



STATE OF WASHINGTON
Board of Nursing
Meeting Agenda

November 17, 2023
8:30 AM- 5:00 PM

This is a virtual meeting, if you would like to participate in the virtual meeting and you don't have computer or phone access you may attend at: **Room S117** in the **Labor and Industries Building** at [7273 Linderson Way SW Tumwater, WA 98501](https://www.wa.gov/locations/2773-linderson-way-sw-tumwater-wa-98501)

Zoom registration:

https://us02web.zoom.us/join/zoom/register/tZYodOiqrzgoE91__IIRfqmhaF_qo_NPfk4O

Board 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, BS, RN, LPN
Ella B. Guilford, MSN, M.Ed., BSN, RN
Heleena Hufnagel, BS, MBA-HCA, Public Member
Judy Loveless-Morris, PhD, Public Member
Ajay Mendoza, CNM
Dawn Morrell, RN, BSN, CCRN
MaiKia Moua, RN, BSN, MPH
Sharon Ness, RN
Emerisse Shen, FNP, ARNP
Kimberly Tucker PhD, RN, CNE

Assistant Attorney General:

Sierra McWilliams, Assistant Attorney General

Staff:

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

Questions

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

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

Language and Accessibility

If you plan to attend and need language or accessibility services, WABON can arrange help. Please contact us at least one week before the meeting, *November 9, 2023*

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

Deaf or hard of hearing customers:

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

Meeting Minutes

We record our meetings to help write accurate minutes. Our minutes are then approved at the next Washington State Board of Nursing (WABON) business meeting. WABON posts minutes on our website nursing.wa.gov.

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

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

Smoking and vaping are prohibited at this meeting.

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

II. Call to Order

A. Introductions

1. Welcoming new members

B. Order of the Agenda

C. Land Acknowledgement - Judy Loveless-Morris

D. Announcements

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

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

A. Approval of Minutes

1. WABON Business Meeting
 - a. September 7, 2023
 - b. September 8, 2023

III. Consent Agenda – Continued.

A. Approval of Minutes. Continued

2. Advanced Practice Subcommittee
 - a. July 19, 2023
 - b. August 14, 2023
 - c. September 20, 2023
3. Discipline Subcommittee
 - a. August 15, 2023
4. Consistent Standards of Practice Subcommittee
 - a. June 2, 2023
 - b. June 6, 2023
5. Licensing Subcommittee
 - a. August 15, 2023
 - b. September – No Meeting
6. Research Subcommittee
 - a. July 17, 2023
 - b. August 21, 2023
 - c. September 18, 2023
7. Education Subcommittee

B. Letter from NCSBN President Jay Douglas

C. Letter from NCSBN CEO Phil Dickison

D. Performance Measures

1. Investigations
2. Legal
3. Washington Health Professional Services (WHPS)
4. Substance Use Disorder Review Panel (SUDRP)
5. Nursing Assistant Program Approval Panel (NAPAP)
6. Nursing Program Approval Panel (NPAP)

E. Licensing Report to the Governor's Office

F. Washington Center for Nursing/WABON monthly meetings

1. August 29, 2023
2. September 26, 2023

G. Out of state travel reports

1. 2023 Federation of Association of Regulatory Boards, Regulatory Law Seminar - Jeffery Lippert and Anita Nath

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

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

A. Nursing Program Approval Panel (NPAP)

1. Sept 11, 2023
2. Sept 21, 2023
3. Sept 27, 2023 (Special NPAP)
4. Oct 5, 2023
5. Oct 26, 2023
6. Nov 2, 2023

IV. WABON Panel Decisions – Continued.

B. Nursing Assistant Program Approval Panel (NAPAP)

1. August 14, 2023 (Special NAPAP)
2. September 11, 2023
3. September 18, 2023

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

A. Transitions of Board Members- Alison Bradywood, Sierra McWilliams

Officer Nominations and Election of Officers Procedure

Situation: Transition of Chair and Vice-Chair with new board appointments by the Governor's office.

Background: Board members are appointed through an application process to the Governor's office. Terms are four years and may be renewed.

Assessment: New officer appointments are needed to provide interim coverage while the routine election process is underway, January to July 2024. Nominations from the floor will be accepted for the positions of interim Chair and interim Vice-Chair.

Recommendation: Board to identify interim coverage for officer roles

B. LNI Data Release Request

Situation: LNI requesting ILRS data to identify types of providers by geographic region.

Background: Goal of data collection is for disaster planning and understanding injury and illness among the workforce. A data sharing agreement is in place.

Assessment: LNI will send employment data (coded SSN). WABON matches SSNs to ILRS data and sends credential number. No identifiable data will be shared. This request is not anticipated to strengthen the MSL or nurse demographic data; no direct benefit for WABON.

Recommendation: Evaluate request for approval.

C. Survey Request for WHPS from WSU PhD Student

Situation: PhD student at WSU requesting WHPS support in recruitment for survey participation. WHPS would send a survey on behalf of study investigator.

Background: Study proposal has been approved by WSU IRB and recruitment has already included RN refresher programs with WSU and PLU. Study investigator would have no direct access to WHPS participants.

Assessment: Survey will focus on the barriers and facilitators in the return-to-work process for nurses after licensure discipline related to substance use.

Recommendation: Consider approval of study support via WHPS distribution of survey.

VI. 10:00 AM – 10:30 AM - Executive Director Report – Alison Bradywood – DISCUSSION/ACTION

A. Budget Report – Adam Canary, Chris Archuleta

B. Strategic Plan Update

1. Nursing Assistants (to be included in the education update)– Kathy Moisio
2. Bill Implementation
 - a. SB 5499 – Nurse Licensure Compact – Alison Bradywood, Mary Sue Gorski
 - b. SB 5582 – Reducing barriers and expanding educational opportunities to increase the supply of nurses in Washington. – Gerianne Babbo

VI. Executive Director Report – Continued.

B. Strategic Plan Update

- c. HB 1255 (RCW 18.79.440) Update: Reducing stigma and incentivizing health care professionals to participate in a substance use disorder monitoring and treatment program. – Grant Hulteen
- d. HB 1009: Military Spouse Employment - Jessilyn Dagum
- 3. Data-Driven Practice – Debbie Carlson
- 4. Diversity, Equity, Inclusion, & Anti-Racism (DEI) – Alison Bradywood
- 5. Communications – Social Media Presence – Shad Bell

C. Rules Update – Jessilyn Dagum

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

10:30 AM – 10:45 AM - Break

VII. 10:45 AM – 11:00 AM - Public Comment

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

VIII. 11:00 AM – 12:00 PM - Commission Panel: Executive Directors – DISCUSSION/ACTION

Guests: Kyle Karinen (Medical Commission), Bob Nicoloff (Chiropractic Quality Assurance Commission), Marlee O'Neill (Pharmacy Commission)

12:00 PM – 12:10 PM Lunch

IX. 12:10 PM – 1:00 PM – Education Session – Culture of Military Spouses, Military Spouse Experience and Issues Related to Military Spouse Career Paths – Required Training – Olivia Burley, Washington Military Spouse Liaison, Washington State Department of Veterans Affairs – This training covers the culture of military spouses, the military spouse experience, and issues related to military spouse career paths.

Learning Objectives

- What is the definition of a military spouse?
- How many military spouses are in our state?
- What are the unique challenges military spouses face?
- What do military spouses bring to their communities and workplaces?
- How can you create programs/environments that welcome the military spouse community?

X. 1:00 PM – 1:45 PM - Subcommittee Report – DISCUSSION/ACTION

A. Advanced Practice – Jonathan Alvarado, Chair

1. Board of Naturopathy Sunrise Review (decision)

Situation: The Board of Naturopathy has submitted a Sunrise Review to expand prescriptive authority to include controlled substances in Schedules II through V; enable naturopathic physicians to sign and attest to any documents or certificates that any primary care provider is routinely expected to sign; update defining language under “minor office procedures” and “physical modalities”; and update the RCW to reflect the profession is now regulated by an established board rather than by the Office of the Secretary of Health (effective 2011).

Background: The documentation provided in the [Sunrise Review](#) includes detailed educational preparation of professionals. An additional 4 hours of continuing education will be required for opioid prescribing consistent with other professions. Naturopathic physicians in Washington State have been regulated since 1919 with an established Board since 2011. The profession received limited prescriptive authority in 2005. The Advanced Practice Subcommittee members reviewed the documentation, discussed the Sunrise proposal at their October meeting and provided additional email feedback. There were no significant concerns. There were several suggestions provided and included in the response.

Assessment: Submit the attached response to the Sunrise Review site for consideration.

Recommendation: Request the WABON endorse the attached response.

2. Anesthesia Assistant Program (information)
3. AP compact information sharing meetings (information)
4. Title change from ARNP to APRN (information)
5. Rescinding the ARNP Opioid Interpretive Statement NCIS 2.0

B. Consistent Standards of Practice – Sharon Ness, Chair

1. AO 20.03 Death with Dignity – Aid-in-Dying Advisory Opinion Revision Request

Situation: Washington State Board of Nursing (WABON) has a current advisory opinion that needs revision.

Background: A change in [Chapter 70.245 RCW](#) adds the advanced registered nurse practitioner (ARNP) as a qualified provider to participate in the Death with Dignity Act. A law change allows the advanced registered nurse practitioner (ARNP) to legally request and obtain medications to end their life for an eligible patient.

Assessment: The law change requires a revision to the current advisory opinion to clarify and provide guidance about the roles and scope of practice for the ARNP in providing palliative and end-of-life care through the [Washington Death with Dignity Act \(Chapter 70.245 RCW\)](#).

Recommendation: Consider approving the revisions.

X. Subcommittee Report – Continued.

B. Consistent Standards of Practice – Continued.

2. AO 28.01 Standing Orders Advisory Opinion Revision Request

Situation: WABON's current advisory opinion lists approved state-wide standing orders.

Background: We did not realize these were only approved during COVID-19 pandemic; when it ended, the following state-wide standing orders were rescinded:

- a. Standing Order for COVID-19 Screening in Certain Congregate Facilities and Agencies
- b. State of Washington Standing Order Authorization for Pfizer-BioNTech COVID-19 Vaccine
- c. State of Washington Standing Order authorization for Moderna COVID-19 vaccine

Situation: The rescinding of these Standing Orders requires a revision to the current advisory opinion.

Recommendation: Consider approving the revisions.

3. Informed Consent

Situation: WABON has authority to issue new advisory opinions concerning the nursing scope for practice.

Background: The issue of informed consent and the nurse's role is an issue that was brought up in discipline cases (e.g., in specialty areas, such as cosmetic procedures). The Nurse Practice Team is also noticing an increase in questions from the public about informed consent and the scope of practice and roles and responsibilities of the nurse.

Assessment: The Washington State Board of Nursing (WABON) does not currently have an advisory opinion or other guidance documents about informed consent for cosmetic procedures or any other procedure.

Recommendation: Consider approving the development of an advisory opinion on informed consent.

C. Discipline – Adam Canary, Chair

Situation: The implementation of the Nurse Licensure Compact (NLC) and the stigma-stipend program of WHPS have necessitated changes to some discipline and WHPS procedures to align with language in the new legislation.

Background: The NLC affects nurses who participate in alternative to discipline programs, such as WHPS. Once a nurse signs the monitoring contract, the nurse loses their privilege to practice in compact states and must revert to practicing with a single state license. The stigma-stipend program intends to 1) remove SUD-related discipline from the public-facing website after the nurse completes WHPS, and 2) provide nurses who enter WHPS monitoring with funds, paying up to 80% of approved expenses related to participation in the program.

Assessment: Seven discipline and WHPS procedures reflect inconsistencies with these legislated changes. Updates to the procedures include these changes, reflect current practice, and the name change to WABON.

Discipline staff added a new procedure to describe the stigma-stipend program, SHB1255. This procedure reflects language from recent legislation to incentivize nurses to enter and remain in WHPS.

Recommendation: Consider approving and adopting the procedural changes as presented.

X. Subcommittee Report – Continued.

C. Discipline – Continued

The Discipline Subcommittee approved the changes at the October 24th subcommittee meeting.

1. A.08.06 Action in Another State
2. A.49.05 WHPS Referral Contracts with attachment
3. W.32.04 Program Non-Compliance and Discharge Criteria
4. W.33.02 Intake
5. W.34.03 Substance Use Evaluation and Treatment Services
6. W.49.02 Performance Reports and Procedure Review
7. W.50.01 Stipend and Stigma Program

D. Licensing – Dawn Morrell, Chair

1. No report

E. Research – Judy Loveless-Morris, Chair

1. Multistate License Data

F. Education – Kimberly Tucker, Chair

1. No report

**XI. 1:45 PM – 2:30 PM - Education – Dr. Gerianne Babbo, Dr. Kathy Moio -
DISCUSSION/ACTION**

A. Nursing Education

1. Guidance for fraud detection (NCSBN)
2. Feedback from CNEWS members

B. Nursing Assistants

1. Strategic Plan update

2:30 PM – 2:45 PM Break

XII. 2:45 PM – 3:15 PM - WABON Branding – DISCUSSION/ACTION

A. Review Logo Options

Situation: There are three logo options for review. The board needs to select one logo to represent our brand effectively.

Background: Logos were designed by the DOH graphic design team in response to our name-change branding requirements. Each logo has its unique features and potential to convey the WABON identity.

Assessment:

Logo Option 1: Description: A clean design with a modern feel. Utilizes a Washington State map and our brand colors effectively.

- Pros: Simple, easy to remember, and versatile.
- Cons: May lack a unique and distinctive element.

Logo Option 2: Description: A logo with a dynamic and energetic appearance. Utilizes a map of Washington State and an abstract design element.

- Pros: Conveys energy and enthusiasm. Unique and memorable.
- Cons: Could be too complex for specific applications.

Logo Option 3: Description: A classic and elegant design with a timeless feel. Utilizes a map of Washington State in its design.

- Pros: Evokes a sense of sophistication and trustworthiness.
- Cons: It might not be as eye-catching as the other options.

Recommendation: After reviewing the three logo options, consider approval for the preferred WABON logo.

XIII. 3:15 PM – 3:45 PM - Legislative Panel – Helen Myrick – DISCUSSION/ACTION

A. Legislative Panel Members

B. Meeting dates and times

C. WABON legislative priorities flyer

Situation: Define WABON legislative priorities in a simple, visual manner.

Background: Nursing is the focal point of numerous public health and workforce agendas. Clear definition of priorities, including the decision-package and request legislation, will assist in communication across organizations and state agencies throughout the legislative session.

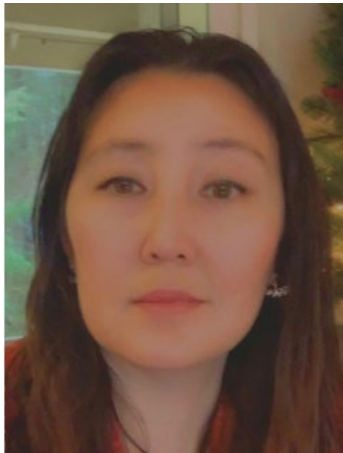
Assessment: Develop a one-page flyer regarding WABON legislative priorities.

Recommendation: Identify WABON priorities and consider approval of draft flyer.

XIV. 3:45 PM Meeting Evaluation

XV. 4:00 PM Closing

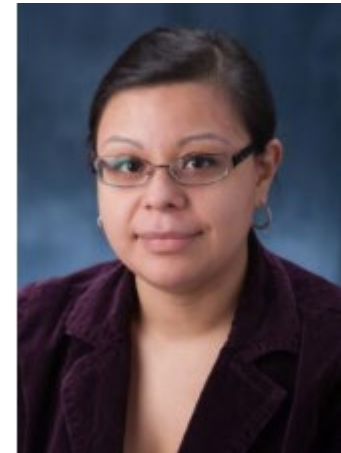
Welcome New Board Members



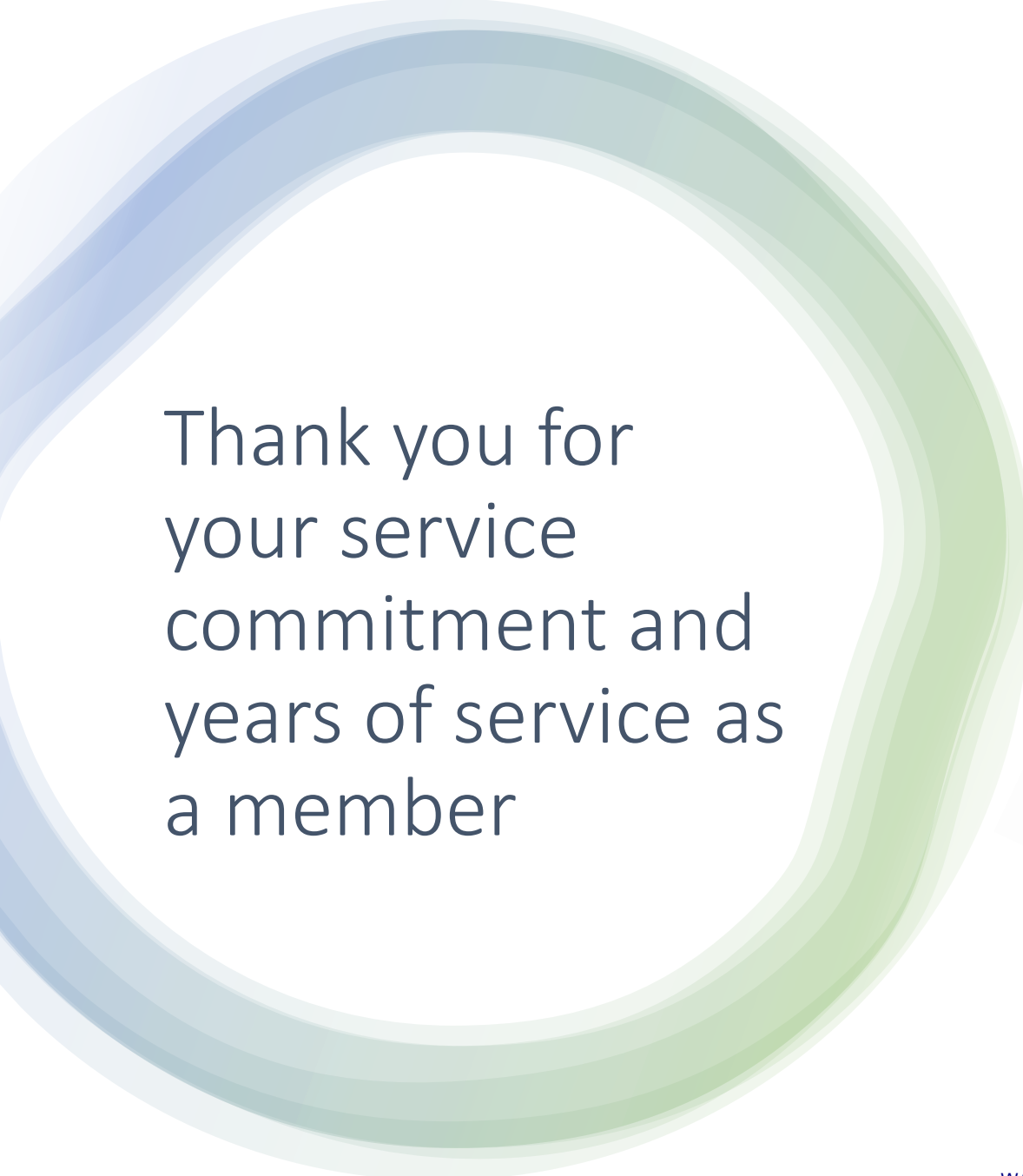
Heleena Hufnagel, MBA, BA
HCA, Clinical Quality Coordinator



Jacob Garcia, MSN, MBA, RN, PCCN
Astria Sunnyside, Clinical Informatics
Specialist



Norma Perez, M.Ed.
Academic Advisor, UWB BSN



Thank you for
your service
commitment and
years of service as
a member



Yvonne Strader, RN, BSN, BSPA, MHA
August 2, 2017 - November 20, 2023

Helen Myrick

March 3, 2015 - November 20, 2023



STATE OF WASHINGTON
Washington State Board of Nursing
Meeting Minutes
September 7, 2023
9:00 AM- 5:00 PM

This meeting was held in person at the Spokane Convention Center, [334 West Spokane Falls Blvd, Spokane, WA 99201](https://www.spokaneconventioncenter.com/). Rooms 302 A/B 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, BS, RN, 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
Kimberly Tucker PhD, RN, CNE

Excused

Emerisse Shen, FNP, ARNP
Judy Loveless-Morris, PhD, Public 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 Zawislak-Bielaski, MPH, Assistant Director, Licensing
Debbie Carlson, MSN, RN, CPM, Director, Practice
Mary Sue Gorski, PhD, RN, Director, Advanced Practice, Research and Policy
Karl Hoehn, JD, FRE, Assistant Director, Discipline – Legal
Grant Hulteen, Assistant Director, Discipline – Investigations and WHPS
Bethany Mauden, Administrative Assistant
Kathy Moisio, PhD, RN, Director, Nursing Assistant Programs
Catherine Woodard, Director, Discipline and WHPS

I. 9:00 AM Opening – Yvonne Strader, Chair – DISCUSSION/ACTION

II. Call to Order

A. Introductions

1. Name, length of time on commission, committee participation, area of residence

B. Order of the Agenda

C. Land Acknowledgement – Ajay Mendoza

D. Announcements

III. Consent Agenda – DISCUSSION/ACTION

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

ACTION: Dr. Tucker moved to approve the consent agenda. Ms. Moua seconded the motion. The motion passed.

A. Approval of Minutes

1. WABON Business Meeting
 - a. July 14, 2023
 - b. August 7, 2023
2. WABON Workshop
 - a. July 13, 2023
3. Advanced Practice Subcommittee
 - a. June 21, 2023
4. Discipline Subcommittee
 - a. June 20, 2023
5. Consistent Standards of Practice Subcommittee
 - a. No minutes or review.
6. Licensing Subcommittee
 - a. June 20, 2023
 - b. July – No meeting
7. Research Subcommittee
 - a. May 15, 2023
 - b. June 2023 – No meeting
8. Education Subcommittee
 - a. No minutes

B. Performance Measures and Discipline Trends

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

C. Licensing Report to the Governor's Office

D. Washington Center for Nursing/WABON monthly meetings

1. July 25, 2023

E. Out of state travel reports

1. NCSBN Annual Meeting

- a. Alison Bradywood
- b. Yvonne Strader
- c. Ella Guilford
- d. Judy Loveless-Morris
- e. Margaret Holm
- f. Shana Johnny
- g. Holly Palmer
- h. Kathy Moisio
- i. Gerianne Babbo

III. Consent Agenda – Continued - DISCUSSION/ACTION

2.National Tribal Opioid Summit

- a. Shana Johnny

IV. WABON Panel Decisions – DISCUSSION

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

A. Nursing Program Approval Panel (NPAP)

1. July 20, 2023
2. August 3, 2023
3. August 17, 2023

B. Nursing Assistant Program Approval Panel (NAPAP)

1. July 10, 2023
2. August 14, 2023

V. Chair Report – Yvonne Strader – DISCUSSION/ACTION

A. WABON Annual Survey

1. Updated survey reviewed.

ACTION: Ms. Moua moved, with a second from the research subcommittee, to approve the annual 2023 survey. The motion passed.

ACTION: Ms. Moua moved, with a second from the research subcommittee, to approve the allotment of 30 minutes of time during the January 2024 Board meeting to complete the WABON 2023 Annual Member Survey. The motion passed.

B. Subcommittee membership

ACTION: Ms. Moua moved to with a second from the research subcommittee, to approve the subcommittee membership. The motion passed.

VI. Executive Director Report – Dr. Alison Bradywood – DISCUSSION/ACTION

A. Budget Report – Adam Canary, Chris Archuleta

Mr. Archuleta reviewed the FY23 budget including, the strategic fee increases in December 2022, higher than projected fee revenues, and strong fiscal management resulted in a net gain of \$2.9M to the reserve balance (\$7.2M). The \$5.5M HELMS assessment erased most of the reserve and the revenue balance now stands at just 43% of recommended. The next biennial budget' currently being constructed and the budget will be reported in the first quarter of FY24 at the November business meeting. With the implementation of the nurse licensure compact and the related loss of fee revenues, WABON's exploring options for setting fees for the new multistate license.

B. Rules Update – Jessilyn Dagum

Ms. Dagum reported on rules in progress.

1. Initial Out-of-State Exam and Endorsement Licensing Rule

Ms. Dagum reported on the draft proposed rule language currently in emergency rule which was filed with the intention of moving the amendments to permanent rule. The Licensing subcommittee reviewed and approved the draft language on August 15.

ACTION: Ms. Morrell moved, with a second from the Licensing subcommittee, to approve the draft proposed rule language for the Initial Out-of-State Exam and Endorsement Licensing rules, and to move forward in the rulemaking process and the filing of a CR-102. The motion passed.

VI. Executive Director Report - Continued

2. Multistate License Fee Recommendation to the Secretary

Ms. Dagum reported on the multistate license fee scenarios were presented at interested party rule workshops on August 23, 28, and 29. The scenarios and feedback from the workshops were shared with the board for their review and consideration.

ACTION: Ms. Morrell moved, with a second from Ms. Daniels, to support the board recommendation to the department for creation of a multi-state license option for RNs and LPNs residing in Washington State as follows:

Profession	Application Fee	Renewal Fee	Multistate License Conversion/Upgrade Fee	Multistate License Renewal Fee
LPNs	\$93.00	\$93.00	\$65.00	\$20.00
RNs	\$138.00	\$138.00	\$65.00	\$20.00
NTECs	No Increase	No Increase	Does not apply	Does not apply

The motion passed; recommendations will move forward via rulemaking procedures with ultimate recommendation to the Secretary of Health for approval.

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

Dr. Bradywood reported the HELMS steering committee continues to meet monthly. New projections are forthcoming, and HELMS expected launch dates currently remains April 2024.

VII. Subcommittee Report – DISCUSSION/ACTION

A. Advanced Practice – Jonathan Alvarado, Chair

1. Update on Change from ARNP to APRN as protected title.

ACTION: Mr. Alvarado moved, with a second from the Advanced Practice Subcommittee, to move forward with a legislative change for the 2024 legislative year replacing Advanced Registered Nurse Practitioner (ARNP) with Advanced Practice Registered Nurse (APRN) as the protected title. The motion passed.

B. Consistent Standards of Practice – Sharon Ness, Chair

1. No report.

C. Discipline – Adam Canary, Chair

1. No report

D. Licensing – Dawn Morrell, Chair

1. No report

E. Research – MaiKia Moua, Acting Chair

1. Nursing Assistant Program Survey

Dr. Moisio presented the Nursing Assistant Program Survey.

ACTION: Ms. Moua moved to approve the 2022-2023 Nursing Assistant Program Survey, with a second from the Research Subcommittee. The motion passed.

2. Discipline dashboard

Dr. Gorski presented the Discipline Dashboard. The dashboard is not yet published on the public website, expected publication date by October.

F. Education – Kimberly Tucker, Chair

1. No report

VIII. 11:30 AM – 11:45 AM Public Comment

Nancy Lawton – Family Nurse Practitioner, ARNP United. ARNP United continues to not support the AP compact in the current form but is in favor of the title change request legislation to move to APRN. . Ms. Lawton thanked the Board for their work on supporting ARNPs.

IX. Education Session: Power of Providers (POP) Initiative – Tiffany Turner, Provider Experience Coordinator, Division of Prevention and Community Health, Washington State Department of Health

Tiffany Turner, program manager for the POP Initiative with 20 years of experience with the Spokane Regional Health District in the Disease Prevention and Response Division. [About Power of Providers Initiative | Washington State Department of Health](#)

In 2021 the Washington State Department of Health established the POP Initiative to help combat the devastation of the COVID-19 pandemic. With thousands of health care providers represented, POP efforts have contributed to our state having one of the [highest vaccination rates](#) in the country. With more work to do, we look forward to having you [join our initiative](#)!

Challenges with immunization continue with the fall respiratory season. New recommendations coming regarding RSV and COVID-19. The board discussed options for sharing information with nursing programs to support immunization activities for nurses and communities.

X. Implementation Plan Progress

A. HB 1009: Military Spouse Employment – Amber Zawislak-Bielaski, Jessilyn Dagum
Ms. Dagum reported the 2SHB 1009 requires WABON to issue a temporary license to military spouses within 90 days of application date and the temporary license must be issued for no less than 180 days. WABON currently issued temporary practice permits (TPPs) to all licensees for 180 days and amending TPP rules. WABON has already incorporated the 180-day language into draft language for the pending TPP rules to remain in compliance with the legislation. WABON also currently expedites all military spouse applications and issues complete TPPs under seven days for those who provide all required documentation. WABON is developing resources for military personnel and military spouses on the website. These efforts are being coordinated with the Department of Health military liaison and the Washington State Department of Veterans Affairs.

XI. Joint Administrative Rules Review Committee (JARRC) Findings and Hearing Process

On July 5, 2023, the JARRC found by majority vote that that by requiring a "graduate degree" to be a masters or doctoral degree and adopting exemptions to WAC 246-840-340 and WAC 246-840-342 by agency procedure, the board is using a policy in place of a rule that has not been adopted in accordance with all applicable provisions of law.

On July 14, 2023, the board received a letter of determination from the JARRC recommending that the board:

- (1) define the term "graduate degree" in chapter 246-840 WAC and
- (2) provide for the exemptions to education requirements for Advanced Registered Nurse Practitioner license applicants in board Procedures B35.01 and B9.06 by rule.

XII. 1:10 PM – 1:21 PM JAARC Hearing – DISCUSSION/ACTION

The board held a public hearing to fully consider all written and oral submissions regarding the July 5, 2023, JARRC finding, the board to notify the JARRC of its intended actions in writing within seven days of the hearing based on its review of written and oral comment.

Testimony – Nancy Lawson, ARNPs United of Washington State, expressed concerns regarding the scope of possible revisions of the WACs and requested additional attention to prescriptive authority.

ACTION: Mr. Alvarado moved, with a second from Dr. Tucker, to initiate the rulemaking process with the filing of a CR-101 to:

- (1) define the term “graduate degree” in chapter 246-840 WAC and
- (2) provide for the exemptions to education requirements for Advanced Registered Nurse Practitioner license applicants in Board Procedures B35.01 and B9.06 by rule. The motion passed, initiating the rule-making process

X. Implementation Plan Progress - Continued

- B. HB 1255: Reducing stigma and incentivizing health care professionals to participate in a substance use disorder monitoring and treatment program. – Grant Hulteen**

Mr. Hulteen reported SHB 1255 requires:

1) WABON to remove substance use disorder (SUD) disciplinary documents from the DOH credential look up website for graduates of the Washington Health Professional Services (WHPS) monitoring program. WABON, DOH IT, and DOH ALJ have developed a process to remove Orders and STIDs. Removal of the “yes” notation under the Action Taken column on the credential search page will require major reprogramming to remove this identifier.

2) WABON to establish and administer a stipend program to support nurses with financial need to cover costs associated with the WHPS SUD monitoring program. The bill allocates \$25,000 yearly from the general fund for FY2023-2025 to fund the stipend program. The stipend program is to be implemented by July 1, 2024. WHPS staff are developing the stipend program, including an application, qualifications, and approval process, and updating procedures to address this program. This program aims to cover up to 80% of the WHPS participation costs. Mr. Hulteen presented the WHPS stipend program decision package budget, procedure for fund allocation, and the stipend application.

ACTION: Mr. Canary moved, with a second from Ms. Guilford, to approve the application, procedure, and decision package budget to support 1255 implementation. The motion passed.

- C. SB 5582: Reducing barriers and expanding educational opportunities to increase the supply of nurses in Washington. – Gerianne Babbo and Kathy Moisio**

Dr. Moisio reported work on the apprenticeship program continues. Workforce Training and Education Coordinating Board (WTB) serves as the lead agency, in collaboration with Labor and Industries and WABON. Students continue in pre-requisite coursework. The target launch date remains September 2024. The partnering college has submitted their proposal to the Nursing Program Approval Panel (NPAP) for review. WTB has identified an apparent successful bidder for sponsorship of the program. Their focus in the coming months is to develop and submit the apprenticeship application to the Washington State Apprenticeship and Trade Council (WSATC). Dr. Babbo reported the review of the nursing simulation research and best practices has been completed and outreach to experts in the field of simulation both in-state and nationally has occurred. Draft rules are being developed and workshop dates to be set in September/October. Dr. Babbo also reported the legislation provided for a Nurse Consultant and Health Services Consultant to lead the development of the high school-rural hospital pilots.

- D. SB 5499: Nurse Licensure Compact – Alison Bradywood**

Dr. Bradywood reported on the Interstate Commission of Nurse Licensure Compact Administrators. The Interstate Commission of Nurse Licensure Compact Administrators (ICNLCA) oversees administration of the nurse licensure compact (NLC) in partnership with the local state board of nursing. Washington State joined the NLC on July 24, 2023. SB 5499 defined the NLC in Washington, including a name change to WABON to differentiate the Board from the ICNLCA. WABON continues to evaluate where state-level and compact rules may be necessary to best protect the public’s safety. Participate in ICNLCA discussions and rulemaking to continue to improve compact administration.

2:30 PM Closing. Meeting continued on September 8, 8:30 AM.



STATE OF WASHINGTON
Washington State Board of Nursing
Meeting Minutes
September 8, 2023
8:30 AM- 2:00 PM

This meeting was held in person at the Spokane Convention Center, [334 West Spokane Falls Blvd, Spokane, WA 99201](https://www.spokaneconventioncenter.com/). Rooms 302 A/B 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, BS, RN, LPN
Ella B. Guilford, MSN, M.Ed., BSN, RN
Judy Loveless-Morris, PhD, Public Member
Ajay Mendoza, CNM
Dawn Morrell, RN, BSN, CCRN
MaiKia Moua, RN, BSN, MPH
Sharon Ness, RN
Kimberly Tucker PhD, RN, CNE
Emerisse Shen, FNP, ARNP

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

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

II. Call to Order

A. Introductions

1. Name, length of time on board, committee participation, area of residence

B. Order of the Agenda

C. Announcements

Dr. Bradywood announced the closure of Spokane and Kennewick pain clinics as of September 8, 2023 and clarified that ARNPs are supported by regulatory statutes in supporting patient transitions of care

III. Signature Authority – Karl Hoehn, Sierra McWilliams - DISCUSSION/ACTION

Mr. Hoehn and Ms. McWilliams explained the ability for WABON to delegate certain signatures and present the table of the current delegations for annual review.

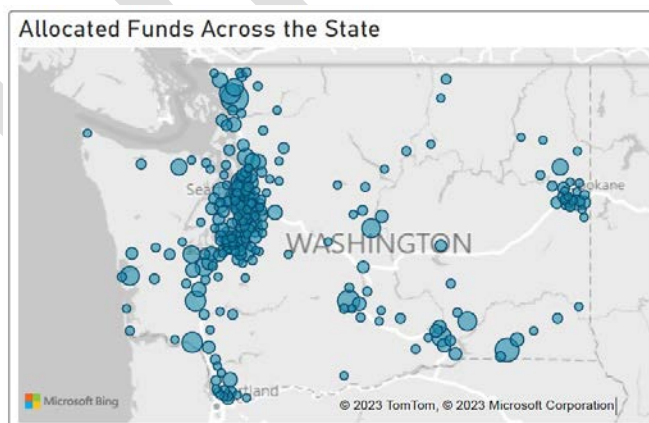
ACTION: Mr. Canary moved to retain current procedure with no substantive changes, non-substantive changes are to include updating to the Board of Nursing, Dr. Tucker seconded the motion. Motion passed.

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

A. Nursing Education

Dr. Babbo presented an update on nursing education and invited Dr. Gorski to present.

1. NGN Updates – Dr. Babbo presented information on the next generation NCLEX exam.
2. Education Unit positions
Ms. Judy Soeme has been hired as HSC1. Dr. Kathy Bay has been hired as the Nurse Consultant.
3. Preceptorship Data available for FY23. Over 1200 students and preceptors supported through this program.



B. Nursing Assistant

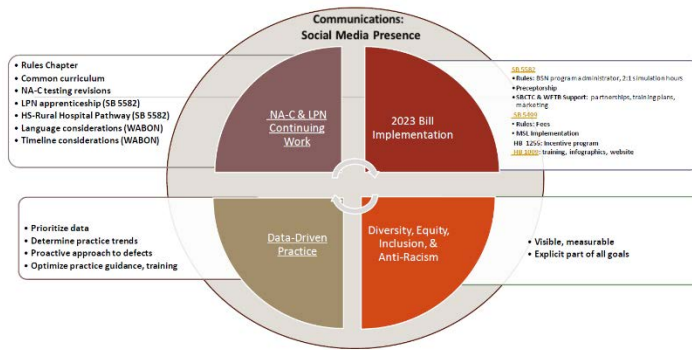
Dr. Moisio presented on testing planning and the apprenticeship program.

1. Testing Updates

WABON will oversee nursing assistant skills examination as of October 1, 2023. Evaluation will be completed by training programs with the exception of nursing facilities (per federal regulation). A transition plan is in place through September. The goal is to expand testing access across the state.

2.HCA-NAC-LPN Apprenticeship Program

V. Strategic Plan Proposal - DISCUSSION/ACTION



Dr. Bradywood presented the 2023-2025 WABON Strategic Plan Proposal which was assesses current and future work before the board, prioritizing bodies of work that are imperative to progress the board's mission.

1. Nursing Assistants/LPN Initiatives

(Kathy Moisio)

Dr. Moisio reported the main areas of focus are 1) a new rules chapter, 2) common curriculum with full implementation and evaluation, 3) NA testing revisions, 4) SSB 5582: Two legislative charges a) LPN apprenticeship continues and b) high school rural hospital pathway. 4) Two WABON initiatives: a) language considerations, b) timeline considerations.

2. Nursing Practice (Debbie Carlson)

Dr. Carlson reported the focus of nursing practice is to collect available data to identify and characterize practice breakdowns that promote safe nursing practice. The objectives are 1) data management, 2) data priorities, 3) analysis to identify trended categories of practice gaps, 4) disseminate, 5) practice guidance.

3. Diversity, Equity and Inclusion (DEI)

Dr. Bradywood reported the goals of DEI are to align our internal and external practices with the cornerstone values of Equity, Innovation, and Engagement (EIE). Define visible, measurable indicators for WABON work which reflects progress in EIE.

4. Bill Implementation (reviewed September 7, 2023)

5. Other Priorities

a. Social Media Communications (Shad Bell)

6. **Retired from July 2023 plan** - Academic progression, WHPS.

ACTION: Ms. Myrick moved to accept the proposed 2023-2025 strategic plan; Ms. Guilford seconded the motion. The Motion passed.

VI. Board Pay Summary and Hours History/Board Pay and TEMS Training - Bethany Mauden – DISCUSSION

Ms. Mauden presented the annual board pay summary from July 2022 to June 2023 and explained the rationale for the summary information in tracking the hours of both board members and pro tems to facilitate placements in needed areas.

A. Board Pay Summary - July 1, 2022 – June 30, 2023

B. TEMS and Board Pay Refresher Training

Ms. Mauden presented tips and tricks on TEMS and Board Pay tracking.

**VII. Education Session - Jonathan Alvarado, MS, ARNP-CRNA
Nurse Anesthesiology's History, Practice Models, Access, and Regulatory Bodies.**

Mr. Alvarado presented the history of Nurse Anesthesiology. Nurse Anesthesiology has been an integral part of the nursing profession from the 19th century and has contributed to its growth at all levels. Decision-makers, regulators, and other non-anesthesia provider leaders must have an understanding of the complexities and models of care delivery of the anesthesiology profession to make informed decisions.

VIII. Public Comment

This time allowed for members of the public to present comments to the Board.

Members of the public did not offer to speak.

IX. Meeting Evaluation

X. 1:39 PM - Adjournment.



**Washington State Board of Nursing (WABON)
Advanced Practice Subcommittee Meeting Minutes
July 19, 2023**

Subcommittee Members: Jonathan Alvarado, ARNP, CRNA, Chair
Emerisse Shen, MSN, CNP, FNP, ARNP
Wendy E. Murchie, DNP, CPNP-AC
Bianca Reis, DNP, MBA, ARNP, PMHNP-BC
Kimberley A. Veilleux, DNP, RN, ANP-BC
Michelle Dedeo, DNP, ARNP-CNS, ACCNS-AG, CCRN, CNRN, SCRNP
Cyd Marckmann, DNP, ARNP
Jeffery Ramirez, Ph.D., PMHNP, CARN-AP, CNE, FNAP, FAANP, FAAN

Absent: Ronna Smith, MN, ARNP
Megan Kilpatrick, MSN, ARNP-CNS, AOCNS

Staff Present: Mary Sue Gorski, PhD, RN, Director, Advanced Practice and Research
Karl Hoehn, JD, FRE, Assistant Director, Discipline – Legal
Lohitvenkatesh Oswal, Research Assistant

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

- Jonathan Alvarado called the meeting to order at 7:01 PM. The Advanced Practice Subcommittee members and support staff were introduced. The Public Disclosure Statement was read aloud for the meeting attendees.

II. Standing Agenda Items

- Announcements/Hot Topic/WABON Business Meeting Updates
- Review of Advanced Practice Draft Minutes: June 21, 2023
 - Reviewed, with consensus to bring to the September 8, 2023 WABON business meeting for approval.

III. Old Business

- APRN Title Protection Refined Language
 - Jonathan Alvarado introduced APRN title protection refined language. Mary Sue Gorski and Karl Hoehn provided further background on this item. Subcommittee discussed.
 - The opportunity was given for public comment on this agenda item.
 - The subcommittee recommended that the APRN title protection refined language be brought to the September 7, 2023 WABON meeting for approval.

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 – August 16, 2023
- Adjournment – The meeting adjourned at 7:50 PM.



**Washington State Board of Nursing (WABON)
Advanced Practice Subcommittee Special Meeting Minutes
August 14, 2023**

Subcommittee Members: Jonathan Alvarado, ARNP, CRNA, Chair
Emerisse Shen, MSN, CNP, FNP, ARNP
Wendy E. Murchie, DNP, CPNP-AC
Kimberley A. Veilleux, DNP, RN, ANP-BC
Michelle Dedeo, DNP, ARNP-CNS, ACCNS-AG, CCRN, CNRN, SCRNP
Cyd Marckmann, DNP, ARNP
Megan Kilpatrick, MSN, ARNP-CNS, AOCNS

Absent: Jeffery Ramirez, Ph.D., PMHNP, CARN-AP, CNE, FNAP, FAANP, FAAN
Bianca Reis, DNP, MBA, ARNP, PMHNP-BC
Ronna Smith, MN, ARNP

Staff Present: Alison Bradywood, DNP, MPH, RN, NEA-BC, Executive Director
Mary Sue Gorski, PhD, RN, Director, Advanced Practice and Research
Deborah Carlson, MSN, BSEd, PMC, CPM, RN, Director of Nursing Practice
Jessilyn Dagum, Policy Analyst
Lohitvenkatesh Oswal, Research Assistant

Public Present: Bob Smithing, ARNP, FAAN
Anisa Young
Katie Wahler
Ada Marie W. Vorse
Linda van Hoff
Kristine Highlander
Devon Connor-Green
Gloria Brigham
Krystal

**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. Old Business

- Input about AP Compact for the NCSBN House of Delegates
 - Jonathan Alvarado introduced the agenda item. Alison Bradywood and Mary Sue Gorski provided further background on the AP Compact and the agenda item.
 - Subcommittee discussed the revision of the AP Compact.
 - A subcommittee member voiced concern regarding Article 3 of the AP Compact allowing master's degree-prepared Advanced Practice nurses to practice in Washington state.
 - A subcommittee member voiced concern regarding the multistate license education requirement of 2080 practice hours.
 - The opportunity was given for public comment on this agenda item. Several members of the public gave comments. Concerns were raised regarding the AP Compact including the multistate license requirement

- of 2080 practice hours.
- The subcommittee recommended opening the AP Compact for revision.

III. New Business

- Update on the JARRC Petition and Hearing Process
 - Jonathan Alvarado introduced the item. Mary Sue Gorski and Jessilyn Dagum gave further background.

IV. Ending Items

- Public Comment
 - The public was given the opportunity to comment on the agenda items.
- Date of Next Meeting – September 20, 2023
- Adjournment – The meeting adjourned at 7:52 PM.

