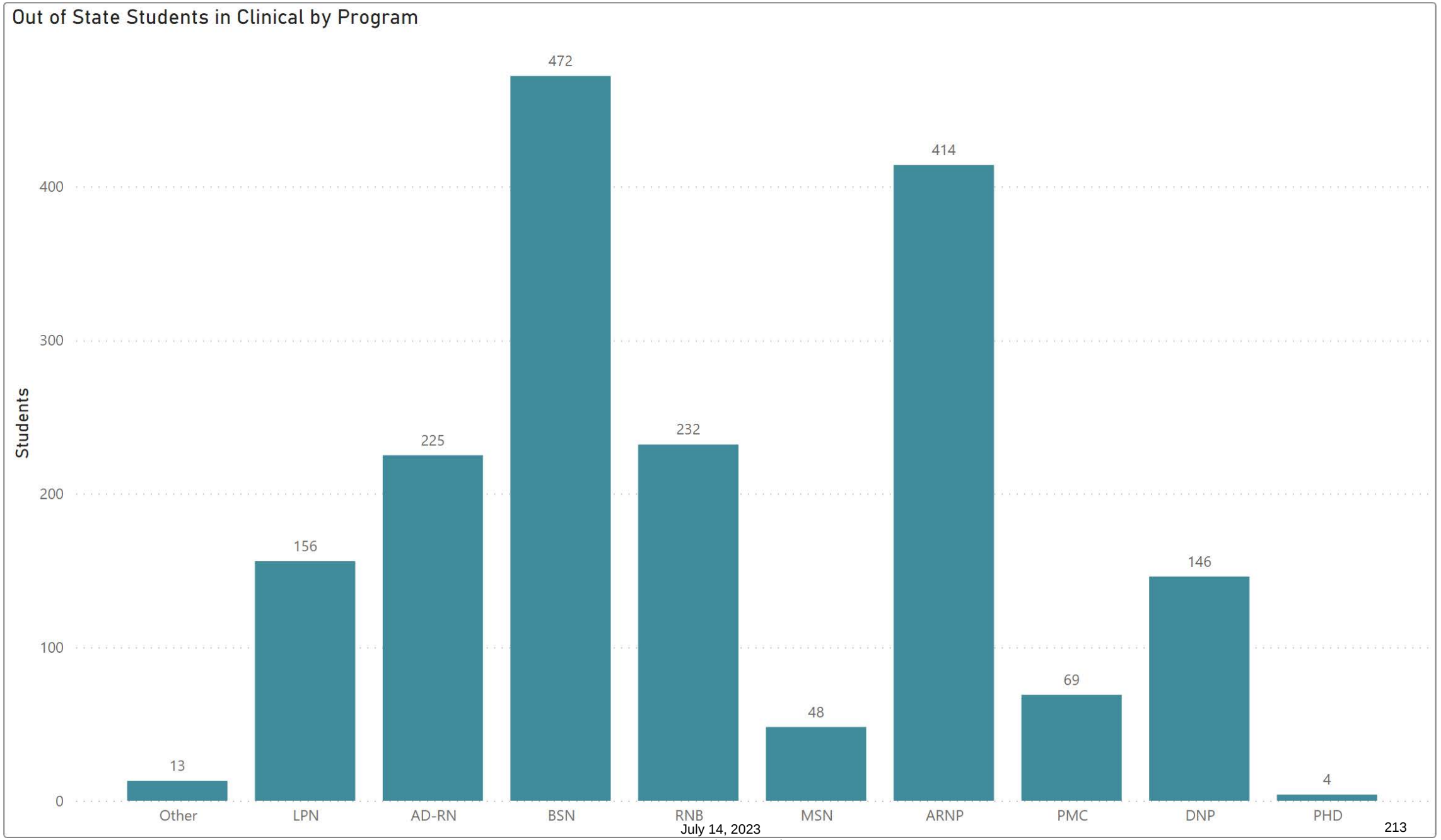


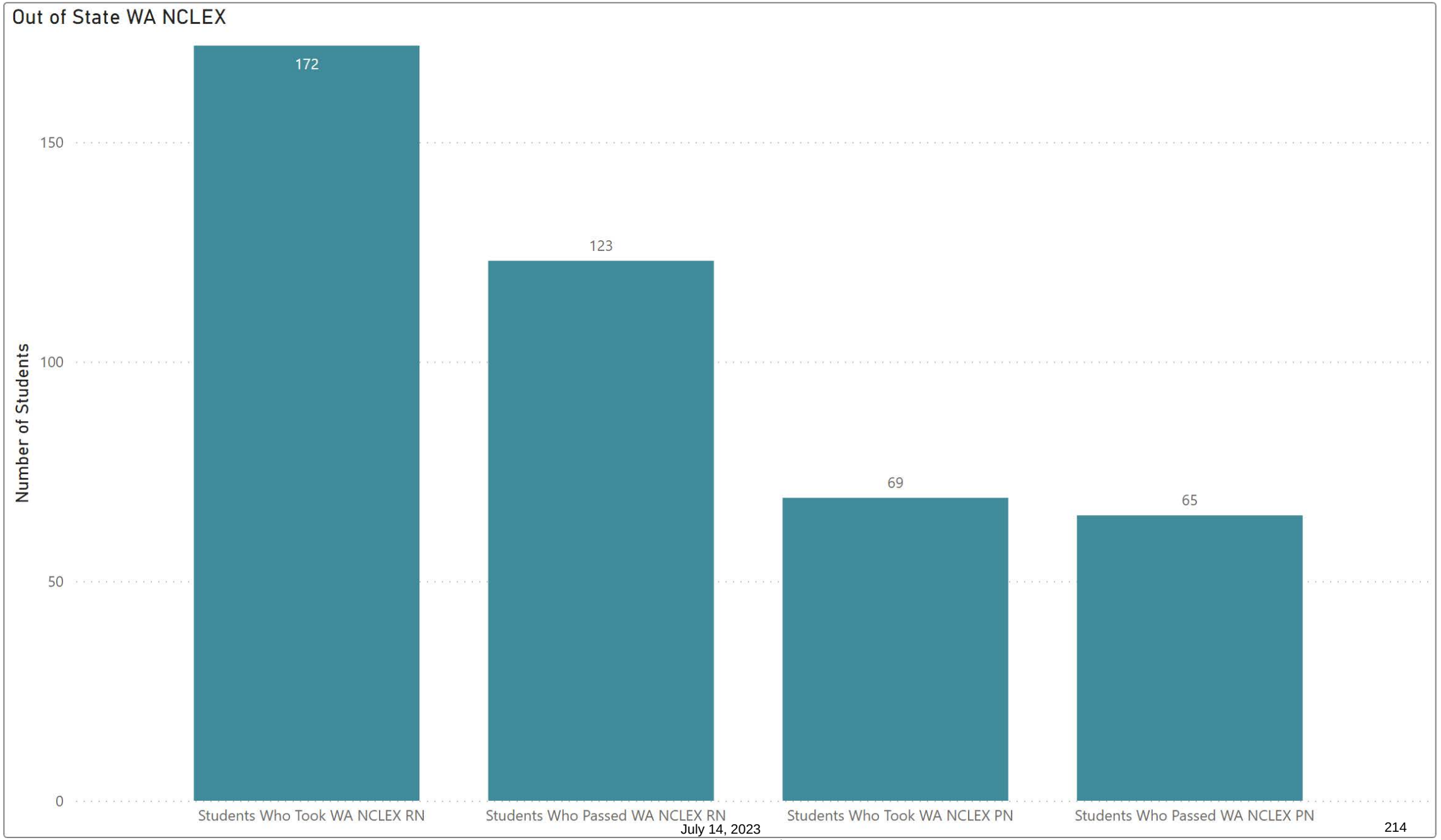
Out of State Students in Clinical by Program