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**Washington State Board of Nursing (WABON)
Advanced Practice Subcommittee Meeting Minutes
September 20, 2023**

**Subcommittee
Members:**

Jonathan Alvarado, ARNP, CRNA, Chair
Emerisse Shen, MSN, CNP, FNP, ARNP
Wendy E. Murchie, DNP, CPNP-AC
Bianca Reis, DNP, MBA, ARNP, PMHNP-BC
Kimberley A. Veilleux, DNP, RN, ANP-BC
Michelle Dedeo, DNP, ARNP-CNS, ACCNS-AG, CCRN, CNRN, SCRNP
Cyd Marckmann, DNP, ARNP
Ronna Smith, MN, ARNP
Molly Altman, PhD, CNM, MPH, FACNM

Absent:

Jeffery Ramirez, Ph.D., PMHNP, CARN-AP, CNE, FNAP, FAANP, FAAN
Megan Kilpatrick, MSN, ARNP-CNS, AOCNS

Staff Present:

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

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

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

II. Standing Agenda Items

- Announcements/Hot Topic/WABON Business Meeting Updates
 - Jonathan Alvarado gave an update on the Request for Legislation for the title change from ARNP to APRN. Mary Sue Gorski provided further details.
- Review of Advanced Practice Draft Minutes: July 19, 2023, August 14, 2023
 - Reviewed, with consensus to bring to the November 17, 2023 WABON business meeting for approval.

III. Old Business

- Update on the NCSBN Annual Meeting AP Compact
 - Jonathan Alvarado gave an update on the NCSBN Annual Meeting and the Advanced Practice Compact. Mary Sue Gorski provided further background on this item.
 - The subcommittee suggested the creation of an AP Compact workgroup. Some subcommittee members and members of the public volunteered to participate in the workgroup.

IV. New Business

- Rulemaking updates
 - Jonathan Alvarado gave an update on rulemaking.
- New Member Orientation
 - Jonathan Alvarado introduced this topic. Mary Sue Gorski provided an

overview of the upcoming new member orientation.

V. Ending Items

- Public Comment
 - The public was given the opportunity to comment on the agenda items.
- Date of Next Meeting – October 18, 2023
- Adjournment – The meeting adjourned at 7:42 PM.

DRAFT



**Washington State Board of Nursing
Discipline Sub-committee Agenda
August 15, 2023 **MINUTES**
3:30 pm to 5:30 pm**

Join the Meeting
from your computer, tablet or smartphone

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

Committee Members:

Adam Canary, LPN, Chair
Sharon Ness, RN *absent*
Tiffany Randich, RN
Tracy Rude, LPN ad hoc *absent*
Dawn Morrell, BSN, RN, CCRN
Quiana Daniels, GCertHealthSc, BS, LPN
Judy Loveless-Morris, PhD, public member
Pro Tem #1 and #2

Staff:

Catherine Woodard, Director, Discipline and WHPS
Karl Hoehn, JD, Assistant Director, Discipline - Legal
Grant Hulteen, Assistant Director, Discipline – Investigations and WHPS
Teresa Corrado, LPN, Assistant Director, Discipline – Case
Management/HELMS, ad hoc *absent*
Rena Powell, Case Manager
Barb Elsner, HSC
Margaret Holm, JD, RN ad hoc *absent*
Mary Sue Gorski, PhD, RN, ARNP, Director, Research ad hoc
Lynn Batchelder, Investigations supervisor, ad hoc
Emma Cozart, Research

1. **3:30 pm opening – Adam**
 - Call to order – digital recording announcement
 - Roll call
2. **June 20, 2023 Minutes– Adam**
 - In draft format until WABON approves at the September 2023 business meeting.
 - [Approved to move forward.](#)
3. **Performance measures – June and July 2023 - Grant, Karl**
 - Investigations - [Grant provided highlights.](#) 425 cases opened in June, fewer than 400 opened in July. Completing more than opening at CMT. Two newer investigators still learning.
 - Legal – Karl provided highlights. Fiscal year roll-up. Average caseload has increased. [Now down one attorney with Sarah Bendersky's retirement.](#)
 - WHPS – Grant provided highlights. 226 participants. Down from last year. Doing well with performance measures. Non-compliance report, graduation report. 77% employment rate for in-state participants.
 - SUDRP – Grant provided highlights. Charts tell the stories.
4. **Discipline Trend Reports – Grant, Karl**
 - Presented every six months to show trends in discipline.
 - Grant reviewed the case management trend chart; cases reviewed at CMT are going up. Investigator caseloads, investigations completed per investigator. Nearing the timeline on performance measures.
 - Karl discussed the trend charts for legal. Slight trend upward in drafting time. Same rough number for ARNPs on the caseload. Total finalized cases are holding steady, but we have more cases during this reporting time.

- WHPS graphics - Grant highlighted the charts. Referral contracts are the main reason most nurses are in WHPS.

5. **Discipline Data Dashboard - preliminary draft – Dr. Gorski and Emma Cozart**

- A demonstration of discipline data presented in an interactive format intended for public use.
- The goal is to increase access to nursing discipline data on our website.
- Mary Sue introduced the topic. Emma showed the four pages of disciplinary info taken from ILRS. Comparison of disciplinary actions by license type; actions completed this year; actions taken by nature of allegation; action taken by proven issues. Power BI filters the info when you hover over it. Similar page for complaints received: ratio of actions to complaints in a year; resolution of complaints; by licensure. Active number of nurses at the time of the report. Data goes back four years. Looks at trends over time. Workforce data: demographics. Age; years of licensure; education; license type. Karl asked about diploma nurses re: is it the age of nurses or the fact that more diploma nurses get disciplined? Diploma nurses aging out. Emma: snapshot in time. Employment data: employment setting; average hours worked per week. Lynn asked if they can see who's generating the complaint? Karl: more complaints from LTC because of DSHS mandated reporting. Mary Sue: the compliant process is not identified, but they can capture the info if the agency is identified. Last page (page 5): disciplinary action taken and STIDS as reported on Provider Credential Search (PCS). Last page is information on the data page. Grant: does this include referral contracts and ER cases? Karl: not public information. Unless there is an order or STID. Next steps? Refine and then post. Info for the WABON. Present at the November meeting? Yes.

6. **Updates on Florida schools investigations – Lynn, Karl**

- Snapshot of cases pending Lynn: Eleven in investigations, including one that an employer recognized on a MSL. Five cases from action in another state. Karl: 65 in case disposition. Legal groups them by schools and has the expert work on each school. The applications take longer than rescinding the licenses. Finding some that are not truly fraudulent, but not the best nursing program. Two attorneys are handling the cases. Lynn: word out that WABON has an easy pathway to licensure because we allow unlimited testing. Karl: should we pursue rules to limit the number of times people can take the NCLEX? Should be the Education and Licensing Subcommittees. Lynn discussed test anxiety. Quiana: the NextGen NCLEX is producing a lot of anxiety. Not a good time to reduce the number of times you can take it.
- Other states and NCSBN CCW: notices from NCSBN and monthly calls. Dawn asked about the impact of the compact. We are aware of one employer who checked the MSL against the list on our website and reported it to WABON, now in investigation.

7. **Procedure Revision – A21 Licensing Requirements**

- Aligning with the Nursing Licensure Compact (NLC) legislation.
- A felony conviction will disqualify an applicant from obtaining a multi-state license. A misdemeanor conviction which the board determines is related to nursing practice will also disqualify an applicant.
- CCW and Karl discussing; reviewing Addendum 1 and bringing up the issues of what crimes we may use as disqualifiers. Should we be looking at full criminal background? The applicant already is required to provide the court documents.

- The question before the DSC is to regroup and consider the addendum for revisions. Adam would like to spend more time on the procedure. Dawn depends on legal staff to decipher some of the issues at CMT. Karl pointed out that usually the facts are more important than the crime, and what has the nurse done since this time? Quiana: definitely need to look through the eyes of DEI. Historically, ethnic groups have more convictions and have paid their debt to society. Be mindful as we consider this particular issue. Lynn: looks at this regarding felonies more than ten years for some people that should never be taking care of others. Thinks legal staff should be the ones to consider criminal records, not licensing staff. CCW: we will bring this back in October.

8. Bill Implementation Updates – Catherine, Karl, Grant

- SB 5499 Nurse Licensure Compact (NLC) Karl updated with description of Phase 1 and Phase 2. Complaints, we make note of privilege to practice. Provider Credential Search and referral to the public side of NURSYS.
- HB 1255 WHPS Incentive and Stipend. Grant updated. Two parts to the bill: stigma and stipend. Working with IT to get the yes flag off PCS. Documents removed. Stipend: working on developing an application based on what other programs are doing. Will be asking for a little more money; working with HCA for insurance. Stipends will cover 80% of treatment, group sessions, testing for people who are in need. Working agreements with facilities to control costs. Must be in place in July 2024.

9. Work plan – Adam, Catherine

- WHPS strategic plan removed (sunset at end of biennium)

10. Public comment – Adam

- Limited to two minutes per speaker
- None.

11. 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.

12. Adjourn 1723.

**Nursing Care Quality Assurance Commisison (NCQAC)
Consistent Standards of Practice Subcommittee Minutes
June 2, 2023**

Committee Members Present: Sharon Ness, RN, Chair
Helen Myrick, Public Member
Tiffany Randich, RN, LPN, Pro Tem

Absent: Jamie Shirley, PhD, RN, Pro Tem
Ella Guilford, MSN, M.Ed., BSN, RN, Member
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
Shad Bell, Assistant Director of Operations & Communications
Seana Reichold, Staff Attorney

Opening:

Sharon Ness called the meeting to order at 12:00 PM. The Consistent Standards of Practice subcommittee members and staff were introduced. Commissioner Ness read the Public Disclosure Statement was read aloud.

Standing Agenda Items:

All items have been tabled until the next subcommittee meeting, on June 8th, 2023, to allow adequate time for rules updates.

Old Business:

Health Equity Continuing Education Rule: SSB 5229 (2022) - Jessilyn Dagum and Shana Johnny presented a PowerPoint to review the draft language. As part of the language change, language referencing tribal engagement and cultural humility was removed because more space and attention to this topic needs to occur separately from rulemaking. The intent is to assemble a workgroup based on feedback from the workshops. This tribal workgroup will help inform proposed language moving forward. We would like to cast a broader net to all tribes for this work. Fawzi Belal with Washington Center for Nursing (WCN) provided comments on collaboration between WCN and NCQAC to develop training to meet the requirements of the new rules. Suggestions for minor edits were provided to maintain conformity. The consensus was reached to move the draft language with suggested edits forward to the full Commission at the July 14, 2023, Business Meeting for approval.

Delegation of Blood Glucose Testing and Monitoring Rule: HB 1124 (2022) – Ms. Dagum and Debbie Carlson reviewed the draft language of the updated rule. NCQAC received additional feedback from Washington State Hospital Association (WSHA); that feedback will be incorporated into the final document. The consensus was reached to move the draft language with suggested edits forward to the full Commission at the July 14, 2023, Business Meeting.

New Business:

All items have been tabled until the next subcommittee meeting on June 8th, 2023.

Public Comment:

The public was given the opportunity to comment on agenda items.

Ending Items

Review of Actions: Health Equity Continuing Education Rule draft language and Delegation of Blood Glucose Testing and Monitoring Rule draft language moved forward to July 14, 2023, NCQAC Business Meeting.

Date of Next Meeting – June 8, 2023

Adjournment 1:33pm

DRAFT

**Nursing Care Quality Assurance Commisison (NCQAC)
Consistent Standards of Practice Subcommittee Minutes
June 8, 2023**

Committee

Members Sharon Ness, RN, Chair
Present: Helen Myrick, Public Member

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

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

Opening:

Subcommittee Chair Sharon Ness called the meeting to order at 2:02 PM. The Consistent Standards of Practice subcommittee members and staff were introduced. Commissioner Ness read the Public Disclosure Statement aloud.

Standing Agenda Items - Announcements/Hot Topics/NCQAC Business Meeting Updates: Debbie Carlson provided an update to the Subcommittee:

The Health Equity Education Rules will be presented to the full Commission at the July 14, 2023, NCQAC Business meeting.

The Assistant Attorney General (AAG) is reviewing the newest Blood Glucose Rules draft, including recommendations from previous meetings. When the review is completed, Ms. Carlson and Ms. Dagum will provide the draft to the Subcommittee.

The waiver for Covid testing in schools has expired, leading to questions about delegating CLIA-wave and PCR tests in schools. Ms. Carlson will be working to have documents approved by the Commission by the start of school in the fall to provide clarity.

NCSBN is offering an IV Hydration Information meeting for those interested.

Consensus was reached to forward the draft minutes from April 7, 2023, to the July 14, 2023, NCQAC Business meeting for approval.

Old Business:

Seattle-King-County Public Health Nursing – Elimination of Nursing Positions: Ms. Carlson reviewed the background of the issue and the concerns raised. A letter has been formulated and shared with the Subcommittee. The full Commission will review the letter at the July 14, 2023, NCQAC Business Meeting.

NCAO 31.00 Nursing Delegation to the Nursing Assistant-Registered/Nursing Assistant-Certified, and Home Care Aide-Certified: This work is on hold while waiting for the Blood Glucose Delegation Rules to be finalized.

NCAO XX.XX Nursing Delegation of Enteral Feedings and Related Tasks to Assistive Personnel (AP): This work is on hold while waiting for the Blood Glucose Delegation Rules to be finalized.

Non-Surgical Cosmetic Procedures – Ongoing Discussion: The Medical Commission has provided an informed consent document that we will modify to fit nursing.

Frequently Asked Questions – Licensed Practical Nurses Revision: Cardiology and Respiratory Procedures (Chest Drainage Units) – Discussion: Minor changes have been made, the AAG has reviewed the document, and Ms. Ness will provide a copy to the Subcommittee members who were unable to attend this meeting. Provided they have no objections or suggestions for changes, this document will be moved forward to the July 14, 2023, NCQAC Business Meeting.

New Business:

Nurse Licensure Compact (NLC): The NLC will be implemented **by July 24, 2023**. NCQAC has multiple internal processes and workgroups in place to accomplish this work.

Public Comment:

The public was provided time to comment on agenda items.

Ending Items

Review of Actions: Ms. Ness will review Frequently Asked Questions – LPN Revision: Cardiology and Respiratory Procedures with Tiffany Randich and Robin Fleming, and it will be forwarded to the July 14, 2023, NCQAC Business Meeting, as well as the letter regarding the Seattle-King County Public Health Elimination of Nursing Positions and the draft minutes from the April 7, 2023, subcommittee meeting.

Date of Next Meeting – August 4, 2023

Adjournment: Meeting was adjourned at 2:54pm.



**Washington State Board of Nursing (WA BON)
Licensing Subcommittee Minutes
August 15, 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
Miranda Bayne, Staff Attorney
Lori Underwood, Licensing Supervisor

This meeting was digitally recorded to assist in the production of accurate minutes. All recordings are public records. The minutes of this meeting will be posted on our website after they have been approved at the **November 17, 2023**, WA BON meeting. For a copy of the actual recording, please contact the Public Disclosure Records Center (PDRC) at PDRC@doh.wa.gov.

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

- **Roll Call**
- **Call to Order** - Commissioner Dawn Morrell, Commissioner Helen Myrick, Commissioner Adam Canary, Ms. Amber Zawislak-Bielaski, Mr. Karl Hoehn, Ms. Miranda Bayne, Ms. Lori Underwood

II. Standing Agenda Items

- **Announcements/Hot Topic/WABON Business Meeting Updates** - Commissioner Morrell asked the committee if there were any topics to be discussed, no topics were brought forward.
- **Approve Minutes for June 20, 2023**– Commissioner Morrell confirmed with Commissioner Myrick that there was a consensus to approve the minutes for June 20, 2023.

III. Old Business

- **Florida School Issues and Current Actions** – Mr. Hoehn shared with the committee that there are still cases that are coming through CMT, but they have slowed down quite a bit. The cases that are being reviewed with Legal right now are very difficult because they are having to consider the fact that some of these schools were once a completely legitimate school. He explained that they must be careful when reviewing these cases and ask lots of questions. Mr. Hoehn asked Ms. Bayne if she had any additional comments. Ms. Bayne added that right now they are reviewing schools that are not necessarily publicized as being on the official FBI list so we're having to take a closer look at those files. Mr. Hoehn also added that they had received a few more schools involved in the FBI operation, and these were added to the current list on our website.

- **Temporary Practice Permit Rules** – Ms. Zawislak-Bielaski shared with the committee that the CR102 for the temporary practice permit rules were filed and it sounds like we are on track for a hearing at the November business meeting for permanent rulemaking. Commissioner Morrell asked when the rules will go into effect after the hearing. Ms. Dagum explained that after the language is approved by the Board, they will move forward and file the CR103 which is the final step of the rules process. This will move the language into a permanent rule which will then be effective as early as thirty-one days after filing or otherwise indicated. Ms. Dagum also added that it does take a month after the last filing date to become effective and that communication will be sent through our different avenues about that.

IV. New Business

- **Governor's Weekly Report** - Ms. Underwood provided a summary of the current Governor's report. She shared that we are currently at a four-day processing time to issue temporary practice permits. She also added that in July the average days to process was six days. Ms. Underwood explained that we are seeing the impact of the Nurse License Compact going into place. In July, we received a total of 1,222 new applications; in July of last year, we had a total of 2,435 new applications. She continued to add that we are starting to see pre COVID numbers now because of the compact. Commissioner Morrell asked the committee if there were any questions. Commissioner Myrick commented that these numbers are almost half of what they were last year, and she was curious about the major implications this is having on revenue. She asked if this was on track with what was anticipated or if it was even a further loss of revenue than anticipated. Ms. Zawislak-Bielaski replied that we are in line with what we had anticipated when we were looking at the initial data. She shared that approximately fifty to sixty percent of our endorsement applicants came from a state where they held a multistate license. She commented on it will be interesting to see the numbers in the upcoming months.

Ms. Dagum shared some information from the demographic data survey. She shared that we had 890 submissions and that this is a rough indicator of just how many nurses are using their multistate license here now. Mr. Hoehn commented that it will be interesting to see what the numbers look like in September. Ms. Dagum added that beginning in September, employers will have 30 days to report to the Board the nurses holding a multistate license working at their facility.

- **Nurse Licensure Compact Implementation Update** – Ms. Zawislak-Bielaski provided an update. She shared with the committee that we had to create a couple of band-aid processes on our current database pending HELMS since our current database was not set up for multistate licensure. This has been creating some issues, but the band-aids we have created will hold up at least until we have HELMS implemented. She continued to explain that one of the band-aids is for the ARNPs. They can work in Washington state without obtaining a Washington state RN license if they hold an active multistate RN license. We had to create a tracking credential in ILRS for the sake of making sure their multistate RN license was combined with their ARNP license in ILRS. We are also using that for renewals. She also added that on the Department of Health's Provider Credential Search, we have added better

language to help users. It redirects users to our credential verifications page where it explains how to search for multistate licenses.

Mr. Hoehn provided information regarding the Interstate Commission of Nurse License Compact administrators Rule 302, sub section four. He explained that this rule states that an NLC party state shall not renew or reinstate a single state license if the nurse holds a multistate license in another party state. He continued to share that they had a good meeting with Mr. Jim Puente and Mr. Fred Knight with NCSBN to review these rules. Mr. Hoehn explained that we need to investigate this more as we currently have automated processes for nurses to renew in our current system. The system does not check to see if nurses renewing their license hold an active multistate license. Mr. Hoehn also shared a few situations that we have experienced so far. A nurse submitted their application, and for a variety of reasons, their application was flagged as an exception application. The file was sent to CMT for review, but we noticed that this person had a multistate license. CMT completed the review and approved licensure; however, because they hold an active multistate license, we cannot issue their Washington single state license. This person applied back in June before the compact became effective, their file was approved, but we could not issue a Washington single state license. Mr. Hoehn concluded that we will surely see other situations that will arise, and we will have to review each file case by case.

- **Initial Out-of-State Exam and Endorsement Licensing rules** – Ms. Dagum presented an update on the Initial Out-of-State Exam and Endorsement Licensing rules. The CR-101 for this rulemaking was filed on May 24, 2023. Rule workshops were held in June of 2023 to gather input from interested parties. Ms. Dagum reminded the subcommittee that the rule language is currently in emergency rule and will be refiled as the permanent rulemaking is ongoing. The purpose for this rulemaking is to move the language from emergency to permanent rule. The subcommittee was presented with the rule language, currently in emergency rule. The subcommittee reviewed the language and agreed to bring it to the September WABON business meeting with the recommendation for the board to approve the language and move forward with the filing of a CR-102.
- **Subcommittee Meeting Schedule** – Commissioner Morrell asked the subcommittee their thoughts on having meetings every month, or on a different day. Commissioner Myrick and Commissioner Canary agreed that every other month on a Tuesday works best.

V. Ending Items

- **Public Comment** - None
- **Review of Actions** - None
- **Meeting Evaluation** - All
- **Date of Next Meeting** - October 17, 2023
- **Adjournment** 1:42PM

**Washington State Board of Nursing (WABON)
Research Subcommittee Meeting Minutes
July 17, 2023 5:00 p.m. to 6:00 p.m.**

Subcommittee Members: Judy Loveless-Morris, PhD, Chair
Sharon Ness, RN
Mary Baroni, PhD, RN
Yvonne Strader, RN, BSN, BSPA, MHA

Absent: Katie Haerling, PhD, RN, CHSE

Staff Present: Mary Sue Gorski, PhD, RN, Director of Advanced Practice and Research
Shad Bell, Assistant Director of Operations
Emma Cozart, Data Consultant

I. 5:00 PM Opening

- Call to Order, Introduction, Public Disclosure Statement, Roll Call
 - Judy Loveless-Morris called the meeting to order at 5:01 pm and introduced the Research Subcommittee members and staff. The Public Disclosure Statement was read aloud for the meeting attendees.

II. Standing Agenda Items

- Announcements/Hot Topic/NCQAC Business Meeting Updates
- Review of Draft Minutes: May 15, 2023
 - Reviewed, with consensus to bring to the September 7-8, 2023, NCQAC Business Meeting for approval.
- Review Work Plan

III. Old Business

- Update of ongoing projects in the Research Unit.

IV. New Business

- Brainstorm new initiatives for the Research Subcommittee.
 - See the Brainstorming Session section below.

V. Ending Items

- Public Comment – None
- Review of Actions
 - Research team will compile inventory of ideas for review at next meeting
- Meeting Evaluation – All
- Date of Next Meeting – August 21, 2023
- Adjournment – Meeting adjourned at 5:59 pm.

Research Subcommittee Work Plan Brainstorming Session: 2020 vs 2022

Research Subcommittee Purpose: Improve access and utilization of available data to inform policy decisions, evidence-based regulatory practice, and foster research.

Below are the results of a research subcommittee brainstorming session held in November 2020, followed by our current brainstorming session held in July 2023. The research subcommittee staff recommends a workgroup to further refine priorities.

Possible strategic goals discussed at November 23, 2020 RSC meeting	Notes
<ul style="list-style-type: none">• Collaboration with Communications Task Force on development of standards or guidelines for interpretation and dissemination of data generated by the Commission	
<ul style="list-style-type: none">• Tracking of NCQAC data use by internal and external stakeholders for research, program evaluation and CQI including revisiting the “List and Labels” process to determine options for voluntary requests to help with tracking.	
<ul style="list-style-type: none">• IRB issues for both internal and external NCQAC Data use	
<ul style="list-style-type: none">• Website development	
<ul style="list-style-type: none">• Identification of external data bases that may be relevant to the Commission	
<ul style="list-style-type: none">• Consultation on interpretation and implication of data-driven initiatives including simulation data on 1:2 ratio for simulation during Covid-19 Pandemic as well as annual workforce data and education reporting.	
<ul style="list-style-type: none">• Prioritization of student selection for capstone projects and fieldwork with the Commission	
<ul style="list-style-type: none">• Revisit and review sub-committee position description and policies and procedures for updating and next steps	
<ul style="list-style-type: none">• Possible role of sub-committee in Critical Gaps initiatives	
<ul style="list-style-type: none">• Research Sub-committee annual report	
<ul style="list-style-type: none">• Research Newsletter	
<ul style="list-style-type: none">• Annual meetings with each sub-committee for data driven questions and/or initiatives.	

Possible strategic goals discussed at July 17, 2023 RSC meeting	Notes
<ul style="list-style-type: none"> • More detailed data collection and reporting on LPN to BSN Programs. • LPN to BSN strategic initiative • How much of an impact has the nursing assistant program had and how this may address the nursing shortage • Wants to follow effects DEI efforts on NA program and the positive impact on patients (do we have less complaints, less racialized complaints) • Follow LPN apprenticeship program in 2024 • Postlicensure LPNs and LPN to BSN highlighted in the Annual Report, with more emphasis on LPN programs. • Start separating postlicensure LPNs programs that have previously been aggregated with RNs in the annual surveys and reports. 	
<ul style="list-style-type: none"> • The effects of simulation on NCLEX pass rates. 	
<ul style="list-style-type: none"> • The effect of implementing the Nurse Licensing Compact on Disciplinary Actions in Washington. • Yvonne Strader wants to follow disciplinary actions for those with single-state licenses versus multistate licenses and examine differences between the two types of licensees. 	
<ul style="list-style-type: none"> • More detailed data collection and reporting on nursing assistant programs, and how they may be affecting the nursing shortage. 	
<ul style="list-style-type: none"> • Getting licensing to military licenses and spouses and barriers facing them 	
<ul style="list-style-type: none"> • Telehealth 	
<ul style="list-style-type: none"> • How do we use data as a tool when making decisions 	
<ul style="list-style-type: none"> • Sharon Ness suggested that we collect data on how many nurses come into our state and apply for the multistate nursing compact license. 	
<ul style="list-style-type: none"> • Mary Sue noted that the compact rule states that the requirement for demographic completion is only applied to certain types of facilities and is mandated by the employers. The nursing assistant programs are the survey data that we are launching in March 2024. Simulation rules changing, we should drill down on Simulation data, and examining how little simulation is used now. LPN progression and how we evaluate all the academic progression, and the LPN apprenticeship program. 	



**Washington State Board of Nursing (WABON)
Research Subcommittee Meeting Minutes
August 21, 2023 5:00 p.m. to 6:00 p.m.**

Subcommittee Members: MaiKia Moua, RN, BSN, MPH, Acting Chair
Sharon Ness, RN
Mary Baroni, PhD, RN
Yvonne Strader, RN, BSN, BSPA, MHA
Katie Haerling, PhD, RN, CHSE

Absent: Judy Loveless-Morris, PhD
Kimberley A. Veilleux, DNP, RN, ANP-BC

Staff Present: Mary Sue Gorski, PhD, RN, Director of Advanced Practice and Research
Deborah Carlson, MSN, BSEd, PMC, CPM, RN, Director of Nursing Practice
Shad Bell, Assistant Director of Operations
Lohitvenkatesh Oswal, Research Assistant
Emma Cozart, Data Consultant

I. 5:00 PM Opening

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

II. Standing Agenda Items

- Announcements/Hot Topic/NCQAC Business Meeting Updates
- Update of Work Plan and follow-up of brainstorming session
 - This item was postponed to the next Research Subcommittee meeting on September 18, 2023.

III. Old Business

- Annual Member Survey
 - Subcommittee discussed and provided feedback.
 - The Research Subcommittee recommended that the Annual Member Survey go to the September 7-8, 2023 WABON business meeting for approval and to request time during the January WABON business meeting to complete the survey.
- LPN data
 - Emma Cozart presented LPN data. Subcommittee discussed and provided feedback.

IV. New Business

- Nursing Assistant Program Survey

- MaiKia Moua introduced the item. Mary Sue Gorski gave further background.
- The Research Subcommittee recommended that the Nursing Assistant Program Survey go to the September 7-8, 2023 WABON business meeting for approval.

V. Ending Items

- Public Comment – None
- Review of Actions – Done
- Date of Next Meeting – September 18, 2023
- Adjournment – Meeting adjourned at 5:38 pm.

DRAFT



**Washington State Board of Nursing (WABON)
Research Subcommittee Meeting Minutes
September 18, 2023 5:00 p.m. to 6:00 p.m.**

Subcommittee Members: Judy Loveless-Morris, PhD, Chair
MaiKia Moua, RN, BSN, MPH
Sharon Ness, RN
Mary Baroni, PhD, RN
Katie Haerling, PhD, RN, CHSE

Board Members Present: Ella B. Guilford, MSN, M.Ed., BSN, RN

Absent: Yvonne Strader, RN, BSN, BSPA, MHA
Kimberley A. Veilleux, DNP, RN, ANP-BC

Staff Present: Mary Sue Gorski, PhD, RN, Director of Advanced Practice and Research
Deborah Carlson, MSN, BSEd, PMC, CPM, RN, Director of Nursing Practice
Lohitvenkatesh Oswal, Research Assistant
Emma Cozart, Data Consultant

I. 5:00 PM Opening

- Call to Order, Introduction, Public Disclosure Statement, Roll Call
 - Judy Loveless-Morris called the meeting to order at 5:00 pm and introduced the Research Subcommittee members and staff. The Public Disclosure Statement was read aloud for the meeting attendees.

II. Standing Agenda Items

- Announcements/Hot Topic/NCQAC Business Meeting Updates
- Review of Draft Minutes: July 17, 2023, August 21, 2023
 - Reviewed, with consensus to bring to the November 17, 2023 WABON business meeting for approval.
- Review Work Plan
 - Judy Loveless-Morris introduced online poll for ranking Research Subcommittee Strategic Goals from July 17, 2023 brainstorming session. Subcommittee members ranked goals and results were recorded.

III. Old Business

- Survey updates;
Board Member Survey; January Board meeting
Nursing Assistant Program Survey; distribution updates
 - Judy Loveless-Morris gave updates on the annual Board Member Survey and the Nursing Assistant Program Survey. Both surveys have

been approved at the September 7, 2023 WABON business meeting and are being implemented.

IV. New Business

- Education data
 - Judy Loveless-Morris and Mary Sue Gorski introduced Julie Benson, and Julie Benson presented education data.

V. Ending Items

- Public Comment
 - The public was given the opportunity to comment on the agenda items.
- Review of Actions – Done.
- Meeting Evaluation – All.
- Date of Next Meeting – October 16, 2023
- Adjournment – Meeting adjourned at 5:53 pm.



Letter FROM THE President

POST-BOARD MEETING UPDATE

Oct. 4, 2023

Dear Colleagues:

The newly convened Board of Directors (BOD) met in Chicago on Sept. 26–27 following a wonderful celebration of the 45th Anniversary of the founding of NCSBN. The BOD welcomed Area Directors Danette Schloeder (Area I, Alaska), Sue Painter (Area II, West Virginia), Jose Delfin D. Castillo III (Area III, Florida), and Barbara Blozen (New Jersey, Area IV) to their first meeting. Lori Scheidt was congratulated on her election as Treasurer.

Every year at the September meeting after the new board is seated the BOD participates in a board orientation led by an outside consultant and NCSBN's legal counsel. This half-day session scheduled prior to our business agenda includes a review of the duties of loyalty, care and obedience, sound governance and the BOD's legal and fiduciary roles. This informative session also included an introduction to nonprofit finance presented by the chief financial officer.

We began our business agenda with a debrief of the Annual Meeting followed by the customary environmental scan that revealed topics related to temporary licensure, international applicants, models of licensure in Canada, competency-based education, Operation Nightingale, workforce, medication assisted treatment, state budget issues and legislative pressures related to licensure and global regulatory issues.

The BOD acted on reports and recommendations from the Finance Committee which included:

- Acceptance of a report of financial position and budget variance analysis for the nine-month period ending June 30, 2023.
- Approved the FY24 budget proposal which included a three-year financial forecast. The proposal considered that the reserve fund is expected to decline; however, there is no immediate concern about the organization's financial position, and this will continue to be monitored for future implications.
- Approved the engagement of a new audit firm. This change is in keeping with best practices to periodically have a fresh set of auditors examine the financial business and controls of the organization.

The BOD considered a report from Federal Affairs which included updates on NCSBN's efforts in relation to the Veterans Auto and Education Improvement Act, National Nursing Shortage Task Force Act, States Handling Access to Reciprocity for Employment (SHARE) Act and Improving Care and Access to Nurses Act, as well as NCSBN's continuing interaction with federal agencies regarding matters that impact nursing regulation.

POST-BOARD MEETING UPDATE, CONTINUED

A review of the Bylaws and Governance Review Committee charge was conducted, and the proposed committee members requisite competencies were finalized and will be shared with members during the committee solicitation process. A consultant has been secured to assist the committee in this significant work.

Additional agenda items included updates on ongoing strategic objective work including remote proctoring, Nursys® and other health professions compacts, support of nurse regulatory boards implementing the Nurse Licensure Compact and communication with global entities regarding opportunities for future collaboration.

The BOD was pleased to approve an individual as a recipient of the NCSBN Champions Award. This is an award bestowed by the BOD via NCSBN policy outside of the usual award process. This award is for nonmembers, an individual, group or organization who may not be nominated or eligible for the Distinguished Achievement Award. An announcement will be forthcoming once the individual has been notified.

As you are all aware this is also a time of transition, with David Benton retiring and Phil Dickison taking the helm on Oct. 1. David and Phil were both present at this meeting, which allowed the BOD to express their gratitude and wish David well and welcome Phil into his new role as CEO.

The BOD discussed this transition in closed session and according to the NCSBN Succession plan established a Leadership Transition Team who will work closely with Phil to ensure a smooth transition and to provide board support during this critical time.

Phil is well prepared to take on this role. In his years at NCSBN, Phil has demonstrated a loyalty and commitment to NCSBN and an ability to look to the future bringing to the BOD and the members concepts and action steps that support member boards and provide a solid foundation for NCSBN as an organization. We look forward to the next steps as Phil takes on the CEO role, continuing the magnificent work that has already been accomplished while bringing his own perspective internally, and on the domestic and international stage.

The BOD, the CEO and the chiefs will be participating in a facilitated strategy setting meeting later in October to assess the status of current work, review member input related to strategic objectives and consider future work and its alignment with the Strategic Initiatives. More to come when that is done!

My best wishes to you all as we enter this fall season.

Warmly,

Jay Douglas, MSM, RN, CSAC, FRE

President

804.516.9028

jay.douglas@dhp.virginia.gov

October 2, 2023

Dear NCSBN Membership,

It is truly an honor to have been appointed the next CEO of NCSBN. Today is a very humbling day for me. I have enjoyed my years at NCSBN and those of you who know me know that I am passionate about our mission. It reminds me of my very first day at NCSBN, more than 13 years ago. I had a choice about where to work, in fact I had two job offers on the same day; one at Pearson VUE and one at NCSBN. I chose to come here because I believed in NCSBN's mission, passion and commitment to public safety. I knew that if I wanted to make a difference in regulatory excellence, the nursing profession, and public safety, there was no other organization in the world that I wanted to be a part of.

I saw clearly the passion, commitment, and drive of the NCSBN employees and its members, focused on a single mission of public safety and how this focus had made our world a better place for anyone and everyone needing nursing care across the healthcare continuum. I am humbled by the giants of NCSBN who have come before me, the past CEOs, NCSBN staff, Board of Directors and Membership leaders and staff. They have steadfastly blazed a path, creating a legacy of public safety and regulatory excellence unparalleled in any industry. It is an incredible honor to lead and serve in the shadow of these great women and men. It is their work and legacy that continues to inspire and drive me today.

Many of you have gotten to know me over the past 13 years. But for others, I want you to get to know me. I am 61 years old. I have been married to my wife and best friend for 15 years. We have 2 sons, and 4 grandchildren. Like all of you, a lot of what I do and how I think has been shaped by my family and my life experiences. My father, a lifelong factory worker, was the smartest man about life that I have ever known; teaching me the value of commitment, work ethic, accountability, and integrity. My mother, a seamstress, is a great woman of faith and has taught me more about caring, love, and compassion than anyone in the world. Many who know me say I am also defined by my curiosity, passion for the new, calculated risk, and heart for seeing success in others. These are the things

that define me, not my job title or my academic degree.

As we look forward, we must focus on: “What is NCSBN’s mission?” Why do we exist? What do we uniquely contribute to our domestic and global members/stakeholders? I refer to this as “NCSBN’s moment.” The work, effort and thought we engage in everyday so that when our loved ones, mothers, fathers, children, grandchildren, friends, significant others, experience their moment of needing nursing care, they will not worry, because we work every day for that moment. Embracing “NCSBN’s Moment” will require us to evaluate and rethink many of the things we do, not to eliminate them but to do them better, build on the legacy of the giants before us and leave a legacy of giants for those who come after us. This does not mean we need to do more things, but that we need to have a vision for the future, a passion for regulation and public safety, that causes us to do the things we do better. We must embrace “One NCSBN, One Mission”, because that defines “Our Moment,” our future, honors the legacy of those who gave life to NCSBN, and put simply it is why we exist.

I would like to challenge each of us to embrace two quotes that have helped drive my passion for the future, passion for the seemingly impossible, and the fear of failure.

Ernest Agyemang Yeboah, a gifted Ghanaian writer and a teacher whose mission is living life to leave distinctive footprints penned these words:

“Be not discouraged by the rejections. Do not stop because of anxiety; stop because you are done with the mission! Be not down by the susurrant call of the masses to stop, halt or abort your true purpose when you are convinced within your innermost [being] of how true your purpose is.”

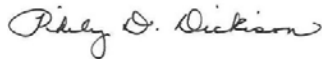
“The positive thinker sees the invisible, feels the intangible and achieves the impossible.” – Anonymous

These quotes embody the vision I have for the NCSBN of the future. We must

start with clarity and unity of purpose and an unquenchable passion for our mission that will lead us to imagine the seemingly impossible and empower us to achieve it. We need to focus our work on our mission: empowering and supporting nursing regulators in their mandate to protect the public. Then we need to surround that work with our core values: Collaboration, Excellence, Innovation, Integrity, and Transparency. If we work with these things in mind, we will fulfill the promise of “NCSBN’s Moment” and find lasting meaning in our mission. To partially quote Satya Nadella, Microsoft CEO, “To do this, we must not view our jobs as mere work”, but truly believe that what we do in NCSBN’s Moment, “will truly improve the lives of others.”

I look forward to continuing working with you, listening to you and building a strong future for NCSBN and our membership

Sincerely,

A handwritten signature in cursive script that reads "Phil D. Dickison".

Dr. Phil Dickison
Chief Executive Officer
NCSBN

INVESTIGATIVE PERFORMANCE MEASURES	Aug-22	Aug-23	% of Change	Jul-23	Aug-23	% of Change
Cases Reviewed at CMT	196	200	2%	121	200	65%
Cases Opened to Investigation	87	80	-8%	42	80	90%
Open Cases in Investigation Queue	437	381	-13%	394	381	-3%
Average Caseload per Investigator	40	35	-13%	36	35	-3%
Total Investigations Completed	69	91	32%	81	91	12%
Percentage of Cases Completed w/in Time Lines Target 77% PM 2.2	71%	54%	-17%	62%	54%	-8%
Percentage of Investigations Opened Beyond 170 days Target 23% PM 2.4	53%	48%	-5%	53%	48%	-5%
Investigations Completed per Investigator PM 3.1	6.3	8.3	32%	7.4	8.3	13%
Task Back Assigned	7	2	-71%	6	2	-67%

INVESTIGATIVE PERFORMANCE MEASURES	Sep-22	Sep-23	% of Change		Aug-23	Sep-23	% of Change
Cases Reviewed at CMT	183	189	3%		200	189	-6%
Cases Opened to Investigation	64	72	13%		80	72	-10%
Open Cases in Investigation Queue	428	369	-14%		381	369	-3%
Average Caseload per Investigator	39	34	-14%		35	34	-3%
Total Investigations Completed	85	81	-5%		91	81	-11%
Percentage of Cases Completed w/in Time Lines Target 77% PM 2.2	53%	68%	15%		54%	68%	14%
Percentage of Investigations Opened Beyond 170 days Target 23% PM 2.4	57%	46%	-11.0%		48%	46%	-2.0%
Investigations Completed per Investigator PM 3.1	7.7	7.4	-4%		8.3	7.4	-11%
Task Back Assigned	8	10	25%		2	10	400%

Aug 2023 WHPS Graduation Report

Participant: Case ID	Participant: Participation Type	Participant: Program Start Date	Participant: Program Discharge Date	Participant: License Type
18-6-RN-05386	Voluntary	8/2/2018	8/1/2023	RN
18-05-V/RN-04283B	Voluntary	7/3/2018	8/20/2023	RN

September 2023 WHPS Graduation Report

Participant: Case ID	Participant: Participation Type	Participant: Program Start Date	Participant: Program Discharge Date	Participant: License Type
18-8-/RN-05399	Voluntary	9/17/2018	9/16/2023	RN
1965-10-9036	APUC	7/30/2020	9/21/2023	RN
18-8-RN-05401	Pending	9/21/2018	9/20/2023	RN
1988-07-9108	Order	12/15/2021	9/21/2023	RN

WHPS Monthly Report - August 2023

Stage																	
	New Intake		Current Monitoring														
License Type	2022	2023	2022	2023													
ARNP			19	15													
RN/LPN	7	8	225	217													
NT																	
Total	7	8	244	232													
Referral Type - Monitoring (In-State)																	
	APUC		Order		Pending		RC		STID		Voluntary						
License Type	2022	2023	2022	2023	2022	2023	2022	2023	2022	2023	2022	2023					
ARNP	2	9		2	2		7	5			5	4					
RN/LPN	9		52	58	3	10	90	80	26	19	26	23					
NT																	
Total	11	9	52	60	5	10	97	85	26	19	31	27					
Total Monitoring	222	210															
Referral Type - Monitoring (Out-of-State)																	
	APUC		Order		Pending		RC		STID		Voluntary						
License Type	2022	2023	2022	2023	2022	2023	2022	2023	2022	2023	2022	2023					
ARNP				1			2	2			1	1					
RN/LPN	1	1	5	4	1	1	7	7	5	5							
NT																	
Total	1	1	5	5	1	1	9	9	5	5	1	1					
Total Monitoring	22	22															
Discharge Type																	
	Not Appropriate		Offered/ Refused		Referred Back to NCQAC		Pending Discipline		Voluntary Withdrawal		Successful Completion		Deceased		Medically Discharged		
License Type	2022	2023	2022	2023	2022	2023	2022	2023	2022	2023	2022	2023	2022	2023	2022	2023	
ARNP									1								
RN/LPN			1	2				1	1	1	5	2	1				
NT																	
Total	0	0	1	2	0	0	0	1	2	1	5	2	1	0	0	0	
Total Discharge	9	6															
Performance Measures																	
					2022	2023											
Case Manager Caseload (Intake & Monitoring)			Melissa Fraser		53	51											
			Heidi Collins		52	33											
			Lori Linenberger		48	50											
			Shelley Mezek		50	56											
			Alicia Payne		52	52											
Average from Inquiry to Intake - Target 7 Days					3	3											
Average from Intake to Monitoring - Target 45 Days					35	37											
Employment Measures (In-State)																	
	2022				2023												
License Type	Employed		Unemployed		Employed		Unemployed										
ARNP	14		2		10		1										
RN/LPN	163		43		150		49										
NT																	
Total	177		45		160		50										
Percentage - Target 72%	80%		20%		76%		24%										
Grand Total	222				210												

WHPS Monthly Report - Sept 2023

Stage																	
	New Intake		Current Monitoring														
License Type	2022	2023	2022	2023													
ARNP		2	19	15													
RN/LPN	4	5	223	214													
NT																	
Total	4	7	242	229													
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			8	4		1	5	4					
RN/LPN	9	9	52	58	2	11	90	78	25	19	25	22		1			
NT																	
Total	11	9	53	60	2	11	98	82	25	20	30	26		1			
Total Monitoring	219	209															
Referral Type - Monitoring (Out-of-State)																	
	APUC		Order		Pending		RC		STID		Voluntary						
License Type	2022	2023	2022	2023	2022	2023	2022	2023	2022	2023	2022	2023					
ARNP	1			1				2				1					
RN/LPN			5	3		1	11	7	5	5	1						
NT																	
Total	1	0	5	4	0	1	11	9	5	5	1	1					
Total Monitoring	23	20															
Discharge Type																	
	Not Appropriate		Offered/ Refused		Referred Back to WABON		Pending Discipline		Voluntary Withdrawal		Successful Completion		Deceased		Medically Discharged		
License Type	2022	2023	2022	2023	2022	2023	2022	2023	2022	2023	2022	2023	2022	2023	2022	2023	
ARNP																	
RN/LPN	1	1		2	1	2			1	1	4	4					
NT																	
Total	1	1	0	2	1	2	0	0	1	1	4	4	0	0	0	0	
Total Discharge	7	10															
Performance Measures																	
					2022	2023											
Case Manager Caseload (Intake & Monitoring)			Melissa Fraser		52	49											
			Heidi Collins		48	32											
			Lori Linenberger		48	48											
			Shelley Mezek		50	51											
			Alicia Payne		54	49											
Average from Inquiry to Intake - Target 7 Days					1	2											
Average from Intake to Monitoring - Target 45 Days					47	41											
Employment Measures (In-State)																	
	2022				2023												
License Type	Employed		Unemployed		Employed		Unemployed										
ARNP	14		2		10												
RN/LPN	160		43		154		45										
NT																	
Total	174		45		164		45										
Percentage - Target 72%	79%		21%		78%		22%										
Grand Total	219				209												

Washington Health Professional Services Significant Non-Compliance Report - August 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	Drug of choice and Diagnosis	Notes
1	1961-04-7356D	1/8/2020	Order	1/14/2025	8/28/2023	Positive Drug Screen - Peth	Alcohol	Ceased/Removed from Practice; Correspondence with Nurse; PSG Facilitator Notified; Referred for Evaluation; WSM Notified	9/29/2023	opioits	
2	1961-10-3531	8/11/2023	Order	8/10/2028	8/29/2023	Relapse	Alcohol	PSG Facilitator Notified; Admitted Relapse		alcohol	first 90 days
3	1962-08-6727B	6/3/2023	Order	6/2/2028	8/3/2023	Positive Drug Screen - UDS	Cannabinoids	Counselor Notified		alcohol	first 90 days
4	1966-06-5815	8/19/2022	STID	8/8/2024	8/8/2023	Positive Drug Screen - Peth	Alcohol	Contract Extended; Correspondence with Nurse; Referred for Evaluation; Admitted Relapse	8/17/2023	nothing reported	one year added
5	1966-09-5583	1/20/2021	Order	1/19/2026	8/14/2023	Missed Test/No Show		Additional Test Scheduled; WSM Notified		alcohol	
6	1974-03-0509	3/25/2020	Voluntary	4/16/2025	8/21/2023	Positive Drug Screen - Peth	Alcohol	Admitted Relapse		alcohol	
7					8/20/2023	Relapse		Correspondence with Nurse; Admitted Relapse			
8	1976-01-9430C	7/5/2019	Order	8/25/2025	8/25/2023	Employment Noncompliance		Additional Test Scheduled; Ceased/Removed from Practice; Referred to SUDRP; WSM Notified	9/7/2023	opioits	

9	1982-01-7156	1/6/2023	RC	1/5/2028	8/23/2023	Positive Drug Screen - Peth	Alcohol	Correspondence with Nurse; Counselor Notified; PSG Facilitator Notified; Referred for Evaluation; Referred to SUDRP; Admitted Relapse	10/3/2023	alcohol	
10	1984-07-1733	9/28/2020	Referral Contract	9/28/2025	8/16/2023	Other Non-compliance		Additional Test Scheduled; Ceased/Removed from Practice; Correspondence with Nurse; Counselor Notified; PSG Facilitator Notified; Referred to SUDRP; WSM Notified	9/20/2023	alcohol	use of medication without prescription form
11	1985-11-6144	6/1/2023	RC	5/31/2028	8/30/2023	Missed Test/No Show		Additional Test Scheduled; Counselor Notified; PSG Facilitator Notified; Referred for Evaluation		cannabanoids	first 90 days
12					8/9/2023			Additional Test Scheduled; Counselor Notified			
13	1987-07-2644B	4/14/2020	Order	5/4/2025	8/14/2023	Positive Drug Screen - UDS	Morphine	Ceased/Removed from Practice; Correspondence with Nurse; MRO Review Requested; PSG Facilitator Notified; Referred for Evaluation; Referred to SUDRP; WSM Notified	9/11/2023	alcohol	
14	1988-08-1843	11/23/2021	Voluntary	11/22/2026	8/21/2023	Positive Drug Screen - UDS	Alcohol	Additional Test Scheduled; Ceased/Removed from Practice; Correspondence with Nurse; MRO Review Requested; PSG Facilitator Notified; Referred for Evaluation; WSM Notified		fentanyl	
15	1989-02-6412	10/2/2019	APUC	10/22/2024	8/9/2023	Missed Test/No Show		Additional Test Scheduled; Correspondence with Nurse; Referred for Evaluation		alcohol	
16	1989-05-7293	5/29/2023	RC	5/28/2026	8/8/2023	Positive Drug Screen - UDS	Alcohol	Correspondence with Nurse; Referred for Evaluation		alcohol	first 90 days
17					8/25/2023	Positive Drug Screen - UDS		Additional Test Scheduled; Correspondence with Nurse; PSG Facilitator Notified; Referred for Evaluation			

Washington Health Professional Services Significant Non-Compliance Report - September 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	Drug of choice and Diagnosis	Notes
1	1961-10-3531	8/11/2023	Order	8/10/2028	9/25/2023	Relapse	Alcohol	Counselor Notified; Referred for Evaluation; Admitted Relapse		alcohol	within first 90 days
2	1966-06-5815	8/19/2022	STID	8/8/2024	9/29/2023	Missed Test/No Show		Additional Test Scheduled		none reported	
3	1971-02-6602C	10/3/2022	STID	7/17/2027	9/29/2023	Missed Test/No Show		Correspondence with Nurse; Self Test; Testing Frequency Increased		alcohol	
4	1973-09-3915	2/28/2023	RC	2/27/2028	9/11/2023	Missed Test/No Show		Additional Test Scheduled		alcohol	
5	1978-03-4803	7/17/2019	Referral Contract	2/13/2027	9/8/2023	Other Non-compliance		Additional Test Scheduled; Correspondence with Nurse		alcohol	rejected test
6	1983-08-1342	9/22/2021	RC	9/21/2026	9/11/2023	Other Non-compliance		Additional Test Scheduled; Correspondence with Nurse		opioids	Proof test video not submitted
7	1985-11-6144	6/1/2023	RC	5/31/2028	9/5/2023	Positive Drug Screen - UDS	Cocaine; Fentanyl	Counselor Notified; Referred for Evaluation		heroin	
8					9/25/2023	Missed Test/No Show		Additional Test Scheduled; Correspondence with Nurse; Counselor Notified			
9					9/26/2023	Missed Test/No Show		Additional Test Scheduled; Correspondence with Nurse; Counselor Notified			
10					9/18/2023	Positive Drug Screen - UDS	Fentanyl	Additional Test Scheduled			tested positive at treatment facility
11	1987-04-4971	3/4/2022	RC	3/3/2027	9/1/2023	Missed Test/No Show		Additional Test Scheduled; Correspondence with Nurse		opioids	
12	1989-05-7293	5/29/2023	RC	5/28/2026	9/6/2023	Positive Drug Screen - UDS	Alcohol	Contract Extended; Counselor Notified; PSG Facilitator Notified; Referred for Evaluation; Referred to SUDRP; Testing Frequency Increased	10/3/2023	alcohol	

WHPS Monthly SUDRP Report - Aug 2023

Total SUDRP Cases Reviewed

9

SUDRP Referral Reasons

	Positive Drug Screen	Missed Test	Multiple Missed Check-ins	Non-Compliance (Other)
Total	7	2		
Total Referrals	9			

Remain in WHPS

	No Action	WHPS Action
Total	5	3
Total WHPS Action	8	

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
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Referral Contract Review

	Approved	Denied
Total	3	
Total RC Review	3	

Graduations

	Order	STID	APUC	RC
Total		1		
Total Graduations	1			

Applications Reviewed

	Approved	Denied
Total		
Total Reviewed	0	

WHPS Monthly SUDRP Report - Sept 2023

Total SUDRP Cases Reviewed

7

SUDRP Referral Reasons

	Positive Drug Screen	Missed Test	Multiple Missed Check-ins	Non-Compliance (Other)
Total	3			4
Total Referrals	7			

Remain in WHPS

	No Action	WHPS Action
Total	1	3
Total WHPS Action	4	

Remain in WHPS with Legal Action

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

Discharged from WHPS with Legal Action

	Legal: SOC	Legal: STID	Referred for Investigation
Total	1		1
Total Legal Action	2		

Nurse Appearances

Total Appearances	
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Referral Contract Review

	Approved	Denied
Total	8	1
Total RC Review	9	

Graduations

	Order	STID	APUC	RC
Total	1		1	
Total Graduations	2			

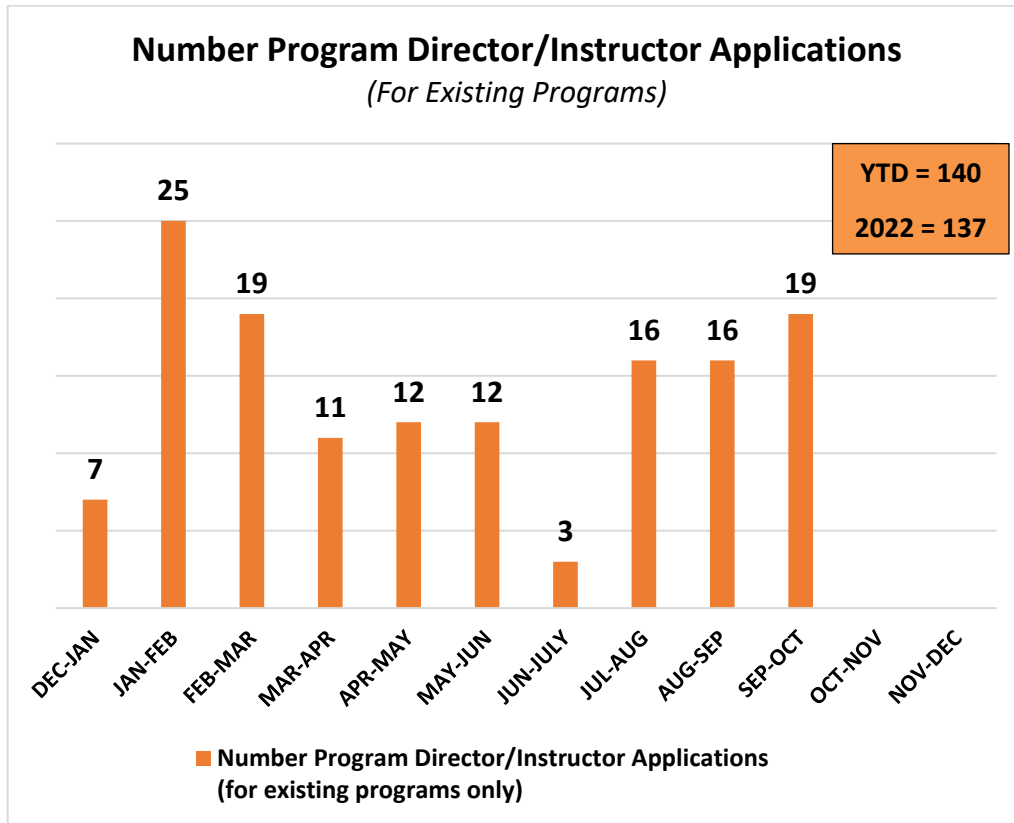
Applications Reviewed

	Approved	Denied
Total		
Total Reviewed	0	

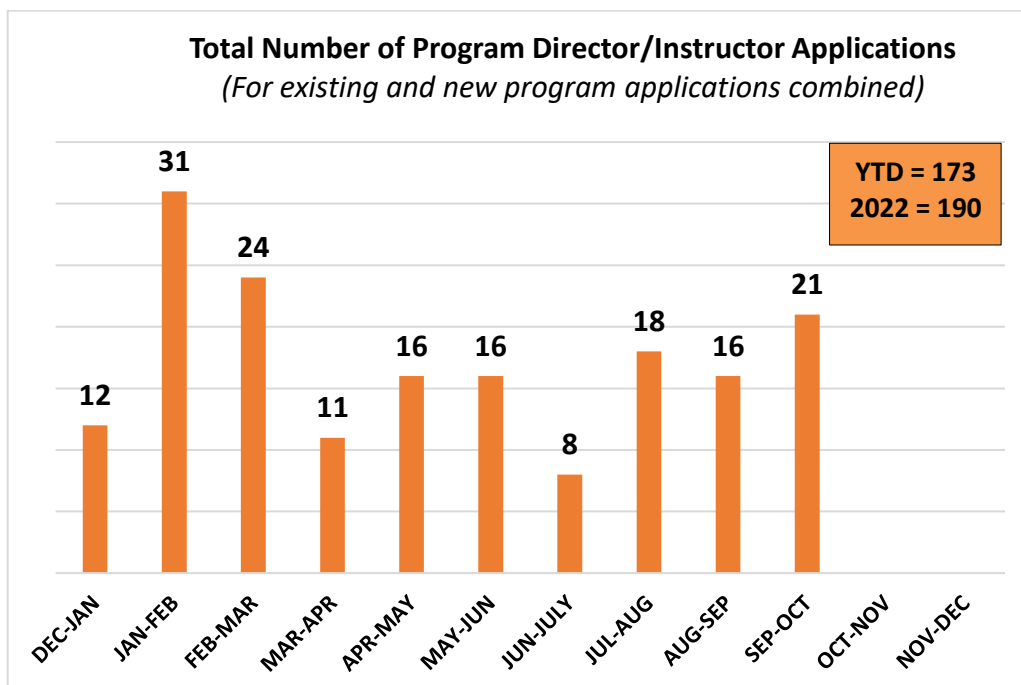
Data and Performance Measures Related to Nursing Assistant Training Programs

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).

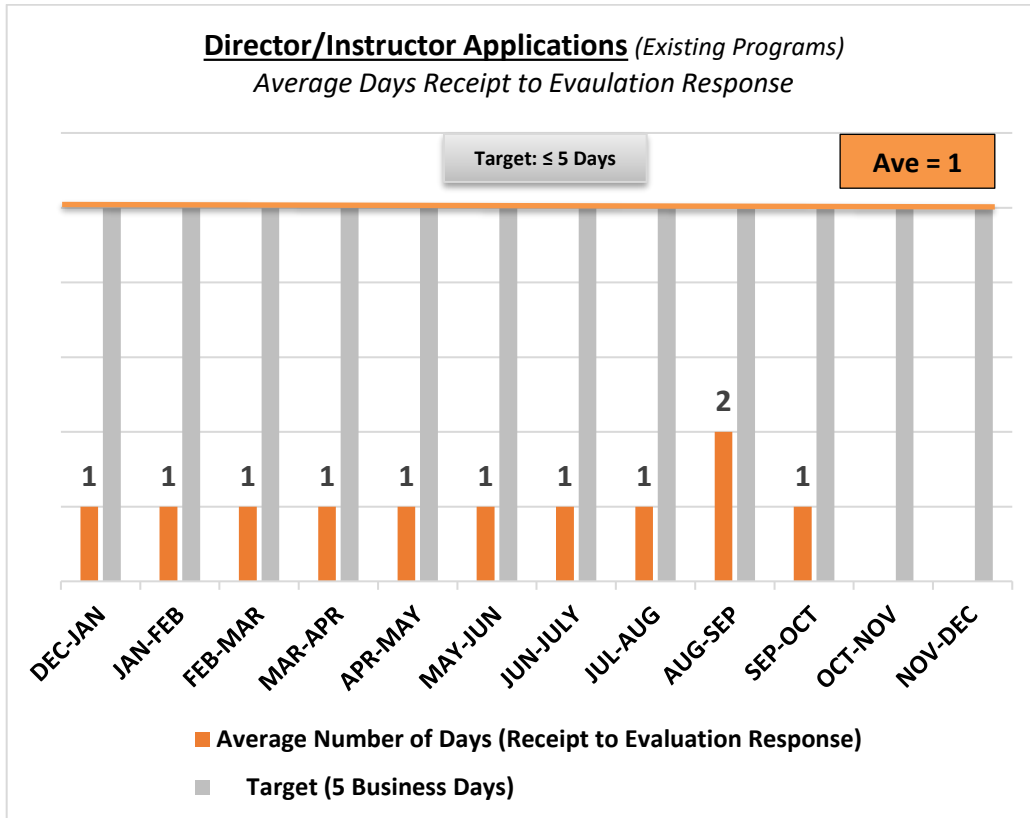
Descriptive Data:



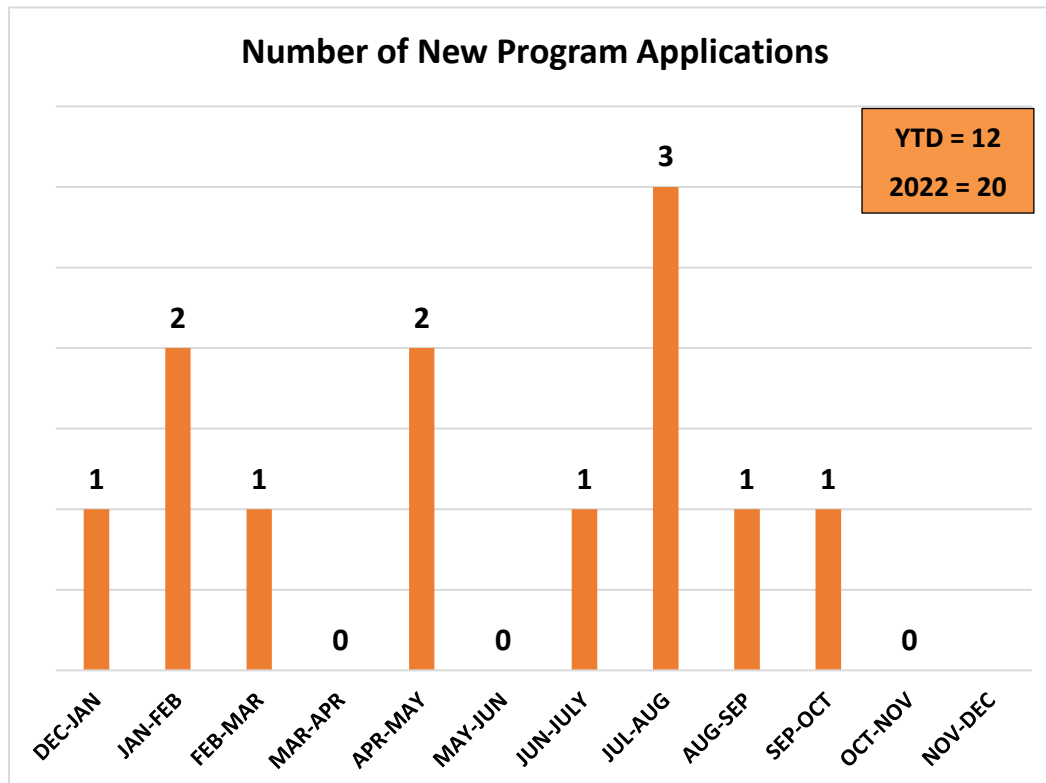
Descriptive Data:



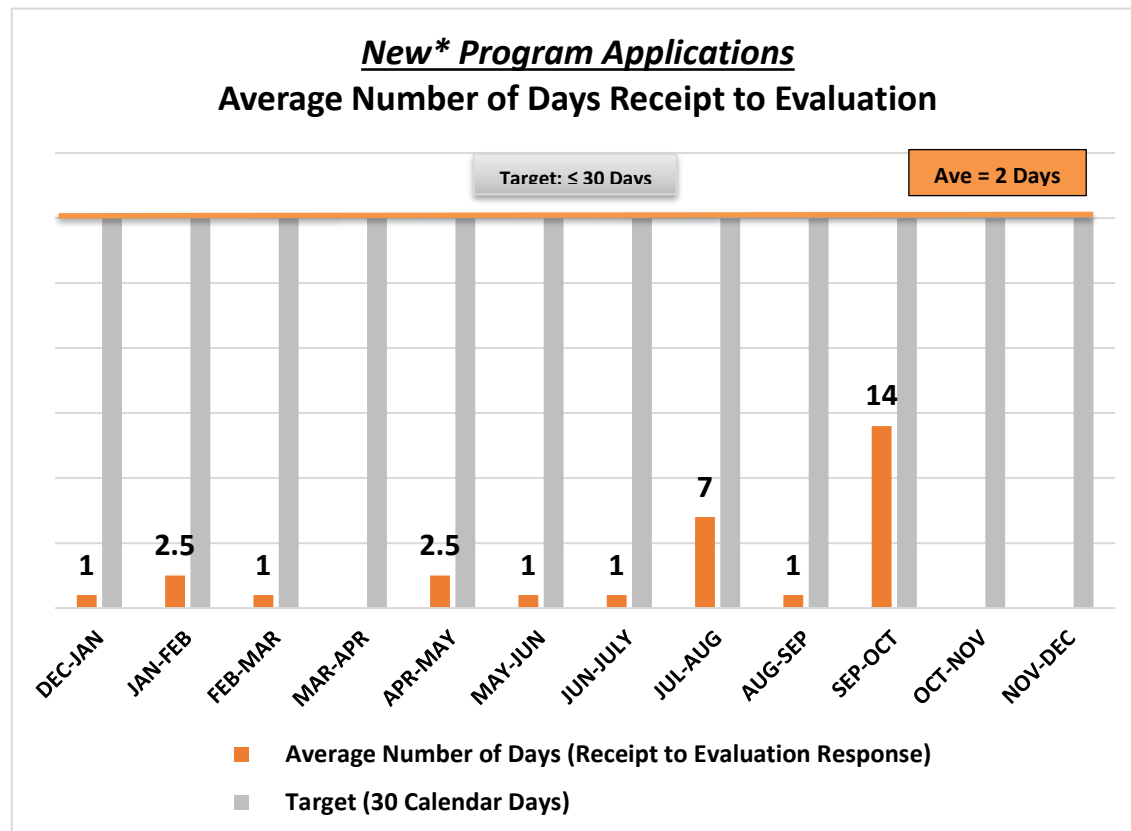
Performance Measure:



Descriptive Data:

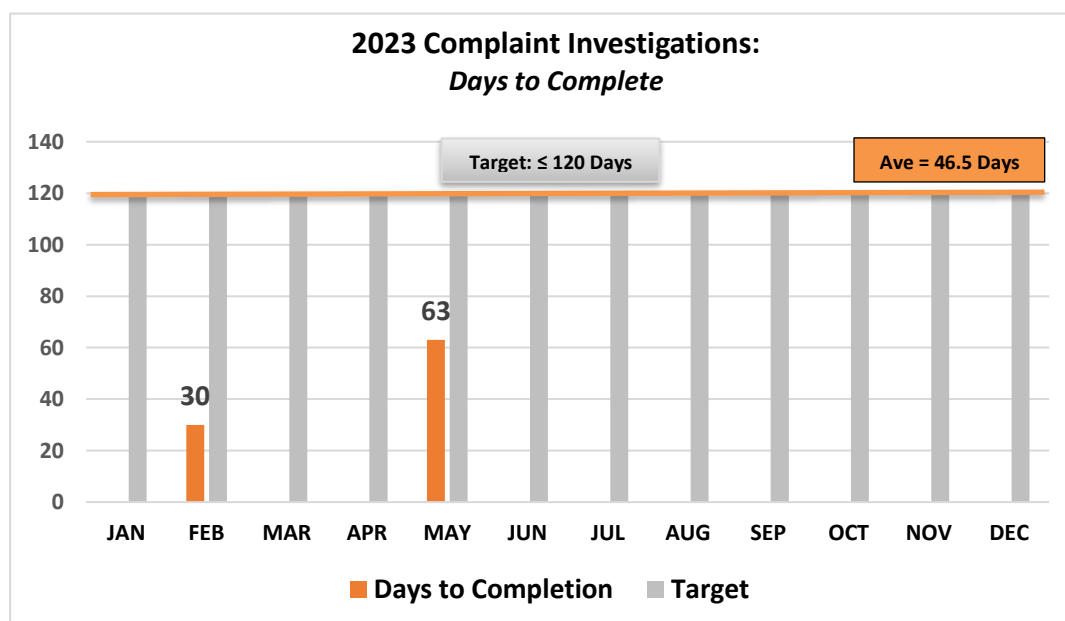


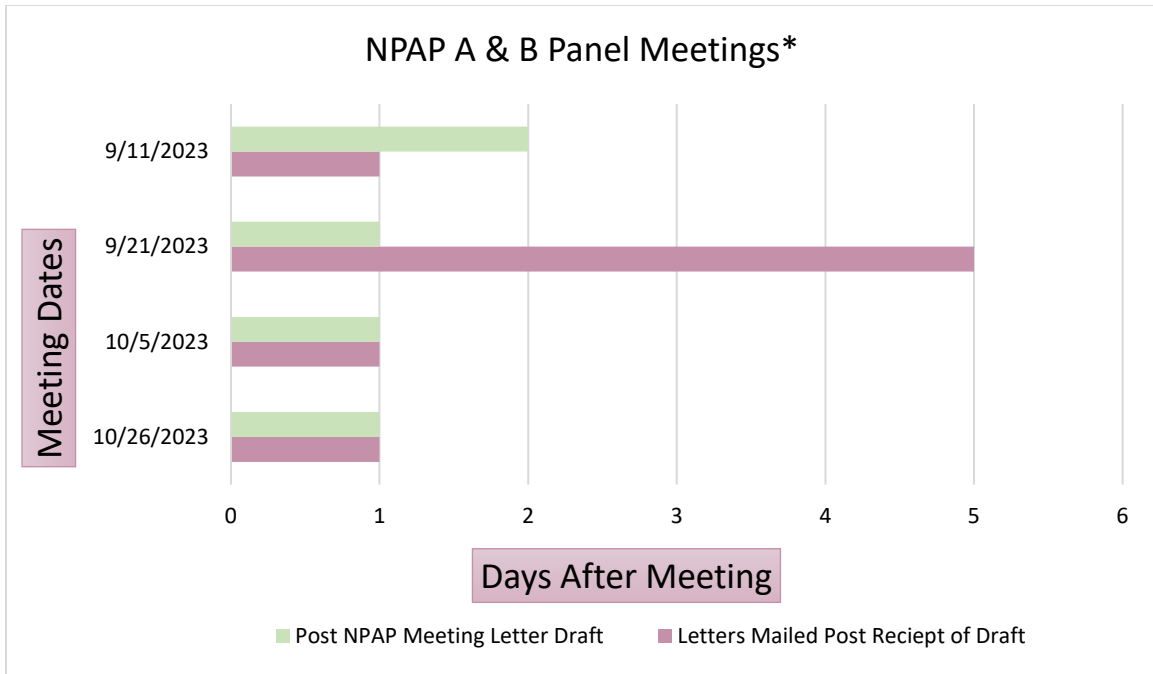
Performance Measure:



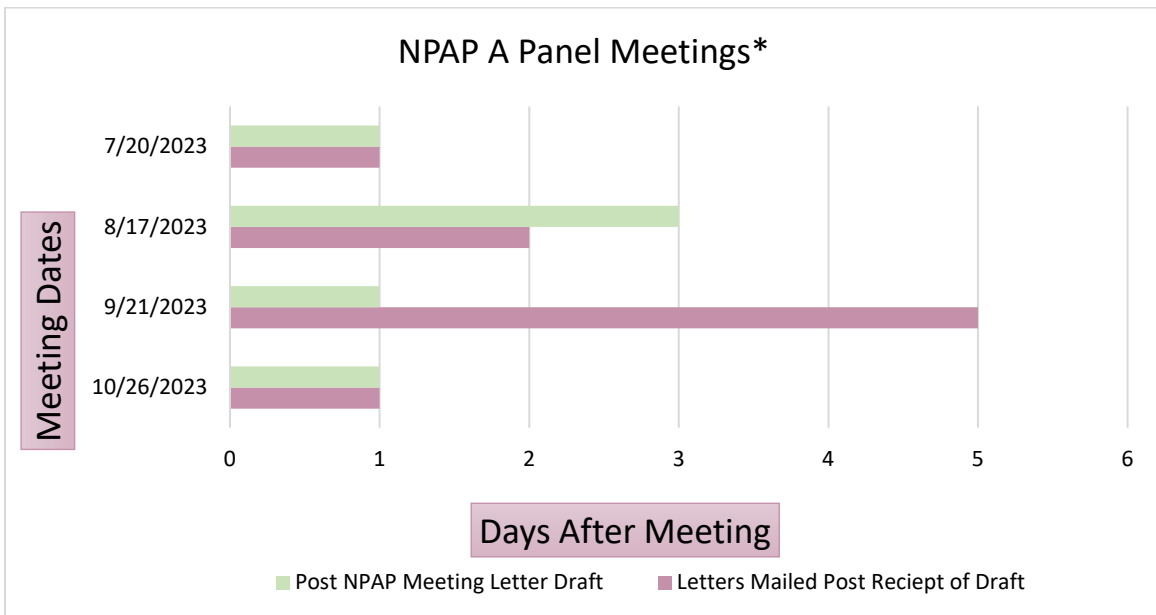
*Does not include 2nd/subsequent reviews of revised applications

Performance Measure

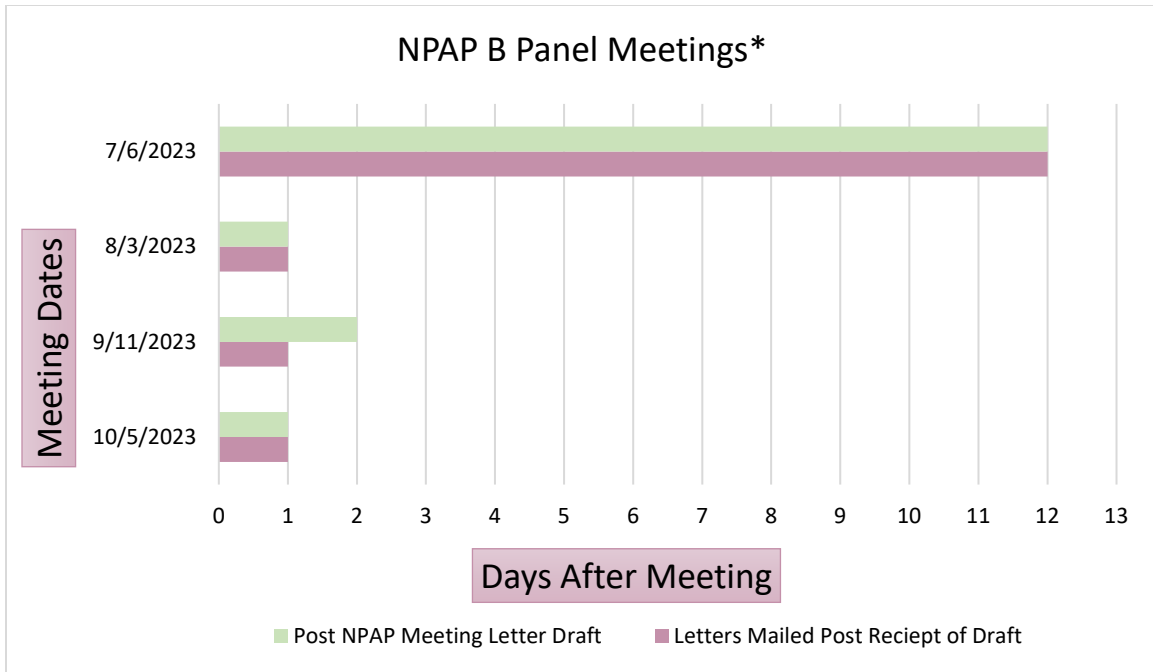




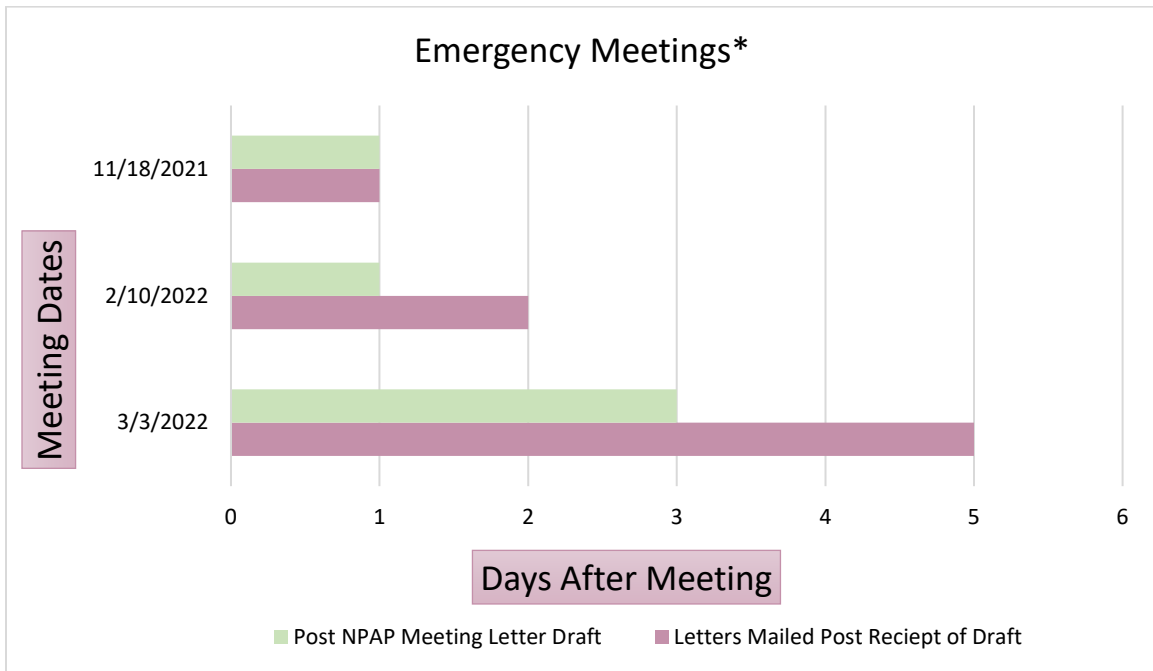
**Letters mailed within 30 days of NPAP meeting*



**Letters mailed within 30 days of NPAP meeting*



**Letters mailed within 30 days of NPAP meeting*



**Letters mailed within 30 days of NPAP meeting*

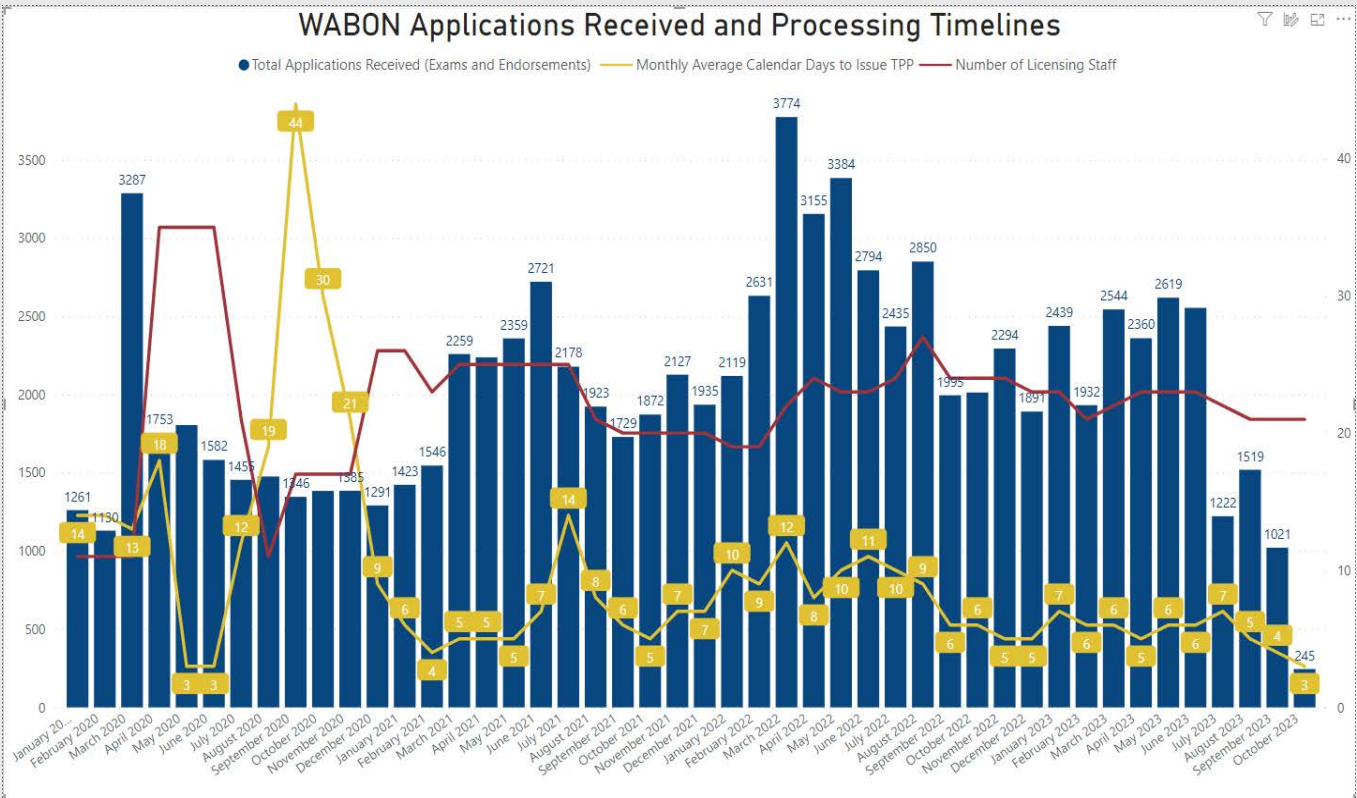
Washington State Board of Nursing (WABON)

Nurse Licensure Timelines

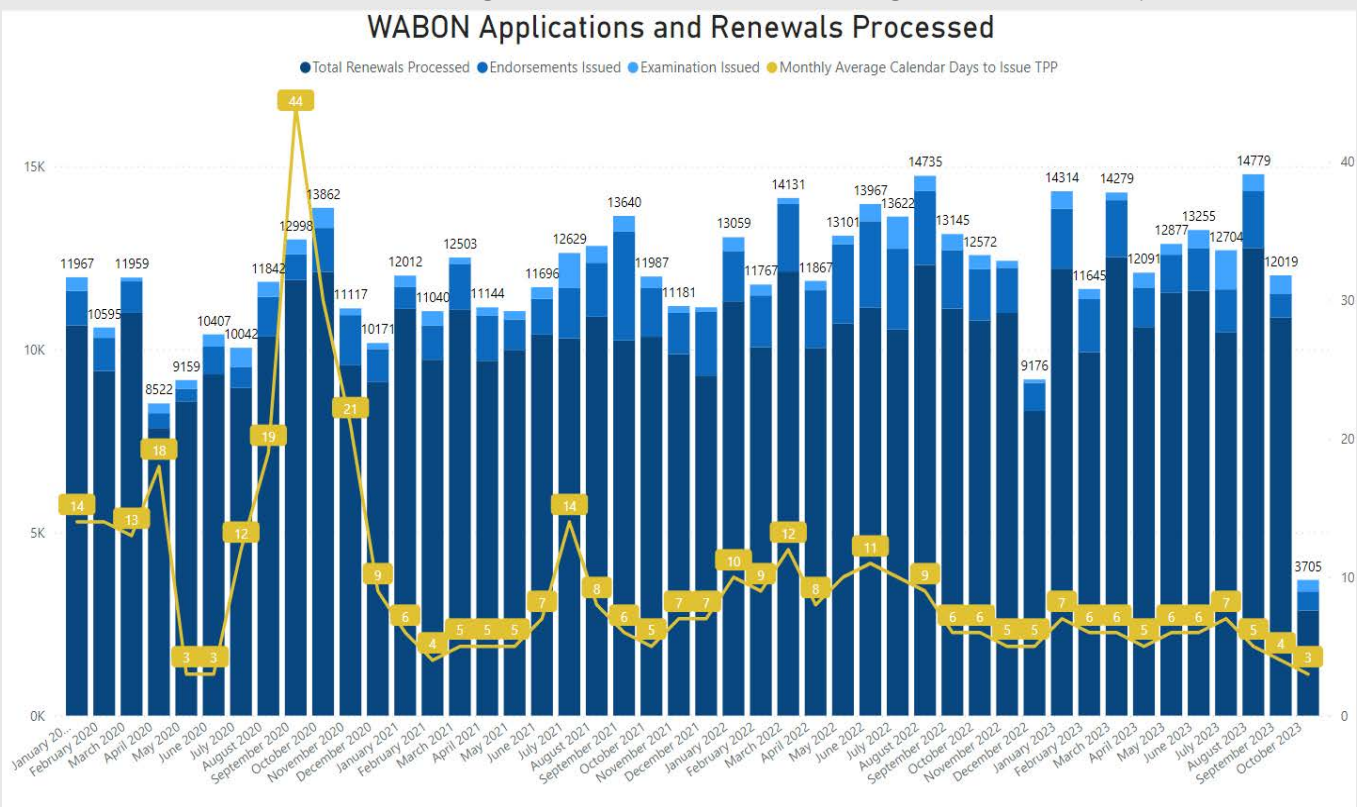
Update: Monday, October 23,, 2023

For the week of October 23, 2023, the current processing time to issue a complete temporary practice permit (TPP) is three days (including weekends and holidays). The average processing time for September 2023 was five days.

The first chart below reflects the monthly nursing application volumes, application processing times, and staffing levels for WABON since January 2020. The WABON received 1,021 new applications during September 2023. The volume of incoming applications may now be reflecting a decrease due to the implementation of the Nurse Licensure Compact and the ability for out of state nurses to work in Washington state without a Washington state license.



The second chart on this report reflects the monthly outputs from the WABON. In September 2023, the WABON issued a total of 1,214 new nursing licenses. In addition, 10,864 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 WABON. 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 WABON's control.

WABON Business Meeting
November 17, 2023

66

WCN/WABON CHECK IN Meeting

August 29, 2023

Minutes

4:00 – 5:00 PM

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

Topics	Discussion	Action Needed
September Deadlines:	WABON/WCN Project Plan <ul style="list-style-type: none">No barriers to delay upcoming deadlines are expected.Sofia would like an overarching vision/principle in the relationship between WCN and WABON, to also include interested parties.Interested Parties workgroup meetings are forthcoming.Website posting - upcoming projects	A Ven diagram was recommended. WCN and WABON will collaborate. To be further discussed on which website the upcoming project will be posted.
	Future of Nursing Report guidelines <ul style="list-style-type: none">Expected to be submitted early.	
Brainstorming	Support for nurses related to errors and general coaching/mentoring. <ul style="list-style-type: none">WCN has a mentoring program for faculty.King County Nurses may have an active chapter.Offering aggregate data on risky behaviors.Retaining nurses.	Discuss further at the WCN Board Meeting.
SB5582 – Educational Barrier Reduction	Rules work is in progress. <ul style="list-style-type: none">Simulation hours 2:1Pathways Preceptor Grant Faculty Survey	
Updates:	HELMS – Steering committees upcoming. WABON is requesting the multistate license to be added in ILRS, ~ 50% loss in licenses revenue due to people want the multistate. April 2024 is the expected start date. Rulemaking process is ongoing.	Alison will notify Sofia on the updates from the upcoming Steering Committee.

Topics	Discussion	Action Needed
	<p>Critical Gaps – They are working on scheduling a meeting in September.</p> <ul style="list-style-type: none"> • Nontraditional Placements, Preceptors, Rural • Three groups are at completion. 	Patricia is working with the facilitator to arrange the final meeting.
	Proviso – Critical Gaps is expected to be worked in the Proviso. Launch – expected in November with overview of the goals from the workgroups.	
Other	<p>Table at Health and Wellness Conference?</p> <p>University of Pennsylvania is surveying nurses in Washington State, we do not know what the questions that are being asked. Would like to package the surveys together to prevent confusion. Data sharing was also discussed.</p>	<p>Sofia will notify Alison if they would like a table.</p> <p>Patricia will contact to inquire regarding timelines and questions.</p>
Next Meeting	September 26, 2023	

Approved:

WCN/WABON Monthly Meeting

Tuesday, September 26, 2023 (4:30 pm to 5:30 pm)

Washington Center for Nursing Office Minutes

Present: Alison Bradywood, Sofia Aragon, Patricia Moulton, Bethany Mauden

Excused:

Topics	Discussion	Action Needed
Call to order	Meeting called to order at 4:31 pm.	
Collaboration on Mental Health	This collaboration is early in the making. Patricia and Alison are meeting later this week. We have the L&I legislation that passed this year. What does WABON do? How do we support nurses with mental health issues. The burnout survey will yield information. The task force will have more guidance. Sofia suggested looking at WCN's work with burnout in the COVID study. Those issues might be relevant. Discussion on bandwidth to look at the information. WSNA is also interested. Should we use the Friday forum, that might be helpful. WSNA's practice council might already have looked at this issue. WCN is happy to support this work with the data. Who speaks for nursing? This would be a good thing to have unity on, we want to support our Washington state nurses. We don't want to put the burden on nurses struggling to have to search for help. Discussion.	
WCN/WABON Collaboration Plan	Feedback on the collaboration plan? Sofia added to the plan at the top. Discussion about statutory purpose that was added. The draft of the diagram was also added. The full research team (WCN & WABON) worked on this draft. Alison noted this came from the WCN BOD meeting to clarify our work. All found it helpful. Do you have duplication and how do we come together and what do to keep it separate when necessary. Useful conversation to create this document. Noted the last section applies to where we may overlap. We haven't yet gotten to all the sharing yet, mostly would be the rapid response requests by both agencies. Should there be more communication up front? That might be helpful, and we can work on that. We can cc each other on the information to keep all of us in the loop. Maybe add a bullet to make that part of the document. Patricia to add something for rapid response requests, both teams to maintain visibility to all requests.	Patricia to add something for rapid response requests, both teams to maintain visibility to all requests. Will also send to Sofia for review.