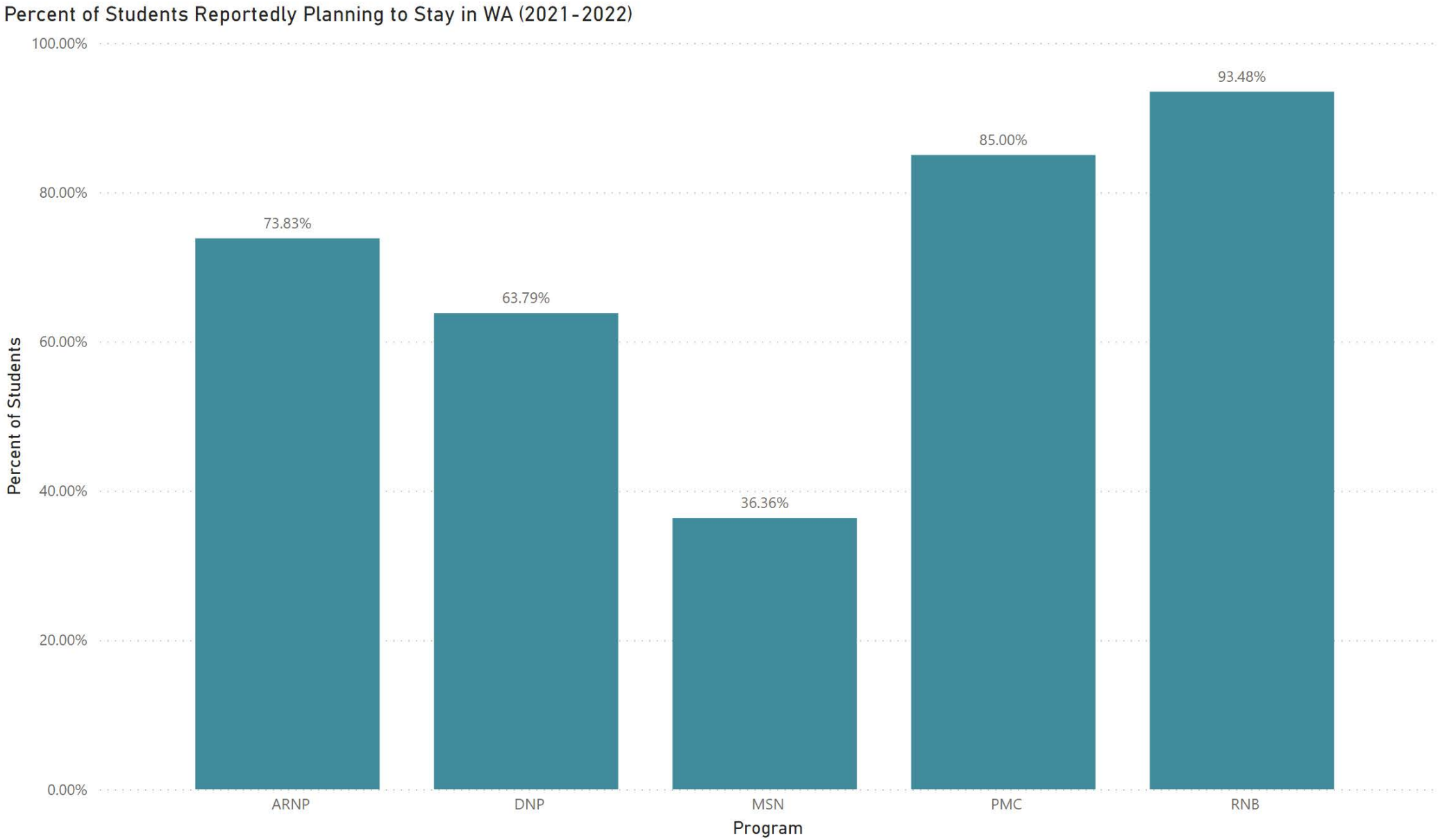


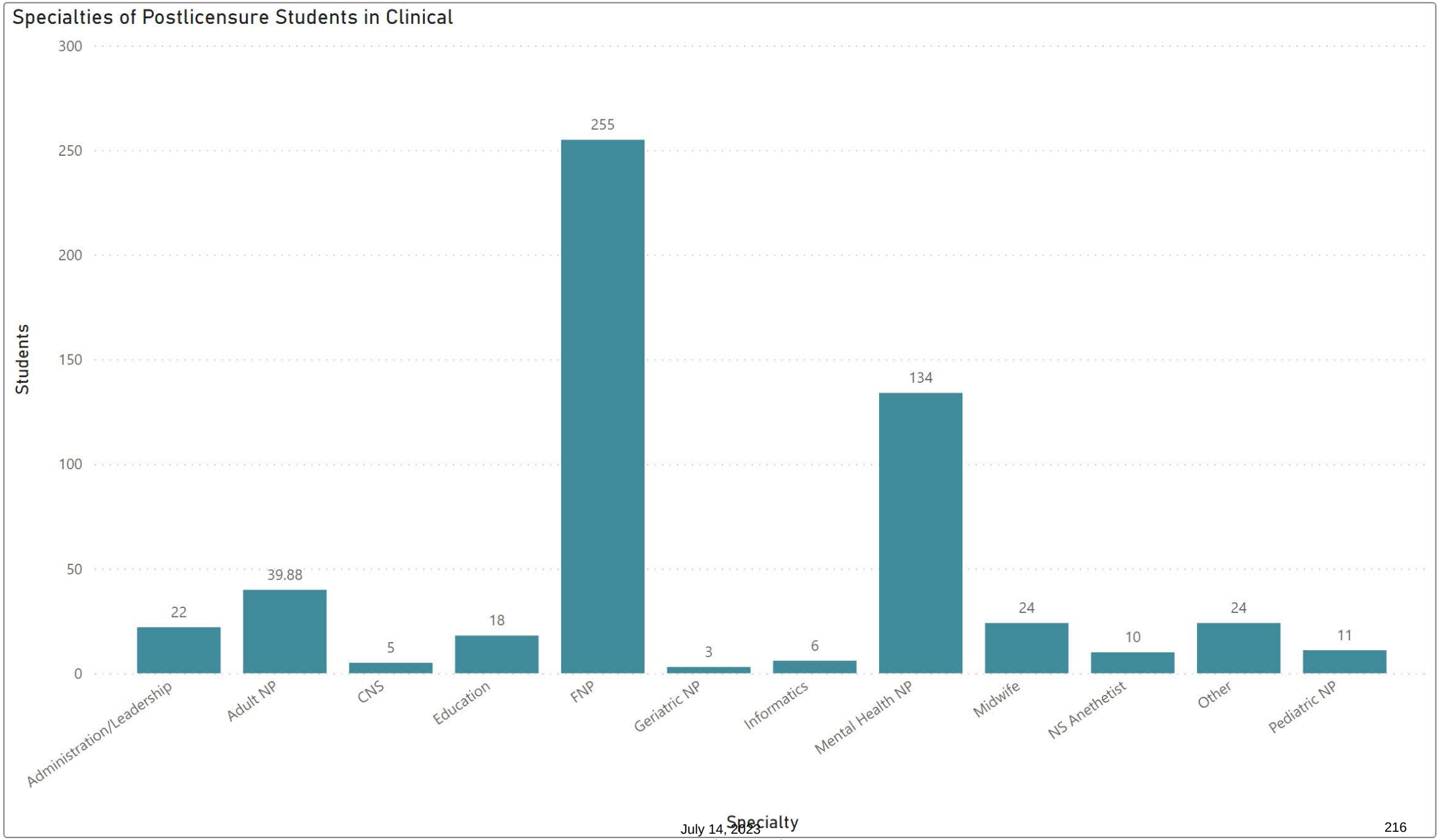
Specialties of Postlicensure Students in Clinical




Out of State Students in Clinical by Program
Students
0
100
200
300
400
13
156
225
472
232
48
414
69
146
4
Other
LPN
AD-RN
BSN
RNB
MSN
ARNP
PMC
DNP
PHD


Out of State WA NCLEX
Number of Students
150
100
50
0
172
123
69
65
Students Who Took WA NCLEX RN
Students Who Passed WA NCLEX RN
Students Who Took WA NCLEX PN
Students Who Passed WA NCLEX PN


Percent of Students Reportedly Planning to Stay in WA (2021-2022)
100.00%
80.00%
60.00%
40.00%
20.00%
0.00%
Percent of Students
73.83%
63.79%
36.36%
85.00%
93.48%
ARNP
DNP
MSN
PMC
RNB
Program


Specialties of Postlicensure Students in Clinical
Students
300
250
200
150
100
50
0
22
39.88
5
18
255
3
6
134
24
10
24
11
Administration/Leadership
Adult NP
CNS
Education
FNP
Geriatric NP
Informatics
Mental Health NP
Midwife
NS Anethetist
Other
Pediatric NP
Specialty

Questions for in state schools?

How many graduates from what type of program stay in WA state?
How to consider the impact of the prelicensure border schools?
How to use the data as a tool when making changes in program offering?

Questions for out of state schools?

What are the implications of the prelicensure border schools? How to use the data as a tool when making changes in program offering?

How can we assure the right mix of nurses are prepared to serve Washington State?

Conclusion

Wa State nursing programs and out of state programs both make significant contributions to the state nursing workforce.
Continue to support what is working while we expand capacity to meet additional needs.

Questions?

Research, Data, and Reports | Nursing Care Quality Assurance Commission (wa.gov)

Mary Sue Gorski
marysue.gorski@doh.wa.gov

Emma Cozart emma.cozart@doh.wa.gov