	This was useful and the two teams have been working on this plan for several months. Are you comfortable? Is the WABON team comfortable? Yes, both were comfortable. Short discussion. Note adapting the WCN sharing agreement. Will also send to Sofia for review. Patricia noted it is due by Friday, September 29 th .	
Status of the September 29 th Deliverables	Brave spaces document is in final review, as is the collaboration plan. The critical gaps group meeting today is being added to the report. Patricia walked Sofia through the meeting today. Groups have done a lot of work over the last couple of years. Patricia felt we would have all September 29 th deliverables sent on time.	
WCN Contract Update	Discussion about the contract payment. Alison is working with DOH to find out and correct any issues. Note we are quarterly meeting scheduled in October. Discussion about the WCN funding. Alison noted WCN is not affected by the WABON possible shortfalls. Sofia appreciates WABON's monitoring of the funding and payments.	
Simulation Rules Hearing (October 5 th)	First simulation hearing today, next on October 5 th at 8am. Alison will forward information to Frank. Frank to send to CNEWS. Discussion today's meeting and question asked.	Alison will forward information to Frank. Frank to send to CNEWS.
Survey Update	Alison and Patricia gave an update on the multi-state survey. They are working on getting the survey out, but haven't seen the last draft, still under review. There followed a discussion on the survey, the process and where they are in the process.	
Adjourned	Adjourned at 5:06 pm	

Travel Report
2023 Federation of Association of Regulatory Boards
Regulatory Law Seminar

21-23 September 2023
Chicago, Illinois

Jeffery Lippert and Anita Nath

PURPOSE: This is an annual conference primarily for legal practitioners in which attendees participate in presentations designed to inform, update, and instruct regulatory board legal practitioners on current legal and other issues relevant to regulatory boards and the practice of advising and litigating regulatory board administrative law cases.

OUTCOME: The above participants attended all conference sessions on the following topics (slide presentations and handouts are available for review):

Topical Ethical Issues for Regulatory Lawyers

Ethics of Digital Age and Social Media

Who is my client? Finding clarity in the regulatory context

Social Media and Licensure Violations

Lessons from Operation Nightingale: Cheats, Frauds and Fakes

Constitutional Issues in Administrative Law

Biggest Issues Boards are Facing

Where Are We Now — Post NC Dental Landscape

Litigating Technical Issues Using Expert Testimony: Lessons Learned

Regulators Toolkit on Sexual Misconduct Cases

Partner Presentation: To Regulate or Not to Regulate — the Mixed Messages Sent by State Legislatures

Top Recent Regulatory Cases

RECOMMENDATION: Continue to support this conference by sending WABON legal staff to both attend and present at the conference. Consider expanding available slots to allow all WABON attorneys to attend the conference in the future.

Nursing Care Quality Assurance Commission
Legal Unit Performance Measures
FY 2024 (Q1)
Karl Hoehn, Legal Manager

Type of Measure	Month	Baseline	July	Aug	Sept	Q Avg.
Caseload/ Case volume	Average Caseload per Attorney	45.92	52	86.8	71.43	70.08
	Cases Assigned to Legal	41.33	43	75	49	55.67
	TOTAL Finalized Cases	56.33	29	68	69	55.33
Performance	Average of Finalized Cases per Attorney (Target 10 per month)	14.08	4	11.30	9.86	8.43
	Percentage of Legal Reviews Sent to RCM in 30 Days or less (Target 77%)	78.33%	70%	92%	78%	80%
	Document drafting time: Percentage of Drafts to AAG or SOA Served in 30 Days or less (Target 77%)	86.67%	22%	20%	16%	19%
Work Type/Complexity	Percentage of Cases involving an ARNP	6.00%	15%	12%	12%	13%
	Number of Cases forwarded to AAG	10.67	6	4	10	6.67
	Finalized with Legal Review only	21.00	22	25	55	34.00
	Finalized by Default or Final Order After Hearing	12.00	2	9	4	5.00
	Finalized by STID, AO or APUC (Settlements)	19.00	1	29	7	12.33
	Other (releases, reinstatements)	4.33	4	5	3	4.00

Washington State Nursing Care Quality Assurance Commission

NPAP DECISION SUMMARY REPORT Date: October 5th & October 26th Updated October 30th, 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	4 ADN Programs 2 LPN-BSN Programs
Intent to Withdraw Approval					13 RNB Programs	10 BSN Programs
Conditional Approval		2	1	2	17 BSN Programs	25 RNB Programs
Deny Approval				3	121 Post BSN Programs	435 MSN Programs
Letter of Decision:					4 Refresher Programs	193 DNP Programs
Approval – Programs	1	78	21	30	6 LPN to BSN	1 RN Refresher Program
Approval – Sub Change Request	3	29	35	20	5 PVR	1 LPN Refresher Program
Plan of Correction (POC) Required		8	4	2	9 LPN to ADN	9 Nurse Tech
Acceptance of Submitted Documents or POC	2	57	60	64		
Additional Documents or Actions Required		1	1	4		
Deferred Action		9	9	12		
Removal of Conditional Approval						
Limit Student Enrollment	1	1	1	1		
Voluntary Closure		1		1		
Require Monitoring Report		13	8			
Site Visit Report		11	10	3		
Removal of Moratorium on admissions						

Covid-19 Curriculum Adjustments				7
Other			3	2
Other-Acknowledge Receipt of POC		2		
Letter of Concern			1	
Approvals-Miscellaneous (non-program)		3	3	2
Monitoring Report:				
Accept	2	20	1	
Not Accept				
Deferred				
Out-of-State DL Student Waivers:				
Accept				
Deny				
Deferred				
Complaints:				
Open		8	2	3
Closed	1	3	3	3
Defer				
Complaint Investigation Reviewed:				
Accept Investigation Report		2	1	3
No Action Required		1	1	
Action required				
Licensing Education Exemption (Waiver) Request:				
Exemption Request Approved		1	4	5
Exemption Request Denied			2	1

Snapshot of Approved Nursing Assistant Training Programs (October 2023)

Number of Nursing Assistant Training Programs (All Types)	197
• Traditional Programs	155
• Home Care Aide Alternative/Bridge Programs	22
• Medical Assistant Alternative/Bridge Programs	10
• Medication Assistant Certification Endorsement (MACE) Programs	10

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

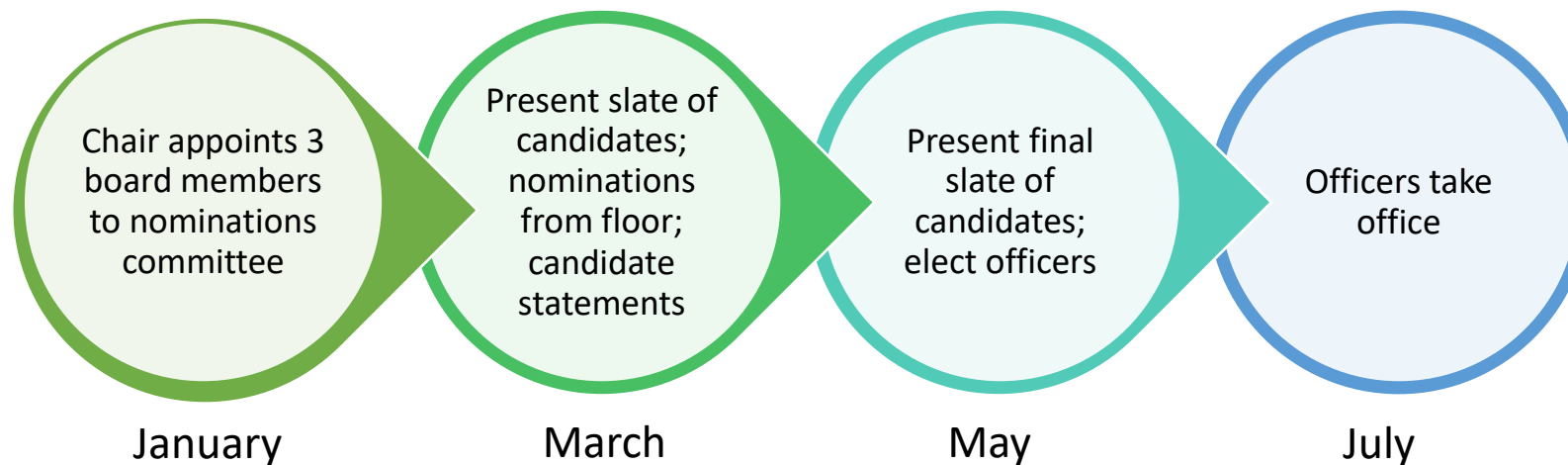
Comments: Program numbers have ranged steadily between 180-200 total over last eight years with the exception of two brief peaks just over 200 in 2019 and 2022.

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+18	OCT 9	NOV 13	DEC 11	YTD
Programs Applications Approved	1	2	1		1	1	5	3	1	2			17
Program Applications Deferred		1			1	1							3
Program Applications Denied													0
Program Change Requests Approved		1							1				2
Program Change Requests Deferred			1				2		1				4
Program Change Requests Denied			1										1
Program Complaints Reviewed			1				1	3	1	1			7
Program Complaints Opened			1			1		2		1			5
Program Complaints Closed	1	2	1	1				1	1	1			8
Site Visit Summaries Reviewed				3						1			4
Investigative Reports Reviewed			2		1				1				4
POC/DPOC or Program Condition Reviewed			2	1	3	3	4	3	2				18
Additional Documents/Program Actions Required	1	9	9	10	1	17	18	1	4				70
Intent to Change Program Status (Full to Conditional or Conditional to Full)													0
Intent to Withdraw Program Approval					1				1				2
Program Director/Instructor Applications Requiring Panel Review	1	1		3									5
Other Review or Process Decisions	14	7	10	10	12	11	8	7	8	2			89

Board Transition & Elections

- Election of Interim Chair, Interim Vice Chair
 - Outgoing chair nomination of Secretary-Treasurer as interim chair
 - Nominations from the floor (all are eligible)
 - Board to vote
 - Resume routine procedure for election of officers in January 2024



Washington State Board of Nursing

Position Description

Nominations Committee

Purpose:

1. Select members of the Washington State Board of Nursing (WABON) who are qualified and willing to serve in leadership positions.
2. Select members of the WABON and staff to be nominated for awards. Complete applications as necessary.

Membership:

1. At least three members of the WABON are appointed by the Chair.
2. No member should serve more than two consecutive years on the nominations committee.

Duties and Responsibilities:

1. Select at least two candidates each for the position of WABON Chair, Vice Chair, and Secretary/Treasurer.
2. Nominate WABON members and staff for awards, such as the NCSBN annual awards. Complete and submit applications.

Timeline for leadership nominations and elections:

1. November meeting --
WABON Chair appoints new members to the Nominations Committee.
2. January meeting –
Announces opening for nominations for the WABON annual award.
3. March meeting –
 - a. Verbally presents the slate of candidates to the WABON. The WABON approves the slate of candidates.
 - b. Candidates may speak to the WABON
4. May meeting –
 - a. Election of the Officers, according to Procedure H02.
5. July meeting –
 - a. New officers take office.
 - b. Presents the WABON annual award.

Staff:


Executive Director or designee

Adopted: 7/06, 7/08

Revised: 6/08, 9/10, 11/11, 3/13, 3/17

Approved: 7/06, 7/08, 3/13, 3/17

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

Title:	Officer Nominations	Number:	H01.03
Reference:	RCW 18.79.100		
Contact:	Paula R. Meyer, MSN, RN, FRE, Executive Director (ED) Washington State Nursing Care Quality Assurance Commission (NCQAC)		
Effective Date:	March 10, 2017	Date Reviewed:	March 2017
Supersedes:	H01.01 – November 18, 2011 H01.02 – March 1, 2016		
Approved:			
	Donna L. Poole MSN, ARNP, PMHCNS-BC Vice Chair (Acting Chair) NCQAC		

PURPOSE:

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

PROCEDURE:

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

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

- A. Committee members approach every member of the NCQAC requesting interest in candidacy for an office. Every member of the NCQAC is eligible as a candidate for an officer position.
- B. Committee members review the position descriptions with each NCQAC member. Committee members determine if interviews are needed to evaluate candidate's competencies for the chair, vice chair, and secretary/treasurer positions.
- C. Committee members contact each candidate with the results of the evaluation. If the candidate meets the qualifications and continues to be willing to serve, their name is placed on the ballot.
- D. The committee is charged with selecting at least two candidates for each officer.

At the March meeting, the committee verbally presents the slate of candidates to the NCQAC. The slate of candidates is included in the business-meeting packet of materials. If there are any questions on the slate, questions for the individual candidates, or challenges to the slate, these must be presented to the NCQAC prior to the election of officers. The NCQAC chair reads the slate of candidates. The chair asks if there are any nominations from the floor. Three members of the NCQAC must support candidates from the floor. The NCQAC chair asks all nominees from the floor if they are qualified and willing to be placed on the slate of candidates. The nominations committee interviews candidates from the floor prior to placing their name on the final slate of candidates. Each candidate and nominees from the floor present a brief statement. The presentation must include purpose of seeking an office and goals.

Each nominee may contact all NCQAC members by telephone, email or in person to discuss their desire to serve as an officer. Nominees cannot offer any perceived benefits to sway votes. Perceived benefits include promises to assign out of state travel, gifts, monetary rewards, or preferential treatment. Nominees are prohibited from consulting with staff related to the election, nominees and offering perceived benefits.

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

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

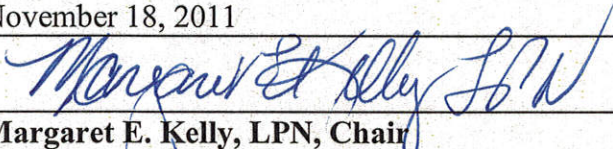
Title: Election of Officers **Number:** H02.03

Reference: [RCW 18.79.100](#); [RCW 42.30.060](#)

Contact: Paula R. Meyer, MSN, RN, FRE, Executive Director
Washington State Nursing Care Quality Assurance Commission
(NCQAC)

Effective Date: March 1, 2016 **Date Reviewed:** February 2016

Supersedes: May 8, 2015
November 18, 2011

Approved: 
Margaret E. Kelly, LPN, Chair
Washington State Nursing Care Quality Assurance Commission
(NCQAC)

PURPOSE:

The Nursing Care Quality Assurance Commission (NCQAC) shall annually elect officers from among its members. The NCQAC elects a chair, vice chair, and secretary/treasurer.

PROCEDURE:

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

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

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

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

The election proceeds with a ballot. The ballot includes the names of all nominees, including nominations from the floor. Since the Open Public Meeting Act prohibits a secret ballot, all voting NCQAC members must sign their ballots. The presiding officer directs the NCQAC members to cast their ballots. Only members attending the May NCQAC meeting in person may vote. Absentee ballots are not allowed. A staff member collects the ballots. Two staff members count the ballots, tally and document the results. The staff member gives the documented results to the presiding officer. The presiding officer reads the final tally and announces the new officers for chair, vice chair, and secretary/treasurer. The staff member then places ballots and the documented count on a tabletop in the meeting area for public view. The ballots and documented count remain on the tabletop until the meeting is adjourned. The count totals are recorded in the minutes of the meeting. Individual voting records are not captured on the tally or in the minutes.

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

NURSING BUDGET STATUS REPORT – September 2023***

2023-2025 BIENNIUM:

***This is the most accurate financial picture of the WABON budget utilizing the most up to date and accurate data available at the time. We have low confidence in many of the expenditure totals reported due to delays in posting agency charges, errors in payroll processing, and making the necessary adjustments to the accounting systems. Indirects are estimated based on known charges and are directly impacted by the payroll issues. Additional context provided below.

IMPORTANT TO NOTE: As discussed at the September business meeting, the agency submitted a decision package on behalf of WABON in the FY24 supplemental budget requesting spending authority to cover the additional ongoing revenues from fees gained from the December 2022 fee increase. That amounts to \$4.5M in additional allotment for the 2023-2025 biennium. This allotment does not impact our actuals or the overall revenue balance. Therefore, it is NOT reported in the biennial budget allotments. The result is a far more accurate picture of what our budget should look like compared to actual expenditures.

This report covers the period of July 1, 2023, through September 30, 2023, three months into the biennium, with twenty-one months remaining. The WABON budget is underspent by 28% or about \$1.4M and the current revenue balance is just over \$2M.

REVENUES FROM FEES:

The recommended revenue balance or “reserve” should be 12.5% of biennial budgeted allotments, or approximately \$4.7M. As expected, WABON begins the biennium operating below the recommended reserve balance due to the final HELMS withdrawal (\$2.7M) in June 2023. Revenue projections in FY24 have been adjusted to account for the anticipated loss in fee revenues (\$2.5M) from implementation of phase one of the NLC in July 2023 which allowed nurses with active MSL in another state to work in WA without obtaining a WA license. Revenues from fees outpaced projections by 11%, or just over \$160K for the first quarter. October’s revenues are expected to be well short of projections.

EXPENDITURES:

Highlights:

- Due to errors in payroll processing, Staff Salaries & Benefits are not finalized for the first quarter of the biennium.
- Commission Salaries include a small amount of carryover from last biennium.
- Rent and AG are one month behind
- Travel is higher than normal due to the travel expenses associated with the July business meeting in Spokane.
- Service Units have not been fully charged out. Payroll issues directly impact these totals.

FISCAL OUTLOOK:

Revenue projections in FY25 have been adjusted to account for the anticipated increases from implementation of phase two of the NLC which is when we will begin to issue the WA MSL and collect the additional fees for the new credentials. We anticipate revenues to rebound once phase two is fully implemented. We anticipate providing a more accurate report with an updated outlook at the January meeting.



Washington State Board of Nursing
Adjusted Budget Status Report
 02G Health Professions Account
 For the period July 1, 2023 through September 30, 2023

EXPENDITURES TYPES	BIENNIAL BUDGET	ALLOT TWO PRIOR	ACTUALS TWO PRIOR	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:											
FTEs	89.53	79.54	82.87	84.39	73.46	89.39	58.63	84.44	71.65	0.85	84.86%
Staff Salaries & Benefits	\$ 21,095,085	\$ 947,551	\$ 966,225	\$ 947,551	\$ 738,402	\$ 947,551	\$ 618,705	\$ 2,842,653	\$ 2,323,333	\$ (519,321)	81.73%
Commission Salaries	\$ 611,112	\$ 25,463	\$ 23,006	\$ 25,463	\$ 34,231	\$ 25,463	\$ 24,295	\$ 76,389	\$ 81,533	\$ 5,144	106.73%
Goods & Services	\$ 874,423	\$ 36,434	\$ -	\$ 36,434	\$ 38,505	\$ 36,434	\$ 36,165	\$ 109,302	\$ 74,670	\$ (34,632)	68.32%
Rent	\$ 1,011,050	\$ 47,405	\$ -	\$ 47,405	\$ 19,976	\$ 47,405	\$ 46,826	\$ 142,215	\$ 66,802	\$ (75,413)	46.97%
Attorney General (AG)	\$ 1,702,439	\$ 70,935	\$ -	\$ 70,935	\$ -	\$ 70,935	\$ 101,138	\$ 212,805	\$ 101,138	\$ (111,667)	47.53%
Travel	\$ 139,704	\$ 5,821	\$ -	\$ 5,821	\$ 5,333	\$ 5,821	\$ 12,303	\$ 17,463	\$ 17,636	\$ 173	100.99%
Equipment	\$ 154,134	\$ 6,422	\$ -	\$ 6,422	\$ 184	\$ 6,422	\$ 8,245	\$ 19,266	\$ 8,430	\$ (10,836)	43.75%
IT Support & Software Licenses	\$ 473,116	\$ 22,183	\$ -	\$ 22,183	\$ 12,262	\$ 22,183	\$ 1,064	\$ 66,549	\$ 13,326	\$ (53,223)	20.02%
TOTAL DIRECT	\$ 26,061,063	\$ 1,162,214	\$ 989,231	\$ 1,162,214	\$ 848,894	\$ 1,162,214	\$ 848,742	\$ 3,486,642	\$ 2,686,868	\$ (799,775)	77.06%
SERVICE UNITS:											
FBI Background Checks (TA090)	\$ 767,864	\$ 31,994	\$ -	\$ 31,994	\$ -	\$ 31,994	\$ 64,346	\$ 95,982	\$ 64,346	\$ (31,636)	67.04%
Office of Professional Standards (TA020)	\$ 571,764	\$ 23,824	\$ -	\$ 23,824	\$ -	\$ 23,824	\$ 12,827	\$ 71,472	\$ 12,827	\$ (58,645)	17.95%
Adjudication Clerk (TA010)	\$ 346,400	\$ 14,433	\$ -	\$ 14,433	\$ -	\$ 14,433	\$ -	\$ 43,299	\$ -	\$ (43,299)	0.00%
HP Investigations (TA040, 070, 100)	\$ 81,092	\$ 3,379	\$ -	\$ 3,379	\$ -	\$ 3,379	\$ 3,886	\$ 10,137	\$ 3,886	\$ (6,251)	38.33%
Legal Services (TA140, 150, 210)	\$ 44,864	\$ 1,869	\$ -	\$ 1,869	\$ -	\$ 1,869	\$ 3,312	\$ 5,607	\$ 3,312	\$ (2,295)	59.08%
Call Center (TA030)	\$ 58,038	\$ 2,418	\$ -	\$ 2,418	\$ -	\$ 2,418	\$ 6,952	\$ 7,254	\$ 6,952	\$ (302)	95.84%
Public Disclosure (TA180)	\$ 504,940	\$ 21,039	\$ -	\$ 21,039	\$ -	\$ 21,039	\$ -	\$ 63,117	\$ -	\$ (63,117)	0.00%
Revenue Reconciliation (TA200)	\$ 126,343	\$ 5,264	\$ -	\$ 5,264	\$ -	\$ 5,264	\$ 15,705	\$ 15,792	\$ 15,705	\$ (87)	99.45%
Online Healthcare Provider Lic - Staff (TA130)	\$ 507,012	\$ 21,126	\$ -	\$ 21,126	\$ -	\$ 21,126	\$ 39,501	\$ 63,378	\$ 39,501	\$ (23,877)	62.33%
Online Healthcare Provider Lic - Contract (TE8000)	\$ 289,734	\$ 12,072	\$ -	\$ 12,072	\$ -	\$ 12,072	\$ -	\$ 36,216	\$ -	\$ (36,216)	0.00%
Suicide Assessment Study (TA120)	\$ 30,927	\$ 1,289	\$ -	\$ 1,289	\$ -	\$ 1,289	\$ -	\$ 3,867	\$ -	\$ (3,867)	0.00%
TOTAL SERVICE UNITS	\$ 3,328,978	\$ 138,707	\$ -	\$ 138,707	\$ -	\$ 138,707	\$ 146,530	\$ 416,121	\$ 146,530	\$ (269,591)	35.21%
INDIRECT CHARGES:											
Agency Indirects (16.9%)	\$ 5,067,462	\$ 230,895	\$ 167,180	\$ 230,895	\$ 139,282	\$ 230,895	\$ 168,077	\$ 692,685	\$ 474,539	\$ (218,146)	68.51%
HSQA Division Indirects (11.3%)	\$ 3,386,527	\$ 154,269	\$ 111,783	\$ 154,269	\$ 92,877	\$ 154,269	\$ 112,375	\$ 462,807	\$ 317,035	\$ (145,772)	68.50%
TOTAL INDIRECTS (28.2%)	\$ 8,453,989	\$ 385,164	\$ 278,963	\$ 385,164	\$ 232,158	\$ 385,164	\$ 280,452	\$ 1,155,492	\$ 791,574	\$ (363,918)	68.51%
GRAND TOTAL	\$ 37,844,030	\$ 1,686,085	\$ 1,268,195	\$ 1,686,085	\$ 1,081,053	\$ 1,686,085	\$ 1,275,723	\$ 5,058,255	\$ 3,624,971	\$ (1,433,284)	72%

NURSING REVENUE

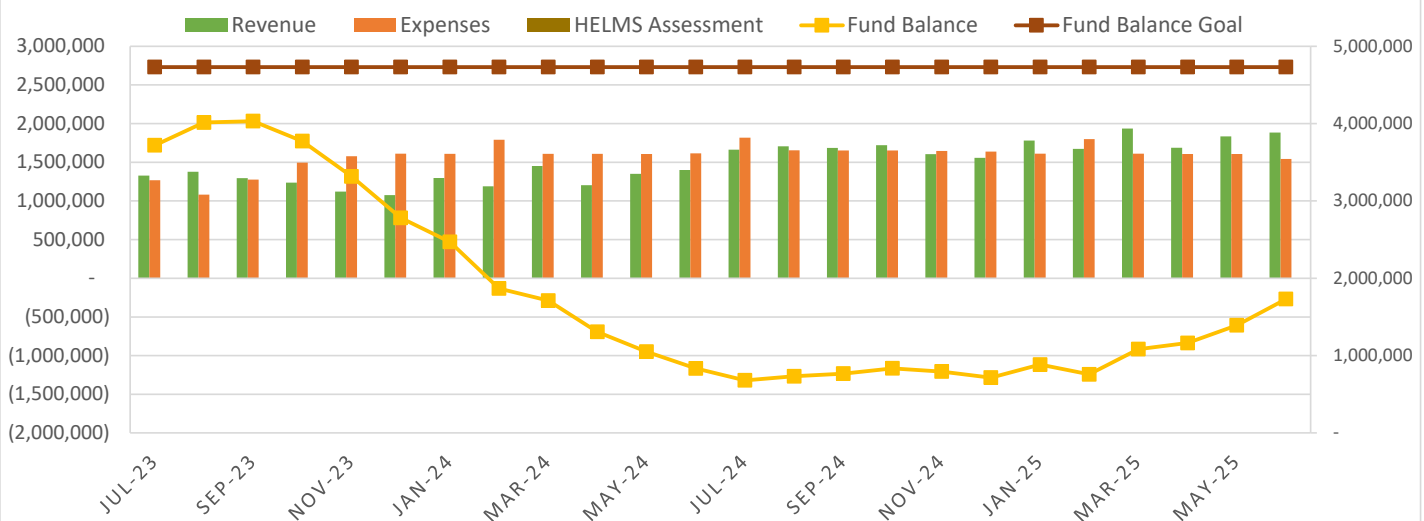
ESTIMATED BEGINNING REVENUE BALANCE	\$ 1,659,304
21-23 REVENUE TO-DATE	\$ 3,997,562
21-23 HELMS ASSESS. TO-DATE	\$ -
21-23 EXPENDITURES TO-DATE	\$ 3,624,971
ENDING REVENUE BALANCE	\$ 2,031,896



Washington State Board of Nursing 2023-25 Fund Balance Summary 02G Health Professions Account

FM	Month	Actual / Projected Revenue	Actual / Projected Expenses	Projected HELMS Assessment	Actual / Projected Fund Balance	Fund Balance Goal	% of Fund Balance Goal
1	Jul-23	1,327,757	1,268,195		1,718,866	4,730,504	36.3%
2	Aug-23	1,376,149	1,081,053		2,013,963	4,730,504	42.6%
3	Sep-23	1,293,656	1,275,723		2,031,896	4,730,504	43.0%
4	Oct-23	1,236,345	1,495,108		1,773,133	4,730,504	37.5%
5	Nov-23	1,120,938	1,577,340		1,316,731	4,730,504	27.8%
6	Dec-23	1,074,262	1,610,156		780,837	4,730,504	16.5%
7	Jan-24	1,296,962	1,608,048		469,751	4,730,504	9.9%
8	Feb-24	1,189,202	1,791,181		(132,228)	4,730,504	-2.8%
9	Mar-24	1,451,653	1,608,173		(288,748)	4,730,504	-6.1%
10	Apr-24	1,203,224	1,608,049		(693,573)	4,730,504	-14.7%
11	May-24	1,351,122	1,607,013		(949,464)	4,730,504	-20.1%
12	Jun-24	1,399,192	1,615,697		(1,165,969)	4,730,504	-24.6%
13	Jul-24	1,663,114	1,817,659		(1,320,514)	4,730,504	-27.9%
14	Aug-24	1,706,797	1,653,392		(1,267,109)	4,730,504	-26.8%
15	Sep-24	1,686,070	1,652,288		(1,233,328)	4,730,504	-26.1%
16	Oct-24	1,720,206	1,651,481		(1,164,603)	4,730,504	-24.6%
17	Nov-24	1,604,368	1,645,058		(1,205,293)	4,730,504	-25.5%
18	Dec-24	1,557,868	1,637,606		(1,285,031)	4,730,504	-27.2%
19	Jan-25	1,780,392	1,611,624		(1,116,264)	4,730,504	-23.6%
20	Feb-25	1,672,632	1,798,429		(1,242,061)	4,730,504	-26.3%
21	Mar-25	1,936,070	1,610,091		(916,082)	4,730,504	-19.4%
22	Apr-25	1,686,700	1,607,392		(836,774)	4,730,504	-17.7%
23	May-25	1,834,804	1,606,147		(608,118)	4,730,504	-12.9%
24	Jun-25	1,882,956	1,543,574		(268,736)	4,730,504	-5.7%
FY1	Totals To	15,320,462	18,145,735	-			
FY2	Date	20,731,977	19,834,744	-			
Bien		36,052,439	37,980,479	-			

NURSING COMMISSION 02G FUND ACTIVITY



Notes:

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

Interstate Commission of Nurse Licensure Compact Administrators Elects 2024 Executive Committee

FOR IMMEDIATE RELEASE

Media Contact:

media@ncsbn.org

CHICAGO – The Interstate Commission of Nurse Licensure Compact Administrators (ICNLCA), the governing body of the Nurse Licensure Compact (NLC), announces new members of its [Executive Committee](#), elected Oct. 1, 2023 to two-year terms:

Chair

Pam Zickafoose, EdD, MSN, RN, NE-BC, CNE, FRE, executive director, Delaware Board of Nursing

Term expires: Sept.30, 2025 (re-elected)

Member-at-Large

Jenny Barnhouse, DNP, RN, executive director, Oklahoma Board of Nursing

Term expires: Sept. 30, 2025 (re-elected)

Member-at-Large

Linda Young, MS, RN, FRE, executive director, South Dakota Board of Nursing

Term expires: Sept. 30, 2025 (re-elected)

The remaining members of the Executive Committee include:

Vice Chair

Missy Poortenga, MHA, RN, executive director, Montana Board of Nursing

Term expires: Sept. 30, 2024

Treasurer

Joe Baker, Jr., executive director, Florida Board of Nursing

Term expires: Sept. 30, 2024

Member-at-Large

Carol Moody, MAS, RN, NEA-BC, board executive, South Carolina Board of Nursing

Term expires: Sept. 30, 2024

Member-at-Large

Sherry Richardson, MSN, RN, executive director, Tennessee Board of Nursing

Term expires: Sept. 30, 2024

About the ICNLCA

The ICNLCA facilitates cross border nursing practice through the implementation of the nationally recognized, multistate license, the NLC. The ICNLCA enhances nurse mobility and public protection through maintaining uniform licensure standards among party state boards of nursing; promoting cooperation and collaboration between party states, facilitating the exchange of data and information between party states; and educating stakeholders. The ICNLCA is a quasi-governmental and joint public agency of the party states created and established on July 20, 2017. The Executive Committee is the seven-member elected leadership of the ICNLCA.

About the NLC

The NLC allows for registered nurses (RNs) and licensed practical/vocational nurses (LPN/VNs) to have one multistate license, with the ability to practice in person or via telehealth in both their home state and other NLC states. Thirty-eight jurisdictions are presently members of the NLC. Licensing standards are aligned in NLC states, so all nurses applying for a multistate license are required to meet the same standards, which include a federal and state criminal background check that will be conducted for all applicants for multistate licensure.

The NLC also enables nurses to provide telehealth nursing services to patients located across the country without having to obtain additional licenses. In the event of a disaster, nurses from multiple states can easily respond to supply vital services. Additionally, almost every nurse, including primary care nurses, case managers, transport nurses, school and hospice nurses, among many others, needs to routinely cross state boundaries to provide the public with access to nursing services, and a multistate license facilitates this process.

For more information, contact nursecompact@ncsbn.org or visit www.nlc.gov.

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Practice: Data Driven

Nursing practice breakdowns continue to disrupt safe patient care. WABON Early Remediation (ER) case nature data reveals practice breakdowns in team communication, medication omissions, and practicing beyond one's scope of practice. Identifying datasets that provide information on nursing practice breakdowns will serve as a starting point to identify trends in practice breakdowns. Data will provide guidance for nurses and organizations to understand contributing factors in nursing practice breakdown.

Goals: Collect available data to identify and characterize practice breakdowns that promote safe nursing practice.

Objectives	Responsibility	Key Steps/Resources	Anticipated Completion Date	Progress
Develop or adapt a data management plan (DMP)		Collaborate with Research Subcommittee (RSC re: their data management framework and resources. Metric: Description of resources & shared framework obtained from DMP.	December 2023	
Identify data sets that provide information on practice breakdown		Collect, organize, and prioritize available data sets. <ul style="list-style-type: none">- Examine nursing student practice error data (Source: WABON Education Unit)- Examine any available patterns or trends in nursing practice breakdown (Source: WABON Discipline data dashboard)- Examine Nursing Practice data inquiries (Source: Nursing Practice email box)- Explore other data sources (Source: HSAQ Call center reports)- Explore case nature data provided by the Case Management Team (CMT) (Source: CMT and Early Remediation (ER) reports)		

Objectives	Responsibility	Key Steps/Resources	Anticipated Completion Date	Progress
		Metric: Number of new datasets identified that are relevant to practice breakdown.		
Analyze datasets that inform nursing practice breakdown		<ul style="list-style-type: none"> - Identify practice breakdown categories - Gather data that reflects practice breakdown categories - Sort & organize information within a spreadsheet - Analyze the data for trends or patterns of practice breakdown Metric: Number of data sources used.		
Share & disseminate data on practice breakdown/trends to strategic staff to facilitate guidance for safe nursing care in 2024		Metric: Progress report in 2024 annual report to BON	September 2024	
Provide nursing consultation, guidance, & education to internal and external customers to understand the laws & regulations related to nursing practice that promote quality nursing care using a preventive and		<ul style="list-style-type: none"> - Coordinate with the BON subcommittees on prioritization, completion & evaluation of special projects, development, and revision of advisory opinions, FAQs, and resource tools. - Protect patients by resolving allegations of practice deficiencies of a less serious nature through the ER program. 		

Objectives	Responsibility	Key Steps/Resources	Anticipated Completion Date	Progress
regulatory approach.				

DRAFT

Diversity, Equity & Inclusion Strategic Plan: 2023-2025



Goal:

Eliminate bias in our work and create an organization that recognizes and reflects the diversity and cultural values of the people of Washington State.

First steps...

- Align work with Governor Inslee's Pro-Equity Anti-Racism (PEAR) Plan & Playbook and the Department of Health's Transformational Plan.
- Develop a PEAR Team to conduct initial work and make recommendations focusing on:
 - Leadership Operations & Services
 - Data Strategy & Reporting
 - Engagement & Community Partnerships
 - Workforce Equity



PEAR Ecosystem Values

Access	Barrier-free environments so everyone can participate.
Belonging	The right to participate in all aspects of society with acceptance, attention, and support from members of the society, providing the same to others.
Dignity	We honor the sacred nature of everyone's personhood.
Equity	Acknowledging systemic inequalities by developing, strengthening, and supporting policies and procedures that distribute and prioritize resources to people in social identity groups who have been historically and currently are marginalized to ensure everyone has access to the same opportunities, power, resources, and outcomes to achieve equality.
Justice	Treating people fairly. To make it right. What love looks like in public health.
Love	A selfless and giving act of will. We seek to out-give and out-serve the other.
Ubuntu	I am because we are. We are interconnected.

PEAR TEAM

- Led by a board member
- Representation from education, licensing, practice, discipline, and operations.
- Initial activities will include:
 - Priority establishment
 - Conduct an Equity Impact Assessment
 - Develop a PEAR Strategic Action Plan
 - Provide direction and recommendations to the WABON



Objectives	Actions	Resource projections	Deadlines	Progress
Create a PEAR culture rooted in equity, justice, access, and belonging.	Align current initiatives with equity work set out in the Department of Health (DOH)'s Transformational Plan and Governor Inslee's Pro-Equity Anti-Racism (PEAR) Plan & Playbook.	All board members and staff	July 1, 2024	
Leadership Operations & Services	<p>Establish a PEAR team with representatives from Education, Licensing, Practice, Discipline, and Operations.</p> <p>Complete a PEAR Equity Impact Review (EIR)</p> <p>Develop and present a PEAR Strategic Action Plan to WABON.</p>	Board leadership and representatives from Education, Licensing, Practice, Discipline, and Operations.	<p>Jan 1, 2024</p> <p>March 1, 2024</p> <p>May 1, 2024</p>	
Plans, Policies & Budgets	<p>Develop policy and process to incorporate DEI review of new and updated policy.</p> <p>Incorporate PEAR values into plans, policies, and budgets.</p>	TBD	<p>August 1, 2024</p> <p>Ongoing</p>	
Data & Strategy Reporting	<p>Creation of WABON specific process and outcome measures.</p> <p>Establish a procedure to report on process and performance.</p>	TBD	<p>July 1, 2024</p> <p>September 1, 2024</p>	

Engagement & Community Partnerships	<p>Identify and engage with critical partners.</p> <p>Join other agency, boards or commissions work groups.</p>	TBD	December 1, 2024, and ongoing	
Workforce Equity	<p>Gather data, help to improve communications, update policies, and educate employees.</p> <p>Embrace continuous learning, growing, and pivoting.</p> <p>Transform our workplace to be inclusive of employees from marginalized and underrepresented communities.</p>	TBD	<p>May 1, 2024</p> <p>Ongoing</p> <p>Ongoing</p>	
Information and service access	<p>Work with the Washington Center for Nursing and other partners to ensure equitable access for underserved populations.</p> <p>Create an online dashboard to publish specific plans, performance measures, and outcomes.</p>	TBD	<p>September 1, 2024</p> <p>December 1, 2024</p>	

WABON Diversity, Equity, and Inclusion (DEI)

2023-2025

Strategic Plan

The Washington State Board of Nursing (WABON) recognizes that a diverse, inclusive workplace and policy approach is essential to achieving its purpose of promoting the delivery of quality health care to the residents of Washington State. Washington is an incredibly diverse state; in concert with [Executive Order 22-04](#) and [Secretary’s Directive 19-01](#) the WABON commits to being “reflective, inclusive, and respectful of that diversity at every level”.

We intend to address DEI and its challenges by aligning efforts with Governor Inslee’s Pro-Equity Anti-Racism (PEAR) Plan & Playbook and the Department of Health’s Transformational Plan.

Goal: Eliminate bias in our work and create an organization that recognizes and reflects the diversity and cultural values of the people of Washington State.

Be guided by the following principles of equity:

- Equity requires developing, strengthening, and supporting policies and procedures that distribute and prioritize resources to those who have been historically and currently marginalized, including tribes.
- Equity requires the elimination of systemic barriers that have been deeply entrenched in systems of inequality and oppression.
- Equity achieves procedural and outcome fairness, promoting dignity, honor, and respect for all people.
- Complement and not supplant the work of other regulatory bodies.

<i>Objectives</i>	<i>Actions</i>	<i>Resource projections</i>	<i>Deadlines</i>	<i>Progress</i>
Create a PEAR culture rooted in equity, justice, access, and belonging.	Align current initiatives with equity work set out in the Department of Health (DOH)’s Transformational Plan and Governor Inslee’s Pro-Equity Anti-Racism (PEAR) Plan & Playbook.	All board members and staff	July 1, 2024	

Leadership Operations & Services	<p>Establish a PEAR team with representatives from Education, Licensing, Practice, Discipline, and Operations.</p> <p>Complete a PEAR Equity Impact Review (EIR)</p> <p>Develop and present a PEAR Strategic Action Plan to WABON.</p>	Board leadership and representatives from Education, Licensing, Practice, Discipline, and Operations.	<p>Jan 1, 2024</p> <p>March 1, 2024</p> <p>May 1, 2024</p>	
Plans, Policies & Budgets	<p>Develop policy and process to incorporate DEI review of new and updated policy.</p> <p>Incorporate PEAR values into plans, policies, and budgets.</p>	TBD	<p>August 1, 2024</p> <p>Ongoing</p>	
Data & Strategy Reporting	<p>Creation of WABON specific process and outcome measures.</p> <p>Establish a procedure to report on process and performance.</p>	TBD	<p>July 1, 2024</p> <p>September 1, 2024</p>	
Engagement & Community Partnerships	<p>Identify and engage with critical partners.</p> <p>Join other agency, boards or commissions work groups.</p>	TBD	December 1, 2024, and ongoing	
Workforce Equity	Gather data, help to improve communications, update policies, and educate employees.	TBD	May 1, 2024	

	Embrace continuous learning, growing, and pivoting.		Ongoing	
	Transform our workplace to be inclusive of employees from marginalized and underrepresented communities.		Ongoing	
Information and service access	Work with the Washington Center for Nursing and other partners to ensure equitable access for underserved populations.	TBD	September 1, 2024	
	Create an online dashboard to publish specific plans, performance measures, and outcomes.		December 1, 2024	

Resources

1. [Washington State Department of Health Transformational Plan: A Vision for Health in Washington State](#)
2. [Washington State Department of Health Community Collaborative](#)
3. [The Governor's Pro-Equity and Anti-Racism \(PEAR\) Plan](#)
4. [Baseline Equity Impact Assessment \(EIA\)](#)
5. [PEAR Strategic Action Plan Template](#)
6. [Executive Order 22-04](#)
7. [Executive Order 22-02](#)
8. [Secretary's Directive 19-01](#)
9. [The 14 Determinants of Equity](#)

PEAR Ecosystem Values:

Access: Barrier-free environments so everyone can participate.

Belonging: The right to participate in all aspects of society with acceptance, attention, and support from members of the society, providing the same to others.

Dignity: We honor the sacred nature of everyone's personhood.

Equity: Acknowledging systemic inequalities by developing, strengthening, and supporting policies and procedures that distribute and prioritize resources to people in social identity groups who have been historically and currently are marginalized to ensure everyone has access to the same opportunities, power, resources, and outcomes to achieve equality.

Justice: Treating people fairly. To make it right. What love looks like in public health.

Love: A selfless and giving act of will. We seek to out-give and out-serve the other.

Ubuntu: I am because we are. We are interconnected.

PEAR workstreams

Part of our PEAR work is focusing on four areas, called PEAR “service lines” or workstreams:

Leadership Operations & Services: advancing PEAR practices and systems at all levels of state government through transparent, accountable organizational development, adaptive leadership, and change agents.

Data Strategy & Reporting: developing a data strategy and reporting process that supports Washington's PEAR organizational development. This will help ensure we're focusing on the areas where the needs are greatest.

Engagement & Community Partnerships: working to ensure our communities, employees, and partners collaborate to develop and inform Washington's PEAR efforts. We are building HCA's partnerships and resources and increased capacity to amplify community voice.

Workforce Equity: investing in a PEAR organization and culture. This means we build a racially diverse and culturally responsive pipeline for state employees at all levels. We are creating opportunities for each person to bring their full self to work and feel welcomed, supported, and valued.

Social Media Strategy: Engaging WABON Audiences

Duration: 12 months

Goal: Increase brand awareness, engagement, and community growth through an effective social media presence.

Platform Focus: Facebook, Instagram, Twitter, LinkedIn, and more?

By following this 12-month social media strategy with these milestones, WABON aims to achieve higher engagement rates, increased agency awareness, and a growing and engaged community across Instagram, Twitter, LinkedIn, and more. Regular analysis and adaptation based on performance metrics will be critical to its success.

Objectives	Responsibility	Key Steps/Resources	Anticipated Completion Date	Progress
Month 1-2: Foundation and Planning	Communications Committee	<p>1. Audit and Benchmarking: Conduct an in-depth analysis of current social media profiles. Identify strengths, weaknesses, opportunities, and threats. Benchmark current performance metrics.</p> <p>2. Define Target Audience: Refine and clearly define the target audience for each platform. Develop buyer personas to understand their preferences, needs, and behavior.</p> <p>3. Content Strategy: Create a comprehensive content strategy aligned with the brand's messaging and goals. Determine content themes, posting frequency, and content types for each platform.</p>	TBD	

Objectives	Responsibility	Key Steps/Resources	Anticipated Completion Date	Progress
Month 3-4: Content Creation and Optimization	Communications Committee	<p>4. Content Calendar: Develop a detailed content calendar for the next six months, including post themes, topics, and publishing dates.</p> <p>5. Visual Identity: Update profile pictures, cover images, and bio descriptions to maintain a consistent and visually appealing brand identity across platforms.</p> <p>6. Content Creation: Start producing high-quality content, including images, videos, and text posts, tailored to each platform's format and audience preferences.</p>	TBD	
Month 5-6: Engagement and Community Building	Communications Committee	<p>8. Engagement Plan: Implement an engagement plan to respond promptly to comments, messages, and mentions. Foster two-way conversations to strengthen relationships with followers.</p> <p>9. User-Generated Content: Encourage users to create and share content related to WABON. Run contests, challenges, or campaigns that involve user participation.</p> <p>10. Collaborations and Partnerships: Identify potential influencers, industry experts, or complementary brands for collaborations to expand reach and credibility.</p>	TBD	

Objectives	Responsibility	Key Steps/Resources	Anticipated Completion Date	Progress
Month 7-8: Analytics and Optimization	Communications Committee	<p>11. Performance Analysis: Analyze key performance metrics such as reach, engagement, click-through rates, and follower growth. Identify what's working and what needs improvement.</p> <p>12. Optimization: Based on analytics, refine the content strategy, posting times, and engagement tactics. A/B tests different content formats and messaging to maximize effectiveness.</p>	TBD	
Month 9-10: Paid Advertising and Promotion	Communications Committee	<p>13. Paid Social Campaigns: Allocate a budget for paid advertising on Instagram and Twitter to reach a broader audience, promote key content, or drive specific actions (e.g., website visits, lead generation).</p> <p>14. Ad Creatives: Design eye-catching ad creatives with compelling visuals and persuasive copy that align with the overall content strategy.</p>		

Objectives	Responsibility	Key Steps/Resources	Anticipated Completion Date	Progress
Month 11-12: Relationship Building and Future Planning	Communications Committee	<p>15. LinkedIn Strategy: Focus on building connections and relationships on LinkedIn. Share thought leadership content, participate in relevant groups and engage with industry discussions.</p> <p>16. In-Depth Content: Create and promote longer-form content such as blog posts, articles, or position papers to establish WABON as an authority in the industry.</p> <p>17. Future Planning: Evaluate the overall success of the strategy against the initial goals. Identify opportunities for growth and areas that need further attention. Begin planning for the next phase of the social media strategy.</p>	TBD	

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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: <u>23-18-064</u> File: 9/1/2023
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 board 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 board is adopting emergency language to correspond.	Rescinded WSR: 23-21-004 File: 10/4/2023 Effective: 11/4/ 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.	Rescinded WSR: 23-21-003 File: 10/4/2023 Effective: 11/4/2023

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
1	Nursing Temporary Practice Permits	Amendments to: WAC 264-840-095	When the department and board first began completing FBI fingerprint background checks on out-of-state applicants the process took several months. To remedy this delay in licensure, the board 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 board issues a permanent Washington State license to the nurse. WAC 246-840-095 also allows for an additional 180-day extension of the temporary practice permit if the department has not received the fingerprint results during the initial 180-day period. The board intends to engage in rulemaking to shorten the length of a temporary practice permit and to align the internal WABON process with WAC language.	WSR: 22-06-057 Filed: 2/25/2022	7/7/22, 8/4/22, and 9/19/22.	WSR: 23-21-071 Filed: 10/12/2023	11/29/2023	
2	Health Equity Continuing Education	Amendments to: WAC 246-840-220 And other relevant continuing education rule sections in Chapter 246-840 WAC	ESSB 5229-S.S.L.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 3/3/2023	WSR: 23-19-081 Filed: 9/19/2023	10/25/2023	In progress

#	RULE	WASHINGTON ADMINISTRATIVE CODE (WAC)	PURPOSE	CR-101 PREPROPOSAL	RULE WORKSHOPS	CR-102 PROPOSED & CR-105 (EXPEDITED)	RULE HEARING	CR-103P PERMANENT
3	Blood Glucose Delegation	Amendments to: WAC 246-840-930 WAC 246-840-940	SHB 1124-S.PL.pdf (wa.gov) Nurse Delegation of Glucose Monitoring, Glucose Testing, and Insulin Injections. Identifies two areas that require WABON 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 board 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.	In progress		
4	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 <u>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.</u>	WSR: 23-11-143 File: 5/24/2023	6/22/2023 6/29/2023	In progress		
5	Multistate License Fee	Amendments to: WAC 246-840-990	5499-S.SL.pdf (wa.gov) Concerning the multistate nurse licensure compact. Creating a fee and updating a surcharge for a multistate nursing license. WAC 246-840-990, Fees and renewal cycle. The Department of Health (department) in consultation with the Washington State Board of Nursing (board) must update an existing licensing surcharge amount in rule to comply with the new surcharge amount in law. The department and the board are also considering rulemaking to create a fee for a new multi-state license option for registered nurses (RNs) and licensed practical nurses (LPNs) residing in Washington State in keeping with Substitute Senate Bill (SSB) 5499 Multistate Nurse Licensure Compact (Chapter 123, Laws of 2023), effective July 23, 2023.	WSR: 23-16-127 File: 8/1/2023	8/23/2023 8/28/2023 8/29/2023	WSR: 23-26-060 File: 10/25/2023	12/5/2023	

#	RULE	WASHINGTON ADMINISTRATIVE CODE (WAC)	PURPOSE	CR-101 PREPROPOSAL	RULE WORKSHOPS	CR-102 PROPOSED & CR-105 (EXPEDITED)	RULE HEARING	CR-103P PERMANENT
6	Nursing Credential Opportunities	Amendments to: WAC 246-840-517 WAC 246-840-534 And other relevant rule sections in Chapter 246-840 WAC	5582-S2.SL.pdf (wa.gov) Reducing barriers and expanding educational opportunities to increase the supply of nurses in Washington. The Washington State Board of Nursing (board) is considering amendments to nursing education rules in response to Engrossed Second Substitute Senate Bill (E2SSB) 5582 (Chapter 126, Laws of 2023). The board is considering amending WAC 246-840-517, 246-840-534, and other related rule sections.	WSR: 23-17-011 File: 8/4/2023	9/26/2023 10/5/2023 10/16/2023 10/17/2023 10/26/2023			
7	Substance Use Disorder Monitoring Program Participation	Amendments to: WAC 246-840-750 through WAC 246-840-780 And potential new rule sections in Chapter 246-840 WAC.	1255-S.SL.pdf (wa.gov) Reducing stigma and incentivizing health care professionals to participate in a substance use disorder monitoring and treatment program. The Washington State Board of Nursing (board) is considering amendments to current rule sections relating to the board's substance use disorder (SUD) monitoring program in response to Substitute House Bill (SHB) 1255 Nursing — Substance Use Disorder Monitoring Program Participation (chapter 141, Laws of 2023). The board is also considering creating new rule sections to establish a stipend program as directed by SHB 1255.	WSR: 23-17-074 File: 8/14/2023	TBD			
8	ARNP Education Requirements	Amendments to: TBD	On July 5, 2023, the JARRC found by majority vote that that by requiring a "graduate degree" to be a masters or doctoral degree and adopting exemptions to WAC 246-840-340 and WAC 246-840-342 by agency procedure, the board is using a policy in place of a rule that has not been adopted in accordance with all applicable provisions of law. On July 14, 2023, the board received a letter of determination from the JARRC recommending that the board:					

#	RULE	WASHINGTON ADMINISTRATIVE CODE (WAC)	PURPOSE	CR-101 PREPROPOSAL	RULE WORKSHOPS	CR-102 PROPOSED & CR-105 (EXPEDITED)	RULE HEARING	CR-103P PERMANENT
			<p>(1) define the term “graduate degree” in chapter 246-840 WAC and</p> <p>(2) provide for the exemptions to education requirements for Advanced Registered Nurse Practitioner license applicants in board Procedures B35.01 and B9.06 by rule.</p> <p>On September 7, 2023, at the board's business meeting, the board held a public hearing to fully consider all written and oral submissions regarding the July 5, 2023, JARRC finding and moved to initial the rulemaking process with a CR-101.</p> <p>I'm working on the documents for the CR-101 now and hope to work with you and the Advanced Practice Subcommittee on this rulemaking project.</p>					

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	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 WABON 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. WABON believes standardizing curriculum in training programs will also result in standardizing scope of practice across work settings.	<u>WSR: 21-05-021</u> Filed: 2/8/2021	October 2022 through February 2023.	<u>WSR:23-15-091</u> Filed: 7/18/2023 Filing combined CR-102 for these rules and NA Rules under Secretary Authority (See #2) in progress. Filing of CR-102 approved on March 10, 2023, WABON business	8/30/2023	
2	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, WABON 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.	<u>WSR: 19-15-092</u> Filed: 7/22/2019	6/21/2022 and 6/30/22	<u>WSR: 23-08-064</u> Filed 4/4/2023	5/12/2023	WSR: 23-14-082 Filed: 6/29/2023 Effective: 7/30/2023
3	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 board to remove 365 and 367 for further consideration. The board voted to begin a new CR-101 process and consider adding other rule sections.	<u>WSR: 22-12-090</u> Filed: 6/1/2022	6/21/2022 and 6/30/22.	<u>WSR: 23-01-134</u> Filed: 12/20/2022	1/27/2023	WSR: <u>23-08-069</u> Filed: 4/4/2023
4	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: <u>23-03-011</u> File: 1/6/2023

#	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
5	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
6	Nursing Technician Definition	WAC 246-840-010	The board 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
7	Fees	WAC 246-840-990	The Secretary of the Department of Health in consultation with WABON 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
8	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. WABON 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
9	LPN/NT Practice Opportunities	WAC 246-840-010, 840, 850	Allow LPN students practice opportunities. WABON'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
10	Continuing Competency	WAC 246-840-111, 120, 125, and 200 through 260	The Nursing Care Quality Assurance Commission (board) 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	WSR: 19-01-001 Filed: 12/5/2018		WSR: 21-04-096 Filed: 2/1/2021		WSR: 21-11-032 Filed: 5/12/2021

#	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
			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 board also adopted changes that now allow the board 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.					
11	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

→ CR-101

- The Washington State Board of Nursing (board) identifies a need for rulemaking by legislation or regulatory reform, petition, patient safety, need or problem, change in technology, etc.
- Internal meetings with impacted offices to plan rule timeline and implementation are scheduled and a list of interested parties is developed.
- The board assigns the potential rulemaking to a subcommittee or panel who may recommend the board initiates rulemaking at a regular scheduled business meeting.
- If the board approves, the rulemaking process will begin.
- Staff draft the CR-101 (Preproposal Statement of Inquiry) and rule package for review.
- The draft CR-101 and rule package are reviewed internally by the board's content experts and legal staff. Afterwards, the draft documents go forward for DOH to review, approve, and file with the Office of the Code Reviser.

1-2
months

→ Rule Workshops

- After the CR-101 is filed, staff conducts research, gathers data, develops initial draft framework, and list of questions to answer.
- Public rule workshops are held to provide the opportunity for interested party engagement, rule clarification, and discussion of possible amendments.

2-12
months

→ CR-102

- Based on the feedback from the rule workshops, staff develop a matrix of comments, draft rule language, and CR-102 (Notice of Proposed Rule Making).
- The draft documents are reviewed internally by the board's content experts and legal staff. Afterwards, the draft documents go forward for the assigned subcommittee or panel to review. The subcommittee or panel then determines whether or not to bring the draft documents to the next regular scheduled business meeting for the board's approval.
- At the next regular scheduled business meeting, the board reviews the draft documents and determines whether or not to move forward with the filing of the CR-102. If approved, staff proceed with the rulemaking process.
- The draft documents then go forward for DOH to review and file with the Office of the Code Reviser.

3-4
months

→ Rule Hearing

- Per [RCW 34.05.320](#), a CR-102 must be published in the state register at least 20 days before a hearing. Rule hearings are typically held at a regular scheduled business meeting. The time period prior the rule hearing is referred to as the public comment period. The deadline for comments is often 2 weeks prior to the public hearing.

1-2
months

→ CR-103

- If approved at the rule hearing, staff proceed with the rulemaking process and the filing of the CR-103 (Rulemaking Order).
- The adopted language, CR-103, and rule package are reviewed internally by the board's content experts and legal staff. Afterwards, the documents go forward for DOH to review, approve, and file with the Office of the Code Reviser.

1-2
months

Note: The number of months reflect each stage of our rules process in the best case scenario.

Olivia Burley
Washington State Military Spouse Liaison
Washington State Department of Veterans Affairs

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Military Spouse Cultural Competency Training

Learn about the military spouse community through the Washington State Department of Veterans Affairs Military Spouse Cultural Competency Training. This training covers the culture of military spouses, the military spouse experience, and issues related to military spouse career paths. Participants who view the training will receive a participation confirmation email and certificate of completion after answering a short survey. This training fulfills the

requirement for military spouse cultural competency training for professional licensure board and commission members in Washington State.

Learning Objectives

- What is the definition of a military spouse?
- How many military spouses are in our state?
- What are the unique challenges military spouses face?
- What do military spouses bring to their communities and workplaces?
- How can you create programs/environments that welcome the military spouse community?



As Washington's Military Spouse Liaison, Olivia Burley is part of the Washington State Department of Veterans Affairs team. In her role, she is focused on reducing and removing employment barriers for the military spouse community and ensuring military spouses are connected to the resources they need. She serves as an advocate for military families and spouses to policy makers and legislators, leads partner collaborations focused on employment, child care, and license/credential portability for military spouses, and analyzes data and research. Olivia outreaches to military spouses and partners who serve them to connect them to resources and provide trainings on a variety of topics. She has been a military spouse for 21 years and is

the daughter of dual-military parents. Prior to joining WDVA, Olivia worked for Operation Homefront and the American Red Cross, providing services to support military families and service members.

*NDepartment of Health
Nursing Care Quality Assurance Commission*

Advisory Opinion

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

<i>Title:</i>	Death with Dignity (Aid-in-Dying): Role of the Nurse	<i>Number:</i> NCAO 20.02
<i>References:</i>	RCW 18.79 Nursing Care WAC 246-840 Practical and Registered Nursing RCW 70.245 Washington Death with Dignity Act WAC 246-978 Death with Dignity Requirements EHB 1608, Sec.2, Chapter 102, Laws of 2020	
<i>Contact:</i>	Deborah Carlson, MSN, BSEd, RN, CPM Director of Nursing Practice	
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<i>Email:</i>	NursingPractice@doh.wa.gov or ARNPPPractice@doh.wa.gov	
<i>Effective Date:</i>	September 9, 2021	
<i>Supersedes:</i>	Death with Dignity Advisory Opinion (November 8, 2019) Death with Dignity (Aide-in-Dying) Advisory Opinion (November 13, 2020)	
<i>Approved By:</i>	Nursing Care Quality Assurance Commission	

Conclusion Statement

Advanced registered nurse practitioners (ARNPs), registered nurses (RNs), and licensed practical nurses (LPNs) may be involved in providing nursing care, within their scope of practice, to patients who make the choice to end their life through the [Washington State Death with Dignity Act \(RCW 70.245\)](#). Nurses are accountable and responsible for providing compassionate and comprehensive care to all patients, regardless of their end-of-life choices. Nurses may decline active participation in the implementation of aid-in-dying, but they remain responsible for the full scope of end-of-life care including providing information, symptom management, and other palliative or end-of-life interventions. The advisory opinion clarifies the nursing roles and responsibilities in palliative and end-of-life care.

Background and Analysis

[RCW 70.245 Washington Death with Dignity Act](#), enacted in 2009, allows an eligible individual with a terminal diagnosis and prognosis to legally request and obtain medications from a qualified health care practitioner to end their life. The [RCW 70.245 Washington Death with Dignity Act](#) allows a Doctor of Medicine (MD) or Doctor of Osteopathy (DO) who has primary responsibility for the care and treatment of the patient with terminal illness to prescribe such medications. The act does not allow an advanced registered nurse practitioner to write a

prescription for this purpose. The [WAC 246-978 Death with Dignity Requirements](#) implement the law. See the [Washington State Department of Health Death with Dignity Act](#) webpage for common questions and answers containing general information about the Death with Dignity Act. Neither the RCW, the WAC, nor the information page provide guidance for nurses involved in the care of the patient, beyond the clarification that ARNPs may not prescribe.

This lack of recognition of the direct and intimate role of nurses in the care of patients at the end of life leaves nurses in a potential moral quandary regarding their responsibilities to patients. Aid-in-dying is a new area of ethical concern about which public opinion and public policy has evolved quite rapidly such that professional organizations and individual clinicians are still evolving their positions. The situation is exacerbated by the role of most nurses as employees of health care institutions that may have additional policies regarding aid-in-dying. Unlike physicians and ARNPs who have the option to act as independent practitioners outside their association with an institution, most nurses practice solely under the auspices of their employer. Additionally, nurses have their own personal beliefs about the ethical acceptability of aid-in-dying and their own willingness to be involved. Across the profession, there is a wide range of views that need to be accommodated. Nurses are challenged to define their practice while negotiating the space among these personal, professional, institutional, and legal constraints.

The American Nurses Association's (ANA) position statement, [The Nurse's Role when a Patient Request Medical Aid in Dying](#) (2019), clarifies many of the questions nurses are asking. The position of the ANA is that although nurses are strictly prohibited by law from prescribing or administering aid-in-dying medications, they nonetheless have an obligation to provide all other appropriately supportive care to patients at the end-of-life. This care includes providing objective information, managing distressing symptoms, coaching family and care providers in the management of patient care, and remaining engaged, non-judgmental, and attentive to the evolving needs of the dying and their families. They further suggest that nurses have an obligation to not only be knowledgeable about this issue, but also to be engaged in public policy conversations and research to further explore its merits and consequences.

This position is aligned with the ANA's *Code of Ethics for Nurses* (2015) and *Nursing: Scope and Standards of Practice* (2015). For example, they argue that nurses are not "actively participating" in aid-in-dying when providing information, supporting discussion, or being present with a patient. Instead, all these actions are the nurse's ethical "response to the patient's quality-of-life self-assessment" (p. 3) consistent with Interpretive Statement 1.4 of the *Code* that nurses "should provide interventions to relieve pain and other symptoms in the dying patient consistent with palliative care practice standards and may not act with the sole intent to end life" (ANA, 2015, p. 3). This is a significant departure from the previous ANA position statement aid-in-dying of 2013 that prohibited participation by nurses in aid-in-dying.

This advisory opinion will not reiterate the positions taken in the ANA statement, but refers readers to that document for further exploration. Nor does this opinion take a position on the essential question of the acceptability of aid-in-dying itself. Aid-in-dying is legal in Washington State and, as such, nurses need to be prepared to provide care in this context. The context requires consideration of two issues not fully addressed in the ANA statement: employer restrictions on nursing practice and conscientious objection.

Employer Restrictions on Nursing Practice

The Washington state law allows employers to establish policy related to the implementation of aid-in-dying within their institutional boundaries (which may include both in-patient, out-patient, and homecare settings). Most in-patient settings restrict patients from ingesting medications that will end their lives; policies for outpatient and homecare settings are more variable and evolving. A study in the *Journal of Pain and Symptom Management* (JPSM), [Dignity, Death, and Dilemmas: A Study of Washington Hospices and Physician-Assisted Death \(2014\)](#), summarizes the content of hospice policies in Washington State. Examples of policies include:

- Restricting or allowing staff to be present at the time of patient self-administration of the medication, as well as the duration between ingestion and death.
- Restricting or allowing staff involvement with the process to obtain life-ending medication.
- Restricting or allowing providing information about the law.
- Preventing or allowing a patient from ingesting a lethal dose of medication on the premises of a health care facility.
- Requiring, encouraging, or discouraging the participation of LPNs, RNs, or ARNPs in the process.
- Restricting or allowing initiating communication and notification of the patient's attending physician.
- Restricting or allowing staff to witness necessary legal documents.

Health care institutions may legitimately create policies that are consistent with their philosophy and mission. Health care entities are prohibited, however, from limiting the provision of information about Washington's Death with Dignity Act or information about what relevant resources are available or how to access those resources. [EHB 1608, Sec.2, Chapter 102, Laws of 2020](#).

The most common and ethically defensible limitation is to not allow nurses to be present at the time of medication administration. This restriction has several advantages. Since nurses are legally constrained from administering the life-ending medications, the policy prevents nurses from being pressured by patients or families to assist in administration—an act that in any other circumstance would be well within the nurse's scope of practice. Additionally, it allows nurses who are ethically opposed to aid-in-dying to avoid needing to explicitly opt-out of this most active participation in the process. For nurses who would be comfortable participating at this stage, it also prevents them from providing support to the patient and family at a critical moment in the dying trajectory. Nurses, particularly hospice and homecare nurses, often develop significant empathetic relationships with patients and families over the course of their care and absence at this time can potentially be experienced by the patient as professional abandonment. This is a significant departure from the standard hospice commitment to non-abandonment and the promise to witness with the patient through the dying process. While physicians and ARNPs may choose to practice as independent providers at times like this and be present despite institutional policies, nurses choosing to be present outside their nursing role risk violating professional boundaries. Again, nurses need to decide for themselves whether the restrictions on practice imposed by institutional policies are aligned with their vision of professional practice.

Institutional policies that further restrict nursing practice, such as limiting the nurse's ability to provide objective and non-judgmental information about legal options or provide counseling and emotional support as the patient thinks through their end-of-life decisions are ethically problematic in that they significantly impinge on nursing scope of practice and professional standards of care. In 2020 the Washington legislature clarified that a health care entity may not limit a health care provider's provision of information about and regarding Washington's death with dignity act, [Chapter RCW 70.245](#), information about what relevant resources are available in the community, and how to access those resources for obtaining care of the patient's choice. A health care entity may not discharge, demote, suspend, discipline, or otherwise discriminate against a health care provider for providing such information. [EHB 1608, Sec.2, Chapter 102, Laws of 2020](#). [EHB 1608, Sec.2, Chapter 102, Laws of 2020](#).

Conscientious Objection

It is broadly accepted that aid-in-dying is a situation in which a nurse may appeal to conscientious objection to avoid acting in a manner that is contrary to their own moral values. While ensuring that patients receive the beneficial care they desire is a fundamental ethical value, it is necessarily balanced by the right of health care providers to maintain their own moral integrity (Magelssen, 2011). "Having moral integrity implies having an internally consistent set of basic moral ideas and principles and being able to live and act in accordance with these" (Magelssen, 2011, p. 18). When a nurse finds that actively participating in aid-in-dying conflicts with deeply held values and judgments, it is reasonable to consider this objection. (Deeply held values are contrasted with those which are capricious, arbitrary, or situationally convenient.)

Although there are multiple formulations of the criteria such objections must meet, Brock (2008) delineates three criteria:

- 1) The patient is informed of the full range of care options.
- 2) The patient must be referred to another provider who can provide the services.
- 3) The refusal must not create an undue burden on the patient.

Interestingly, the Death with Dignity Initiative explicitly does not require physicians to refer patients requesting aid-in-dying to another provider.

Conscientious objection applies to specific actions, not to patients. Such objections cannot be raised to avoid providing general nursing care for a patient, but only to withdraw from participating in a specific action. For example, in the common example of abortion, a nurse may decline to participate in actively implementing a surgical abortion procedure but may not decline to provide post-operative care to that patient. Conscientious objection cannot be used as a claim to refuse to care for a patient based on their social standing, beliefs, or preferences, nor on the bias or prejudice of the nurse.

This suggests that the only activity nurses may request to avoid is being present when patients are ingesting the medications that will end their lives. Given that so many institutions already restrict nurses from being present anyway, this significantly limits the instances in which nurses may reasonably claim conscientious objection to avoid providing care to a patient. However, nurses should be attentive to their own self-presentation and their ability to provide

compassionate and non-judgmental care to a patient who is making a decision that is contrary to their deeply held beliefs. If other staff are reasonably available and can substitute for the objecting nurse, it may benefit both the patient and the nurse to make this change. Such an accommodation, however, does not remove the obligation of the nurse to reflect on the opportunity for developing a more empathetic and patient-centered stance.

Recommendations

The NCQAC determines that in addition to all standard nursing care the following behaviors are consistent with the standard of care when providing nursing care to patients who have chosen to end their own life:

- Empathetically explore end-of-life options with the patient and family and link them to services, other health care providers or resources to meet their needs;
- Explain the law as it currently exists;
- Maintain confidentiality about the end-of-life decision-making;
- Provide palliative care for the patient, including administration of medications and treatments for pain and symptom management.;
- Follow Portable Orders for Life Sustaining Treatment (POLST)/advanced directives;
- Determine and pronounce death;
- Collaborate and consult with health care team members;
- Understand the ethical and moral dilemmas related to aid-in-dying
- Understand professional organizations' positions related to aid-in-dying;
- Reflect on personal and professional values and request accommodation on the basis of conscientious objection if needed;
- Understand the employer philosophy, policies, and procedures related to end-of-life decisions and aid-in-dying;
- Understand institutional policy regarding the presence of nurse when a patient self-administers a prescribed lethal dose of medication;
- Be involved in policy development within the health care institution and the community.

Nurses who choose not to be involved:

Under the conditions listed above, nurses may decline to be present when patients are ingesting medication to end their lives. In this situation, the nurse should:

- Request to be relieved from providing care on the basis of conscientious objection;
- Continue to provide standard supportive and palliative care to ensure the patient's comfort and safety and avoid abandonment.
- Withdraw only when assured that alternative sources of care are available for the patient and care has been responsibly transferred to another provider;
- Maintain confidentiality;
- Reflect on self-presentation and the development of a non-judgmental stance to ensure patients feel respected despite differences in values
- Be involved in policy development within the health care institution and community.

Nurses shall not:

- Administer the medication that will lead to the end of the patient's life;
- Breach confidentiality of patients exploring or choosing assisted suicide;
- Subject patients or families to disrespectful, judgmental comments or actions because of their decision to choose aid-in-dying
- Subject colleagues to disrespectful comments or actions due to their decision to continue to provide care to a patient who has chosen aid-in-dying;
- Abandon or refuse to provide comfort and safety measures to patients.

Institutional Policy Constraints:

If institutional policies prohibit staff from participating in the aid-in-dying process with interested patients, the NCQAC recommends that the patient be referred to their attending physician, the Washington State Department of Health and/or the patient rights organization, [End of Life Washington](#), to obtain information and initiate the legal process.

Conclusion

Providing care throughout the dying process to patients choosing to end their life through the Death with Dignity Act is within the nursing scope of practice and does not violate any professional norms. However, nurses exploring their obligations to the dying are confronted with a complex set of considerations. Aid-in-dying is legal in the State of Washington. Professional nursing standards require that nurses treat the dying with compassion and avoid abandonment. Individual agencies may have policies that limit nurses' participation in end-of-life care. Individual nurses may have deeply held moral beliefs. All these factors need to be weighed as the nurse decides how to pursue a particular course of action. Nurses must make a choice that is congruent both with their professional obligations and their own moral integrity.

References

American Nurses Association (ANA) – The Nurse's role when a patient requests medical aid in dying. (2019): <https://www.nursingworld.org/~49e869/globalassets/practiceandpolicy/nursing-excellence/ana-position-statements/social-causes-and-health-care/the-nurses-role-when-a-patient-requests-medical-aid-in-dying-web-format.pdf>

Brock D. W. (2008). Conscientious refusal by physicians and pharmacists: who is obligated to do what, and why? *Theoretical Medicine and Bioethics*, 29, 187-200.

Campbell, C.S. and Black, M.A. (2013). Dignity, Death, and Dilemmas: A Study of Washington Hospices and Physician-Assisted Death: [https://www.jpsmjournal.com/article/S0885-3924\(13\)00270-4/abstract](https://www.jpsmjournal.com/article/S0885-3924(13)00270-4/abstract)

Death with Dignity National Center: <https://www.deathwithdignity.org/about/>

End of Life Washington: <https://endoflifewa.org/>

Magelssen, M. (2012). When should conscientious objection be accepted? Journal of Medical Ethics, 38, 18-21.

Nursing Care Quality Assurance Commission Practice (NCQAC) Advisory Opinions:
<https://www.doh.wa.gov/LicensesPermitsandCertificates/NursingCommission/PracticeInformation>

- Completion of Death Certificates by Advanced Registered Nurse Practitioners
 - Guideline – Completion of Death Certificates
- Death, Determination and Pronouncement by Licensed Practical Nurses
- Provider Orders for Life-Sustaining Treatment (POLST)
 - Frequently Asked Questions about POLST

Advisory Opinion: Death with Dignity (Aid-in-Dying): Role of the Nurse

Purpose

The advisory opinion clarifies and provides guidance about the roles and scope practice for the ~~role of the~~ nurse in providing palliative and end-of-life care through the [Washington Death with Dignity Act \(Chapter 70.245 RCW\)](#).

Background

The [Washington Death with Dignity Act \(Chapter 70.245 RCW\)](#) allows an eligible individual with a terminal diagnosis and prognosis to legally request and obtain medications ~~to end their life~~ from the a licensed advanced registered nurse practitioner (ARNP), physician (MD), osteopathic physician (DO), or physician assistant (PA) ~~to end their life~~. [WAC 246-978 Death with Dignity Requirements](#) implement the law. A qualified patient may select the attending or qualified health care provider of the patient's choosing. If the patient selects the ARNP, the patient must also select an MD or DO to serve as the patient's consulting medical provider. The MD or DO and ARNP may not have a direct supervisory relationship with each other. See the [Washington State Department of Health Death with Dignity Act](#) webpage for common questions and answers containing general information about the Death with Dignity Act.

This lack of recognition of the direct and intimate role of nurses in the care of patients at the end-of-life leaves nurses in a potential moral quandary regarding their responsibilities to patients. Aid-in-dying is a new area of ethical concern about which public opinion and public policy has evolved quite rapidly such that professional organizations and individual clinicians are still evolving their positions. The situation is exacerbated by the role of most nurses as employees of health care institutions that may have additional policies regarding aid-in-dying. Unlike physicians and ARNPs who often act as independent practitioners outside their association with an institution, most nurses practice solely under the auspices of their employer. Additionally, nurses have their own personal beliefs about the ethical acceptability of aid-in-dying and their own willingness to be involved. Across the profession, there is a wide range of views that need to be accommodated. Nurses are challenged to define their practice while negotiating the space among these personal, professional, institutional, and legal constraints.

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This position is aligned with the ANA's *Code of Ethics for Nurses* (2015) and *Nursing: Scope and Standards of Practice* (2015). For example, ~~they~~ the ANA argues that nurses are not "actively participating" in aid-in-dying when providing information, supporting discussion, or being present with a patient. Instead, all these actions are the nurse's ethical "response to the patient's quality-of-life self-assessment" (p. 3) consistent with Interpretive Statement 1.4 of the *Code* that nurses "should provide interventions to relieve pain and other symptoms in the dying patient consistent with palliative care practice standards and may not act with the sole intent to end life" (ANA, 2015, p. 3). This is a significant departure from the previous ANA position statement aid-in-dying of 2013 that prohibited participation by nurses in aid-in-dying.

This advisory opinion will not reiterate the positions taken in the ANA statement but refers readers to that document for further exploration. Nor does this opinion take a position on the essential question of the acceptability of aid-in-dying itself. Aid-in-dying is legal in Washington State and, as such, nurses need to be prepared to provide care in this context. The context requires consideration of two issues not fully addressed in the ANA statement: employer restrictions on nursing practice and conscientious objection.

Employer Restrictions on Nursing Practice

~~The~~ Washington state law allows employers to establish policy related to the implementation of aid-in-dying within their institutional boundaries (which may include both in-patient, out-patient, and homecare settings). Most in-patient settings restrict patients from ingesting medications that will end their lives; policies for outpatient and homecare settings are more variable and evolving. A study in the *Journal of Pain and Symptom Management* (JPSM),

[Dignity, Death, and Dilemmas: A Study of Washington Hospices and Physician-Assisted Death \(2014\)](#), summarizes the content of hospice policies in Washington State. Examples of policies include:

- Restricting or allowing staff to be present at the time of patient self-administration of the medication, as well as the duration between ingestion and death.
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- Restricting or allowing initiating communication and notification of the patient's attending physician.
- Restricting or allowing staff to witness necessary legal documents.

Health care institutions may legitimately create policies that are consistent with their philosophy and mission. Health care entities are prohibited, however, from limiting the provision of information about Washington's Death with Dignity Act or information about what relevant resources are available or how to access those resources. [EHB 1608, Sec.2, Chapter 102, Laws of 2020-RCW 70.03.020.](#)

The most common and ethically defensible limitation is to not allow nurses to be present at the time of medication administration. This restriction has several advantages. Since nurses are legally constrained from administering the life-ending medications, the policy prevents nurses from being pressured by patients or families to assist in administration—an act that in any other circumstance would be well within the nurse's scope of practice. Additionally, it allows nurses who are ethically opposed to aid-in-dying to avoid needing to explicitly opt-out of this most active participation in the process. For nurses who would be comfortable participating at this stage, it also prevents them from providing support to the patient and family at a critical moment in the dying trajectory. Nurses, particularly hospice and home care nurses, often develop significant empathetic relationships with patients and families over the course of their care and absence at this time can potentially be experienced by the patient as professional abandonment. This is a significant departure from the standard hospice commitment to non-

abandonment and the promise to witness with the patient through the dying process. While physicians and ARNPs may choose to practice as independent providers at times like this and be present despite institutional policies, nurses choosing to be present outside their nursing role risk violating professional boundaries. Again, nurses need to decide for themselves whether the restrictions on practice imposed by institutional policies are aligned with their vision of professional practice.

Institutional policies that further restrict nursing practice, such as limiting the nurse's ability to provide objective and non-judgmental information about legal options or provide counseling and emotional support as the patient thinks through their end-of-life decisions are ethically problematic in that they significantly impinge on nursing scope of practice and professional standards of care. In 2020, the Washington legislature clarified that a health care entity may not limit a health care provider's provision of information about and regarding Washington's death with dignity act, [Chapter RCW 70.245](#), information about what relevant resources are available in the community, and how to access those resources for obtaining care of the patient's choice. A health care entity may not discharge, demote, suspend, discipline, or otherwise discriminate against a health care provider for providing such information. [RCW 70.03.020, EHB 1608, Sec.2, Chapter 102, Laws of 2020. EHB 1608, Sec.2, Chapter 102, Laws of 2020.](#)

Conscientious Objection

It is broadly accepted that aid-in-dying is a situation in which a nurse may appeal to conscientious objection to avoid acting in a manner that is contrary to their own moral values. While ensuring that patients receive the beneficial care they desire is a fundamental ethical value, it is necessarily balanced by the right of health care providers to maintain their own moral integrity (Magelssen, 2011). "Having moral integrity implies having an internally consistent set of basic moral ideas and principles and being able to live and act in accordance with these" (Magelssen, 2011, p. 18). When a nurse finds that actively participating in aid-in-dying conflicts with deeply held values and judgments, it is reasonable to consider this objection. (Deeply held values are contrasted with those which are capricious, arbitrary, or situationally convenient.)

Although there are multiple formulations of the criteria such objections must meet, Brock (2008) delineates three criteria:

- 1) The patient is informed of the full range of care options.

- 2) The patient must be referred to another provider who can provide the services.
- 3) The refusal must not create an undue burden on the patient.

Interestingly, the Death with Dignity Initiative explicitly does not require physicians to refer patients requesting aid-in-dying to another provider.

Conscientious objection applies to specific actions, not to patients. Such objections cannot be raised to avoid providing general nursing care for a patient, but only to withdraw from participating in a specific action. For example, in the common example of abortion, a nurse may decline to participate in actively implementing a surgical abortion procedure but may not decline to provide post-operative care to that patient. Conscientious objection cannot be used as a claim to refuse to care for a patient based on their social standing, beliefs, or preferences, nor on the bias or prejudice of the nurse.

This suggests that the only activity nurses may request to avoid is being present when patients are ingesting the medications that will end their lives. Given that so many institutions already restrict nurses from being present anyway, this significantly limits the instances in which nurses may reasonably claim conscientious objection to avoid providing care to a patient. However, nurses should be attentive to their own self-presentation and their ability to provide compassionate and non-judgmental care to a patient who is making a decision that is contrary to their deeply held beliefs. If other staff are reasonably available and can substitute for the objecting nurse, it may benefit both the patient and the nurse to make this change. Such an accommodation, however, does not remove the obligation of the nurse to reflect on the opportunity for developing a more empathetic and patient-centered stance.

Statement of Scope

Nurses are accountable and responsible for providing compassionate and comprehensive care to all patients, regardless of their end-of-life choices. Nurses may decline active participation in the implementation of aid-in-dying, but they remain responsible for the full scope of end-of-life care including providing information, symptom management, and other palliative or end-of-life interventions.

The WABON determines that in addition to all standard nursing care the following behaviors are consistent with the standard of care when providing nursing care to patients who have chosen to end their own life:

- Empathetically explore end-of-life options with the patient and family and link them to services, other health care providers or resources to meet their needs;
- Explain the law as it currently exists;
- Maintain confidentiality about the end-of-life decision-making;
- Provide palliative care for the patient, including administration of medications and treatments for pain and symptom management.;
- Follow Portable Orders for Life Sustaining Treatment (POLST)/advanced directives;
- Determine and pronounce death;
- Collaborate and consult with health care team members;
- Understand the ethical and moral dilemmas related to aid-in-dying
- Understand professional organizations' positions related to aid-in-dying;
- Reflect on personal and professional values and request accommodation on the basis of conscientious objection if needed;
- Understand the employer philosophy, policies, and procedures related to end-of-life decisions and aid-in-dying;
- Understand institutional policy regarding the presence of nurse when a patient self-administers a prescribed lethal dose of medication;
- Be involved in policy development within the health care institution and the community.

Nurses who choose not to be involved:

Under the conditions listed above, nurses may decline to be present when patients are ingesting medication to end their lives. In this situation, the nurse should:

- Request to be relieved from providing care on the basis of conscientious objection;
- Continue to provide standard supportive and palliative care to ensure the patient's comfort and safety and avoid abandonment.
- Withdraw only when assured that alternative sources of care are available for the patient and care has been responsibly transferred to another provider;

- Maintain confidentiality;
- Reflect on self-presentation and the development of a non-judgmental stance to ensure patients feel respected despite differences in values
- Be involved in policy development within the health care institution and community.

Nurses shall not:

- Administer the medication that will lead to the end of the patient's life;
- Breach confidentiality of patients exploring or choosing assisted suicide;
- Subject patients or families to disrespectful, judgmental comments or actions because of their decision to choose aid-in-dying
- Subject colleagues to disrespectful comments or actions due to their decision to continue to provide care to a patient who has chosen aid-in-dying;
- Abandon or refuse to provide comfort and safety measures to patients.

Institutional Policy Constraints:

If institutional policies prohibit staff from participating in the aid-in-dying process with interested patients, the WABON recommends that the patient be referred to their attending physician, the Washington State Department of Health and/or the patient rights organization, [End of Life Washington](#), to obtain information and initiate the legal process.

Requirements and Recommendations

Providing care throughout the dying process to patients choosing to end their life through the Death with Dignity Act is within the nursing scope of practice and does not violate any professional norms. However, nurses exploring their obligations to the dying are confronted with a complex set of considerations. Aid-in-dying is legal in the State of Washington. Professional nursing standards require that nurses treat the dying with compassion and avoid abandonment. Individual agencies may have policies that limit nurses' participation in end-of-life care. Individual nurses may have deeply held moral beliefs. All these factors need to be weighed as the nurse decides how to pursue a particular course of action. Nurses must make a choice that is congruent both with their professional obligations and their own moral integrity.

References and Resources

[RCW 18.79 Nursing Care](#)

[WAC 246-840 Practical and Registered Nursing](#)

[Support for Practicing Nurses | Nursing Care Quality Assurance Commission \(wa.gov\)](#)

[Practice Guidance | Nursing Care Quality Assurance Commission \(wa.gov\)](#)

[Practice Information | Nursing Care Quality Assurance Commission \(wa.gov\)](#)

[Death with Dignity Act | Washington State Department of Health](#)

[Washington Death with Dignity Act Chapter 70.245 RCW](#)

[Death with Dignity Act Requirements Chapter 246-978 WAC](#)

[ANA Position Statement: The Nurse's Role When a Patient Requests Medical Aid in Dying |](#)

[OJIN: The Online Journal of Issues in Nursing \(nursingworld.org\)](#)

[Dignity, Death, and Dilemmas: A Study of Washington Hospices and Physician-Assisted Death - Journal of Pain and Symptom Management \(jpsmj.com\)](#)

[Death With Dignity National Center | End-Of-Life Advocacy and Policy Reform](#)

[End of Life Washington - Your life. Your death. Your choice.](#)

Brock D. W. (2008). Conscientious refusal by physicians and pharmacists: who is obligated to do what, and why? *Theoretical Medicine and Bioethics*, 29, 187-200.

Magelssen, M. (2012). When should conscientious objection be accepted? *Journal of Medical Ethics*, 38, 18-21.

Department of Health
Nursing Care Quality Assurance Commission

Advisory Opinion

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

<i>Title:</i>	Standing Orders	<i>Number:</i> NCAO 28.00
<i>References:</i>	See References and Resources	
<i>Contact:</i>	Deborah Carlson, MSN, RN, Director of Nursing Practice	
	360-236-4703	
<i>Email:</i>	NursingPractice@doh.wa.gov ARNPPPractice@doh.wa.gov	
<i>Effective Date:</i>	November 12, 2021	
<i>Supersedes:</i>	Standing Orders and Verbal Orders Advisory Opinion, September 12, 2014	
<i>Approved By:</i>	Nursing Care Quality Assurance Commission (NCQAC)	

Conclusion Statement

It is within the scope of the appropriately trained and competent registered nurse (RN) or licensed practical nurse (LPN) to follow standing orders within the nurse's scope. Other terms commonly used for standing orders include protocols, pre-printed orders, pre-approved orders, order sets, care pathways, care plans, and clinical guidelines. Standing orders involving a medical regimen must be approved by an [authorized health care practitioner](#) (advanced registered nurse practitioner, physician and surgeon, dentist, osteopathic physician and surgeon, podiatric physician and surgeon, physician assistant, osteopathic physician assistant, optometrist, or licensed midwife within their scope of practice). The nurse may delegate specific tasks, to credentialed or non-credentialed unlicensed assistive personnel (UAP) to implement standing orders within the legal parameters and scope of practice of the nurse and UAP.

The nurse may provide medical services following approved standing orders without prior establishment of a provider-patient relationship between the authorized health care practitioner (prescriber) and the person receiving medical services. The prescriber creates a professional relationship with the nurse implementing the standing order that establishes the provider-patient relationship.

The nurse must use professional judgment and consult as necessary when permitted actions need clarification, unexpected patient symptoms, complications, or other situations occur. NCQAC advises using the [Interactive Scope of Practice Decision Tree](#) to determine whether performing directed activities following a standing order is within the nurse's legal and individual scope of practice. This advisory opinion is intended as a broad statement on using standing orders and is not meant to encompass all practice settings, related laws and rules, accreditation standards, standing orders or reimbursement requirements.

Background and Analysis

Standing orders are used in almost every health care setting. Washington state nursing laws and rules do not prohibit the nurse from implementing care following standing orders. Standing orders are evidence-based tools used to guide the assessment, diagnosis, and treatment of patient-specific clinical problems. Standing orders act as written care directives delineating the circumstances and describing the parameters of specific situations to carry out specific orders. Electronic health records systems commonly include use of clinical standing orders. Standing orders may be nurse-driven to provide consistent, safe and effective care (e.g. removal of indwelling catheters). Standing orders involving a medical regimen allows the nurse to provide timely interventions and removes barriers to care for various patient populations. Standing orders may be used in a variety of settings. Examples include patient populations with specific conditions (including medication refills and laboratory tests), symptoms, emergency/urgent care, routine processes (e.g. admission orders, pre-operative orders), occupational health, telephone triage, health screening activities, school health, medication assisted treatment (MAT), and preventive care (e.g. immunizations).

Factors that may influence an institution's decision to use standing orders may include (but not limited) reimbursement, accreditation standards, risk assessment. Facility policies may restrict the use of standing orders or scope of practice but may not expand nursing scope of practice.

Statutes and Regulations

The Washington state nursing laws and rules do not include language that prohibits or permits the nurse to follow standing orders. The RN and LPN may carry out medical regimens under the direction of an authorized health care practitioner. The RN and LPN may delegate care to UAP (such as the nursing assistant, home care aid, and medical assistant) following the delegation laws and rules within the nurse's and UAP's scope of practice. Other state laws and rules (but not limited to) define and describe requirements for using and authenticating standing orders. For example:

- Ambulatory Care Surgical facilities define protocols and standing orders as, "Written or electronically recorded descriptions of actions and interventions for implementation by designated ambulatory surgical facility staff under defined circumstances recorded in policy and procedure. Use of preestablished patient care guidelines or protocols. When used, these must be documented in the medical record and be preapproved or authenticated by an authorized practitioner or advanced registered nurse practitioner. [Chapter 246-330 WAC](#)
- Hospital rules defines protocols and standing orders as, "Written or electronically recorded descriptions of actions and interventions for implementation by designated hospital staff under defined circumstances under hospital policy and procedure. WAC 246-320-010. Chapter 246-320 WAC requires documentation in the medical record and preapproval or authentication by an authorized practitioner.

[RCW 69.50.308](#), [WAC 246-887](#), and the Drug Enforcement Agency (DEA) define requirements for controlled substances that may restrict the use of standing orders. There are specific requirements for electronic communication of prescription information following standing orders:

- Prescriptions issued for the dispensing of a nonpatient specific prescription under a standing order, approved protocol for drug therapy, collaborative drug therapy agreement, in response to a public health emergency, or other circumstances allowed by statute or rule where a practitioner may issue a nonpatient specific prescription. RCW 69.50.312. The nurse may administer legend drugs/controlled substances directly to a patient following a standing order within their scope of practice. Schedule II controlled substances may not be dispensed

following a standing order. RCW 69.50.308.

Federal regulations may apply to specific facilities, such as the Centers for Medicare and Medicaid Services.

State-Wide DSTs

The Washington State Department of Health may choose to issue state-wide standing orders. The nurse may follow approved state-wide standing orders or institutional standing orders. Currently, the following are approved for use in Washington State:

- [Statewide Standing Order to Dispense Naloxone \(PDF\)](#).

Recommendations

The RN and LPN may implement medical care based on patient-specific or condition-specific standing orders. Standing orders should be developed and approved by medical, pharmacy, and nursing leadership based on nationally recognized evidence-based guidelines and recommendations. The nurse must implement standing orders as written and stay within the confines of the directions outlined. Any deviation requires consultation with an [authorized health care practitioner](#). Medical records documentation must reflect that the nurse is following a standing order, any consultation, deviation, or decision not to follow the standing order.

The nurse must exercise professional responsibility and prudent judgment when using standing orders and must be competent to follow standing orders, including specific procedures included in the standing order. The nurse must understand institutional policies and procedures and laws and rules related to standing orders specific to the facility or setting. The nurse may direct UAP to carry out standing order tasks within the nurse's and UAP's scope of practice. The nurse may delegate to UAP as allowed in the laws and rules following the delegation process.

The NCQAC recommends the institution:

- Involve nursing leadership and other health care professionals in developing and approving standing orders.
- Understand the applicable laws and rules (state and federal) that apply to standing orders.
- Develop standing orders based on nationally recognized and evidence-based evidence, within the applicable laws and rules required for the institution, and accreditation standards.
- Provide a method of maintaining a record of those approved and authorized to use standing orders.
- Specify documentation requirements.
- Establish authentication procedures.
- Specify process for authentication by an authorized health care practitioner.
- Establish institutional policies and procedures to implement standing orders.
- Review and revise standing orders as needed, or at minimum, annually.
- Communicate changes to standing orders as soon as possible to appropriate staff.
- Establish competency, validation, and training requirements.

Standing orders should include the following:

- Identify the patient population or condition to be treated according to the standing orders, including exceptions or contraindications.
- Specify which acts require any level of experience, training, education, or certification.

- Conditions, symptoms, or situations in which the standing order will be used;
- Assessment criteria;
- Objective or subjective findings;
- Plan of care including medical and pharmaceutical treatment based on assessment criteria;
- Nursing actions;
- Follow-up or monitoring requirements.
- Specify those who may perform the actions required using standing orders.
 - Delineate under what circumstances the actions may be performed.
 - Specify the scope of supervision required (if any).
 - Identify special circumstances under which the person implementing the standing order is to immediately communicate with the medical provider.
 - Identify limitations on the practice setting (if any).
 - Provide a method of maintain a written record of those authorized to use standing orders.
 - Establish a method for initial and continuing evaluation of the competence of those authorized to use standing orders.
 - Use generic names of medication/biologics, exact dosages, and routes of administration. The NCQAC recommends following the Institute of Safe Medication Practices (ISMP) [Institute for Safe Medication Practices \(ISMP\) Guidelines](#) to avoid error-prone abbreviations, symbols, and dose designations.
 - Specify documentation requirements.
 - Specify authentication requirements considering state facility laws/rules and federal laws/rules (such as CMS requirements), and accreditation standards (such as Joint Commission).
 - Provide a method of periodic review of standing orders.
 - Delineate inclusion and exclusion requirements for which the nurse must consult with a medical practitioner for routine, urgent, or emergent situations including the communication process between the nurse and medical practitioner as appropriate.
 - Identify diagnostic, procedural, and billing coding requirements.

Conclusion

The NCQAC concludes that nurses may follow standing order under the direction of an authorized health care practitioner. The NCQAC advises nurses to use the [Interactive Scope of Practice Decision Tree](#). Nurses should always use professional nursing judgment and consider whether their actions are prudent and reasonable.

References

Laws and Rules

[RCW 18.79 Nursing Care](#)
[WAC 246-840 Practical and Registered Nursing](#)
[RCW 28A.210.383 Epinephrine Auto injectors \(EPI Pens\)-School Supply-Use](#)
[RCW 69.41.095 Opioid Reversal Medication - Standing Order Permitted](#)
[RCW 69.50.312 Electronic Communication of Prescription Information](#)
[WAC 246-330 Ambulatory Surgical Facilities](#)

Resources

[Agency for Healthcare Research and Quality: Overview and Examples of Medical Standing Orders](#)
[American Academy of Family Physicians: Developing Standing Orders to Help Your Team Work to the Highest Level](#)
[Centers for Medicare and Medicaid Services \(CMS\) Regulations and Guidance](#)

[Immunization Action Coalition Standing Orders](#)

[Opioid Use Disorder – Medication Assisted Treatment: Nurse Care Managers and Scope of Practice \(PDF\)](#)

[Prevention and Treatment of Opioid-Related Overdoses \(PDF\)](#)

[Public Health Nurses: Dispensing Medications/Devices for Prophylactic and Therapeutic Treatment of Communicable Diseases and Reproductive Health \(PDF\)](#)

[Nursing Critical Care: Nurse Driven Protocols \(Barto, D.\), July 2019](#)

[Interactive Scope of Practice Decision Tree](#)

[Registered Nurse and Licensed Practical Nurse Scope of Practice \(PDF\)](#)

[Washington State Department of Health Behavioral Health Agencies/Opioid Treatment Program](#)

Advisory Opinion: Standing Orders

Purpose

This advisory opinion provides guidance about the roles and scope of practice for the registered nurse (RN) and licensed practical nurse (LPN) in following standing orders.

Background

Standing orders are evidence-based tools used to guide the assessment, diagnosis, and treatment of patient-specific clinical problems. Standing orders act as written care directives delineating the circumstances and describing the parameters of specific situations to carry out specific orders. Electronic health records systems commonly include use of clinical standing orders. Standing orders may be nurse-driven to provide consistent, safe and effective care (e.g., removal of indwelling catheters). Standing orders involving a medical regimen allows the nurse to provide timely interventions and removes barriers to care for various patient populations. Standing orders may be used in a variety of settings. Examples include patient populations with specific conditions (including medication refills and laboratory tests), symptoms, emergency/urgent care, routine processes (e.g., admission orders, pre-operative orders), occupational health, telephone triage, health screening activities, school health, medication assisted treatment (MAT), and preventive care (e.g., immunizations).

Factors that may influence an institution's decision to use standing orders may include (but not limited) reimbursement, accreditation standards, risk assessment. Facility policies may restrict the use of standing orders or scope of practice but may not expand nursing scope of practice.

Statutes and Regulations

The Washington state nursing laws and rules do not include language that prohibits or permits the nurse to follow standing orders. The RN and LPN may carry out medical regimens under the direction of an authorized health care practitioner. Other state laws and rules (but not limited to) define and describe requirements for using and authenticating standing orders. For example:

- Ambulatory Care Surgical facilities define protocols and standing orders as, "Written or electronically recorded descriptions of actions and interventions for implementation by designated ambulatory surgical facility staff under defined

circumstances recorded in policy and procedure. Use of preestablished patient care guidelines or protocols. When used, these must be documented in the medical record and be preapproved or authenticated by an authorized practitioner or advanced registered nurse practitioner. [Chapter 246-330 WAC](#)

- Hospital rules defines protocols and standing orders as, “Written or electronically recorded descriptions of actions and interventions for implementation by designated hospital staff under defined circumstances under hospital policy and procedure. WAC 246-320-010. Chapter 246-320 WAC requires documentation in the medical record and preapproval or authentication by an authorized practitioner.

[RCW 69.50.308](#), [WAC 246-887](#), and the Drug Enforcement Agency (DEA) define requirements for controlled substances that may restrict the use of standing orders. There are specific requirements for electronic communication of prescription information following standing orders:

- Prescriptions issued for the dispensing of a nonpatient specific prescription under a standing order, approved protocol for drug therapy, collaborative drug therapy agreement, in response to a public health emergency, or other circumstances allowed by statute or rule where a practitioner may issue a nonpatient specific prescription. [RCW 69.50.312](#). The nurse may administer legend drugs/controlled substances directly to a patient following a standing order within their scope of practice. Schedule II controlled substances may not be dispensed following a standing order. [RCW 69.50.308](#).

Federal regulations may apply to specific facilities, such as the Centers for Medicare and Medicaid Services.

State-Wide Standing Orders

The Washington State Department of Health may choose to issue state-wide standing orders. This may occur during pandemic or disaster situations. The nurse may follow approved state-wide standing orders or institutional standing orders. Currently, the following are approved for use in Washington State:

- [Statewide Standing Order to Dispense Naloxone \(PDF\)](#).

Statement of Scope

The RN and LPN may implement care based on patient-specific or condition-specific standing orders. The Washington State Board of Nursing recommends nurses use the [Interactive Scope of Practice Decision Tree](#).

Requirements and Recommendations

Standing orders should be developed and approved by medical, pharmacy, and nursing leadership based on nationally recognized evidence-based guidelines and recommendations. The nurse must implement standing orders as written and stay within the confines of the directions outlined. Any deviation requires consultation with an [authorized health care practitioner](#). Medical records documentation must reflect that the nurse is following a standing order, any consultation, deviation, or decision not to follow the standing order.

The nurse must exercise professional responsibility and prudent judgment when using standing orders and must be competent to follow standing orders, including specific procedures included in the standing order. The nurse must understand institutional policies and procedures and laws and rules related to standing orders specific to the facility or setting. The registered nurse may direct UAP to carry out standing order tasks within the nurse's and UAP's scope of practice. The nurse may delegate to UAP as allowed in the laws and rules following the delegation process.

The WABON recommends the institution:

- Involve nursing leadership and other health care professionals in developing and approving standing orders.
- Understand the applicable laws and rules (state and federal) that apply to standing orders.
 - Develop standing orders based on nationally recognized and evidence-based evidence, within the applicable laws and rules required for the institution, and accreditation standards.
 - Provide a method of maintaining a record of those approved and authorized to use standing orders.
 - Specify documentation requirements.
 - Establish authentication procedures.

- Specify process for authentication by an authorized health care practitioner.
- Establish institutional policies and procedures to implement standing orders.
- Review and revise standing orders as needed, or at minimum, annually.
- Communicate changes to standing orders as soon as possible to appropriate staff.
- Establish competency, validation, and training requirements.

Standing orders should include the following:

- Identify the patient population or condition to be treated according to the standing orders, including exceptions or contraindications.
- Specify which acts require any level of experience, training, education, or certification.
 - Conditions, symptoms, or situations in which the standing order will be used;
 - Assessment criteria;
 - Objective or subjective findings;
 - Plan of care including medical and pharmaceutical treatment based on assessment criteria;
 - Nursing actions;
 - Follow-up or monitoring requirements.
- Specify those who may perform the actions required using standing orders.
- Delineate under what circumstances the actions may be performed.
- Specify the scope of supervision required (if any).
- Identify special circumstances under which the person implementing the standing order is to immediately communicate with the medical provider.
- Identify limitations on the practice setting (if any).
- Provide a method of maintain a written record of those authorized to use standing orders.
- Establish a method for initial and continuing evaluation of the competence of those authorized to use standing orders.
- Use generic names of medication/biologics, exact dosages, and routes of administration. The WABON recommends following the Institute of Safe Medication Practices (ISMP) [Institute for Safe Medication Practices \(ISMP\) Guidelines](#) to avoid error-prone abbreviations, symbols, and dose designations.
- Specify documentation requirements.
- Specify authentication requirements considering state facility laws/rules and

federal laws/rules (such as CMS requirements), and accreditation standards (such as Joint Commission).

- Provide a method of periodic review of standing orders.
- Delineate inclusion and exclusion requirements for which the nurse must consult with a medical practitioner for routine, urgent, or emergent situations including the communication process between the nurse and medical practitioner as appropriate.
- Identify diagnostic, procedural, and billing coding requirements.

References and Resources

- [RCW 18.79 Nursing Care](#)
- [WAC 246-840 Practical and Registered Nursing](#)
- [RCW 28A.210.383 Epinephrine Auto injectors \(EPI Pens\)-School Supply-Use](#)
- [RCW 69.41.095 Opioid Reversal Medication - Standing Order Permitted](#)
- [RCW 69.50.312 Electronic Communication of Prescription Information](#)
- [Support for Practicing Nurses | Nursing Care Quality Assurance Commission \(wa.gov\)](#)
- [Practice Guidance | Nursing Care Quality Assurance Commission \(wa.gov\)](#)
- [Practice Information | Nursing Care Quality Assurance Commission \(wa.gov\)](#)
- [Overview and Examples of Medical Standing Orders | Agency for Healthcare Research and Quality \(ahrq.gov\)](#)
- [Standardized Protocols for Optimizing Emergency Department Care | ACEP](#)
- [American Academy of Family Physicians: Developing Standing Orders to Help Your Team Work to the Highest Level](#)
- [Centers for Medicare and Medicaid Services \(CMS\) Regulations and Guidance](#)
- [Immunization Action Coalition Standing Orders](#)
- [Opioid Use Disorder – Medication Assisted Treatment: Nurse Care Managers and Scope of Practice \(PDF\)](#)
- [Prevention and Treatment of Opioid-Related Overdoses \(PDF\)](#)
- [Public Health Nurses: Dispensing Medications/Devices for Prophylactic and Therapeutic Treatment of Communicable Diseases and Reproductive Health \(PDF\)](#)
- [Nursing Critical Care: Nurse Driven Protocols \(Barto, D.\), July 2019](#)
- [Registered Nurse and Licensed Practical Nurse Scope of Practice \(PDF\)](#)
- [Washington State Department of Health Behavioral Health Agencies/Opioid Treatment Program](#)

INFORMED CONSENT FOR CARE – NURSE’S ROLE

Introduction

The issue of informed consent and the nurse’s role may be an issue with questions about informed consent as well as discipline cases that may arise in the discipline process. Informed consent is based upon the ethical principle of autonomy. This principle provides individuals with the right to make free, uncoerced, and informed decisions. Informed consent can be oral or written and should be documented. The universal role of a nurse is as an advocate in ensuring patient’s comprehension and agreement to the treatment plan, providing education needed to make informed decisions involving health care and treatment options, and communicating questions and concerns to the healthcare team. One of the current issues is the role of the nurse in obtaining informed consent for cosmetic procedures. The Washington State Board of Nursing (WABON) does not currently have an advisory opinion or other guidance documents about informed consent for cosmetic procedures or any other procedure.

Informed Consent Overview

There are two major important characteristics to remember about consent.

- Informed – Sufficient information about the care should be provided to the patient. This includes the risks, consequences of refusing the care, and possible alternatives to the care before obtaining consent.
- Voluntary – Consent should be obtained without coercion, threat, or under the influence of any impairing substance.

Consent is also an on-going process, which can be obtained implicitly or explicitly. A nurse can watch for non-verbal cues as implicit consent (e.g., holding out arm to have blood pressure taken) or have consent be obtained explicitly through verbal agreement or in writing. Although documentation is not consent itself, documented information about the consent process and how consent was obtained can potentially help mitigate risks and complaints if any misunderstandings arise. It is in the best interest of the nurse to verbally share details about a nursing intervention before and during the performance of the intervention.

When delivering routine nursing care, nurses provide information, support, and guidance. Consent may be implied or explicitly communicated verbally, nonverbally, or in electronic or written form.

Nurses may be involved in formal informed consent process that address operative and other invasive procedures, blood product administration, research or clinical trials, high risk medication administration (e.g. chemotherapy).

Informed consent for treatment is essential. A general principle of informed consent is that it is the health care provider doing the procedure or treatment that obtains the informed consent of the patient. Obtaining informed consent is a process that requires a detailed exchange of information concerning the treatment or procedure so that the patient can make a knowledgeable choice about the proposed plan.

Informed consent is the process in which a health care provider educates a patient about the risks, benefits, and alternatives of a given procedure or intervention. The patient must be competent to make a voluntary decision about whether to undergo the procedure or intervention. Informed consent is a legal and ethical obligation of health care providers.

The Joint Commission requires documentation of all elements of informed consent, “In a form, progress note or elsewhere in the record.” The following elements are required:

1. Nature of the procedure
2. Risks and benefits of the procedure
3. Reasonable alternatives
4. Risks and benefits of alternatives
5. Assessment of the patient’s understanding the above elements.

[Quick Safety 21: Informed consent: More than getting a signature \(Updated: April 2022\) | The Joint Commission](#)

In most situations, the nurse is not functioning in the primary role of performing or ordering provider for a particular procedure but may act as witness and provide educational aspects of the consent process. The witness must be impartial and must sign and date the consent form at the time the consent process occurs. A signature of the witness means:

- The requirements for informed consent have been satisfied
- Consent is voluntary and freely given by the patient.

In some situations, it is appropriate for the nurse to undertake the consent process in a primary role. Examples may include (but not limited to) insertion of a PICC line, transfusion of blood or blood products, sigmoidoscopy, radiology procedures, and research/clinical trials.

Advanced Registered Nurse Practitioner's Role

Advanced Registered Nurse Practitioners (ARNPs) are independent practitioners under Washington law and may (and are obligated to) undertake the consent process in situations where they are the ordering or performing provider for the procedure.

RCW [18.79.256](#) Advanced registered nurse practitioner—Scope of practice—Document attestation.

An advanced registered nurse practitioner may sign and attest to any certificates, cards, forms, or other required documentation that a physician may sign, so long as it is within the advanced registered nurse practitioner's scope of practice.

[[2015 c 104 § 1.](#)]

[[2015 c 104 § 1.](#)]

Washington State Laws and Rules

Washington law requires health care providers to obtain informed consent. The overall law defines the term health care provider broadly.

[RCW 7.70.060: Consent form—Contents—Prima facie evidence—Shared decision making—Patient decision aid—Failure to use. \(wa.gov\)](#)

- Nature and character of proposed treatment
- Anticipated results of proposed treatment
- Possible alternative forms of treatment
- Possible risks, complications, and anticipated benefits of the treatment or alternative forms of treatment, including non-treatment
- A statement that patient elects not to be informed of the elements (if applicable)

[RCW 7.70.020: Definitions. \(wa.gov\)](#)

The definition of a health care provider includes an ARNP and Nurse (not specific to RN or LPN).

[RCW 7.70.050: Failure to secure informed consent—Necessary elements of proof—Emergency situations. \(wa.gov\)](#)

[RCW 7.70.065: Informed consent—Persons authorized to provide for patients who do not have capacity—Priority—Unaccompanied homeless minors. \(wa.gov\)](#)

[Patient Rights Guidelines \(wa.gov\)](#)

[consentforms.pdf \(nursinglaw.com\)](#)

WAC 246-919-605: Use of laser, light, radiofrequency, and plasma devices as applied to the skin.

The rules define what is required including informed consent. Physician must obtain informed consent including that a non-physician may perform the procedure to administer medications or substances for cosmetic purpose or the use of prescriptive devices for cosmetic purposes.

WAC 246-919-606: Nonmedical cosmetic procedures

The rules define what is required including informed consent. Physician must obtain a consent form prior to treatment that lists foreseeable side effects and complications, and the identity and license of the delegate or delegates who will perform the procedure; and

Other States

The Arizona Board of Nursing has an advisory opinion on Informed Consent.

[July 31, 1996 \(azbn.gov\)](#)

The Massachusetts Board of Nursing requires the nurse performing cosmetic procedures to review and verify informed consent that clearly informs the patient of the operators qualification, licensure, and expected outcomes of the procedure.

[AR 13-01 Cosmetic and Dermatologic Procedures.doc \(live.com\)](#)

Nevada has a statement about nurses performing cosmetic procedures that states the patient have granted informed consent. The statement includes the nurse's requirements for informed consent if a nurse is providing a nursing intervention.

[NEVADA STATE BOARD OF NURSING](#)

DEPARTMENT OF HEALTH
~~NURSING CARE QUALITY ASSURANCE~~
COMMISSION WASHINGTON STATE BOARD OF NURSING
PROCEDURE

Title:	Action in Another Jurisdiction	Number:	A08.06 5
Reference:			
Author:	Catherine Woodard Director, Discipline and Washington Health Professional Services Nursing Care Quality Assurance Commission Washington State Board of Nursing		
Effective Date:	March 10 November 17, 2023	Date for Review:	March 10 November 17, 11/17/2025-2025
Supersedes:	A08.05 - March 10, 2023; -A08.04 - November 13, 2009; -A08.03 - July 1, 2005 A08.02 - January 9, 2004; -A08.01 - January 19, 1996		

Approved:

Yvonne Strader, BSN, BSPA, MHA, RN Chair Nursing Care Quality Assurance Commission (NCQAC) Washington State Board of Nursing (WABON)
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PURPOSE:

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

PROCEDURE:

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

1. The nurse's Washington license has been expired for more than one year.
~~The nurse was not licensed in Washington at the time of the unprofessional conduct.~~
- 2.

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2.3. A reactivation application is required for renewal.

3. ~~Case management staff~~ ~~The licensing system has been~~ flag the credential ~~ed~~ so any attempt to renew the credential will result in a notification to Discipline.

4. ~~The nurse was not licensed in Washington at the time of the unprofessional conduct.~~

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**DEPARTMENT OF HEALTH
WASHINGTON STATE BOARD OF NURSING PROCEDURE**

Title:	Action in Another Jurisdiction	Number:	A08.06
Reference:			
Author:	Catherine Woodard Director, Discipline and Washington Health Professional Services Washington State Board of Nursing		
Effective Date:	November 17, 2023	Date for Review: 11/17/2025	
Supersedes:	A08.05 - March 10, 2023 A08.04 – November 13, 2009 A08.03 - July 1, 2005 A08.02 - January 9, 2004 A08.01 - January 19, 1996		
Approved:			
Yvonne Strader, BSN, BSPA, MHA, RN Chair Washington State Board of Nursing (WABON)			

PURPOSE:

This procedure clarifies Washington State Board of Nursing (WABON) action when another state or US territory takes action against a nursing credential.

PROCEDURE:

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

1. The nurse's Washington license has been expired for more than one year.
2. The nurse was not licensed in Washington at the time of the unprofessional conduct.
3. A reactivation application is required for renewal.

Case management staff flag the credential so any attempt to renew will result in a notification to Discipline.

**DEPARTMENT OF HEALTH
WASHINGTON STATE BOARD OF NURSING
PROCEDURE**

Title:	Washington Health Professional Services (WHPS) Referral Contracts	Number:	A49.05
Reference:	RCW 18.130.170 RCW 18.130.180 A20 - Substance Use Orders		
Author:	Catherine Woodard Director, Discipline and Washington Health Professional Services Washington State Board of Nursing		
Effective Date:	November 17, 2023	Date for Review:	11/17/25
Supersedes:	A49.04 March 10, 2023 A49.03 November 18, 2016 A49.02 September 13, 2013 A49.01 January 11, 2013		
Approved:			

**Yvonne Strader, BSN, BSPA, MHA, RN
Chair
Washington State Board of Nursing (WABON)**

PURPOSE:

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

PROCEDURE:

- I. During an investigation, the investigator determines whether unprofessional conduct may be the result of substance use disorder. The investigator may send a WHPS Referral Contract (Referral Contract) to the respondent immediately if the case meets all the following criteria:
 - A. The respondent admits, in writing, to misuse of controlled substances, alcohol, or other drugs.
 - B. The unprofessional conduct does not rise to the level of “serious misconduct” as identified in WABON procedure A20, *Substance Use Orders*

- C. The respondent has not been previously referred to WHPS in lieu of discipline or ordered into the program.
- D. If the respondent has previously participated in WHPS, the file will be referred to the Case Disposition Panel or Substance Use Disorder Review Panel (SUDRP).
- II. The investigator sends a Referral Contract to the respondent for signature.
 - A. If the respondent signs the Referral Contract, the investigator immediately forwards the signed Referral Contract to the compliance officer and continues with the investigation.
 - B. If the respondent refuses to sign the Referral Contract, the investigator completes the investigation as usual.
- III. If the respondent signed the Referral Contract, the case file is sent to the compliance officer after the investigation is completed.
 - A. If the respondent does not have a WHPS contract in place after 45 days as required by the Referral Contract, the compliance officer refers the case back to SUDRP.
 - 1. If SUDRP determines discipline is appropriate, the compliance officer transfers the case to legal staff to proceed with discipline.
 - B. If approved for unique closure with a signed Referral Contract, the SUDRP panel chair will sign the Referral Contract.
- IV. If a respondent is in WHPS in lieu of discipline (with a Referral Contract in place) and is terminated from WHPS, within seven calendar days of receipt of the WHPS closure letter:
 - A. The compliance officer opens a new complaint in the licensing and discipline database.
 - B. SUDRP performs an assessment/triage. Items considered during the triage include:
 - 1. WHPS closure letter
 - 2. Prior investigative report(s)
 - 3. Documents from the WHPS file to explain closure and provide the basis for recommended action.

WASHINGTON HEALTH PROFESSIONAL SERVICES REFERRAL CONTRACT

A complaint alleging unprofessional conduct by XXXX (Respondent), has been filed with the Washington State Board of Nursing (WABON). WABON has cause to believe the alleged unprofessional conduct may be linked to substance use disorder (SUD).

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

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

1. Within seven (7) calendar days of Respondent signing this WHPS Referral Contract, Respondent must contact WHPS and begin the intake process. Phone 360-236-2880, option #1; fax 360-359-7956; whps@doh.wa.gov.
2. Within forty-five (45) calendar days of Respondent signing this WHPS Referral Contract, Respondent must execute a WHPS monitoring contract if WHPS determines Respondent is appropriate for the WHPS monitoring program.
3. The necessity for and length of the WHPS monitoring contract will be at the sole discretion of WHPS. Contracts generally have a term of three to five years.
4. Respondent agrees to comply with all aspects of the WHPS monitoring program which may include, but are not limited to:
 - (a) Obtain an SUD evaluation from an approved substance use disorder professional.
 - (b) Undergo and complete SUD treatment in an approved treatment facility.
 - (c) Remain free of all mind- and mood-altering substances, including alcohol and cannabinoids, except for medications prescribed by an authorized prescriber, as defined in RCW 69.41.030 and 69.50.101.
 - (d) Require treatment counselor(s) to provide reports that include treatment progress to the WHPS monitoring program.
 - (e) Submit to random drug screening as specified by the WHPS monitoring program.
 - (f) Attend self-help support groups as specified by the WHPS monitoring program.
 - (g) Comply with employment conditions and restrictions as defined by the WHPS monitoring contract to include notifying WHPS and receiving approval prior to a change in work status, shift, employment position, or place of employment.
 - (h) sign a waiver allowing the WHPS monitoring program to release information to

WABON if Respondent does not comply with the requirements of the WHPS monitoring contract or is unable to practice with reasonable skill and safety.

5. Respondent is responsible for paying all costs associated with participation in the WHPS program. Note: Respondent may apply for and receive stipend funds to cover up to 80 percent of the costs associated with participation in the program.
6. WHPS will report Respondent to WABON if Respondent fails to comply with this Referral Contract or with the WHPS monitoring contract.
7. Respondent understands and acknowledges that failure to comply with any and all aspects of the WHPS monitoring program breaches this WHPS Referral Contract, and may subject Respondent to discipline under RCW 18.130.160, RCW 18.130.180, and WAC 246-840-780. Respondent expressly waives statutory or jurisdictional objections to disciplinary action deriving from a breach of this WHPS Referral Contract or the underlying facts contained in case file XXXX.
8. Requirements of the Nurse Licensure Compact (NLC) which apply directly to Respondent:
 - (a) WABON will share Respondent's participation in WHPS with other NLC party states.
 - (b) Respondent agrees to immediately notify the home state of participation in the WHPS monitoring program.
 - (c) Respondent understands that by signing the WHPS monitoring contract, any multi-state license held under the NLC will revert to a single-state license valid only in Respondent's home state.
 - (d) If Respondent's home state is not Washington, Respondent must obtain a Washington state single-state license to satisfy practice requirements for WHPS.
 - (e) Until Respondent successfully completes the WHPS monitoring program, Respondent will not be able to obtain or retain multi-state license privileges.
9. The Substance Use Disorder Review Panel (SUDRP) will not sign this WHPS Referral Contract or close Respondent's disciplinary case file until Respondent has signed a WHPS Monitoring Contract.

RESPONDENT

DATE

LICENSE NUMBER

SUDRP MEMBER

DATE

**DEPARTMENT OF HEALTH
WASHINGTON STATE BOARD OF NURSING
PROCEDURE**

Title:	Washington Health Professional Services (WHPS) Referral Contracts	Number:	A49.05
Reference:	RCW 18.130.170 RCW 18.130.180 A20 - Substance Use Orders		
Author:	Catherine Woodard Director, Discipline and Washington Health Professional Services Washington State Board of Nursing		
Effective Date:	November 17, 2023	Date for Review:	11/17/25
Supersedes:	A49.04 March 10, 2023 A49.03 November 18, 2016 A49.02 September 13, 2013 A49.01 January 11, 2013		
Approved:			
Yvonne Strader, BSN, BSPA, MHA, RN Chair Washington State Board of Nursing (WABON)			

PURPOSE:

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

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 - B. The unprofessional conduct does not rise to the level of “serious misconduct” as identified in WABON procedure A20, *Substance Use Orders*

- C. The respondent has not been previously referred to WHPS in lieu of discipline or ordered into the program.
 - D. If the respondent has previously participated in WHPS, the file will be referred to the Case Disposition Panel or Substance Use Disorder Review Panel (SUDRP).
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 - B. If approved for unique closure with a signed Referral Contract, the SUDRP panel chair will sign the Referral Contract.
- IV. If a respondent is in WHPS in lieu of discipline (with a Referral Contract in place) and is terminated from WHPS, within seven calendar days of receipt of the WHPS closure letter:
 - A. The compliance officer opens a new complaint in the licensing and discipline database.
 - B. SUDRP performs an assessment/triage. Items considered during the triage include:
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 - 3. Documents from the WHPS file to explain closure and provide the basis for recommended action.

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

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

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3. The necessity for and length of the WHPS monitoring contract will be at the sole discretion of WHPS. Contracts generally have a term of three to five years.
4. Respondent agrees to comply with all aspects of the WHPS monitoring program which may include, but are not limited to:
 - (a) Obtain an SUD evaluation from an approved substance use disorder professional.
 - (b) Undergo and complete SUD treatment in an approved treatment facility.
 - (c) Remain free of all mind- and mood-altering substances, including alcohol and cannabinoids, except for medications prescribed by an authorized prescriber, as defined in RCW 69.41.030 and 69.50.101.
 - (d) Require treatment counselor(s) to provide reports that include treatment progress to the WHPS monitoring program.
 - (e) Submit to random drug screening as specified by the WHPS monitoring program.
 - (f) Attend self-help support groups as specified by the WHPS monitoring program.
 - (g) Comply with employment conditions and restrictions as defined by the WHPS monitoring contract to include notifying WHPS and receiving approval prior to a change in work status, shift, employment position, or place of employment.
 - (h) sign a waiver allowing the WHPS monitoring program to release information to

WABON if Respondent does not comply with the requirements of the WHPS monitoring contract or is unable to practice with reasonable skill and safety.

5. Respondent is responsible for paying all costs associated with participation in the WHPS program. Note: Respondent may apply for and receive stipend funds to cover up to 80 percent of the costs associated with participation in the program.
6. WHPS will report Respondent to WABON if Respondent fails to comply with this Referral Contract or with the WHPS monitoring contract.
7. Respondent understands and acknowledges that failure to comply with any and all aspects of the WHPS monitoring program breaches this WHPS Referral Contract, and may subject Respondent to discipline under RCW 18.130.160, RCW 18.130.180, and WAC 246-840-780. Respondent expressly waives statutory or jurisdictional objections to disciplinary action deriving from a breach of this WHPS Referral Contract or the underlying facts contained in case file XXXX.
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 - (e) Until Respondent successfully completes the WHPS monitoring program, Respondent will not be able to obtain or retain multi-state license privileges.
9. The Substance Use Disorder Review Panel (SUDRP) will not sign this WHPS Referral Contract or close Respondent's disciplinary case file until Respondent has signed a WHPS Monitoring Contract.

RESPONDENT

DATE

LICENSE NUMBER

SUDRP MEMBER

DATE

**DEPARTMENT OF HEALTH
WASHINGTON STATE BOARD OF NURSING
PROCEDURE**

Title:	Washington Health Professional Services (WHPS) Program Non-Compliance and Discharge Criteria	Number:	W32.034 <u>2</u>
Reference:	RCW 18.130.160 RCW 18.130.175 WAC 246-840-750 through 246-840-780 WAC 246-16-235(2)		
Author:	Paula R. Meyer, MSN, RN, FRE Catherine Woodard Director, Discipline and Washington Health Professional SS Services Washington State Board of Nursing Nursing Care Quality Assurance Commission		
Effective Date:	November 17, 2023 January 10, 2020	Date to be for Review:	11/17/2025 November 2025 January 2020
Supersedes:	W01.01 _____ W02.01 _____ W32.01 _____ W32.02 W32.02 W32.03 – 03 March 11, 2022		
Approved:	Yvonne Strader, BSN, BSPA, MHA, RN Tracy Rude, LPN, Chair Chair, Washington State Board of Nursing Nursing Care Quality Assurance Commission		

PURPOSE:

To define significant non-compliance with the Washington Health Professional Services (WHPS) program and circumstances under which WHPS may refer a nurse to the Washington State Board of Nursing (WABON) for potential discipline or discharge from the program.

To define significant non-compliance with the Washington Health Professional Services (WHPS) program and circumstances under which WHPS may refer a nurse participant to Washington State Board of Nursing (WSBON) NCQAC for potential discipline or discharge a nurse participant from the program.

PROCEDURE:

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I. Referral to Substance Use Disorder Referral Panel (NCQACSUDRP)

A. Voluntary participantnurses

1. WHPS may refer a voluntary participantnurse to SUDRP for:
 - a. Actions that resulted in patient harm.
 - b. Continued use of unauthorized substances while working or drug diversion.
 - c. If SUDRP determines there is imminent danger to patients, SUDRP can authorize an investigation.
2. A voluntary participantnurse's identity will remain confidential when referred to the SUDRP, until a decision is made to authorize an investigation.

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B. ~~Participant~~Nurses under discipline or in lieu of discipline

1. Significant non-compliance with ~~their~~ contract or program requirements- ~~will~~ will result in referral to the Substance Use Disorder Referral Panel (SUDRP)~~NCQAC~~.

~~A.~~ (See Appendix A: ~~SSignificant ANon-CCompliance~~, ~~attached to this procedure~~.)

~~B.~~ WHPS will refer a voluntary nurse to NCQAC:

1. ~~The nurse continues~~Who presents with a significant psychiatric issue.
2. ~~Who exhibits behaviors that may result in patient harm.~~
3. ~~Who is in significant non-compliance with their monitoring contract and deemed to pose a risk to patient safety.~~

- C. When WHPS refers a ~~nurse~~participantnurse to SUDRP~~NCQAC~~, WHPS will make the ~~nurse~~participantnurse's entire monitoring record available to SUDRP~~NCQAC~~.

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D. ~~The WHPS director~~ will make the referral within ~~30 three business days of receiving the confirmatory test results or reported significant non-compliance of case staffing.~~ (See Procedures W36 *Case Management* and W44.02 *Unauthorized Substance Use.*)

E. The referral memo to ~~SUDRP NCQAC~~ will include:

1. Reason for entry into WHPS.
2. Diagnosis.
3. Reason for referral.
4. Compliance summary.
5. Current monitoring status.
6. Any actions taken by WHPS.

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II. Program Discharge

A. WHPS may discharge a ~~nurse participant nurse~~ for the following, but not limited to:

1. No contact for ~~up to two or more~~ weeks.
2. Uncooperative or unwilling to comply with monitoring requirements (e.g., refusal to take a scheduled drug test, ~~or~~ sign a release of information, ~~or~~ ~~consecutive or repeated significant non-compliance.~~)

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B. WHPS refers the ~~nurse participant nurse~~ to ~~SUDRP NCQAC~~ within 30 days of receiving the confirmatory test results or reported significant non-compliance within three business days of case staffing.

C. WHPS will notify the Worksite Monitor (WSM), if applicable, ~~any~~ of the ~~nurse participant nurse~~'s discharge ~~from the~~ from the program.

1. The ~~nurse participant nurse~~ may continue to legally practice under their license.
2. WHPS ~~can will~~ no longer monitor the ~~nurse participant nurse~~'s safety to practice.

D. The ~~nurse participant nurse~~ may re-enroll in the program after the disciplinary process, ~~and~~ at the discretion of WHPS, to document recovery efforts.

E. ~~Nurse Participant~~ Nurses re-admitted to WHPS after discharge must complete the entire intake process ~~which~~ including providing a current substance use disorder evaluation (within the previous 90 days).

III. Withdrawal Due ~~To~~ Financial Reasons

A. ~~WHPS~~ SUDRP will determine the eligibility of the nurse for the stipend program to assist with the costs associated with remaining in the program. (See Procedure W50 *Stipend and Stigma Program.*)

B. If the nurse is ineligible or declines the stipend program, WHPS will:

A.1. ~~WHPS will~~ Inform the SUDRP WHPS will inform ~~SUDRP NCQAC~~ via a referral memo when the ~~nurse participant nurse~~ withdraws due to financial reasons and is eligible to return to monitoring when able.

B.2. When the ~~nurse participant nurse~~ withdraws in writing, WHPS will include the ~~nurse participant nurse~~'s statement in ~~the~~ the referral memo.

3. WHPS strongly recommends that the ~~nurse participant nurse~~ continue to document all recovery activities.

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IV. Incarceration

A. WHPS will place incarcerated ~~nurse participant nurses~~ on extended monitoring interruption status.

B. WHPS will extend the monitoring contract for the length of time the nurseparticipantnurse is incarcerated.

C. WHPS will inform WSABON NCQAC of the nurseparticipantnurse's incarceration, if convicted of a gross misdemeanor or felony when greater than one year.

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V. License Suspension

A. NurseParticipantNurses under license suspension may choose to remain in or return to WHPS.

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A.B. -Participationing in the program provides evidence of recovery in the event the nurseparticipantnurse applies for reinstatement.

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B.C. All contract terms remain in effect and the nurseparticipantnurse must meet all program program requirements expectations.

WASHINGTON HEALTH PROFESSIONAL SERVICES (WHPS)

Appendix A Significant Non-Compliance

- I. Compliance with all aspects of the WHPS Program is expected. For any instance of significant non-compliance, WHPS will take one or more of the following actions, including but not limited to:
- A. WABON referral via the Substance Use Disorder Referral Panel (SUDRP)—Mandatory for unauthorized substance use, third missed drug test, practicing without approval, or discharge from the program
 - B. Program discharge
 - C. Removal from practice
 - D. Increase in drug test frequency
 - E. Additional testing including, but not limited to, hair, nail, or blood analysis
 - F. Referral for substance use evaluation
 - G. Contract extension
 - H. Practice restriction modification
 - I. Work Site Monitor (WSM) notification
 - J. Cease practice
 - K. Substance Use Disorder Professional (SUDP) notification
 - L. Peer Support Group facilitator notification
- II. Significant non-compliance includes, but is not limited to:
- A. Unauthorized substance use
 - B. Positive drug test not explained by valid prescription
 - C. Three or more dilute samples within a three-month period
 - ~~B,D.~~ Three or more abnormal samples within a three month without a medical evaluation for physical cause
 - ~~C,E.~~ Missed drug tests (Three missed tests within two years; see Procedure W43 Missed Check-Ins and Tests.)
 - ~~D,F.~~ Specimen substitution or adulteration
 - ~~E,G.~~ A pattern of behavior inconsistent with good recovery
 - ~~F,H.~~ Drug diversion
 - ~~G,I.~~ Prescription forging, tampering, or modifying medications
 - ~~H,J.~~ Illegal possession of drugs (legend, controlled, or illegal drugs)
 - ~~I,K.~~ Arrests involving use or possession of alcohol or drugs
 - ~~J,L.~~ Accepting employment or modified duties without prior approval
 - ~~K,M.~~ Violation of work practice restrictions
 - ~~L,N.~~ Any treatment non-compliance Absences (e.g., absences, positive drug screens, non-compliance discharge, etc.) from treatment
 - O. Refusal to attend or excessive absences from required meetings
 - P. ~~N.~~ Refusal to sign requested, sign requested release of information releases
 - ~~M,Q.~~ Failure to submit required reports over a three-month period
 - ~~N,R.~~ Suspended account in the monitoring database system due to testing non-payment for no longer than five business days.

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**DEPARTMENT OF HEALTH
WASHINGTON STATE BOARD OF NURSING
PROCEDURE**

Title:	Program Non-Compliance and Discharge Criteria	Number:	W32.04
Reference:	RCW 18.130.160 RCW 18.130.175 WAC 246-840-750 through 246-840-780 WAC 246-16-235(2)		
Author:	Catherine Woodard Director, Discipline and Washington Health Professional Services Washington State Board of Nursing		
Effective Date:	November 17, 2023	Date for Review:	11/17/2025
Supersedes:	W01.01 W02.01 W32.01 W32.02 W32.03 – March 11, 2022		
Approved:	Yvonne Strader, BSN, BSPA, MHA, RN Chair Washington State Board of Nursing		

PURPOSE:

To define significant non-compliance with the Washington Health Professional Services (WHPS) program and circumstances under which WHPS may refer a nurse to the Washington State Board of Nursing (WABON) for potential discipline or discharge from the program.

PROCEDURE:

- I. Referral to Substance Use Disorder Referral Panel (SUDRP)
 - A. Voluntary nurses
 1. WHPS may refer a voluntary nurse to SUDRP for:
 - a. Actions that resulted in patient harm.
 - b. Continued use of unauthorized substances while working or drug diversion.
 - c. If SUDRP determines there is imminent danger to patients, SUDRP can

authorize an investigation.

2. A voluntary nurse's identity will remain confidential when referred to the SUDRP, until a decision is made to authorize an investigation.

- B. Nurses under discipline or in lieu of discipline
 1. Significant non-compliance with their contract or program requirements will result in referral to the Substance Use Disorder Referral Panel (SUDRP).
(See Appendix A: *Significant Non-Compliance*.)
- C. When WHPS refers a nurse to SUDRP, WHPS will make the nurse's entire monitoring record available to SUDRP.
- D. WHPS will make the referral within 30 days of receiving the confirmatory test results or reported significant non-compliance. (See Procedures W36 *Case Management* and W44.02 *Unauthorized Substance Use*.)
- E. The referral memo to SUDRP will include:
 1. Reason for entry into WHPS
 2. Diagnosis
 3. Reason for referral
 4. Compliance summary
 5. Current monitoring status
 6. Any actions taken by WHPS

II. Program Discharge

- A. WHPS may discharge a nurse for the following, but not limited to:
 1. No contact for two or more weeks.
 2. Uncooperative or unwilling to comply with monitoring requirements (e.g., refusal to take a scheduled drug test, sign a release of information, or repeated significant non-compliance.)
- B. WHPS refers the nurse to SUDRP within 30 days of receiving the confirmatory test results or reported significant non-compliance.
- C. WHPS will notify the Worksite Monitor (WSM), if applicable, of the nurse's discharge from the program.
 1. The nurse may continue to legally practice under their license.
 2. WHPS will no longer monitor the nurse's safety to practice.
- D. The nurse may re-enroll in the program after the disciplinary process, at the discretion of WHPS, to document recovery efforts.
- E. Nurses re-admitted to WHPS after discharge must complete the entire intake process which includes a current substance use disorder evaluation (within the previous 90 days).

III. Withdrawal Due to Financial Reasons

- A. SUDRP will determine the eligibility of the nurse for the stipend program to assist with the costs associated with remaining in the program. (See Procedure W50 *Stipend and Stigma Program*.)
- B. If the nurse is ineligible or declines the stipend program, WHPS will:
 1. Inform the SUDRP via a referral memo when the nurse withdraws due to

- financial reasons and is eligible to return to monitoring when able.
2. When the nurse withdraws in writing, WHPS will include the nurse's statement in the referral memo.
 3. WHPS strongly recommends that the nurse continue to document all recovery activities.

IV. Incarceration

- A. WHPS will place incarcerated nurses on extended monitoring interruption status.
- B. WHPS will extend the monitoring contract for the length of time the nurse is incarcerated.
- C. WHPS will inform WABON of the nurse's incarceration if convicted of a gross misdemeanor or felony.

V. License Suspension

- A. Nurses under license suspension may choose to remain in or return to WHPS.
- B. Participation in the program provides evidence of recovery in the event the nurse applies for reinstatement.
- C. All contract terms remain in effect and the nurse must meet all program requirements.

WASHINGTON HEALTH PROFESSIONAL SERVICES (WHPS)

Appendix A Significant Non-Compliance

- I. Compliance with all aspects of the WHPS Program is expected. For any instance of significant non-compliance, WHPS will take one or more of the following actions, including but not limited to:
 - A. WABON referral via the Substance Use Disorder Referral Panel (SUDRP)
 - B. Program discharge
 - C. Removal from practice
 - D. Increase in drug test frequency
 - E. Additional testing including, but not limited to, hair, nail, or blood analysis
 - F. Referral for substance use evaluation
 - G. Contract extension
 - H. Practice restriction modification
 - I. Work Site Monitor (WSM) notification
 - J. Cease practice
 - K. Substance Use Disorder Professional (SUDP) notification
 - L. Peer Support Group facilitator notification
- II. Significant non-compliance includes, but is not limited to:
 - A. Unauthorized substance use
 - B. Positive drug test not explained by valid prescription
 - C. Three or more dilute samples within a three-month period
 - D. Three or more abnormal samples within a three month without a medical evaluation for physical cause
 - E. Missed drug tests (Three missed tests within two years; see Procedure W43 *Missed Check-Ins and Tests*).
 - F. Specimen substitution or adulteration
 - G. A pattern of behavior inconsistent with good recovery
 - H. Drug diversion
 - I. Prescription forging, tampering, or modifying medications
 - J. Illegal possession of drugs (legend, controlled, or illegal drugs)
 - K. Arrests involving use or possession of alcohol or drugs
 - L. Accepting employment or modified duties without prior approval
 - M. Violation of work practice restrictions
 - N. Any treatment non-compliance (e.g., absences, positive drug screens, non-compliance discharge, etc.)
 - O. Refusal to attend or excessive absences from required meetings
 - P. Refusal to sign requested release of information
 - Q. Failure to submit required reports over a three-month period
 - R. Suspended account in the monitoring database system due to testing non-payment for no longer than five business days.

**DEPARTMENT OF HEALTH
WASHINGTON STATE BOARD OF NURSING
PROCEDURE**

Title:	Intake	Number:	W33.02
Reference:	RCW 18.130.160 RCW 18.130.175 WAC 246-840-750 through 246-840-780 Procedure W05		
Author:	Catherine Woodard Director, Discipline and Washington Health Professional Services Washington State Board of Nursing		
Effective Date:	November 17, 2023	Date for Review:	11/17/2025
Supersedes:	W04.01 W33.01 - March 8, 2019		
Approved:	Yvonne Strader, BSN, BSPA, MHA, RN Chair Washington State Board of Nursing		

PURPOSE:

Washington Health Professional Services (WHPS) designs the intake process to be supportive of the nurse. WHPS focuses on establishing a cooperative relationship while ensuring the protection of the public.

WHPS case managers are responsible for gathering and analyzing the available information and formulating Program Participation Contract recommendations. While WHPS case managers base contract recommendations on the guidance contained in the WHPS procedures, they may individualize the contract terms dependent upon the nurse's circumstances and needs.

PROCEDURE:

I. Intake interview by assigned WHPS case manager

- A. The intake interview will include:
1. A discussion regarding the nurse's history
 2. Current situation

3. The stipend and stigma program
 4. Program requirements
- B. Use active listening skills and motivational interviewing techniques.
 - C. Document intake information in the electronic monitoring record, to include current demographic information, license status, circumstances of referral, substance use and treatment history, mental health, medications, and medical history.
 - D. Provide a description of WHPS services and refer the nurse to the *WHPS Handbook* for additional program details.
 - E. Review the Washington State Board of Nursing (WABON) processes and different referral types to the WHPS program (e.g. Voluntary, Referral Contract, Stipulation to Informal Disposition, Agreement to Practice Under Condition, Agreed/Final Order).

II. Create the monitoring record in the monitoring database

- A. Complete intake interview form and document the following:
 1. Demographic assessment
 2. Employment history
 3. Health history
 4. Psychiatric history
 5. Family/social history
 6. Current enrollment in an academic nursing or other healthcare program
- B. Attach collateral documents (e.g., complaint, legal orders, notice of legal representation, Prescription Monitoring Program (PMP) reports).
- C. The nurse will sign Release of Information authorization(s) allowing communication between WHPS and third parties as necessary.

III. Substance Use Disorder (SUD) Evaluation

- A. The nurse will schedule an SUD evaluation. The WHPS case manager may refer the nurse for an integrated evaluation (SUD and mental health) based on history and current status.
- B. The WHPS case manager provides instructions to obtain a criminal history report and driving abstract.
- C. The WHPS case manager will fax or email the WHPS Evaluation Guidelines to the evaluation service.
- D. The WHPS case manager will provide collateral information to the evaluator to support the evaluation process.
- E. The SUD evaluator should complete the evaluation and forward the report within 30 days of intake. If WHPS does not receive the report within 30 days, the WHPS case manager contacts the SUD evaluator.

IV. Stigma/Stipend Program

- A. The WHPS case manager will discuss the nurse's anticipated costs of participating in WHPS. The case manager will also inform the nurse of the availability of stipend funds available to defray up to 80% of those costs associated with program participation.
- B. The case manager will provide necessary information to the nurse to apply for funds as appropriate per Procedure W50.02 *Stigma/Stipend Program*.
- C. The case manager will also discuss the incentive to fully complete the WHPS program so that DOH can remove the references to discipline and associated documents from DOH Provider Credential Search. See Procedure W50.02 *Stigma/Stipend Program*.

DRAFT

DEPARTMENT OF HEALTH
~~**NURSING CARE QUALITY ASSURANCE**~~
~~**COMMISSION**~~ **WASHINGTON STATE BOARD OF**
NURSING PROCEDURE

Title:	Substance Use Evaluation and Treatment Services	Number: W34.03 ₂
Reference:	RCW 18.130.160; RCW 18.130.175 WAC 246-840-750 through 246-840-780; NCQAC Procedure W04.	
Contact Author:	Allison Bradywood Paula R. Meyer, MSN, RN, FREXXXXX Catherine Woodard Executive Director, Discipline and Washington Health Professional Services Washington State Board of Nursing	
Effective Date:	November 17, 2025 March 11, 2022	Date to be Reviewed for Review: 11/17/2025 November 2025 November 2022
Supersedes:	W05.01 March 8, 2019 W34.01 March 20, 2020 W34.02 March 11, 2022	
Approved:	Yvonne Strader Tracy Rude, LPN, BSN, BSPA, MHA, RN Chair Washington State Nursing Care Quality Assurance Commission Washington State Board of Nursing	

PURPOSE:

Describe the process, personnel, and actions associated with ~~s~~Substance ~~u~~Use ~~d~~Disorder (SUD) evaluations used by the Washington Health Professional Services (WHPS) program.

PROCEDURE:

I. SUD ~~c~~Evaluation ~~R~~eferrals

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A. ~~A~~ WHPS ~~staff~~ ~~Case Manager~~ will provide the nurse with ~~at least three evaluation referrals~~ the Department of Health Behavioral Health Agency Directory, ensuring the nurse has a role in their choice of SUD evaluation services.

~~A.B.~~ WHPS ~~staff~~ will discuss the nurse's financial status and may recommend the nurse apply for funds through the stipend program. See Procedure W50 Stigma/Stipend Program.

~~B.C.~~ The nurse must complete Release of Information authorization(s) with both WHPS ~~and the~~ and the evaluating service ~~/~~ provider.

~~C.D.~~ WHPS reserves the right to require higher-level ~~evaluations; evaluations~~, (e.g., addictions specialist, mental health evaluations, and pain management).

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~~D.E.~~ WHPS accepts evaluations ~~from the by Division of Social and Health Services (DSHS) certified~~ Department of Health Behavioral Services (BH) as described in Section II of this procedure. WHPS will make appropriate exceptions for nurses residing in another state.

Note: ~~DSHS-BH~~ certified services are found in the Directory of Certified Mental Health, Substance Use Disorder, and Problem and Pathological Gambling Services.

~~E.F.~~ Evaluations should adhere to the format contained in this procedure. Adherence to ~~the evaluation~~ the evaluation format provides thorough, consistent evaluations and recommendations for treatment.

~~E.G.~~ If the nurse completed an acceptable evaluation prior to contacting WHPS, the nurse ~~may request~~ may request that the SUD evaluator send a copy of the evaluation and treatment recommendations to WHPS. Acceptable evaluations must have occurred within the previous 90 days and meet all WHPS requirements.

~~G.H.~~ ~~A WHPS Case Manager staff~~ will notify the WHPS Assistant Director of any concerns involving the quality ~~of evaluation~~ of evaluation services.

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II. Evaluator ~~r~~Requirements

A. Evaluations must be conducted by a ~~r~~:

1. Substance Use Disorder Professional (SUDP). WHPS will not accept evaluations by a Substance Use Disorder Professional Trainee (SUPDT).
2. M.D. or D.O. Addiction Specialist.
3. WHPS-approved licensed evaluator with expertise in substance use ~~disorder disorders~~, including a ~~p~~Psychologist, ~~m~~Marriage and ~~f~~Family ~~t~~Therapist, ~~c~~Clinical ~~s~~Social ~~w~~Worker, ~~m~~Mental ~~h~~Health ~~c~~Counselor, or ~~a~~Advanced ~~r~~Registered ~~n~~Nurse ~~p~~Practitioner. WHPS ~~may require~~ may require evaluators in these categories to provide a copy of their curriculum vitae.

III. Intake ~~c~~Evaluation ~~r~~Requirements

A. The evaluator shall:

1. Complete a bio-psychosocial history.
2. Use at least two chemical dependency screening tools, i.e., SASSI, MAST, CAGE, and DAST). The SASSI is preferred but not required.
3. Provide written verification of a review of the nurse's license history using the Department of Health's website Provider Credential Search at www.doh.wa.gov.
4. Review driving abstract, provided by the nurse at the time of the evaluation.
5. Review criminal history report, provided by the nurse at the time of the evaluation.

6. Collect an observed, baseline urine drug screen, including EtG. WHPS may require additional testing.

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B. Evaluation reports must include at a minimum:

1. Complete ~~b~~Bio/~~p~~psychosocial history of nurse.
2. Current Diagnostic and Statistical Manual of Mental Disorders (DSM 5) diagnosis and justification.
3. Six ~~d~~Dimensions of ASAM ~~c~~Criteria and level of care treatment recommendations per current American Society of Addiction Medicine (ASAM) Patient Placement Criteria; other recommendations such as mental health evaluations and pain management evaluations.
4. Results of the urine drug testing.
5. Professional opinion regarding safety to practice.
6. List of collateral information.
7. Any additional pertinent information.

- C. If the nurse does not fully and clearly disclose all circumstances relevant to the purpose of the evaluation and/or provides contradictory statements to WHPS or the evaluator, WHPS will void the evaluation.

IV. Second ~~e~~Evaluation

- A. If WHPS or the nurse disagrees with the evaluation or if the evaluation does not reflect the seriousness of events, either may request a second evaluation. The following conditions apply:

1. The secondary SUD evaluator must conduct the evaluation in accordance with this procedure and timelines established by WHPS.
2. The nurse must authorize ~~release~~the release of information between each evaluation service (allowing services to communicate with each other regarding all aspects of their evaluations) and WHPS.
3. The WHPS Medical Director will review all second evaluations.

- B. If there is a disagreement between the evaluations, WHPS will make the final monitoring and treatment decision based on all available information.

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V. Treatment

- A. Nurses must comply with all treatment recommendations contained in the evaluation report.

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- B. The WHPS ecCase mManager will contact the treatment service provider ~~by letter or telephone~~ to introduce themselves and ensure the nurse enters into the appropriate level of treatment.
- C. Treatment services staff will submit reports to WHPS monthly, and monthly. ~~The reports will and~~ include safety to practice concerns and any recommendations for additional SUD evaluation or assessment for pain management, mental health, or other issues.

**DEPARTMENT OF HEALTH
WASHINGTON STATE BOARD OF NURSING
PROCEDURE**

Title:	Substance Use Evaluation and Treatment Services	Number: W34.03
Reference:	RCW 18.130.160; RCW 18.130.175 WAC 246-840-750 through 246-840-780; NCQAC Procedure W04.	
Author:	Catherine Woodard Director, Discipline and Washington Health Professional Services Washington State Board of Nursing	
Effective Date:	November 17, 2025	Date for Review: 11/17/2025
Supersedes:	W05.01 March 8, 2019 W34.01 March 20, 2020 W34.02 March 11, 2022	
Approved:	Yvonne Strader, BSN, BSPA, MHA, RN Chair Washington State Board of Nursing	

PURPOSE:

Describe the process, personnel, and actions associated with substance use disorder (SUD) evaluations used by the Washington Health Professional Services (WHPS) program.

PROCEDURE:

I. SUD evaluation

- A. WHPS staff will provide the nurse with the Department of Health Behavioral Health Agency Directory, ensuring the nurse has a role in their choice of SUD evaluation services.
- B. WHPS staff will discuss the nurse's financial status and may recommend the nurse apply for funds through the stipend program. See Procedure W50 *Stigma/Stipend Program*.

- C. The nurse must complete Release of Information authorization(s) with both WHPS and the evaluating service provider.
- D. WHPS reserves the right to require higher-level evaluations, (e.g., addictions specialist, mental health evaluations, and pain management).
- E. WHPS accepts evaluations from the Department of Health Behavioral Services (BH) as described in Section II of this procedure. WHPS will make appropriate exceptions for nurses residing in another state.

Note: BH certified services are found in the Directory of Certified Mental Health, Substance Use Disorder, and Problem and Pathological Gambling Services.

- F. Evaluations should adhere to the format contained in this procedure. Adherence to the evaluation format provides thorough, consistent evaluations and recommendations for treatment.
- G. If the nurse completed an acceptable evaluation prior to contacting WHPS, the nurse may request that the SUD evaluator send a copy of the evaluation and treatment recommendations to WHPS. Acceptable evaluations must have occurred within the previous 90 days and meet all WHPS requirements.
- H. WHPS staff will notify the WHPS Assistant Director of any concerns involving the quality of evaluation services.

II. Evaluator requirements

- A. Evaluations must be conducted by a:
 - 1. Substance Use Disorder Professional (SUDP). WHPS will not accept evaluations by a Substance Use Disorder Professional Trainee (SUPDT).
 - 2. M.D. or D.O. Addiction Specialist.
 - 3. WHPS-approved licensed evaluator with expertise in substance use disorders, including a psychologist, marriage and family therapist, clinical social worker, mental health counselor, or advanced registered nurse practitioner. WHPS may require evaluators in these categories to provide a copy of their curriculum vitae.

III. Intake evaluation requirements

- A. The evaluator shall:
 - 1. Complete a bio-psychosocial history.
 - 2. Use at least two chemical dependency screening tools, i.e., SASSI, MAST, CAGE, and DAST). The SASSI is preferred but not required.
 - 3. Provide written verification of a review of the nurse's license history using the

- Department of Health's website Provider Credential Search at www.doh.wa.gov.
4. Review driving abstract, provided by the nurse at the time of the evaluation.
 5. Review criminal history report, provided by the nurse at the time of the evaluation.
 6. Collect an observed, baseline urine drug screen, including EtG. WHPS may require additional testing.
- B. Evaluation reports must include at a minimum:
1. Complete bio/psychosocial history of nurse.
 2. Current Diagnostic and Statistical Manual of Mental Disorders (DSM 5) diagnosis and justification.
 3. Six dimensions of ASAM criteria and level of care treatment recommendations per current American Society of Addiction Medicine (ASAM) Patient Placement Criteria; other recommendations such as mental health evaluations and pain management evaluations.
 4. Results of the urine drug testing.
 5. Professional opinion regarding safety to practice.
 6. List of collateral information.
 7. Any additional pertinent information.
- C. If the nurse does not fully and clearly disclose all circumstances relevant to the purpose of the evaluation and/or provides contradictory statements to WHPS or the evaluator, WHPS will void the evaluation.

IV. Second evaluation

- A. If WHPS or the nurse disagrees with the evaluation or if the evaluation does not reflect the seriousness of events, either may request a second evaluation. The following conditions apply:
1. The secondary SUD evaluator must conduct the evaluation in accordance with this procedure and timelines established by WHPS.
 2. The nurse must authorize the release of information between each evaluation service (allowing services to communicate with each other regarding all aspects of their evaluations) and WHPS.
 3. The WHPS Medical Director will review all second evaluations.
- B. If there is a disagreement between the evaluations, WHPS will make the final monitoring and treatment decision based on all available information.

V. Treatment

- A. Nurses must comply with all treatment recommendations contained in the evaluation report.
- B. The WHPS case manager will contact the treatment service provider to introduce themselves and ensure the nurse enters into the appropriate level of

treatment.

- C. Treatment services staff will submit reports to WHPS monthly. The reports will include safety to practice concerns and any recommendations for additional SUD evaluation or assessment for pain management, mental health, or other issues.

**DEPARTMENT OF HEALTH
WASHINGTON STATE BOARD OF NURSING
PROCEDURE**

Title:	Performance Reports and Procedure Review	Number:	W49.02
Reference:	RCW 18.130.160 RCW 18.130.175 WAC 246-840-750 through 246-840-780		
Author:	Catherine Woodard Director, Discipline and Washington Health Professional Services Washington State Board of Nursing		
Effective Date:	November 17, 2023	Date for Review:	11/17/2025
Supersedes:	W27.01 W21.01 W22.01 W49.01 – March 8, 2019		
Approved:	Yvonne Strader, BSN, BSPA, MHA, RN Chair Washington State Board of Nursing		

PURPOSE:

The Washington Health Professional Services (WHPS) staff are responsible for the collection of program data and performance measures necessary for the comprehensive, quality evaluation of the effectiveness of the WHPS program and services provided. WHPS staff uses this data for analytic review of current performance trends, identifying business needs, supporting data-driven decisions, and improving business operations.

WHPS staff presents monthly and annual reports to the Washington State Board of Nursing (WABON). WHPS staff annually reviews WHPS procedures and makes recommendations to WABON for change to remain consistent with industry best practices.

PROCEDURE:

- I. Monthly Reports
 - A. WHPS reports monthly to the Disciplinary Subcommittee.
 - B. The monthly report includes:
 1. Program participation enrollment.
 2. Licensure type (Nurse Technician, LPN, RN, ARNP, CRNA).

3. Participation type (case-in-development, monitoring, closure).
4. Admission type (voluntary, in lieu of discipline, disciplinary).
5. Discharge type (successful completion/graduation, not appropriate, offered/refused, voluntary withdrawal).
6. Outreach and educational activities.
7. Nurse compliance reports and actions taken.
8. Drug testing measures (missed check-ins, missed tests, dilute/abnormal samples, out-of-temperature range samples, substituted/adulterated samples).
9. WABON-approved performance measures.

II. Annual Report

- A. WHPS staff provides an annual report to WABON at the March business meeting. The report includes program performance data from the previous calendar year.
- B. The comprehensive operating report includes recommended information from the National Council of State Board of Nursing *Substance Use Disorder in Nursing Resource Manual and Guidelines* (2011).
 1. Length of time to determine eligibility for participation.
 2. Length of time from when the program receives the referral to the execution of the agreement.
 3. Number and types of referrals.
 4. Number of nurses participating (new and existing nurses).
 5. Return to work rates and timelines for new and existing nurses.
 6. Success rates (number of nurses who successfully completed the program).
 7. Relapse rate/numbers.
 8. Number of nurses removed from practice and reasons for removal.
 9. Recidivism rates for completers.
 10. Case manager's caseloads.
 11. Internal quality assurance frequency and findings.
 12. Responses of case managers to non-compliance and relapse issues.
 13. Confirmation that required documents can be tracked and verified.
 14. External audit findings of performance.
 15. Legal or financial components as directed by WABON, including money awarded through the stipend program beginning in 2024.
 16. Number of nurses who are receiving stipend funds.
 17. Results of annual procedure review with WABON.
 18. Policy recommendations to WABON.
 19. Education outreach plans and reports.
 20. Program direction to assure that decisions are congruent with current research, knowledge, best practices and compliance with legislative and WABON directives.
 21. Annual summary of performance measures.
 22. Annual summary of the Substance Use and Disorder Review Panel (SUDRP) actions.

III. Internal Audits

- A. WABON has established performance, quality, and nurse compliance metrics that WHPS continuously tracks and regularly reports to WABON.

- B. WHPS staff are responsible for a random selection and monthly audit of 30 nurse files for review. WHPS staff will submit the audit outcomes to the Discipline Subcommittee for review and inclusion in the WABON business meeting packet.
- C. WHPS staff are responsible for responding to and participating in disciplinary program, division, and department audits upon request.

IV. Procedure Review

- A. WHPS staff will compare current best practices and policies with current WHPS procedures.
- B. WHPS staff will present recommended revisions to the Disciplinary Subcommittee for consideration.
- C. The Disciplinary Subcommittee will review and discuss recommendations and bring their recommendations to WABON for discussion and possible adoption.

**DEPARTMENT OF HEALTH
WASHINGTON STATE BOARD OF NURSING
PROCEDURE**

Title:	Substitute House Bill 1255 Stigma Stipend Program	Number:	50.01
Reference:	RCW 18.79.440 RCW 18.130.175		
Author:	Catherine Woodard Director, Discipline and Washington Health Professional Services (WHPS) Washington State Board of Nursing		
Effective Date:	November 17, 2023	Date for Review:	11/17/2025
Supersedes:	N/A		
Approved:	Yvonne Strader, BSN, BSPA, MHA, RN Chair Washington State Board of Nursing		

Purpose

To reduce stigma and incentivize health care professionals licensed by the Washington State Board of Nursing (WABON) to participate in a substance use disorder and treatment program.

Procedure

- I. To reduce the stigma a nurse may experience when WABON administers discipline related to substance use disorder (SUD), WABON will remove the reference to discipline and related documents from the DOH provider credential search. The nurse must meet the following criteria:
 - A. Contact the WHPS monitoring program and if recommended, sign the WHPS monitoring contract and enter into the program.
 - B. Substantially comply with the terms of the order and program.
 - C. Successfully complete the monitoring program.
- II. WABON established a stipend program to defray the out-of-pocket expenses incurred in connection with participation in the WHPS program.
 - A. WABON may defray up to 80 percent of each out-of-pocket expense deemed eligible.
 - B. For a nurse to be eligible for the stipend program, the nurse must meet the following conditions:
 1. Hold an active, inactive, or suspended license with WABON.
 2. Complete and submit a stipend application.

3. Actively participate in the WHPS program or have completed the program within the previous six months of submission of a stipend application.
 4. Demonstrate a financial need with expenses incurred in connection with participation in the WHPS program.
- C. WHPS may cover up to 80% of incurred expenses associated with participation in the program. Expenses include but are not limited to:
1. Evaluations
 2. Treatment
 3. Drug testing
 4. Peer Support Group
 5. Other expenses approved by WABON
- D. A nurse shall provide WABON with documentation of out-of-pocket expenses incurred in connection with participation in the WHPS program.
- E. The Substance Use Disorder Review Panel (SUDRP) will review the stipend application to determine eligibility of the nurse and any expenses WABON will pay.
- F. WABON will directly pay facilities and providers.
- III. WABON is required to provide the following information on the WABON website:
- A. Total number of nurses participating in the stipend program.
 - B. The average total amount of eligible expenses defrayed for nurses in the program.
 - C. The amount of funds that remain available for the stipend program.

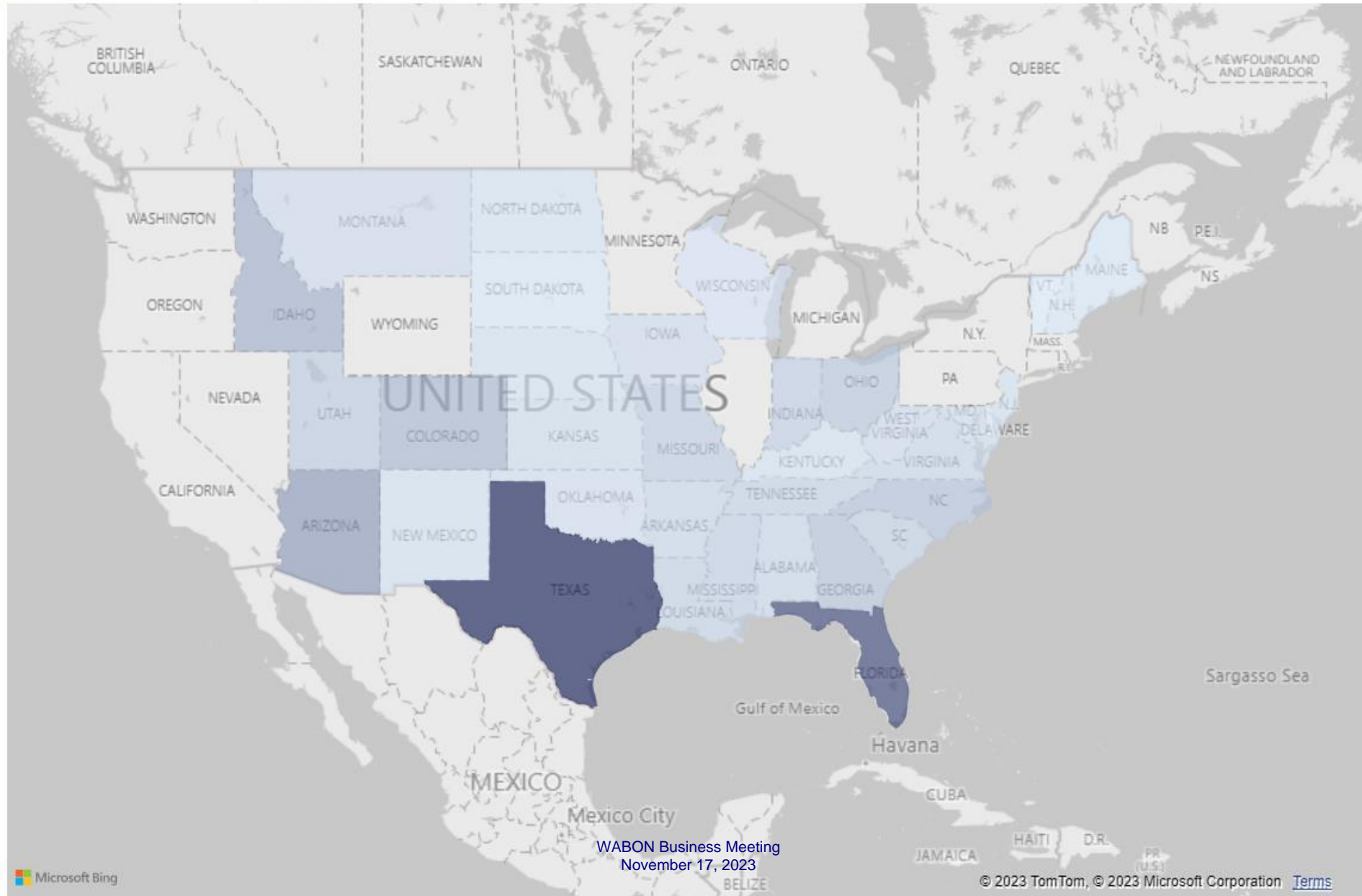
Multistate Licensed Nurses Demographic Data

Since July 24th, 2023:

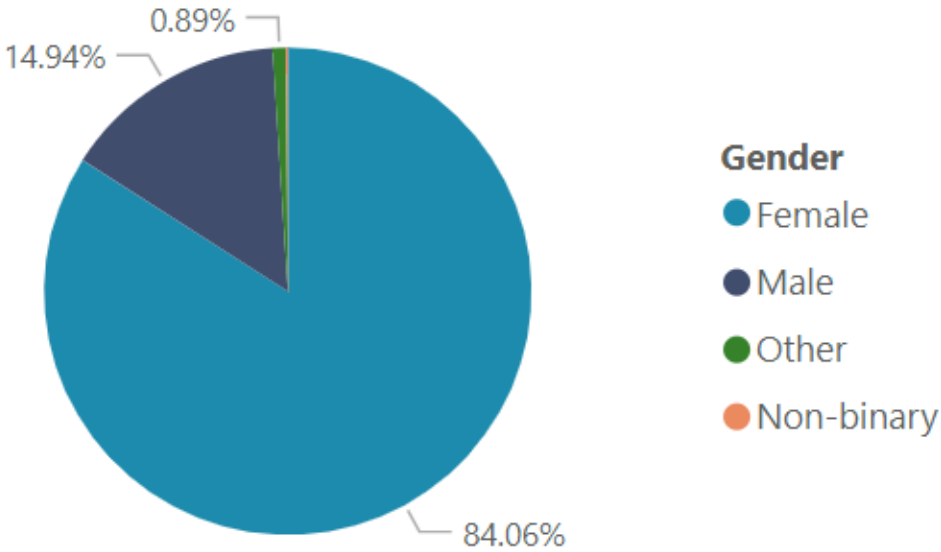
- 2,758 demographic data surveys submitted
- 2,069 completed submissions (714 incomplete)
- 587 employer compliance forms submitted
- 1,347 MSL nurses reported by employers
- 933 records matched between the employer reported nurses and the demographic data surveys (74%)
 - 95% matched through matching license numbers, 5% through matching name or email (mismatched license number)

Employer Matched Nurses

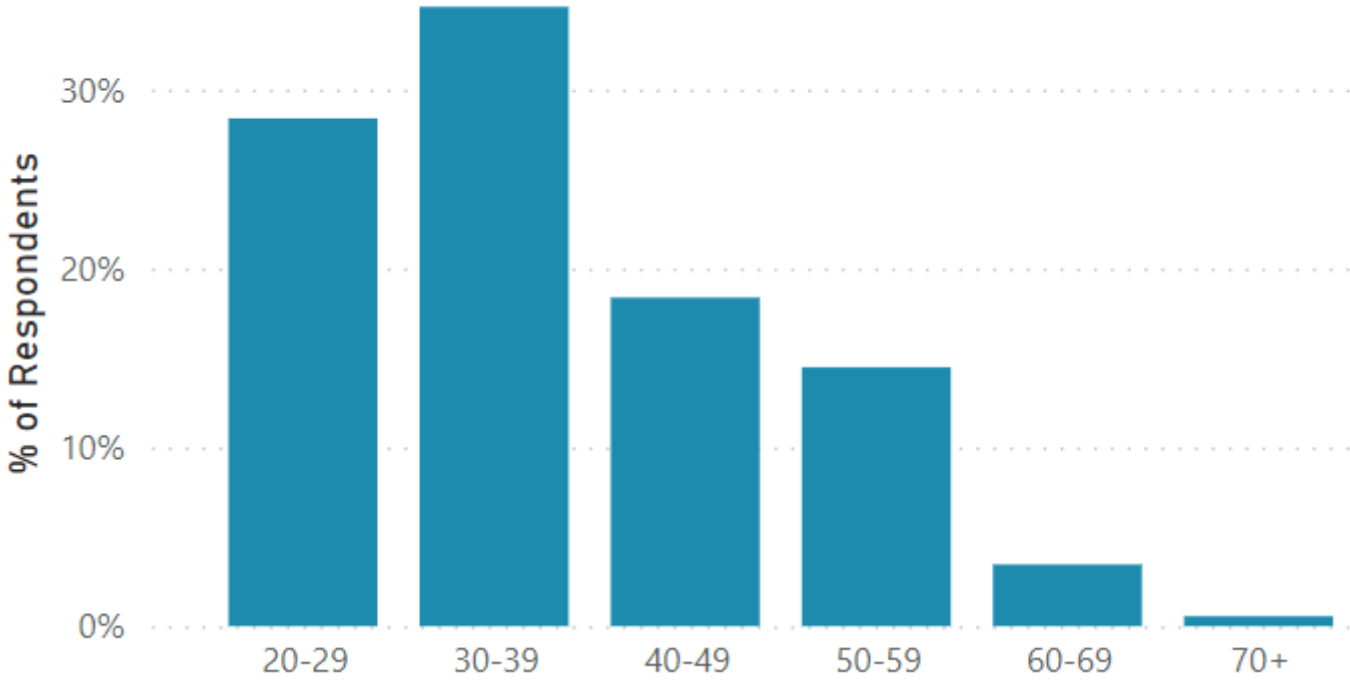
Number of Nurses by Multistate Home State



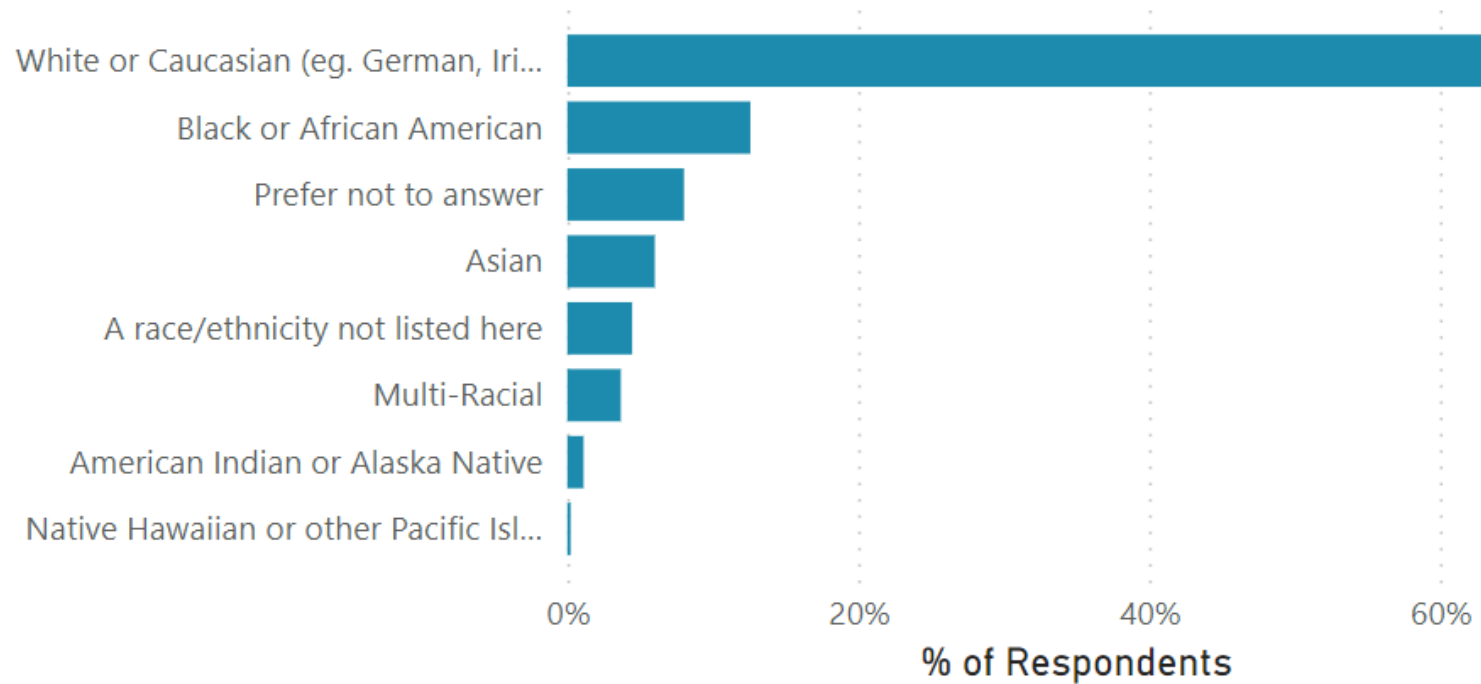
Multistate Nurses by Gender



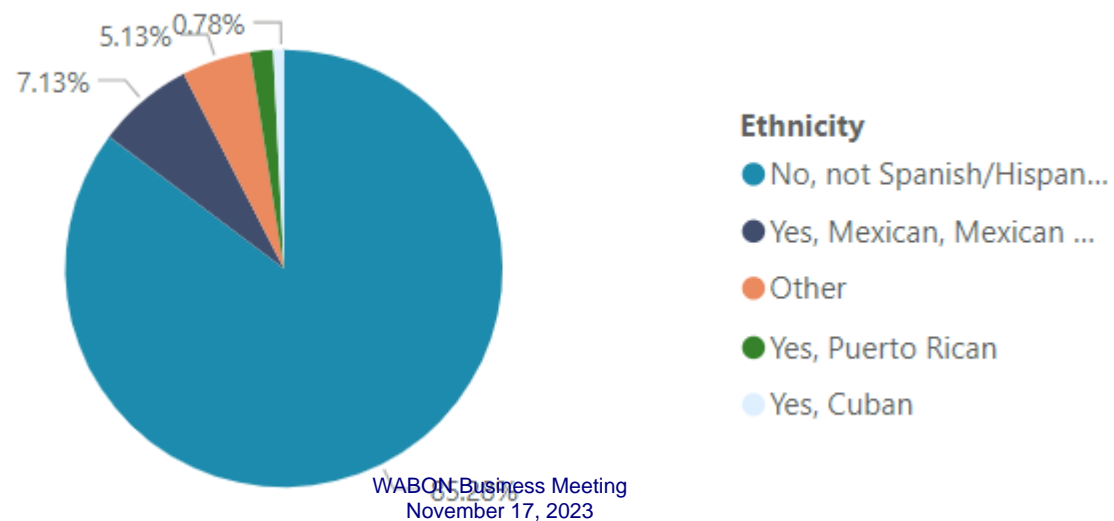
Multistate Nurses by Age



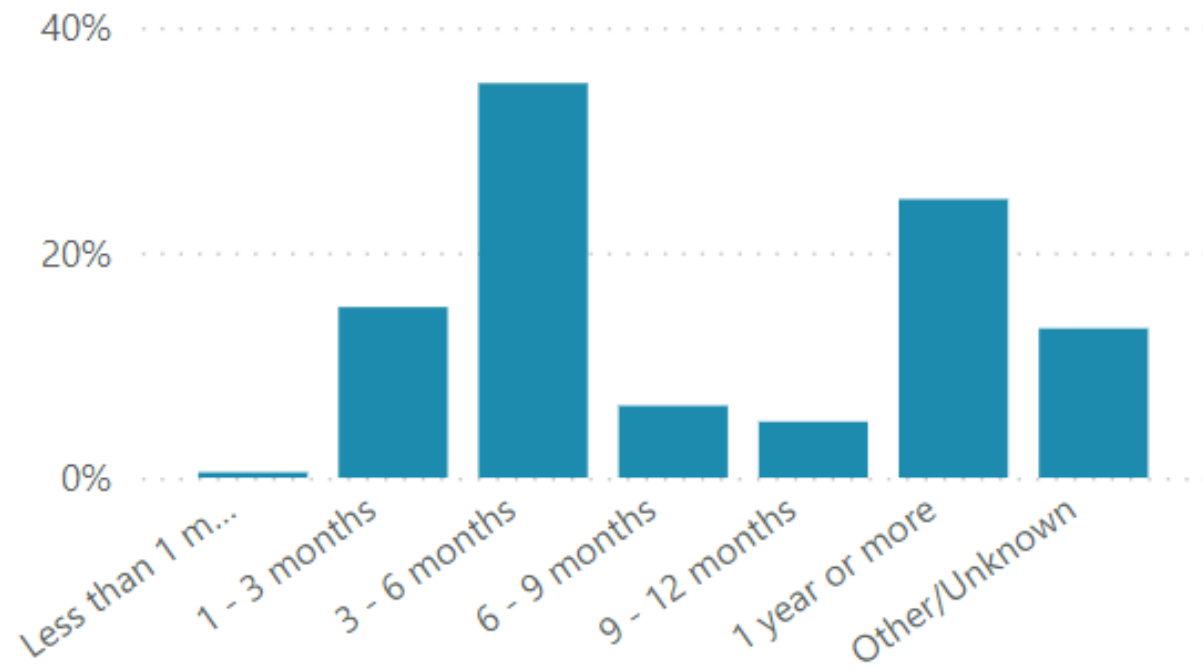
Multistate Nurses by Race



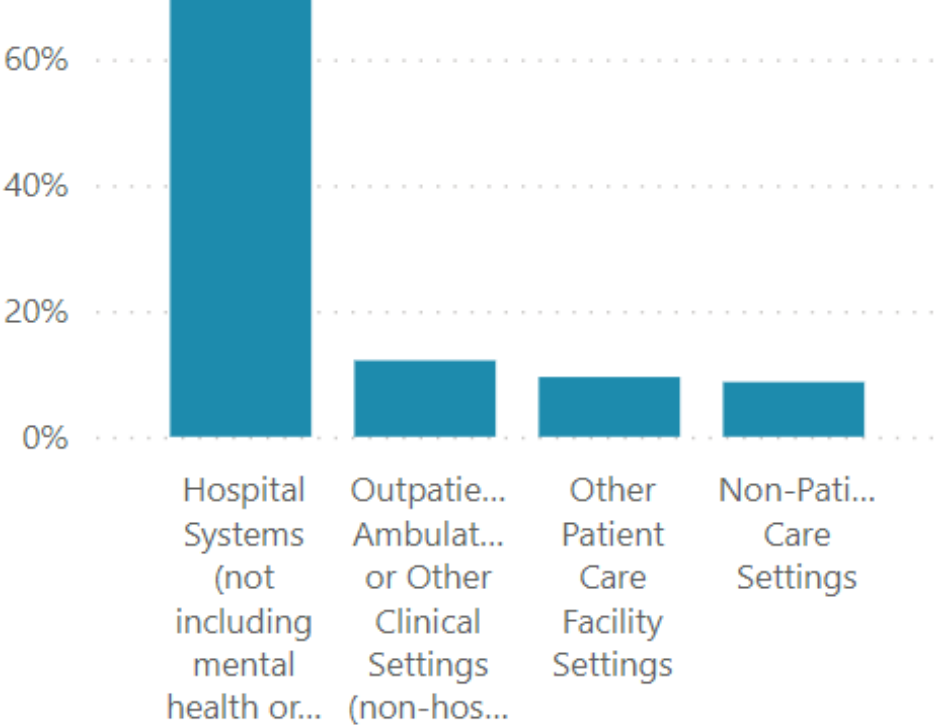
Multistate Nurses by Ethnicity



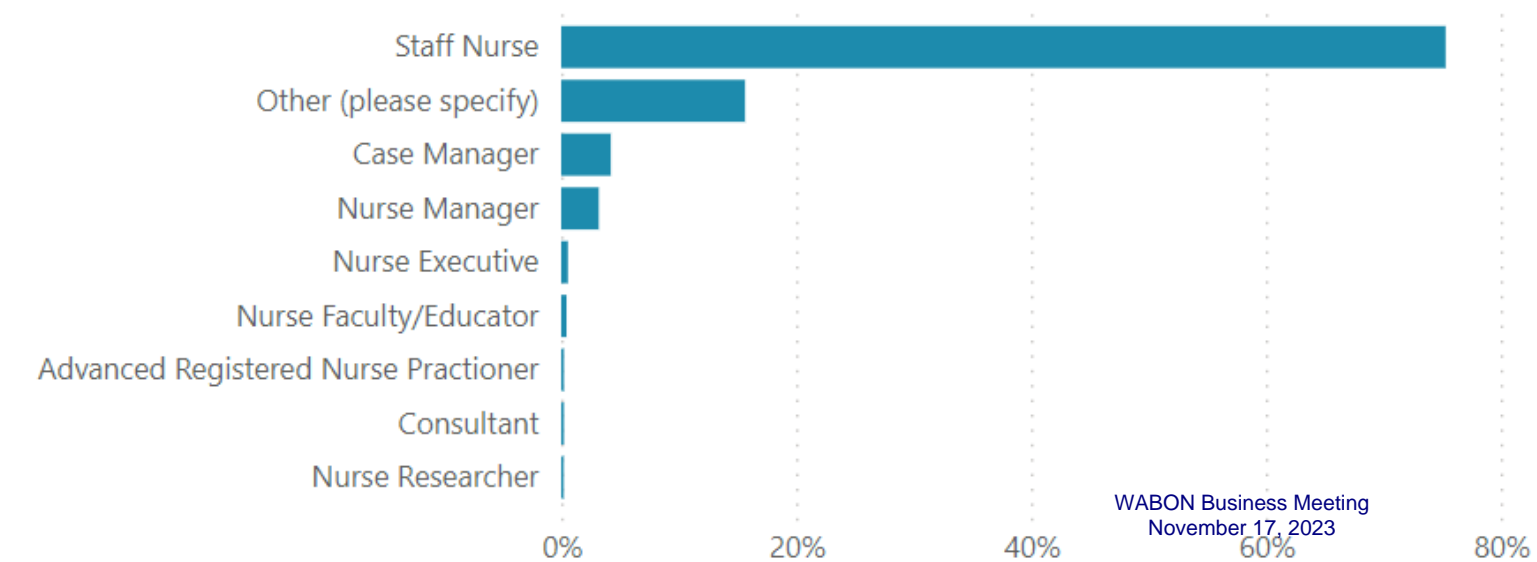
Multistate Nurses by Planned Practice Duration



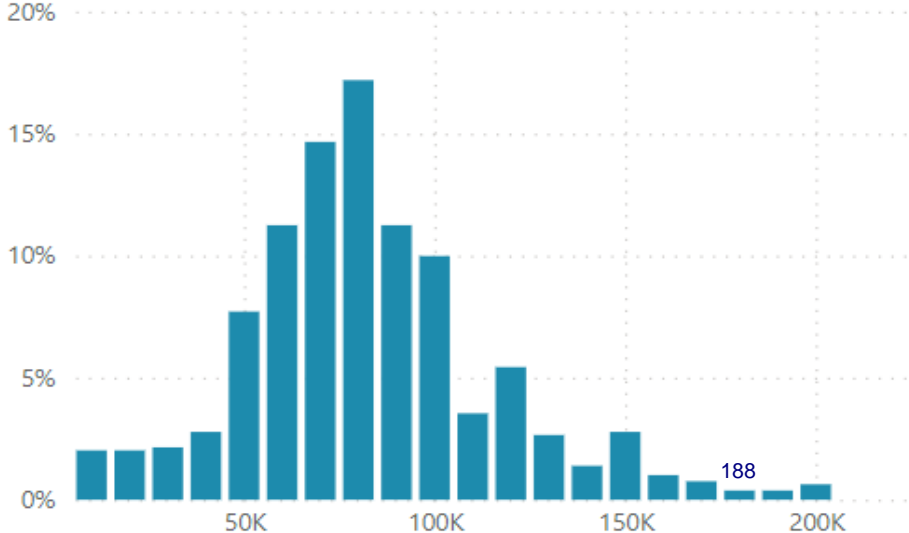
Multistate Nurses by Employment Setting



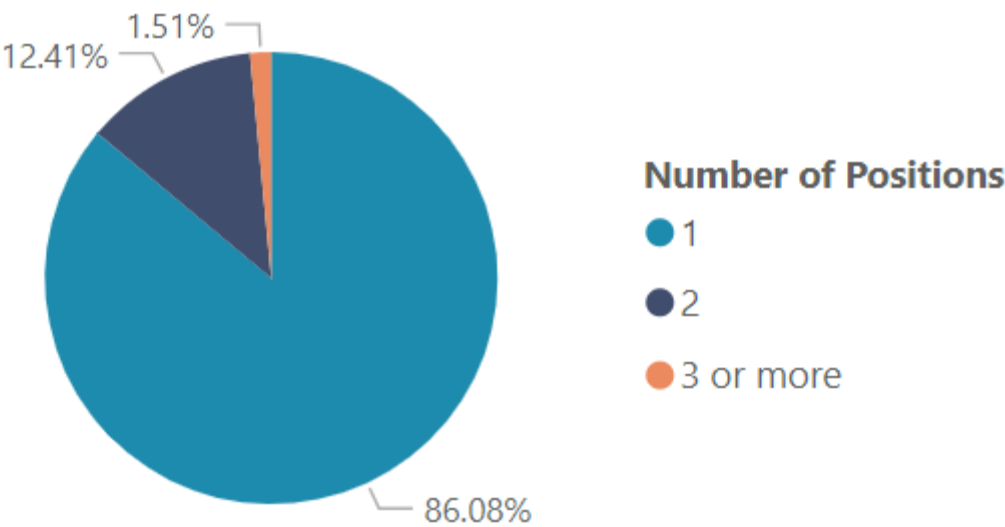
Multistate Nurses by Primary Position Title



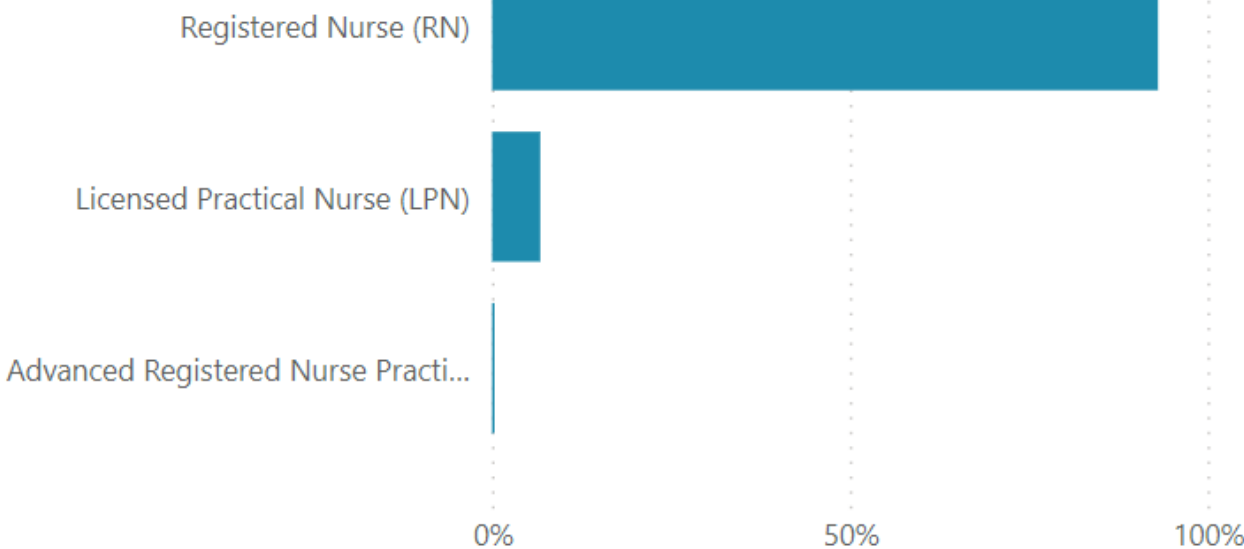
Multistate Nurses by Total Salary



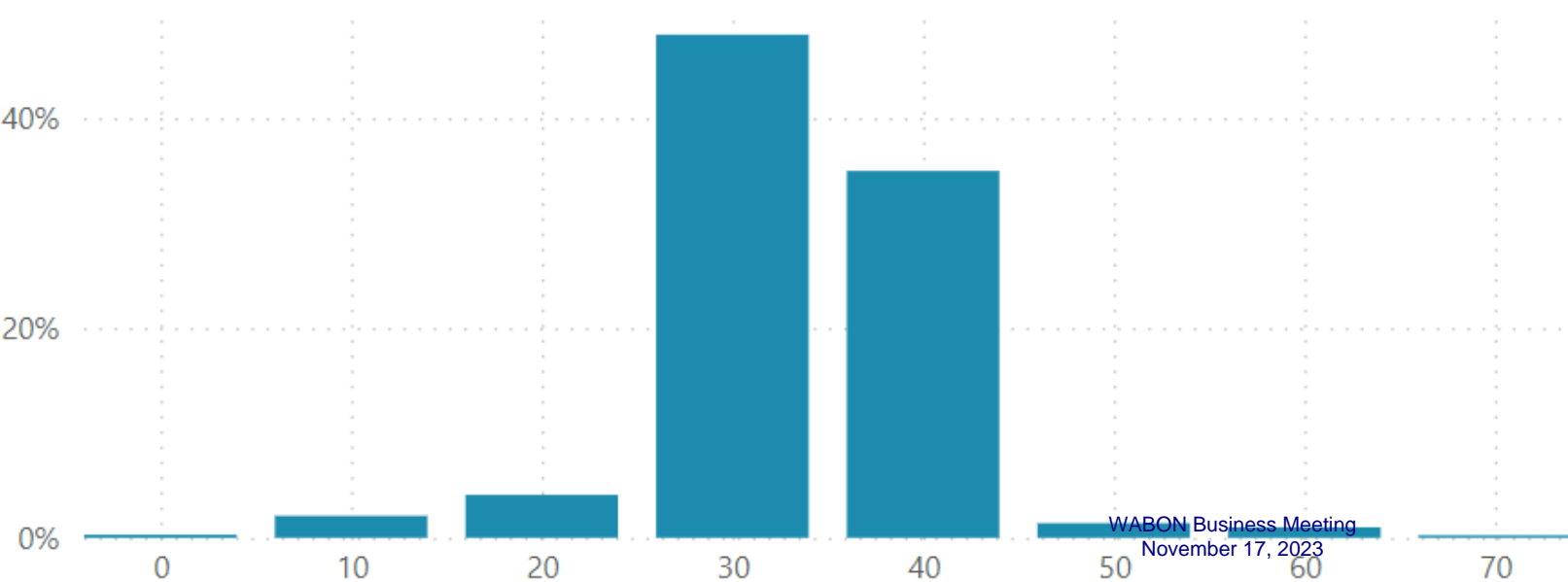
Number of Positions Employed In



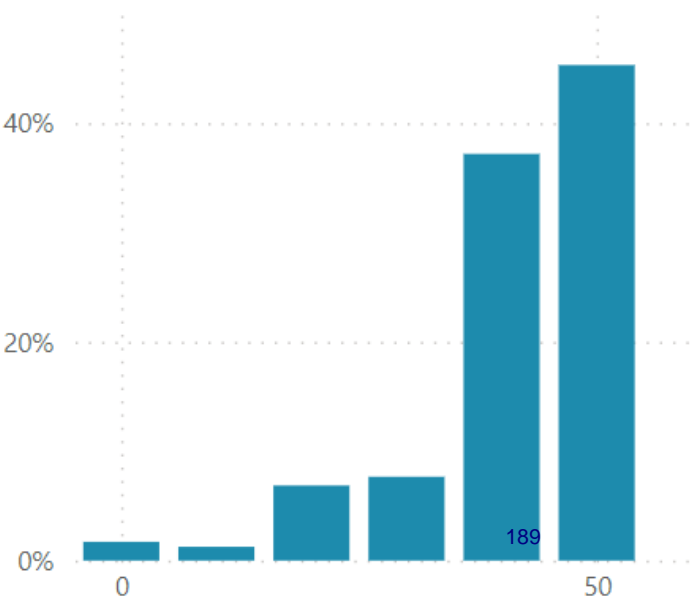
License Required for Primary Position



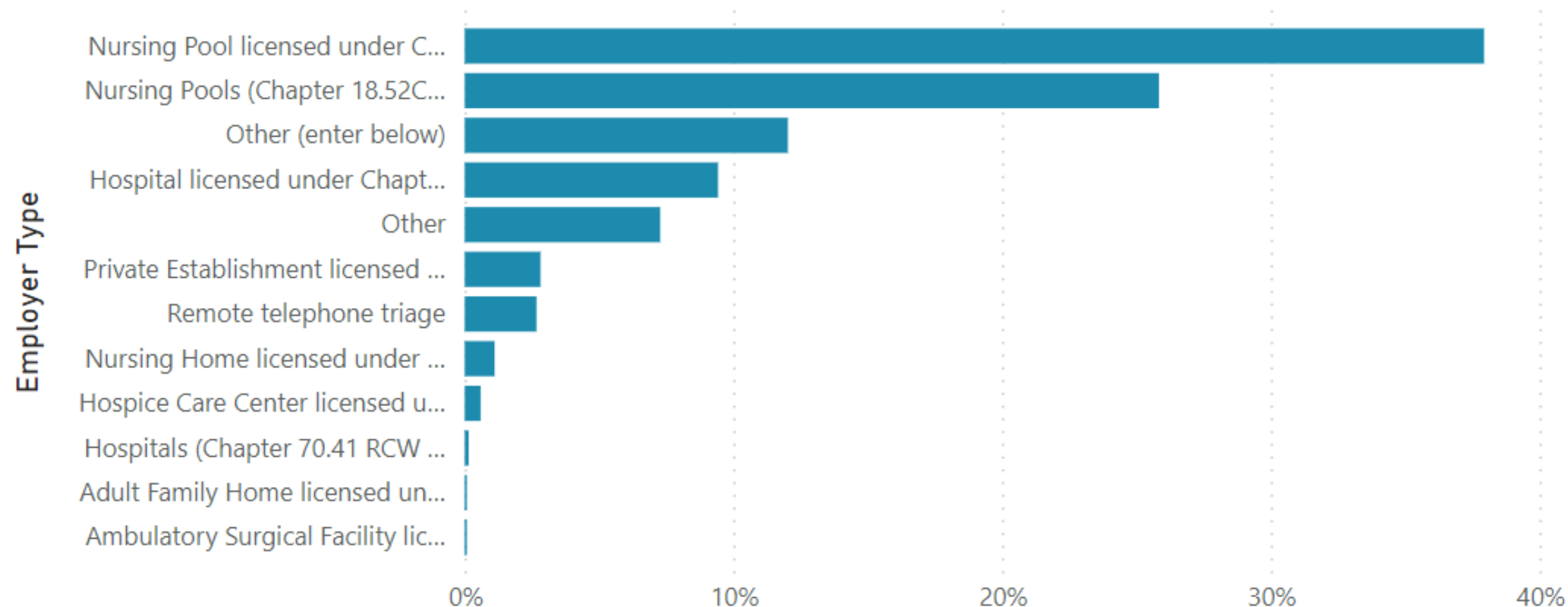
Positions Hours Worked by Week



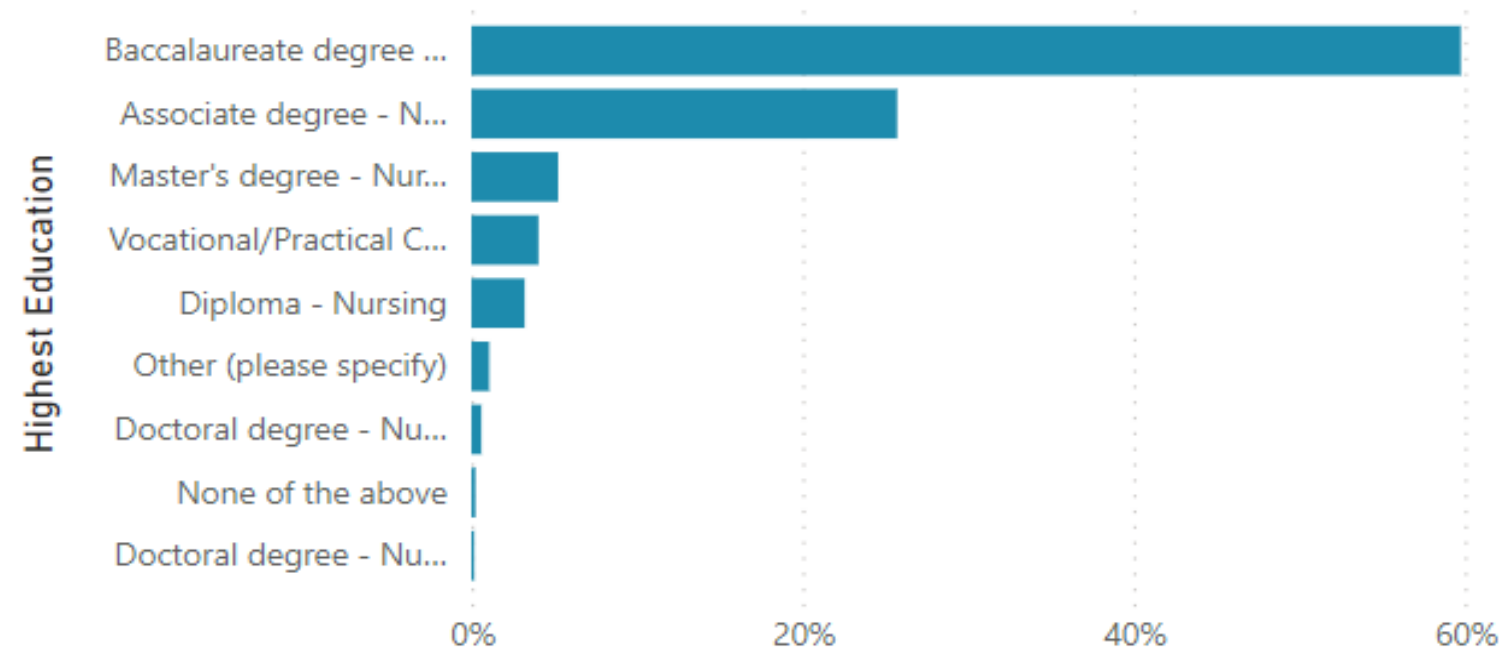
Positions Weeks Worked per Year



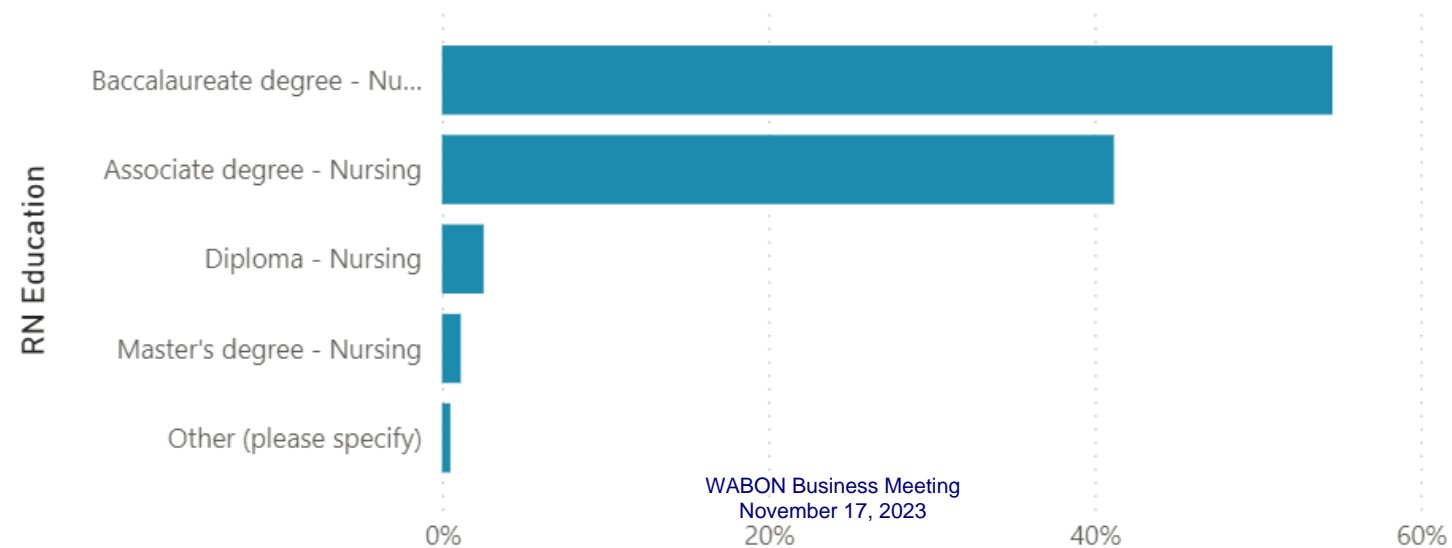
Reported Nurses by Employer Type



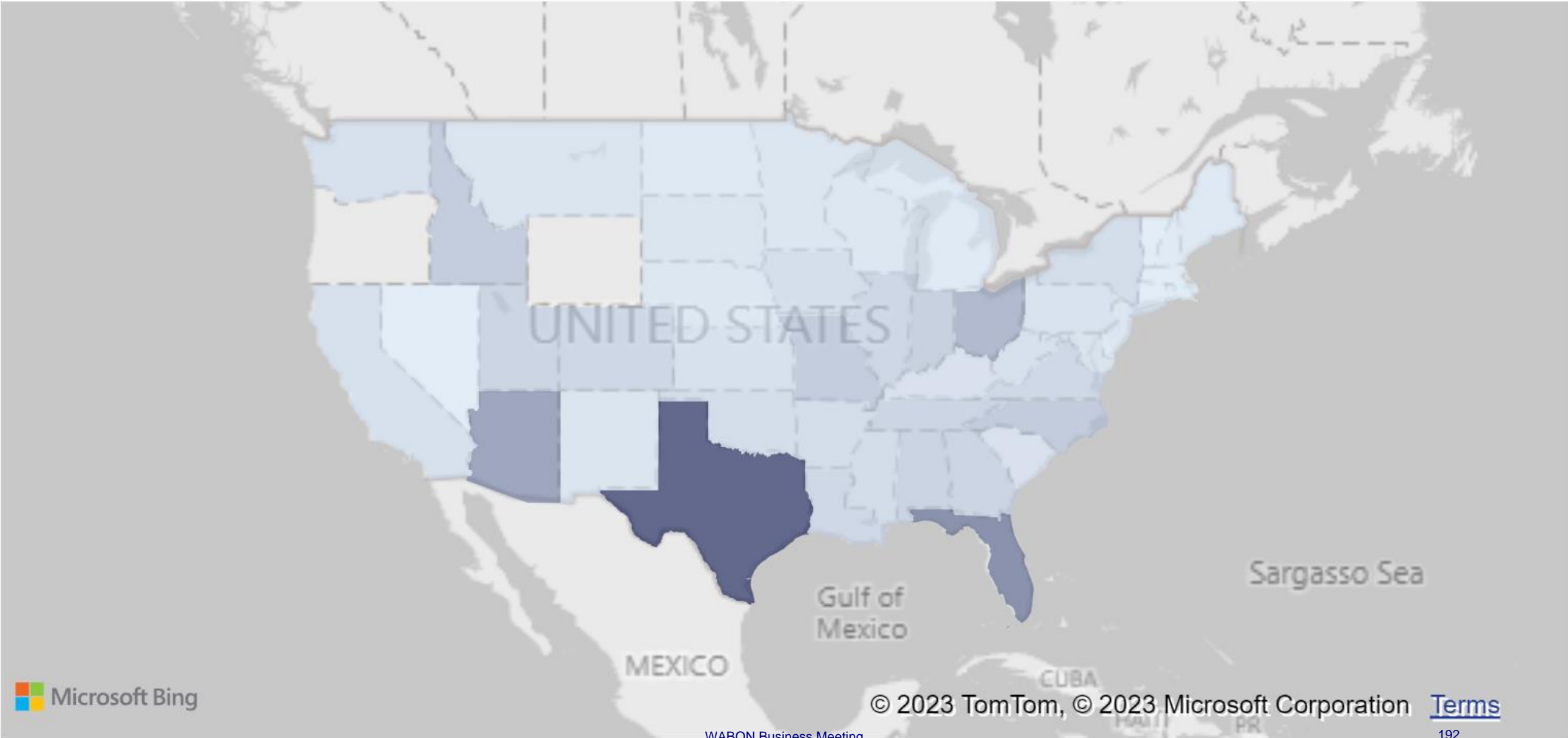
Number of Respondents by Highest Nursing Degree



Respondents by Degree Type to Earn RN



Number of Respondents by State of Highest Nursing Degree



Strategic Plan for Nursing Assistants (2023-2025) – **UPDATED OCT. 28, 2023**

This plan is the third in a series to create significant transformation for nursing assistants. The plan brings to fruition the work of the previous two plans and, when complete, reflects six years of ongoing, statewide work with interested parties. The plan includes a new rules chapter, a new common curriculum, and significant revisions to the state exam for nursing assistants. In addition, it reflects two legislative charges from SSB 5582: An HCA-NAC-LPN Registered Apprenticeship Pilot and a High School-Rural Hospital Pilot. Finally, it addresses two WABON-driven initiatives: One to identify ways to support the success of English language learners in their journey nursing assistant-certified and beyond, and one to identify clear, data-driven timelines for protecting the public in relation to nursing assistant training, testing, certification, renewal, and re-certification.

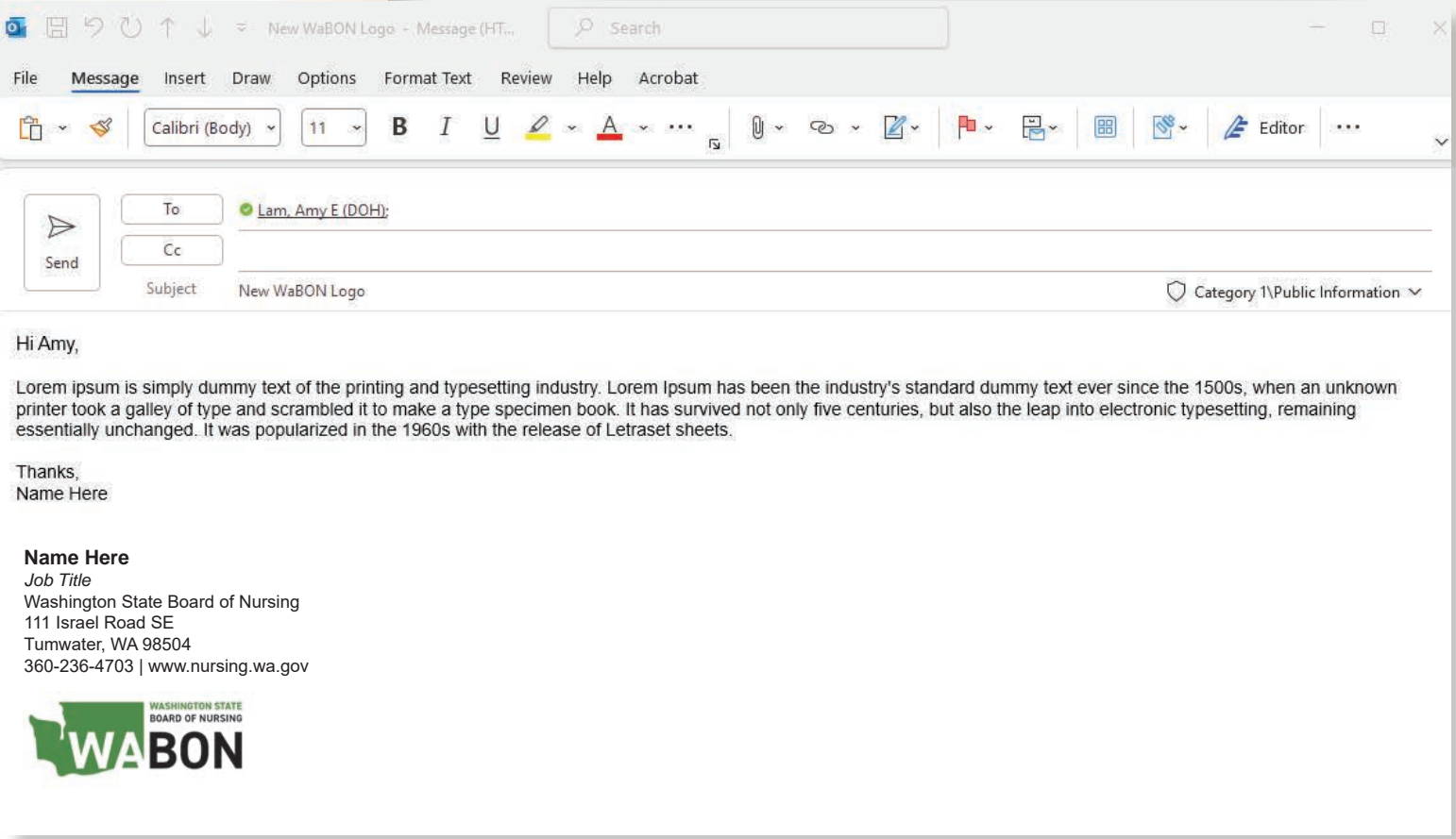
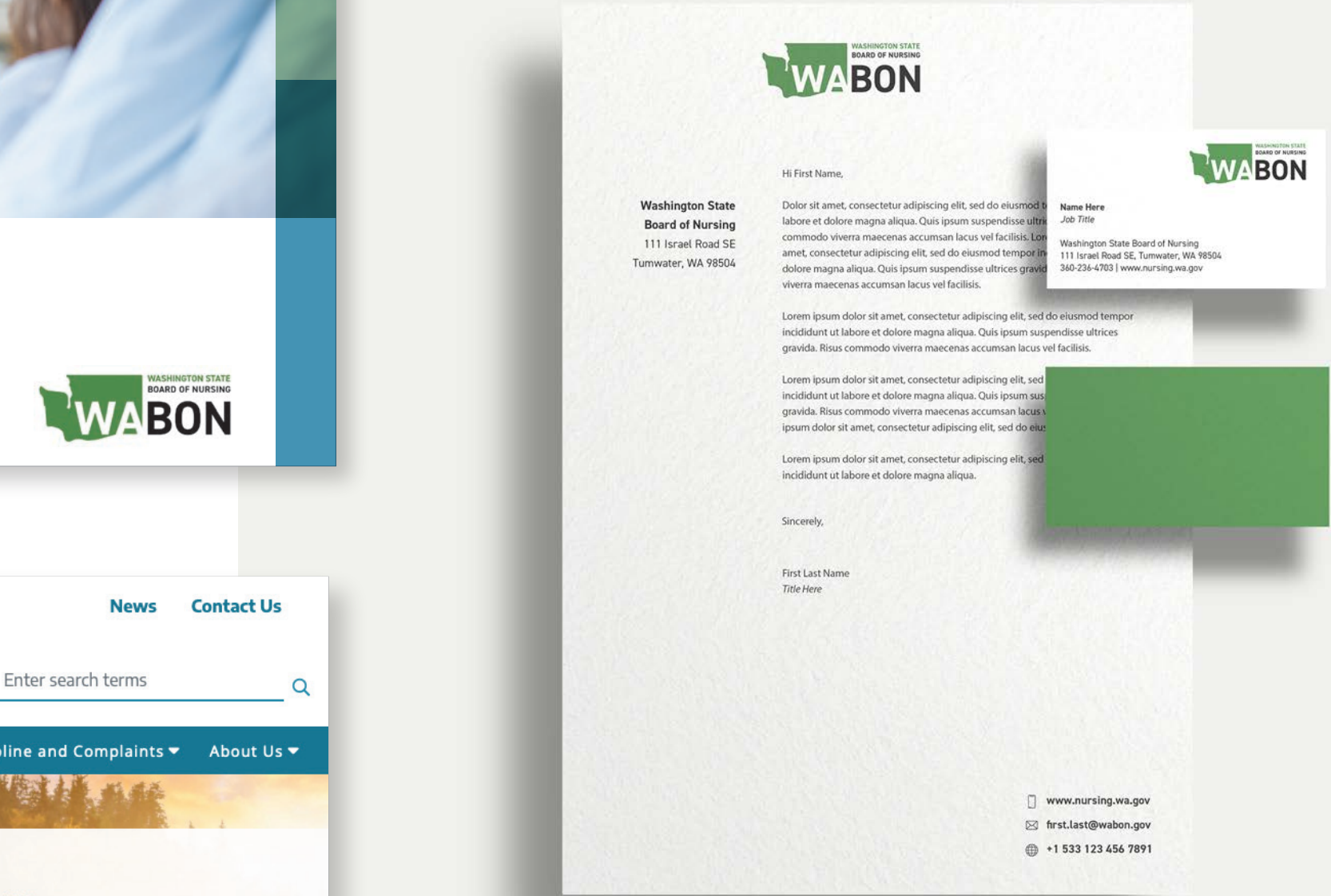
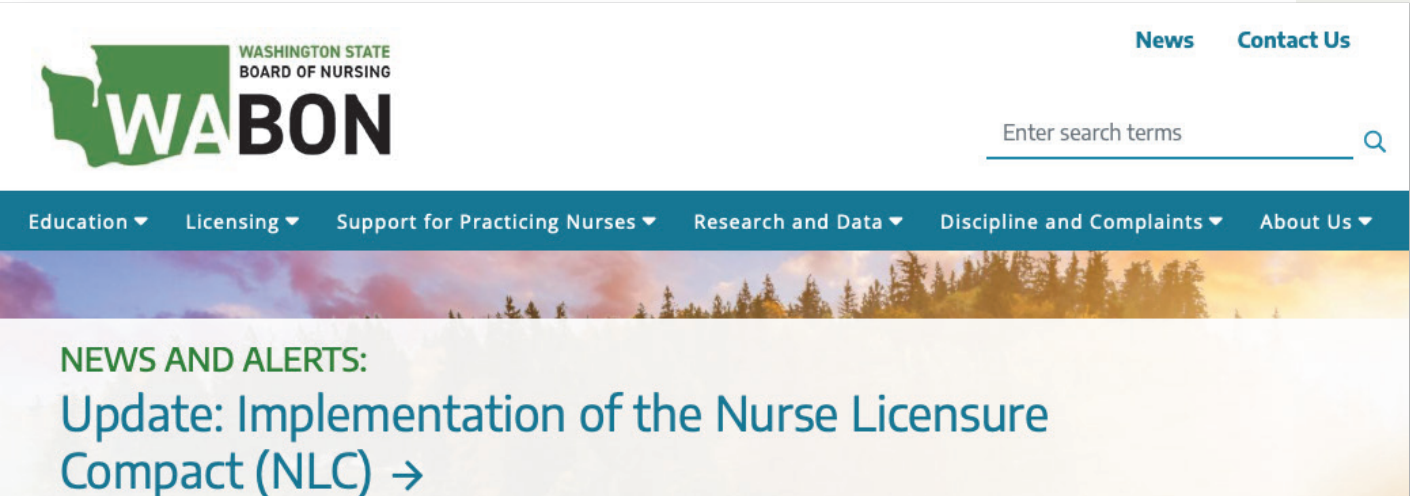
Goals: For all nursing assistants, including English language learners: **(1)** support increased access to and success in completing quality training and efficient, timely testing; **(2)** develop quality, seamless educational and employment pathways for nursing assistants—from the high school level to all levels of licensed nursing practice; and **(3)** assure timeline requirements for nursing assistants are clear and make sense in terms of how they support public protection.

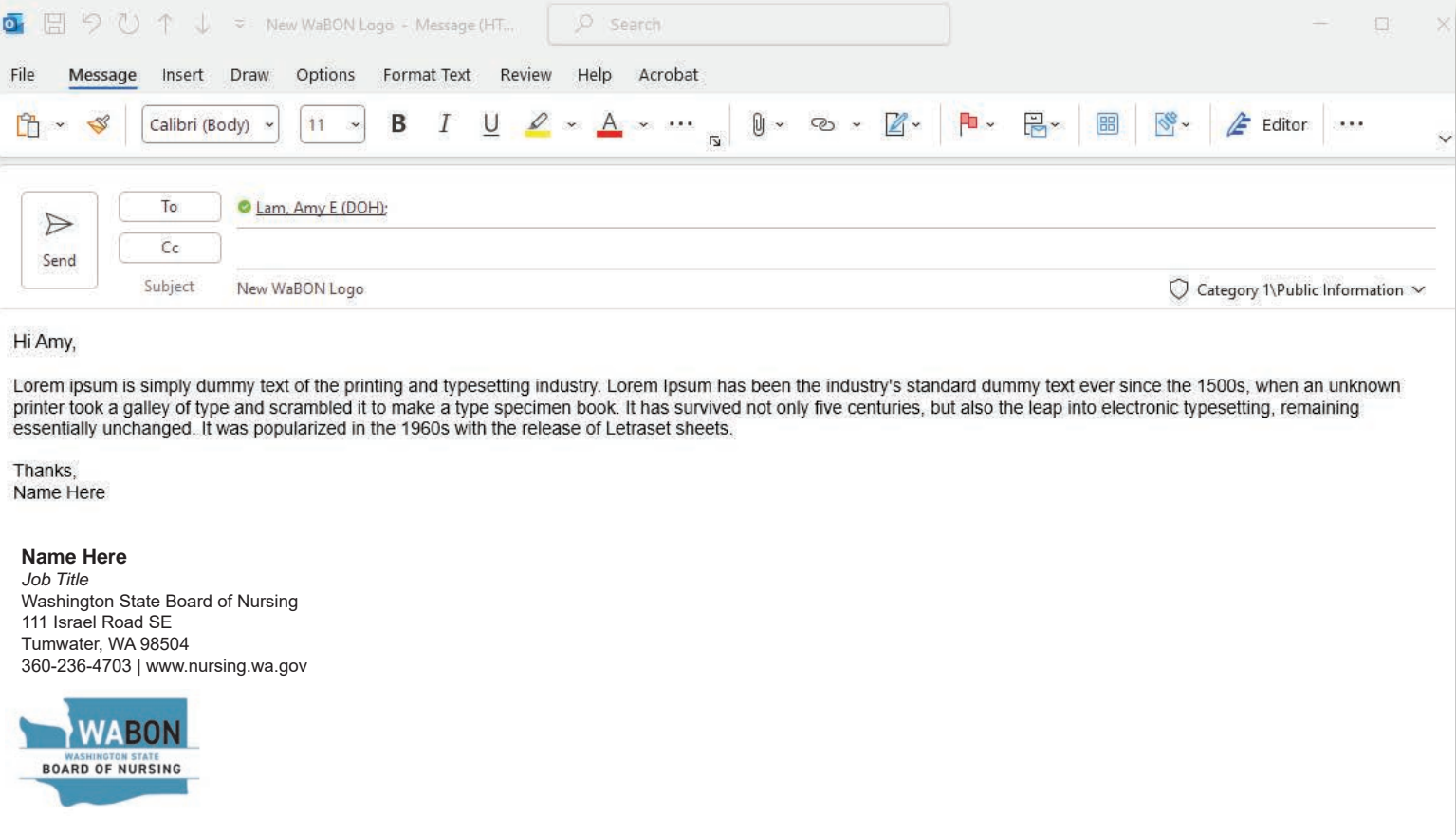
Objectives	Responsibility	Key Steps/Resources	Anticipated Completion Date	Progress
Finalize Proposed Rules: WAC Chapter 246-841A	Kathy Moio, Bonnie King	<ul style="list-style-type: none"> Hearing scheduled for 8/30/23 Complete required post-hearing activities Final filing for effective date 	By 10/31/23	Completed Timely; rules effective as of 11/3/23.
Implement Rules Changes, Including Common Curriculum with Integration of Specialty Units	Kathy Moio, Amy Murray, Alana Llacuna, Christine Tran, Dennis Gunnarson	<ul style="list-style-type: none"> Complete all necessary forms revisions Complete all web updates Create orientation materials, per rules (Program Director Orientation, Program Applicant Orientation) Implement ongoing communication, orientation, and technical assistance plan with training programs Finalize all training programs' curriculum implementation plans for Sept. 2024 launch Collaborate with DSHS and training programs on plans and details for Specialty Unit Integration by Sept. 2025 Implement evaluation plan of curriculum implementation 	By 10/31/23 “ “ “ “ Ongoing By 9/1/24 Start 12/1/23 & Ongoing	Forms revisions completed timely; web updates in progress, delayed with unexpected testing changes, but completion is expected in Nov.; rules orientations slated to begin in Nov.

Objectives	Responsibility	Key Steps/Resources	Anticipated Completion Date	Progress
Continue to Make & Implement Revisions to Nursing Assistant Testing	Kathy Moisio, Amy Murray, Alana Llacuna, Christine Tran, Dennis Gunnarson	<ul style="list-style-type: none"> Continue increasing the availability of skills testing slots by allowing most training programs to conduct skills testing of their students at the training program site following graduation Continue identifying additional efficiencies to improve all testing processes and availability Execute contract amendment(s) to reflect revisions Evaluate and refine testing revisions 	<p>By 10/1/23 & Ongoing</p> <p>Ongoing</p> <p>By 10/1/23 Ongoing</p>	Skills testing slots expanded significantly with testing change; CQI to evaluate, refine & improve efficiencies is ongoing; contract amendment to reflect changes is completed.
Continue HCA-NAC-LPN Registered Apprenticeship Pilot work as legislated through June 2026 (SSB 5582)	Marlin Galiano with support from Dennis Gunnarson & Kathy Moisio	<ul style="list-style-type: none"> Provide project management and budget planning support to lead agency and Sponsor to foster timely completion of required activities within budget Support Sponsor in completing required activities, including finalization of all program standards Support college partner(s) in completing required and necessary activities for Sept. 2024 launch, including communication with the Nursing Program Approval Panel (NPAP) as required Consult on all pilot plans and activities to support compliance with WABON and other regulations Consult on legislative reports and responding to legislative and other inquiries on pilot status Support all activities required for timely submission of application to the Washington State Apprenticeship & Trade Council (WSATC) for a Sept. 2024 launch Support evaluation of and reporting on the pilot to the legislature, the WABON, and interested parties 	<p>Ongoing</p> <p>8/1/23 & Ongoing Ongoing</p> <p>Ongoing</p> <p>8/1/23 & Ongoing By 3/1/24</p> <p>Ongoing & Legislative</p>	WABON staff provides consultation and support to lead agency; finalization of contract between lead agency and apparent successful bidder for sponsorship has experienced delays, which has put the project behind in terms of planned timelines; workplan will need revision and acceleration to meet timelines once sponsor contract is in place.

Objectives	Responsibility	Key Steps/Resources	Anticipated Completion Date	Progress
			Report Due 12/1/25	
Per SSB 5582, establish at least two pilot projects that partner rural hospitals with high school training programs for nursing assistant clinicals and employment (at least one on each side of the state)	New Hire—Nurse Consultant, New Hire—Health Services Consultant 1 (dedicated positions for this work, per legislature)	<ul style="list-style-type: none"> Hire nurse consultant and health services consultant Develop and implement a communication and outreach plan to identify potential partners for the pilot projects and to invite them into the work. Convene potential partners for an introductory meeting(s) to introduce them to the legislative charge; gather information about communities (needs, goals, ideas, questions, concerns); and inform about what the pilot entails to identify interested partners. Once pilot partners are identified, collaborate with them to develop, implement, and evaluate a workplan with steps, timelines, and outcomes for fulfilling the legislative charge and meeting their needs. Implement the workplan Evaluate the pilot(s) Write and submit required two reports to the legislature outlining the status of the pilots and presenting findings and recommendations 	<p>By 10/31/23 By 11/30/23</p> <p>By 1/5/24</p> <p>By 3/1/24</p> <p>Start 3/1/24 & Ongoing Ongoing with formal evaluation for report due to legislature 12/1/25</p> <p>Legislative Reports Due 12/1/24 & 12/1/25</p>	Unit nurse consultant appointed to launch project; Health services consultant hired; start date 11/1/23. These two staff are on-target to identify and contact potential partners for project and convene for an initial meeting by 1/5/23.

Objectives	Responsibility	Key Steps/Resources	Anticipated Completion Date	Progress
Language & Timeline Considerations for Nursing Assistants	Part of the role of a new hire (Nurse Consultant)	<ul style="list-style-type: none"> • Hire nurse consultant • Orient nurse consultant to nursing assistant unit and current state of nursing assistant language supports and timelines in WA (position has multiple aspects to it) • Conduct research as initial groundwork (i.e., literature review, discussion with other states, etc.) as background to identify data and/or evidence base related to language supports and timelines • Convene and facilitate conversations with interested parties to identify needs, evidence-based approaches or best practices, goals/outcomes. • Based on research and work with interested parties, develop a workplan with steps/milestones, timelines for achievement, and a plan for evaluation to share with the NCQAC and interested parties. • Collaborate with interested parties and contract with experts, if needed and able, to implement the workplan and achieve the goals/outcomes as deliverables. • Implement aspects of the evaluation plan (if implementation is far enough along to evaluate), report on the findings, and make recommendations for refinement to the NCQAC for moving the work forward. 	<p>By 10/31/23 By 3/1/24</p> <p>By 4/30/24</p> <p>By 5/31/24</p> <p>By 6/30/24</p> <p>Ongoing 7/1/24 to 6/30/25</p> <p>Ongoing 7/1/24 to 6/30/25</p>	<p>Nurse consultant hired; start date 11/1/23.</p> <p>Orientation to unit and this initiative slated for Nov.</p>







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